AN EVALUATION OF THE HOMOEOPATHIC DRUG PROVING OF NAJA MOSSAMBICA IN THE LIGHT OF A DOCTRINE OF SIGNATURES ANALYSIS AND A COMPARISON BETWEEN THE PROVING SYMPTOMS AND THE VENOM TOXICOLOGY.

By

Liesel Taylor

A mini-dissertation submitted in partial compliance with the requirements for the Masters Degree in Technology: Homoeopathy at the Durban Institute of Technology.

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

---

Signature of student  Date of signature

Approved for final submission

---

Signature of supervisor  Date of signature
Dr D.F. Naude
M.Tech: Hom (D.I.T.)
This work is dedicated to my parents, with love and thanks.
ACKNOWLEDGEMENTS

I would like to thank everyone that assisted in making this research possible, Byron Zimmerman, Natura Laboratories, Craig Smith, David Naude and Lorna Smal.

I am deeply grateful to Tim Smith for his love, constant support and outrageous sense of humour.
Abstract

This study was conducted by administering *Naja mossambica* 30CH (a homoeopathic remedy derived from the venom of the Mozambican spitting cobra) to healthy individuals in order to elicit and document the resulting mental and physical symptomology. These symptoms were compared to the toxicology of *Naja mossambica* venom as well as a doctrine of signatures analysis of the snake in order to expand and clarify the remedy picture.

Existing knowledge of the venom toxicology gives a clear indication of the organs and body systems that the substance has an affinity for. Many poisonous substances used homoeopathically rely heavily on inferences made from the toxicology of the substance, as much of the gross pathology in the symptom picture cannot safely be elucidated in a proving. The aim of this study was to determine the sphere of action of *Naja mossambica* by utilising symptoms obtained from the proving and from the toxicology of the venom. This was done in order to determine the remedy's usefulness in a homoeopathic clinical setting by expanding our understanding of the substance and thereby facilitating the treatment of disease based on the law of similars.

The symptoms obtained from the proving were also compared to a doctrine of signatures analysis of *Naja mossambica* to help clarify the nature of this particular snake in order to differentiate it from previously proven snake remedies. A doctrine of signatures analysis included the characteristics, habits and appearance of the snake and was used in an attempt to expand the remedy picture of the substance and facilitate in our understanding of the remedy.

This study was conducted on a group of forty-three healthy individuals, selected from homoeopathic students and from the general public. They were thoroughly informed about the research they took part in. Twelve of the test group received placebo and the rest received the potentised snake venom. Due to non-compliance and provers resigning from the proving only thirteen journals of provers receiving verum could be utilised. This was a double blind
placebo controlled study where neither the individuals taking part in the study nor the researchers had any knowledge of who received placebo or the active remedy. Provers were also unaware of the substance being proven or the potency in which it was administered. Provers recorded their state prior to the administration of the proving substance, thus provers served as their own controls.

The provers recorded all their symptoms in a journal and were monitored by the researcher. At the end of the proving period, the researcher collected all the recorded data. Data used in the final analysis included completed journals, information obtained in the case histories and physical examinations. The data was collated and analysed and the information obtained was compared to the toxicology of the venom and the nature of the snake in an attempt to clarify and expand our understanding of the action of the remedy.

The data did not require statistical analysis. In a concurrent study of similar methodology, Smal (2004) used the information obtained in the proving to compare the mental and dream symptoms of Naja mossambica and Naja tripudians; an existing homoeopathic remedy derived from the venom of the Indian cobra. The two researchers conducted the proving together, each researcher was responsible for half of the group of provers, sharing the subjects receiving verum and those receiving placebo randomly. Information obtained in the proving was used by each of the two researchers to compile two separate research projects, utilising different aspects of the proving.

Naja mossambica was found to affect the mental state of provers, giving rise to heightened emotions which oscillated between feeling extremely high, motivated and manic to then feeling extremely low, depressed and antisocial. There were emotions occurring at polar extremes for example, irritability, anxiety and restlessness were found along with a carefree attitude, laziness and a spaced out sensation. A strong delusion of separation was observed in some provers. On a physical level there was a preponderance of eye symptoms and headaches connected to the eyes. Mouth and tongue symptoms were noted, with the mouth being either extremely dry or with
increased saliva. Other physical symptoms produced included throat and neck complaints, peeling hands, painful stomach cramps and nausea. Ravenous hunger even after eating and fullness after only eating small amounts was seen. Pain in the ovaries, difficulty breathing, muscle twitches and pain and inflammation of axillary lymph nodes were found in some provers. There were violent dreams and vivid dreams where the prover woke believing them to be real. Many provers felt an increase in body temperature and temperature fluctuations.

*Naja mossambica* 30CH did thus produce clearly observable signs and symptoms in healthy provers as hypothesised. Furthermore the venom toxicology and doctrine of signatures analysis helped in differentiating this remedy from other existing snake remedies as hypothesised. The venom toxicology indicated many clinical conditions and symptoms that this remedy may be useful for. A doctrine of signatures analysis illustrated possible underlying themes of this remedy and in the future may assist in the prescription of this remedy.
Definitions of terms

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

Placebo
An inactive agent used for 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; testing substances in material doses, mother tincture or potency, by administration to healthy volunteers, to elicit effects from which the therapeutic potential, or the materia medica of the substance may be derived. (Swayne, 2000:174)

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

Potency
The medicinal power of a homoeopathic medicine, released or developed by dynamization or potentization. The measure of power of the medicine based on the degree to which it has been potentised, expressed in terms of a degree of dilution. (Swayne, 2000:166)

Potentization
A multi-step process developed by Hahnemann by which the medicinal power (potency) of a homoeopathic medicine is released or increased, involving
serial dilution with succussion or using trituration or fluxion. (Swayne, 2000:168)

**Centesimal potency**

1) A dilution in the proportion of 1 in 100

2) The sequential addition of the previous potency to 99 parts of dilutent. The number of these serial dilutions, performed with succussion, defines the centesimal potency. (Swayne, 2000:36)

**Succussion (dynamization)**

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

**Thirtieth centesimal potency**

The thirtieth step of sequential dilution in the proportion of 1 in 100, with succussion at each step, having an effective concentration of $1 \times 10^{-60}$. (Kerschbaumer, 2004)
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>ii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iii</td>
</tr>
<tr>
<td>Abstract</td>
<td>iv</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>vii</td>
</tr>
<tr>
<td>Table of contents</td>
<td>ix</td>
</tr>
</tbody>
</table>

CHAPTER ONE

1.1 Introduction                                                          | 1    |
1.2 The hypothesis                                                        | 2    |
1.3 The delimitations                                                    | 3    |
1.4 The assumptions                                                       | 3    |

CHAPTER TWO

Review of the related literature

2.1 An historical perspective on provings                                  | 4    |
2.2 Modern provings                                                       | 6    |
2.3 Proving methodologies                                                  | 6    |
2.4 Blinding and placebo                                                  | 7    |
2.5 Naja mossambica                                                       | 8    |
2.5.1 Classification                                                      | 9    |
2.5.2 Description                                                         | 9    |
2.5.3 Habitat                                                             | 9    |
2.5.4 Diet                                                                | 9    |
2.5.5 Nature of the snake                                                 | 10   |
2.5.6 Spitting venom                                                       | 10   |
2.5.7 Biting                                                              | 10   |
2.5.8 The venom                                                           | 11   |
2.5.8.1 Cytotoxic effects                                                 | 12   |
2.5.8.2 Neurotoxic effects................................................................. 15
2.5.8.3 Direct effect of the venom on the eyes.................................. 16
2.5.9 Cases of snakebite.................................................................. 17
2.5.10 Toxicology............................................................................. 21
2.5.11 The doctrine of signatures...................................................... 23

CHAPTER THREE
Methodology
3.1 The Experimental design........................................................... 25

3.2 Outline on the experimental method........................................... 26

3.3 The proving substance............................................................... 28
3.3.1 The potency............................................................................ 28
3.3.2 Collection, preparation and dispensing.................................. 28
3.3.3 The dosage and posology....................................................... 29

3.4 Population criteria..................................................................... 29
3.4.1 Prover population................................................................. 29
3.4.1.1 Experimental group......................................................... 29
3.4.1.2 Placebo group............................................................... 30
3.4.2 Randomisation................................................................. 30
3.4.3 Criteria for inclusion of a subject into the proving................. 30
3.4.4 Criteria for exclusion of a subject from the proving.............. 30

3.5 Monitoring the provers............................................................... 31

3.6 Group discussion..................................................................... 31

3.7 Ethical considerations.............................................................. 31

3.8 Data collection......................................................................... 32
3.8.1 Extraction and evaluation of symptoms................................. 32
3.8.2 Chronology......................................................................... 32
3.8.3 Criteria for including symptoms as proving symptoms................. 33

3.9 Collating and editing the data.................................................. 34
3.9.1 Toxicological data............................................................. 34
3.9.2 Doctrine of signatures....................................................... 34

3.10 Reporting the data............................................................... 35
3.10.1 The repertory................................................................. 35
3.10.2 The materia medica......................................................... 36

CHAPTER FOUR
The Results
4.1 Introduction............................................................................. 37
4.1.1 Key...................................................................................... 38
4.1.1.1 Materia medica............................................................ 38
4.1.1.2 Repertory...................................................................... 38

4.2 The materia medica symptoms of Naja mossambica.................... 39
4.2.1 Mind................................................................................... 39
4.2.2 Vertigo............................................................................... 61
4.2.3 Head................................................................................... 62
4.2.4 Eye....................................................................................... 66
4.2.5 Vision.................................................................................. 69
4.2.6 Ear....................................................................................... 69
4.2.7 Nose.................................................................................... 69
4.2.8 Face..................................................................................... 70
4.2.9 Mouth.................................................................................. 71
4.2.10 Teeth............................................................................... 72
4.2.11 Throat............................................................................... 72
4.2.12 External throat................................................................. 74
4.2.13 Stomach.......................................................................... 74
4.2.14 Abdomen......................................................................... 79
4.2.15 Rectum............................................................................ 79
4.2.16 Stool................................................................................ 80
4.2.17 Bladder................................................................. 80
4.2.18 Urine................................................................. 80
4.2.19 Male genitalia/sex............................................. 81
4.2.20 Female genitalia/sex.......................................... 81
4.2.21 Respiration....................................................... 82
4.2.22 Expectoration.................................................. 82
4.2.23 Chest............................................................... 82
4.2.24 Back................................................................. 82
4.2.25 Extremities....................................................... 84
4.2.26 Sleep............................................................... 85
4.2.27 Dreams............................................................ 87
4.2.28 Fever.............................................................. 92
4.2.29 Skin................................................................. 92
4.2.30 Generals........................................................ 93
4.2.31 Toxicology....................................................... 95

4.3 The repertory symptoms of Naja mossambica............... 96
4.3.1 Mind................................................................. 96
4.3.2 Vertigo............................................................. 101
4.3.3 Head............................................................... 101
4.3.4 Eye................................................................. 103
4.3.5 Vision............................................................... 104
4.3.6 Ear................................................................. 105
4.3.7 Nose............................................................... 105
4.3.8 Face............................................................... 105
4.3.9 Mouth............................................................. 106
4.3.10 Teeth.............................................................. 107
4.3.11 Throat........................................................... 107
4.3.12 External throat.............................................. 107
4.3.13 Stomach......................................................... 108
4.3.14 Abdomen....................................................... 109
4.3.15 Rectum.......................................................... 110
4.3.16 Stool............................................................ 110
4.3.17 Bladder......................................................... 110
CHAPTER SIX
Recommendations and conclusions
6.1 Recommendations .......................................................... 144
6.1.1 Prover group .............................................................. 144
6.1.2 The toxicology ............................................................ 144
6.1.3 The doctrine of signatures ............................................. 145
6.1.4 The placebo group ...................................................... 145

6.2 Conclusions ................................................................... 145

REFERENCES .................................................................... 147
INTERNET REFERENCES ...................................................... 149

APPENDICES
Appendix 1 - Proving Case History Form
Appendix 2 – Informed Consent Form
Appendix 3 – Proving Information Sheet
Appendix 4 – Inclusion and exclusion Criteria
Appendix 5 – Relative Prover contribution
Appendix 6 – Quantitative Distribution of repertory symptoms
Appendix 7 – Repertorization
Appendix 8 – Placebo group
CHAPTER ONE
Introduction

1.1 Introduction

The question may be asked whether any new provings will benefit homoeopathy since there are at present so many underused minor remedies, many with incomplete symptomatology. Hahnemann intended that homoeopaths continue to produce quality provings as he mentions in paragraph 145 of the Organon that only with a considerable store of medicines can we be placed in a position to discover the homoeopathic remedy for every malady in the world (Hahnemann, 1998:212). When the correct remedy for a particular patient has not been proven, only partial remedies can be employed for the lack of a more perfect one, often impeding the curative process. Once a new remedy becomes known, no other is able to replace its unique totality of symptoms. Proving new substances allows an increased repertoire of currently available homoeopathic remedies. This is vital to the advancement of homoeopathy (Vithoulkas, 1986: 97).

Provings are an essential part of homoeopathy. Even though remedies proven hundreds of years ago are still vital in the treatment of disease, it is foreseeable that as new diseases and stresses affect our society there may be a need for an increased repertoire of homoeopathic remedies. Increasing the remedies that are available in the armamentarium of the practising Homoeopath facilitates greater accuracy and individualisation when treating patients (Wright, 1999).

Even though Bitis arietans arietans has been proven (Wright, 1999) and found to be a valuable remedy, there are still numerous unproven indigenous Southern African snake species which are currently unable to be utilised homoeopathically. The Mozambican Spitting Cobra (Naja mossambica) is found in the same family of snakes as the Indian Cobra (Elapidae) which has proven its usefulness in homoeopathy. The chemical composition of the Mozambican spitting cobra venom is different to the venom of the Indian

Comparing the symptoms elucidated from the homoeopathic proving of *Naja mossambica* with the toxicological symptom picture will attempt to expand and clarify the action of the remedy, as the toxicology of many proven substances have been vital in the understanding of their gross physical pathology's. This can be seen in the remedy *Naja tripudians* (Demarque, et al. 1997: 262).

Hahnemann firmly believed that provings were the only means of accurately determining the action of a medicine. In paragraph 21 of the Organon Hahnemann states that we can only rely on the morbid phenomena that medicines produce in a healthy body as the sole possible revelation of their in-dwelling curative power (Hahnemann, 1998:107). Accurate provings take the guesswork out of prescribing. Provings indicate the exact effects of a substance as a remedy. According to Sherr the use of signatures, toxicology or fancy ideas cannot approximate the precise knowledge gained by a thorough proving (Sherr, 1994). While it is true that nothing can take the place of a proving, in this study the remedy picture obtained from the proving is expanded upon by information gained from a thorough study of the venom toxicology and comparisons drawn with the doctrine of signatures, and the nature and behaviour as it applies to the snake. This is done to facilitate a better understanding of the remedy in an attempt to ensure that *Naja mossambica* does not become a minor, underused remedy that is poorly understood.

1.2 The hypothesis

It was hypothesised that *Naja mossambica* in the 30CH potency would produce clearly observable signs and symptoms in healthy provers. The second hypothesis was that the venom toxicology and the doctrine of signatures would broaden the symptom picture and the range of usefulness of the remedy.
1.3 The delimitations

This study did not:

• Attempt to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals.
• Determine the effects of potencies of the venom other than the thirtieth centesimal.
• Seek to perform multicentre trials of the drug.

(Wright, 1999:3)

1.4 The assumptions

• The provers took the remedy in the dosage, frequency and manner required.
• The provers conscientiously and closely observed themselves for the effects of the drug.
• The provers conscientiously, accurately and honestly recorded all symptoms observed.
• The provers did not deviate from their normal lifestyle or dietary habits in a significant manner immediately prior to or for the duration of the proving.

(Wright, 1999:4)
CHAPTER TWO
Review of the related literature
2.1 A historical perspective on provings

Samuel Hahnemann was the first physician to conduct a homoeopathic proving by administering to himself a crude dose of the drug Chinchona officinalis (quinine). This drug was used as a prophylaxis and a treatment for malaria. He decided to test the drug on himself after translating Cullen's "A Treatise on Materia Medica" wherein it was postulated that Chinchona officinalis was able to cure malaria because it was bitter tasting (Hahnemann, 1998:9). Since this concept was illogical and improbable he tested the substance on himself and found that he developed a remittent fever much like that occurring in malaria.

This result; where a substance appeared to cause what it was able to cure, was contrary to the medical paradigm of his day. At that stage treatment was influenced by superstition and prescriptions were being based on the 'Doctrine of Signatures', where the characteristics of a substance determined its medicinal action.

Armed with this new insight Hahnemann proceeded to postulate that the actual reason for Chinchona officinalis being effective in the treatment of malaria was the fact that it produced symptoms similar to malaria in the healthy individual. Employing this concept of 'like' curing 'like', Hahnemann tested a number and variety of substances on himself, friends and family thereby amassing a vast amount of information on the action of these substances. Hahnemann was able to compile an extensive materia medica using the information gained from the administration of crude substances to healthy individuals. Hahnemann used these first drug provings to treat illnesses based on the concept that 'symptoms that a drug can elicit in a healthy person, it can cure in a diseased patient', thereby discovering the Law of Similars (Hahnemann, 1998).
Samuel Hahnemann’s Organon of medicine (Hahnemann, 1998:187-212) states that if we are able to test on healthy individuals a considerable number of simple medicines and carefully and faithfully register all the disease elements and symptoms they are capable of developing as artificial disease-producers, then only will we have a true materia medica – a collection of real, pure, reliable modes of action of simple medicinal substances.

Hahnemann found that the crude doses that he was administering to his patients created a dangerous aggravation of symptoms. This he solved by using progressively smaller dosages. After further experimentation he discovered that the smaller the dose, the less the toxicity and the greater the therapeutic results. Later Hahnemann added succussion to his process of serial dilution, which increased the energy, and effectiveness of the remedies. It was only by utilising accurate information obtained through provings and prescribed according to the law of similars, combined with his process of potentization that Hahnemann was able to effectively and gently treat disease (Lockie and Geddes, 1995).

Vithoulkas (1986:97) mentions that during a proving the subject should be exposed to a substance sufficiently high in concentration to disturb and mobilise its defence mechanism. The defence mechanism of the individual then produces a variety of symptoms on the mental, emotional and physical levels. This variety of symptoms is then characteristic of the peculiar and unique nature of the substance. In order for symptoms to be produced, the exciting cause should be strong enough to mobilise the defence mechanism and the person should be sufficiently sensitive to the vibratory frequency of the substance. The medicine is given in subtle doses where the morbific symptom picture is lifted without harming or weakening the patient further.

Most of the remedies that were proven by Hahnemann have become indispensable and are widely used in every disease (e.g. Pulsatilla pratensis, Nux vomica, Sulphur and many more). They have become the main tools used by every homoeopath. The question may be asked how Hahnemann
knew which remedies to prove? Sherr (1994) believes that the answer is not in the selection of the substance but in the quality of the proving.

2.2 Modern provings

Provings of South African substances have been conducted at the Durban Institute of Technology, examples being *Sutherlandia frutescens* (Webster, 2002), *Harpagophytum procumbens* (Kerschbaumer, 2004), *Bitis arietans arietans* (Wright, 1999) and *Bitis gabonica* (Thomson, 2003), all of which were based on the methodology of Sherr (1994). By continued provings it is hoped that the Durban Institute of Technology will receive worldwide acclaim for reliable provings of a high quality.

2.3 Proving methodologies

The proving methodology for this proving was adapted from the proving methodology of Jeremy Sherr (Sherr, 1994), which is based on Samuel Hahnemann's methodology as outlined in his “Organon of medicine” in aphorisms 105 to 145 (Hahnemann, 1998:187-212).

Hahnemann was ahead of his time in many of the opinions he had and the methodologies that he employed. He relied solely on thorough drug trials to determine the actual application of a drug. He advocated hygiene and a healthy lifestyle and the quarantining of infectious patients. In his provings he insisted on his provers not consuming anything that may interfere with the results, such as alcohol, tea, coffee, and salty or spicy foods (Lockie and Geddes, 1995).

Countless homoeopathic physicians have adhered to Hahnemann’s methodologies in the aim of producing reliable provings with clear, untainted symptom pictures. Dr. Constantine Hering (1800-1880) and Dr. James Tyler Kent (1849-1916) were two American homoeopaths who continued
Hahnemann’s work in proving remedies and introduced new ideas and practices to homoeopathy (Lockie and Geddes, 1995).

An important aspect of homoeopathic proving methodology is the fact that all provings are conducted on healthy people. This is done in order to determine the precise effects of a remedy on human organs, tissues, and mentalities. Animals cannot supply the necessary symptom picture and the sick can only provide tangled ‘drug plus disease’ symptomatology (Tyler, 1996).

Blinding and placebo are included in the methodology of a homoeopathic proving. Sherr (1994) believes that placebo may have the benefit of ensuring that provers are extra careful when relating their symptoms, but he also says that most nineteenth century provings had no placebo and have stood the test of time and proved clinically efficient in thousands of cases.

2.4 Blinding and placebo

Blinding and placebo are methods used in experiments to ensure that the most accurate, untainted result is obtained. Both these measures are employed to prevent the imagination and opinions of the prover from affecting the results of the proving. The prover should be unaware of the substance and the potency in which it is given. Both the prover and the researcher should be unaware whether placebo or verum is received. Blinding and placebo methods are used to increase the credibility and accuracy of the research.
South Africa has a wealth of indigenous plants and animals which as yet have not been homoeopathically proven and which could potentially have significant benefits in treating illnesses. Indigenous snakes are particularly intriguing because other proven snakes have been extensively and successfully used in homoeopathy. A South African example being *Bitis arietans arietans* which has proven to be a useful and interesting remedy (Wright, 1999).
2.5.1 Classification

Name: Naja mossambica
Common name: Mozambican spitting cobra, M'fezi (Zulu).
Family: Elapidae
Genus: Naja

2.5.2 Description

Naja mossambica is a very common cobra but is rarely seen by people due to the adult snakes being active mostly at night. They may occasionally bask in the sun and forage during cloudy days. Young and immature snakes prefer to be abroad during the day to avoid competition with the adults and being eaten by them. The snake prefers to be near permanent water to which it retreats when disturbed. It is one of the most dangerous snakes, inflicting fatal bites and as well as spitting its venom (Marais, 1992).

2.5.3 Habitat

Its habitat stretches from South Eastern Tanzania to Kwa-Zulu Natal and westwards into North Eastern Namibia. It is found largely in moist savanna and lowland forest, where it favours broken, rocky country, hollow trees, termite mounds and animal holes, and often lives close to permanent water (Marais, 1992).

2.5.4 Diet

The snake preys on toads and is resistant to the toxins released by them. The snake also eats small mammals, birds, lizards, insects, snakes and eggs (Marais, 1992).
2.5.5 Nature of the snake

The Mozambican spitting cobra has been referred to as a nervous, highly strung snake. It has also been described as a shy, retiring snake that seldom stands its ground. If cornered, it may spread a narrow hood, but will not hold the pose for long compared to other cobras. Its main defence, other than going into hiding, is to spit its venom (Marais, 1992). The snake seldom attempts an actual bite and feigns death (FitzSimmons, 1980:163).

The snake is very quick and alert, being capable of raising almost two thirds of its body and spreading its long narrow hood in readiness to spit venom at its enemy when the latter comes into range.

2.5.6 Spitting venom

*Naja mossambica* can eject its venom to a distance greater than two meters, always aiming for the eyes with great accuracy. The snake can also eject venom from almost any position making it dangerous to the unwary who may expect it to eject venom only from the reared-up position. It can also eject venom without spreading a hood, thus enabling it to spit effectively from a concealed position within a rock crevice. *Naja mossambica* only bites when severely threatened, but spits at the slightest hint of danger. The venom supply is seemingly inexhaustible. Often the only evidence of having been near to the cobra is drops of venom landing on the skin (Patterson, 1987).

2.5.7 Biting

The snake can control the amount of venom that is injected in every bite. This depends largely on the size of his prey and on how threatened the snake feels. If the snake is merely startled and in reflex bites a person- that person may have little or no symptoms, as the amount of venom injected could be miniscule. If the snake is aggravated and feels threatened it will bite to protect
itself with the venom injected being of a much greater quantity, resulting in extensive and severe symptoms.

*Naja mossambica* will first attempt to flee or spit its venom before biting in self defence. The snake will also bite to catch his food. The snake’s venom is more concentrated and thus more toxic after hibernation, ensuring that the first few meals are guaranteed; this is vital for the snake’s survival. Bites from baby snakes are dangerous and more potent as they have yet to learn to control the amount of venom they inject.

There are many variables in snakebite; the volume and concentration of the venom, the depth of the bite, the location of the bite, the age and relative health of the victim (the bite being much more severe in babies and children). According to Smith (2004), it has recently been found that snakes of the same species, living in different regions, may have venom that differs slightly in its action and toxicity.

### 2.5.8 The venom

Snake venom can be considered as being modified saliva, capable of immobilising prey and initialising the digestive process by beginning the breakdown of the prey’s tissues. The venom of *Naja mossambica* consists of an intricate system of toxins which are mostly proteins and polypeptides.

According to Smith (2004), the venom can be ingested without any ill effects, unless there is a cut in the mouth or in the lining of the oesophagus through which it may enter the tissues. The venom is bitter to the taste, similar to the taste of aloe. The venom, unlike the poisons of other animals such as jellyfish, is not denatured by heat. Venoms have a proteolytic action and therefore they are able to destroy body tissues through the breakdown of proteins.

The spread of this venom is mainly via the lymphatic system, causing lymphangitis and lymphadenitis (inflammation of lymph vessels and lymph
glands). Since the spread of this venom is mainly via the lymphatic system, immobilization and a pressure bandage is vital after a bite to restrict flow in the lymphatic vessels. A tourniquet should be avoided as it can result in loss of function in the limb if left on for extended periods and when loosened it results in a rush of venom directly to the heart which could be fatal. Tissue destruction would need surgical debridement (the skin would be sliced open and the dead tissue cut away until blood flowed, indicating that only living tissue remained), if gangrene had set in, the affected area would be amputated.

The venom of Naja mossambica is predominantly cytotoxic in its effects, but also has a neurotoxic component. The symptoms of the venom are thus a combination of the symptoms commonly associated with adders, such as Bitis arietans arietans and Bitis gabonica, and the cobras, for example Naja tripudians.

The cytotoxic symptoms of a bite from Naja mossambica are due to destruction of all cells, tissues and especially blood vessels and their contents. The venom causes serious local tissue damage that often requires skin grafts. Early administration of anti-venom may reduce the extent of tissue damage.

### 2.5.8.1 Cytotoxic effects

The venom contains various proteases which cause cellular damage and hyaluronidase which encourages the spread of the venom through the tissues. Complement activation by an alternate pathway triggers enzymes that cause cell damage, while C3 and C5 are thought to give rise to the formation of anaphylatoxins which cause the release of histamine from mast cells and increase vascular permeability. Other complement reaction products induce polymorphonuclear infiltration. The release of lysosomal enzymes from dead polymorphs also causes vascular damage and tissue injury (Tilbury, 1982).
The venom causes cytolysis where the tissue is destroyed and there is coagulation and thrombosis of the blood (this produces a barrier against the spread of the venom throughout the body). Bleeding occurs which adds to the internal pressure, increasing the possibility of ischaemia, causing swelling, induration, haemorrhage as well as ecchymosis, blisters and necrosis (Chapman and Visser, 1978).

When only a small volume of venom is injected, instead of blood extravasation, the swelling is caused mainly by plasma exuding from injured vascular beds.

The local swelling at the site of the bite can be divided into two categories:

1. There may be little evidence of extravasation, with the limb appearing either soft or hard.
2. Haemorrhage may be evident as ecchymosis and bleeding from fang marks, with solid massive swelling.

Necrosis is usually seen in the second category. The necrosis is extensive and may be superficial or deep. Necrosis occurs from direct tissue destruction and occlusion of major vessels. Severe pain and tenderness is experienced in both categories. In severe cases the limb may become solidly flexed which suggests serious muscle involvement caused by haemorrhages or tissue fluid accumulation. Evidence has been found of recanalization (as though after a thrombosis) in the deep venous system. Thrombophlebitis (thrombosis with inflammation of a vein), of the Long Saphenous vein was also observed (Chapman and Visser, 1978). *Naja mossambica* venom has anticoagulant properties like most other snake venoms.

Cytotoxic symptoms are:
- Local burning pain
- Swelling
- Redness
- Superficial necrosis
- Extensive blistering
Abscess formation
Extravasation of blood (ecchymosis)
Tissue destruction
Necrosis (can be extensive and have a curiously patchy appearance and occurs within 48 hours of the bite)
  • The area around the fang punctures darkens.
  • Blistering may follow.
  • Necrosis usually is confined to the skin and subcutaneous tissue but may be quite extensive.
  • A putrid smell is characteristic.
Oedema (in the effected limb if the lymph vessels and lymph glands are damaged or obstructed)
Shock (with ‘toxic’ appearance)
Infection (due to pathogens introduced during the bite or at a later stage)

Rare and unusual symptoms have been recorded by victims with greater sensitivity to the venom:
Vomiting
Abdominal colic
Dizziness
Headache
Sweating
Urticaria
Hyperpyrexia
Drowsiness
Haemorrhage at sites other than the bite
Subconjunctival haemorrhages
Haematuria

The neurotoxic symptoms are found to a lesser extent, compared to the cytotoxic symptoms.
2.5.8.2 Neurotoxic effects

Cobra venom contains postsynaptic neurotoxins that competitively bind to nicotinic acetylcholine receptors to produce depolarising neuromuscular blockade. One group in this category has 60-62 amino acids and 4 disulfide bridges. Another has 71-74 amino acids and 5 disulfide bridges. It is suggested that a similar toxin to the curariform neurotoxin that is found in *Naja nigricollis* venom is found in the venom of *Naja mossambica*. This is responsible for the rapid death by respiratory paralysis in its prey and is evidenced in humans by the local effect of temporary paresis of the pupil constrictors in a patient having been spat in the eye (Tilbury, 1982).

Neurotoxic symptoms are:
Swelling
Pain spreading widely from the site of the bite
Low blood pressure
Profuse perspiration
Fever
Hyperpyrexia (from hypothalamic interference)
Vertigo
Vomiting
Convulsions
Unconsciousness
Alteration of mental status e.g. Drowsiness and euphoria
Lethargy
Strabismus
Blurred vision
Restlessness
Frothing around the mouth
Chest pain/tightness
Tachycardia/bradycardia
Cyanosis (due to respiratory distress)
Progressive, spreading paralysis causes:
- Ptosis (cranial nerve dysfunction)
- Ophthalmoplegia
- Dysphagia (which results in too much saliva present in the mouth, leading to the sensation of drowning in own saliva)
- Dysphasia (speech incoordination)
- Muscle weakness
- Paralysis of the neck muscles, causing the head to fall
- Paralysis of the sphincters results in incontinence
- Paralysis of the diaphragm and accumulated secretions leads to severe respiratory distress and respiratory failure
- Death is preceded by quiet unconsciousness with shallow respiration. (Marais, 1992)

According to Smith (2004), some people having received a bite from a neurotoxic snake have displayed signs of euphoria and unconcern for the fact that a deadly snake had bitten them. If the bite were left untreated the euphoria would progress to shallow, laboured breaths, unconsciousness and death.

Even though *Naja mossambica* has a neurological component to its venom, the neurological symptoms are usually slight and overshadowed by the cytotoxic symptoms. Fatalities are rare (Marais, 1992).

### 2.5.8.3 Direct effects of the venom on the eyes

Snake venom in the eye results in immediate, intense burning pain (venom is rapidly absorbed by small blood vessels close to the surface) and blepharospasm. It is difficult to open the eye, tears flow copiously, membranes around the eye become swollen and severely inflamed and the eyeball appears very red with severe conjunctivitis. Extreme photophobia is seen. There is a temporary impairment/blurring of vision. Without treatment the lids swell, the membranes of the eye develop haemorrhages, uveitis,
keratitis and ulcerations of the cornea within 24 hours, which is followed by blindness. The eyes should be washed with water or milk as soon as possible and for a bite immobilization and pressure bandages should be employed (Marais, 1992) (Patterson, 1987). Systemic toxicity does not occur with eye exposure. The eyes are aggravated by rubbing and extremely sensitive to light. The nasal membranes also become irritated.

Tilbury (1982:308) observed a patient that was spat at but not bitten. She presented four and a half hours after the incident, having received more venom in the left eye than in the right. Examination showed bilateral blepharospasm with severe conjunctivitis on the left and mild conjunctival injection on the right. On admission the left pupil was dilated and responded sluggishly to light. Light reflex was normal in the right pupil.

2.5.9 Cases of snakebite

Tilbury (1982:308) conducted a study where seventeen patients that had received a bite from the Mozambican spitting cobra were observed. The result of being bitten was noted to be variable depending on time elapsed before seeking treatment, the site of the bite, the age of the victim, whether antivenom was administered or not, and a variable resistance to toxins in individuals. View the table on the following page for details of the seventeen victims of Naja mossambica envenomation that were observed in Tilbury’s study.
### Details of victims of *Naja mossambica* envenomation.

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Age (yrs)</th>
<th>Sex</th>
<th>Bite site</th>
<th>Activity when bitten</th>
<th>Time from bite to admission (h)</th>
<th>Swelling</th>
<th>Other symptoms noted</th>
<th>Anti-venom administered</th>
<th>End result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>M</td>
<td>Upper arm</td>
<td>Asleep</td>
<td>27</td>
<td>Severe, whole arm on to chest</td>
<td>Drowsiness (hypovolaemia) diarrhoea</td>
<td>None</td>
<td>Superficial necrosis (20 cm²)</td>
</tr>
<tr>
<td>2</td>
<td>40</td>
<td>M</td>
<td>Dorsum of foot</td>
<td>Bitten at entrance to house</td>
<td>9</td>
<td>Mild</td>
<td>Nausea and vomiting, diarrhoea</td>
<td>None</td>
<td>Superficial necrosis (8 cm²)</td>
</tr>
<tr>
<td>3</td>
<td>28</td>
<td>F</td>
<td>Outer thigh</td>
<td>Asleep</td>
<td>3</td>
<td>Mild</td>
<td>-</td>
<td>Yes</td>
<td>Marble-sized abscess</td>
</tr>
<tr>
<td>4</td>
<td>65</td>
<td>M</td>
<td>Above ankle</td>
<td>Asleep</td>
<td>46</td>
<td>Severe</td>
<td>-</td>
<td>None</td>
<td>Superficial necrosis (260 cm²)</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>F</td>
<td>Dorsum of foot</td>
<td>Asleep</td>
<td>9</td>
<td>Severe</td>
<td>Drowsiness</td>
<td>Yes</td>
<td>Superficial necrosis (120 cm²)</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>M</td>
<td>Mid-lumbar over L3</td>
<td>Asleep</td>
<td>2.5</td>
<td>Mild</td>
<td>Vomiting</td>
<td>None</td>
<td>Superficial necrosis (10 cm²)</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>F</td>
<td>DIP joint of middle finger</td>
<td>Asleep</td>
<td>1.5</td>
<td>Mild</td>
<td>-</td>
<td>Yes</td>
<td>Hyper-mobile DIP joint</td>
</tr>
<tr>
<td>8</td>
<td>80</td>
<td>F</td>
<td>Calf posterior</td>
<td>Asleep</td>
<td>7</td>
<td>Severe</td>
<td>Vomiting</td>
<td>Yes</td>
<td>Superficial necrosis (200 cm²)</td>
</tr>
<tr>
<td>9</td>
<td>6</td>
<td>M</td>
<td>Dorsum of foot</td>
<td>Walking inside house</td>
<td>96</td>
<td>Moderate</td>
<td>-</td>
<td>None</td>
<td>Superficial necrosis (50 cm²)</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>M</td>
<td>Lateral side of foot</td>
<td>Stood on snake inside house</td>
<td>3.5</td>
<td>Mild</td>
<td>-</td>
<td>None</td>
<td>Superficial necrosis (4 cm²)</td>
</tr>
<tr>
<td>11</td>
<td>28</td>
<td>M</td>
<td>Dorsum of foot</td>
<td>Asleep</td>
<td>2</td>
<td>Mild</td>
<td>Vomiting</td>
<td>Yes</td>
<td>No sequelae</td>
</tr>
<tr>
<td>12</td>
<td>12</td>
<td>M</td>
<td>Above inner canthus, left eye</td>
<td>Asleep</td>
<td>3</td>
<td>Severe</td>
<td>-</td>
<td>None</td>
<td>Soft tissue necrosis (70 cm²)</td>
</tr>
<tr>
<td>13</td>
<td>30</td>
<td>M</td>
<td>Base of first toe</td>
<td>Asleep</td>
<td>2.75</td>
<td>Mild</td>
<td>-</td>
<td>None</td>
<td>Superficial necrosis (2 cm²)</td>
</tr>
<tr>
<td>14</td>
<td>9/12</td>
<td>F</td>
<td>Over ramus of mandible</td>
<td>Asleep</td>
<td>7</td>
<td>Severe</td>
<td>Drowsiness</td>
<td>None</td>
<td>Soft tissue necrosis (70 cm²)</td>
</tr>
<tr>
<td>15</td>
<td>40</td>
<td>M</td>
<td>Forefinger</td>
<td>Handling snake</td>
<td>25min</td>
<td>None</td>
<td>-</td>
<td>Yes</td>
<td>No sequelae</td>
</tr>
<tr>
<td>16</td>
<td>16</td>
<td>F</td>
<td>Dorsum of foot</td>
<td>Asleep</td>
<td>3.5</td>
<td>Moderate</td>
<td>Drowsiness</td>
<td>Yes</td>
<td>Superficial necrosis (50 cm²)</td>
</tr>
<tr>
<td>17</td>
<td>9/12</td>
<td>M</td>
<td>Base of thumb</td>
<td>Asleep</td>
<td>5.5</td>
<td>Severe</td>
<td>Drowsiness, vomiting</td>
<td>Yes</td>
<td>Superficial and deep necrosis (12 cm²)</td>
</tr>
</tbody>
</table>
Due to the nocturnal nature of the snake and the fact that it enters human abodes in search, or pursuit of its natural prey (toads or rodents), 94% of the bites in this study occurred inside the homes of the victims and 81% of these occurred while the victims were asleep (in all cases on mats or mattresses on the floor). The fifteenth bite occurred in a snake handler.

Tilbury (1982:308) discovered, on observation of these cases, that a typical untreated case of envenomation would progress as follows:

- **0-3 hours**: moderate to severe pain at the site of the bite associated with a progressively enlarging area of swelling and warmth of the affected area.
- **3-5 hours**: first signs of tissue necrosis may appear at the site of the bite, either as a dark discolouration or as a raised blister. Serosanguineous fluid may begin to ooze from the bite.
- **5-9 hours**: the discolouration begins to spread from the bite site, often caudad (towards the end of the spine) and occasionally in a ‘skipping’ fashion, leaving areas of normal skin in between.
- **9-48 hours**: plum-coloured discolouration reaches its maximum extent between 36 and 48 hours and becomes sharply demarcated.
- **48-72 hours**: swelling reaches its maximum. The plum-coloured discolouration darkens to black. Blisters may now appear in the discoloured area, but usually first appear at the periphery of the necrotic area.
- **Day 3 onwards**: the swelling gradually subsides. Blisters coalesce to form a blistered rim around the edge of the lesion.
- **Day 6-8 onwards**: the necrotic area may be debrided. The subcutaneous tissues under viable skin could be destroyed; forming subcutaneous burrows which may extend quite far from the demarcated area of necrosis. After debridement the resulting ulcer invariably has peripheral undermining.

Necrosis was observed to involve mainly the subcutaneous tissue, sparing the muscles and deeper structures. This is presumably due to the Mozambican
spitting cobra’s relatively short fangs depositing the venom in the subcutaneous space where it spreads through the superficial lymph drainage system.

Five of the patients vomited, one after drinking a homemade potion and one after receiving anti-venom. Two patients reported diarrhoea. Drowsiness was noted in four patients; three were children with severe swelling and required resuscitation for hypovolaemic shock. Patient sixteen was noted to be very drowsy on admission three hours after the bite, but there was no severe swelling or other neurological symptoms.

The only neurological sign seen in these patients was drowsiness. The dominant feature of the bite is a characteristic cytotoxic lesion, the venom having a far more destructive cellular toxicity than that experienced in Puff adder (*Bitis arietans arietans*) bites. Tilbury (1982) believes that many bites attributed to puff adders are actually from the Mozambican spitting cobra.

According to Smith (2004), the snake may inject venom in variable quantities, resulting in cases that range from being very serious with widespread tissue destruction, to cases where the amount of venom injected was insufficient to cause any serious symptoms.

An example of a potentially life-threatening bite:
A one-year old girl was bitten by a Mozambican spitting cobra at Leeukop Game Ranch near Pongola. The maid sleeping in the room with the girl and her sister got sprayed in the eyes by the cobra. She ran from the room with the two girls. Only after treating the maid’s eyes, it was noticed that the little girl had been bitten on her left upper wrist. The girl’s family first rushed her to Pongola hospital, then to Vryheid hospital and then to Entabeni hospital in Durban. Due to incorrect treatment and misdiagnosis the little girl appeared in danger of loosing her limb. She was being treated for the neurotoxic venom, which is commonly associated with cobras, when in fact the venom of the Mozambican spitting cobra is predominantly cytotoxic.
There was necrosis of the skin at the site of the bite. The limb was swollen and red. She was feverish unconscious, limp and unresponsive. The venom had an initial sedative effect before a burning pain was experienced (as if the arm was placed in a pot of boiling water). The little girl screamed and writhed as if her body was possessed by demons. By the third day she was vomiting and had diarrhoea and the swelling had spread across her shoulder and chest. The arm was swollen to bursting point. Her fever was observed to swing up and then down over the next few days.

She had to have two blood transfusions. The skin down the length of her arm was surgically opened to debride the wound on four separate occasions. The limb was saved and is able to function quite normally after the surgical release of scar tissue from the tendons of her wrist (Van Rooyen, 1994) (Spitting cobra bites toddler, 1993).

**2.5.10 Toxicology**

A wealth of information is obtained from the study of the toxicology of homoeopathic remedies. Precise records kept of the effects of a poisoning (or in this case a poisonous snakebite) give a clear picture of the possible action of the remedy. A poisoning may be viewed as a crude ‘proving’ and may be regarded as invaluable according to the homoeopathic principle that what a substance can cause it can cure (the law of similars). Hahnemann believed that the noxious and poisonous character of these substances were sure revelations of the power of these drugs to extinguish curatively similar symptoms occurring in natural diseases, that their pathogenetic phenomena were intimations of their homoeopathic curative action (Hahnemann, 1998:191). The toxicology provides us with a clear picture if the organs and body systems that the remedy will effect. In the proving of *Bitis arietans arietans* (Wright, 1999), the toxicology was taken into account to provide a more complete picture of the action of the remedy on healthy human beings, thereby widening the possible therapeutic spectrum of the homoeopathic proving of *Bitis arietans arietans*. Another remedy, which has its toxicology
comprising a large proportion of its symptomology, is *Naja tripudiens* (Demarque, et al. 1997:262). Refer to section 2.5.6 for the toxicological symptoms of a snakebite and section 2.5.7 for the toxicological symptoms of being spat in the eye.

Venoms are at least 90% protein (by dry weight), and most of the proteins in venoms are enzymes, of which proteolytic enzymes, phospholipases and hyaluronidases are the most common types. Proteolytic enzymes catalyse the breakdown of tissue proteins, dissolving cells and tissue at the bite site and causing local pain and swelling. Phospholipases may be mildly toxic or highly destructive of musculature and nerves and the hyaluronidases dissolve intercellular materials and hasten the spread of the venom through the prey’s tissue.

Venom composition can vary among individuals of the same species and even in the same litter \(^4\). Variation in venom constituents is greater among geographically different populations. Venom components are broadly characterised by how they work to disturb normal function:

- **Cardiotoxins** – which depolarise cardiac muscles and alter heart contraction, possibly leading to heart failure
- **Haemorrhagins** – destroy capillary walls, causing haemorrhages near and distant from the bite
- **Coagulation-retarding compounds** – prevents blood clotting
- **Thromboses** – coagulate blood throughout the circulatory system
- **Haemolysins** – destroy red blood cells
- **Cytolysins** – destroy white blood cells
- **Neurotoxins** – block the transmission of nerve impulses to muscles\(^4\).

Venoms contain various combinations and quantities of the above constituents to ensure that snake venom is an effective tool for incapacitating prey and self-defence thereby ensuring the snake’s survival.
2.5.10 The doctrine of signatures

The doctrine of signatures has been used in the past to postulate the effects a remedy will have and the systems that it will have an affinity for. Paracelsus first had the notion that the external nature of a plant gave an indication of the ailments it would cure, this theory became known as the doctrine of signatures. For example, *Chelidonium majus* was used to treat the liver and gall-bladder because the yellow juice of the plant looked like bile (Lockie and Geddes, 1995:11). The doctrine of signatures may help to reveal the intrinsic nature of a substance, which would facilitate in the accurate prescribing of the remedy. It may also highlight themes in the remedy and explain certain symptoms.

Snake symbolism in many different cultures emphasises the themes and the essence of this remedy:

To the Native Americans, the snake is seen as a symbol of transformation and healing.

In early South American societies the snake was depicted as feathered and flying, a symbol of their greatest god and hero, Quetsalcoatl. It was said that the heavens and stars and all the motions of the universe were under his control.

In Greece the snake was a symbol of alchemy and healing. The god Hermes carried a staff upon which two snakes were entwined. This symbol seems to embody a type of mediation between earth and heaven in the aim of curing disease. This symbol is now the primary symbol of western medicine. It is the symbol of wisdom expressed through healing.

In India the Goddess Vinata was the mother of snakes and a symbol of water and the underworld. Shiva wears snakes for bracelets and necklaces which represent sexuality.

The serpent has been a symbol of a sexual or creative life force within humans as is taught in eastern traditions. The kundalini or serpent fire lies coiled at the base of the spine. They believe that as we grow and develop, the
primal energy is released, rising up the spine. This in turn activates energy centers in the body and mind, opening new dimensions and levels of awareness, health and creativity.

In Chinese astrology, one of the twelve years is named for the snake. Those who are born within that year are believed to have the qualities of compassion, clairvoyance and charm. They usually need to work on forgiveness, superstitiousness and possessiveness.

In Egypt the snake has also a mystical significance. The uraeus is a headband in the shape of a snake. The head of the snake rests and sticks out at the brow area. This was believed to represent a state of inner sight and control of the universe. It is believed to be a variation of the eye of Horus, or as the sacred eye of Ra. It represents a certain degree of wisdom and understanding.

Because it sheds its skin, the snake has been a symbol of death and rebirth. Before the snake begins to shed its skin, its eyes cloud over. This gives the snake a trancelike appearance. To many mystics and shamans this indicated the ability of the snake to move between the realms of the living and the dead, of crossing over from life to death and then back to life again.

When a snake shows up in mysticism, it indicates death and rebirth occurring in some area of your life. It can also indicate that your own creative forces are awakening. Physiologically, it can activate the sexual drive and bring more energy. Spiritually it can stimulate greater perception of how to apply your insight and intuition. Your own vision and intuition will become more accurate.
CHAPTER THREE

Methodology

3.1 The experimental design

The homoeopathic proving of the venom of *Naja mossambica* 30CH took the form of a double blind placebo controlled trial on 20 individuals who met the inclusion criteria (Appendix 4).

Most subjects were recruited from The Durban Institute of Technology, other subjects came from the Durban area or surrounding suburbs. This was achieved by an advert placed on various notice boards.

25% of the group were randomly given placebo so that neither the researchers nor the provers knew who received verum or placebo. As an added control, neither the potency of the drug nor the substance was disclosed at any time during the trial. The provers were required to record daily findings a week prior to the proving so as to provide a baseline and intra-individual control for the study as well as a comparison and control for the prover whilst under the influence of the proving substance (Appendix 3).

Data collection took the form of a journal where in provers recorded all their symptoms on a daily basis. Data was extracted from these journals. The initial consultation, which included a thorough physical examination and history taking, was also considered as a part of the data collection (Appendix 1).

The Provers were required to sign a consent form before starting the proving (Appendix 2). Provers between the ages of 18 and 21 had to have parental or guardian signed consent before commencing the proving (Appendix 2).

The methodology used in this research was adapted from Jeremy Sherr’s proving methodology (Sherr, 1994). Further adaptations were made from the methodology of the proving of *Sutherlandia frutescens* (Webster, 2002). Other provings that have used this methodology at the Durban Institute of
Technology are: *Harpagophytum procumbens* (Kerschbaumer, 2004), *Bitis arietans arietans* (Wright, 1999) and *Bitis gabonica* (Thomson, 2003).

### 3.2 Outline of the experimental method

- The provers were recruited from the general public and students at the Durban Institute of Technology. General students, homoeopathic students and the public were given the chance to participate in the proving as their perceptions of homoeopathy and provings are vastly different. These differences were expected to be seen in the type of symptoms which were recorded. It was expected that the homoeopathic students would be more aware of the subtle changes and the public and general students would be more aware of the physical changes and symptoms. This however would only be evident at the end of the trial.

- Homoeopathic students from the first to the fifth year were approached and asked whether they would like to be a part of the study. An advertisement was placed on the notice boards of all other faculties to ensure all students were given the opportunity to participate in the study. The advertisement was also placed on notice boards in local libraries, sport clubs and supermarkets to encourage public participation.

- Each prover was interviewed and checked against the inclusion and exclusion criteria (Appendix 4).

- The researcher explained to each prover all aspects of the proving and what was expected of them (Appendix 3).

- The prover then signed the informed consent form (Appendix 2).

- The provers were allocated a prover code to ensure confidentiality and received a journal (Plain A5 notebook), a list of instructions (Appendix 3), contact telephone numbers and medication in the form of 6 powders (Either verum or placebo).
• The duration of the proving was approximately six weeks. There was a one-week pre-proving observation period before the verum or placebo was taken. The proving trial period lasted approximately 2-3 weeks depending on the effect of the remedy on the provers. A two-week post proving period was observed to ascertain whether there were any residual affects of the remedy.

• The provers were given 6 enveloped lactose powders. They were instructed to take one powder 3 times a day until they started experiencing symptoms at which stage they were to discontinue the powders. The maximum dosage would be 6 powders in 2 days. The provers continued to record their symptoms regardless of whether they believed they were experiencing symptoms or not.

• The researchers kept daily telephonic contact with the provers for the first week of the proving. In the second week contact was decreased to every second day and then to every third day and then thereafter to once weekly.

• The proving was considered complete when no further signs or symptoms occurred.

• The journals were collected and the information was extracted and collated.

• A group meeting took place where the provers were informed about the proving substance and they were told who received verum and who received placebo. They were also encouraged to give their overall impressions of the remedy.

• The proving was compiled into materia medica and repertory format and published.

• No formal statistics were required in this study.
3.3 The proving substance
3.3.1 The potency

It was decided to use 30CH as the proving potency. Hahnemann suggested the use of the thirtieth potency, in the proving of a remedy, in aphorism 128 of the “Organon of Medicine” (Hahnemann, 1998:201).

Sherr (1994) discovered that in his proving of Hydrogen, the thirtieth potency produced the most mental symptoms. He found in this proving that the average mental symptoms per prover was: for the 6CH = 30.5 symptoms, 9CH = 17 symptoms, 12CH = 9 symptoms, 15CH = 1.5 symptoms, 30CH = 46.6 symptoms and 200CH = 14 symptoms. Therefore it was decided to use the thirtieth centesimal potency in this proving in order to obtain the largest number of symptoms to provide an accurate representation of this remedy.

3.3.2 Collection, Preparation and dispensing

The venom of Naja mossambica was procured in its most natural and purest form. The fresh snake venom was obtained from Mr. Byron Zimmerman, a local Herpetologist in Assagay, Kwa-Zulu Natal. The researchers observed the venom being milked from an adult female Mozambican spitting cobra, which had been captured in the wild the previous day. The cobra was approximately one and a half meters long. The cobra spat readily at the eyes of the herpetologist but was much less responsive to being milked of its venom, which required several attempts. The fresh specimen was sent to Natura Homeopathic Pharmaceuticals in Pretoria. This was to ensure that the most accurate, untainted symptom picture was obtained in the proving. The remedy was prepared according to the method specified in the German Homeopathic Pharmacopoeia, Fifth supplement (1991) to the First edition (1978), (method 4b), to the 30th centesimal potency.

The verum was dispensed in the form of powdered envelopes, each envelope containing 10 lactose granules that had been triple impregnated at 1%
volume/volume with *Naja mossambica* 30 CH in 90% ethanol. The placebo was dispensed in the form of powdered envelopes, identical to that of the verum, but these lactose granules were triple impregnated with 90% ethanol alone. A third party at the Homeopathic Day Clinic dispensed the verum and placebo so that the researchers were unaware who received which preparation according to a randomisation list prepared by the supervisor.

### 3.3.3 The dosage and posology

One powder was dissolved sublingually, three times a day until the onset of symptoms, but for no longer than two consecutive days.

No powders were taken after the onset of symptoms (Sherr, 1994:53).

Each dose was taken in a clean mouth. Nothing was taken by mouth half an hour before and half an hour after taking the remedy.

### 3.4 Population criteria

#### 3.4.1 Prover population

Sherr found that 15 to 20 provers were sufficient for producing a complete proving (Sherr, 1994:53).

#### 3.4.1.1 Experimental group

31 provers served as the experimental group, receiving verum randomly. Due to withdrawals and non-compliance only 13 of the prover’s journals could be used.
3.4.1.2 Placebo group

14 provers received placebo and thereby acted as a control group.

3.4.2 Randomization

The verum and the placebo were indistinguishable. Neither the researchers nor the provers knew which prover had received which.

Randomisation was done by the supervisor, assigning each prover to either the verum or to the placebo group by drawing names out of a hat. An independent party dispensed the verum and the placebo powders to the provers, ensuring that the proving was blinded.

3.4.3 Criteria for inclusion of a subject into the proving

- The provers had to be between the ages of 18 and 55 years.
- They had to be in a general state of good health.
- They had to be fluent in English. (Webster, 2002)
  (See Appendix 4)

3.4.4 Criteria for the exclusion of a subject from the proving

- If the individual was on medication that could have influenced the proving, this included contraceptives and hormone replacement therapy in the last six months.
- They could not be pregnant or breastfeeding during the proving.
- They could not have undergone any surgical procedure in the last six weeks prior to the proving.
- No recreational drug usage such as marijuana, ecstasy or the like were allowed to be part of the prover’s lifestyle.
Other lifestyle habits that needed to be limited was the intake of alcohol (less than two measures per day), less than 10 cigarettes per day as well as a limited intake of 3 cups of coffee, tea and herbal tea per day. The prover had to be committed to following these directions for the duration of the proving (Appendix 4). The inclusion criteria were chosen from other provings previously conducted to provide a standardised approach to selecting a proving group (Webster, 2002).
(See Appendix 4)

3.5 Monitoring the provers

The researchers kept daily telephonic contact with the provers for the first week of the proving. In the second week contact was decreased to every second day and then to every third day and then thereafter to once weekly. The proving was considered complete when no further signs or symptoms occurred.

3.6 Group discussion

Provers were approached individually to discuss the proving and the overall impressions gained from their experiences during the proving. Interesting ideas were expressed and some symptoms were clarified.

3.7 Ethical considerations

- The Faculty of Health Sciences Ethics Committee of the Durban Institute of Technology approved the methodology to ensure that the rights and welfare of the provers were protected.
- Informed consent was obtained (Appendix 2).
The subject was not coerced into participating and was free to withdraw at any time for any reason.

All provers had to be fluent in English, ensuring that all the information was clearly understood.

The research involved only minimal risk and discomfort.

Prover confidentiality was maintained.

All involvement was voluntary and did not involve financial benefit.

3.8 Data collection

Data was collected in the form of a journal that was compiled by each prover. The journals were a record of the symptoms experienced by the provers on each day for the duration of the proving.

3.8.1 Extraction and evaluation of symptoms

When the proving was complete, the journals were collected and the symptoms were extracted and written up into materia medica and repertory format.

Data obtained from case histories and physical examinations, along with the pre proving phase of the journal were considered a control, which assisted in excluding irrelevant symptoms.

3.8.2 Chronology

Provers recorded the time elapsed since the start of the proving for each symptom. The format provided by Sherr (1994:73-74) was used to organise the symptoms chronologically:

- DD:HH:MM
DD being the number of days since the start of the proving. The first day was recorded as 00, the second day as 01 etc.
HH were the number of hours.
MM were the number of minutes.
- The provers marked the top of each page of their journal with the day’s code.
- After 24 hours the minutes were considered unimportant and could thus be represented by XX.
- After two days, hours were considered as redundant and could be represented by a XX.
- Where time was insignificant or unclear, XX:XX:XX was used.
- The time of day was only considered important if it was definite, significant or causal to the symptom.
- If symptoms occurred soon after a dose, the time elapsed since that dose was noted.

3.8.3 Criteria for including symptoms as proving symptoms

- The symptom occurred with marked intensity and frequency (Sherr, 1994:72)
- If the prover was under the general influence of the proving (as was seen by the general appearance of symptoms) then all new symptoms were considered to belong to the proving (Sherr, 1994:70).
- A current or usual symptom for the prover was excluded unless it was altered, modified or intensified to a marked degree in which case it was included with clear explanations of the current and modified components (Sherr, 1994:70).
- Any symptom that occurred longer than five years ago i.e. an old symptom which had no reason to appear naturally, but did appear, was included (Sherr, 1994:70).
- Any symptoms that occurred in the provers recent history, i.e. one year or less were excluded (Sherr, 1994:70).
Any symptoms that were present in the prover prior to the proving and disappeared during the proving, were included and considered a cured symptom. The nature of such a symptom before the proving was thoroughly examined and adequately explained, with regards to the location, sensation and function of the symptom (Sherr, 1994:71).

3.9 Collating and editing the data

Proving symptoms were collected from the prover journals and placed in groups corresponding to the areas affected by the symptoms e.g. Mind, Head, Eyes etc. to create a symptom picture of the remedy. Grouping the symptoms together enabled the researchers to observe similar or identical symptoms in different provers, which assisted in the grading of the symptoms. These symptoms were converted into rubrics manually with the aid of the Synthesis (Schroyens, 1997) and grouped into chapters and subheadings that correspond to the same chronological order as is used in the repertory.

A conservative approach was adopted in the selection and grading of the symptoms: only if a symptom was widespread, frequent or of high intensity was it given a grading of two. There were no gradings of three awarded.

3.9.1 Toxicological data

The toxicological data was added after collation and editing of the data. This was done in order to widen the scope of use of Naja mossambica.

3.9.2 Doctrine of signatures

The doctrine of signatures of Naja Mossamica and snakes in general was discussed in relation to the symptoms elucidated from the provers. The doctrine of signatures serves to clarify the nature and the essence of the
substance in an attempt to facilitate a greater accuracy in the prescription of this remedy.

3.10 Reporting the data

To ensure that the data is easily understandable and useable, it was laid out in Materia Medica and Repertory format.

3.10.1 The repertory

The information derived from this proving was converted into rubrics and sub rubrics that adheres to the format of the standard modern repertory: Synthesis: Repertorium Homeopathicum Syntheticum (Schroyens, 1997).
### 3.10.2 The materia medica

The proving symptoms were written up into typical Materia Medica format that conforms to the chapters in Synthesis (Schroyens, 1997). The proving symptoms were written up under the following headings:

<table>
<thead>
<tr>
<th>Mind</th>
<th>Prostate gland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertigo</td>
<td>Urethra</td>
</tr>
<tr>
<td>Head</td>
<td>Urine</td>
</tr>
<tr>
<td>Eye</td>
<td>Male Genitalia/sex</td>
</tr>
<tr>
<td>Vision</td>
<td>Female genitalia/sex</td>
</tr>
<tr>
<td>Ear</td>
<td>Larynx and trachea</td>
</tr>
<tr>
<td>Hearing</td>
<td>Respiration</td>
</tr>
<tr>
<td>Nose</td>
<td>Cough</td>
</tr>
<tr>
<td>Face</td>
<td>Expectoration</td>
</tr>
<tr>
<td>Mouth</td>
<td>Chest</td>
</tr>
<tr>
<td>Teeth</td>
<td>Back</td>
</tr>
<tr>
<td>Throat</td>
<td>Extremities</td>
</tr>
<tr>
<td>External throat</td>
<td>Sleep</td>
</tr>
<tr>
<td>Stomach</td>
<td>Dreams</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Chill</td>
</tr>
<tr>
<td>Rectum</td>
<td>Fever</td>
</tr>
<tr>
<td>Stool</td>
<td>Perspiration</td>
</tr>
<tr>
<td>Bladder</td>
<td>Skin</td>
</tr>
<tr>
<td>Kidneys</td>
<td>Generals</td>
</tr>
</tbody>
</table>
CHAPTER FOUR
The results
4.1 Introduction

This chapter deals with the symptoms that were produced by the provers. The symptoms are first listed in materia medica format. The symptoms are then converted to rubric form and organised into the order in which they appear in the repertory, as described in section 3.10.

The prover contribution is illustrated in Appendix 5. The quantitative distribution of symptoms can be found in Appendix 6.

Table 4.1 List of provers that received verum

<table>
<thead>
<tr>
<th>Prover code</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>M</td>
<td>23</td>
</tr>
<tr>
<td>02</td>
<td>M</td>
<td>23</td>
</tr>
<tr>
<td>03</td>
<td>F</td>
<td>24</td>
</tr>
<tr>
<td>05</td>
<td>M</td>
<td>24</td>
</tr>
<tr>
<td>26</td>
<td>F</td>
<td>22</td>
</tr>
<tr>
<td>28</td>
<td>M</td>
<td>22</td>
</tr>
<tr>
<td>29</td>
<td>F</td>
<td>19</td>
</tr>
<tr>
<td>31</td>
<td>F</td>
<td>18</td>
</tr>
<tr>
<td>34</td>
<td>F</td>
<td>21</td>
</tr>
<tr>
<td>35</td>
<td>F</td>
<td>23</td>
</tr>
<tr>
<td>36</td>
<td>F</td>
<td>20</td>
</tr>
<tr>
<td>38</td>
<td>F</td>
<td>18</td>
</tr>
<tr>
<td>42</td>
<td>F</td>
<td>19</td>
</tr>
</tbody>
</table>
4.1.1 Key
4.1.1.1 Materia Medica

In this section the symptoms have been grouped according to the chapters of the materia medica. Each symptom is referenced in the format recommended by Sherr (Sherr, 1994:78).

(Prover number and gender) (Day: hours: minutes)

4.1.1.2 Repertory

In this section the proving symptoms are laid down in repertory format in the manner in which they would be found in Synthesis: Repertorium Homeopathicum Syntheticum (Schroyens, 1997).

CHAPTER – RUBRIC – Subrubrics (Page number in the Synthesis repertory)

A symptom was typed in Italics if it was in the second degree. New rubrics were indicated by a capital N.
4.2 The Materia Medica symptoms of Naja mossambica

4.2.1 Mind

Alertness

Alert, awake, in a good mood. Increase in confidence.
36F 01:XX:XX

Alert and focussed (previous apathy persists).
03F 00:15:46

Feeling more lively after lunch (salad).
05M 00:05:20

Alert, reading and studying – able to maintain concentration but only for brief amount of time before stop absorbing.
05M 02:XX:XX

Concentration better for yoga meditation.
05M 02:XX:XX

Passed thin, small stools – mind alert and fully active again.
05M 00:02:25

Clear thoughts, relaxed mind. Worse for crowds and social settings.
28M 04:XX:XX

Very clear thoughts.
28M 06:XX:XX

Mind much better and happier for activity.
28M 08:XX:XX

Concentration good again –mind clear and still.
28M 15:XX:XX

Concentration excellent today, mental energy very good until about 3pm then mind got tired.
28M 14:XX:XX

Concentration good again –mind clear and still.
28M 15:XX:XX

Concentration excellent today, mental energy very good until about 3pm then mind got tired.
28M 14:XX:XX
Antisocial

I like being by myself.
29F 01:XX:XX

When my mom came back I wasn’t particularly happy to see her and didn’t really want to be around her, which was very strange.
29F 11:XX:XX

I just feel so disjointed today, I don’t feel like being with anyone.
34F 04:10:00

Not going to tech! I don’t feel sociable or in the mood for lectures!
34F 11:06:30

Tired, irritated. Need space and quiet, want to get organised. Depressed and annoyed.
36F 00:XX:XX

Tired, antisocial.
36F 02:XX:XX

Irritable, antisocial, tired, bored.
36F 04:XX:XX

Tired, tense, want to give up. Irritated by people pushing me around. Intense aversion to authoritative people. Prefer to be left alone.
36F 10:XX:XX

Didn’t feel myself, felt distant and not as friendly as usual.
35F 02:XX:XX

Was not feeling very chatty and happy, feeling quite low… I was at a party in the evening, which I would normally have really enjoyed and had blast, but just couldn’t get into the mood.
35F 02:XX:XX

Staying by myself in flat at the moment (still) although I prefer company normally.
35F 05:XX:XX

Felt low and didn’t want company and usually I love people to be around me.
35F XX:XX:XX

Fairly serious and reserved today.
28M 12:XX:XX

Feel withdrawn, don’t feel like making an effort with others to socialise. Quiet. Feel a bit out of it, tired, want to sleep (not normally like this).
35F XX:XX:XX

Not feeling myself, irritable, frustrated and just want to go home and be by myself. (and I generally prefer company)
35F 01:XX:XX

Clear thoughts, relaxed mind. Worse for crowds and social settings.
28M 04:XX:XX

Down to the beach – feeling rather anti social!
05M 05:XX:XX

Anxiety

Feel stressed for no particular reason.
02M 11:XX:XX

Worried about work that needs to be done.
01M 07:12:30

Stressed about work still to be done.
01M 14:06:00

Frustrated, tired, stressed.
01M 14:23:00

Agitated and frustrated. Feel extremely tired and anxiety is coming back.
38F 02:08:50

Anxious and frustrated.
38F 02:12:30

Slight anxious feeling in the pit of my stomach.
38F 03:10:15

Tense, frustrated, tearful. Family issues, work anxieties.
38F 05:XX:XX

Quite anxious with work.
38F 13:XX:XX

I’m already dreading this week, can’t stand being at tech.
34F 07:06:00

Tired, restless, want time to hurry up- frustrated.
03F 02:10:10

Tense and worried about friend. Nervous.
36F 06:XX:XX
Depressed, antisocial, stressed about money matters. Replaying events and getting upset.
36F 09:XX:XX

Friend seemed to be different, driving faster, nasty.
29F 00:XX:XX

Difficult coping, everything seems too much.
29F 01:XX:XX

Overwhelmed with everything. Feel like I can’t cope. Too much negativity in life.
38F 13:XX:XX

Indecisive and anxious.
28M 12:XX:XX

Felt anxious at times during the day – tech had begun.
28M 14:XX:XX

**Carefree**

I’ve developed an attitude of ‘I don’t care’. Everything just seemed to glide off my back and I didn’t really care, this isn’t like me.
29F 00:XX:XX

I don’t care about things that normally bug me.
29F 01:XX:XX

Good mood, not worried about my work, although I should be. Just want to go out and have fun.
38F 05:XX:XX

Not stressing about work ‘I’ll do it tomorrow!’
38F 05:XX:XX

Very good mood, not really worried about work. Wonderful mood, happy. Will start working at my own pace. Feel loved and lucky to have family and friends.
38F 06:XX:XX

Sombre, neither sad nor joyously happy. Good mood though.
38F 07:XX:XX

Feel light hearted about everything, even missed a class test and not worried about it.
38F 10:XX:XX

I don’t feel like going to tech.
34F 04:06:00

Feeling indifferent to everything.
03F 05:06:45

Relaxed, not worried about test I haven’t learnt for.
03F 07:09:00

Unmotivated.
03F 12:09:15

Lazy and unmotivated.
36F 06:XX:XX

Carefree attitude – high spirits but semi dazed.
05M 00:13:00

Feeling slow, need to do work but can’t, the thought seems awful, want to relax, so yay, I will!
35F 04:XX:XX

Feel a bit lazy, not want to do work – prefer to go have fun.
35F XX:XX:XX

Went to shopping centre and library – not all there!! Can’t take much seriously – feel lightly drunk.
05M 00:06:10

**Delusions of separation**

Feeling of separateness even stronger. Had a nap and woke up feeling I was floating. Went for a run and while running felt as though I was getting a lift with my body, rather than being in it. Carried on it. My feet look further away. It felt as if I was running on a treadmill. Could feel my breathing getting heavier, but didn’t feel tired or that I needed more air. Never felt like this before, only a little bit floaty. Limbs feel quite light.
03F 01:15:55

Separate feeling dissipated after eating food.
03F 01:16:30

Feel very dizzy, accompanied by earlier feeling of separation from body. Occasionally when standing still, feels like head swings around.
03 01:18:45

Still dizzy with head-swinging feeling. Not ameliorated by food.
03F 01:20:09

Feeling as though head separated from body, made worse by driving.
03F 02:15:50

Separated head feeling while driving home.

03F 04:21:30

Slight difficulty breathing and it feels like there is something funny happening to the top half of my body. Like its getting irritated with writing (my hands and arms), and they just want to relax. Just weak I think.

29F 01:XX:XX

Didn’t feel myself, felt distant and not as friendly as usual.

35F 02:XX:XX

A bit light headed and airy. Can’t focus – seem distant.

35F 01:XX:XX

**Depression**

Tired, heavy, down (not smiley).

35F XX:XX:XX

Not feeling very chatty and happy, feeling quite low, a little dizzy.

35F 02:XX:XX

Dull, feeling a little low but generally OK.

35F 06:XX:XX

Night - Feel withdrawn… Don’t feel very happy, feel a bit out of it, tired, want to sleep (not normally like this).

35F 01:XX:XX

Didn’t feel myself, felt distant and not as friendly as usual.

35F 02:XX:XX

Was not feeling very chatty and happy, feeling quite low… I was at a party in the evening, which I would normally have really enjoyed and had blast, but just couldn’t get into the mood.

35F 02:XX:XX

Felt low and didn’t want company and usually I love people to be around me.

35F XX:XX:XX

Feel withdrawn, don’t feel like making an effort with others to socialise. Quiet.

35F XX:XX:XX

Fairly serious and reserved today.

28M 12:XX:XX
Depression and mania

I felt very depressed tonight. I just went into my own world. Very withdrawn and quiet and then I just got loud again (had suicidal thoughts).
29F 00:20:00

Acting very loud and silly, laughing and doing stupid things.
29F 00:XX:XX

Am feeling crap and miserable.
29F 04:20:30

Still feeling so down, so unsure of doing homoeopathy, feeling like I can’t handle life and I just want to curl up into a little ball and give up. I’m feeling terribly sad. Feeling unstable about starting dissection. Just want to go sleep, don’t have to face the world although waking up is the worst feeling.
29F 11:10:30

Enjoy peoples’ company, but deep inside I’m still sad and troubled.
29F 13:XX:XX

Wish I could sleep for a week, don’t want to wake up tomorrow.
29F 12:XX:XX

Slept like a baby last night, it was absolute heaven. Pity I had to wake up this morning.
29F 13:XX:XX

Still feeling down.
29F 14:XX:XX

Jovial, not as shy, more confident.
38F 00:12:30

Giggly, saying things without thinking- probably embarrassed myself.
38F 01:XX:XX

Feeling good, happy, quite excitable.
38F 03:10:15

38F 03:19:30

Very happy again!!! Feel a bubble of happiness coming up in my chest, then need to laugh uncontrollably.
38F 04:XX:XX

Dancing around, laughing and hugging everyone.
38F 04:XX:XX

Excited, went out dancing. Good mood.

38F 05:XX:XX

Very good mood, not really worried about work. Wonderful mood, happy. Will start working at my own pace. Feel loved and lucky to have family and friends.

38F 06:XX:XX

Feel light hearted about everything, even missed a class test and not worried about it.

38F 10:XX:XX

Feel dull, have no energy. Want to give up on everything. Needing something I can’t define. Daydreaming.

36F 00:XX:XX

Optimistic, happy, have energy.

36F 01:XX:XX

Alert, awake, in a good mood. Increase in confidence.

36F 01:XX:XX

Sad and depressed, tired, unfocused and antisocial- yet able to communicate better with people.

36F 03:XX:XX

Tired and depressed.

36F 04:XX:XX

Depressed, unsociable, feeling lazy.

36F 11:XX:XX

**Desire Company**

Wanting to be around my mom all the time, she stayed with me till I fell asleep.

29F 13:XX:XX

Enjoy peoples’ company, but deep inside I’m still sad and troubled.

29F 13:XX:XX

Sociable and confident.

36F 01:XX:XX

Sociable.

36F 03:XX:XX

More relaxed, tired, more focused, sociable.
Sociable and talkative.

Calm and relaxed, happy to see friends, sociable.

Difficult concentration

Can’t concentrate.

Cannot concentrate on lectures, am still on a cloud.

Lack of concentration (all year). Frustrated, takes a long time to do something short.

I’m feeling so tired, I couldn’t concentrate on lectures this morning.

Feeling like my mind has been blown. Couldn’t focus at all on studying.

Feeling distracted.

Lethargic, battling to focus on studying.

Enjoy lying in the sun, feel relaxed, battling to study.

Relaxed and lazy, feel like I’m on holiday, making it very difficult to study.

Fighting to study all day.

Super distracted, can’t focus.

Feeling floaty, just drifting along, can’t focus.

Tired, can’t concentrate.
Difficult concentrating.
36F 02:XX:XX

Tired, distracted, can’t concentrate.
36F 03:XX:XX

Slow day mentally. Dreamy and indecisive.
36F 07:XX:XX

Indecisive, unsure.
36F 09:XX:XX

I kept getting words wrong in my sentences.
29F 00:XX:XX

Thoughts in a jumble. Nervous, excited.
36F 11:XX:XX

Feeling slow, need to do work but can’t, the thought seems awful, want to relax, so yay, I will!
35F 04:XX:XX

A bit light headed and airy. Can’t focus – seem distant.
35F 01:XX:XX

Since this morning I have been slurring my words.
31F 01:XX:XX

Usually alert, mind somewhat dull.
05M 00:02:00

Lack of concentration – slow movements.
05M 00:04:40

Demotivated.
05M 00:05:33

Start to come right –concentration still hard though – rather relax!
05M 00:07:40

Trying to read but lack of concentration – no motivation to continue.
05M 01:XX:XX

Thick feeling in my head. Feel a bit dumb!
05M 01:XX:XX

Gaining back concentration but still feel a little slow!
05M 01:XX:XX
Still a bit of a thick head.
05M 01:XX:XX

Huge focus and attention required – headache type pain in right temple.
05M 01:XX:XX

Seem to have lack of short memory.
05M 02:XX:XX

**Heightened emotions**

Getting nervous and sick about dissecting. Feeling weak and emotional.
29F 09:XX:XX

Feeling very sad and emotional. Missing my mom, want her to come home. It’s lonely and I feel so empty in the house without her.
29F 10:22:10

Feeling very emotional and depressed because of a dream.
29F 12:XX:XX

Couldn’t touch the body part in dissection, started crying.
29F 12:XX:XX

Tired, unsure, miserable, crying.
29F 11:XX:XX

Stupid things put me in a bad mood, become a hostile driver.
02M 02:XX:XX

Violent, emotive thoughts preventing sleep. Can’t clear my mind.
02M 12:XX:XX

Heightened emotions- joyous and happy, then low when I got home and my mom was feeling down.
38F 00:21:07

38F 03:19:30

Very good mood, no reason to be in one though. Feel like my emotions are messed up a bit, or being emphasized to the extremes.
38F 04:XX:XX

Feel very sensitive to everything that people say around me. Exhausted. Woke up feeling frustrated and irritable (unusual).
38F 11:XX:XX
Felt like crying for no reason (lasted for 2 minutes).
03F 02:15:50

Felt really sad about nothing when I woke up (lasted half an hour).
03F 03:08:00

Feeling quite happy.
03F 03:10:57

Upset about receiving a fine. Crying, angry, depressed, not able to think straight.
36F 08:XX:XX

Emotions oscillated greatly today. Quite sensitive and emotional.
28M 07:XX:XX

Unsettled emotions, battling to accept certain changes.
28M 07:XX:XX

Disturbed, worried at times, contemplative at others, indecisive and anxious.
28M 12:XX:XX

Mood swings (PMS?)
42F 04:XX:XX

Over reacting to things that would normally not phase me.
31F 03:XX:XX

Had mood swings at work today. I would be upset and swearing, then angry and swearing then happy again.
31F 02:XX:XX

**Irritability**

I was very abrupt and slightly rude.
29F 00:XX:XX

Grumpy and irritable with those around me, snap quickly when someone says something that bugs me.
29F 01:XX:XX

When my mom came back I wasn’t particularly happy to see her and didn’t really want to be around her, which was very strange.
29F 11:XX:XX

Tired and irritable.
02M 05:XX:XX
Short-lived bad mood, aggravated by humidity.
02M 06:XX:XX

Bad mood, aggravated by heat.
02M 10:XX:XX

Irritable over small things, getting a tension headache.
02M 16:XX:XX

Frustrated with work.
01M 04:12:00

Short tempered.
01M 05:21:00

Irritable, bad mood (studying for an exam).
01M 17:15:00

A bit irritable, bored.
38F 09:XX:XX

Feel very sensitive to everything that people say around me. Exhausted. Woke up feeling frustrated and irritable (unusual).
38F 11:XX:XX

I’m tired and angry (lecture cancelled).
34F 07:14:00

Crabby and irritated.
34F 07:XX:XX

Feeling tired and moody- bad mood! I just want to go home.
34F 10:14:00

I’m feeling so irritable- just with myself and my family, for no reason. Everything they do is irritating me.
34F 11:16:00

Getting irritable the more tired I get.
03F 07:20:00

Feel frustrated, restless and at the same time like doing nothing.
03F 13:11:30

Tired, irritated. Need space and quiet, want to get organised. Depressed and annoyed.
36F 00:XX:XX

Irritated, frustrated- want to hit something/ someone.
36F 04:XX:XX
Depressed and irritable, having a blue Monday.
36F 07:XX:XX

Tired, tense, want to give up. Irritated by people pushing me around. Intense aversion to authoritative people. Prefer to be left alone.
36F 10:XX:XX

I am fine but get easily irritated.
26F 04:XX:XX

…got irritable easily (when I am feeling myself I have this “yay” feeling inside of me) Didn’t feel myself, felt distant and not as friendly as usual.
35F 02:XX:XX

Was irritable in the morning, …little things were irritating me, over reacting to things that would not normally phase me.
35F 03:XX:XX

Not feeling myself, irritable, frustrated and just want to go home and be by myself (and I generally prefer company).
35F 01:XX:XX

Tired, irritable, snappy, quick to jump to conclusions.
35F 04:XX:XX

I felt more irritable and wanted to get frustration out.
35F XX:XX:XX

Feel very irritable, get angry easily want to let out frustration physically.
35F XX:XX:XX

Nothing much took place except that by 8pm I was irritated.
31F 01:11:00

Had mood swings at work today. I would be upset and swearing, then angry and swearing then happy again.
31F 02:XX:XX

Got irritated and in a bad mood at work, couldn’t wait to finish.
31F 02:XX:XX

Very tired right now at 15:35 and very irritated – short-tempered.
31F 02:XX:XX

Didn’t get irritated today at all or hardly.
31F 03:XX:XX

Around 6pm became a little agitated.
28M 14:XX:XX
Whilst driving – impatient.
05M 01:XX:XX

Irritable and tearful.
42F 04:XX:XX

Moody and better for nothing!
42F 05:XX:XX

Severe pain in lower back making me more irritable and impatient.
42F 05:XX:XX

**Laziness**

Depressed, unsociable, feeling lazy.
36F 11:XX:XX

Relaxed and lazy, feel like I’m on holiday, making it very difficult to study.
03F 18:12:53

Lazy to study.
01M 17:08:30

Lazy and unmotivated.
36F 06:XX:XX

I feel lazy and sleepy, but not tired.
34F 12:14:00

Feel a bit lazy, not want to do work – prefer to go have fun.
35F XX:XX:XX

**Mania**

Bouts of hysterical laughter, feel as though I’m going a bit mad.
03F 04:13:42

Uncharacteristic giggling fits this evening.
03F 04:22:31

Feel like I am going mad, this is unusual. I feel as though I am not able to keep all the bits of my mind together. The feeling doesn’t worry me, it is usually accompanied by much laughter.
03F 05:21:30

Feel jubilant after tests.
03F 07:16:00
Feel somewhat mad!
05M 00:05:40

Went to shopping centre and library – not all there!! Can’t take much seriously – feel lightly drunk.
05M 00:06:10

Carefree attitude – high spirits but semi dazed.
05M 00:13:00

**Motivation and Enthusiasm**

Energetic, in a good mood. Had the urge to wash and clean everything in sight.
01M 01:9:30

Calm, relaxed, motivated to work.
01M 02:XX:XX

Full of energy, good mood.
01M 03:06:10

Energetic, can focus well on work.
01M 03:13:25

Energetic, enthusiastic to work.
01M 07:12:30

Trying to do too many things at once.
01M 08:14:00

Motivated to get stuff done.
01M 09:11:30

Motivated to study.
01M 16:9:00

Feeling positive.
38F 00:21:07

Feeling on top of the world, in a very good mood, can overcome all obstacles with a smile on my face. Am great, very happy. More confidence, more energy. Jumping around instead of moping around.
39F 01:09:55

Can concentrate now!
39F 03:19:30
I feel great (after sleeping late).
34F 05:10:00

I feel so good (after shopping with mum).
34F 06:14:00

I feel well rested and energised.
34F 13:18:00

Feeling good, ready to start the week. Concentrated better in class today.
34F 15:XX:XX

Alert and focussed (previous apathy persists).
03F 00:15:46

Good mood, feeling focused.
03F 08:10:55

Can focus quite well.
03F 13:17:30

At peace with the world, can motivate myself better than usual.
03F 14:10:25

Optimistic, able to concentrate, feel better about the future.
36F 00:XX:XX

More positive and decisive with activity. Worse for indoors.
28M 11:XX:XX

7 ½ hour hike up to Rhino Peak Drakensberg Gardens. Feel strong. Better for walking, climbing, running – loving the outdoors! Feel so strong!
05M 04:XX:XX

Awake to some awesome mountain views – feel great! (Slept in a cave).
05M 04:XX:XX

**Paradoxical thoughts (two trains of thought)**

In two minds, want to see friend, but need to go away.
36F 12:XX:XX

Upset, don't know how to express myself or what to do. Have so many emotions and feel like I can’t get any of them out, can’t cry or yell or anything. Feel like I need to have some fun, but then feel guilty because she (sick friend) can’t.
38F 08:XX:XX
Confused, want to do what is right, trying to restrain myself from what I want. Feeling spiritual, and needing to speak to God about stuff.
36F 05:XX:XX

Over reacting to things that would normally not phase me. But after having a chance to sit down and get in touch with “me” again, felt better and it put things into perspective.
31F 03:XX:XX

Very busy initially in morning but after quiet time, mind became clearer and more at ease.
28M 05:XX:XX

Positive and contemplative today.
28M 09:XX:XX

Frustrated at times, slightly worried, concerned thoughts better for contemplation.
28M 10:XX:XX

Some feelings of tension during day – contemplative at night.
28M 10:XX:XX

Disturbed and worried at times contemplative at others.
28M 12:XX:XX

Feeling slow, need to do work but can’t, the thought seems awful, want to relax, so yay, I will!
35F 04:XX:XX

Feel a bit lazy, not want to do work – prefer to go have fun.
35F XX:XX:XX

Restlessness

Getting hot, bothered and rushed.
35F 07:XX:XX

Felt busy and rushed.
35F 02:XX:XX

Busier thoughts around 8pm.
28M 04:XX:XX

Feel a bit hyperactive – lots to do this evening –time constraint.
05M 00:11:50
Spaced out

I have felt a tiny bit spaced out / drowsy / slow during the day.
29F 00:XX:XX

Feeling light headed and almost dreamy, like I wasn’t focused on the conversation or my surroundings. Felt really tired.
29F 01:XX:XX

Feeling floaty, just drifting along, can’t focus.
03F 03:11:30

Head feels thick, felt surreal on waking.
03F 11:XX:XX

Mellow and dreamy.
36F 02:XX:XX

Tired, disorganised, wasting time, slow and dreamy.
36F 03:XX:XX

Tired, excited, dreamy, disorientated. Not completely on earth.
36F 05:XX:XX

Tired and dreamy. Battled to wake up. Didn’t hear the alarm.
36F 10:XX:XX

Airy and spacey.
35F 01:XX:XX

A bit light headed and airy. Can’t focus – seem distant.
35F 01:XX:XX

I feel stoned – 13:45
31F 01:XX:XX

Airy and spacey.
35F 02:XX:XX

Light headed feeling again around temples.
05M 00:15:00

Light headed feeling again.
05M 00:12:10

Almost have light-headed, stupid feeling – almost stoned feeling.
05M 00:00:25
Feeling a bit light headed again – dazed.
05M 00:04:25

Still a little dazed.
05M 00:05:20

Feel a bit dazed.
05M 01:XX:XX

Head feels cloudy, could just be tired.
02M 02:XX:XX

Tiredness

I have felt a tiny bit spaced out / drowsy / slow during the day.
29F 00:XX:XX

Feeling light headed and almost dreamy, like I wasn’t focused on the conversation or my surroundings. Felt really tired.
29F 01:XX:XX

Feeling absolutely buggered, just want to sleep forever.
29F 03:06:30

Feeling run down, fatigued, tired.
02M 00:XX:XX

Tired, good mood.
01M 05:06:15

A bit tired, but can still concentrate.
01M 06:14:50

Tired, bored.
01M 07:18:00

Tired.
01M 11:09:20

Tired but happy.
38F 07:XX:XX

Tired! Very sore body all over, very low about everything.
38F 09:XX:XX

I feel sort of numb, like I’m too tired to do anything.
34F 02:18:00

I’m really tired, going to bed early.
34F 04:20:00

I hate Mondays, bored out of my mind. Already feeling tired.

34F 07:10:00

Feeling so tired.

34F 10:18:00

Brain feels a bit fuzzy. Tired and studying a lot.

03F 00:12:12

Feel very tired.

03F 01:07:50

Tired, almost falling asleep while studying.

03F 04:13:42

Feeling worn out.

03F 06:19:30

Head feels thick, felt surreal on waking.

03F 11:XX:XX

Mellow and dreamy.

36F 02:XX:XX

Tired, disorganised, wasting time, slow and dreamy.

36F 03:XX:XX

Tired, excited, dreamy, disorientated. Not completely on earth.

36F 05:XX:XX

Tired and dreamy. Battled to wake up. Didn’t hear the alarm.

36F 10:XX:XX

Tense and tired.

36F 13:XX:XX

Tired, lethargic, excited and indecisive.

36F 11:XX:XX

Dead tired.

02M 01:XX:XX

Feeling tired and flushed.

38F 00:XX:XX

Feel extremely tired.

38F 02:08:50
Very tired, but happy.
38F 07:XX:XX

Very tired, very sore body all over, very low about everything, have a permanent lump in my throat.
38F 09:XX:XX

Huge lump in my throat, feel very sensitive to what people say around me. Exhausted.
38F 11:XX:XX

Very tired right now at 15:35 and very irritated – short-tempered.
31F 02:XX:XX

Tired, irritable, snappy, quick to jump to conclusions.
35F 04:XX:XX

Tired, heavy, down (not smiley).
35F XX:XX:XX

Lethargic and unbalanced.
05M 01:XX:XX

Lethargic, unbalanced and feeling very tired- lying down.
05M 01:XX:XX

**Tranquillity**

Feel quite relaxed.
02M 01:XX:XX

Calm, relaxed, comfortable.
02M 05:11:00

Do not feel stressed.
38F 01:18:01

Have a bit more concentration, a bit more relaxed.
38F 13:XX:XX

Relaxed and positive.
03F 09:15:00

At peace with the world, can motivate myself better than usual.
03F 14:10:25

Relaxed and calm.
36F 00:XX:XX
Relaxed and calm.
36F 01:XX:XX

Dreamy, happy, calm and relaxed.
36F 02:XX:XX

4.2.2 Vertigo

Feel very dizzy, accompanied by earlier feeling of separation from body. Occasionally when standing still it feels like my head swings around.
03F 01:18:45

Still dizzy with head swinging feeling, not ameliorated by eating.
03F 01:20:09

Loss of balance this morning. Want to fall over to the left side even when sitting. Bumping into things.
36F 02:XX:XX

Immediately after taking remedy one I had about 30 seconds of dizziness.
28M 00:XX:XX

Feel my balance is a bit out!
05M 01:XX:XX

Lethargic and unbalanced.
05M 01:XX:XX

A bit light headed and airy.
35F 01:XX:XX

Airy and spacey.
35F 02:XX:XX

Light headed.
05M 00:00:55

Feeling a bit light headed again – dazed.
05M 00:04:25

Light headed feeling again around temples.
05M 00:15:00

Light headed feeling again.
05M 00:12:10

Feel a bit dazed.
4.2.3 Head

Severe headache.
36F 13:XX:XX

Headache, not better for eating. Only ameliorated by sleep.
03F 05:13:30

Headache, feeling very tired.
01M 00:22:30

Headache, worse for watching T.V., worse for moving.
01M 03:21:30

Headache, tired. Worse for light.
01M 04:18:00

Slight headache.
38F 00:21:07

A little headache that comes and goes.
36F 05:XX:XX

Headache better for sitting still.
Worse for bending over.
42F 04:XX:XX

Uncomfortable pounding tension in neck. Headache associated with it.
28M 10:XX:XX

Washing dishes – mild cool feeling in forehead.
05M 00:00:25

Headache moving all around the head – sharp pains – better for pressure and massage.
05M 01:XX:XX

Still minor headache feeling when required to concentrate.
05M 01:XX:XX

Still mild headache type feeling whilst driving.
05M 01:XX:XX

Felt a little headachy after ¼ km hard swim.
05M 06:XX:XX
Slight headache on waking. Sensation of squeezing all around the head.  
03F 12:XX:XX

Stuffy headache from waking. Gets better, then worse. Accompanied by breakout of pimples along jaw line and neck.  
36F 10:XX:XX

Huge focus and attention required resulted in headache style pain in right temple.  
05M 01:XX:XX

Headache in temples and neck, mainly on right hand side, eases slightly with pressure.  
38F 04:XX:XX

Slight throbbing on the sides of my head.  
02M 01:XX:XX

Huge headache from temples to parietal areas (almost like liquid between skin and bone).  
38F 09:XX:XX

Head slightly sore above the left temple, pain radiating outward, throbbing. Worse for movement. Pain moved to the top of the head after 1 hour, and went away half an hour later.  
03F 09:8:00

Dull distant ache in head. In left temple.  
29F 00:XX:XX

Slight, quick, sharp pain on left side of head.  
29F 00:12:40

Intense headache in frontal area. Eyes feel like they may pop out. Much worse in left temple. Nothing ameliorates it, I may be dehydrated (It lasted 13:00-20:30). Pain moved from front of head to back of neck (22:00).  
29F 04:XX:XX

Headache over left temple. Worse for bending over, lying down.  
42F 05:XX:XX

Head disproportionately swollen (left side face, left eye and ear) and hot. Constant throbbing.  
42F 05:XX:XX

1:05pm have a headache on my left temple, it’s a sharp shooting pain onto my brain – feels like it.
31F 01:04:05
Slight headache feeling in left temple.
05M 00:04:40
Tension in left temple worse when chewing hard.
05M 00:05:20
Persistent discomfort in left hemisphere of head.
05M 00:05:33
Discomfort in head (left hemisphere) more severe when required to concentrate.
05M 00:05:40

Slight dull ache at front of head, at top of nose. Improved on getting out of bed.
03F 13:XX:XX
Head throbbing to the right and centre of the front of my head. Aggravated by heat.
34F 00:15:00
Got a headache half an hour after taking the remedy. The pain radiates to different parts of the skull especially behind the ears. Settling in the frontal lobe.
36F 00:XX:XX
Stuffy headache in frontal area.
36F 07:XX:XX
Slight pain in frontal area from temple to temple. Feels sharp and dull at the same time.
29F 01:02:20

Slight headache, dull pain in sinuses on and off all day.
03F 20:XX:XX
Slight headache related to sinuses.
36F 03:XX:XX

Headache with sore eyes.
01M 11:12:00
Headache with sore eyes.
01M 13:XX:XX

Head is sore in front over my eyes.
34F 07:20:00

Slight headache behind the eyes.
36F 01:XX:XX

Headache, especially between eyes.
36F 08:XX:XX

Slight headache behind the eyes, with a very oily and pimply face.
36F 10:XX:XX

Woke with a stuffy headache, worse on moving the eyes.
36F 11:XX:XX

Headache focussed between eyes, worse for blinking eyelids and biting down on teeth. The pain radiates over the skull.
36F 11:XX:XX

Slight headache over left temple due to swollen red left eye.
42F 04:XX:XX

The top of my head aches.
34F 03:16:30

I have a headache at the back of my head and it’s just an ongoing pain.
31F 06:XX:XX

Head feels heavy and stuffy.
36F 02:XX:XX

Head feels extra heavy.
03F 22:11:54

Head feels heavy.
36F 11:XX:XX

Head feels blocked. Not painful. Uncomfortable.
29F 02:XX:XX

Head felt a bit heavy.
Light headed.
05M 00:00:55

Light headed feeling again around temples.
05M 00:15:00

Light headed feeling again.
05M 00:12:10

Left TMJ sore, affecting the left ear.
36F 02:XX:XX

Scalp itchy from heat.
36F 04:XX:XX

Hot headed.
05M 00:15:10

4.2.4 Eye

Sore and scratchy.
03F 04:09:25

Eyes a bit sore.
01M 08:14:00

Eyes sore.
01M 11:XX:XX

Eyes sore.
01M 13:XX:XX

Sore eyes, worse for wearing glasses.
36F 10:XX:XX

Extra light sensitive when driving home.
03F 04:XX:XX
Sore and scratchy, light sensitive while driving.  
03F 05:XX:XX

Eyes hurt from driving, oversensitive.  
02M 07:XX:XX

Eyes more sensitive than normal, eyes can be sensitive to light but more than usual.  
35F 01:XX:XX

Eyes a little sensitive (to light?).  
35F 01:XX:XX

Eyes were very sensitive today and sore. This has been a recent symptom; it was a very hot day today…  
28M 01:XX:XX

Eyes sensitive to light at around 8pm.  
28M 06:XX:XX

Tired eyes.  
01M 16:22:00

Eyes very dry, very tired.  
38F 01:XX:XX

Twitching eyelid.  
02M 03:XX:XX

Eyes burning, worse for sun and heat.  
34F 01:21:00

Eyes are tired and sore, burning like sandpaper.  
36F 05:XX:XX

Tired and scratchy.  
36F 11:XX:XX

Eyes became red and watery after sneezing.  
34F 03:18:00

Sore and red. Puffy.
36F 08:XX:XX
Eyes still sore, red and sensitive but less so today – it was cloudy and raining so less bright.
28M 02:XX:XX
Eyes a little sensitive and red.
28M 03:XX:XX
Eyes puffy and red.
05M 01:XX:XX

Couldn’t wake up this morning, eyes felt like they were stuck together.
34F 12:06:00

Difficult focussing, tired and heavy.
36F 00:XX:XX
Difficult to focus, eyes are tired.
36F 01:XX:XX
Can’t focus, tired.
36F 02:XX:XX
Can’t focus, tired.
36F 03:XX:XX
Tired, can’t focus.
36F 04:XX:XX
Tired, can’t focus.
36F 05:XX:XX
Tired, struggling to focus.
36F 08:XX:XX
Battling to focus, a bit sore.
36F 09:XX:XX
Battling to focus.
36F 10:XX:XX
Tired, can’t focus.
36F 10:XX:XX
Find myself staring.
05M 00:04:40

Developed conjunctivitis in left eye. 2:00pm it started.]
Worse for bending over and lying down – feels like pressure in eyeball will cause it to pop out!
42F 05:XX:XX

Conjunctivitis in left eye. Worse for light and wind.
Better for cold and washing.
42F 05:XX:XX

Left eye terribly itchy and scratchy like I have something in eye.
42F 05:XX:XX

Left eye blood red, white of Left eye as well as eyelid blood red and incredibly swollen like I have been hit in the eye.
42F 05:XX:XX

Rash on left inner thigh and swollen left ear at same time as conjunctivitis in left eye!
42F 05:XX:XX

Left eye infection spreading to right eye.
42F 05:XX:XX

Left eye worse for bending, light, lying down. Better for cold water.
42F 05:XX:XX

Left eye whites look like raw meat, red and swollen.
42F 05:XX:XX

Left eye swollen shut where both eyelids overlapped due to swelling.
42F 05:XX:XX

Left eye swollen and yellowish pus secretions from eye.
42F 05:XX:XX

Head disproportionately swollen (left side face, left eye and ear) and hot.
Constant throbbing.
42F 05:XX:XX

4.2.5 Vision

Eyes going slightly blurry, as if there was sleep covering the pupil and I had to blink it away (all through the day).
29F 13:XX:XX
Hazy sight. 8pm sensitive to light.
28M 06:XX:XX
Difficult to focus, eyes are tired.
36F 01:XX:XX

4.2.6 Ear
Ears feel itchy inside.
01M 12:13:00
Earache in left ear.
02M 10:XX:XX
Feeling a little full sensation like wax in them.
35F 11:XX:XX

Left ear swollen, from swollen and infected left eye.
42F 04:XX:XX
Head disproportionately swollen (left side face, left eye and ear) and hot. Constant throbbing.
42F 05:XX:XX

4.2.7 Nose
Nose slightly itchy inside, like just before you sneeze.
34F 00:06:00
Nose runny and itchy (like just before sneezing).
34F 03:12:30
Nose was slightly itchy.
35F 02:XX:XX

A little bit runny.
03F 04:09:25
Nose won’t stop running. Worse for activity and being busy, better for sitting or lying still.
29F 02:12:00
Sneezing attack for 5 minutes.
34F 03:18:00

Sneezing frenzy from dust.
34F 06:14:00

Nose sensitive, sneezing, slightly blocked.
36F 01:XX:XX

Sharp pain in left nostril.
36F 00:XX:XX

Completely blocked, painful.
36F 05:XX:XX

Nose a little blocked.
35F 10:XX:XX

Woke up with a slightly stuffy nose. After blowing –fine for the rest of the day.
28M 03:XX:XX

4.2.8 Face

Skin clear for a change, no real pimples.
01M 01:19:20

Extra pimples on face.
02M 04:XX:XX

Acne on face worse.
02M 13:XX:XX

Having a ‘break out’ on my face.
36F 02:XX:XX

Painful pimple on forehead.
36F 06:XX:XX

Break out of pimples along jaw line and neck, accompanied by a stuffy headache.
36F 10:XX:XX

Face and shoulders more oily.
Dark circles under my eyes are even more pronounced than usual.

Can’t stand having my hair falling on my face.

Lump on left cheekbone. Looks like a small blood blister.

Face swollen on left side with swollen left ear and eye.

4.2.9 Mouth

Feels a bit thick on swallowing. Taste on swallowing is metallic.

Metallic taste in back of throat this morning. Throat phlegmy. Went away half an hour after waking up.

Throat feeling thick and scratchy. Metallic taste in back of throat after running.

Sour taste in mouth.

Mouth is dry, feeling thirsty even though I’m drinking lots of water.

Mouth and tongue stiff and dry.

Lips are extremely dry and sore, like they may have blisters on them.

Mouth dry better for water.

Salivating a lot.
Slight loss of sensation in gums.  
36F 01:XX:XX

Definitely an increase of sores/ blisters inside my lips. New blister on the inside of my top lip on the right.  
29F 01:XX:XX

Huge blister inside mouth.  
29F 06:XX:XX

Gum at the top right and back of mouth sore.  
29F 06:XX:XX

Top right gum sore, worse for pressure.  
29F 07:XX:XX

Tongue was little whitish.  
35F 02:XX:XX

Woke up with a swollen tongue, had a white/yellow discolouration. I couldn’t talk properly, better for swallowing fluid/solid, worse for empty swallowing.  
35F 13:XX:XX

4.2.10 Teeth

Toothache turned into headache.  
02M 21:XX:XX

4.2.11 Throat

Feels a bit thick on swallowing. Taste on swallowing is metallic.  
03F 08:10:55

Metallic taste in back of throat this morning. Throat phlegmy. Went away half an hour after waking up.  
03F 09:XX:XX

Throat feeling thick and scratchy. Metallic taste in back of throat after running.  
03F 20:XX:XX

Throat thick on swallowing.
03F 21:11:30
Permanent lump in my throat.

38F 09:XX:XX
Huge lump in throat.

02M 07:XX:XX
Slight cough, tickling at the back of my throat.

38F 11:XX:XX
Irritated throat.

38F 13:XX:XX
Feels like the start of a sore throat.

38F 12:XX:XX
Throat is sore.

36F 06:XX:XX
Sore throat better for drinking cool drinks.

35F 02:XX:XX
Throat a little sore better for food and drink and goes away when I exercise.

35F 05:XX:XX
Throat very sore. Feels constricted and small better for drinking anything. Feels tight, better for honey and lemon (Brother left to go back to the UK today).

35F 06:XX:XX
Persistent sore throat – can’t get rid of it!

35F 08:XX:XX
Throat much better – stresses resolved and throat is improving!

35F 10:XX:XX
Throat still a little red.

35F 12:XX:XX
Throat mildly sore.

35F 13:XX:XX
At night my throat was a little rough and sore, but very slightly. A recent concomitant – a few sniffles.

28M 02:XX:XX
Very scratchy throat.
05M 02:XX:XX

Throat feels tight.
38F 13:12:30

Throat feels tight.
36F 00:XX:XX

Hot shower - Feels almost heartburn sensation coming up oesophagus.
05M 00:11:50

Throat very sore. Feels constricted and small better for drinking anything. Feels tight, better for honey and lemon (Brother left to go back to the UK today).
35F 06:XX:XX

Throat feels dry and burns. Makes me want to keep drinking water which makes it worse. Worse for being cold and for drinking water, for wind.
42F 05:XX:XX

Dry and burning throat with back ache.
42F 05:XX:XX

4.2.12 External throat

Left side of neck really painful. Better for pressure.
29F 09:XX:XX

On right side, knob-like knot that caused irregular discomfort or throbbing pain but mildly so.
28M 09:XX:XX

Knot still on right side of neck. Uncomfortable pounding tension in neck. Headache associated with it.
28M 10:XX:XX

Tension decreased and by end of day the knot had released.
28M 11:XX:XX
Neck feels very stiff.
05M 01:XX:XX

4.2.13 Stomach

Not hungry, though I haven’t had lunch.
01M 01:13:35

Not hungry.
01M 02:15:00

Lack of appetite.
02M 11:XX:XX

Didn’t really feel like eating food today. Craved a cold can of fizzy drink (especially coke).
29F 00:XX:XX

I lost my thirst and hunger.
31F 08:XX:XX

Have not been hungry since Saturday night (08 day).
31F 09:XX:XX

Stomach was a little sore, did not want too much food. Felt full after eating just a little.
35F 02:XX:XX

Appetite decreased and thirst decreased.
35F 09:XX:XX

Slightly decreased appetite today and decreased in afternoon.
28M 11:XX:XX

Oat shake although don’t feel that hungry.
05M 00:08:40

Stomach feels full – stuffed.
05M 01:XX:XX

Hungry.
01M 04:12:00

Hungry.
01M 08:14:00

Tired and hungry.
Starvingly hung.

Extra hungry on waking.

Still hungry even after meal.

Craving chocolate, sweets, hungry.

Hungry, but after a shock felt like vomiting.

Hungry, but food is tasteless.

Very thirsty for cool drink. Starving hungry 3 times today. Extremely thirsty.

Very hungry (unusual).

Was extremely hungry at 9.30am then lost appetite at 11.00am.

Appetite very good, strong.

Good appetite throughout day.

Craving for big meal about 6pm. Good appetite.

Hollow, hungry feeling in stomach.

Stomach feels very empty.

Stir fry veg and mash – Ate quick!!

Stomach hurts a bit.
01M 15:20:00
Mild stomach ache.
02M 11:XX:XX
Stomach cramping after nap. Sharp needle-like pain.
34F 08:18:00
Stomach cramping after nap.
34F 09:18:00
Severe cramps for a few moments in intestines. Craving sweets and junkfood, constantly hungry (Ate 2 chocolates after each other.).
36F 03:XX:XX
Stomach unsettled, it's cramping, I feel ill, just want to lie down and sleep.
29F 02:12:33
Stomach cramp as if I have wind.
29F 04:XX:XX
Stomach making noises – better with some food – only temporarily satisfied. More intense feeling on left side of belly.
05M 00:00:55
Still strange noises in stomach.
05M 00:02:10
Small tummy ache, bubbly sensation, lasted 5 seconds.
26F 01:XX:XX
Burping whilst sweeping the floor.
05M 00:04:32
Feel ill, nauseous, unsettled. Intense, painful stomach cramps as if stomach is going to run. Lots of wind after cramps.
29F 06:XX:XX
Came home early today I feel extremely sick and hot. First I was cold though. I have very bad stomach cramps.
31F 05:XX:XX
Stomach was a little sore, did not want too much food. Felt full after eating just a little.
35F 02:XX:XX
Very mild almost cramping – like sitting wrong after a heavy meal.
05M 00:00:05
Area around belly button – first slightly above then slightly below – mild slight cramping.
05M 00:00:05

Slight cramping feeling still present in stomach but not moving any more – worse for lying down.
05M 00:00:10

Slight cramping in stomach.
05M 00:12:10

Stomach still uncomfortable while eating.
05M 00:12:15

Eating started off fast now very slow. Still discomfort in stomach.
05M 00:12:35

Stomach discomfort better for food.
05M 00:12:40

Stomach discomfort continuing.
05M 00:13:00

Stomach discomfort worse for slouching.
05M 00:14:10

Stomach a little uncomfortable in certain positions – like lying on side, twisted or lying on stomach.
05M 01:XX:XX

Half an hour after the first dose at 9:05 my stomach felt a bit unsettled.
29F 00:XX:XX

Mild flu symptoms with slightly upset stomach.
02M 00:XX:XX

Upset stomach after alcohol.
02M 10:XX:XX

After taking the remedy this morning I felt nauseous and now after the second remedy I feel nauseous again.
31F 01:XX:XX

6:00am woke up – feel a bit sick – nauseous
31F 02:21:00

The look of food is making me feel sick.
31F 03:XX:XX
Had the dedication service for the cadavers, felt fine but then I went into the Anatomy museum and felt very sick and nauseous.
31F 06:XX:XX

Stomach still a little sensitive.
35F 03:XX:XX

Awkward feeling in gut after meditation and yoga.
05M 00:01:00

Stomach discomfort worsening with lying in bed on back.
05M 01:XX:XX

Mouth is dry, feeling thirsty even though I’m drinking lots of water.
34F 00:09:00

Extremely thirsty for cold water/ cold fizzy drinks. Crave sweets.
36F 07:XX:XX

Crave sweets, especially chocolate. Thirsty for cold water.
36F 09:XX:XX

Very thirsty for cool drink. Starving hungry 3 times today. Extremely thirsty.
29F 03:XX:XX

Tummy a little sore, don’t feel like eating too much but I am thirsty.
35F 01:XX:XX

Had desire to drink more water – first time in 2 weeks or so.
28M 08:XX:XX

Desire for water.
28M 12:XX:XX

Desire for water
28M 14:XX:XX

Not hungry but felt thirsty throughout the day.
26F 03:XX:XX

I get thirsty very often.
26 F XX:XX:XX

Feeling very thirsty.
38F 00:11:45
Appetite decreased and thirst decreased.
35F 09:XX:XX

Haven’t been thirsty at all today, been a bit hungry for a very light snack but nothing very big.
31F 02:XX:XX

Still not as thirsty as used to be.
31F 04:XX:XX

Got very thirsty all of a sudden today!!! Thirst is back!
31F 05:XX:XX

4.2.14 Abdomen

Woke up gassy.
02M 08:XX:XX

Bloated.
02M 08:XX:XX

Extreme cramps followed by wind.
29F 01:22:00

Feel ill, nauseous, unsettled. Intense, painful stomach cramps as if stomach is going to run. Lots of wind after cramps.
29F 06:XX:XX

Tummy was sore. Had a bit more gas than usual.
35F 02:XX:XX

Almost feels like diarrhoea pain in abdomen.
05M 00:02:25

Stomach little uncomfortable – flatulence.
05M 00:05:20

16:00pm felt small ache behind navel, more like the sensation identical to feeling when I get period.
26F 04:XX:XX

Lower abdomen painful – almost uterine area - not anywhere near my period time.
35F 06:XX:XX
4.2.15 Rectum

Mild diarrhoea.
01M 17:21:00

Extremely bad diarrhoea, think that I may have food poisoning.
38F 10:XX:XX

Extremely painful stomach cramps and diarrhoea.
36F 13:XX:XX

Woke up gassy.
02M 08:XX:XX

Tummy was sore. Had a bit more gas than usual.
35F 02:XX:XX

4.2.16 Stool

Stool very dark.
36F 07:XX:XX

Passed stool first thing in the morning. Passed stool again at 13:10 ([NS] usually go every 2 days).
29F 02:XX:XX

Passed thin small stools.
05M 00:02:25

Large bowel movement.
05M 00:16:00

4.2.17 Bladder

Pain in upper bladder region. Frequent urination.
36F 01:XX:XX

4.2.18 Urine

Urine dark, acidic.
28M 04:XX:XX

Urine still dark less acidic.
28M 05:XX:XX
Urine clearer at times and darker at other times.
28M 08:XX:XX

Surprised – clear and regular.
28M 09:XX:XX

Urine clear in morning darker later in day.
28M 13:XX:XX

4.2.19 Male genitalia/ sex

Sex – penis a little sore afterwards.
05M 02:XX:XX

4.2.20 Female genitalia/ sex

Mood improved after period started.
34F 13:08:00

Period scanty, slow to start. Less painful than usual.
36F 11:XX:XX

Period heavy, no pain.
36F 12:XX:XX

Lack of usual pre period cramps. Instead have an odd sharp pain in my ovary changing from side to side, and only lasts a few seconds. Bloody mucous discharge.
29F 02:XX:XX

Blood and brown discharge.
29F 03:XX:XX

I still haven’t come on yet, just thick black discharge.
29F 04:06:19

Period flow scanty, no bleeding at night.
29F 06:XX:XX

Sharp pain in right fallopian tube.
29F 07:XX:XX
Clear, thick fluid with clumps of light brown. Pain in left fallopian tube like its got something stuck/ cramping. Worse for urinating sitting up straight, have to bend forward.
29F 10:XX:XX

Right ovary/ fallopian tube painful on urination and passing stool.
29F 11:XX:XX

4.2.21 Respiration

Very tight chest and throat, battling to breathe. Feel quite suffocated and faintish, like I need to breathe very deeply, but it doesn’t help. Can’t get enough oxygen.
38F 13:12:30

Difficult breathing in stuffy, crowded places.
36F 01:XX:XX

Faster than normal breathing rate.
05M 00:04:40

Short breaths.
05M 00:04:40

4.2.22 Expectoration

Greenish phlegm in throat.
36F 06:XX:XX

4.2.23 Chest

Sharp pain under breast on right side in ribs. Pain on stretching (14:40). Pain moved to left side under breast in ribs. Comes and goes (21:35).
29F 02:XX:XX

Two sharp brief pains under breasts after laughing.
29F 07:XX:XX

Mild sensation of discomfort and cramping near heart. Worse when slouched.
05M 00:12:05

Had sharp chest pain, mostly around periphery of chest cavity. Lasted less than 30 seconds.
26F 02:XX:XX
Water blister on chest near neck.
29F 11:XX:XX

4.2.24 Back

Back feels stiff.
01M 13:21:00

Bad acne on shoulders.
01M 12:XX:XX

Feel like I’m getting sick, back aches.
01M 01:XX:XX

Aching lower back.
34F 10:18:00

Shoulder muscles aching, lower back tired.
36F 00:XX:XX

Back muscles tense.
36F 06:XX:XX

Tight pull at kidneys/ upper thigh on right side. Aching. Worse curling into a ball. Better lying flat in back.
29F 01:XX:XX

Lower back slightly sore.
35F 10:XX:XX

Woke up with tension in the muscles of upper back and neck.
28M 05:XX:XX
Uncomfortable tension in upper back and neck around 7pm.
28M 06:XX:XX

One or two knots in neck, slight pain or discomfort in neck.
28M 08:XX:XX

Neck and back – knot still there on right side. Uncomfortable pounding tension in neck. Headache associated with this.
28M 10:XX:XX

Tension decreased and by the end of today the knot released.
28M 11:XX:XX
Severe pain in lower back, pain radiating coccyx to lower lumbar region.
42F 05:XX:XX

Severe lower back ache worse for bending and sitting.
42F 05:XX:XX

Back pain feels like a flu ache in bones, making me feel like I want to just be an invalid and do nothing, driving me nuts — I just want it to go away!
42F 05:XX:XX

Deep ache in bones, almost a cold pain.
42F 05:XX:XX

**4.2.25 Extremities**

Tingling pins and needles sensation in fingertips of left hand. The sensation increases with pressure and movement of fingertips.
03F 00:15:46

Felt pins and needles over whole body for a few minutes, half an hour after the remedy.
36F 00:XX:XX

Muscle twitches- thumb, upper arm, thigh (over the past few days).
29F 04:XX:XX

Muscle twitch in thumb.
29F 05:XX:XX

Fingertips starting to peel. Worse on the right. Left upper thigh twitch.
29F 07:XX:XX

Muscle twitch in left shoulder/ upper arm.
29F 09:XX:XX

Cramp in left thumb for 1 minute. Better for stretching.
02M 06:XX:XX

02M 08:XX:XX

Cramp in left foot, better for stretching.
02M 09:XX:XX
Left knee/ ankle got a pain in it, may be from walking.
29F 00:XX:XX

Bumped left small toe, very painful.
01M 15:15:00

Feet are cold.
01M 01:19:20

Feet are cold.
01M 02:XX:XX

Skin peeling off around cuticles.
02M 13:XX:XX

Skin on my hands is beginning to peel a lot. On my thumb where I had popped a blister previously and on the left side of my right hand at the bottom.
29F 01:XX:XX

Skin peeling on both palms. Very unusual. Cuticles peeling around nails.
29F 04:XX:XX

Most fingertips are peeling.
29F 10:XX:XX

Heat rash on arms, chest, back and shoulders.
02M 09:XX:XX

Rash on left inner thigh and buttock. Fine rash like German measles – little red dots.
42F 04:XX:XX

Itchy skin on legs.
38F 13:XX:XX

Hands sweaty. Left axillary lymph nodes painful and swollen (After taking the 2\textsuperscript{nd} dose). Pain left after about two hours.
36F 00:XX:XX

Painful, swollen left axillary lymph nodes (half an hour after the 3\textsuperscript{rd} dose).
36F 00:XX:XX
Lymph nodes in left axilla painful and swollen.
36F 01:XX:XX
Left axillary lymph nodes painful.
36F 06:XX:XX
Legs and both hands feeling extremely weak, like I can’t move them or are exhausted.
29F 00:XX:XX
Arms feel stiff.
01M 13:21:00
Cut my legs more often than usual with the razor.
29F 08:XX:XX
Bitten on left big toe, swollen up.
29F 12:XX:XX
Blue bruises around right knee. Don’t know how they got there.
29F 13:XX:XX
Lots of mosquito bites on left shoulder.
29F 14:XX:XX

4.2.26 Sleep
After a nap this afternoon I battled to wake up, this is unusual because I can’t usually sleep during the day.
03F 05:XX:XX
Couldn’t wake up this morning.
34F 07:06:00

Sleep restless.
02M 01:XX:XX
Sleep restless.
02M 10:XX:XX
Sleep restless.
02M 18:XX:XX
Slept fine woke up to have a drink in night – a bit restless in morning before wake up.

35F 07:XX:XX
Sleep was restless, tossed and turned to get comfortable.

Restless night.
28M 04:XX:XX
Interrupted sleep – slept deeply though.

Some insomnia during night.
05M 02:XX:XX
Disrupted sleep – couldn’t sleep on stomach like usual.

Extremely sleepy.
34F 02:10:00
Fell asleep quickly during meditation after yoga (unusual).

38F 00:21:07
Sleep well and deep.

36F 01:XX:XX
Tired and slept well.

35F 05:XX:XX
Sleep very deeply.

28M 08:XX:XX
Sleep peacefully.

28M 09:XX:XX
Slept well.

28M 10:XX:XX
Slept well. Fairly deep sleep.

28M 13:XX:XX
Restful sleep – woke up feeling refreshed.

28M 15:XX:XX
Feeling extremely sleepy, as if my eyes could just close.  
29F 00:12:10

Sleeping very heavily. Waking with pillow lines on face.  
29F 02:XX:XX

Lethargic, unbalanced and feeling very tired- lying down.  
05M 01:XX:XX

Too tired to do anything, but unable to go to sleep.  
34F 02:18:00

Not tired in the evening even though I AM tired.  
35F 03:XX:XX

Irritable and frustrated on waking.  
38F 11:XX:XX

Most mornings I wake up with a literal jump and gasp for air, like with a fright.  
38F 12:XX:XX

Slept a lot, woke up tired.  
02M 02:XX:XX

Woke up feeling tired.  
34F 02:06:00

Woke up a little tired. Tired from 8pm onwards (tired versus good energy).  
28M 07:XX:XX

Slept well but woke up tired.  
28M 12:XX:XX

Slept well but woke up tired.  
28M 14:XX:XX

4.2.27 Dreams

Helping moms’ cat who was giving birth. Positive feeling.  
03F 00:XX:XX

Rescuing a cat from roof, cat falls. Upset that mom is prolonging its misery.  
36F 12:XX:XX
A guy who, in real life I don’t want to speak to, was bothering me in my dream. I was irritated, it felt as though I couldn’t break free. He had gone mad, wouldn’t stop touching me so I stabbed him to death. Very vivid - I had a big knife and stabbed him in the head, splitting his skull open. There was a lot of blood. I felt no guilt, it was justified and everyone approved. The act was accompanied by a huge sense of relief.

03F 08:XX:XX

Dreamt about fighting people.
02M 04:XX:XX

Funny dreams.
02M 06:XX:XX

Funny, amusing dreams during a nap. Wake myself laughing.
36F 01:XX:XX

Dreamt of a friend failing her drivers licence because of a stupid mistake. The next day I found out that it had actually happened.
34F 03:XX:XX

Dreamt of a ‘Chiro’ asking me to a dance- it was very unusual. Later in the day we were told by two guys about a winter ball, that was being organised by the ‘chiros’.
34F 10:XX:XX

Don’t remember much but I do remember one thing because it felt so real and that was that an eyelash was in my eye but when I looked in the mirror there was nothing there. The feeling in my eye felt very real.
35F 02:XX:XX

Almost psychic dream: Where I dreamt my sister and I were nearly hijacked (only to find out that next day that my cousin was really hijacked). Dream very real and vivid!
05M 04:XX:XX

Frustrating dreams; trying to but not being able to see my homoeopath and trying to reach my friend and not being able to. Was on the phone to a friend who was very down, but the phone kept cutting out.
38F 01:XX:XX

Couldn’t get where I needed to be- blockage/ obstruction. Panicking. Drove like a maniac.
Dreamt short, quick dreams during a nap.

Snippets: people and places, a Chinese girl, a water theme park, dogs, going on a journey, a lake with pine trees around it.

Had lots of strange, unnerving dreams during nap (11am-3pm).

Many Vivid dreams (4-6).

Dreamt arbitrary dreams about my family.

Dreams about my family. Brother leaving without saying goodbye, feeling depressed and sad, everything turning grey.

Being introduced as an orphan, denying it profusely. Baking a chocolate cake that flopped.

Parents discussing reasons for their separation. In the dream my dad still had feelings for my mom and was saying it was her fault.

Dreamt I was camping and had to pack up very quietly to escape someone. Also dreamt of a huge diamond ring that I got for my 21st, and about re-decorating our kitchen.

Running from something/ someone into a shopping centre. Felt like I was in a maze and couldn’t get out. A guy who thought he was king tried to catch me, a blind lady magician catches me and tells everyone that they must solve a riddle if they want to have me.
I dreamt I was walking into someone’s yard, a black Doberman leapt for my throat. I catch it by its throat just before it can bite me, holding it away, just not moving until the dogs calm down.

36F 05:XX:XX

Dreamt that I was attacked in the face by a husky dog (not really scared, he didn’t bite me).

36F 08:XX:XX


36F 10:XX:XX

Driving my car to my house where I grew up (5yrs to 18 yrs) knew I live somewhere else but wanted to go there anyway. The dream was fine but later on Tom and I were trying to get away from some people, we hid in the house. A while later it went back to being in the car. We were driving recklessly.

35F 01:XX:XX

Forgot my dream, it involved a car.

29F 01:XX:XX

Can’t remember my dream, although it was vivid.

29F 02:XX:XX

Clear, vivid, real dreams – not much remembered.

28M 02:XX:XX

Had an unusual dream that left me feeling contemplative in the morning but did not remember it though!

28M 05:XX:XX

Dream was vivid – nothing remembered!! Small parts but no link to a story as such.

28M 07:XX:XX

Real and memory of dream was excellent in morning, I was amazed then forgot it!

28M 08:XX:XX

Dreamt but not remembered well.

28M 09:XX:XX

I have been having dreams – very vivid, forget them as soon as I get up. They are not disturbing – just ordinary things.

26F XX:XX:XX
Went shopping for material, but then couldn’t return it when we found it cheaper somewhere else. Going down the escalator someone above us commented on what was in our trolley. Pool was green at home and I felt bad because people wanted to swim. Smelling aromatherapy salts some got stuck in my nose, neighbour complained that it was unhygienic, even though she had some on her nose.

29F 04:XX:XX

Dreamt of snakes again.

29F 07:XX:XX

Dreamt that hippos and crocodiles turned into humans. The woman’s sole aim was to mate in order to multiply. The male had sex with her in two seconds, he didn’t really care, he just wanted to help her to fall pregnant (had instincts of a crocodile in a human body). Scared because I had to stand in the water and a croc could get me any time. We were lying in a bed on the water, being held hostage. My house was being broken into while I was in it, the police were ignoring me and delaying while the robbers were already through the windows.

29F 09:XX:XX

Woke up just before I was going to make a move on this girl in full knowledge that I was with someone else! Just been travelling in aeroplane – talking about my femininity. Lots of newspapers this girl was reading.

05M 00:XX:XX

Went to visit a friend in Australia. On the balcony commenting on the beautiful view, the balcony falls away from the wall downwards. Glided down, landed safely in the ocean, not getting hurt. In her room again, I was changing my top, standing only in my bra when one of her male friends walks in. He says oops sorry! Then continues to walk past me without looking and sit on the bed!

29F 14:XX:XX

Dreamt that I was on a ship going down a canal and then there were big waves and the boat tipped rear end over front but I managed to stay on. After jumping off the boat onto land we were in a strange but familiar place. Eventually night fell and we were creeping through a field but got stopped by people operating a rubbish truck.

35F 11:XX:XX

Dreams of pools and swimming – seeing and spending time with a guy I didn’t like very much.

05M 00:XX:XX
Dreamt I was at a pool party. That I had two motorbikes and needed to take them home.
36F 06:XX:XX

Dreams continued on from thoughts in day – very real yet- well remembered.
28M 10:XX:XX

Partly remembered. Observer in dream yet part of dream.
28M 13:XX:XX

Active, draining dream yet detail not remembered.
28M 14:XX:XX

Only flashes remembered but not a prolific dream at all.
28M 15:XX:XX

Eating porridge – smoking. Hiding the fact I slept in dog poo!
05M 00:XX:XX

No familiar places – all new houses and flats. Also had dream relating to the movie I watched “Pirates of the Caribbean”. Trying to restore order in this old palace. Sister in dream.
05M 00:XX:XX

Strange mission I was sent on, I think in some city. Booked into an expensive hotel, either being chased or trying to find someone, but was out cruising around the city. Finally get to return to the hotel but no one paid the bill. Company I was working for did not deposit money. Saw both parents outside the hotel. They had arrived to help sort it all out. Went to room but someone was already in there. Lying in bed no shirt, room was in a mess, door open. Anyway cruising the hotel trying to find my belongings then find it’s in the basement. Something happens down there. Next thing we in this jungle, swamp, place playing golf I think, but slowly making our way through avoiding traps. Turns into some sort of race event. We get stuck and are passed by competitors – girls I think.
05M 02:XX:XX

Dream: In restaurant with my boyfriend (not someone I have seen before) and we are fighting. I go to the pharmacy to buy pads. At first I can’t find them then I notice new always pads with cantharis – some herbal extract meant to be soothing. Then I woke up!
42F 00:XX:XX

Had strange dream – can’t remember well.
26F 02:XX:XX

Dreamless sleep.
26F XX:XX:XX
4.2.28 Fever

Started to sweat, arms clammy, body warm. Chest constricted, heart beating really hard. Stomach ill, nauseous.
29F 05:XX:XX

4.2.29 Skin

Getting more spots – they are sore. They usually don’t hurt but are painful this time. A tight feeling in skin.
35F 12:XX:XX

Developing pimples – tiny ones which itch slightly on neck, legs and face.
26F 03:XX:XX

Slight rash /pimples between the breasts (sternum) and on the ankle.
26F XX:XX:XX

4.2.30 Generals

Very cold.
01M 02:23:00

At beach feeling fine- ball games and swimming – Cold!
05M 01:XX:XX

Feeling cold even though it’s hot outside.
34F 10:18:00

Feeling extremely hot now. Feels as though it has something to do with my hormones rather than cold/ flu.
34F 10:20:00

Clammy.
02M 15:XX:XX

I’m feeling very hot, can’t stand having my hair falling on my face. (After start of period.)
34F 13:08:00

Not feeling cold, but everyone else is wearing jerseys.
34F 14:14:00

Very hot, hotter than anyone else.
38F 02:12:50

Got very hot while out tonight, felt clammy and sticky. Felt like my face was all red from doing exercise and getting hot. Thought I might be burning up (8pm-10pm).

29F 00:XX:XX

Hot flushes, shoulders and neck upwards, worse for moving around, better for lying or sitting still. I feel clammy.

29F 02:12:00

Body temperature increase.

05M 00:04:25

Still feel hot.

05M 00:04:32

Hot!!

05M 00:12:05

Feeling a tad bit warm but strong.

05M 01:XX:XX

Face hot on left side.

42F 04:XX:XX

Feels like a cold coming on.

01M 03:13:25

Feels like I am getting sick, nose running, sneezing.

01M 08:23:00

Tired, achy joints everywhere. Flu-like symptoms.

02M 00:XX:XX

Extreme fatigue over whole body.

36F 00:XX:XX

Came home early today feel extremely sick and hot – first I was cold though.

31F 05:XX:XX

Back pain feels like a flu ache in bones, making me feel like I want to just be an invalid and do nothing, driving me nuts – I just want it to go away!

42F 05:XX:XX

Deep ache in bones, almost a cold pain.

42F 05:XX:XX
Craving sweets, chocolate, chocolate cake.
34F 11:15:00

Craving junk food.
36F 02:XX:XX

Craving sweets and junkfood, constantly hungry (Ate 2 chocolates after each other.).
36F 03:XX:XX

Craving chocolate, sweets, hungry.
36F 04:XX:XX

Craving junk food, sweet things.
36F 07:XX:XX

Crave sweets, especially chocolate. Thirsty for cold water.
36F 09:XX:XX

Craved a cold can of fizzy drink (especially coke).
29F 00:XX:XX

Don’t feel like my usual cup of tea.
05M 01:XX:XX

Craving fruit.
36F 03:XX:XX

Food: fruit desire.
28M 14:XX:XX

Craving coffee (unusual).
29F 03:11:45

Glands feel swollen.
38F 12:XX:XX

Slight swollen glands.
38F 13:XX:XX

Felt pins and needles over whole body for a few minutes, half an hour after the remedy.
36F 00:XX:XX
Energy low between 8am and 10 am. Better between 10 am and 5 pm. Tired after this.
28M 04:XX:XX

Energy levels much better for activity.
28M 08:XX:XX

Energy levels picked up strongly at about 10am and stayed strong till about 6pm. Tired from 8pm onwards. Tired compared to good energy!
28M XX:XX:XX

Energy good throughout day and lower at night.
28M 09:XX:XX

Energy steady and dropped between 4 – 10 pm.
28M 12:XX:XX

Energy very good, slightly lower after 6pm.
28M 13:XX:XX

Slow movements. Find myself staring.
05M 00:04:40

4.2.31 Toxicology

Refer to section 2.5.6 for the toxicological symptoms.
4.3 The repertory symptoms of Naja mossambica

4.3.1 Mind

MIND – ABRUPT
MIND – ABRUPT, rough - harsh
MIND – ABSENTMINDED – dreamy
MIND – ACTIVITY, desires
MIND – ACTIVITY –ameliorates
MIND – AILMENTS – anger – suppressed
MIND – AIR – mental symptoms amel, in open
MIND – ALERT
MIND – ANGER - easily
MIND – ANTISOCIAL
MIND – ANXIETY
MIND – ANXIETY –business; about
MIND – ANXIETY – causeless
MIND – ANXIETY – family; about his
MIND – ANXIETY – money matters, about
MIND – ANXIETY – others, for
MIND – ANXIETY – paroxysms, in
MIND – ANXIETY – stomach, felt in
MIND – ANXIETY – thoughts, from
MIND – ANXIETY – thoughts, from – disagreeable
MIND – BUISNESS – desire for
MIND – BUOYANCY
MIND – BUSY - night
MIND – CAREFREE
MIND – CHEERFUL
MIND – COMPANY – agg. Mental symptoms
MIND – COMPANY – aversion to
MIND – COMPANY – aversion to: alone; when: ameliorates
MIND – COMPANY – aversion to: desire for solitude
MIND – COMPANY – desire for
MIND – CONCERNTRATION – active

MIND – CONCENTRATION – difficult

MIND – CONCENTRATION – difficult – attention, cannot fix

MIND – CONCENTRATION – difficult – attempting to concentrate; on –
vacant feeling; has a

MIND – CONCENTRATION – difficult – headache, with

MIND – CONCENTRATION – difficult – reading

MIND – CONCENTRATION - difficult –studying

MIND – CONCENTRATION – difficult – talking

MIND – CONCENTRATION – difficult – working, while

MIND – CONFIDENT

MIND – CONFUSION – intoxicated, as if

MIND – CONFUSION – talking, while

MIND – CONTENT

MIND – CONTRADICTORY – actions are contradictory to intentions

MIND – DANCING

MIND – DELUSIONS – body: divided, is

MIND – DELUSIONS – body: lighter than air; body is:

MIND – DELUSIONS – divided: two parts; into:

MIND – DELUSIONS – floating: air in

MIND – DELUSIONS – floating: air, in

MIND – DELUSIONS – head: separated from body; head is:

MIND – DELUSIONS – insane: become insane; he will

MIND – DELUSIONS – intoxicated: is; he

MIND – DELUSIONS – intoxicated: is; he: excited; and

MIND – DELUSIONS – light: is light; he

MIND – DELUSIONS – separated, body: mind are separated; body and

MIND – DELUSIONS – separated – body – soul; body is separated from

MIND – DELUSIONS – separated, world, from the: he is separated

MIND – DELUSIONS – separated, world, from the: thoughts are
separated

MIND – DISORIENTED, with everything
MIND – DISSOCIATION from environment S94
MIND – DREAM; as if in a S94
MIND – DULLNESS S95
MIND – DULLNESS – studying; when S97
MIND – DULLNESS – thinking: long; unable to think S97
MIND – DULLNESS – thinking: slowly S97
MIND – EMOTIONS – excited easily S100
MIND – EMOTIONS – heightened N
MIND – EXCITEMENT – night S102
MIND – EXCITEMENT – alternating with; sadness S102
MIND – EXCITEMENT – trifles, over S103
MIND – FRIVOLOUS S121
MIND – FRUSTRATED S121
MIND – GIGGLING S124
MIND – HURRY, HASTE S128
MIND – HURRY, HASTE – eating; while S128
MIND – IMPATIENCE – driving, while S132
MIND – INACTIVITY S133
MIND – INDIFFERENCE S134
MIND – INDIFFERENCE – business affairs, to S134
MIND – INDIFFERENCE – conscience, to the dictates of S135
MIND – INDIFFERENCE – duties, to S135
MIND – INDIFFERENCE – everything, to S135
MIND – INDIFFERENCE – intellectual occupation, to, unusual S135
MIND – INDUSTRIOUS S136
MIND – INDUSTRIOUS, mania for work S136
MIND – INTROSPECTION S140
MIND – INTROSPECTION – night S140
MIND – IRRESOLUTION, INDECISION S140
MIND – IRRITABILITY S141
MIND – IRRITABILITY – morning S142
MIND – IRRITABILITY – evening S142
MIND – IRRITABILITY – night S142
MIND – IRRITABILITY - easily

MIND – IRRITABILITY - alone; wishes to be alone

MIND – IRRITABILITY – alternating with: cheerfulness

MIND – IRRITABILITY - causeless

MIND – IRRITABILITY -conversation, from

MIND – IRRITABILITY -crying and weeping

MIND – IRRITABILITY -discouragement; with

MIND – IRRITABILITY – easily

MIND – IRRITABILITY - family, to her

MIND – IRRITABILITY -heat during

MIND – IRRITABILITY -himself; with

MIND – IRRITABILITY -humidity aggravates

MIND – IRRITABILITY – idle while

MIND – IRRITABILITY - little things; about

MIND – IRRITABILITY - loved ones, to

MIND – IRRITABILITY -mental exertion; from

MIND – IRRITABILITY – sadness, with

MIND – IRRITABILITY -spoken to, when

MIND – IRRITABILITY - sleepiness, with

MIND – IRRITABILITY - trifles, from

MIND – IRRITABILITY - waking, on

MIND – IRRITABILITY -working, when

MIND – LAUGHING – desire to laugh

MIND – LAUGHING – foolish

MIND – LAUGHING – hysterical

MIND – LAUGHING – loudly

MIND – LAUGHING – ludicrous, everything seems:

MIND – LAUGHING – silly

MIND – LAUGHING – uncontrollably

MIND – LAZINESS

MIND – LAZINESS – postponing the work

MIND – LAZINESS – sleepiness, with

MIND – LOQUACITY

MIND – MANIA
MIND – MANIA – alternating with: depression
MIND – MEMORY – weakness of memory: facts, for: recent facts, for
MIND – MENSES – before; mental symptoms
MIND – MISTAKES – speaking, in – words: wrong words; using
MIND – MOTIVATED
MIND – OPTIMISTIC
MIND – OVERWHELMED
MIND – PASSIONATE
MIND – POSITIVENESS
MIND – PROSTRATION of mind
MIND – RUDENESS
MIND – RESERVED
MIND – RESTLESSNESS
MIND – RESTLESSNESS – evening: 20h
MIND – RESTLESSNESS – busy
MIND – RESTLESSNESS – study, when attempting to
MIND – RUDENESS
MIND – SADNESS
MIND – SADNESS – company ameliorates
MIND – SADNESS – heaviness: body; with heaviness of
MIND – SADNESS – sleep and never to wake, would like to:
MIND – SADNESS – sleepiness, with
MIND – SENSITIVE – external impressions, to all
MIND – SENSITIVE – mental impressions, to
MIND – SENSITIVE – opinion of others; to the
MIND – SERIOUS, earnest
MIND – SOCIAL MEETING – aggravates
MIND – SOCIAL MEETING – ameliorates
MIND – SOLITUDE – desire for
MIND – SPACED OUT FEELING
MIND – SPEECH – inarticulate
MIND – SPEECH – incoherent
MIND – SPEECH – intoxicated, as if
MIND – STUDYING – difficult
MIND – STUPEFACTION S208
MIND – STUPEFACTION – vertigo: during S209
MIND – THOUGHTS – disconnected S216
MIND – THOUGHTS – two trains of thought S218
MIND – TIME – slowly, appears longer; passes too S220
MIND – TRANQUILLITY, serenity, calmness S221
MIND – TRANQUILLITY – alternating with: concentration; active S221
MIND – VIOLENT S226
MIND – WEEPING – anxious S229
MIND – WEEPING - desire to weep: all the time S230
MIND – WEEPING – easily S230
MIND – WEEPING – emotion, after slight S230
MIND – WILL – contradiction, of S233
MIND – WILL – two wills, sensation as if he had S234

4.3.2 Vertigo

VERTIGO - VERTIGO S235
VERTIGO – MORNING S235
VERTIGO – ACCOMPANIED by – staggering S236
VERTIGO – ELEVATED , as if S238
VERTIGO – FALL, tendency to – left, to S238
VERTIGO – FALL, tendency to – left, to – sitting while S238
VERTIGO – FLOATING, as if S239
VERTIGO – INTOXICATED, as if S239
VERTIGO – SWINGING, like S244
VERTIGO – TURNING; as if – head is turning round; sensation as if S245
VERTIGO – TEMPLES, in S245

4.3.3 Head

HEAD – COLDNESS – forehead S249
HEAD – CONSTRICTION S252
HEAD – FULLNESS S259
HEAD – HEAT S262
HEAD – HEAVINESS
HEAD – HEAVINESS – forehead
HEAD – ITCHING – warm – head becomes; when
HEAD – LIGHTNESS; sensation of – contents had greatly diminished in weight, as if the whole
HEAD – PAIN
HEAD – PAIN – morning – waking, on
HEAD – PAIN – accompanied by – eye; pain
HEAD – PAIN – bending head – forward
HEAD – PAIN – closing eyes, on
HEAD – PAIN – constant, continued
HEAD – PAIN – exertion – body, etc.; of
HEAD – PAIN – exertion – eyes; of the
HEAD – PAIN – increasing: gradually – decreasing: gradually
HEAD – PAIN – light – general; from light in
HEAD – PAIN – lying
HEAD – PAIN – mental exertion; agg
HEAD – PAIN – motion: agg
HEAD – PAIN – motion – eyes, of
HEAD – PAIN – pressure, external – amel
HEAD – PAIN – rubbing – amel
HEAD – PAIN – sleep – after – amel
HEAD – PAIN – spot, pain in small – extending to: all directions
HEAD – PAIN – teeth – biting teeth together
HEAD – PAIN – forehead, in
HEAD – PAIN – forehead, in – extending to: ears
HEAD – PAIN – forehead, in – eyes – above
HEAD – PAIN – forehead, in – eyes – behind
HEAD – PAIN – forehead, in – eyes – between
HEAD – PAIN – occiput
HEAD – PAIN – sides – left
HEAD – PAIN – sides – right
HEAD – PAIN – temples
HEAD – PAIN – temples – left
HEAD – PAIN – temples – right  S310
HEAD – PAIN – temples – chewing; while  S311
HEAD – PAIN – temples – extending to: neck  S312
HEAD – PAIN – temples – extending to: parietal bone  S312
HEAD – PAIN – temples – extending to: temple to temple  S312
HEAD – PAIN – temples – extending to: vertex  S312
HEAD – PAIN – vertex  S312
HEAD – PAIN – dull pain – forehead: nose above  S326
HEAD – PAIN – dull pain – rising amel  S326
HEAD – PAIN – dull pain - sides – left  S327
HEAD – PAIN – dull pain – temples – from temple to temple  S327
HEAD – PAIN – pressing – forehead – eyes: behind  S335
HEAD – PAIN – pulsating  S342
HEAD – PAIN – sharp  S342
HEAD – PAIN – shooting – sides – left  S344
HEAD – PAIN – shooting – temples: temple; from temple to  S344
HEAD – PULSATING – heat, during  S364
HEAD – PULSATING – forehead  S365
HEAD – PULSATING – forehead – right  S365
HEAD – PULSATING – sides  S367

4.3.4 Eye

EYE – AGGLUTINATED – morning  S375

EYE – BLEEDING from eyes – subconjunctival haemorrhage  N

EYE – DISCHARGE – yellow  S378
EYE – DISCOLOURATION – red  S379
EYE – DISCOLOURATION – red – left  S379
EYE – DISCOLOURATION – red – lids  S379
EYE – DRYNESS  S380
EYE – HEAVINESS  S383
EYE – INFLAMMATION  S384
EYE – INFLAMMATION – conjunctiva  S385

EYE – INFLAMMATION – conjunctiva – granular: cold applications
amel
EYE – INFLAMMATION – lids
EYE – INFLAMMATION – sclerae: red – raw meat, like
EYE – IRRITATION
EYE – ITCHING
EYE – ITCHING – left, extending to right
EYE – PAIN – bathing eye – cold water ameliorates
EYE – PAIN – bending forwards aggravates
EYE – PAIN – exertion of eyes from
EYE – PAIN – heat, during
EYE – PAIN – light
EYE – PAIN – looking, when
EYE – PAIN – lying
EYE – PAIN – sunlight, agg
EYE – PAIN – wind aggravates
EYE – PAIN – burning – sand, as if from
EYE – PAIN – foreign body, as if from a
EYE – PAIN – pressing – outward
EYE – PAIN – sore
EYE – PHOTOPHOBIA
EYE – PHOTOPHOBIA – evening
EYE – STARING
EYE – SWELLING
EYE – SWELLING – left
EYE – SWELLING – lids
EYE – TIRED SENSATION
EYE – TWITCHING – lids

4.3.5 Vision
VISION – ACCOMMODATION – defective
VISION – BLURRED
VISION – DIM

108
VISION – FOGGY

4.3.6 Ear
EAR – FULLNESS – sensation of
EAR – ITCHING – meatus
EAR – PAIN – left
EAR – SWELLING – left

4.3.7 Nose
NOSE – CATARRH
NOSE – CORYZA – constant
NOSE – CORYZA – discharge, without
NOSE – CORYZA – discharge, without
NOSE – CORYZA – lying – amel
NOSE – CORYZA – motion – agg
NOSE – CORYZA – sitting up amel
NOSE – DISCHARGE – constant
NOSE – DISCHARGE – constant
NOSE – ITCHING
NOSE – ITCHING – inside
NOSE – OBSTRUCTION
NOSE – OBSTRUCTION – morning – waking, on
NOSE – PAIN – left
NOSE – SENSITIVE
NOSE – SNEEZING
NOSE – SNEEZING – constant
NOSE – SNEEZING – dust causes
NOSE – SNEEZING – paroxysmal

4.3.8 Face
FACE – DISCOLOURATION – dark: eyes; circles under
FACE – ERUPTIONS – cheeks: left
FACE – ERUPTIONS – acne S515
FACE – ERUPTIONS – blisters S516
FACE – ERUPTIONS – pimples S519
FACE – ERUPTIONS – pimples: forehead: painful S519
FACE – ERUPTIONS – pimples: itching S519
FACE – ERUPTIONS – pimples: jaws: lower S520
FACE – ERUPTIONS – pimples: itching S519
FACE – GREASY S525
FACE – SWELLING – eyes, around: left N
FACE – SWELLING – left S545

4.3.9 Mouth
MOUTH – DISCOLOURATION – white: yellowish white S564
MOUTH – DISCOLOURATION – yellow: white S566
MOUTH – DRYNESS S566
MOUTH – DRYNESS – thirst, with S567
MOUTH – DRYNESS – tongue S567
MOUTH – ENLARGED – tongue S569
MOUTH – ERUPTIONS – vesicles S569
MOUTH – ERUPTIONS – vesicles S569
MOUTH – ERUPTIONS – vesicles: lips S569
MOUTH – NUMBNESS – gums S575
MOUTH – PAIN – sore: gums S581
MOUTH – PAIN – sore: palate S581
MOUTH - SALIVATION – profuse S588
MOUTH – SPEECH – difficult: swelling of tongue, from S590
MOUTH – STIFF TONGUE S591
MOUTH – SWELLING – tongue S592
MOUTH – TASTE – metallic S596
MOUTH – TASTE – sour S598
MOUTH – THICK; sensation as if – tongue was S600
4.3.10 Teeth

TEETH – PAIN – extending to: head

4.3.11 Throat

THROAT – CONSTRICTION
THROAT – DISCOLOURATION – red
THROAT – IRRITATION
THROAT – LUMP, sensation of
THROAT – MUCUS – morning: waking
THROAT – MUCUS – metallic taste
THROAT – PAIN – air: draft
THROAT – PAIN – drinks: cold: ameliorates
THROAT – PAIN – eating: ameliorates
THROAT – PAIN – exertion
THROAT – PAIN – burning
THROAT – PAIN – burning: drinks, cold: after
THROAT – PAIN – burning: dryness; with
THROAT – PAIN – burning: water; drinking; on
THROAT – PAIN – burning: oesophagus
THROAT – PAIN – drinking, ameliorates
THROAT – PAIN – sore: eating: ameliorates
THROAT – SCRATCHING
THROAT – SWALLOWING – difficult
THROAT – THICK, sensation
THROAT – TICKLING – coughing; causing

4.3.12 External Throat

EXTERNAL THROAT – ERUPTIONS – itching
EXTERNAL THROAT – ERUPTIONS – pimples
EXTERNAL THROAT – PAIN – sides: left
EXTERNAL THROAT – PAIN – sides: right
EXTERNAL THROAT – PAIN – sides: pulsating
4.3.13 Stomach

STOMACH – APPETITE – decreased: daytime S653
STOMACH – APPETITE – diminished S653
STOMACH – APPETITE – diminished: daytime S653
STOMACH – APPETITE – diminished: evening S653
STOMACH – APPETITE – diminished S653
STOMACH – APPETITE – easy satiety S653
STOMACH – APPETITE – eating, even after S654
STOMACH – APPETITE – increased S654
STOMACH – APPETITE – increased: daytime S654
STOMACH – APPETITE – increased: eating, after S654
STOMACH – APPETITE – alternating with loss of appetite S654
STOMACH – APPETITE – increased: waking, on S655
STOMACH – APPETITE – increased: weakness, with S655
STOMACH – APPETITE – ravenous S655
STOMACH – APPETITE – relish, without S656
STOMACH – APPETITE – wanting S656
STOMACH – APPETITE – wanting: evening S656
STOMACH – APPETITE – wanting: thirst, with S657
STOMACH – APPETITE – wanting: thirst, without S657
STOMACH – BUBBLING S657
STOMACH – DISORDERED S659
STOMACH – EMPTINESS – eating- ameliorates: not ameliorates S662
STOMACH – EMPTINESS S661
STOMACH – ERUCTATIONS – motion, on S664
STOMACH – FULLNESS, SENSATION OF S670
STOMACH – FULLNESS, SENSATION OF – eating: after:
   ever so little; after S671
STOMACH – GURGLING S671
STOMACH – INDIGESTION S676
STOMACH – NAUSEA
STOMACH – NAUSEA – anxiety, after
STOMACH – NAUSEA – excitement, after
STOMACH – NAUSEA – fever, during
STOMACH – NAUSEA – food: looking at, on
STOMACH – NAUSEA – sleep: after
STOMACH – PAIN
STOMACH – PAIN – beer, after
STOMACH – PAIN – cramping
STOMACH – PAIN – cramping: lying
STOMACH – PAIN – cramping: morning waking, on
STOMACH – PAIN – cutting
STOMACH – THIRST
STOMACH – THIRST – daytime
STOMACH – THIRST – extreme
STOMACH – THIRST – unquenchable
STOMACH – THIRST – water, drinking: cold
STOMACH – THIRSTLESS
STOMACH – UNEASINESS

4.3.14 Abdomen
ABDOMEN – DISTENSION
ABDOMEN – FLATULENCE – waking, on
ABDOMEN – PAIN – umbilicus
ABDOMEN – PAIN – diarrhoea; as if
ABDOMEN – PAIN – menses; appear; as if menses would
ABDOMEN – PAIN – cramping
ABDOMEN – PAIN – cramping: diarrhoea: before
ABDOMEN – PAIN – cramping, diarrhoea: with
ABDOMEN – PAIN – cramping, flatus, passing: before
ABDOMEN – PAIN – cramping, stool: during: diarrhoea
ABDOMEN – PAIN – cramping: below umbilicus
4.3.15 Rectum
RECTUM – DIARRHEA S792
RECTUM – FLATUS S801
RECTUM – FLATUS – morning: waking, on S802

4.3.16 Stool
STOOL – COPIOUS S822
STOOL – DARK S822
STOOL – FREQUENT S822
STOOL – SMALL S826

4.3.17 Bladder
BLADDER – PAIN S832
BLADDER – PAIN – urination: urging to urinate S833
BLADDER – URINATION – frequent S842

4.3.18 Urine
URINE – ACRID S869
URINE – COLOUR – dark S871
URINE – COLOURLESS – morning S872

4.3.19 Male
MALE GENITALIA – PAIN – penis S891
MALE GENITALIA – PAIN – penis: coition, after N

4.3.20 Female
FEMALE GENITALIA/SEX – LEUKORRHEA – alternating with; bloody discharge S915
FEMALE GENITALIA/SEX – LEUKORRHEA – black S915
FEMALE GENITALIA/SEX – LEUKORRHEA – menses, instead of S918
FEMALE GENITALIA/SEX – LEUKORRHEA – thick S919
FEMALE GENITALIA/SEX – MENSES – daytime only S922
FEMALE GENITALIA/SEX – MENSES – brown S923
FEMALE GENITALIA/SEX – MENSES – copious S924
FEMALE GENITALIA/SEX – MENSES – late, too: scanty S927
FEMALE GENITALIA/SEX – MENSES – pain: absence of pain;
flow only in the S928
FEMALE GENITALIA/SEX – MENSES – painless N
FEMALE GENITALIA/SEX – MENSES – scanty S929
FEMALE GENITALIA/SEX – MENSES – thick S931
FEMALE GENITALIA/SEX – MENSES – clotted S923
FEMALE GENITALIA/SEX – PAIN – cramping: ovaries; left S941
FEMALE GENITALIA/SEX – PAIN – ovaries; urination, during S937
FEMALE GENITALIA/SEX – PAIN – ovaries; left S936
FEMALE GENITALIA/SEX – PAIN – ovaries; bending double amel S936
FEMALE GENITALIA/SEX – PAIN – sharp: ovaries S945
FEMALE GENITALIA/SEX – PAIN – ovaries, menses; before S936
FEMALE GENITALIA/SEX – PAIN – ovaries, alternating sides S936

4.3.21 Respiration
RESPIRATION – ACCELERATED S969
RESPIRATION – DIFFICULT S973
RESPIRATION – DIFFICULT – breathing: deep S975
RESPIRATION – DIFFICULT – breathing: want of breathe S975
RESPIRATION – DIFFICULT – crowded room; in a S975
RESPIRATION – DIFFICULT – inspiration S976
RESPIRATION – DIFFICULT – throat; felt in S978

4.3.22 Expectoration
EXPECTORATION – GREENISH S1020
4.3.23 Chest
CHEST – CONSTRICION
CHEST – CONSTRICION – fever, during
CHEST – ERUPTIONS – rash
CHEST – ERUPTIONS – pimples
CHEST – ERUPTIONS – vesicles
CHEST – PAIN – bending: forward
CHEST – PAIN – laughing
CHEST – PAIN – axilla
CHEST – PAIN – axilla: glands
CHEST – PAIN – mammae: under: right
CHEST – PAIN – mammae: under: left
CHEST – PAIN – sides
CHEST – PAIN – cramping: heart
CHEST – PAIN – cutting: mammae; under: right
CHEST – PAIN – cutting: mammae; under: left
CHEST – PAIN – cutting: sides
CHEST – PALPITATION of heart
CHEST – SWELLING – axilla: glands
CHEST – SWELLING – axilla: glands; left

4.3.24 Back
BACK – ERUPTIONS – acne
BACK – PAIN – lying: back, on: amel
BACK – PAIN – cervical region
BACK – PAIN – dorsal region: scapulae
BACK – PAIN – lumbar region
BACK – PAIN – lumbar region: bending: forward, while sitting
BACK – PAIN – lumbar region: sitting: while
BACK – PAIN – lumbar region: extending to: coccyx, along
BACK – PAIN – aching
BACK - PAIN – aching: lumbar region  S1123
BACK – PAIN – sore: lumbar region       S1140
BACK – STIFFNESS                       S1152
BACK – TENSION                         S1154
BACK – TENSION – cervical region       S1154
BACK – TENSION – cervical region: right S1154
BACK – TENSION – cervical region – headache, with   S1154
BACK – TENSION – cervical region: evening S1154
BACK – TENSION – cervical region: waking, on   S1155
BACK – TENSION – dorsal region          S1155
BACK – TENSION – lumbar region          S1155
BACK – TIGHT FEELING                    S1155
BACK – WEAKNESS – lumbar region         S1157

4.3.25 Extremities

EXTREMITIES – COLDNESS – foot           S1169
EXTREMITIES – CRAMPS – thumb            S1179
EXTREMITIES – CRAMPS – foot; left        S1182
EXTREMITIES – ERUPTIONS – upper limbs: rash S1193
EXTREMITIES – ERUPTIONS – shoulder: rash  S1194
EXTREMITIES – ERUPTIONS – hand: palm; desquamation of S1198
EXTREMITIES – ERUPTIONS – fingers: desquamation  S1199
EXTREMITIES – ERUPTIONS – fingers: nails, about: desquamation  S1199
EXTREMITIES – ERUPTIONS – lower limb: rash   S1201
EXTREMITIES – ERUPTIONS – lower limb: red      S1201
EXTREMITIES – ERUPTIONS – nates: red        S1201
EXTREMITIES – ERUPTIONS – legs: pimples; itching  S1204
EXTREMITIES – ERUPTIONS – ankle: pimples    S1204
EXTREMITIES – ITCHING – lower limbs       S1225
EXTREMITIES – PAIN - knee; left           S1269
EXTREMITIES – PAIN – ankle; left          S1273
EXTREMITIES – PAIN – toes, fifth: left     S1277
EXTREMITIES – TWITCHING – upper arm; left  S1396
EXTREMITIES – TWITCHING – thumb  S1397
EXTREMITIES – TWITCHING – thigh  S1397
EXTREMITIES – WEAKNESS – hand  S1406
EXTREMITIES – WEAKNESS – hand; paralytic  S1406
EXTREMITIES – WEAKNESS – leg  S1408
EXTREMITIES – WEAKNESS – leg; paralytic  S1409

4.3.26 Sleep
SLEEP – COMATOSE  S1411
SLEEP – DEEP – disturbed, yet  S1412
SLEEP – DISTURBED  S1413
SLEEP – FALLING ASLEEP – difficult  S1417
SLEEP – FALLING ASLEEP – easy  S1417
SLEEP – HEAVY  S1418
SLEEP – INTERRUPTED  S1419
SLEEP – RESTLESS – night: at  S1422
SLEEP – RESTLESS – bodily restlessness, from  S1423
SLEEP – SHORT – afternoon  S1424
SLEEP – SLEEPINESS – morning, waking on  S1426
SLEEP – SLEEPINESS – eyes, opening difficult  S1429
SLEEP – UNREFRESHING – morning  S1443
SLEEP – WAKING – fright, as from  S1445

4.3.27 Dreams
DREAMS – ADVENTUROUS:  S1453
DREAMS – ANIMALS – changing form  S1454
DREAMS – BLOOD  S1455
DREAMS – CATS  S1457
DREAMS – CHASED – of being  S1457
DREAMS – CLAIRVOYANT  S1457
DREAMS – COMICAL  S1458
DREAMS – COMICAL – laughter, with loud  S1458
DREAMS – CRIME – acquits him of a crime; conscience  S1459
DREAMS – CROCODILES

DREAMS – DANGER

DREAMS – DANGER – escaping from a danger

DREAMS – DANGER – falling, of

DREAMS – DANGER – water, from

DREAMS – DIFFICULTIES

DREAMS – DIFFICULTIES – journeys, on

DREAMS – DISTURBING

DREAMS – DOGS

DREAMS – DOGS – black

DREAMS – DRIVING – car, a

DREAMS – DRIVING – recklessly

DREAMS – EMBARRASSMENT

DREAMS – EVENTS – future, of

DREAMS – EVENTS – not taken place

DREAMS – EVENTS – day, of the previous

DREAMS – FAMILY – own

DREAMS – FAMILY – own: parents split up

DREAMS – FRIENDS

DREAMS – HOSTAGE – being held

DREAMS – INSANE – man becomes insane

DREAMS – JOURNEYS

DREAMS – JOURNEYS – car, by

DREAMS – JOURNEYS – difficulties, with

DREAMS – LAUGHING

DREAMS – LUCID

DREAMS – MANY

DREAMS – MURDER

DREAMS – NEIGHBOUR

DREAMS – NEW SCENES, places etc

DREAMS – NO DREAMS

DREAMS – OBSERVER – she observes rather than participates

in her dreams

DREAMS – PLACES – strange but familiar

N
DREAMS – PROPHETIC  S1471
DREAMS – PURSUED – being  S1471
DREAMS – QUARRELS  S1471
DREAMS – REMEMBERED – morning, which was very unusual  S1471
to him; in the
DREAMS – ROBBERS  S1472
DREAMS – SNAKES  S1473
DREAMS – STRANGE  N
DREAMS – SWIMMING  S1474
DREAMS – TALKING – with someone  S1474
DREAMS – TRAVELLING  N
DREAMS – TRUE - dreams are coming  S1474
DREAMS – TRUE ON WAKING – dreams seem  S1474
DREAMS – UNREMEMBERED  S1475
DREAMS – VIVID  S1476
DREAMS – WATER  S1476
DREAMS – WATER – wading; in  S1477

4.3.28 Fever
FEVER – PERSPIRATION – heat, with  S1504

4.3.29 Perspiration
PERSPIRATION – CLAMMY  S1513

4.3.30 Skin
SKIN – ERUPTIONS – desquamating  S1529
SKIN – ERUPTIONS – painful  S1533
SKIN – ERUPTIONS – pimples: itching  S1534
SKIN – ERUPTIONS – pimples: small  S1534
SKIN – TENSION  S1550
4.3.31 Generals

GENERALS – BENDING – double: ameliorates

GENERALS – COLD – heat and cold

GENERALS – COLD – take cold; tendency to:

GENERALS – FOOD – chocolate; desire

GENERALS – FOOD – coffee

GENERALS – FOOD – cold drink, cold water; desire

GENERALS – FOOD – food; aggravates: smell of:

GENERALS – FOOD – food; aversion: accompanied by: eating: little; after eating a:

GENERALS – FOOD – food; aversion: accompanied by:

seen if food is:

GENERALS – FOOD – food; aversion; accompanied by: smell of

GENERALS – FOOD – food; aversion: accompanied by: thinking of eating; when

GENERALS – FOOD – fruit; desire

GENERALS – FOOD – sweets; desire

GENERALS – FOOD – thought of food; aggravates

GENERALS – FOOD – water; desire

GENERALS – FOOD – water; desire; aerated water

GENERALS – HEAT – flushes of: perspiration: with

GENERALS – HEAT – lack of vital heat:

GENERALS – HEAT – sensation of

GENERALS – HEAT – sensation of: exertion, on

GENERALS – HEAT – sensation of: nausea, with

GENERALS – HEATED, becoming

GENERALS – INFLUENZA – sensation as if:

GENERALS – LASSITUDE

GENERALS - SIDE – right

GENERALS - SIDE – left

GENERALS - SIDE - left - then right side

GENERALS – STRENGTH, sensation of

GENERALS – STRETCHING – ameliorates
4.3.32 New rubrics

The following list contains the new rubrics that were added to the repertory:

- MIND – EMOTIONS – heightened
- MIND – MOTIVATED
- MIND – OVERWHELMED
- EYE – BLEEDING from eyes – subconjunctival haemorrhage
- EYE – INFLAMMATION – sclerae: red – raw meat, like
- MALE GENITALIA/SEX – PAIN – penis: coition, after
- FEMALE GENITALIA/SEX – MENSES - painless
- DREAMS – DRIVING – recklessly
- DREAMS – HOSTAGE – being held
- DREAMS – PLACES – strange but familiar
- DREAMS – STRANGE
- DREAMS – TRAVELLING
CHAPTER FIVE

Discussion

5.1 Introduction
This chapter will discuss the symptoms produced by the proving of the venom of *Naja mossambica* 30CH.

5.2 The remedy abbreviation
The Mozambican spitting cobra *Naja mossambica* will be abbreviated as Naja-mos.

5.3 The symptoms
**MIND**
The emotions were heightened, being at either one extreme or the other. It was observed that there was a definite polarity/split in thoughts and emotions experienced by the provers. There was a strong feeling of separation in the mind and in the emotions. The polarity in the symptoms obtained could clearly be seen as most of the themes could be divided into opposing groups.

<table>
<thead>
<tr>
<th><strong>POSITIVE</strong></th>
<th><strong>NEGATIVE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alertness</td>
<td>Laziness</td>
</tr>
<tr>
<td>Tranquillity</td>
<td>Irritability</td>
</tr>
<tr>
<td>Desire company</td>
<td>Antisocial</td>
</tr>
<tr>
<td>Mania</td>
<td>Depression</td>
</tr>
<tr>
<td>Motivation and enthusiasm</td>
<td>Difficult concentration</td>
</tr>
<tr>
<td>Carefree</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Heightened emotions</td>
<td>Tiredness</td>
</tr>
</tbody>
</table>
Alertness

Alertness was experienced, along with an increase in concentration and focus (28M 14:XX:XX). Provers felt awake and confident (36F 01:XX:XX). There was clarity of thoughts (28M 06:XX:XX). The alertness could, though, not be sustained and provers felt that their concentration and focus did not last for extended periods (05M 02:XX:XX).

Antisocial

There was a strong desire to be alone, not wanting to be around people, unsociable. A strong feeling of irritability and a need for own space and quiet was noted (36F 00:XX:XX). People who usually love people, felt averse to company. They felt quiet and withdrawn and didn’t want to make the effort to socialise, these feelings were noted to be very unusual and out of character (35F XX:XX:XX). Provers felt distant and not as friendly as usual, being unable to get into a ‘party mood’ (35F 02:XX:XX). Feeling reserved and serious, quite low. Worse for crowds and authoritative people.

Anxiety

There was stress and worry and anxiousness about work and things that had to be done, or for no particular reason. Anxious feeling in the pit of the stomach. Anxiety, frustration and agitation (38F 02:08:50) was experienced. Worry and tension. Anxiety throughout the day. There was difficulty coping (29F 01:XX:XX) and being overwhelmed with everything. Restlessness.

Carefree

This ranged from not caring “everything just seemed to glide off my back” to being light hearted and carefree. Not worried about work or the things that normally irritate, just want to go have fun (38F 05:XX:XX). Not worried about
responsibilities or what is expected of a person. Unmotivated and indifferent, not being able to take things seriously (especially exams).

**Delusions of separation**

There was a strong feeling of separation. The feeling of floating, of getting a lift with their body rather than being in it. The soul being separated from the body (03F 01:15:55), the head being separated from the body. A sensation of lightness in the limbs. The feeling of something strange happening to the top half of the body. Didn’t feel themselves. Light headed and airy.

**Depression**

Feeling down, tired and heavy. Dull and withdrawn. Not themselves, distant and not as friendly as usual. Just want to sleep and not wake up (suicidal thoughts). Feeling low and averse to company. Not happy.

**Depression and mania**

An interesting fluctuation between extremes of emotion. This theme overlaps with the theme of heightened emotions. Provers were experiencing serious depression followed by loudness, laughter and silliness.

“I felt very depressed tonight… withdrawn and quiet, then I just got loud again (29F 00:20:00). “Acting loud and silly, laughing and doing stupid things” (29F 00:XX:XX). Feeling miserable (29F 04:20:30). “Feeling like I can’t handle life and I just want to curl into a little ball and give up”.

Feeling jovial, confident, giggly. “Feeling good, happy, quite excitable” (38F 03:10:15). “Am feeling absolutely horrible… want to cry… feeling extremely low… alone and miserable” (38F 03:19:30). “Very happy again!!! Feel a bubble of happiness coming up in my chest, then need to laugh uncontrollably. Dancing around, laughing and hugging everyone” (38F 04:XX:XX).
“Feel dull, have no energy. Want to give up on everything.” (36F 00:XX:XX).
“Optimistic, happy, have energy. Alert, awake, in a good mood.” (36F 01:XX:XX). “Sad and depressed, tired, unfocused and antisocial” (36F 03:XX:XX)

Desire Company

When prover 29 was sad and troubled she had the desire to be with someone (29F 13:XX:XX). Provers also recorded feeling sociable and confident.
Feeling relaxed and talkative and happy to see friends.

Difficult Concentration

There was huge difficulty concentrating on work in many of the provers. There was the sensation of being on a cloud (38F 01:13:20) and being light headed and airy (35F 01:XX:XX). Frustration that it took a long time to do something short. There was lethargy, feeling distracted and a considerable lack of focus. Relaxed and lazy, fighting to study. Feeling floaty, drifting along can’t concentrate. Mentally slow. Indecisive and getting words wrong in sentences (29F 00:XX:XX). Thoughts in a jumble. Slurring of words (31F 01:XX:XX).
There was a lack of concentration accompanied by slow movements (05M 00:04:40). Feeling dull and demotivated. A thick feeling in the head, feeling dumb. It was noted that huge focus and attention was needed and that short term memory seemed deficient.

Heightened Emotions

There is an overlap of themes between ‘Heightened emotions’, ‘Depression and mania’ and ‘Irritability’. In ‘Heightened emotions’ the rapid movement between polar moods is observed. An extremely elevated mood is followed by the plummet to an incredible low mood and visa versa. “Emotions oscillated greatly today, quite sensitive and emotional.” (28M 07:XX:XX). “Mood swings”
(42F 04:XX:XX). “Had mood swings at work today. I would be upset and swearing, then angry and swearing, then happy again.” (31F 02:XX:XX). “Unsettled emotions” (28M 07:XX:XX). “Heightened emotions- joyous and happy, then low” (38F 00:21:07). Emotions were felt to be messed up and “emphasized to the extremes” (38F 04:XX:XX). There seemed to be an increased sensitivity to what people said.

“Overreacting to things that normally would not phase me” (31F 03:XX:XX). Feeling emotional and depressed because of a dream (29F 12:XX:XX). Getting nervous and sick because of dissection, couldn’t touch the body part, started crying.” (29F 12:XX:XX). “…feeling absolutely horrible, constant feeling that I want to cry.” (38F 03:19:30).

Provers noted that the emotions that they were feeling were often for no reason. “Felt like crying for no reason.” (03F 02:15:50). “Very good mood, no reason to be in one though” (38F 04:XX:XX). “Felt sad about nothing when I woke up” (03F 03:08:00). Provers also noted the strange symptom of being irritable and frustrated on waking (38F 11:XX:XX). Then feeling quite happy later (03F 03:10:57).

**Irritability**

Irritability was very marked in all of the provers. There were instances of being abrupt and rude, grumpy and irritable and snapping at others (29F 01:XX:XX). There was irritability over small things aggravated by tiredness, heat and humidity (02M XX:XX:XX). Unusual shortness of temper was noted (01M 05:21:00). Waking up and feeling irritable for no reason (38F 11:XX:XX). Irritable with self and family for no reason (34F 11:16:00). Feeling frustrated, restless but at the same time like doing nothing (03F 13:11:30). There was the desire to relieve extreme irritation through physical violence. Depressed and annoyed, “Irritated, frustrated- want to hit something/ someone.” (36F 04:XX:XX). Feeling “…very irritable, get angry easily, want to let frustration out physically.” (35F XX:XX:XX). Little things causing irritation, hostility and impatience whilst driving (provers 02 and 05). Irritated by being pushed

**Laziness**

There were feelings of being depressed, unsociable and lazy. Being relaxed and unmotivated and feeling as if they were on holiday. Finding it difficult to study and would rather go and have fun.

**Mania**

Hysterical laughter and the sensation of going mad. Uncharacteristic giggling fits in the evening. “Feel like I am going mad, this is unusual. I feel as though I am not able to keep all the bits of my mind together. The feeling doesn’t worry me, it is usually accompanied by much laughter.” (03F 05:21:30). “…not all there!! Can’t take much seriously- feel lightly drunk.” (05M 00:06:10). Feeling in high spirits but semi dazed. Acting loud and silly, giggling, saying things without thinking. Feeling excitable. The sensation of a bubble of happiness coming up in the chest, then needing to laugh uncontrollably. Dancing around, laughing and hugging everyone.

**Motivation and Enthusiasm**

Provers felt energetic and motivated to work and study and get things done. They were enthusiastic and could focus well on work. Trying to do too many things at once. Feeling positive. “Feeling on top of the world, in a very good mood, can overcome all obstacles with a smile on my face. Am great, very happy. More confidence, more energy. Jumping around instead of moping around.” (39F 01:09:55). Able to concentrate, well rested and energised. “At peace with the world, can motivate myself better than usual” (03F 14:10:25). Optimistic and feeling better about the future.
Paradoxical thoughts

There was the feeling of being in two minds, of own desires being in conflict with the needs of others. Wanting to have fun but feeling guilty. “Want to do what is right, trying to restrain myself from what I want. Feeling spiritual” (36F 05:XX:XX). Needing to do work but wanting to relax, “…not want to do work-prefer to go have fun.” (35F XX:XX:XX).

It was observed that there seemed to be two trains of thought in some provers that was often reconciled by quiet time and introspection. Overreacting to things but after contemplation being able to put things into perspective again.

Restlessness

Feeling hot, bothered and rushed. Busy and hyperactive. Feeling that something that should be quick is taking a long time (38F 12:XX:XX). Feeling that there is lots to do but there’s not enough time. Tired, restless, want time to hurry up- frustrated.” (03F 02:10:10).

Spaced Out

Tiredness

Feeling absolutely buggered with the desire to sleep forever (29F 03:06:30). Feeling run down and fatigued. Feeling tired and numb and very low. Brain feeling fuzzy from tiredness. Worn out. Slow and dreamy, battling to wake up, not hearing the alarm (36F 10:XX:XX). Dead tired. Feeling tired and flushed. Lethargic and unbalanced (05M 01:XX:XX).

Tranquility


Modalities

Aggravating factors were tiredness, heat and humidity. Ameliorating factors were activity and the outdoors, sleeping and being alone.

Vertigo

Vertigo was felt accompanied by the feeling that the soul was separated from the body. On standing still, there was the sensation that the head swings around (03F 01:18:45). There was a loss of balance that occurred in the morning with a tendency to fall over to the left side even when sitting. Immediately after taking the first remedy prover 28 felt 30 seconds of dizziness. Loss of balance and feeling light headed and dazed. Light headed around the temples (05M 00:15:00).

Head

The headache was predominantly in the left temple and left hemisphere (03F 09:08:00) (29F 00:XX:XX) (42F 04:XX:XX) (31F 01:04:05) (05M 00:04:40). It
also occurred in the right temple (38F 04:XX:XX) (34F 00:15:00) (05M 01:XX:XX), in both temples (02M 01:XX:XX) (38F 04:XX:X) and from temple to temple (29F 01:02:20). There were headaches in the forehead (36F 07:XX:XX) (29F 04:XX:XX): at the top of the nose (03F 13:XX:XX), in the sinuses (03F 20:XX:XX). Headache accompanied by sore eyes (01M 13:XX:XX), head pain over the eyes (34F 07:20:00), behind the eyes (36F 01:XX:XX), between the eyes (36F 08:XX:XX). Headache in the vertex (34F 03:16:30) or travelling to the vertex. Headache at the back of the head (31F 06:XX:XX).


Pain radiating outwards and over the skull (03F 09:08:00) (36F 00:XX:XX). Throbbing (02M 01:XX:XX) (34F 00:15:00) (42F 05:XX:XX). The sensation of squeezing all around the head (03F 12:XX:XX). Dull ache. Sharp, quick pain (29F 00:12:40). Sharp shooting pain (31F 01:04:05). There was a sensation of heaviness in the head (03F 22:11:54) (36F 02:XX:XX) (35F 03:XX:XX). Feeling that the head is blocked (29F 02:XX:XX). There was also conversely feeling light headed (05M 00:00:25). A mild, cool feeling in the forehead when washing dishes (05M 00:00:25). Head feeling hot (05M 00:15:10). Scalp feeling itchy from heat (36F 04:XX:XX).

Headache aggravated by movement, light (01M 04:18:00), watching T.V. (01M 03:21:30), heat, waking (03F 12:XX:XX) (36F 10XX:XX), moving the eyes (36F 11:XX:XX), blinking eyelids and biting down on teeth (36F 11:XX:XX) (05M 00:05:20), bending over, lying down (42F 04:XX:XX), concentrating (05M 00:05:40), exercise (05M 06:XX:XX). Headache ameliorated by sleep (03F 05:13:30), by getting out of bed (03F 13:XX:XX), pressure (38F 04:XX:XX) (05M 01:XX:XX), massage, sitting still (42F 04:XX:XX).

Eye
The eyes were sore and scratchy (03F 04:09:25) (01M 08:14:00) (36F 11:XX:XX), burning like sandpaper (34F 01:21:00) (36F 05:XX:XX). They felt very light sensitive (35F 01:XX:XX) (28M 01:XX:XX), especially when driving (02M 07:XX:XX) (03F 04:XX:XX). There was a sensation of tiredness in the eyes (01M 16:22:00) along with dryness (38F 01:XX:XX), irritation and heaviness (36F 00:XX:XX). There was great difficulty focussing the eyes when tired (36F 00:XX:XX). Sore, red, puffy eyes (36F 08:XX:XX) (28M 02:XX:XX) (05M 01:XX:XX). Staring eyes (05M 00:04:40). Twitching eyelids were noted (02M 03:XX:XX).

Prover 42 had to be antidoted when she showed extreme symptoms of conjunctivitis in her left eye. The conjunctiva was blood red like raw meat, appearing as if it would begin to bleed. The lids were also incredibly swollen, with eyelids overlapping (as if she had been hit in the eye), with yellow pus. This was accompanied by a swollen left ear and a rash on the left inner thigh. The left side of the face, eye and ear was swollen and hot and throbbing. The left eye felt extremely itchy and scratchy with a sensation of a foreign body in the eye (42F 05:XX:XX).

Sun and heat aggravated the eyes (34F 01:21:00). The eyes were also aggravated by bending over (feeling as if they would pop out) and lying down, by light and wind. Ameliorated by cold water and washing.

**Vision**

There was difficulty focusing when tired (36F 01:XX:XX). Hazy sight with sensitivity to light (28M 06:XX:XX). Eyesight going blurry as if there was sleep covering the pupil, having to blink it away throughout the day (29F 13:XX:XX).

**Ear**

The left ear became painful (02M 10:XX:XX), it also became swollen after the left eye became swollen (42F 04:XX:XX). The ears had a feeling of wax in them (35F 11:XX:XX) and being itchy inside (01M 12:13:00).
Nose

Nose was itchy inside (36F 00:06:00) (35F 02:XX:XX). There was a sharp pain in the left nostril (36F 00:XX:XX). The nose felt sensitive and completely and painfully blocked (36F 05:XX:XX). There was a continuously running nose worse for activity, better for keeping still (29F 02:12:00).

Face

The face seemed more oily with increased breakouts of acne (02M 04:XX:XX) (36F 02:XX:XX). There were pimples on the forehead, jaw line and neck (36F 10:XX:XX). Dark circles under the eyes were even more pronounced than usual (34F 01:13:00). There was irritation felt when hair fell on the face (34F 13:08:00). There was a lump on the left cheekbone appearing like a small blood blister (29F 14:XX:XX). The left side of the face was swollen with a swollen left eye and ear (42F 04:XX:XX).

Mouth

There was a metallic taste in the mouth - this was noted after exercise and on swallowing (03F 08:10:55). The mouth felt dry even after drinking lots of water (34F 00:09:00). There was increased salivation (38F 00:12:30) with a sour taste in the mouth (38F 00:12:30).

There was a slight numbness in the gums accompanied by a mouth and tongue that was stiff and dry (36F 01:XX:XX). Conversely, gums were also found to be painful (29F 06:XX:XX). Lips were dry and sore with blisters on and inside the lips (29F 00:XX:XX).

The tongue had a white coating (35F 02:XX:XX). Waking up with a swollen tongue with a white/ yellow discolouration and not being able to talk properly. It was ameliorated by swallowing liquid or solids and aggravated by empty swallowing (35F 13:XX:XX).
Teeth

A toothache turned into a headache (02M 21:XX:XX).

Throat

The throat felt thick on swallowing (03F 08:10:55). There was a sensation of phlegm in the throat (03F 09:XX:XX). The throat felt thick and scratchy (03F 20:XX:XX) (05M 02:XX:XX), irritated (38F 13:XX:XX) and tight (38F 13:12:30) (36F 00:XX:XX). The throat felt sore (36F 06:XX:XX), better for cold drinks (35F 02:XX:XX), food and exercise (35F 05:XX:XX). The throat appeared red (35F 12:XX:XX). Dry, burning throat with a desire to keep drinking water, which aggravates the throat. Being cold and the wind also aggravates the throat (42F 05:XX:XX).

After a hot shower there was a heartburn sensation that seemed to travel up the oesophagus (05M 00:11:50).

There was the sensation of a permanent lump in the throat (38F 09:XX:XX). The throat felt constricted and small and better for drinking anything (35F 06:XX:XX). These symptoms were associated with emotional distress, and could also be seen to improve when the stresses were resolved (35F 10:XX:XX).

External throat

The left side was painful and ameliorated by pressure (29F 09:XX:XX). There was the sensation of tension (28M 10:XX:XX). There was the eruption of pimples.

Stomach
There was thirst even though lots of water was drunk (34F 00:09:00). Extreme thirst. There was hunger even after a meal (36F 01:XX:XX). There was a craving for sweets, chocolate and junkfood (36F 03:XX:XX). Constantly starving hungry (02M 04:XX:XX) (36F 03:XX:XX) (29F 03:XX:XX). Stomach making noises and cramping on the left side which food only temporarily satisfies (05M 00:02:10). Food is tasteless (36F 09:XX:XX). Extremely thirsty for cold water/ cold fizzy drinks (36F 07:XX:XX) (29F 03:XX:XX) (28M 14:XX:XX).

A loss of thirst (31F 04:XX:XX) and loss of hunger was also experienced (01M 01:13:35) (02M 11:XX:XX) (31F 08:XX:XX) (35F 09:XX:XX). Feeling full after eating a little was also mentioned (35F 02:XX:XX).

There were many stomach symptoms noted upon waking. There was stomach cramping after a nap (sharp needle-like pain) (34F 08:18:00), waking feeling nauseous (31F 01:XX:XX) (31F 02:21:00) and hunger on waking (02M 20:XX:XX). Unsettled stomach half an hour after the first dose of the remedy (29F 00:XX:XX). Cramping in the stomach needing to lie down and sleep (29F 02:12:33). Nauseous after taking the remedy on two subsequent occasions (31F 01:XX:XX). Nauseous looking at food (31F 03:XX:XX). Feeling sick and nauseous looking at the cadavers in Anatomy (31F 06:XX:XX). Feeling like vomiting after a shock (36F 08:XX:XX).

Cramping as from wind (29F 04:XX:XX) (05M 00:12:10). Intense painful stomach cramps (36F 03:XX:XX) (31F 05:XX:XX) as if stomach is going to run, followed by wind (29F 06:XX:XX). Eructations (05M 00:04:32). Stomach discomfort worse for lying (05M 00:00:10).

**Abdomen**

Waking up feeling gassy (02M 08:XX:XX). Bloated (02M 08:XX:XX) and abdomen cramping with wind and flatulence (29F 01:22:00) (35F 02:XX:XX) (05M 00:05:20). Intense stomach cramps, the feeling that the stomach is going to run (29F 06:XX:XX). Diarrhoea-like pain in abdomen (05M 00:02:25).
Pain in lower abdomen- like period pain, but not (26F 04:XX:XX) (35F 06:XX:XX).

**Rectum**

Diarrhoea (01M 17:21:00) and stomach cramps (36F 13:XX:XX), feeling like she had food poisoning (38F 10:XX:XX). Abdominal pain and flatulence (02M 08:XX:XX) (35F 02:XX:XX).

**Stool**

Stool very dark (36F 07:XX:XX). Passing stool more frequently than is usual (29F 02:XX:XX). Passing thin, small stool (05M 00:02:25). Large bowel movement (05M 00:16:00).

**Bladder**

Pain in upper bladder region with frequent urination (36F 01:XX:XX).

**Urine**


**Male genitalia/ sex**

Penis sore after sex (05M 02:XX:XX).

**Female genitalia/ sex**

An improvement in mood was noted after the period started (34F 13:08:00).
The period was slow to start but became heavier, accompanied by less pain than usual (36F 11:XX:XX). Instead of the usual cramps preceding the period, an odd sharp pain was experienced in the ovaries, changing from side to side only lasting a few seconds (29F 02:XX:XX).

There was a sharp pain in the right ovary/fallopian tube (29F 07:XX:XX) and a pain in the left fallopian tube as if it has something stuck in it or is cramping. The pain was aggravated by urinating sitting upright and by passing stool (29F 11:XX:XX).

The menstrual discharge started off as a bloody brown mucous (29F 03:XX:XX) which lasted a few days. This was followed by a black discharge (29F 04:06:19). The flow was scanty with no bleeding at night (29F 06:XX:XX).

**Respiration**

The chest and throat felt very tight with great difficulty breathing (38F 13:12:30). There was a feeling of suffocation and faintness. Needing to breathe deeply but not getting enough oxygen in.

There was difficulty breathing in stuffy, crowded places (36F 01:XX:XX). Short breaths with an accelerated breathing rate was noted (05M 00:04:40).

**Expectoration**

There was greenish phlegm in the throat (36F 06:XX:XX).

**Chest**

There was a sharp pain under the breast on the right side. Aggravated by stretching. The pain moved to the left side under the breast (29F 02:XX:XX). There were sharp pains under the breasts from laughing (29: 07:XX:XX). A
sharp pain around the periphery of the chest cavity was also felt (26F 02:XX:XX). Blister on the chest (29F 11:XX:XX).

A new symptom of discomfort and cramping near the heart was experienced. This symptom was aggravated by slouching (05M 00:12:05).

**Back**

The neck felt stiff and tense (01M 13:21:00). There was a knot on the right side of the neck with an uncomfortable pounding tension and an associated headache (28M 0:XX:XX). The left side of the neck was painful and better for pressure.

There was stiffness and a tension in the back (36F 06:XX:XX). Waking with tension in the neck and upper back (28M 05:XX:XX). A tired, aching lower back and shoulders (34F 10:18:00) (36F 00:XX:XX) (35F 10:XX:XX). Severe pain in the lower back was experienced, radiating from the coccyx to the lower lumbar region (42F 05:XX:XX). There was a deep ache in the bones as if she had influenza (42F 05:XX:XX) (01M 01:XX:XX). The pain was aggravated by bending and sitting (42F 05:XX:XX).

Bad acne was noted on the shoulders (01M 12:XX:XX).

**Extremities**

There was a pins and needles sensation in the fingertips of the left hand. The sensation increased with pressure and movement of fingertips (03F 00:15:46). There was muscle twitches in the left thumb (29F 05:XX:XX), upper arm and thigh (29F 04:XX:XX). There was a cramp in the left thumb (02M 06:XX:XX) and in the left foot (02M 09:XX:XX). Pain in the left lower limb (29F 00:XX:XX).

The legs and hands felt weak (29F 00:XX:XX). Cold feet (01M 01:19:20). Stiff arms (01M 13:21:00).

The left axillary lymph nodes were painful and swollen (36F 00:XX:XX). This was noted to have occurred after a dose of the remedy in prover 36 upon two occasions.

**Sleep**

Provers battled to wake up after a nap (03F 05:XX:XX) and in the morning (34F 07:06:00). Even after sleeping a lot, provers woke up feeling tired (02M 02:XX:XX) (34F 02:06:00) (28M 07:XX:XX). Extremely sleepy (34F 02:10:00). They felt very tired but unable to go to sleep (34F 02:18:00). Not tired in the evening (35F 03:XX:XX) (05M 02:XX:XX). Sleep was restless and disrupted (02M 01:XX:XX) (35F 08:XX:XX) (28M 04:XX:XX). Provers also conversely had very deep sleep (36F 01:XX:XX) (28M 08:XX:XX), waking with pillow lines on the face (29F 02:XX:XX).


**Dreams**

There was a violent dream of stabbing a man who wouldn’t stop touching her (in real life she doesn’t want to speak to him). She stabbed him in the head with a big knife, splitting his skull open. There was a lot of blood. She felt no guilt, only an enormous sense of relief (03F 08:XX:XX). There was a dream of being threatened and attacked by a dog (36F 05:XX:XX). A dream about fighting people (02M 04:XX:XX). There was also a dream of fleeing from a
threat, but being in a maze and not being able to get out (36F 11:XX:XX). A dream of robbers breaking in while the police ignore her. There was a lot of frustration evident in the dreams (38F 01:XX:XX).

Two provers noted many short, quick dreams during a nap (38F 00:XX:XX) (36F 06:XX:XX). There was a dream of snakes (29F 07:XX:XX). There was a dream where hippos and crocodiles turned into humans. They had sex with no emotions, with the sole aim being procreation (29F 09:XX:XX). A man dreaming about talking about his femininity (05M 00:XX:XX).

Dreaming very vivid, real dreams: of having an eyelash in her eye, but there being nothing there upon waking even though it still felt very real (35F 02:XX:XX). Two provers dreamt funny, amusing dreams (02M 06:XX:XX) and one woke laughing (36F 01:XX:XX). Here situations occurred where things dreamt of (in the unconscious mind) intruded into the conscious awareness. There were clairvoyant, psychic dreams, where things were dreamt about before they happened (34F 03:XX:XX) (34F 10:XX:XX) (05M 04:XX:XX).

**Fever**

Sweating with clammy arms and warm body. Chest feeling constricted, heart beating really hard with nausea (29F 05:XX:XX).

**Skin**

There was the feeling of tightness in the skin (35F 12:XX:XX). Tiny itching pimples erupting on the neck, legs, face and between the breasts (26F 03:XX:XX). There was itchy skin on legs. There was a rash on the left inner thigh and buttock (small little red dots) (42F 05:XX:XX). It was also noted that there was an increase in pimples (26F 03:XX:XX) (35F 12:XX:XX) and oily skin.

**Generals**
Many provers felt a definite increase in body temperature. Feeling hot (34F 13:08:00) (38F 02:12:50) (31F 05:XX:XX) (05M 00:04:25), clammy and sticky with a hot, red face (29F 00:XX:XX). Hot flushes moved from the shoulders and neck upwards. Aggravated by moving around, better for lying or sitting still (29F 02:12:00).

There were also temperature fluctuations: feeling very cold and clammy even though it was hot outside (34F 10:18:00) and then feeling very hot, hotter than anyone else (34F 10:20:00) and visa versa (05M 01:XX:XX).

Energy was low 8am to 10am, energy was better 10am to 5pm (28M 04:XX:XX). Energy was low again in the evening. Energy improved with activity (28M 08:XX:XX).

Pins and needles were felt over the whole body half an hour after taking the remedy (36F 00:XX:XX).

Many provers felt as if a cold was coming on (01M 03:13:25), feeling very cold (01M 02:23:00) as if they were about to get sick (01M 08:23:00). Tiredness and sore joints, flu-like symptoms (02M 00:XX:XX). Glands felt swollen (38F 12:XX:XX). There was extreme fatigue over the whole body (36F 00:XX:XX). Feeling cold and then sick and hot.

Craving sweets, chocolate, chocolate cake (34F 11:15:00), junkfood (36F 02:XX:XX), sweets, cold water, fizzy drinks, coffee, fruit (36F 03:XX:XX) (28M 14:XX:XX).
5.4 Toxicology

The venom of *Naja mossambica* is predominantly cytotoxic in its effects, but also has a neurotoxic component (Marais, 1992). The symptoms of the venom are thus a combination of the symptoms commonly associated with adders, such as *Bitis arietans arietans* and *Bitis gabonica*, and the cobras, for example *Naja tripudians*. Since poisonings can be considered as crude provings, all the symptoms caused by the venom are included in the symptom picture of the homoeopathic preparation of the venom of *Naja mossambica* (Hahnemann, 1998:191). The toxicological symptoms can be found in section 2.5.6.

The known toxicological symptoms of the snakebite and of being spat in the eye by *Naja mossambica*, were reinforced by the symptoms which the provers experienced (but with less severity). Mentally, the toxicological information indicated that victims could experience drowsiness, lethargy, stupor and may appear ‘toxic’. They also experienced euphoria and restlessness. These feelings were also strongly felt by the provers, but to a greater depth and with greater complexity. In the case of an actual snakebite the mental symptoms are much less severe and may be overshadowed by the overwhelming physical symptoms. However, in this proving of the homoeopathically prepared remedy of the venom of *Naja mossambica* the mental symptoms were emphasised rather than the physical.

Vertigo was experienced by the provers. This is a symptom noted in the cytotoxic and neurotoxic component of the venom. Other symptoms that the provers and the toxicology had in common were: headaches, nausea and abdominal colic, urticaria, increased body temperature and sweating, blisters and swelling. Swelling and pain of axillary lymph nodes was noted in the prover group. This is seen in the toxicology as the venom spreads mainly via the lymphatic system, and which is damaged by the venom. Provers noted the skin of their hands peeling which may be likened to the tissue destruction seen due to the cytotoxic nature of the venom.
Prover 42 had eye symptoms characteristic of being spit in the eye by a Mozambican spitting cobra. She had severe conjunctivitis, with subconjunctival haemorrhage the sclera appearing blood red (like raw meat). The membranes around the left eye were swollen and inflamed. The left ear and the left side of the face were also swollen, hot and throbbing. The eyelids were swollen shut, with lids overlapping. Many provers recorded burning eyes and photophobia, which is characteristic of being spat in the eye.

Neurotoxic symptoms such as difficulty focussing, blurred vision, increased salivation, difficulty swallowing, muscle weakness and respiratory distress were experienced by the provers as well as muscle twitching, weakness and stiffness.

Speech incoordination is a neurotoxic symptom of the venom and is found in the provers as incoherent speech, inarticulate speech and speaking as if intoxicated.

5.5 Doctrine of signatures

This remedy has an essence that is characteristic of animal remedies. There is alertness, restlessness, irritability and heightened emotions. Feeling energised and strong outdoors. An increased emotional reactivity to everyday occurrences is observed, this is seen in the snake as it spits at the slightest hint of danger. It’s seemingly inexhaustible supply of venom, compared to other cobras, may also explain the emotions occurring to excess.

*Naja mossambica* differs from other cobras in the manner in which it reacts when threatened. It rarely spreads much of a hood and would rather flee or spit its venom than bite in self defence. It may even feign death. This preference for retreating rather than attack is evident in the remedy’s aversion to company, even in people who normally love being around other people.

The snake spits at the slightest provocation, this is seen in the provers as they overreact emotionally to everyday situations.
Water was a theme that came up in a few dreams. It is interesting to note that *Naja mossambica* prefers to live near water. The snake hunts for food near the water and retreats into the water when threatened.

Many of the provers acted in ways that could be characteristic of a snake. A prover noted that his mind was busy at night. Sleeplessness at night even though the prover was tired, was also noted. This interestingly corresponds to this snake being active at night. A prover enjoyed basking in the sun (like a reptile), avoiding studying for a test. Provers experienced aversion to authority. This aversion can be illustrated by young snakes avoiding the adults due to competition for food and being eaten by them.

The description of the snake’s personality can be split into two parts. The first part is described as being nervous, highly strung, quick and alert, this is seen in the provers in their heightened emotions, irritability and anxiety. The second part is described as being shy, retiring, seldom standing its ground, in the provers this is seen as aversion to company, laziness and tranquility.

This snake has the characteristic duality of the snakes as can be seen in the split between the conscious and the unconscious (Ross, 2002). This theme was reinforced by the delusions of separation in prover 03, where the body and the spirit were parted. Prover 03 also had a dream where the unconscious mind expressed extreme violent behaviour, which would be unacceptable to the conscious mind. A comparison could be drawn between the prover stabbing with a knife and a snakes fang striking at her enemy (03F 08:XX:XX).

The split/ division can be seen throughout. It is seen in the mind, with the feeling of being in two minds and having opposing trains of thought. In the emotions it is illustrated with the extreme polar nature of the emotions experienced, the alternation between depression and mania. In the body it is seen with delusions of the soul being separated from the body, of the head being separated from the body and of the top half of the body feeling separate.
Left sided symptoms were noted in the provers and are characteristic of snakes such as *Lachesis mutis*. Left sided headaches (03F 09:08:00) (29F 00:XX:XX) (42F 04:XX:XX) (31F 01:04:05) (05M 00:04:40), left sided conjunctivitis with swollen left side of the face and ear (42F 05:XX:XX). Pain in the left nostril (36F 00:XX:XX), blood blister on the left cheek (29F 14:XX:XX), gurgling stomach on the left side (05M 00:02:10), cramping pain in the left fallopian tube (29F 11:XX:XX), left axillary glands swollen and painful (36F 00:XX:XX), cramp in the left foot (02M 09:XX:XX), cramp in the left thumb (02M 06:XX:XX), pain in the left lower limb (29F 00:XX:XX) and muscle twitches in the left thumb (29F 05:XX:XX), upper arm and thigh (29F 04:XX:XX).

Symptoms, especially of the stomach, were noted upon waking. Aggravation upon waking is a common symptom which is noted in snake remedies. This can be seen in the actual snake when it wakes after hibernation with an increased toxicity to its venom, which is necessary for its survival. This information may be used to indicate a possible increase in ‘toxins’ in the body of the prover upon waking. Weakness, tiredness and nausea with stomach cramping is seen in the provers after waking and can be likened to the snake’s weakness and hunger after waking from hibernating. Irritability, frustration and ravenous hunger was also seen in the provers on waking.

The extremely good feelings and the extremely bad feelings in this remedy indicates a polarity that is reinforced by the symbolism attributed to the snake in various cultures. A snake is seen as a symbol of evil, fear, death and the underworld in many different cultures. It was interesting to note that the red eyes of prover 42 were commented on to look like demon eyes. Snakes can also be viewed as positive symbols of creativity, transformation, wisdom, healing and rebirth.

There seems to be a split in snake remedies between the unconscious mind, which is dark with unacceptable urges, and the conscious mind which does what is seen as acceptable. It is interesting to note in snake symbolism that snakes represent a link with the unconscious, a link between life and death. Snakes may be viewed as sexual or phallic symbols. They may also indicate
insight, intuition and clairvoyance\textsuperscript{3}. This feeling of knowing what’s going to happen before it does was observed especially in the dreams of provers.

5.6 Remedy relations

5.6.1 Differential remedies

A repetorization was made using a selection of nine striking symptoms to give an indication of possible homoeopathic remedies which may be considered as differentials. The symptoms obtained in the recent proving of \textit{Bitis gabonica} (Thomson, 2003) indicates that it may be considered as a close differential to \textit{Naja mossambica}. \textit{Naja mossambica} has many symptoms which are characteristic of snakes in general and would thus have to be differentiated from other snakes (Appendix 7).

5.6.2 Antidote

Prover 42 had extremely uncomfortable symptoms that had to be antidoted on day 6 of the proving. She presented with conjunctivitis in her left eye. The sclera appeared blood red like raw meat. The eyelids were swollen shut so that the lids overlapped. Her swollen left eye was itching and felt as if it had sand in it. The eye was secreting yellow pus. She had the concomitant symptoms of a hot, swollen and constantly throbbing left side of the face and ear and a rash on her left inner thigh. Worse for light and wind, bending over and lying down. Better for cold and washing.

Based on her clinical symptoms, \textit{Apis mellifica} 30CH was prescribed. Her symptoms resolved and she experienced no lingering adverse effects.

5.7 Clinical conditions

The remedy \textit{Naja mossambica} will have many varied applications in the treatment of disease. Prescriptions will be made based on mental, general
and physical symptoms and on the essence of the remedy. Prescriptions will also be made on the rare and peculiar symptoms which belong to this remedy. Possible clinical applications are of interest. It is supposed that *Naja mossambica* will be useful in the treatment of menstrual and menopausal symptoms (as temperature fluctuations were noted, along with irritability, heightened emotions, uterine and ovarian problems), conjunctivitis and diseases of the lymph glands and lymph vessels. It may be useful in Manic depression. There could be possible application in conditions where swallowing is impeded (e.g. oesophageal cancer). These are only a few suggestions of hundreds of possible applications.

5.8 Placebo group

In some cases provers who received placebo appeared to produce some symptoms similar to those which were produced by provers receiving verum. Instead of automatically excluding symptoms common to both groups, each symptom was evaluated individually and only included if it was peculiar, beginning only after taking the remedy and noted by the provers to be a new, unusual and recent symptom. Any symptoms that occurred in both groups were observed to be stronger, clearer and in more detail in the group receiving verum. Any overlapping symptoms were viewed as an interesting group phenomenon (which has been observed in other provings) and may in the future reinforce the symptoms obtained in the verum group when the remedy is tested in a clinical setting.

Sherr (1994) observed in the proving of diamond that supervisors, placebo provers, other class members and close relatives experienced similar symptoms to the proving group. This “echo” of physical, mental and emotional symptoms is repeated consistently during other provings. This is a phenomenon that can be seen in pendulums which eventually synchronise their rhythms when swinging in close proximity and women living together often find that their menses synchronise. This idea of a collective unconscious questions the validity of administering placebo in provings. (See Appendix 8)
CHAPTER SIX

Recommendations and conclusions

6.1 Recommendations

6.1.1 Prover group

It was discovered during the course of this proving that the quality of a proving depends enormously on the provers themselves. It was the intention at the start of the proving to divide the prover group equally between homoeopathic students and the general public. It was believed that this could result in a broad spectrum of symptoms, having hypothesised that the homoeopathic students would focus on the mental, emotional and strange symptoms and that the general public would focus more on the physical symptoms.

However it was discovered at the end of the proving that the assumption was incorrect. Provers from the general public, for the majority, proved to be extremely unaware of their bodies and their state of mind. The symptoms which they did record were incomplete, vague and unusable. Homoeopathic students gave a wealth of information with, in some cases, delightful insights and nuances. The homoeopathic students were more dedicated to observing the totality of their symptoms and attempting to explain every mood and sensation precisely compared to the general public. The homoeopathic students viewed the proving as a learning experience.

Provers are the foundation of a reliable proving. The researcher suggests that in future provings added care is taken with the selection of a prover group that is motivated and passionate about homoeopathy.

People who were not fluent in English were not included in this study. It would be interesting to determine in future studies whether the symptoms obtained from people of different ethnic origins would add a perspective to the remedy, which may prove to be especially useful in treating people in South Africa.

6.1.2 The toxicology
The toxicology of the snake venom was found to be extremely insightful in the clinical applications of this remedy. This was due to a striking correlation between the toxicological symptoms of the venom and the symptoms produced by the provers, which suggests that the remedy may be useful in treating all the serious toxicological symptoms and not merely those that were discerned in this proving. The proving illustrated the wonders of homoeopathy - how a homoeopathic remedy, containing no molecules of the original substance, is able to produce in provers, who are totally unaware of the substance being proven, symptoms which are clearly recorded as being part of the toxicology of the venom.

The toxicology is an added tool in predicting the clinical applications of this remedy.

Studying the toxicology of the different snake venoms to discover the structures or systems that the toxin has an affinity for (i.e. cyto-, haemo- or neurotoxic), may assist in the clinical prescription and differentiation between the snake remedies.

6.1.3 The doctrine of signatures

Looking at the nature, behaviour and characteristics of the snake helps to complete and clarify the remedy picture. General snake and animal characteristics are also evident in the remedy and characteristic of it. Snake symbolism and mythology also give interesting insights into the remedy.

6.1.4 The placebo group

It was very unusual that the placebo group displayed many of the exact symptoms which were seen in the verum group and which are commonly associated with snake remedies (Appendix 10). This suggests that everyone involved in the proving was affected by the unique energy produced by so many provers taking the same energetic medicine at one time. The
researchers also experienced symptoms which could be connected to the proving.

6.2 Conclusions

The results of the proving suggests many similarities to other snake remedies. In order to derive the maximum usefulness from this specific remedy, the rare and peculiar symptoms and the essence of the remedy should be focussed on.

There was an obvious preponderance for eye symptoms in most of the provers, this suggests that this remedy will have immense importance in the treatment of conjunctivitis and other diseases of the eye. Headaches were common in provers. Abdominal cramping, nausea and excess gas was noted in provers indicating the possible usefulness of the remedy in treating intestinal disorders. Temperature fluctuations and abnormalities were common, suggesting applications in menopause. By far the greatest proportion of symptoms were mental and emotional symptoms. It would be interesting to determine the usefulness of this remedy in manic depression and emotionally labile states, due to the heightened and fluctuating moods and emotions experienced.
References


**Internet References:**


   Research Fund Laboratories, Life Sciences Building, University


Appendix 1

CASE HISTORY AND PHYSICAL EXAMINATION SHEET

Surname: 
First Names: 
Date of Birth: 
Age: 
Marital Status: M / S / W / D 
Children: 
Occupation: 
Sex: M / F 
Prover Code: 

Family history

In your family is there a history of:

Bleeding disorders (e.g. haemophilia) 
Cancer 
Diabetes 
Epilepsy 
Heart disease 
High blood pressure 
Mental disease 
Pernicious anaemia 
Porphyria 
Tuberculosis

Medication (including vitamins & minerals) that you are taking:

Allergies:

Vaccinations:
A bad reaction: 
No reaction: 

Previous surgical history:
List any past surgery and its approximate date:

Tonsils IN / OUT 
Adenoids IN / OUT 
Appendix IN / OUT 
Warts/moles removed IN / OUT

Past medical history:
List any serious health problems in your past and their approximate dates:
History of:

Asthma
Bleeding disorders (e.g. haemophilia)
Cancer
Chronic bronchitis
Eczema / skin disorders
Glandular fever
Haemorrhoids
HIV
Oedema / swelling
Parasitic disease (e.g. malaria, bilharzia)
Pneumonia
Smoking
Tendency to suppuration/ boils
Warts

Estimate your daily consumption of:

Alcohol:
Cigarettes:
Recreational drugs:

Detail any recent laboratory tests or specialist consultations:

Physical description:

Hair colour:
Eye colour
Frame size / build
Height: (m)
Weight: (kg)
Complexion:
Skin texture & type:

Physical examination:

Vital signs:
Blood pressure: (RHS, Seated)
Pulse rate:
Respiratory rate:
Temperature:

General examination:
C
A
J
Any relevant findings on examination:

Briefly describe your mental/ emotional state and mood as it is at the present time:

Rate your general levels of energy on a scale of 1-10 (1=lowest; 10= highest)

1  2  3  4  5  6  7  8  9  10

Description of the menstrual cycle and menstrual period:

Sleep:
Quantity:
Quality:
Position:

Dreams:

Sexuality:

Weather & environmental modalities:

Temperature modalities:
Time modalities:

Appetite:
  Cravings:
  Aversions:
  Food aggravations:

Thirst:

Perspiration:
  Distribution:
  Description:

Bowel habits:
  Stool:

Urination:

Skin, hair & nails:

Musculoskeletal system:

Head:

Eyes:

Nose and sinuses:

Mouth, tongue & teeth:
Throat & tonsils:

Respiratory System:

Cardiac & circulatory system:

G.I.T. and abdomen:

Female genitalia & mammae:

Male genitalia & prostate gland:

Rectum & anus:

Extremities:
   Upper:
   Lower:

Urinary tract:
Appendix 2

INFORMED CONSENT FORM:

(To be completed in duplicate by prover)

TITLE OF THE RESEARCH PROJECT: A Homeopathic Drug Proving

NAME OF SUPERVISOR:

Dr. Ashley Ross

NAME OF RESEARCH STUDENT:

Liesel Taylor

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Have you read the research information sheet? YES/NO
2. Have you had 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 this proving? YES/NO
5. Who have you spoken to? YES/NO
6. Have you received enough information about this proving? YES/NO
7. Do you understand the implication 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 reason for withdrawing, and
   • Without affecting your future health care? YES/NO
9. Do you agree to voluntarily participate in this proving? YES/NO

PROVER: NAME: ______________________ SIGNATURE: ______________

WITNESS: NAME: ______________________ SIGNATURE: ______________

RESEARCH STUDENT: NAME: Liesel Taylor ______________ SIGNATURE: ______________
Appendix 3

Proving information sheet

Dear Prover:

Thank you very much for taking part in this proving. I'm sure you will find that you will benefit from this exercise in many ways.

Before the Proving:

First check that you have the appropriately coloured diary, and that the information labels on the diary contain the correct information. If there is a problem, contact the proving Coordinator.

Your supervisor will contact you before you begin the proving to take your case, answer any questions and to schedule a start date and a daily contact time.

Beginning the Proving:

Record your symptoms daily in the diary for one week prior to taking the remedy. This will help you get into the habit of observing and recording your Symptoms as well as bringing you into contact with your normal state.

Taking the Remedy:

Begin taking the remedy on the day 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 an half hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (six tablets 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. By proving symptoms we mean:

1. Any new symptoms, i.e. ones that you have never experienced before, or,
2. Any change or intensification of any existing symptom. or,
3. 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. Our experience has shown again and again that the proving symptoms usually begin very subtly, often before the prover recognises that the remedy has begun to act.

Lifestyle during the Proving
Avoid all antidoting factors such as coffee, camphor and mints. If you normally use these substances, please stop taking them two weeks before, and for the duration of, the proving. Protect the tablets you are proving as you would any other remedy, including keeping them away from strong smelling substances. 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, especially antibiotics, vitamin or mineral supplements, herbal or homoeopathic remedies.

In the event of a medical or dental emergency of course common sense should prevail. Contact your doctor, dentist or local hospital as necessary. Please contact your supervisor or proving coordinator as soon as possible.

Confidentiality
It is important for the quality and credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers. Your privacy is something that we will protect. Only your supervisor and the proving Coordinator will know your identity.

Contact with your Supervisor
Please telephone your supervisor before you begin the proving and on a daily basis thereafter until you, your supervisor, and the proving coordinator agree that it is not necessary to maintain such close contact. As the proving progresses regular contact continues to be important but may be less frequent (2 or 3 times a week, and then weekly)
If you have any doubt or questions about the proving contact your Supers nor.

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 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 diary 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: Burning, dull, lancinating, shooting, stitching, etc.

Modality: > or < from weather, food, smells, dark, lying, standing, light, people, etc. Try different things out to see if they affect the symptom and record any changes.

Time: Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you?

Intensity: Briefly describe the sensation and effect of the symptom on you.

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

Mind
Head
Eyes
Ears
Nose
Back
Respiratory System
Digestive System
Skin
Extremities
Urinary Organs
Genitalia
Sex
Temperature
Sleep
Dreams

Generalities
Please give full descriptions of dreams, and in particular note the general feeling or impression the dream left you with.

You may also wish to note the phase of the moon if you have symptoms that are affected by it.

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 very enlightening. Please include these if possible. At the end of the proving please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you do another proving?

As far as possible try to classify each of your symptoms by making a notation according to the following key in brackets next to each entry:

(RS) - Recent symptom i.e. a symptom that you are suffering from now, or have been suffering from in the last year.
(NS) - New symptom.
(OS) - Old symptom. State when the symptom occurred previously.
(AS) - Alteration in a present or old symptom. (e.g. used to be left side, now on the right side)
(US) - An unusual symptom for you.
Please remember to use red ink for these notations and classify your symptoms accurately. If you have doubts, discuss them with your supervisor. **Please remember that detailed observation and concise, legible recording is crucial to the proving.**

"The best opportunity for exercising our sense of observation and to perfect it is by proving medicines ourselves." - Hahnemann

"The person who is proving the medicine must be pre-eminently trustworthy and conscientious... and able to express and describe his sensations in accurate terms." *Organon* paragraph 126

Thank you for participating in this proving. I am sure you will find that there is no better way of learning and advancing homoeopathy.

Kind regards

Lorna Smal and Liesel Taylor
Appendix 4

SUITABILITY FOR INCLUSION IN THE PROVING

All information will be treated as strictly confidential

SURNAME: SEX: M/F
FIRST NAMES: TELEPHONE NUMBER/S:

PLEASE CIRCLE THE APPROPRIATE WORD:

- Are you between the ages of 18 and 55 years? YES/NO
- Do you consider yourself to be in general state of good health? YES/NO
- Are you on or in need of any medication?
  - Chemical /Allopathic YES/NO
  - Homeopathic YES/NO
  - Other (e.g. herbal) YES/NO
- Have you been on birth control pill or hormone replacement therapy in the last six months? YES/NO
- Are you pregnant or nursing? YES/NO
- Have you had any surgery in the last six weeks? YES/NO
- Do you use any recreational drugs such as marijuana, LSD or MDMA? YES/NO
- Do you suffer from hypersensitivity diseases such as:
  - Asthma? YES/NO
  - Hay fever? YES/NO
  - Allergies? YES/NO
  - Food hypersensitivities? YES/NO
- Do you consume more than:
  1. Two measures of alcohol per day? YES/NO
     (1 measure = 1 tot/1 beer/1/2 glass wine)
     - 10 cigarettes per day? YES/NO
     - 3 cups of tea, coffee, herb tea per day? YES/NO
- Are you willing to follow the proper procedures for the duration of the proving and to attend a short programme to inform you about the proving? YES/NO
Appendix 8

PLACEBO GROUP

Mind

Feeling stoned.
37F 01:XX:XX

I can concentrate on the task at hand but my head is floating. This seems to follow the headache.
37F 01:14:00

Feeling quite out of it.
37F 01:14:15

Energy very low.
37F 04:12:05

Energy very low, don’t feel like doing anything because I get tired really quickly.
37F 08:07:00

Despite being really tired, I am able to concentrate (unusual). I usually switch off when I am slightly tired. Stressed, so much work and not enough energy.
37F 08:XX:XX

Feeling very sorry for myself, have too much work, don’t feel like doing any of it. So much to do, so little time. Frustrated, tired, angry. Can’t concentrate, irritable and frustrated at how slow the lecturer is talking. Falling asleep.
37F 09:XX:XX

Grumpy and tired.
37F 11:XX:XX

My head feels clear, but also light. Feeling sleepy. Relaxed and calm. Can’t focus on studies, stressing about exam.
04F 00:XX:XX

Feeling irritated with untidy bedroom. Feeling ‘jittery’ about the test. Thoughts jumping all over the place.
04F 01:XX:XX
In a mood to organise and clean and tidy cupboards, feeling energetic today. Can’t focus on studying.
04F 02:XX:XX

Can’t concentrate on studies. Never been this bad - read the same line over and over. Frustrated, can’t study properly and running out of time. Been a bit touchy today. Feel tired - mostly when I try to study.
04F 03:XX:XX

Anxious about test and not having enough time left. Feel down and demotivated, feels as if the load is too heavy to carry. Feeling disorientated, can’t focus.
04F 04:XX:XX

Feeling totally drained, very tired. Sleepy.
04F 05:XX:XX

Feel hurried, want to do so much. But don’t seem to get to do anything. Totally demotivated about studying. Don’t seem to care whether I study or not. The test tomorrow seems unreal. My energy is very low today.
04F 06:XX:XX

Feeling very tired, but at the same time strangely calm. Feels like I am distancing myself from reality. Detached.
04F 07:XX:XX

I feel very rushed, can’t seem to get anything done. Feeling more focussed tonight, energy levels better but I almost feel zombie-like. Just want to sleep, battling to unwind.
04F 08:XX:XX

Felt energised on waking, energy is higher, calm happy mood. Want to be quiet today, spend it in nature, get away from the rush.
04F 09:XX:XX

Woke up feeling miserable, flu-like. Better for moving around outside. Feel responsibilities pushing down on me again.
04F 11:XX:XX

Tired, feeling slowed up.
04F 12:XX:XX

Energy low, mind calm, falling asleep reading.
04F 13:XX:XX

Feel emotional about any little thing, want to be quiet. Feel like crying without reason, emotions overwhelming, otherwise feeling calm.
04F 15:XX:XX

In a good mood, laughing a lot. Relaxed, winding down. Energetic.
Feeling ‘dozy’ today, don’t feel like doing anything. Feel lazy.

Am feeling more ratty than usual – biting back at people more often.

Loss of concentration with sleepiness

Didn’t feel like studying

Sleepiness whilst trying to concentrate

Yawning a lot.

Clear headed, like a zingy feeling.

Skittish – very jumpy.

Skittishness more pronounced.

I think I am ignoring people…kids are asking what’s wrong – nothing wrong just more pensive.

Prone to fits of staring and fascinated by comings and going – more so than usual.

Kids asking what’s wrong – nothing wrong just more pensive.

Premonition of someone coming to visit

Premonition of cousin visiting

Sense of having forgotten something

Sense of having forgotten something
32F 06:XX:XX

Sense of having forgotten something

32F 07:XX:XX

Vertigo

Nauseous and dizzy.

04F 21:XX:XX

Woke up feeling dizzy and nauseous.

14F 07:XX:XX

Head

Temporal pain, moving from forehead to temples. Dull pain, better for pressure [RS].

37F 00:10:15

Head feels dizzy, light headed, slight temporal ache (10 minutes).

37F 00:13:30

Ache in temples, mild. Worse on the left, better for pressure (5 minutes). Head is floating after headache.

37F 01:14:00

Feeling quite out of it now. Pain in temples has increased. Head pain on looking up.

37F 01:14:22

Headache in temporal region, I feel that it’s connected to my eyesight (30 minutes). Better for cold water, lying down, closing eyes.

37F 07:14:10

Headache with stinging eyes.

37F 13:21:30

Pain in forehead when I look up.

37F 01:14:22

Frontal headache on waking.

04F 04:07:15

Headache towards left side of head (in the front).

04F 04:20:30

Pounding headache on rising out of bed.

04F 05:06:00
Very bad compressing headache, want to lie in a dark room.
04F 05:15:10

Woke up with a slight headache.
04F 06:08:15

Headache around nose and eyes.
04F 06:13:40

Woke up really tired with a headache. Headache over left eye in frontal bone. Headache moved down to the back of my neck on the left.
04F 08:XX:XX

Slight headache over left eye.
04F 12:XX:XX

Headache pounding over left eye when I move around. Better for lying in a dark room. Worse for the pressure of pillow. Lack of appetite and nausea.
04F 13:XX:XX

Headache on getting out of bed, around sinuses.
04F 16:XX:XX

Headache with slight constipation.
04F 17:XX:XX

Headache over eyes.
04F 18:XX:XX

Head feels heavy, difficult to wake up.
04F 19:XX:XX

My head is itchy.
14F 02:XX:XX

Have small bumps on my head.
14F 02:XX:XX

My head is still itchy.
14F 03:XX:XX

Head aching pain -sides of the head – radiates to the top of the neck.
32F 02:XX:XX

Head aching pain – back of head as if head was going to explode. Aggravated by noise / loud music.
32F 05:XX:XX
Woke up with a bit of a headache after sleep in afternoon. Headache didn’t last too long – 1/2 hour.
14F 03:XX:XX

Had a bit of a short sharp headache in the afternoon.
14F 05:XX:XX

**Eyes**

I found myself staring. Every time I looked at something I would stare at it for ages. I would carry on listening and functioning as normal but have a fixed glance. This lasted about an hour [NS].
37F 00:10:15

The staring thing is back.
37F 00:14:00

Eyes are stinging with headache.
37F 13:XX:XX

Prone to fits of staring and fascinated by comings and goings more so than usual.
14F 02:XX:XX

**Ear**

Dull pain in left ear, near the opening of the ear, not deep in the ear.
37F 03:18:17

My left ear has a slight infection, yellow crusty scabs, very small (have not had this in the last year).
37F 04:08:10

Slight pain in left ear.
37F 10:10:00

Earache in left ear, better for pressure. Short duration.
37F 12:15:00

Ears itching inside from sneezing.
04F 00:XX:XX

**Nose**

Sneezing makes my throat and nose burn and itch.
04F 00:XX:XX
Sneezing a lot. 
04F 03:XX:XX

Sinuses blocked with runny nose. 
04F 18:XX:XX

Nose blocked with sinus headache. 
04F 21:XX:XX

**Mouth**

Lips very dry. 
04F 11:XX:XX

Lots of saliva. 
14F 01:01:00

**Throat**

37F 00:17:37

Pain in neck, tingly, moving down from ear about 5cm [NS]. 
37F 09:11:00

Itchy feeling in neck. Feels like I can use my tongue to scratch it but I can’t. Moves from ear to bottom of jaw. 
37F 10:10:00

Dry itchy throat, thirsty. Went away after orange juice. 
37F 12:16:50

Neck very stiff on left hand side. Sore throat. 
37: 13:XX:XX

Throat feels sore. Worse for pressure of tongue on soft palate. 
04F 03:13:00

Throat is sore, battle to swallow. 
04F 07:XX:XX

Woke up with sore throat. 
04F 10:XX:XX

Throat very sore, battle to swallow. Post nasal drip doesn’t want to move up or down. Hurts my throat more, not being able to get it out. Better for moving around outside. 
04F 11:XX:XX
Throat feeling ticklish.
04F 12:XX:XX

Sore throat with thirst.
04F 18:XX:XX

**Stomach**

Stomach cramps. Better for crunching up into a ball and pressure. Lasted 2 hours.
37F 06:15:40

Stomach cramps and the feeling of needing to go to the toilet before getting diarrhoea. Constipated.
37F 07:18:25

Felt hungry yesterday and today but not sure what I felt like.
14F 03:XX:XX

In afternoon don’t seem to be so hungry. Have had a craving for chocolate. Ate some Milo instead.
14F 03:XX:XX

I am feeling very bloated.
14F 04:XX:XX

Woke up feeling a bit dizzy and nauseous.
14F 07:XX:XX

Great thirst whilst studying
32F 02:XX:XX

Food: chocolate desire
32F 03:XX:XX

Food: sweet and sour desire
32F 08:XX:XX

Food: chocolate desire. [NS]
14F 03:XX:XX

**Bladder**

Have noticed that my urine is darker and definitely smells different.
14F 05:XX:XX
Female

Menses – lower abdomen – pain deep, dull
32F XX:XX:XX

Menses – pain lower abdomen feels like abdomen about to fall out
32F XX:XX:XX

Menses – pain relieved by eating chewy sweets
32F XX:XX:XX

Menses – pain relieved by drinking fizzy drinks
32F XX:XX:XX

Menses pain relieved by sitting down.
32F XX:XX:XX

Cough

Had one isolated cough. [NS], just felt I had to get it out.
37F 00:06:52

Coughed twice. Throat felt irritated by something smooth. Kept swallowing.
37F 00:13:20

Another cough, felt the need to clear my throat. Better for coughing.
37F 00:13:45

37F 01:14:00

Have the urge to cough but I can’t. When I do it’s not satisfying.
37F 01:14:15

Chest

Sharp/ stitching/ shooting pain inside left mammae – radiates to nipple, outward through aerola of left mammae. Relieved by inspiration. Aggravated by exhalation.
32F 03:XX:XX

Sharp pain bilaterally on palpation – radiates to axilla. Aggravated by lying on abdomen.
32F 09:XX:XX
Pimples midline on each breast.
32F 09:XX:XX

Left mammae – flat, dull shadowlike pimple, aggravated by touch.
32F 09:XX:XX

Right mammae – pimple – small, red with white centre, aggravated by palpation – sharp pain on upper breast radiates towards chest wall.
32F 09:XX:XX

**Back**

Back of neck and shoulders stiff.
37F 12:XX:XX

Neck aching pain when lifting head up _radiates to Left scapula.
32F 05:XX:XX

Weakness in shoulders and back.
32F XX:XX:XX

**Extremities**

Patch of dry skin on right hand, which has peeled away on the thumb and palm [NS].
37F 02:XX:XX

Skin on thumb dry and wrinkled where it was peeling.
37F 04:XX:XX

Right thumb slightly swollen and itchy. Tiny bumps on it that look like a heat rash. Blisters.
37F 06:XX:XX

Piece of peeling skin on left palm.
37F 10:XX:XX

Tips of three fingers peeling. Right thumb and left palm is peeling in patches. Left hand numb on waking.
37F 13:XX:XX

Hands feel hot, like they are burning, especially the left hand.
04F 00:11:15

Left foot sore again.
04F 13:XX:XX
Left ankle and calf – itching - red pimple.
32F 08:XX:XX

Right thigh – gluteal fold – itching.
32F 08:XX:XX

Right thigh – gluteal fold large pimple – pain dull. Aggravated by sitting.
32F 09:XX:XX

Right thigh – pimple intense itching.
32F 01:11:00

Right thigh – pimple increased in size – painless.
32F 01:11:00

Right knee and inner thigh – 3 small bright red pimples – intense itching associated with stinging pain —“as if long piece of cotton thread rubbed onto skin”.
32F 02:XX:XX

Right thigh – pimple itched continuously – aggravated in evening.
32F 04:XX:XX

Getting pins and needles in my right hand – little finger and ring finger – where my whole hand goes numb – weird feeling.
14F 06:XX:XX

Sleep

Difficulty falling asleep, tossed and turned for about an hour.
37F 01:XX:XX

Sleep restless for first hour then fell into a deep sleep.
37F 02:XX:XX

Sleep restless for first hour.
37F 03:XX:XX

Fell asleep, very deep sleep. Can’t remember the dream.
37F 05:XX:XX

Woke up feeling so out of it, like I had been tranquillized.
37F 05:16:50

Fell asleep as soon as my head hit the pillow.
37F 08:21:00

Had a very good sleep – 45 minute sleep.
32F 01:04:00

Had a good sleep – 1 hour sleep.
32F 01:08:00

Yawning a lot.
14F 01:01:00

Had a sleep on the couch this afternoon – haven’t done that in ages. Woke up with a bit of a headache.
14F 03:XX:XX

I am tired, I think it’s because of the sleep I had in the afternoon.
14F 03:XX:XX

Had a very bad night – woke up at about 2:30am and couldn’t go back to sleep. Feeling very tired.
14F 04:XX:XX

**Dreams**

Very busy and frustrating. Felt like I was awake and not getting any sleep because my mind was running through all these homoeopathic books. In deep sleep I dreamt that I was in a love triangle with my boyfriend and this fat, ugly, but very powerful man. He found out that I had a boyfriend and wanted to kill him. I woke sweating and worried that this ugly man would kill my boyfriend.
37F 01:XX:XX

Busy dream, made me feel awake. Dreamt of all my notes, frustrating. Making a dress and disappointed with myself for not making the perfect dress.
37F 04:XX:XX

Dreamt about boyfriend arriving home, waking up as he came through the door. Dreamt about borrowing a friend’s car but then felt guilty as there was a highjacker. Tried to rush home but as accosted by this man who climbed in the car, telling me to drive while he held a gun to my head. Ended up getting away, but felt guilty and scared.
37F 05:XX:XX

Dreamt that I had a blister on the side of my tongue, the pain woke me up. It wasn’t really there. Then dreamt that I stayed at a beautiful house for supper, ate and drank cranberry wine. When I woke I was feeling sick from the cranberry wine.
37F 06:XX:XX

Dreamt I was a truck driver. Felt uneasy with the height and dizzy.
37F 07:XX:XX
Driving a white Mercedes, felt out of control. In hospital after head on collision. Saved little girl and had to tell her mom what happened. Traumatic. 37F 09:XX:XX

Driving the wrong way down a one way, found a flea market. 37F 10:XX:XX

Driving down a dirt road, ran over a dog. Got such a fright, started crying. Owner set fire to the car. Scared car would blow up. 37F 12:XX:XX

Dreaming about family and friends and colours but can’t tell you anymore. 14F 02:XX:XX

Dreamt about pregnant women being blown up. Also remember a baby crawling on wet grass. 14F 07:XX:XX

I remember dreaming about a floor covered in big ants. Also an awning which covered the area from the kitchen to the outbuilding. It was very light and sunny. 14F 03:XX:XX

Generals

Thirsty for cold water. 37F 01:14:00

Energy very low, tired. 37F 04:12:05

Worse for warm stuffy weather, feels as if I can’t get enough air in. Very thirsty, water tastes metallic. 04F 00:XX:XX

General feeling of burning under my skin especially left side of face and along left side of nose. Feeling hot but skin is cold on uncovering. 04F 00:XX:XX

Getting very hot, skin feels burny, but cold to the touch. Perspiring more than usual on body and axilla. Hands are sticky. Hotter than usual, especially my skin. 04F 01:XX:XX

Very thirsty with metallic taste in mouth. Very hungry, constant craving, don’t know what for.
04F 04:XX:XX

Big appetite but get full very quickly. Craving something sweet.

04F 05:XX:XX

Hungry, but after 2 or 3 bites I am full. Very thirsty for water, can’t drink it fast enough. Craving something sweet.

04F 06:XX:XX

Very thirsty, not better for drinking water! Craving fresh green vegetables e.g. broccoli.

04F 07:XX:XX

Body stiff and sore.

04F 08:XX:XX

Craving fruits.

04F 09:XX:XX

Flu symptoms on waking, blocked nose, sore throat, headache.

04F 11:XX:XX

Feel energised on waking.

04F 12:XX:XX

Hungry, craving lettuce.

04F 14:XX:XX

Craving for popcorn.

04F 16:XX:XX

Thirsty, craving coke. Tingling feeling in throat.

04F 16:XX:XX

Thirsty for water with sore throat.

04F 18:XX:XX
APPENDIX 6
QUANTITATIVE DISTRIBUTION OF REPERTORY SYMPTOMS

NUMERO OF SYMPTOMS

MATERIA MEDICA SECTION

VERTIGO
HEAD
VISION
EAR
NOSE
FACE
MOUTH
TEETH
THROAT
EXTERNAL THROAT
STOMACH
ABDOMEN
RECTUM
STOOL
BLADDER
URINE
MALE GENITALIA/SEX
FEMALE GENITALIA/SEX
RESPIRATION
EXPECTORATION
CHEST
BACK
EXTREMITIES
SLEEP
DREAMS
FEVER
PERSPIRATION
SKIN
GENERALS