

**A study of the proving of
Naja mossambica with a subsequent
comparison of an existing proven
homoeopathic remedy; Naja tripudians in
terms of the mental and dream
symptomatology.**

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Master's Degree in Technology: Homoeopathy in the Faculty of Health
Sciences at the Durban Institute of Technology.

I, Lorna Smal do declare that this mini-dissertation is representative of my
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Dedicated to my biggest fan:

My husband

Richard

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Most of all:

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“ You made this proving possible”.

ABSTRACT

The aim of this comparative study was to determine the effects of the thirtieth centesimal (30CH) potency of the venom of Naja mossambica on healthy individuals with emphasis on the mental and dream symptoms produced by the drug, which were compared to those of Naja tripudians (an existing homoeopathic remedy) so that it may be prescribed according to the Law of Similars, as required by homoeopathic science.

Twenty healthy volunteers who met all the inclusion criteria participated in this study (Appendix A – Suitability for Inclusion). All volunteers were required to sign a consent form (Appendix C). Twenty five percent (5 of the 20) of the subjects received placebo in a randomised fashion. This was a double blind, placebo controlled study where neither the researchers nor the individuals participating in the study knew who received placebo or verum. The provers were unaware of the nature of the substance they were taking or in what potency it was administered. The provers recorded their state prior to the administration of the proving substance to establish a baseline from which they compared their state after taking the proving substance (Appendix D - Instructions to Prover).

Data collection took the format of a diary or journal in which the provers recorded their symptoms daily and from which the data was extracted later. Data from case histories and physical examinations were also considered in the study (Appendix B - Case History and Physical Examination).

In a concurrent study of similar methodology, Taylor (2004) compared the toxicological symptoms of the venom of Naja mossambica to those produced in the proving.

The comparison between the homoeopathic proving symptomatology of Naja mossambica and existing materia medica of Naja tripudians revealed similarities between the two. Similar indications were found in the mental/emotional sphere as well as the head, gastrointestinal system, eyes, ears and nose and the extremities. This study however only focussed on the similarities found in the mental and dream section. The dream symptomatology was unfortunately scanty in the available materia medica of Naja tripudians and therefore the comparative analysis is incomplete. Further research in this area is necessary to fully appreciate the differences between the two snake remedies.

It is essential that the proving symptoms be verified and expanded through clinical use and further provings of Naja mossambica in various potencies so that it becomes a well-utilized remedy in the future.

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DEFINITION OF TERMS

Centesimal Potency

1. A dilution in the proportion of 1 in 100.
2. The sequential addition of the previous potency to 99 parts of diluents. The number of these serial dilutions, performed with succussion, defines the centesimal potency (Swayne, 2000:36).

Succussion

Vigorous shaking, with impact or “elastic collision”, carried out at each stage of dilution in the preparation of a homoeopathic potency (Swayne, 200:201).

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). "Similia Similibus Curentur" the fundamental law of homoeopathy, formulated by Hahnemann meaning: Let Likes Be Cured (or Treated) By Likes (Gaier 1991:323). Any substance, which can produce a totality of symptoms in a healthy human being, can cure that totality of symptoms in a sick human being (Vithoulkas 1986:92).

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). A dummy treatment administered to the control group in a controlled clinical trial in order that the specific and non-specific effects of the experimental treatment can be distinguished (Taylor et al 1988:1298).

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, 200:166).

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, 200:168).

Proving

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

A transliteration of the German 'Prufung', meaning test or assay (Gaier, 991:390).

Prover

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

Thirtieth Centesimal Potency (30CH)

The thirtieth step of sequential dilution in the proportion of 1 in 100, with succussion at each step, having an effective concentration of 1×10^{-60} .

CHAPTER ONE

The study

1.1 Introduction

Homoeopathy is based on the principle of “Like cures like” (*similia similibus curentur*) where that which causes a certain symptom picture when administered in infinitesimal doses to a healthy individual will also cure the same morbidic symptoms present in a sick individual. This medicine is given to the patient in “subtle doses” where the medicine is in such small doses that it is able to lift the morbidic symptomology picture without harming or weakening the patient further, i.e. the gentlest, swiftest and permanent manner to cure (O'Reilly, 1996:5).

The manner that one acquires this knowledge of “prospective” medicine is through homoeopathic provings of potential medicinal substances. The European Institute for Homoeopathy (2002:6) defines a homoeopathic proving as: “A systematic observation and recording of symptoms which are produced by the defined administration of a homoeopathic drug or drug-like effective substance, not yet homoeopathically proved, to healthy persons” (provers, volunteers). The systematic testing of substances on average healthy humans is paramount to the practice of homoeopathy (Whitmont, 1993), and forms the foundation upon which Homoeopathy is built on (Sherr, 1994:8). It is this totality that will be the base from which a curative prescription can be derived for the sick individual with a similar morbidic symptom picture (Vithoulikas, 1980:144). Provings are therefore the tools through which the curative powers of a substance are revealed so that they may be prescribed according to the Law of Similars. Provings are the only method of obtaining accurate and reliable knowledge of the therapeutic potential of a substance (Hahnemann, 1997: 188, Sherr, 1994:7) and are the only

means through which new remedies may be identified so that they may be added to the homoeopathic materia medica (Cook, 1989:93)

According to Sherr (1994:7), homoeopathic provings are the cornerstone upon which Homoeopathy is built. The testing of substances in diluted preparations on healthy individuals is vital to the practice of Homoeopathy as it is the only way to ensure reliable and accurate representation of the substance's effects on humans and its potential medicinal indication in disease. (Hahnemann, 1997:188, Sherr, 1994:7).

With the emergence of new diseases and disease patterns, treatment and cure become challenging to even the most competent of practitioners, therefore an extensive and reliable materia medica is of utmost importance (International Council for Classical Homeopathy, 1999:34; Sherr, 1994:6; Sherr 1994:49). The potential for new homoeopathic remedies are limitless (Cook, 1989:93) and many plants and animal species, elements of the periodic table and synthesized drugs remain unproven. The materia medica, as extensive as it may seem still does not cover all the pathologies presently found. Where the Similimum has not yet been proven, the homoeopath is forced to prescribe a partial, less accurate remedy (Hahnemann, 1997: 223), which then may not result in cure for the patient. When a new remedy is proven well, it can cure a class of cases that until then could only have been partially covered by existing remedies (Sherr, 1994:8). To fully utilize this potential to find a true Similimum for the majority of patients, many more remedy provings must be undertaken (Whitmont, 1994:3).

Since Hahnemann there have been hundreds of provings, with a resurgence of provings in the last twenty years, yet many have fallen short of the high standard required of a proving. Sherr stated that it is not the selection of the substance but the quality of the proving that is important (Sherr, 1994:33). Not much time or effort has been invested in proving new remedies or reproving previously poorly proved remedies thus very little

progress has been made in the sphere of provings (Sankaran, 1994). Without new provings homoeopathy will stagnate (Sherr, 2002), it is therefore vital to conduct more provings for the development of Homoeopathy.

The aims of a homoeopathic proving are therefore to:

- Induce, observe and record reversible symptoms and changes in the emotions of a healthy individual (prover, volunteer), in order to prescribe the remedy according to the principle of similimum in a diseased person.
- Expand the knowledge of inadequately proved remedies.
- Introduce new remedies into the materia medica.

(European Institute for Homoeopathy, 2002:6)

1.2 Why a proving of Naja mossambica?

South Africa has a wealth of indigenous plants and animals which as yet have not been homoeopathically proven and which could potentially play a significant role in treating commonly occurring health problems in this country. Some homoeopaths subscribe to the concept that a useful remedy should be a local one, within easy reach of the patient, as nature will always provide an accessible cure (Sherr, 1994:49). South African homoeopaths rely heavily on European and American derived remedies and it would be advantageous if, in future, they could rely more on indigenous substances as sources of homoeopathic remedies.

Indigenous snakes are particularly intriguing because other snakes (Lachesis muta, Naja tripudians, Crotalus horridus) have been extensively and successfully used in homoeopathy. Bitis arietans arietans (Puff adder) and Bitis gabonica (gaboon adder), both South African species have recently been proven and have produced interesting symptomatology pictures. It was hypothesized that the proving of Naja mossambica

would produce vivid and remarkable symptoms and become an indispensable remedy in the materia medica.

The researcher chose Naja mossambica due to its similarity in family and genus as Naja tripudians. Naja tripudians, is known generally as the common, Asiatic, Indian or spectacled cobra. Naja tripudians has been invaluable in cardiac cases both in orthodox and homoeopathic medicine. The Mozambican Spitting cobra or Naja mossambica although related and from the same family as the Indian cobra, has some very different chemical components to its venom. The significant differences in the properties of the venom should impact on the symptoms experienced in the proving. The researcher will be comparing the differences between Naja tripudians and Naja mossambica in the mind and dream aspects of the proving.

1.3 The Aim of the study

The first objective of this double blind, placebo-controlled study was to elicit, observe and record the symptoms produced by Naja mossambica in the thirtieth centesimal potency (30CH) when administered to healthy individuals so that it may be prescribed according to the law of similars in the sick individual. The second objective of this study was to observe and record the mental and dream symptoms of Naja mossambica and compare them to the corresponding symptoms found in the symptomatology of Naja tripudians.

1.4 The benefits of the study

Naja mossambica as a homoeopathic remedy may prove to be an indispensable medicine in terms of affordability and availability for the local population. It is hoped that it may become an indispensable medicine worldwide.

CHAPTER TWO

Review of the Related Literature

2.1 Provings

2.1.1 Introduction

#143 *The Organon*

“If we have thus tested on the healthy individual a considerable number of simple medicines and carefully and faithfully registered all the disease elements and symptoms they are capable of developing as artificial disease-producers, then only can we have a true materia medica – a collection of real, pure, reliable modes of action of simple medicinal substances...” (Hahnemann, 1997)

To be defined as a Homoeopathic proving, the European Institute for Homoeopathy (2002:6) states that it must include the following components:

- A systematic observation and recording of symptoms
- The symptoms are produced by the defined administration of a potentially homoeopathic substance, not yet homoeopathically proved.
- This potential homoeopathic medicinal substance is to be administered to healthy persons (provers, volunteers).

According to Whitmont (1993), such a systematic testing of potentially homoeopathic substances on average healthy humans is essential to the practice of homoeopathy. Provings form the foundation upon which Homoeopathy is built on (Sherr, 1994:8).

2.1.2 Historical Perspectives of Provings and the Law of Similars

Samuel Hahnemann discovered the Law of Similars in 1790 and was the first “prover”. He was translating the second edition of Cullen’s *A Treatise on Materia Medica* into German wherein it postulated that Cinchona officinalis (Quinine) was a successful drug against malaria based on its bitter taste. He disagreed with this theory and proceeded

to test the validity of this theory by ingesting a crude dose Cinchona officinalis to determine its effects. He discovered he produced symptoms much like that of malaria which Cinchona officinalis was curing (De Schepper, 1999:xv). This was contrary to medical reasoning, which was based on the doctrine of signatures where the substances mode of action is through a known characteristic such as taste, colour, reactivity etc. Hahnemann however found through his “proving” that it was because of Cinchona officinalis’ “likeness” or similarity to the disease that it was able to lift the morbid disease; that is *similia similibus curentur*. This was the beginning of the *materia medica*, as it is known today.

The principle of similitude and the conducting of provings however predated Hahnemann by many centuries. The principle of similitude can be traced back as far as Hippocrates (460-350 BC). Hippocrates wrote, “ By like things a disease is produced and through the application of the like it is cured” (Cook, 1989:1, Walach, 1993:129). Aristotle (384-322), Galen (130-200AD) and Paracelsus (1493 – 1541) acknowledged this same principle in their writings (Cook 1989:1) (Morrell, 2001). A Danish physician, Dr. G Stahl wrote in the early 17th century: “ To treat opposite acting remedies is the reverse of what it ought to be. I am convinced that disease will yield to and be cured by remedies that produce similar affections” (Cook, 1989:2). One has to wonder if Hahnemann did not stumble upon these writings in his extensive quest for knowledge and whether it was through these theories he was inspired to question the validity of the medical reasoning of his time. Although there is not a clear enough history to direct one as to how Hahnemann came up with the concept of provings (Herscu: 2002:85), in a footnote to aphorism 108 however, Hahnemann clearly refers to Albrecht von Haller as the only other person who he is aware of testing potential medicinal substances (Hahnemann, 1997:145). Albrecht von Haller, a Swiss doctor and polymath advocated the principle in 1771. Hahnemann also gave credit to others such as Alexander (1767), Menghini (1755) and Fontana (1765) who experimented with the proving method using snake venoms (Stephenson, 1960). One can argue that although the concept had been

around for 2000 years, it had remained a theoretical one until Hahnemann eventually rationalized and systematized the concept of provings (Cook, 1989:2).

Before Hahnemann, Hippocrates applied the principle of similitude and its opposite – the principle of contraries in medicine. He also developed the well-known phrases “Similia similibus curentur” and “Contraria, contraries curentur” (Eizayaga, 1991:17). Galen tested new substances on sick and healthy individuals as well as Paracelsus who determined the properties of substances by observing the effects when ingested by healthy individuals (Morrell, 2001) (Coulter, 1975:442). Paracelsus also used minimal doses to elicit ailments and named the resultant ailment after the remedy that caused it (Eizayaga, 1991:18). Anton Storck, head of a Viennese hospital experimented with substances on himself (Walach, 1994:129). It was Hahnemann the “scientist” however, who in 1790 rationalized and standardized the concept of provings and used it as a basis for his new system of medicine (Wright, 1999:6).

Hahnemann published his findings six years after his experiment with Cinchona (Cook, 1989:9). He continued to conduct provings on himself as well as volunteers who willingly participated in proving new remedies and compiled the first materia medica. (Klein, 2000) Twenty-seven remedies and their pathogenesis were published in the *Fragmenta di Viribus Medicamentorum Positivus* in 1805, complete with experimental results, overdoses and poisonings in his practice (Kerschbaumer, 2004:9). Between 1811 and 1821, sixty-six drug provings were published in Hahnemann’s *Materia Medica Pura*, which comprised of six volumes (Cook, 1989:11). Hahnemann’s *The Chronic Diseases* introduced the antipsoric remedies and was written from 1828 to 1830. The second edition (1835-1839) contained forty-eight remedies and included cases studies from his practice (Ellithorp, 2000).

Hahnemann’s systematic approach and exact methodology still governs the manner in which homoeopathic provings are conducted today. The early provings that he

conducted still form the basis upon which our materia medica is written (Herscu, 2002:25).

2.1.3 Proving methodologies

Initially Hahnemann never began with a set methodology but developed a most effective method as he gained more experience (Wieland, 1997:229, Fuller Royal, 1991:122). Although uncontrolled and most likely to be deemed unreliable by today's standards, he did manage to limit the variables in his provings (Fisher, 1995:129). In his *Organon of the Medical Art* (1996), in aphorisms 124 to 127, Hahnemann outlined the limitations that were to be practiced during a proving; these included a healthy individual who practiced moderation in diet and lifestyle. All forms of other drugs were not to be ingested during the proving.

Although his methods and instructions for provings are still valid today and form the basic foundation of the current methodology used for provings, certain scientific research methods have been incorporated such as placebo, double blind and randomisation to scientifically validate the data collected during a proving.

2.1.3.1 Introduction of Blinding and Placebo measures

Homoeopathic practitioners were among the first medical practitioners to adopt a blinding procedure to test drugs (Kaptchuk, 1996:239). In 1843, a re-proving of Aconitum napellus was carried out by Gerstel where the provers were unaware of what they were taking; in so doing the concept of blinding was introduced into homoeopathic proving methodology (Kaptchuk, 1996:239). Kaptchuk (1996) refers to an example of blinding conducted in 1880 where a blinded test was set up to show whether twenty five homoeopaths could distinguish a vial containing sugar pellets moistened with Aconitum

napellus 30CH from nine other identical vials containing sugar pellets moistened with alcohol only.

Both blinding and placebo measures were introduced into science and medicine through homoeopathy. The writings of Kent (1846-1916) show that the blinding technique was considered normal and routine procedure in homoeopathic provings by 1900 (Kaptchuk, 1996:240).

Herscu (2002) refers to a document *Report of the Directors of Provings* where the first official record of blinding and placebo controls in medical history appeared and again it was through Homoeopathy. This report appeared in *The Transactions of the Thirty-Eighth Session of the American Institute of Homoeopathy* held at St. Louis in June 1885. The report stated that a committee was appointed to "...formulate and publish rules for the conduct of drug-experimentation..." The first two points referred to blinding and placebo control as follows:

- In all provings, the prover is to be kept in ignorance of the name and the nature of the medicine that is proved, to safeguard against the admission of false symptoms. (Blinding)
- Blanks that contain the medicine vehicle only should be freely interspersed as a safeguard against symptoms related to imagination or idiosyncrasy of the prover. (Placebo and Blinding)

Howard Bellows (1906) introduced a double blind trial in a re-proving of Belladonna using placebo control (Dantas, 1996:235) while Schulz (1906) was using the single blind technique in his work at the same time. A treble blind design was introduced by Raeside (1962), which involved a placebo control group, the prover and researcher were blind and the nature of the substance remained unknown to both the researcher and prover. In 1980, Vithoulkas published *The Science of Homoeopathy*, in which he elaborated on the proving process by devoting a whole chapter on the subject. He however,

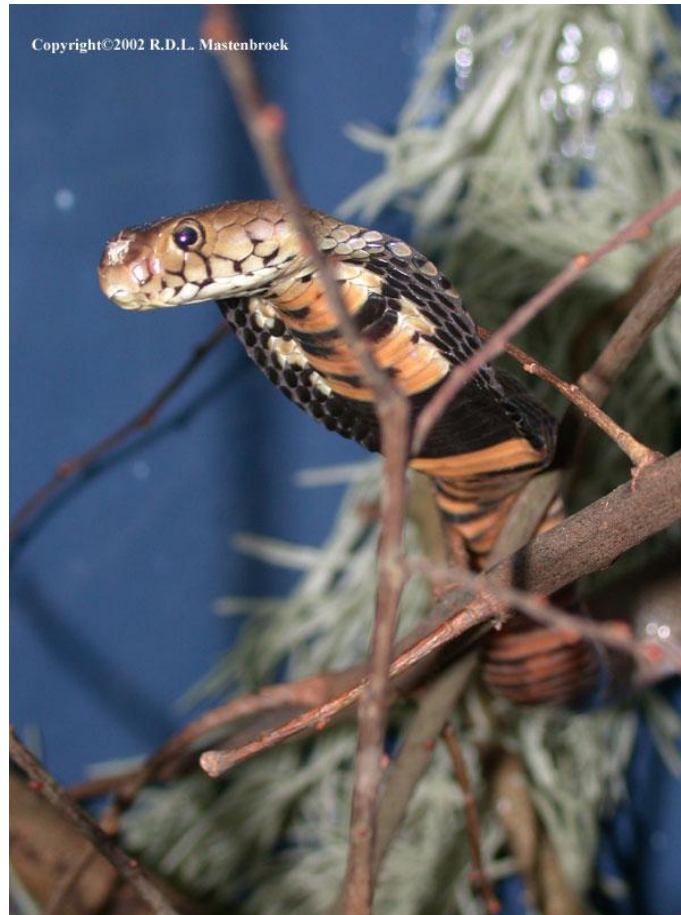
suggested such rigorous and strict controls to be followed when conducting a proving that if one were to follow this idealistic method, a proving would be most impractical and exorbitantly expensive to conduct.

In 1994, Jeremy Sherr published the first edition of *The Dynamics and Methodology of Provings*. It provides clear and exact guidelines for conducting a proving. Sherr has contributed significantly to the homoeopathic materia medica with his provings of Neon, Chocolate, Hydrogen, Androctonus amoreuxii hebraeus (Scorpion), Brassica napus (Rape seed), Germanium, Adamas (Diamond) and other substances. Sherr's collation of all the diverse methodologies and explanation of ambiguities, which exist in homoeopathic provings, provides a practical framework for conducting modern provings. The researcher used Sherr's book extensively as a reference model in the methodology of this proving.

The International Council for Classical Homoeopathy (ICCH) (1999) have established recommended guidelines for carrying out a good Hahnemannian proving. The ICCH also recommend the following references for conducting a homoeopathic proving: Hahnemann's *Organon of Medicine* (1997), Kent's *Lectures on Homoeopathic Philosophy* (1999), Vithoulkas's *The Science of Homoeopathy* (1980) and Sherr's *The Dynamics and Methodology of Homoeopathic Proving* (1994). The methodology used in this study is based on the guidelines and references given by the ICCH to conduct a homoeopathic proving.

2.2 The Proving Substance: Naja mossambica

2.2.1 Classification



(Mastenbroek, 2002)

Family: Elapidae
Subfamily: Elapinae
Genus: Naja
Species: Naja mossambica mossambica
Common names: Zulu: Mfezi
Afrikaans: Spoegslang

2.2.2 Naja mossambica

Naja mossambica belongs to the family Elapidae and the genus Naja. Its habitat stretches from South East Africa from Pemba and Zanzibar, through South East Tanzania to Mozambique, South Eastern Zambia, Southern Malawi, Zimbabwe, North Western Namibia, North and East Botswana down to Northern South Africa. It is probably the most common cobra of the savannah regions of tropical and subtropical Africa (Mastenbroek, 2002).

Naja mossambica together with the Red Spitting Cobra (Naja pallida) and the West African Brown Spitting Cobra (Naja katiensis) was seen as a subspecies of the black-necked Spitting Cobra (Naja nigricollis) for quite some time. After that it was split up to a separate species which was called Naja mossambica mossambica and Naja mossambica pallida which were split up again in two different species named Naja mossambica and Naja pallida (Norris, 2003).

2.2.2.1 Appearance

Naja mossambica is a small slender cobra with a blunt head, medium sized eyes and round pupils. The body is cylindrical in shape with a long tail. Adults have an average length of 90 – 120 cm; rarely 150 cm which is their maximum length. The tail is quite long and is 15 – 20% of the total body length (Mastenbroek, 2002). The colour on the back is usually brownish, pinkish or olive greenish in juveniles. Some larger adults will fade in colour and become more greyish. The ventral side is mostly pale brown, pinkish or grey. The neck and throat and a third of the ventral side consist of a mixture of black bars, speckles, blotches and spots. Some specimens only have a few black spots while others can be almost black. Juveniles have often a salmon coloured throat (Mastenbroek, 2002).

Its scales are smooth. Scales on the side of the head often have black edges. The skin between the scales over the body is black which has a net-like appearance. The lips are black edged (Mastenbroek, 2002).

2.2.2.2 Habitat

Naja mossambica is a terrestrial snake but may enter buildings to search for prey and water during the dry season. The snake prefers dry areas and may be found in semi desert areas, rocky areas as well as in moist savannah at low altitude, in coastal forests, bush and thorn fields (Marais, 1999). It is often found near permanent water holes, which it may use as an escape route when disturbed. This snake can climb well and may even sleep in trees. When not active this snake shelters in termite hills, holes, rock fissures and under logs. The snake is often found in towns but is largely unnoticed due to its small size and secretive habits (Mastenbroek, 2002).

2.2.2.3 Behaviour

Although being a common cobra, adults are rarely seen as they are mostly nocturnal but can be found by day sunbathing close to their hiding spot. Juveniles are often diurnal presumably to avoid food competition with the adults and to avoid being eaten by them (Mastenbroek, 2002).

2.2.2.4 Spitting and biting technique

It is one of the most dangerous snakes, inflicting fatal bites but more commonly spitting its venom. The commonest victims are young African women who get bitten while they are busy around their home at sunset (Marais, 1999). The snake is very quick and alert, when threatened or confronted, it raises almost two thirds of its body, spreads its long narrow hood and hisses loudly in readiness to spit venom at its enemy when the latter comes into range. The fangs are specially modified with the discharge orifice on the

anterior face rather than at the tip. The snake has to lean well back to ensure that the venom is directed both upwards and forwards (Marais, 1999). It can eject venom with its mouth only slightly open by lifting its upper lips in the form of a snarl. The snake can also eject venom from almost any position making it dangerous to the unwary that may expect it to eject venom only from the reared-up position. Venom is effectively ejected from 1.5 – 2 metres but in large snakes has been recorded up to 3 metres (Marais, 1999). The venom is directed at the eyes and causes instant blindness, which can become permanent unless immediate remedial measures are taken. The snake seldom attempts an actual bite. It is also one of the snakes that feign death when threatened (Marais, 1999).

2.2.2.5 Prey

This snake eats amphibians, lizards, birds, eggs, rodents and other snakes. It only spits in self-defense and not at its prey, which is hunted down fairly quick. In captivity it has been noted that they will often hold their prey in their mouth, and let their prey go so they can hunt it down again and keep on biting until it is dead (Mastenbroek, 2002)

2.2.2.6 Reproduction

Naja mossambica lays 10-22 large eggs measuring a size of 35 x 20 mm in December or January. After about 65 – 90 days the eggs will hatch, hatchlings measure a size of 20 – 25 cm when born; they will have their first shed after 9 – 11 days (Mastenbroek, 2002)

2.2.2.7 Toxicology and clinical symptoms

The clinical symptoms and toxicological reports are generally taken from clinical cases, but there still remains much to be revealed concerning the effects of Naja mossambica's envenomation (Norris, 2003). The venom of Naja mossambica has few neurotoxic and primarily local cytotoxic effects and is produced in copious amounts. Bites result in local

and extensive cytotoxic effects. Severe local pain and swelling develop immediately after the bite and may spread quickly up the affected limb (Norris, 2003). Painful, tender, enlargement of the regional lymph glands is typical. Blisters may develop as soon as a few hours to twenty four hours after the bite. They are most marked at the site of the fang marks and may form a ring around a defined area of darkened or pale numb skin (Warrell, 1999). Blisters may also extend up the bitten limb, discontinuously in the form of "skip" lesions. The earliest signs of tissue death or necrosis are the changes in colour and sensation, the appearance of blisters and a smell of rotting flesh. Areas of necrotic tissue and deeper tissues may slough off spontaneously (Warrell, 1999). Tissue loss may be massive, extending up the bitten limb, along the path of the lymphatics in the form of discrete "skip" lesions separated by areas of apparently normal skin. Complications can include secondary infection of dead tissue, sometimes with bacteria (Clostridia) causing tetanus or gas gangrene; this may require extensive surgical removal or even amputation (Warrell, 1999). Other complications include keloid formation; chronic ulceration with or without infection of the underlying bone and in worst cases can lead to cancerous changes later (Norris, 2003).

Vomiting is the earliest symptom of generalised envenoming in victims of bites by cobras whose venoms cause gangrene. Paralysis has not been convincingly demonstrated in patients bitten by African spitting cobras (Norris, 2003). There is absence of neurological symptoms and few fatalities. Anti-venoms are not effective, especially when there is a delay in treatment. Most fatalities occur particularly in infants and children due to shock and hypovolaemia caused by leakage of plasma out of blood vessels in the bitten limb resulting in swelling, shock and a severe depletion in blood volume. Venoms may also affect the heart directly (Norris, 2003).

An additional, unique form of toxicity that is found with Naja mossambica is acute ophthalmia, which occurs when venom is spit into the eyes. Naja mossambica can spit venom into a person's eyes from up to three metres away. Immediate and intense pain results, with blepharospasm, tearing, and blurring of vision (Norris, 2003). It is difficult

to open the eye, tears flow copiously, membranes around the eye become swollen and inflamed and the eyeball appears very red. Without treatment the lids swell, the membranes of the eye develop haemorrhages and keratitis and ulcerations of the cornea within twenty four hours, which is followed by blindness (Warrell, 1999). Systemic toxicity does not occur with eye exposure, but corneal ulcerations, uveitis, and permanent visual impairment or blindness has been reported in untreated cases (Norris, 2003).

2.2.2.8 In captivity

In captivity Naja mossambica can be very docile but also very fierce. Some specimens can be very docile animals for a long period of time and change without any given reason into furious snakes that will spit and strike without any given reason. Juveniles that were very calm snakes for over two to three years will suddenly change a day later into a snake that is aggressive in all ways. Naja mossambica is an active and curious snake that needs plenty of space to show a semi natural behaviour in captivity. When provided with plenty of space and rocks to climb they stay more docile than when placed in a small enclosure (Mastenbroek, 2002).

CHAPTER THREE

Methodology

3.1 Experimental Design

The homoeopathic proving of Naja mossambica 30CH took the form of a randomized double blind, placebo controlled trial.

Subjects were recruited from Durban and surrounds by means of adverts, pamphlets, and word of mouth to the general public as well as recruitment of homoeopathic students at the Durban Institute of Technology during Annual Registration (see Appendix F)

The prover population consisted of twenty subjects who met all the inclusion criteria (see 3.5.3). The provers consisted of first to fourth year homoeopathic students registered at the Durban Institute of Technology and laymen from the general public. Seventy Five percent (fifteen) of the prover population served as the experimental group and received the active verum in a randomized fashion. Twenty five percent (five) served as the control group and received placebo in a randomized fashion.

An independent technician, who was responsible for dispensing the powders, did so according to a randomization list drawn up by the supervisor; this ensured the blinding status of the proving. The verum and placebo were indiscernible from each other so that neither the researcher nor the provers knew who received the placebo or verum. Another measure to ensure blinding was that the provers were unaware of what the proving substance was and in which potency it was being proved.

Collection of data took the form of a journal, which was kept by each prover. The provers were required to record their symptoms on a daily basis for the duration of the trial. The provers were required to record their “normal” state in their journal on a daily

basis for one week prior to the administration of the proving substance; this was to establish a baseline and symptom picture for each individual prover, for comparison with symptoms noted after taking the proving substance (Sherr, 1994:60), (European Institute for Homeopathy, 2002:20), (Herscu, 2002:107), (Riley, 2003). This ensured that intra-individual control was achieved where provers served as their own controls. They were then required to continue to record their symptoms for the duration of the trial. Data collected from the case histories and physical examinations prior to the proving were also considered.

3.2 The Principle Investigators

Two Master's in Technology: Homoeopathy students, namely Lorna Smal and Liesel Taylor conducted the proving. Since two trials were run each researcher was responsible for a group of approximately fifteen provers. The proving supervisor was Dr. David Naudé.

3.3 Outline of the Experimental method

- Provers were recruited from the general public and homoeopathic students by means of an advert (Appendix F) as well as the “Proving Information Sheet” (Appendix B).
- An initial interview was scheduled with each recruited subject where each subject was required to fill in “Suitability for inclusion in the proving” questionnaire (Appendix A) to determine their suitability as participants.
- A thorough pre-proving case history and physical examination (Appendix D) was performed on each of the provers by the researchers.
- All aspects of the proving including what was required from each prover was explained to each of the provers whilst being interviewed and examined for the proving.

- Provers then signed an “Informed Consent Form” (Appendix C).
- Each prover received the following: A prover code, a list of instructions (Appendix B), a journal together with proving medication in the form of 6 powders.
- A starting date and convenient daily contact time for each prover was scheduled.
- The provers recorded the “normal” state in their journals on a daily basis for one week. This served as a pre-proving observation period to establish a baseline for each individual prover as well as an individual control for each prover, (Sherr, 1994:60), (Riley, 1996:7), (European Institute for Homoeopathy, 2002:20), (Herscu, 2002:107) and to evaluate provers for compliance (Riley, 1996:7).
- Each prover took the proving medication three times daily whilst continuing to note their symptoms in their journals.
- Daily telephonic contact was kept between the provers and the researchers for the first week of the proving (Sherr, 1994:61); so that symptoms could be described in detail while it was still fresh in the memory. The telephonic contact was then decreased to three times in the second week and then to twice a week and once a week thereafter.
- The prover stopped taking the remedy as soon as new symptoms were experienced by the prover or noticed by relatives and friends and the researcher.
- If after six doses taken, three times daily for two days, the prover experienced no symptoms the prover stopped taking the proving medication but continued recording their symptoms on a daily basis.
- The provers continued to record their symptoms until all proving symptoms disappeared.
- The proving was considered complete when after three weeks, no further symptoms and / or signs occurred.
- All the journals were then collected from each prover and a post proving consultation was scheduled.
- The proving was then un-blinded to the researchers in order to distinguish between the verum and placebo groups.

- Extraction and collation of the data was performed
- Statistical analysis was not required.
- The group meeting and discussion took place.
- The proving was written up into a materia medica and repertory format, compared to Naja tripudians in terms of the mental and dreams symptomatology and then published.

3.4 The proving substance

3.4.1 The potency

Hahnemann recommends in aphorism 128 of his “Organon of the Healing Art”, that the 30CH potency should be used for provings so too is it advised by Sherr (1994:27) that the 30CH produces the best mental and emotional symptoms. The European Institute for Homoeopathy (2002:10) recommendation is the 12CH and 30CH potencies, as well as the LM4 to LM6 potencies. Sherr (1994:56) suggests that it is up to the researching committee to decide what single potency or group of potencies they want to use.

The 30CH potency was therefore used in this proving to attain the best mental and generals remedy picture.

3.4.2 Collection, preparation and dispensing of the proving substance

The snake used in this proving was captured in its natural environment in Crestholme, Natal. An experienced Herpetologist in the area, namely, Byron Zimmerman, made the capture. The snake was an adult female, of approximately 1.5 metres long. The milking of the snake took place a day after it was captured. The snake appeared to be extremely provocative and spat readily when approached. Approximately 2ml of venom

was procured and sent as a fresh sample to Pharma Natura Pharmaceuticals to be prepared into the mother tincture and potencies.

The venom of Naja mossambica was transported personally by Lorna Smal from Hillcrest, Natal to Pharma Natura in Pretoria. The venom was transported in an insulated cooler bag. The mother tincture and potencies of Naja mossambica were prepared according to the *German Homoeopathic Pharmacopoeia*.

The mother tincture and potencies were manufactured according to method 2a and 2b respectively in the *German Homoeopathic Pharmacopoeia* (GHP), Fifth edition (1991) to the First Edition (1978).

The verum was dispensed in the form of powdered envelopes, each envelope containing 10 lactose granules (serving as the vehicle for the remedy), triple impregnated with Naja mossambica 30CH in 73% ethanol only, at 1% volume: volume according to method 4b in the *German Homoeopathic Pharmacopoeia* (GHP), Fifth supplement (1991) to the First Edition (1978). The dispensing of the verum and the placebo was done in such a manner that neither the researcher, nor the provers were able to discern the verum from the placebo. The placebo was dispensed in identical envelopes to that of the verum, the 10 lactose granules however were triple impregnated with 73% alcohol only, at 1% volume: volume.

3.4.3 The dosage and posology

One powder was dissolved sublingually, three times daily for two consecutive days, or until symptoms arise, but for no longer than two consecutive days (Sherr, 1994:53).

After the onset of symptoms, no further doses of the proving substance were taken. (Sherr, 1994:53).

Each dose was taken on an empty stomach and nil taken per mouth for half an hour before or after each dose.

3.5 Population criteria

3.5.1 Prover population

Sherr (1994:45) found that fifteen to twenty provers produces a complete proving picture and therefore it was decided to follow this procedure since most of the proving was based on Sherr's work with provings. In this proving, the prover population finally consisted of twenty provers who met all the inclusion criteria (see 3.5.3).

3.5.1.1 Experimental group

Seventy five percent of the prover population served as the experimental group and received active verum in a randomised fashion. There were thirteen active verum provers in the final analysis.

3.5.1.2 Placebo group

Twenty five percent of the prover population served as the control group and received placebo in a randomised fashion.

3.5.2 Randomization

Randomization was performed by the supervisor, Dr David Naudé and the researchers were unaware which provers received placebo and which received verum. A list was drawn up where two columns were drawn and the various prover codes were allocated verum or placebo randomly. This list was given to an independent party, a laboratory

technician who dispensed the proving substance according to the randomization list. This ensured that neither the provers nor the researchers knew who received placebo or active verum, thereby achieving the double blind status.

The active verum and placebo were indiscernible from each other to ensure that neither the researchers nor the provers knew who received verum or placebo.

Of the final thirteen provers who successfully completed the proving and received the verum, four were male and nine female. The age and sex distribution of the provers are presented in Appendix G.

3.5.3 Criteria for inclusion of a subject into the proving

The subjects:

- Were from the age of 18 to the age of 60.
- Were able to sign the informed consent form and if under 21 were able to get permission from their guardian.
- Were able to comply with the keeping of the journal in a competent manner (Riley, 1996:7), (Sherr, 1994:44).
- Were subjectively and objectively in a relatively good state of health (Sherr, 1994:43), according to the researcher (confirmed by a physical examination and case history of the individual subject) (Riley, 1996:7).
- Did not have any planned surgery or medical treatment for the duration of the proving or had any medical treatment or surgery two weeks to 6 months prior to the proving. (Riley, 1996:7).
- Maintained their normal lifestyle and usual daily routine as much as possible and had no major lifestyle changes planned during the proving. (E.g. Diet, divorce, moving home) (Riley, 1996:7)

- Practiced moderation in the consumption of stimulants for the duration of the proving (e.g. cigarettes, alcohol, tea and coffee) (Sherr, 1994:29).
- Were either homoeopathic students or laymen who understood basic homoeopathic principles.

3.5.4 Criteria for exclusion of a subject from the proving

The subjects:

- Received or required any ongoing medical treatment (e.g. Hormone replacement therapy, insulin) during the proving period. (Riley, 1996:7).
- Received or required any medical treatment (e.g. insulin, antibiotics), including surgery (e.g. dental surgery or any other) within 4 weeks prior to the start of the proving, or during the proving period (Riley, 1996:7).
- Used recreational drugs (Sherr, 1994:44).
- Used oral contraceptive pills, hormone replacement therapy during the last six months prior to the start of the proving (Riley, 1996:7) (Sherr, 1994:44).
- Were pregnant or lactating (Sherr, 1994:44), (Riley, 1996:7).
- Portrayed non-compliance during the pre-observation period prior to the commencement of the proving by not keeping an adequate journal. (Riley, 1996:7).

3.6 Monitoring the provers

It is recommended that close contact be maintained between the researcher and prover during the initial stages of the proving and as long as symptoms continue to appear (Sherr, 1994:58,93, ICCH, 1999). The researcher monitored each prover by daily telephonic contact. Regular daily contact was maintained the first week or until proving symptoms abated. The daily contact was then reduced to three times weekly for the second week, and then further reduced to two times weekly and once weekly for the

third and fourth week respectively, or until the proving was completed, or no proving symptoms were noted for three to four weeks. According to Wright (1999) this has a three-fold purpose:

- i) The researcher can ascertain when the substance begins to act so that the prover may be informed to stop taking the substance.
- ii) To ensure the prover does not neglect to record a symptom.
- iii) To ensure the safety of the provers by closely monitoring each prover for any reaction that needs to be antidoted with a remedy prescribed according to the totality of symptoms.

3.7 Group discussion

A post proving consultation was held with each prover. The consultation provided the opportunity for the researcher to clarify some of the symptoms the particular prover recorded. A group meeting and discussion was held after the proving was complete and all the journals had been collected. A group discussion provides the opportunity for provers to understand the proving better and discuss their own ideas and questions. The group discussion was useful in that certain symptoms were clarified, which enabled the researchers to confirm or reject any uncertain symptoms (Sherr, 1994:65).

3.8 Ethical considerations

The rights and welfare of the provers were protected:

- The Faculty of Health Sciences Ethics Committee of the Durban Institute of Technology approved the methodology prior to commencement of the proving.
- Informed consent was obtained (Appendix-C)
- The subject freely volunteered to participate in the proving.

- An information and instruction letter providing clear, simple instructions pertaining to the proving and explaining the proving methodology was given to each prover.
- The research involved no more than minimal risk to the prover.
- Confidentiality was maintained throughout and after the proving.
- Provers were not coerced into partaking in the proving.
- The subject was free to withdraw from the study at any stage.

3.9 Data collection

Collection data included the journal kept by the prover throughout the duration of the proving, in which they recorded their symptoms on a daily basis. This was in accordance to the instructions set out in the instruction and information letter (Appendix B) given to each prover at the commencement of the proving. The pre-proving physical examination and case history were also included and taken into account.

3.9.1 Extraction and evaluation of symptoms

The journals were collected at the end of the proving and the data was extracted and evaluated for conversion into materia medica and repertory format.

Data recorded by the researcher from telephone consultations during the proving was also considered. The pre-proving physical examination, case history and the pre-proving observation period was also considered and taken into account when evaluating the data received and were used as a baseline control for individual provers. After careful evaluation, symptoms were either confirmed or rejected according to the criteria set out below (see subsection 3.8.3)

3.9.2 Chronology

The format set out by Sherr (1994:73-74) was used to systematize the recorded and extracted symptoms chronologically. Provers were expected to note time elapsed since the commencement of the proving for each symptom.

- DD: HH:MM
- DD were the number of days since the start of the proving. Day 1 was recorded as day 00, Day 2 noted as day 01 and so on.
- HH were the number of hours
- MM were the number of minutes
- Each day a new page was started, marking the day and date clearly at the top of the page according to the appropriate day's code.
- After 24 hours the minutes were considered redundant and were represented by XX.
- After two days, hours were considered redundant and were represented by XX.
- Where time was insignificant or unclear, XX: XX: XX was used.
- The time of day was only considered and included if it was definite, significant or causal to the symptom.
- If symptoms occurred soon after each dose, the time elapsed since that dose was noted.

3.9.3 Criteria for including symptoms as proving symptoms

The following criteria were used as a whole rather than individually as suggested by Sherr (1994:70).

- If in serious doubt, leave it out. (Sherr, 1994:70)

- If the prover is under the influence of the remedy (as can be seen by a general appearance of symptoms), then all other new symptoms belong to the proving (Sherr, 1994:70).
- Any current or usual symptom for the prover was excluded unless it was markedly altered in which case it was included, with clear descriptions as to how it was markedly modified or changed (Sherr, 1994:70).
- Symptoms that have occurred in the prover's recent history (one year or less) were discarded (Sherr, 1994:70).
- Symptoms, which may have occurred naturally or spontaneously during the proving, 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 noted as a cured symptom. The character of such a symptom before the proving was thoroughly evaluated and clearly explained, with regards to function, location and sensation (Sherr, 1994:70).
- If a significant or peculiar symptom appeared in more than one prover, it was included as it served to validate the others with the same symptom. (Sherr, 1994:71)
- If a symptom portrayed a particular intensity and frequency on a regular basis it was included unless it was present prior to the proving. (Sherr, 1994:71)
- The symptom occurred soon after taking the proving substance (Riley, 1996:8)
- The symptom occurred over a period of several days (Riley, 1996:8)
- The symptom occurred in association with other symptoms (Riley, 1996:8)
- The symptom could be precisely explained and defined by the prover (Riley, 1996:8)
- Any clinically significant symptoms, which also occurred in the placebo group, were excluded.

3.10 Collating and editing the data

The proving symptoms from the journals were collected and combined into a coherent, logical and non-repetitive format (Sherr, 1994:67), to create a structured picture of the symptom-complex that Naja mossambica 30CH produced.

The data (text symptoms) was recorded and collated from each prover journal into chapters and subheadings. All the chapters and subheadings were merged into a logical, chronological and easily comprehensible form as used in the repertory. Similar or identical symptoms from different provers were grouped together but entered as separate, consecutive entries within the group, according to the following criteria, in order of importance (Sherr, 1994:77,78):

- The nature or meaning of the symptom(s).
- Individual prover code.
- The sequence of the development of the symptom(s).
- The chronology (time of appearance) of the symptom(s).

3.10.1 Toxicological data

An investigation into the toxicology of Naja mossambica was beyond the scope of this particular study, but was elaborated by Taylor (2004). Clinical findings were however added which could possibly serve to widen the scope of potential homoeopathic therapeutic use of Naja mossambica in the future.

3.11 Reporting the data

The edited data was recorded into two different standardised formats- the Materia Medica and the Repertory. This is to ensure that Naja mossambica may be used in a clinical homoeopathic practice and prescribed according to the Law of Similars.

3.11.1 The Repertory

The data collected from this proving was converted into rubric and sub-rubric language that conforms to the format as stated in the modern repertory: *SYNTHESIS:*

Repertorium Homoeopathicum Syntheticum (Schroyens, 1997). Each symptom was analysed and translated into a corresponding rubric or rubrics found in *SYNTHESIS: Repertorium Homoeopathicum Syntheticum* (Schroyens, 1997). Clear symptoms produced by Naja mossambica 30CH not found in existing rubrics necessitated the creation of new rubrics.

3.11.2 The Materia Medica

The collated and edited proving symptoms were written up into a Materia Medica format, conforming to the chapters of *SYNTHESIS: Repertorium Homoeopathicum Syntheticum* (Schroyens, 1997). Themes pertaining to common symptoms experienced by more than one prover were proposed in the mind and dream sections.

Proving symptoms were entered under the following main headings:

Mind	Vertigo
Head	Urine
Eye	Male Genitalia/sex
Vision	Female Genitalia/sex
Ear	Respiration

Nose

Mouth

Teeth

Throat

External throat

Stomach

Abdomen

Stool

Skin

Face

Chest

Back

Extremities

Sleep

Dreams

Rectum

Bladder

Generals

CHAPTER FOUR

The Results

4.1 Introduction

The results obtained from the collation and editing of symptoms extracted from the prover journals are discussed in this chapter. The results were converted into the two standard homoeopathic referencing formats namely the Materia Medica and Repertory (see subsections 3.11.1 and 2).

4.1.1 Key

The proving symptoms of Naja mossambica are grouped by materia medica section. The symptoms are referenced in the following format:

- Prover number – Gender – Day: Hours: Minutes
- * Denotes symptoms conveyed at post proving consultation.

4.2 The Materia Medica symptoms of Naja mossambica

4.2.1 MIND

Alertness

Alert and focussed

03F 00:15:46

Passed thin, small stools – mind alert and fully active again.

05 M 00:02:25

Feeling more lively after lunch (salad).

05 M 00:05:20

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

05 M 02: XX: XX

Concentration better for yoga meditation.

05 M 02: XX: XX

Clear thoughts, relaxed mind. Worse for crowds and social settings.

28 M 04: XX: XX

Very clear thoughts.

28 M 06: XX: XX

Mind much better and happier for activity.

28 M 08: XX: XX

Concentration excellent today, mental energy very good until about 3pm then mind got tired.

28 M 14: XX: XX

Concentration good again –mind clear and still.

28 M 15: XX: XX

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

36 F 01: XX: XX

Anti-social

Down to the beach – feeling rather anti social!

05 M 05: XX: XX

Clear thoughts, relaxed mind. Worse for crowds and social settings.

28 M 04: XX: XX

Fairly serious and reserved today.

28 M 12: XX: XX

I like being by myself.

29 F 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.

29 F 11: XX: XX

I just feel so disjointed today; I don't feel like being with anyone.

34 F 04:10:00

Not going to tech! I don't feel sociable or in the mood for lectures!

34 F 11:06:30

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

35 F 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.

35 F 02: XX: XX

Staying by myself in flat at the moment (still) although I prefer company normally.

35 F 05: XX: XX

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

35 F XX: XX: XX

Tired, irritated. Need space and quiet, want to get organised. Depressed and annoyed.

36 F 00: XX: XX

Tired, antisocial.

36 F 02: XX: XX

Irritable, antisocial, tired, bored.

36 F 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.

36 F 10: 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)

35 F XX: XX: XX

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

35 F 01: XX: XX

Anxiety

Worried about work that needs to be done.

01 M 07:12:30

Stressed about work still to be done.

01 M 14:06:00

Frustrated, tired, stressed.

01 M 14:23:00

Feel stressed for no particular reason.

02 M 11: XX: XX

Tired, restless, want time to hurry up- frustrated.

03 F 02:10:10

Indecisive and anxious.

28 M 12: XX: XX

Felt anxious at times during the day – tech had begun.

28 M 14: XX: XX

Friend seemed to be different, driving faster, nasty.

29 F 00: XX: XX

Difficult coping, everything seems too much.

29 F 01: XX: XX

I'm already dreading this week, can't stand being at tech.

34 F 07:06:00

Tense and worried about friend. Nervous.

36 F 06: XX: XX

Depressed, antisocial, stressed about money matters. Replaying events and getting upset.

36 F 09: XX: XX

Agitated and frustrated. Feel extremely tired and anxiety is coming back.

38 F 02:08:50

Anxious and frustrated.

38 F 02:12:30

Slight anxious feeling in the pit of my stomach.

38 F 03:10:15

Tense, frustrated, tearful. Family issues, work anxieties.

38 F 05: XX: XX

Quite anxious with work.

38 F 13: XX: XX

Overwhelmed with everything. Feel like I can't cope. Too much negativity in life.

38 F 13: XX: XX

Carefree

Feeling indifferent to everything.

03 F 05:06:45

Relaxed, not worried about test I haven't learnt for.

03 F 07:09:00

Unmotivated.

03 F 12:09:15

Went to shopping centre and library – not all there!! Can't take much seriously – feel lightly drunk.

05 M 00:06:10

Carefree attitude – high spirits but semi dazed.

05 M 00:13:00

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.

29 F 00: XX: XX

I don't care about things that normally bug me.

29 F 01: XX: XX

I don't feel like going to tech.

34 F 04:06:00

Feeling slow, need to do work but can't, the thought seems awful, want to relax, so yay,
I will!

35 F 04: XX: XX

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

35 F XX: XX: XX

Lazy and unmotivated.

36 F 06: XX: XX

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

38 F 05: XX: XX

Not stressing about work 'I'll do it tomorrow!'

38 F 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.

38 F 06: XX: XX

Sombre, neither sad nor joyously happy. Good mood though.

38 F 07: XX: XX

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

38 F 10: XX: XX

Company – desire

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

29 F 13: XX: XX

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

29 F 13: XX: XX

Sociable and confident.

36 F 01: XX: XX

Sociable.

36 F 03: XX: XX

More relaxed, tired, more focused, sociable.

36 F 04: XX: XX

Sociable and talkative.

36 F 10: XX: XX

Calm and relaxed, happy to see friends, sociable.

36 F 13: XX: XX

Concentration difficult

Can't concentrate.

01 M 16:22:00

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

03 F 03:11:30

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

03 F 05:21:30

Feeling distracted.

03 F 15:12:46

Lethargic, battling to focus on studying.

03 F 16:13:30

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

03 F 17:11:46

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

03 F 18:12:53

Fighting to study all day.

03 F 19:17:30

Super distracted, can't focus.

03 F 20:17:30

Almost have light-headed, stupid feeling – almost stoned feeling.

05 M 00:00:25

Usually alert, mind somewhat dull.

05 M 00:02:00

Feeling a bit light headed again – dazed.

05 M 00:04:25

Lack of concentration – slow movements.

05 M 00:04:40

Still a little dazed.

05 M 00:05:20

Demotivated.

05 M 00:05:33

Start to come right –concentration still hard though – rather relax!

05 M 00: 07:40

Light headed feeling again.

05 M 00:12:10

Light headed feeling again around temples.

05 M 00:15:00

Trying to read but lack of concentration – no motivation to continue.

05 M 01: XX: XX

Thick feeling in my head. Feel a bit dumb!

05 M 01: XX: XX

Gaining back concentration but still feel a little slow!

05 M 01: XX: XX

Still a bit of a thick head.

05 M 01: XX: XX

Feel a bit dazed.

05 M 01: XX: XX

Huge focus and attention required – headache type pain in right temple.

05 M 01: XX: XX

I kept getting words wrong in my sentences

29 F 00: XX: XX

Since this morning I have been slurring my words.

31 F 01: XX: XX

I feel stoned – 13:45

31 F 01: XX: XX

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

34 F 04:12:30

A bit light headed and airy.

35 F 01: XX: XX

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

35 F 01: XX: XX

Airy and spacey

35 F 01: XX: XX

Airy and spacey.

35 F 02: XX: XX

Feeling slow, need to do work but can't, the thought seems awful, want to relax, so yay,
I will!

35 F 04: XX: XX

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

35 F XX: XX: XX

Tired, can't concentrate.

36 F 00: XX: XX

Difficult concentrating.

36 F 02: XX: XX

Tired, distracted, can't concentrate.

36 F 03:XX: XX

Slow day mentally. Dreamy and indecisive.

36 F 07: XX: XX

Indecisive, unsure.

36 F 09: XX: XX

Thoughts in a jumble. Nervous, excited.

36 F 11: XX: XX

Cannot concentrate on lectures, am still on a cloud.

38 F 01:13:20

Depression

Felt like crying for no reason (lasted for 2 minutes).

03 F 02:15:50

Felt really sad about nothing when I woke up (lasted half an hour).

03 F 03:08:00

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).

29 F 00:20:00

Am feeling crap and miserable.

29 F 04:20:30

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.

29 F 10:22:10

Tired, unsure, miserable, crying.

29 F 11: XX: XX

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.

29 F 11:10:30

Feeling very emotional and depressed because of a dream.

29 F 12: XX: XX

Wish I could sleep for a week, don't want to wake up tomorrow.

29 F 12: XX: XX

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

29 F 13: XX: XX

Still feeling down.

29 F 14: XX: XX

Tired, heavy, down (not smiley)

35 F XX: XX: XX

Night - Feel withdrawn... Don't feel very happy, feel a bit out of it, tired, want to sleep.

(Not normally like this)

35 F 01: XX: XX

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

35 F 02: XX: XX

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

35 F 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.

35 F 02: XX: XX

Dull, feeling a little low but generally OK.

35 F 06: XX: XX

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

35 F XX: XX: XX

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

35 F XX: XX: XX

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

36 F 00: XX: XX

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

36 F 03: XX: XX

Tired and depressed.

36 F 04: XX: XX

Depressed, unsociable, feeling lazy.

36 F 11: XX: XX

Am feeling absolutely horrible, constant feeling that I want to cry. Don't know what to do with myself. Feeling extremely low. Clashing with a friend. Can't take anything. Very frustrated. Feel very alone and miserable.

38 F 03:19:30

Depression and Mania

Felt like crying for no reason (lasted for 2 minutes).

03 F 02:15:50

Felt really sad about nothing when I woke up (lasted half an hour).

03 F 03:08:00

Feeling quite happy.

03 F 03:10:57

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).

29 F 00:20:00

Acting very loud and silly, laughing and doing stupid things.

29 F 00: XX: XX

Am feeling crap and miserable.

29 F 04:20:30

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.

29 F 10:22:10

Tired, unsure, miserable, crying.

29 F 11: XX: XX

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.

29 F 11:10:30

Feeling very emotional and depressed because of a dream.

29 F 12: XX: XX

Wish I could sleep for a week, don't want to wake up tomorrow.

29 F 12: XX: XX

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

29 F 13: XX: XX

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

29 F 13: XX: XX

Still feeling down.

29 F 14: XX: XX

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

36 F 00: XX: XX

Optimistic, happy, have energy.

36 F 01: XX: XX

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

36 F 01: XX: XX

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

36 F 03: XX: XX

Tired and depressed.

36 F 04: XX: XX

Depressed, unsociable, feeling lazy.

36 F 11: XX: XX

Jovial, not as shy, more confident.

38 F 00:12:30

Giggly, saying things without thinking- probably embarrassed myself.

38 F 01: XX: XX

Feeling good, happy, quite excitable.

38 F 03:10:15

Am feeling absolutely horrible, constant feeling that I want to cry. Don't know what to do with myself. Feeling extremely low. Clashing with a friend. Can't take anything. Very frustrated. Feel very alone and miserable.

38 F 03:19:30

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

38 F 04: XX: XX

Dancing around, laughing and hugging everyone.

38 F 04: XX: XX

Excited, went out dancing. Good mood.

38 F 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.

38 F 06: XX: XX

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

38 F 10: XX: XX

Delusions – separate

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.

03 F 01:15:55

Separate feeling dissipated after eating food.

03 F 01:16:30

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

03 F 01:18:45

Still dizzy with head-swinging feeling. Not ameliorated by food.

03 F 01:20:09

Feeling as though head separated from body, made worse by driving.

03 F 02:15:50

Separated head feeling while driving home.

03 F 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.

29 F 01: XX: XX

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

35 F 02: XX: XX

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

35 F 01: XX: XX

Heightened emotions

Stupid things put me in a bad mood, become a hostile driver.

02 M 02: XX: XX

Violent, emotive thoughts preventing sleep. Can't clear my mind.

02 M 12: XX: XX

Felt really sad about nothing when I woke up (lasted half an hour).

03 F 03:08:00

Feeling quite happy.

03 F 03:10:57

Felt like crying for no reason (lasted for 2 minutes).

03 F 02:15:50

Emotions oscillated greatly today. Quite sensitive and emotional.

28 M 07: XX: XX

Unsettled emotions, battling to accept certain changes.

28 M 07: XX: XX

Disturbed, worried at times, contemplative at others, indecisive and anxious.

28 M 12: XX: XX

Getting nervous and sick about dissecting. Feeling weak and emotional.

29 F 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.

29 F 10:22:10

Feeling very emotional and depressed because of a dream.

29 F 12: XX: XX

Couldn't touch the body part in dissection, started crying.

29 F 12: XX: XX

Tired, unsure, miserable, crying.

29 F 11: XX: XX

Over reacting to things that would normally not phase me.

31 F 03: XX: XX

Had mood swings at work today. I would be upset and swearing, then angry and swearing then happy again.

31 F 02: XX: XX

Upset about receiving a fine. Crying, angry, depressed, not able to think straight.

36 F 08: XX: XX

Heightened emotions- joyous and happy, then low when I got home and my mom was feeling down.

38 F 00:21:07

Am feeling absolutely horrible, constant feeling that I want to cry. Don't know what to do with myself. Feeling extremely low. Clashing with a friend. Can't take anything. Very frustrated. Feel very alone and miserable.

38 F 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.

38 F 04: XX: XX

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

38 F 11: XX: XX

Mood swings (PMS?)

42 F 04: XX: XX

Irritability

Frustrated with work.

01 M 04:12:00

Short tempered. (Unusual symptom)

01 M 05:21:00

Irritable, bad mood (studying for an exam).

01 M 17:15:00

Stupid things put me in a bad mood, become a hostile driver.

02 M 02: XX: XX

Tired and irritable.

02 M 05: XX: XX

Short-lived bad mood, aggravated by humidity.

02 M 06: XX: XX

Bad mood, aggravated by heat.

02 M 10: XX: XX

Irritable over small things, getting a tension headache.

02 M 16: XX: XX

Getting irritable the more tired I get.

03 F 07:20:00

Feel frustrated, restless and at the same time like doing nothing.

03 F 13:11:30

Whilst driving – impatient.

05 M 01: XX: XX

I am fine but get easily irritated.

26 F 04: XX: XX

Around 6pm became a little agitated.

28 M 14 XX: XX

I was very abrupt and slightly rude.

29 F 00: XX: XX

Grumpy and irritable with those around me, snap quickly when someone says something that bugs me.

29 F 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.

29 F 11: XX: XX

Nothing much took place except that by 8pm I was irritated.

31 F 01:11:00

Had mood swings at work today. I would be upset and swearing, then angry and swearing then happy again.

31 F 02: XX: XX

Got irritated and in a bad mood at work, couldn't wait to finish.

31 F 02: XX: XX

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

31 F 02: XX: XX

Didn't get irritated today at all or hardly.

31 F 03: XX: XX

I'm tired and angry (lecture cancelled).

34 F 07:14:00

Crabby and irritated.

34 F 07: XX: XX

Feeling tired and moody- bad mood! I just want to go home.

34 F 10:14:00

I'm feeling so irritable- just with myself and my family, for no reason. Everything they do is irritating me.

34 F 11:16:00

Not feeling myself, irritable, frustrated and just want to go home and be by myself. (And I generally prefer company)

35 F 01: 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.

35 F 02: XX: XX

Was irritable in the morning, ...little things were irritating me, over reacting to things that would not normally phase me.

35 F 03: XX: XX

Tired, irritable, snappy, quick to jump to conclusions.

35 F 04: XX: XX

I felt more irritable and wanted to get frustration out.

35 F XX: XX: XX

Feel very irritable, get angry easily want to let out frustration physically.

35 F XX: XX: XX

Tired, irritated. Need space and quiet, want to get organised. Depressed and annoyed.

36 F 00: XX: XX

Irritated, frustrated- want to hit something/ someone.

36 F 04: XX: XX

Depressed and irritable, having a blue Monday.

36 F 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.

36 F 10: XX: XX

A bit irritable, bored.

38 F 09: XX: XX

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

38 F 11: XX: XX

Irritable and tearful.

42 F 04: XX: XX

Moody and better for nothing!

42 F 05: XX: XX

Severe pain in lower back making me more irritable and impatient.

42 F 05: XX: XX

Laziness

Lazy to study.

01 M 17:08:30

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

03 F 18:12:53

I feel lazy and sleepy, but not tired.

34 F 12:14:00

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

35 F XX: XX: XX

Lazy and unmotivated.

36 F 06: XX: XX

Depressed, unsociable, feeling lazy.

36 F 11: XX: XX

Mania

Bouts of hysterical laughter, feel as though I'm going a bit mad.

03 F 04:13:42

Uncharacteristic giggling fits this evening

03 F 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.

03 F 05:21:30

Feel jubilant after tests.

03 F 07:16:00

Feel somewhat mad!

05 M 00:05:40

Went to shopping centre and library – not all there!! Can't take much seriously – feel lightly drunk.

05 M 00:06:10

Carefree attitude – high spirits but semi dazed.

05 M 00:13:00

Acting very loud and silly, laughing and doing stupid things.

29 F 00: XX: XX

Giggly, saying things without thinking- probably embarrassed myself.

38 F 01: XX: XX

Feeling good, happy, quite excitable.

38 F 03:10:15

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

38 F 04: XX: XX

Dancing around, laughing and hugging everyone.

38 F 04: XX: XX

Excited, went out dancing. Good mood.

38 F 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.

38 F 06: XX: XX

Motivation and Enthusiasm

Energetic, in a good mood. Had the urge to wash and clean everything in sight.

01 M 01:9:30

Calm, relaxed, motivated to work.

01 M 02: XX: XX

Full of energy, good mood.

01 M 03:06:10

Energetic, can focus well on work.

01 M 03:13:25

Energetic, enthusiastic to work.

01 M 07:12:30

Trying to do too many things at once.

01 M 08:14:00

Motivated to get stuff done.

01 M 09:11:30

Motivated to study.

01 M 16:9:00

Alert and focussed

03 F 00:15:46

Good mood, feeling focused.

03 F 08:10:55

Can focus quite well.

03 F 13:17:30

At peace with the world, can motivate myself better than usual.

03 F 14:10:25

I feel great (after sleeping late).

34 F 05:10:00

I feel so good (after shopping with mum).

34 F 06:14:00

Mood improved after period started.

34 F 13:08:00

I feel well rested and energised.

34 F 13:18:00

Feeling good, ready to start the week. Concentrated better in class today.

34 F 15: XX: XX

Optimistic, able to concentrate, feel better about the future.

36 F 00: XX: XX

Feeling positive.

38 F 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.

39 F 01:09:55

Can concentrate now!

39 F 03:19:30

Paradoxical thoughts (2 trains of thought)

Very busy initially in morning but after quiet time, mind became clearer and more at ease.

28 M 05: XX: XX

Positive and contemplative today.

28 M 09: XX: XX

Frustrated at times, slightly worried, concerned thoughts better for contemplation.

28 M 10: XX: XX

Some feelings of tension during day – contemplative at night.

28 M 10: XX: XX

Disturbed and worried at times contemplative at others.

28 M 12: 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.

31 F 03: XX: XX

Feeling slow, need to do work but can't, the thought seems awful, want to relax, so yay, I will!

35 F 04: XX: XX

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

35 F XX: 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.

36 F 05: XX: XX

In two minds, want to see friend, but need to go away.

36 F 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.

38 F 08: XX: XX

Restlessness

Feel a bit hyperactive – lots to do this evening –time constraint.

05 M 00:11:50

Eating started off fast now very slow.

05 M 00:12:35

Stir-fry veg and mash – Ate quick!!

05 M 01: XX: XX

Busier thoughts around 8pm.

28 M 04: XX: XX

Felt busy and rushed.

35 F 02: XX: XX

Getting hot, bothered and rushed.

35 F 07: XX: XX

Spaced out

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

03 F 03:11:30

Feeling like my mind has been blown.

03 F 05:21:30

Head feels thick, felt surreal on waking.

03 F 11: XX: XX

Almost have light-headed, stupid feeling – almost stoned feeling.

05 M 00:00:25

Feeling a bit light headed again – dazed.

05 M 00:04:25

Still a little dazed.

05 M 00:05:20

Light headed feeling again.

05 M 00:12:10

Light headed feeling again around temples.

05 M 00:15:00

Feel a bit dazed.

05 M 01: XX: XX

I have felt a tiny bit spaced out / drowsy / slow during the day.

29 F 00: XX: XX

Feeling light headed and almost dreamy, like I wasn't focused on the conversation or my surroundings. Felt really tired.

29 F 01: XX: XX

I feel stoned – 13:45

31 F 01: XX: XX

A bit light headed and airy.

35 F 01: XX: XX

Airy and spacey.

35 F 02: XX: XX

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

35 F 01: XX: XX

Mellow and dreamy.

36 F 02: XX: XX

Tired, disorganised, wasting time, slow and dreamy.

36 F 03: XX: XX

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

36 F 05: XX: XX

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

36 F 10: XX: XX

Tiredness

Tired, good mood.

01 M 05:06:15

A bit tired, but can still concentrate.

01 M 06:14:50

Tired, bored.

01 M 07:18:00

Tired.

01 M 11:09:20

Feeling run down, fatigued, tired.

02 M 00: XX: XX

Dead tired.

02 M 01: XX: XX

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

03 F 00:12:12

Feel very tired.

03 F 01:07:50

Tired, almost falling asleep while studying.

03 F 04:13:42

Feeling worn out.

03 F 06:19:30

Head feels thick, felt surreal on waking.

03 F 11: XX: XX

Lethargic and unbalanced.

05 M 01: XX: XX

Lethargic, unbalanced and feeling very tired- lying down.

05 M 01: XX: XX

I have felt a tiny bit spaced out / drowsy / slow during the day.

29 F 00: XX: XX

Feeling light headed and almost dreamy, like I wasn't focused on the conversation or my surroundings. Felt really tired.

29 F 01: XX: XX

Feeling absolutely buggered, just want to sleep forever.

29 F 03:06:30

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

31 F 02: XX: XX

I feel sort of numb, like I'm too tired to do anything.

34 F 02:18:00

I'm really tired, going to bed early.

34 F 04:20:00

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

34 F 07:10:00

Feeling so tired.

34 F 10:18:00

Tired, irritable, snappy, quick to jump to conclusions.

35 F 04:XX: XX

Tired, heavy, down (not smiley)

35 F XX: XX: XX

Mellow and dreamy.

36 F 02: XX: XX

Tired, disorganised, wasting time, slow and dreamy.

36 F 03: XX: XX

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

36 F 05: XX: XX

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

36 F 10: XX: XX

Tense and tired.

36 F 13: XX: XX

Tired, lethargic, excited and indecisive.

36 F 11: XX: XX

Feeling tired and flushed.

38 F 00: XX: XX

Feel extremely tired.

38 F 02:08:50

Tired but happy.

38 F 07: XX: XX

Tired! Very sore body all over, very low about everything.

38 F 09: XX: XX

Very tired, but happy.

38 F 07: XX: XX

Very tired, very sore body all over, very low about everything, have a permanent lump in my throat.

38 F 09: XX: XX

Huge lump in my throat, feel very sensitive to what people say around me. Exhausted.

38 F 11: XX: XX

Tranquillity

Feel quite relaxed.

02 M 01: XX: XX

Calm, relaxed, comfortable.

02 M 05:11:00

Relaxed and positive.

03 F 09:15:00

At peace with the world, can motivate myself better than usual.

03 F 14:10:25

Relaxed and calm.

36 F 00: XX: XX

Relaxed and calm.

36 F 01: XX: XX

Dreamy, happy, calm and relaxed.

36 F 02: XX: XX

Do not feel stressed.

38 F 01:18:01

Have a bit more concentration, a bit more relaxed.

38 F 13: 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.

03 F 01:18:45

Still dizzy with head swinging feeling, not ameliorated by eating.

03 F 01:20:09

Light headed.

05 M 00:00:55

Feeling a bit light headed again – dazed.

05 M 00:04:25

Light headed feeling again around temples.

05 M 00:15:00

Light headed feeling again.

05 M 00:12:10

Feel a bit dazed.

05 M 01: XX: XX

Feel my balance is a bit out!

05 M 01: XX: XX

Lethargic and unbalanced.

05 M 01: XX: XX

-

Immediately after taking remedy one I had about 30 seconds of dizziness.

28 M 01: XX: XX

A bit light headed and airy.

35 F 01: XX: XX

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

35 F 01: XX: XX

Airy and spacey.

35 F 02: XX: XX

Loss of balance this morning. Want to fall over to the left side even when sitting.

Bumping into things.

36 F 02: XX: XX

4.2.3 HEAD

Pain

Headache, feeling very tired.

01 M 00:22:30

Headache, worse for watching T.V., worse for moving.

01 M 03:21:30

Headache, tired. Worse for light.

01 M 04:18:00

Headache with sore eyes.

01 M 11:12:00

Headache with sore eyes.

01 M 13: XX: XX

Slight throbbing on the sides of my head.

02 M 01: XX: XX

Headache, not better for eating. Only ameliorated by sleep.

03 F 05:13:30

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.

03 F 09:8:00

Slight headache on waking. Sensation of squeezing all around the head.

03 F 12: XX: XX

Slight dull ache at front of head, at top of nose. Improved on getting out of bed.

03 F 13: XX: XX

Slight headache, dull pain in sinuses on and off all day.

03 F 20: XX: XX

Slight headache feeling in left temple.

05 M 00:04:40

Tension in left temple worse when chewing hard.

05 M 00:05:20

Persistent discomfort in left hemisphere of head.

05 M 00:05:33

Discomfort in head (left hemisphere) more severe when required to concentrate.

05 M 00:05:40

Huge focus and attention required resulted in headache style pain in right temple.

05 M 01: XX: XX

Headache moving all around the head – sharp pains – better for pressure and massage.

05 M 01: XX: XX

Still minor headache feeling when required to concentrate.

05 M 01: XX: XX

Still mild headache type feeling whilst driving.

05 M 01: XX: XX

Felt a little headachy after ¼ km hard swim.

05 M 06: XX: XX

Uncomfortable pounding tension in neck. Headache associated with it.

28 M 10: XX: XX

Dull distant ache in head. In left temple.

29 F 00: XX: XX

Slight, quick, sharp pain on left side of head.

29 F 00:12:40

Slight pain in frontal area from temple to temple. Feels sharp and dull at the same time.

29 F 01:02:20

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).

29 F 04: XX: XX

1:05pm have a headache on my left temple; it's a sharp shooting pain onto my brain – feels like it.

31 F 01:04:05

I have a headache at the back of my head and it 's just an ongoing pain.

31 F 06: XX: XX

Head throbbing to the right and centre of the front of my head. Aggravated by heat.

34 F 00:15: XX

The top of my head aches.

34 F 03:16:30

Head is sore in front over my eyes.

34 F 07:20: XX

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.

36 F 00: XX: XX

Slight headache behind the eyes.

36 F 01: XX: XX

Stuffy headache in frontal area.

36 F 02: XX: XX

Left TMJ sore, affecting the left ear.

Slight headache related to sinuses.

36 F 03: XX: XX

A little headache that comes and goes.

36 F 05: XX: XX

Headache, especially between eyes.

36 F 08: XX: XX

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

36 F 10: XX: XX

Slight headache behind the eyes, with a very oily and pimply face.

36 F 10: XX: XX

Woke with a stuffy headache, worse on moving the eyes.

36 F 11: XX: XX

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

36 F 11: XX: XX

Severe headache.

36 F 13: XX: XX

Slight headache.

38 F 00:21:07

Headache in temples and neck, mainly on right hand side, eases slightly with pressure.

38 F 04: XX: XX

Huge headache from temples to parietal areas (almost like liquid between skin and bone).

38 F 09: XX: XX

Slight headache over left temple due to swollen red left eye.

42 F 04: XX: XX

Headache better for sitting still.

Worse for bending over.

42 F 04: XX: XX

Headache over left temple. Worse for bending over, lying down.

42 F 05: XX: XX

Congestion

Head feels cloudy, could just be tired.

02 M 02: XX: XX

Head feels extra heavy.

03 F 22:11:54

Head feels blocked. Not painful. Uncomfortable.

29 F 02: XX: XX

Head felt a bit heavy.

35 F 03: XX: XX

Head feels heavy and stuffy.

36 F 02: XX: XX

Head feels heavy.

36 F 11: XX: XX

Itching

Scalp itchy from heat.

36 F 04: XX: XX

Light headed

Light headed.

05 M 00:00:55

Light headed feeling again.

05 M 00:12:10

Light headed feeling again around temples.

05 M 00:15: XX

Hot

Hot headed.

05 M 00:15:10

Head disproportionately swollen (left side face, left eye and ear) and hot. Constant throbbing.

42 F 05: XX: XX

4.2.4 EYE

Pain

Eyes a bit sore.

01 M 08:14:00

Eyes sore.

01 M 11: XX: XX

Eyes sore.

01 M 13: XX: XX

Eyes hurt from driving, oversensitive.

02 M 07: XX: XX

Sore and scratchy.

03 F 04:09:25

Sore and scratchy, light sensitive while driving.

03 F 05: XX: XX

Eyes were very sensitive today and sore. This has been a recent symptom; it was a very hot day today...

28 M 01: XX: XX

Eyes still sore, red and sensitive but less so today – it was cloudy and raining so less bright.

28 M 02: XX: XX

Eyes burning, worse for sun and heat.

34 F 01:21:00

Eyes are tired and sore, burning like sandpaper.

36 F 05: XX: XX

Sore and red. Puffy.

36 F 08: XX: XX

Sore eyes, worse for wearing glasses.

36 F 10: XX: XX

Tired

Tired eyes.

01 M 16:22:00

Eyes are tired and sore, burning like sandpaper.

36 F 05: XX: XX

Tired and scratchy.

36 F 11: XX: XX

Eyes very dry, very tired.

38 F 01: XX: XX

Twitching

Twitching eyelid.

02 M 03: XX: XX

Staring

Find myself staring.

05 M 00:04:40

Red

Eyes puffy and red.

05 M 01: XX: XX

Eyes still sore, red and sensitive but less so today – it was cloudy and raining so less bright.

28 M 02: XX: XX

Eyes a little sensitive and red.

28 M 03: XX: XX

Eyes became red and watery after sneezing.

34 F 03:18:00

Sore and red. Puffy.

36 F 08: 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.

42 F 05: XX: XX

Left eye whites look like raw meat, red and swollen.

42 F 05: XX: XX

Swollen

Sore and red. Puffy.

36 F 08: 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.

42 F 05: XX: XX

Left eye whites look like raw meat, red and swollen.

42 F 05: XX: XX

Left eye swollen shut where both eyelids overlapped due to swelling.

42 F 05: XX: XX

Left eye swollen and yellowish pus secretions from eye.

42 F 05: XX: XX

Heat sensitive

Eyes were very sensitive today and sore. This has been a recent symptom; it was a very hot day today...

28 M 01: XX: XX

Eyes burning, worse for sun and heat.

34 F 01:21:00

Light sensitive

Sore and scratchy, light sensitive while driving.

03 F 05: XX: XX

Eyes sensitive to light at around 8pm.

28 M 06: XX: XX

Eyes more sensitive than normal, eyes can be sensitive to light but more than usual.

35 F 01: XX: XX

Eyes a little sensitive (to light?)

35 F 01: XX: XX

Left eye worse for bending, light, lying down. Better for cold water.

42 F 05: XX: XX

Conjunctivitis in left eye. Worse for light and wind.

Better for cold and washing.

42 F 05: XX: XX

Agglutination

Couldn't wake up this morning, eyes felt like they were stuck together.

34 F 12:06:00

Conjunctivitis

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!

42 F 05: XX: XX

Conjunctivitis in left eye. Worse for light and wind.

Better for cold and washing.

42 F 05: XX: XX

Rash on left inner thigh and swollen left ear at same time as conjunctivitis in left eye!

42 F 05: XX: XX

Left eye infection spreading to right eye.

42 F 05: XX: XX

Scratchy

Sore and scratchy.

03 F 04:09:25

Sore and scratchy, light sensitive while driving.

03 F 05: XX: XX

Tired and scratchy.

36 F 11: XX: XX

Left eye terribly itchy and scratchy like I have something in eye.

42 F 05: XX: XX

Itchiness

Left eye terribly itchy and scratchy like I have something in eye.

42 F 05: XX: XX

4.2.5 VISION

Light sensitive

Extra light sensitive when driving home.

03 F 04: XX: XX

Eyes light sensitive while driving.

03 F 05: XX: XX

Hazy sight. 8pm sensitive to light.

28 M 06: XX: XX

Blurred

Hazy sight. 8pm sensitive to light.

28 M 06: XX: XX

Eyes going slightly blurry, as if there was sleep covering the pupil and I had to blink it away (all through the day).

29 F 13: XX: XX

Vision obscured by swelling in eyelids overlapping eye.

42 F 05: XX: XX

Difficulty focussing

Difficult focussing, tired and heavy.

36 F 00: XX: XX

Difficult to focus, eyes are tired.

36 F 01: XX: XX

Can't focus, tired.

36 F 02: XX: XX

Can't focus, tired.

36 F 03: XX: XX

Tired, can't focus.

36 F 04: XX: XX

Tired, can't focus.

36 F 05: XX: XX

Tired, struggling to focus.

36 F 08: XX: XX

Battling to focus, a bit sore.

36 F 09: XX: XX

Battling to focus.

36 F 10: XX: XX

Tired, can't focus.

36 F 10: XX: XX

4.2.6 EAR

Itchiness

Ears feel itchy inside.

01 M 12:13:00

Pain

Earache in left ear.

02 M 10: XX: XX

Congestion

Feeling a little full sensation like wax in them.

35 F 11: XX: XX

Swollen

Left ear swollen, from swollen and infected left eye.

42 F 04: XX: XX

4.2.7 NOSE

Pain

Sharp pain in left nostril.

36 F 00: XX: XX

Completely blocked, painful.

36 F 05: XX: XX

Rhinitis

A little bit runny.

03 F 04:09:25

Nose won't stop running. Worse for activity and being busy, better for sitting or lying still.

29 F 02:12:00

Nose runny and itchy (like just before sneezing).

34 F 03:12:30

Congestion

Woke up with a slightly stuffy nose. After blowing –fine for the rest of the day.

28 M 03: XX: XX

Nose a little blocked.

35 F 10: XX: XX

Nose sensitive, sneezing, slightly blocked.

36 F 01: XX: XX

Completely blocked, painful.

36 F 05: XX: XX

Sneezing

Sneezing attack for 5 minutes.

34 F 03:18:00

Sneezing frenzy from dust.

34 F 06:14:00

Nose sensitive, sneezing, slightly blocked.

36 F 01: XX: XX

Itching

Nose runny and itchy (like just before sneezing).

34 F 03:12:30

Nose slightly itchy inside, like just before you sneeze.

34 F 00:06:00

Nose was slightly itchy.

35 F 02: XX: XX

4.2.8 FACE

Clear complexion

Skin clear for a change, no real pimples.

01 M 01:19:20

Eruptions

Extra pimples on face.

02 M 04: XX: XX

Acne on face worse.

02 M 13: XX: XX

Developing pimples – tiny ones that itch slightly on neck, legs and face.

26 F 03: XX: XX

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

29 F 14: XX: XX

Having a 'break out' on my face.

36 F 02: XX: XX

Painful pimple on forehead.

36 F 06: XX: XX

Break out of pimples along jaw line and neck, accompanied by a stuffy headache.

36 F 10: XX: XX

Oily

Face and shoulders more oily.

02 M 20: XX: XX

Dark rings

Dark circles under my eyes are even more pronounced than usual.

34 F 01:13:00

Swollen

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

42 F 04: XX: XX

4.2.9 MOUTH

Dryness

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

29 F 00: XX: XX

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

34 F 00:09:00

Mouth dry better for water.

35 F 13: XX: XX

Mouth and tongue stiff and dry.

36 F 01: XX: XX

Pain

Definitely an increase of sores/ blisters inside my lips. New blister on the inside of my top lip on the right.

29 F 01: XX: XX

Gum at the top right and back of mouth sore.

29 F 06: XX: XX

Top right gum sore, worse for pressure.

29 F 07: XX: XX

Blisters

Definitely an increase of sores/ blisters inside my lips. New blister on the inside of my top lip on the right.

29 F 01: XX: XX

Huge blister inside mouth.

29 F 06: XX: XX

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

29 F 00: XX: XX

Discoloured tongue

Tongue was little whitish.

35 F 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.

35 F 13: XX: XX

Loss of sensation

Slight loss of sensation in gums.

36 F 01: XX: XX

Salivation

Salivating a lot.

38 F 00:12:30

Sour taste

Sour taste in mouth.

38 F 00:12:30

4.2.10 THROAT

Thick

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

03 F 08:10:55

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

03 F 20: XX: XX

Throat thick on swallowing.

03 F 21:11:30

Permanent lump in my throat.

38 F 09: XX: XX

Huge lump in throat.

38 F 11: XX: XX

Constricted and tight

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)

35 F 06: XX: XX

Throat feels tight.

36 F 00: XX: XX

Throat feels tight.

38 F 13:12:30

Dry

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.

42 F 05: XX: XX

Dry and burning throat with backache.

42 F 05: XX: XX

Burning

Hot shower - Feels almost heartburn sensation coming up oesophagus.

05 M 00:11:50

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.

42 F 05: XX: XX

Dry and burning throat with backache.

42 F 05: XX: XX

Metallic taste

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

03 F 08:10:55

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

03 F 20: XX: XX

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

03 F 09: XX: XX

Scratchy

Slight cough, tickling at the back of my throat.

02 M 07: XX: XX

Very scratchy throat.

05 M 02: XX: XX

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

03 F 20: XX: XX

Pain

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

28 M 02: XX: XX

Sore throat better for drinking cool drinks.

35 F 02: XX: XX

Throat a little sore better for food and drink and goes away when I exercise.

35 F 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)

35 F 06: XX: XX

Persistent sore throat – can't get rid of it!

35 F 08: XX: XX

Throat much better – stresses resolved and throat is improving!

35 F 10: XX: XX

Throat mildly sore

35 F 13: XX: XX

Throat is sore.

36 F 06: XX: XX

Feels like the start of a sore throat.

38 F 12: XX: XX

Irritated throat.

38 F 13: XX: XX

Red

Throat still a little red.

35 F 12: XX: XX

4.2.11 EXTERNAL THROAT

Eruptions

Developing pimples – tiny ones that itch slightly on neck, legs and face.

26 F 03: XX: XX

Pain and tension

On right side, knob-like knot that caused irregular discomfort or throbbing pain but mildly so.

28 M 09: XX: XX

Knot still on right side of neck. Uncomfortable pounding tension in neck. Headache associated with it.

28 M 10: XX: XX

Tension decreased and by end of day the knot had released.

28 M 11: XX: XX

Left side of neck really painful. Better for pressure.

29 F 09: XX: XX

4.2.12 STOMACH

Not hungry

Not hungry, though I haven't had lunch.

01 M 01:13:35

Not hungry.

01 M 02:15:00

Lack of appetite.

02 M 11: XX: XX

Oat shake although don't feel that hungry.

05 M 00:08:40

Stomach feels full – stuffed.

05 M 01: XX: XX

Not hungry but felt thirsty throughout the day.

26 F 03: XX: XX

Slightly decreased appetite today and decreased in afternoon.

28 M 11: XX: XX

Didn't really feel like eating food today.

29 F 00: XX: XX

The look of food is making me feel sick.

31 F 03: XX: XX

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

31 F 04: XX: XX

I lost my thirst and hunger.

31 F 08: XX: XX

Have not been hungry since Saturday night (day 08)

31 F 09: XX: XX

Tummy a little sore, don't feel like eating too much but I am thirsty.

35 F 01: XX: XX

Stomach was a little sore, did not want too much food. Felt full after eating just a little.

35 F 02: XX: XX

Appetite decreased and thirst decreased.

35 F 09: XX: XX

Hungry

Hungry.

01 M 04:12:00

Hungry.

01 M 08:14:00

Tired and hungry.

01 M 14:13:40

Starvingly hungry.

02 M 04: XX: XX

Extra hungry on waking.

02 M 20: XX: XX

Hollow, hungry feeling in stomach.

05 M 01: XX: XX

Stomach feels very empty.

05 M 01: XX: XX

Appetite very good, strong.

28 M 04: XX: XX

Good appetite throughout day.

28 M 08: XX: XX

Craving for big meal about 6pm. Good appetite.

28 M 09: XX: XX

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

29 F 03: XX: XX

Very hungry (unusual).

29 F 04:09:40

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

31 F 04: XX: XX

Haven't been thirsty at all today, been a bit hungry for a very light snack but nothing very big.

31 F 02: XX: XX

Hungry, but after a shock felt like vomiting.

36 F 08: XX: XX

Hungry, but food is tasteless.

36 F 09: XX: XX

Still hungry even after meal.

36 F 01: XX: XX

Pain

Stomach hurts a bit.

01 M 15:20:00

Mild stomach ache.

02 M 11: XX: XX

Small tummy ache, bubbly sensation, lasted 5 seconds.

26 F 01:27: XX

Stomach cramping after nap. Sharp needle-like pain.

34 F 08:18:00

Tummy a little sore, don't feel like eating too much but I am thirsty.

35 F 01: XX: XX

Tummy was sore. Had a bit more gas than usual.

35 F 02: XX: XX

Stomach was a little sore, did not want too much food. Felt full after eating just a little.

35 F 02: XX: XX

Stomach still a little sensitive.

35 F 03: XX: XX

Cramping

Slight cramping feeling still present in stomach but not moving any more –worse for lying down.

05 M 00:00:10

Slight cramping in stomach.

05 M 00:12:10

Stomach cramp as if I have wind.

29 F 04: XX: XX

Stomach unsettled, it's cramping, I feel ill, just want to lie down and sleep.

29 F 02:12:33

Came home early today I feel extremely sick and hot... have very bad stomach cramps.

31 F 05: XX: XX

Stomach cramping after nap. Sharp needle-like pain.

34 F 08:18:00

Stomach cramping after nap.

34 F 09:18:00

Nausea and discomfort

Mild flu symptoms with slightly upset stomach.

02 M 00: XX: XX

Upset stomach after alcohol.

02 M 10: XX: XX

Stomach discomfort continuing.

05 M 00:13:00

Stomach discomfort worse for slouching.

05 M 00:14:10

Stomach a little uncomfortable in certain positions – like lying on side, twisted or lying on stomach.

05 M 01: XX: XX

Stomach discomfort worsening with lying in bed on back.

05 M 01: XX: XX

Stomach still uncomfortable while eating.

05 M 00:12:15

Eating started off fast now very slow. Still discomfort in stomach.

05 M 00:12:35

Stomach discomfort better for food.

05 M 00:12:40

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

29 F 06: XX: XX

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

29 F 00: XX: XX

After taking the remedy this morning I felt nauseous and now after the second remedy I feel nauseous again.

31 F 01:00:00

6:00am woke up – feel a bit sick – nauseous

31 F 02:21:00

Came home early today I feel extremely sick and hot... have very bad stomach cramps.

31 F 05: 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.

31 F 06: XX: XX

Flatulence

Stomach little uncomfortable – flatulence.

05 M 00:05:20

Stomach cramp as if I have wind.

29 F 04: XX: XX

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

29 F 06: XX: XX

Tummy was sore. Had a bit more gas than usual.

35 F 02: XX: XX

Thirst

I get thirsty very often.

26 F XX: XX: XX

Had desire to drink more water – first time in 2 weeks or so.

28 M 08: XX: XX

Desire for water.

28 M 12: XX: XX

Desire for water

28 M 14 XX: XX

Haven't been thirsty at all today, been a bit hungry for a very light snack but nothing very big.

31 F 02: XX: XX

Still not as thirsty as used to be.

31 F 04: XX: XX

Got very thirsty all of a sudden today!!! Thirst is back!

31 F 05: XX: XX

I lost my thirst and hunger.

31 F 08: XX: XX

Tummy a little sore, don't feel like eating too much but I am thirsty.

35 F 01: XX: XX

Appetite decreased and thirst decreased.

35 F 09: XX: XX

Extremely thirsty for cold water/ cold fizzy drinks.

36 F 07: XX: XX

Thirsty for cold water.

36 F 09: XX: XX

Feeling very thirsty.

38 F 00:11:45

4.2.13 ABDOMEN

Flatulence

Woke up gassy.

02 M 08: XX: XX

Bloated.

02 M 08: XX: XX

Extreme cramps followed by wind.

29 F 01:22:00

Cramping

Area around belly button – first slightly above then slightly below – mild slight cramping.

05 M 00:00:05

Extreme cramps followed by wind.

29 F 01:22:00

Severe cramps for a few moments in intestines.

36 F 03: XX: XX

Extremely painful stomach cramps and diarrhoea.

36 F 13: XX: XX

Pain

Almost feels like diarrhoea pain in abdomen.

05 M 00:02:25

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

26 F 04: XX: XX

Lower abdomen painful – almost uterine area _ not anywhere near my period time.

35 F 06: XX: XX

Extremely painful stomach cramps and diarrhoea.

36 F 13: XX: XX

4.2.14 STOOL

Diarrhoea

Mild diarrhoea.

01 M 17:21:00

Passed thin small stools.

05 M 00:02:25

Large bowel movement.

05 M 00:16:00

Passed stool first thing in the morning. Passed stool again at 13:10 (usually go every 2 days).

29 F 02: XX: XX

Extremely bad diarrhoea, think that I may have food poisoning.

38 F 10: XX: XX

4.2.15 BLADDER

Pain in upper bladder region. Frequent urination.

36 F 01: XX: XX

4.2.16 URINE

Urine dark, acidic.

28 M 04: XX: XX

Urine still dark less acidic.

28 M 05: XX: XX

Urine clearer at times and darker at other times.

28 M 08: XX: XX

Surprised –clear and regular.

28 M 09: XX: XX

Urine clear in morning darker later in day.

28 M 13: XX: XX

4.2.17 MALE GENITALIA/SEX

Sex – penis a little sore afterwards.

05 M 02: XX: XX

4.2.18 FEMALE GENITALIA/SEX

Discharge

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.

29 F 02: XX: XX

Blood and brown discharge.

29 F 03: XX: XX

I still haven't come on yet, just thick black discharge.

29 F 04:06:19

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.

29 F 10: XX: XX

Menses

Period flow scanty, no bleeding at night.

29 F 06: XX: XX

Period scanty, slow to start. Less painful than usual.

36 F 11: XX: XX

Period heavy, no pain.

36 F 12: XX: XX

Pain

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.

29 F 02: XX: XX

Sharp pain in right fallopian tube.

29 F 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.

29 F 10: XX: XX

Right ovary/ fallopian tube painful on urination and passing stool.

29 F 11: XX: XX

Period scanty, slow to start. Less painful than usual.

36 F 11: XX: XX

Period heavy, no pain.

36 F 12: XX: XX

4.2.19 RESPIRATION

Difficulty breathing

Faster than normal breathing rate.

05 M 00:04:40

Short breaths.

05 M 00:04:40

Difficult breathing in stuffy, crowded places.

36 F 01: XX: XX

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.

38 F 13:12:30

4.2.20 CHEST

Pain

Mild sensation of discomfort and cramping near heart. Worse when slouched.

05 M 00:12:05

Had sharp chest pain, mostly around periphery of chest cavity. Lasted less than 30 seconds.

26 F 02: XX: XX

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).

29 F 02: XX: XX

Two sharp brief pains under breasts after laughing.

29 F 07: XX: XX

Eruptions

Slight rash /pimples between the breasts (sternum) and on the ankle.

26 F XX: XX: XX

Water blister on chest near neck.

29 F 11: XX: XX

4.2.21 BACK

Tension

Back feels stiff.

01 M 13:21:00

Woke up with tension in the muscles of upper back and neck.

28 M 05: XX: XX

Uncomfortable tension in upper back and neck around 7pm.

28 M 06: XX: XX

Neck and back –knot still there on right side. Uncomfortable pounding tension in neck.

Headache associated with this.

28 M 10: XX: XX

Tension decreased and by the end of today the knot released.

28 M 11: XX: XX

Back muscles tense.

36 F 06: XX: XX

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

29 F 01: XX: XX

Pain

Feel like I'm getting sick, back aches.

01 M 01: XX: XX

One or two knots in neck, slight pain or discomfort in neck.

28 M 08: XX: XX

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

29 F 01: XX: XX

Aching lower back.

34 F 10:18:00

Lower back slightly sore.

35 F 10: XX: XX

Shoulder muscles aching, lower back tired.

36 F 00: XX: XX

Severe pain in lower back, pain radiating coccyx to lower lumbar region

42 F 05: XX: XX

Severe lower back ache worse for bending and sitting.

42 F 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!

42 F 05: XX: XX

Deep ache in bones, almost a cold pain.

42 F 05: XX: XX

Eruptions

Bad acne on shoulders.

01 M 12: XX: XX

4.2.22 EXTREMITIES

Cold

Feet are cold.

01 M 01:19:20

Feet are cold.

01 M 02: XX: XX

Muscle cramping

Cramp in left thumb for 1 minute. Better for stretching.

02 M 06: XX: XX

Cramp in foot. Better for stretching.

02 M 08: XX: XX

Cramp in left foot, better for stretching.

02 M 09: XX: XX

Muscle weakness

Legs and both hands feeling extremely weak, like I can't move them or are exhausted.

29 F 00: XX: XX

Pins and needles

Tingling pins and needles sensation in fingertips of left hand. The sensation increases with pressure and movement of fingertips.

03 F 00:15:46

Muscle twitches

Muscle twitches- thumb, upper arm, thigh (over the past few days).

29 F 04: XX: XX

Muscle twitch in thumb.

29 F 05: XX: XX

Fingertips starting to peel. Worse on the right. Left upper thigh twitch.

29 F 07: XX: XX

Muscle twitch in left shoulder/ upper arm.

29 F 09:XX: XX

Pain

Arms feel stiff.

01 M 13:21:00

Bumped left small toe, very painful.

01 M 15:15:00

Left axillary lymph nodes painful.

03 F 06: XX: XX

Left knee/ ankle got a pain in it, may be from walking.

29 F 00: XX: XX

Hands sweaty. Left axillary lymph nodes painful and swollen (After taking the 2nd dose).
Pain left after about two hours.

36 F 00: XX: XX

Painful, swollen left axillary lymph nodes (half an hour after the 3rd dose).

36 F 00: XX: XX

Lymph nodes in left axilla painful and swollen.

36 F 01: XX: XX

Eruptions

Heat rash on arms, chest, back and shoulders.

02 M 09: XX: XX

Developing pimples – tiny ones that itch slightly on neck, legs and face.

26 F 03: XX: XX

Slight rash /pimples between the breasts (sternum) and on the ankle.

26 F XX: XX: XX

Rash on left inner thigh and buttock. Fine rash like German measles – little red dots.

42 F 04: XX: XX

Peeling skin

Skin peeling off around cuticles.

02 M 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.

29 F 01: XX: XX

Skin peeling on both palms. Very unusual. Cuticles peeling around nails.

29 F 04: XX: XX

Fingertips starting to peel. Worse on the right. Left upper thigh twitch.

29 F 07: XX: XX

Most fingertips are peeling.

29 F 10: XX: XX

Itching

Itchy skin on legs.

38 F 13: XX: XX

4.2.23 SLEEP

Restless

Sleep restless.

02 M 01: XX: XX

Sleep restless.

02 M 10: XX: XX

Sleep restless.

02 M 18: XX: XX

Restless night.

28 M 04: XX: XX

Interrupted sleep – slept deeply though.

28 M 06: XX: XX

Slept fine woke up to have a drink in night – a bit restless in morning before wake up.

35 F 07: XX: XX

Sleep was restless, tossed and turned to get comfortable.

35 F 08: XX: XX

Disrupted sleep – couldn't sleep on stomach like usual.

42 F 04: XX: XX

Tired

Slept a lot, woke up tired.

02 M 02: XX: XX

Lethargic, unbalanced and feeling very tired- lying down.

05 M 01: XX: XX

Woke up a little tired. Tired from 8pm onwards (tired versus good energy)

28 M 07: XX: XX

Slept well but woke up tired.

28 M 12: XX: XX

Woke up feeling tired.

34 F 02:06:00

Too tired to do anything, but unable to go to sleep.

34 F 02:18:00

Not tired in the evening even though I am tired.

35 F 03: XX: XX

Tired and slept well.

35 F 05: XX: XX

Sleepiness

Feeling extremely sleepy, as if my eyes could just close.

29 F 00:12:10

Extremely sleepy.

34 F 02:10:00

Fell asleep quickly during meditation after yoga (unusual).

38 F 00:21:07

Waking anomalies

After a nap this afternoon I battled to wake up, this is unusual because I can't usually sleep during the day.

03 F 05: XX: XX

Couldn't wake up this morning.

34 F 07:06:00

Irritable and frustrated on waking.

38 F 11: XX: XX

Most mornings I wake up with a literal jump and gasp for air, like with a fright.

38 F 12: XX: XX

Insomnia

Some insomnia during night.

05 M 02: XX: XX

Too tired to do anything, but unable to go to sleep.

34 F 02:18:00

Deep sleep

Sleep very deeply.

28 M 08: XX: XX

Sleep peacefully.

28 M 09: XX: XX

Slept well.

28 M 10: XX: XX

Slept well but woke up tired.

28 M 12: XX: XX

Slept well. Fairly deep sleep.

28 M 13: XX: XX

Slept well but woke up tired.

28 M 14XX: XX

Restful sleep – woke up feeling refreshed.

28 M 15XX: XX

Sleeping very heavily. Waking with pillow lines on face.

29 F 02: XX: XX

Sleep well and deep.

36 F 01: XX: XX

4.2.24 DREAMS

Fighting

Dreamt about fighting people.

02 M 04: 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.

03 F 08: XX: XX

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

29 F 12: 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!

42 F 00: XX: XX

Water

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

05 M 00: 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.

29 F 09: 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.

35 F 11: XX: XX

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

36 F 01: XX: XX

Mortification

Eating porridge – smoking. Hiding the fact I slept in dog poo!

05 M 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.

05 M 02: 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.

29 F 04: 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!

29 F 14: XX: XX

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

36 F 09: XX: XX

Animals

Helping moms' cat that was giving birth. Positive feeling.

03 F 00: XX: XX

Rescuing a cat from roof, cat falls. Upset that mom is prolonging its misery.

36 F 12: XX: XX

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.

36 F 05: XX: XX

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

36 F 08: 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.

29 F 09: XX: XX

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

36 F 01: XX: XX

Travel and adventure

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.

05 M 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.

05 M 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.

05 M 02: 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.

35 F 11: XX: XX

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

36 F 01: XX: XX

Vivid dreams

Many Vivid dreams(4-6).

05 M 05: XX: XX

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

26 F XX: XX: XX

Clear, vivid, real dreams – not much remembered.

28 M 02: XX: XX

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

28 M 07: XX: XX

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

29 F 02: 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.

35 F 02: XX: XX

Unremembered dreams

Had strange dream – can't remember well.

26 F 02X: XX: XX

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

26 F XX: XX: XX

Clear, vivid, real dreams – not much remembered.

28 M 02: XX: XX

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

28 M 05: XX: XX

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

28 M 07: XX XX

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

28 M 08: XX: XX

Dreamt but not remembered well.

28 M 09: XX: XX

Dreams continued on from thoughts in day – very real yet- well remembered.

28 M 10: XX: XX

Partly remembered. Observer in dream yet part of dream.

28 M 13: XX: XX

Active, draining dream yet detail not remembered.

28 M 14 XX: XX

Only flashes remembered but not a prolific dream at all.

28 M 15: XX: XX

Forgot my dream, it involved a car.

29 F 01: XX: XX

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

29 F 02: 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.

35 F 02: XX: XX

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

36 F 06: XX: XX

Dreamt short, quick dreams during a nap.

38 F 00: XX: XX

Dreamless

Dreamless sleep.

26 F XX: XX: XX

Overcoming difficulties or obstacles

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.

05 M 02: XX: XX

Couldn't get where I needed to be- blockage/ obstruction. Panicking. Drove like a maniac.

29 F 05: 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.

29 F 09: XX: XX

Dreamt I was at a pool party. That I had two motorbikes and needed to take them home.

36 F 06: 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.

38 F 01: XX: XX

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.

36 F 11: XX: XX

Held hostage

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.

36 F 11: 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.

29 F 09: XX: XX

Snakes

Dreamt of snakes again.

29 F 07: XX: XX

Clairvoyant dreams

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!

05 M 04: 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.

34 F 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'.

34 F 10: XX: XX

Pursued

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.

35 F 01: XX: XX

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.

36 F 03: XX: XX

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.

36 F 11: XX: XX

Danger yet safe

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!

29 F 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.

35 F 11: XX: XX

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.

36 F 05: XX: XX

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

36 F 08: XX: XX

Amusing dreams

Funny dreams.

02 M 06: XX: XX

Funny, amusing dreams during a nap. Wake myself laughing.

36 F 01: XX: XX

Family

Dreamt arbitrary dreams about my family.

36 F 02: XX: XX

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

36 F 04: XX: XX

4.2.25 SKIN

Eruptions

Skin clear for a change, no real pimples.

01 M 01:19:20

Extra pimples on face.

02 M 04: XX: XX

Heat rash on arms, chest, back and shoulders.

02 M 09: XX: XX

Acne on face worse.

02 M 13: XX: XX

Developing pimples – tiny ones that itch slightly on neck, legs and face.

26 F 03:XX: XX

Slight rash /pimples between the breasts (sternum) and on the ankle.

26 F XX: XX: XX

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

29 F 14: XX: XX

Water blister on chest near neck.

29 F 11: XX: XX

Having a 'break out' on my face.

36 F 02: XX: XX

Painful pimple on forehead.

36 F 06: XX: XX

Break out of pimples along jaw line and neck, accompanied by a stuffy headache.

36 F 10: XX: XX

Rash on left inner thigh and buttock. Fine rash like German measles – little red dots.

42 F 04: XX: XX

Peeling

Skin peeling off around cuticles.

02 M 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.

29 F 01: XX: XX

Skin peeling on both palms. Very unusual. Cuticles peeling around nails.

29 F 04: XX: XX

Fingertips starting to peel. Worse on the right. Left upper thigh twitch.

29 F 07: XX: XX

Most fingertips are peeling.

29 F 10: XX: XX

Itching

Developing pimples – tiny ones that itch slightly on neck, legs and face.

26 F 03: XX: XX

Itchy skin on legs.

38 F 13: XX: XX

Oily

Face and shoulders more oily.

02 M 20: XX: XX

4.2.26 GENERALS

Cold

Very cold.

01 M 02:23:00

At beach feeling fine- ball games and swimming – Cold!

05 M 01: XX: XX

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

31 F 05: XX: XX

Feeling cold even though it's hot outside.

34 F 10:18:00

Malaise

Feels like a cold coming on.

01 M 03:13:25

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

01 M 08:23:00

Tired, achy joints everywhere. Flu- like symptoms.

02 M 00: XX: XX

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

31 F 05: XX: XX

Heat

Body temperature increase.

05 M 00:04:25

Still feel hot.

05 M 00:04:32

Hot!!

05 M 00:12:05

Feeling a tad bit warm but strong.

05 M 01: XX: XX

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).

29 F 00: XX: XX

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

29 F 02:12:00

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

31 F 05: XX: XX

Feeling extremely hot now. Feels as though it has something to do with my hormones rather than cold/ flu.

34 F 10:20:00

I'm feeling very hot, can't stand having my hair falling on my face. (After start of period.)

34 F 13:08:00

Not feeling cold, but everyone else is wearing jerseys.

34 F 14:14:00

Very hot, hotter than anyone else.

38 F 02:12:50

Face hot on left side.

42 F 04: XX: XX

Desire for water

Desire for water.

28 M 12: XX: XX

Desire for water

28 M 14 XX: XX

Energy

Energy low between 8am and 10 am. Better between 10 am and 5 pm. Tired after this.

28 M 04: XX: XX

Energy levels much better for activity.

28 M 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!

28 M: XX: XX

Energy good throughout day and lower at night.

28 M 09: XX: XX

Energy steady and dropped between 4 – 10 pm.

28 M 12: XX: XX

Energy very good, slightly lower after 6pm.

28 M 13: XX: XX

Extreme fatigue over whole body.

36 F 00: XX: XX

Cravings - fruit

Food: fruit desire

28 M 14: XX: XX

Craving fruit.

36 F 03: XX: XX

Cravings - junk food

Didn't really feel like eating food today. Craved a cold can of fizzy drink (especially coke).

29 F 00: XX: XX

Craving sweets, chocolate, chocolate cake.

34 F 11:15:00

Craving junk food.

36 F 02: XX: XX

Craving sweets and junkfood, constantly hungry (Ate 2 chocolates after each other.).

36 F 03: XX: XX

Craving chocolate, sweets, hungry.

36 F 04: XX: XX

Craving junk food, sweet things.

36 F 07: XX: XX

Crave sweets.

36 F 07: XX: XX

Crave sweets, especially chocolate.

36 F 09: XX: XX

Cravings - coffee

Craving coffee (unusual).

29 F 03:11:45

Swollen glands

Hands sweaty. Left axillary lymph nodes painful and swollen (After taking the 2nd dose).

Pain left after about two hours.

36 F 00: XX: XX

Painful, swollen left axillary lymph nodes (half an hour after the 3rd dose).

36 F 00: XX: XX

Lymph nodes in left axilla painful and swollen.

36 F 01: XX: XX

Glands feel swollen.

38 F 12: XX: XX

Slight swollen glands.

38 F 13: XX: XX

4.3 The repertory symptoms of Naja mossambica

Rubrics are listed in the order in which they would be found in Synthesis 7th Edition (1997). They are presented in the following format:

- Rubric – Sub rubric/s – Degree – *Synthesis* Page Number
- New rubrics have been created as a result of this proving. A capital “N” is appended to them and they are underlined.
- A capital “S” is found before each page number denoting Synthesis, the repertory in which the rubrics appear.
- * denotes the same rubric found in the materia medica of Naja tripudians
- **Grade 3 rubrics are displayed in bold print**
- *Grade 2 rubrics are displayed in italics*
- Grade 1 rubrics are displayed in plain type
- New rubrics are underlined with a capital N

(Wright, 1999:26)

4.3.1 Mind

MIND – ABRUPT	S1
MIND – ABRUPT, rough – harsh	S1
MIND – ABSENTMINDED – dreamy	S1
MIND – ACTIVITY –ameliorates	S3
MIND – AILMENTS – anger – suppressed	S4

<i>MIND – ALERT</i>	S7
MIND – ANGER - easily	S9
<i>MIND – ANTISOCIAL</i>	S14
<i>MIND – ANXIETY</i>	S16
MIND – ANXIETY –business; about	S16
MIND – ANXIETY – causeless	S16
MIND – ANXIETY – family; about his	S18
MIND – ANXIETY – money matters, about	S20
MIND – ANXIETY – others, for	S20
MIND – ANXIETY – paroxysms	S20
MIND – ANXIETY – stomach, felt in	S21
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<i>DREAMS – UNREMEMBERED</i>	S1475
DREAMS – VIVID	S1476
DREAMS – WATER	S1476
DREAMS – WATER – wading; in	S1477

4.3.26 Skin

SKIN – ERUPTIONS – desquamating	S1529
SKIN – ERUPTIONS – painful	S1533
SKIN – ERUPTIONS – pimples: itching	S1534
SKIN – ERUPTIONS – pimples: small	S1534
SKIN – TENSION	S1550

4.3.27 Generals

GENERALS – BENDING – double: ameliorates	S1568
GENERALS – COLD – heat and cold	S1577
GENERALS – COLD – take cold; tendency to:	S1577
GENERALS – FOOD – chocolate; desire	S1605
GENERALS – FOOD – coffee	S1605
GENERALS – FOOD – cold drink, cold water; desire	S1606
GENERALS – FOOD – food; aggravates: smell of:	S1608
GENERALS – FOOD – food; aversion: accompanied by: eating: little; after eating a:	S 1609
GENERALS – FOOD – food; aversion: accompanied by:	

seen if food is:	S1609
GENERALS – FOOD – food; aversion; accompanied by: smell of	S1609
GENERALS – FOOD – food; aversion: accompanied by:	
thinking of eating; when	S1609
GENERALS – FOOD – fruit; desire	S1609
GENERALS – FOOD – sweets; desire	S1616
GENERALS – FOOD – thought of food; aggravates	S1616
GENERALS – FOOD – water; desire	S1617
GENERALS – FOOD – water; desire; aerated water	S1617
GENERALS – HEAT – flushes of: perspiration: with	S1621
GENERALS – HEAT – lack of vital heat	S1621
GENERALS – HEAT – sensation of	S1622
GENERALS – HEAT – sensation of: exertion, on	S1622
GENERALS – HEATED, becoming	S1622
GENERALS – HEAT – sensation of: nausea, with	S1622
GENERALS – INFLUENZA – sensation as if:	S1627
GENERALS – LASSITUDE	S1630
GENERALS - SIDE – right	S1680
GENERALS - SIDE – left	S1680
GENERALS - SIDE - left - then right side	S1680
GENERALS – STRENGTH, sensation of	S1684
GENERALS – STRETCHING – ameliorate	S1685
GENERALS – WEAKNESS	S1701
GENERALS – WEAKNESS – morning: 10h, until	S1702
GENERALS – WEAKNESS – night	S1704
GENERALS – WEAKNESS – exertion; ameliorates	S1706
GENERALS – WEAKNESS – joints, of	S1706

4.3.28 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

EYE – INFLAMMATION – spreading left to right

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

In this chapter the symptoms produced in the proving of Naja mossambica are discussed. The hypothesis that Naja mossambica would produce clear and observable symptoms when administered to healthy individual was confirmed in this proving. The data collected from the proving was formulated into 635 rubrics, of which 12 rubrics were new rubrics. The existing rubrics (new rubrics are included in brackets) were found in the following sections of the repertory as follows:

Mind	151 (3)	Bladder	2
Vertigo	11	Urine	2
Head	55	Male	1
Eye	31 (3)	Female	9 (1)
Vision	4	Respiration	6
Ear	4	Nose	14
Chest	9	Face	9
Back	10	Mouth	15
Extremities	16	Sleep	14
Throat	18	Dreams	53 (5)
Ext Throat	7	Stomach	37
Abdomen	9	Skin	5
Rectum	3	Stool	4
Generals	34		

Appendix G illustrates the complete quantitative distribution of symptoms in the different repertory chapters. This quantitative analysis provides insight into the prominent spheres of action of Naja mossambica as revealed by the homeopathic proving.

The existing indications in the use of Naja tripudians were compared to the symptoms arising from the homoeopathic proving of Naja mossambica with respect to the mind and dream symptoms.

5.2 The remedy abbreviation

The researcher suggests that Naja mossambica be abbreviated Naja –mos, in accordance with the binary system described in *Synthesis*, 7th Edition (Schroyens, 1997).

5.3 The Symptoms

The proving had to be repeated since the lack of compliance in the first trial amongst the lay volunteers resulted in a scanty collection of symptoms. The second trial was conducted with homoeopathic students from first to fourth year and ensured a better and more complete remedy picture. Prover symptoms from both the first and second trial were included in the final write up. The researcher however still feels that to claim that the proving produced a complete essence picture of Naja mossambica would be premature (Mortelmans, 1997:201). The proving at best gives one an indication of the potential of Naja mossambica as a remedy. More research over an extended period of time into Naja mossambica's characteristics is required to attain the quality of completeness required for a true understanding of this remedy. (See recommendations)

The concepts resulting from the proving are discussed in a simple and comprehensive manner under the various sections of the repertory.

5.3.1 MIND

A significant number of contradictions emerged from this proving and were particularly evident in the mind section. This was to be expected when one studies other snake remedies regarding the mind symptomatology – for example: Naja tripudians with regard to the positive, energised emotions versus the depressive, apathetic emotions and Lachesis muta with regard to its loquacity versus its moroseness and lack of communication.

5.3.1.1 THE PARADOXES

The researcher attempted to extract and categorise the paradoxes in order to discuss them in a clear logical fashion.

Alertness versus lack of concentration

Most provers experienced clarity of mind and alertness following an initial period of total lack of concentration and focus. Since most of the provers were students in varying levels of study, this lack of concentration pertained mainly to studying either for examinations or when attempting to understand lecture material. At first this lack of concentration was met with frustration and reluctant acceptance, then with indifference and a care less attitude that led many to neglect their studies in pursuit of other interests and pleasures. This lack of concentration was described as being “distracted” or “dull, dazed” and a “stoned feeling”. It suggests that the provers felt as if they had been under the influence of some kind of narcotic, which may account for the carefree attitude many adopted subsequently. Mistakes in speaking also occurred, some experienced it as a slurring of words (31F 00: XX: XX) or “kept getting words wrong in my sentences” (29F 00: XX: XX). This lack of concentration and distraction appeared shortly after taking the remedy and was evident throughout the proving.

The alertness felt following this “dazed”, apathetic period resulted in the provers feeling more energised, positive and focussed on the task at hand. There was a feeling of motivation coupled with a sense of confidence in oneself to accomplish whatever task presented.

Anxiety versus Tranquillity

Anxiety was experienced by many provers but was mainly paired with frustration, agitation or a sense of being overwhelmed by a particular problem or by life in general. This anxiety was experienced as something that one could not control which exacerbated the frustration and agitation even more. Although the anxiety was caused mainly by events occurring around them, many provers experienced anxiety for no reason. It appears that the various individuals allowed outside impressions to affect them deeply, to such an extent that they experienced it as an influence that they had no control over. The tranquillity evident in the proving emerges as a reprieve interspersed amongst the periods of tension and restlessness. Tranquillity is experienced as relaxation, peace and a time to replenish the energies.

Anti-social versus Desire for company

This aversion to company appeared to be related to the depression and irritability felt by many in the proving. A number of provers felt irritated by company or by a social gathering and became angry at being “imposed” upon. Although few provers enjoyed company and were reputed to be “party animals”, they became withdrawn in company and sought solitude. Some provers experienced these contradictory feelings as alternating symptoms on the same day or on alternating days. All the provers experiencing this anti-social feeling did not experience the desire for company. One prover as an underlying need for security experienced the desire for company as a

“wanting to be around my mom all the time, she stayed with me till I fell asleep” (29F 13:XX: XX). This prover also felt sad and troubled within whilst enjoying the company of friends. Others however experienced this need for social interaction as a positive, confidence building experience.

Carefree versus Heightened emotions

This carefree feeling paired with the lack of concentration and spacey feeling was a common thread and with it the contrast of heightened emotions whether positive or negative were experienced by most of the provers throughout the proving. Carefree was interpreted in different ways as indifference, laziness, apathy, uncaring and an aversion to perform one’s duty. The heightened emotions experienced were interpreted by many as a sensitivity to outside impressions which resulted in emotions such as weeping, anger and irritation to name a few. Many experienced a vacillation in emotions and caused many to overreact to trivial occurrences and lash out at those around them. This particular paradox relates to most of the other contradictory symptomatology in the proving.

Depression versus Mania

The researcher felt that this was the main theme that emerged from the proving. The depression encompassed sadness, weeping, and suicidal thoughts to being serious and reserved. Provers felt unsure, indecisive and withdrawn from society whilst in this depressive state. One prover had suicidal thoughts, that didn’t last too long and were dramatically contrasted by the manic state of laughing, acting silly and being generally loud thereafter. (29 F 00:20: 00) The depression was vividly contrasted by the manic state in the provers. This state manifested in provers as laughing uncontrollably, acting silly and loud. The behaviour was described as uncharacteristic, unusual and being uncontrollable, a sense of going mad and an inability to take anything seriously (05 M

00:06:10) (03 F 04: 13: 42). The manic state is reminiscent of the effects of recreational drugs that provide one with a feeling of elation and energy. A prover mentioned her desire to dance, hug everyone and generally feeling loved. (38 F 04 and 05:XX: XX) This is much like the effects of MDMA (ecstasy).

Laziness versus Restlessness

This dramatic contrast between the apathetic versus the energetic hyped state is again clearly outlined under these contradictions of symptoms. Laziness is described as an aversion to anything that may be regarded as work or duty and the subsequent desire for undertaking nothing. This laziness can be related to other feelings such as being carefree, unfocussed, antisocial and indifferent and a desire to participate in other interesting distractions. Restlessness, associated with anxiety, irritability and frustration was felt by most of the provers. This restlessness was expressed as being rushed, wanting time to pass quickly and generally performing daily tasks in a hurried manner. The general restlessness was described as busy and hyperactive.

Paradoxical thoughts – two trains of thought

Provers 35, 36 and 38 expressed a moral dilemma in thoughts where their desire to do something conflicted strongly with the awareness of doing the “right” thing.

5.3.1.2 THE MIND SYMPTOMS CONTINUED

Delusions – separate

This detached feeling was particularly marked in prover 03 where her head felt detached from her body whilst driving a car. She experienced a sensation of floating and detachment from her surroundings and body when she was running. Her sense of

detachment was associated with dizziness. Her head felt like it was swinging around when she stood still. Prover 29 had a similar experience where her upper body felt detached from the lower part of her body and her hands and arms “were irritated with writing”.

Irritability, short temperedness and impatience

Most if not all the provers experienced a general sense of irritability, short temperedness and impatience. This irritability was associated with tiredness and an over reaction to trivial issues. Impatience was obvious when driving and instilled hostility in the driver due to short temperedness. Heat and humidity appeared to exacerbate these feelings of irritation. Irritability and hostility was mainly vented on family and friends. There was no clear cause for the irritation and general bad temperedness but was more a state induced by overreaction.

Motivation and Enthusiasm

This theme is associated with much energy and optimism. The provers expressed a keenness to accomplish tasks and a motivation to study. This is in sharp contrast to the aversion to work found in the laziness theme above. It should therefore also be contrasted with the laziness state. A general positive well-being underlies this energetic state.

Spaced out, tiredness

All the provers experienced tiredness in some form or other. Most experienced this overwhelming tiredness in the afternoon or evening, others felt unrefreshed in the morning. The tiredness in many cases was associated with a feeling of being spaced

out and dreamy. Some expressed an irritability associated with the tiredness and being short tempered.

Although associated with the tiredness, being spaced out was also experienced on its own. Provers felt distant from their surroundings either not hearing conversations or in one case the morning alarm and as one prover described as feeling “surreal” on waking. This spaced out feeling was also described as being stoned and can be related to the unfocused feeling discussed under the lack of concentration theme.

Modalities

Ameliorating factors for mental emotional symptomatology were the outdoors and open air, activity, eating, solitude and company. Aggravating factors included heat and humidity, eating, company, morning on waking and mental exertion.

5.3.2 VERTIGO

Vertigo was felt on standing and sitting. One prover described vertigo as falling to the left side when they sat down. A sensation of the head swinging around was felt when standing still and the head felt separated from the body. This feeling of separation ties in with the delusion state discussed in the mind section. Vertigo was described as “dizziness”, “unbalanced”, “light headed”, “feeling airy and spacey”.

5.3.3 HEAD

The headaches experienced appeared to be more focused in the temple and frontal area with progression over the skull to the neck. The headaches moved from left to right in most cases or felt as a general dull, congested pain over the whole head. Pain was felt intermittently and described as “getting better then worse” through the day (36F

10: XX: XX). Most headaches were associated with the eye or eyes whether it was felt in or around the eye or related to the movement of the eyes. Some provers related the headaches to sinuses and nasal congestion and expressed the sensation as being heavy, congested or stuffy. Other descriptive words included “sharp”, “like pins”, “squeezing” and “throbbing” pain. A few provers experienced both sharp and dull pain simultaneously.

Headaches were exacerbated by motion, bending forward, after sleep, lying down, chewing, heat, blinking the eyelids, watching television, reading, concentrating or mental exertion and light. Most aggravating factors were related to the eyes again. Ameliorating factors included sitting still, sleep, getting out of bed, pressure and massage.

5.3.4 EYE

The eyes were generally oversensitive and associated with dryness, scratchiness and pain in the eyes. Most provers were sensitive to light and heat. Pain was described as sore, burning and scratching sensation. Prover 34 experienced agglutination of the eyes on waking.

Prover 42 had a severe reaction in her eyes and required antidoting. Symptoms started as a simple conjunctivitis in the left eye, which progressed to the right eye. The symptoms were similar to the clinical symptoms found in a person spat in the eyes by a Mozambican spitting cobra (Norris, 2003). The left eyeball and eyelid were extremely red and the eyelid was swollen. The researcher was called in to examine the prover's eye. The eyelids were swollen and the upper lid was overlapping the lower lid making it difficult to open them for examination. The appearance of the eyeball could be likened to raw meat when the lids were pried open. The prover described a pressure in the left eye as if it would “pop out”. The eye was sensitive to light and wind, worse for bending

forward and lying down and better for rinsing with cold water. There was a yellowish secretion from the left eye indicating infection. The conjunctivitis was spreading rapidly to the right eye. Prover 42 was antidoted with Apis mellifica based on the clinical picture. The prover's symptoms improved markedly in the next 24 hours but took another few days to clear completely.

5.3.5 VISION

Vision was hazy or blurry in some provers and one prover (prover 36) found it particularly difficult to focus throughout the proving. The vision was obscured due to swelling and overlapping of the lids in prover 42.

5.3.6 EAR

Ear symptoms included itching in the ears, pain in the left ear. One prover experienced a full sensation in the ears as if they were full of wax. Swelling of the left eye in prover 42 resulted in the swelling of her left ear

5.3.7 NOSE

The nose was either runny or congested and coupled with sneezing and/or itchiness. A sharp pain associated with congestion was experienced by only one prover and in the left nostril. The ameliorating factors included sitting or lying still and aggravated by activity.

5.3.8 FACE

A few provers developed pimples on the face, particularly on the jaw line and forehead. Other skin changes included an increase in oiliness of the skin and in contrast to pimples developing in other provers; prover 01 experienced a clearing of the

complexion. Again swelling of the left eye in prover 42 extended to the left side of the face. Prover 34 described a peculiar awareness of not being able to tolerate the sensation of her hair falling on her face.

5.3.9 MOUTH

There was a general dryness of the mouth experienced by provers followed by an increase in thirst but not ameliorated by drinking. Blisters occurred inside the mouth, on the inside of the top lips and gums on the right side. Pain was experienced in the gums and lips. One of the provers described profuse salivation as well as a sour taste. The tongue appeared to be dry and stiff in one prover and swollen and white in another. The tongue was so swollen it encumbered the prover's speech; this was ameliorated by swallowing fluids and solids yet was worse for empty swallowing.

5.3.10 THROAT

Many provers described their sore throats as scratchy, burning and dry. This dryness was ameliorated by drinks especially cold drinks and by eating. One prover had amelioration with exercise. Prover 42 was aggravated by cold water, cold and wind. The throat felt thick and constricted on swallowing. Prover 03 had a metallic taste in the back of the throat. There was a sensation of a lump in the throat.

5.3.11 EXTERNAL THROAT

There was tension and stiffness experienced in the neck. Prover 28 described a knot in the right side of the neck that caused irregular discomfort or throbbing pain and an uncomfortable pounding tension in neck. There was an occurrence of left sided neck pain that was ameliorated by pressure.

Prover 26 described the development of pimples that itched on the neck. Prover 29 had a blister on the neck.

5.3.12 STOMACH

Appetite was markedly diminished where provers would skip meals or as in prover 31, didn't eat for an entire day at a time. This lack of appetite was either accompanied by a great thirst or no thirst at all. The thirst for water replaced the need for food. The diminished appetite was followed by ravenous hunger in most cases. Small amounts of food resulted in provers feeling quickly satiated. In other cases food did not alleviate the hunger at all. There is an empty feeling in the stomach associated with the hunger. Food was described in prover 36 as being tasteless even though she was hungry (36 F 09: XX: XX).

Stomach cramps and pain were also characteristic; pain was described as sore, sharp, and associated with flatulence. There was stomach discomfort coupled with either nausea, flatulence or cramping. Discomfort was either ameliorated or aggravated by food. Aggravating factors also included lying down and slouching.

Nausea occurred especially as a result of stress related situations. Although provers felt like vomiting, vomiting never actually occurred.

Peculiar symptoms such as bubbling sensations were felt and strange noises heard in the stomach. Prover 05 described the bizarre association of sweeping a floor with resultant eructations.

The stomach symptoms could possibly be consistent with the doctrine of signatures in the snake, in terms of its eating behaviour. Taylor (2004), elaborates on the doctrine of signatures in her research of Naja mossambica.

5.3.13 ABDOMEN

Abdominal pain was experienced in the suprapubic area as well as around the umbilical area. Pain was likened to a diarrhoea or menstruation pain although neither was present. Only one prover had diarrhoea associated with the cramping. There was much flatulence and distension associated with the cramping in the abdomen.

5.3.14 STOOL

Frequent stools occurred and were accompanied in prover 05 by small, thin stool and in prover 36 by very dark stool.

5.3.15 BLADDER

Prover 36 had pain in the upper bladder region with frequent urination.

5.3.16 URINE

Prover 28 described some unusual urinary effects whilst on the proving. His urine alternated between clear and dark with varying degrees of acidity. The peculiarity was evident in that the urine was clear in the morning and became darker as the day progressed even though the prover drank much water. Prover 28 was the only individual who experienced this occurrence.

5.3.17 MALE GENITALIA/SEX

There were not many male provers, which may account for the lack in male genitalia symptoms or it may be due to disregard on behalf of the male participants due to a

feeling of awkwardness. Prover 05 reported mild pain in the penis after sexual intercourse (which was an unusual symptom for him) but did not elaborate on it further.

5.3.18 FEMALE GENITALIA/SEX

Only two provers elaborated on this section and again it can be due to an awkwardness associated with reporting on one's sexuality or that the proving didn't extend over a long enough period of time to incorporate variances experienced in the female cycle.

Menstruation pain appeared to be focussed in the ovaries rather than the uterus and moved from side to side. Menses were described as being scanty initially followed by heavy menstruation but painless. Prover 29 described the scanty menstrual blood as being rather a discharge varying from brown and bloody to a black discharge. She expressed a lack of usual pre-menstrual pain and no bleeding at night. The pain felt in the right ovary and fallopian tube was described as sharp and was aggravated by sitting straight, urinating and passing stool. Bending forward alleviated the pain.

5.3.19 RESPIRATION

Respiration was either described as being difficult and accompanied by a "very tight chest and throat" resulting in a suffocating feeling or was expressed as faster than normal breathing and shortness of breath. Prover 38 felt the need to breathe in deeply to get in more oxygen but it didn't attain the desired result. Stuffy, crowded rooms aggravated respiration in prover 36.

5.3.20 CHEST

Pain was described in and around the heart region in the chest. Prover 05 described a mild sensation of discomfort and cramping near heart, which was aggravated by slouching (05 M 00:12:05). Sharp chest pains were experienced in the periphery of the

chest or intermittently under the right breast moving to the left. Stretching exacerbated this pain under the right breast.

5.3.21 BACK

Low back pain occurred in a number of provers. Lower back pain radiated to the coccyx and was worse for bending and sitting. Pain was described as severe and a deep ache. The pain was felt mainly on the right side in the right kidney area and the right thigh.

There was tension in the upper back and neck causing a slight pain and discomfort due to muscle spasm.

The spinal aches and pains could be attributed to environmental causations and therefore the researcher is hesitant to place much emphasis on these symptoms as true symptoms.

5.3.22 EXTREMITIES

The upper and lower limbs produced a few peculiar symptoms. Three provers had desquamation of the skin in the hand especially around the fingers. There was muscle twitching and cramping in the arms and hands. Three provers mentioned the development of fine rashes or pimples on the legs and ankles, prover 38 described the rash similar to a German measles rash while prover 02 called it a heat rash. Prover 36 experienced painful and swollen left axillary lymph nodes after taking the second and third dose. The pain and swelling disappeared a short time thereafter. Prover 03 mentioned the symptom of tingling like pins and needles in the fingertips of the left hand and which was exacerbated by movement and by pressure on the fingers. This was an unusual symptom for prover 03.

Accidental incidents were mentioned by three provers of which one was not included in the proving data due to his lack of journal information. He however mentioned the incident, as it was a particularly unusual experience for him. There was mention of bumping toes, cutting oneself on the legs with a razor and slamming one's fingers in the door. Two of the three provers also reported desquamation of the skin around the fingers as another unusual finding. One has to question whether this is all coincidental or not – this will only be confirmed with a reproving of Naja mossambica 30CH.

5.3.23 SLEEP

There was generally a restless sleep experienced initially by most followed by deeper sleep in a few provers. Most provers felt unrefreshed in the morning and had difficulty in waking in the morning. A number of provers experienced extreme sleepiness during the day whilst others although they were tired, experienced insomnia at night.

5.3.24 DREAMS

There were various dreams reported in the proving yet the researcher was able to extract a few themes, which appeared to occur in more than one prover. The following themes were extracted:

Overcoming difficulties or obstacles

A clear theme of overcoming obstacles in order to reach a goal of some sort was evident in many dreams. Prover 38 was unable to reach her friend in need because the telephone kept cutting out; she was also unable to consult with her homoeopath. Prover 29 couldn't get through a road due to a physical obstacle and this invoked panic. She also failed to convince the police that there had been a robbery and the robbers escaped. Prover 36 was caught in a maze. Other obstacles included not being able to find personal belongings or a particular item, or the obstacles presented as a problem

which there was no practical solution at the time example: prover was at a party and she had two motorbikes which she needed to take home.

Pursuers

The obstacle theme was also associated with trying to escape from pursuers. Provers at times found themselves in bizarre places such as a swamp or a house from the past, or in a shopping mall, which changed into a maze while running from something or someone. The feeling of adventure with a sense of danger was prevalent in the dreams.

Danger yet safe

There were many dreams that included a real element of danger where in normal circumstances one would be in mortal danger yet it was either met with nonchalance or the incident left them unharmed. Examples are: prover 29 whilst standing on a balcony, the balcony fell away from the wall and landed “safely” in the ocean, prover 36 dreamt of an attack from Dobermans yet felt no fear and held them back with her hands until they calmed down, prover 35 was on a ship when it was “tipped rear end over front” and managed to stay on and jumped off onto land. Two provers dreamt of being held hostage.

Mortification

The feeling of mortification was present in a few dreams where provers found themselves in an embarrassing situation. Prover 05 tried to hide the fact that he had slept in dog faeces. Two provers were caught half naked yet other people in their dreams appeared unaware of their embarrassing situation. Another prover tried to convince people she was not adopted. There were elements of failure associated in some of the dreams – baking a chocolate cake that flopped or feeling bad since friends couldn’t swim in their green pool (Prover 29 and 36 respectively).

Animals

There were dreams of dogs, cats, hippos and crocodiles. Only one prover recorded dreams of snakes. The cat dreams were associated with aiding the cats in some way namely rescue or aiding in giving birth. The dogs were associated with attacks yet didn't scare the prover – two breeds were mentioned namely: Doberman and Husky. Hippos and crocodiles were changing into humans but still displaying their animalistic behaviour in copulating. The prover feared that the crocodiles would get her while she stood in the water.

Fighting

Provers dreamt of fighting in varying degrees from quarrelling with loved ones and strangers to extreme violence where prover 03 killed her assailant by stabbing him in the head with a knife splitting his skull open. She felt justified and relieved by the act of violence. Prover 29 dreamt her parents quarrelling about an impending separation.

Vivid

All provers had vivid dreams yet not all provers remembered their dreams. Two provers recorded that they had many vivid dreams whilst napping but could not remember them.

Amusing

There were dreams, which were amusing and funny that in prover 36 woke her up due to her laughing. The “funny” dreams were not remembered.

Water

Dreams of water were prevalent in many dreams and recorded as a canal, pool, lake, ocean or water.

Clairvoyant

Prover 05 and 34 had clairvoyant type dreams, which were realised in some form the following day. Prover 05 dreamt of him and his sister being hijacked, only to find another family member had been hijacked the following day. Prover 34 dreamt that a friend had failed her driving test, a few days later she dreamt that she had been asked to a dance; both these dreams were realised the day after they were dreamt.

5.3.25 SKIN

There was desquamation of skin around the fingers and hands due to blisters or just mere peeling of skin. A fine rash was described by many provers and evident in various areas ranging from the face and neck area to the chest and lower extremities. The rash was also found on the back and shoulders. Provers, who did not suffer from pimples or acne, described an increase of these on the face, back or chest area. Itchiness was experienced either on its own or associated with the pimples. The left and right side were indicated.

5.3.26 GENERALS

The increase in body temperature featured quite markedly in many provers and expressed in direct contrast with others around them," Very hot, hotter than anyone else"(38 F 02:12: 50). The heat was particularly expressed around the face and neck region. The increase in temperature was associated with clamminess and aggravated by movement. This heat was alternated by cold, which was also experienced as opposite to the outside temperature (34F 10:18:00). Some merely expressed an increase or decrease in temperature of the body. Many attributed it to an impending influenza that never materialised.

Low energy, tiredness and fatigue were marked features. Whether this low energy and tiredness was a consequence of the mental state of feeling depressed, demotivated and sluggish is open to speculation. There is also disturbed, restless sleep that this could be attributed to.

Food cravings and aversions were erratic at best. There was however a strong craving for water and cold drinks in general. The general craving was for junk food and stimulants in the form of caffeine (coke and coffee) or sugar (sweets and chocolates). Two provers craved fruit. There was a general lack of appetite, which could account for the lack of food craving symptoms.

The remedy appeared to be left and right sided, shifting between sides was a common feature. The predominance of a side was not strongly evident in this proving as both sides were mentioned equally in all the systems.

There was a definite aggravation in the morning as well as in the evening. This was evident in the mental state regarding concentration, motivation and tiredness. Energy levels seemed to step up as the day progressed and dipped as the evening developed.

The sight of food and perceived stressful situations aggravated nausea.

Physical exertion was a strong amelioration for some provers with regard to mental symptoms and particularly beneficial when performed outdoors. Physical exertion however also aggravated many physical symptoms such as pain, vertigo and headaches.

Sleep and lying down in bed seemed to aggravate symptoms such as nausea, stomach pains, vertigo and headaches. Keeping still however ameliorated vertigo and the increase in temperature.

TOXICOLOGY

Taylor (2004), dealt more thoroughly with the toxicology of Naja mossambica and the similarities to the homeopathic proving. The toxicological data needs to be incorporated into the existing materia medica of Naja mossambica.

5.4 Remedy Relations

5.4.1 Differential remedies

The researcher did not attempt to make assumptions regarding the differential remedies as she feels that more research is required to make definite conclusions pertaining to differential remedies. The researcher did however conduct five analyses using common mental symptoms (see appendix I). Hydrogen, is noteworthy as it featured in both the mental analyses including all remedies as well as the family analysis in the mineral kingdom. Remedies that featured first in the animal and plant kingdom analyses as well as in the top ten remedies of the mental analyses were namely Sepia and Lycopodium clavata respectively. When conducting an analysis with snake remedies as a preference (see appendix I), the following snake remedies featured in order of importance; Lachesis muta, Cenchrus contortrix, Crotalus cascavella, Naja tripudians, Crotalus horridus and Elaps corallinus. It is interesting that Naja tripudians only rated fourth in this analysis even though it is from the same species.

The researcher did not attempt to hypothesize the reason for these findings, as it was not in the scope of this study to do so.

5.4.2 Antidote

Prover 42 had such an intense and marked reaction to the proving substance that a homoeopathic remedy was called for on day 06 of the proving to counteract the effects of the proving substance. Apis mellifica 30CH was prescribed on the clinical presentation; this relieved the symptoms of the eyes and concomitant symptoms in the face, and ears.

The symptoms on which the researcher based her prescription were as follows: Marked swelling of the eyelids, redness of the tissue, overlapping of the top lid over the bottom lid, the cornea appeared like raw meat, there was marked swelling of the surrounding area around the eye, ameliorating factors included bathing the eye in cool water and was aggravated by heat, pressure and wind.

5.5 Other considerations

5.5.1 Grading of the Repertory symptoms

All symptoms were graded using Sherr's method (1994:85) as follows

- **Grade 3 rubrics are displayed in bold print**
- *Grade 2 rubrics are displayed in italics*
- Grade 1 rubrics are displayed in plain type
- New rubrics are underlined with a capital N

Most rubrics were left as grade 1 since the researcher felt that more research is required to confirm current findings, therefore a conservative approach was taken in general. A few rubrics were allocated grade 2 grading and only where five or more provers experienced the same type of symptoms or where the researcher extracted a common theme. This grade 2 grading should however be confirmed with further

research and is therefore open to discussion. New rubrics were created both where symptoms were common in more than three provers or experienced intensely by a prover and where clear symptoms produced by the proving were not found in the existing rubrics.

5.5.2 Clinical conditions

A number of provers experienced symptoms that may be associated with the psychiatric disorder of Manic Depression – mania, depression, delusions of separation, lack of concentration and hyperactivity followed by periods of clarity and tranquillity.

Other clinical conditions to consider are Acute Conjunctivitis, Anorexia, Influenza, chronic headaches and Sinusitis.

5.5.3 Miasmatic analysis

The researcher did not attempt to repertorize the various Miasmatic categories, which Naja mossambica might be classified under. There is however elements of sycotic behaviour as well as syphilitic behaviour evident in this remedy.

5.6 Comparison of Naja mossambica and Naja tripudians

The comparison between the homeopathic proving symptomatology of Naja mossambica in the mind and dream sections and the existing indications of use of Naja tripudians in these areas, revealed similarities between the two. Similar indications were found in other sections too but it was not within the scope of this particular study to report on these similarities. The comparison also does not compare or consider toxicological data in the two species. Appendix H has a concise and comprehensive

outline of the pertinent rubrics and materia medica pertaining to the mind and dream sections of Naja tripudians.

Taxonomy (Peptidase of *Naja mossambica*, 2004)

	<u>Naja tripudians</u>	<u>Naja mossambica</u>
Class	Reptilia	Reptilia
Order	Squamata	Squamata
Suborder	Colubrina	Serpentes
Family	Elapidae	Elapidae

Preparation of Naja tripudians: Tincture and trituration

Although there are many materia medica references available on Naja tripudians, the researcher found that Allen's *The Encyclopedia of Pure Materia Medica – A record of the positive effects of drugs upon the healthy human organism Volume VI* (Allen, 1990) and the *Handbook of Materia Medica and Homoeopathic Therapeutics* (Allen, 1992) had the most complete and comprehensive documentation of the materia medica of Naja tripudians therefore these references were used for this research (see Appendix H).

The cases used in the 1850's to compile the materia medica of Naja tripudians were not reliable sources in terms of the contemporary homoeopathic standards used nowadays. Cases were taken from toxicological reports, provings and self-provings performed by Drs Stokes, Russell, Craig, Drysdale, Pope, Lounds and Holcombe. Information was taken from patients and family members who were subjected to the venom in very low potencies ranging from 1d to 6CH potency. Dr Russell also ingested 1/100 grain of crude substance for fifteen days (Allen, 1990, Allen, 1992)

Mind

The polarity was markedly evident in both Naja mossambica and Naja tripudians with regard to the mind symptoms. This duality was particularly highlighted in a broader sense in that both remedies portrayed an extremely active, energetic, positive state versus an apathetic, depressed and negative state. This duality will be discussed further in terms of general mental state and their delusions.

The mental state in Naja mossambica was initially a state of mania where provers displayed uncontrollable behaviour such as laughing loudly, taking nothing seriously and a general care less attitude. This frivolity is also displayed in the lack of concentration where initially it was diminished due to distraction and a desire to do more exciting things rather than a lack of concentration due to an inability to concentrate. This playful, excitable behaviour is also present in Naja tripudians but to a far lesser degree; and whereas it was an initial behavioural feature in Naja mossambica, it appears to be a latter transitory response in Naja tripudians. This positive temperament manifests as a temporary reprieve from the protracted depressive state more evident in Naja tripudians (Allen, 1992:447). In Naja mossambica it was experienced either as a “carefree”, non-committal state or as an extremely uncontrollable manic state where provers expressed themselves as behaving silly, giggling and laughing uncontrollably, feeling lightly drunk. It was expressed as a euphoric state that was evident over an extended period of time or intermittently throughout the proving.

In contrast to this mania state, there was a clear depressive element evident in both Naja mossambica and markedly in Naja tripudians. The latter progressing to a state of suicidal disposition whereas in Naja mossambica it presented more as a chronic insidious depressive state. In Naja tripudians the depressive state is associated with a sense of insecurity and a strong sense of obligation or responsibility that results in an inability to perform duties and leads to fantasies and brooding of non-existent problems

(Allen, 1992:448). Naja mossambica has a depressive state that is insidious and leads to frustration or irresolution and pervades their response to their surroundings and relationships with others.

This reaction to one's environment is apparent in both these remedies as an irritability and lashing out at others or as apathy or a withdrawal from company. In Naja mossambica there is a desire for solitude and a clear aversion to social interaction. This solitude ameliorates them and conveys a sense of contemplation that is calming. On the contrary, solitude in Naja tripudians aggravates this apathy and results in brooding over real or imaginary problems and instils a loathing for life. This loathing for life and constant brooding resulted in a feeling of insanity or despair in the provers of Naja tripudians (Allen, 1992:448). The irritability manifested as impatience and intolerance in Naja mossambica towards people and performing tasks. Naja tripudians also has irritability, which manifests as general discontentment and resulted in a volatile temper (Allen, 1992:448). Both remedies have restlessness associated with the irritability. Naja mossambica however also has a sense of haste and hurriedness in undertaking daily tasks.

There is sensitivity to outside impressions expressed in both remedies. In Naja mossambica it is an overreaction to trifles, which is expressed as irritation and anger whereas in Naja tripudians this sensitivity in emotion is manifested in weeping from any emotion experienced (Allen, 1992:447).

The duality of thought is also evident in both remedies where there is an increased awareness of what one should do and an inclination not to do it. In Naja tripudians this moral struggle results in restlessness whereas in Naja mossambica it causes indecision and frustration yet in some cases also leads to a feeling of guilt (Allen, 1992:448).

Interestingly both remedies have problems with their speech. Naja tripudians has aphasia or slow, inarticulate or unintelligible speech. This is most likely due to the confused and distracted mental state that is experienced by this remedy (Allen, 1992:448). Naja mossambica has a similar speech impediment manifesting as slurring of words or “getting words wrong in a sentence” (29F 00: XX: XX) and is also associated with a lack of concentration due to a confused mental state. The confusion in Naja mossambica can be attributed to a “dazed”, “stoned” or “spaced out” feeling which many provers experienced in association with the lack of concentration (03F 05:21:30) (03F 03:11:30) (05 M 00:00:25) (31 F 01:XX: XX).

Naja tripudians appears a victim of circumstance while Naja mossambica is portrayed as a rebel. Naja mossambica lacks the fatalistic element that is so evident in Naja tripudians. Naja tripudians has an intense depressive element, which leads to a destructive impulsivity when reacting to circumstance (Allen, 1992:447). Naja mossambica in contrast portrays an impudent nature in responding to any situation. Naja mossambica is easily distracted and decides impulsively to do frivolous activities instead of behaving responsibly as expected. A good example of this behaviour is expressed by prover 35 “Feeling slow, need to do work but can’t, the thought seems awful, want to relax, so yay, I will!” (35 F 04: XX: XX).

The delusions in Naja mossambica and Naja tripudians differ significantly. The delusions in Naja tripudians confirm the victim mentality evident in this remedy. Delusions of being under a superhuman control and that there is persecution from this outside power as well as from those around them. There is a paranoia associated with their delusions, delusions of being poisoned, being starved, neglected and injured by this outside power. There is a religious element to the delusion where they believe they hear voices or see visions. There is a fatalistic element present in their delusions where they have no control of what is happening to them (Allen, 1992).

The delusions in Naja mossambica confirm the “narcotic” type effects described in the remedy. The “floating”, “spacey” sensation that most provers experienced mentally is emphasised in the delusions of Naja mossambica. It has delusions of being separated from the body “I was getting a lift with my body, rather than being in it. Carried on it” (03F 01:15:55) or “Feeling as though head separated from body” (03F 02:15:50). Unfortunately only two provers experienced these delusions of separateness in the body. Prover 29 felt that her upper body was somehow separate and becoming “irritated” when she had to write (29F 01: XX: XX). The delusions of Naja mossambica will only be confirmed in clinical practice or once more provings have been conducted with the remedy.

Dreams

Unfortunately not much has been recorded with regard to the dream symptomatology in Naja tripudians (Allen, 1992: 465). The common themes in Naja mossambica and Naja tripudians in the dream section are vivid dreams, dreams unremembered, murder, long dreams and many dreams. All the provers in Naja mossambica reported dreaming yet those who could not remember their dreams were aware that their dreams were vivid and extensive or vivid and numerous. Naja tripudians has dreams of suicide, fire and nightmares (Allen, 1992:465), which were not present in Naja mossambica.

The dreams concerning murder were not elaborated in the materia medica under Naja tripudians (Allen, 1992:465). The interesting feature that must be noted concerning the prover’s dream about murder in Naja mossambica however is that the prover dreamt that she stabbed a known person in the head and split his skull in two (03F 08:XX: XX). This splitting of the skull is also recorded in Naja tripudians in the mind section where a prover a short time after feeling out of sorts, took an axe, said he was going to cut wood and suddenly split his own head in two; he had become insane (Allen, 1992:447). Why the same incident was experienced in both remedies yet in a different manner is open to

speculation. The feeling of insanity is experienced in Naja mossambica (05 M 00:05:40) yet not expressed as a reality as it is in Naja tripudians.

Naja mossambica had many various dreams yet there were a few themes that the researcher was able to extract. These themes are discussed in detail in chapter five under the dream section.

Unfortunately in past provings not much emphasis was placed on the dream symptomatology, which the researcher sees as an opportunity to conduct further provings in existing remedies in order to expand the materia medica.

CHAPTER SIX

Recommendations and Conclusions

6.1 Recommendations

6.1.1 Standardized proving protocol

Since provings have become a popular subject of research at the Durban Institute of Technology, the researcher suggests that a standardized proving protocol be compiled and implemented for research students. This protocol should be based on the latest current methodology utilized by modern Homoeopaths such as Sherr, Herscu and institutions such as the European Institute for Homoeopathy and the International Council for Classical Homoeopathy.

6.1.2 Supervision of provers

By limiting the number of researchers as suggested by Webster (2002:139) the co-ordination of the proving was much easier to control. It is advised that the number of researchers to be limited thus at 2 or 3 researchers. In this proving, each researcher supervised 10-15 provers. It is advised that in future provings each researcher supervises no more than 8-10 provers to ensure more direct involvement and more controlled facilitation of the proving process.

6.1.3 Provers

This study used both subjects who had extensive homoeopathic backgrounds (homoeopathic students and patients) and those who had no relationship to homoeopathy (laymen) yet understood the basic homoeopathic philosophy as

recommended by the International Council of Classical Homoeopathy (1999) and Walach (1997). However, it is suggested that in future, only those knowledgeable in homoeopathy (second to fifth year homoeopathic students and longstanding patients) be used in provings to ensure high quality observations and accurate following of instructions, which would result in reliable results.

The researcher found that lay provers did not recognise the subtle changes the homoeopathic dose could elicit, which resulted in many symptoms being overlooked. The researcher feels that a solid understanding of the homoeopathic effects as well as an awareness of oneself is important in recognising and appreciating the changes one experiences when taking a homoeopathic remedy. First year homoeopathic students are also not ideal provers since many do not fully understand the significance of the proving principles and methodology. The researcher found that students did not appreciate the importance of keeping accurate or detailed records during the proving trial and that the dropout rate after the first two weeks of trial was the highest in the first year students.

All age groups and equal ratio of gender should be represented in the proving group. There was a definite lack of male provers in the verum group in this proving.

6.1.4 Long term provings

The ideal length of a proving has not been established as yet although Sherr has expressed the importance of long term follow ups with provers to establish periodicity and long term effects of proving substances (Sherr, 1994:15). The researcher suggests that long-term follow-up consultations be an integral part of the proving process. This is especially significant with regard to female provers and establishing the effect of proving substances on the female menstrual cycle. The minimum length of time should be at

least 3 months to establish a pattern of periodicity or to evaluate the possible effects on the menstrual cycle of the female.

6.1.5 Further provings of Naja mossambica

Further provings of Naja mossambica in high and low potencies need to be conducted to reveal new aspects of the remedy. It is suggested that future provings be done of the 9CH (low potency) and 200CH or 1M (high potency).

It is recommended that a reproving of Naja mossambica 30 CH be conducted to confirm symptoms yielded from this proving. This would also expound on the symptoms extracted from this proving. The researcher is reluctant to deem this proving as a full proving of Naja mossambica 30CH as there appears to be obvious gaps in the materia medica compiled from this proving especially in the female and male sections. This could be attributed to the length of the proving as well as a substantial lack of male provers in the verum group. Other sections that require verification are the eye, dream and mental sections.

6.1.6 The Homoeopathic course and provings

The researcher recommends that the proving process be included as a fundamental part of the Homoeopathic course. All years of study should be involved in this process. It is suggested that one proving be conducted each year by the Durban Institute of Technology. The proving should be an integral part of the year mark in a subject such as Homoeopharmaceutics or Homoeopathic Philosophy. The class should be actively involved in the conducting of the proving as well as the writing up of the proving. The provers are recruited from the other years of Homoeopathic study. The aim of this process is that by the end of one's formal Homoeopathic training, one has a firsthand

experience of provings and one understands the vital role of provings in furthering the profession and benefiting future patients.

6.1.7 Clinical Information

The homeopathic symptomatology revealed through the proving, needs to be verified through clinical use of the remedy. The proving needs to be published and distributed so that it becomes a highly utilized remedy and so that its indications are made known to other practitioners. Actual cases of patients benefiting from the use of Naja mossambica need to be recorded and published in journals or reported at conferences so that the homoeopathic community may learn of and utilize the remedy.

6.1.8 Provings of other indigenous substances

Further investigation and provings of indigenous species whether animal, reptile or plant should be conducted to contribute to an eventual compilation of a South African homoeopathic materia medica as suggested by Wright (1999).

6.1.9 Remedy Relations

An investigation should be made to determine the relationship between Naja mossambica and existing remedies – in particular with Apis mellifica, which was used to successfully antidote prover 42. It is recommended that the possible differential remedies which appeared in the various repertorisations (see appendix I) and were discussed in section 5.4.1, be compared with the information that arose from this proving, to confirm and expand the remedy relations of Naja mossambica. A careful study and comparative analysis of Naja mossambica to other snake remedies such as Lachesis muta, Bitis arietans arietans etc would also be useful in determining where this particular snake fits into the repertoire of the various snake remedies.

The comparison of drugs is as necessary to successful practice as the analysis of the drug itself (Farringtons, 1995:23).

6.2 Conclusions

The results of this proving demonstrate a range of symptoms throughout the repertory and a few characteristic symptoms particularly in the mental and eye section that may be used to prescribe Naja mossambica 30CH according to homoeopathic principles.

A complete representation of Naja mossambica as a remedy could not be conclusively reported. The overall mental picture nevertheless extracted from the proving suggests that this remedy may be homoeopathically indicated for psychiatric conditions such as manic depression and mania. Other symptoms and signs indicate a possible use of Naja mossambica in the homoeopathic treatment of Acute Conjunctivitis, Influenza and Anorexia.

The comparison between the homoeopathic proving symptomatology of Naja mossambica and existing materia medica of Naja tripudians revealed similarities between the two. Similar indications were found in the mental/ emotional sphere as well as the head, gastrointestinal system, eyes, ears, nose and the extremities. This study however only focussed on the similarities found in the mental and dream sections. The dream symptomatology was unfortunately scanty in the available materia medica of Naja tripudians and therefore the comparative analysis is incomplete. Further research in this area would be beneficial.

It is essential that the proving symptoms be verified and expanded through clinical use and further provings of Naja mossambica so that it becomes a well-utilized remedy curing a class of cases previously only treatable with partial remedies.

Ultimately, this study contributes to the investigation of indigenous species and to the compilation of a South African materia medica as suggested by Wright (1999).

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APPENDIX A:

SUITABILITY FOR INCLUSION IN THE PROVING

All information will be treated as strictly confidential

PROVER CODE:

PLEASE CIRCLE THE APPROPRIATE WORD:

- | | | |
|-----|---|--------|
| 1. | Are you between the ages of 18 and 55 years? | YES/NO |
| 2. | Do you consider yourself to be in general state of good health? | YES/NO |
| 3. | Are you on or in need of any medication? | |
| | - Chemical /Allopathic | YES/NO |
| | - Homeopathic | YES/NO |
| | - Other (e.g. herbal) | YES/NO |
| 4. | Have you been on birth control pill or hormone replacement therapy in the last six months? | YES/NO |
| 5. | Are you pregnant or nursing? | YES/NO |
| 6. | Have you had any surgery in the last six weeks? | YES/NO |
| 7. | Do you use any recreational drugs such as Marijuana, LSD or MDMA (ecstasy) | YES/NO |
| 8. | Do you consume more than: | |
| | Two measures of alcohol per day? | YES/NO |
| | (1 measure = 1 tot/1beer/1/2 glass wine) | |
| | - 10 cigarettes per day? | YES/NO |
| | - 3 cups of tea, coffee, herb tea per day? | YES/NO |
| 9. | If you are between the ages of 18 and 21 years do you have consent from a parent/guardian to participate in this proving? | YES/NO |
| 10. | Are you willing to follow the proper procedures for the duration of the proving? | YES/NO |
| 11. | Is English your first language or/and are you fluent in English? | YES/NO |

This appendix has been adapted from Wright, C. 1999. A Homeopathic Drug Proving of *Bitis arietans arietans*. M. Tech. Hom. Dissertation, Technikon Natal, Durban.

APPENDIX B

INSTRUCTIONS TO PROVERS AND LETTER OF INFORMATION

Dear Prover:

Thank you very much for taking part in this proving.

As an active participant in this proving you will play an integral part in introducing a new indigenous homoeopathic remedy. This study provides an opportunity to utilize one of South Africa's natural resources for a medicinal purpose, which will benefit people for generations to come.

Please be reminded that you are under no obligation and are free to withdraw from the study at any stage.

RISKS AND BENEFITS:

You may experience some mild transient symptoms whilst taking the homoeopathic medication. You however will be in daily contact with the researcher and under constant supervision of a qualified homoeopathic physician, who will antidote any unpleasant intolerable symptoms if necessary.

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

BEFORE THE PROVING:

Ensure that you have the following:

- The correct journal.
- Read and understood these instructions
- Had a case history taken and a physical examination performed?
- Signed the informed consent form.
- Attended the pre-proving training course.

Your proving supervisor (Liesel Taylor, Lorna Smal) will contact you with the date that you are required to commence the pre-proving observation period and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the supervisor to contact you.

Should there be any problems or anything you don't fully understand, please do not hesitate to call your supervisor.

BEGINNING THE PROVING:

After having been contacted by the supervisor and asked to commence the proving, record your symptoms daily in the diary for the 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. This is an important step as it establishes a baseline for you as an individual prover.

TAKING THE REMEDY:

Begin taking the remedy on the day 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 half an hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (six powders maximum).

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy**. 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 powders you are proving as you would any other remedy, including keeping them away from **strong smelling substances, chemicals, electrical equipment and cell phones**.

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 will know your identity and all information will be treated in the strictest confidence. Your identity will not be revealed at any part of the study.

CONTACT WITH YOUR SUPERVISOR:

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

If you have any doubt or questions during the proving, please do not hesitate to call your supervisor.

RECORDING OF SYMPTOMS:

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of 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: A modality describes how a symptom is affected by different situations/ stimuli. Better (>), or worse (<) from weather, food, odours, 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.

AETIOLOGY: Did anything seem to cause or set off the symptom and does it do this repeatedly.

CONCOMITANTS: Do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?

THIS IS EASILY REMEMBERED AS:

C L A M I T S

- C** - concomitants
- L** - location
- A** - aetiology
- M** - modality
- I** - intensity
- T** - time
- S** - sensation

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**

**EXTREMITIES
URINARY ORGANS
GENITALIA
SEX
TEMPERATURE
SLEEP
*DREAMS
GENERALS**

***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 person who is proving the medicine must be pre-eminently trustworthy and conscientious... and able to express and describe his sensations in accurate terms."
(Hahnemann 1997:200)

Thank you for participating in this proving. We are sure you will find that there is no better way of understanding and advancing homoeopathy.

Kind regards

Lorna Smal and Liesel Taylor

Contact numbers:

Dr. David Naudé – Supervisor
Lorna Smal and Liesel Taylor - Researchers

Name:	Home telephone:	Cellular telephone	Homoeopathic clinic:
Dr. David Naude			031 - 2042041
Lorna Smal	031 - 7656588	0824460892	031 - 2042041
Liesel Taylor	031 - 7633897	0823521516	031 - 2042041

This appendix has been adapted from Webster, H. 2002. A Homeopathic Drug Proving of Sutherlandia frutescens. M. Tech. Hom. Dissertation, Durban Institute of Technology.

APPENDIX C:

INFORMED CONSENT FORM:

(To be completed in duplicate by prover)

TITLE OF THE RESEARCH PROJECT:

A Homeopathic Drug Proving

NAME OF SUPERVISOR:

Dr. David Naudé

NAME OF RESEARCH STUDENT:

Lorna Smal

DATE:

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? _____ | |
| 6. Have you received enough information about this proving? | YES/NO |
| 7. Do you fully 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? | YES/NO |
| • 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 |
| 10. Do you agree not to discuss any of the particulars of your treatment with any other study participants? | YES/NO |

I, _____,

agree to participate in the proving outlined in Appendix B, and acknowledge that I have read and understand the instructions in Appendix B regarding the proving.

Prover: _____ Signature: _____

Witness: _____ Signature: _____

Researcher: _____ Signature: _____

Name:	Home telephone:	Cellular telephone	Homeopathic clinic:
Dr. David Naude			031-2042041
Lorna Smal	031- 7656588	0824460892	031 - 2042041
Liesel Taylor	031 - 7633897	0823521516	031 - 2042041

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

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

I _____ (guardian/parent) hereby give consent for the proposed procedure to be performed on _____ (prover) as part of the above mentioned research project.

I _____ hereby give consent for the proposed procedure to be performed on me as part of the above mentioned research project.

PROVER NAME: _____ **SIGNATURE:** _____

WITNESS NAME: _____ **SIGNATURE:** _____

RESEARCH

STUDENT NAME: Lorna Smal **SIGNATURE:** _____

This appendix has been adapted from Webster, H. 2002. A Homeopathic Drug Proving of Sutherlandia frutescens. M. Tech. Hom. Dissertation, Durban Institute of Technology.

APPENDIX D

CASE HISTORY SHEET

This appendix has been adapted from Webster, H. 2002. A Homeopathic Drug Proving of *Sutherlandia frutescens*. M. Tech. Hom. Dissertation, Durban Institute of Technology

PROVER CODE:

Name:..... Sex:.....
Date of Birth:..... Age:.....
Marital Status:..... Children:.....
Occupation:.....

PAST MEDICAL HISTORY:

Please list previous health problems and their approximate dates:

Do you have a history of any of the following?

Cancer		Asthma	
HIV		Pneumonia / Chronic bronchitis	
Parasitic infections		Tuberculosis	
Glandular fever		Tendency to suppuration / boils	
Bleeding disorders		Oedema / swelling	
Eczema/ skin conditions		Smoking	
Warts		Haemorrhoids	

PREVIOUS SURGICAL HISTORY:

Please list any past surgery and the approximate dates:
(tonsils, adenoids, moles, warts appendix etc)

ALLERGIES:

VACCINATIONS:

A bad reaction:
No reaction:

MEDICATION (including vitamins & minerals) that you are taking:

ESTIMATE YOUR DAILY OR WEEKLY CONSUMPTION OF:

Alcohol:

Cigarettes:

Recreational drugs:

FAMILY HISTORY

In your family is there a history of:

Cardiovascular disease	
Cerebrovascular disease (Stroke)	
Diabetes Mellitus	
Tuberculosis	
Mental Disease	
Cancer	
Epilepsy	
Bleeding disorders	

Please list any other medical conditions within your family:

ENERGY:

Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

SLEEP:

Quantity:

Quality:

Position:

DREAMS:

TIME MODALITIES:

WEATHER MODALITIES:

PERSPIRATION:

APPETITE:

Cravings:

Aversions:

Aggravations:

THIRST:

BOWEL HABITS:

URINATION:

DESCRIPTION OF MENSES AND MENSTRUAL CYCLE:

MIND:

HEAD:

EYES:

EARS:

NOSE AND SINUSES:

MOUTH, TONGUE AND TEETH:

THROAT:

RESPIRATORY SYSTEM:

CARDIOVASCULAR SYSTEM:

DIGESTIVE SYSTEM: (stomach, abdomen, rectum, anus)

URINARY SYSTEM:

GENITALIA AND SEXUALITY:

MUSCULOSKELETAL SYSTEM:

EXTREMITIES:

Upper:

Lower:

SKIN:

HAIR AND NAILS:

OTHER:

THE PHYSICAL EXAMINATION

PHYSICAL DESCRIPTION:

Hair colour:

Eye colour

Frame size / build

Complexion:

Skin texture & type:

VITAL SIGNS:

Blood pressure: (RHS, Seated)

Pulse rate:

Respiratory rate:

Temperature:

Weight:

Height:

GENERAL EXAMINATION:

Cyanosis:

Anaemia:

Jaundice:

Clubbing:

Oedema:

Lymphadenopathy:

Dehydration:

Dyspnoea:

Any relevant findings on examination:

APPENDIX E:

If you have met all the inclusion criteria and are between the ages of 18 and 21 years of age, written consent from a guardian needs to be obtained to participate in the proving.

I _____ (guardian /parent) give permission for
_____ (prover) to participate in the homeopathic
proving conducted by L. Smal and L. Taylor at the Durban Institute of Technology.

Name: _____ Signature: _____ Date: _____
(Guardian)

Name: _____ Signature: _____ Date: _____
(Witness)

Take part in Homoeopathic Research!

*Be a part of the discovery of a new
medicine, which will benefit people
for generations to come.*

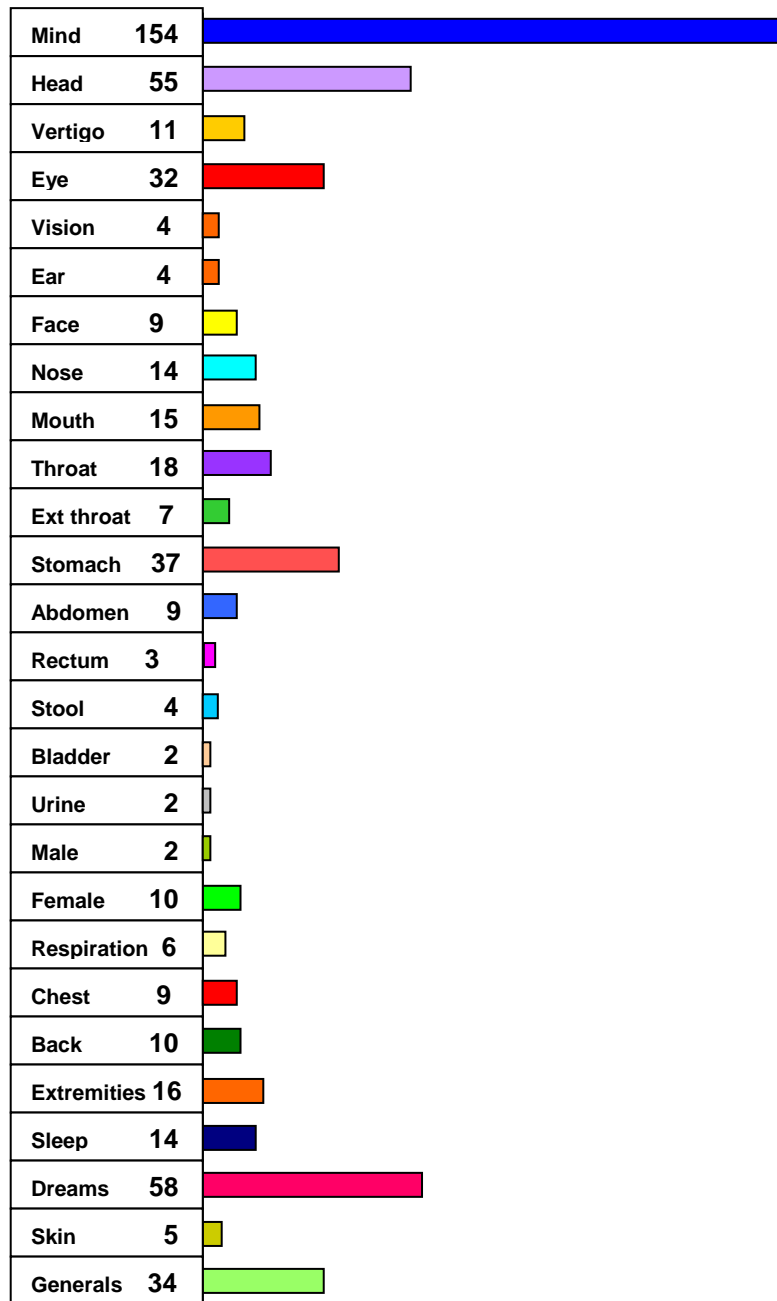
**Learn about the exciting
workings of homoeopathy and
learn about yourself.**

*Applicants should be between 18 and 55
years and in general good health.*

**Lorna Smal (031)7656588 / 0824460892
Liesel Taylor (031)7633897 / 0823521516
Homoeopathic Day clinic (031) 2042041**

APPENDIX G

DISTRIBUTION OF RUBRICS



APPENDIX G

AGE AND GENDER DISTRIBUTION TABLE:

Prover	Sex	Age
01	M	23
02	M	23
03	F	24
05	M	24
26	F	22
28	M	22
29	F	19
31	F	18
34	F	21
35	F	23
36	F	20
38	F	18
42	F	19

APPENDIX H

Materia Medica of Naja tripudians (Allen, 1992, 1990)

Mind

Temper good; very excitable and playful, oftener than common (fifth day)

Dullness of spirits (after nine hours and a half, third day)

Rather dull in spirits, without sufficient cause (second day); great depression of spirits, (third day); very low in spirits (fourth day) sense of depression (soon, first day) considerable depression of spirits and a feeling of inability to exertion of any kind and a conviction that all is going wrong; head very painful and spirits very much depressed (third day)

Great depression of wrong with me, and to be without remedy; being called out of town in the afternoon somewhat suddenly, these feelings went off in a great measure, though they did not entirely subside (sixth day); considerable lowness of spirits, great inaptitude for exertion, with sense of aching over the whole head; this continued more or less all day (seventh day), feel today very low spirited, cannot do anything, got better towards evening (eighth day. Great depression of mind with the distress about the generative organs (4th day).

Sadness or serious disposition (3rd, 4th and 5th day) sadness and irresolution (6th day) Intense depression of spirits usually accompanied the headache, this melancholy; was of a peculiar quick-tempered. Irritable and restless. Displeased with every-thing.

She cried, and seemed to suffer much pain

Very slight emotion pleasing or otherwise, brings a strong inclination to tears (seventh day)

Sadness; evening; with irresolution; with distress about sexual organs; with headache and inability for any exertion; as if everything were done wrong and

could not be rectified, with increased perception of what I ought to do and uncontrollable inclination not to do it, causing restlessness.

Brooding over imaginary troubles.

Affected easily by a very little wine or alcoholic drinks during the week.(after three days)

His mind wandered, but at last he got better, and was able to go out again; a short time after, having an axe in his hand, going as he said, to cut wood, he suddenly split his own head in two; he had become insane.

Mental and physical weakness, anxiety to do many things, but not inclined to move about them, disposition to huddle up near the fire and brood over one's business.

Absence of mind.

Dullness in evening,

Stupid and confused feeling.

Memory confused. Forgetful.

Consciousness almost or quite lost.

Insensible ; and speechless.

Comatose.

Dreams

Dreams vivid.

Many dreams. Not disagreeable (sixth night)

Long and vivid dreams, little recollection of the subjects.(sixteenth day)

Vivid, of the affairs of the day, with additions and new plans for the morrow,(third night)

Dreams of murders, suicides, fires etc. (twelfth day)

Repertory symptoms of Naja tripudians (Synthesis 7th Edition. 1997)

MIND – ABSENTMINDED	S1
MIND - ACTIVITY; desires	S3
MIND - AILMENTS FROM – anticipation	S4
MIND - AILMENTS FROM – grief	S5
MIND – ANGUISH	S11
MIND – ANXIETY	S16
MIND - ANXIETY - motion - amel.	S20
MIND - ANXIETY - others, for	S20
MIND – APHASIA	S23
MIND – BROODING	S27
MIND - BROODING - disease, over his - imaginary disease; over	S27
MIND - BROODING - suicidal disposition; with	S27
MIND - BROODING - troubles - imaginary troubles; over	S27
MIND – CENSORIOUS	S29
MIND - COMPANY - desire for	S35
MIND - CONFIDENCE - want of self-confidence	S37
MIND - CONFIDENCE - want of self-confidence - failure, feels himself a	S37
MIND - CONFIDENCE - want of self-confidence - self-depreciation	S37
MIND - CONFUSION of mind	S37
MIND - CONFUSION of mind - identity, as to his - duality, sense of	S39
MIND - CONFUSION of mind - morning - waking, on	S38
MIND - CONFUSION of mind - waking, on	S41
MIND – DELIRIUM	S46
MIND - DELIRIUM – loquacious	S49
MIND - DELIRIUM - meningitis cerebrospinalis	S49
MIND - DELIRIUM – paroxysmal	S49
MIND - DELUSIONS - hearing - illusions of	S67
MIND - DELUSIONS - influence; one is under a powerful	S69
MIND - DELUSIONS - injury - being injured; is - head; at	S70
MIND - DELUSIONS - injury - being injured; is - surroundings; by his	S70

MIND - DELUSIONS - neglected - duty; he has neglected his	S74
MIND - DELUSIONS - neglected - he is neglected	S74
MIND - DELUSIONS - poisoned - he - has been	S76
MIND - DELUSIONS - rain - it is raining	S77
MIND - DELUSIONS - starve - being starved	S82
MIND - DELUSIONS - superhuman, is - control, is under	S83
MIND - DELUSIONS - visions, has	S86
MIND - DELUSIONS - wasting away	S87
MIND - DELUSIONS - wrong - suffered wrong; he has	S89
MIND – DESPAIR	S89
MIND – DULLNESS	S95
MIND - DULLNESS – evening	S96
MIND – EXCITEMENT	S101
MIND - EXCITEMENT - wine - as from	S103
MIND - FANCIES - exaltation of	S105
MIND - FANCIES - exaltation of – evening	S105
MIND - FANCIES - vivid, lively	S105
MIND - FEAR - death, of	S109
MIND - FEAR - death, of - heart symptoms, during	S109
MIND - FEAR - disease, of impending - incurable, of being	S109
MIND - FEAR - failure, of	S111
MIND - FEAR - happen, something will	S111
MIND - FEAR - misfortune, of	S113
MIND - FEAR - rain, of	S115
MIND - FIRE - near the fire; desire to be	S118
MIND – FOREBODINGS	S119
MIND – FORGETFUL	S119
MIND - FORGETFUL – evening	S119
MIND - GESTURES, makes - hands; involuntary motions of the – grasping – throat	S123
MIND – GRIEF	S124
MIND - INDIFFERENCE, apathy	S134
MIND - INSANITY, madness	S137
MIND - INSANITY, madness - split his head in two with an axe;	

suddenly wants to	S139
MIND - INSANITY, madness - suicidal disposition, with	S139
MIND - IRRESOLUTION, indecision	S140
MIND – IRRITABILITY	S141
MIND – LAUGHING	S149
MIND - LOATHING - life, at	S153
MIND – MEDITATING	S157
MIND - MEMORY – confused	S158
MIND - MEMORY - weakness of memory	S158
MIND - MEMORY - weakness of memory - mental exertion; for	S159
MIND - MENTAL EXERTION - agg.	S161
MIND - MENTAL EXERTION - agg. – impossible	S161
MIND - MENTAL EXERTION - desire for	S162
MIND – MIRTH	S162
MIND - MIRTH – night	S163
MIND – MOANING	S165
MIND - MOOD – alternating	S166
MIND – MOROSE	S167
MIND - OCCUPATION - desire to	S172
MIND – PLAYFUL	S174
MIND - PROSTRATION of mind	S175
MIND – RESTLESSNESS	S182
MIND - RESTLESSNESS – afternoon	S183
MIND - RESTLESSNESS - headache, during	S185
MIND – SADNESS	S188
MIND - SADNESS – evening	S189
MIND - SADNESS - headache, during	S191
MIND - SADNESS – morning	S188
MIND - SADNESS - suicidal disposition, with	S192
MIND - SADNESS - superfluous, feeling	S193
MIND - SADNESS - wrong way, as if having done everything in	S193
MIND - SELF-DECEPTION	S194
MIND – SENTIMENTAL	S197
MIND - SERIOUS, earnest	S197

MIND - SHRIEKING - dying; thinks she will be - breath; and loses her	S197
MIND - SPEECH – inarticulate	S203
MIND - SPEECH – slow	S204
MIND - SPEECH – unintelligible	S204
MIND - STARTING, startled - sleep – from	S207
MIND - SUICIDAL disposition	S211
MIND - SUICIDAL disposition - axe, with an	S211
MIND - SUICIDAL disposition - sadness, from	S212
MIND - SUICIDAL disposition – thoughts	S212
MIND – TACITURN	S213
MIND - THOUGHTS – wandering	S219
MIND – TIMIDITY	S220
MIND – TORPOR	S220
MIND - TRANQUILLITY, serenity, calmness	S221
MIND – UNCONSCIOUSNESS	S221
MIND - WEARY OF LIFE	S228
MIND – WEEPING	S228
MIND - WEEPING - emotion, after slight	S230
MIND - WILL - contradiction of	S233
MIND - WILL - loss of will power	S233
MIND - WILL - two wills; sensation as if he had	S234
MIND - WRONG, everything seems	S234
DREAMS – FIRE	S1463
DREAMS – FRIGHTFUL	S1464
DREAMS – LONG	S1467
DREAMS – MANY	S1467
DREAMS – MURDER	S1467
DREAMS – NIGHTMARES	S1469
DREAMS – SUICIDE	S1474
DREAMS – UNREMEMBERED	S1475
DREAMS – VIVID	S1476

APPENDIX I