

**A DOUBLE-BLIND HOMOEOPATHIC DRUG PROVING OF CURCUMA LONGA  
30CH WITH THE SUBSEQUENT COMPARISON TO THE AYURVEDIC AND  
PHYTOTHERAPEUTIC INDICATIONS THEREOF.**

**By**

**Suhana Rajkoomar**

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Master's Degree in Technology: Homoeopathy in the Department of Homoeopathy at  
the Durban University of Technology.

I, Suhana Rajkoomar, hereby declare that this mini-dissertation represents my own  
work both in concept and execution.

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Signature of student

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Date of Signature

**APPROVED FOR FINAL SUBMISSION**

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Signature of Supervisor

Dr D.F. Naude

M. Tech: Hom. (T.N.)

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Date of Signature

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## **ABSTRACT**

### **Introduction**

The purpose of this study was to determine the therapeutic potential of *Curcuma longa* 30CH when administered to healthy individuals, thus revealing the materia medica of the substance.

It was also the aim of this study to compare the existing therapeutic indications of the substance to the proving symptomatology.

### **Methodology**

The proving took the form of a double-blind placebo controlled study and was conducted by two Master's in Technology: Homoeopathy students using 30 healthy subjects. Twenty four provers were given the active medication and six provers were given the placebo. The remedy was manufactured according to the German Homoeopathic Pharmacopoeia in 30CH potency. The proving ran for a period of six weeks.

### **Results**

The symptoms extracted from the proving were placed in different sections according to the repertory and was compared to the Ayurvedic and Phytotherapeutic indications of *Curcuma longa*. There were 202 symptoms produced as a result of the remedy, 141 rubrics were formulated using these symptoms. The largest number of rubrics

was allocated to the mind, head and dreams section of the repertory, other smaller sections of prominence included the eye, ear, nose and throat sections.

A wealth of information was gained once the comparison was made between

*Curcuma longa* 30CH and the Phytotherapeutic and Ayurvedic indications of use.

Similarities between the materia medica of *Curcuma longa* and the Phytotherapeutic indications of use were found to exist with respect to sections such as eye, nose, face, stomach, stool, respiration, back, extremities, skin and generals.

## **Conclusion**

The administration of *Curcuma longa* 30C to healthy provers according to the methodological protocol of this study resulted in the production of a variety of defined proving symptoms which comprise the materia medica thereof (first objective of the study). The subsequent comparison of the proving symptoms with the existing indications of Turmeric as an Ayurvedic and Phytotherapeutic medicine (second objective of the study) revealed clear correlations in a variety of defined areas.

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## **DEFINITION OF TERMS**

### **CENTESIMAL POTENCY**

A potency scale with a dilution in the proportion of 1 part in 100 (Swayne, 2000:36).

### **HOMOEOPATHY**

A system of therapeutics founded by Samuel Hahnemann in which disease is treated with substances which are capable of producing in healthy individuals symptoms like those of the disease to be treated, the drug being administered in minute doses (Dorland's Medical Dictionary, 1994:773).

### **LAW OF SIMILARS**

A doctrine that states that any drug which is capable of producing morbid symptoms in the healthy will remove similar symptoms occurring as an expression of disease (Yasgur, 1997:234). It is usually expressed as *similia similibus curentur*, from Latin meaning let like be cured by like (Swayne, 2000:193).

### **MATERIA MEDICA**

In homoeopathy, a reference work listing remedies and their therapeutic action (Yasgur, 1997:144). The description of the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (Swayne, 2000:132).

## **MIASM**

Trait within a society, family or individual making them susceptible to a particular pattern of morbidity; an inherited or acquired disposition to be ill in a certain way (Swayne, 2000:137).

## **PLACEBO**

An inactive agent used for comparison with the substance or method to be tested in a controlled trial (Swayne, 1998:213).

## **POTENCY**

The power or strength of homoeopathic remedies, represented as a number attached to the remedy name (Yasgur, 1997: 193).

## **POTENTISATION**

Potentisation is the process of serial dilution with succussion, including trituration, which is used in the production of a homoeopathic remedy to develop the activity of that remedy (Swayne, 1998:214).

## **PROVER**

Healthy individuals to whom the test substance is administered in a homoeopathic proving (Webster, 2002).

## **PROVING**

The systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the action of the substance (Vithoulkas, 1980: 96).

## **REPERTORY**

A systematic cross reference of symptoms and disorders to the homoeopathic remedy in whose materia medica they occur. The degree of association between the two is indicated by the type in which the remedy name is printed (Swayne, 2000: 183).

## **RUBRIC**

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

## **VERUM**

In the context of a homoeopathic drug proving, verum refers specifically to the substance that is administered to provers that is medicinally active in contrast to the medically inert placebo (Yasgur, 1997: 275).

# CHAPTER ONE

## Introduction

### 1.1. Introduction

Homoeopathic drug provings have been the most important part of homoeopathic theory and the foundation of homoeopathic clinical application since the discovery of *Cinchona officinalis* in 1790 by Samuel Hahnemann. In a homoeopathic proving, a substance is given to healthy volunteers and the resultant symptoms that are produced serve as the therapeutic indications for the substance (Walach, 1997:219).

Hahnemann demanded to know the action of drugs upon the human organism and carried out the work in an orderly manner thereby discovering the Law of cure. The discovery of the law made it mandatory to know the action of drugs, and Hahnemann set to work to obtain that knowledge and called the work a drug proving (Roberts, 1936:125).

The technique of drug provings was gradually improved by introduction of methods supplemented by instrumentation and laboratory investigations. The single and double-blind technique which became the norm in pharmacological experimentation were discovered and developed by homoeopathic researchers (Demarque, 1987:230).

The substance used for this drug proving was *Curcuma longa*.

*Curcuma longa* is a member of the Zingiberaceae (ginger) family and its common name is turmeric. The name turmeric means yellow in Sanskrit (L' Orange, 1998:66).

*Curcuma longa* is cultivated extensively in India, China, Indonesia and other tropical countries. Turmeric is a major ingredient of curry powder and is used in the preparation of mustard (Joseph, Pizzorno, Murray, 2003:893). Turmeric is traditionally used in Chinese and Ayurvedic medicine for a range of conditions (L' Orange, 1998:73).

Turmeric and its derivatives have a significant degree of pharmacological activity and have been described as:

- An effective antioxidant
- Anticarcinogenic
- Anti-inflammatory
- A cardiovascular protectant
- Hepatoprotective
- Gastro-intestinal carminative
- Anti-microbial agent

(Joseph, Pizzorno, Murray, 2003:893)

Upon reviewing the significant quantity of data with respect to the various traditional, practical and phytotherapeutic applications of turmeric it was hypothesised that a homoeopathic drug proving of *Curcuma longa* 30CH would produce many symptoms



(therapeutic indications) and thus *Curcuma longa* would be a valuable addition to the homoeopathic materia medica.

## **1.2 Objectives of the study**

The first objective of this double-blind placebo controlled study was to determine the effects of *Curcuma longa* 30CH on healthy subjects, in doing so the materia medica of the substance will be determined and thus the homoeopathic clinical indications revealed.

The second objective of the study was to compare the materia medica of the substance with the existing indications of Turmeric in terms of Phytotherapeutic and Ayurvedic Principles.

## **1.3 The Hypotheses**

### **1.3.1 First hypothesis**

It was hypothesised that a homoeopathic drug proving of *Curcuma longa* 30CH would produce many symptoms (therapeutic indications) and thus *Curcuma longa* would be a valuable addition to the homoeopathic materia medica.

### **1.3.2 Second hypothesis**

It was hypothesised that the symptoms produced during the drug proving of *Curcuma longa* 30CH would relate to the Phytotherapeutic indications and Ayurvedic uses of Turmeric.

## **1.4 The Delimitations**

The study did not attempt to:

- Investigate the effects of the proving substance in potencies other than the 30CH potency.
- Determine the toxicological effect of the proving substance.
- Determine a miasmatic analysis of the proving substance.

## **1.5 The Assumptions**

- The provers observed the symptoms experienced and recorded them in their journals as per the proving methodology.
- The provers maintained their normal routine before and during the proving period.
- The provers diligently adhered to the proving protocol.

## CHAPTER TWO

### Review of the related literature

#### 2.1. Historical perspectives and the law of similars

Homoeopathy began with the proving of *Cinchona officinalis* in 1790, which Hahnemann described as ‘the dawn’ of homoeopathy (Wieland, 1997:229). Homoeopathic provings have been known to be the pillar of homoeopathy since this ground-breaking experiment. Homoeopaths determine the therapeutic indications of homoeopathic medicines, after noting the effect substances have on healthy volunteers (Walach, Sherr, Schneider, Shabi, Bond and Rieberer, 2004:180).

A vast amount of information is available on each of the major homeopathic remedies with regard to their effects on tissues, organs and functions of the body, as well as on the mind, emotions and energy levels (De Shepper, 2001:32).

Provings when well interpreted and applied, project us into a wider scope of knowledge; the symptoms obtained in a proving providing the basis on which the prescription of the remedy can take place in clinical practice (Rosenbaum, 2004:44)

The Law of Similars forms the foundation of homoeopathy i.e. ‘Like Cures Like’, the law states that that a substance which produces certain symptoms in healthy individuals can cure the same symptoms in those who are sick. Hahnemann arrived at this conclusion by taking *Cinchona officinalis* or Peruvian bark for several days,

after which he began to experience the episodic fever-like symptoms of malaria, for which quinine was prescribed. After he stopped taking the *Cinchona officinalis*, his symptoms disappeared without affecting his health permanently. On experimenting with other substances, he came to the same conclusion; a substance can cure the symptoms it induces, or 'Like Cures Like' (De Shepper, 2001:26-27).

In the early provings Hahnemann and his followers used medicines in the substantial (crude) doses which were in use at the time however the use of such crude doses produced many toxic symptoms. Hahnemann therefore decided to dilute these substances stepwise, thereby discovering the principle of potentisation. In the last edition of his book *Organon of the Medical Art* he established the 30CH potency as a common potency for drug provings (Sherr, 1994:55).

Hahnemann gave detailed methodological instructions for the conduction of provings in Aphorisms 105-114 of *Organon of Medical Art*. He was the first to introduce the concept of scientific experiments on medicinal substances as the scientific basis for prescribing them (De Shepper, 2001:32).

According to the European Institute for Homoeopathy (2004) a homoeopathic proving must include the following:

- The symptoms must be systematically observed and recorded by volunteers.
- The symptoms must be produced by the administration of a potentially homoeopathic substance that has yet to be proved homoeopathically.

- The potential homoeopathic substance is to be administered to only healthy volunteers (provers).

The fundamental theoretical basis for the proving of drugs on healthy persons was an idea expressed originally by Samuel Hahnemann. In Aphorism 21, he describes the basic principle:

“Now, as it is undeniable that the curative principle in medicines is not in itself perceptible, and as in pure experiments with medicines conducted by the most accurate observers, nothing can be observed that can constitute them medicines or remedies except that power of causing distinct alterations in the state of health of the human body, and particularly in that of the healthy individual, and of exciting in him various definite morbid symptoms; so it follows that when medicines act as remedies, they can only bring their curative property into play by means of this their power of altering man’s state of health by production of peculiar symptoms; and that, therefore, we have only to rely on morbid phenomena which the medicines produce in the healthy body as the sole possible revelation of their in-dwelling curative power, in order to learn what disease-producing power, and at the same time what disease-curing power, each individual medicine possesses”(Vithoukas, 1980:142).

Thus it can be seen that the purpose of conducting a proving of a remedy is to “record the totality of morbid symptoms produced by that substance on healthy individuals”; and that totality will then be the curative indications upon which it is to be prescribed (Vithoukas, 1980:142-143). Essentially provings help to establish the therapeutic potential of a proved medicinal substance.

## **2.2 Proving methodologies**

Hahnemann did not begin with a set methodology, but changed and developed his methods several times (Wieland, 1997:229). Hahnemann's provings have displayed reliable results; although the methodology he used would not be considered reliable by present standards for clinical trials (Wieland, 1997:229). The most serious flaw would be that his trials were uncontrolled (Fischer, 1995:129). The incorporation of standardized scientific research methods used in 'modern' provings has improved on Hahnemann's methodology of homoeopathic drug provings (Riley, 1997:225). It is therefore essential that good proving methodology should ideally adopt modern design technology such as blinding randomisation and placebo control. In homoeopathic drug provings not only should provers be blind with respect to who receives verum or placebo but they should also not be aware of the identity of the proving substance either (European Committee of Homoeopathy, 2004:17).

### **2.2.1 Potency**

Hahnemann's first provings were done using crude substances (in material doses); however these produced many toxic symptoms (Wieland, 1997:231). He therefore decided to dilute these substances, thereby discovering the principle of potentisation (Walach, 1997:219). The use of potentised (ultra-high dilutions) remedies used in provings is favourable as they produce a wider range of symptoms than that of material doses (Sherr, 1994:55). Any potency beyond 24CH has virtually no chance of containing one molecule of the original substance within it; it could be assumed that further potentisation (dilution) would render the remedies totally inactive;

however potencies ranging far beyond this continually appear to increase in power (Vithoulkas, 1980:102).

Sherr (1994) (a renowned authority on modern provings) uses a wide range of potencies in his provings. A variety of potencies may be used to investigate the action of different potencies and as a result gain information when choosing the correct potency for a patient. This may be achieved by matching the symptom of the patient to the relevant symptom in the materia medica and then prescribing the precise potency of the substance that produced the exact symptom (Sherr, 1994:56). The proving of Hydrogen shows there is no evidence that encourages the common homoeopathic belief that high potencies affect the mind while low potencies affect the physical body, the average mental/emotional symptoms per prover for each respective potency was:

6C=30.5, 9C=17, 12C=9, 15C=1.5, 30C=46.6, 200C=14 (Sherr, 1994:27).

Various homoeopathic practitioners believe that the 30<sup>th</sup> potency produces the strongest mental symptoms despite being a lower potency (Sherr, 1994; Walach, 1994). According to Norland (2007) patients who exhibit mind symptoms may also respond well to lower potencies which goes against the norm that lower potencies are utilised for patients exhibiting physical symptoms.

Hahnemann preferred the 30CH for provings and clinical use and 30CH potency seems to be the most frequently used potency in drug provings (Wieland, 1997:231).

In the proving of Hydrogen out of 305 mental symptoms produced 140 mental symptoms were produced by the 30<sup>th</sup> potency (Sherr, 1994:27). By using the 30CH potency provers would still be sensitive to the substance but there would no longer be any danger of toxicity (Herscu, 2002:97).

### **2.2.2 Blinding**

De Shepper (2001) states that the prover must not have any preconceived ideas regarding the proving and thus in order to achieve this they must not know the name of the remedy in advance. Most of the original homoeopathic provings were conducted with the remedies being known to the prover, however the majority of all homoeopathic provings are currently conducted using a double-blind methodology (Sherr, 1994:36).

Homoeopathic researchers became among the first to adopt the blinding procedure to test drugs. In a recent study of the history of provings, Demarque provides a quote concerning an *Aconitum napellus* re-proving done by Hahnemann's followers in 1843. The quote states that all the volunteers were unaware of the name of the medicine being studied and that test vials were indistinguishable from each other. The idea of blinding was thus applied in homoeopathic circles as early as the 19<sup>th</sup> Century and was considered as routine procedure even in some early homoeopathic provings (Kaptchuk, 1996:239).

### **2.2.3. Placebo**

Placebo control may be one of the most important requirements in the conducting of modern provings. Due to the multitude of potential variables which govern the response of individuals to particular interventions, this, it seems, is one of the reasons a placebo is necessary. By the administration of placebo, it is possible to keep all the other variables constant, and then examine what additional variance



might be explained by the drug intervention. Without both a double-blinding procedure and placebo control, one cannot be certain that the findings are not due to hope, expectancy, spontaneous fluctuation or other variables (Davidson, 1995:63-64).

Placebo control is thought to be the best control for subjectivity and is intended to reduce or eliminate bias by enabling pharmacological or drug related effects (proving symptoms) to be differentiated from environmental and other non-specific effects (the extraneous variables) (Kaptchuk, 1996:240).

In a clinical drug trial, the use of placebo has 3 major benefits which are described by Sherr (1994):

- It distinguishes the pharmacodynamic effects of a drug from the psychological effects that may arise from the test itself.
- It distinguishes drug effects from fluctuations in disease that occur with time and other external factors.
- It avoids “false negative” conclusions – i.e. the use of placebo tests the efficacy of the trial itself.

Placebos are not given to measure placebo effect, but to raise the alertness of provers and eventually find out how far the quality of proving symptoms under placebo differ from the real proving symptoms (European Committee of Homoeopathy, 2004:17).

Vithoulkas (1980) suggests that 25% of the provers should be given placebos while the rest should receive the active medicine, while Sherr (1994) suggests that 10-20% should receive placebo. Ross (2010:7) in his meta-analysis of homoeopathic drug

proving at Durban University of Technology between 1999 and 2008 stated that that percentage of provers given placebo in these provings decreased from 50% to 20% whilst in most cases the number of provers given the verum is between 15 and 20 as this is known to yield a useful remedy picture.

#### **2.2.4. Sample size**

De Shepper (2001) suggests that a preferably a proving should consist of 50 people and that a minimum of at least 12 provers is necessary as a symptom which could otherwise be important for a remedy may be missing entirely if there are only a handful of provers (De Shepper, 2001:34) while Vithoukas (1980) suggests 50-100 people in a proving. In Sherr's (1994) opinion a large number of provers will lead to many common symptoms and as a result overcrowd the repertory he suggests that five provers are sufficient for a small project and 15-20 provers produce a full remedy picture (Sherr, 1994:45).

The European Committee for Homoeopathy (2004) guidelines states that 12-15 provers are sufficient to give good proving symptoms. Provings conducted at the Durban University of Technology were conducted on 30-32 provers (Ross, 2010:7).

#### **2.2.5 Provings conducted at Durban University of Technology**

Homeopathic drug provings have been approved at the Durban University of Technology since 1997. There has been 16 blinded, placebo controlled provings of

13 indigenous South African plant and animal substances conducted at the Durban University of Technology from 1999 – 2008.

In all of the provings conducted, attention was paid to provers being well-informed in terms of the role they played, their right to withdraw at any stage and identities of the provers known only to his or her researcher. The criteria for inclusion or exclusion of a subject as a prover was consistent with all provings conducted at D.U.T. All of the provings were double-blind except for the proving of *Erythrina lysistemon* (2007), which used a triple-blind technique, where neither, the prover, nor supervisor, was aware of who was on placebo or verum and the proving substance was not known to both the prover and supervisor.

All provings prepared the remedy, according to the method described in the German Homeopathic Pharmacopoeia. The criteria for inclusion of a symptom followed a consistent set of criteria. All provings were presented in Materia Medica and Repertory format. Most of the provings conducted at the Durban University of Technology showed consistency; however there has been experimentation with regards to prover population, placebo and blinding as well as prover supervision. (Ross, 2010: 4-8)

## 2.3. The proving substance: *Curcuma longa*

### 2.3.1 Classification

**Kingdom:** Plantae

**Family:** Zingiberaceae

**Subfamily:** Zingiberoideae

**Genus:** Curcuma

**Species:** longa

**Botanical name:** *Curcuma longa* L

**Common name:** Turmeric, Indian saffron, haldi, common turmeric

### 2.3.2. Description and distribution



Turmeric plant

(Wikipedia encyclopedia)



Turmeric (Rhizome)

(Wikipedia encyclopedia)



Turmeric plant

(Wikipedia encyclopedia)

Turmeric, a member of the Zingiberaceae (ginger) family, is a perennial herb growing up to 1.5m high with large tufted leaves. The leaf blade is long and tapers to the base. Pale yellow flowers containing three petals appear close to ground level. The rhizome is oblong or cylindrical and often short-branched. The external colour of the rhizome is brown and internally ranges from yellow to yellow-orange. The rhizome consists of two parts; an egg-shaped primary rhizome and several cylindrical and branched secondary rhizomes growing from the primary rhizome (Bone, 2000:570).

Turmeric is a native of India and South-East Asia, it is now cultivated in many countries but India still accounts for a large percentage of current world production (Bone, 2000:569). It is found in all states of India but particularly in Tamil Nadu, West Bengal and Maharashtra (Williamson, 2002:117).

### **2.3.3. Therapeutic uses**

#### **2.3.3.1. Ayurvedic and traditional uses of turmeric**

Turmeric is an ancient spice and traditional remedy that has been used as a medicine, condiment and flavouring (Bone, 2000:569). It is extensively used for its colorants properties and flavour (Joseph, Pizzorno, Murray, 2003:893).

In India, turmeric is regarded as a stomachic, tonic and blood purifier which is used for poor digestion, fevers, skin conditions, vomiting in pregnancy and liver disorders (Bone, 2000:569). Externally, it can be applied to insect bites and wounds as an

antiseptic (Williamson, 2002:117). Indian women also apply it to the skin to reduce hair growth (Bone, 2000:569).

Turmeric is used in both the Chinese and Indian (Ayurvedic) systems of medicine as an anti-inflammatory agent and in the treatment of numerous conditions including flatulence, jaundice, menstrual disorders and chest pain (Joseph, Pizzorno, Murray, 2003:893).

In Ayurvedic medicine turmeric has been used for a range of conditions including uterine tumours, poor circulation and skin disorders (L'Orange, 2006:73). Turmeric has been used topically for chronic ulcers and scabies (Charles, 2006:73). Externally turmeric may be used to treat wounds and injuries and may act as a poultice to relieve pain and inflammation (Sachs, 2006:73). Turmeric has also been known to treat conditions such as conjunctivitis, arthritis and eczema (Mills, 2000:73).

In China different uses are attributed to the 'rhizome' and 'tuber'. Turmeric 'rhizome' is said to be a *blood* and *Qi* (vital energy) stimulant with analgesic properties. It is used to treat chest and abdominal pain and distension, jaundice, frozen shoulder, amenorrhea due to blood stasis and postpartum abdominal pain due to stasis. It is also used for wounds and injuries. The 'tuber' has similar properties but it is used in hot conditions as it is more cooling and has been used to treat viral hepatitis (Bone, 2000:569).

In Western herbal medicine, turmeric was regarded as an aromatic digestive stimulant and as a cure for jaundice (Bone, 2000:569). Extracts of turmeric have

exhibited anti-allergic properties while the oil of *Curcuma longa* showed positive results in patients with bronchial asthma (Srimal, 1997:68).

#### **2.3.3.2. Phytotherapeutic uses of turmeric**

**Anti-inflammatory activity:** The volatile oil of *Curcuma longa* has demonstrated anti-inflammatory activity in various experimental models. Its effects in these studies were compared to cortisone and phenylbutazone (Joseph, *et al.*, 2003: 894). In a postoperative inflammation model for evaluating anti-inflammatory effects, curcumin was found to have greater activity than phenylbutazone or placebo in a double-blind clinical trial (Williamson, 2002:118).

**Effects on the digestive tract:** Investigations into sodium curcuminates found it to induce a stimulation of bile flow although the concentration of solids in the bile was somewhat decreased. At higher doses total excretion of bile salts, bilirubin and cholesterol were enhanced. Such a finding is consistent with animal feeding experiments with curcumin, which also found increased bile acid and cholesterol excretion (Bone, 2000:573). Extracts of *Curcuma longa* showed significant anti-ulcer action, thought to be by increasing gastric mucus and restoring non-protein sulfhydryl content in the stomach (Williamson, 2002:119). Clinical trials showed that turmeric extracts taken daily for eight weeks helped reduce symptoms of irritable bowel syndrome (Bundy, 2000:71). Patients with duodenal and gastric ulcers showed improvement after taking turmeric capsules before meals (Prucksunand, 2001:72).

**Cardiovascular effects:** The effects of curcumin on the cardiovascular system include the lowering of cholesterol levels and inhibition of platelet aggregation (Joseph, *et al.*, 2003: 895). Dietary levels of curcumin as low as 0.1% significantly reduced rises in serum and liver cholesterol in rats fed cholesterol. Faecal excretion of bile acids and cholesterol was also increased. These findings suggest that turmeric may raise the ratio of HDL-cholesterol to total cholesterol which was verified in a subsequent study on hyperlipidaemic rats (Bone, 2000:573).

**Antiplatelet activity:** The suggestion that curcumin selectively inhibits thromboxane production was supported by a contemporary publication. In this study curcumin was found to inhibit thromboxane production from platelets *in vitro* and *ex vivo*. A recent study found that curcumin inhibited platelet aggregation induced by arachidonate, adrenalin and collagen (Bone, 2000:572).

**Antioxidant activity:** Various extracts of the rhizome are active as antioxidants and the curcuminoids are the main active compounds. Curcumin was the most potent when tested against air oxidation of linoleic acid (Williamson, 2002:119). Curcumin inhibited *in vitro* lipid peroxide formation in liver homogenates from oedemic mice. Curcumin is also an *in vitro* inhibitor of lipid peroxidation in brain tissue. Lipid peroxidation induced by air on linoleic acid was inhibited by curcumin and related diarylheptanoids extracted from turmeric. Curcumin was as effective as the antioxidant BHA in inhibiting lipid peroxidation and was also found to protect DNA against single-strand breaks induced by singlet oxygen (Bone, 2000:572).



**Cancer prevention:** Turmeric and curcumin possess antimutagenic and antipromotion activities which are probably related to the antioxidant and anti-inflammatory properties of curcumin. Oral administration of curcumin via diet inhibited carcinogen-induced forestomach tumorigenesis, duodenal tumorigenesis and colon tumorigenesis in mice. Curcumin inhibited the number of tumours per mouse, the percentage of mice with tumours and also reduced the tumour size (Bone, 2000:574).

**Anti-tumour activity:** Turmeric extracts and curcumin have demonstrated direct anti-tumour results in experimental models of skin, epithelial, stomach, lung and liver cancers (Joseph, *et al.*, 2003: 896).

**HIV/AIDS:** Following pharmacological research which suggested that curcumin might weakly inhibit the LTR (long terminal repeat) of HIV-1, a clinical study was conducted. Eighteen HIV-positive patients took an average of 2g of curcumin a day for an average of 127 days. There was a significant increase in CD4 ( $p=0.029$ ) and CD8 ( $p=0.009$ ) lymphocyte counts (Bone, 2000:577).

**Neuroprotective effects:** Curcumin has been shown to reduce plaque burden in models of Alzheimer's disease. Curcumin has also decreased cataract of the lens by decreasing the rate of apoptosis and subsequent opacification resistance of the lens (Joseph, *et al.*, 2003:896).

## **2.4. Active ingredients**

Turmeric contains an orange-yellow volatile oil that is composed mainly of turmerone, atlantone and zingiberone (Joseph, *et al.*, 2003:893). The yellow pigments of turmeric are known as diarylheptanoids which include curcumin and methoxylated curcumins (Bone, 2000:570).

## **CHAPTER THREE**

### **Methodology**

#### **3.1 The research design**

The homoeopathic drug proving of *Curcuma longa* 30CH was conducted at the Durban University of Technology Homoeopathic Day Clinic using a double-blind, placebo-controlled study. The proving consisted of 30 provers, 6 provers received placebo and 24 provers received the active medication. This was done in a randomised fashion where neither the researcher nor the prover knew whether the prover had been assigned the active medication or placebo.

#### **3.2 The principle investigators**

The drug proving was conducted by two Master's Degree in Technology: Homoeopathy students, namely Suhana Rajkoomar and Karasee Pillay. Each researcher was responsible for 15 provers. The proving supervisor was Dr. D.F. Naude.

#### **3.3 Outline of the proving methodology**

- Interviews were conducted by the researchers with potential provers who were screened for suitability and checked against the inclusion criteria (Appendix A).

- Provers were randomly assigned to Treatment and Placebo groups by the Research Supervisor. The provers who were not able to attend an official group pre-proving meeting met with the researcher independently to discuss the proving procedure.
- As part of the process of obtaining informed consent, provers were provided with a detailed information letter describing the research protocol and were given the opportunity to ask questions and obtain clarity on any issues that arose. They then signed a consent form (Appendix B) and in doing provided written consent to participate in the study.
- A thorough case history was taken and physical examination (Appendix C) performed on each prover.
- Each prover was assigned a prover number, an instruction list (Appendix D), a journal with a list of contact telephone numbers and their respective treatment (either placebo or the active) remedy.
- The provers recorded their 'normal state' in their journals for one week prior to administration of the powders. This established a baseline for comparison against which any potential new symptoms could be compared; symptoms which occur normally in a patient could then be excluded from the set of symptoms occurring during the proving.
- The prover took a maximum of 6 doses, 3 doses a day for 2 days.
- The prover ceased to take the substance once the prover or researcher noted the onset of symptoms.
- The prover continued to record all symptoms in his/her journal.
- The researchers were in daily contact with the provers for the first week and an appropriate call time was established for each prover by the researcher and

the researcher made daily contact with the prover during the first week of the proving.

- If the prover noted no symptoms after the completion of the medication, the prover was still required to record journal entries for three weeks.
- Symptomatic provers continued to record their symptoms until all proving symptoms abated.
- After the first week the contact frequency between researcher and provers decreased from daily to every two to three days and then once weekly.
- The proving was considered complete when no symptoms occurred for two weeks.
- All the journals were collected and the researcher conducted a post-proving consultation with each prover.
- The proving symptomatology was written up into materia medica and repertory format.
- The proving symptomatology was compared to the existing Phytotherapeutic and Ayurvedic indications of use of Turmeric.

### **3.4 The proving substance**

#### **3.4.1. Potency**

The potency of the proving substance *Curcuma longa* was that of a 30CH, the thirtieth centesimal potency has been utilized extensively in modern provings such as *Erythrina lysistemon* (Olivier, 2007), *Sutherlandia frutescens* (Webster, 2002) and *Bitis arietans arietans* (Wright, 1999) conducted at the Durban University of

Technology, according to Wieland (1997:231) the 30CH potency is the most popular potency used in many of the drug provings (Wieland, 1997:231). All provings at the Durban University of Technology used 30CH potencies except for *Sceletium tortuosum* which used a 6C potency (Ross, 2010:7).

### **3.4.2. The preparation and dispensing of the proving substance**

The plant was sourced from and identified by a suitably qualified person (Nadia Redgrave: Green Fingers Nursery) as the correct species before being sampled. It was cultivated in Hillcrest, Kwa-Zulu Natal which is located approximately 30km North-West of Durban. The plant itself was grown utilising cuttings of rhizomes which were previously harvested upon full maturation.

The homoeopathic preparation of *Curcuma longa* was prepared by the researcher according to methods 6 and 8a specified in the *German Homoeopathic Pharmacopoeia* (GHP), First Edition (1978) (Appendix E). The rhizome of the plant was used as other homoeopathic remedies originating from the Zingiberaceae family such as *Zingiber officinalis* have been manufactured in this manner (Williamson, 2002:117). The remedy was dispensed in the form of lactose powder sachets which contained 10 lactose granules which were triple impregnated at a 1% volume/volume ratio with *Curcuma longa* 30CH contained in 96% ethanol. Placebo powders were prepared in an identical manner to that of the verum, using the same batch of lactose powder, ethanol and neutral granules with the exception that no active ingredient was introduced to the first stage of trituration i.e. lactose alone was triturated, the manufacturing method that followed in order to produce the placebo

powders was subsequently identical to that of the verum (See Appendix F). The treatment and placebo preparations were dispensed and presented in a manner ensuring that they were indistinguishable from each other. The respective medications were dispensed by the laboratory technician in a manner ensuring that the researcher and provers were unaware of which medicine (active/placebo) they received (Webster, 2002:30).

### **3.4.3. Dose and posology**

A set of six lactose powder sachets was given to each prover (either active or placebo). One powder was taken sublingually three times a day for two days. Provers were instructed not to take further doses of the powders once the onset of symptoms began.

## **3.5. The prover group**

### **3.5.1. Sampling and recruitment of provers**

The sample size for the proving of *Curcuma longa* 30CH consisted of 30 provers, 6 of which were administered the placebo preparation the remaining 24 formed the treatment group which is in keeping with the number of provers recommended by Sherr (1994) required in order to produce a full remedy picture. Provings conducted at Durban University of Technology used 30 provers with at least 20% receiving placebo preparations (Ross, 2010:7). Provers were randomly allocated to their respective groups, ensuring each one having an equal chance of being selected for

either group. The research supervisor performed the randomisation process ensuring that neither the prover nor researcher were aware of the group to which each prover had been allocated, the randomisation method was that carried out is what is termed the 'fish bowl' technique i.e. the first prover numbers drawn out of a hat formed the placebo group and the remaining 24 the treatment group.

Advertisements (Appendix E) were placed on the Homoeopathic Day Clinic and Durban University of Technology notice boards to recruit potential provers.

### **3.5.2. Criteria for inclusion of a subject**

The following set of criteria governed whether a prover was suitable for the proving and conformed to the standardised, approved Durban University of Technology Proving Criteria which was applied in all previous proving (Ross, 2008:4)

The prover:

- Was between 18 to 50 years of age;
- Was in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination (Sherr, 1994:44, Riley, 1997:233, Walach, 1997:222, International Council for Classical Homoeopathy, 1999:34);
- Was not taking or had a need for additional medication, orthodox or homoeopathic (Riley, 1997:223);



- Had not used the oral contraceptive pill or hormone replacement therapy within the last six months (Sherr, 1994:44, Riley, 1997:233, International Council for Classical Homoeopathy, 1999:34);
- Was not pregnant or breast feeding (Sherr, 1994:44, Riley, 1997:233, International Council for Classical Homoeopathy, 1999:34);
- Did not use recreational drugs (Sherr, 1994:44; Walach, 1997:222, International Council for Classical Homoeopathy, 1999:34);
- Did not have surgery in the last six weeks;
- Did not consume more than two measures of alcohol per day, 10 cigarettes per day, 3 cups of tea or coffee per day (Wright, 1999:20);
- Was able to understand the meaning and nature of the drug proving and able to sign the consent form (Riley, 1997:227).

(Refer to Appendix A)

The researcher did not exclude potential provers who consumed the substance (Turmeric) as part of their routine diet nor was consumption of the substance as a food prohibited during the proving. The exclusion of Turmeric from each prover's diet may have resulted in the identity of the proving substance being determined and the consumption of the substance as a food was not thought have had a significant impact on proving symptoms which warranted exclusion.

In keeping with previous proving conducted at DUT, potential provers (although not formally included in the inclusion/exclusion criteria) were required to be English literate in order to communicate effectively both verbally and in written format and there was no attempt to stratify provers by ethnicity or gender.

### 3.5.3. The prover list

PROVER NO	AGE	SEX	
Prover 1	21	F	Verum
Prover 2	30	M	Verum
Prover 3	24	M	Verum
Prover 4	19	M	Verum
Prover 5	26	M	Placebo
Prover 6	25	F	Verum
Prover 7	19	F	Placebo
Prover 8	23	M	Verum
Prover 9	23	M	Verum
Prover 10	41	M	Verum
Prover 11	34	M	Verum
Prover 12	19	F	Placebo
Prover 13	21	M	Verum
Prover 14	19	F	Verum
Prover 15	19	F	Verum
Prover 16	32	F	Verum
Prover 17	18	F	Verum
Prover 18	23	F	Verum
Prover 19	46	F	Verum
Prover 20	44	F	Verum
Prover 21	49	F	Verum
Prover 22	46	M	Placebo
Prover 23	30	F	Verum
Prover 24	38	M	Verum
Prover 25	38	M	Verum
Prover 26	42	M	Placebo
Prover 27	25	M	Verum
Prover 28	32	M	Verum
Prover 29	34	F	Placebo
Prover 30	42	M	Verum

#### **3.5.4. Lifestyle of provers during the proving**

The provers were advised:

- To avoid antidoting factors such as camphor and menthol and to stop taking them two weeks prior to commencement of the administration of the remedy (Sherr, 1994:92);
- To practise moderation with respect to work, alcohol, smoking, exercise and diet (Sherr, 1994:92);
- To maintain their usual habits (Sherr, 1994:92, Maish *et al.*, 1998:18);
- To store the proving powders in a cool dark place away from strong smelling substances, electrical equipment and cellular telephones (Sherr, 1994:92);
- To avoid commencing the use of any new medication, supplementation or remedies of any nature whilst doing the proving (if such substances were necessary e.g. prescription medication the researcher had to be informed immediately) (Sherr, 1994:92);
- In the event of a medical emergency the prover was to consult their doctor, dentist or hospital as necessary and contact the researcher as soon as possible (Sherr, 1994:92).

(Refer to Appendix D)

#### **3.5.5. Monitoring of the provers**

The prover and the researcher were in daily contact by telephone for the first week after administering the remedy. Provers were contacted between 6-8 pm or at a

determined convenient time for each specific prover. As symptoms abated contact frequency decreased to 2, 3 and then 7 days (Sherr, 1994:58). According to Wright (1999) this has a three-fold purpose:

- 1) The researcher can ascertain when the substance begins to act so that the prover may be informed to stop taking the substance.
- 2) To ensure the prover does not neglect to record a symptom.
- 3) 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.

### **3.6. Duration of the proving**

A one week pre-proving observation period commenced before administration of the active medication, or placebo (Sherr, 1994:58). The test substance was taken three times a day for a maximum of 2 days or until symptoms appeared (Sherr, 1994:58). The prover recorded his/her symptoms until the symptoms abated (Webster, 2000:31). The proving was considered complete when no symptoms have occurred for three weeks (Sherr, 1994:58). The duration of this proving was approximately 5 weeks.

### **3.7. Criteria for the inclusion of a symptom as a proving symptom**

In order for a symptom to be included in the official materia medica, each symptom was reviewed in a concerted criterion in order to be valid. The following criteria were applied when reviewing symptoms for inclusion.

- A new symptom unfamiliar to the prover occurring after taking the remedy (Riley, 1997:227, International Council for Classical Homoeopathy, 1997:227).
- A current or unusual symptom for the prover intensified to a marked degree (Sherr, 1994:70, International Council for Classical Homoeopathy, 1996:36)
- A symptom was not considered valid if it also occurred within the placebo group.
- A current symptom that is modified or altered, with a clear description of current and modified component (Sherr, 1994:70), International Council for Classical Homoeopathy, 1999:36).
- The symptom did not occur in the prover within the last year (a current symptom) (Sherr, 1994:70, Riley, 1997:227).
- The symptom should not appear naturally or spontaneously during the proving (Sherr, 1994:70).
- Any symptom that occurred a long time previously, especially longer than 5 years ago but has not occurred for at least one year and that has no reason to occur at the time of the proving (Sherr, 1994:70, Hahnemann, 2001:207).
- A present symptom that disappears during the proving. This will be marked as a cured symptom (Sherr, 1994:71, Riley, 1997:227, International Council for Classical Homoeopathy, 1999:36).
- The frequency of the symptom i.e. the particular symptom had to appear a number of times throughout the proving (Sherr, 1994:72).

- The intensity of the symptom i.e. the symptom had to be vague, light, clear, strong or bothersome (Riley, 1997:227, European Committee for Homoeopathy, 2004:2).
- The number of subjects experiencing a symptom; a symptom experienced in more than one subject will be considered as a valid symptoms if it is clearly observed in another prover (Sherr, 1994:71, Riley, 1997:71).
- A symptom will be excluded if it could have been produced by a change in life or exciting cause (International Council for Classical Homoeopathy, 1999:36).
- The time of day at which a symptom occurs will only be included if there is repetition of such a time in another prover (International Council for Classical Homoeopathy, 1999:36).
- If the prover is under the influence of the remedy, then all the other new symptoms will be proving symptoms (Sherr, 1994:70).
- A strange, rare or peculiar symptom which has never appeared before and is unfamiliar to that prover will be included in the proving. The knowledge and conviction of the prover that symptoms are foreign to him or her are a reliable and definite consideration (Sherr, 1994:72).
- The modalities, concomitants, localization (sides and extension) and timing associated with a symptom that appears during the proving and is a result of the proving will be included as a valid symptom (Riley, 1997:227).

### **3.8. Data collation and processing**

This phase of the proving process involved examining the provers written diaries and extracting definite signs and symptoms which were repertorised (Walach, 1997:221). Sherr (1994) describes this process as the most difficult stage of the proving. Each symptom experienced by the prover was analysed and evaluated against the criteria for the inclusion of a symptom as a proving symptom. This process was conducted by both researchers.

### **3.9. Reporting the data**

The collated information was written in standard materia medica and repertory format to be added to Synthesis repertory. Homoeopaths worldwide will be able to use *Curcuma longa* in clinical practise.

### **3.10. Ethical considerations**

The safety for volunteers is an important prerequisite in the planning of clinical trials. According to the Basic Principles mentioned in the World Medical Association (WMA) Declaration of Helsinki, adopted by the 18<sup>th</sup> WMA General Assembly Helsinki, Finland, June 1964 and amended by The 52<sup>nd</sup> WMA General Assembly, Edinburgh, Scotland, October 2000 Chapter 16:

Every medical research project involving human subjects should be preceded by careful assessment of predictable risks and burdens in comparison with foreseeable benefits to the subject or to others. This does not preclude the participation of healthy

volunteers in medical research. The design of all studies should be publicly available (European Committee for Homoeopathy, 2004:21).

The Proving substances are administered in extremely high dilutions, which ensure low toxicity and thereby considerable safety for the volunteers. In Homoeopathic Drug Provings, there is no conventional pharmacodynamic action of the substance to be considered, because it is administered in high dilution, which according to experience provokes transient so called 'proving symptoms', but does not cause toxicological effects. Additionally the administration of the proving substance usually will last only for a short time, which again minimises the probability of adverse events. All volunteers were informed about the objectives, potential risks, inconveniences and benefits of the trial and signed an informed consent form before the beginning of the Homoeopathic Drug Proving (ECH, 2004:21).

This study met the Minimum Standard Provings Criteria based on the "Homoeopathic Drug Proving Guidelines" by the ECH Provings Subcommittee. The research was reviewed and approved by the Durban University – Faculty of Health Sciences Research & Ethics Committee.



## CHAPTER FOUR

### The Results

#### 4.1 Introduction

The results of the process of extraction and collation of the data retrieved from the prover journals will be discussed in this chapter. The proving symptoms were converted into materia medica and repertory format.

#### 4.2 Materia medica

The proving symptoms of *Curcuma longa 30CH* are grouped by materia medica section. The symptoms are referenced according to the following format:

- Prover number - Gender - Onset of symptoms -  
(DD: HH:MM)

##### 4.2.1 MIND

#### Agility, energy and increased concentration

Not feeling tired and sleepy as other days.

09M 01:XX:XX

Feeling awake, happy.

09M 01:XX:XX

Feeling wide awake.

09M 05:XX:XX

Feeling fresh.

09M 05:XX:XX

Feeling refreshed and happy.

09M 16:XX:XX

Feeling refreshed, energetic.

09M 18:XX:XX

Feeling energetic.

09M 19:XX:XX

Feeling good and refreshed, energetic today.

09M:27:XX:XX

Refreshed and energetic.

09M:32:XX:XX

Got down to work and feel lighter than normal don't feel as boggered down as normal.

16F 02: XX: XX

Got to work, quite bubbly even though it's so early.

16F 02:07:45

Felt very alert in our lessons. Responded well to discussions.

20F 00:XX:XX

Feel that I concentrated much more than normal.

27M 09:XX:XX

### **Relaxed and calm, less anger**

Feeling relaxed.

09M 05:XX:XX

Feeling relaxed and happy, not a usual feeling.

09M 13:XX:XX

Feel quite content and not as highly strung as normal.

16F 04:XX:XX

A lot calmer and peaceful than normal.

16F 06:XX:XX

My mood I noticed is more relaxed and calmer especially with the kids and hubby.

20F 10:XX:XX

Delene (wife) noticed that I was in a better mood. I think the powder may be a mood enhancer.

25M 02:XX:XX

Delene (wife) is convinced that the treatment is helping with my anger.

25M 04:XX:XX

Things that usually infuriated me seem to not be a big deal. I feel that I recover a lot quicker from being angry.

25M 05:XX:XX

When I do get angry, the anger subsides very quickly.

25M 08:XX:XX

A few weeks ago when I got angry, I would actually feel my heart beating harder and faster. I would grind my teeth and clench my fists.

Now my anger seems to be just a flash. My heart does start to race but I feel it within a few seconds getting back to normal.

25M 10:XX:XX

### **Courageous/confidence**

I felt a sort of liberation that I could finally stand up for myself. Felt empowered.

27M 03:XX:XX

I am not a very talented pool player but I could not believe how well I played. I felt that I was concentrating much more than before.

27M 06:XX:XX

### **Insight**

Connect with quite a few people today and am most insightful to a particular colleague having a hard time.

16F 06:XX:XX

### **Sadness and depressed mood**

Not feeling good, feeling depressed, don't know why.

09M 20:XX:XX

Feeling depressed, just feel miserable, don't know what's wrong.

09M 23:XX:XX

I feel very depressed lately.

14F 10:XX:XX

Feel a little soppy too.

16F 04:XX:XX

Feel very SAD today as it marks the birthday of my late boyfriend.

16F 21:XX:XX

Haven't felt so down and alone like this for years.

16F 21:XX:XX

Am feeling a bit emotional. Still craving lots of snowballs.

17F 04:XX:XX

Get home not feeling so good or rather feeling emotional, just feel like crying end up going to bed crying, my eyes get all puffy.

17F 05:XX:XX

Get home not feeling so good or rather feeling emotional, just feel like crying end up going to bed crying, my eyes get all puffy.

17F 05:XX:XX

Strong feeling of depression and sadness, almost to the point of tears.

24M 03:XX:XX

## **Anxiety**

Feeling stressed.

01F 04:XX:XX

Was kind of edgy and in a bit of a bad mood.

08M 18:XX:XX

I took the proving remedy. I was feeling a little anxious.

21F 00:07:00

Went to bed a little uneasy.

21F 01:XX:XX

## **Anger/quarrelsome**

Feeling angry and annoyed.

01F 04:XX:XX

Had a massive argument with my team leader. Got very angry to the point of swearing. I felt this not normal that I could react like this as I am not as blatant and am usually passive.

27M 03:XX:XX

## **Concentration decreased**

Lost concentration, can't seem to pay attention.

06F 00:XX:XX

## **Irritability**

Felt very moody today.

01F 01:XX:XX

Irritable, still tired and sleepy.

01F 01:XX:XX

Feeling irritated, angry.

09M 00:XX:XX

Feel moody, do not know why.

13M 04:XX:XX

I feel so moody.

13M 07:XX:XX

Was irritable today.

14F 02:XX:XX



Tired and irritable.

14F 05:XX:XX

### **Prostration**

Feel really tired and sleepy.

01F 01:XX:XX

Irritable, still tired and sleepy.

01F 01:XX:XX

Feeling sleepy.

04M 00:XX:XX

Lazy, tired.

10M 02:XX:XX

Feel like sleeping.

13M 00:XX:XX

Feeling sleepy today.

14F 01:XX:XX

Was really sleepy today.

14F 03:XX:XX

I feel very tired and sleepy these days.

14F 08:XX:XX

### **Forsaken**

Haven't felt sooo down and alone like this for years.

16F 21:XX:XX

Woke up to an empty house and felt empty myself.

16F 24:XX:XX

### **Indifference**

Was woken by a call at 6am telling me an uncle had died.

I didn't feel sad at all which surprised me.

16F 27:XX:XX

### **Intolerance**

Was upset when I walked into church and heard the sound was so bad  
but I got unusually upset and complained about the problem of negligence to the  
Pastors wife.

20F 06:XX:XX

I like excellence and commitment in everything we do – otherwise don't do it or don't interfere with something you know nothing about.

20F 06:XX:XX

#### **4.2.2 VERTIGO**

Feel kind of light-headedness.

17F 01:XX:XX

Feel lightheaded/drowsy, dizziness.

30M 00:XX:XX

#### **4.2.3 HEAD**

##### **Pain**

Time - afternoon

Head pain in right temple at 12h20.

16F 00:12:20

Felt an unusual muzziness in my head at around 2:10pm.

20F 07:14:10

Location – left sided

Experienced a headache, pain at base of head on the left side with eyes feeling heavy and sleepy.

03M 00:XX:XX

A poking/piercing pain on the left side of my head.

16F 00:XX:XX

Location – right sided

Slept very well until I felt a sudden heavy pain on the right side of my head.

20F 00:XX:XX

Location – temple

Headaches have come back, pain is extreme at my temples, aggravated by heat or sun.

06F 14:XX:XX

Head pain in right temple at 12h20.

16F 00:12:20

Location – occipital

Experienced a headache, pain at base of head.

03M 00:XX:XX

Experienced a headache, dull pain at base of head.

03M 06:XX:XX

Location - frontal

Minor headache-forehead, dull pain.

14F 05:XX:XX

### **Sensation - throbbing**

Extra mucous and a throbbing headache.

21F 10:XX:XX

### **Sensation - dull**

Experienced a headache, dull pain at base of head.

03M 06:XX:XX

Minor headache-forehead, dull pain.

14F 05:XX:XX

### **Sensation - piercing**

A poking/piercing pain on the left side of my head.

16F 00:XX:XX

**Sensation - heavy**

Slept very well until I felt a sudden heavy pain on the right side of my head.

20F 00:XX:XX

**Modalities - sun aggravates**

Headaches have come back; pain is extreme at my temples, aggravated by heat or sun.

06F 14:XX: XX

Headache aggravated by sun-never happened before.

06F 15:XX:XX

Got a terrible headache from the sun.

09M 09:XX:XX

**Sensation of lightness**

Feel light-headed/drowsy, dizziness.

30M 00:XX:XX

#### **4.2.4 EYES**

##### **Agglutinated**

My eyes were all closed with secretion – like from when you have a cold. No problems after cleaning.

20F 04:XX:XX

##### **Sensation**

Vision was a bit fuzzy, blurry, eyes started watering.

01F 09:XX:XX

Noticed my left eye twitching occasionally.

20F 06:XX:XX

##### **Watering**

Vision was a bit fuzzy, blurry, eyes started watering.

01F 09:XX:XX

#### **4.2.5 EAR**

Experienced dull pain in right ear, which persisted for +/- 10 mins.

16F 00:XX:XX

Forgot to mention as I was driving home from work I felt my ears strange – like the canals were cleared and open.

20F 00:XX:XX

At about 4pm I felt a funny kind of feeling in my ears – almost like an inner pain or whizzing sound. It wore off by 5pm.

20F 07:16:00

#### **4.2.6 NOSE**

My severe sinus headache began in the evening. Head was busting with pain. Went to bed with this sinus headache.

21F 00:XX:XX

My sinuses were troubling very badly. My headache was still there.

21F 01:XX:XX

I awoke very early due to the sinuses troubling.

21F 10:XX:XX

Slightly stuffy nose + headache noticed soon after remedy.

24M 00:XX:XX



#### **4.2.7 FACE**

The sides of my face felt hot and itchy but subsided later.

21F 01:XX:XX

Had supper and took remedy later.

Felt hot and itchy on the face once again.

21F 01:XX:XX

#### **4.2.8 MOUTH**

My tongue began feeling a little itchy and had a tingling effect. By late afternoon from face to neck, I was feeling very flushed or hot.

My tongue once again had a tingling effect.

21F 01:XX:XX

My tongue was feeling a little thick and uncomfortable.

21F 01:XX:XX

Mouth is still watery.

30M 01:XX:XX

#### **4.2.9 THROAT**

##### **Pain**

Right sided

Throat on the right side feels sore.

19F 00:XX:XX

##### **Dryness**

Throat very dry

19F 00:12:40

A very large thick lining of mucous emerged in the throat region. Once this happened, the headache subsided.

21F 10:XX:XX

#### **4.2.10 EXTERNAL THROAT**

##### **Pain left side**

Had a pain on the left side of my neck

14F:14:XX:XX

#### **4.2.11 STOMACH**

##### **Change in bowel movements**

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach

20F 04:16:30

Major diarrhoea!!

23F 01:XX:XX

##### **Sensations**

Burning

Stomach feels like it is burning.

30M 00:12:40

## **Cramps**

Stomach feels like cramps. Sore for the whole day.

30M 02:XX:XX

Stomach feels like there is a lot of air in it.

08M:08:XX:X

## **4.2.12 ABDOMEN**

### **Change in bowel movements**

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach

20F 04:16:30

Major diarrhoea!!

23F 01:XX:XX

#### **4.2.13 RECTUM**

##### **Changes in bowel movement**

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach

20F 04:16:30

Major diarrhoea!!

23F 01:XX:XX

#### **4.2.14 STOOL**

##### **Changes in bowel movement**

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach

20F 04:16:30

Major diarrhoea!!

23F 01:XX:XX

#### **4.2.15 BLADDER**

##### **Burning on urination**

Burning when I wee, do suffer from cystitis sometimes.

23F 01:XX:XX

Wee still burning, had 1 litre of water.

23F 01:10:20

Wee burning had more water.

23F 01:12:30

Just got home from work, wee is still burning a lot, had about 2 litres of water during the morning. Feeling very flush.

23F 02:13:10

### **Increase in frequency**

Being weeing a lot. Have only had water to drink (very thirsty).

23F 01:13:20

Urinating slightly more frequently than usual.

24M 00:XX:XX

## **4.2.16 FEMALE GENITALIA/SEX**

### **Increase in menstrual symptoms**

It's that time of the month and this month the pain is unbearable and the bleeding is very heavy.

16F 28:XX:XX

Left breast feels like a big lump inside

19F 00:XX:XX

#### **4.2.17 RESPIRATION**

##### **Rate increased**

Took first powder and after 20 mins felt my breathing rate increase.

16F 00:07:20

Took 2<sup>nd</sup> powder: Heart rate and breathing faster.

16F 00:12:55

Took 3<sup>rd</sup> powder after +/- 20 mins heart beats faster and breathing faster.

16F 00:17:20

Took powder heart beats faster and breathing increase in rate.

16F 01:07:20

Took powder: heart beats faster, breathing not as fast as before.

16F 01:12:45

#### **4.2.18 CHEST**

##### **Pain**

Experienced some chest pains

06F:00:XX:XX



Had severe chest pains, thought I was going to have a heart attack

06F:14:XX:XX

#### **4.2.19 BACK**

##### **Pain**

Woke up with lower back pain on the left side, was killing me, had it a long time ago, but has now come back.

06F 02:XX:XX

Pain in my lower back, was initially on left side, now throughout my back-unusual.

06F 13:XX:XX

Upper back was tight and painful-feels like it needs to be broken.

08M:01:XX:XX

Throbbing back pain.

15F 11:XX:XX

Still have the throbbing pain in my back.

15F 12:XX:XX

Location - Lower back

Upper back was tight and painful-feels like it needs to be broken.

08M 01:XX:XX

Had a stiff upper back in the morning.

08M 03:XX:XX

Back pains – on lower spine.

20F 02:15:30

### **Sensation**

Throbbing back pain.

15F 11:XX:XX

Still have the throbbing pain in my back.

15F 12:XX:XX

## **4.2.20 EXTREMITIES**

### **Pain**

Throbbing pain on my right knee.

01F 05:XX:XX

Extreme pain throughout my left leg, pain was very bad.

06F 10:XX:XX

Slight pain in my right elbow and right knee – noticed at around 12pm.

20F 01:12:00

My legs were sore at the knees and under my feet.

20F 05:XX:XX

I got up with lots of pain to my right hip.

21F 01:XX:XX

### **Sensation**

Throbbing pain on my right knee.

01F 05:XX:XX

Feel numb in my body especially in my shoulders, arms into my hand and a little dizzy.

19F 00:10:30

### **4.2.21 SLEEP**

Fell asleep easier.

16F 01:XX:XX

Went to bed but was quite quick, not restless as normal.

16F 03:XX:XX

Slept peacefully no restlessness.

16F 04:XX:XX

Sleep broke at about 1am.

20F 01:01:00

Restful sleep during eve of Day 1. Once again cannot recall dreams upon waking.

24M 02:XX:XX

#### **4.2.22 DREAMS**

##### **Grandeur**

Dreams: had a lovely dream and actually remembered it in the morning. Dreamt my husband won R203000-00 (only a dream). Woke up to reality still feeling very happy.

20F 03:XX:XX

##### **Dreams of dead**

Had a dream of dead people, very scary.

09M 10:XX:XX

Awake at around 3:30am with a dream in my head. Clear dream of my dad, shaking his head and smiling at me because I was upset over the fact that he wasn't worried

to take care of my belongings (jewellery) in the house. Somebody took my box outside and dropped the contents which I found when I was coming home.

I hardly dream of my dad or late in laws very rarely – but my dad was so clear.

20F 13:03:30

### **Forgotten Dreams**

Had a dream which made me wake, but can't remember what it was about.

09M:06:XX:XX

Had a scary dream, but can't remember.

09M:14:XX:XX

Diminished intensity of dreaming. Cannot recall dreams on morning of Day 1.

**noticeably** more restful sleep during evening of Day 0.

24M 01:XX:XX

### **Unpleasant**

Woke up scared and sad this morning, had a very bad dream, dreamt my dad had died, got up frightened and confused.

01F 10:XX:XX

Woke up in shock this morning-had a bad dream last night, don't normally dream, someone stole my handbag.

06F 02:XX:XX

Had a bad dream. Awoke in the early hours (about 3:30/4am)

image of an accident on my mind. A bike was lying on the roadside. A woman's' body was sliced at the torso. Her limbs were jumping around. Terrible dream.

20F 15:03:30

Woke up 4 times during the night, had a bad dream about having diarrhoea in the middle of the doctors rooms! Very weird. Had a very broken sleep

23F 00:XX:XX

### **Dreams unrealistic**

Dreams last night were hectic. High paced, intense need to get somewhere. Same feeling dominated despite changes in dream locations. Locations included vast beaches, places of height and military installations.

24M 04:XX:XX

### **Flying**

Had a dream last night, was flying in space looking at the moon and stars

13M 02:XX:XX

### **Dreams repeating**

I awoke at 10 in the morning recalling the same dream I had 2 days back. All the same symptoms were there the intense taste, colour, smell everything. But what

stood out this time was this colour I had always been attracted by the rich creamish yellowish walls of my aunt's living room stood out so vividly than before. Felt shocked and excited that I had a dream like this before.

27M 10:XX:XX

Week after the dream I had the same dream I had again still as vivid as before. Amazed at the sensations and the clarity of them. Excited about feeling so in it almost real. Again the yellowish colour of the room was what was outstanding about the dream. I know the colour yellow in Feng-Shui is that of creativity and inspiration. Don't know what it means but I am fascinated by the episode.

27M 14:XX:XX

### **Vivid dreams**

Had a very strange dream. I dreamt that I was at my aunts' house that I did not see for a very long time. I vividly recall being in her home at her living room eating chicken curry but this was not strange the strange bit was actually having such a vivid remembrance of the intense smell and taste as if I was there eating it for real. This was the most unusual dream that I have had. The thing that scared me about this was how realistic it all seemed.

27M 08:XX:XX

I awoke at 10 in the morning recalling the same dream I had 2 days back. All the same symptoms were there the intense taste, colour, smell everything. But what stood out this time was this colour I had always been attracted by the rich creamish

yellowish walls of my aunts living room stood out so vividly than before. Felt shocked and excited that I had a dream like this before.

27M 10:XX:XX

Week after the dream I had the same dream I had again still as vivid as before.

Amazed at the sensations and the clarity of them. Excited about feeling so into it, almost real. Again the yellowish colour of the room was what was outstanding about the dream. I know the colour yellow in Feng-Shui is that of creativity and inspiration. Don't know what it means but I am fascinated by the episode.

27M 14:XX:XX

#### **4.2.23 SKIN**

##### **Sensations**

Went to shower – skin feels very sensitive with the water, feels like when I take something for the migraines and I have vasodilatation.

23F 00:06:45

Feeling very flushed and skin is tingly.

23F 00:07:15

Feeling very flushed and skin is tingly.

23F 00:07:15



#### **4.2.24 GENERALS**

##### **Lassitude**

Lost all my energy.

15F 04:XX:XX

Feel weak and sleepy.

15F 04:XX:XX

Just feel like sleeping most of the time.

15F 05:XX:XX

Don't feel as energetic as past few days.

16F 12:XX:XX

Felt tired

20F 01:17:30

##### **Increased energy**

Experienced a lot of energy, like I have taken an energy booster.

15F:02:XX:XX

Still feeling very energetic. Can't sleep because of all the energy.

15F:03:XX:XX

Morning energy – I'm not usually a morning person. This morning I seem to be motivated.

25M 02:XX:XX

I never get up this early on a Sunday. Delene (wife) is thrilled that we could start the day early.

25M 03:XX:XX

Woke up early on a Sunday which is not normal for me.

27M 00:07:00

Woke up again with a sort of renewed energy.

27M 01:XX:XX

Same routine as day before felt energized, even though a hard days work. The score at work that we made was unusually high and normally would be drained but surprisingly I wasn't compared to my fellow workers.

27M 02:XX:XX

Feel increase in energy levels.

30M 01:XX:XX

Don't feel as tired as usual

30M 01:XX:XX

### **Food and drinks**

Extra thirsty – had coffee and juice.

20F 02:XX:XX

No appetite but quite thirsty.

23F 01:XX:XX

Feeling very thirsty and quite irritated, not hungry, but feel like eating something,  
nothing quenching my thirst.

23F 01:15:30

### **Appetite**

No appetite but quite thirsty.

23F 01:XX:XX

Feeling very thirsty and quite irritated, not hungry, but feel like eating something,  
nothing quenching my thirst.

23F 01:15:30

I noticed a slight increase in appetite. Nothing spectacular – maybe I’m imagining it.

25M 03:XX:XX

### **Desire for foods**

Mouth starts watering and craving for things to eat.

30M 00:09:00

Still craving for things to eat, makes me hungry.

30M 00:09:00

### **Sensations**

My tongue began feeling a little itchy and had a tingling effect. By late afternoon from face to neck, I was feeling very flushed or hot.

21F 00:XX:XX

By late afternoon from face to neck, I was feeling very flushed or hot.

21F 00:XX:XX

Just had a shower and skin is very hot, tingly, sensitive and flushed especially on my upper arms, skin is red. (Shower was not too hot, just medium)

23F 01:19:45

Shower, skin very tingly and sensitive.

23F 02:07:30

Stomach feels like it is burning.

30M 00:12:40

Feel light-headed/drowsy, dizziness.

30M 00:XX:XX

Feel dizzy ( in a trance )

30M 02:XX:XX

#### 4.3 Rubrics

The rubrics are listed in the order in which they would be found in *Synthesis Repertorium Homoeopathicum Syntheticum* 8<sup>th</sup> edition (2001). They are presented in the following format:

- Rubric – Subrubric/s – Degree

New rubrics that have been created as a result of this proving will have a capital 'N' appended to them and will be underlined.

- **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 - agility, mental - (2)*
- *MIND - alert - (2)*
- *MIND - mental power - increased - (2)*
- *MIND - concentration - active - (2)*
- *MIND - clarity of mind - (2)*
- *MIND - ardent - (2)*
- *MIND - tranquillity - (2)*
- *MIND - tranquillity - conflict during - (1)*
- *MIND - mildness - (1)*
- *MIND - calmness - (2) N*
- *MIND - relaxed - (2) N*
- *MIND - cheerful - (2)*
- *MIND - high spirited- (1)*
- *MIND - content - (1)*
- *MIND - content - himself with - (1)*
- *MIND - mood - agreeable - (2)*
- *MIND - energised feeling - (1)*
- *MIND - insightful - (1)*
- *MIND - exhilaration - alternating with sadness - (1)*
- *MIND - cheerful - alternating with sadness - (1)*

- MIND - cheerful - followed by melancholy - (1)
- *MIND - forsaken feeling - (2)*
- *MIND - mood – changeable - (2)*
- *MIND - morose - (2)*
- MIND - morose - alternating with cheerfulness - (1)
- *MIND - morose - sleepiness with - (2)*
- MIND - wretched - (1)
- *MIND - weeping - desire to weep - (2)*
- *MIND - prostration of mind - (2)*
- MIND - prostration of mind - sleepiness with - (1)
- MIND - concentration - difficult - (1)
- MIND - concentration - difficult - attention cannot fix - (1)
- MIND - laziness - sleepiness with - (1)
- MIND - irritability - (1)
- MIND - irritability - weakness with - (1)
- *MIND - quarrelsome - (2)*
- MIND - protesting - (1)
- MIND - litigious - (1)
- MIND - intolerance - (1)
- MIND - censorious - (1)
- *MIND - anger - (2)*
- MIND - anger - easily - (1)
- MIND - defiant - (1)
- MIND - confident - (1)
- MIND - courageous - (1)

- MIND - audacity - (1)

#### 4.3.2 Vertigo

- VERTIGO - light-headed - (1)
- VERTIGO - vertigo - (1)
- VERTIGO - accompanied by head - pain in the head - (1)

#### 4.3.3 Head

- **HEAD - pain - (3)**
- **HEAD - headache- (3)**
- HEAD - pain - sides - right - (1)
- HEAD - pain - catarrhal - (1)
- HEAD - pain - accompanied by nose - obstruction of - (1)
- HEAD - sensitiveness - scalp of - (1)
- HEAD - pain - temples - (1)
- HEAD - pain - sun - (1) N
- HEAD - pain - sun - agg - (1) N
- *HEAD - pain - sun - exposure to sun; from - (2)*
- HEAD - sun - exposure to the sun - agg - (1)
- HEAD - pain - accompanied by - eye - pain - (1)
- HEAD - pain - accompanied by eye - complaints - (1)
- HEAD - pain - occiput - (1)
- HEAD - pain - accompanied by - neck - pain in - (1)



- HEAD - pain - dull pain - (1)
- HEAD - heaviness - sides - right - (1)
- *HEAD - heaviness - (2)*
- HEAD - lightness; sensation of - (1)

#### **4.3.4 Eye**

- EYE - heaviness - (1)
- EYE - heaviness - accompanied by - head; pain in - (1)
- EYE - sleepy feeling of eyes - (1)
- EYE - complaints of eyes - (1)
- EYE - agglutinated - (1)
- EYE - complaints of eyes - left eye - (1)

#### **4.3.5 Ear**

- *EAR - pain - (2)*
- EAR - pain - dull pain - (1)
- EAR - pain - right - dull pain - (1)
- EAR - noises - whizzing - (1)

#### **4.3.6 Nose**

- NOSE - sinuses; complaints of - (1)
- NOSE - catarrh - accompanied by head pain - (1)

- NOSE - catarrh - (1)
- NOSE - obstruction - (1)

#### **4.3.7 Face**

- *FACE - heat - flushes - (2)*
- FACE - heat - sensation of - (1)
- FACE - heat - cheeks - (1)
- FACE - heat - prickly - (1)
- FACE - itching - (1)

#### **4.3.8 Mouth**

- MOUTH - prickling - tongue - (1)
- MOUTH - thick; sensation as if - tongue was - (1)
- MOUTH - salivation - profuse - (1)

#### **4.3.9 Stomach**

- STOMACH - thirst - extreme - (1)
- STOMACH - thirst - unquenchable - (1)
- STOMACH - appetite - increased - (1)

#### **4.3.10 Abdomen**

- ABDOMEN - pain - cramping - (1)

#### **4.3.11 Rectum**

- *RECTUM - diarrhoea - (2)*
- RECTUM - diarrhoea - afternoon - (1)

#### **4.3.12 Stool**

- *STOOL - watery - (2)*

#### **4.3.13 Bladder**

- URINATION - frequent - (1)

#### **4.3.14 Respiration**

- *RESPIRATION - accelerated - (2)*
- RESPIRATION - accelerated-morning - (1)
- *RESPIRATION - complaints of respiration - accompanied by - palpitations - (2)*
- **RESPIRATION - accelerated - accompanied by palpitations of the heart - (3)**

#### **4.3.15 Back**

- *BACK - pain - lumbar region - (2)*
- *BACK - pain - lumbosacral region - (1)*
- *BACK - pain - (1)*

#### **4.3.16 Extremities**

- *EXTREMITIES - pain - lower limbs - (2)*
- *EXTREMITIES - pain - knee - (2)*
- *EXTREMITIES - pain - joints - (2)*

#### **4.3.17 Sleep**

- *SLEEP - falling asleep - easy - (2)*
- *SLEEP - refreshing - (2)*
- *SLEEP - deep - (1)*
- *SLEEP - sleepiness - daytime - (1)*
- *SLEEP - sleepiness - heaviness with - (1)*
- *SLEEP - sleepiness - heaviness with - head of - (1)*
- *SLEEP - sleeplessness - vivacity; from - (1)*
- *SLEEP - disturbed - dreams by - (2)*
- *SLEEP - restless - dreams from - (1)*

#### 4.3.18 Dreams

- DREAMS - dead of the - (1)
- DREAMS - dead; of the - relatives - (1)
- *DREAMS - coloured - yellow - (2)*
- DREAMS - vivid - (1)
- **DREAMS - food - taste and smell thereof - (3)**
- **DREAMS - vivid - food - (3)**
- **DREAMS - vivid - heightened senses with - (3)**
- **DREAMS - colours of - yellow - (3)**
- **DREAMS - possessions; losing - (3)**
- DREAMS - death - (1)
- DREAMS - father - (1)
- *DREAMS - frightful - (2)*
- DREAMS - diarrhoea - (1)

#### 4.3.19 Skin

- *SKIN - prickling - (2)*
- SKIN - pricking - warm when - (1)
- SKIN - itching - heat - flushes of heat after - (1)

#### 4.3.20 Generals

- *GENERALS - energy - excess of energy - (2)*

- GENERALS - energy - sensation of - (2) N
- GENERALS - energy - motivated - (1) N
- GENERALS - tingling - (1)
- GENERALS - tingling - sensation - (1)
- *GENERALS - heat - flushes of - (2)*
- GENERALS - weakness - sleepiness from - (1)
- GENERALS - weakness - sleepiness from - as from sleepiness - (1)

## CHAPTER FIVE

### Discussion

#### 5.1 Introduction

This chapter will discuss the symptoms that were produced in the drug proving as a result of the administration of *Curcuma longa* 30CH. The hypothesis that *Curcuma longa* 30CH would produce clear and observable symptoms when administered to healthy individuals was clearly demonstrated and confirmed in this proving. From the raw data collected 141 rubrics were formulated, 46 of which were allocated to the *Mind* section of the repertory the symptoms of which formed the largest component of this proving.

Repertory Chapter	Number of Symptoms	Repertory Chapter	Number of Symptoms
MIND	46	RECTUM	2
VERTIGO	3	STOOL	1
HEAD	19	BLADDER	1
EYE	6	RESPIRATION	4
EAR	4	BACK	3
NOSE	4	EXTREMITIES	3
FACE	5	SLEEP	9
MOUTH	3	DREAMS	13
STOMACH	3	SKIN	3
ABDOMEN	1	GENERALS	8

The existing indications of use of *Curcuma longa* with respect to traditional and Ayurvedic use was subsequently compared to the proving symptoms produced.

## **5.2 Materia medica of *Curcuma longa***

### **5.2.1 Mind**

The mind symptoms of this proving formed a large component of the proving and were placed into different themes which will be discussed in further detail. There were 46 rubrics formulated from the 64 mind symptoms that were produced. There were clear polarities in the mental symptoms produced in this proving. The relevant themes produced within their respective polar pairs of symptoms will be discussed in further detail.

#### **Agility, energy and increased concentration**

There were four provers who experienced increased concentration, felt more energetic and wide awake. Provers noted feeling more refreshed and not so tired and sleepy as they would normally feel. There was a strong theme of alertness and increased concentration in more than one prover.



### **Concentration decreased**

There was one prover who felt like she could not pay attention, however the prover noted this only once and although there is an opposite theme that exists with regards to agility, energy and increased concentration the symptomatology in this regard was predominated by the former.

### **Relaxed and calm, less anger**

There was a very relaxed and calm feeling amongst most of the provers. Provers exhibited less anger in situations that would normally cause extreme anger. There were ten journal entries noted to this effect by some of the major provers. One provers spouse noticed and commented on the changes the remedy brought about in her husband and described the remedy as a 'mood enhancer'. Provers described feeling more peaceful and happier than normal. Anger also subsided more quickly.

### **Irritability**

There was a definite theme of irritability which was exhibited in four of the provers. Provers felt unexplained moodiness as well as anger. There was also sleepiness and tiredness which accompanied the irritability. A clear contrast exists between this theme of 'irritability' and that of 'relaxed, calm and less anger' in which provers noted feeling much calmer in situations which would normally result in anger.

## **Courageous/confidence**

One prover noted feelings of liberation and empowerment. There was also a sense of courage and increase in self confidence. Two journal entries were made to this effect emphasising how good it made him feel and that it was something that was quite unusual for him. These symptoms occurred on two separate occasions and proved to be particularly unusual for this particular prover and was therefore included as an individual theme.

## **Insight**

One prover noted the ability to connect with people as well as gain insight when it came to a particular colleague experiencing a difficult time. This theme relates and further qualifies the previous theme of 'alertness' and 'agility' and 'increased concentration' mentioned above.

## **Sadness and depressed mood**

Five provers experienced bouts of sadness and weeping, however where some provers felt this way as a result of a particular experience, other provers could not explain it. Provers noted feeling down and depressed.

## **Anxiety**

There were three provers in the proving that felt stressed and anxious. They noted feeling edgy but could not explain it. One prover experienced this uneasiness before going to bed. In contrast however, four provers experienced a more positive experience of less anger and being more calm and relaxed.

## **Anger/quarrelsome**

Two provers felt much anger and got into arguments more easily, there was even anger to the point of swearing mentioned, which directly contradicts the previous theme of 'relaxed, calm and less anger'.

## **Prostration**

There were five that provers felt tired and sleepy soon after taking the remedy in addition to this some provers also noted feeling lazy and tired.

## **Forsaken**

There were feelings of emptiness in one prover which awakened after many years. The prover felt very alone waking up to an empty house.

## **Indifference**

The prover was not moved or experienced no sadness upon hearing about the death of a close relative.

## **Intolerance**

Prover noted feelings of intolerance especially of inadequacy.

## **Comparison with traditional use**

A comparison between the mind symptoms produced in this proving and the traditional indications/use of Turmeric (with respect to Phytotherapy and Ayurveda) proved difficult as this substance is not prescribed by either modality for mental/emotional complaints.

### **5.2.2 Vertigo**

Two provers noted feelings of drowsiness, as well as dizziness and light-headedness. There are no existing indications of use of Curcuma longa related to vertigo.

### **5.2.3 Head**

There were six provers who experienced headache after taking the remedy. Three provers had headaches which were due to exposure to the sun or aggravated by the

sun which was expressed in five journal entries, whereas two provers experienced headaches which were accompanied by eye or nose complaints. Provers noted the region of the headache as being at the temples, occiput or right side of the head.

Traditionally turmeric has been known to act as an analgesic. The rhizome of turmeric is said to be a *Blood* and *Qi* (vital energy) stimulant with analgesic properties (Bone, 2000:569). A poultice made of turmeric is often applied locally to relieve pain and inflammation (Joseph, Murray, Pizzorno, 2003:893).

#### **5.2.4 Eye**

Provers experienced heaviness of the eyes as well as headache associated with the eyes or eye symptoms accompanying the headaches. One prover also noted agglutination of the eyes.

Turmeric has been used traditionally to treat certain eye conditions namely conjunctivitis, dry eye, acute dacrocystitis, pterygium, pinguecula and postoperative cataract (Biswas, 2001:72). Turmeric has been found to be the second most effective inhibitor of aldose reductase which plays an important role in diabetic cataractogenicity (Halder, 2003:68). Oral administration of curcumin has shown effective results in patients with anterior chronic uveitis comparable to those patients taking corticosteroids (Lal, 1999:72).

### **5.2.5 Ear**

There was pain experienced in the ear as well as strange sensations in the ear canals experienced by two provers. Whizzing noises were experienced in the inner ear by one prover.

### **5.2.6 Nose**

Provers experienced sinus headaches as well as nasal congestion. Sinusitis was noted in two provers.

*Curcuma longa* as a phytotherapeutic medicine is known to have anti-inflammatory properties. Curcumin is as effective as cortisone and phenylbutazone in acute inflammation; however both of these are associated with significant toxicity whereas curcumin displays no toxicity (Joseph, Murray, Pizzorno, 2003:894). Curcumin may exert its anti-inflammatory activity by inhibiting molecules that play a role in inflammation including phospholipase, lipooxygenase, thromboxane and prostaglandins (Baek, 2003:68).

### **5.2.7 Face**

Heat and itchiness on the sides of the face was noted in one prover. This symptom may relate to those of heat and tingling described in the skin section of this chapter (5.2.19) as well as tingling sensation and thickness experienced on the tongue as seen in the mouth section (5.2.8).

*Curcuma longa* is used in both Ayurvedic medicine and Phytotherapy for various skin conditions like eczema (Bone, 2000: 569) as well as topically as an antiseptic (Williamson, 2002: 117). Externally turmeric may be used for skin infections. Indian women apply it to the skin to reduce hair growth (Bone, 2000: 569).

### **5.2.8 Mouth**

All the symptoms of the mouth which involved the tongue were experienced by one prover. Two journal entries were made by this prover. These symptoms were experienced with much intensity by the prover which justified inclusion in the materia medica of *Curcuma longa*. There was a sensation of tingling and thickness associated with the tongue experienced by the same prover. This symptom of tingling also occurred on the skin along with heat and itchiness on the sides of the face. One prover also noted profuse salivation.

The rhizome of *Curcuma longa* has been used as a spice and colouring agent for thousands of years (Bone, 2000:569). Turmeric is the major ingredient of curry powder and is also in the preparation of mustard. It is extensively used in food for both its colour and flavour (Joseph, Murray, Pizzorno, 2003:893).

### **5.2.9 Stomach**

There was a presence of extreme and unquenchable thirst experienced by two of the provers which was not satisfied by any amount of drinking. There were three provers

that noticed an increase in appetite in which the provers did not feel hungry but felt the need to eat.

Turmeric has been known to be used as a carminative and a compound found in turmeric called *p*-tolymethylcarbinol has been shown to increase the secretion of secretin, gastrin, bicarbonate and pancreatic enzymes (Joseph, Murray, Pizzorno, 2003:895). Turmeric is used traditionally for poor digestion and liver function (Bone, 2000:569) as well as a stimulant tonic (Thirtha, 1998: 71).

#### **5.2.10 Abdomen**

There were three provers that experienced abdominal complaints associated with diarrhoea. Pain and cramping in the abdomen was noted by one prover who experienced this symptom with much intensity which lasted for 2 days.

#### **5.2.11 Rectum**

Provers experienced diarrhoea which was quite intense. This symptom was noted by three provers who complained of runny tummy, loose stools and major diarrhoea.

#### **5.2.12 Stool**

Three provers noted stools as being loose and watery. One prover complained of the tummy feeling funny and the need to find a toilet. This was not a normal occurrence for the provers. One prover described this as being 'major diarrhoea'.



Clinical trials showed that an extract of turmeric taken daily for eight weeks helped reduce symptoms of irritable bowel syndrome (Bundy, 2000:71). Patients with duodenal and gastric ulcers as well as symptoms of gastritis showed marked improvement after taking turmeric capsules before meals (Prucksunand, 2001:72). Curcumin has been shown to inhibit gas formation by *Clostridium perfringens* (Joseph, Murray, Pizzorno, 2003:895).

### **5.2.13 Bladder**

There were two provers who noted an increase in urinary frequency. One prover complained of intense burning on urination. Drinking litres of water did not ameliorate these symptoms which lasted the entire day.

### **5.2.14 Respiration**

There was increased rate of breathing accompanied by palpitations experienced by one prover. Five journal entries were made regarding her rate of breathing suggesting the high degree of intensity of this symptom.

*Curcuma longa* is used traditionally for numerous chest ailments (Bone, 2000:569). Extracts of turmeric has exhibited antiallergic activity while the oil of *Curcuma longa* had positive results in patients with bronchial asthma (Srimal, 1997:68).

### **5.2.15 Back**

Four provers experienced back pain especially in the lumbar region. There was just one prover with upper back pain. Pain was described as being tight, stiff or throbbing as well as being unbearable.

According to Ayurveda *Curcuma longa* in the form of a poultice may relieve pain (Monograph, 2001:73). Curcumin has been known to stimulate osteoclast apoptosis and inhibit bone resorption (Ozaki, 2000:70). One of the phytotherapeutic indications of *Curcuma longa* is its anti-inflammatory effects which are explained in detail in the nose section (5.2.6) and the extremities section (5.2.16).

### **5.2.16 Extremities**

There was pain experienced in the lower limbs, knees and joints. Pains in the knees were described as throbbing. These pains were experienced by four provers; one of the provers described the area as just being sore while two provers described the pain as being extreme.

In Ayurvedic medicine turmeric is known to treat arthritis as well other inflammatory conditions. It may also be used externally to relieve pain (Joseph, Murray, Pizzorno, 2003:893). Curcumin has shown satisfactory results in the treatment of rheumatoid arthritis as well as osteoarthritis (Srimal, 1997:67). *Curcuma longa* has been used in Ayurvedic medicine for the treatment of sprains and has shown improvements in the duration of morning stiffness and joint swelling (Joseph, Murray, Pizzorno, 2003:896).

### **5.2.17 Sleep**

Two provers noted falling asleep was much easier. There was a contradictory theme here as although some provers experienced more peaceful sleep others experienced disturbed, restless sleep accompanied by dreams. This mirrors the general trend noted in other sections of the materia medica (particularly the mind section) in which opposite symptoms were reported.

### **5.2.18 Dreams**

The themes exhibited in the dream symptoms were that of death and food. Dreams were described in four provers as being unpleasant and sometimes frightful. One prover went on to describe intense sensation such as smell and taste in his dream. There was also a theme of grandeur exhibited in one of the provers which was described as being a pleasant dream. Two provers could not remember any of their dreams.

### **5.2.19 Skin**

One prover experienced symptoms with regards to skin. There was sensitivity of the skin, as well as a sensation of heat and prickling. The prover described the sensation as she would feel after taking certain medication.

*Curcuma longa* is used in Ayurveda for skin conditions. It is also used traditionally for its cooling properties. An ethanol extract of turmeric as well as an ointment of

curcumin produced symptomatic relief in patients with external cancerous lesions (Kuttan, 1987:72). Indian women apply turmeric to the skin to reduce hair growth. Topically turmeric may be used to treat skin diseases and skin infections (Bone, 2000:569).

### **5.2.20 Generals**

As with various other sections of the materia medica (mind, sleep and dreams) contradictory/opposite symptoms were reported with respect to general symptoms; some provers experiencing a feeling of increased energy and some provers experienced sleepiness.

Two provers also noted various tingling sensations and flushes of heat. One prover felt tingling and heat sensations on the skin, whereas one prover felt tingling on the tongue and hot flushes on the neck.

In China the turmeric rhizome is regarded as a *Blood* and *Qi* stimulant and can therefore lead to an increase in body temperature, whereas the tuber of turmeric is used in hot conditions as it has more cooling properties (Bone, 2000:569). This phenomenon of opposite clinical effects derived from the same plant (rhizome and tuber) could explain some of the pairs of opposite symptoms' produced in this proving.

### **5.3 Conclusion and discussion**

It was found that *Curcuma longa* 30CH administered homoeopathically shared similarities with the traditional and phytotherapeutic uses thereof. Similarities were noted in sections such as the eye, nose, respiration, gastric complaints, extremities and skin conditions. A preponderance of mental and emotional symptoms was observed in the mind section comprising the largest number of rubrics produced.

*Curcuma longa* was known previously for only the Phytotherapeutic and Ayurvedic uses whereas now a wealth of information has been accumulated as a result of this proving with respect to its homoeopathic clinical indications.

#### **5.3.1 Prover population**

The inclusion of more homoeopathic students and practitioners would have proved to be useful especially with regards to the journal entries and record keeping as certain provers noted symptoms in point form and could not provide much detail with regards to the symptoms they experienced.

Smal (2004) suggests that only those who are knowledgeable in homoeopathy and have an understanding of how it works should be included as these provers are more likely to follow instructions carefully and practice superior self observation, which in turn leads to more reliable results being yielded. Taylor (2004) made similar conclusions and recommendations and reported that journal entries made by lay provers were often incomplete and vague while homoeopathic students were more dedicated and gave a wealth of information. Observations similar to that of Taylor

(2004) were noted in this proving; although most provers recorded symptoms in sufficient quantity, the symptoms recorded were relatively superficial and lacking in detail.

It is of the researchers' opinion that Homoeopathic students would prove to be more valuable provers as they have more passion and interest in the actual process as compared to the general public. They are more aware of the depth and detail required when noting journal entries. Homoeopathic students are trained to make unprejudiced observations and thereby prove to be better observers. The knowledge that homoeopathic students possess with regards to the requirements of a homoeopathic drug proving places them at an advantage when it comes to taking part in a proving.

In the drug proving of *Erythrina lysistemon* 30CH conducted by Olivier (2007), provers underwent a pre-proving training course conducted by the principal researcher explaining the procedure of the proving, however despite this effort, inexperienced (non-homoeopathic) provers produced symptoms which were vague and not useful to the researcher. Similar observations were made by Gryn (2007:148), a co-researcher in the same proving; and states that provers struggled to produce detailed symptom journaling. Maharaj (2010) experienced similar setbacks in the proving of *Strychnos henningsii*, she noted that although provers were given detailed training, journal recordings remained vague and unhelpful particularly in those journals from provers with no homoeopathic background. In contrast however provers with homoeopathic backgrounds may have kept detailed journals, but entries appeared to be influenced by their knowledge of materia medica and the repertory

(Maharaj, 2010: 148). One can conclude in light of this existing literature pre-proving training programmes for novice provers do not always ensure 'better provers'.

The majority of evidence (Smal, 2004; Taylor, 2004; Olivier, 2007; Gryn, 2007; Maharaj, 2010) suggests that ideally provers should be familiar with the principles and philosophy of homoeopathy in order to achieve detailed journal entries and that these individuals are more able to achieve a high standard of self reflection and observation. Given the number of provings being conducted at DUT, a formal departmental database should be established comprising the contact details of provers who were considered to be commendable; this will facilitate the recruitment of experienced provers for future provings at DUT, and result in less reliance on novice provers or laymen.

### **5.3.2 The polarity phenomenon**

The presence of contradictory and opposite symptoms in various sections of the materia medica of *Curcuma longa* is notable; the presence of this phenomenon is fairly well documented in homoeopathic literature and materia medica. The homoeopathic Mappa Mundi is the constellation of many influences which are philosophical, medical, scientific and mystical (Norland, 2007:1). Basic to the Mappa Mundi is the doctrine of polarity. According to the philosophy of Empecoles all things are derived by the operation of two contrary forces, attraction and repulsion, or harmony and strife. Any situation can be looked at in terms of its polarities such as Yin and Yang in the Chinese system (Norland, 2007:25). The symbol of Yin and Yang is used to describe the twofold aspect of things (Norland, 2007:29) According

to Kent, Empedocles and the Chinese concept of Yin and Yang, when two opposites are fixed at a formative level it will lead to ill health. It is imperative that the two opposites be allowed to mutate in fluidic momentum in order for psychological health to be maintained (Norland, 2007:31).

To relate this phenomenon to homoeopathic materia medica Hahnemann writes in paragraph 63 of the Organon of Medicine:

*“Every agent which acts upon the vitality of the organism more or less deranges the vital force. Every medicine causes a certain alteration in the health of the individual for a shorter or longer period of time. This alteration in health is called the primary action of the remedy. The reaction of the vital force against the derangement caused by the medicine is called the secondary action or counteraction. The primary action is a product of the medicinal and vital powers conjointly, but it is principally due to the power of the medicine”.*

In light of this Kent gives an example of an individual who drinks a cup of coffee as a sleeping draught. The individual is a naturally high strung individual and coffee is close to her simillimum which explains her susceptibility to the drug bringing out a reverse modality to the one which coffee is famed (Norland, 2007: 26).

The basic polarity which is indicative of disease can be seen in the mind section of *Curcuma longa* with regards to “agility, energy and increased concentration” on one spectrum and “decreased concentration” on the other end of the spectrum. The same polarity can be seen with regards “anger/quarrelsome” and “relaxed, calm and less anger”.



The drug proving of *Curcuma longa* 30CH was successful in terms of the information gathered, however certain areas of this drug proving that can be improved will be discussed in further detail in the next chapter. One can conclude therefore that *Curcuma longa* 30CH produced clearly observable signs and symptoms on healthy subjects and describes the clinical indications of the substance. The materia medica of *Curcuma longa* showed correlations with the Phytotherapeutic and Ayurvedic indications and uses of the substance.

## **CHAPTER SIX**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Conclusions**

The homoeopathic proving of *Curcuma longa* 30CH produced many observable symptoms which indicate that this remedy has the potential to cure wide range of ailments if prescribed according to the law of similars.

The range of symptoms produced by this remedy may only be verified through extensive clinical use and further provings. Clear similarities between the traditional use and indications of Turmeric and its homoeopathic materia medica were found, in addition however a wealth of information was discovered with regards to *Curcuma longa*'s clinical indications as a homoeopathic medicine as determined by this proving.

#### **6.2 Recommendations**

##### **6.2.1 Further provings**

It is recommended that further provings should continue to be conducted with two or more researchers as this minimises the workload on each individual and enhances the degree of supervision of each prover, ultimately improving the quality of the proving.

Future provings should avoid running concurrently with other provings if possible as experienced provers are scarce especially those who are homoeopathic students and practitioners. Running more than one proving concurrently results in a higher proportion of inexperienced provers being recruited which may ultimately affect the quality of the proving. As discussed in Chapter 5, and in concurrence with the recommendations of Smal (2004), Taylor (2004), Olivier (2007), Gryn (2007) & Maharaj (2010) it is crucial that the prover group comprise as many experienced provers as possible.

It is recommended that future provings need to be conducted in lower potencies such as 6CH or 9CH to gain more information on the physical symptomology that could be produced as a result of the lower potency. Higher potencies such as 200CH or 1M should also be considered.

### **6.2.2 Remedy relations**

Various comparative studies using this remedy are warranted, such as a group analysis of the Zingiberaceae family, and direct comparison with *Zingiber officinalis*.

### **6.2.3 Clinical information**

Further use of *Curcuma longa* 30CH in a clinical setting will verify the symptoms determined by this proving; for this to occur it is crucial that the remedy be made available for prescription internationally and the materia medica disseminated via publication of the materia medica and inclusion of the rubrics in various repertories.

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## APPENDICES

### APPENDIX A

#### Suitability for Inclusion in the Proving

*(All information will be treated as strictly confidential)*

SURNAME:

FIRST NAMES:

SEX: M/F

TELEPHONE NUMBER:

#### PLEASE CIRCLE THE APPROPRIATE ANSWER:

- Are you between the ages of 18 and 50 years? YES/NO
- Are you on or in need of any medication?
  - Chemical/allopathic YES/NO
  - Homoeopathic YES/NO
  - Other YES/NO
  -
- Have you been on the birth control pill or hormone replacement therapy in the last 6 months? YES/NO
- Are you pregnant or nursing? YES/NO
- Have you had surgery in the last six weeks? YES/NO
- Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy)? YES/NO
- Do you consume more than:
  - two measures of alcohol per day? YES/NO
  - (1 measure= 1 tot/1 beer/ ½ glass of wine? YES/NO
  - 10 cigarettes per day? YES/NO
  - 3 cups of coffee or tea per day? YES/NO
- Do you consider yourself to be in a general state of good health? YES/NO
- If you are between the ages of 18 – 21 years do you have consent from a parent/ guardian to participate in this proving? YES/NO
- Are you willing to follow the proper procedures for the duration of the proving? YES/NO

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

## APPENDIX B

### INFORMED CONSENT FORM

(TO BE COMPLETED IN DUPLICATE BY THE PROVER)

#### TITLE OF RESEARCH PROJECT:

*A Homoeopathic Drug Proving*

#### NAME OF SUPERVISOR:

DR. DAVID NAUDE (M.Tech. Hom (TN))

#### NAME OF RESEARCH STUDENTS:

SUHANA RAJKOOMAR

KARASEE PILLAY

#### DATE:

#### PLEASE TICK THE APPROPRIATE ANSWER:

1. Have you read the Research Information Sheet? YES/NO
2. Have you had the opportunity to ask questions regarding this proving? YES/NO
3. Have you received satisfactory answers to your questions? YES/NO
4. Have you had an opportunity to discuss the proving? YES/NO
5. Who have you spoken to? \_\_\_\_\_ YES/NO
6. Have you received enough information about this proving? YES/NO
7. Do you understand the implications of your involvement in this proving? YES/NO
8. Do you understand that you are free to withdraw from this proving:
  - A) At any time YES/NO
  - B) Without having to give a reason for withdrawing YES/NO
  - C) Without affecting your future health care YES/NO
9. Do you agree to voluntarily participate in this study? YES/NO
10. To participate in this proving you must meet all the inclusion criteria:
  - You must be between the ages of 18 and 50 years old;
  - Must not need any medication, including chemical, allopathic, homoeopathic or other;
  - Must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
  - Must not be pregnant or breastfeeding;
  - Must not have had surgery in the last 6 weeks;
  - Must not use recreational drugs such as cannabis, LSD, or ecstasy (MDMA).
  - Must not consume more than two measures of alcohol per day;
  - Must not consume more than 10 cigarettes a day;
  - Must not consume more than 3 cups of coffee or tea a day;
  - Must be in a general good state of health;
  - If you are between the ages of 18 – 21 years, you must have consent from a parent/ guardian to participate in the proving; and
  - Must be willing to follow the proper procedure for the duration of the proving.



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

YES/NO

**Additional information:**

- Discomfort may be experienced as a result of participating in the proving. Complete recovery is usual.
- There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
- Every prover is given the name and telephone numbers of the research student and the supervisor of the proving if problems or questions arise.

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

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 \_\_\_\_\_ Signature \_\_\_\_\_

**PARENT/ GUARDIAN:** Name \_\_\_\_\_ Signature \_\_\_\_\_

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

## APPENDIX C

### CASE HISTORY SHEET

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

**Prover number:**

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Children:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Past Medical History:**

Please list previous health problems and their appropriate dates:

Do you have a history of any of the following:

Cancer		Asthma	
HIV		Pneumonia/Chronic bronchitis	
Parasitic infections		Tuberculosis	
Glandular fever		Tendency	
Bleeding Disorders		Smoking	
Eczema/skin conditions		Edema/swelling	
Warts		Hemorrhoids'	

**Past Surgical History:**

Please list any past surgical procedures and the approximate dates.  
(Tonsils, warts, moles, appendix).

**Allergies:**

**Vaccinations:**

**Medication (including supplements):**

**Estimation of daily consumption of:**

Alcohol:

Cigarettes:

**Family history:**

Is there a history of any of the following within your family:

Cardiovascular disease	
Cerebrovascular disease	
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:**

**Temperature modalities:**

**Perspiration:**

**Appetite:**

Cravings:

Aversions:

Aggravations:

**Thirst:**

**Bowel habits:**

**Urination:**

**Description of Menstrual cycle and menses:**

**Mind:**

**Head:**

**Eyes:**

**Ears:**

**Nose and sinuses:**

**Mouth, tongue, teeth:**

**Throat:**

**Respiratory:**

**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:**

**Frame/ build:**

**Hair colour:**

**Eye colour:**

**Complexion:**

**Skin texture:**

**Weight:**

**Height:**

**Pulse rate:**

**Temperature:**

**Blood pressure:**

**Findings on physical examination:**

**Jaundice:**

**Anaemia:**

**Cyanosis:**

**Clubbing:**

**Oedema:**

**Lymphadenopathy:**

**Hydration:**

**Specific system exams:**

## APPENDIX D INSTRUCTION TO PROVERS

### Dear Prover

Thank you very much for taking part in this proving. We are grateful for your contribution to the growth of homoeopathy.

### **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
- 

Your proving supervisor will contact you with the date that you are required to commence the pre proving observation period and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the supervisor to contact you.

***Should there be any problems or anything you 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 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 a half hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (6 powders maximum). In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy. This is very important.** By proving symptoms we mean:

- 1) **Any new symptoms**, i.e. ones that you have never experienced before.
- 2) **Any change or intensification of any existing symptom.**
- 3) **Any strong return of an old symptom**, i.e. a symptom that you have not experienced for more than a 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 begin very subtly. Often before the prover recognizes that the remedy has begun to act.**

### **Lifestyle during the proving:**

Avoid all **antidoting factors** such as **coffee, camphor** and **mints**. If you normally use these substances, please stop taking them for two weeks before, and for the duration of the proving. Protect the powders you are proving like you would any other potentised remedy; store them in a cool, dark place away from **strong smelling substances, chemicals, electrical equipment** and **cellphones**.

A successful proving depends on your recognizing and respecting the need for moderation in the following areas: work, alcohol, exercise and diet. Try to maintain within your usual framework and maintain your usual habits.

Avoid taking **medication** of any sort, including antibiotics and any steroid or cortisone preparations, vitamins 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 as soon as possible.

### **Confidentiality:**

It is important for the quality and the credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.

Your privacy is something that we will protect. Only your supervisor will know your identity and all information will be treated in the strictest confidence.

### **Contact with your supervisor:**

Your supervisor will telephone you to inform you to begin your 1 week observation period and then daily from the day that you begin to take the remedy. This will later decrease to 2 to 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 problems during the proving, please do not hesitate to call your supervisor.

### **Recording of symptoms:**

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of the day or night at which they occurred. **This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory.** Make a note even if nothing happens.

*Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. The day that you took the first dose is day zero.*

Write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the journal with you at all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own language.



Information about **location, sensation, modality, time** and **intensity** is particularly important:

**Location:** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.

**Sensation:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull, etc.

**Modality:** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people, etc. Try different things out and record any changes.

**Time:** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is it unusual for you.

**Intensity:** Briefly describe the sensation and the effect on you.

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

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

**This is easily remembered as:**

**C** – 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/BODY**
- **HEAD**
- **EARS**
- **EYES**
- **NOSE**
- **BACK**
- **RESPIRATORY SYSTEM**
- **DIGESTIVE SYSTEM**
- **SKIN**
- **EXTREMITIES**
- **URINARY ORGANS**
- **GENITALIA**
- **SEX**
- **TEMPERATURE**
- **SLEEP**
- **DREAMS**
- **GENERALITIES**

Please give full description of dreams, and in particular note the general feeling or impression the dream left you with.

Mental and emotional symptoms are important, and sometimes difficult to describe – please take special care in noting these.

Reports from friends and relatives can be particularly enlightening, please include these where possible. At the end of the proving, please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you do another proving?

As far as possible try to classify each of your symptoms by making a notion according to the following key in brackets next to each entry:

**(RS) – Recent symptom** i.e. a symptom that you are suffering from now, or have been suffering from in the last year.

**(NS) – New symptom**

**(OS) – Old symptom.** State when the symptom occurred previously.

**(AS) – Alteration** in the **present** or **old** symptom. (E.g. used to be on the left side, now on the right side).

**(US) – An unusual symptom** for you.

If you have any doubts discuss them with your supervisor.

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in the Organon of Medicine paragraph 126:

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

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

*Adapted from Jeremy Sherr – Dynamics and Methodology of Homoeopathic Provings, second edition. 1994.*

I, \_\_\_\_\_,

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

Prover: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Researcher: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact Details**

**Researchers:**

**Suhana Rajkoomar: 0849226243**

**Karasee Pillay: 0827797525**

**Supervisor:**

**Dr. D. Naude: (031) 373 2514**

**Homoeopathic Day Clinic: (031) 373 2071**

## Appendix E

**‘AS LEARNING CAN ONLY BE GAINED THROUGH NEW EXPERIENCE, AND  
SINCE A PROVING BY DEFINITION IS A NEW EXPERIENCE, IT WILL  
RESULT IN LEARNING, OR AS THE POPULAR TERM GOES, IN GROWTH.  
WHEN ONE LEARNS, ONE GROWS HARDIER, MORE ROBUST, BETTER  
ABLE TO PROTECT ONESELF.’ - *JEREMY SHERR***

DO YOU WISH TO CONTRIBUTE TO THE DEVELOPMENT AND  
PROGRESS OF  
HOMOEOPATHY,  
INTERNATIONALLY ?

WOULD YOU LIKE TO BE A PART OF AN IMPORTANT  
HOMOEOPATHIC DISCOVERY ?

TO PARTICIPATE IN THIS PROVING, YOU NEED TO BE:

- BETWEEN THE AGES OF 18 – 50 YEARS
- FREE OF ANY MEDICAL CONDITIONS

**IF YOU ARE INTERESTED PLEASE CONTACT**

1) SUHANA RAJKOOMAR

CELL NO: 0849226243

2) KARASEE PILLAY

CELL NO: 0827797525

OR

HOMOEOPATHIC DAY CLINIC

(031) 373 2041

## Appendix F

### Methods of Preparation

(German Homoeopathic Pharmacopoeia)

#### 1) Method 6: Triturations

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise prescribed. Triturations up to and including the 4<sup>th</sup> dilution are triturated by hand or machine in a ratio of {1 to 10 (decimal dilution) or} 1 to 100 (centesimal dilution). Unless otherwise stated, the basic drug materials are reduced to the particle size given in the Monograph (Mesh Aperture). Quantities of more than 1000g are triturated by mechanical means.

The duration and intensity of triturations should be such that the resulting particle size of the basic drug material in the 1<sup>st</sup> {decimal or} centesimal dilution is below 10µg at 80 percent level; no drug particle should be more than 50µg.

*Trituration by hand:*

Divide the vehicle (lactose) into three parts and triturate the first part for a short period in a porcelain mortar. Add the basic drug material and triturate for 6 minutes, scrape down again for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second of the vehicle and continue as above. Finally add the third part and proceed as before. The minimum time required for the whole process will be one hour. The same method is followed for subsequent dilutions.

**[For triturations above the 4x or 4c dilute 1 part of the dilution with 9 parts of lactose or 99 parts of lactose as follows: in a mortar, combine one third of the required amount of lactose with the whole of the previous dilution and mix until homogenous. Add the second third of the lactose, mix until homogenous and repeat for the last third.]**

*[Trituration by machine:-not applicable]*

#### 2) Method 8a: Liquid preparations made from triturations

Preparations made by Method 8a are liquid preparations produced from triturations made by Method 6.

To produce a 6c liquid dilution, one part of the 4c trituration is dissolved in 99 parts of water and succussed. One part of this dilution is combined with 99 parts of ethanol 30 percent to produce the 6c liquid dilution by succussion. In the same way, the 7c liquid dilution is made from the 5c trituration, and the 8c liquid dilution is made from the 6c trituration. From the 9c upwards, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 100.

This appendix has been adapted from Olivier, M.2007.An Evaluation of the Triple-Blind Homoeopathic Proving of an Indigenous South African substance, Erythrina Lysistemon 30CH, and the Traditional Uses of the Crude Substance. M.Tech. Dissertation, Durban Institute of Technology, Durban.