

**A Homoeopathic Drug Proving of
Sutherlandia frutescens
and a Comparison between the
Homoeopathic Drug Proving Symptomatology
and Existing Indications of Use**

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with the requirements for the
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I hereby declare that this mini-dissertation represents my own work both in
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Dedicated to all those who pursue the highest ideal of cure.

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Abstract

The purpose of this study was to determine the effects of *Sutherlandia frutescens* 30 CH on healthy individuals so that it may be prescribed according to the law of similars. It was also the purpose of this study to compare all existing indications of use of *Sutherlandia frutescens* to the proving symptomatology. This would allow a greater understanding of the plants spheres of action and would contribute to the formation of a comprehensive remedy picture by highlighting similarities and differences between the homoeopathic and traditional indications of use. The comparison also served to investigate whether *Sutherlandia frutescens* acts, in accordance with the fundamental law of homoeopathy, the law of similars, in traditional application. It was the intention of the study to shed light on the possible 'homoeopathicity', or not, of current traditional use of *Sutherlandia frutescens*, as opposed to overt pharmacology of phytochemicals. It was hypothesized that *Sutherlandia frutescens* 30CH would produce clearly observable signs and symptoms in healthy provers. The second hypothesis was that the proving symptomatology of *Sutherlandia frutescens* 30CH would be similar to the existing indications of use.

The homoeopathic proving was a double blind placebo controlled study conducted by four Master's in Technology: Homoeopathy students. A total of 24 subjects formed the proving group, 25% of whom (6 of the 24) were randomly assigned to the placebo group. The subjects were unaware of the substance they were proving and the potency of the substance to be proven. The provers also served as intra-individual controls by recording their state prior to the administration of the remedy, to provide a baseline for comparison after the administration of the remedy. Provers took one powder three times daily until proving symptoms appeared, but for no longer than 2 days i.e.: a maximum of 6 doses. Provers recorded their symptoms daily in a journal and were in

close contact with their respective supervisor. Data was extracted from the journals as proving symptoms according to strict criteria and were converted into materia medica and repertory format. The data was not amenable to standard statistical analysis.

The first hypothesis was shown to be valid. A total of 783 rubrics representing the proving symptomatology were formed. Of these, 137 rubrics were in the Extremities, 109 in Mind, 65 in the Back, 54 in the Head, 42 in the Stomach and 41 in the Female sections of the repertory. This quantitative analysis highlights the prominent spheres of homoeopathic action as revealed by the proving.

An investigation into the existing uses of *Sutherlandia frutescens* revealed a large repertoire of traditional uses for *Sutherlandia frutescens*. The comparison revealed similarities between existing traditional usage and proving symptomatology in the mental/emotional, musculoskeletal, integumentary, gastrointestinal and respiratory systems, conditions of the eye and its application as a tonic. In these cases the second hypothesis was shown to be valid. It was proposed that *Sutherlandia frutescens* acts according to the law of similars, that is homoeopathically, in treating these conditions in traditional use because it was able to produce similar signs and symptoms in healthy individuals. The proving symptomatology revealed finer details of the similar existing indications of use which has great practical value. The comparison showed the urogenital system as a common sphere of action with differing indications of use within that sphere. The comparison highlighted traditional uses of *Sutherlandia frutescens* in the treatment of wounds and fevers, certain respiratory, cardiovascular and gastrointestinal disorders not indicated by the homoeopathic proving. In these respects the second hypothesis was found to be only partially valid.

Clinical use and further provings of *Sutherlandia frutescens* are essential to validate the proving symptomatology and expand the materia medica.

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Definitions of Terms

- Homoeopathy:** A system of therapeutics founded by Samuel Hahnemann in which disease is treated with substances which are capable of producing in healthy persons symptoms like those of the disease to be treated, the drug being administered in minute doses (Dorland's Medical Dictionary, 1994:773).
- 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).
- Provers:** Healthy individuals to whom the test substance is administered in a homoeopathic proving.
- Placebo:** Any dummy medical treatment, originally, a medicinal preparation having no specific pharmacological activity against the patients illness or complaint given solely for the psychophysiological effects of the treatment; more recently, a dummy treatment administered to the control group in a controlled clinical trial in order that the specific and non-specific effects of the experimental treatment can be distinguished (Dorland's Medical Dictionary, 1994:1298).
- Potency:** The therapeutic strength of a substance attained through a process of serial dilution and succussion of that substance, known as potentization (Cook, 1939:50-51).

Thirtieth Centesimal Potency (30CH): The thirtieth step in the process of potentization on a 1:100 scale having a theoretical deconcentration of 1×10^{-60} .

Law of Similars: Any substance which can produce a totality of symptoms in a healthy human being, can cure that totality of symptoms in a sick human being (Vithoulkas, 1980:98).

Chapter One

Introduction

1.1 Introduction

The systematic proving of substances on healthy individuals is fundamental to the practice of homoeopathy (Whitmont, 1993:239). The purpose of conducting the proving of a remedy is "to record the totality of morbid symptoms produced by that substance on healthy individuals; and that totality will be the curative indications upon which is to be prescribed the curative remedy in the sick individual" (Vithoulkas, 1980:144). In other words, provings are the tools through which the curative powers of a substance are revealed so that they may be prescribed according to the law of similars. They are the only way of obtaining accurate and reliable knowledge of the therapeutic potential of a substance (Hahnemann, 1997:188, Sherr, 1994:7) and are the only means through which new remedies may be identified so that they may be added to the homoeopathic materia medica (Cook, 1989:93).

By definition, any substance capable of inducing disease symptoms when taken by a healthy person in crude doses is potentially of therapeutic value when administered in potentized form according to homoeopathic principles (Cook, 1989:93). Every substance differs in [their] pathogenetic effects and consequently also in their therapeutic effects (Hahnemann, 1999:186). It follows that the potential for new homoeopathic remedies is limitless (Cook, 1989:93). However, does the homoeopathic armamentarium need to be expanded? There are many cases where the similimum has not yet been proved and the homoeopath is forced to prescribe a partial, less accurate remedy (Hahnemann,

1997:223). A partial less accurate remedy may not result in cure for the patient. When a new remedy is proved well, it cures a class of cases that until then could only have been partially covered by existing remedies (Sherr, 1994:8). Once homoeopaths become familiar with a remedy it becomes indispensable as nothing else can take its place, just like nothing can take the place of *Lachesis muta* or *Pulsatilla nigricans* (Sherr, 1994:8). Furthermore, new diseases and disease patterns are emerging and the homoeopathic community need to address these challenges with the confidence of an extensive and reliable materia medica (International Council for Classical Homoeopathy, 1999:34, Sherr, 1994:6). Sherr (1994:49) asserts that glaring gaps are visible when the materia medica is examined. Many plant and animal species, elements of the periodic table, common salts and synthesized drugs remain unproven. A proving of a major representative of every family in every kingdom would elevate homoeopathy to a near perfect science (Sherr, 1994:49). The undiscovered healing potential available to us is vast. If we hope to fully utilize this potential to find a true similimum for the majority of our patients, many more remedy provings must be undertaken (Whitmont, 1994:3). This task is being addressed by the homoeopathic community at large with a resurgence of new provings. Of the 370 provings conducted over the past 20 years, 188 of them were conducted in the last 2 years (Sherr, 1994:6).

In South Africa more than 700 plant species are traded for indigenous medicinal purposes. 20 000 tonnes of plant material is traded annually with a value of 270 million rand. In KwaZulu-Natal, there is an estimated 6 million indigenous medicine consumers and more than 4000 tonnes of plant material is traded annually at a value of R60 million, one third of the value of the annual maize harvest for the province⁶. Although indigenous plants are used extensively for medicinal purposes in South Africa, their

homoeopathic indications have not been investigated and remain unknown. Of the 3000 homoeopathic remedies found in the materia medica, only 4 remedies are indigenous to Southern Africa, namely *Barosma crenulata*, *Diosma linearis* and *Bitis arietans arietans* and Tiger Shark liver (Wright, 1999:2). Wright (1993:3) asserts that South African homoeopaths still rely heavily on Europe and the United States as sources of crude drugs. There is a need for homoeopathic investigation into the diverse and rich indigenous flora of Southern Africa, that has already formed a part of other medicinal systems in our country. "It would be advantageous if, in future, South African homoeopaths could rely more on indigenous substances as sources of homoeopathic remedies. To this end, South African homoeopaths should commence the systematic proving of substances indigenous to our country" (Wright, 1999:3). This study investigated the homoeopathic indications of *Sutherlandia frutescens* 30CH, a plant indigenous to Southern Africa (and known colloquially as the Cancer bush), by conducting a homoeopathic proving.



Figure 1.1: *Sutherlandia frutescens* (Gericke, 1997:247)

Sutherlandia frutescens is regarded as one of the most multipurpose of the South African medicinal plants having a long history of use by many cultures (van Wyk & Gericke, 2000:148). This study also investigated the existing indications of use of *Sutherlandia frutescens* by exploring the traditional, folk and contemporary uses of the plant and compared these indications to the symptoms produced by the homoeopathic proving i.e. the homoeopathic indications. This is essential as it contributes to the formation of a comprehensive remedy picture and greater understanding and knowledge of the plants spheres of action that may or may not be indicated by the proving symptomatology. A comparison between the known tradition of use and homoeopathic indications serves to highlight similarities and differences between the two.

The homoeopathic proving symptomatology of *Sutherlandia frutescens* 30CH may be similar to conditions it is indicated for in traditional medicine. This suggests that *Sutherlandia frutescens* has acted in accordance with the law of similars in the treatment of those similar conditions in the past because it was able to produce those disease symptoms in healthy individuals. In a sense, light will be cast upon the 'homoeopathicity', or not, of current traditional use, as opposed to overt pharmacology of phytochemicals.

Whitmont (1993) states that provings with potentized substances as opposed to crude or toxic doses elicit more differentiated and specific fine points of symptomatology, especially in respect to the emotional, mental and modality characteristics of the remedy. This is useful in practical application as those existing therapeutic indications similar to the homoeopathic indications can be refined and qualified according to the indications revealed through the proving symptomatology to produce very specified indications

which may increase effectiveness of *Sutherlandia frutescens* in treating those conditions. For example, *Sutherlandia frutescens* has traditionally been indicated for backache. There is no description in the literature as to the specified nature of the backache. The homoeopathic symptoms may reveal that *Sutherlandia* is indeed indicated for the treatment of backache, but specifically lumbar back pain that is relieved with external pressure and is worse at night. A comparison between the two will also highlight new spheres of action and new therapeutic indications of *Sutherlandia frutescens* as indicated by the homoeopathic symptomatology.

Therefore, the first objective of this study was to investigate and record the symptoms produced by *Sutherlandia frutescens* 30CH when administered to healthy individuals so that it may be prescribed according to the law of similars in the sick individual. The second objective of this study was to investigate the existing indications of use of *Sutherlandia frutescens* and to compare these to the totality of symptoms produced by the homoeopathic drug proving.

1.2 The Hypothesis

The first hypothesis was that the 30CH potency of *Sutherlandia frutescens* would produce clearly observable signs and symptoms in healthy provers. The second hypothesis was that the proving symptomatology of *Sutherlandia frutescens* 30CH would be similar to the existing indications of use.

1.3 The Delimitations

The study did not:

- seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals;
- determine the effects of potencies of *Sutherlandia frutescens* other than the thirtieth centesimal potency;
- seek to perform multicentre trials of the drug.

(Wright, 1999:3)

1.4 The Assumptions

- The remedy used in this study was prepared according to the German Homoeopathic Pharmacopoeia (GHP), Fifth Supplement (1991) to the First Edition (1978) and this was considered the correct method of preparation.
- The provers took the remedy in the dosage, frequency and manner directed.
- The provers conscientiously and accurately recorded all symptoms observed.
- The provers did not deviate from their normal lifestyle, including dietary habits, in any significant manner immediately prior to or for the duration of the proving.

(Wright, 1999:4)

Chapter Two

The Review of the Related Literature

2.1 Historical Perspectives of Provings and the Law of Similars

The principle of similitude - *similia similibus curentur* - can be traced back as far as Hippocrates (460 – 350 BC) who wrote “By like things a disease is produced and through the application of the like it is cured” (Cook, 1989:1, Walach, 1993:129). Aristotle (384 - 322 B.C.), Galen (130 - 200 A.D.) and Paracelsus (1493 - 1541) also all acknowledged this principle in their writings (Cook, 1989:1). Using the assumptions of Paracelsus, a Danish physician, Dr G. Stahl, gave the first precise enunciation of the fundamental homoeopathic principle early in the 17th century when he wrote: “To treat with opposite acting remedies is the reverse of what it ought to be. I am convinced that disease will yield to, and be cured by, remedies that produce similar affections” (Cook, 1989:2). Although this concept had been known for approximately 2000 years it remained to a large degree a theoretical one and was never subjected to systematic, scientific study or used to much extent in practice (Cook, 1989:2). The practical implication of this principle is that it required the administration of substances with presumed curative power to healthy individuals (Walach, 1994:129).

Samuel Hahnemann (1755 – 1843), considered the founder of homoeopathy, was amongst the first to give medicines to healthy individuals in order to elicit their therapeutic properties (Walach, 1994:129). Before Hahnemann, Galen required the testing of new substances on sick and healthy individuals and Paracelsus determined the therapeutic properties of substances (especially poisons) by observing the effects when

ingested by healthy persons (Coulter, 1975:442). Albrecht von Haller, a Swiss doctor and polymath advocated the principle in 1771 and Anton Storck, head of a Viennese hospital experimented with substances on himself (Walach, 1994:129). It was Hahnemann however, who rationalized and systematized the concept of provings and used it as a basis for his new system of medicine (Wright, 1999:6).

Homoeopathy began in 1790 with the proving of *China officinalis*, described by Hahnemann as the “dawn” of homoeopathy (Wieland, 1997:229). Hahnemann was commissioned to translate William Cullen’s *A Treatise on Materia Medica* into German (Cook, 1989:6). He was sceptical of the author’s conclusion as to the mechanism of action of *Cinchona* (Peruvian bark) in the cure of intermittent fever (malaria). He proceeded to take large doses of the crude drug and noted that he experienced the symptoms of malaria. He concluded that *Cinchona*, when taken by a healthy person induced symptoms similar to malaria – the very disease it was used to cure (Cook, 1989:6). The enunciation of the fundamental principle of homoeopathy, the law of similars, was written and published 6 years after Hahnemann’s original experiments with *Cinchona* in his essay *New principles for Ascertaining the Curative Power of Drugs* (Cook, 1989:9). Following this, Hahnemann formed groups of collaborators who set about the task of proving new remedies and compiling a materia medica. Between 1811 and 1821 the results of 66 drug provings were published in 6 volumes of Hahnemann’s *Materia Medica Pura* (Cook, 1989:11).

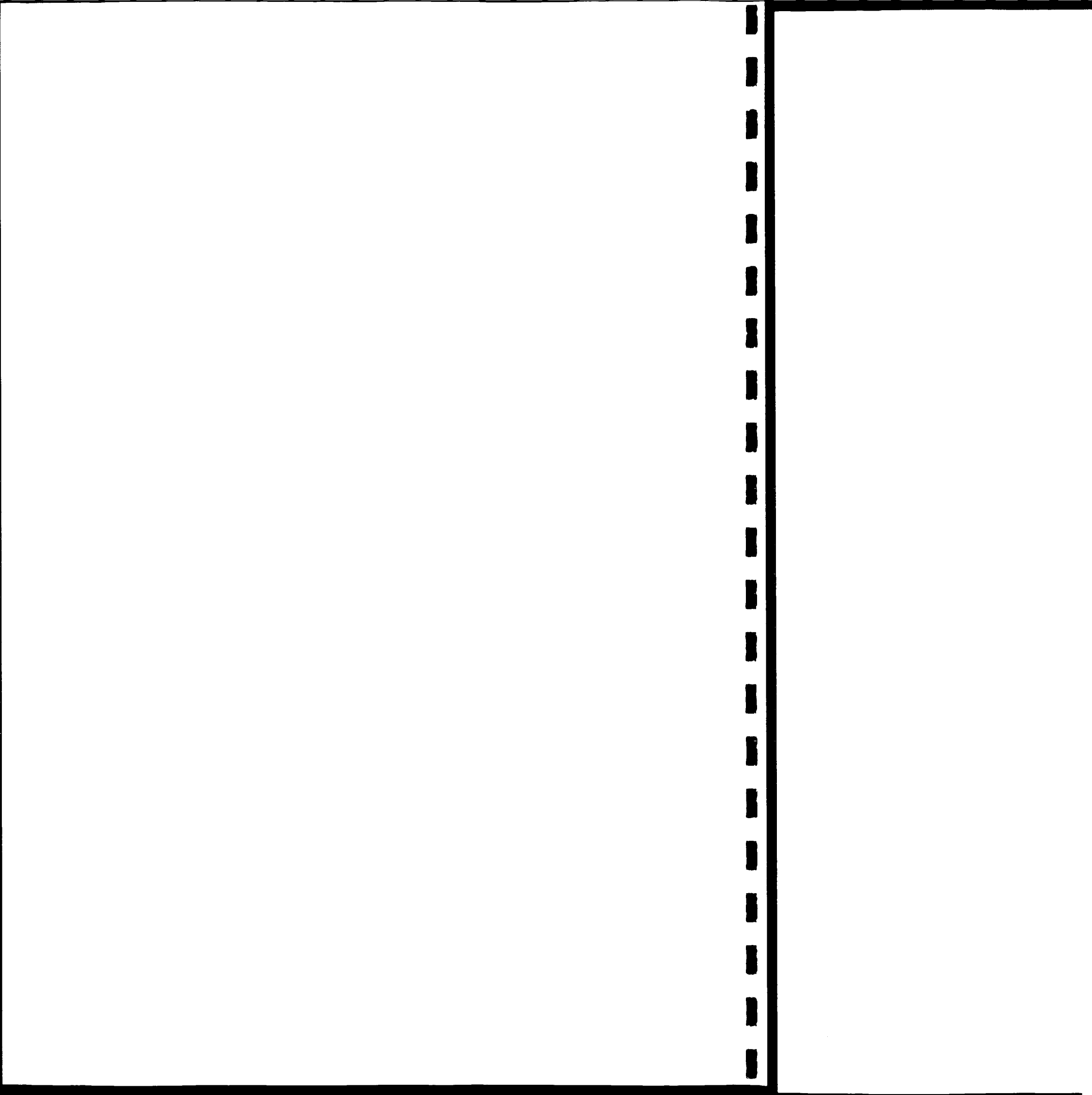
2.2 Proving methodologies

Hahnemann eventually published the pathogeneses of 101 drugs from his *Fragmenta de Viribus Medicamentorum Positivis* (1805) to the last edition of *Die Chronischen Krankheiten* in 1839 (Dantas, 1996:230). He never began with a set methodology, but as he gained experience he developed and changed his method according to his most recent findings (Wieland, 1997:229, Fuller Royal, 1991:122). Although his experiments yielded reliable results, his methodology would not be called reliable by today's standards for clinical trials (Wieland, 1997:229), their most serious flaw being that they were uncontrolled (Fisher, 1995:129). Hahnemann's final writings on provings are found in aphorisms 105 – 141 of the *Organon of Medicine*, 6th edition. There is no doubt that had Hahnemann lived longer he would have refined his methods further as his methodology was continually developing (Walach, 1994:129). The flaws in the methodology of Hahnemann's trials were recognized early (Dantas, 1996:235), and the methodology of homoeopathic drug provings initiated by him has been improved by incorporating relevant scientific research methods used today (Riley, 1997: 225), such as blinding, placebo controls, double blind and cross-over experimental designs and randomisation.

Homoeopathic workers were among the first medical practitioners (possibly the first) to adopt a blinding procedure to test drugs (Kaptchuk, 1996:239). In 1843, the concept of blinding was introduced into homoeopathic proving methodology when a re-proving of *Aconitum napellus* was carried out (Kaptchuk, 1996:239). The most important example of blinding, related by Kaptchuk (1996), is an 1880 blinded test to show whether 25 homoeopaths could distinguish a vial containing sugar pellets moistened with

Aconitum napellus 30C from 9 other identical vials holding sugar pellets moistened with alcohol only. The masked medicines were to be given to either healthy or sick individuals. It was concluded that vials tested were indistinguishable from each other. The writings of J.T. Kent (1846-1916), show that the blinding technique was considered normal and routine procedure in homoeopathic provings by 1900 (Kaptchuk, 1996:240). The double blind technique was also introduced into homoeopathy. Bellows coordinated a multicentre double blind trial of *Belladonna* using placebo control from 1901 to 1903 (Dantas, 1996:235). By 1954, with the Ledermann surgical tuberculosis clinical trial, homoeopathic clinical research clearly had all the accoutrements of placebo control and double blinding (Kaptchuk, 1996:240). A treble blind design was introduced by Raeside (1972) which involves a placebo control group, the prover and researcher are blind and the remedy to be proven remains unknown to both the researcher and prover.

In 1980, George Vithoulkas devoted a chapter to provings in his book *The Science of Homoeopathy*. He outlines an elaborate and meticulous proving method, which few could ever conduct due to the expense and time involved in such a method. In 1994, Jeremy Sherr published the first edition of *The Dynamics and Methodology of Provings*. This book covers every aspect of homoeopathic provings and combines the copious unorganised references to provings and proving methods found throughout homoeopathic literature. It provides clear and exact guidelines for conducting a proving. Sherr has contributed enormously to the homoeopathic materia medica with his provings of *Neon*, *Chocolate*, *Hydrogen*, *Androctonus amoreuxii hebraeus* (Scorpion), *Brassica napus* (Rape seed), *Germanium* and *Adamas* (Diamond), to name a few. This book was used extensively as a reference in the method of this proving.



in their crude state lay hidden, and, as it were, dormant, are developed and roused into activity to an incredible extent” (Hahnemann, 1997:201).

Sherr (1994) uses a wide range of potencies in his provings – 6C, 15C, 30C, 200C. He suggests that multiple potencies may be useful in investigating the exact effects of each potency and perhaps allowing the prescriber to prescribe the remedy in the correct potency by matching the symptom of the patient to the precise potency of the substance that produced that exact symptom (Sherr, 1994:56). Although using a wide range of potencies, Sherr (1994) maintains that it is equally valid to use one potency only, such as 30CH or one dose of 1M. The International Council for Classical Homoeopathy (1999) recommends the use of 2 to 3 potencies to ensure that the more subtle aspect of the remedy can be explored and so that a far more complete and comprehensive range of symptoms are produced. Potency does not predetermine the distribution of proving symptoms into mental, emotional and physical symptoms (Sherr, 1994:27). There is no evidence to support the common homoeopathic belief that low potencies affect the body while high potencies affect the mind. For example, in the proving of Hydrogen, the average mental/emotional symptoms per prover were as follows: 6C = 30.5 , 9C = 17, 12C = 9, 15C = 1.5, 30C = 46.6 and 200C = 14 (Sherr, 1994:27).

Hahnemann stated in the *Organon of Medicine*, 6th edition, that the 30CH potency should be used for provings. The Vienna Society of Homoeopathy did not endorse the use of the 30CH recommended by Hahnemann for provings and practise until the society had reproven and tested all the remedies in the 30th centesimal potency (Kent, 1999:188). Kent also endorsed the use of the 30 CH potency in his teachings (Kent, 1999:185). The

30CH still seems to be the most frequently used potency in drug provings (Wieland, 1997:231).

Sherr (1994) says that it is up to each proving committee to decide whether they want to use a single potency or a variety of potencies. After consideration of the above facts the proving committee decided that only the 30CH would be used in this proving.

2.2.2 Dose and posology

As with potency there is variety with regards to dose and posology. In this proving a maximum of 6 doses were taken. One dose was administered sublingually, 3 times daily for 2 days (Sherr 1994:53, International Council for Classical Homoeopathy, 1999:35). No further doses were taken with the appearance of proving symptoms. (Sherr, 1994:53, Kent, 1990:102) Sherr (1994) has followed the recommendations of Hahnemann and Kent which he found the most logical and effective way. He also relates the common misconception that the dose is to be repeated continuously, usually for the duration of the proving. In this proving no further doses were taken after the onset of symptoms (Sherr, 1994:53, Kent, 1990:102). If no symptoms appeared after the 6 doses still no further doses were taken. The safety of the prover is of primary importance in the proving and repeating the dose indiscriminately may not be safe for the prover (Sherr, 1994:52). And, if no symptoms have appeared after 6 doses, the prover would probably not be sensitive to the proving remedy anyway even if more doses were administered (Sherr, 1994:51). The prover was warned against stopping and then starting the proving again, or taking another dose for example, on the 10th day, as Kent (1990:187) warns that repetition of a dose in this manner may engraft on the prover's constitution.

2.2.3 Sample size

Vithoulkas suggests a group of 50 – 100 provers for a proving (Vithoulkas, 1980:152). In Sherr's (1994) opinion a hundred or more provers is far too large and leads to overcrowding of the repertory with many common symptoms as well as inflating the remedy out of proportion in relation to other remedies. The resources (time and funding) needed for a proving with a sample size of 50 to 100 provers was beyond the researchers resources. Anna Schadde conducted a proving of Ozone with 55 provers and concluded that the group was too large and would use smaller groups in future (Sherr, 1994:45).

Fuller Royal (1991) suggests that ten is the smallest number of provers necessary for a proving. Sherr (1944) has found that 5 people suffice for a small proving project, while 15 – 20 provers produce a full remedy picture. The International Council for Classical Homoeopathy (1999) guidelines advise an ideal group size of 10 – 20 provers. The sample size for the proving of *Sutherlandia frutescens* consisted of 24 provers.

2.2.4 Placebo

There are similarities between homoeopathic drug provings and phase 1 studies in conventional clinical pharmacology trials of new allopathic compounds (Davidson, 1994:82, Sherr, 1994:35). Sherr (1994) describes the benefits of the use of placebo in a clinical drug trial:

- 1) It distinguishes the pharmacodynamic effects of a drug from the psychological effects that may arise from the test itself.
- 2) It distinguishes drug effects from fluctuations in disease that occur with time and other external factors.

- 3) It avoids "false negative" conclusions i.e. placebo control tests the efficacy of the trial itself.

The first point is relevant to homoeopathic provings. Provings were conducted for more than 100 years without placebo control. The control was both the experience of the provers and the proving director and ensuing validation by clinical experience (Walach, 1994:130). Walach (1994) considers placebo unnecessary and only useful if introduced as an intra-individual control as in a crossover design. Nineteenth century provings conducted without placebo or crossover design, Hahnemann's provings for example, have proved clinically efficient in practise (Sherr, 1994:57). Sherr (1994) relates the view expressed by Raeside in his article "A Proving of *Mandragora Officinarum*" that he and his provers felt, after many provings that "controls were an unnecessary waste of good provers".

However, it still stands that without placebo control, it cannot be certain that the findings are not due to expectancy, hope, spontaneous fluctuation or other variables. They are necessary and attempt to clarify whether the claimed effects of a remedy are due to the remedy (Davidson, 1995:63). As provings are made on healthy individuals and the proving process does not need testing for efficacy, the second and third points do not apply.

The ICCH (1999) insist on the use of placebo in provings as it not only increases reliability of the symptoms, but increases provers attention and accuracy in relating symptoms and enables clearer deduction of symptoms when set against those arising spontaneously in the general population. The ICCH (1999) recommends 10 - 30% of the

provers to receive non-medicated granules. Vithoulkas (1980) recommends that 25% of the provers receive placebo, while Sherr recommends 10 – 20% receive placebo.

25% of the provers (6 of the 24 provers) were administered placebo preparations in this double-blind proving of *Sutherlandia frutescens* 30CH. This left 18 provers in the verum group which correlated to the number of provers recommended by Sherr (1994) and the International Council for Classical Homoeopathy (1999) to produce a full remedy picture.

2.3. The Comparison between the Homoeopathic Proving Symptomatology and Existing Indications of Use

An investigation into the past and present uses of a remedy contributes to form a comprehensive remedy picture. The proving symptoms gained from a drug proving are only one stone in building the house of an entire drug picture (Wieland, 1997:232). Knowledge of other aspects of a remedy that need to be investigated to form an entire drug picture include traditional uses (therapeutic and non – therapeutic), toxicology, chemical analysis and confirmation and amplification of the proving symptomatology through clinical use (Raeside, 1972:205, Wieland, 1997:232). This study investigated all existing uses of *Sutherlandia frutescens* and compared them to the homoeopathic proving symptomatology. It was beyond the scope of this particular study to investigate the toxicology and chemical constituents of the plant.

Similar indications may be found between the homoeopathic symptomatology and the indications of existing use. This suggests that *Sutherlandia frutescens* acts according to homoeopathic law, the law of similars, in treating those conditions in traditional use

because it was able to produce those disease symptoms in healthy individuals. In other words, it acts homoeopathically in treating these conditions. This highlights both the degree of 'homoeopathicity' of current traditional usage and the overt pharmacology of phytochemicals. Examples of the law of similars exist in orthodox medicine. For example, in toxic doses *Digitalis* causes heart disorders with a rapid, irregular rhythm. Traditionally it is indicated for arrhythmia of atrial fibrillation (Jouanny *et al.*, 1996:12). Toxicologically, *Aurum* (gold) produces destruction of long bones (especially of the short long bones). Gold injections are presently used in the treatment of rheumatoid arthritis. In toxic doses ergot (the dried sclerotium of *Claviceps purpurea*) produces vasomotor phenomena accompanied by headaches, manifestations of arteriopathy, accompanied by fixed arterial hypertension and cerebral circulatory insufficiency, phenomena of labile arterial hypertension, uterine hemorrhage and hemorrhage in the retroperitoneal lumbar fossae and manifestations of arteritis with gangrene of the extremities. The indications of ergot in conventional therapeutics are similarly vasomotor headache and migraine, arterial hypertension with or without cerebral ischemia and uterine hemorrhage (Jouanny *et al.*, 1996:13). The comparison between proving symptomatology and existing indications explores the possibility of this mode of action in current traditional use of *Sutherlandia frutescens*.

The homoeopathic indications may be similar to the existing indications of use for *Sutherlandia frutescens*, in which case the existing therapeutic indications of *Sutherlandia frutescens* can be refined and qualified according to the indications revealed through the proving symptomatology to produce very specified indications for *Sutherlandia frutescens* for treating those conditions. Whitmont (1993) asserts that provings with potentized substances elicit differentiated and specific fine points of symptomatology especially in respect to emotional, mental and modality characteristics of a remedy. For example, *Ipecacuanha* was used to treat vomiting (Merck Manual, 1899:183). The homoeopathic proving of *Ipecacuanha* refined its use in vomiting when a special form of nausea accompanies the vomiting, that is when the nausea is a constant but unavailing desire to vomit; or immediately after vomiting instead of relief there is a desire to vomit again. There is a clean tongue and profuse salivation accompanying the nausea (Clarke, 1996:71). Before the homoeopathic proving of *Juglans cineria* (butternut), it was used to treat camp diarrhoea and dysentery in the early American wars and was known to have an effect when applied to the skin, the juice caused reddening and blistering and the green rind was used to treat tetter and ring worm (Clarke, 1996:71). Clarke (1996) states that the homoeopathic provings of *Juglans cineria* brought out these characteristics in much detail. The following proving symptoms for *Juglans cineria* are found in Clarke's (1996) *A Dictionary of Practical Materia Medica*, Volume two:

Stool: Stools bilious, copious, frequent, painless.

- Loose stool smelling like onions.
- Diarrhoea: with cutting in abdomen; with burning in anus before and after stool; painless in forenoon; yellow, frothy, with tenesmus and burning in anus after stool.
- A drastic purge, producing irritation and inflammation of mucous membrane of bowels.
- Stool soft with pain and flatulence in abdomen.

Skin: Exanthematous eruption resembling flush scarlitina

- Eruption resembling eczema simplex on upper chest, with itching pricking when heated by over-exertion.
- Pustules on thighs, hips, and nates, with itching and burning.
- Itching on arms, better for scratching.

The above examples of refining existing indications through proving symptomatology are also examples of the law of similars found in traditional application of those remedies for treating disease.

2.4 The Proving Substance: *Sutherlandia frutescens*

2.4.1 Classification

Family: Fabaceae

Genus: *Sutherlandia* Br. R.

Species: *frutescens*

Common names: English: Cancer bush, Camphor bush, Turkey flower.

Afrikaans: Kankerbos, Wildekeer, Rooikeurtjie, Kalkoenbos, Belbos, Gansies.

Zulu: Unwele, Insiswa.

Sotho: Musa-Pelo, Motlepelo, Phethola^{1,3}.

Sutherlandia frutescens belongs to the Fabaceae family (pea family), previously the Leguminosae family, which belongs to the Papilionatae group. This group has flowers with five characteristically arranged petals and fruit that is always a pod or legume (Jackson, 1980:37). The genus *Sutherlandia* is divided into six species, namely *S. frutescens*, *S. microphylla*, *S. humulus*, *S. montana*, *S. tomentosa* and *S. speciosa* (Moshe, 1998:15). The genus is restricted to Southern Africa and may be found in South Africa, Namibia and Botswana (van Wyk, van Oudtshoorn & Gericke, 1997:246). The six species of *Sutherlandia* are difficult to tell apart and some may even be combined

(van Wyk, van Oudtshoorn & Gericke, 1997:246). Moshe (1998) presents complete taxonomic revision of the genus based on results using enzyme electrophoreses to explore the genetic relationships between the different species. In the study the taxonomic revision reduces the number of species from six to two, namely *Sutherlandia frutescens* and *Sutherlandia tomentosa* with the former divided into three subspecies, namely *subsp. frutescens*, *subsp. microphylla* and *subsp. speciosa*. Traditionally no distinction is made between the use of *S. frutescens* and *S. microphylla* for medicinal purposes (van Wyk & Gericke, 2000:148).

2.4.2 Description

Sutherlandia frutescens is a small shrub of 0.3 – 1.5m in height (Moshe, 1998:15). The leaves are deep green and divided into numerous small leaflets. They may be slightly to densely hairy often giving the plant a silvery appearance (van Wyk, van Oudtshoorn & Gericke, 1997:246). The plant flowers from September to December (Batten & Bokelmann, 1966:72, Gabrielse, 1996:63). The scarlet red flowers grow up to 3cm long and are rapidly converted into large green inflated seedpods during spring (Gabrielse, 1996:63). The seedpods are membranous and bladder like with a papery texture and contain a large number of flattened black seeds (van Wyk, van Oudtshoorn & Gericke, 1997:246).

Sutherlandia was named in 1683 in honour of James Sutherland, an Edinburgh botanist and Superintendent of the Royal Botanic Gardens (Batten & Bokelmann, 1966:72). Due to its physical appearance many vernacular names have arisen. "Turkey flower",

“turkeys bell”, “hoenderbelletjie” and “kalkoenbelletjie” refer to the short raceme of bright scarlet flowers suggestive of the wattles of a fowl or turkey (Gabrielse, 1996:61). “Gansies” (goslings) or “Eendjies” (ducklings) refer to the inflated pods, which children float on the water as toy goslings (Gabrielse, 1996:61).



Figure 2.1: *Sutherlandia frutescens* (Jackson, 1980:138)

2.4.3 Distribution

The *Sutherlandia frutescens* is mainly found throughout the South West and Southern Cape (the dry parts of Southern Africa) (Smith, 1966:298), Namaqualand (Garies to Kamiesberg) and throughout the Karoo (Gabrielse, 1996:63).

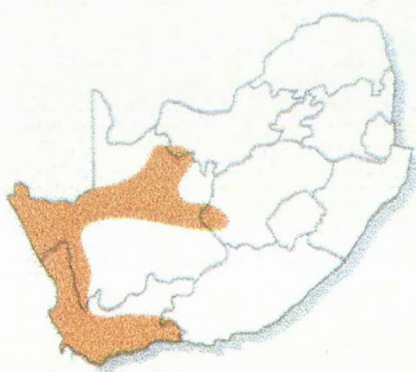


Figure 2.2: Distribution of Sutherlandia frutescens in South Africa.

(van Wyk, van Oudtshoorn & Gericke, 1996:246)

2.4.4 Therapeutic use

Sutherlandia frutescens is an old Cape remedy with a long traditional African and settler folklore medicinal history. The plants medicinal use was introduced to the Cape colonists by the Khoi and San people who used decoctions, infusions and tinctures of the leaves and stems (Laidler, 1928:443, van Wyk & Gericke, 2000:148, Roberts, 1997:55). It has been used therapeutically for a wide variety of conditions and is considered one of the most multi purpose of the medicinal plants in South Africa (van Wyk & Gericke, 2000:148). To name a few of these uses one reads in Watt and Breyer-Brandwijk (1932)

intestinal complaints, internal cancers, uterine troubles, influenza, liver disease, rheumatism and backache, haemorrhoids, dropsy, as a cough medicine and generally as a tonic. The common name "Cancer bush" refers to its use in the treatment of cancer. There are several references and anecdotes referring to its use in the treatment of cancer (Smith, 1888:95, Watt & Breyer-Brandwijk, 1932:75), however there is no scientific support for the claims and anecdotes that this traditional medicine can cure cancer (van Wyk, van Oudtshoorn & Gericke, 1997:246). Recently there has been renewed interest in the plant due to its growing use in treating those suffering with HIV/AIDS (Clarke, 2002:11). Credo Mutwa, a well known South African traditional healer, visionary, author, African poet and historian has strongly promoted the value of traditional medicine and specifically the use of *Sutherlandia frutescens* in the HIV/AIDS pandemic (Ndebele, 2001:65).



Figure 2.3: Examples of products of *Sutherlandia frutescens* (van Wyk, 1997:247)

2.4.5 Active ingredients and their pharmacological effects

High levels of L- canavanine have been detected in the leaves of *Sutherlandia frutescens* (van Wyk & Gericke, 2000:149). L- canavanine, 2-amino-4 (guanidinooxy) butyric acid, a structural analogue of arginine, is a non-protein amino acid synthesized by many plants of the Fabaceae family and is a common seed metabolite of most legumes²

(Moshe, 1998:68). Canavanine has documented anti-cancer and anti-viral activity (Moshe, 1998:68, van Wyk & Gericke, 2000:149). It is possible that this provides a rationale for the reported benefits of treating cancer and other viruses, however this is pure speculation (van Wyk, van Oudtshoorn & Gericke, 1997:246). Canavanine is also an inhibitor of nitric oxide synthase and may be beneficial in some forms of heart failure (Van Wyk & Gericke, 2000:146). *Sutherlandia frutescens* also contains γ -aminobutyric acid (GABA), a neurotransmitter which could account for its use to reduce stress and anxiety (van Wyk & Gericke, 2000:146). Pinitol has been isolated from *Sutherlandia* leaves and is found in many legumes including soya beans, chickpeas, alfalfa and clover² (Moshe, 1998:70, van Wyk & Gericke, 2000:149). Pinitol is considered to have anti-diabetic effects (van Wyk & Gericke, 2000:149) however, according to Thomson (2002) this effect is debatable. Pinitol has also been patented for treating the wasting in cancer and HIV/AIDS, however this application it is not supported by any published research².

2.5 Traditional Medicinal Systems

An investigation into plant remedies used in traditional medicine such as *Sutherlandia frutescens*, is important when one considers the present and future role traditional medicinal systems will play in the health care of South Africa. There are an estimated 200 000 indigenous healers in South Africa with at least 60% of the South African population consulting these healers, usually in addition to modern biomedical services (van Wyk, van Oudtshoorn & Gericke, 1997:10). Traditional healers are recognized as the most important primary health care service in an African setting (Chipfakacha, 1994:860). Most countries, however, have not adopted traditional systems into their

primary health care (Chipfakacha, 1994:860), including South Africa. In South Africa the role of traditional healers within the health care system is being explored with a view to formulating a new policy inclusive of traditional medical systems. It has also been recognized that there is a wealth of knowledge and therapeutic potential in traditional remedies. The challenge exists for health workers to bridge the gap between medical systems in order to improve the health care for the population (McMillen & Scheinman, 2000:5). Investigation into, and knowledge of, the uses of traditional plants begins to bridge this gap between medical systems. The Nelson R. Mandela School of Medicine, University of Natal and the Medical Research Council of South Africa have also begun investigations into plants used in traditional medicine (Ndebele, 2001:65). For the process of 'bridging the gap' to be effective, both parties need to learn from each other. Traditional healers' associations have recognized this by showing support for and interest in modern Primary Health Care training programmes (van Wyk, van Oudtshoorn & Gericke, 1997:10). Knowledge of traditional medicine is essential when one considers the present role of traditional medical systems in South Africa as well as their possible role in the future which may see homoeopaths and traditional healers working side by side as primary health care workers within the South African health care system.

Ultimately, this study contributes to the investigation of indigenous plants used in traditional medicine and to the compilation of a South African materia medica as suggested by Wright (1999), by investigating the existing traditions of use of *Sutherlandia frutescens*, the homoeopathic indications of *Sutherlandia frutescens* and examining the relationship between the two. Similar indications may be found between the homoeopathic symptomatology and indications of traditional usage in which case it is suggested that *Sutherlandia frutescens* acts according to the law of similars in these

cases; and the existing indications may be refined according to the symptoms revealed by the homoeopathic proving of *Sutherlandia frutescens* 30CH.

Chapter 3

Materials and Methods

3.1. The Research Design

The homoeopathic drug proving of *Sutherlandia frutescens* 30CH took the form of a double blind, placebo controlled study. The sample size consisted of 24 subjects, 6 of the 24 subjects (25 %) received placebo in a randomised fashion. Neither the supervisor nor the prover knew whether the prover had been assigned the remedy or placebo. The provers were unaware of the substance and potency of the substance being proved. The provers also served as intra-individual controls by recording their state prior to the administration of the remedy to provide a baseline for comparison after administration of the remedy.

3.2 The Principle Investigators

Four Master's in Technology: Homoeopathy students, namely Heather Webster, Lisa Low, Nicolette van der Hulst and Colette Kell, conducted the proving. Each researcher was responsible for a group of 6 provers. The proving supervisor was Dr Ashley Ross.

3.3 An Outline of the Method

- Each researcher conducted interviews with potential provers who were screened for suitability and checked against the inclusion criteria. (Appendix A).
- The provers were divided into 4 equal groups.

- The provers were randomly assigned to remedy and placebo groups by an independent third party.
- The provers attended a pre-proving meeting during which the procedure and all facets of the proving were discussed.
- The provers signed a consent form (Appendix C).
- A thorough case history was taken and physical examination (Appendix B) performed on each prover by the respective researcher.
- Each prover was assigned a prover number, an instruction list (Appendix D), a journal with a list of contact telephone numbers and a proving preparation in the form of powders.
- The provers recorded their state in their journals for one week prior to administration of the test substance. This established a baseline for comparison of the prover before and after administration of the test substance.
- The provers took a maximum of 6 doses, 3 powders a day for 2 days.
- The prover ceased to take the substance as soon as the prover or researcher noted the onset of proving symptoms.
- The prover continued to record all symptoms in his/her journal.
- The researcher was in daily contact by telephone with each prover for the first week.
- If the prover noted no symptoms after the completion of the medication, the prover ceased to take the substance, but continued to record his/her symptoms.
- The provers continued to record their symptoms until all proving symptoms abated.
- After the first week contact frequency decreased from daily to every two then three days and then weekly.

- The proving was considered complete when no symptoms occurred for three weeks.
- A two-week post-proving observation followed.
- All the journals were recalled and the researcher had a post-proving consultation with each prover.
- After the completion of the proving, a group discussion took place in which provers shared their experiences with other provers.
- The proving was unblinded to the researchers at the completion of the proving.
- Extraction and collation of data followed.
- The proving symptomatology was written up into materia medica and repertory format.
- The proving symptomatology was compared to existing indications of use of *Sutherlandia frutescens*.

3.4 The Proving Substance

3.4.1 Potency

Sutherlandia frutescens 30CH was used in this proving.

3.4.2 Preparation and dispensing of the remedy to be proved

The homoeopathic preparation of *Sutherlandia frutescens* was prepared by the group of researchers according to methods 6 and 8a specified in the *German Homoeopathic Pharmacopoeia* (GHP), Fifth supplement (1991) to the First Edition (1978). The whole fresh plant in flower, including the pods, was used. The specimen was obtained from Robyndale Nursery. The remedy was dispensed in the form of lactose granules that had

been triple impregnated at 1% volume/volume with *Sutherlandia frutescens* 30CH in ethanol 73%. The placebo was dispensed in the form of lactose granules that had been triple impregnated at 1% volume/volume with 73% ethanol only. The verum and placebo preparations were prepared and presented as to make them indistinguishable from each other. The verum and placebo preparations were dispensed by a technician so the researchers remained unaware who received which preparation.

3.4.3 Dosage and posology

One powder was taken sublingually 3 times daily for 2 days or until proving symptoms started. A maximum of 6 doses were administered. No further doses were taken after the onset of symptoms.

3.5 Duration of the Proving

- A one week pre-proving observation period commenced before administration of the verum, 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.
- The proving was considered complete when no symptoms had occurred for three weeks (Sherr, 1994:58).
- Following this a two week post proving period occurred.
- The duration of the proving was approximately 5 months.

3.6 The Proving Group

3.6.1 Criteria for the inclusion of a subject in the proving group

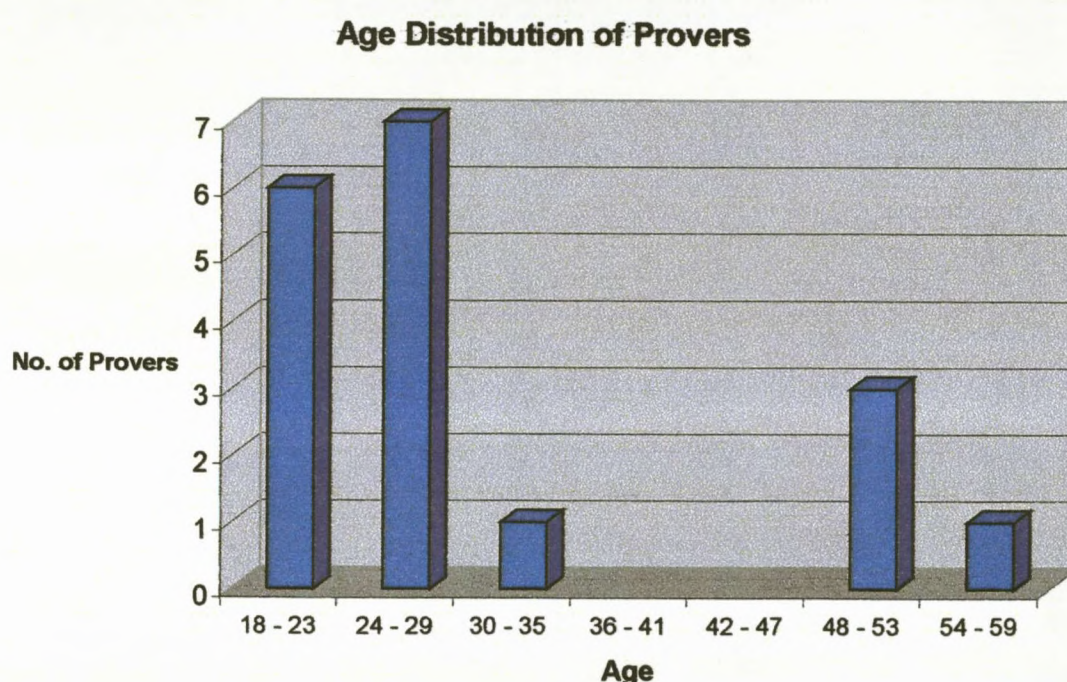
The subject :

- was 18 to 60 years of age;
- obtained parental consent if he/she was between 18 to 21 years old (Appendix E);
- 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 in no need of medical treatment, conventional or homoeopathic treatment (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 breastfeeding (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 coffee or tea per day;
- was able to follow the proper procedures for the duration of the proving (Fuller Royal, 1991: 123);
- was competent and signed the consent form (Riley, 1997:225).

3.6.2 Sample size and demographics of the provers

The sample size for the proving of *Sutherlandia frutescens* 30CH consisted of 24 provers. People thoroughly acquainted with homoeopathic principles as well as those with no homoeopathic background, as advised by the International Council for Classical Homoeopathy (1999:35) and Walach (1997:222) were used in the proving of *Sutherlandia frutescens* 30CH to provide a well-balanced proving group. Of the 18 provers in the verum group, 7 of the 18 (39%) were male and 11 of the 18 (61%) were female. Age distribution in the verum group is illustrated by the graph below.

Graph 1:



3.6.3 Placebo

25% of the provers (6 of the 24 provers) were administered placebo preparations in this double-blind proving of *Sutherlandia frutescens* 30CH. This left 18 provers in the verum group which correlated to the number of provers recommended by Sherr (1994) and the ICCH (1999) to produce a full remedy picture. The 6 provers were assigned placebo in a randomised fashion. A randomisation list was created by a third party who assigned

24. The prover was assigned the preparation that corresponded with his/her prover number. Neither the researcher nor prover was aware of whether the prover was given the remedy or placebo.

3.6.4 Prover list

PROVER NUMBER	AGE	SEX
01	21	M
02	26	F
03	24	F
05	31	M
07	25	F
09	24	M
10	56	F
11	19	F
12	50	F
13	24	M
14	25	F
15	20	F
17	24	F
18	19	M
20	21	M
21	21	F
22	52	F
23	50	M

3.6.5 Lifestyle of the 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, Hahnemann, 1997:200);
- 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 any medication including antibiotics, vitamin and mineral supplements, herbal or homoeopathic remedies (Sherr, 1994:92);
- in the event of a medical emergency to consult their doctor, dentist or hospital as necessary and contact their supervisor as soon as possible (Sherr, 1994:92).

3.6.6 Monitoring of the provers

The prover and researcher were in daily contact by telephone for the beginning of the proving. 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:

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

3.6.7 Chronology

Once the proving was completed it was important to study the whole chronological development of the proving (Sherr, 1996:73). This information helps the researcher understand the nature of the remedy and the sequence of primary and secondary actions

may be traced (Sherr, 1994:73). Each prover noted the time of occurrence of each symptom from the time elapsed from taking the first dose. This must not be confused with the time of day the symptom occurred.

Sherr's (1994) format DD: HH: MM for days, hours and minutes was used in this proving. Each day of the provers notebook was marked with a day number, beginning with Day 00 for the first day. After the first day, minutes became unimportant and were replaced with XX, after a few days, hours become redundant and were replaced with XX. There were instances where time was insignificant and these symptoms were designated XX:XX:XX.

3.7 Group Discussion

A group discussion took place once all prover diaries had been handed in. The group discussion helps to trigger provers' memories for symptoms that went unnoticed or he/she were unsure about. It helps to clarify and validate and discard doubtful symptoms. There is no doubt that without these group discussions many valuable symptoms would be lost (Sherr, 1994:68). For example, in our discussions one prover commented on her old warts returning, another prover experienced tingling sensation around her wart, a third prover only then realized that his wart had disappeared during the proving.

3.8 Symptom Collection, Extraction and Evaluation

This phase of the proving process involved converting the provers written diaries into materia medica format and extracting valid proving symptoms (International Council for Classical Homoeopathy, 1999:35). Sherr (1994) describes this process as the most difficult stage of the proving. Each symptom was analysed and evaluated against criteria for the acceptance of a symptom as a proving symptom.

3.8.1 Criteria for the inclusion of a symptom as a proving symptom

- A new symptom unfamiliar to the prover occurring after taking the remedy (Riley, 1997:227, International Council for Classical Homoeopathy, 1997:227).
- The symptom did not appear in a prover in the placebo group.
- A current or usual symptom for the prover intensified to a marked degree (Sherr, 1994:70, International Council for Classical Homoeopathy, 1999:36).
- A current symptom that was 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 did not appear naturally or spontaneously during the proving (Sherr, 1994:70).
- Any symptom that occurred a long time previously, especially longer than 5 years ago but that has not occurred for at least one year and that had no reason to reappear at the time of the proving (Sherr, 1994:70, Hahnmann, 2001:207).

- A present symptom that disappeared during the proving. This was marked as a cured symptom (Sherr, 1994:71, Riley, 1997:227, International Council for Classical Homoeopathy, 1999:36).
- The frequency of the symptom (Sherr, 1994:72).
- The intensity of the symptom (Riley, 1997:227).
- The number of subjects experiencing a symptom. A symptom experienced in more than one subject (Sherr, 1994:71, Riley, 1997:71).
- A symptom was excluded which may have been produced by a change in life or exciting cause (International Council for Classical Homoeopathy, 1999: 36).
- The time of day at which the symptom occurred was only included if there was repetition of such a time in another prover (International Council for Classical Homoeopathy, 1999: 36).
- If the prover was under the influence of the remedy (as can be seen by a general appearance of symptoms), then all other new symptoms were proving symptoms (Hahnemann, 2001:207, Sherr, 1994:70).
- A strange, rare or peculiar symptom for that prover. 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 (Riley, 1997:227).
- Accidents and co-incidences that occur to more than one prover (Hahnemann, 2001:207).

3.9 Collating and Editing

The aim of the collating stage was to synthesise the separate proving accounts from the individual provers into a single structured composition (International Council for Classical Homoeopathy, 1999:36). Similar symptoms for each prover were sorted into sub-groups. The sub-groups of all 18 provers were combined. Similar symptoms from different provers were grouped separately and consecutively, sorted by the following criteria: Nature or meaning of a symptom, individual prover, sequence of development of symptoms and chronology (Sherr, 1994:77).

3.10 Toxicological Data

An investigation into the toxicology of *Sutherlandia frutescens* is needed so that it may be added to the materia medica, but was beyond the scope of this particular study.

3.11 Formalizing and Reporting of the Data

The collated and edited information was written up into standard materia medica and repertory format so that *Sutherlandia frutescens* may be used in clinical practise by homoeopaths worldwide.

3.11.1 Materia medica

The edited data were written into standard materia medica format under the following subdivisions, adhering to the sections of *Synthesis* – Edition 7 (1997).

Mind	Prostate Gland
Vertigo	Urethra
Head	Urine
Eye	Male
Vision	Female
Ear	Larynx
Hearing	Respiration
Nose	Cough
Face	Expectoration
Mouth	Chest
Teeth	Back
Throat	Extremities
External Throat	Sleep
Stomach	Dreams
Abdomen	Chill
Rectum	Fever
Stool	Perspiration
Bladder	Skin
Kidney	Generals

3.11.2 The repertory

The proving symptomatology was translated into repertory language, called rubrics, to transform the proving information into a useful tool (Sherr, 1994:81). Each symptom was accurately analysed and translated into a corresponding rubric. Clear symptoms produced by the 30CH of *Sutherlandia frutescens* not appearing in existing rubrics, necessitated the creation of new rubrics. The proving symptoms were converted into rubric form found in *Synthesis* – Edition 7 (1997), edited by Dr Frederik Schroyens.

3.12 Abbreviation of the Remedy

It is suggested that *Sutherlandia frutescens* be abbreviated as *Suth - f*, in accordance with the binary system described in *Synthesis*, 7th edition (1997).

Chapter Four

The Results

4.1 Key

4.1.1 Materia medica

The proving symptoms of *Sutherlandia frutescens* are grouped by materia medica section. The symptoms are referenced in the following format:

- Prover number • Sex • Day : Hours : Minutes •
- * Denotes symptoms conveyed at post proving meeting or group discussion.

4.1.2 Rubrics

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

- Rubric • Subrubric/s • Degree • *Synthesis* Page Number •

New rubrics have been created as a result of this proving A capital 'N' is appended to them and they are underlined. A capital 'S' is found before each page number denoting *Synthesis*, the repertory in which the rubrics would appear.

- **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)

4.2 Mind

Claustrophobia and a desire to escape

I'm not listening or concentrating on people around me or the music playing, it is busy and crowded. Almost claustrophobic inside. Can't stand the noise and the people. Less desire to talk to others and less desire to listen to them. Very unusual as normally I don't mind noise or music. It feels as the environment and things around me are different.

01M 01:XX:XX

I feel much better for leaving that environment. I walked in the park and felt much better, maybe for feeling cooler, open, fresh air.

01M 01:XX:XX

I have been in anatomy practical and around crowds and noise. I had the same feeling as last night. The people and the chatter were getting too much and I just wanted/ needed to leave. The noisy atmosphere had me feeling uneasy, like I didn't want to be there, and as I sat it became more intolerable.

01M 02:XX:XX

Woke feeling very claustrophobic

12F 00:XX:XX

Anxiety

It felt as though I was coming onto drugs. (Observation by partner: He feels strange. He can't stand the noise and people in Beanbag Bohemia, but usually loves it, jazzy music His thinking is different. The symptoms appeared rather quickly. He complains, talks about it, he mentions often that it feels like coming onto drugs. Now, he says tension - emotional tension. I think it is more like an anxiety attack, but not physically).

01M 01:XX:XX

I have been in anatomy practical and around crowds and noise. I had the same feeling as last night. The people and the chatter were getting too much and I just wanted/ needed to leave. The noisy atmosphere had me feeling uneasy, like I didn't want to be there, and as I sat it became more intolerable.

01M 02:XX:XX

Foreboding feeling

It seemed as though things around me were different, making me uneasy. * It felt as if the environment had changed, an outside feeling that made me feel different. Things felt ominous, the atmosphere felt ominous, it seemed so much darker than it was. Something wasn't right around me, almost like tension in my soul.

01M 01:XX:XX

I have been in anatomy practical and around crowds and noise. I had the same feeling as last night. The people and the chatter were getting too much and I just wanted/ needed to leave. The noisy atmosphere had me feeling uneasy, like I didn't want to be there, and as I sat it became more intolerable.

01M 02:XX:XX

Desire to be alone and happy to be alone. Do not want to talk to anyone or be talked to. I am at home and feel better to be alone, but I feel uneasy.

01M 02:XX:XX

Sensation - horrible, foreboding feeling.

11F 06:XX:XX

Fear that house will be burgled.

11F 13:XX:XX

Dazed, confused, slow and spacey

I feel dazed and confused. I was told I look dazed and confused. Also told I look pale and sedated. I wasn't surprised.

01M 01:XX:XX

I am sensing a spacey disorientation as if I'm stoned. This disassociation can be localized to the space between my skull and my frontal lobe. I feel positively stupid.

05M 00:XX:XX

The speed, acuity and convolutedness of my thoughts are reduced and limited.

05M 00:XX:XX

I feel spacey and tired.

05M 00:XX:XX

Feel very dreamy and lost in my body. Feel separated from others with a desire to be alone. Want others to leave me alone.

18M 02:06:45

I feel like I am sitting outside my body, almost as if I have drunk too much coffee. A stimulatory effect.

02F 00:XX:XX

My mind is wandering so much I can't concentrate. I'm looking forward to the weekend.

02F 04:XX:XX

Forgetful, decreased memory, unfocussed, not concentrating.

03F 01:XX:XX

Thinking clearer as though a fuzziness has gone.

17F 04:XX:XX

Communication

Less desire to talk to others and less desire to listen to them.

01M 01:XX:XX

Not able to communicate as I usually do and did not feel myself. All chat and humor was not interesting or funny and I couldn't return conversation so well.

01M 02:XX:XX

Desire to be alone and happy to be alone. Do not want to talk to anyone or be talked to. I am at home and feel better to be alone, but I feel uneasy.

01M 02:XX:XX

I find that I can't communicate easily, even though I want to. I was speaking to you (supervisor) and still I had some trouble explaining and talking, had to almost force it out.

01M 02:XX:XX

I feel as though I talk funny. It sounds as if I have a sweet in my mouth while talking. I feel as though I have to push my speech out and force myself to say something. And, when I do speak it doesn't sound like me, it sounds different and not what I'd normally say, or not how I'd normally explain things. The talking differently coincides with the dryness in my throat, where words feel strange and unusual coming out of my mouth through my throat.

01M 03:XX:XX

I definitely did not think straight, especially when it came to conversation and forming words. Where I'd normally want to say something and felt I had something to say, I couldn't think of it or put it into words.

01M 03:XX:XX

Desire to be alone

Desire to be alone and happy to be alone. Do not want to talk to anyone or be talked to. I am at home and feel better to be alone, but I feel uneasy.

01M 02:XX:XX

Feeling oversensitive and sad. Over reacting to things, taking things personally. Averse to company, don't want to go out and see people (unusual). Getting upset easily. Alternating with happiness. Pondering and thoughtful.

03F 02:XX:XX

Want to be alone, except for a few people who know my problems so that I don't have to talk about them. Don't want to talk to anyone.

17F 00:XX:XX

Feel very dreamy and lost in my body. Feel separated from others with a desire to be alone. Want others to leave me alone.

18M 02:06:45

Division and feelings of inferiority

I have no interest in anything really; feel paranoid about people and what they think, especially of me. I don't feel like I belong around people. It's as if they're against me, the way they looked at me, talked to me. They didn't want me around.

01M 03:XX:XX

I was also paranoid of people around me and their thoughts and felt like I did not belong and they didn't want me around. I was afraid of what people thought of me. I almost felt inferior to others.

01M 03:XX:XX

Deep in thought over life matters, the future, what I want. Very emotional. Started sobbing after conversation with boyfriend, couldn't stop crying for about an hour afterward. Had to leave situation. Feel very sad and overwhelmed by emotion. Feelings of selfworthlessness, loneliness and isolation.

17F 00:XX:XX

Feel very dreamy and lost in my body. Feel separated from others with a desire to be alone. Want others to leave me alone .

18M 02:06:45

I felt distant and detached from everyone and everything, including my parents and my girlfriend. It was terrible to feel so far from her and she asked me a few times where I was and when am I coming back. I was also paranoid of people around me and their thoughts and felt like I did not belong and they didn't want me around. I was afraid of what people thought of me. I almost felt inferior to others.

01M 03:XX:XX

I had quite a detached feeling the whole day today. I did not really feel like socializing. I just wanted to go to tech, do what needed to be done and come home. No faffing which usually I'm a queen at.

02F 02:XX:XX

I feel like I am sitting outside my body, almost as if I have drunk too much coffee. A stimulatory effect.

02F 00:XX:XX

Sadness

I almost feel depressed in a way.

01M 02:XX:XX

I woke up with a dry mouth and throat, still feeling depressed. I seem to have a lack of interest in anything.

01M 03:XX:XX

I felt depressed or sad. Didn't want company or to listen to what people had to say, including people who are close to me as well as subjects I'd normally find very interesting.

01M 03:XX:XX

A bit dreary. Cried. Just thinking about day, day worries, they are just getting me down today – not even really sure what I was crying about. Feeling fine the next moment. Changing moods.

3F 00:XX:XX

Feeling oversensitive and sad. Over reacting to things, taking things personally. Averse to company, don't want to go out and see people (unusual). Getting upset easily. Alternating with happiness. Pondering and thoughtful.

03F 02:XX:XX

Feel sad, gloomy, oversensitive and overreacting. Cried about 10 times today. Bad day everything going wrong. Short tempered and irritable.

03F 06:XX:XX

Depressed on waking.

10F 20:XX:XX

Depressed.

11F 13:XX:XX

Deep in thought over life matters, the future, what I want. Very emotional. Started sobbing after conversation with boyfriend, couldn't stop crying for about an hour afterward. Had to leave situation. Feel very sad and overwhelmed by emotion. Feelings of selfworthlessness, loneliness and isolation.

17F 11:XX:XX

Feel despondent and homesick (parents).

17F 11:XX:XX

Emotional sensitivity

I feel different. I'm told I look serious and sound serious. I feel serious although I don't have serious thoughts. My girlfriend says I'm defensive, a bit touchy – I don't know, but outside opinions do count.

01M 03:XX:XX

Feeling oversensitive and sad. Over reacting to things, taking things personally. Averse to company, don't want to go out and see people (unusual). Getting upset easily. Alternating with happiness. Pondering and thoughtful.

03F 02:XX:XX

Feel sad, gloomy, oversensitive and overreacting. Cried about 10 times today. Bad day everything going wrong. Short tempered and irritable

03F 06:XX:XX

Deep in thought over life matters, the future, what I want. Very emotional. Started sobbing after conversation with boyfriend, couldn't stop crying for about an hour afterward. Had to leave situation. Feel very sad and overwhelmed by emotion. Feelings of selfworthlessness, loneliness and isolation.

17F 00:XX:XX

Overwhelmed

Deep in thought over life matters, the future, what I want. Very emotional. Started sobbing after conversation with boyfriend, couldn't stop crying for about an hour afterward. Had to leave situation. Feel very sad and overwhelmed by emotion. Feelings of selfworthlessness, loneliness and isolation.

17F 00:XX:XX

Overcome by waves of emotion, just have to cry like life is too much. Feel better afterwards, but after half an hour I'm sobbing and feel total despair. Cry very easily.

17F 02:XX:XX

Can't cry in a situation where I normally would be able to. It's like a delayed reaction and only later when I'm by myself thinking about the situation I'm overwhelmed by emotion and cry.

17F 07:XX:XX

Weeping

A bit dreary. Cried. Just thinking about day, day worries, they are just getting me down today – not even really sure what I was crying about. Feeling fine the next moment. Changing moods

3F 00:XX:XX

Feel sad, gloomy, oversensitive and overreacting. Cried about 10 times today. Bad day everything going wrong. Short tempered and irritable.

03F 06:XX:XX

Deep in thought over life matters, the future, what I want. Very emotional. Started sobbing after conversation with boyfriend, couldn't stop crying for about an hour afterward. Had to leave situation. Feel very sad and overwhelmed by emotion. Feelings of selfworthlessness, loneliness and isolation.

17F 00:XX:XX

Overcome by waves of emotion, just have to cry like life is too much. Feel better afterwards, but after half an hour I'm sobbing and feel total despair. Cry very easily.

17F 02:XX:XX

Feeling oversensitive and sad. Over reacting to things, taking things personally. Averse to company, don't want to go out and see people (unusual). Getting upset easily. Alternating with happiness. Pondering and thoughtful.

03F 02:XX:XX

Anger and irritation

Got very angry. The dog ran away. I was furious. Cried and clenched my jaw in anger at the dog. Short tempered.

03F 01:XX:XX

Feel sad, gloomy, oversensitive and overreacting. Cried about 10 times today. Bad day everything going wrong. Short tempered and irritable.

03F 06:XX:XX

Feel irritable over nothing, angry and resentful.

03F 04:XX:XX

Feel hot and flustered and hurried and impatient and irritable when indoors , better when outside.

18M 02:XX:XX

Slightly irritable for a short while mid-afternoon.

22F 03:XX:XX

Angry with co-worker's "blunders".

23M 14:XX:XX

Feelings of wellness

Feeling positive.

07F 03:XX:XX

Calm and relaxed.

07F 16:XX:XX

Cheerful mood.

07F 18:XX:XX

Very excitable and overactive with lots of energy, can't sit still.

17F 5:XX:XX

Happy mood but very, very tired.

20M 00:XX:XX

My mood is very excited and happy (despite my headache).

21F 04:XX:XX

* A feeling of well-being throughout the proving, despite physical pain and discomfort.

05M XX:XX:XX

Physical exercise ameliorates

Feel undecided about everything. Feel better after kickboxing class, calmer, happy and determined. Have been very domestic since taking the remedy, cooking, cleaning.

17F 03:XX:XX

Went for a walk this afternoon- felt really good afterwards.

22F 03:XX:XX

Felt good after walk.

22F 04:XX:XX

Went for a walk this afternoon and felt good afterwards.

22F 07:XX:XX

When busy today I never noticed any symptoms.

22F 08:XX:XX

Disappointed to miss walk

22F 08:XX:XX

Walked on the beach this afternoon - felt good.

22F 10:XX:XX

On going to sleep I decided to only drink fluids tomorrow because I am feeling so full.

22F 11:XX:XX

Walked at lunch time- felt good afterwards.

22F 12:XX:XX

Went for a walk this morning and felt good afterwards.

22F 13:XX:XX

Morning "flatness" gone with walk

23M 02:XX:XX

Starting to get bored with lack of activity.

23M 04:XX:XX

Feels good to do something constructive (working on odd jobs around home).

23M 05:XX:XX

Found swim in the sea exhilarating and morning "flatness" gone afterwards.

23M 06:XX:XX

Feels good to mow the lawn.

23M 07:XX:XX

Great time in the pool- very physical.

23M 08:XX:XX

Bored, need mental and physical exercise.

23M 12:XX:XX

Motivated to exercise.

23M 12:XX:XX

Feel great after walking.

23M 14:XX:XX

Hectic day- feels great- good day.

23M 15:XX:XX

Other

Feels good to be home.

23M 06:XX:XX

4.2.2 Head

Frontal lobe (brain) on either side feels pressurized, but not sore or painful, just as though pressure is exerted from the top.

01M 00:14:XX

Sensation of fullness.

12F 01:XX:XX

Feels like head is buzzing. Head feels full. Head does not feel clear, but congested. Base of skull feels heavy like it is waterlogged.

14F 01:XX:XX

Have prickly sensation on head and back of neck (skin). My skin feels strange, like a buzz.

01M 00:06:30

Experiencing tingling on skin on back of head, back of neck and upper back. It seems to tingle in separate patches over these areas constantly when still and not as much when moving. The tingling occurs in patches on extremities as well, but not as constant as on upper back and neck.

01M 00:14:30

Skin of back of neck and upper back: tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting). Tingling sensation appears on skin randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Itching scalp, better for voluptuous scratching.

09M 12:XX:XX

Scalp itching. Must scratch until raw.

11F 10:XX:XX

Itchy scalp and right arm for short period this evening.

22F 14:XX:XX

Dull aching headache. Frontal. Feel tired.

03F 01:XX:XX

Dull headache coming on sides of head, above ears, not very bad.

03F 02:11:30

Headaches have almost disappeared. They were: throbbing, gradually increasing in intensity at the base. Better for rubbing, worse for exertion.

07F XX:XX:XX

Head pain on waking.

10F 01:XX:XX

Head pain at midday.

10F 02:XX:XX

Woke up with very odd head pain , experienced in back lower right quadrant only . Intermittent pain. Relieved by applying very hard pressure to area, almost by banging on head with my hand. Sensitive or light touch made it worse. Pain gets gradually better through the day, less in the evening.

13M 05:XX:XX

Splitting headache from driving in the sun.

20M 00:XX:XX

Headache frontal and sinus. Heavy aching, now also occipital.

03F 01:XX:XX

Dull, aching pain in sinuses.

11F 07:XX:XX

Headache at night (feels like a sinus headache) at 22:30.

20M 01:XX:XX

Sinus headache (slight).

20M 02:XX:XX

Sinus headache the whole day.

20M 03:XX:XX

Slight sinus headache.

20M 06:XX:XX

I had a headache this morning around me eye area but by 12:00 it was gone.

21F 11:XX:XX

Slight headache on right side this morning.

22F 02:XX:XX

Had a slight headache after watching a movie this afternoon.

22F 13:XX:XX

Slight dull headache this afternoon, lasted approximately an hour.

22F 15:XX:XX

Feel dizzy and sick with headache.

17F 04:XX:XX

4.2.3 Vertigo

Feel dizzy and sick with headache. Vertigo with driving in a car, have to sit very still.

17F 04:XX:XX

4.2.4 Eyes

Pain behind the eyes.

09M 16:XX:XX

Eye pain, burning.

10F 22:XX:XX

Pain in right eye on waking.

11F 12:XX:XX

My eyes are paining.

21F 00:XX:XX

Pain around eyes in the morning.

21F 11:XX:XX

Eyes feel heavy from crying. Feels as if they could cry on their own even without emotion attached to them.

17F 01:XX:XX

Eyes feel thick and heavy as if been crying all night. Eyes are irritated and strained, feel like I need to close them, but they sting on the inside when I close them.

17F 02:XX:XX

Eyes are puffy.

17F 06:XX:XX

Tired eyes.

10F 22:XX:XX

Itchy eyes.

22F 00:XX:XX

Constantly itching eyes in the morning.

22F XX:XX:XX

Constantly itching eyes when waking up.

22F 13:XX:XX

Eyes a little itchy this evening.

22F 11:XX:XX

Eyes a bit itchy.

22F 16:XX:XX

Left inner canthus tender as if a styne were forming.

17F 12:XX:XX

Eyes are dry.

17F 03:XX:XX

4.2.5 Vision

Vision blurred when head is turned and slight nausea. Can't seem to focus.

18M 00:13:XX

4.2.6 Ear

Ears feel tight as if something's around them.

17F 00:01:XX

Pain in left ear.

10F 19:XX:XX

Slight itch in my left ear at night but was not persistent.

20F 01:XX:XX

Itch in left ear.

20F 02:XX:XX

4.2.7 Nose

Sneezing in the morning.

07F 06:XX:XX

Sneezing in the morning.

09M 00:XX:XX

Sneezing frequently, in the morning.

10F 02:XX:XX

Sneezing frequently, in the morning.

11F 05:XX:XX

Sneezing often.

17F 04:XX:XX

I was sneezing in the morning.

21F 12:XX:XX

Lots of sneezing at 9 am.

22F 02:XX:XX

Slight sneezing early in the morning.

22F 03:XX:XX

Slight sneezing in the morning.

22F 04:XX:XX

Sneezed a bit on waking.

22F 05:XX:XX

Bit of sneezing when I woke up.

22F 06:XX:XX

Sneezing throughout the day.

12F 00:XX:XX

Sneezing this evening.

22F 11:XX:XX

Constantly sneezing in the morning.

22F 15:XX:XX

Disturbed sleep due to sneezing and blocked nose.

22F 00:18:00

Sneezing a lot.

22F 00:18:00

Nose running in the morning.

09M 00:XX:XX

Nose running.

11F 05:XX:XX

Nose running.

12F 00:XX:XX

Slight occurrence of mucous, but not runny.

20M 01:XX:XX

Nose stopped up.

10F 20:XX:XX

Nose stopped up.

11F 07:XX:XX

Nose blocked, really itchy on the inside of my left nostril. Have to sniff.

17F 02:XX:XX

Nose congested. Feels like a crust formation on the septum.

14F 05:XX:XX

Nose slightly blocked.

20M 07:XX:XX

Nose very blocked and feeling warmish to me.

22F 00:XX:XX

Blocked nose feeling much better in the afternoon.

22F 01:XX:XX

Nose feels burning like it is on fire.

14F 01:XX:XX

Nose dry and burning.

14F 06:XX:XX

Hayfever.

09M 04:XX:XX

Nose stuffy. Sneezing often. Feel like an allergic reaction to something in the air.
Feeling of allergic rhinitis coming on.

17F 00:01:XX

Nose itchy.

17F 01:XX:XX

Feels like there is something in my nose. Sneezing often.

17F 04:XX:XX

Feels like there are little vesicles around my nostrils, very itchy and can't stop scratching and rubbing.

17F 07:XX:XX

Feels like there are tiny bugs up my nose and I can't stop rubbing and scratching.
Sensation as if something is moving around inside my nostrils.

17F 12:XX:XX

Sensation of heaviness in sinuses.

10F 05:XX:XX

4.2.8 Face

Tender, painful, ugly pimples on my face.

17F 00:XX:XX

Pimple under left eye, in sensitive region.

20M 02:XX:XX

Pimple under left eye still there after 6 days.

20M 08:XX:XX

Broke out in pimples, all on left side of face, chin and cheek area. Very sensitive pimples.

20M 03:XX:XX

Pimples on face gone after 5 days.

20M 08:XX:XX

Face very sensitive, when hair touches my face it tickles excessively and feels like there are lots of little hairs falling on my face. Feel I want to cut my hair off so that it doesn't tickle my face.

17F 16:XX:XX

Feel like I'm getting a cold sore on my top lip. Lips constantly dry.

17F 00:XX:XX

Top lip feels tender as if a berg wind / sun has burnt it.

17F 01:XX:XX

Top lip, right side numb.

17F 03:XX:XX

4.2.10 Mouth

Itchy gums. Little itchy bumps on my pallet.

17F 12:XX:XX

Numbness of tongue and buccal mucosa lasting about two days. No speech difficulties. Worse for brushing teeth with toothpaste.

15F XX:XX:XX

Top lip, right side numb.

17F 03:XX:XX

Feel like I'm getting a cold sore on my top lip. Lips constantly dry.

17F 00:XX:XX

Top lip feels tender as if a berg wind / sun has burnt it.

17F 01:XX:XX

Mouth very dry.

17F 08:XX:XX

Stale taste in mouth even after gargling.

14F 01:XX:XX

Horrible "dirty" taste in mouth.

22F 05:XX:XX

4.2.10 Throat

Throat pain, sensation of razors slicing.

10F XX:XX:XX

Throat pain, sensation of razors slicing.

11F 08:XX:XX

Throat pain, scratching.

11F 18:XX:XX

Feels slightly scratchy.

07F 08:XX:XX

Pain: scratchy on left side.

12F 00:10:XX

"Scratchy" throat in evening.

23M 16:XX:XX

"Scratchy" throat persists next morning and is better by that evening.

23M 17:XX:XX

Throat pain, sensation of burning.

12F 00:XX:XX

Throat feels dry and rough in the front (trachea on both sides). It feels dehydrated, although I have been drinking liquids.

01M 00:13:XX

Throat still dry and uncomfortable. Definitely a feeling of dehydration. My body is not dehydrated at all.

01M 02:XX:XX

Throat remains dry. Seems to be getting more intense as the day moves on. Not unbearable, but very irritating as I keep wanting to drink. It does feel better for drinking, especially cold drinks (as opposed to tap water). It soothes for a while, then becomes dry again.

01M 01:XX:XX

Throat dry and dehydrated again. Uncomfortable to talk as throat is so dry.

01M 02:XX:XX

A dry, hacking cough causing a stabbing pain in the back of my throat.

18M 02:XX:XX

4.2.11 Stomach

Burny feeling in stomach, better for eating.

03F 00:XX:XX

Burning tummy. Better eating. Hungry.

03F 01:XX:XX

Heartburn. I've never had it before. Similar to the burny feeling in stomach, but rising up oesophagus. Felt slightly nauseous. Lasted 15 minutes.

03F 01:XX:XX

Heartburn, uneasy acidic feeling, not as severe as yesterday, but at the same time.

03F 02:XX:XX

Heartburn in the morning but lasted $\pm$ 2 minutes and not as intense as has been.

Uneasy burning in stomach better for eating. Heartburn from stomach rises to oesophagus. Nauseous.

03F 03:XX:XX

Cramping in the abdomen with a sensation of a hot fist in the epigastrium.
05M 02:XX:XX

Not as thirsty as normal.
03F 00:XX:XX

Woke thirsty and unrefreshed.
03F 01:XX:XX

Decreased thirst.
03F 03:XX:XX

Thirst increased (especially for tea).
08F 02:XX:XX

Was quite thirsty the whole day and nothing quenched it.
20M 01:XX:XX

Very thirsty after my morning walk.
22F 14:XX:XX

Appetite decreased. Easy satiety.
03F 00:XX :XX

Not hungry for breakfast (unusual).
03F 01:XX:XX

After lunch noticed decreased appetite.
03F 01:XX:XX

Easy satiety at lunch.
03F 02:XX:XX

Easy satiety.
03F 03:XX:XX

Varying appetite.
03F 03:XX:XX

My appetite is reduced, even thinking of food makes me want to grab my tummy and rub it.

05M 00:XX:XX

Food - the thought and smell is off-putting.

05M 00:XX:XX

Lack of appetite.

11F 02:XX:XX

Not very hungry at lunch time - not normal for me.

22F 10:XX:XX

Huge appetite. Seemed unquenchable.

09 21:XX:XX

Increased appetite.

11F 06:XX:XX

Appetite very good (I can eat a horse). I have only now realized that throughout this proving I have been eating like a pig.

20M 07:XX:XX

Appetite still big.

20M 08:XX:XX

Still eating like a pig.

20M 09:XX:XX

Ate constantly the whole day.

20M 10:XX:XX

Still eating ravenously.

20M 11:XX:XX

Good appetite.

20M 13:XX:XX

I have been hungry so I ate so much today that I feel lethargic.

21F 11:XX:XX

Not really that hungry this evening, but still ate normally!

22F 15:XX:XX

Sensation of being queasy.

09M 13:XX:XX

Slight nausea and blurred vision with turning my head.

18M 00:13:XX

Feeling very nauseas on waking, feels as if the stomach is very heavy and bloated. This feeling is better outside.

18M 01:XX:XX

Stomach feels bloated like food is sitting on my chest. Want to throw up.

14F 12:XX:XX

Had a stomach ache in the evening (with sharp lower back pain).

21F 00:XX:XX

The entire day I felt really bloated and my stomach was so sore. It is cramping all day now and not just in the evening.

21F 02:XX:XX

Too much to eat at lunchtime - bloated full feeling all afternoon.

22F 11:XX:XX

4.2.12 Abdomen

Had cramping in my bowels tonight. It started quite insidiously building to a burning sensation. The pain came and went. It felt like gas build up or an upset tummy. I had to take deep breaths and pace around to make it feel better.

05M 01:XX:XX

I am still plagued by the cramping. I cannot eat. It is like a hot fist in my epigastrium. I have to stop whatever it is that I am doing, take some deep breaths and let the attack subside. Motion/walking brings it about or rather aggravates it. Sitting or being still helps but does not stop the cramping.

05M 02:XX:XX

Had a stomach ache in the evening (with sharp lower back pain).

21F 00:XX:XX

The entire day I felt really bloated and my stomach was so sore. It is cramping all day now and not just in the evening.

21F 02:XX:XX

Stomach feels bloated like food is sitting on my chest. Want to throw up.

14F 12:XX:XX

Feeling very nauseas on waking, feels as if the stomach is very heavy and bloated. This feeling is better outside.

18M 01:XX:XX

Too much to eat at lunch time-bloated full feeling all afternoon.

22F 11:XX:XX

Going to bed feeling very full tonight- maybe tomorrow only drink fluids.

22F 11:XX:XX

4.2.13 Rectum

Stool loose and unformed during menses.

14F 15:XX:XX

Stools are loose, not as solid as normal, but not watery.

18M 02:XX:XX

Had a bowel movement at 15:15 today - not usual to have two a day.

22F 01:XX:XX

Feeling of constipation although tummy worked twice today.

22F 05:XX:XX

Have just realized tummy did not work this morning (usually does every morning).

22F 11:XX:XX

4.2.14 Stool

Stool loose and unformed during menses.

14F 15:XX:XX

Stools are loose, not as solid as normal, but not watery.

18M 02:XX:XX

4.2.15 Bladder

Increased urination. Went to the toilet 3 times at work. I do drink a lot of water, but urination much greater than amount drunk.

03F 00:XX:XX

Woke up at 3.33 am went to the toilet (urination). Fell straight back to sleep (unusual).

03F 01:XX:XX

Woke at 5am needed to urinate.

03F 02:XX:XX

Still increased urination.

03F 03:XX:XX

4.2.16 Female

Day 1 of cycle: Menses very late, over forty day cycle. Dark, string blood. Very hot blood! Menses now very scanty. Severe abdominal cramps, abdomen feels bloated and clothes feel too tight.

14F 13:XX:XX

Day 2 of cycle: Heavy flow of dark blood, almost black with little red spots. Painful period pains, better for pressure. Hot blood. Many clots which are dark.

14F 14:XX:XX

Day 3 of cycle: Light flow. Dark, black blood. Blood is string and very hot. Stool is loose and unformed during menses.

14F 15:XX:XX

Day 4 of cycle: Slight spotting of brown blood. Menses duration has decreased from 6 days to 4 days.

14F 16:XX:XX

Day 1 of cycle: Menses delayed, 33-day cycle. Brown blood, medium flow. Cramps, which feel like uterus, is contracting. Uterus feels twisted.

14F 46:XX:XX

Day 2 of cycle: Heavy flow of hot, string blood. Bright red blood. Cramps severe, desire to sit bent double. Cramps better for massaging lower abdomen.

14F 47:XX:XX

Day 3 of cycle: Medium flow, hot reddish brown blood. Lots of clots even when bathing. Clots are dark brown.

14F 48:XX:XX

Day 4 of cycle: No flow, cycle has changed.

14F 49:XX:XX

Day 5 of cycle: Spotting of dark blood.

14F 50:XX:XX

Bearing down pains, which disappear with sitting down. Pains are better if using pads and worse for using tampons. Desire to lie down with pains. Legs feel weak and tired. I feel cold and clammy and sick. Menses profuse and dark red.

17F 06:XX:XX

Old itching thrush has returned.

17F XX:XX:XX

I started my period today. It is very light and is more like spotting. It is two weeks early.

21F 03:XX:XX

Prolonged period, Spotting 8th - 12th (four days)

Normal period 12th - 15th (three days)

Spotting 15th - 23rd (6 days)

Normal period 23rd - 27th (four days)

Period two weeks early.

22F 13:XX:XX

4.2.17 Cough

Phlegm.

11F 10:XX:XX

A dry, hacking cough causes a stabbing pain in the back of my throat.

18M 02:XX:XX

Coughing slightly, a bit of discomfort over upper right back area (where scar is) when I cough.

22F 02:XX:XX

Slight cough still with slight discomfort in back (over scar area).

22F 03:XX:XX

Slight cough this morning.

22F 12:XX:XX

4.2.18 Chest

Pain in heart region, retrosternal, towards left. Aching pain. Pain became sharp. Area of 4th and 5th intercostal spaces. I feel I must hold my chest in specific spot, better for. No radiation.

03F 02:XX:XX

Retrosternal pain on both sides now. Comes and goes.

03F 02:XX:XX

Retrosternal pain only once today and didn't last long.

03F 03:XX:XX

When I went to sleep I had a funny feeling in my chest - sort of short of breath.

22F 03:XX:XX

Same short of breath feeling in chest this evening when going to bed.

22F 04:XX:XX

4.2.19 Back

Pain between shoulder blades especially on the right, a sharp shooting pain. Can locate the pain with my finger, very localized.

Soreness of neck.

14F 00:XX:XX

Pain between shoulder blades start on the right and move to the left. This pain radiates down arms. Pain along spine, mainly cervical and lumbar region.

Drawing pain in clavicle. Left neck pain with associated shoulder pain.

14F 01:XX:XX

Neck stiffness, need to crack neck to release pressure.

Lower back pain, feels tight, desire to press spot.

14F 02:XX:XX

Nagging lower back pain especially on the right.

14F 03:XX:XX

Pain in right side of neck. Pain on right side of back, very painful and tender to touch.

Nagging pain between shoulder blades.

14F 06:XX:XX

Lower back sore, worse for sitting for entire day. Nothing makes it better except for hard pressure on the spot.

14F 08:XX:XX

Lower back pain better for massage and pressure.

Neck stiffness, SCM feel tight.

14F 09:XX:XX

Neck stiff, SCM and trapezius muscles feel sore.

Mid-back pain on right, muscles feel chordy.

14F 10:XX:XX

Lower back pain is killing me! Localized spot excruciating to touch.

14F 27:XX:XX

Lumbar back pain which is dull. Comes in episodes. Worse for bending. Lasts a half hour in morning and again in afternoon at about 2pm.

15F 00:XX:XX

Neck tight.

17F 00:03:XX

Neck stiffness. Neck pain from trapezius to occiput to ears and into eyes.

17F 04:XX:XX

A dull pain in lower back, feels deep, on right and left. Could it be kidney pain? Pain is localized.

18M 02:XX:XX

Pain persists, body feels sore all over, numb just beneath the surface. Any pressure increases the intensity.

18M 02:14:XX

Neck pain (upper neck), may be from roller coaster rides.

20M 01:XX:XX

In the evening I experienced a sharp backache at the bottom of my spine, with a stomachache.

21F 00:XX:XX

I am still experiencing this strange backache. It is a very sharp pain at the bottom of my spine. It's getting really bad. I can't sleep well because every time I turn it hurts.

21F 01:XX:XX

Still coughing slightly. A bit of discomfort over my upper right back area where my scar is when I cough.

22F 02:XX:XX

Slight cough still with slight discomfort in back over scar area.

22F 03:XX:XX

Prickly sensation on the skin of my head and back of neck. My skin feels strange, like a buzz.

01M 00:06:30

Experiencing tingling on skin on back of head, back of neck and upper back. It seems to tingle in separate patches over these areas constantly when still and not as much when moving. The tingling occurs in patches on extremities as well, but not as constant as on upper back and neck.

01M 00:14:30

Skin of back of neck and upper back: tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting). Tingling sensation appears on skin randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Both arms and legs and back of neck a little itchy this afternoon - didn't last long.

22F 16:XX:XX

4.2.20 Extremities

Experiencing tingling on skin on back of head, back of neck and upper back. It seems to tingle in separate patches over these areas constantly when still and not as much when moving. The tingling occurs in patches on extremities as well, but not as constant as on upper back and neck.

01M 00:14:30

Skin of back of neck and upper back: tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting). Tingling sensation appears on skin randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Sensation that the hair on my arms is standing on end (but it isn't) – tingling feeling.

07F 03:XX:XX

Slight rash between right thumb and index finger.

12F 03:XX:XX

Have blisters at the back of my right foot.

22F 05:XX:XX

Have an itchy rash on back of left upper arm. Lots of red raised little bumps next to each other.

22F 05:XX:XX

Left upper arm rash is still itchy.

22F 06:XX:XX

Right upper arm not itchy anymore, but still has the rash.

22F 07:XX:XX

Itchy scalp and right arm for a short period this evening.

22F 14:XX:XX

Legs felt a little itchy this afternoon, but not for long.

22F 15:XX:XX

Both legs and arms and back of neck a little itchy this afternoon. It didn't last long.

22F 16:XX:XX

Doing aerobics: cramp in right foot that went up into calf on the inside. Also very uncoordinated (unusual).

03F 01:XX:XX

Cramping of right inner thigh.

09M 10:XX:XX

Pain in the inner side of the left elbow.

09M 25:XX:XX

Pain over right pisiform bone worse for pressure (healed symptom).

10F XX:XX:XX

Pain in shoulder, a bruised sensation.

11F 04:XX:XX

Muscles feel sore especially thighs.

14F 00:XX:XX

Shoulder muscles feel tight. Pain between shoulder blades radiates down arms.

Left ankle pain.

14F 01:XX:XX

Shoulder pain radiates to left shoulder, a very definite and localized spot. Pain is better for massage.

14F 03:XX:XX

Legs feel heavy.

14F 05:XX:XX

Sharp pain in left elbow, moves upward to left arm. Deep bone pain, worse for straightening the arm, lasts about 5 minutes.

15F 01:XX:XX

Slight swelling of both ankles in lateral malleolus area, went down by morning.

15F 04:XX:XX

Pain in inner right knee at 13:30, lasted about a minute, sharp pain.

20M 05:XX:XX

Sharp pain in right knee at 5:30 am, lasted a few seconds.

20M 06:XX:XX

Stiffness in right hip area after sitting.

22F 02:XX:XX

Back of legs a little stiff, probably because I haven't walked for a week.

22F 04:XX:XX

Right big toe a little sore this evening, at about 19:00.

22F 04:XX:XX

Right hip feeling stiff again this evening, after lying on the couch then getting up to go to bed.

22F 04:XX:XX

Right big toe consistently sore in the evenings.

22F 10:XX:XX

Stiffness in right hip again this morning, it did not last long.

22F 13:XX:XX

Shoulder is sore and feels like it needs a good pounding by a physiotherapist.

23M 03:XX:XX

Stiffness from exercising day before. It is good to feel stiff.

23M 13:XX:XX

4.2.21 Sleep

Battled to get to sleep, had restless legs.

09M 17:XX:XX

Restless, tossed and turned very violently.

09M 18:XX:XX

Restless sleep.

10F 16:XX:XX

Sleeplessness due to cough.

11F 12:XX:XX

Sleeplessness due to itching scalp.

11F 12:XX:XX

Very restless sleep. Feel tired, but can't sleep.

14F 02:XX:XX

Sleep very restless.

14F 03:XX:XX

Sleep restless, can't find good position to sleep in, too hot.

14F 05:XX:XX

Body feels sore, restless sleep .

14F 06:XX:XX

Very restless sleep and can't get comfortable. Bed feels too hot, need cool sheets.

14F 08:XX:XX

Can't sleep due to too much back pain. Very restless sleep. Tossing and turning all night, wake with bedcovers and clothes all over. Very restless legs in bed. Very hot, constant need to cool down, continually replace pillows for colder ones. Muscles feel tired and aching with great desire to stretch the whole night.

14F 09:XX:XX

I can't sleep well because every time I turn my lower back hurts.

21F 01:XX:XX

Disturbed sleep due to sneezing and blocked nose.

22F 00:XX:XX

Woke up at 2:00am, disturbed sleep until 4:30am and then got up.

22F 12:XX:XX

Disturbed sleep. Woke up screaming from nightmare. Took a while to go back to sleep and then woke up at 8:00am.

22F 15:XX:XX

Woke up at 3:33am, went to the toilet (urination). Fell straight back to sleep

03F 01:XX:XX

Woke at 5:00am, needed to urinate.

03F 02:XX:XX

Sleepiness.

11F 06:XX:XX

Slept late.

08F 01:XX:XX

Difficulty waking

10F 05:XX:XX

Difficulty waking.

11F 12:XX:XX

Wake surprisingly unrefreshed.

17F 01:XX:XX

Early waking.

11F 02:XX:XX

Restful, easier to get up in the morning.

09M 01:XX

Slept solidly.

20M 00:XX:XX

Took about a half an hour to sleep, but slept well.

20M 01:XX:XX

Constantly slept well with many dreams.

20M 04:XX:XX

Slept like a log.

20M 03:XX:XX

Slept most of the day because it was raining and I felt lazy.

20M 04:XX:XX

Slept late until 2:00pm. Slept like a log.

20M 05:XX:XX

Lazy morning, dozed on and off (not like me to sleep in).

22F 04:XX:XX

Slept peacefully.

20M 07:XX:XX

Consistently good sleep.

20M 12:XX:XX

Slept well.

20M 10:XX:XX

Slept well last night and dreamt just before waking.

22F 01:XX:XX

Good sleep - dreamt again just before waking.

22F 02:XX:XX

Slept well.

22F 03:XX:XX

Had a good sleep.

22F 04:XX:XX

Sleeping well with many dreams.

22F 08:XX:XX

Slept well (unusual).

23M 02:XX:XX

Woke early at 5:30 am (unusual), fought it off and slept until 8:00 am.

23M 04:XXX

When I went to sleep I had a funny feeling in my chest, sort of short of breath.

22F 03:XX:XX

Same short of breath feeling in chest this evening when going to bed.

22F 04:XX:XX

4.2.22 Dreams

Vivid, aerobics class that was so over crowded you couldn't even move. Made me feel irritated and confined. Kept turning around with arms stretched out, trying to move freely, but couldn't.

03F 02:XX:XX

Dreamt I was at school and the change rooms where fancy with spas and saunas.

09M 07:XX:XX

Dreamt about pepper steak pies.

09M 15:XX:XX

I was being chased. Although I was in no danger, I did not want to be caught.

09M 20:XX:XX

Of the dead, but alive in dream – family.

10F 05:XX:XX

Scattered in time (backwards and forwards).

10F 09:XX:XX

Of the dead, but alive in dream – pets.

10F 13:XX:XX

Of contact lens in mouth and accidentally biting it.

11F 09:XX:XX

Of hurting her tooth.

11F 10:XX:XX

Of yellow nails.

11F 10:XX:XX

Of an old friend, now wearing her pyjamas.

11F 17:XX:XX

Had a dream that my mother was pregnant . Felt disgusted, she is too old and she already has three children. Felt it was unfair of her to have another child.

17F 02:XX:XX

Many dreams throughout proving.

20M:XX:XX

Dreamt I was going to town across a way bridge, there was a big hole in the bridge without warning. I had to turn back and 2 crowns fell out of my mouth. I swallowed one and kept the other. The dentist was on the other side of the bridge. I went back to look at the hole and there was a magnetic pull towards the hole. I had to pull myself away.

22F 01:XX:XX

Dreamt were all visiting Henry Honiball to watch a rugby match. He organized plates and plates of snacks. We got lost somewhere on the way home and couldn't get home again.

22F 02:XX:XX

Many dreams

22F 06:XX:XX

Woke up screaming. Dreamt I was with my mother somewhere and an unknown person was hiding from us, but we knew they were there. I was very frightened. Took a while to go back to sleep.

22F 16:XX:XX

4.2.23 Perspiration

Profuse perspiration.

09M 02:XX:XX

Sticky perspiration.

09M 10:XX:XX

Perspiration resulting in itching.

09M 24:XX:XX

4.2.24 Skin

The skin around my wart has become very itchy and raised, the more I scratch it, the more it seems to itch.

02F 01:XX:XX

The skin around my wart is raised and very itchy. It feels itchy deep inside. It feels like it is just about ready to fall off.

02F:02:XX:XX

Scars of old warts have become itchy and irritated.

17F 10:XX:XX

Old warts seem to have returned, red and itchy around the old scars.

17F 14:XX:XX

Hard skin has formed over the warts.

17F 16:XX:XX

* Wart on right foot was itchy and fell off approximately seven weeks after taking the remedy.

05M XX:XX:XX

My skin generally feels quite dry, more than usual.

02F:02:XX:XX

My skin feels dry and itchy.

02F 05:XX:XX

Peeling on soles of feet. Dry, scaly and flaky. Feet are usually dry, but this is excessive. Flakes are tiny. Looks like soles of feet are peeling.

03F 02:XX:XX

Feet still dry, but no longer peeling.

03F 03:XX:XX

Sensation. that the hair on my arms is standing on end (but it isn't) – tingling feeling.

07F 03:XX:XX

Eczema between my fingers and on my palm has greatly improved. It was very itchy before.

07F XX:XX:XX

Itching scalp better for voluptuous scratching.

09M 12:XX:XX

Intense itching of scalp, prevents sleep and “drives her crazy”, better for scratching.

11F XX:XX:XX

Red, raised, itching eruptions.

11F 20:XX:XX

Itchy rash. Lots of red raised little bumps next to each other.

22F 05:XX:XX

Rash remained but itch left.

22F 07:XX:XX

Itchy again for short while and then stopped but rash remained.

22F 07:XX:XX

An old eczema on the inside of my right leg seems to have come up again, worse for clothing, worse after gym when I've been wearing leggings.

17F 02:XX:XX

Skin is not healing well.

17F 05:XX:XX

Skin around nostrils itchy, can't stop scratching and rubbing. Little vesicles around nostrils.

17F 07:XX:XX

Skin on hands very dry and itchy. Old scar on finger suddenly itchy again. Little vesicles have developed where I'd previously had a rash from a plaster .

17F 07:XX:XX

Pimple under left eye, in sensitive region.

20M 02:XX:XX

Pimple under left eye still there after 6 days.

20M 08:XX:XX

Broke out in pimples, all on left side of face, chin and cheek area. Very sensitive pimples.

20M 03:XX:XX

Pimples on face gone after 5 days.

20M 08:XX:XX

Sun burnt today, but have no pain.

20M 13:XX:XX

Very itchy mosquito bites.

22F 01:XX:XX

Told I got sun burnt but hadn't felt it. Looked in mirror and realized I was burnt.

22F 04:XX:XX

Blisters on the back of right foot.

22F 05:XX:XX

4.2.25 Generals

Energy

Dull aching headache, frontal and feel tired.

03F 01:10:XX

Overly tired.

03F 01:XX:XX

Low energy, tired.

03F 03:XX:XX

Feeling lethargic.

09M 06:XX:XX

Very lazy day, slept most of it away because it was raining.

20M 04:XX:XX

I feel very tired for no reason.

21F 00:XX:XX

I felt a bit tired in the afternoon.

21F 02:XX:XX

I felt a bit tired this morning.

21F 07:XX:XX

Feel very tired this afternoon. Lethargic from all the food I ate today.

21F 09:XX:XX

Feeling quite energetic.

07F 03:XX:XX

Recovering from exercise more quickly than usual.

09M XX:XX:XX

Very excitable and full of energy.

17F 05:XX:XX

Energy level very high.

20M 01:XX:XX

High energy levels.

20M 03:XX:XX

Heat

Alternating hot and cold. Can't make up mind whether want to wear a jersey or not.

03F 00:XX:XX

Sleep restless, too hot.

14F 05:XX:XX

Bed feels too hot, need cool sheets.

14F 08:XX:XX

Very hot in bed, constant need to cool down, continually replace pillows with colder ones.

14F 09:XX:XX

Feel very hot like I'm burning up inside, going to self-combust. Feels like body is on fire.

14F XX:XX:XX

Body felt very hot during morning and again in afternoon at about 2:00 pm.

15F 00:08:XX

Feel hot and flustered and impatient and irritable when indoors, better when outside.

18M 02:XX:XX

Hot flushes return.

18M 02:XX:XX

Hot flushes return.

18M 02:XX:XX

Feel very hot today.

22F 01:XX:XX

Hot and thirsty this morning.

22F 02:XX:XX

Appetite

Had an unusual craving for ice-cold coca cola.

13M 05:XX:XX

Kentucky Fried Chicken craving, craving the fried, crispy, spicy aspect.

14F 01:XX:XX

Desire chicken.

14F 02:XX:XX

Craving Chinese food.

14F 05:XX:XX

Craving spicy chicken.

Coca cola does not relieve thirst for icy drinks, and it always normally does.

14F 06:XX:XX

Very thirsty. Had a lot of energy at work and wasn't tired afterward.

17F 00:XX:XX

Need to drink constantly, feel very thirsty.

17F 08:XX:XX

Weather

Driving in the sun gave me a splitting headache.

20M 00:XX:XX

Slept most of the day because it was rainy and I felt lazy.

20M 04:XX:XX

Relaxed mood because of rainy weather.

23M 00:XX:XX

Others

Weight gain.

07F XX:XX:XX

Weight gain, 8 kg in 11 days! Normally can't put on any weight.

20M 11:XX:XX

Stiffness from exercising day before. Good to feel stiff.

23M 13:XX:XX

Glands under left arm slightly painful.

03F 03:XX:XX

Uncoordinated while doing aerobics.

03F 01:XX:XX

4.3 Rubrics

4.3.1 Mind

Mind, absentminded. 1. S. 1.

Mind, absorbed. 1. S. 1.

Mind, activity; desires. 1. S. 2.

Mind, air; mental symptoms amel, in open. 1. S. 7.

Mind, anger 1. S. 8.

Mind, anger, easily 1. S. 9.

Mind, anger, trifles at. 1. S. 11.

Mind, anger, biting, lip in, his. 1. S. 26.

Mind, brooding. 1. S. 27.

Mind, cheerful. 1. S. 30.

Mind, cheerful, alternating with, sadness. 1. S. 31.

Mind, cleaning, desire to clean. 1. S. 32 N.

Mind, cooking, desire to cook. 1. S. 43 N.

Mind, confidence, want of self-confidence. 1. S. 37.

Mind, company, aversion to. 3. S. 33.

Mind, company, aversion to, desire for solitude. 2. S. 34.

Mind, concentration, difficult. 1. S. 36.

Mind, confusion of mind. 1. S. 37.

Mind, conversation, aversion to. 2. S. 43

Mind, delusions, alone, being. 1. S. 52.

Mind, delusions, being alone, world, alone in the. 1. S. 52.

Mind, delusions, body, out of the body. 1. S. 55.

Mind, delusions, criticized. 1. S. 58.

Mind, delusions, division between himself and others. 2. S. 60.

Mind, delusions, far off; as if. 1. S. 64.

Mind, delusions, separated, world, from the, he is separated. 1. S. 79.

Mind, delusions, body, lost in his body. 1. S. 55 N.

Mind, delusions, alone, being, world, alone in the. 1. S. 52.

Mind, delusions, changed, environment has. 1. S. 56 N.

Mind, delusions, changed, everything has. 1. S. 56.

Mind, delusions, despised, is. 1. S. 58.

Mind, delusions, looked down upon, she is. 1. S. 70.

Mind, delusions, outcast; she were an outcast. 1. S. 75.

Mind, delusions, strange, speech. 1. S. 82. N.

Mind, delusions, strange, everything is. 1. S. 82.

Mind, delusions, strange, familiar things seem strange. 1. S. 82.

Mind, delusions, strange, surroundings seem strange. 1. S. 82.

Mind, delusions, strange, voice seemed strange, her own. 1. S. 82.

Mind, detached. 1. S. 91.

Mind, discontented, himself, with, good for nothing; sensation of being. 1. S. 92.

Mind, dissociation from environment. 1. S. 94.

Mind, despair. 1. S. 89.

Mind, despair, life, of. 1. S. 90.

Mind, dream as if in a. 1. S. 94.

Mind, drugs, as if had taken. 1. S. 95. N

Mind, dullness. 1. S. 95.

Mind, emotions, waves of, overcome by. 1. S. 100. N.

Mind, excitement. 1. S. 101.

Mind, exertion, physical, amel. 1. S. 104.

Mind, exertion, physical, desires. 1. S. 104.

Mind, fear, happen, something will, horrible; something. 1. S. 112.

Mind, fear, narrow place, in. 1. S. 114.

Mind, fear, narrow place, in; waking on. 1. S. 114.

Mind, fear, robbers, of. 1. S. 115.

Mind, fear, opinion of others, of. 1. S. 114.

Mind, forebodings. 1. S. 199.

Mind, forgetful. 1. S. 119.

Mind, forsaken feeling, isolation, sensation of. 2. S. 120.

Mind, going out; aversion to. 1. S. 124.

Mind, handle things anymore, cannot, overwhelmed by stress. 1. S. 125. N

Mind, homesickness. 1. S. 127.

Mind, hurry, haste. 1. S. 128.

Mind, ideas, deficiency of. 1. S. 131.

Mind, impatience. 1. S. 132.

Mind, indifference, apathy. 1. S. 134.

Mind, indifference, everything to. 1. S. 134.

Mind, indignation. 1. S. 136.

Mind, introspection. 1. S. 140.

Mind, irresolution, indecision. 1. S. 140.

Mind, irritability. 1. S. 141.

Mind, irritability, causeless. 1. S. 143.

Mind, loathing, himself; at. 1. S. 153.

Mind, memory, weakness of memory. 1. S. 158.

Mind, memory, weakness of memory, expressing oneself; for. 1. S. 159.

Mind, mood, changeable. 2. S. 167.

Mind, occupation, amel. 1. S. 172.

Mind, offended, easily. 1. S. 172.

Mind, overwhelming, feeling overwhelmed. 1. S. 172.

Mind, restlessness. 1. S. 182.

Mind, sadness. 2. S. 187.

Mind, sadness, waking, on. 1. S. 188.

Mind, sadness, aversion to company, desire for solitude. 2. S. 190.

Mind, sensitive. 1. S. 194.

Mind, sensitive, noise, to. 1. S. 195.

Mind, sensitive, noise, to, aversion to. 1. S. 196.

Mind, sensitive, opinion of others, to the. 1. S. 196.

Mind, serious, earnest. 1. S. 197.

Mind, slowness. 1. S. 202.

Mind, spaced out feeling. 1. S. 202.

Mind, spaced out feeling, skull and frontal lobe, between. 1. S. 202. N

Mind, speech, difficult, inarticulate. 1. S. 203.

Mind, speech, forcible. 1. S. 203.

Mind, speech, strange. 1. S. 204.

Mind, strange, everything seems. 1. S. 207.

Mind, stupefaction. 1. S. 208.

Mind, taciturn. 1. S. 214.

Mind, thoughts, thoughtful. 1. S. 218.

Mind, thoughts, vanishing of. 1. S. 219.

Mind, thoughts, vagueness of. 1. S. 219.

Mind, weeping. 3. S. 228.

Mind, weeping, alone when. 1. S. 229

Mind, weeping, amel. 1. S. 229.

Mind, weeping; anger, during. 1. S. 229.

Mind, weeping, causeless. 1. S. 229.

Mind, weeping, easily. 1. S. 230.

Mind, weeping, delayed reaction. 1. S. 230 N.

Mind, weeping, despair. 1. S. 230 N.

Mind, weeping, past events, thinking of. 1. S. 231.

Mind, weeping, sobbing, weeping with. 1. S. 232.

4.3.2 Vertigo

Vertigo, accompanied by, head, pain in head. 1. S. 236.

Vertigo, riding, carriage in a. 1. S. 242.

4.3.3 Head

Head, buzzing sensation in. 1. S. 248. N.

Head, congestion. 2. S. 250.

Head, eruptions, itching. 1. S. 257.

Head, eruptions, vesicles. 1. S. 258.

Head, fullness. 2. S. 259.

Head, heaviness, occiput, water, as if full of. 1. S. 269. N.

Head, heaviness, pressed forward, brain, weight on brain, like a. 1. S. 267.

Head, heaviness, pressed forward, head, like a weight on. 1. S. 267.

Head, itching of scalp, accompanied by, right arm, itching. 1. S. 270. N.

Head, itching of scalp, evening. 1. S. 270.

Head, itching of scalp, scratching amel. 1. S. 270.

Head, itching of scalp. 3. S. 270.

Head, pain. 3. S. 274.

Head, pain, bursting, sun from. 1. S. 319. N.

Head, pain, dull pain, forehead, frontal eminence. 1. S. 326.

Head, pain, dull pain, forehead. 1. S. 326.

Head, pain, dull pain, forenoon. 1. S. 326. N.

Head, pain, dull pain, occiput. 1. S. 326.

Head, pain, dull pain, sides. 1. S. 327.

Head, pain, dull pain. 1. S. 326.

Head, pain, exertion, body, etc of. 1. S. 283.

Head, pain, exertion, eyes, of the. 1. S. 283.

Head, pain, forehead, eyes, above, forenoon. 1. S. 302.

Head, pain, forehead, eyes, above, morning. 1. S. 302.

Head, pain, forehead, eyes, above. 1. S. 301.

Head, pain, forehead, eyes, behind. 1. S. 303.

Head, pain, forehead, frontal eminence. 1. S. 300.

Head, pain, forehead in, extending to, occiput. 1. S. 300.

Head, pain, forehead in. 1. S. 296.

Head, pain, intermittent pains. 1. S. 284.

Head, pain, lying amel. 1. S. 285.

Head, pain, night, midnight before, 22h. 1. S. 277.

Head, pain, night. 1. S. 277.

Head, pain, noon. 1. S. 276.

Head, pain, occiput, pressure amel. 1. S. 305.

Head, pain, occiput, right. 1. S. 304. N.

Head, pain, occiput, touch agg. 1. S. 306.

Head, pain, occiput, waking on. 1. S. 306. N.

Head, pain, occiput. 1. S. 303.

Head, pain, pressure external, amel, hard amel, hitting head hard amel. 2. S. 288. N.

Head, pain, pressure external, amel. 1. S. 288.

Head, pain, sides, forenoon. 1. S. 308.

Head, pain, sides, morning. 1. S. 308.

Head, pain, sides, right, morning. 1. S. 308. N.

Head, pain, sides, right. 1. S. 308.

Head, pain, sides. 1. S. 307.

Head, pain, sitting amel. 1. S. 290.

Head, pain, touch, agg. light touch agg. 1. S. 292. N.

Head, pain, waking on. 1. S. 276.

Head, pain, bursting. 1. S. 318.

Head, prickling. 1. S. 363.

Head, tingling, lying agg. 1. S. 372. N.

Head, tingling, motion amel. 1. S. 372. N.

Head, tingling, Occiput. 1. S. 372.

Head, tingling, sitting agg. 1. S. 372. N.

Head, tingling, spots. 1 S372 N

Head, tingling, standing agg. 1. S. 372. N.

Head, tingling. 1. S. 372.

4.3.4 Eye

Eye, pain. 2. S. 391.

Eye, pain, burning. 1. S. 396.

Eye, tired sensation. 1. S. 412.

Eye, pain, right. 1. S. 392.

Eye, pain, morning, waking. 1. S. 392.

Eye, heaviness, Lids. 1. S. 383.

Eye, closing the eyes, desire to. 1. S. 376.

Eye, closing the eyes, desire to, stinging pain on. 1. S. 376. N.

Eye, strain. 1. S. 410.

Eye, dryness. 1. S. 380.

Eye, swelling. 1. S. 411.

Eye, swelling, lids. 1. S. 411.

Eye, styes, canthi, inner. 1. S. 410.

Eye, pain, morning. 1. S. 392.

Eye, itching. 1. S. 387.

Eye, itching, morning. 1. S. 388.

Eye, itching, morning, waking on. 1. S. 388. N

Eye, Itching, evening. 1. S. 388.

4.3.5 Vision

Vision, blurred. 1. S. 417.

Vision, blurred, accompanied by, nausea, turning head on. 1. S. 417. N.

Vision, blurred, afternoon. 1. S. 417.

Vision, blurred, turning head. 1. S. 417. N.

4.3.6 Ear

Ear, contraction, sensation of. 1. S. 434.

Ear, itching. 1. S. 439.

Ear, itching, meatus. 1. S. 439.

Ear, itching, meatus, left. 1. S. 439.

Ear, itching, meatus, night. 1. S. 439.

Ear, pain. 1. S. 449.

Ear, pain, left. 1. S. 450.

4.3.7 Nose

Nose, burning sensation, as if on fire. 1. S. 471 N.

Nose, coryza. 1. S. 472.

Nose, coryza, morning. 1. S. 473.

Nose, discharge, crust, sensation of, septum on. 1. S. 478 N.

Nose, dryness, inside. 1. S. 482.

Nose, hayfever. 1. S. 486.

Nose, foreign body, sensation of a. 1. S. 486.

Nose, formication. 1. S. 486.

Nose, heaviness, sinuses. 1. S. 487.

Nose, movement, sensation of, insects moving inside. 1. S. 487 N.

Nose, itching. 1. S. 487.

Nose, itching, inside, left. 1. S. 488.

Nose, itching, rubs. 1. S. 487.

Nose, obstruction. 1. S. 488.

Nose, obstruction, alternating sides. 1. S. 488.

Nose, sneezing. 3. S. 498.

Nose, sneezing, morning. 2. S. 498.

Nose, sneezing, morning, waking, on. 1. S. 499.

Nose, sneezing, evening. 1. S. 499.

Nose, sneezing, sleep, during. 1. S. 500.

Nose, sneezing, sleep, during. 1. S. 500 N.

Nose, snuffles. 1. S. 500.

Nose, warm, inside. 1. S. 502 N.

Nose, warm. 1. S. 502.

Nose, vesicles, sensation of, nostrils around. 1. S. 502 N.

4.3.8 Face

Face, eruptions. 1. S. 514.

Face, eruptions, cheek. 1. S. 514

Face, eruptions, cheek, left. 2. S. 514.

Face, eruptions, pimples. 1. S. 519.

Face, eruptions, pimples, painful to touch. 1. S. 519.

Face, eruptions, chin. 1. S. 514.

Face, eruptions, chin, painful to touch. 1. S. 514.

Face, eruptions, pimples, chin. 1. S. 519.

Face, eruptions, pustules. 1. S. 520.

Face, eruptions, pustules, cheeks. 2. S. 520.

Face, eruptions, pustules, chin. 1. S. 520.

Face, eruptions, vesicles, sensation of, nostrils around, compelled to scratch and rub. 1. S. 522 N.

Face, expression, confused. 1. S. 523.

Face, expression, dazed. 1. S. 523.

Face, expression, sedated. 1. S. 524 N.

Face, heat, flushes. 1. S. 526.

Face, heat, flushes, morning. 1. S. 526.

Face, heat, flushes, afternoon. 1. S. 526.

Face, heat, burning. 1. S. 526.

Face, sensitive. 1. S. 544.

4.3.9 Mouth

Mouth, dryness. 1. S. 566.

Mouth, eruptions, palate. 1. S. 569.

Mouth, itching. 1. S. 572

Mouth, itching, gums. 1. S. 572

Mouth, itching, palate. 1. S. 573

Mouth, numbness. 1. S. 575.

Mouth, numbness, tongue. 1. S. 575.

Mouth, taste, bad. 1. S. 593.

Mouth, taste, bad, menses during. 1. S. 594.

Mouth, taste, putrid. 1. S. 597.

Mouth, taste, putrid, menses during. 1. S. 597.

Mouth, taste, stale. 1. S. 599.

4.3.10 Teeth

Teeth, biting, lip. 1. S. 603.

Teeth, clenching, teeth together, anger in. 1. S. 603.

4.3.11 Throat

Throat, dryness. 1. S. 624.

Throat, dryness, accompanied by, roughness. 1. S. 624.

Throat, dryness, drinking does not amel. 1. S. 624.

Throat, pain. 2. S. 631.

Throat, pain, left. 1. S. 632.

Throat, pain, coughing on. 1. S. 632.

Throat, pain, drinking, amel. 1. S. 632.

Throat, pain, drinks, cold, amel. 1. S. 632.

Throat, pain, burning. 1. S. 634.

Throat, pain, burning, esophagus. 1. S. 635.

Throat, pain, cutting. 1. S. 636.

Throat, pain, scratching. 1 S. 637.
Throat, pain, sore, coughing on. 1. S. 638.
Throat, pain, stitching. 1. S. 638.
Throat, pain, stitching, coughing on. 1. S. 639.
Throat, roughness. 1. S. 640.
Throat, scratching. 2. S. 641.
Throat, scratching, evening. 1. S. 641.
Throat, scratching, morning. 1. S. 641.

4.3.12 Stomach

Stomach, heat. 2. S. 637.
Stomach, heat, eating amel. 1. S. 637.
Stomach, acidity. 1. S. 653.
Stomach, appetite, diminished. 2. S. 653.
Stomach, appetite, diminished, daytime. 1. S. 653.
Stomach, appetite, diminished, noon. 1. S. 653.
Stomach, appetite, diminished, evening. 1. S. 653.
Stomach, appetite, diminished, eating, when time for. 1. S. 653.
Stomach, appetite, easy satiety. 2. S. 653.
Stomach, appetite, increased. 3. S. 654.
Stomach, appetite, increased, alternating with loss of appetite. 1. S. 654.
Stomach, appetite, increased, pain in stomach, with. 1. S. 655.
Stomach, appetite, increased, insatiable. 1. S. 655.
Stomach, appetite, ravenous. 2. S. 655.
Stomach, appetite, wanting. 2. S. 656.
Stomach, appetite, wanting, morning. 1. S. 656.
Stomach, heartburn. 1. S. 672.
Stomach, heartburn, nausea, with. 1. S. 672.
Stomach, heartburn, morning. 1. S. 672.
Stomach, heat, eating amel. 1. S. 673.
Stomach, heaviness. 1. S. 673.
Stomach, heaviness, morning. 1. S. 673.

Stomach, heaviness, morning, waking on. 1. S. 673.
 Stomach, heaviness, nausea, during. 1. S. 674.
Stomach, nausea. 2. S. 678.
 Stomach, nausea, morning. 1. S. 678.
 Stomach, nausea, morning, waking on. 1. S. 679.
 Stomach, nausea, eye symptoms, with. 1. S. 681.
 Stomach, nausea, inability to vomit. 1. S. 682.
 Stomach, nausea, pain, during. 1. S. 683.
 Stomach, nausea, pain during, abdomen, in. 1. S. 683.
Stomach, pain. 2. S. 685.
 Stomach, pain, eating amel. 1. S. 686.
Stomach, pain, burning. 2. S. 690.
 Stomach, pain, burning, eating amel. 1. S. 691.
 Stomach, pain burning, extending to esophagus, up the. 1. S. 691.
 Stomach, pain burning, extending to, upward. 1. S. 691.
Stomach, thirst. 2. S. 703.
 Stomach, thirst, morning. 1. S. 703.
 Stomach, thirst, unquenchable. 1. S. 705.
 Stomach, thirst, unquenchable, walking after. 1. S. 705.
Stomach, thirstless. 2. S. 705.

4.3.13 Abdomen

Abdomen, distension. 2. S. 721.
 Abdomen, distension, afternoon. 1. S. 721.
 Abdomen, distension, afternoon, eating, after. 1. S. 721.
 Abdomen, distension, eating after. 1. S. 722.
 Abdomen, distension, painful. 1. S. 722.
Abdomen, fullness, sensation of. 2. S. 726.
 Abdomen, fullness, sensation of, afternoon. 1. S. 726.
 Abdomen, fullness, sensation of, eating, after. 1. S. 727.
 Abdomen, fullness, sensation of, night. 1. S. 727.
 Abdomen, fullness, sensation of, lying, while. 1. S. 727.

Abdomen, heaviness. 1. S. 729

Abdomen, pain. 2. S. 733.

Abdomen, pain, evening. 1. S. 734.

Abdomen, pain, accompanied by, lumbar region, pain in. 1. S. 734.

Abdomen, pain, burning. 1. S. 749.

Abdomen, pain, cramping. 1. S. 751.

Abdomen, pain, cramping, evening. 1. S. 752.

Abdomen, pain, cramping, night. 1. S. 752.

Abdomen, pain, cramping, menses, before. 1. S. 753.

Abdomen, pain, cramping, motion, amel. 1. S. 753.

Abdomen, pain, cramping, motion, on. 1. S. 753.

Abdomen, pain, cramping, sitting, amel. 1. S. 754.

Abdomen, pain, cramping, walking, amel. 1. S. 754.

4.3.14 Rectum

Rectum, constipation, insufficient. 1. S. 791.

Rectum, diarrhea. 1. S. 792.

Rectum, diarrhea, menses, during. 1. S. 798.

Rectum, fullness, stool, after. 1. S. 803.

Rectum, inactivity of rectum. 1. S. 806.

Rectum, inactivity of rectum, morning. 1. S. 806.

Rectum, urging, frequent. 1. S. 818.

4.3.15 Stool

Stool, thin. 1. S. 827.

Stool, watery. 1. S. 827.

4.3.16 Bladder

Bladder, urination, frequent. 1. S. 842.

4.3.17 Urine

Urine, copious. 1. S. 872.

Urine, copious, drunk more than is. 1. S. 873.

4.3.18 Female

Female, itching , vulva. 1. S. 914.

Female, itching. 1. S. 913.

Female, pain, bearing down, menses during. 1. S. 939.

Female, pain, bearing down, Uterus and region, menses during, sitting amel. 1. S. 940.N.

Female, pain, bearing down, Uterus and region, menses during. 1. S. 940.

Menses, black, with clots. 1. S. 923.

Menses, black. 1. S. 923.

Menses, clotted, dark clots. 1. S. 923.

Menses, clotted. 1. S. 923.

Menses, copious, short duration, and of. 1. S. 925.

Menses, copious. 1. S. 924.

Menses, dark, with clots. 1. S. 925.

Menses, dark. 1. S. 925.

Menses, early, too, two weeks. 1. S. 925. N.

Menses, early, too. 1. S. 925.

Menses, hot. 2. S. 926.

Menses, irregular. 2. S. 926.

Menses, irregular, long and variable intervals. 1. S. 926.

Menses, late, too, scanty. 1. S. 927.

Menses, late, too, ten days. 1. S. 926.

Menses, late, too, two days. 1. S. 926.

Menses, late, too. 1. S. 926.

Menses, membranous. 1. S. 927.

Menses, pain constricting, contracting, uterus. 1. S. 941.

Menses, pain constricting, contracting. 1. S. 941.

Menses, pain cramping, uterus, double up, compelling her to. 1. S. 941.

Menses, pain cramping, uterus, massage amel. 1. S. 941. N.

Menses, pain cramping, uterus, menses during. 1. S. 941.

Menses, pain cramping, uterus. 1. S. 941.

Menses, pain twisting, uterus. 1. S. 947. N.

Menses, painful. 2. S. 928.

Menses, painful, chill with. 1. S. 928.

Menses, painful, flow amel. 1. S. 928.

Menses, painful, lying amel. 1. S. 928.

Menses, painful, pressure amel. 1. S. 928. N.

Menses, protracted, eighteen days. 1. S. 929.

Menses, protracted. 1. S. 929.

Menses, ropy, tenacious, stringy. 1. S. 929.

Menses, scanty. 1. S. 929.

Menses, short, too. 1. S. 930.

Menses, stool, menses during, loose and unformed stool. 1. S. 930. N

4.3.19 Respiration

Respiration, difficult. 1. S. 973.

Respiration, difficult, bed, in. 1. S. 974.

Respiration, sleep, falling asleep, when. 1. S. 978.

4.3.20 Cough

Cough, dry. 1. S. 992.

Cough, hacking. 1. S. 996.

Cough, morning. 1. S. 985.

Cough, pain, back, dorsal region, right, coughing when. S. 1003 N.

Cough, pain, larynx, stabbing pain, coughing when. S. 1003 N.

4.3.21 Chest

Chest, pain, cutting. 1. S. 1060.

Chest, pain, pressure, amel. 1. S. 1048.

Chest, pain, heart, region of, pressure, amel. 1. S. 1050 N.

Chest, pain, sides, left, pressure, amel. 1. S. 1052.

Chest, pain, cutting, heart, region of. 1. S. 1062.

4.3.22 Back

Back, formication, cervical region, motion amel. 1. S. 1099. N.

Back, formication, cervical region, sitting agg. 1. S. 1099. N.

Back, formication, cervical region, spots 1. S. 1099. N.

Back, formication, cervical region, standing agg. 1. S. 1099. N.

Back, formication, cervical region. 1. S. 1098.

Back, formication, dorsal region, lying agg. 1. S. 1099. N.

Back, formication, dorsal region, motion amel. 1. S. 1099. N.

Back, formication, dorsal region, sitting agg. 1. S. 1099. N.

Back, formication, dorsal region, spots. 1. S. 1099. N.

Back, formication, dorsal region, standing agg 1 S1099 N

Back, formication, dorsal region. 1. S. 1099.

Back, formication, cervical region, lying agg. 1. S. 1099. N.

Back, itching, cervical region, afternoon. 1. S. 1101. N.

Back, itching, cervical region. 1. S. 1101.

Back, Itching. 1. S. 1101.

Back, pain. 3. S. 1103.

Back, pain, cervical region. 2. S. 1108.

Back, pain, cervical region, extending to, clavicles. 1. S. 1109.

Back, pain, cervical region, extending to, shoulders. 1. S. 1110.

Back, pain, cervical region, left. 1. S. 1108.

Back, pain, cervical region, rheumatic. 1. S. 1109.

Back, pain, cervical region, right. 1. S. 1108.

Back, pain, cervical region, sore. 1. S. 1109. N.

Back, pain, dorsal region, coughing. 1. S. 1110.

Back, pain, dorsal region, extending to, arms. 1. S. 1110.
Back, pain, dorsal region, scapulae, between, stitching. 1. S. 1113. N.
 Back, pain, dorsal region, scapulae, between. 1. S. 1112.
 Back, pain, dorsal region, scapulae, extending to, arm. 1. S. 1112.
 Back, pain, dorsal region, scapulae, right, extending to, arm. 1. S. 1110.
 Back, pain, dorsal region, scapulae, right, followed by left. 1. S. 1111.
 Back, pain, dorsal region, scapulae, right. 1. S. 1110.
 Back, pain, dorsal region, scapulae. 1. S. 1110.
 Back, pain, dorsal region. 1. S. 1110.
Back, Pain, dull, lumbar region, afternoon. 1. S. 1134. N.
Back, Pain, dull, lumbar region, bending agg. 1. S. 1134. N.
Back, Pain, dull, lumbar region, morning. 1. S. 1134. N.
Back, pain, dull, lumbar region, pressure agg. 1. S. 1134. N.
 Back, pain, dull, lumbar region. 1. S. 1134.
 Back, pain, dull. 1. S. 1134.
 Back, pain, extending to, arms. 1. S. 1107.
Back, pain, lumbar region. 2. S. 1113.
 Back, pain, lumbar region, afternoon. 1. S. 1114.
Back, pain, lumbar region, bending agg. 1. S. 1114. N.
Back, pain, lumbar region, dull. 1. S. 1114. N.
 Back, pain, lumbar region, evening. 1. S. 1114.
 Back, pain, lumbar region, morning. 1. S. 1113.
Back, pain, lumbar region, pressure agg. 1. S. 115. N.
 Back, pain, lumbar region, pressure amel. 1. S. 1115.
 Back, pain, lumbar region, right. 1. S. 1113.
 Back, pain, lumbar region, rubbing amel. 1. S. 1115.
 Back, pain, lumbar region, sitting, long after. 1. S. 1115.
Back, pain, lumbar region, touch agg. 1. S. 1116. N.
Back, pain, lumbar region, unbearable. 1. S. 1116. N.
Back, pain, pressure agg. 1. S. 1105 N.
 Back, pain, pressure amel. 1. S. 1105.
Back, pain, right, extending to left. 1. S. 1103. N.
 Back, pain, rubbing amel. 1. S. 1106.

Back, pain, sitting , long after. 1. S. 1106.
 Back, pain, sleep during. 1. S. 1106.
 Back, pain, sore, cervical region. 1. S. 1139.
 Back, pain, sore. 1. S. 1138.
 Back, pain, spine, evening. 1. S. 1120.
Back, pain, spine, stitching, accompanied by, epigastrium, aching pain in. 1. S. 1121. N.
Back, pain, spine, stitching. 1. S. 1121. N.
Back, pain, spine, turning agg. 1. S. 1121. N.
 Back, pain, spine. 1. S. 1120.
 Back, pain, spot. 1. S. 1106.
 Back, pain, stitching, dorsal region, scapulae, between. 1. S. 1144.
 Back, pain, stitching, dorsal region, scapulae, right. 1. S. 1144.
 Back, pain, stitching, dorsal region, scapulae. 1. S. 1143.
 Back, pain, stitching, dorsal region. 1. S. 1143.
 Back, pain, stitching, spine, evening. 1. S. 1147.
Back, pain, stitching, spine, turning agg. 1. S. 1147. N.
 Back, pain, stitching, spine. 1. S. 1147.
 Back, pain, stitching. 1. S. 1142.
 Back, pain, touch agg. 1. S. 1107.
 Back, pain, unbearable. 1. S. 1107.
 Back, prickling, cervical region. 1. S. 1150.
Back, stiffness, cervical region, headache during, extending to, eyes. 1. S. 1153 N.
 Back, stiffness, cervical region, headache during. 1. S. 1153.
 Back, stiffness, cervical region. 1. S. 1153.
 Back, stiffness. 1. S. 1152.

4.2.23 Extremities

Extremities, cramps. 2. S. 1177.
Extremities, cramps, right. 2. S. 1178.
Extremities, cramps, lower limbs. 2. S. 1179.
 Extremities, cramps, lower limbs, right. 1. S. 1179.
 Extremities, cramps, lower limbs, walking, while. 1. S. 1179.

Extremities, cramps, lower limbs, extending to, leg. 1. S. 1179.
 Extremities, cramps, leg. 1. S. 1180.
 Extremities, cramps, leg, exertion, on. 1. S. 1180.
 Extremities, cramps, thigh. 1. S. 1180.
 Extremities, cramps, thigh, right. 1. S. 1180.
 Extremities, cramps, thigh, inner side. 1. S. 1180.
 Extremities, cramps, leg, calf. 1. S. 1181.
 Extremities, cramps, leg, calf, right. 1. S. 1181.
 Extremities, cramps, leg, calf, dancing. 1. S. 1181.
 Extremities, cramps, leg, calf, exertion, after. 1. S. 1181.
 Extremities, cramps, ankle. 1. S. 1182.
 Extremities, cramps, ankle, extending to, calf. 1. S. 1182.
 Extremities, cramps, foot. 1. S. 1182.
Extremities, eruptions. 2. S. 1191.
 Extremities, eruptions, blisters. 1. S. 1191.
 Extremities, eruptions, rash. 1. S. 1192.
 Extremities, eruptions, elevations. 1. S. 1191.
 Extremities, eruptions, itching. 1. S. 1191.
 Extremities, eruptions, red. 1. S. 1192.
Extremities, eruptions, upper limbs. 2. S. 1192.
 Extremities, eruptions, upper limbs, elevations. 1. S. 1192.
 Extremities, eruptions, upper limbs, rash. 1. S. 1192.
 Extremities, eruptions, upper limbs, itching. 1. S. 1193.
 Extremities, eruptions, upper limbs, rash. 1. S. 1193.
 Extremities, eruptions, upper limbs, red. 1. S. 1193.
 Extremities, eruptions, upper arm. 1. S. 1194.
 Extremities, eruptions, upper arm, itching. 1. S. 1194.
 Extremities, eruptions, upper arm, rash. 1. S. 1195.
 Extremities, eruptions, hand. 1. S. 1196.
 Extremities, eruptions, hand, rash. 1. S. 1197.
 Extremities, eruptions, hand, between index finger and thumb. 1. S. 1199.
 Extremities, eruptions, foot. 1. S. 1204.
 Extremities, eruptions, foot, back of. 1. S. 1205.

Extremities, heaviness. 1. S. 1215.

Extremities, heaviness, lower limbs. 1. S. 1216.

Extremities, heaviness, legs. 1. S. 1218.

Extremities, itching. 2. S. 1221.

Extremities, itching, evening. 1. S. 1221.

Extremities, itching, afternoon. 1. S. 1221.

Extremities, itching, left. 1. S. 1221.

Extremities, itching, upper limbs. 1. S. 1221.

Extremities, itching, upper arms. 1. S. 1222.

Extremities, itching, lower limbs. 1. S. 1225.

Extremities, itching, lower limbs, afternoon. 1. S. 1225.

Extremities, itching, lower limbs, evening. 1. S. 1225.

Extremities, itching, upper limbs, afternoon. 1. S. 1225.

Extremities, pain. 3. S. 1244.

Extremities, pain, afternoon. 1. S. 1244.

Extremities, pain, pressure agg. 1. S. 1245.

Extremities, pain, joints. 2. S. 1247.

Extremities, pain, joints, afternoon. 1. S. 1248.

Extremities, pain, upper limbs. 2. S. 1249.

Extremities, pain, upper limbs, left. 1. S. 1249.

Extremities, pain, upper limbs, right. 1. S. 1249.

Extremities, pain, upper limbs, extending to, downward. 1. S. 1250.

Extremities, pain, upper limbs, pressure agg. 1. S. 1250.

Extremities, pain, shoulder. 1. S. 1251.

Extremities, pain, shoulder, right. 1. S. 1252.

Extremities, pain, shoulder, extending to, arm. 1. S. 1253.

Extremities, pain, shoulder, pressure amel. 1. S. 1253.

Extremities, pain, upper arm. 1. S. 1253.

Extremities, pain, upper arm, bone. 1. S. 1254.

Extremities, pain, elbow. 1. S. 1255.

Extremities, pain, elbow, left. 1. S. 1255.

Extremities, pain, elbow. 1. S. 1255.

Extremities, pain, elbow, left. 1. S. 1255.

Extremities, pain, elbow, bend of, stretching arm, on. 1. S. 1256.
 Extremities, pain, hand. 1. S. 1257.
 Extremities, pain, hand, right. 1. S. 1257.
Extremities, pain, lower limbs. 2. S. 1261.
 Extremities, pain, lower limbs, afternoon. 1. S. 1261.
 Extremities, pain, hip. 1. S. 1265.
 Extremities, pain, hip, right. 1. S. 1265.
 Extremities, pain, hip, lying, after. 1. S. 1266.
 Extremities, pain, hip, standing. 1. S. 1266.
 Extremities, pain, thigh. 1. S. 1267.
 Extremities, pain, knee. 1. S. 1268.
 Extremities, pain, knee, right. 1. S. 1269.
 Extremities, pain, knee, afternoon. 1. S. 1269.
 Extremities, pain, ankle. 1. S. 1273.
 Extremities, pain, ankle, left. 1. S. 1273.
 Extremities, pain, toes. 1. S. 1276.
 Extremities, pain, toes, right. 1. S. 1276.
 Extremities, pain, toes, evening. 1. S. 1276.
 Extremities, pain, toes, first. 1. S. 1276.
 Extremities, pain, toes, first, right. 1. S. 1276.
 Extremities, pain, toes, first, evening. 1. S. 1276.
 Extremities, pain, aching. 1. S. 1277.
 Extremities, pain, aching, elbow. 1. S. 1278.
 Extremities, pain, cramping. 1. S. 1290.
 Extremities, pain, cramping, lower limbs. 1. S. 1290.
 Extremities, pain, cramping, leg. 1. S. 1290.
 Extremities, pain, cramping, calf. 1. S. 1290.
 Extremities, pain, cramping, foot, motion, on. 1. S. 1290.
 Extremities, pain, shooting. 1. S. 1314.
 Extremities, pain, shooting, shoulder. 1. S. 1314.
 Extremities, pain, shooting, shoulder, right. 1. S. 1314.
 Extremities, pain, sore. 1. S. 1316.
 Extremities, pain, sore, exertion after. 1. S. 1316.

Extremities, pain,sore, joints. 1. S. 1317.
 Extremities, pain,sore, upper limbs. 1. S. 1317.
 Extremities, pain, sore, overexertion after. 1. S. 1317.
 Extremities, pain,sore, shoulder. 1. S. 1318.
 Extremities, pain, sore, lower limbs. 1. S. 1320.
 Extremities, pain, sore, thigh. 1. S. 1321.
Extremities, stiffness. 2. S. 1373.
 Extremities, stiffness, right. 1. S. 1373
 Extremities, stiffness, morning. 1. S. 1373
 Extremities, stiffness, sitting, after. 1. S. 1374.
 Extremities, stiffness, joints. 1. S. 1374.
 Extremities, stiffness, joints, morning. 1. S. 1374.
 Extremities, stiffness, joints, painful. 1. S. 1374.
Extremities, stiffness, lower limbs. 2. S. 1375.
 Extremities, stiffness, lower limbs, painful. 1. S. 1375.
 Extremities, stiffness, lower limbs, right. 1. S. 1376.
 Extremities, stiffness, lower limbs, morning. 1. S. 1376.
 Extremities, stiffness, hip, morning. 1. S. 1376.
 Extremities, stiffness, lower limbs, sitting, after. 1. S. 1376.
 Extremities, stiffness, hip. 1. S. 1376.
 Extremities, stiffness, thigh. 1. S. 1376.
 Extremities, stiffness, leg. 1. S. 1377.
 Extremities, stiffness, calf. 1. S. 1377.
 Extremities, swelling. 1. S. 1378.
 Extremities, swelling, joints. 1. S. 1378.
 Extremities, swelling, ankle. 1. S. 1382.
 Extremities, swelling, ankle, evening. 1. S. 1382.
 Extremities, swelling, ankle, malleoli, around. 1. S. 1382.
 Extremities, tension. 1. S. 1383.
 Extremities, tension, shoulder. 1. S. 1384.
 Extremities, tingling. 1. S. 1388.
 Extremities, tingling, upper limbs. 1. S. 1388.

4.3.24 Sleep

Sleep, bad. 1. S. 1411.

Sleep, bad, after sleepiness in evening. 1. S. 1411.

Sleep, deep. 2. S. 1412.

Sleep, deep, morning. 1. S. 1412.

Sleep, disturbed. 1. S. 1413.

Sleep, disturbed, dreams, by. 1. S. 1413.

Sleep, disturbed, nightmare, by. 1. S. 1413.

Sleep, disturbed, pain, by. 2. S. 1414.

Sleep, disturbed, heat, by. 2. S. 1414.

Sleep, suffocation, by. 1. S. 1414.

Sleep, prolonged. 1. S. 1422.

Sleep, exhausting. 1. S. 1416.

Sleep, exhausting, deep with dreams. 1. S. 1416.

Sleep, falling, difficult. 1. S. 1417.

Sleep, falling, early. 1. S. 1417.

Sleep, interrupted. 1. S. 1418.

Sleep, interrupted, restlessness, by. 2. S. 1419.

Sleep, interrupted, pain, from. 2. S. 1419.

Sleep, interrupted, heat, sensation of. 2. S. 1419.

Sleep, need of sleep, great. 1. S. 1419.

Sleep, restless, bed, driving out of bed from heat. 1. S. 1423.

Sleep, restless, from bodily restlessness. 1. S. 1423.

Sleep, restlessness, dreams, from. 1. S. 1423.

Sleep, restlessness, with pain. 1. S. 1423.

Sleep, sleepiness. 1. S. 1424.

Sleep, sleepiness, waking, on. 1. S. 1426.

Sleep, sleepiness, evening. 1. S. 1427.

Sleep, sleepiness – 20h. 1. S. 1427.

Sleep, sleeplessness. 2. S. 1432.

Sleep, sleeplessness, accompanied by sleepiness, daytime. 1. S. 1435

Sleep, sleeplessness, bed, feels too hot. 1. S. 1436

Sleep, sleeplessness, congestion from. 1. S. 1436
 Sleep, sleeplessness, coryza, from. 1. S. 1437.
 Sleep, sleeplessness, cough, from. 1. S. 1437.
 Sleep, sleeplessness, heat, during. 1. S. 1438.
 Sleep, sleeplessness, itching, from. 1. S. 1438.
Sleep, sleeplessness, pains, from. 2. S. 1439
Sleep, sleeplessness, pains from, back. 2. S. 1439
 Sleep, sleeplessness, pains from, body sore, whole. 1. S. 1439.
 Sleep, sleeplessness, respiration, with difficult. 1. S. 1440.
 Sleep, sleeplessness, restlessness, from. 1. S. 1440.
 Sleep, sleeplessness, with urging to urinate. 1. S. 1442.
 Sleep, unrefreshing. 1. S. 1443.
 Sleep, unrefreshing, rising indisposed to. 1. S. 1443.
 Sleep, waking, dreams, by. 1. S. 1444
 Sleep, waking, early, too. 1. S. 1445
 Sleep, waking, late, too. 1. S. 1446

4.3.25 Dreams

Dreams, frightful. 1. S. 1464
 Dreams, frightful, waking him. 1. S. 1464
 Dreams, rousing, the patient. 1. S. 1472.
 Dreams, absurd. 1. S. 1453.
 Dreams, animals. 1. S. 1454.
 Dreams, cars. 1. S. 1457.
 Dreams, disconnected. 1. S. 1460.
 Dreams, confused. 1. S. 1458.
 Dreams, danger. 1. S. 1459.
Dreams, dead, of the. 2. S. 1459.
 Dreams, dead, relatives. 1. S. 1459.
 Dreams, dead, woman coming back to life. 1. S. 1459.
 Dreams, dancing. 1. S. 1459.
 Dreams, people, crowds. 1. S. 1470.

Dreams, exertion, of physical. 1. S. 1462.
 Dreams, exciting. 1. S. 1462.
Dreams, many. 2. S. 1467.
Dreams, lost, cannot find way home. 1. S. 1467. N.
 Dreams, new scenes, of. 1. S. 1469.
 Dreams, nightmares. 1. S. 1469.
Dreams, pursued, being. 2. S. 1471.
 Dreams, family, own. 1. S. 1463.
 Dreams, remembered. 1. S. 1471.
 Dreams, restless. 1. S. 1471.
 Dreams, seeing again an old schoolmate. 1. S. 1472.
 Dreams, sick people. 1. S. 1473.
 Dreams, strange. 1. S. 1474.
 Dreams, teeth, of. 1. S. 1474.
 Dreams, vivid. 1. S. 1476.
 Dreams, youth, time of. 1. S. 1477.

4.3.26 Perspiration

Perspiration, evening. 1. S. 1512.
 Perspiration, night. 1. S. 1512.
 Perspiration, night, sleep, during. 1. S. 1512.
 Perspiration, bed, in. 1. S. 1513.
Perspiration, exertion, during, slight. 2. S. 1515.
Perspiration, odour, absent. 1. S. 1516. N.
Perspiration, profuse. 2. S. 1517.
 Perspiration, profuse, night. 1. S. 1518.
 Perspiration, sleep, during. 1. S. 1518.
 Perspiration, sleep, during. 1. S. 1519.
 Perspiration, sticky. 1. S. 1519.
 Perspiration, symptoms, agg, during perspiration. 1. S. 1520.

4.3.27 Skin

Skin, anesthesia, sunburn, after. 1. S. 1521.

Skin, dry. 1. S. 1526

Skin, eruptions, blisters. 1. S. 1527.

Skin, eruptions, desquamating. 1. S. 1529.

Skin, eruptions, dry. 1. S. 1530.

Skin, eruptions, eczema. 1. S. 1530.

Skin, eruptions, itching. 3. S. 1533.

Skin, eruptions, pimples. 1. S. 1533.

Skin, eruptions, pimples, painful. 1. S. 1534.

Skin, eruptions, pustules. 1. S. 1534.

Skin, eruptions, pustules, painful. 1. S. 1534.

Skin, eruptions, rash. 1. S. 1535.

Skin, eruptions, rash, itching. 2. S. 1535.

Skin, eruptions, rash, patches. 1. S. 1535.

Skin, eruptions, red. 1. S. 1535.

Skin, eruptions, scaly. 1. S. 1536.

Skin, gooseflesh. 1. S. 1542.

Skin, hair, end, stands on. 1. S. 1543.

Skin, itching. 3. S. 1544.

Skin, itching, night. 1. S. 1544.

Skin, prickling. 2. S. 1548.

Skin, itching, must scratch. 2. S. 1546.

Skin, itching, voluptuous. 2. S. 1546.

Skin, itching, violent. 2. S. 1546.

Skin, prickling, in spots. 1. S. 1548.

Skin, prickling, better movement 1. S. 1548. N.

4.3.28 Generals

Generals, morning. 2. S. 1557.

Generals, evening, amel. 1. S. 1559.

Generals, activity, increased. 2. S. 1562.

Generals, air, indoor air, agg. 1. S. 1562

Generals, air, open air, amel. 1. S. 1563.

Generals, air, open air, desire for. 1. S. 1563

Generals, change, position, desire for. 1. S. 1572.

Generals, cold, hot and cold. 1. S. 1577.

Generals, pain, cramping, muscles. 1. S. 1589.

Generals, eating, after amel. 1. S. 1593.

Generals, exertion, amel. 2. S. 1595.

Generals, food and drink, chicken, desire for. 1. S. 1605.

Generals, food and drink, coca cola, desire for. 1. S. 1605. N.

Generals, food and drink, cold drink, cold water, desire. 1. S. 1606.

Generals, food and drink, food, aversion to. 1. S. 1608.

Generals, food and drink, fried food, desire. 1. S. 1609.

Generals, food and drink, refreshing things, desire. 2. S. 1613.

Generals, food and drink, soda pop drinks, desire. 1. S. 1614.

Generals, food and drink, spices, desire. 1. S. 1615.

Generals, food and drink, sweets, aversion, to. 1. S. 1615.

Generals, heat, flushes of. 2. S. 1620.

Generals, heat, flushes of, air, amel, in open. 1. S. 1620.

Generals, heat, flushes of, bed, in. 1. S. 1620.

Generals, heat, flushes of, sleep, during. 1. S. 1621.

Generals, hunger, agg. 1. S. 1624.

Generals, inflammation, glands, of. 1. S. 1626.

Generals, inflammation, sinuses of. 1. S. 1627.

Generals, influenza. 1. S. 1627.

Generals, jerking, sleep, during. 1. S. 1630.

Generals, lassitude. 1. S. 1630.

Generals, lassitude, morning. 1. S. 1630.

Generals, lassitude, morning, in bed. 1. S. 1631.
Generals, lassitude, afternoon. 1. S. 1631.
Generals, lassitude, waking, on. 2. S. 1631.
Generals, lassitude, weather, wet. 1. S. 1631.
Generals, orgasm, of blood. 1. S. 1644.
Generals, orgasm of blood, at night. 1. S. 1645.
Generals, pains, glands of. 1. S. 1647.
Generals, pain, tingling. 1. S. 1660.
Generals, perspiration, during, agg. 1. S. 1664.
Generals, prickling, externally. 1. S. 1665.
Generals, room, full of people agg. 1. S. 1675.
Generals, restlessness. 1. S. 1674.
Generals, weariness. 1. S. 1711.

Chapter Five

Discussion and Comparison

5.1. Discussion

It was hypothesised that *Sutherlandia frutescens* 30CH would produce clearly observable signs and symptoms when administered to healthy individuals. The hypothesis was demonstrated to be valid as clearly observable signs and symptoms were produced by the homoeopathic proving. The proving data was formulated into 783 rubrics. Of these, 137 rubrics are to be found in the Extremities, 109 in the Mind, 65 in the Back, 54 in the Head, 42 in the Stomach and 41 in the Female sections of the repertory. This quantitative analysis provides insight into the prominent spheres of action of *Sutherlandia frutescens* as revealed by the homoeopathic proving.

An investigation into all the existing indications of use of *Sutherlandia frutescens* revealed a large repertoire of uses for *Sutherlandia frutescens*. The existing indications in traditional use of the plant were compared to the symptoms arising from the homoeopathic proving.

5.2 The Comparison

The comparison of the proving symptomatology with existing indications of use was conducted according to levels on systems of application. This comparison only compares the existing indications of use to the proving symptomatology of *Sutherlandia frutescens* 30CH. The comparison does not compare toxicological data to the proving symptomatology. The reason for a possible comparison with the toxicological data, is that Kent (1999:188) argues that toxicological data or symptoms obtained from the administration of the crude drug in toxic doses are provings in themselves, but they are

provings of the grossest character because they do not reveal the finer details of the remedy. It is anticipated that if the comparison included an analysis of the toxicology it is possible that striking similarities would be found. Similarly, the study does not compare symptoms arising from potencies of *Sutherlandia frutescens*, other than the 30CH.

5.2.1 Mind

Traditionally, *Sutherlandia frutescens* is used to treat complaints of a mental and emotional nature (van Wyk & Gericke, 2000:148, Ndebele, 2001:65, 25). *Sutherlandia frutescens* is used in traditional medicine to treat emotional shock and stress¹. This traditional application is suggested by the Sotho name 'motlepelo' which means 'bringing back the heart'. In the past *Sutherlandia* was given to widows of slain Zulu warriors during the mourning period as a tranquillizer¹. The homoeopathic proving demonstrates interesting parallels with this important traditional application: Provers felt overwhelmed and overcome by waves of emotion. Weeping was a strong characteristic of the homoeopathic proving. One prover wept ten times in one day and another wept and sobbed continuously with a feeling of total despair. Provers wept when alone, during anger, and as a delayed reaction when thinking of past events. There was also amelioration from weeping. Provers also experienced fluctuating moods, changing from sadness and despair to feeling content and happy the next moment. Provers were emotionally oversensitive and over reactive to environmental stimuli as well as being sensitive to the opinion of others. *Sutherlandia frutescens* is indicated homoeopathically, as it is in traditional medicine, for individuals in situations of emotional shock or stress such as the death of a loved one. The homoeopathic proving has refined this indication for those that exhibit the symptom complex of despair, feeling overwhelmed

accompanied by waves of emotion, weeping, changing moods and excessive emotional sensitivity.

Sutherlandia frutescens has 'tranquillizing' and anxiolytic indications in existing traditions of use and homoeopathically. Provers felt hurried, irritated, impatient, angry and restless which correlates to its traditional use as a calming tea. An infusion of *Sutherlandia* was given to agitated Zulu warriors returning from battle, as a calming tea, 'to take the war out'¹ *Sutherlandia frutescens* would indeed be useful to 'tranquillize' excessive emotion. Anxiety was experienced in the homoeopathic proving. A claustrophobic anxiety was experienced on waking and in a crowded, noisy atmosphere with a desire to escape from that environment. In a dream a prover dreamt that she was in an overcrowded dance class. She felt confined and kept turning around with her arms stretched out trying to move freely, but she couldn't. Another prover dreamt he was being chased and although he was in no danger, had the desire of not wanting to be caught. Provers also experienced an unnamed anxiety described as an "uneasy feeling, like tension in the soul", a "horrible, foreboding feeling" as well as a fear that the house would be burgled. One prover had a nightmare in which there was intense fear. She knew somebody was hiding from her and she feared this unknown person. *Sutherlandia frutescens* is also indicated in traditional medicine for stress and anxiety¹ (van Wyk & Gericke, 2000:148, Ndebele, 2001:65). The other common Zulu name 'unwele' means 'hair' and alludes to its use in stopping people pulling out their hair in distress¹. Herbalists at the Parade Market in Cape Town, South Africa say that *Sutherlandia frutescens* is for 'nerves' and stomach ulcers¹. The anxiety of *Sutherlandia frutescens* as revealed by the homoeopathic proving relates specifically to a feeling of claustrophobia and an unnamed fear that something unpleasant will happen in the future.

The seeds and leaves of *Sutherlandia frutescens* are smoked in Namaqualand as a dagga substitute and some farmers have removed the plant from their land as a result (van Wyk & Gericke, 2000:148). In the homoeopathic proving provers felt spaced out, dreamy, confused and noted a slowness of thought, difficulty concentrating and decreased memory. One prover felt a spacey disorientation as if he were stoned and could localize the spaced out feeling to the area between the skull and the frontal lobe. Another prover felt anxiety as though he had taken drugs. The parallels with the drug effects of *Cannabis* are obvious.

Depression was a strong theme that emerged from the homoeopathic proving. Provers became depressed, sad and gloomy and felt a strong desire to be alone. The common Zulu name 'insiswa' means 'the one that dispels darkness', alluding to its anti-depressant effect and its use in traditional medicine to treat depression¹. New mental and emotional indications have emerged from the homoeopathic proving. These indications also qualify the nature of the depression mentioned above. Provers experienced a strong feeling of isolation and division and a feeling that they did not belong to and were not welcome by the group. There was paranoia regarding the opinion of others and feelings of inferiority and self-worthlessness. A peculiar symptom was a feeling of separation from others with a desire to be alone. There was a marked aversion to company. Provers felt detached from people and their environment. Communication with others was difficult due to difficulty in thought formulation and verbal expression of those thoughts. The theme of division extends to the level of the individual where there is a separation between himself and his body. One prover felt as if she were sitting outside the body while another prover felt as if he were lost inside the body. The theme of isolation, disconnection and separation was also expressed through the dreams of the provers. A

prover dreamt he was separated from his destination by a hole in a bridge that had a magnetic pull and tried to pull him downwards and prevented his crossing to the other side. Another prover dreamt that while on a journey she had lost her way and could not find her way back home.

The mental themes of depression, separation, isolation, exclusion, worthlessness, inferiority and despair corresponds to a mental state often encountered in persons suffering with a socially unacceptable disease such as leprosy or HIV/AIDS. Worldwide, approximately 33 million people are infected with HIV/AIDS and of these approximately 4,2 million are South African (Ndebele, 2001:65). Considering the prevalence of HIV/AIDS *Sutherlandia frutescens* has the potential to become a very useful and commonly prescribed remedy because the mental symptoms arising from the homoeopathic proving share striking similarities with the mental state so commonly associated with HIV/AIDS patients. It is interesting to note that *Sutherlandia frutescens* is currently being used phytotherapeutically to treat patients suffering with HIV/AIDS¹. *Sutherlandia frutescens* is reported to give an "enhanced sense of well being"¹ in patients suffering with HIV/AIDS and cancer. Similarly, in the proving numerous feelings of wellness emerged. Provers felt positive, calm, relaxed, cheerful, happy and excited despite physical discomfort. One prover described profound sense of well-being throughout the proving despite the physical pain and discomfort experienced during the proving.

Similarities exist between the traditional indications of use and the homoeopathic indications in the mental and emotional sphere such as its use in depression, stress, anxiety and emotional shock. It is postulated that *Sutherlandia frutescens* has acted according to the law of similars in treating those similar indications in the past. The

proving has also refined these similar traditional uses of *Sutherlandia frutescens* by producing symptoms that qualify the general condition.

5.2.2 *Sutherlandia frutescens* as a Tonic

Sutherlandia frutescens is considered a powerful tonic has been prescribed as such in traditional medicine for many years (Smith, 1888:95, Smith, 1895:62, Watt & Breyer-Brandwijk, 1932:75, Van Wyk & Gericke, 2000:148). In healthy individuals tonics maintain and support general mental and physical health. They are believed to tone organ systems and improve immune function and assist in restoring health in the sick and convalescing individual. They improve digestion through stimulation of the gallbladder and enhance metabolism, secretion and excretion of waste products. They may also have a mild purgative effect (van Wyk & Gericke, 2000:139). The traditional, folk and contemporary uses of *Sutherlandia* as a tonic include treatment for influenza, immune support, longevity, viral hepatitis, asthma, bronchitis, type 2 diabetes, mild to moderate hypertension, rheumatoid arthritis, peptic ulcer, gastric reflux oesophagitis, hot flushes and irritability in menopause, chronic fatigue syndrome, myalgic encephalomyelitis, glandular fever, stress, depression, anxiety, wasting from cancer, tuberculosis and HIV/AIDS, an appetite stimulant in wasted patients (but not in healthy individuals) and as a 'quality of life' tonic for cancer, HIV/AIDS and tuberculosis patients¹.

Sutherlandia frutescens has been termed a quality life tonic especially useful for individuals suffering with HIV/AIDS, cancer and tuberculosis. As a tonic in these conditions it is said to:

- i) Elevate mood and decrease anxiety and irritability.
- ii) Improve energy levels and exercise tolerance and give an enhanced sense of well-being.
- iii) Dramatically improve appetite and weight gain is expected in wasted patients.

In non-wasted patients weight gain is not usual¹.

The homoeopathic proving produced similar symptoms. *Sutherlandia* produced symptoms of depression and anxiety (as discussed in 5.1.1 above) and would therefore elevate mood in a depressed individual. A prover experienced a profound sense of well-being throughout the proving despite concurrent physical pain. In the proving appetite was decreased and is therefore indicated if one wants to improve appetite. Appetite was also increased in the proving, with two provers gaining weight. One prover who normally couldn't gain weight, gained 8 kilograms in 11 days. *Sutherlandia frutescens* did have an effect on general energy levels with both increased and decreased levels of energy being experienced. In the proving there was a strong amelioration from physical exercise. Another general symptom produced was amelioration from being outside.

5.2.2.1 *Sutherlandia frutescens* and cancer

The common name, Cancer Bush or Kankerbos (Afrikaans), refers to its past and present use in treating internal cancers (Smith, 1888:95, Watt & Breyer-Brandwijk, 1932:75, Watt & Breyer-Brandwijk, 1962:649, Batten & Bokelmann, 1966: 72, van Wyk, van Oudtshoorn & Gericke, 1997:246, Roberts, 1997:55). There has been anecdotes over the past 100 years that *Sutherlandia frutescens* has cured certain forms of cancer, significantly delayed the progression of the cancer and improved the quality of life of

cancer patients (Gabrielse, 1996:64; van Wyk & Gericke, 2000:146). Two of these anecdotes are presented here:

Case A: A patient M. de K of Gansbaai was diagnosed with cancer of the pancreas. He received no other conventional therapy, except and operation to facilitate the drainage of bile. He drank a hot water extract of mainly seedpods of *Sutherlandia frutescens* growing in the Stanford area for 45 days only and was symptom free for at least 4 years (Gabrielse, 1996:67).

Case B: A lady whose breasts had been removed and the very bones scraped and who was expected to survive a week or two, has by its (*Sutherlandias*) use already lived two years (Smith, 1888:96).

There is at present no scientific support or explanation for the claims and anecdotes, such as the above, of the effects of *Sutherlandia* in cancer patients. A clinical trial testing *Sutherlandia* on cancer patients reported in the South African Medical Record, 1918, XVI, proved negative (Watt & Breyer-Brandwijk, 1932:76). A physician about 100 years ago also put the extract to the test with a particular cancer patient(s) and found it to be non-effective (Smith, 1895:138, Gabrielse, 1996:64). The National Cancer Institute (NCI) in the U.S.A. found no anti-cancer activity for *Sutherlandia* extracts (Gabrielse, 1996:64).

No similar indications are found in the homoeopathic proving or were expected to be found as organic lesions, such as cancerous lesions are not produced in provings, but rather only by toxic doses of the drug (Jouanny *et al.*, 1996:14). Homoeopathic provings produce functional or general symptoms, such as a change in appetite or energy and changes in behaviour (Jouanny *et al.*, 1996:14). General symptoms often encountered with cancer, such as weight loss, depression and decreased appetite have been discussed

in relation to the proving symptoms previously with the use of *Sutherlandia frutescens* as a tonic.

5.2.2.2 *Sutherlandia frutescens* and HIV/AIDS

Credo Mutwa, a well-known South African traditional healer and member of the executive committee of the Nyangazesizwe Traditional Healers' Organisation of South Africa claims that *Sutherlandia frutescens* dramatically improves the general condition of HIV/AIDS patients⁵ (Ndebele, 2001:65). Mutwa has urged business people to buy farms to plant 'unwele' to ensure there is no shortage of the plant. A company, Phyto Nova Development has promoted *Sutherlandia frutescens* as a treatment, but not cure for those suffering with HIV/AIDS^{1,2}. Researchers in the company anticipate a delayed progression of HIV into AIDS and hope for an actual remission of the disease¹. There is anecdotal evidence that *Sutherlandia frutescens* has a profound effect in those suffering with HIV/AIDS. As a tonic it has the same results with HIV/AIDS patients as with cancer patients. It is said to increase mood, decrease anxiety, stimulate appetite, increase body mass and increase overall energy levels. Furthermore, clinicians in South Africa and Australia have reported improvements in CD4 counts (a measure of immunity) and decrease in the viral load in HIV/AIDS patients taking *Sutherlandia*¹. However, these clinical anecdotes have not been validated by controlled clinical trials¹. The Medical Research Institute of South Africa has set up a process to investigate traditional medicinal plants and clinical trials are planned for 'unwele' to determine the effects of *Sutherlandia frutescens* on the immune system and whether it has an impact on the CD4 count in HIV/AIDS patients as reported by the anecdotal evidence (Ndebele, 2001:65).

The indications of *Sutherlandia frutescens* for the treatment of HIV/AIDS relate to the general symptoms previously discussed under 5.2.2: *Sutherlandia frutescens* as a tonic. It is not known from the proving whether *Sutherlandia frutescens* has an effect on CD4 counts and HIV viral load as a homoeopathic proving is always conducted on healthy provers. The similarity between the claimed effects of *Sutherlandia frutescens* as a tonic in the treatment of HIV/AIDS and cancer, namely on mood, weight and energy levels suggests it has these effects because it produces similar effects in the healthy individual.

5.2.2.3 *Sutherlandia frutescens* in the treatment of fevers

A decoction of *Sutherlandia frutescens* was taken internally by the Nama Hottentots for fevers and as a blood purifier (Laidler, 1928:443, Watt & Breyer-Brandwijk, 1932:76, Batten, 1966:72). In Hottentot medicine red substances are used to treat anaemia and weaknesses and repeated doses are given for fevers (Laidler, 1928:443). According to Laidler (1928) substances are used because they are red in colour and so is blood, they therefore strengthen the blood. If the plants are grown on red ground their therapeutic value increases enormously. Known preparations of *Sutherlandia* for fevers include: A half cup infusion or decoction of the leaves drunk three times daily (Palmer, 1985:124) or a quarter to half cup of brew made from one cup of leaves steeped in one litre of boiling water sipped every half hour (Roberts, 1997:55). Many provers felt hot and one prover felt as if she was on fire and burning up inside, another felt flushes of heat. However, it is not known from the proving if there was pyrexia associated with these sensations.

5.2.3 Respiratory System

5.2.3.1 The common cold, influenza and allergic rhinitis

The common cold is characterized by non-specific symptoms of a burning nose or throat, followed by sneezing, rhinorrhea and malaise. Fever is usually absent and a mild cough may develop (Merck, 1999:1284). Influenza is characterized by the symptoms of a common cold as well as chills, fever, prostration, generalized aches and pains, headaches and lower respiratory tract illness may dominate as the disease progresses (Merck, 1999:1286).

The homoeopathic proving produced coryza and congestion of the nose as well as copious sneezing and itching and of burning of the nose and throat. Throat pain emerged and was described as scratchy, burning and dry. A characteristic pain sensation of the throat produced by the proving was the sensation of razors slicing the throat. A cough was also produced. Intense head pain was a prominent feature and there was also the feeling of congestion and heaviness of the head. Provers experienced a general lassitude and soreness of the body. Provers felt hot and one prover felt as if she were burning up inside and had to continually replace pillows upon which she was sleeping with colder ones. Tiredness and aching muscles were also experienced. This symptom profile would suggest application of *Sutherlandia frutescens* in potency in treating allergic rhinitis, a common cold and influenza with minimal lower respiratory tract involvement. Chills and domination of lower respiratory tract symptoms were not experienced in the proving of *Sutherlandia frutescens* 30CH.

Similarly, *Sutherlandia frutescens* is used traditionally to treat the common cold and influenza (van Wyk, van Oudtshoorn & Gericke, 1996:246). It was used by traditional healers to combat the 1918 South African influenza pandemic¹. (Ndebele, 2001:65). *Sutherlandia frutescens* believed to shorten the duration and severity of the illness and it can also be taken as a convalescent tonic for post influenza debility¹.

5.2.3.2 Lower respiratory tract disorders

In contrast there was little confirmation in the proving for the traditional use of *S. frutescens* in prevention and treatment of asthma¹ (van Wyk, van Oudtshoorn & Gericke, 2000:148). One prover experienced a repeated sensation of shortness of breath when going to bed. Wormser (1983) states that a tea made from the leaves of *Sutherlandia frutescens* is said to relieve asthma.

Sutherlandia frutescens has traditionally been used for the treatment of chronic bronchitis (van Wyk, van Oudtshoorn & Gericke, 2000:148), tuberculosis (Laidler, 1928:443, Watt & Breyer-Brandwijk, 1932:75) and as a cough remedy. A cough may also be a symptom of both bronchitis and tuberculosis. The powdered leaves mixed with syrup is used to sooth a troublesome cough (Watt & Breyer-Brandwijk, 1932:75, Roberts, 1997:55). At Bovlei, near Wellington in the Cape Province an infusion of *Sutherlandia frutescens* is used internally as a cough remedy (Watt & Breyer-Brandwijk, 1962:649). Although not a prominent feature of the proving a cough productive of phlegm, a feature of both bronchitis and tuberculosis was produced by *Sutherlandia frutescens* 30CH. *Sutherlandia frutescens* is also indicated homoeopathically for a dry hacking cough. Haemoptysis and sleep sweats, classic local and general effects of tuberculosis were not experienced in the proving. Provers experienced anorexia,

lassitude and a sensation of increased body heat, all features of tuberculosis. From the literature it appears that the benefit of *Sutherlandia frutescens* in the treatment of tuberculosis results from its general effects as a tonic.

5.2.4 Cardiovascular system

No symptoms were produced in the proving indicative of its traditional use in the treatment of mild to moderate hypertension¹ (Ndebele, 2001:65) and varicose veins (van Wyk, van Oudtshoorn & Gericke, 1997:246). Heart failure and oedema are also traditionally treated with *Sutherlandia frutescens* (van Wyk & Gericke, 2000:148). The Sothos use an infusion of *Sutherlandia frutescens* to treat dropsy (oedema) of the heart (Watt & Breyer-Brandwijk, 1932:75). In the homoeopathic proving oedema of the ankles and a feeling of shortness of breath on going to bed, symptoms of many disease states including right and left heart failure respectively were experienced. No other symptoms were produced in the proving indicative of its use in these conditions.

5.2.5 Gastrointestinal system

Sutherlandia frutescens has traditionally been used to treat a number of gastrointestinal disturbances.

5.2.5.1 Oesophageal and stomach complaints

It is used medicinally to treat the symptoms of indigestion, 'heartburn', reflux oesophagitis, gastritis and peptic ulceration¹ (Watt & Breyer-Brandwijk, 1932:75, van Wyk & Gericke, 2000:148, Ndebele, 2001:65). Herbalists at the Parade Market in Cape Town, South Africa say that *Sutherlandia frutescens* is for nerves and stomach ulcers¹.

A mixture of leaf and flower infusions of *Sutherlandia frutescens* with the stomach contents of the porcupine, *Hystrix africa australis*, is used for treating stomach complaints (Moshe, 1998:66). In the homoeopathic proving to the following symptoms indicative of the above mentioned conditions were produced:

- Heartburn, a burny feeling rising up the oesophagus.
- Burny feeling in the stomach, ameliorated by eating, with hunger as a concomitant symptom.
- An uneasy feeling of the stomach.
- Cramping of the abdomen with the sensation of a hot fist in the epigastrium.
- Pain in the fourth and fifth intercostal spaces, an aching pain becoming sharp compelling the prover to hold the chest in a specific spot.

Provers also described the stomach feeling bloated and heavy.

5.2.5.2 Appetite

A weak infusion of the plant taken before meals acts as a bitter tonic and improves appetite and digestion (Watt & Breyer-Brandwijk, 1932:75, Roberts, 1997:55). In the proving there was a marked increase in appetite described as:

- 'huge appetite, seemed unquenchable,
- appetite very good...eating like a pig, eating ravenously'.

Two provers experienced weight gain, with one prover, who normally can't gain weight, gaining 8 kilograms in 11 days. A decrease in appetite was also experienced in the proving.

5.2.5.3 Liver complaints and nausea

Sutherlandia frutescens is reported to be used as a supportive treatment in those suffering with unspecified liver complaints (Watt & Breyer-Brandwijk, 1932:75, Roberts, 1997:55, van Wyk & Gericke, 2000:148). A common general symptom of liver disease, as well as many others, includes nausea. The homoeopathic proving produced nausea. There was nausea from the smell of food, nausea with heartburn, nausea on waking and nausea with a desire to vomit.

5.2.5.4 Diarrhoea and dysentery

There was little confirmation in the proving for the traditional use of *Sutherlandia frutescens* to treat diarrhoea and dysentery¹ (Smith, 1895:116, Roberts, 1997:55, van Wyk & Gericke, 2000:148). Smith (1895) relates a case of dysentery treated with *Sutherlandia*:

A land surveyor had a severe attack of what was called dysentery, but which may rather have been dysenteric diarrhoea with intense congestion of the colon, producing frequent straining which is a symptom of dysentery...he became so weak that to his feeling a straw would have pushed him over. After using other remedies he was recommended to try *Sutherlandia* and so a decoction of the leaves was made. After the second dose he rallied much that he carried through the survey without difficulty.

In the proving of *Sutherlandia frutescens* 30CH this picture was not produced. However, two provers were plagued with abdominal cramping, a feature of gastroenteritis.

5.2.5.5 Haemorrhoids

Sutherlandia frutescens is not indicated homoeopathically to treat haemorrhoids, an indication of existing traditional use (Watt & Breyer-Brandwijk, 1932:75, Roberts, 1997:55).

5.2.5.6 *Sutherlandia frutescens* as a purgative, emetic and diaphoretic

The powdered leaves mixed with syrup and a weak infusion of *Sutherlandia frutescens* may cause sweating and be slightly purgative. If the infusion is made too strong it may cause vomiting (Watt & Breyer-Brandwijk, 1932:75). No vomiting was produced in the proving, although a desire to vomit was expressed. There was increased bowel movements and loose stool. One prover experienced profuse sticky perspiration resulting in itching.

5.2.5.7 Diabetes mellitus

The homoeopathic proving produced polyuria and polydipsia, the classical symptoms of diabetes mellitus, as well as increased frequency of urination, illustrating a parallel with its use in traditional medicine to treat type 2 diabetes mellitus¹ (van Wyk, van Oudtshoorn & Gericke, 1997:246). Although these symptoms are indicators of diabetes mellitus, a measurement of the blood/ urine glucose levels during the proving would have provided a clear indication of the effects of *Sutherlandia frutescens* on glucose levels. A decreased thirst was also experienced in the proving.

5.2.6 Musculoskeletal system

Sutherlandia frutescens is used extensively by traditional healers to treat disorders of the musculoskeletal system. It was also one of the areas most affected by the homoeopathic proving. *Sutherlandia* has been used in traditional medicine and is indicated homoeopathically to treat backache (Watt & Breyer-Brandwijk, 1932:75, Roberts, 1997:55, van Wyk, van Oudtshoorn & Gericke, 1997:246). Provers experienced intense back pain mainly localized to the lumbar and cervical regions. The pain was worse from bending, pressure and touch and was ameliorated by rubbing and applying pressure to the area.

Sutherlandia frutescens has been used in traditional medicine to treat rheumatism, gout and osteoarthritis and has appeared to be of significant benefit in the inflammation and pain associated with rheumatoid arthritis (Watt & Breyer-Brandwijk, 1932:75, Roberts, 1997:55, van Wyk, van Oudtshoorn & Gericke, 2000:148). Symptoms indicative of these conditions produced by the homoeopathic proving were: joint pain of nearly all the extremity joints, stiffness of the extremities in the morning, especially of the lower limbs. There was soreness of the right big toe, a classic symptom of gout. Another prominent symptom of the proving was cramping of the extremity muscles, especially on the right side of the body and in the lower limbs.

There are large similarities between the existing indications of use and the homoeopathic therapeutic indications produced by the proving of *Sutherlandia frutescens* 30CH. The proving has been able to furnish finer details of existing indications of use within the musculoskeletal system.

5.2.7 Urogenital system

Sutherlandia frutescens 30CH had a profound effect on the female urogenital system. There was extreme irregularity of the menstrual cycle. Menses were up to two weeks early and up to 10 days late. The cycle length was shortened as well as protracted for up to 18 days. Menses were scanty, copious, black, dark, clotted, membranous, ropy, tenacious and stringy. A peculiar symptom produced by the proving was that of very hot menstrual blood. Dysmenorrhoea was experienced as bearing down, constricting, contracting, cramping and twisting pain of the uterus. The pain was ameliorated with the flow of menses, with lying and sitting down and from applying pressure.

Sutherlandia frutescens has been used extensively in traditional medicine to treat female urogenital disorders. However, apart from increased frequency of urination, the indications are dissimilar to the homoeopathic indications. An infusion is used as a douche for prolapse of the uterus (Watt & Breyer-Brandwijk, 1932:75, van Wyk & Gericke, 2000:192). A decoction may be taken orally post delivery on the same day to treat postpartum pain, expel retained blood and assist in healing and resolution of the uterus (van Wyk & Gericke, 2000:192). *Sutherlandia* is also used to treat urinary tract infections, including gonorrhoea and cystitis, especially what would be termed today as interstitial cystitis¹ (van Wyk & Gericke, 2000:192). Interstitial cystitis is a condition of the bladder occurring predominantly in women with inflammatory lesions involving the entire thickness of the wall. The lesions are known as Hunner ulcers. Typically there is urinary frequency and pain on bladder filling and at the end of micturition. *Sutherlandia frutescens* is contraindicated in pregnancy due to its teratogenicity and possible action to terminate pregnancy (van Wyk & Gericke, 2000:148).

Sutherlandia frutescens has been used as a tonic to treat irritability and hot flushes in menopause¹. Similarly, irritability, ameliorated when moving from indoors to outside, and hot flushes were experienced when taking *Sutherlandia frutescens* in potency.

Although very few similarities are found between the existing and homoeopathic indications of use, there are many therapeutic indications within the same sphere highlighting *Sutherlandia frutescens* affinity for the urogenital system.

5.2.8 Integumentary system

Sutherlandia frutescens has been used to in the past as a successful treatment for *varicella* (chicken-pox) (Laidler, 1928:433, Watt, 1932:76, Roberts, 1997:55, van Wyk, van Oudtshoorn & Gericke 1997:246). A quarter to half cup of brew, made from one cup of leaves steeped in one litre of boiling water is taken internally for chicken-pox or it may be used as a soothing bath or lotion for the blisters (Roberts, 1997:55). The homoeopathic proving had a notable action on the skin and produced symptoms similar to *varicella* and other skin conditions. *Sutherlandia frutescens* produced red raised itching eruptions of the body, a peculiar symptom of itching eruptions of the palate with itching gums, vesicles and a marked general itching of the skin. There was voluptuous itching of the scalp ameliorated by scratching and dryness and flaking of the skin. One prover's eczema was greatly improved, while another prover's old eczema returned. Similarly, a provers old warts returned to the same location, another's was cured and a third prover felt her wart was very itchy and felt ready to fall off. *Sutherlandia frutescens* is also indicated homoeopathically for pustular eruptions of the face. The

proving has refined similar existing indications of use and expanded the materia medica by revealing new therapeutic indications for the treatment of skin disorders.

The Nama Hottentots also used a decoction of *Sutherlandia frutescens* for washing wounds (Laidler, 1928:443, Watt & Breyer-Brandwijk, 1932:76, van Wyk, van Oudtshoorn & Gericke, 1996:246, Roberts, 1997:55).

5.2.8 Eyes

The homoeopathic proving showed *Sutherlandia* to be indicated for general eye pain, heaviness and extreme itchiness of the eyes. A peculiar symptom of the eyes was as if the eyes could cry constantly, without emotion attached to them.

Similarly, there are many references to *Sutherlandia frutescens* being used in the past to treat diseases of the eye, however no specific indications are given. (Pappe, 1847:6, Smith, 1895:138, Watt & Breyer-Brandwijk, 1932:76, Roberts, 1997:55). Thunberg (1772) wrote that a decoction or tea of the roots and leaves is used to bath the eyes in the treatment of eye complaints (Roberts, 1997:55). The dried and pulverized roots and leaves of *Sutherlandia frutescens* are also used to treat diseases of the eye (Pappe, 1847:6, Watt & Breyer-Brandwijk, 1932:76). Several farmers in the Cape verify this, saying that workers still use *Sutherlandia frutescens* to treat eye problems today (Roberts, 1997:55). The application of *Sutherlandia frutescens* in treating eye complaints was confirmed as well as qualified by the homoeopathic proving.

5.3 Conclusion

The hypothesis that *Sutherlandia frutescens* 30CH would produce signs and symptoms similar to the existing indications of use is only valid for certain indications of use. The hypothesis was found to be valid with respect to treatment of mental/emotional disorders, varicella, eye complaints, certain respiratory and gastrointestinal disorders, musculoskeletal complaints and the use of *Sutherlandia frutescens* as a tonic. However, the hypothesis was not valid with respect to certain respiratory and gastrointestinal disorders, fevers, cardiovascular disorders and complaints of the urogenital system.

Chapter Six

Conclusions and Recommendations

6.1 Conclusions

The homoeopathic proving of *Sutherlandia frutescens* 30CH produced clearly observable signs and symptoms that may be prescribed upon according to the law of similars to the sick individual. It is essential that the proving symptoms be verified and expanded through clinical use and further provings of *Sutherlandia frutescens* so that it becomes a well-utilized remedy curing a class of cases previously only treatable with partial remedies.

An investigation into the existing uses of *Sutherlandia frutescens* revealed a wealth of knowledge on the plant and contributed to the formation of a comprehensive remedy picture. The comparison between the homoeopathic symptomatology and existing indications of use revealed similarities between the two. Similar indications were found in the mental/emotional sphere, musculoskeletal system, integumentary system and some aspects of the gastrointestinal and respiratory systems. The general symptoms of the homoeopathic proving correlated closely to the general effects of *Sutherlandia frutescens* when used as a tonic in the treatment of HIV/AIDS, cancer and tuberculosis. It is suggested that *Sutherlandia frutescens* acts in accordance with homoeopathic law, the law of similars in treating those similar conditions of traditional use as it was able to produce symptoms of those conditions when administered to healthy individuals. The proving and comparison have highlighted the 'homoeopathicity' of *Sutherlandia frutescens* existing in current traditional use. The proving symptoms were able to reveal

finer details of these existing indications, which has value on a practical level. The comparison also highlighted the urogenital system as a strong sphere of action of *Sutherlandia frutescens* although no similarities were found between the existing indications of use and the proving symptomatology. The comparison highlighted existing uses not exhibited in the proving, such as the use of *Sutherlandia frutescens* for the treatment of asthma and bronchitis, gastrointestinal disturbances, fevers and cardiovascular complaints. In these respects, the second hypothesis was found to be not valid. The proving also produced new indications of use for *Sutherlandia frutescens*. The most important being the mental state similar to that seen in patients suffering with a socially unacceptable disease such as HIV/AIDS. Considering the prevalence of HIV/AIDS *Sutherlandia frutescens* has the potential to become a very useful and well utilized remedy. Spheres of common action were also highlighted through the comparison.

Ultimately, this study contributes to the investigation of indigenous plants already used in traditional medicine and to the compilation of a South African materia medica as suggested by Wright (1999).

6.2 Recommendations

6.2.1 Areas to be improved on in future provings

It was difficult to co-ordinate the proving with four researchers. It is advised that the number of researchers conducting a group proving be limited to a maximum of two researchers who work closely together. Another possible a proving structure is to employ a proving coordinator, who chooses the remedy to be proven and the recruits the provers for the proving while a number of supervisors, blinded as to the nature of the remedy and who has been assigned to the placebo group, supervise the proving. In this proving, each researcher only supervised 6 provers. It is advised that in future proving each researcher supervises 8 to 10 provers to have a more direct involvement with the actual experiences of the provers. This study used both subjects who had good homoeopathic backgrounds and those who had no relationship to homoeopathy as recommended by the International Council of Classical Homoeopathy (1999) and Walach (1997). However, it is suggested that in future, only those knowledgeable in homoeopathy be used in provings to ensure high quality observations and results. All age groups should also be represented in the proving group.

6.2.2 Provings of *Sutherlandia frutescens* in various potencies

Further provings of *Sutherlandia frutescens* in high and low potencies need to be conducted to reveal new aspects of the remedy. It is suggested that future provings be done of the 6CH or 9CH (low potency) and 200CH or 1M (high potency). In future provings of *Sutherlandia frutescens* an attempt should be made to quantify the effects of the remedy via diagnostic techniques. It is suggested that further provings and a re-proving of *Sutherlandia frutescens* 30CH include: a full blood count, to ascertain any

effect it has on the immune system, blood or urine glucose analysis and liver function tests to investigate its role in treating diabetes mellitus and liver complaints respectively.

6.2.3 Clinical information

The homoeopathic symptomatology revealed through the proving needs to be verified and expanded through clinical use of the remedy. The proving needs to be published and distributed so that it becomes a highly utilized remedy and so that its indications are made known to other medical practitioners, e.g. traditional healers. Actual cases of patients benefiting from the use of *Sutherlandia frutescens* need to be recorded and published in journals or reported at conferences so that the entire homoeopathic community may learn of and utilize the remedy.

6.2.4 Toxicology

Toxicological data of *Sutherlandia frutescens* need to be collected to provide a more complete remedy picture of the action of *Sutherlandia frutescens*. The toxicological data needs to be incorporated into the existing materia medica of *Sutherlandia frutescens*.

6.2.5 Remedy relations

An investigation must be made to determine the relationship between *Sutherlandia frutescens* and existing remedies. The analysis should investigate the relationship of *Sutherlandia frutescens* to other remedies of the Leguminosae family, such as *Baptisia tinctoria*, *Melilotus officinalis*, *Robinia pseudacacia*, *Senna* and *Physostigma venenosum*. The relationship of *Sutherlandia frutescens* to remedies showing greatest similarity on repertorization of the most prominent symptoms representing the essence

of the remedy, needs to be analysed. The comparison of drugs is as necessary to successful practice as the analysis of the drug itself (Farrington, 1995:23).

6.2.6 Provings of other remedies

Further investigation and provings of traditional indigenous therapeutic plants should be conducted to contribute to an eventual compilation of a South African Homoeopathic materia medica as suggested by Wright (1999). Remedy suggestions for further provings include: *Warburgia salutaris* (Isibhaha/Pepperbark tree), *Siphonochilus aethiopicus* (Indungulo/Wild ginger), *Dioscorea dregeana* (Ingcolo/Cortisone Plant), *Stangeria eriopus* (Imfingo/Natal Grass Cycad) and *Boophane disticha* (Incwadi/Sore Eye flower).

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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 60 years? YES / NO

Are you on or in need of any medication?

- Chemical/allopathic YES / NO
- Homoeopathic YES / NO
- Other YES / NO

Have you been on the birth control pill or hormone replacement therapy in the last 6 months? YES / NO

Are you pregnant or 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 and 21 years do you have consent from a parent/ guardian to participate in this proving? YES / NO

Are you willing to follow the proper procedures for the duration of the proving? 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

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 approximate dates:

Do you have a history of any of the following?

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

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 system:

Cardiovascular system:

Digestive system (stomach,abdomen,rectum,anus):

Urinary system:

Genitalia and sexuality:

Musculoskeletal system:

Extremities:

Upper:

Lower:

Skin:

Hair and nails:

Other:

The Physical examination:

Physical description:

Frame/build:

Hair colour:

Eye colour:

Complexion:

Skin texture:

Weight:

Height:

Pulse rate:

Respiratory rate:

Temperature:

Blood pressure:

Findings on physical examination:

Jaundice:

Anaemia:

Cyanosis:

Clubbing:

Oedema:

Lymphadenopathy:

Hydration:

Specific system exams:

APPENDIX C

INFORMED CONSENT FORM (TO BE COMPLETED IN DUPLICATE BY THE PROVER)

TITLE OF RESEARCH PROJECT:

A Homoeopathic Drug Proving

NAME OF SUPERVISOR:

Dr A.H.A. Ross B.Mus. (UCT): M. Tech. Hom. (TN)

NAME OF RESEARCH STUDENTS

Heather Webster, Colette Kell, Lisa Low, Nicolette van der Hulst

DATE:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Have you read the research information sheet? YES / NO
2. Have you had an opportunity to ask questions regarding this proving? YES / NO
3. Have you received satisfactory answers to your questions? YES / NO
4. Have you had an opportunity to discuss the proving? YES / NO
5. Who have you spoken to? _____
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? YES / NO
 - A) At any time
 - B) Without having to give a reason for withdrawing, and
 - C) Without affecting your future health care
9. Do you agree to voluntarily participate in this study? YES / NO
10. Selection criteria: To participate in this proving you must meet all the inclusion criteria. They are as follows:

You must be between the ages of 18 and 60 years of age.
Must not need any medication, including chemical, allopathic, homoeopathic or other.
Must not be on or have been on the contraceptive pill or hormone replacement therapy in the last 6 months.
Must not be pregnant or breastfeeding.
Must not have had surgery in the last 6 weeks.
Must not use recreational drugs such as cannabis, LSD, MDMA (ecstasy).
Must not consume more than two measures of alcohol per day (1 measure = 1 tot / 1 beer/ ½ glass wine).
Must not smoke more than 10 cigarettes a day.
Must not consume more than 3 cups of coffee or tea a day.
Must be in a general state of good health.
If you are between the ages of 18 and 21 years you must have consent from a guardian/parent to participate in the proving.
Must be willing to follow the proper procedures for the duration of the proving.
Have you completed Appendix A which outlines in detail all the above inclusion criteria? YES / NO
11. Discomfort may be experienced as a result of participating in the proving.

12. Benefits to provers: It is postulated that each proving undertaken strengthens the body's vital force (Hahnemann, 1997:208). Provers learn and develop the skill of observation and gain homoeopathic knowledge through direct involvement in a proving. A prover may be cured of certain ailments if the remedy is his / her similimum.
13. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
14. Every prover is given the name and telephone numbers of the research student and the supervisor of the proving if problems or questions arise

Name:	Home Telephone:	Cellular number:	Homoeopathic Clinic
Dr Ashley Ross (supervisor)	3092349	082 4586 440	2042514
Heather Webster	2668138		2042041
Nicolette van der Hulst	7005402		2042041
Colette Kell		082 879 3885	2042041
Lisa Low		083 6528 772	2042041

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

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

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

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

PROVER: Name _____ SIGNATURE _____

WITNESS: Name _____ SIGNATURE _____

RESEARCH STUDENT: Name _____ SIGNATURE _____

GUARDIAN/PARENT: Name _____ SIGNATURE _____

APPENDIX D

Instructions to Provers

Dear Prover

Thank you very much for taking part in this proving. I am sure that you will benefit from this experience in many ways.

Before the proving:

Ensure that you have the following:

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

Your proving supervisor (Heather Webster, Colette Kell, Lisa Low or Nicolette van der Hulst) 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 that you and your supervisor have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (6 powders maximum).

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy.** This is very important. By proving symptoms we mean:

- 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 one year.

If in doubt phone your supervisor. Be on the safe side and do not take further doses. **Our experience has shown again and again that the proving symptoms begin very subtly. Often before the prover recognises that the remedy has begun to act.**

Lifestyle during the Proving:

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

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

Avoid taking **medication** of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies.

In the event of 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 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy. If you have any 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 effected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people, etc. Try different things out and record any changes.

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

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

Aetiology: Did anything seem to cause or to 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 / MOOD
- HEAD
- EYES
- EARS
- 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 with you.

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 the 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 – The 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: _____

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: _____

APPENDIX E

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

I _____ (guardian/ parent) give permission for
_____ (prover) to participate in the homoeopathic

proving conducted by H. Webster, C. Kell, N. van der Hulst, and L. Low at Technikon Natal.

Name: _____ Signature: _____ Date: _____
(guardian)

Name: _____ Signature: _____ Date: _____
(witness)

