A HOMOEOPATHIC DRUG PROVING OF THE VENOM OF BITIS GABONICA GABONICA

A MINI-DISSERTATION SUBMITTED IN PARTIAL COMPLIANCE WITH THE REQUIREMENTS FOR THE MASTERS DEGREE IN TECHNOLOGY: HOMOEOPATHY AT THE DURBAN INSTITUTE OF TECHNOLOGY.

I HEREBY DECLARE THAT THIS MINI-DISSERTATION REPRESENTS MY OWN WORK BOTH IN CONCEPT AND EXECUTION.

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This proving is dedicated to the Glory of God and to all the volunteers who gave so selflessly of their time and comfort to advance the cause of Homoeopathy.

ACKNOWLEDGEMENTS

None of this would have been possible without the support of Paula, my wife, who always has more faith in me than I do.

I would like to thank Dr Ashley Ross for all his guidance, good advice and inspiration through the years.

And finally to all “those who have gone before”, the homoeopaths who did all the hard work and cut the path that we all walk today.

ABSTRACT

The purpose of this investigation was to determine the effects of the thirtieth centesimal (30CH) potency of the venom of Bitis gabonica gabonica on healthy individuals in order to elucidate the total morbid symptomatology produced by the drug so that it may be prescribed by Homoeopathic practitioners according to the Law of Similars, as is required by Homoeopathic methodology. It was hypothesized that the 30CH potency of Bitis gabonica gabonica would produce clearly observable signs and symptoms in healthy Provers.

The homoeopathic drug proving of the venom of Bitis gabonica gabonica 30CH took the form of a double-blind, placebo-controlled trial on twenty subjects who all met the inclusion criteria. Five of the twenty subjects received placebo in a randomized fashion, so that neither the provers nor the researcher knew who had received placebo or verum. As an added control the provers were unaware of the substance or the potency they were proving.

Data collection was via the journals that the provers kept in order to record their daily symptoms - data was later extracted from these journals. Data recorded by the researcher from case histories and physical examination was also considered.

The study design was a single group with placebo control as well as intra-individual control - the prover serves as his or her own control by recording their state before the drug is taken; this serves as a baseline for comparison to their later state under the influence of the proving substance.

The remedies main area of influence is the mental and emotional state. The most prominent symptom was the isolation, a sense of being alone, forsaken

or a desire to be alone. Overall there is a feeling of social detachment, of being an ‘outsider’. This and other aspects of the remedy reflect the ‘Divided’ nature of the snake remedies. They feel panicked and as if they are under threat, like most snake remedies. They have a delusion that they are divided, that body and mind are divided, that they are separated from themselves in some way. Headaches were very common. They tended to be left sided, mainly in forehead and temples and tended to refer to the eyes, notably though the neck was also affected. Other areas of note are the Nose, Stomach and Generals.

It can be concluded that the 30Ch potency of the venom of Bitis gabonica gabonica (**Bit-g**) is a remedy that should be considered in a range of conditions. If used accurately and precisely according to established Homoeopathic principles it could become a significant remedy in the clinical environment. The wide range of symptoms produced by the proving suggests an equally wide range of application for the remedy.

Further provings and data from clinical experience are needed to confirm this remedy as a useful tool for the homoeopath in clinical practice.

THE DEFINITION OF TERMS

LAW OF SIMILARS - "Similia Similibus Curentur", the fundamental law of Homoeopathy, formulated by Hahnemann. Meaning: let likes be cured (or treated) by likes (Gaier 1991:323). Any substance that can produce a totality of symptoms in a healthy human being can cure that totality of symptoms in a sick human being (Vithoulkas 1986:92).

PROVING - the systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms which reflect the action of the substance (Vithoulkas 1986:96).
From the German 'Prufung', meaning test or assay (Gaier 1991: 390).

PROVERS - people of average health (who) take repeated doses of drugs until objective or subjective symptoms of a disturbance appear (Whitmont 1991:15).

PLACEBO - a 'dummy' treatment administered to the control group in a controlled clinical trial in order that the specific and non-specific effects of the experimental treatment can be distinguished (Taylor et al 1988:1298). In this study the placebo will take the form of unmedicated lactose pillules.

POTENCY - the stage of altered remedial activity to which a drug has been taken by means of a measured process of deconcentration, with succussion, or by trituration, of the medicinal substance, which is thus brought to a state of infinitesimal subdivision (Gaier 1991:432).

THIRTIETH CENTESIMAL POTENCY (30CH) - the 30th step of serial deconcentration on a 1:100 scale with succussion (agitation) at each step, having an effective concentration of $1x10^{-60}$.

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CHAPTER 1-THE PROBLEM AND ITS SETTING

1.1 THE STATEMENT OF THE PROBLEM

The purpose of this investigation was to determine the effects of the thirtieth centesimal (30CH) potency of the venom of Bitis gabonica gabonica on healthy individuals in order to elucidate the total morbid symptomatology produced by the drug so that it may be prescribed by Homoeopathic practitioners according to the Law of Similars, as is required by Homoeopathic methodology.

1.2 THE HYPOTHESIS

It was hypothesized that the 30CH potency of Bitis gabonica gabonica would produce clearly observable signs and symptoms in healthy Provers.

1.3 THE DELIMITATIONS

The study did not:

- Seek to explain the mechanism of action of the homoeopathic preparation in producing the symptoms in healthy individuals.
- Determine the effects of potencies other than the thirtieth centesimal.
- Seek to perform multi-centre trials of the drug.

1.4 THE ASSUMPTIONS

- The remedy was accurately prepared according to the standards of the German Homoeopathic Pharmacopoeia (1991:255,289) for the preparation of other snake venoms (for example: Lachesis muta, Naja naja) and that this was the correct method for this venom.

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

CHAPTER 2 - REVIEW OF THE LITERATURE

2.1 INTRODUCTION

The extension of the Homoeopathic Materia Medica by proving new drugs is one of the three centres of homoeopathic research as described by Cook (1989:93). The other two are *Proving the efficacy of remedies* and *Research into how Homoeopathy works*. Provings are fundamental to homoeopathic practice; they are the only way to predict the remedial actions of any drug with any degree of accuracy (Little 1998:1). Jan Scholten has attempted to predict the effect of simple compounds based on their chemical composition by extrapolation from existing knowledge of other remedies and by analysing remedies in groups (e.g. the Ferrum group of metals, or the Acids, or the Carbonicums) and looking for commonalities (Scholten 1993:23) but it is not easy (assuming his method is valid) to make such predictions for very complex substances such as snake venoms.

The import of continually adding to the list of available remedies is clear when one realizes that a well-proven remedy will be able to help in a range of cases that until then could only have been partially covered by the remedies at hand. Nothing can take the place of that remedy in the therapeutic context (Sherr 1994:8-9).

2.2 BACKGROUND

The concept of testing of potential drug substances on healthy persons was systematized by Samuel Hahnemann (1755-1843), the founder of Homoeopathy. It was primarily his investigation of the mechanism of action of Cinchona bark (Quinine) in 1790 that lead him to develop this new system of medicine and systematize the proving method that underpins it (Walach 1997:219). In translating Cullen's *A Treatise on Materia Medica* from the

English he found himself in disagreement with the author's explanation of the drugs curative action in the treatment of Malaria. He decided to take large quantities of the drug and observed that he developed symptoms of Malaria that stopped once he had stopped taking the drug. Several years of further investigation led him to formulate the ‘Law of Similars’ - one of the fundamental principles of Homoeopathy - that he published in his essay *New Principles for Ascertaining the Curative Power of Drugs* (Cook 1989:8).

Provings are the logical extension of the law of similars - an idea known in the West at least as far back as Hippocrates in ancient times (Walach 1994:129). Galen in the 2nd Century A.D. tested his medicines on the sick and on the healthy. Paracelsus in the 16th Century observed the effect of substances on healthy people to determine their therapeutic properties, but neither he nor Galen undertook these activities systematically (Coulter 1975:442). In the East the court of Emperor Shen Nung is thought to have seen the first known provings of remedial agents on healthy people, circa 3000BC (Little 1998:1). Hahnemann probably took his lead from Paracelsus but he also offers credit to the efforts of Albrecht Von Haller (1708-1777), who in the preface to the Pharmacopoeia Helvet (1771) proposed the testing of pure medicines on the healthy and then applying the results to the sick (Little 1998:1). He further gives credit to the likes of Anton Storck (1731-1803), Alexander, Menghini and Fontana who all experimented with the method before him (Walach 1994:129; Stephenson 1960:47-49).

Hahnemann, with his various disciples and acolytes, investigated about 140 remedies in the course of his career (Wieland 1997:229). The fervour of his followers produced vast amounts of proving data that were collated in the Materia Medicas of Allen in 1874 and Hering in 1892 (Demarque 1987).

2.3 PROVING METHODOLOGIES

The reliability of most of these early provings has been called into question especially as they were largely uncontrolled (Fisher 1995). However, the concept of controls is not a recent introduction to homoeopathy. For example *blinding* was introduced into Homoeopathic provings in 1843 by Gerstel when he was proving Aconitum napellus (i.e the provers were unaware of what they were proving). Bellows introduced the *double-blind* technique in 1906 when reproving Atropa belladonna (i.e. provers unaware of what substance they are taking and observer does not know who has been given what) (Demarque 1987). The *double-blind placebo controlled* proving method has become the method of choice in recent years (Vithoulkas 1986;Nagpaul 1987). Raesides treble-blind technique (1972) has been used by both Sherr (1994) and Riley (1995a,b) (i.e. there is a placebo control, the observer is blind and the substance is unknown to both prover and observer).

There has been much debate about the best protocols to be used for provings. The growth in interest in provings and the need to present a consistent front to a sceptical scientific community has led to attempts to develop general guidelines and minimum standards for drug proving protocols, such as the effort by the Drug Provings Group of the European Committee for Homoeopathy at five symposia since 1992 (Wieland 1997:231). The aim is to produce a scientific standard for good homoeopathic drug provings (Wieland 1997:229).

Walach (1997:223) has suggested that an attempt at quantitative analysis of the raw data is required as opposed to the traditional qualitative analysis, not to negate qualitative analysis, but in order to further the scientific debate and clarify the foundations of homoeopathy. Nonetheless, as Wieland (1997:230) points out, the purpose of the proving is primarily to generate symptoms of quality not quantity.

Of note in terms of contribution to the literature on proving methodology are the following authors: Vithoulkas (1986:143-156) in a chapter of his *Science of Homeopathy*; Demarque (1987); Nagpaul (1987); Bodman (1987); Koppers (1987); Sherr in his *Dynamics and Methodology of Homoeopathic Provings* (1994) (providing probably the best structure on which to plan a proving); Riley (1996,1997) has further contributed to developments in the field.

2.4 POTENCY CHOICE

Raeside (1964) used the 6X, 6CH and 30CH to prove Hirudo medicinalis and noted that most symptoms appeared at the 30CH and least at 6X. Koppers (1987) used a range from mother tincture to the 30CH and found that the latter produced the widest range and most peculiar symptoms as well as effecting mental changes. He subsequently used only the 30CH, confirming Hahnemanns position. Sherr (1994) found the 30CH to produce the most mental/emotional symptoms in his proving of Hydrogen. Walach et al (1995) compared the effects of Belladonna 30CH and 12CH in healthy volunteers and found the 30CH to be more effective. Vithoulkas holds that, ideally, a remedy must be proven in both low and high potencies, the toxicological data noted and the study carried out in three different locations with provers of different nationalities before it can be said to have been fully proven (1986:147-150). This, however, takes many provers and much time to complete and is beyond the resources of most. Sherr (1994) states that it is as valid to use one potency only, such as 30CH, or a single dose of 1M.

"*Any drug which in its natural state disturbs the bioenergy to destructive manifestations should be proven only in a dynamized form*" (Gaier 1991:267). That is to say they should be rendered safe by serial deconcentration and succussion. This drug, being a snake venom, should therefore be proven in a high potency (Roberts 1993:139). Roberts explains further that the reason for this is that, if used in too low a potency (less than 6CH) or in crude form, the outstanding symptoms are likely to be the result of mechanical disturbances

and characteristic symptoms do not come to the fore because they are outshone by the gross symptomatology.

Paragraph 128 of the *Organon* (Hahnemann 1992:111) states that the 30CH potency be used for provings. This position was endorsed by Kent (1990:221) once the Homoeopathic Society of Vienna had tested this potency in reprovings of Hahnemanns remedies and found that it produced the strongest results.

2.5 PROVER POPULATION AND PERCENTAGE PLACEBO

There is much variability in the number of provers used and the percentage of provers who get placebo in the literature.

Walach argues against the necessity for using placebo controls, saying they are invalid in the proving context – he says that there are so many variables at play in the development of symptoms that only parallel group provings with very large numbers (several hundred) could have a chance of controlling the variables (1994:130). One might argue that it is the very existance of all those variables that makes the use of placebo essential.

Hahnemann used 60+ provers in his early trials, with no controls, but modern re-provings have not shown any inaccuracy in his results. Large numbers have been used in some provings - such as the 226 used for the proving of Arsenic (Demarque 1987). Sherr has found the use of 100 provers or more to be too much because it results in the remedy being inflated out of proportion to the others. He feels that 15-20 will produce a very full remedy picture. He has adopted a policy of using 10-20% of the provers as placebo controls (1994). Raeside used 15-20 provers of whom one third received placebo (1972). Royal suggests 10 as a minimum (1991) while Vithoulkas (1986:151-152) suggests 50-100 with 25% placebo control. Nagpaul (1987) suggests 20-30 provers with 25-30% placebo control.

2.6 THE PROVING SUBSTANCE: BITIS GABONICA GABONICA

2.6.1 CLASSIFICATION (FITZSIMONS 1980:190-191)

Group: *Solenoglypha*
Family: *Viperidae*
Genus: *Bitis*
Species: *gabonica gabonica*
Common: Gaboon viper, Butterfly adder

2.6.2 DISTINGUISHING CHARACTERISTICS

The Gaboon viper is the largest and most beautifully marked of the African adders and by bulk the largest viper in the world. Adults average 120cm in length, but specimens of up to 2m are found. There are two races of Bitis gabonica described in terms of their morphology and geographic distribution: the variant found in West Africa, Bitis rhinoceros, has a pair of horns on the snout and keeled scales, while the East and Southern African variant, Bitis gabonica gabonica. The colouration of the two variants is the same as is the composition of the venom (Marsh et al:764).

Colouration is as follows: - on the body is a ground of rich brown to purple, superimposed on which is a series of quadrangular yellow to buff markings over the middle of the back with brown interspaces; the head is pale buff to chestnut with a dark median line; underparts are yellowish and the eyes are silvery grey.

For the most part the Gaboon viper is found in the moister rainforest areas where its camouflage is adapted to the dappled light of the forest floor. It is said to be very sluggish and can strike swiftly when provoked, as with other adders (FitzSimons 1980:190). However, that it is nocturnal and conceals itself during the day (Marsh et al 1997:764) and is considered rather docile in temperament must account for the short list of victims, since a bite from Bitis gabonica is

invariably rapidly fatal due to the quantity of and depth to which the venom is injected by the massive fangs - see below (Visser & Chapman 1978:35-36). It is this which must account for it's fearsome reputation as the volume of venom delivered is "extravagantly in excess of anything they might need for killing their prey" (Lane M,cited in Marsh et al 1997:764). Prey is usually ambushed and generally consists of rodents, monkeys, mongooses, hares and birds. The snake is viviparous, the young are large and the litters are large - often up to 60 in West Africa, but smaller (16-30) in Southern Africa.

Its' venom is similar to the puffadder (Bitis arietans) but yields are between 450-600mg in a single bite as compared to 100-350mg for the puffadder - 100mg being a fatal dose in humans. Bitis gabonica can be said to produce the largest amount of venom of any poisonous snake and yields in excess of 2 grams of dry venom per milking have been documented (Whaler B.C, cited in Marsh et al 1997:764).

As stated above, bites from this snake are rare but serious. Large amounts of venom are injected deep into the tissues resulting in rapid swelling at the site and then the whole limb. Pain is intense, haemorrhagic oedema and blistering at the bite follows rapidly and hypotension, cardiac damage, dyspnoea and unconsciousness may occur; there is haemorrhage, with haematuria and haematemesis possible sequelae; necrosis and the need for amputation are possible; death is not rare (Spawls and Branch 1995: 116-118). The four main modalities of toxicity are *disseminated intravascular coagulation* (DIC, with the production of large thrombi in the vacular tree and thus the potential of fatal embolism), *haemorrhage*, *hypotension* and *cardiotoxicity*. Ultimately, death will most likely be the result of cardiac damage. One of the early effects of the haemorrhagins may be pulmonary oedema and dyspnoea. In the case of a successful hunt, haemorrhage is unlikely to occur in the short time it takes for the prey to die so the purpose of the haemorrhagins is most likely to aid in digestion of the carcass (Marsh et al 1997:768).

[**NB**: These are the toxicological symptoms of the venom itself, they will not appear in the proving. The venom will be rendered safe by the process of serial deconcentration according to the method specified by the **German Homoeopathic Pharmacopoeia (GHP)**, 5th supplement (1991) to the 1st edition (1978) for the other snake venoms (GHP 289/255)].

BITIS GABONICA GABONICA

CHAPTER 3 – THE DATA: TREATMENT AND INTERPRETATION

3.1 THE EXPERIMENTAL DESIGN

[This followed that of Wrights' 1999 proving of Bitis arietans arietans]

The homoeopathic drug proving of the venom of Bitis gabonica gabonica 30CH took the form of a double-blind, placebo-controlled trial on twenty subjects who all met the inclusion criteria. Five of the twenty subjects received placebo in a randomized fashion, so that neither the provers nor the researcher knew who had received placebo or verum. As an added control the provers were unaware of the substance or the potency they were proving as suggested by most writers (Walach 1997:221; Sherr 1994).

Data collection was via the journals that the provers kept in order to record their daily symptoms - data was later extracted from these journals. Data recorded by the researcher from case histories and physical examination was also considered. The study design was a single group with placebo control as well as intra-individual control - the prover serves as his or her own control by recording their state before the drug is taken; this serves as a baseline for comparison to their later state under the influence of the proving substance (Vithoulkas 1986:150).

3.2 AN OUTLINE OF THE METHOD

- Provers were recruited mainly from the departments student body but the study was open to qualified homoeopaths, medical practitioners, pharmacists or any other interested persons.

- The initial interview screened the potential provers for suitability according to the inclusion criteria. (Appendix A)
- The provers received all the information pertinent to the manner in which the trial was to be conducted at the pre-trial consultation. What was required of them was explained and they had an opportunity to ask questions on any aspect of the trial they did not understand fully.
- A thorough case history and physical examination was performed on each prover by the researcher. (Appendix C)
- The provers signed the consent form. (Appendix B)
- Provers were each assigned a prover code, a list of instructions (Appendix D), a journal, a list of contact telephone numbers, a starting date and medication in the form of powders.
- The provers were asked to record their symptoms 3 times a day, or as they occurred, in their journal for the first 7 days (Sherr 1994:60). This established the provers' baseline state.
- The provers began taking the powders 3 times a day and recorded their symptoms as they appeared. The researcher was in regular contact with the prover during this time.
- The prover ceased to take the substance when symptoms began to appear - noticed either by the prover or the researcher.
- If no symptoms were noted after finishing the powders they would continue to record their state for an agreed period nonetheless.
- Provers continued to keep a record until all symptoms abated.
- After the first week, contact with the provers decreased from daily to every 2 days to every 3 then to weekly.
- When no symptoms had been noted for 1 week then the proving was considered to be complete. This will be followed by a one week post-proving observation period.
- The journals were then recalled.
- The group discussion then took place.

- The proving was then unblinded to the researcher so he could distinguish between placebo and verum.
- Data was then extracted and collated.
- Statistics: these were impractical in this study. No formal statistics were used other than age and sex analysis.
- The proving was written up into Materia Medica and Repertory format and published.

3.3 THE PROVING SUBSTANCE

3.3.1 THE POTENCY

The nature of the substance to be proved and the common use of the 30CH and its promising effects support the use in this study of the 30CH only (see 2.4 above).

3.3.2 DOSE AND POSOLOGY

- One powder was dissolved sublingually 3 times a day until the onset of symptoms and for no longer than 1 week.
- No powders were taken after onset of symptoms (Sherr 1994:53). This is the rule of Drug non-repetition in pathogenetic experiments (Gaier 1991:267).
- Nothing was taken by mouth for 20 minutes before and after each dose.

3.3.3 PREPARATION AND DISPENSING OF THE REMEDY

Potencies of the fresh venom of Bitis gabonica gabonica were prepared from samples obtained from a healthy female Gaboon viper by Gavin Carpenter, a professional snake breeder, according to the method specified by the **German Homoeopathic Pharmacopoeia (GHP)**, 5th supplement (1991) to the 1st edition (1978) for the other snake venoms (GHP 289/255). It should be noted that the researcher used fresh, rather than freeze-dried, venom. The verum was

dispensed as lactose granules that had been triple impregnated at 1% v/v with Bitis gabonica 30CH in 73% ethanol. The placebo was dispensed as lactose granules as above but impregnated with 73% ethanol alone. The dispensing was done in such a way that the researcher did not know who had received verum or placebo (see 3.5 below).

3.4 THE DURATION

A one-week observation period preceded the start of the proving. Provers took their powders until the onset of symptoms but for not longer than 1 week.
They recorded their symptoms until they abated and the proving was complete once there had been no unusual symptoms for one week. A one-week observation period followed.

3.5 PROVER POPULATION AND PERCENTAGE PLACEBO

This double-blind placebo-controlled drug proving used twenty provers with 25% (five provers) placebo control assigned in a randomized fashion. This was achieved by writing the prover codes (1-20) on pieces of paper, folding them over and mixing them together in a container. The papers were then removed one by one and assigned to **Piles A** and **B** in the ratio **3A:1B** to give each pile the required number in a random fashion. **Pile A** was the verum group and **Pile B** the placebo control. This procedure was carried out by the laboratory technician who also dispensed the powders so that the researcher remained blind as to which provers were in which group.

3.5.1 CRITERIA FOR INCLUSION IN THE PROVING

The subject:

- Was between the ages of 18 and 65 years.

- Was in a general state of good health as judged by the researcher and the subject (Koppers 1987).
- Had no gross physical/mental pathology (case history) (Sherr 1994:44).
- Was neither on nor in need of any medication of any sort (Walach et al 1995).
- Had not been on oral contraceptives or HRT in the six months prior to the proving (Sherr1994:44).
- Had not had surgery in the last six weeks (Riley 1995a,b).
- Did not consume more than 2 measure of alcohol, 3 cups of caffeine-containing beverages/herb teas or 10 cigarettes per day (Sherr 1994:29).
- Was not a user of recreational drugs such as LSD and Cannabis (Sherr 1994:44).
- Was not pregnant or nursing (Sherr 1994:44).
- Was able to adhere to the protocols (Royal 1991).
- Was acquainted with the principles and methods of homoeopathic drug provings.
- Was considered competent and had signed the consent form (Riley 1995a,b).

3.5.2 MONITORING THE PROVERS

Provers began the proving as close together as possible. The researcher was in daily contact by phone with each prover during the initial stages as detailed above (3.2). As the symptoms began to abate the contacts decreased to every 2, 3 then 7 days (Sherr 1994:58).

This ensured that the researcher knew when to tell the prover to stop taking the substance, the prover did not neglect to record important symptoms and any adverse reactions could be monitored and antidoted if necessary.

3.5.3 CHRONOLOGY

The prover noted down the time elapsed since the beginning of the proving with each recorded symptom (Hahnemann 1992:116). This was recorded as DD:HH:MM, where DD= number of days since the proving began (day1=00), HH= number of hours and MM= number of minutes.

The top of each page of the journal was marked with the appropriate day code. After 24hrs the minutes become redundant (=XX). After 2 days the hours were redundant and shown by XX. Where time is unclear or considered insignificant, XX:XX:XX was used. Symptoms that occur after each dose were recorded with the time after the dose. Actual time of day was only included where it was definite and significant. All irrelevant time data was erased in the initial extraction (Sherr1994: 73-74).

3.6 GROUP DISCUSSION

Once the journals were handed in a group discussion was held. This was a valuable source of information as it helped stimulate the provers' memories to remember symptoms that they had forgotten or neglected to record, or which they were unsure of.

The discussion added a useful dimension to the proving experience without which many valuable symptoms would have been lost. It clarified issues and allowed the researcher to confirm or discard doubtful symptoms (Sherr 1994:66).

3.7 SYMPTOM COLLECTION, EXTRACTION & EVALUATION

This stage of the method converts the diaries into the format of the Materia Medica. Symptoms are studied and validated or rejected, according to the criteria

below, then edited into a format which is coherent, logical and concise (Sherr 1994:67).

- Each provers journal was analyzed separately at first, and the extractions recorded as follows:
- A new page for each system or body part, clearly marked.
- The prover number is recorded at the top of the page.
- A minor column on the left records time elapsed since the start of the proving.
- The main column on the left is for text. Accounts are written in the first person in plain English, not repertory style. Retain the actual expressions of the prover (Close, 1981:56). Avoid contemporary terms (slang) that may be confusing in future (Sherr, 1994:67-68).

3.7.1 CRITERIA FOR ACCEPTANCE OF A SYMPTOM

This involved the qualitative analysis of symptoms using these criteria as guidelines (Sherr 1994:70).

- The symptom did not appear in a prover in the placebo group.
- The symptom appeared shortly after taking the substance (Riley 1995a,b).
- The intensity of the symptom (Sherr 1994:72; Nagpaul 1987).
- The duration of the symptom (Nagpaul 1987; Riley 1995a,b).
- The number of subjects experiencing a symptom (Riley 1995a,b).
- The modalities and concomitants associated with a symptom (Riley 1995a,b).
- The symptom was strange, rare or peculiar either for that prover or in general (Riley 1995a,b).
- The cure of a pre-existing chronic symptom (Sherr 1994:71;Riley 1995a,b).
- If a prover was under the influence of the proving substance (seen from the general appearance of symptoms), then all other new symptoms were proving symptoms (Hahnemann 1992; Sherr 1994:70)

- The symptom was not usual or current for the prover, unless intensified to a marked degree (Sherr 1994:70).
- The symptom did not occur in the prover in the last year (Sherr 1994:70).
- The symptom did not appear naturally or spontaneously i.e. did not have a clear extraneous cause (Sherr 1994:70).
- A current symptom that has been modified or altered - the altered and current parts will be clearly described (Sherr 1994:70).
- Accidents, coincidences and synchronistic events that happen to more than one prover (Hahnemann 1992:115; Sherr 1994:70).
- The symptom occurred a long time previously (5 or more years) and there is no explicable reason for its reappearance at the time of the proving (Hahnemann 1992:115; Sherr 1994:70).

3.8 COLLATING AND EDITING

This was the actual process of uniting all the fragments of the proving accounts into a comprehensive whole. The data first had to be ordered into relevant sections and subdivisions (mind, vertigo, head, etc). Then each section from each prover was put together and sorted according to subject and time of appearance; identical or similar symptoms from different provers were listed separately and consecutively having been sorted by the following criteria:

- The nature of the symptom
- The prover
- The sequence development of the symptom
- The time of appearance of the symptom

3.9 TOXICOLOGICAL DATA

Toxicological data was taken into account to provide a more complete picture of the remedies action on healthy people in order to widen the possible therapeutic

spectrum of the preparation. It was incorporated into the data before it was written up in materia medica and repertory format.

3.10 REPORTING OF THE DATA

3.10.1 THE REPERTORY

Data was converted into Rubrics of a form compatible with a modern Repertory (Synthesis ed. 7: Schroyens 1997).

3.10.2 THE MATERIA MEDICA

All symptoms were written up into a typical Materia Medica format that again closely adhered to the sections laid out in Synthesis ed. 7 (1997) for ease of reference and standardization.

The following headings were used:

- Mind
- Vertigo
- Head
- Eye
- Vision
- Ear
- Hearing
- Nose
- Face
- Mouth
- Teeth
- Throat
- External throat
- Stomach
- Abdomen
- Rectum
- Stool
- Bladder
- Urine
- Genitalia/sex
- Larynx and trachea
- Respiration
- Chest
- Back
- Extremities
- Sleep
- Dreams
- Generals

CHAPTER 4 – THE RESULTS

THE MATERIA MEDICA AND REPERTORY OF BITIS GABONICA GABONICA

4.1 KEY

The following form is used to reference the symptoms of the Materia Medica:

(Prover number)(sex) (day: hour: minute)

The symptoms are listed according to section and theme (where relevant) in both the **Materia Medica (4.2)** and **Rubrics (4.3)** and the sections follow the order found in the repertory (*Synthesis* edition 7: 1997). The Rubrics are presented in the same format as they would be found in Synthesis:

(Rubric)(subrubric/s) (Synthesis page number)

New symptoms suggested by the proving are underlined and indicated by a capital N instead of a page number.
The grading (intensity) of the symptom is, where necessary, indicated by the font, as in Synthesis:

- **Grade three in bold type.**
- *Grade two in Italics.*
- Grade one in normal type.
- <u>New symptoms are underlined.</u>

4.2 MATERIA MEDICA

4.2.1 MIND

ISOLATION/ALONE/DESIRE TO BE ALONE

I feel very alone and insecure. Everything they say hurts as if they are deliberately saying things to hurt. I have disconnected myself from the conversation...I do not feel like talking...especially about me. I like my own space and want it now.
10F 1:1630

Sense of isolation. Anger. Confused. Overwhelmed. Self pity.
01F 1:1310

Feel alone and on the outside. Wish I could get more support and encouragement at home - might snap and scream at them.
03F 3:xxxx

Feeling some isolation from companions.
03F 9:xxxx

Tired and despondent. Feel alone, isolated, far from those that love me.
03F 9:xxxx

Distanced from issues around me.
18F 1:1400

Want to talk to people about experiences but aware that they may not care so say nothing.
01F 13:xxxx

Feeling very alone. Unconnected to others.
03F 7:xxxx

Feeling alone. Not connecting.
03F 11:xxxx

Depressed and lonely.
04F 6:xxxx

Feel unconfident, just want to hide away for a while, disconnect.
19M 3:xxxx

Still feeling disconnected.
19M 4:xxxx

Feel am hiding away from the world and self.
19M 20:xxxx

Still sighing. Don't think I'm proving. Enjoying my own company. Not as sociable, don't converse with flat mates with the same fervour.
08M 3:xxxx

Want to be alone. Don't want to talk to anyone and especially about me.
10F 10:xxxx

Don't want to be around people; want to lie still in bed with a warm blanket. Feel better lying on my side.
03F 13:xxxx

PANIC/FEELING THREATENED

Have been having panic attacks. <Night, sleep, early am. Wake disoriented and terrified. Suddenly feel alone or in the company of strangers. Intense for a few seconds. Quickly calm down. More fear of violent death recently.
01F 20:xxxx

Everything against me this afternoon. Felt I couldn't communicate with anyone. That no one was hearing me, and I needed help.
03F 7:xxxx

Realizing that clenching jaw related to fear of commitment, of being with one person for life…of being caged…limited to given behaviour patterns…being bored with one person.
17F 3:xxxx

SEPARATED FROM SELF/SCATTERED

Feel distant from my physical self, like cotton wool in head.
08M 2:xxxx

Talking to friends - felt they were looking at my face and I was behind my face looking out; I wasn't in myself; I couldn't connect with people. I feel very alone.
03F 7:xxxx

At a concert - as if I was not all there; as if I could not give myself to the moment and enjoy myself. I feel like a pale shade that's trying to put on this face of coping…I feel quite out.
03F 12:xxxx

Scattered, very short of patience.
18F 6:xxxx

Feel out of it.
18F 9:xxxx

Dizzy spaced out feeling.
12F 0:1045

DEPRESSION/SADNESS/CRYING

Better after sleep. A bit depressed. Frustrated. Depression is odd; if I sit and brood (which I really feel like doing) then it gets very heavy, but if I get up and do things I feel ok.
10F 2:xxxx

Sadness. <Nightfall (1730-1800). Like as night falls so does the depression.
10F 4:xxxx

Had a very upset feeling in the morning.
04F 0:xxxx

Feeling sensitive. Down and depressed.
04F 0:1600

Slightly depressed. Better towards afternoon.
04F 3:xxxx

Tired, sensitive and depressed.
04F 4:xxxx

Depressed and lonely
04F 6:xxxx

Depressed all day. Drastic changes in mood, can't explain them.
05F 7:xxxx

Woke depressed and unhappy. Low self esteem. Snappy.
05F 7:xxxx

Much sighing. Desire to sigh, often.
08M 1:xxxx

Negative.
19M 1:1300

Melancholy.
19M 2:xxxx

Unmotivated and tired.
19M 3:xxxx

Sad without reason.
19M 4:xxxx

Disoriented, negative, unmotivated.
19M 19:xxxx

Desire to cry. Sadness.
01F 1:0945

Tearful. > Mental exertion. <Company, consolation.
01F 1:1310

Burst into tears. Humiliated from all staring. I never cry in public.
03F 7:xxxx

Moods from one extreme to another. Crying for no reason. Not so confident today.
05F 14:xxxx

Very weepy, the tears are running but I am not crying. Everything they say hurts as if they are deliberately saying things to hurt.
10F 1:1630

An episode of being upset but able to control it, as it is the remedy. Feel weepy and hurt for no reason.
10F 10:xxxx

WELL-BEING

I feel really well. Great to be alive. In a really good place.
12F 2:xxxx

Feeling almost airy-fairy so relaxed and well. Wonderful sense of well being.
12F 4:xxxx

Loads of energy. Very happy. High on life.
05F 13:xxxx

Happy for first time in ages without even noticing.
03F 15:xxxx

Good mood all day.
01F 10:xxxx

Happy and confident.
03F 6:xxxx

Better mood. Lots of energy in afternoon. Felt very excited.
04F 1:xxxx

Feel great, happy, calm.
05F 4:xxxx

Felt peachy all day.
05F 4:xxxx

General feeling of well being.
12F 1:1800

For first time in life am linked up with happy child hood memories.
17F Week3

Feel at peace.
19M 16:xxxx

Much better, motivated, positive.
19M 22:xxxx

IRRITABLE

Woke in foul mood because haven't slept enough. Grumpy with everyone. Irritable at the slightest thing. "I'm not me". Strangely have patience with children.
05F 8:xxxx
Agitation. When others waste my time.
01F 8:xxxx

Irritable. Lost temper. Overdressed for the heat.
03F 6:xxxx

Moody- snappy at times.
05F 1:2200

Very moody. Snapping at everyone.
05F 3:xxxx

Ratty and moody until 4ish.
05F 4:xxxx

Still moody snappy. Insecurity back, about how and what I feel. Can't make decisions quickly. Looking for attention and affection. Feeling unappreciated.
05F 5:xxxx

Very moody. Up and down in 2 seconds. Feel empty inside. Life is turned upside down.
05F 6:xxxx

Slightly irritable.
10F 1:1030

Feeling very strange, little things upsetting me greatly.
10F 1:1630

Drained, unsettled, irritable, vulnerable.
18F 9:xxxx

Tired and irritable.
18F 15:xxxx

SENSITIVE

Reprimanded in class. Feel worthless.
03F 7:xxxx

Last few days, taking offence more than usual. Not being compliant. I feel quite abrasive. Sensitive to criticism/rejection. Sensitive. Feel bad and unloved. Lack of support at home is really draining my energy.
03F 8:xxxx

Feel vulnerable. Also peaceful.
18F 0:2000

Very sensitive to noise, people. Drained, unsettled, irritable, vulnerable.
18F 9:xxxx

Overwhelmed by people, noise, and activity.
18F 9:xxxx

MISTAKES/POOR CONCENTRATION /FORGETFUL

Missing letters, wrong letters in words; ‘can’t write properly’.
01F 4:xxxx

Unusual amount of writing errors in class.
03F 0:1230

All day confusing dates/days, feel like I'm missing things, not on top of things. Distanced from issues around me.
18F 1:1400

Problems concentrating.
03F 10:xxxx

Lack of concentration.
13M 6:xxxx

Concentration lacking in class, battling to remember what we did.
13M 7:xxxx

Most consistent symptom is lack of concentration in class.
13M 8:xxxx

Feeling moody, feel I need some space, to be on my own. Cannot settle down to work. Don't know what is wrong with me.
13M 9:xxxx

Distracted. Very forgetful today.
01F 6:xxxx

Very forgetful. In and out of house 4 times before I had everything.
03F 3:xxxx

CONFIDENCE/LACK OF CONFIDENCE

'Drew the line' with boyfriend, told him to stop bullying. Very clear.
01F 12:xxxx

More certain of social power over last few days. Not letting people be rude to me.
03F 1:1900

Feel good. Less insecure and jealous.
03F 5:xxxx

Feeling strongly about standing up to a certain individual, not letting him intimidate me.
03F 13:xxxx

More relaxed, confident, connected.
03F 14:xxxx

Twice lost control of emotions. Never done this before. Felt good. MY feelings. Much more centred. Stronger.
03F xx:xxxx

Sorry for self. Feel unattractive. Anxiety.
03F 8:xxxx

Feel useless and ignorant.
03F 11:xxxx

Still moody snappy. Insecurity back, about how and what I feel. Can't make decisions quickly. Looking for attention and affection. Feeling unappreciated.
05F 5:xxxx

MENTAL ACTIVITY: HYPER/HYPO-ACTIVE/ENERGY

Woke with mind racing, sometimes optimistic, sometimes anxious and unhopeful.
18F 2:xxxx

Mind jumping all over.
18F 17:xxxx

>Occupation till late.
01F 0:1900

Feel mentally energetic.
01F 2:0715

Racing thoughts. Looping over same thoughts again and again.
19M 11:xxxx

Thinking too much. Can’t sleep late.
05F 7:xxxx

Feel a bit breathless.
18F 5:xxxx

Mental/emotional overload, too much going on.
18F 9:xxxx

Energetic, hyperactive. Tense. Shallow breath, can’t relax.
19M 2:xxxx

Feel hyper and unfocussed, can’t sit still.
19M 16:xxxx

When playing a memory game feel incapable, stupid, slow and being hunted.
05F 2:xxxx.

Overwhelmed, tired.
18F 0:1600

Feel flat as usual, neutral.
18F 1:0700

Very slowed up.
18F 10:xxxx

Tired at night and unable to study.
15M 4:xxxx

CONFUSION/CALM

Confused about feelings for others. >Talking and hugs.
05F 14:xxxx

Woke not knowing where I was.
19M 3:xxxx

Feel great, relaxed, clear head. Bizarre distant memories, images, unresolved relationships. Or street I didn't like when I was young.
19M 5:xxxx

Aura of calm.
05F 15:xxxx

Feeling of order and rest restored.
17F 0:xxxx

I am very gently learning to live life supported and cared for.
17F 5:xxxx

BLOATING/EXPANSION

Imagined my body getting bigger 5 min after remedy dissolved
01F 0:0600

PLACEBO

Fed up that I'm sure I'm on placebo. Feel well and really good mentally.
12F 3:xxxx

OTHER

Regression moment of suckling…being very sick as a child, battling to sit up and receive a drink.

17F 4:xxxx

4.2.2 VERTIGO

Feel like I'm falling.

19M 17:xxxx

Light headed and dizzy on computer. >Sitting, closing eyes.

05F 0:1330

Faint and dizzy around 1400.

10F 16:xxxx

Still a bit dizzy.

12F 0:1600

Dizzyness in head. Feels like spongy brain.

12F 1:1200

Dizzy 1/2 hr after remedy.

12F 3:xxxx

Slight dizzyness in head.

12F 7:xxxx

Head became dizzy.

15F 5:xxxx

4.2.3 HEAD

Frontal headache. Sharp ache.
01F 4:xxxx

Headache frontal, root of nose. <Heat. >Rest. Since 1230.
01F 4:1415

Headache dull frontal. >Distraction. < Thinking on it.
01F 4:xxxx

Woke with frontal headache. Dull pressing pain. <Bending forward. Cleared 13h00.
01F 8:xxxx

Woke with dull frontal headache. Slight nasal congestion.
01F 10:xxxx

Mild headache front left.
09F 0:0756

Stronger headache front right. Gone by 0951.
09F 0:0940

Headache start burning, no break until morning of the next day, at forehead.
15M 2:xxxx

Pain in the forehead, appears once an hour.
15M 5:xxxx

Ache across brow.
18F 3:xxxx

Headache worse, brow. < On left.
18F 4:xxxx

Headache back. Across brow, between eyes.
18F 1:1700

Headache, not unbearable. Frontal, focus is just above eyes, to both temples equally. Sense of oppression, heaviness in my forehead. Want to close eyes and lie down but don't at the same time.
10F 6:xxxx

Headache between *eyes* and brow.
18F 0:1600

Headache most of the day in & between eyes. > And < in waves.
05F 3:xxxx

Headache on the left eye, which was 'cracking'.
15M 13:xxxx

Headache on the left, pulling the eye.
15M 15:xxxx

Headache on left from left ear to left eye; goes up and disappeared. < Lying face down.
15M 16:xxxx

Headache on left, pulling left eye inward, not see clearly, painful, neck becomes tired.
15M 16:xxxx

Headache thorn like (throbbing) moving above the eyes. During the day eyes unable to see clearly because of this headache, which attacks both eyes sideways.
15M 1:xxxx

Headache between eyes, <bending, moving quickly.
18F 7:xxxx

Small headache behind left eye, next to nose.
19M 6:xxxx

Frontal and temporal headache radiating to left cheek and teeth.
01F 0:0800

Headache in left *temple*, left orbit. <Stooping, bending head back.
01F 0:1200

Migraine woke me at 3am. Explosive pain, throbbing left temple. <Lying on back. >On side. Must keep still.
01F 9:xxxx

Headache, temples. >Heat.
03F 7:xxxx

Woke with headache right temple. >Lying on left side.
05F 3:xxxx

Headache at base of skull (occiput) and temples. Constant ache. >Lying and closing eyes.
10F 19:xxxx

Headache slight at temples.
18F 2:xxxx

Tension in temples going down into jaw.
12F 1:1430

Headache at temples <sudden movement (ears, jaw, eyes as before).
18F 3:xxxx

Tight sore at temples.
18F 3:xxxx

Headache worse, at temples, both sides.
18F 8:xxxx

Felt fluey all day. Pressure in *occiput*, and down my *neck*. Don’t want anything around my neck - would give me a headache.
08M 3:xxxx

Starting to feel fluey. Not in my normal sequence. A pending headache. Lingering in occiput. "A pressure with heat".
08M 2:xxxx

Headache at base of skull on left going into left trapezius.
12F 1:0900

Headache from trigger point in traps.
13M 0:1430

Headache comes and goes. Head and muscles around neck very painful.
15M 4:xxxx

Headache at back of neck, left.
18F 4:xxxx

Harsh headache at back of head. Coming down with something.
19M 17:xxxx

Headache back of head and towards left ear.
20F 0:xxxx

Heaviness in head and shoulders started in afternoon. Not a pain but like a pressure.
20F 1:xxxx

Headache and ear pain on and off during the day.
18F 13:xxxx

Slight h/a.
04F 6:xxxx

Slight headache.
06F 3:xxxx

Mild headache right.
09F 1:1500

Headache <left.
15M 5:xxxx

Sensation as if a headache coming on.
10F 1:1030

Headache persisting. From 1830.
13M 0:2030

Mild headache.
18F 1:0900

Slight headache. <Sudden movement.
18F 4:xxxx

Headache still there, <*cold* juice.
18F 0:2000

Headache < after cold naartjie/ any cold food.
18F 0:2030

Head sensitive to cold things.
18F 5:xxxx

Mild headache from cold juice.
18F 12:xxxx

Headache from cold drink.
18F 18:xxxx

Sharp headache after birthday cake with icing. On and off < bending.
18F 19:xxxx

Headache < 5pm.
18F 10:xxxx

Headache gone.
13M 0:2100

Headache until 10h.
15M 3:xxxx

Headache gone >sleep.
06F 3:xxxx

Had one beer but effects pretty weird - nausea, drunk and light headed. Passed within 2 hrs but felt run-down for rest of evening.
13M 3:xxxx

Stuffy head.
10F 21:xxxx

Head tight.
01F 8:xxxx

Headache very bad.
15M 16:xxxx

4.2.4 EYES

For last week left eyeball tender to light pressure. <Night. Feels swollen and larger than other eye. Some difficulty focusing. Blurring after reading/concentration.
01F 9:xxxx

Puffy eyes.
03F 11:xxxx

Woke with left eye puffy and swollen, not sore, feels heavy and swollen. Can open it half way. Much better by 08h00. Gone by end of the day.
10F 8:xxxx

Eye still feels puffy but looks better. Sensation of grit. Feels scratchy. Not red. >Rubbing.
10F 9:xxxx

Eyes swollen, puffy, dry.
03F 8:xxxx

Dull ache to touch on right eyelid. Red spot of inflammation.
09F 11:xxxx

Inflammation worse. Sharp pain on blinking/touch. Otherwise dull ache.
09F 12:xxxx

Inflammation on eye looks like pimple, opened with a pin and resolved.
09F 13:xxxx

Eyeballs feel dry.
03F 0:0530

Sun feels too bright. Shade is soothing.
03F 0:1230

Red eyes.
03F 1:0530

Eyes red itchy irritated.
03F 2:xxxx

Feels like a mild allergic reaction to something. Eyes a bit scratchy, nose tingling.
19M 1:0640

Burning.
19M 17:xxxx

Heavy.
03F 1:1220

Eyes heavy. Tired.
05F 1:1100

Anxiety in eyes.
03F 8:xxxx

Eyes aching - slight.
18F 0:1600

Eyes have healed.
17F wk3

During the day eyes unable to see clearly because of this headache, which attacks both eyes sideways: the land was full of mist during the day; it will come and go.
15M 1:xxxx

Left eye strained back (pull) and unable to see clearly.
15M 5:xxxx

4.2.5 EAR

Right ear canal itchy, <touching.
01F 3:xxxx

Inner ear ache on right. 2-3mins.
09F 7:xxxx

Buzzing in head.
12F 0:1045

Feel a bit blocked.
12F 0:1600

Sensation ears as if blocked, but hearing not affected.
12F 4:xxxx

Sharp pain (thorn) at the left ear for 5mins then disappeared.
15M 0:0658

Behind the left ear I feel something moving. It was painful for a few seconds then disappeared.
15M 13:xxxx

Tender left.
18M 5:xxxx

Sore just in front of left ear.
18M 8:xxxx

Pain behind right ear, throbbing.
15M 3:xxxx

Ear tender/painful at edge of right ear lobe. Later on left too.
18M 2:xxxx

Sore just behind, right, pressure point.
18M 4:xxxx

Sore left and right, usual pressure point feeling in front of ears.
18M 10:xxxx

Pain just at edge of ears, like the sinus type pain.
18M 3:xxxx

4.2.6 NOSE

Slight postnasal discharge but no congestion for a change.
01F 2:xxxx

Runny nose this am, worse on rising. Clear egg white.
01F 9:xxxx

Watery mucus, free discharge, can breathe.
01F 11:xxxx

Watery salty discharge, less than last night.
01F 12:xxxx

Nose ran after got up.
03F 1:0235

Nose ran this am as usual, cleared by lunch.
03F 3:xxxx

Running like water. Burns from blowing.
03F 8:xxxx

No hay fever. Nose ran a bit
03F 13:xxxx

Watery secretion from nose.
09F 6:xxxx

Right nose still running. Postnasal drip.
09F 6:xxxx

Running both sides. Right thicker mucus later.
09F 8:xxxx

Watery discharge left nose.
09F 9:xxxx

Postnasal discharge - have to keep clearing throat.
12F 7:xxxx

Started running…colourless…come and disappeared.
15M 3:xxxx

Nose running…Come and go till 1900.
15M 3:xxxx

Running more than in last few days.
18F 4:xxxx

Very runny.
18F 11:xxxx

Running, clear, constant.
19M 17:xxxx

Sneezing a lot. Nose running thick clear.
03F 1:0530

Nose running. Thick. Clear. Sneezing. > Eating. <Cold.
03F 0:0530

Sneezing. Nose watery, clear.
03F 9:xxxx

Left nose watery - sneeze if don’t blow.
09F 9:xxxx

Cold windy day, sneezing, throat a bit scratchy, head clear.
18F 24:xxxx

Burning, lots of sneezing, cold sweats, sleeping a lot.
19M 18:xxxx

Still sneezing but flu over.
19M 20:xxxx

Sneezing, nose running on left, during day. Left nostril blocked at night.
15M 5:xxxx

Thick clear mucus; nasal congestion.
01F 3:xxxx

Slight nasal congestion.
01F 10:xxxx

Nose stopped running.
03F 0:0930

Woke with dry mouth and nose, nose blocked, sneezing.
05F 4:xxxx

Blocked nose.
06F 2:xxxx

Blocked nose. Sneezing.
06F 3:xxxx

Sneezing has stopped. Nose still blocked.
06F 4:xxxx

Blocked nose right, more than usual. Yellow mucus. In throat.
09F 1:0730

Blocked nose gone.
09F 1:0900

Blocked nose (from wind?), dried after blowing.
09F 1:1140

Nose blocked left.
09F 2:xxxx

Right nose blocked.
09F 4:xxxx

Nose and sinus blocked.
09F 6:xxxx

Sinus and nose very blocked <right. Postnasal drip.
09F 7:xxxx

Left nose blocked, no discharge. Became watery then thickened. Stops when warm, runs when cold, like hayfever.
09F 10:xxxx

Nose is blocked. Feels like a head cold. Nose is running watery and clear.
10F 20:xxxx

Left nostril blocked. Sneezing. <Night after 9pm.
10F 21:xxxx

Can’t blow nose as is blocked, but is running.
10F 22:xxxx

Getting better. Slightly blocked on left.
10F 23:xxxx

Woke with sinuses but cleared soon.
17F 2:xxxx

Sinuses terrible this week.
17F Wk4

Nose blocked and tight like sinus.
18F 1:0700

Blocked slightly.
18F 4:xxxx

Both nostrils blocked.
19M 17:xxxx

Left nostril blocked. Nose still feels a bit tender.
19M 22:xxxx

Postnasal cavity feeling sensitive like I might get a cold.
13M 3:xxxx

Feel good but postnasal cavity sore again.
13M 6:xxxx

Nose cavities dry… nostrils dry and painful, comes and goes for an hour.
15M 3:xxxx

Left nostril dry and painful like a person who walk on a hot dry windy area. Nose cavities dry. Sneezing the whole day.
15M 4:xxxx

Left nostril painful, running, clear mucus.
15M 5:xxxx

Tightness like sinus, also face below eyes.
18F 2:xxxx

Pain especially with pressure on bridge.
18F 7:xxxx

Could smell things more acutely for about 1/2 hr.
10F 16:xxxx

Sinuses popping.
12F 0:1045

Sinuses still popping but not blocked.
12F 0:1600

Drier. Thick bright yellow.
19M 19:xxxx

4.2.7 FACE

Sudden flashes of heat to face (1330 and 1830).
03F 7:xxxx

Rush of heat to face.
03F 8:xxxx

Hot flushes, burning cheeks.
05F 2:xxxx

Itchy, breaking out.
03F 8:xxxx

Dry, especially lips.
05F 15:xxxx

Generally Dry, especially lips better.
09F 8:xxxx

Cold sweat on face.
10F 16:xxxx

Nose/face sore - feels like sinus pressure/pain.
18F 0:2030

Nose and face feel tight, like sinus but it’s not. Feels suffocating.
18F 1:1700

Jaw slight tightness.
18F 2:xxxx

Sore tight across bridge of nose and under eyes. Jaw uncomfortable tightness just under, mainly right.
18F 3:xxxx

Jaw feels tight.
18F 3:xxxx

Mild tightness. Jaw tight, not sore.
18F 4:xxxx

Jaw sore tender along jaw line.
18F 5:xxxx

Jaw tightness more noticeable.
18F 13:xxxx

4.2.8 MOUTH

Lots of salty thick mucus.
01F 1:0700

Mouth full of saliva in such a way I was nearly vomiting.
15M 2:xxxx

Sour metallic taste after remedy.
03F 0:2035

Saliva glands working a lot. Itchy feeling under tongue.
19M 0:2000

Bruised sharp pain in right palate. Sensitive to light touch. Pain radiates to nasal floor. Slight > for pressure. For 10mins.
01F 1:1120

Sore spot on tongue, right, as if bitten, like a blocked duct.
12F 1:1200

Tongue sensitive. Pain when I eat.
12F 1:1800

Tongue still sore.
12F 2:xxxx

Ulcers in mouth trying to happen.
17F 3:xxxx

Ulcer ran away. Tiny cuts inside mouth.
17F 4:xxxx

Cuts in mouth healed, jaw clenching virtually stopped.
17F Week 3

Very dry lips.
05F 1:1100

Lips sensitive to cold.
05F 10:xxxx

4.2.9 THROAT

Woke with burning dry throat.
01F 11:xxxx

Unable to swallow anything…esophagus painful like a person who swallowed hot food or as if I was walking in a hot windy place.
15M 3:xxxx

Sensation of cold air in larynx 5mins after remedy. Came and went.
03F 0:0800

Sensation of lump in the throat.
03F 7:xxxx

Sore aching. Lump in throat when swallowing.
09F 8:xxxx

Anxiety in throat.
03F 8:xxxx

Mucus in throat.
09F 1:0730

Scratchy.
03F 4:xxxx

Scratchy throat.
09F 0:1330

Scratchy.
18F 1:1400

Sore throat.
06F 1:2145

Mild sore throat.
09F 3:xxxx

Very sore.
09F 9:xxxx

Throat sore on first waking.
13M 7:xxxx

Slight sore, dry.
09F 9:xxxx

Sore throat, sharp sensation. >Food and drink.
09F 2:xxxx

Sore and scratchy.
09F 5:xxxx

Slight sore throat and mucus.
09F 6:xxxx

Have to keep clearing throat.
12F7:xxxx

Feels sore/tight. Mild sensitivity to cold juice.
18F 1:1700

Throat slight tightness.
18F 2:xxxx

4.2.10 EXTERNAL THROAT

Jaw/throat tight sensitive just below jaw line at my throat.
18F 3:xxxx

Throat tender just below jaw
18F 5:xxxx

4.2.11 STOMACH

Burning discomfort in stomach/epigastrium.
01F 0:1900

Burning pain in stomach from 1200. >Eating after.
01F 2:1300

Unsettled. Burning sensation, acid, deep in my stomach.
19M 6:xxxx

Sensation of a knot in stomach.
01F 10:xxxx

Ache.
03F 14:xxxx

Ate late lunch after a run, stomach started to grumble and felt awkward.
13M 0:1430

Sensitive to food, stranger dislikes than usual.
18F 1:1700

Ravenous hunger at 1pm and very thirsty for water.
01F 11:xxxx

Very thirsty.
01F 4:xxxx

Thirsty.
03F 0:0930

Hungry but can’t decide what I want.
01F 7:xxxx

Still huge appetite, never satisfied.
05F 7:xxxx

Huge appetite.
05F 15:xxxx

Big appetite for breakfast.
05F 16:xxxx

Food is very important to me. I can eat a lot, unhappy when it is not right.
03F 6:xxxx

Felt like I didn't need breakfast. Desperately hungry late morning.
13M 7:xxxx

No appetite, averse food. Had to force myself to eat.
10F 2:xxxx

Appetite is not back completely but making sure I am eating…did not have anything for Lunch.
10F 3:xxxx

Appetite decreased.
05F 9:xxxx

Wasn't hungry.
05F 14:xxxx

Wave of nausea for 1min after remedy. >Cold fresh air.
05F 1:1430

Very big wave of nausea, in intestines. Lots of wind, burping.
05F 2:xxxx

Nausea after food. Lots of wind. Nausea came and went all day <driving in car.
05F 3:xxxx

Nausea from savory pastry.
18F 1:1200

A bit of queasiness.
20F 2:xxxx

Rumbling or queasy since noon.
20F 3:xxxx

Upset continued. Mild spasms.
20F 5:xxxx

Shaky after cup of coffee.
18F 16:xxxx

Suddenly stomach felt very blocked.
19M 12:xxxx

Belching from anxiety.
01F 1:1310

4.2.12 ABDOMEN

Feels distended.
01F 9:xxxx

Bloated and full of gas.
03F 14:xxxx

Bloated lower abdomen.
05F 6:xxxx

Lots of gas. Bloated.
05F 10:xxxx

Still bloated. Can feel bowel movements. Blocked and bloated all day. Sharp constant pain like a sword through my intestines.
05F 11:xxxx

Still battling. Constant chronic pain this am.
05F 12:xxxx

Still battling, pain. Lots of gas. To toilet a lot.
05F 14:xxxx

Bloated.
12F 6:xxxx

Later stomach unhappy, lots of wind.
19M 8:xxxx

Cramps. Sharp. Above left hip, lateral. For 1-2 seconds.
09F 7:xxxx

Very noisy with bowel sounds. Feels like bubbles in my intestines. Sudden sharp pain in lower abdomen...like a knife (once).
10F 4:xxxx

4.2.13 RECTUM

Flatulence with headache, smells like sulphur.
01F 9:0300

Flatulence. Feel bloated.
13M 2:xxxx

Constipation, urging but no movement.
01F 12:xxxx

Constipation >eating (travel?).
01F 14:xxxx

Once again constipated.
12F 5:xxxx

Constipated. Bloated, tired. Quite stressed.
19M 7:xxxx

Very constipated, bloated.
19M 14:xxxx

Bowel cleared for first time in days.
12F 4:xxxx

Diarrhea with gas, watery, frothy.
03F 13:xxxx

Excessive defecation.
05F 10:xxxx

Some diarrhea this morning. Sense of spotting or urging followed me till I got home. Second evacuation also soft.
08M 3:xxxx

Sudden profuse clear jellylike discharge. One lot.
08M 4:xxxx

Stomach (bowel?) always feels not completely empty, not going properly.
12F 2:xxxx

Gone from very loose to constipated in one day.
19M 14:xxxx

Going to the bathroom often but nothing serious, not even gas.
20 F 4:xxxx

4.2.14 URINE

Excessive urination.
05F 10:xxxx

4.2.15 FEMALE GENITALIA/SEX

Sharp squeezing pain in left ovary. >Sitting, bending left leg.
01F 1:0945

Pain in symphysis pubis, after walking. Sharp pain. >Sit still. Horrible pain. Lasted 1/2hr.
01F 7:xxxx

Pain on intercourse. Desire present but pleasure absent. Insensible. Bruised sensation.
01F 13:xxxx

Increased sexual desire over last few days.
03F 1:1900

Horny again.
17F 2:xxxx

Low libido.
03F 4:xxxx

White bland leukorrhea.
03F 5:xxxx

Thick bland leukorrhea.
03F 9:xxxx

Woken by cramps. As if something grabbing my uterus and wringing/ twisting it. Intermittent Pain. Lower back and lower abdomen hurt and feels hot to touch, >rubbing. Desire to stretch, >. Pains lasted till 1630 when subsided. Still feel crampy, achy. Flow began at 1000.
10F 17:xxxx

Period pain starting. As if lower back and lower abdomen in a vice. Pain waxes and wanes.
03F 13:xxxx

Period pains worse. Feel miserable. > Lying on my side. After sleep.
03F 13:xxxx

First day of menses. Tender and sore. 0830 took cataflam for constant pain. >Rubbing.1830 took another.
05F 11:xxxx

Cramps of period pains, usually only start after bleeding begun.
10F 16:xxxx

Premenstrual build up exactly 1/2 before. I was so uncomfortable, tired, fretting, irritated, etc, and then it passed. Amazing!
17F Wk3

Period very slight after downpour. 6 days only.
17F Wk4

Slight candida.
09F 9:xxxx

No vaginal itch or discharge for a few days.
12F 4:xxxx

4.2.16 RESPIRATION

Slight constriction in air pipes in bed.
03F 6:xxxx

Slight wheeze.
03F 11:xxxx

Much sighing. Desire to sigh, often. Just loves the feeling of expanding lungs to capacity and then let it ebb away.
08M 1:xxxx

Still sighing. More when lying.
08M 4:xxxx

Hoarse, non productive cough, like cold.
09F 9:xxxx

4.2.17 Chest

Sternum pain behind. Oppressive. >After eating, belching.
01F 1:1310

Sensation of a great weight on my chest (cardiac area).
10F 1:1630

Heavy feeling.
04F 0:1000

Slight constriction of chest lying in bed.
03F 7:xxxx

Slight tight chest.
03F 10:xxxx

4cm from right of posterior sternum it was tight about 3 minutes, but no pain.
15M 13:xxxx

Anxiety in chest.
03F 8:xxxx

Slight chest pain on right.
04F 0:1600

Slight chest pain, upper right.
04F 4:xxxx

Tender breasts.
05F 7:xxxx

Perspiration under arms a lot.
05F 10:xxxx

Sharp shooting pain in left lower rib cage, antero-lateral. 1-2 seconds.
09F 7:xxxx

Pulse normal rate but pounding. Feels as if heart wants to escape.
12F 0:1430

Chest dry.
15M 10:xxxx

4.2.18 BACK

Slight neck pain.
04F 5:xxxx

Neck stiff on right.
09F 7:xxxx

Neck muscles very painful at night on left.
15M 1:xxxx

Neck tired at night as from a heavy load.
15M 15:xxxx

Neck problem posterior part where the head begins. Start at 0300.No different in the day.
15M 24:xxxx

Stiff neck.
19M 3:xxxx

Tension in left trap.
01F 0:0800

Back and neck tense.
03F 4:xxxx

Back and shoulders stiff and aching. >Lying on back.
05F 3:xxxx

Shoulders lazy to lift up.
15M 16:xxxx

Burning between shoulders. <Right, movement, stretching.
01F 8:xxxx

Sharp pain anterior to scapulae lateral to vertebrae.
15M 0:1150

Sharp pain anterior scapula left. Sharp pain at night in the back, all over body.
15M 5:xxxx

Slight stiffness in back from right shoulder blade to neck.
19M 3:xxxx

Tense stiff across back.
19M 8:xxxx

Tense knotted back, need to be clicked.
05F 10:xxxx

Tight in lumbar region, > get up and move.
12F 4:xxxx

Bones in head and back are sore.
05F 3:xxxx

Desire to stretch. For a while now, forgot to mention it. Get a perverse pleasure, especially the back.
08M 4:xxxx

Woke with tender kidneys.
19M 1:0640

4.2.19 EXTREMITIES

Left thumb muscle twitch.
03F 1:1220

Muscle twitches in left arm.
03F 3:xxxx

Muscle twitch in right arm, left leg later (resting).
03F 10:xxxx

Muscle twitch left arm and left side.
03F 11:xxxx

Twitch in hand and forearm on left.
03F 14:xxxx

Left arm twitch. Unusual amount of muscle twitches. Twitching on rest/falling asleep.
03F 15:xxxx

Sore shoulder on left.
13M 1:xxxx

Cramp in left leg when walking. >Rubbing.
05F 6:xxxx

Dull uncomfortable pain in right hip antero-laterally.
09F 0:1610

Right knee aching and painful (lateral) when pressure put on it.
09F 6:xxxx

Right knee pain, sore to walk, lateral and posterior.
09F 7:xxxx

Sciatica < sitting.
12F 3:xxxx

Ligaments very painful.
15M 5:xxxx

Pain in my joints (a rainy day).
19M 4:xxxx

Small boil inside left thigh above knee.
19M 2:xxxx

Small boil on left bum.
19M 4:xxxx

Rash inside arms.
19M 9:xxxx

Found rash inside legs, been there a few days at least. Dry raised skin. Looks a bit stretched.
19M 10:xxxx

Very dry feet. Sweaty hands and armpits.
05F 1:1100

Dry skin between toes on left.
13M 7:xxxx

Slight athletes foot on left.
13M 10:xxxx

Hands sensitive to cold. >rub and warmth.
05F 10:xxxx

Fingers went from cold to warm.
01F 0:1200

4.2.20 SLEEP

No desire for sleep. Seems like a waste of time.
01F 1:1310

Could not sleep deeply.
01F 9:xxxx

Restless night. Up at all hours.
05F 9:xxxx

Light sleep from 0230.
01F 10:xxxx

Difficulty falling asleep.
04F 3:xxxx

Bad night.
06F 2:xxxx

Tossed and turned all night as left hip too sore to sleep on, right side pins and needles. Clenched jaws on back.
17F 1:xxxx

Disturbed, woke often.
01F 14:xxxx

Woke at 0330 for no reason.
08M 3:xxxx

Woke at 02h00… could not do anything. I feel tired even at 0900.
15M 19:xxxx

Woke early.
05F 5:xxxx

Woke early again. Can’t sleep late!
05F 6:xxxx

Tired on waking.
01F 7:xxxx

Felt I needed more sleep when I woke up.
13M 0:xxxx

Tired on waking.
05F 1:xxxx

Woke feeling awful, heavy feeling of dread in my chest.
03F 12:xxxx

Woke feeling I'd had a proper sleep.
05F 16:xxxx

Desire to stay in bed >Getting up.
01F 2:xxxx

Slept through to 0900 (unusual).
01F 3:xxxx

Yawning, faint, pooped. >Eating. Usually only at 1500.
01F 10:xxxx

Yawning all afternoon.
10F 0:1330

Really tired in afternoon. 1hr nap. Felt good.
13M 1:0930

Drowsy and tired…could not sleep at night.
15M 17:xxxx

Slept all day.
05F 15:xxxx

Desire to sleep.
06F 3:xxxx

Thick stuffy nose, can’t sleep.
01F 11:xxxx

4.2.21 DREAMS

ISOLATION

Of wearing a plaster of paris mask, bees trying to get in, not too afraid. Of being on a small tropical island …
13M 2:xxxx

Embarrassment in front of people, being laughed at.
03F 1:0530

Shut out, lonely rejected.
03F 12:xxxx

Dancing a short number, furious to be on stage, as I hate acting or dancing on stage.
17F 2:xxxx

CHAOTIC/ FRAGMENTED

A lot of people at home. A big ceremony…shield spears and sticks…slaughtering cows…plenty of meat…waiting for food…right nose running mucus (clear)…not eating…left side was blocked…blood blocked…opened it a little…a little blood came out…woke up…after that not scared.
15M 0:0658

Busy, disjointed, lots of things happening, small flashes of scenes.
12F 4:xxxx

Chaos dream.
12F 6:xxxx

PARENTS/RELATIVES

Of being on a small tropical island with grandmother and mother, needed to get to other side, but too far for grandmother. I went into sea and there was a sand bank going all the way to where we were meant to meet.
13M 2:xxxx

Owning plot on my own with lots of pine trees on one side and mentioning I want to chop them down and my dad going for me as he always did. Memory of having to work with the horses - dust kicking, running in small spaces and being terrified. As I always was. Seemed to be a memory of how I was always intimidated by parents.
17F 3:xxxx

Faint memory of mum in dream.
17F 6:xxxx

Of dead grandfather. It was weird.
06F 4:xxxx

Of day at beach with family and friends.
06F 6:xxxx

PANIC/THREAT/EXCITEMENT

Of being chased by a bear.
08M 2:xxxx

Of conflict.
19M 3:xxxx

Nightmare. Someone entered room, was paralyzed, screamed a strangled scream and woke.
01F 17:xxxx

Of being threatened and hurried.
01F 4:xxxx

Huge discomfort around Adams apple on inside of throat. Like it has been banged. Nausea and racing feeling through body. Very uncomfortable.
17F 1:xxxx

Epic, exciting, challenging (knights and dragons).
01F 7:xxxx

Intense dream about freedom.
19M 6:xxxx

Sexually charged but not sexual at all. People waving red shirts.
01F 10:xxxx

OTHER

Of visiting ex girl friend with present girl friend.
13M 1:xxxx

4.2.22 SKIN

Bumps and red spots appearing. Rash between legs, >any cream.
05F 1:2200

Dry, especially lips, inside thighs, breasts.
05F 15:xxxx

4.2.23 GENERALS

TEMPERATURE

Sensation of heat all over.
01F 0:0800

Sensation of heat all over, head and chest especially.
01F 0:1200

Heat in upper body with some perspiration.
01F 1:1310

Sensation of heat <upper body >uncovering. Exhausting pain.
01F 9:xxxx

Feel hot/warm all over.
08M 3:xxxx

Hot and cold during the day.
15M 4:xxxx

I feel some cold. 10mins and disappeared.
15M 0:1150

I sweat. Feel colder than before.
15M 4:xxxx

FOOD

Strong desire for coffee. No desire for cheese for a long time.
01F 16:xxxx

Craving coffee.
12F 3:xxxx

Craving coffee.
18F 1:0900

Thirst for hot drinks.
03F 4:xxxx

Desire hot drinks, food (comforting).
03F 8:xxxx

Thirsty. Desire for hot drinks. Aversion to cold is much less of late, a big thing for me.
03F 9:xxxx

Quite dehydrated.
19M 1:0640

Craving sweets.
12F 3:xxxx

Craving sweet things.
18F 0:2030

Wanting sweet stuff.
18F 1:0700

Craving sweets.
18F 2:xxxx

Preference for plainer things.
18F 5:xxxx

Craving chocolate milkshake.
04F 4:xxxx

Craving chocolate.
04F 6:xxxx

ENERGY

Tired.
03F 1:0930

Tired most of the day.
04F 0:1000

Energetic most of the day. Tired in the evening.
04F 7:xxxx

Energy high by evening.
04F 5:xxxx

Increased energy at midday. Tired in afternoon.
04F 8:xxxx

Tired in the morning, like a person who lifts heavy things.
15M 16:xxxx

Usually shaky by now if haven't eaten but feel fine, unusual.
01F 7:xxxx

Nervous system has not been well. Exhausted due to no sleep and lack of energy.
17F wk4

Unwell, tired, general malaise
19M 7:xxxx

Feel sick, drained. Whole body aching. >Rest, lying.
05F 2:xxxx

Feeling strong and comfortable.
17F 6:xxxx

OTHER
Looked and felt bloated.
05F 3:xxxx

4.2.24 Toxicology

Hypotension and Tachycardia (Wildi et al, 2001:54)
Hypotensive (82/50 mm Hg) ten minutes after admission 767
Hypotension due to vasodilation and plasma leakage (Wildi et al, 2001:54)
Profound irreversible hypotension due to reduced cardiac output and vasodilation (Marsh et al 1997:767)

Haemorrhage affecting the soft tissues (Marsh et al 1997:764)
Profound capillary disruption via separation of the endothelial cells from one another (Marsh et al 1997:764)
Angioneurotic oedema, without dyspnoea or stridor (Wildi et al, 2001:54)

Truncal erythroderma (Wildi et al, 2001:54)
Swollen eyelids, lips, tongue (Wildi et al, 2001:54)
Petechiae on tongue and palate (Wildi et al, 2001:54)
Swelling, haemorrhagic blisters at site (Wildi et al, 2001:54)
Massive haemorrhage (Wildi et al, 2001:54)
Severe macrohaematuria and haematochezia (Wildi et al, 2001:54)

Local necrosis at the puncture sites (Marsh et al 1997:768)
Superficial necrosis at site (Wildi et al, 2001:54)

Condition like disseminated intravascular coagulation from the gabonase enzyme (Wildi et al, 2001:54)
True disseminated intravascular coagulation evidenced by the profuse bleeding (Marsh et al 1997:767)
Rapid DIC with deposition of solid thrombi in the vascular tree (Marsh et al 1997:768)
Unstable circulation, severe coagulation disorder (Wildi et al, 2001:54)
Markedly decreased platelet count ($15x10^9$ per litre at the lowest count) (Marsh et al 1997:767)
Mildly thrombocytopaenic (lowest platelet count $101x10^9$ per litre) (Marsh et al 1997:767)

Severely reduced cardiac output and ventricular filling and thus complete haemodynamic arrest and death (Marsh et al 1997:766)
Disturbances of atrio-ventricular conduction (Marsh et al 1997:765)

4.3 RUBRICS

(NB: * = Symptoms that appear in Bit-a)

4.3.1 MIND

*Mind, Absentminded	S1
Mind, Anger	S8
*Mind, Anxiety	S14
Mind, Anxiety, alternating with, contentment	S16
Mind, Anxiety, alternating with tranquillity	S16
Mind, Anxiety, alternating with, cheerfulness	S16
Mind, Anxiety, excitement, from	S18
Mind, Aversion, persons, all to	S24
Mind, Brooding	S27
Mind, Capriciousness	S28
*Mind, Cheerful	S30
Mind, Cheerful, sadness, after	S32
Mind, Company, aversion to	S34
*Mind, Company, desire for	S34
Mind, Concentration difficult	S36
Mind, Concentration difficult, attention cannot fix	S36
*Mind, Concentration, difficult, studying (=reading)	S36
Mind, Confidence want of self	S37
Mind, Confidences, want of, support, desires, family and friends from	S37
Mind, Confident	S37
*Mind, Confusion	S37

4.3.2 VERTIGO

4.3.3 HEAD

Head, Pain, bones	S295
*Head, Pain, forehead	S296
Head, Pain, forehead, left	S296
Head, Pain, forehead, left, extending to, right	S296
Head, Pain, forehead, periodical	S298
Head, Pain, forehead, periodical, hourly	N
Head, Pain, forehead, extending to, cheeks	S300
Head, Pain, forehead, extending to neck	S300
Head, Pain, forehead, extending to, teeth	S300
Head, Pain, forehead, extending to, temples	S300
Head, Pain, forehead, eyes above	S301
Head, Pain, forehead, eyes, above, close the eyes, compels him to	S302
Head, Pain, forehead, eyes behind	S303
Head, Pain, forehead, eyes, behind, left eye	N
Head, Pain, forehead, eyes between	S303
Head, Pain, forehead, nose, above root of	S303
Head, Pain, forehead, nose, above root of, heat aggravates	N
Head, Pain, forehead, nose, above root of, rest ameliorates	N
Head, Pain, occiput	S303
Head, Pain, occiput, closing eyes ameliorates	S304
Head, Pain, occiput, extending to ears	S306
Head, Pain, occiput, extending to ears, left ear	N
*Head, Pain, occiput, extending to, neck, down back of	S307
Head, Pain, occiput, extending to, shoulders	S307
Head, Pain, occiput, extending to, left shoulder	N
Head, Pain, sides, left	S308
Head, Pain, side, one side, extending to eye	S308
Head, Pain, side, left	S308
*Head, Pain, temples	S310
*Head, Pain, temples, left	S310

Head, Pain, temples, morning, waking on	S310
Head, Pain, temples, heat ameliorates	S311
Head, Pain, temples, lying ameliorates	S311
Head, Pain, temples, lying, left, ameliorates	N
Head, Pain, temples, motion	S311
*Head, Pain, temples and forehead	S312
Head, Pain, temples and occiput	S312
Head, Pain, temples, extending to eye	S312
Head, Pain, temples, extending to face	S312
Head, Pain, temples, extending to teeth	S312
Head, Pain, burning, forehead	S317
Head, Pain, cutting, forehead	S321
Head, Pain, cutting, lying, ameliorates	S321
Head, Pain, dull pain, forehead	S326
Head, Pain, pressing, bending head forward	S330
Head, Pain, pressing, stooping, on	S332
Head, Pain, pressing, extending to neck, nape of	S333
Head, Pain, pressing, forehead, morning, waking, on	S333
Head, Pain, pressing, forehead, bending down, on bending head	S333
Head, Pain, pressing, forehead, stooping, while	S335
Head, Pain, pressing, occiput, burning	S337
Head, Pain, pressing, occiput, extending to neck	S337
Head, Pain, pulling, like, eye, left eye	N
Head, Pain, pulsating	S342
Head, Pain, pulsating, sides, left	S342
Head, Pain, sore, temples	S346
Head, Pain, stitching, pulsating	S348
Head, Pain, stitching, forehead, eyes, over	S350
Head, Pain, waves in	S361
Head, Pain, waves in	S361

4.3.4 EYES/ VISION

Vision, Accommodation, slow, too	S417
*Vision, Blurred	S417
Vision, Dim, reading	S423
Vision, Foggy, headache, during-mist before eyes	S426

4.3.5 EAR

Ear, Formication, behind the ear	S437
Ear, Fullness, sensation of	S437
Ear, itching, meatus, right	S439
Ear, itching, meatus, scratching aggravates	S439
Ear, itching, meatus, rubbing aggravates	S439
*Ear, noises, buzzing	S442
Ear, Pain, right	S449
Ear, Pain, left, extending to left eye, headache, during	N
Ear, Pain, behind the ear, right	S453
Ear, Pain, behind the ear, pulsating	S453
Ear, Pain, lobe	S453
Ear, Pain, lobe, edge of	N
Ear, Pain, lobe, right, then left	N
Ear, Pain, meatus	S453
Ear, Pain, piercing	S457
Ear, Pain, soreness	S458
Ear, Pain, soreness, behind the ear	S458
Ear, Pain, soreness, left ear	S458
Ear, Pain, soreness, front of ear, in	S458
Ear, Pain, soreness, lobe	S458
Ear, Pain, stitching	S458

4.3.6 NOSE

Nose, Catarrh, right	S471
Nose, Catarrh, postnasal	S472
Nose, Coryza, morning	S473
Nose, Coryza, discharge, with, morning	S474
Nose, Coryza, discharge, without	S474
Nose, Coryza, headache, with	S475
Nose, Discharge, left	S477
Nose, Discharge, daytime	S477
Nose, Discharge, morning	S477
Nose, Discharge, morning, rising, after	N
Nose, Discharge, albuminous	S477
Nose, Discharge, clear	S477
Nose, Discharge, copious	S477
Nose, Discharge, egg white, like	S478
Nose, Discharge, salty	S479
Nose, Discharge, thick	S480
Nose, Discharge, watery	S480
Nose, Discharge, watery, left	S480
Nose, Discharge, watery, morning	S480
Nose, Discharge, watery, cold room in	S480
Nose, Discharge, watery, coryza, without	S480
Nose, Discharge, yellow	S480
Nose, Dryness, inside	S482
Nose, Dryness, inside, left	S482
Nose, Obstruction	S488
Nose, Obstruction, right	S488
Nose, Obstruction, left	S489

Nose, Obstruction, morning S489
Nose, Obstruction, night S489
Nose, Obstruction, accompanied by, discharge, watery S489
Nose, Obstruction, blowing ameliorates S489
Nose, Obstruction, Warm room S490

Nose, Pain, dryness, from S492
Nose, Pain, pressure aggravates S492
Nose, Pain, burning S493
Nose, Pain, burning, left S493
Nose, Pain, rawness, blowing, after S495
Nose, Pain, sore S495
Nose, Pain, sore, posterior nares S495

Nose, Smell, acute S497

Nose, Sneezing S498
Nose, Sneezing, night S499
Nose, Sneezing, cold air in S499
Nose, Sneezing, coryza, without S499
Nose, Sneezing, eating ameliorates N
Nose, Sneezing, frequent S499

Nose, Tension, inside S501

4.3.7 FACE

Face, Coldness, perspiration with N
Face, Dry, lips S513
Face, Heat, flushes S526
Face, Heat, flushes, cheeks S527
Face, Itching S528

Face, Pain, pressing	S539
Face, Pain, pressing, maxillary sinus	S539
Face, Sensitive, cold to, lips	N
Face, swelling, eyes around, morning	S546
Face, Tension, eyes, below	S548
Face, Tension, jaws	S548
*Face, Tension, jaws, lower	S548
Face, Tension, jaws, lower, right	N
Face, Tension, mouth and nose, around	S548

4.3.8 MOUTH

*Mouth, Dryness, lips	S567
Mouth, Itching, tongue	S573
Mouth, Itching, tongue, under	N
Mouth, Pain, sore, palate	S581
Mouth, Pain, sore, palate, right	N
Mouth, Pain, sore, tongue	S581
Mouth, Pain, sore, tongue, spots	S581
Mouth, Saliva, saltish	S584
Mouth, Salivation, accompanied by, nausea	S587
Mouth, Salivation, profuse	S588
Mouth, Sensitive, tongue	S589
Mouth, Taste metallic	S596

Mouth, Taste metallic, remedy, after	N
Mouth, Ulcers	S600

4.3.9 THROAT

Throat, Anxiety and apprehension in throat	S621
Throat, Coldness, sensation of	S622
Throat, Dryness, morning, waking	S624
Throat, Dryness, morning, waking on	S625
Throat, Dryness, esophagus	S625
*Throat, Hawk, disposition to, mucus in the throat and mouth, thick	S626
*Throat, Lump, sensation of a	S628
Throat, Lump, sensation of a, swallowing, on	S629
Throat, Mucus	S630
Throat, Mucus in throat	
Throat, Mucus, morning	S630
*Throat, Pain	S631
Throat, Pain, drinking/eating ameliorates	S632
Throat, Pain, drinks, cold	S632
Throat, Pain, swallowing	S633
Throat, Pain, burning, esophagus	S635
Throat, Pain scratching	S637
Throat, Pain, sore	S637
Throat, Pain, sore, accompanied by, dryness	S638
Throat, Pain, sore, waking, on	S638
Throat, Pain, splinter, as from a	S638
Throat, Tension	S644

4.3.10 EXTERNAL THROAT

External throat, Pain, soreness	S650
External throat, Sensitive, at angles of jaw	S651

4.3.11 STOMACH

Stomach, Anxiety	S653
*Stomach, Appetite, capricious	S653
Stomach, Appetite, ravenous, afternoon	S655
Stomach, Eructations, anxiety, during	N
Stomach, Lump, sensation of a	S678
Stomach, Pain, aching	S690
Stomach, Pain, burning	S690
Stomach, Pain, burning, noon	S690
Stomach, Pain, burning, eating after, ameliorates	S691
Stomach, Pain, sore	S697
*Stomach, Thirst	S703
*Stomach, Thirst, morning	S703
Stomach, Thirst, afternoon	S703
Stomach, Thirst, evening	S703

4.3.12 ABDOMEN

*Abdomen, Distension	S721
Abdomen, Distension, night	S721
Abdomen, Distension, morning, waking, on	S721

Abdomen, Distension, constipation, during	S721
Abdomen, Distension, hypogastrium	S723
*Abdomen, Distension, flatus, from	S722
*Abdomen, Flatulence	S725
Abdomen, Heat, menses, during	S729
Abdomen, Movements, in	S732
Abdomen, Noises	S733
Abdomen, Pain	S733
Abdomen, Pain, morning	S733
Abdomen, Pain, cramping, ilium, crest of, left	S755
Abdomen, Pain, cramping, ilium, crest of, above	S755
Abdomen, Pain, cutting, hypogastrium	S759
Abdomen, Pain, stitching, sudden, once	N

4.3.13 RECTUM/STOOL

Rectum, Constipation, eating ameliorates	N
*Rectum, Constipation, ineffectual urging and straining	S791
Rectum, Constipation, insufficient	S791
Rectum, Diarrhea, morning	S793
Rectum, Diarrhea, noon	S793
Rectum, Diarrhea, alternating with, constipation	S794
Rectum, Flatus	S801
Rectum, Flatus, night	S802
Rectum, Flatus, night, accompanied by, head pain	N
Rectum, Flatus, offensive, eggs, spoiled	S803
Rectum, Inactivity of rectum	S806
Rectum, Urging, sudden	S819

Rectum, Urging, walking, while	S819
Stool, copious	S822
Stool, mucus, jelly-like	S825
Stool, watery, frothy	S828

4.3.14 KIDNEYS

Kidneys, pain, morning, waking, on	S849

4.3.15 URINE

*Urine, Copious	S872

4.3.16 FEMALE GENITALIA/SEX

Female Genitalia/Sex, Coition, enjoyment absent	S908
Female Genitalia/Sex, Coition, Painful	S909
Female Genitalia/Sex, Eruptions	S910
Female Genitalia/Sex, Leukorrhoea, bland	S915
Female Genitalia/Sex, Leukorrhoea, thick	S919
Female Genitalia/Sex, Leukorrhoea, white	S920
Female Genitalia/Sex, Menses painful, beginning at	S928
Female Genitalia/Sex, Pain, ovaries, left	S936
Female Genitalia/Sex, Pain, ovaries, left, Bending left leg, ameliorates	N
Female Genitalia/Sex, Pain, ovaries, sitting, ameliorates	N
Female Genitalia/Sex, Pain, uterus, extending to back	S938
Female Genitalia/Sex, Pain, uterus, gradually comes and goes	S938

Female Genitalia/Sex, Pain, uterus, menses, during	S938
Female Genitalia/Sex, Pain, uterus, paroxysmal	S938
Female Genitalia/Sex, Pain, uterus, rubbing ameliorates	N
Female Genitalia/Sex, Pain, uterus, lying, side, ameliorates	N
Female Genitalia/Sex, Pain, uterus, Sleep ameliorates	N
Female Genitalia/Sex, Pain, vagina, coition, during	S939
Female Genitalia/Sex, Pain, bearing down, uterus and region, walking aggravates	S940
Female Genitalia/Sex, Pain, cramping, menses, before	S941
Female Genitalia/Sex, Pain, cramping, uterus, menses during	S941
Female Genitalia/Sex, Pain, pressing, ovaries, left	S944
Female Genitalia/Sex, Pain, sharp, ovaries	S945
Female Genitalia/Sex, Pain, sharp, ovaries left	N
Female Genitalia/Sex, Pain, sore, vagina, coition during	S945
Female Genitalia/Sex, Pain, squeezing, uterus	S945
*Female Genitalia/Sex, Sexual desire, increased	S948
Female Genitalia/Sex, Sexual desire, diminished	S948

4.3.17 RESPIRATION

Respiration, Coldness, of breath	S972
*Respiration, Deep, des to breathe	S973
Respiration, Difficult, evening, bed, in	S974
Respiration, Difficult, Lying, while	S976
Respiration, Impeded, lying, while	S980
*Respiration, Sighing	S982
Respiration, Sighing, lying, when	N
Respiration, Wheezing, night	S983

4.3.18 CHEST

Chest, Anxiety, in	S1025
Chest, Constriction, lying, while	S1030
Chest, Constriction, sternum, behind, right	N
Chest, Dryness	S1033
*Chest, Oppression	S1043
Chest, Oppression, heart	S1045
Chest, Oppression, sternum, behind	S1045
Chest, Pain, eating, ameliorates	S1047
Chest, Pain, eructations, ameliorate	S1047
Chest, Pain, sides, right	S1051
Chest, Pain, sternum, behind	S1054
Chest, Pain, sore, mammae	S1068
Chest, Pain, stitching, ribs, lower, left	S1074
*Chest, Palpitation of heart	S1080
Chest, Perspiration, axilla	S1085

4.3.19 BACK

Back, Pain, lying, back, on, ameliorates	S1105
Back, Pain, cervical region, left	S1108
Back, Pain, cervical region, left, night	N
Back, Pain, cervical region, night	S1108
Back, Pain, burning, dorsal region, scapulae, between/right	S1127
Back, Pain, burning, dorsal region, scapulae, between, motion aggravates	N
Back, Pain, sore, cervical region	S1139
Back, Pain, sore, spine	S1141
Back, Pain, stitching, night	S1142
Back, Pain, stitching, dorsal region, scapula, left, under	S1144

Back, Pain, stitching, dorsal region, scapulae, under	S1145
*Back, Stiffness, cervical region	S1153
*Back, Stiffness, cervical region, right	S1153
Back, Stretch, desire to	N
Back, Tension	S1154
Back, Tension, cervical region	S1154
Back, Tension, cervical region, left	S1154
Back, Tension, dorsal region	S1155
Back, Tension, lumbar region	S1155
Back, Tension, lumbar region, Motion, ameliorates	N

4.3.20 EXTREMITIES

Extremities, Cramps, lower limbs, walking, while	S1179
Extremities, Dryness, foot	S1190
Extremities, Dryness, toes, between	N
Extremities, Eruptions, upper limb, rash	S1193
Extremities, Eruptions, nates, boils	S1201
Extremities, Eruptions, lower limb, thigh, rash	S1202
Extremities, Eruptions, thigh, boils	S1202
Extremities, Eruptions, toes, between	S1205
Extremities, Jerking, upper limb, right	S1229
Extremities, Jerking, upper limb, left	S1229
Extremities, Jerking, forearm	S1229
Extremities, Jerking, hand	S1230
Extremities, Jerking, thumb, left	N
Extremities, Jerking, lower limb, left	S1230

Extremities, Pain, shoulder, left	S1252
Extremities, Pain, aching, hip	S1280
Extremities, Pain, aching, knee	S1280
Extremities, Pain, aching, knee, pressure aggravates	N
Extremities, Pain, aching, knee, walking, while	S1280
Extremities, Perspiration, hand	S1364
Extremities, Perspiration, hands, accompanied by, dryness, feet	N
Extremities, Sensitive, cold, to, fingers	S1371

4.3.21 SLEEP

Sleep, Bad	S1413
*Sleep, Disturbed	S1413
*Sleep, Falling asleep, difficult	S1417
Sleep, Light	S1419
Sleep, Restless	S1422
Sleep, Remain in bed, desire to	S1424
Sleep, Sleepiness, daytime	S1425
Sleep, Sleepiness, afternoon	S1426
Sleep, Sleepiness, afternoon/ 13h	S1426
Sleep, Sleepiness, waking, after	S1431
Sleep, Sleeplessness	S1433
Sleep, Sleeplessness, Coryza, from	S1437
Sleep, Unrefreshing	S1443
Sleep, Waking, midnight, after, 0330	S1444
Sleep, Waking, foreboding/dread, with a feeling of	N
Sleep, Waking, early, too	S1445
Sleep, Waking, late, too	S1446

Sleep, Yawning, afternoon	S1448
Sleep, Yawning, eating ameliorates	S1450

4.3.22 DREAMS

*Dreams, Amorous	S1453
Dreams, Anxious	S1454
Dreams, Chaotic	N
Dreams, Dead, of the	S1459
Dreams, Dead, relatives	S1459
Dreams, Exciting	S1462
*Dreams, Family	S1463
Dreams, Fantastic	S1463
Dreams, Fights	S1463
Dreams, Forsaken, of being	N
Dreams, Freedom, of	N
Dreams, Frightful	S1464
Dreams, Humiliation	S1466
Dreams, Hurry	S1466
Dreams, Nauseous, of being	N
Dreams, Nightmare	S1469
Dreams, Paralysed, of being	N
Dreams, People, laughing at her	N
*Dreams, Pursued, being, animals, by, wild	S1471

Dreams, Pursued, being, bear, by	N
Dreams, Relatives, of	S1471
Dreams, Relatives, of, parents	N
Dreams, Strange	S1474
Dreams, Threats	S1474
Dreams, Throat, painful	N
*Dreams, Unremembered	S1475

4.3.23 SKIN

Skin, Discolouration, red, spots	S1525
Skin, Dry	S1526
Skin, Eruptions, rash	S1535

4.3.24 GENERALS

Generals, Cold, becoming cold	S1577
Generals, Cold, becoming cold, perspiration during	S1577
Generals, Cold, heat and cold	S1577
Generals, Food, cheese, aversion	S1605
Generals, Food, chocolate, desire	S1605
*Generals, Food, coffee, desire	S1605
Generals, Food, rich food, aversion	S1615
*Generals, Food, sweets, desire	S1617
*Generals, Food, warm drinks, desire, hot	S1617
Generals, Food, warm food, desire, hot	S1617

CHAPTER 5 - DISCUSSION

[Note on nomenclature: following the rules for naming as laid down by Schroyens in his *Blueprint for a New Repertory* (Synthesis ed.7, 1997;25) and to be in harmony with the chosen abbreviation for *Bitis arietans,* **Bit-a** (Wright:1999), it is suggested that the abbreviation for *Bitis gabonica* be **Bit-g** as it is a contraction of the official and commonly used name of the snake]

5.1 DISCUSSION

The hypothesis of this Proving was that the venom of Bitis gabonica in the Homoeopathic potency 30Ch would produce in healthy provers clearly observable symptoms and signs. To the best of the researchers' knowledge, no evidence exists to contradict the above stated hypothesis and it must therefore be concluded that it is true.

The MATERIA MEDICA lists 559 symptoms as recorded by the provers. The areas most affected by the venom of **Bit-g** in Homoeopathic potency were: MIND with 119 symptoms, HEAD with 65, NOSE with 62, GENERALS with 34, STOMACH with 30, SLEEP with 26, EXTREMITIES with 23, THROAT, EYES, DREAMS with 21, and BACK with 20. APPENDIX E gives a graphic representation of this.

Once these had been converted to 601 RUBRICS the picture changed slightly, as follows: MIND was still strongest with 132 rubrics; HEAD was next with 98, followed by NOSE with 47, EYES with 31, GENITALIA/SEX with 28, DREAMS with 26, GENERALS and EXTREMITIES with 25, THROAT with 22, EAR with 21, BACK with 20 and SLEEP with 19 .

The seeming inconsistency between the two sets of figures is a product of two processes: the process of translating symptoms into rubrics, where a particular symptom statement has to be expanded to more than one rubric because it

actually contained more than one symptom or in order to reflect its meaning most accurately, and the process of eliminating duplications.

5.2 SYMPTOM OVERVIEW

At this point in the discussion it is necessary to deal with the proving material as if the symptoms were all found in a single prover, thus painting the remedy picture of the patient who fits the remedy perfectly or which the ideal prover might generate (Sherr, 1994).

MIND

Various themes expressed themselves in the mental and emotional sphere during the proving:

- Isolation/being alone/desire to be alone
- Panic/feeling threatened
- Separation from self/scattered
- Depression/sadness/crying
- Well being
- Irritable
- Sensitivity
- Mistakes/poor concentration/forgetful
- Confidence/lack of confidence
- Mental activity: hyper/hypo-active
- Calm/confusion
- Placebo
- Bloating/expansion

The most prominent symptom was the isolation, a sense of being alone, forsaken or a desire to be alone. Overall there is a feeling of social detachment, of being an 'outsider'. We see this reflected in the peculiar symptom of feeling scattered, separated from themselves: "*felt they were looking at my face and I was behind my face looking out; I wasn't in myself; I couldn't connect with people. I feel very alone".* This and other aspects of the remedy reflect the 'Divided' nature of the snake remedies. They feel panicked and as if they are

under threat, like most snake remedies. They have a delusion that they are divided, that body and mind are divided, that they are separated from themselves in some way. This aspect of the remedy also shows the duality of contradictory or 'balancing' states – that is that the subject may feel alone but at times will also want to be alone and prefers his own company. Almost all well proven remedies will show such contradictory symptomatology.

Notable in this regard is the sadness and depression that is contradicted by the overwhelming sense of Well being felt at other times. We begin to see a nature which is sad, melancholic, brooding, tearful and sensitive on the one hand, while on the other it is happy, joyful, positive, motivated, at one with self and the world. The duality is further observed in the general condition of being energetic or drained, hyper- or hypo-active, in a heightened state of mental activity or being 'slowed up', flat, tired.

They are irritable, moody, insecure, oversensitive and confused or they are calm and confident, unusually so.

An unusual amount of mistakes are made, letters are missed out when writing, dates are confused, memory is poor, concentration is lacking and the patient is unusually forgetful.

Of minor importance in terms of their frequency but interesting due to their appearance in the proving of Bitis arietans are the symptoms: *feeling sure they were on placebo*, and *sensation of bloating after taking the remedy*. The former was confirmed to a greater degree than reflected in the diaries during post-proving discussions.

DREAMS

The dreams produced by the proving could be grouped under 4 themes:

- Isolation
- Chaotic/Fragmented
- Of Parents and Relatives, both dead and living

- Of Conflict/Fear/Escape

No dreams were shared between subjects in any detail beyond the thematic similarities.

HEAD

Headaches were very common. They tended to be left sided, mainly in forehead and temples and tended to refer to the eyes, notably though the neck was also affected. There was a strong tendency to the eyes and root of nose as well. They are worse for cold and cold drinks, better for warmth. They are better lying, especially on their left side. The pain is mainly of a pressing nature. There is heaviness and constriction.

NOSE

Again we see the left side being more affected and the sensitivity to cold. Discharge is mainly clear, watery or albuminous and usually worse in the morning. It is also more commonly postnasal.

THROAT

There is tension in the throat. It is worse in the morning, for cold drinks and swallowing in general. They have pain, mucus and dryness in the throat as well as the sensation of a lump in the throat.

GENERALS

They can become cold easily and they have flushes of heat. They desire coffee, chocolate, warm food and drink and sweets. They feel better for lying, especially on their sides. They can be weak at any time of the day. They have a swollen sensation and are better for rubbing and occupation and tend to be worse on waking.

EYES

Again more affected on the left, there is the sensation of, as well as actual, swelling and inflammation. The eyes feel heavy. They can be sore and the lids

tend to be more affected than the eyeballs. Vision is blurred and the eyes are light sensitive.

GENITALIA/SEX

Of main interest here are the pain symptoms. Again the left is more affected and the pains are better for lying on the side. They seem to be worse for movement/walking and the pains are felt mainly in the ovaries and uterus. There is vaginal discomfort during coitus. A thick, bland, white Leukorrhoea may be seen.

EXTREMITIES

They most notably have a lot of muscle twitches, predominantly in the upper left limb. The feet are dry and their hands perspire. Rashes and boils may be seen on upper and lower limbs. There may be pains in the knees, especially when walking.

EAR

They have pains in their ears, mainly on the lobe and behind the ear and in the meatus that is not better for rubbing or scratching. The right ear is more affected than the left. They have a sensation of fullness and there are buzzing noises in the ear.

BACK

The cervical region and the left side are most affected by stiffness and pain. The symptoms are definitely worse at night and better for lying. There is tension, stiffness or pain.

Of note elsewhere are the following symptoms: distention/bloating in the abdomen; diarrhoea, constipation and sudden urging; difficult respiration, sighing and desire to breath deeply; oppression of the chest, pain and constriction behind the sternum; difficulty sleeping at night with sleepiness in the day; thirst, burning pain and the sensation of a lump in the stomach; there is a metallic taste in the mouth and profuse salivation, the palate and tongue are sore.

5.3 REPERTORIZATION FOR RELATED REMEDIES

This was done in order to establish the closest existing remedies to Bit-g. The most prominent symptoms were used to provide the core of the remedy. The results are seen in appendix G.

5.4 OTHER CONSIDERATIONS

Generally it was found that homoeopaths and homoeopathic students were more useful provers. The reason for this is most likely to be that they are more familiar with the language and the detail required by a proving. They tended to be more observant and more interested in exploring variables and modalities to the symptoms. Other than this I found the criteria for inclusion to be totally satisfactory and did not find that it imposed any unreasonable limitations on the choice of provers.

I found that it was not always possible to supervise the provers as closely as I would have liked. I feel that closer attention to the subjects would have provided me with better information, particularly with regard to intensity of symptoms. It was only on processing the data that it became apparent that some of the provers actually were not as specific and detailed in their recording as imagined and it was not always possible to retrieve that information at a later date.

Other than these considerations I felt the methodology to be efficient, the potency and dosage regime effective.

CHAPTER 6 - CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

It can be concluded that the 30Ch potency of the venom of Bitis gabonica gabonica (**Bit-g**) is a remedy that should be considered in a range of conditions. If used accurately and precisely according to established Homoeopathic principles it could become a significant remedy in the clinical environment. The wide range of symptoms produced by the proving suggests an equally wide range of application for the remedy.

6.2 RECOMMENDATIONS

6.2.1 FURTHER PROVINGS

Further provings of this remedy substance are necessary as this proving shows it to have some promise in the homoeopathic sphere. It should be re-proven in lower potency to further reveal its physical/physiological symptomatology, for example in the 6Ch or 12Ch potency. It would be interesting to see if any of the swelling/oedema and cardiac effects of the venom came through in the lower potencies. It would also be of great benefit, as suggested by Wright (1999) in respect of further provings of Bitis arietans, to look at certain blood factors before, during and after the proving to see if there is any correlation with the haemotoxic effects of the venom.

6.2.2 COMPARATIVE STUDIES

Comparative studies of the remedy with other snake remedies and those remedies which bare a close resemblance to it should be undertaken to give the practitioner in the field the best possible idea as to what differentiates each substance in the healing context and as to where the remedy sits in the Homoeopathic armamentarium.

6.2.3 CLINICAL INFORMATION

It is important that the remedy be used by practitioners in the field in order for the various symptoms to be clinically verified. This will also help to draw a more accurate and clearly differentiated (disease) picture of the patient who matches this remedy substance. This clinical information needs to be gathered in order to verify symptoms of the proving, to clarify areas that were not well established by the provers and to add depth to the information at hand (this assumes that the remedy becomes generally available so that practitioners can actually use it). This may go some way to filling in the gaps with respect to modalities, concomitants, aetiologies and so on. These cases should be made available to the homoeopathic community through journals or publication on the Internet.

6.2.4 DEVELOPMENT OF A SOUTHERN AFRICAN MATERIA MEDICA

In the interests of expanding a Southern African Materia Medica there are other substances which need to be proven. There is a vast array of substances used medicinally by the indigenous healers in Southern Africa and the following list provides a *small* sample of the remedies that may be of some interest in this regard :

Kigelia Africana (*sausage tree*) – used externally for sores, ulcers, syphilis and carcinomas.

Boophane Disticha (*bushman poison bulb*) – for wounds and boils. Also an hallucinogenic.

Leonotus Leonurus (*wild dagga*) – snake bite, stings, boils, eczema, cramps, asthma, hypertension.

Acokanthera Oppositifolia (*bushmans poison bush*) – headache, snakebite, tapeworm, toxic arrow poisons.

Catha Edulis (*bushmans tea, khat*) – stimulant, coughs, asthma, chest ailments.

NB: This list is only a selection of flora, but there are many other animal substances that are of interest in respect of their medicinal properties.

It would be my wish for this institution (Durban Institute of Technology) to continue to be at the forefront of the proving effort in the interests of developing a substantial South African Materia Medica.

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APPENDIX A

SUITABILITY FOR INCLUSION IN THE PROVING

Surname:_____ Name:_____

Age:_____ Sex: ____

Address:_____
_____

Telephone: Home:_____
Work:_____
Cell:_____

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

- Are you between the age of 18 and 65 years Yes/No
- Do you consider yourself to be in a general state of good health? Yes/No
- Are you on Hormone Replacement Therapy or have you been on any Oral Contraceptives in the last 6 months? Yes/No
- Are you presently on any medication: chemical, homoeopathic, herbal or otherwise? Yes/No
- Have you had any surgery in the past 6 weeks? Yes/No
- Are you pregnant or nursing? Yes/No
- Do you suffer from hypersensitivity diseases such as asthma, hayfever, allergy/food hypersensitivity? Yes/No
- Do you consume more than: 2 measures of alcohol per day?
  (1 measure=1tot/beer/½ glass wine)
  10 cigarettes per day?
  3 cups of tea or coffee per day? Yes/No
- Do you use recreational drugs such as cannabis, LSD, MDMA (ecstasy) on a regular basis? Yes/No
- Are you willing to follow the proper procedures for the duration of the proving and to attend a short training programme prior to starting the proving? Yes/No

APPENDIX B

INFORMED CONSENT FORM

(To be completed in duplicate by prover)

TITLE OF RESEARCH PROJECT:

A homoeopathic drug proving

NAME OF SUPERVISOR:

Dr Ashley Ross

NAME OF RESEARCH STUDENT:

Bruce Thomson

DATE:

_____

PLEASE CIRCLE THE APPROPRIATE ANSWER

1. Have you read the patient information sheet? YES / NO
2. Have you had an opportunity to ask questions regarding this study? YES / NO
3. Have you received satisfactory answers to your questions? YES / NO
4. Have you had an opportunity to discuss this study? YES / NO
5. Have you received enough information about this study? YES / NO
6. Who have you spoken to?_____
7. Do you understand the implications of your involvement in this study? YES / NO
8. Do you understand that you are free to withdraw from this study:
   a) at any time?
   b) without having to give a reason for withdrawing, and
   c) without affecting your future health care. YES / NO
9. Do you agree to voluntarily participate in this study? YES / NO

PATIENT/SUBJECT Name:_____ **Signature**:_____
(in block letters)

WITNESS Name:_____ **Signature**:_____
(in block letters)

RESEARCH STUDENT Name: Bruce Thomson_____ **Signature**:_____
(in block letters)

APPENDIX C

Case History

Name: _____ Date: _____

Address: _____ Marital Status: M/S/W/D

_____

_____ D.O.B. _____

_____

Age: _____

Tel. No. _____

_____

Occupation: _____

Religion: _____

_____

P.M.H. and treatment: (childhood illnesses, hospitalisation etc.)

Medication:

Smoker:

ROH:

Childhood developments and milestones:

Allergies:

Vaccination hx:

Family hx: (TB, Ca, DM, Heart dx, CVA…)

GENERAL SYSTEMS: Symptoms from each system will be concentrated on more than pathologies – these headings are just guidelines for the researcher.

Head:

- Scalp, hair…

- Headache:

- Trauma, whiplash, any aetiology:

- Modalities:

- Concomitants:

Neurological:

- Sleep:

- Dreams:

- Seizures:

- Sensations:

- Weakness/ palsy:

Visual:

ENT:

- Hearing:

- Otitis:

- Balance/ vertigo:

- Tinnitus:

- Allergic rhinitis:

- Coryza:

- Sneezing:

- Sinusitis:

- PND:

- Sore throats:

- Hoarseness:

- Tonsils: IN / OUT

- Modalities:

Pulmonary:

- Chest:

- Cough:

- Sputum:

- Asthma:

- SOB:

- Bronchitis:

- Pneumonia:

- Modalities:

CVS:

- HT / HypoT:

- Pain / discomfort:

- Palpitations:

- Syncope:

- Oedema:

- Phlebitis, varices, telangiectasies, anaemia, bruising…

GIT and Abdomen:

- Appetite:

- Tastes:

- Cravings:

- Aversions:

- Nausea / vomiting:

- Indigestion / heartburn:

- Bowel movement:

- Constipation:

- Hernia:

- Ulcers:

- Abdominal pain:

- Bloating:

- Flatulence:

- Any organs particularly affected: (Liver, Pancreas, GB, Haemorrhoids…)

- GI surgery:

- Modalities:

Urinary System:

- Urine output / day:

- Fluid intake: (what, how much, hot / cold…)

- Pain:

- Infections:

- Nocturia:

- Haematuria:

- Past stones:

- Modalities:

Male system:

- Libido:

- Pain:

- Impotence:

- Emissions:

- Prostate:

- Swellings:

- Lesions:

Female system:

- Contraception: How long:

- Libido:

- Pain:

- Bloating:

- Cysts:

- PMS:

- Menstrual cycle:

1. Interval:
2. No. of days:
3. Amt. of flow:
4. Clots:
5. Pain:

- Menarche:

- Menopause:

- Discharge:

- Coital pain:

- Breast pain:

- Check ups:

- PAP smear:

- Last gynae appointment:

- Pregnancy:

- Labour:

- Infections:

- STD's:

Skin:

- General appearance:

- Eruptions:

- Itching:

- Dryness:

- Turgor:

- Nails:

Musculoskeletal:

- Muscles:

- Joints:

- Modalities:

Generals:

- Thirst:

- Perspiration:

- Weight change:

- Energy levels: 1 -> 10

- Fitness levels: 1 -> 10

- Stress levels: 1 -> 10

- Weather: (preferences, aversions, modalities, altitude…)

- Fever:

- Travel:

Mental / emotional:

- Moods:

- Anxiety:

- Coping skills:

- Awareness:

- Memory:

- Anger:

- Delusions:

- Fears:

- Tearfulness:

- Consolation:

- Irritation:

- Quirks:

- Other:

On examination:

- Pulse:
- Temperature:
- Respiratory rate:
- Blood pressure:
- Hydration:
- Lymph nodes:
- Capillary refill:
- JACCOL:
- Higher function:
- Skin: (appearance, temp…)
- Systems:

1. Chest:
2. Abdomen:
3. Head and neck:

4. Neuro: (reflexes)

5. CVS: (pulses)

6. Miscellaneous:

APPENDIX D:

Instructions to provers:

Dear prover,

Welcome to one of the most exciting opportunities to participate in and experience Homoeopathy. I am sure that you will benefit from this proving in many ways.

This study is a Homoeopathic proving of a certain substance, which will remain unknown to you for the duration of the study. The study requires you, the prover, to be in relatively good health, physically and mentally, and to be willing to follow the protocols of the study to the best of your ability. This study hopes to reveal a remedy-picture of this substance so that it can be included in our Materia Medica and be used to treat illness.

Before the proving:

Please 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

The proving supervisor (Bruce Thomson) will contact you with the date to commence the pre-proving observation period and the date required to start taking the remedy. You will then 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 contact your supervisor.

Beginning the Proving:

Once you have been asked to begin the Proving, record all your symptoms daily in the journal for 1 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 and will establish the baseline for you as an individual prover.

Taking the Remedy:

Begin taking the remedy on the day that you and the supervisor have agreed upon. Record the time that you take each dose as time keeping is an important element of the proving.
The remedy should be taken on an empty stomach and with a clean mouth (i.e. free of toothpaste, food, drink etc.). Dissolve the powder under the tongue. Neither food nor drink should be taken for at least half an hour before and after each dose.
The remedy should not be taken more than 3 times per day and for no longer than 1 week.

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 I mean:

- **any new symptoms**, i.e. ones that you have never experienced before
- **any change or intensification of any existing symptom**
- **any strong return of an old symptom**, i.e. a symptom which you haven't experienced in more than 1 year.

If you have any doubt as to whether a symptom is in fact a 'proving symptom', speak to your supervisor. Be on the safe side and do not take any further doses. *Experience has shown repeatedly that the proving symptoms usually begin very subtly, often before the prover recognises that the remedy has begun to act.*

Lifestyle During the Proving:

Avoid all antidoting factors such as caffeine, camphor, menthol and mints. If you normally use these substances, please stop taking them 2 weeks before and for the duration of the proving. If this is not possible and the use of these substances is not used in too much excess, please keep the use of these substances to a regular routine and endeavour to use them long after or long before taking a dose of the remedy.
Protect your proving powders like any other potentised remedy: store them in a cool, dark place away from strong smelling substances, chemicals and electrical equipment.

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

Avoid taking any medication, especially antibiotics, vitamins or mineral supplements, herbal or homoeopathic remedies.

In the event of a medical or dental emergency, of course common sense should prevail. Contact your homoeopath, doctor, dentist or local hospital as necessary. Please also contact your supervisor as soon as possible.

Confidentiality:

It is important for the quality and credibility of the proving that you discuss your symptoms only with your supervisor. **Keep your symptoms to yourself and do not discuss them with fellow provers.**
Your privacy is something that will be protected. Only the proving supervisor will know your identity and all information will be treated in the strictest confidence.

Contact with your supervisor:

Your supervisor will contact you to inform you to begin your 1-week observation period and then daily from the day that you begin taking 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 further need for such regular contact. This will serve to check up 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 doubts, queries or problems during the proving contact your supervisor on the telephone number provided at any time.

Recording of symptoms:

When you commence the proving, note down any symptoms carefully that arise, whether they are old or new and at the time of the day or night which they occurred. **This should be done as vigilantly and as frequently as possible so that the details will be fresh in your memory and that no information will be lost.** Make a note even if nothing happens. Remember to note down any significant events or incidences that occur, especially if they are attributed to the remedy taken.

Please start each new day on a new page with date noted at the top of the page. Also note which day of the proving it is. The day that you take your 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 and please be as precise as possible. Note down your symptoms in an accurate, detailed yet brief manner and 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, dull, lancinating …...
- **MODALITY:** better (>) or worse (<) from weather, food, smells, dark, light, lying, standing, people …… Try different things out to see if they affect the symptom and record any changes.
- **TIME:** note the time of onset of the symptoms and when they cease or are altered. Is it generally better (>) or worse (<) at a particular time of the day or night, and is this unusual for you?
- **INTENSITY:** briefly describe the sensation and its effect on you.
- **AETIOLOGY:** did anything seem to cause or set off the symptom and does it do this repeatedly?
- **CONCOMITANTS:** do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?

REMEMBER

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

On a daily basis, you should run through the following checklist to ensure that you have observed and recorded all your symptoms:

- **MIND**
- **HEAD**
- **EYES**
- **EARS**
- **MOUTH & TONGUE**
- **BACK**
- **RESPIRATORY SYSTEM**
- **DIGESTIVE SYSTEM**
- **SKIN**
- **EXTREMITIES**
- **URINARY ORGANS**
- **GENITALIA**
- **SEX**
- **TEMPERATURE**
- **SLEEP**
- **DREAMS**
- **GENERALITIES**

Please give full descriptions of ***dreams*** and in particular note the *general feeling* or *impression* that the dream left with you.

Mental and emotional symptoms are very important and sometimes difficult to describe - please take special care 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. Please note how the proving affected you in general. How has this experience affected your health? Would you ever do another proving?

As far as possible, try to classify each symptom by making a notation in brackets next to each entry according to the following key:

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

(NS) - New symptom

(OS) - Old symptom. State when the symptom previously occurred.

(AS) - Alteration in a present state or old symptom (e.g. used to be on the left side, now on the right)

(US) - Unusual symptom for you.

Please remember to use red ink for these notations and classify your symptoms accurately. If you have any doubts, discuss them with your supervisor.

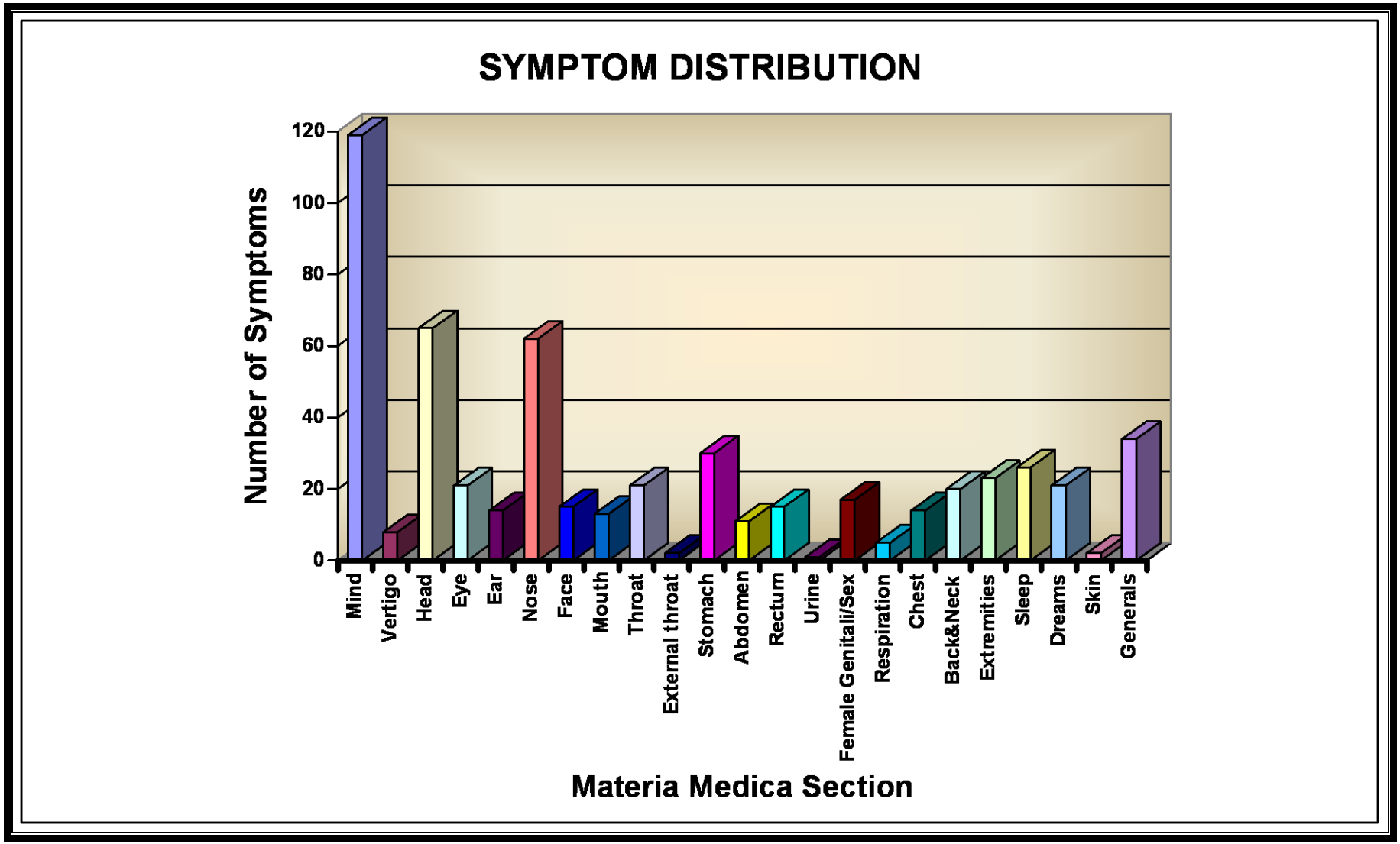
Please remember that detailed observation and concise, legible writing is essential.

“The best opportunity for exercising our sense of observation and to perfect it is by proving medicines ourselves” - *Samuel Hahnemann*

‘The person who is proving the medicine must be pre-eminently trustworthy and conscientious...and able to express and describe his sensations in accurate terms’
Organon Aph. 126

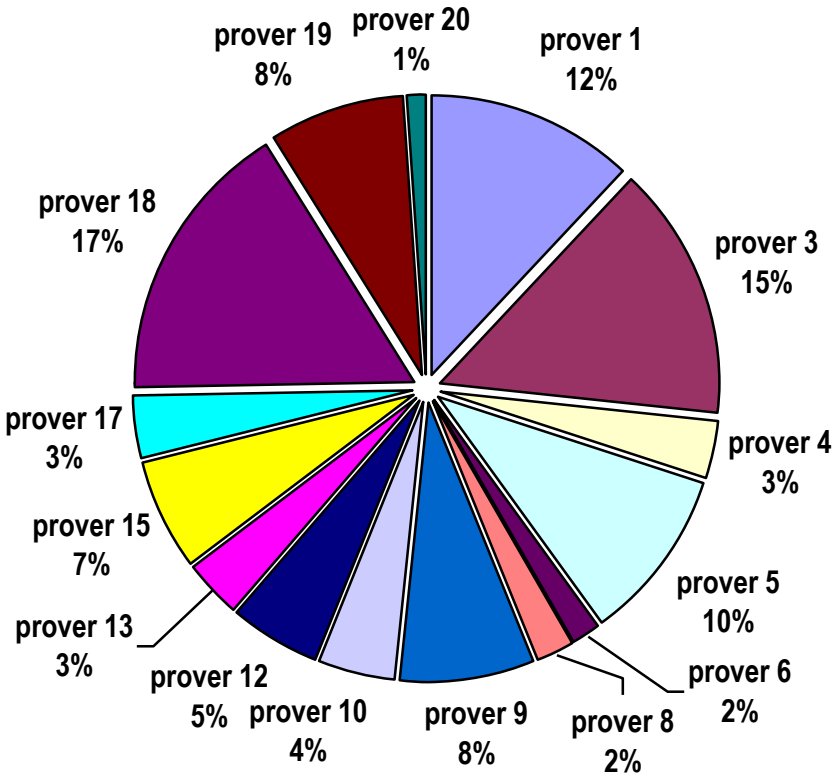
THANK YOU FOR PARTICIPATING IN THIS PROVING. I AM SURE THAT YOU WILL FIND THAT THERE IS NO BETTER WAY OF LEARNING AND ADVANCING HOMOEOPATHY.

(Adapted from Jeremy Sherr - The Dynamics and Methodology of Homoeopathic Provings)


SYMPTOM DISTRIBUTION
Number of Symptoms
120
100
80
60
40
20
0
Mind
Vertigo
Head
Eye
Ear
Nose
Face
Mouth
Throat
External throat
Stomach
Abdomen
Rectum
Urine
Female Genitali/Sex
Respiration
Chest
Back&Neck
Extremities
Sleep
Dreams
Skin
Generals
Materia Medica Section

APPENDIX E

RELATIVE PROVER CONTRIBUTION



APPENDIX F

Appendix G

- NORMAL REPERTORIZATION
- MINERAL FILTER
- ANIMAL FILTER
- ANIMAL – SNAKES – FILTER
- PLANT FILTER