A 'family group analysis' (Sankaran) evaluation of a triple-blind homoeopathic drug proving of *Erythrina Lysistemon* 30CH.

By

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I, Estelle de Beer, do hereby declare that this dissertation represents my own work.

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DEDICATION

To my parents, Zenardt and Wilma, for their unconditional love and support both naturally and spiritually for without them this part of my life's journey would never have been possible.

To my partner, for being at my side all the way, through joyous and trying times, and most importantly for believing in me.

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Rajan Sankaran, I have learnt so much through the study of your works. Your insight is invaluable to the homoeopathic profession.

Lastly, to all the provers that made this research possible, your input and commitment is the sole result of the success of this proving.

ABSTRACT

The aim of this analytical study was to determine the effects of the thirtieth centesimal (30CH) potency of the bark of *Erythrina Lysistemon* on healthy individuals with the subsequent analysis of the proving data obtained according to Sankaran's model/ theory of vital sensations and miasms, so that it may be prescribed according to the Law of Similars, as required by homoeopathic science.

Thirty-two healthy volunteers who met all the inclusion criteria participated in this study (Appendix A – Suitability for Inclusion). All volunteers were required to sign a consent form (Appendix B). Forty (40) percent (12 of the 32) of the subjects received placebo in a randomised fashion. This was a triple-blind, placebo controlled study where neither the researchers nor the individuals participating in the study knew who received placebo or verum. The provers were unaware of the nature of the substance they were taking and the researchers were unaware of the nature of the substance that they were administrating. The provers recorded their state prior to the administration of the proving substance to establish a baseline from which their state after taking the proving substance was compared (Appendix D – Instructions to Provers).

Data collection took the format of a diary or journal in which the provers recorded their symptoms daily and from which the data was later extracted. Data from

case histories and physical examinations were also considered in the study (Appendix C – Case History and Physical Examination).

In a concurrent study of similar methodology, Olivier (2007) compared the traditional uses of *Erythina Lysisemon* to the symptoms produced in the proving. Thiel (2007) compared the Doctrine of Signatures and Grinn (2007) compared the toxicological symptoms of the bark of *Erythrina Lysistemon* to those produced in the proving.

The study showed a definite relationship between the sensations described in Sankaran's study of Leguminosae and the sensations portrayed by *Erythrina Lysistemon* which lead to the further classification of this substance into his miasmatic schema.

For the purpose of this type of analysis to be complete it is imperative that further studies on others substances found in the same family as *Erythrina Lysistemon* be proved in order to verify these finding and expand on them.

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

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DEFINITION OF TERMS

MATERIA MEDICA

1. SYSTEMATIC DOCUMENTATION of the knowledge of medicines; a textbook containing such.
2. The scientific study of the sources, preparation, uses and administration of medicines.
3. In homoeopathy, the description of the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (modalities), and the general characteristics of the patient associated with them, derived from their toxicological, homoeopathic pathogenic trials (provings) and clinical experience of their use.
4. The intrinsic characteristics of the source material.

MIASM

1. Infectious or noxious vapour or atmosphere.
2. Pathogenic influence of a particular disease process upon an organism, responsible for a wide but distinctive range of morbidity not necessarily characteristic of the pathology of the original disease.

3. Trait within a society, family or individual making the susceptible to a particular pattern of morbidity; an inheritant or acquired disposition to be ill in a certain way.

PROVER

Subject of a proving, or homoeopathic pathogenic trial. A volunteer, who should be in good health, who records changes in his or her condition during and after the administration of the substance to be tested.

PROVING

1. Testing the qualities of something.
2. Demonstrating the truth of a proposition by evidence or argument.
3. The process of determining the medicinal properties of a substance in material dose, mother tincture or potency, by administration to healthy volunteers, to elicit effects from which the therapeutic potential, or materia medica of the substance may be derived.
4. Effects of a homoeopathic medicine used in treatment that are characteristic of the materia medica of the medicine itself and not of the patient or illness.

PROVING SYMPTOMS

1. The symptoms recorded by the subjects of a homoeopathogenic trial or proving, and that contribute to the development of the materia medica of the substance under investigation.
2. Symptoms experienced by the patients that are the product of the homoeopathic medicine with which they are being treated, and characteristic of it's materia medica, rather than of the disease process itself or some other intercurrent event.

REMEDY

1. The means of removing or improving any undesirable state.
2. The means of curing or relieving a symptom or disease.
3. The term commonly and colloquially used amongst homoeopaths for the homoeopathic medicine because it implies both the more comprehensive remedial action which the prescription is expected to achieve and the more purposive relationship to what is to be remedied in the patient that the more general term 'medicine'.

REPERTORY

1. Systematic cross reference of symptoms and disorders to the homoeopathic medicines in whose therapeutic repertoire (materia medica) they occur. The strength or degree of the association between the two is indicated by the type in which the medicine name is printed.
2. Source used in case analysis to identify the medicine indicated for the patient. This process is called repertorisation.

REPERTORISATION

Use of repertory for decision support in homoeopathic case analysis and prescribing.

(Swayne, 2000)

CHAPTER 1: INTRODUCTION

1.1 Aims of the research study of the proving of *Erythrina lysistemon* 30CH

The purpose of this research study was to investigate the therapeutic potential of *Erythrina lysistemon* 30CH by conducting a homoeopathic proving. The results of the proving were subjected to a family group analysis according to the model proposed by Sankaran (Sankaran, 2002). Recorded symptoms were evaluated and classified according to vital sensation and reactions, as well as Sankaran's extended miasmatic classification.

1.2 Rationale for the proving Of *Erythrina lysistemon* 30CH

This proving was intended to extend the scope of the Homoeopathic Materia Medica, by the addition of the proved substance which would now allow for it's utilization by all homoeopaths.

Complaints that were previously only partially covered by an existing remedy, would potentially be covered in totality, by the newly-proved remedy and may thus be more directly curable.

This proving utilizes some of South Africa's vast therapeutic potential, which could have great significant on current disease, that if not proved would otherwise go to waste.

A proving is the best way to accurately investigate the effect of a substance as a homoeopathic remedy which can be added to the dispensary to provide a larger variety of remedies at our disposal (Sherr, 1994).

This proving was a triple-blind placebo controlled study which provided an additional layer of security to prevent bias, unlike double-blind and blinded studies, ensuring absolute certainty of the results obtained.

CHAPTER 2: LITERATURE REVIEW

2.1 PROVINGS

2.1.1 Introduction

The best way to study a remedy is to make a proving of it (Kent, 2002).

A Proving is a method used to determine the medicinal properties of a substance, by administering it to healthy volunteers in either material dose, mother tincture or in potency. Thereby eliciting effects from which the therapeutic potential or Materia Medica of the substance may be derived (Swayne, 2000).
In this manner, provings of potential medicinal substances provide us with a greater understanding of the medicinal properties of the proved substances (Sherr, 1994).

2.1.2 Historical Perspectives

The first homoeopathic proving was conducted by, Samuel Hahnemann, who is considered the father of homoeopathy. In 1790 whilst translating Cullen's theory, Hahnemann took a crude dose of Cinchona Officinalis, so as to determine its effects. According to medical thinking of the time, Cinchona Officinalis should have produced effects based on the doctrine of signatures, where a substance's

physical and chemical properties can be evident in physical ailments, such as the bitter taste of Cinchona Officinalis being responsible for the healing attributes in the malarial disease. Hahnemann's experimenting caused him to produce many of the symptoms of the fever leading him to recognize the similarity between the symptoms cured by the drug, and the symptoms caused by the drug in a healthy individual. He then developed his similia principle (similia similibus curentur - let like be cured by like). This concept which originated with Hippocrates, became the fundamental principle of homoeopathy (Hahnemann, 2001).

In Aphorisms 21 and 110 of the Organon of the Medical Art, we can only rely on the morbid phenomena which medicines produce in healthy bodies as being the sole possible revelation of their potential curative power. He continues in saying that by no other means can the knowledge of the pure peculiar powers of medicines, and how they cure disease, be learnt (Hahnemann, 2001).

Provings therefore provide the basis of the Homoeopathic Materia Medica and give a detailed account of the therapeutic action of the proved substance. It must be stressed however, that care must be taken when conducting provings to ensure that they conform to the standards of proving set by Hahnemann. In the past, several different approaches to provings have been employed, these include dream provings, seminar provings and meditation provings, but some of these lack closer attention to detail required by proper Hahnemann proving, and many fail to precisely extract and correlate the collected data, which is sourced

from medical and clinical trails which are based on double and triple-blind methods (Schulz & Grimes, 2002).

2.1.3 Elements of Proving Methodologies

2.1.3.1 Blinding

This is a term given to a study where participants, and investigators or assessors are unaware of the assigned intervention, and will therefore not be influenced by the knowledge. This method of conducting a trial usually reduces the differential assessment of the results but can also improve compliance and retention of provers while minimizing possible bias (Wikipidia, 2004).

2.1.3.2 Double-Blind

Most Homoeopathic Provings are conducted using a double-blind method. When two parties are blinded in a study, namely the patient and the researcher, the study is referred to as a double-blind study. This method is used to protect against bias (Sherr, 1994). Homoeopathic provings have often been run on a double-blind methodology in recent years (Sherr, 1994), this method however has been under debate. It has been proposed that by the provers being aware of the proving substance's identity, it may encourage an unconscious bias (Kell, 2002; Morris, 2002; Webster, 2002; Raeside). In order to eliminate this bias to its minimal extent, a triple-blind study can be employed (Smal and Taylor, 2004).

2.1.3.3 Triple-Blind

A method of triple-blinding refers to a study design in which the subject, researcher and person administrating the treatment, are blinded to what is being given, which ensures an added form of security to prevent any influence of study results by anyone directly involved in the study (Wikipidia, 2004). Triple-blinding has been suggested by previous studies to minimize bias, because in the double-blinding method they used, bias was still noted and considered to influence the results of the proving (Smal and Taylor, 2004).

2.1.3.4 Placebo

Placebo is necessary in a study to be able to accurately differentiate or distinguish symptoms produced by the remedy proved, to be able to say beyond doubt that any particular symptom was produced by the proving substance. It is a necessary entity as part of the clinical trial to prove the quality and reliability of the findings (Sherr, 1994).

2.1.3.5 The 30CH Potency

Hahnemann states in paragraph 128 of the 6th edition of the Organon of the Medical Art that a potency of 30CH was the most valuable potency to use for provings. This, in his opinion, was best performed by the prover taking 4 to 6 globules of the 30th potency (30CH). This he added, needed to be repeated over several days (Hahnemann, 2001:154). This 30th potency was equal to the thirtieth sequential dilution in the proportion of 1 in 100 [1:10^{60}]. Each step in the

succussed (Smal, 2002 xiii). It is also noted that for the proving of any homoeopathic remedy to be considered complete, the substance needs to be proved in different potencies (Vithoulkas, 1986:98).

Sherr, and Walach, all discovered that 30CH produced the most striking and comprehensive peculiar symptoms as well as strong mental changes. Although Sherr does admit that it is up to each proving director as to the choice of the potency used, we decided to use the general standard of 30CH for our proving (Sherr, 1994; Walash, 1994).

2.2 THE PROVING SUBSTANCE: *ERYTHRINA LYSISTEMON* 30CH

2.2.1 Classification

Family: Fabaceae/Leguminosae (Pea & bean family)

Subfamily: Papilionoideae

Common names: common coral tree, lucky bean tree (English), gewone koraalboom, kanniedood (Afrikaans), umsintsi (isiXhosa), muvhale (TshiVenda), mophete (seTswana), mokhungwane (seSotho), umsinsi (isiZulu)

Part used for the proving: The Bark

2.2.2 Description

Erythrina lysistemon is a lovely, small to medium-sized, deciduous tree with a spreading crown and brilliant red flowers. It is a handsome tree at any time of the year, and its dazzling flowers have made it one of the best known and widely grown South African tree (Wikipedia, 2004).

This is a stocky, thickset tree that often branches low down and usually grows up to 10 m in height, occasionally reaching 12 m. The bark is smooth and dark gray to gray-brown and is not thickly corky. Short, hooked prickles are sparsely and randomly scattered on the trunk and branches. The leaves are trifoliolate (compound leaves with 3 leaflets), and each leaflet is large, usually up to 17 x 18 cm. The petiole, rachis and the midrib have hooked prickles on them.

The common coral tree blooms in early spring (from August to September) and it produces its flowers before its new leaves or just as the leaves begin to show.

The flowers are a beautiful clear scarlet and are carried in short, dense heads, about 9 cm long, on long, thick stalks. The standard petal (the large uppermost petal) is long and narrow and encloses the other petals and the stamens.

The flowers produce abundant nectar that attracts many nectar-feeding birds and insects, which attract the insect-feeding birds as well.

The fruit is a slender, black pod that can be 15 cm long and is sharply constricted between the seeds. The pod splits while still attached to the tree to release bright red 'lucky bean' seeds.

2.2.3 Habitat

Erythrina lysistemon occurs in a wide range of altitudes and habitats from North West Province, Limpopo (formerly Northern Province), Gauteng, Mpumalanga, through to Swaziland and KwaZulu-Natal, and down to about the Mbashe River Mouth in Eastern Cape. Further north in Zimbabwe, Botswana and Angola it occurs in small pockets. It grows in scrub forest, wooded kloofs, dry woodlands, dry savannah, koppie slopes and coastal dune bush and also in high rainfall areas (Palmer, 1992).

2.2.4 Uses

Erythrina lysistemon is not just a decorative tree, it is also an important component of the ecosystem, providing food and shelter for a variety of birds, animals and insects. Many birds and insects feed on the nectar. Vervet monkeys eat the flower buds. Kudu, klipspringer, black rhino and baboons graze on the leaves. Black rhinos, elephants and baboons eat the bark. Bush pigs eat the roots, and the brown-headed parrot eats and disperses the seed. Birds such as

barbets and woodpeckers nest in the trunks of dead trees, and swarms of bees often inhabit hollow trunks.

Erythrina lysistemon is also widely used and enjoyed by mankind. They have been regarded as royal trees, and were planted on the graves of Zulu chiefs. They were planted as living fences around kraals, homesteads and waterholes, and were one of the first wild trees to be planted in gardens in South Africa. They are still to be found in many gardens, and are planted as street trees in many towns. The wood is light and cork-like when dry and has been used for making canoes, rafts and floats for fishing nets as well as for troughs and brake-blocks. It has also been used to make shingles for roofing, as the wood is durable when tarred. The flowering of the trees has been, and still is, a good signal to the people that it is time to plant their crops.

Erythrina lysistemon is thought to have both medicinal and magical properties by many people. A tribal chief will wash in water in which bark has been soaked as he believes that by doing this he will ensure the respect of his people. Women about to give birth are given an infusion of herbs to make the birth easier and a sliver of bark from the four sides of the tree is tied around the bundle of herbs before it is boiled. Water in which bark has been soaked is mixed with the root of a species of *Cussonia* and used as a purifying emetic. Crushed leaves placed on a maggot-infested wound are said to clear the maggots. The bark applied as a poultice is used to treat sores, wounds, abscesses and arthritis. Infusions of the leaves are used as ear drops to relieve earache, and decoctions of the roots are

applied to sprains. *Erythrina lysistemon* does contain a large number of alkaloids that are known to be highly toxic, but its use in traditional medicine suggests that they have antibacterial, anti-inflammatory and analgesic effects. The seeds are used as lucky charms. According to Braam van Wyk and Piet van Wyk, who are indigenous tree specialists, the seeds also contain toxic alkaloids as well as anti-blood-clotting substances that may be of value in the treatment of thromboses (Van Wyk, 1997).

(See Olivier (2007))

2.3 SANKARAN'S FAMILY GROUP ANALYSIS

Sankaran has devised a theory in which he is able to link families, be they of plant, mineral or animal, according to their vital sensation i.e. a fundamental sensation that is common to all in the family. He then further categorizes them into one of ten miasms according to the presentation of the characteristics of the sensation. He has applied his model to existing remedies with much accuracy. By applying elements of the theory we should be able to predict the vital sensation and reaction based on familial relationship (i.e. all members of a botanical family have the same vital sensation and reactional identity in broad concept) thus enabling us to gain a better understanding of the substance proved, by not merely having a collection of symptoms but by understanding the essence of the proved substance (Sankaran, 2002).

The vital sensation that Sankaran refers to is a sensation that is felt in all aspects of the remedy, be it mentally or physically. It brings all spheres of the remedy together to this one vital sensation or core sensation of the remedy. When he has pin pointed this vital sensation, such as split/separated in Leguminosae, he decides on the active and passive reactions that the body will attempt in response to this sensation. For example: The active reaction would be to want to hold or bound together, and the passive reaction would be confusion from being scattered. Sankaran goes on to explain that the body tries to compensate for this sensation, and this compensation for example, is of a need to feel together and therefore will do anything that will make them feel this way (see section 5.6.1).

Sankaran's Miasmatic framework is designed to better understand smaller remedies and their family groups, making for easier and more effective prescription of these remedies (see section 5.6.2 & Appendix I).

CHAPTER 3: THE RESEARCH DESIGN

The homoeopathic drug proving of *Erythrina lysistemon* 30CH took the form of a mixed-method triple-blind, placebo-controlled study. Thirty-two provers were selected after meeting the inclusion criteria *(Appendix A)* and 40% of the subjects (12 of the 32) received placebo in a random manner. The thirty-two provers were then randomly divided into four equal groups of 8 provers, with each group supervised by one of four M.Tech.Hom student researchers (Durban University of Technology, Durban).

The provers and the four M.Tech.Hom research students were unaware of the name or nature of the substance being proved (Demarque, 1987; Nagpaul, 1987; Sherr, 1994; Riley 1995a), or whether a prover has been assigned the proving substance or a placebo. The research supervisor, was aware of the proving substance and its potency, but was unaware of the details of verum/ placebo assignment of provers to researchers.

As an additional 'internal' control, all provers were required to record their state for one week prior to commencing the verum/ placebo powders (Vithoulkas 1986: 148-150). All provers recorded their symptoms in assigned journals in the manner described *(see Appendix D)*. Such recording was completed at least once daily. Data extracted from journals were combined with case histories, telephonic consultations and physical examinations to compile the proving profile.

3.1. OUTLINE OF THE PROVING METHODOLOGY

- The proving was conducted by four M.Tech.Hom students, under supervision of the principal researcher;

- The proving substance was prepared by the principal researcher according to Methods 6 *(Triturations by hand)* and 8a *(Liquid preparations made from triturations)*, as specified in the German Homoeopathic Pharmacopoeia (GHP) *[Appendix E]*;

- Verum/ placebo powders were prepared according to the method described below *[1a(iii)]*, and 9 powders each of the respective test substance (verum or placebo) were randomly assigned by an independent clinician to 32 prover numbers (20 verum and 12 placebo);

- Each student researcher conducted interviews in which prospective provers were screened for suitability, and checked against the inclusion criteria *(Appendix A)*;

- The provers attended a pre-proving training course, conducted by the principal researcher, during which the procedure of homoeopathic proving was be explained to them;

- The provers were guided through the ***Instructions to Provers*** document *(Appendix D)*, and signed the ***Consent form*** *(Appendix B)*;

- Each prover was allocated a prover code, and was provided with a personal copy of the ***Instructions to Provers*** document, an appropriately numbered journal, and a list of contact numbers for the researchers;

- The provers were divided randomly into four equal groups, with each student researcher being responsible for 8 provers;

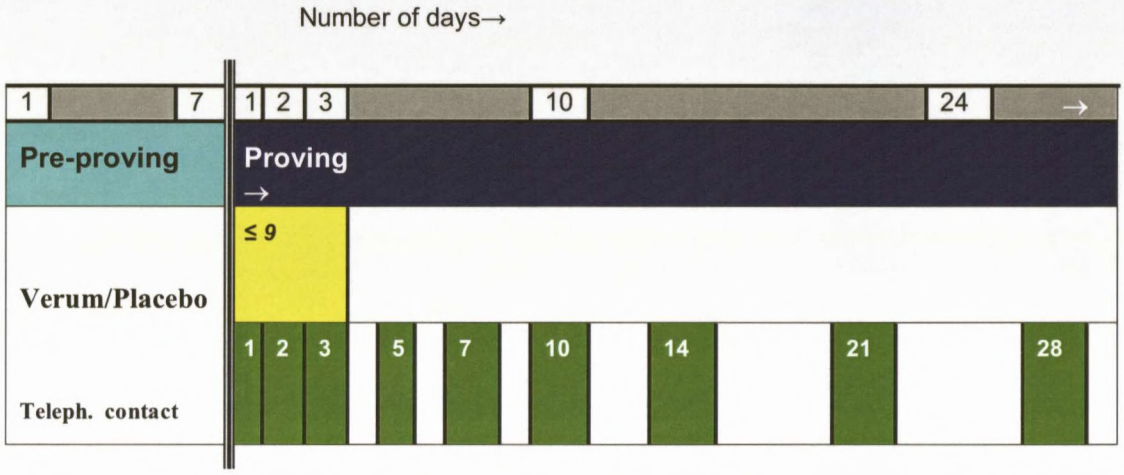
- At scheduled times, a thorough case history and physical examination *(Appendix C)* of each prover was completed by the respective student researcher;

- The provers then commenced recording their symptoms at least three times daily for one week prior to taking the proving substance. Provers commenced recording in a staggered manner with groups of two provers per researcher commencing at 3-day intervals (i.e. commencement of recording was staggered over a 13-day period *(viz. days 1, 4, 7, 10, and 13)*);

- On completion of the pre-proving week, the prover then commenced taking the powders a maximum of three times daily for 3 days, or until the first symptoms appeared, whereupon no further doses of the proving substance

were taken. The prover continued to record their symptoms throughout. The researcher was in daily telephonic contact with each prover.

- Telephonic contact frequency was initially, reducing to 2-3 daily, then weekly after the first week *(i.e. days 1, 2, 4, 7, 14, 21, 28 etc.)*



- If no symptoms have been noted after the sixth powder, the prover ceased to take any further doses, but continued to record as previously;

- The proving was considered complete when there had been no occurrence of symptoms for three weeks;

- Journaling continued for a post-proving observation period of two weeks, to ensure no recurrence of proving symptoms.

- The respective journals were recalled, and a post-proving case history and physical examination was conducted on the prover;

- The verum/placebo assignment was then unblinded to the researchers, to allow for distinction between verum and placebo groups;

- Extraction and collation of all data was then conducted where true proving symptoms were sifted from all the information provided;

- Data is presented in traditional Materia Medica and Repertory formats. At this point the identity and potency of the proving substance was revealed to the researchers.

a) The Proving Substance

i) *Potency:*

The proving substance in the 30th Hahnemannian potency (30CH) was utilised for the proving (***Erythrina lysistemon* 30CH**).

ii) *The preparation and dispensing of the proving substance:*

- The proving substance was prepared by the principal researcher according to Methods 6 (Trituration of insoluble substances) and 8a (Liquid potency from trituration), as

specified in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement (1991) to the First Edition (1978) *(Appendix E(i) and (ii))*;

- A 20ml volume of the 30th Hahnemannian centesimal potency (30CH) was produced in 73% ethanol;
- A 90ml volume of standard size 10 lactose granules were triple-impregnated at 1% volume/volume with *Erythrina lysistemon* ***30CH*** (73% ethanol) *[verum]*;
- A 60 ml volume of standard size 10 lactose granules were triple-impregnated at 1% volume/volume with unprocessed 73% ethanol *[placebo]*;
- Placebo and verum powders were prepared by adding twenty (20) of the respective impregnated granules to standard pure lactose powders *[180 (+27) verum and 108 (+27) placebo powders divided into packets of 9 powders each (20+3 verum; 12+3 placebo)]*;
- An independent clinician (Dr David Naudé, Senior lecturer, Department of Homoeopathy, DUT) numbered 32 respective placebo/verum packets according to a secret random schema, which was stored by the third party until un-blinding;
- An additional three sets each of verum and placebo powders were held in reserve, to be administered to provers who may

be required to replace provers who withdrew from the study prematurely [see 1(b) (iii) below].

iii) *Dose and Posology:*

- The provers took one lactose-based verum/placebo powder sublingually for a maximum of three times daily for 3 days, or until the first symptoms appeared (whichever occurred sooner);
- The prover then ceased taking the powders as soon as they, or the researcher notes the onset of proving symptoms (Sherr, 1994:53; Vithoulkas, 1986: 146);
- There was no repetition of the dose after the onset of symptoms (Gaier, 1992: 267);
- The proving substance was taken on an empty stomach and with a clear mouth. Neither food nor drink was taken for a half-hour before or after administration of the proving substance;
- The dosage and posology was clearly explained to each prover in the pre-proving training course, and was presented in writing in the ***Instructions to Provers*** document (Appendix D), a copy of which was provided to each prover for reference and safekeeping at home.

b) The Prover Group

i) *Sample size and demographics:*

The proving was conducted on 32 healthy subjects. In keeping with international recommendations, (ICCH, 1999: 35, Walach, 1994: 130) the prover population consisted of a balanced mix of individuals thoroughly acquainted with homoeopathic principles, as well as those with no homoeopathic background.

Provers were recruited from amongst practising homoeopaths, and homoeopathic students (2^{nd} – 5^{th} year), as well as patients presenting to the Homoeopathic Day Clinic (DUT) and their relatives and friends. Although recruitment of provers was conducted on a purely voluntary basis, cognisance was taken for the need for balanced distribution of male/female ratios, and a reasonable spread of provers across the age range (18 – 60 years).

The verum/placebo distribution ratio was 20/12 *(60% verum/ 40% placebo)* according to independent random allocation. Provers were aware of the presence and likelihood of receiving placebo, but details of specific allocation were known only to the independent clinician until all data had been collected.

ii) *Criteria for inclusion of a subject:*

The prover subject:

- is between 18 and 60 years of age;
- had obtained parental consent if he/she is between 18 and 21 years old *(Appendix B)*;
- is in a general state of good health with no gross physical of mental pathology determined by the case history or physical examination (Sherr, 1994: 44, Riley, 1997: 233, Walach, 1994: 130, ICCH, 1999: 34);
- is in no need of medical treatment; conventional, homoeopathic or other (Riley, 1997: 223);
- had not used the oral contraceptive pill or hormone replacement therapy within the preceding six months (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 199: 34);
- is not pregnant or breastfeeding (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 1999: 34);
- does not use recreational drugs (Sherr, 1994: 44, Walach, 1994: 130, ICCH, 1999: 34);
- had not had surgery in the preceding six weeks;
- does not consume more than two measures of alcohol per day, 10 cigarettes per day, nor three cups of coffee or tea per day;

- is able to follow the proper procedures (including case history, physical examination and journaling) for the duration of the proving (Fuller Royal, 1991: 123); and
- is competent and had signed the ***Consent Form*** *(Appendix B)* (Riley, 1997: 225).

iii) *Randomisation:*

Forty percent of provers (12 provers) were randomly assigned to the placebo group. The remaining sixty percent (20 provers) constituted the verum group.

The allocation of provers to either group was effected by an independent clinician *(Dr David Naudé, Senior lecturer, Department of Homoeopathy, DUT)*: Allocation of prover numbers to either group was according to the random sequence of withdrawal of thirty-two folded slips of paper from a shaken box. Twenty slips will bear the letter 'V' and twelve the letter 'P' denoting the respective group.

Thirty-two packets of powders (20 verum/12 placebo), corresponding to prover numbers 1-32 were numbered according to the resultant schema *[see 1(a)(ii) above].* The schema was divided into four equal parts such that prover numbers 1-8, 9-16, 17-24 and

25-32 were assigned to respective M.Tech.Hom research students in a 'luck of the draw' manner. The record of the schema was stored by the independent clinician until all data had been collected, and un-blinding was required for differentiation of respective sets of data.

An additional three sets each of verum and placebo powders were held in reserve (unallocated), to be administered to provers who may have been required to replace provers who may have withdrawn from the study prematurely. In such cases the 'replacing' prover was assigned to the same group, and assumed the 'b' version of the same prover number, as the 'withdrawing' prover [e.g. withdrawing prover 25 *(verum)* was replaced with new prover 25b *(verum);* prover 8 *(placebo)* with prover 8b *(placebo)*]. The appropriate set of powders was labelled as such (by the independent clinician) at the time of dispensing.

iv) *Lifestyle of provers during the proving:*

The provers were advised to:

- avoid anti-doting factors such as camphor and menthol, and to cease their use for two weeks prior to administration of the proving powders (Sherr, 1994: 92);

- practice moderation with respect to work, alcohol, smoking, exercise, diet and sexual expression (Sherr, 1994: 92, Hahnemann, 1997: 200);
- maintain their usual habits (Sherr, 1994: 92, Maish *et al.*, 1998: 18);
- store the proving powders in a cool, dark place away from strong-smelling substances, electrical equipment and cellular telephones (Sherr, 1994, 92);
- avoid any medication (including antibiotics), vitamin and mineral supplements, herbal or homoeopathic remedies (Sherr, 1994: 92); and to
- consult their doctor, dentist or hospital in the event of a medical emergency, and to contact their supervisor as soon as possible thereafter (Sherr, 1994: 92).

v) *Monitoring of provers:*

The prover and their respective researcher were in daily telephonic contact for the beginning of the proving (days 1 and 2), with contact frequency decreasing across the first week (days 4 and 7) to become weekly contact (days 14, 21, 28 etc.) for the duration of the proving (Sherr, 1994: 58).

The purpose of these contacts was to:

i) ascertain when the proving substance begins to act, so that the prover may be instructed to cease taking any further doses;

ii) ensure that the prover records accurately, and does not neglect to record a symptom; and to

iii) ensure the safety of the prover by closely monitoring for any reaction which may need to be anti-doted (by an existing homoeopathic remedy, or another necessary intervention).

c) **Case-history and Physical examination**

i) *Case-history:*

Each prover who complies with the ***Inclusion criteria*** *(Appendix A)*, had attended the pre-proving training course, and read, understood and signed both the ***Consent form*** and the ***Instructions to Provers*** documents *(Appendices B and D respectively)* had a scheduled 2-hour appointment with the assigned student researcher for completion of a standard homoeopathic case history and general physical examination *(Appendix C)*.

The purpose of the case-history was to confirm and clarify the baseline status of each prover prior to administration of the proving substance.

ii) *Physical examination:*

The general physical examination *(Appendix C)* included physical description, assessment of vital signs, cursory overview and system specific examination (as relevant to the case-history).

d) Duration of the Proving

i) *Pre-proving observation:*

Each prover commenced recording his/her symptoms at least three times daily for one week prior to taking the proving substance, as an internal control. This period of mandatory pre-proving observation was staggered in such a manner that only two provers per researcher commenced his/her recording on any particular day. Pairs of provers commenced their pre-proving observation at 3-day intervals to allow the researcher to have predominant focus on each commencing pair of provers in the initial days of their journal recording. This would afford the researcher the opportunity to ensure that each prover's journaling is occurring according to the methodology, and that good journaling habits are being

established. Commencement of recording was therefore staggered over a 13-day period (viz. days 1, 4, 7, 10, and 13).

ii) *Commencement of proving:*

On completion of the week of pre-proving observation and journaling, each prover commenced taking the powders a maximum of three times daily for 3 days, or until the first symptoms appear, whereupon no further doses of the proving substance will be taken. If no symptoms had been noted after the ninth powder, the prover would continue to journal as previously.

Provers were monitored telephonically to confirm the onset of proving symptoms (where these occur), that the methodology is being implemented correctly, and that the prover's interests are being protected *[see 1(b) (v) above]*. Provers would journal at least once daily for the duration of the proving.

iii) *Chronology:*

The prover would note the time elapsed between the commencement of the proving and the appearance of each symptom. This was recorded in the DD:HH:MM format, as proposed by Sherr (1994), where DD are the number of days since

commencement of the proving (day 1 will be designated 00), HH are the number of hours, and MM the number of minutes.

The top of each page of the prover's journal was marked with the appropriate day code. After 24 hours, the minutes became redundant, and were represented by XX. After 2 days the hours will became redundant and were indicated similarly by XX. In instances where the time was insignificant or unclear the symptom was marked XX:XX:XX. The actual time of the day was included only if it was definite, significant and causal to the symptom. All irrelevant time data was in the initial extraction.

iv) *Post-proving observation*:

The proving was considered complete when there had been no occurrence of proving symptoms for three weeks. Journaling continued for a post-proving observation period of two weeks, whereupon the respective journal was recalled, and a post-proving case history and physical examination was conducted on the prover.

The purpose of the post-proving case-history and physical examination was to confirm the return to the pre-proving state, and

to confirm the disappearance of any 'cured symptoms' *[see 1(f) below].*

Although the duration of the individual prover's reaction to the proving substance could not be predicted, the broad prediction of duration was approximately 90 days as set out below:

Initiation of pre-proving observation	10 days
Pre-proving observation (1 week)	7 days
Proving period (*approx.* 5 weeks) *[variable]*	35 days
Cessation of proving (3 weeks)	21 days
Post-proving observation (2 weeks)	14 days
Approx.	87 days

e) Symptom Collection, Extraction and Evaluation

Criteria for inclusion of a symptom as a proving symptom:

- A new symptom unfamiliar to the prover occurring after taking the remedy (Riley, 1997: 227, ICCH, 1999: 36).
- The symptom did not appear in a prover in the placebo group.
- A current or usual symptom for the prover intensified to a marked degree (Sherr, 1994: 70, ICCH, 1999: 36).
- A current symptom that is modified or altered, with a clear description of current and modified component (Sherr, 1994: 70, ICCH, 1999: 36).

- The symptom did not occur in the prover within the last year (a current symptom) (Sherr, 1994: 70, Riley, 1997: 227).
- The symptom did not appear naturally or spontaneously during the proving (Sherr, 1994: 70).
- Any symptom that occurred a long time previously, especially longer than 5 years previously, but that had not occurred for at least one year and that had no reason to reappear at the time of the proving (Sherr, 1994: 70, Hahnemann, 2001: 207).
- A present symptom that disappeared during the proving. This was marked as a 'cured symptom' (Sherr, 1994: 71, Riley, 1997: 227, ICCH, 1999: 36).
- The frequency of the symptom (Sherr, 1994: 72).
- The intensity of the symptom (Riley, 1997: 227).
- The number of subjects experiencing a symptom. A symptom experienced in more than one subject (Sherr, 1994: 71, Riley, 1997: 71).
- A strange, rare or peculiar symptom for that prover. The knowledge and conviction of the prover that symptoms are foreign to him/her are a reliable and definite consideration (Sherr, 1994: 72).
- The modalities, concomitants, localisations (sides and extension) and timing associated with a symptom (Riley, 1997: 227).
- Accidents and co-incidences that occurred to more than one prover (Hahnemann, 2001: 207).

- If the prover was under the influence of the remedy (as can be seen by a general appearance of symptoms), then all other new symptoms were proving symptoms (Hahnemann, 2001: 207, Sherr, 1994: 70).
- The time of day at which a symptom occurs was only included if there was a repetition of such a time in another prover (ICCH, 1999: 36).
- A symptom was excluded if it may have been produced by a change in life or other exciting cause (ICCH, 1999: 36).

3.2. MANIPULATION OF THE DATA

3.2.1 Extraction and evaluation of symptoms

The journals were collected at the end of the proving and the data was extracted and evaluated for conversion into Materia Medica and Repertory format.

Data recorded by the researcher from the telephone consultations during the proving were also considered. The pre-proving physical examination, case history and the pre-proving observation period was also considered and taken into account when evaluating the data received and were used as a baseline control for the individual provers. After careful evaluation, symptoms were either confirmed or rejected according to the criteria set out in the Outlines of proving methodology (see section 3.1(e)).

3.2.2 Collating and editing the data

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

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

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

3.2.3 Formatting

The edited data was recorded into two different standardised formats – the materia medica and the repertory. This is to ensure that *Erythrina Lysistemon*

30CH may be used in a clinical homoeopathic practise and prescribed according to the Law of Similars.

3.2.3.1 The Repertory

The data collected from this proving was converted into rubric and sub-rubric language that conforms to the format as stated in the modern repertory: *SYNTHESIS: Repertorium Homoeopathicum Syntheticum: Edition 8.1* (Schroyens, 2001). Each symptom was analysed and translated into corresponding rubric or rubrics found in *SYNTHESIS: Repertorium Homoeopathicum Syntheticum: Edition 8.1* (Schroyens, 2001). Clear symptoms produced by *Erythrina Lysistemon* 30CH not found in existing rubrics necessitated the creation of new rubrics.

3.2.3.2 The Materia Medica

The collated and edited proving symptoms were written up into a materia medica format, conforming to the chapters of *SYNTHESIS: Repertorium Homoeopathicum Syntheticum: Edition 8.1* (Schroyens, 2001). Themes pertaining to common symptoms experienced by more than one prover were proposed in the Mind section in order to differentiate between all the symptoms given, for easier reading and to be able to portrait a better understanding of the remedy.

Proving symptoms were entered under the following main headings:

Mind, Vertigo, Head, Eye, Vision, Nose, Face, Mouth, Teeth, Throat, Stomach, Abdomen, Rectum, Stool, Urine, Female genitalia/sex, Respiration, Cough, Chest, Back, Extremities, Sleep, Dreams, Fever, Skin, and Generals.

3.2.3 Toxicological data

An investigation into the toxicology of *Erythrina Lysistemon* 30CH was done by Grinn (2007). Clinical finding were added which could possibly serve to widen the scope of potential homoeopathic therapeutic use of *Erythrina Lysistemon* 30CH in the future.

3.2.4 Traditional uses

An investigation into the traditional uses of *Erythrina Lysistemon* 30CH was done by Olivier (2007). Clinical findings were added which could possibly serve to widen the scope of potential homoeopathic therapeutic use of *Erythrina Lysistemon* 30CH in the future.

3.2.5 Doctrine of Signatures

An analysis into the doctrine of signatures of *Erythrina Lysistemon* 30CH was done by Thiel (2007). Clinical findings were added which could possibly serve to widen the scope of potential homoeopathic therapeutic use of *Erythrina Lysistemon* 30CH in the future.

3.3. A Family Group Analysis using Sankaran's Theory

3.3.1 Determination of the 'vital sensation' of *Erythrina Lysistemon* 30CH

Rubrics from the repertory were grouped according to the sensations described, and these sensations were compounded to name one sensation that encompassed them all. These grouped sensations were then studied to reveal the possible relations and differences. From these a conclusion was drawn as to the 'vital sensation' of *Erythrina Lysistemon* 30CH.

3.3.2 Comparison to the family group sensation as proposed by Sankaran

The 'vital sensation' of *Erythrina lysistemon* 30CH was then compared to the sensation described by Sanakaran of Leguminosae (Sankaran, 2002). The differences and similarities of the sensation of *Erythrina lysistemon* 30CH is

discussed in relation to other remedies within Leguminosae. A theory as to the sensation of *Erythrina lysistemon* 30CH is proposed.

3.3.3 Miasmatic classification of the *Erythrina lysistemon* 30CH

The Materia Medica and Repertory were studied for commonalities from which keywords were formed. The keywords given by Sankaran were then used as a guide, and a comparison was made in order to reveal into which miasm *Erythrina lysistemon* 30CH could most closely be classified.

CHAPTER 4: RESULTS AND DISCUSSION

THE RESULTS

4.1 Introduction

Symptoms were extracted from the prover journals and were collated and edited. The results of this process are discussed in this chapter. The results were then converted into the Materia Medica and Repertory as per standard homoeopathic referencing formats (See section 3.2.3.1& 3.2.3.2).

4.1.1 Key

The proving symptoms of *Erythrina lysistemon* 30CH are grouped by Materia Medica section. The symptoms are referenced as follows:

- Journal entry – Prover number- Gender- Onset of symptoms – (DD:HH:MM).

4.2 The Materia Medica symptoms of *Erythrina lysistemon* 30CH

4.2.1 MIND

Irritability and frustration

Did get a bit irritable and short with the boys today (this afternoon).

17F 05:XX:XX

Was rather irritated with children today and snapped at them for no reason – almost like PMS symptoms although no period due right now. Improved by end of evening.

17F 17:XX:XX

Short tempered with kids but enjoy adults company.

17F 01:13:30

I'm short tempered and abrupt with people.

24M 01:XX:XX

These diary writings are getting to me, pretty annoyed actually.

29M 09:XX:XX

Writing test went absolutely shit. Once again I realised why I hate tech. lack of organisation and students get the short end of the stick.

28M 14:XX:XX

Starting to get a little worked up about the test on Friday, everybody moaning and phasing me out. Everybody moans and complains but nobody is willing to do the work required. That irritates me about people.

28M 09:XX:XX

Am easily irritated especially if people don't do things the way I want them done.

24M 01:XX:XX

Hate when people do things half heartedly. When they agree to help you out and then you realise that their effort was less than minimal. It irritates the hell out of me. I cannot rely on anyone.

32F 03:XX:XX

I have become very short fused with him[boyfriend] and the smallest thing seems like the tragedy of my life. I overreact and I am constantly thinking of leaving him. I don't know what is happening to me and I don't like it. I want that constant instability and irritability to go away.

32F 12:XX:XX

Everyone is irritating me.

10F 05XX:XX

Rather irritable this afternoon.

17F 01:13:30

Have not been quite as irritable with this period, may be due to exercise.

17F 05:XX:XX

Was a little irritated (no one in particular) and just not in the mood (really just lazy).

28M 04:XX:XX

I have been very irritated the whole day and my head is spinning.

30F 00:XX:XX

I woke up feeling irritable and depressed and felt like being alone.

14F 02:07:15

I got very irritated with students and lecturers at tech. I absolutely hate this place with passion. Because of tech earlier this afternoon I am very irritated with everybody around me. Just want to stay out of everyone's way. AHHHH.

28M 08:XX:XX

Was irritable at work, could not concentrate, had no patience to read any documents, just wanted to go home.

03F 01:XX:XX

Met aunts- highly irritated with them the second we met. Don't want to be around people.

29M 02:XX:XX

Arrived at the flat still very irritated, whole day was spoiled by one afternoon at tech. Decided to go for a run, get rid of some frustration.

28M 08:XX:XX

There is much emotional tension between us (my wife & I) and my parents which is proving to be quite taxing on the soul. I am feeling upset by that, frustrated too.

01M 00:13:00

Definitely feeling strange-slight tension in body (almost a feeling of frustration).

01M 02:XX:XX

Feel like I need to run to relieve some tension of sort.

01M 02:XX:XX

Difficult to describe, tightness like feeling that I want to try shake off my body.

01M 02:XX:XX

Feel strange internally- like I need to shake something off. Like being tight inside my body or muscles, almost like being frustrated at something I can't solve.

01M 05:XX:XX

Cleaned house and feel normal again. Possibly the activity was a relieving factor.

01M 02:XX:XX

Anxiety

I have an interview coming up with a company in the next few days. I feel that I am not as confident as I always am.

26M 07:XX:XX

Did not sleep well last night. Kept on dreaming about this interview I had to go to. Feeling slightly nervy this morning.

26M 08:XX:XX

I am in a bit of a hurry, feeling little anxious 'cause I have got to meet Dr. W in Ballito (15:00)'.

28M 01:14:30

Feeling anxious and worried.

13F 01:XX:XX

Worrying about UNISA *[University]* assignments and how I am going to complete them before deadline at end Aug.

17F 03:05:30

Stressing about assignments and exams and time running out.

17F 05:XX:XX

Still feeling a little panicky about getting all my prac teaching in before end Aug.

17F 16:XX:XX

Got a very restless/anxious feeling, was irritated with myself. Just wanted to go home.

03F 00:12:30

Got anxious/irritable, impatient too. Just wanted to go home.

03F 02:12:30

It gives me an uneasy feeling- thinking of what the future is going to bring.

32F 06:XX:XX

Feel a sensation of excitability or anticipation of something.

01M 03:XX:XX

Delusions

I think my boyfriend isn't attracted to me.

32F 02:XX:XX

I think he [boyfriend] doesn't love me and that he's scared to tell me. I confronted him and he comforted me effectively. I'm just being silly. Don't know where it is coming from. Really don't have a reason to doubt his feelings or commitment to me.

32F 05:XX:XX

I also have become very insecure in my relationship. I constantly doubt my boyfriend's feelings for me. At one stage I thought he had an affair. All my suspicions are completely groundless.

32F 12:XX:XX

She doesn't care at all, haven't even responded to letter. Didn't even send sms on my birthday. That's what one gets after 3 and half years.

28M 02:XX:XX

I felt like there was something foreign in my body.

26M 00:XX:XX

Mood

Felt relaxed and happy today.

10F 01:XX:XX

Today has been an awesome day not sure why, but I'm really happy and carefree.

10F 03:XX:XX

In good spirits today remained positive over all.

13F 01:XX:XX

Felt inspired at clinic today.

10F 03:XX:XX

My mood has actually been quite up-beat not feeling tired.

17F 02:17:40

Rest of day went fine – no symptoms felt quite good.

17F 05:XX:XX

I haven't been myself lately. My mood swings from the highest high to the lowest low. I would be laughing 1 min and close to tears the next.

32F XX:XX:XX

Had another fight with my boyfriend this time I told him that I had been thinking of leaving him.

32F 14:XX:XX

I got really emotional in the evening. I cried like a baby about nothing, which seems to be happening to me very often lately.

32F 06:XX:XX

Extremely emotional. Cried very easily (which doesn't happen to me) about a minor problem.

32F 02:XX:XX

I really don't know what is going on with me- could I be bi-polar? In the morning I was chirpy and now I feel so glum.

29F 02:XX:XX

I had a fight with my boyfriend. I don't know what got into me. It is the first time that I lashed out at him so badly. (...)

Why did I persist on making him angry? I was totally aware that I was pushing his buttons but I enjoyed it. I'm sick.

I became hysterical in the car – jumped off – told him not to think about marrying me – slammed the door and drove off in my car.

Whilst alone I cried- hauled*[howled]* actually. Asking god to forgive me and cursing myself for doing that to J. Who have I become? Is it the stress in my life? Is it the remedy? I even tore the back of my favourite book and threw it at him. Who have I become?

29F 04:XX:XX

Seem to be very angry today.

13F 05:XX:XX

I got a phone call from my classmates to tell me that they as a class are going to refuse to write a test (not enough time). I made my opinion very clear that I don't want to have anything to do with this.

28M 10:XX:XX

Company

I woke up feeling irritable and depressed and felt like being alone.

14F 02:07:15

Went to the clinic; had no patients but preferred it that way; wasn't in the mood to deal with them anyway.

28M 04:XX:XX

Met aunts- highly irritated with them the second we met. Don't want to be around people.

29F 02:XX:XX

Short tempered with kids but enjoy adults company.

17F 01:13:30

Arrived home on absolute high. Had a great day with friends.

28M 09:XX:XX

Had lunch with a friend. Absolutely awesome (...) awesome day so far, leave for a club tonight (...) met up with friends there (...) the day was awesome in total.

28M 06:XX:XX

Don't want to go to an empty flat.

28M 14:XX:XX

I feel a strong need for some company.

30F 12:XX:XX

Activity/ Occupation

Awake at 5am and full of energy. Have been feeling so much better since exercising.

17F 10:XX:XX

Had a tough workout on new gym equipment. Have lost 0.8kg's and a few centimetres. Yipee!

17F 16:XX:XX

I went for a run, went well felt better afterwards.

28M 00:XX:XX

I went to tui-titsu practice session. Really enjoyed that, want to definitely go more often (...) really feeling good after this morning's session (...) still feeling on high after this morning's practice session (15:00).

28M 05:XX:XX

Went to gym, I didn't get tired, worked hard (...) felt very productive (...) still felt energetic in the evening.

25M 04:XX:XX

Went to gym, helped me relieve some stress.

25M 05:XX:XX

Have been exercising since beginning of this week and feel much better but don't think I'm pushing myself hard enough.

32F 11:XX:XX

I decided to go for a run and get rid of some frustrations (...)got back from the run, felt really good afterwards, could run further but didn't want to over do it.

28M 08:XX:XX

Feel like I need to run to relieve some tension of sort.

01M 02:XX:XX

It is as if there is a build up of energy in my body that needs to be vented or released through physical activity.

01M XX:XX:XX

In lectures feeling bit more relaxed about being here today. Feeling good, looking forward to game of golf with some friends this afternoon.

28M 09:XX:XX

I woke up, bright and sunny day. Have some work to do and look forward to getting started.

28M 08:XX:XX

Much more tranquil then before; starting gym next week. Looking forward to exercising again.

29F 08:XX:XX

Energy is up and running. Ready to get back to work again. I definitely have more stamina to work.

29F 09:XX:XX

Feeling much better today because I'm being productive.

32F 02:XX:XX

Looking forward to a busy day at work. I like being busy because I don't get tired when my mind's occupied.

32F 10:XX:XX

I woke up early and felt great. Had lots done by 10 o'clock. Love being productive.

32F 14:XX:XX

Woke up at 10 o'clock. I hate wasting my weekend on sleeping. Usually by that time I would have done all I have to do around the house.

32F 06:XX:XX

ENERGY

At work doing a puzzle in the daily news section the to-night and falling asleep very tired.

21M 00:07:00

Went to work still very tired all day.

21M 02:XX:XX

Was feeling tired at work, low energy.

03F 01:XX:XX

Feel very exhausted again. Just no energy, not able to apply myself to work.

01M 04:XX:XX

Still yawning and feeling very tired.

21M 00:10:00

Still very tired.

21M 00:14:10

Feeling tired.

18F 02:13:00

Gastro stopped but still very tired.

21M 01:02:00

Still tired.

18F 05:XX:XX

A little tired but ok.

17F 16:XX:XX

Can't get myself moving.

29F 01:XX:XX

Feeling tired and drained.

07M 00:12:53

Definitely very tired.

01M 03:XX:XX

Feeling exceptionally tired and exhausted, much more than usual.

01M 03:XX:XX

Brain slow and tired too, I feel very very sleepy.

01M 03:XX:XX

Actually feeling a little flat. This could be a result of the nervous tension before the interview.

26M 08:XX:XX

Feel tired just wanna sleep.

18F 00:19:20

Feel very tired and sleepy.

18F 01:07:45

Very tired – drowsy.

18F 01:21:15

Feeling very drowsy and very tired as when I take allergex. Take allergex often for allergies and taking this remedy makes me feel like allergex makes me feel – drowsy.

18F 03:XX:XX

Feel I need to lie down and rest.

01M 03:XX:XX

Slept whole day.

18F 07:XX:XX

Am feeling a bit tired so have gone to bed for a nap.

17F 00:16:20

Very tired, dozed off on couch for 5mins.

07M 00:16:20

Got tired pretty early. Fell asleep on the couch at 09:30. very unusual especially because I woke up so late that morning.

32F 06:XX:XX

When bedtime came I felt so tired and physically exhausted but could not fall asleep straight away.

25M 00:XX:XX

I woke up at 10 again. Very angry that I wasted most of my morning on sleeping. I wouldn't have woken up if my sister hadn't woken me up. I slept for 12 hours. This is pretty unusual because I only need 7-8 hour sleep.

32F 07:XX:XX

Woke up tired.

18F 03:06:XX

Woke up feeling lazy – no intentions of getting out of bed.

06F 04:XX:XX

Feeling very lazy.

06F 02:08:36

I'm feeling very lazy. Can't even think of work.

32F 06:XX:XX

Feel lazy and uninterested in anything, even watching TV.

01M 03:XX:XX

Going to play guitar for a while & be lazy- thanks for the excuse.

01M 03:XX:XX

Not sure what I want to do. Like I don't know what to do or what would make me feel better. Just not interested in anything.

01M 04:XX:XX

I woke up early and I feel great.

32F 13:XX:XX

Energy is up and running. Ready to get back to work again. I definitely have more stamina to work.

29F 09:XX:XX

Arrived home feeling very hyped up- kind of an adrenalin rush as if from guarana – only ever felt when I was on Formula 2000 *[high potency mulitivitamin]*. Only lasted about 40mins.

06F 01:16:45

Concentration

Feeling a little "spacey", not quite with it. My mind is wandering, not focused on work.

01M 02:XX:XX

My concentration was really bad today. I couldn't remember names of people that I just met 5 min. ago. I had to write a list of things a need to do tomorrow just in case I get confused.

Had spent a lot of time with the girl from the bank- took very long for me to remember and understand everything she told me.

29F 01:XX:XX

Concentration & work are very difficult this morning, I'm unable to focus my attention on work or listening or even a basic conversation.

01M 03:XX:XX

I seem to have some problems with spelling. Words look weird with proper spelling. I keep writing d instead of t and m instead of w and vice versa. I also switch first letters of words when I speak for example: wovly lether instead of lovely weather.

32F XX:XX:XX

Feel like I'm not sure what to do with myself, or what I want to do.

01M 03:XX:XX

Confidence

Felt a surge of confidence.

11M 01:06:41

Felt quite confident today in all that I was doing.

11M 02:XX:XX

Felt inspired at clinic today.

10F 03:XX:XX

I had a good day and felt very productive. Felt that whatever I put my mind into I will succeed. I have great confidence in my abilities (quite unusual for me- I have felt inadequate most of my life).

32F 05:XX:XX

I have an interview coming up with a company in the next few days. I am not as confident as I always am. I have been feeling this for the last couple of days. I wonder if this is related to the powders.

26M 07:XX:XX

Relationships

There is much emotional tension between us (my wife & I) and my parents which is proving to be quite taxing on the soul. I am feeling upset by that, frustrated too.

01M 00:13:00

Had a huge diplomatic attempt at sorting out issues with parents.

01M 00:20:00

I also have become very insecure in my relationship. I constantly doubt my boyfriend's feelings for me. At one stage I thought he was having an affair. All my suspicions are completely groundless.

32F XX:XX:XX

Religion

I have been thinking about my faith, and I cannot help feeling as if I am not doing enough for God.

14F 02:XX:XX

4.2.2 VERTIGO

At work feeling slightly dizzy.

06F 02:09:20

Felt a bit light headed, slightly drunk.

11M 01:06:41

A bit tipsy, a bit dazed.

11M 01:12:30

I have been very irritated the whole day and my head is spinning.

30F 00:XX:XX

Had a few dizzy spells during afternoon and evening. Everything turning and lasts a few seconds.

18F 09:XX:XX

Been dizzy while walking in mall. Lasted for about 1 minute and happened 2 to 3 times.

18F 10:XX:XX

Possibly light-headed, but not sure.

17F 00:20:30

4.2.3 HEAD

Had a headache all night very heavy feeling headache in front of head.

18F 01:07:45

Headache for 30 minutes. Severe pressing headache feels like ton of bricks on my head.

18F 16:XX:XX

Headache bad, spread all over. Pressure all over. Worse for moving head, any small movement is bad.

07M 01:13:21

When I was getting ready to go to bed, I started to get a heavy headache. The heaviness and pain was concentrated on the left side of my head. My neck was also very sore. The pain started at my temple, behind ears, forehead, cheeks and between brows.

03F 04:XX:XX

There is a terrible, pressing headache around my occiput and forehead.

29F 03:XX:XX

I have never had a headache this bad. My eyes feel so heavy.

29F 03:XX:XX

Still have a headache across my eyes. If I push on my eyes it hurts – like that actual eyeballs are sore.

17F 22:XX:XX

Headache now stabbing pain in back of head below skull bone and directly behind eyes- this is unusual – battling to keep eyes open – which is very unusual headache seems to be encroaching into the temple area and above eyes – sharp, throbbing/stabbing pain as if needle being inserted.

06F 02:19:45

I woke up at with a very strong headache. The pain is on the left side of my head and radiates to the left eye (...) I had a headache for the whole day. The pain was unbearable.

30F 00:XX:XX

Feeling a dull headache (...) headache went away later that afternoon.

Headache came back later in the evening. It was a dull headache slightly on the left hand side of my head (...)had a glass of water , headache seemed to go away.

26M 00:XX:XX

I have also had a dull headache on the left side of my head. Not throbbing but very dull.

26M 13:XX:XX

Dull headache is still present. It seems to be coming in waves (...) started to develop a headache in afternoon (centre-left).

26M 01:XX:XX

Have a slight headache throughout skull, all over, dull in nature, very under tone.

28M 00:XX:XX

Head feels dull over temporal and front.

10F 04:XX:XX

In the afternoon started developing a headache (...) centre of my head slightly to the right. Pain feels far away and dull.

26M 03:XX:XX

Have a dull pain on the right side of my head seem to be aggravated by noise.

13F 05:XX:XX

I have a dull headache on the right side and is made worse by loud noises.

14F 02:11:45

I have had a slight headache on the right side and my right eye is puffy.

30F 00:XX:XX

Went for a walk by the ocean and another headache on the right side came on.

30F 00:XX:XX

Last night before falling asleep I felt a stabbing pain on the right side of my chest followed by the same sensation in my right temple.

32F 07:XX:XX

Throughout the day I felt stabbing pains in my right temple. They would come and go after few minutes.

32F 10:XX:XX

Headache still present, but very strange! Pain in right temple BUT feels as if something running over eye and temple area. Same feeling as if someone cracking imaginary egg over your head.

06F 03:XX:XX

Feeling a faint stabbing in my left temple.

32F 00:XX:XX

Burning eyes and headache towards front of head and nose. Sharp piercing headache, also back of neck. Better for rubbing/massaging.

18F 00:19:20

Headache has reached a high sharp pain in back of neck crawling into head and lower back .

06F 02:19:00

By the time of 4o`clock I was pretty tired and a headache had already been developing at the back of my head. It got better after I ate. I thought that it was due to my hunger but another developed again after I got home (...) it was gone 30 min later. At around 10:30 pm another came and I went to have a shower. Felt better after that.

25M 00:XX:XX

Had a slight headache at the back of my head in the afternoon (lower back of head).

26M 14:XX:XX

Slight headache back of head/neck.

07M 00:09:10

Slight headache in back of head and neck.

18F 00:XX:XX

Head tight and sore at the back.

10F 04:XX:XX

Have throbbing frontal headache, behind eyes and a certain amount of stiffness in neck and back.

07M 02:06:35

Light headache better for rubbing.

18F 20:XX:XX

Woke up with slight headache and sneezing, but don't feel achy.

17F 24:XX:XX

I woke up in the morning feeling like I had a hangover.

26M 06:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

Realised I haven't had a headache all week.

17F 07:XX:XX

Itching eyes, nose, face, forehead. Especially next to nose(both sides) and forehead.

18F 02:21:40

Face very very itchy. Forehead, nose.

18F 04:XX:XX

Itchy forehead and face – like being in the wind – burning, dry feeling.

18F 08:XX:XX

4.2.4 EYE

Right eye infected, could not open it this morning, it is all puffy red and swollen.

10F 06:XX:XX

Left eye stuck shut when I woke up.

10F 07:XX:XX

Eyes very sensitive to light and they feel all dry and scratchy.

10F 07:XX:XX

My eyes feel so heavy.

26M 09:XX:XX

I have never had a headache this bad. My eyes feel so heavy.

29F 03:XX:XX

Eyes heavy and burning.

18F 02:13:00

Burning eyes and headache towards the front of head and nose.

18F 00:19:20

Eyes burning and eyelids red.

18F 04:XX:XX

Eyes not burning so much but eyelids feel very dry to extent of being raw.

18F 08:XX:XX

Eyes burning and tearing.

18F 14:XX:XX

Eyes itchy and burning and tired.

18F 00:XX:XX

Itching eyes, nose, face, forehead. Especially next to nose (both sides) and forehead.

18F 02:21:40

4.2.5 NOSE

Face very very itchy. Forehead, nose.

18F 04:XX:XX

Found small pieces of dry blood when blowing nose.

18F 02:XX:XX

Little blood in nose when blowing.

18F 07:XX:XX

Little bit of bloodiness when blowing nose.

18F 09:XX:XX

Woke up at 5:30am with post-nasal drip sore throat.

17F 21:XX:XX

Woke up with a terrible post nasal drip.

29F 01:XX:XX

Woke up with a terrible post-nasal drip. Sneezing in the morning- much worse that I usually get.

29F 01:XX:XX

Had my bouts of sinus attacks once I woke up this morning (+/- 9:00 am) and an attack at approx. 9:00 pm. Very bad post nasal drip.

29F 01:XX:XX

Woke up with slight headache and sneezing, but not feeling achy.

17F 24:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

My sinuses are killing me. I have never had a headache this bad.

29F 03:XX:XX

My sinuses seem to be cleansing. Haven't noticed waking up sneezing today- wow!

29F 08:XX:XX

Spring Day (...) event the constant sneezing didn't get to me.

29F 02:XX:XX

Can't stop sneezing.

29F 03:XX:XX

Had several bouts of sneezing 3-4 times today.

28M 01:XX:XX

I usually sneeze and then the discharge starts. This time I was sneezing quite a bit but no runny nose.

32F 02:XX:XX

Started sneezing when I was in a very green area. No discharge though.

32F 07:XX:XX

A sneeze brought on the discharge. Followed by more sneezing.

32F 00:XX:XX

Nose just running away with me. Runny, clear mucus.

28M 01:XX:XX

Day was awesome in total, just had bit of runny nose.

28M 06:XX:XX

Nose blocked in right nasal passage, other side is runny.

28M 00:XX:XX

Nose getting all blocked up again (...) blocked nose continues.

28M 00:XX:XX

Started getting blocked nose, same as before also have a trouble hearing people, they need to talk louder.

28M 01:XX:XX

Nose and sinuses just blocked up again.

28M 02:XX:XX

Sinuses blocked, blew nose.

07M 00:16:30

At tech flu and blocked nose coming back.

28M 03:XX:XX

Strange pulsing in right nostril, high up, -15secs.

07M 00:06:55

4.2.6 FACE

Face itching.

18F 00:XX:XX

Eyes burning and tired and itchy face.

18F 01:07:45

Itching eyes, nose, face, forehead. Especially next to nose(both sides) and forehead.

18F 02:21:40

Face very very itchy. Forehead, nose.

18F 04:XX:XX

Face very itchy.

18F 05:XX:XX

Itchy forehead and face – like being in the wind – burning, dry feeling.

18F 08:XX:XX

Very itchy face still.

18F 09:XX:XX

Still a bit itchy on face and very itchy on elbows.

18F 10:XX:XX

Was told my face looks flushed, but it looks normal to me.

01M XX:XX:XX

Tingling in right cheek.

11M 01:06:57

Since this morning I've had a tingling feeling in the corner of my right eye and cheek bone.

32F 11:XX:XX

The whole day today right side of my face felt tingly as if it was about go into a spasm.

32F 12:XX:XX

4.2.7 MOUTH

Bottom right hand side feels like I have a slight toothache.

21M 00:11:50

Clenching teeth while driving.

07M 01:13:40

I have a sour taste in my mouth.

13F 03:XX:XX

Slight bitter taste under tongue, for 1-2 minutes.

03F 00:06:00

4.2.8 THROAT

Slight throat infection starting, slightly sore on swallowing, sniffing.

07M 08:XX:XX

As I was getting into bed I felt soreness on the left hand side in my throat.

32F 09:XX:XX

I was going to bed I had a slight sore throat. Only sore on swallowing (left hand side).

32F 10:XX:XX

I woke up with a slightly sore throat (on the left hand side). It went away before I went to work before I went to work.

32F 11:XX:XX

Woke up with a bit of a sore throat. That was gone this morning.

26M 09:XX:XX

Woke up with a sore throat again. Like a flu sore throat. Seems to go away as day progresses.

26M 10:XX:XX

Woke up this morning again with a sore throat. It seems to go away at about 9:30.

26M 11:XX:XX

Woke up again with a sore throat like I had flu. That went away by mid morning.

26M 12:XX:XX

Woke up with a sore throat but still felt great.

26M 14:XX:XX

Woke up at 5:30am with post-nasal drip sore throat.

17F 21:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

I could still feel that my throat was sore.

26M 06:XX:XX

I still have a sore throat.

26M 07:XX:XX

Suddenly developed a sore throat.

24M 00:02:00

Sore throat.

18F 31:XX:XX

Sore throat. Feeling like getting flu.

18F 32:XX:XX

The dry raw throat sensation is back again, only very slight. It's the feeling of the onset of a cold.

01M XX:XX:XX

I have a scratchy sore throat better for cold water.

13F 05:XX:XX

I have a scratching sensation in my throat drinking cold water soothes it.

14F 02:13:15

Have a scratchy throat, coughed to clear.

11M 01:12:48

Irritating cough as if tickle in throat.

06F 02:13:21

Nausea still present as if something clogged in throat and irritating cough.

06F 02:XX:XX

Glands are swollen and my throat sore more on the right, similar to how I felt when I had glandular fever.

10F 04:14:30

Throat all swollen, can't swallow properly.

10F 05:XX:XX

Still feel like I have a lump in my throat, and can't swallow properly.

10F 08:XX:XX

4.2.9 STOMACH

My whole chest, stomach and back was itchy. After scratching it felt better.

21M 00:05:30

Woke up with cramps in tummy and gastro the whole night until about 5:55am.

21M 01:02:00

Woke up at 6am. Felt ok but had some stomach cramps and runny tummy – thought I might be getting gastro, but by lunch time feeling was gone.

17F 17:XX:XX

Woke up at 5:30am feeling rather hungry and slight cramps in stomach again.

17F 18:XX:XX

Have a slightly runny tummy which I do get occasionally with my period, but not usually this late into it. Could be stress.

17F 05:XX:XX

Tummy began to twist, had to go to the loo.

03F 00:06:00

Felt better by evening although still getting a bit of tummy cramps – like I really need toilet but then tummy isn't runny.

17F 22:XX:XX

Dull pain in stomach, similar to stomach ulcer pain – came and went.

07M 01:07:04

Felt like fried onions in my food which I never ever feel like. I hate onions.

18F 08:XX:XX

The whole day I have been ravenously hungry. I ate so much but can't get full.

32F 07:XX:XX

I also have been stuffing myself with any food I can get my hands on. Stress doesn't usually increase my appetite.

25M 02:XX:XX

I woke up very hungry. I feel like I can eat any amounts of food with no effect.

32F 08:XX:XX

I woke up feeling very hungry.

25M 02:XX:XX

I was thinking of food the whole day but didn't really feel like eating anything.

32F 11:XX:XX

Still haven't eaten. Not feeling hungry.

32F 00:11:00

Had mainly soup over the last couple of days, no appetite.

10F 08:XX:XX

Very thirsty for cold water, craving lots of sweets and salty stuff.

13F 04:XX:XX

I have been drinking more water lately and have been craving chocolate and salty things.

14F 03:XX:XX

Eating/hunger wasn't really affected but a bit thirsty.

17F 21:XX:XX

Feeling thirsty today, so drank quite a bit of water.

17F 08:XX:XX

I was feeling very parched this morning. Seem to be drinking a lot of water.

26M 02:XX:XX

Feeling very thirsty today for no reason.

26M 10:XX:XX

Feeling very thirsty so far today.

26M 11:XX:XX

Think I am feeling more thirsty than usual.

01M 00:14:10

Absolutely no thirst. I had a glass of water the whole day.

32F 02:XX:XX

I had a glass of water the whole day.

32F 07:XX:XX

About 5 min. after I stood up I started feeling dizzy and nauseous.

25M 01:XX:XX

I woke up this morning feeling a little moggy not sure if it is a result of the food eaten at restaurant last night.

26M 03:XX:XX

Woke up feeling a little nauseous, went back to sleep woke up feeling better.

14F 03:XX:XX

I also felt nauseous this morning. It also left after about an hour of being awake.

25M 02:XX:XX

Felt horrible and a bit nauseous all evening.

10F 04:XX:XX

I also was feeling a bit nauseous in the evening. It was a deep nausea but not like I needed to vomit. Felt like there was something foreign in my body.

26M 00:XX:XX

Nausea still present as if something clogged in throat and irritating cough.

06F 02:XX:XX

Feeling nauseas.

06F 02:XX:XX

Everything seems to be making me nauseous, feels better if I rest a bit.

13F 05:XX:XX

I can't seem to stomach fatty foods, making me feel nauseous, it helps when I eat ice.

13F 06:XX:XX

4.2.10 ABDOMEN

Have had a bit of wind today.

17F 16:XX:XX

Feeling very bloated though not sure why.

26M 05:XX:XX

Feel extremely bloated. Slight stool this morning.

29F 00:XX:XX

Went to the loo, abdomen pain very slight. Worse for putting pressure on area.

06F 03:XX:XX

Lower abdominal pain. Slightly pulsating and radiating +/- 5minutes.

03F 00:14:45

Lower back pain and lower abdominal pain (left and right sides linking). Dull pain.

03F 02:XX:XX

Strange dull pain in diaphragm area.

07M 00:08:19

After urinating left with stabbing (strange) pains in lower abdomen- better for relaxing stomach worse for pulling stomach in.

06F 02:02:13

4.2.11 STOOL

Spluttering, spraying stool.

21M 01:02:00

Felt I had good bowel movement, went to loo twice.

03F 00:XX:XX

4.2.12 URINE

After urinating left with stabbing (strange) pains in lower abdomen- better for relaxing stomach worse for pulling stomach in.

06F 02:02:13

4.2.13 FEMALE GENITALIA/SEX

Noticed a white discharge today

13F 02:XX:XX

Period finished today. Didn't have much bloating or cramps with this period.

17F 07:XX:XX

4.2.14 RESPIRATION

Shortness of breath – better for deep yawning.

06F 06:XX:XX

4.2.15 COUGH

Coughing and lots of phlegm on chest.

18F 01:07:45

4.2.16 CHEST

Have a sharp pain in upper chest/abdomen. Sore in front and on my back. As I breathe in like a stitch, sharp, stabbing like a knife.

11M 01:15:41

Last night before falling asleep I felt a stabbing pain on the right hand side of my chest.

32F 07:XX:XX

I feel a stabbing pain in my heart.

30F 03:XX:XX

I feel a stabbing pain in my heart.

30F 04:XX:XX

I felt a stabbing pain in my heart this morning.

30F 06:XX:XX

Just felt a stabbing pain in heart (only lasted for few seconds).

32F 00:XX:XX

Feeling a sharp, stabbing pain in my heart.

32F 13:XX:XX

I woke up in the morning with tightness around my heart. Seemed to go away for a while.

26M 02:XX:XX

My whole body is sore especially the left side of my chest.

24M 00:02:00

My whole chest, stomach and back was itchy. After scratching it felt better.

21M 00:05:30

4.2.17 BACK

My whole chest, stomach and back was itchy. After scratching it felt better.

21M 00:05:30

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

Have lower backache today especially when I bend forward, it is better if I apply warm compresses to the area, definitely aggravated by the cold.

13F 03:XX:XX

My back is getting sore as I am sitting in front of the computer (and I have not been sitting here for a long time).

26M 07:XX:XX

Upper backache now for 2hrs. Backache deep within the muscles of middle back below shoulder blades.

06F 03:XX:XX

4.2.18 EXTREMITIES

Still a bit itchy on face and very itchy on elbows.

18F 10:XX:XX

Elbows itching.

18F 13:XX:XX

Elbows itching especially the left one.

18F 14:XX:XX

Elbows itchy and bumps on elbows, more on left. Better for scratching and rubbing lotion, but very dry and raised. No redness, just dry flaky skin.

18F 05:XX:XX

Elbows sore and dry and still itching.

18F 08:XX:XX

Elbow (left) still very itchy (feels very dry and burning from dryness).

18F 09:XX:XX

Itchy elbows, but not so severe. Still a bit dry and flaky.

18F 10:XX:XX

Elbows dry.

18F 21:XX:XX

Sharp pain in my left arm, quick, short.

11M 01:12:39

Must have slept wrong as I have pins and needles in my right arm, a numb right foot and a stiff neck muscle on the right hand side of my neck. Fine by 6:00am after shower but my neck still a bit stiff.

17F 02:05:30

Also haven't woken up with tight feet for a while so hopefully blood circulation improving.

17F 05:XX:XX

No backache or sore/tight feet on waking anymore. Feel a bit stiff in feet and legs if I've been sitting too long.

17F 08:XX:XX

Muscles feel stiff.

10F 04:XX:XX

Feeling a little stiff this morning from gym workout yesterday. Going for walk this morning to hopefully loosen up.

17F 03:XX:XX

My muscles feel tight, calves all stiff especially on the right, feels better if I stretch them out.

13F 06:XX:XX

My calves were a little stiff especially the right one, they felt better when I stretched them.

14F 04:XX:XX

Feel tight spots around body too.

01M 02:XX:XX

Body tightness is worse. Muscles feel tense, can't relax them.

01M 02:XX:XX

Body feels heavy, slow, unresponsive to instructions from brain.

01M XX:XX:XX

Body exhausted, feel like I haven't slept in days and been doing long hours of physical work.

01M XX:XX:XX

I seem to have developed an infection on my pinkie finger. My finger is very sore just beneath the nail. I have applied pressure to the finger and there has been some discharge (...) my finger is still sore and there has been some discharge.

26M 06:XX:XX

4.2.19 SLEEP

Woke up suddenly feeling very irritable and irritated. This has happened in the past BUT is accompanied by itchiness, which normally wakes me – this time no itching – lasted about 20 – 25 minutes when I started to doze off again.

03F 01:21:53

Woke up with cramps in tummy and gastro the whole night until about 5:55am.

21M 01:02:00

Woke up at 2:00am.

18F 02:02:00

Woke up at 2:00am.

18F 03:02:00

Woke up to go to the loo.

06F 02:02:13

Woke up at 5:30am again (before alarm at 6am).

17F 03:05:30

Woke up tired.

18F 03:XX:XX

Woke up feeling little tired. Had to drag myself out of bed 15 min. later.

28M 03:XX:XX

Woke up this morning feeling very tired.

25M 01:XX:XX

Woke up this morning a bit tired.

25M 00:XX:XX

Slept for 12 hours!!! Very, very rare. Couldn't wake up to go to work. Completely exhausted.

29F 01:XX:XX

Felt tired when I woke up.

10F 02:XX:XX

Sleep is pathetic. Have major difficulties waking up.

29F 05:XX:XX

Woke up a lot during the night.

10F 04:XX:XX

Had a really bad night. Tossed and turned and could not fall asleep.

17F 05:XX:XX

Had an unsettling night.

13F 07:XX:XX

Had a restless night dreamt a lot was very disturbed but can't remember my dreams.

13F 09:XX:XX

My sleep patterns have been rather disturbed lately and I am restless, I know that I have dreams but I can never remember them.

14F 06:XX:XX

Woke up feeling tired but ok. Slept well.

01M XX:XX:XX

Was asleep by 8:45 and slept "dead".

10F 01:20:45

Slept well.

01M 02:06:XX

I found it difficult to fall asleep.

03F 06:XX:XX

Can't sleep, feel wide awake and full of energy.

01M XX:XX:XX

Good sleep last night, could not wake up, did not hear alarm. Felt refreshed and ready to enjoy my day off.

03F 03:XX:XX

Felt tired at 5pm.

13F 03:17:00

Am feeling a bit tired so have gone to bed for a nap.

17F 00:16:20

Had an afternoon nap, woke up feeling confused as to where I am and what time it was.

10F 05:XX:XX

4.2.20 DREAMS

Can't remember dreams but know they were strange.

10F 02:XX:XX

Dreamt of a baby crying.

13F 07:XX:XX

Had a dream last night. Lots about artwork and kids painting and completing work. (School has an art exhibition at the end of the month and I still need to complete my art module for UNISA *[University]*).

17F 01:XX:XX

Sitting in the back of my dad's kombi with my maid Sylvia and my husband Tim. We weren't married yet because I was trying to get him to notice me and purposely sat next to him so I could 'fall asleep' on his shoulder. The maid was complaining that she didn't have enough space.

17F 01:XX:XX

4.2.21 SKIN

Tingly/itchy sensation over skin in spots (e.g. above the eye, then on forehead, then on abdomen). The sensation moves around and lasts for a variable amount of time (from a flash to a minute or more). Like a formication feeling.

01M 02:XX:XX

Tingling type feeling, almost like crawling sensation under skin. Itchy type feeling, but not really. Random over body in spots mostly round head and face. Better for rubbing.

01M 02:XX:XX

Although the tingling feeling feels like it need scratching, it does not help.

01M 02:XX:XX

Itch on left hand; top lip; scalp; knee; shin ; shoulder. The itch not lasting – not persistent.

07M 01:06:30

Itching in several areas, back right shoulder; scalp forehead, elbow, left knee – itch not lasting.

07M 01:07:00

Body itchy around stomach and left side shin.

06F 03:XX:XX

Itching on legs and now around right breast area. A sort of scratchy itch as if something walking on body, and on back.

06F 06:XX:XX

Legs and waist area itchy. Skin feels very dry.

06F 09:XX:XX

Have now scratched so much on legs that it is now bleeding.

06F 09:XX:XX

Noticed 2-3 very small fine pimples on my forehead between my brows. Some had a tiny whitehead, others were red and seemed to be still developing.

03F 01:XX:XX

Have noticed small pimples on inner legs around knee area. Body itching especially around waist area and legs.

06F 05:XX:XX

Noticed forehead has red spots/pimples.

07M 02:XX:XX

4.2.22 FEVER

Feels like I have a high fever but am very cold.

24M 00:02:00

4.2.23 GENERALITIES

Body feels weak and shaky.

10F 05:XX:XX

Tired in the morning before breakfast.

13F 01:XX:XX

Had mainly soup over the last couple of days, no appetite.

10F 08:XX:XX

Very thirsty for cold water, craving lots of sweets and salty stuff.

13F 04:XX:XX

I have been drinking more water lately and have been craving chocolate and salty things.

14F 03:XX:XX

Craving chocolates.

13F 01:XX:XX

Felt like fried onions in my food which I never ever feel like. I hate onions.

18F 08:XX:XX

Feeling like I am getting the flu.

18F 00:19:20

Feeling fluish.

18F 30:XX:XX

Feeling like getting flu.

18F 32:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

Skin generally dry.

18F 08:XX:XX

Better for movement.

01M XX:XX:XX

4.3 The Repertory symptoms of *Erythrina lysistemon* 30CH

4.3.1 MIND

MIND – ABRUPT, rough	S1
MIND – ACTIVITY – desires	*S2*
MIND – ACTIVITY – restless	*S3*
MIND – ANGER	S9
MIND – ANGER – conversation; from	S11
MIND – ANGER – violent	S13
MIND – ANSWERING – abruptly	S14
MIND – ANSWERING – aversion to answer	S15
MIND – ANXIETY	S16
MIND – ANXIETY – anger during	S18
MIND – ANXIETY – anticipation; from	S18
MIND – ANXIETY – BED, in bed – tossing about with	S19
MIND – ANXIETY – business; about	S19
MIND – ANXIETY – future, about	S22
MIND – ANXIETY – money matters; about	S23

4.3.2 VERTIGO

4.3.3 HEAD

HEAD – PAIN – vertex	S358
HEAD – PAIN – dull pain	S372
HEAD – PAIN – dull pain – occiput	S372
HEAD – PAIN – dull – temples	S374
HEAD – PAIN – lancinating	S375
HEAD – PAIN – pressing – vertex inward – weight; like	S390
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HEAD – PAIN – sharp	S391
HEAD – PAIN – pulsating – noise agg	S391
HEAD – PAIN – pulsating – rest amel	S391
HEAD – PAIN – sharp	S391
HEAD – PAIN – noise agg	N

4.3.4 EYE

EYE – AGGLUTINATED – waking, on	S425
EYE – CLOSING the eyes – desire to	S427
EYE – CLOSING the eyes – involuntary	S427
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4.3.5 NOSE

4.3.6 FACE

FACE – ITCHING S597

FACE – ITCHING – Cheeks S598

FACE – ITCHING – burning – dryness from N

FACE – ITCHING – Chin S598

FACE – ITCHING – scratching amel S598

FACE – TINGLING – cheeks S619

FACE – TINGLING – right S619

4.3.7 MOUTH

MOUTH – TASTE – bitter – tongue; root of S669

MOUTH – TASTE – bitterish-sour S669

MOUTH – TASTE – sour S672

4.3.8 TEETH

TEETH – CLENCHING teeth together –

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TEETH – PAIN – aching S682

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4.3.9 THROAT

THROAT – PAIN – swallowing – left	S714
THROAT – PAIN – rawness – smoking, while	S718
THROAT – PAIN – rawness – swallowing, when	S718
THROAT – PAIN – rawness	S718
THROAT – PAIN – sore	S718
THROAT – SCRATCHING – cold water – amel	S723
THROAT – SCRATCHING – coughing – amel	N
THROAT – SWALLOWING – difficult	S724

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STOMACH – APPETITE – diminished	S737
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STOMACH – EMPTINESS	S747
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4.3.11 ABDOMEN

4.3.12 RECTUM

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RECTUM – DIARRHOEA – night – midnight – after	S899
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RECTUM – DIARRHOEA – sudden	S905
RECTUM – FLATUS	S907
RECTUM – PAIN – stool – during	S917
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4.3.13 STOOL

STOOL – FORCIBLE, sudden, gushing:	S933
STOOL – FREQUENT	S933
STOOL – SHOOTING out	S939
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4.3.14 FEMALE GENITALIA/SEX

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4.3.15 LARYNX AND TRACHEA

LARYNX AND TRACHEA – IRRITATION – trachea – coughing, from S1083

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4.3.16 RESPIRATION

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4.3.17 COUGH

COUGH – ITCHING – THROAT, IN S1131

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COUGH – TICKLING – throat in S1144

4.3.18 CHEST

CHEST – ITCHING S1177

CHEST – ITCHING – scratching – amel S1177

CHEST – PAIN – heart – region of S1188

CHEST – PAIN – cutting – respiration during S1197

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4.3.19 BACK

4.3.20 EXTREMITIES

EXTREMITIES – CONTRACTION of muscles and tendons	S1314
EXTREMITIES – CONTRACTION – Foot	S1315
EXTREMITIES – CONTRACTION – morning, on waking	N
EXTREMITIES – DRYNESS	S1331
EXTREMITIES – DRYNESS – Joints	S1331
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EXTREMITIES – ERUPTIONS	S1332
EXTREMITIES – ERUPTIONS – dry	S1333
EXTREMITIES – ERUPTIONS – elevations	S1333
EXTREMITIES – ERUPTIONS – itching	S1333
EXTREMITIES – ERUPTIONS – scales	S1333
EXTREMITIES – ERUPTIONS – Joints	S1334
EXTREMITIES – ERUPTIONS – Joints – itching	S1334
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EXTREMITIES – ERUPTIONS – Upper limbs – itching	S1334
EXTREMITIES – ERUPTIONS – Upper limbs – scales	S1335
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EXTREMITIES – PAIN – Foot – morning S1420

EXTREMITIES – PAIN – Foot – morning – waking, on S1420

EXTREMITIES – PAIN – aching S1424

EXTREMITIES – PAIN – aching – morning S1424

EXTREMITIES – PAIN – aching – morning – waking, on S1424

EXTREMITIES – PAIN – Foot – exercise amel S1428

EXTREMITIES – PAIN – Foot S1428

EXTREMITIES – STIFFNESS S1522

EXTREMITIES – STIFFNESS – stretching – amel S1522

EXTREMITIES – STIFFNESS – calf S1526

EXTREMITIES – STIFFNESS – Foot S1526

EXTREMITIES – STIFFNESS – Foot – morning S1526

EXTREMITIES – STIFFNESS – Foot – morning – waking, on S1526

EXTREMITIES – STIFFNESS – Foot – waking, on S1526

EXTREMITIES – STIFFNESS – morning S1523

EXTREMITIES – STIFFNESS – morning – bed, in S1523

EXTREMITIES – STIFFNESS – morning – waking, on S1523

EXTREMITIES – STIFFNESS – sleep – after S1523

EXTREMITIES – STRETCHING out – Foot – desire to N

EXTREMITIES – TENSION	S1533
EXTREMITIES – TENSION – morning	S1533
EXTREMITIES – TENSION – Foot	S1537
EXTREMITIES – TENSION – Foot – morning	S1537

4.3.21 SLEEP

SLEEP – BAD	S1563
SLEEP – COMATOSE	S1563
SLEEP – CONFUSED – waking on	N
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SLEEP – FALLING ASLEEP – difficult	S1569
SLEEP – FALLING ASLEEP – late	S1569
SLEEP – INTERRUPTED	S1571
SLEEP – NEED of sleep – great	S1571
SLEEP – POSITION – changed frequently	S1573
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4.3.22 DREAMS

4.3.23 CHILL

4.3.24 FEVER

4.3.25 SKIN

SKIN – ALIVE – under skin; something were alive	S1689
SKIN – BURNING	S1689
SKIN – DRY	S1695
SKIN – ERUPTIONS	S1695
SKIN – ERUPTIONS – pimples	S1703
SKIN – ERUPTIONS – pimples – whitish	S1704
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SKIN – FORMICATION – itching; with	S1713
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4.3.26 GENERALS

GENERALS – ACTIVITY – ameliorates	*S1737*
GENERALS – ACTIVITY – desire for	*S1737*
GENERALS – ACTIVITY – physical	*S1737*
GENERALS – COLD	S1751

GENERALS – ITCHING	S1815
GENERALS – LASSITUDE	S1817
GENERALS – PAIN – muscle	S1836
GENERALS – QUIVERING – accompanied by weakness	S1862
GENERALS – RESTLESSNESS	S1864
GENERALS – SICK FEELING – vague	S1869
GENERALS – SLUGGISHNESS of the body	S1873
GENERALS – STIFFNESS	S1874
GENERALS – STRETCHING – desire	N
GENERALS – TENSION – externally	S1880
GENERALS – TENSION – internally	S1880
GENERALS – TENSION – muscles, of	S1880
GENERALS – WEAKNESS	S1895
GENERALS – WEAKNESS – morning – waking, on	S1896
GENERALS – WEAKNESS – evening	S1897

4.3.27 New Rubrics

MIND – DELUSIONS – foreign, something in his body, as if N

MIND – DELUSIONS – separated – body – shake off tension (physical body), he could N

HEAD – LIGHTNESS – sensation of – intoxicated as if N

HEAD – PAIN – eyes in – dark room – amel N

HEAD – PAIN – eyes in – light agg N

HEAD – PAIN – eyes in – noise agg N

HEAD – PAIN – noise agg N

FACE – ITCHING – burning – dryness from N

THROAT – SCRATCHING – coughing – amel N

STOMACH – NAUSEA – throat, in N

EXTREMITIES – CONTRACTION – morning, on waking N

EXTREMITIES – DRYNESS – Elbow Joint N

EXTREMITIES – STRETCHING out – Foot – desire to N

SLEEP – CONFUSED – waking on N

DREAMS – HUSBAND – desires, attention from N

GENERALS – FOOD and DRINK – onions – desire – fried N

GENERALS – STRETCHING – desire N

CHAPTER FIVE

Discussion

5.1 Introduction

In this chapter the symptoms produced in the proving of *Erythrina lysistemon* 30CH are discussed. The hypothesis that *Erythrina lysistemon* 30CH would produce clear and observable symptoms when administered to healthy individual was confirmed in this proving. The data collected from the proving was formulated into 521 rubrics, of which 17 rubrics were new rubrics. The existing rubrics (new rubrics are included in brackets) were found in the following sections of the repertory as follows:

Mind	85(2)	Vertigo	9
Head	54(5)	Eyes	41
Nose	26	Face	12(1)
Mouth	3	Teeth	3
Throat	23(1)	Stomach	24(1)
Abdomen	20	Rectum	7
Stool	5	Female genitalia/sex	1
Larynx and Trachea	2	Respiration	1
Cough	3	Chest	5
Back	14	Extremities	61(3)
Sleep	45(1)	Dreams	6(1)
Chill	2	Fever	7
Skin	10	Generals	37(2)

Appendix G (Distribution of Symptoms), illustrates the complete quantitative distribution of symptoms in the different repertory chapters. This quantitative analysis provides insight into the prominent spheres of action of *Erythrina lysistemon* 30CH as revealed by the homoeopathic proving.

5.2 The remedy abbreviation

The researcher suggests that *Erythrina lysistemon* 30CH be abbreviated Ery-l, in accordance with the binary system described in *SYNTHESIS*, 8th Edition (Schroyens, 2002).

5.3 The symptoms

Symptoms were obtained from pre and post proving consultations, journal entries, as well as the telephonic consultations. Previous proving studies addressed the lack of compliance amongst the lay volunteers (Smal and Taylor, 2004) and although there were many lay provers in this proving, measures had been put in place to improve the quality of the information by incorporating a pre-proving training course which all provers attended (see section 3.1 pt 5-7 and Appendix – D). There was however still a lack of compliance from some provers, especially when it came to journaling (see recommendations).

The research was quite comprehensive in that there were four researchers, each emphasizing and studying a different aspect *of Erythrina lysistemon* 30CH. The research could have been even more comprehensive or holistic if there was a prover covering the comparison of the differential remedies.

The researcher still feels that to claim that the proving produced a complete essence picture of *Erythrina lysistemon* 30CH would be premature (Mortelmans, 1997:201). The proving at best gives one indication of the potential of *Erythrina lysistemon* 30CH as a remedy. More extensive research over an extended period of time into *Erythrina lysistemon's* characteristics is required to attain the quality of completeness required for a true understanding of this remedy (See recommendations).

5.3.1 Summary of the Materia Medica

The concepts resulting from the proving were discussed in simple and comprehensive manner under the various sections of the repertory. The researcher will not elaborate on this here, as this summary was done in one of the concurrent studies (see Olivier, 2007).

5.4 Related studies

5.4.1 Toxicology

Grinn (2007), dealt more thoroughly with the toxicology of *Erythrina lysistemon* and the similarities to the homoeopathic proving. The toxicological data needs to be incorporated into existing materia medica of *Erythrina lysistemon*.

5.4.2 Doctrine of signatures

Thiel (2007), dealt more thoroughly with the Doctrine of Signatures of *Erythrina lysistemon* and made comparisons to the homoeopathic proving. The data needs to be incorporated into existing materia medica of *Erythrina lysistemon*. This data also played a vital role in classifying the miasm of *Erythrina lysistemon* (see section 5.7.2).

5.4.3 Traditional uses

Olivier (2007), dealt more thoroughly with the traditional uses of *Erythrina lysistemon* and the similarities to the homoeopathic proving. The traditional uses needs to be incorporated into existing materia medica of *Erythrina lysistemon*.

5.5 SANKARAN'S ANALYSIS

5.5.1 Vital Sensations and Reactions of *Erythrina lysistemon* 30CH

Erythrina lysistemon 30CH belongs to the family Leguminosae (Pea family). Sankaran suggests that the main sensation of the family could be one of looseness. He then goes on to suggest that the opposite of looseness is "bound". The writer would like to expand on the sensations by elaborating on looseness and suggesting concomitant sensations, of separated, as already done but Sankaran as well as apart, spread, and all over or even going on to say, no boundary. Hence also to elaborate on 'bound' by including the sensations; tight, constricted, stiff, and togetherness.

Sankaran then goes on to suggest possible reactions which with the researchers additions to the sensations can be described as follows:

SENSATION

Splitting apart, coming apart, fragmented, looseness, spread, being all over, having no boundary.

Bound, tight, constricted, stiff, held, together.

PASSIVE REACTION

Feeling scattered and confusion.

Feeling tight/bound, and limited or hampered.

ACTIVE REACTION

Getting things together.

To stretch and relieve tension/ to expand/break out/ break free.

COMPENSATION

Feeling together, unified.

Through release

Erythrina lysistemon 30CH being part of Leguminosae should thus express these same sensations, and these can be seen when looking at the following rubrics that were evident from the proving of the substance. Rubrics have been grouped according to sensation; passive reaction; active reaction and compensation for easy reading and clarification.

Sensations

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

MIND – DELUSIONS – separated – body – shake off tension (physical body), he could

MIND – SPACED-OUT feeling

MIND – TENSION, mental

HEAD – CONSTRICTION – forehead – eyes, over the

BACK – STIFFNESS

EXTREMITIES – STIFFNESS

EXTREMITIES – TENSION

GENERALS – STIFFNESS

GENERALS – TENSION – externally

GENERALS – TENSION – internally

GENERALS – TENSION – muscles, of

Passive Reaction

MIND – CONFUSION of mind

MIND – THOUGHTS – wandering

SLEEP – CONFUSED – waking on

Active Reaction

MIND – ACTIVITY – desires

MIND – EXERTION – physical – ameliorates

MIND – EXERTION – physical – desires

EXTREMITIES – STRETCHING out – Foot – desire to

GENERALS – ACTIVITY – desire for

GENERALS – EXERTION, physical – desire for

GENERALS – STRETCHING – desire

Compensation

TEETH – CLENCHING teeth together – desire to clench teeth together – constant

THROAT – CONSTRICTION

EXTREMITIES – CONTRACTION of muscles and tendons

The rubrics clearly show the presence of the sensation which Sankaran proposed as being the main sensation running through Leguminosae as well as the passive and active reactions that are adopted by this specific remedy.

Sankaran studies the main sensation in *Baptisia tinctoria* where he finds the following:

"Thinks he is broken or double. PARTS FEEL SEPARATED or scattered Tosses about in the bed trying to get pieces together" (Phatak's M.M.).
Delusions, imaginations: divided: two parts, into (Complete).
Delusions, imaginations: body, body parts: arms: cut off, are (Complete).
Delusions, imaginations: body, body parts: arms: separated from body (Complete).
Delusions; body, body parts: head: scattered about the bed (Complete).
Delusions; body, body parts' limbs; separated from body, are (Complete).

When these symptoms of *Baptisia tinctoria* are compared to *Erythrina lysistemon* 30CH:

We see that *Erythrina lysistemon* feels a separation between the physical body and the mind/self, having a sense of being disconnected. This feeling that the body is separate from the mind sounds similar to the feeling of looseness that Sankaran describes but is not of the physical body and its parts as seen in *Baptisia tinctoria*, but is between the mind, the inner self, and the physical body.

On further comparison to *Baptisia tinctoria*:

In *Baptisia tinctoria*:

> Cannot keep his mind together, a wild wandering feeling (as soon as eyes are closed) (Vermeulen).

In *Erythrina lysistemon*:

> MIND – THOUGHTS – wandering
>
> MIND – THOUGHTS – wandering – work, at

Erythrina lysistemon 30CH shares this similar symptom where the mind wanders, or has no boundary and is in a sense spread or scattered, and cannot be held together. This leads us to Sankaran's suggestion that the opposite sensation can also exist, and Sankaran describes this sensation as 'bound' and is expanded on by the writer as tight, constricted, stiff, and togetherness.

In *Erythrina lysistemon* 30CH we can see evidence of these sensations in the following:

MIND – ACTIVITY – desires

MIND – EXERTION – physical – ameliorates

MIND – EXERTION – physical – desires

MIND – TENSION, mental

HEAD – CONSTRICTION – forehead – eyes, over the

TEETH – CLENCHING teeth together – desire to clench teeth together – constant

THROAT – CONSTRICTION

BACK – STIFFNESS

EXTREMITIES – CONTRACTION of muscles and tendons

EXTREMITIES – STIFFNESS

EXTREMITIES – STRETCHING out – Foot – desire to

EXTREMITIES – TENSION

GENERALS – ACTIVITY – desire for

GENERALS – EXERTION, physical – desire for

GENERALS – STIFFNESS

GENERALS – STRETCHING – desire

GENERALS – TENSION – externally

GENERALS – TENSION – internally

GENERALS – TENSION – muscles, of

An understanding can be reached from the study of the above rubrics, that *Erythrina lysistemon* 30CH clearly exhibits the sensation of looseness prevalent in the family, as suggested by Sankaran, as well as the opposite sensation of being bound. *Erythrina lysistemon* 30CH either feels stiff and constricted, and thus has a great desire to stretch and do physical exercise in order to have relief from this sensation; or there is a feeling that the body is separate from the mind

leading to confusion and again a desire to get the self together through mental/physical activity or exertion of some sort to, 'pull together', to feel centred. Exercise is a way for the body to relieve tension and to work out stresses and frustration, as well as to get the mind and body in order and to feel whole and positive, mentally and physically. *Erythrina lysistemon* 30CH also exhibits a more chronic or passive reaction where there is a desire to sleep and allow the body to rest, there is confusion, sluggishness and general malaise. *Erythrina lysistemon* 30CH also has many physical symptoms that also present with these same sensations in all areas of the body.

5.5.2 Miasmatic Analysis of *Erythrina lysistemon* 30CH

Sankaran aptly defines ten miasms (see Appendix I) with the use of key words which describe the sensations that exist within each miasm. Below are two of the maisms, and their key words which were chosen as they most closely resemble the picture of *Erythrina lysistemon* 30CH, and were thus used for the comparison.

MALARIA MIASM: (Persecuted)

Stuck

Intermittent attack

Persecution

Unfortunate

Colic

Neuralgia

Paroxysmal

Contemptuous

Disobedient

Malaria

Worms

Migraine

Periodicity

Harassed

Hindered

Obstructed

Alternation between excitement and acceptance

Torture

Hampered

RINGWORM MIASM: (Trying)

Trying

Giving-up

Accepting alternating with trying

Accepting alternating with effort

Irritation

Try/trying

Ringworm/tinea

Acne

Discomfort

Teenage

Herpetic

In order to establish which miasm *Erythrina lysistemon* 30CH expresses, the researcher looked at the symptoms produced by the proving and grouped the symptoms and then decided on the keyword that could holistically define these similar symptoms.

The following rubrics show that the miasm could be malarial: (rubrics are under the keywords set out by Sankaran)

Stuck; hindered; obstructed; hampered

MIND – ACTIVITY – desires

MIND – CONCENTRATION – difficult

MIND – CONCENTRATION – difficult – attention, cannot fix

MIND – CONFUSION of mind – concentrate the mind, on attempting to

MIND – DELUSIONS – drugged; as if

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

MIND – DELUSIONS – separated – body – shake off tension (physical body), he could

MIND – DRUGS – taken drugs; as if one had

MIND – DULLNESS

MIND – DULLNESS – Sleepiness, with

MIND – DULLNESS – thinking – long – unable to think

MIND – DULLNESS – thinking – slowly

MIND – EXERTION – physical – desires

MIND – MEMORY – weakness of

MIND – MENTAL EXERTION – impossible

MIND – MISTAKES – making – speaking, in

MIND – MISTAKES – reversing words

MIND – OCCUPATION – desire

MIND – PROSTRATION of mind

MIND – PROSTRATION of mind – sleepiness, with

MIND – SENSES – dull, blunted

MIND – STUPEFACTION

MIND – TENSION, mental

HEAD – CONSTRICTION – forehead – eyes, over the

EYE – AGGLUTINATED – waking, on

EYE – OPENING the eyelids – unable to – headache, during

EYE – SWELLING – right

NOSE – CONGESTION – nose, to

NOSE – OBSTRUCTION

NOSE – OBSTRUCTION – morning – waking on

NOSE – OBSTRUCTION – sensation of

THROAT – CONSTRICTION

THROAT – LUMP – sensation of a

THROAT – LUMP – sensation of a – swallowing

THROAT – SWALLOWING – difficult

BACK – STIFFNESS

BACK – STIFFNESS – morning

BACK – STIFFNESS – morning – waking, on

BACK – STIFFNESS – cervical region

EXTREMITIES – CONTRACTION of muscles and tendons

EXTREMITIES – CONTRACTION – Foot

EXTREMITIES – CONTRACTION – morning, on waking

EXTREMITIES – STIFFNESS

EXTREMITIES – STRETCHING out – Foot – desire to

EXTREMITIES – TENSION

SLEEP – DISTURBED

SLEEP – INTERRUPTED

GENERALS – SLUGGISHNESS of the body

GENERALS – STIFFNESS

GENERALS – TENSION – externally

GENERALS – TENSION – internally

GENERALS – TENSION – muscles, of

Colic

STOMACH – DISTENSION

STOMACH – ERUCTATIONS

STOMACH – NAUSEA

STOMACH – PAIN – increasing gradually – ceasing suddenly

STOMACH – PAIN – cramping

STOMACH – PAIN – cramping – stool – before

ABDOMEN – DISTENTION

ABDOMEN – FLATULENCE

ABDOMEN – PAIN

ABDOMEN – PAIN – pressure – aggravates

ABDOMEN – PAIN – extending to – across

ABDOMEN – PAIN – hypochondria

ABDOMEN – PAIN – cramping, griping

Neuralgia

FACE – TINGLING – cheeks

FACE – TINGLING – right

TEETH – PAIN – aching

TEETH – PAIN – Lower teeth

EXTREMITIES – NUMBNESS – right arm and right foot

Migraine

HEAD – PAIN

HEAD – PAIN – constant, continued

Malarial miasm: 'There is an acute feeling of threat that comes up intermittently, in phases, between which there is an underlying chronic, fixed feeling of being deficient. This miasm is characterized by sudden, acute manifestations that come up from time to time, followed by periods of quiescence' (Sankaran, 2002).

The following rubrics show that the miasm could be ringworm: (rubrics are under the keywords set out by Sankaran)

Trying; Try / trying; Giving-up; Accepting alternating with trying; Accepting alternating with effort; Teenage(included here as all these rubrics can also fall under this key word).

MIND – ACTIVITY – desires

MIND – COMPANY – aversion to

MIND – COMPANY – desire for

MIND – CONFUSION of mind – concentrate the mind, on attempting to

MIND – DISCONTENTED – everything, with

MIND – EXERTION – physical – ameliorates

MIND – EXERTION – physical – desires

MIND – FASTIDIOUS

MIND – LAZINESS

MIND – LAZINESS – sleepiness, with

MIND – MENTAL EXERTION – aversion to

MIND – OCCUPATION – amel

MIND – OCCUPATION – desire

MIND – SADNESS – Company – aversion to company – desire for solitude

Irritation

MIND – CAPRICIOUSNESS – irritability, with

MIND – DISCONTENTED – everything, with

MIND – IMPATIENCE

MIND – IMPATIENCE – reading, while

MIND – IMPATIENCE – working, when

MIND – IRRITABILITY

MIND – IRRITABILITY – daytime

MIND – IRRITABILITY – causeless

MIND – IRRITABILITY – children, towards

MIND – IRRITABILITY – MENSES – appear; as if menses would

MIND – IRRITABILITY – reading, while

Ringworm / tinea; Acne; Herpetic

HEAD – ERUPTIONS – forehead

HEAD – ITCHING OF SCALP – forehead

EYE – INFLAMMATION – lids

EYE – INFLAMMATION – lids – Margins

EYE – ITCHING – lids

EYE – ITCHING – lids – Margins

FACE – ERUPTIONS – pimples – forehead

FACE – ITCHING

ABDOMEN – FORMICATION

ABDOMEN – ITCHING

CHEST – ITCHING

BACK – FORMICATION

BACK – ITCHING

EXTREMITIES – DRYNESS

EXTREMITIES – ERUPTIONS

EXTREMITIES – FORMICATION

EXTREMITIES – ITCHING

SKIN – ALIVE – under skin; something were alive

SKIN – BURNING

SKIN – DRY

SKIN – ERUPTIONS

SKIN – ERUPTIONS – pimples

SKIN – ERUPTIONS – pimples – whitish

SKIN – ERUPTIONS – red

SKIN – FORMICATION – itching; with

SKIN – ITCHING

GENERALS – DRY sensation

GENERALS – FORMICATION – external parts

GENERALS – ITCHING

Discomfort

MIND – ACTIVITY – restless

MIND – RESTLESSNESS

MIND – RESTLESSNESS – anxious

Teenage

MIND – CHEERFUL – alternating with – sadness

MIND – CHEERFUL – alternating with – weeping

MIND – CONFIDENCE – want of self-confidence

MIND – CONFIDENT

MIND – SADNESS – Company – aversion to company

Desire for solitude

MIND – SENSITIVE

MIND – WEEPING – easily

Ringworm miasm: 'It is characterized by an alternation between periods of struggle with anxiety about success, and periods of despair and giving up' (Sankaran, 2002).

The proposed feeling for *Erythrina lysistemon* 30CH could be:

> Feels like mind and body are not connected, there is a split between the two. The mind feels spaced out and cannot be focused while the body feels bound. Two distinct reactions are visible; the passive, where there seems to be a period of despair and giving up as shown by the discontent, irritability, heaviness, and tiredness with the constant desire to sleep. This reaction is similar to the Ringworm miasm, as described by Sankaran. Then there is the active reaction, where there is a great desire for mental/physical activity in order to try and get the body to feel together and whole, and to rid the body of the tension or uneasiness, and to once again feel connected in the mind, but unbound in the body.

This all relates well to the concept of the ringworm miasm of trying, but on further examination we see that the periodicity is visible. The clinical head pain symptoms suggesting migraines, as well as the other physical symptoms showing evidence of relation to colic and neuralgias, suggests a strong indication of the malarial miasm. These however could be super-imposed acute manifestations namely the migraines, infections, flushing, heat, fever, colic and others, of the 'sycotic' fixity of the malarial miasm. In the mentals this 'sycotic' fixity can strongly be seen that there are all the keyword sensations as described by Sankaran such as *Stuck; hindered; obstructed; hampered,* and these sensations can be seen strongly in the physical symptoms as well.

The researcher feels that *Erythrina lysistemon* 30CH leans towards having evidence suggesting that miasmatically this remedy fits into both the Malaria and the Ringworm miasms, perhaps most accurately described as lying between the two, which could suggest the possibility of a miasm that lies between these two miasms, forming a bridge between the two (see Appendix J). A further study should be made on other existing remedies that also don't comprehensively fit in either the malaria or ringworm miasm, and a comparison to *Erythrina lysistemon* 30CH should be made to suggest or dispel the possibility of a miasm existing between the two.

5.6 REMEDY RELATIONS

5.6.1 DIFFERENTIAL REMEDIES

The researcher did not attempt to make assumptions regarding the differential remedies as she feels that more research to make definite conclusions pertaining to differential remedies (one of the researchers that would have covered this section unfortunately dropped out of the study). The researcher did however conduct two analyses using the most characteristic symptoms that arose from the proving, with at first all the remedies and then filtered showing only plant remedies (see Appendix H). The rubrics were chosen specifically to ensure that the main characteristics, as well as the totality of *Erythrina lysistemon* 30CH is reflected.

When compared to all remedies:

Arsenicum album followed by *Rhus toxicodendron*, *Hepar sulphuris calcareum* and *Phosphorus* showed up the highest on the comparison to *Erythrina lysistemon* 30CH.

When compared to plant remedies of the family Fabaceae/Leguminosea:

Physostigma venenosum and *Baptisia tinctoria* came up highest in the comparison to *Erythrina lysistemon* 30CH, and these similarities, specifically to

Baptisia tinctoria, can be noted in the comparison of the materia medica of these two remedies (see section 5.5.1).

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

5.6.2 Antidote

There was no need for anti-doting during the proving however, if it becomes necessary to prescribe an antidote for any reason the following possibilities could be considered (Sherr, 1994:63).

If the need did arise the researcher would have considered the following options:

- Coffee, camphor, "Olbas Oil", mints etc to antidote mild cases of suffering
- An acute remedy dealing with the most severe symptoms
- The provers constitutional remedy if it is known
- Looking to the new totality of symptoms to find the antidote
- Working out the "genus epidemicus" of the proving

(Sherr, 1994:63)

5.7 Other considerations

5.7.1 Grading of the Repertory symptoms

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

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

Most rubrics were left as grade 1 since the researcher felt that more research is required to confirm current findings, therefore a conservative approach was taken in general. A few rubrics were allocated grade 2 grading and only where five or more provers experienced the same type of symptoms of where the researcher extracted a common theme. This grade 2 grading should however be confirmed with further research and is therefore open to discussion. New rubrics were created both where symptoms were common in more than three provers or experienced intensely by a prover and where clear symptoms were produced by the proving were not found in the existing rubrics.

5.7.2 Clinical conditions

A number of provers experienced symptoms that may be associated with psychiatric disorders namely depression, mania, bi-polar disorder, delirium, and even schizophrenia.

Other clinical conditions to consider are:

Influenza

Allergies (hayfever, asthma, eczema)

Skin conditions (urticaria, hives, acne, eczema)

Gastro-intestinal disorders (diarrhoea, gastro enteritis)

Migraine/headaches

Rheumatism

Febrile illnesses

Malaria

Septic conditions

Neuralgias

Myalgias

Chronic fatigue

Autonomic disease

Inflammation

5.7.3 Miasmatic analysis (see section 5.5.2)

CHAPTER SIX

Recommendations and Conclusions

6.1 Recommendations

6.1.1 Standardized proving protocol

Since provings have become a popular subject of research at the Durban University of Technology, the researcher suggests that a standardized proving protocol be compiled and implemented for research students. This protocol should be based on the latest current methodology utilised by modern Homoeopaths such as Sherr, Herscu and institutions such as the European Institute for Homoeopathy and the International Council for Classical Homoeopathy. It is suggested that when any substance is proved for the first time, there should ideally be a group of researchers that are each covering a different aspect of the proving, as this will create a strong base on which to build on through further research and clinical application.

6.1.2 Supervision of provers

In this proving, there were 4 researchers, and each researcher supervised 8 provers. It is advised that in future provings that there are fewer researchers as suggested by Webster (2002:139) as co-ordination proved difficult and thus the

feeling is that fewer researchers would allow for easier and more efficient co-ordination of the proving process. The fact that there were four researchers in this proving did however allow for a more extensive and broader study of the proving substance and allowed for fewer provers per researcher as suggested by Smal (2004). The researcher suggests that for the purposes of proving a substance for the first time, there should be 4 or 5 researchers allowing for a more extensive and broader study providing an adequate understanding of the substance, and fewer researchers for any subsequent studies of the substance thereafter. It will then be necessary for the researchers involved to plan efficiently in maintaining effective co-ordination of the study.

6.1.3 Provers

This study used both subjects who had extensive homoeopathic backgrounds (homoeopathic students and patients) and those who had no relationship to homoeopathy (laymen) yet understood the basic homoeopathic philosophy as recommended by the International Council of Classical Homoeopathy (1999) and Walach (1997). It has been suggested that only those knowledgeable in Homoeopathy (second to fifth year homoeopathic students and longstanding patients) be used in provings to ensure high quality observations and accurate following of instructions (Smal, 2004) but it is the opinion of the researcher that laymen don't over analyse symptoms and give it "straight from the horse's mouth", say it like it is, and do not try to provide symptoms in repertory language

or make assumptions which homoeopaths and students so often do. Some of the best symptoms were from laymen provers, because they described the symptoms in their own words. The researcher also feels that first year homoeopathic students make good provers because they are eager to learn, and the process of participation can only benefit them in their understanding of homoeopathy. Their inclusion should only be subject to their journaling competence (see below) and should be trained and guided along the way.

The researcher suggests that volunteers provide a journal for one week prior to the pre-proving consultation, where they then present this journal to the researcher. From this the researcher will be able to see if the volunteer followed the instructions given and if they are able to record symptoms down in an effective manner. The research can go through the journal with the volunteer and guide them on how to elaborate in areas lacking in their recording. If it is clear from this journaling that the volunteer is unable to record at a suitable level, the volunteer should not be used as a prover. If the volunteer goes on to be a prover, the journal does not go to waste but is used in conjunction with the pre-proving journaling which allows the researcher to separate the prover's symptoms from the symptoms produced by the proving substance.

A pre-proving training course was included in the methodology of this study to ensure a good standard of recording. The result of this was very positive, and it is

thus suggested that it becomes a standard entity in all provings regardless of the level of knowledge of homoeopathy that the provers have.

All age groups and equal ratio of gender should be represented in the proving group. In this study there was a very fair distribution of male and female provers, in a ratio of 9:11 respectively, in the verum group in this proving.

6.1.4 Long term provings

The ideal length of a proving has not been established as yet although Sherr has expressed the importance of long term follow ups with provers to establish periodicity and long term effects of proving substances (Sherr, 1994:15). The researcher suggests that long term follow-up consultations be an integral part of the proving process. This is especially significant with regard to female provers and establishing the effect of proving substances on the female menstrual cycle. It will also allow for observation of periodicity and any cyclic symptoms that will otherwise go unnoticed. The minimum length of time should be at least 3 months to establish any such patterns or possible effects on the menstrual cycle of the female.

6.1.5 Further provings of *Erythrina lysistemon* 30CH

Further provings of *Erythrina lysistemon* 30CH in high and low potencies need to be conducted to reveal new aspects of the remedy. It is suggested that future provings be done of the 9CH (low potency) and 200CH or 1M (high potency).

It is recommended that a reproving of *Erythrina lysistemon* 30CH be conducted to confirm symptoms yielded from this proving. This would also expand on the symptoms extracted from this proving. The researcher is reluctant to deem this proving as a full proving of *Erythrina lysistemon* 30CH as there appears to be obvious gaps in the materia medica compiled from this proving especially in the female and male sections. This could be attributed to the obvious fact that this remedy simply does not have much affect in these areas and is not a remedy that will be effective for any such conditions. Other reasons for lack of such symptoms could be privacy and shyness of the provers not to disclose such information, not deeming certain symptoms as important, or poor journaling. Considering though that it is used in traditional medicine in labour, further study would be suggested. Other sections that require verification are stomach, abdomen, dreams, fever and mental sections.

Since *Erythrina lysistemon* 30CH is a substance that is so prevalent in our geographical area, and could be having such a great influence on its

surrounding, further study should definitely be carried out and can only lead to the better understanding of this remedy.

6.1.6 The Homoeopathic course and provings

The researcher recommends that the proving process be included as a fundamental part of the homoeopathy course. All years of study should be involved in this process. It is suggested that one proving be conducted each year by the (DUT). The proving should be an integral part of the year mark in a subject such as Homoeopharmaceutics or Homoeopathic philosophy. The class should be actively involved in the conducting of the proving as well as writing up the proving. The provers are recruited from the other years of homoeopathic study. The aim of this process is that by the end of one's formal homoeopathic training, one has a firsthand experience of provings and one understands the vital role of provings in furthering the profession and benefiting future patients (Smal and Taylor, 2004).

6.1.7 Clinical information

The homoeopathic symptomatology revealed through the proving, needs to be verified through clinical use of the remedy. The proving needs to be published and distributed so that it becomes a highly utilised remedy and so that its indications are made known to other practitioners. Actual cases of patients

benefiting from the use of *Erythrina lysistemon* 30CH need to be recorded and published in journals or reported at conferences so that the homoeopathic community may learn of and utilize this remedy.

6.1.8 Proving of indigenous substances

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

6.1.9 Remedy Relations

An investigation should be made to determine the relationship between *Erythrina lysistemon* 30CH and existing remedies – in particular remedies of the same miasm as well as the remedies of the same family or species namely Leguminosae. It is recommended that the possible differential remedies which appeared in the repertorisation (see Appendix H(i)) and were discussed in section 5.4.1, be compared with the information that arose from this proving, to confirm and expand the remedy relations of *Erythrina lysistemon* 30CH. A careful study and comparative analysis of *Erythrina lysistemon* 30CH to other remedies of the same family/species, as briefly done (see Appendix H(ii)), would be useful in determining where this particular remedy fits into the repertoire of the various

Leguminosae remedies, thereby also expanding on Sankaran's theory, and confirming the results and suggestions put forth by the researcher.

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

6.2 Conclusions

The results of this proving demonstrate a range of symptoms throughout the repertory and a few characteristic symptoms particularly in the mental, head, skin, and extremities that may be used to prescribe *Erythrina lysistemon* 30CH according to homoeopathic principles.

A complete representation of *Erythrina lysistemon* 30CH as a remedy could not be conclusively reported. The overall remedy picture nevertheless extracted from the proving suggests that this remedy may be homoeopathically indicated for febrile conditions and inflammatory states. Other symptoms and signs indicate possible use of *Erythrina lysistemon* 30CH in the homoeopathic treatment of bi-polar disorder, rheumatism, allergic conditions.

The comparison between the homoeopathic proving symptomatology of *Erythrina lysistemon* 30CH and the 'vital sensation' and reactions of Leguminosae, as theorized by Sankaran, showed a definite overlap of the sensation he describes

and the sensation produced in the proving. We can conclude that there is a strong affirmation of his theory and his proposed sensation of Leguminosae, which makes his proposed theory more credible, shedding more light and understanding on remedies of the same family, and on remedies in general.

A further analysis of the homoeopathic proving symptomatology of *Erythrina lysistemon* 30CH, as to where the remedy could be classified miasmatically, revealed characteristics of both the malarial miasm and the ringworm miasm. Thus the researcher suggested the possibility that *Erythrina lysistemon* 30CH can be classified as lying between these two miasms, bridging them. However on further investigation, and when including information collated from the concurrent studies, it can be seen that when taking this information into consideration and applying the holistic approach, we can more assertively conclude that there is a more marked indication that *Erythrina lysistemon* 30CH should be classified as being in the Malarial miasm.

It is essential that the proving symptoms be verified and expanded through clinical use and further provings of *Erythrina lysistemon* 30CH and other family species be done so that it becomes a well-utilised remedy curing a class of cases previously only treatable with partial remedies.

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

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Suitability for Inclusion in the Proving*

*ALL INFORMATION WILL BE TREATED AS **STRICTLY CONFIDENTIAL***

Surname: .....

First Names: .....

Age: ..... **Sex:** | M | F | **Telephone:** .....

PLEASE TICK THE APPROPRIATE ANSWER

- Are you between the ages of 18 and 60 years? | YES | NO |
- Are you on or in need of any medication?
  - Chemical / allopathic | YES | NO |
  - Homoeopathic | YES | NO |
  - Other | YES | NO |
- Have you been on the birth control pill or hormone replacement therapy in the last 6 months? | YES | NO |
- Are you pregnant or breastfeeding? | YES | NO |
- Have you had surgery in the last six weeks? | YES | NO |
- Do you use recreational drugs such as cannabis, LSD or Ecstasy (MDMA)? | YES | NO |
- Do you consume more than:
  - Two measures of alcohol per day? | YES | NO |
    (1 measure = 1 tot spirit / 1 beer / ½ glass of wine)
  - 10 cigarettes per day? | YES | NO |
  - 3 cups of coffee or tea per day? | YES | NO |
- Do you consider yourself to be in a general state of good health? | YES | NO |
- If you are between the ages of 18 and 21 years do you have consent from a parent/ guardian to participate in this proving? | YES | NO |
- Are you willing to follow the proper procedures for the duration of the proving *(including journal-keeping, consultations with your supervisor and blood tests)*? | YES | NO |

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

Informed Consent Form*

*TO BE COMPLETED IN **TRIPLICATE** BY THE PROVER*

Title of Research Project:

A 'family group analysis' (Sankaran) evaluation of a triple-blind homoeopathic drug proving of *XXX* 30CH.

Name of Supervisor:

Dr Ashley H.A. Ross (M.Tech.Hom. (TN) B.Mus. *cum laude* (UCT))

Names of Master's Research Students:

Estelle de Beer
Monique Olivier
Agniezska Grinn
Greg Thiel

PLEASE TICK THE APPROPRIATE ANSWER

1. Have you read the Research Information Sheet?	YES	NO
2. Have you had an opportunity to ask questions regarding this proving?	YES	NO
3. Have you received satisfactory answers to your questions?	YES	NO
4. Have you had an opportunity to discuss the proving?	YES	NO
5. With whom have you spoken? _____		
6. Do you believe you have received enough information about this proving?	YES	NO
7. Do you understand the implications of your involvement in this proving?	YES	NO
8. Do you understand that you are free to withdraw from this proving:		
at any time;	YES	NO
without having to give a reason for withdrawing, and	YES	NO
without affecting your future healthcare?	YES	NO
9. Do you agree to voluntarily participate in this study?	YES	NO

10. To participate in this proving you must meet all the inclusion criteria. These are as follows:

- You must be between the ages of 18 and 60 years of age;
- must not need any medication, including chemical, allopathic, homoeopathic or other;
- must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
- must not be pregnant or breastfeeding;
- must not have had surgery in the last 6 weeks;
- must not use recreational drugs such as cannabis, LSD or Ecstasy (MDMA);
- must not consume more than two measures of alcohol per day;
- must not smoke more than 10 cigarettes a day;
- must not consume more than 3 cups of coffee or tea a day;
- must be in a general state of good health;
- if you are between the ages of 18 and 21, years you must have consent from a guardian/ parent to participate in the proving; and
- must be willing to follow the proper procedure for the duration of the proving.

Have you completed ***Appendix A*** which outlines in detail all of the inclusion criteria stated above? | YES | NO |

Additional notes:

1. ***Discomfort:***
   Discomfort may be experienced as a result of participating in the proving. It is observed from previous homoeopathic provings that any discomfort experienced is generally of a transitory nature, and complete recovery is usual.

2. ***Benefits:***
   a) It has been postulated that each proving undertaken strengthens bodily vitality *(Hahnemann, 1997: 208)*. Many provers report higher levels of mental and physical energy, and increased resistance after participation in homoeopathic drug proving *(Sherr, 1994:)*. The mechanisms responsible for this perceived benefit are unclear.
   b) Provers learn and develop the skill of astute observation, and gain homoeopathic knowledge through direct involvement in the proving process; and
   c) Provers may be cured of certain ailments where the remedy being proved corresponds closely to the prover's pre-proving state.

3. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.

4. Every prover is provided with the names and telephone numbers of the research student and the supervisor of the proving, in the event of any questions or difficulties arising:

Name:	**Office hours:**	**After hours:**	**Cellular:**
Dr Ashley Ross (Supervisor)	(031) 204 2542	(031) 309 2349	082 458 6440
Estelle de Beer	(031) 204 2041	(031) 4649105	084 637 2561
Monique Olivier	(031) 204 2041		
Agniezska Grinn	(031) 204 2041		
Greg Thiel	(031) 204 2041		

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

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

I, _____ *(guardian/parent)* **hereby consent to the proposed procedures associated with participation of** _____ *(prover)* **in the above-mentioned research project.**

Signature: _____ **Date:** _____

I, _____ *(prover)* **hereby consent to the proposed procedures associated with my participation in the above-mentioned research project.**

Signature: _____ **Date:** _____

WITNESS:
Name _____ Signature: _____

RESEARCH STUDENT:
Name _____ Signature: _____

SUPERVISOR:
Name _____ Signature: _____

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

Case History Sheet*

*ALL INFORMATION WILL BE TREATED AS **STRICTLY CONFIDENTIAL***

PROVER NUMBER: ☐

Name: _____ **Sex:** M F

Date of Birth: _____ **Age:** _____ **Children:** _____

Occupation: _____ **Marital Status:** S M D W

1. Past Medical History:

(Please list previous health problems and their approximate dates:)

_____

_____

_____

_____

_____

_____

_____

_____

Do you have a history of any of the following? ***[Please tick relevant blocks]***

Cancer	☐	Asthma	☐
HIV	☐	Pneumonia/ Chronic bronchitis	☐
Parasitic infections	☐	Tuberculosis	☐
Glandular fever	☐	Boils/ Suppurative tendency	☐
Bleeding disorders	☐	Smoking	☐
Eczema/ Skin conditions	☐	Oedema/ Swelling	☐
Warts	☐	Haemorrhoids	☐

2. Surgical History:

(Please list any past surgical procedures [*e.g. tonsils, warts, moles, appendix etc.]* and their approximate dates:)

_____

_____

_____

_____

_____

_____

3. Family History:

Is there a history of any of the following within your family?
(including siblings, parents and grandparents)

Cardiovascular disease	☐	*incl.hypertension, heart disease, etc.*
Cerebrovascular disease	☐	*incl. stroke, transient ischaemic attacks, etc.*
Diabetes mellitus	☐	
Tuberculosis	☐	
Mental illness	☐	*incl. depression, schizophrenia, suicide, etc.*
Cancer	☐	
Epilepsy	☐	
Bleeding disorders	☐	

Please list any other medical conditions within your family:

♂		♂♂	
		♂♀	
♀		♂♀	
		♀♀	

4. Background Personal History:

Allergies:

Vaccinations:

Medication *(including supplements)**:***

Estimation of daily consumption:

Alcohol:
Cigarettes:

5. Generalities:

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

1	2	3	4	5	6	7	8	9	10

Sleep:

Quantity:
Quality:
Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

Menarche: yrs	Regular	Irregular	***Pre-menstrual:***
LMP:	***Interval:***	days	
Nature of bleed:	***Duration:***	days	
	Meno-	Metro-	
			Post-menstrual:
Pain:			

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

Disposition:
Fears:
Relationships:
Social interaction:
Ambition / Regret:
Hobbies/Interests:

8. The Physical Examination:

a) Physical Description

Frame / Build:			
Hair colour:		**Complexion:**	
Eye colour:		**Skin texture:**	

b) Vital Signs

Height:	m
Weight:	kg
Pulse rate:	beats/min
Respiratory rate:	breaths/min
Temperature:	°C
Blood Pressure:	/ mmHg

c) Findings on Physical Examination *[Tick positive blocks]*

Jaundice	☐	Oedema	☐
Anaemia	☐	Lymphadenopathy	☐
Cyanosis	☐	Hydration	☐
Clubbing	☐		

Specific System Examinations

Consultation Date:		**Signature:**	

Post-proving Case History Sheet

*ALL INFORMATION WILL BE TREATED AS **STRICTLY CONFIDENTIAL***

PROVER NUMBER:	

Name: _____ **Sex:** M F

Date of Birth: _____ **Age:** _____ **Children:** _____

Occupation: _____ **Marital Status:** S M D W

1. Background Personal History:

Allergies:

_____

_____

Vaccinations:

_____

_____

Medication *(including supplements)**:***

_____

_____

_____

Estimation of daily consumption:

Alcohol: _____

Cigarettes: _____

2. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10

Sleep:

Quantity: _____

Quality: _____

Position: _____

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses: *(overleaf)*

Menstrual cycle and menses:

Menarche: yrs	Regular	Irregular	***Pre-menstrual:***
LMP:	***Interval:***	days	
Nature of bleed:	***Duration:***	days	
	Meno-	Metro-	
			Post-menstrual:
Pain:			

3. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System: *(overleaf)*

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

4. Psychic Overview:

Disposition:
Fears:
Relationships:
Social interaction:
Ambition / Regret:
Hobbies/Interests:

5. The Physical Examination:

a) Vital Signs

Height:	m
Weight:	kg
Pulse rate:	beats/min
Respiratory rate:	breaths/min
Temperature:	°C
Blood Pressure:	/ mmHg

b) Findings on Physical Examination *[Tick positive blocks]*

Jaundice	☐	Oedema	☐
Anaemia	☐	Lymphadenopathy	☐
Cyanosis	☐	Hydration	☐
Clubbing	☐		

Specific System Examinations

Consultation Date:		**Signature:**	

Instructions to Provers*

Dear Prover

Thank you very much for taking part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic Science, and are sure that you will derive benefit from the experience.

Before the proving:

Ensure that you have:

- signed the ***Informed Consent Form*** *(Appendix B)*;
- had a **case history** taken and a **physical examination** performed;
- attended the pre-proving **training session;**
- an assigned **prover number**, and corresponding **journal**; and
- read and understood these ***Instructions***

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

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

Beginning the proving:

After having been contacted by your supervisor and asked to commence the proving, record your symptoms daily in the diary for one week prior to taking the remedy. This will help you to get into the habit of observing and recording your symptoms, as well as bringing you into familiarity with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

Taking the remedy:

Begin taking the remedy on the day that you and your supervisor have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half-hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days *(6 powders maximum)*.
In the event that you experience symptoms, or those around you observe any proving symptoms, **do not take any further doses of the remedy**. **This is very important.**

By proving symptoms we mean:

- **Any new symptom,** i.e. ones that you have never experienced before
- **Any unusual change or intensification of an existing symptom**
- **Any strong return of an old symptom**, i.e. a symptom that you have not experienced for more than one year.

If in doubt phone your supervisor. Be on the safe side and do not take further doses. **Homoeopathic experience has repeatedly shown that the proving symptoms begin very subtly – often before the prover recognises that the remedy has begun to act.**

Lifestyle during the Proving:

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

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

Avoid taking **medication** of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies.

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

Confidentiality:

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

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

Contact with your Supervisor:

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

If you encounter any problems during the proving, please do not hesitate to call your supervisor.

Recording of Symptoms:

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

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

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

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

- ***Location:*** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.
- ***Sensation:*** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.
- ***Modality:*** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.
- ***Time:*** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.
- ***Intensity:*** Briefly describe the sensation and the effect on you.
- ***Aetiology:*** Did anything seem to cause or set off the symptom and does it do this repeatedly?
- ***Concomitants:*** Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

This is easily remembered as:

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

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

- **MIND / MOOD**
- **HEAD**
- **EYES / VISION**
- **EARS / HEARING**
- **NOSE**
- **BACK**
- **CHEST AND RESPIRATION**
- **DIGESTIVE SYSTEM**
- **EXTREMITIES**
- **URINARY ORGANS**
- **GENITALIA**
- **SEX / MENSTRUATION**
- **SKIN**
- **TEMPERATURE**
- **SLEEP**
- **DREAMS**
- **GENERALITIES**

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

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

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

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

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

(NS) – **New symptom**

(OS) – **Old symptom**. State when the symptom occurred previously.
(AS) – **Alteration** in the **present** or **old** symptom (e.g. used to be on the left side, now on the right side)

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

If you have any doubts, discuss them with your supervisor.

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

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

** Adapted from Sherr, J. The Dynamics and Methodology of Homoeopathic Provings (2nd Edition,) 1994*

✂----------

Acknowledgement of Understanding

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

PROVER:
Name: _____ Signature: _____

WITNESS:
Name: _____ Signature: _____

PROVING SUPERVISOR:
Name: _____ Signature: _____

Date: _____

Methods of Preparation

(German Homoeopathic Pharmacopoeia)

i) Method 6: Triturations

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise prescribed. Triturations up to and including the 4th dilution are triturated by hand or machine in a ratio of *[1 to 10 (decimal dilution) or]*[a] 1 to 100 (centesimal dilution). Unless otherwise stated, the basic drug materials are reduced to the particle size given in the Monograph (Mesh aperture). Quantities of more than 1 000g are triturated by mechanical means.

The duration and intensity of trituration should be such that the resulting particle size of the basic drug material in the 1st *[decimal or]* centesimal dilution is below 10μg at 80 percent level; no drug particle should be more than 50μg.

Triturations up to and including the 4th *[decimal or]* centesimal are produced at the same duration and intensity of trituration.

Trituration by hand:

Divide the vehicle ***[lactose 19.800g]*** into three parts and triturate the first part ***[6.600g]*** for a short period in a porcelain mortar. Add the basic drug material ***[0.200g]*** and triturate for 6 minutes, scrape down for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second part ***[6.600g]*** of the vehicle and continue as above. Finally add the third part ***[6.600g]*** and proceed as before. The minimum time required for the whole process will thus be 1 hour. The same method is followed for subsequent dilutions.

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

[Trituration by machine: – not applicable]

ii) Method 8a: Liquid preparations made from triturations

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

[To produce a 6x liquid dilution, 1 part of the 4x trituration is dissolved in 9 parts of water and succussed. I part of this dilution is combined with 9 parts of ethanol 30 percent to produce the 6x liquid dilution by succussion. In the same way, the 7x liquid dilution is made from the 5x trituration, and the 8x liquid dilution from the 6x trituration. From the 9x upwards, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 10.]

To produce a 6c liquid dilution, 1 part ***[0.200g]*** of the 4c trituration is dissolved in 99 parts ***[19.800g]*** of water and succussed. 1 part of this dilution ***[30μl]*** is combined with 99 parts of ethanol 30 percent ***[2.970ml]*** to produce the 6c liquid dilution by succussion. *[In the same way, the 7c liquid dilution is made from the 5c trituration, and the 8c liquid dilution from the 6c trituration.]* From the 9c ***[7c]*** upwards, liquid centesimal dilutions are made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100.[c]

[The 6x, 7x, 6c, 7c liquid dilutions produced from the above method must not be used to produce further liquid dilutions.]

a) *[italics]* indicates portions of the methods which are not applicable to the preparation of ***XXXX 30c***.

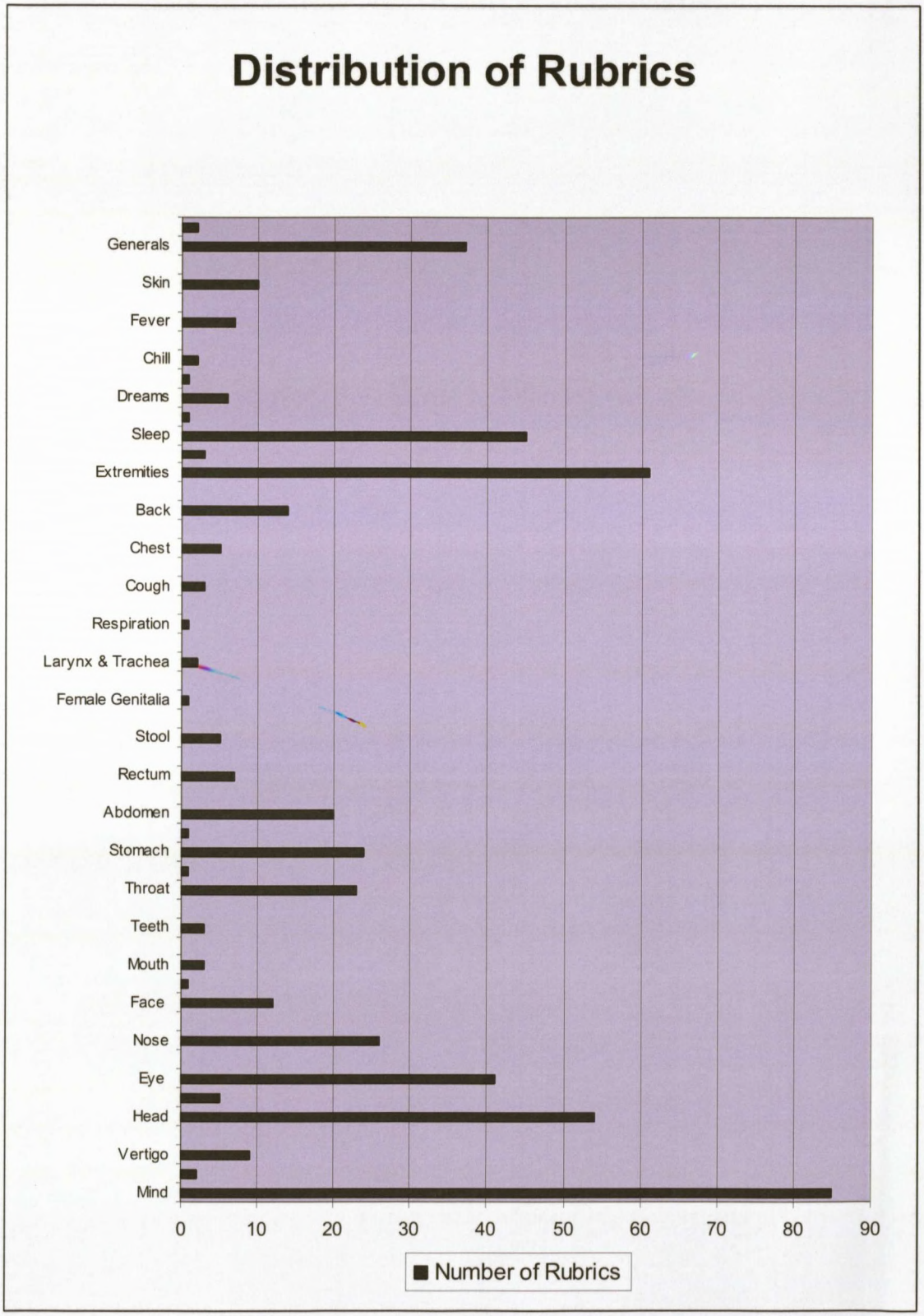
b) ***[bold italics]*** *indicates specific detail applicable to the preparation of* ***XXXX 30c***.

c) *In the preparation of* ***XXXX 30c****, the 7c and 8c liquid dilutions will be made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100. From the 9c upwards, liquid centesimal dilutions will be made from the previous centesimal dilution with ethanol 73 percent in a ratio of 1 to 100 (to allow for subsequent impregnation of lactose granules)*

DISTRIBUTION OF PROVERS

Age and Gender Distribution Table: (prover,age, gender)

PROVER	AGE	GENDER
01	25	M
03	25	F
06	43	F
07	34	M
10	25	F
11	23	M
13	25	F
14	24	F
17	36	F
18	33	F
19	50	M
21	50	M
22	27	F
24	39	M
25	26	M
26	33	M
28	28	M
29	47	F
30	24	F
32	27	F


Distribution of Rubrics
Generals
Skin
Fever
Chill
Dreams
Sleep
Extremities
Back
Chest
Cough
Respiration
Larynx & Trachea
Female Genitalia
Stool
Rectum
Abdomen
Stomach
Throat
Teeth
Mouth
Face
Nose
Eye
Head
Vertigo
Mind
0
10
20
30
40
50
60
70
80
90
Number of Rubrics

DIFFERENTIAL REMEDIES: ALL REMEDIES

This analysis contains 675 remedies and 8 symptoms.
Intensity is not considered

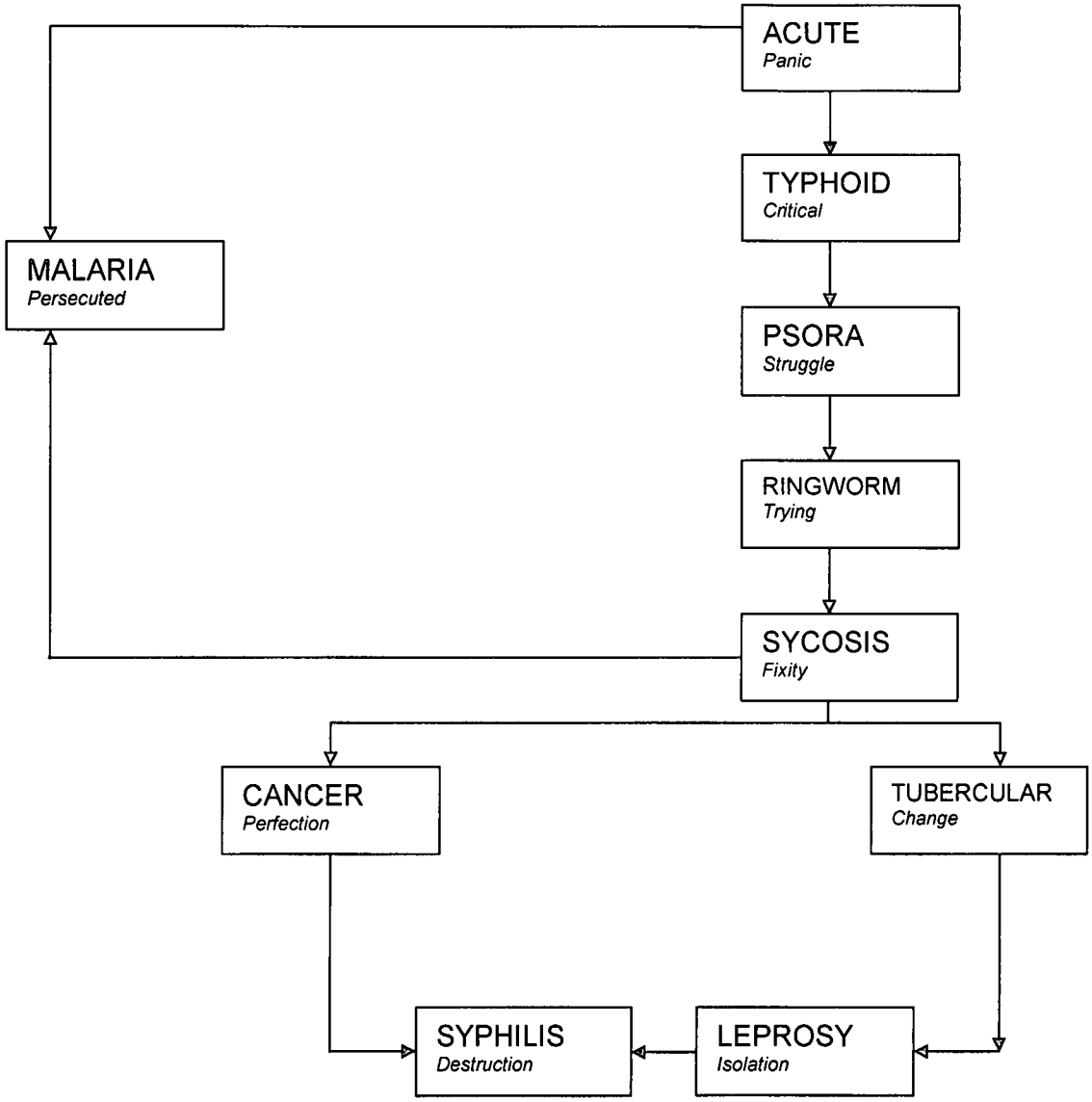
		ars.	rhus-t.	hep.	phos.	sep.	bell.	nat-m.	apis	gels.	lyc.	sulph.	alum.
		1	2	3	4	5	6	7	8	9	10	11	12
Sum of symptoms and degrees		16	15	14	13	13	12	12	11	11	11	11	10
01. MIND - DELUSIONS - separated - body - mind are separated; body	1	-	-	-	-	-	-	-	-	-	-	-	-
02. MIND - IRRITABILITY	1	3	3	3	3	3	3	3	3	2	3	3	3
03. MIND - EXERTION - physical - desire	1	-	-	-	1	-	3	-	-	-	-	-	-
04. HEAD - PAIN	1	3	2	2	3	3	3	3	3	3	2	3	2
05. HEAD - PAIN - Forehead, in - rubbing amel.	1	1	-	-	2	-	-	-	-	-	-	-	-
06. EYE - OPENING the eyelids - difficult - keep the eyes open; hard to	1	1	-	-	-	-	-	-	-	3	-	-	-
07. THROAT - PAIN - drinks - warm - amel.	1	3	2	3	-	-	-	1	-	-	3	2	2
08. GENERALS - EXERTION; physical - amel.	1	-	4	2	-	4	-	1	2	-	-	-	-

DIFFERENTIAL REMEDIES: PLANTS

This analysis contains 22 remedies and 11 symptoms.
Intensity is not considered

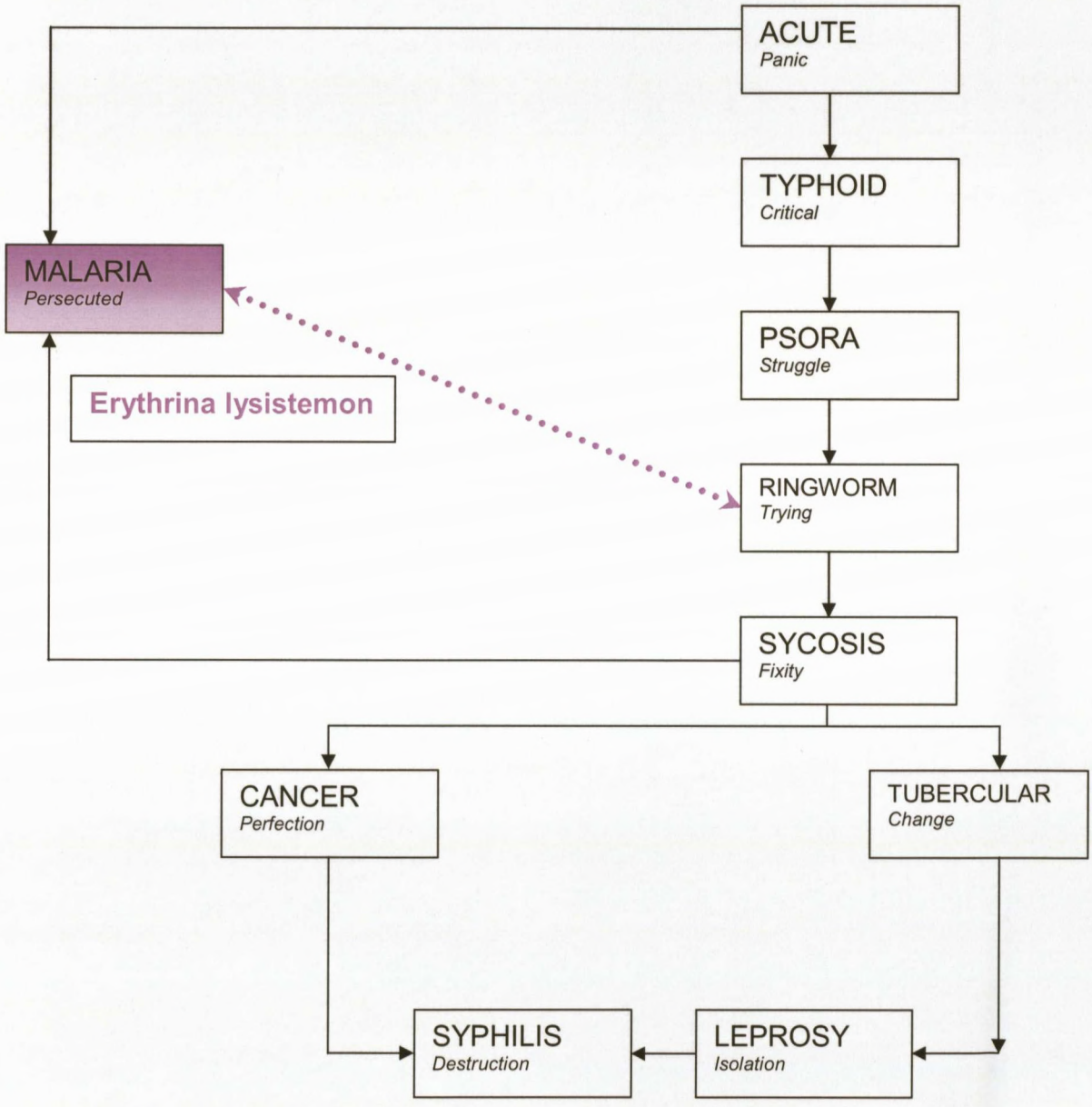
		phys.	bapt.	cyt-l.	indg.	meli.	alf.	arag.	astra-m.	bapt-c.	cassia-f.	cop.	der.
		1	2	3	4	5	6	7	8	9	10	11	12
Sum of symptoms and degrees		12	9	9	9	9	6	6	6	6	6	6	6
01. MIND - DELUSIONS - separated - body - mind are separated; body	1	-	-	-	-	-	-	-	-	-	-	-	-
02. MIND - IRRITABILITY	1	1	-	1	2	1	1	1	-	-	1	1	1
03. MIND - EXERTION - physical - desire	1	-	-	-	-	-	-	-	-	-	-	-	-
04. HEAD - PAIN	1	1	2	2	1	2	-	-	1	1	-	-	-
05. HEAD - PAIN - Forehead, in - rubbing amel.	1	1	-	-	-	-	-	-	-	-	-	-	-
06. EYE - OPENING the eyelids - difficult - keep the eyes open; hard to	1	-	1	-	-	-	-	-	-	-	-	-	-
07. THROAT - PAIN - drinks - warm - amel.	1	-	-	-	-	-	-	-	-	-	-	-	-
08. GENERALS - EXERTION; physical - amel.	1	1	-	-	-	-	-	-	-	-	-	-	-
09. KINGDOMS - PLANTS APG Group (with all subrubrics)	1a	1	1	1	1	1	1	1	1	1	1	1	1
10. KINGDOMS - PLANTS other families (with all subrubrics)	1a	1	1	1	1	1	1	-	1	1	-	1	1
11. KINGDOMS - PLANTS APG Group - Angiospermae - Eudicots - Cc	1b	1	1	1	1	1	1	1	1	1	1	1	1

SANKARAN – THE MIASMATIC SPECTRUM



Appendix J

SANKARAN – THE MIASMATIC SPECTRUM



EXPERIENCE

HOMOEOPATHY

FIRST HAND,

BE

A

PROVER!

IF YOU WOULD LIKE TO UNDERSTAND AND LEARN THE WAY HAHNEMANN DID, AND BE A PART OF HISTORY, CONTACT MONIQUE AND PUT YOUR NAME DOWN TODAY!
082 782 1324

WE NEED

YOU

TO

BE A

PROVER!

IF YOU WOULD LIKE TO TRUELY EXPERIENCE AND FEEL THE POWER OF HOMOEOPATHY, CONTACT MONIQUE AND PUT YOUR NAME DOWN TODAY!
082 782 1324

PROVING

A POTENTIAL HOMOEOPATHIC REMEDY PROVIDED BY DR. ROSS NEEDS PROVING!

THE PROVING WILL BE CONDUCTED BY FOUR SIXTH YEAR STUDENTS AT D.I.T. FOR THE FIRST TIME EVER, THEY WILL BE USING A TRIPLE-BLIND METHOD TO ELIMINATE THE POTENTIAL FOR BIAS.

IF YOU WOULD LIKE TO BE A PART OF THIS ONCE IN A LIFETIME OPPORTUNITY, CONTACT MONIQUE AND PUT YOUR NAME DOWN TODAY!
082 782 1324