The Evaluation of Miasmatic Nosode Prescriptions at a Homeopathic Community Clinic

Kyle Wulfsohn

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Supervisor:	Dr M Maharaj
Co-Supervisor:	Dr JC Ngobese-Ngubane
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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

___05/08/2020___

Signature of student Date

Approved for final submission

_____10/08/2020_____

Dr M Maharaj (Supervisor) Date

M Tech: Homeopathy

____05/08/2020_____

Dr JC Ngobese-Ngubane (Co-Supervisor) Date

M Tech: Homeopathy

Dedication

This dissertation is dedicated to my family, friends and all those who played their part in making this work possible.

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Abstract

Brief Background:

The current study sought to ascertain if any disease patterns or miasmatic trends exist at Ukuba Nesibindi Homeopathic Health Centre (UNHHC) (and the nature thereof). The results of this investigation will enhance our understanding of the trends related to disease, prescriptions and miasms at this community clinic. These findings can be used to inform and improve the current homeopathic management of patients in this particular location. UNHHC is a thriving clinic and further insight into possible miasmatic trends is likely to have a large impact.

Aims:

The aim of this study was to evaluate miasmatic nosode prescription trends at a homeopathic community clinic. Furthermore, the objectives of the study were to determine the frequency, dosage, and posology trends in prescription of the miasmatic nosodes and to determine trends in patient diagnosis, as well as miasmatic diagnosis.

Methodology:

The research methodology comprised a quantitative inquiry and analysis, to provide clinical verification of prescriptions. A retrospective chart review was conducted at the UNHHC based on the relevant patient charts. A rubric was used to document the demographics, clinical conditions, homeopathic guiding symptoms, posology and miasmatic diagnosis of each chart, where a miasmatic nosode was prescribed. Further, a comparison of the guiding prescribing symptoms was made against existing materia medica.

Results and Conclusions:

The results of the study show that the most commonly prescribed miasmatic nosode was *Tuberculinum bovinum (Tub bov)* followed by, *Psorinum, Medorrhinum, Carcinosin, Bacillinum* and finally *Syphillinum*. The most common miasmatic classification was the tuberculinic miasm. The study also showed that the most

common form of prescribing miasmatic nosodes was in the 200th potency given as one powder daily. The most common diagnoses for which miasmatic nosodes were prescribed were skin conditions. The conclusion drawn from this study is that the miasmatic trend prevalent at UNHHC is the tubercular miasm, with the majority of manifestations appearing on the skin, requiring the 200th potency given daily.

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Definitions

Homeopathy: A system of medicine employing the law of similars to treat the cause of the disease and not just the symptoms. Founded by Samuel Hahnemann (De Schepper 2001).

Miasm: From the Greek word "*miasma*" meaning a "stain" or "pollution". A miasm is the way in which a person reacts to a disease, this includes a predisposition to certain diseases. Whether miasms are inherent or just a classification system varies depending on the school of thought (Klein 2009b).

Materia Medica: The materia medica is the body of text which contains all the healing indications of a homeopathic remedy. It draws this information from a variety of sources including clinical experience, homeopathic provings and toxicological data (Watson 2004).

Nosode: A nosode is a homeopathically-prepared remedy. The remedy is prepared using an infectious disease product which can be obtained directly from a bacteria or virus or from a tissue which contains it (Klein 2009b).

Chapter 1: Introduction

1.1 Introduction to homeopathy

Homeopathy is a system of medicine that uses 'like' to cure 'like'. By selecting the remedy which in crude form produces the same symptoms as the patient is experiencing, one is able to successfully treat the patient (Bloch and Lewis 2003). In homeopathy the patient is viewed in totality in which the mental, physical and emotional planes are perceived to interact with one another. Thus, a disturbance in one will result in the production of symptoms in another. The defence mechanism is therefore seen to respond in a way which act on all levels. With this in mind, it is the homeopaths job, using homeopathic remedies, to stimulate the defence mechanisms of the body at all levels, so that not only symptoms are removed but also their cause (Vithoulkas 2004). This approach correlates with the World Health Organization's definition of health which is: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (World Health Organization 2006).

1.2 Introduction to miasms

Samuel Hahnemann's book, The Chronic Diseases, describes three miasms which are responsible for a predisposition to chronic disease. Hahnemann postulates that chronic diseases all have their origin and foundation in the chronic miasms (Hahnemann 1996). In later years other miasms (such as cancerinic and tuberculinic) have been recognized by homoeopaths such as George Vithoulkas. Miasmatic theory shows that everyone has a predisposition to disease. This predisposition can stem from a multitude of factors, primarily genetic and environmental. Recognizing the patient's miasmatic state can assist in seeing what disease they may be susceptible to. Appropriate miasmatic treatment can remove this predisposition and so avoid or reduce the risk of future occurrence. This is not to say that a person will never be sick again, as miasmatic influences are always present there may be need for further miasmatic treatment in the future (Stein 2008). Miasm specific nosodes are

homeopathic remedies prepared from miasm specific diseased material in ultra-high dilution which are used to manage the symptoms specific to a miasmatic reactional mode.

Bhatia (2008) offers a summary of George Vithoulkas' work on miasms in this simple sentence: "A miasm is a predisposition towards chronic disease underlying the acute manifestation of an illness". Miasms can be passed from generation to generation. Appropriate treatment with the corresponding miasmatic nosode is required to relieve this genetic predisposition. Miasms are genetic/inherent predispositions to disease brought about by exciting factors such as, suppressive medical practices, maintaining causes, stress to the body, socio-economic conditions and psychological factors etc. From the miasmatic predisposition, chronic disease syndromes arise, either from natural progression or through increased susceptibility. Therefore, miasmatic treatment is necessary to remove these susceptibilities and halt disease progression (Bhatia 2008).

1.3 Definition of miasmatic nosode

Miasm specific nosodes are homeopathic remedies prepared from miasm specific diseased material, in ultra-high dilution, and are used to manage the symptoms specific to a miasmatic reactional mode. A nosode is a homeopathically-prepared remedy made from an infectious disease product either directly from the bacteria or virus, or less directly from a tissue which contains it (Julian, 2005). Due to potentization (the process of dilution and shaking) nosodes lose their infectious nature even their energetic treatment possibilities are increased (Klein 2009a). Treatment with nosodes are an attempt to correct the energetic disturbance in the patient with a similar energetic vibration. When a homeopathic remedy is prepared from a nosode, it is no longer material; what it becomes is an energetic artifact of the original substance (Bhatia, 2008). Every miasm has a corresponding nosode associated with it (de Schepper 2001)

1.4 Homeopathic prescription

Successful homeopathic treatment lies in identifying the similarity between the toxicological effects of the original substance in healthy people and the pattern of illness in the individual who is sick. The homeopathic method involves a complete and detailed description of the patient, the illness and its evolution (Bhatia 2009). The treatment involves finding the remedy which fits the disease picture. However, when these symptoms are not clear and do not indicate one remedy, the miasmatic model can be used to better understand what needs to be cured and indicate the group of remedies which best matches the disease picture (Van der Zee 2000).

1.5 Ukuba Nesibindi Homeopathic Health Centre

In 2004 in a collaboration with Lifeline, the Durban University of Technology opened the doors of their first satellite homeopathic community clinic, namely, Ukuba Nesibindi Community Health Centre. The clinic is located in the Warwick junction area on the third floor of the Lifeline building. UNHHC is run by the 4th and 5th year homeopathic Master's degree (M. Tech: Hom) students under the supervision of a qualified and registered Homeopath (Dube 2015). The clinic comprises three rooms and a dispensary. Consultation, examination, discussion of cases with the clinician, dispensing of medication and storage of files all take place within these rooms. The UNHHC initially only operated on Wednesdays and Fridays when it opened in 2004 but, as the patient numbers grew and the demand for the clinic's services increased, an additional clinic day was added in 2007. From 2017 it has been operating on Tuesday, Thursday and Friday (Watson, 2015).

1.6 Problem statement

Miasmatic trends at South African homeopathic community clinics have not been documented or determined previously. Recording and documenting the miasmatic trends in this study will enhance management of conditions encountered at these clinics, of which UNHHC is an example.

1.7 Assumptions

All the information in the patient files was recorded truthfully and accurately, and the correct remedy was prescribed.

1.8 Hypothesis

It was hypothesized that there would be a discernible miasmatic trend at UNHHC represented by the increase in prescription of one miasmatic nosode more than the others.

1.9 Aims

The aim of this study was to evaluate miasmatic nosode prescription at a homeopathic community clinic. This study was conducted to ascertain whether there are disease patterns or miasmatic trends, and what these trends are, at UNHHC. The outcome of this investigation aims to enhance our understanding of disease trends, prescription trends and miasmatic trends at this community clinic. This deeper understanding can then be used to improve our homeopathic management of patients.

1.10 Objectives

1.10.1 The first objective

To determine how frequently prescriptions of miasmatic nosodes at Ukuba Nesibindi Homeopathic Health Centre are made.

1.10.2 The second objective

To determine the dosage and posology of miasmatic nosodes prescribed at Ukuba Nesibindi Homeopathic Health Centre.

1.10.3 The third objective

To determine the trends in the patient's clinical diagnosis related to miasmatic nosode prescriptions at Ukuba Nesibindi Homeopathic Health Centre.

1.10.4 The fourth objective

To determine the trends in miasmatic diagnosis at Ukuba Nesibindi Homeopathic Health Centre.

1.11 Significance

As it is located at UNHHC, it is expected that the outcome will be affected by local conditions, such as a high prevalence of HIV and Aids as well as tuberculosis (TB). Economically speaking, the patient base of UNHHC which is generally low income will also play a role in miasmatic prevalence. This may also result in different outcomes in miasmatic trends as compared to contemporary European literature.

1.12 Benefits

The benefits of this study will be an increased knowledge of the miasmatic trends at the UNHHC. This will aid in accuracy of prescription. It will further the understanding of miasmatic theory and its evolution alongside an understanding of disease. With an increased knowledge of miasmatic trends at UNHHC it will be enhance prescriptions and therefore relieve patients from miasmatic predispositions. This allows for a gentle and more permanent cure which should be the ultimate goal for all health practitioners.

1.13 Conclusion

In conclusion, the aim of this study was to evaluate miasmatic nosode prescriptions at Ukuba Nesibindi Homeopathic Health Centre, to ascertain whether there are disease patterns or miasmatic trends present, and identify what these trends are. Furthermore, the outcomes of this study can enhance prescription confidence and increase

knowledge of miasmatic and disease trends at UNHHC. With this knowledge of the miasmatic trend, treatment of patients will improve and it could further increase the practitioners' abilities to enact a more gentle and permanent cure. Miasmatic knowledge can enable the practitioner to understand the patient in his integrated totality and better understand at which level the disturbance to the human organism occurs. This is in line with the homeopathic understanding of disease and therefore the study is in full congruence with homeopathic methods. The conclusions from this study can further improve the modern understanding of homeopathy.

Chapter 2: Literature Review

2.1 Homeopathy

Homeopathy is a medical science developed by Hahnemann (1996), It is based on the principle that “like cures like” (Bhatia 2009). Any substance which can produce a symptom picture in a healthy human being can, be used to cure that totality of symptoms in a diseased human being (Vithoulkas 2004).

Successful homeopathic treatment lies in identifying the similarity between the effects of the original substance in healthy people and the pattern of illness in the individual who is sick. The similarity is essential. The homeopathic method involves an exceptionally complete and detailed description of the patient, the illness and its evolution (Bhatia 2009).

Homeopathy is a medical system which has the potential to treat any reversible medical condition in any human being of any age. Homeopathy is relatively safe and effective, which is proven not only by the world-wide support and interest of patients and health professionals, but also by research and clinical trials in various related areas/fields. Additional research to demonstrate the efficacy of homeopathy for specific conditions is required, while acknowledgement of clinical, individual effects of patients’ also needs to be recognised as being central to the homeopathic process (Homoepathic Association of South Afirca 2016).

2.2 Miasms

2.2.1 History and evolution of miasmatic theory

The word Miasm is from the Greek word *miasma* which means a taint, stain or pollution. Although the concept of the Miasm did not originate with Hahnemann, he is the author who has elaborated most on the subject, specifically in his Organon of the Medical Art (Van der Zee 2000). In his book Hahnemann explains that “The true,

natural, chronic diseases are those that arise from a chronic Miasm. When left to themselves these diseases go on increasing. Even with the best mental and bodily dietetic conduct, they mount until the end of life" (Hahnemann 1996).

Hahnemann understood that there was a chronic Miasm which was at the core of all human beings, called psora. In addition, there were two venereal chronic Miasms, namely, sycosis and syphilis. He believed psora was responsible for most of our disease manifestations. And the other two Miasms, if contracted sexually, would alter the way humans became ill (Hahnemann 1996). Hahnemann's theory led to the belief that if patients were to be returned to a permanent good state of health free from the evolution of disease though Miasms, these patients need to be treated anti-Miasmatically (Ortega 1980).

These theories of Hahnemann were further propounded by homeopaths such as Kent. These homeopaths greatly added to Miasmatic theory and further questioned the origins of psora etc. e.g. Kent suggested that the origin of psora is in human's fall from grace and expulsion from the Garden of Eden. (Kent 2009).

The next great shift of thinking came later during the 20th century from French homeopaths who turned from the original thinking of Miasms being some ingrained flaw in humankind, a pollution or taint. They rather referred to Miasms as a reactional mode. They transformed Miasmatic theory into a form of classification system which is predictive of how a patient will react or present their disease symptoms. This new view of Miasmatic theory makes identifying the individual's specific Miasm much easier (Ross 2007).

Vithoulkas (2004) brought Miasmatic theory into the modern age in the late 20th century. He further defined the Miasm as a predisposition and presented the idea of layers which need to be removed, with the uppermost layer being the sum of the lower layers. These layers need to be removed all the way down to the original Miasm, the mother of all disease, psora. As these layers are removed, new symptomatology appears as a product of the underlying Miasmatic layer. Vithoulkas continued to

ascribe the cause of these layers to hereditary influence, strong infectious diseases and previous treatments or vaccinations.

From the end of the 20th century and well into the 21st century Sankaran (2005) contributed entirely new concepts and completely revolutionised Miasmatic theory. In his writings he suggests that Miasms are the way in which some individuals cope with the central disturbance, which is disease, and that the pace and depth at which they experience this disturbance is suggestive of the Miasm with which that person may be classified under. Sankaran has further developed Miasmatic theory stating there are currently ten Miasms and that more remain to be discovered (Sankaran 2005a).

Sankaran's work on Miasms and homeopathic theory in general has inspired a whole group of homeopaths who each in turn have made their own contributions to the practice of homeopathy and the furthering of Miasmatic theory. Klein (2009) further describes some obscure Miasms and nosodes with their practical applications. While some argue that this increase in Miasms only confuses the matter, Klein argues that a better understanding can be drawn from these new miasms and therefore more accurate prescriptions can be made.

2.2.2 Hahnemannian Miasms

2.2.2.1 Psora

The oldest Miasm, according to Hahnemann (2007), is psora. The word originates from the Hebrew word meaning 'groove', 'defect', 'pollution' or 'stigma'. In his time, Hahnemann stated that seven-eighths of all chronic cases were derived from psora. This Miasm is characterized by a local itch, which, if suppressed, drives the disease state deeper into the person. The suppression of itch counteracts the bodies centrifugal action and therefore the ability to externalise symptoms is lost. This disease state driven inwards then attacks the nervous system (Hahnemann 1996).

The mental and emotional state of the psoric Miasm is best described as a state of "lack". This state of lacking can also be found in the physical symptoms, often finding

patients with deficiency syndromes who would be classified as psoric. The psoric Miasm came to be associated with scabies, Hahnemann found that from the 15th Century this was how the Miasm came to be expressed, through scabies which produced the synonymous itch. Therefore, the Miasmatic nosode for which to combat and eradicate this miasm was with *Psorinum*, made from the discharge of the scabies lesion (Hahnemann 2007).

The major anti-psoric remedy is *Sulphur*, noted in the materia medica as the "king of the anti-psorics" (Hahnemann 2007). The psoric indications for *Sulphur* are mainly found in the skin symptoms which show the great externalizing power of the psoric miasm. In his materia medica, William Boericke discusses *Sulphur's* centrifugal action and having an affinity for the skin confirming its use as an anti-psoric remedy par excellence (Boericke 2013).

2.2.2.2 Sycosis

As the psoric Miasm is associated with scabies, so Hahnemann came to associate the sycotic Miasm with gonorrhoea. Sycosis coming from the Greek word "*sykon*" meaning fig, due to the associated warts of the gonorrhoeal eruption. While Hahnemann suggested the sycotic Miasm was spread along with the venereal disease, modern homeopaths are now questioning if gonorrhoea is not the end expression instead of the root cause. The characteristic features of the sycotic Miasm are best described as "excess". This is seen on all levels, mental, physical and emotional (Lilley 2007).

The sycotic Miasmatic nosode *Medorrhinum* is made from the gonorrhoeal discharge. The major remedy representing this Miasm (and therefore the major anti-sycotic) is *Thuja occidentalis (Hahnemann 2007)*. It has an overwhelming focus on the urinary system as one would expect with diseases associated with gonorrhoea. Characteristic features of excess can also be found in the mental picture of *Thuja*.

The physical symptoms of *Thuja* show a tendency to produce pathological vegetations and warty excrescences which are characteristic of the sycotic Miasm. *Thuja* is also

described as having a specific antibacterial action as in gonorrhoea (Boericke 2013). Boger also states *Thuja* as being favourable for sycotic or hydrogenoid constitutions (Boger 2012).

2.2.2.3 Syphilis

The syphilitic Miasm is the third of Hahnemann's three original Miasms. In the same way that the sycotic miasm is associated with gonorrhoea, the syphilitic Miasm is associated with the disease syphilis. These two Miasms, unlike the psoric Miasm, which has a centrifugal force, has a centripetal force, meaning that their processes are driven inwards. The characteristic feature of the syphilitic Miasm is destruction. This is seen on all levels. Physically by the destructive pathologies linked with the syphilitic Miasm such as ulceration, necrosis and dyscrasias (Hahnemann 2007).

Mentally and emotionally in pathologies like schizophrenia, bi-polar and suicidal depression and in destructive behaviours such as alcoholism. Destructive behaviours are not limited to themselves but can also be carried out against others. This is best represented by mothers wanting to kill their babies in post-partum psychosis (lilley 2007). Self-condemnation is a strong theme within the syphilitic Miasm and is also found in the Syphilitic Nosode *Syphillinum*; this could be interpreted due to the moral associations with syphilis and illicit sex which usually results in its transmission. Along with self-condemnation the syphilitic individual begins to feel that others feel this way as well. This is best seen in the symptom "surrounded by enemies" which is found in *Mercury solubilis*, the major anti-syphilitic remedy (De Schepper 2001).

Mercury represents the syphilitic Miasm on all levels. On a physical level, lesions produced by *Mercury* are like those of syphilis, and hereditary syphilis manifestations are within its range of healing. On a mental level, *Mercury* has the delusion of being surrounded by enemies, weakness of mind, loss of will power and weariness of life, showing the syphilitic attitude of being beyond hope or redemption (Boericke 2013).

2.2.3 The modern Miasms

2.2.3.1 Acute

The Acute Miasm as described by Sankaran (2005) and his contemporaries, possesses the pathological features of sudden and violent reactions. Hypersensitivity is a key point in the Acute Miasm. The perception of their situation is that it presents an acute threat and therefore reactions are seen in accordance with this belief even though to the outsider they may appear overcompensated. The situation will feel overwhelming. The personality is reactive and excitable although this may become compensated and then they appear switched off or insensitive. Remedies which are characteristic of this Miasm are *Aconite napellus* and *Datura stramonium*. In these remedies we see the characteristic overreactions such as fear of death, restlessness and anxiety and may result in lunatic type behaviour (Sankaran 2005b).

2.2.2.2 Typhoid

The typhoid Miasm falls between the acute Miasm and the psoric Miasm. The main proponent of the typhoid Miasm is Sankaran (2005). He states that the typhoid Miasm represents elements of both the acute and the psoric Miasm. This suggests that the initial reaction of a patient characterized by this Miasm would be quite acute and intense, but should they be able to externalize their symptoms in a psoric manner they should make a swift recovery without any detrimental effects. This is best represented by the disease process of typhoid itself. It can have both the features of the acute Miasm (intensity, severity and suddenness) as well as the slowness of the psoric Miasm. Typhoid has a prolonged prodromal phase with malaise, this occurs early on before the fever. The fever is continuous and increases in intensity every day, becoming life threatening. However, the patient struggles through and can usually recover fully. This is typical of the typhoid Miasm.

One of the characteristic anti-typhoid remedies is *Bryonia alba*. *Bryonia* is described by Boger (2012) as a slowly advancing, forcible process which sums up the typhoid Miasm very well.

2.2.2.3 Malaria

The malarial Miasm represents the Miasm between the acute and the Sycotic Miasm. Therefore, we see a combination of the two. This is seen in the swinging of symptoms from the very acute to that representing a chronic disease, so slow and insidious, hiding just beneath the surface waiting to appear. A key term in describing the malarial Miasm is “periodicity.” This is best seen in malaria as a disease process. It is an infection with periods of dormancy and then sudden attacks of fever and chill followed by dormancy again only to be repeated.

The major anti-malarial remedy is *China officinalis*. In the remedy *China* we see acute features of fever, sudden fear which is very acute and great debility from loss of fluids. There are also the sycotic features of *China*, these being fixed ideas, apathetic and indifferent and the excessive symptoms of the female system. *China* also has periodicity or, as stated by Boger (2012), intermittency of symptoms. This means that the symptoms will come briefly and then recede only to return later usually at a specified time period, this is the periodicity as seen in China and the malarial Miasm.

2.2.2.4 Ringworm

The ringworm Miasm is the Miasm found between the psoric and the sycotic Miasms. It contains features of both the psoric and sycotic Miasms. There is disease that comes up suddenly with an intense struggle but is not life threatening and may have periods of dormancy. This is best represented by the ringworm lesion which may appear suddenly, be very eye-catching in its presentation with a severe itch and irritation. The itching may recede and just the lesion remains, but then the struggling irritation may reappear unexpectedly. A key word which represents the ringworm Miasm is “trying.” The trying part represents the centrifugal action of the psoric Miasm, trying to externalise symptoms and essentially throw off disease. Yet the struggle can become too much and then we see the sycotic features of giving up and then acceptance.

The major anti-ringworm remedy is *Calcarea Sulphuricum*, representing the psoric and the sycotic features of the Miasm. We can see this situationally in the remedy where, *Calc sulph* sits and broods over (imaginary) misfortunes. The *Calc sulph* patient may also become quarrelsome and hasty but when they fail they just sit and brood (Sankaran 2005).

2.2.2.5 Tubercular

The tubercular Miasm was originally called “pseudo-psora” by Hahnemann due to its similar features to psora. De Schepper (2001) states that the tubercular Miasm is a mix of the psora and syphilitic Miasms, with some features of the sycotic Miasm. The mental features of the tubercular Miasm show great feelings of oppression and being stuck and to get out of this situation a period of intense activity is required which often completely drains the patients of their physical resources. Tuberculosis (TB) as a disease process is known as the wasting disease and this is where it parallels the Miasmatic features. The mental feelings of wanting to break away are also seen in the common physicals of TB, as well as the great desire and amelioration from open air. These features are also well represented in the Tubercular Nosodes, *Tuberculinum bovinum* and *Bacillinum*. This is why the favoured treatment from the previous century was to send sufferers to sanitoriums in the mountains to recuperate.

The common feature of the tubercular Miasm is the great increase of activity at a hectic pace, however this level of activity cannot be maintained and so the person becomes wearied and gives it up. However, they are quick to find something new to take up their time which they throw themselves into until they grow weary of that as well. Therefore, the patients of the tubercular miasm are known to be excellent starters but poor finishers of whatever they set their mind to (Sankaran 2005b).

The major anti-tubercular remedy is *Phosphorus*. *Phosphorus* has shown great clinical merit in treating all the stages of TB, the picture of destructive metabolism fits in well with the “consumptive” state of the tubercular Miasm (Vermeulen 2001).

2.2.2.6 Leprosy

The leprosy Miasm is the Miasm found in between the tubercular and the syphilitic Miasm, therefore features of both Miasms can be found in it. The tubercular features are those of wanting to break out and feeling oppressed, which is also found in the syphilitic Miasm although there is still some chance of breaking out in the tubercular Miasm whereas the syphilitic Miasm is hopeless. The leprosy Miasm lies exactly between these two. This is not surprising as the infectious agent of leprosy (M*ycobacterium leprae*) is closely related to that of TB (My*cobacterium tuberculosis*).

The tubercular features of feeling oppressed mixed with the hopelessness of the syphilitic spawns the leprosy Miasms key feature of being an outcast of society. This is interesting to note because previously a common result of the disease leprosy was to be cast out and hence the well-known connotations of being a “leper.”

A major anti-leprosy remedy is *Secale cornutum*. Characteristic symptoms of *Secale* are the feelings of being forsaken and feelings of being shameless, these correspond strongly with the features of the Leprosy Miasm. *Secale* is also a major remedy for destructive pathologies such as gangrene which is highly indicative of the leprosy Miasm (Sankaran 2005).

2.2.2.7 Cancerinic

The cancerinic Miasm has become of huge importance in modern homeopathy with the mass increase of cancer in modern society. Kent refers to the cancerinic Miasm as being the result of supressed psora. This idea is reiterated in David Lilley’s (2017) teachings, that the cancer Miasm is the psoric Miasm taken to the n^{th} degree. A characteristic of cancer patients is the suppression of their emotions, and the ignoring of negative feelings such as hostility, depression and guilt. This, along with the high incidence of cancer in Type A personalities, is suggestive of repression/suppression being a common theme in cancer (Vermeulen 2002). This gives credence to the idea of the cancerinic Miasm being the result of suppressed psora, or the suppression the

body's fundamentally positive power of externalization of symptoms. This inability to externalize symptoms results in the characteristic features of the cancer Miasm, mainly the lack of reactivity on all levels (De Schepper 2001).

Mentally this is seen as a mental dullness, lack of interest or difficulty in thinking. Physically, the lack of reactivity is often seen in the skipping of childhood illness, a common indication for the cancer Miasm. This lack of reactivity may also be seen in the body's inability to throw off diseases completely; a common indicator for the cancer Miasm and its Miasmatic Nosode *Carcinosinum* is the symptom "never well since" a specific disease. In the Miasmatic model the Cancer Miasm lies between sycosis and syphilis. The main feeling is of a superhuman struggle for survival which is seen on all levels and very noticeably in the pathologies common to the cancer Miasm.

A major anti-cancerinic remedy is *Nitricum acidum* which corresponds to this feeling of a superhuman struggle: there is a constant, fixed and continuous battle characterised by much destruction. Auto-immune diseases and destructive pathologies fit into this Miasm with their great struggle to overcome the body's natural defences.

2.2.3 Miasms in practice

With all these varying Miasmatic theories it may be appear hard to reconcile them and put this knowledge into practice. However, all the theories have as a common element that there is an obstacle to cure. No matter whether this obstacle is viewed as a consequence of original sin, infective Miasm or a psychological construct, the remedy remains the same, and should be pursued in a scientific manner based on homeopathic principles and practices (Klein 2009a).

Nosodes should always be prescribed with the greatest confidence as long as the prescription follows the law of similars. The prescription should apply all the laws of homeopathy and should never be given lightly (Kent 2009).

When prescribing nosodes, the practitioner should proceed with caution when the disease is active, e.g. *Tub bov* in active TB, but rather give the most similar remedy and then follow with the Nosode when the pathology is no longer acutely active. If these laws are followed and the prescription is made with the fullest confidence, then any unnecessary, violent or prolonged aggravations can be avoided, and the patient given the most permanent, gentle and lasting cure possible (De Schepper 2001).

It should also be noted the current contention within homeopathy regarding Miasms and their application. This generally comes down to how and from whom the homeopathic practitioner was taught. Whether they follow the three traditional Miasms of Hahnemann, the five classical Miasms or the modern Miasmatic system would be based on this and creates many arguments amongst homeopaths. It is this contention amongst homeopaths regarding Miasms which show the definite need for further research into Miasmatic theory so that it may be applied with confidence and help heal the diseased.

2.2.4 The various Miasmatic nosodes

A Nosode is a homeopathically-prepared remedy made from an infectious disease product either directly from a bacteria or a virus, or less directly from a tissue which contains it. As a result of potentization (the process of serial dilution and vigorous shaking) substances lose their infectious nature even while their treatment potentials are increased (Klein 2009a). Treatment with Nosodes are an attempt to treat the energetic disturbance in the patient with a similar energetic vibration. Every Miasm has a corresponding Nosode associated with it (Bhatia 2008).

It should be noted that for each Miasm there are multiple Nosodes created from the variations of the disease process e.g. *Tuberculinum avis* is made from the tubercle of a bird as compared to *Tuberculin bovinum* which comes from the tubercle of a cow. However, within this work only those Nosodes which have been prescribed at UNHHC have been discussed within.

2.2.4.1 *Psorinum*

The original proving of *Psorinum* conducted by Samuel Hahnemann and consisted of two provers, the date of which is uncertain (Vermeulen 2002).

Psorinum is the nosode for the psoric Miasm which is characterized by deficiency, malnourishment or weakness and typified by skin disorders. Skin symptoms are extremely prominent in this remedy. *Psorinum* is indicated in the weakness that is left after acute disease or after loss of fluids. *Psorinum* is also used where a highly-indicated remedy is not having the effect it should be having, *Psorinum* used as an intercurrent remedy helps to clear up the case and is followed well by the indicated remedy. [The source for this remedy is the sero-purulent matter present in the scabies vesicle] (Choudhury 1997).

The characteristic presentation of the *Psorinum* patient is very similar to the *Sulphur* picture. Kent (2005) describes them as looking filthy despite being washed, and "as if the skin is covered with dirt." The references to being unclean, unwashed and dirty are endless in the literature. The skin complaints of *Psorinum* are worse from bathing and from heat. The concomitant symptoms are the marked debility and exhaustion, and an absence of these symptoms should rule put the prescription of *Psorinum*. This debility is also found in the mental sphere where there is a despondency and hopelessness, that can be felt as an overwhelming sadness.

Allen (2003) states *Psorinum* is particularly indicated when well selected remedies fail to relieve or permanently improve. Again, the debility of *Psorinum* is mentioned but specifically in cases of debility remaining after acute disease. In comparison to *Carcinosin*. The symptom relief after perspiration is evidence of the externalising function of the psoric Miasm. (Vermeulen 2002).

> *A short case given by Allen shows some of the characteristic symptoms which are often cured with Psorinum. 40-Year-old man with a discharge from the ears. Discharge is reddish cerumen from the left year. This symptom is much worse*

at night. The complaint has persisted for years. There is a sensation in the ear of a valve opening and closing. There is also a buzzing in the ear which stopped suddenly and started itching violently. The ear symptoms were accompanied by a dull, heavy pain at the base of the brain. These pains were experienced during the afternoon. There was a sensation that the skin of the abdomen was greatly relaxed and drawn down. The face of the patient appeared sallow and greasy, with many pustules located on the skin and neck. These pustules itched intensely and bleed easily when scratched. The whole case was cured with Psorinum, the potency of the prescription was not given (Allen, 2003).

2.2.4.2 *Medorrhinum*

The proving data for *Medorrhinum* comes from the pooled provings of Dr Swan and Dr Berridge which consisted of 50 provers and was concluded in 1888 (Vermeulen 2002).

Medorrhinum is the Nosode of the sycotic Miasm characterised by excess on all levels, so diseases where there is excess secretion or cell proliferation are found in the realm of the sycotic Miasm. The aspect of excess can also be found on the mental level, including mental disturbances showing ostentatious behaviours such as addictive patterns. [The nosode itself is sourced from the gonorrhoeal discharge and as such is often useful in the treatment of supressed gonorrhoea] (Vermeulen 2001).

Medorrhinum is particularly useful in treating the inherited complaints of children; history of gonorrhoea in the parents is a useful pointer in its prescription but not essential. *Medorrhinum* has a special affinity for the sexual organs as well as the urinary tract including the kidneys. Married women with difficulty falling pregnant and symptoms of pelvic inflammatory disease are highly responsive to treatment with *Medorrhinum*. An indication of *Medorrhinum* is sensitivity to cold and damp and day time aggravations although *Medorrhinum* should not be ruled out for patients who do not correspond to these modalities (De Schepper 2001).

The discharges of *Medorrhinum* are characteristic – usually typified by a fish brine odour and the copiousness of the discharge. Key mental symptoms of *Medorrhinum* are forgetfulness and mistakes in writing. A common symptom is the feeling of time moving too slowly, exaggerated by the patient constantly hurrying. These mentals are often accompanied by an irrational fear of the dark and often an anxiety regarding their personal salvation. (Vermeulen 2002).

Case 5 DRS, female student, age 23. Red itching dermatitis all over the body, intense vulvar pruritus and verrucous condylomata in the vulva, anterior part of vagina and a few also in the perineal region. Reddish warts on wrist, breast and shoulder. C. acuminata in those areas had been treated by several gynaecologists for two years. Many brown spots on skin, and naevus near navel. No pernicious changes in os uteri and cervix. Migraine at long intervals. Sinusitis about five years previously. Sometimes sleeps with feet out of covers, but hands always covered. A warm person, but preferred hot weather. Memory not very good, frequently forgetting people's names. Family history; paternal grandparents and two maternal uncles had cancer.

Had had electrocoagulation ten times, and cauterization with podophyllum resin and trichloroacetic acid a number of times, with the lesions always recurring.

She came to me in the hope that with homeopathy we might increase her immunological resistance to prevent further recurrences.

Treatment 28/06/91 Nux vomica 12c, five pillules at night for three days. 01/07/91 Thuja 1M, six pillules, single dose. 04/07/91 Came to see me before next appointment was due because itching in the vulva and all over her body was very intense. Sulphur 6c and Croton tiglium 5c, three pillules every three hours in alternation.
12/07/91 Little improvement in itching. Body redness turned pink. Condylomata unchanged. Med 200c, six pillules, single dose.
09/08/91 Condylomata better. Itching a little better. Sulphur 200c, six globules, single dose.

03/09/91 Vulvar and body itching had disappeared. Still a few Condylomata. Med 1M, six pillules, single dose.
18/09/91 All Condylomata disappeared.
19/07/93 No recurrence of Condylomata or itching.

Discussion. The initial Thuja 1M had no effect. Sulphur 6c and Croton tiglium 5c were prescribed to alleviate the itching but brought little change. Med 200c, single dose, only improved the condylomatosis. After it, Sulphur 200c cleared the vulvar and body itching without recurrence, and Med 1M removed the Condylomata completely. No recurrence after about two years (Mercaldo 1996).

2.2.4.3 *Syphillinum*

The original proving of *Syphillinum* was by Dr Swan and consisted of 12 provers and was completed in 1890 (Vermeulen 2002).

Syphillinum is the Nosode of the syphilitic Miasm which is characterized by degeneration and production of destructive disorders. These destructive disorders result in the perversions of the functions of mind and organs. The destruction of the mind is clearly seen in the symptoms of tertiary syphilis (Choudhury 1997). This mental picture is a disturbed one and can be related to the mind of a sociopath as there is a large potential for antisocial behaviour, extreme violence and criminal activity (Lilley 2007).

Syphillinum is well known for its night time aggravations. Kent states that pains come on from twilight and end with dawn, all pains are worse at night and in bed. There is great memory loss, much deeper than that of *Medorrhinum* who just forgets spelling, *Syphillinum* forgets whole persons and places. There is the sensation as if going insane or as if about to be paralyzed. There is also great apathy and indifference. There is a great tendency towards self-destruction, whether physical in pathologies such as ulceration and abscesses, or mentally with addictive behaviours such as alcoholism, or mental pathologies like schizophrenia. *Syphillinum* is strongly indicated

wherever there is history of supressed syphilis. As with all Nosodes, caution should be taken with prescribing a Nosode for the active disease, e.g. *Syphillinum* prescribed for active syphilis is not recommended. Kent describes the usefulness of *Syphillinum* in syphilitic cases where *Sulphur* has given a prolonged aggravation. These cases usually respond well when followed by *Syphillinum*.

There is a strong indication for *Syphillinum* whenever there is deep pain felt in the bones, as well as pathologies of the bone. Consistent with the nightly aggravations of *Syphillinum,* bone pains are worse at night and often cause sleeplessness. This deep pain can be described as a tearing pain accompanied by the sensation of fire (Boericke 2013).

> *A short case given by Clarke highlights the use of Syphillinum. A girl of 16-years-old had measles a year before which did not erupt properly. A year and a half before this she experienced neuralgic headaches. Over the last two years the patient has been affected by, despondency; wants to die and the headaches growing more violent. During the headaches the temple veins stand out, she has pains all over the body, is very irritable, restless and walking about much of the time, she does not wish to be soothed and is violent on being opposed, she has tremors and seems on the verge of convulsions, dazed, absent-minded, and almost insane. She is always washing her hands. Was formerly constipated, but now experiencing "a kind of diarrhoea." Menses never have come on properly, and for the past year have been very irregular, much delayed, scanty, and always extremely painful. Often feverish. Sleep anxious, distressed, and often wakeful and violently restless. With the prescription of Syphillinum she steadily recovered* (Clarke 2005).

2.2.4.4 *Tuberculinum bovinum*

The original proving of *Tuberculinum bovinum* was by Dr Swan and consisted of 2 provers and was completed in 1885 (Vermeulen 2002).

Tuberculinum bovinum (Tub bov) is the Nosode of the Tuberculinic Miasm. The Tuberculinic Miasm is characterized by emaciation, loss and destruction, and is seen where the patient's physical reserves are used up faster than they can be replaced. Patients with a history of TB or any tubercular lung disease are candidates for treatment with *Tub bov* (Choudhury 1997). The nosode *Tub bov,* as used by Kent, was sourced from the tubercular glands of slaughtered cattle. One of the best uses of this nosode is in the treatment of fever and intermittent fever, especially where a deep action is needed, because, as with all Nosodes, *Tub bov* is extremely deep acting and will often resolve a case where favoured acute remedies take little or no action. The characteristic typology of the *Tub bov* patient is the pale, waxy and emaciated appearance. The patient often looks sickly out of proportion to their complaint (Kent 2005).

The presence of lymphadenopathy is also a characteristic feature of *Tub bov*. The typical headache of *Tub bov* is constricting as if a hoop or band is around the head. This is most common in young females. In the mental typology of *Tub bov* there is often a feeling of being oppressed or closed in. The compensation for this feeling is the great desire for travel and open air, wanting to be free. This is often expressed as a restlessness both internally and externally. Other mental symptoms are mental dullness and difficulty studying. There is an aversion to labour especially mental work (Lilley 2017).

Allen (2003) describes the *Tub bov* mental state as anxious, irritable, gloomy and of melancholic humour. Modalities accompanying *Tub bov* are that all symptoms are worse from cold and damp. The cough of *Tub bov* is a positive indication for prescription. It is hard and dry and can be described as a shaking cough. The expectoration that accompanies the cough is thick, yellow and often yellowish-green in catarrhal conditions (Vermeulen 2001).

A case given by Allen from a Dr Scholes highlights the importance of this remedy:

> *10-year-old female, small for her age suffering from pneumonia. Presents with a high temperature, dry cough and severe pain in the chest. When treated with*

common acute remedies Belladonna and Bryonia no results except the mildest amelioration of symptoms. The child continued to emaciate. Empyema developed. After 3 weeks there was a profuse discharge of foul-smelling pus, green in colour from the mouth. The attending physician diagnosed empyema of the right lung and pulmonary TB. The child was then prescribed Tuberculinum 200 in repetitive doses and then increasing potency up to the CM, all the while experiencing a continuing improvement. The cough diminished and the child began to regain weight and eventually made a full recovery. Also, of note, prior to sickness there were enlarged cervical lymph nodes these receded post treatment (Allen, 2003).

Another more modern case illustrates the use of *Tub bov* in conjunction with remedies associated with the tubercular miasm and its use to hasten the recovery of the patient:

17/05/2002 to 13/10/2003 18-year-old female student. The patient suffered from TB abdomen one year ago, this was treated with Category 1 Anti-tubercular treatment (CAT I ATT) for 6 months and recovered from abdominal complaints. Soon after the death of her father from pulmonary TB, she developed gradually increasing hard lymph nodes, two in the right axillary and one in anterior cervical region; each about 2x2 cm, painless, hard and mobile. Fine needle aspirate cytology showed "granulomatous inflammation with caseation necrosis" was reported. Phos 30c one dose on 17/05/2002 was given. After initial improvement, she complained of fever, weakness and profuse sweat on head while sleeping on 03/06/2002. Calcarea Carbonica (Calc) 30c, 1 dose every 15 days was prescribed. The patient steadily and slowly started improving. 1 dose of Tub 200c prescribed twice on 30/12/2002 and 10/03/2003 as intercurrent remedy. The size of the Lymph node regressed consistently with improvement in all the associated symptoms in 17 months. Observations: Patient developed Tubercular Lymph nodes despite taking ATT for TB abdomen. The improvement was static after initial recovery with Phos, but faster with Calc which appeared to be a better simillimum. Tub also appeared to hasten the cure (Chand et al. 2011).

2.2.4.5 *Bacillinum*

Bacillinum is the Nosode introduced by Dr Burnett, prepared from the maceration of a typical tuberculous lung infected by *mycobacterium tuberculosis*. This Nosode is indicated in the treatment of patients characterised by the tubercular Miasm. The Nosode has been particularly useful in clearing up cases of TB, especially where there are changes found in the sputum, which becomes decreased and more aerated. Another specific indication for *Bacillinum* is in the lungs of old people or anyone where bronchorrhoea and dyspnoea are present (Boericke 2013).

Some of the clinical conditions common to the *Bacillinum* patient are; Addison's disease, alopecia, bronchitis, hydrocephalus, meningitis, pityriasis, pyorrhoea, ringworm, lymphadenopathy, tonsillitis and tuberculosis. In *Bacillinum* there is a disposition to catch colds and sore throats. As well as these re-occurring chronically (Murphy, 2001).

Chronic catarrhal conditions and weakened pulmonary circulation are typical of the *Bacillinum* presentation. As with *Tuberculinum*, the raised lymphadenopathy of *Bacillinum* is marked. The keynote symptom of *Bacillinum* is the ringworm symptoms, commonly found on the scalp and worse for wet, damp weather (Allen, 2003).

A short case given by John Young from his experience in Switzerland treating patients with TB, demonstrates the effectiveness of *Bacillinum* treating primary TB.

> *32-year-old male suffering from TB, was under treatment with conventional medicine but the condition was deteriorating. On examination the apices of the lungs displayed a ghon complex. The patient also presented with a chronic bronchitis. The patient was prescribed Bacillinum 200 every 8 days for three months. The patient completely recovered (Klein, 2009a).*

2.2.4.6 *Carcinosinum*

The original proving for *Carcinosinum* was by Templeton and consisted of 17 provers and was completed in 1953. However, a majority of the clinical symptoms were drawn from the observations of Dr Foubister while working at the Royal London Homeopathic Hospital (Vermeulen 2002).

Carcinosinum is the nosode of the cancerinic Miasm. This Nosode has been documented as acting favourably where there is a history of carcinoma or there are symptoms of the disease. This Miasm is also characterized by its mental typology as the 'type A' personality who takes on more responsibility than they can handle and where there is the internalization of emotions without expressing themselves. The original source of the Nosode is unknown though many claim it to be sourced from the tumour of a breast (Vermeulen 2001).

Characteristic typology for *Carcinosinum* is the presence of a *café au lait* complexion, blue tinted sclera and multiple moles. The mind of *Carcinosinum* is characterised by a cerebral torpor or mental inertia. This feeling is aggravated by a cephalic constriction. It is indicated that the patient may appear apathetic and may not answer direct questions. *Carcinosinum* is highly indicated where there are genetic physical and mental defects. Symptoms which were very strong in the proving's were a fundamental fear; this comprised prolonged feelings of fear as well as prolonged unhappiness (Vermeulen 2002).

Another strong symptom was ailments from anticipation. This symptom may appear as great anxiety or anguish. Some useful confirmatory symptoms are the strong sense of rhythm, love of dancing and sensitivity to music, even weeping from music. Aggravations or amelioration from heat, cold and sea air are very strong in *Carcinosinum*. Common in the *Carcinosinum* picture is the genu-pectoral sleeping position, specifically in children.

While *Carcinosinum* may have many clinical indications, the ones which should be highlighted are: mental retardation, arthritis, asthma, neuro-vegetative dystonia's, flatulence, insomnia, hepatic insufficiency, Down's syndrome, sciatica and tics.

Carcinosinum should always be kept in mind when there is a family history of cancer, diabetes, tuberculosis and pernicious anaemia (Foubister 1989).

The following case is directly from Foubister and shows the use of *Carcinosinum* when well selected remedies fail to act:

> *This illustrates the use of Carcinosinum in a case where an apparently well-selected related remedy, Natrum muriaticum, failed to produce a lasting effect. This man of 50 came to see me about two years ago with the complaint of asthma for eight years. PREVIOUS ILLNESS: Migraine, which ceased before the asthma developed. Concussion at the age of 21. Tonsils and adenoids removed as a child. FAMILY HISTORY: Mother, cancer of bowel. Father, peptic ulcer. MENTALS and GENERALS: Sympathetic to others. Sensitive to music. Tired in the sun (sensitive to drugs, especially acids). Aversion to salt. Better in himself in the evening. Asthma worse in wet weather; worse at 10 a.m., better cool dry days. Nat muriaticum. 30, 200, 1M was given and followed by a definite improvement but he relapsed within two weeks. Nat muriaticum. 200, 1 M, 10 M, was tried with some improvement and another quick relapse. Then Natrum Sulphuricum 200 was tried but without any real benefit. Thinking over the case it seemed to me that Nat mur. would ordinarily have had a much better effect in this case. It did have an excellent effect which vanished after two weeks, and apart from Natrum Sulph. which also failed, there did not appear to be any other obvious remedy. Taking into consideration the relationship of Natrum muriaticum to Carcinosinum and the history of his mother having died of cancer, probably a stronger heredity indication than any other, Carcinosinum 30 was followed by several months of freedom from asthma and another dose by a further period of several months of freedom up to the present, and great benefit to general health* (Foubister, 1989).

2.2.4.7 Key indications for each Miasm

Table 2.1: The key indications for each Miasm

PSORA	SYCOSIS	TUBERCULOSIS	CANCER	SYPHILIS
Hypersensitive – Affects sense and functions	Inco-ordination – Proliferation of cells	Waste, loss, depreciation and destruction	Lack of reaction resulting in prolonged disease and destructive processes	Causing destruction or perversion
Restlessness, continually changing. Never satisfied. Despair of recovery	Ostentatious and exaggerated behaviour. Becomes suspicious and broods	Mentally keen but physically weak. Ever changing symptoms with rapid response	Suppressed emotions. Highly strung, type A personality	Mentally dull, heavy, stupid and depressive
Main site of action is the skin. Either current skin affection or history of skin disease. Strongly indicated by disease of the nervous system. Main characteristic is burning.	Main site of action are the joints and connective tissue	Main site of action are the lungs and respiratory system	Indicated in any excrescence, malformation, and palpable masses specifically chest or breast	The most vital of the organs are affected, e.g. heart and brain
No specific familial history required. All disease has origins in psora. Personal history of skin disease or developing unhealthy skin. Skin is described as dirty and there is redness of mucous membranes	Acquired or history of hereditary gonorrhoea, with condylomatous growths and catarrhal discharges. Where there is history of suppressed sycosis expect the internal organs to be attacked, especially the pelvic and sexual organs. Usually in the form of the worst	History of tuberculosis and ringworm and importantly suppressed ringworm. With a tendency for recurring cough and colds	Family history of cancer, diabetes, tuberculosis and pernicious anaemia. Personal history of never well since glandular fever. With chronic and unremitting fevers. Strongly indicated in mental retardation and chromosomal disorders e.g. Down's syndrome	Family history of sterility, abortion, suicide, insanity. Development of ulcers and swelling and inflammation of glands

	inflammatory conditions.			
Discharges are normal and often accompanied by amelioration	Excessive catarrhal discharge. Bland and green secretions. Neither aggravation nor amelioration from discharges	Epistaxis and bleeding from lungs. Coughing up blood. Chronic diarrhoea	Unusual bleeding, rectal most common. Haemorrhage during intercourse	Discharges are putrid and offensive. Discharges cause aggravation
Aggravated by standing	Aggravated by rain, cold and damp	Aggravation at night, nocturnal perspiration and bed wetting in children	Aggravation at night, rest and when alone	Aggravation from discharges, at night and from warmth
Amelioration from discharge	Ameliorated by movement, while in active condition and from heat	Ameliorated by movement, relocation, dry and warm weather. There is a great desire for fresh air	Ameliorated by company, slow movement and activity	Amelioration in day time and from the cold. Great desire for things which are harmful e.g. alcohol and tobacco
Burnt taste in the mouth	Musty or fishy taste in the mouth			Copper or metallic taste in the mouth
Any disease of deficiency can represent psora, the miasm of 'lack', wherever there is want, deficiency, insufficiency or scantiness. Psora should be thought of	Where there is slow recovery from disease, even slow recovery from acute diseases is characteristic of the sycotic condition. This contrasts with the rapid onset of the diseases	Often thought of in the 'problem child', who is slow in comprehension, mentally dull and unable to concentrate. Often accompanied my rickets or marasmus	The disease states are often characterised by contradiction, this is seen in the contradictory states of mind, modalities and desires and aversions	Any disturbance of mineral elements can be characteristic of the syphilitic miasm, e.g. anaemia, defective formation of bone and teeth

Source: Choudhury (1997), De Schepper (2001), Klein (2009a)

2.2.5 Therapeutic value of understanding Miasms

When well indicated remedies fail to act, this can indicate the presence of an active Miasm and through Miasmatic prescription this obstacle can be removed. This principle can also be applied when patients relapse frequently. The indicated remedy

may have an effect, but this can be short lived and the patient may return to the original diseased state and so miasmatic prescription may be necessary. Thus, by understanding Miasms and Miasmatic theory those difficult to cure cases can be made easier by removing any obstacles to a cure (Watson 2004).

Knowledge of Miasmatic theory can give a practitioner a better understanding of the disease process and can help with remedy and nosode selection and interpretation of remedy response. Miasmatic diagnosis can play a huge role in determining therapeutic success as it can assist in removing obstacles to cure in cases where there is a lack of response or stagnation in the healing process (Lilley 2007).

A Miasmatic state can cause a susceptibility towards a particular group of diseases; if not treated with the indicated Miasmatic nosode, this weakness or tendency can persist through a patient's life and be transmitted to others such as to his or her children. Therefore, the treatment of these states is vital as it can remove the tendency to chronic disease as well as flare ups of recurring acute disease. Therefore, knowledge of Miasmatic theory is essential and its application is of huge value to both patient and practitioner (De Schepper 2001).

2.2.6 Miasmatic methodology

The technique used when prescribing according to the patient's Miasm, is divided into two approaches: First, the practitioner can prescribe the corresponding nosode to the Miasm he/she wishes to target in that particular patient. Or, secondly, he/she can prescribe a remedy which has an affinity for a particular remedy, a so called anti-Miasmatic remedy, e.g. *Sulphur* corresponding to the psoric Miasm, *Thuja* for the sycotic Miasm and *Mercury* for the syphilitic Miasm. The selection of this remedy or Nosode is dependent upon particular prescribing methods and philosophy (Watson 2004).

2.2.7 Indications for Nosode prescription

Nosodes may be prescribed when they are the indicated remedy, such as when the symptoms of a patients correspond to clinical indications of a nosode, e.g. *Psorinum* prescribed based on its skin symptomatology. This method requires extensive knowledge of the remedy pictures as the nosodes are not particularly well represented in the repertory (Watson 2004).

Nosodes may be prescribed when the indicated remedy in the case fails. i.e. if the patient's symptomatology clearly points to a specific remedy and, when given, this remedy the reaction is not as desired, this may be due to the effects of an active Miasm, and a Nosode may be prescribed to clear the Miasm. The indicated remedy should then have the desired effect once the Miasmatic blockage has been removed. [It must be borne in mind that the lack of the desired effect may be due to an incorrect prescription and should be investigated as such] (Lilley 2017).

Similarly, when the action of the remedy does not last long and the patient relapses, a Nosode is often indicated. With the prescription of a Nosode the outcome is a fundamental and lasting cure (De Schepper 2001). For example, *Carcinosinum* is known to quickly resolve cases of lingering glandular fever (Watson 2004).

When Miasmatic tendencies appear as the dominant feature in a case, a Miasmatic Nosode may be required to remove this taint. The aim of this prescription is to clear up the disease presentation of the patient and make the required remedy more apparent (Ortega 1983).

2.3 Homeopathic principles and practices

The profession of homeopathy is very unique in that it is grounded in firm and scientific principles as laid out by Hahnemann (1996), yet the approach and application of these principles is very much an art (Lilley 2017). It is with this in mind that some of the principles, practices and approaches have been laid out below. Without a thorough understanding of these and their application the Data required for this research would not be available and the analysis of it impossible.

2.3.1 Case taking

Case taking is extremely important in homeopathy, as ultimately the correct remedy being chosen is entirely dependent upon the disease picture presented by the patient. The objective of case taking is to understand why the patient is susceptible to disease, to uncover the evolution of the disease and to see how this patient differs in their experience of the disease to others (De Schepper 2001). It should be a smooth and seamless process which links the local symptoms of the case to the overall state (totality) of the patient (Owen 2007). An outline of the homeopathic case is as follows:

1. Presenting symptom
2. Other main symptom
3. Past history
4. Review of systems
5. Significant life events
6. Mental
7. General
8. Treatment history
9. Family history
10. Social history
11. Patient examination.

All of this information has the potential to form a portrait of the patient's disease which can then be matched to the corresponding remedy portrait (Owen 2007).

2.3.2 Keynote symptoms

A keynote symptom is a symptom which is so typical or characteristic of a remedy that when a patient presents with such a symptom there is a specific remedy associated with that symptom. Keynotes are usually uncommon and unique. With increased knowledge of the materia medica, keynote symptoms become very useful in prescribing accurately and the prescription can be confirmed (De Schepper 2001).

2.3.3 Aetiology

The aetiology of a case refers to identification of a cause. This emphasises the cause-effect relationship between an event and presenting symptoms. When there is a clear aetiology in a case the homeopath has three options of prescribing style. To prescribe on aetiology alone, symptom alone, or a combination of the two. The latter style is the most favourable. A common example of aetiology in a case would be a “never well since” symptom, e.g. if the patient has never been well since having glandular fever, the indicated remedy could be *Carcinosinum*. While prescribing based on an aetiology may yield positive results it becomes difficult when the aetiology is not clear (Blackie 1990).

2.3.4 Constitutional prescribing

Constitutional prescribing is a method of prescribing based upon the totality of the patient picture. Symptoms are considered hierarchically with mental/emotional symptoms considered to be the most pertinent, followed by physical generals and of least importance the particular/physical symptoms. This is so because the mental/emotional symptoms are deemed to be the most influential in causation and therefore the remedy chosen should correspond most strongly to these symptoms.

The prescribing rules for this method are quite clear and have been laid out for all to follow in Samuel Hahnemann’s seminal work, The Organon of the Medical Art. The essence of the prescription is that it should take the form of a single remedy in a high potency, ranging from the 30ch to the CM level. Once prescribed the homeopath must not act too quickly but rather wait and observe the patient until the response has clearly ceased before repeating or re-prescribing (Kent 2009).

2.3.5 Eizayaga’s layers

Dr Eizayaga’s theory is that some patients have definite layers of disease which require separate remedies given sequentially to clear these layers and bring about a lasting cure. Dr Eizayaga theorised four layers, the miasmatic layer, the constitutional layer, the fundamental layer and the lesion layer. This approach is mainly used in

advanced pathologies where the case has become complicated due to use of many varying and strong allopathic drugs (Watson 2004).

2.3.6 Classification of symptoms

When taking a case homeopathically, all symptoms are noted. The nature of these symptoms are further classified in order to grade them and therefore enhance prescription accuracy. The firstly symptoms are classified into Generals and Particulars. The general symptoms are described “I feel”. These can be further classified as either Mentals or Physical Generals. Particular symptoms are described “my part feels” and can be further classified as either Common or Characteristic symptoms (Kent 2009).

2.3.7 Materia medica

The materia medica is a collection of the known therapeutic actions of a medical substance. This is knowledge is used to match the appropriate remedy to the case. The materia medica is a collection of symptoms compiled from different sources, usually, provings, toxicological findings, and recorded clinical data, although there are often other important sources e.g. symbolic meaning. This compilation of symptoms of a remedy may then be compared to the presented case by knowledgeable homeopaths and if deemed similar enough is then prescribed with confidence (Owen 2007).

2.3.8 Provings

A proving is conducted when a healthy participant takes a crude or potentised substance which elicits symptoms (proving the substance), and these symptoms are then noted down. The symptoms which have been noted down are then carefully analysed and if they are common amongst other participants they are then added to the materia medica of that substance. This substance which has been proved, when applied according to homeopathic principles will cure those elicited symptoms in diseased patients (Kent 2009).

2.4 Ukuba Nesibindi Homeopathic Health Centre

2.4.1 History of Ukuba Nesibindi Homeopathic Health Centre

In 2004, in collaboration with Lifeline, the Durban University of Technology opened the doors of their first satellite homeopathic community clinic, namely, Ukuba Nesibindi Homeopathic Community Clinic. since 2017, Ukuba Nesibindi Homeopathic community clinic changed its name to Ukuba Nesibindi Homeopathic Health Centre (UNHHC), this was due to legislative reasons. The clinic is located in the Warwick Junction area on the third floor of the Lifeline building. UNHHC is run by the 4th and 5th year Homeopathic Master's degree (M. Tech: Hom) students under the supervision of a qualified and registered Homeopath (Dube 2015).

Consultation, examination, discussion of cases with the clinician, dispensing of medication and storage of files all takes place within three rooms and a dispensary. The UNHHC initially only operated on Wednesdays and Fridays but, as the patient numbers grew and the demand for the clinic's services increased, an additional clinic day was added, now the clinic is open three days a week on Mondays, Wednesdays and Friday since 2007 and has been open on Tuesday, Thursday and Friday since 2017 (Watson 2015).

2.4.2 Demographics

From the opening of the UNHHC until the end of 2017 there have been a total of 7039 consultations. Patient numbers have grown from 69 patients in 2004 to 1481 in 2016 and 928 patients seen in 2017 (Dube 2015, Ngobese-Ngubane 2018). This increase in numbers indicates that UNHHC is a thriving clinic. Therefore, any contribution to successful treatment through analysis of miasmatic trends is likely to have a large impact. The files considered in this study were taken from 2015 and 2016, where 1128 and 1481 patients were seen respectively. This gives a large data pool to draw from. In 2015 there were a total of 632 new patients and 496 follow up patients. For 2016 there were a total of 825 new patients and 655 follow up patients. This increase in both

new and follow up cases is a positive statement for the clinic, possibly indicative of a feeling of satisfaction with treatment by patients.

Table 2.2: The number of patients seen at UNHHC between 2013 and 2017

Year	Total Patients
2004	69
2005	133
2006	266
2007	224
2008	352
2009	272
2010	611
2011	383
2012	342
2013	280
2014	396
2015	1128
2016	1481
2017	928

2.5 Conclusion

In conclusion it should be understood that Miasmatic theory is a vast topic within homeopathy. This being said, while many theories have been put forward there is very little scientific research being done which backs up any of these theories. This lack of scientific research only adds to the contentious nature of the subject and continues to confuse the matter. From the literature review this researcher is only more certain that much more research is required before any theory can be either proved or disproved. From the researchers understanding the evolution in Miasmatic theory has all been in an effort to make this theory more practical and easily applicable, whether this has been successful will depend on the results of further research.

Chapter 3: Methodology

3.1 Introduction

The aim of this study was to evaluate miasmatic nosode prescriptions at a homeopathic community clinic, namely, UNHHC. This was to ascertain whether there are disease patterns or miasmatic trends, and what these trends are. This chapter shows the systematic process of collecting, interpreting and analysing data in order to achieve the above aim.

3.2 Research design

3.2.1 Study design

The research methodology comprised quantitative inquiry and investigation in order to provide clinical verification of prescriptions. This was pursued to provide philosophical understanding of the foundations of miasmatic nosode prescriptions and to determine and evaluate miasmatic trends. A retrospective chart review was conducted on the UNHHC patient charts. A rubric (Appendix A) was used to document the demographics, clinical conditions, homeopathic guiding symptoms, posology and miasmatic diagnosis of each chart where a miasmatic nosode was prescribed. Further a comparison of the guiding prescribing symptoms was made against existing materia medica.

3.2.2 Population

The number of cases which were prescribed miasmatic nosodes at the UNHHC was determined by reviewing the log books and patient files between 2015 and 2016. Eighty-six patient files were identified from the repository at the UNHHC which had

been prescribed miasmatic nosodes between the years 2015 and 2016. Data was collected from these files and analysed.

3.3 Setting

The study was conducted at UNHHC in the Warwick Junction area in the Lifeline building, once all the gatekeeper permission has been granted by the relevant stakeholders (Appendix B, C and D)

3.4 Sampling process

3.4.1 Inclusion criteria

Only files with consent forms where patient consented in writing to have their data from their files used for research purposes were included in the sample. No disclosure of personal details occurred, and confidentiality was maintained at all times according to all regulations, ethical codes of conduct, and laws. Only files from 2015-2016 which recorded the prescription of a miasmatic nosode at any consultation were used.

3.4.2 Exclusion criteria

Cases which were not prescribed Miasmatic Nosodes during 2015-2016 and which did not receive miasmatic nosode prescriptions were excluded.

3.4.3 Sample size and randomisation

The sample was derived from the cases where miasmatic nosodes were prescribed between 2015 and 2016. Due to the qualitative nature of the files there was no set data saturation.

3.4.4 The procedure

Permission was obtained from the head of research at DUT and the head clinician. A log book with all the cases from the clinic was used to select all the Miasmatic Nosode cases at the UNHHC. A rubric (Appendix A) was drawn up to facilitate effective data collection. The following data was recorded using the rubric:

- Description of complaint
- Clinical diagnosis of patient
- Mental symptoms
- Emotional symptoms
- General symptoms
- Particular symptoms
- Keynote symptoms (strange, rare, peculiar)
- Findings on physical examination
- Nosode prescribed
- Potency selected
- Dosage of nosode
- Frequency of remedy

The data was then laid out in the tables and graphs as seen in Chapter four and subsequently analysed in chapter five. The conclusion of the analysis of the data can be found in chapter six. A diagrammatic representation of the process can be found below in figure 3.1.

3.4.5 Ethics and confidentiality

Anonymity and confidentiality was maintained by the overall clinic consent, and the informed consent and indemnity form signed by each patient before the initial consultation. This form represents permission given by the patients for their files to be used for any research purpose. The UNHHC patient files are subject to routine privacy legislation, this means that all researchers and doctors are legally bound to maintain the confidentiality of the patients (Appendix A),

Data capturing took place at the UNHHC site and files were not copied or removed from their routine place of secure storage. The names of the patients were not

recorded in conjunction with the information from the files so that they remained anonymous throughout the study and during the presentation of results. The researcher and the head clinician at UNHHC were the only individuals who accessed the files. Gatekeeper permission to access the patient files was sought prior to the study (Appendixes B, C, and D).

3.4.6 Data analysis

Descriptive statistics were conducted and illustrated using bar graphs and pie charts. Tabulations and graphical presentation were used to present the data collected under each subheading in the rubric (Appendix A).

Themes and inferences were drawn based on the data which emerged from the tabulations. The prescribing trends were documented. These prescribing trends were the basis for analysis and were used to extract themes with regard to prescribing patterns, and then the miasmatic inferences were drawn from these patterns.

Thereafter, a comparison to the existing materia medica was conducted by comparing the arising symptomatology with the existing content in the materia medica. The comparison of the prescribing symptoms *of* miasmatic nosodes with that of the existing materia medica, fulfilled the underlying rationale of clinical verification of the homeopathic prescription of miasmatic nosodes in a community clinic setting where a wide range of conditions are managed. Further the outcome of this study should aid in the evaluation of miasmatic trends. Figure 3.1 presents a flow-chart of the step-by-step process of the data analysis.

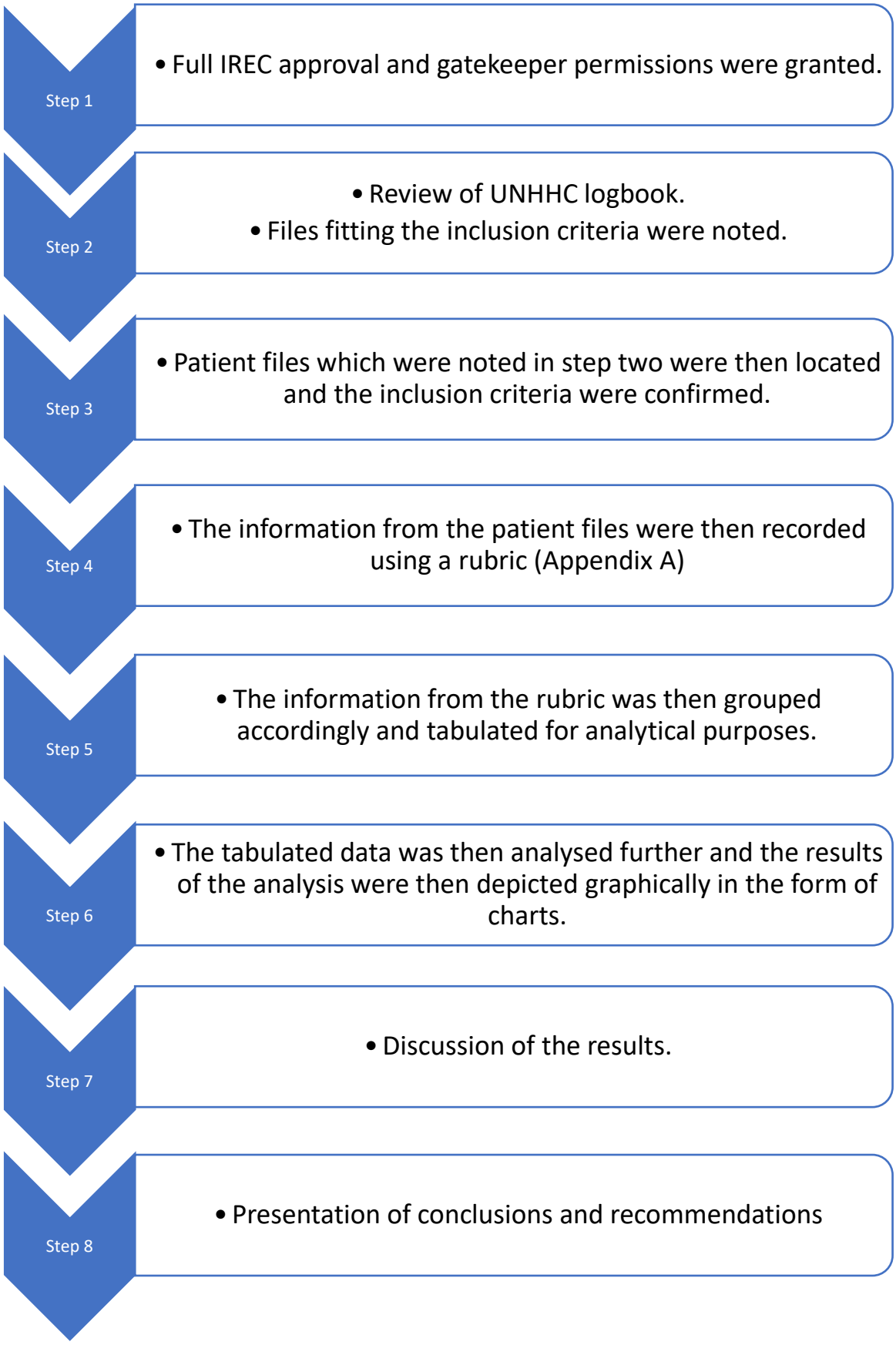

Figure 3.1: The step-by-step process of data analysis

3.4.7 Conclusion

The aim of this study was to ascertain whether there were disease patterns or miasmatic trends at UNHHC, and what these trends were. After the data was collected and organised, the demographics, clinical conditions, homeopathic guiding symptoms, posology and miasmatic diagnosis of each chart where a miasmatic nosode was prescribed were tabulated. A comparison of the guiding prescribing symptoms was made against existing materia medica.

Chapter 4: Results

4.1 Introduction

Following the methodology described in Chapter 3, the study produced raw data structured by a rubric (Appendix A). The data were obtained from 86 patient files of patients who had been prescribed a miasmatic nosode during 2015-2016. The completed rubrics were used for the purposes of data analysis using tabulations and graphical presentation.

The specific objectives of the analysis were as follows:

- Objective 1: To determine the frequency of prescription of miasmatic nosodes at UNHHC.
- Objective 2: To determine dosage and posology of miasmatic nosodes prescribed at UNHHC
- Objective 3: To determine trends in patient diagnosis in miasmatic nosode prescriptions at UNHHC.
- Objective 4: To determine trends in miasmatic diagnosis at UNHHC.

4.2 Overview of results

The results will be conveyed in three sections, related to:

- Demographics
- Disease presentation
- Prescription details

4.2.1 Demographics

4.2.1.1 Age

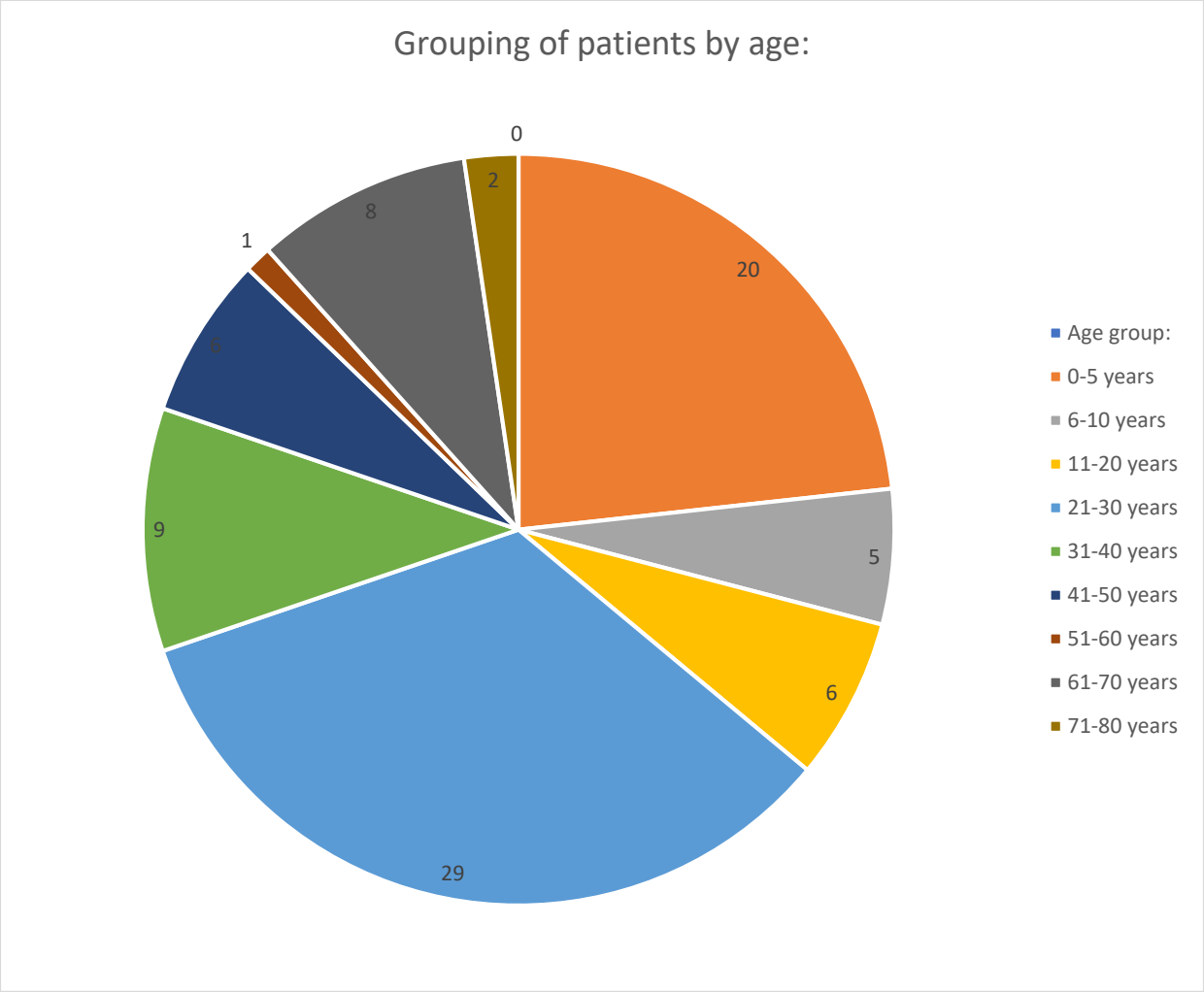

Figure 4.1: Grouping of patients by age

Figure 4.1 reflects the age distribution of participants. The results show that the majority of participants were 21-30 years of age (34%) followed by 0-5 years of age (23%).

4.2.1.2 Gender

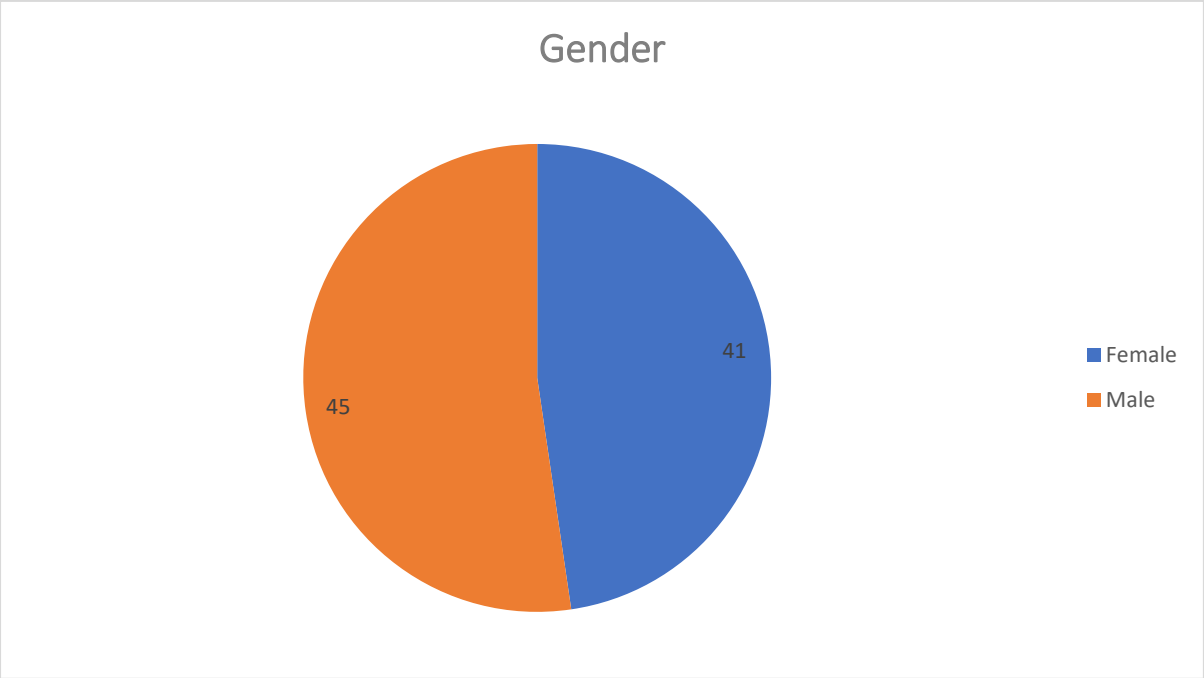

Figure 4.2: Gender

Figure 4.2 reflects the total number of male participants compared to the female participants. The results show that the majority of participants were male (52%) compared to female (48%).

4.3 Disease presentation

Table 4.1: The grouping of the Psorinum files with the main complaint, mental state, emotional state and diagnosis

File Number	Nosode	Main complaint	Mental State	Emotional state	Diagnosis
A2	Psorinum	Appears on hands. Itching rash. Better when scratching. From contact with chemicals used at work.	Wants to help others	Lonely and depressed	Allergic contact dermatitis

		Sinusitis as well.			
A19	Psorinum	Sores on body, started as small dots. Very itchy, when scratched become open sores. Appear on hands, feet, back, buttocks and stomach. Not on the stomach. Yellow discharge from sores.	*	Easy going	Impetigo
A23	Psorinum	Skin rash since 2001 appearing on torso and right upper arm. < Heat	Fear of disease	Cannot relax	Dermatitis, unspecified
A25	Psorinum	Chronic cough, no blood but watery sputum. Stabbing pain with a barking quality. Doesn't	Slow speech. Confusion	*	Persistent cough

		bother patient at night. Patient also suffers from worms.			
A30	Psorinum	Asthma since she was 8 months old. Caused by heat and dust. Sensation of choking and becoming breathless. Becomes dizzy and feels weightless during attack. Also suffers from eczema which itches but is worse from scratching. Moving ameliorates.	*	*	Asthma, unspecified
A47	Psorinum	Sore on the right breast, located on the areolar. Has been	Avoids conflict. Fear of cancer	Feeling alone	Dermatitis, unspecified

		present for one month. There is a thick serous exudate. An eruption has broken out on the hands and feet of the patient.			
A50	Psorinum	Rash on the thorax, abdomen and the back, started one previously. Red eruptions which are very itchy and worse from bathing. The patient experiences cramping pains at night from the ankle to the knee.	*	Loquacious	Dermatitis, unspecified
A51	Psorinum	Skin eruption. Circular, red and inflamed. It becomes itchy and bleeds after scratching. Returns every year with seasonal	*	*	Tinea corporis

		changes. The patient is also suffering from back pain, the shoulders feel heavy and the pain has a sharp sensation.			
A53	Psorinum	Skin eruption appearing two months previously which was contracted from the patient's sibling. The eruptions appear as vesicles which exude a yellow pus and then turn into black spots. The eruption is very itchy and worse for bathing and at night.	*	*	Impetigo
A58	Psorinum	Skin lesion, started 3 months previously. Fluid filled vesicles found in the webs of the fingers,	*	*	Scabies

		arms, buttocks and legs. The fingers have started to swell and the vesicles are oozing a yellow exudate. The patient is also coughing, feverish and sweating at night. There is also a loss of appetite. With yellow mucus constantly running from the nose.			
A59	Psorinum	Itchy skin eruption for a month and a half. It appears as fluid filled vesicles. The eruption occurs all over the body		*	Impetigo

		including hands and feet.			
A63	Psorinum	Itchy eruption starting on hands, has spread to the stomach and the back. The eruption now looks scarred from scratching. When scratched the vesicles burst and white pus is discharged. The eruptions are extremely itchy and even worse from sunlight. The whole body has a foul odor.	Worries about family	*	Scabies
A64	Psorinum	Painful and swollen ankles for 2 years. The pain is worse	Slow talking, taking a long time to answer	*	Swollen ankles

		for moving and better for rest. The patient becomes easily tired. The skin has also become thickened. The patient has a persistent cough which is non-productive. This accompanied by headache and night sweats.			
A66	Psorinum	Skin rash which starts as a small spot but spreads when scratched. Has persisted since 6 months of age. The patient also	*	*	Asthma, unspecified

		presents with asthma, diagnosed three months previously, there is a complaint of excess mucus production.			
A72	Psorinum	White patches began on skin, have now developed into honey coloured vesicles on the hands and body. The skin is very dry, itchy and there are dull aching and burning pains.	*	*	Atopic dermatitis
A75	Psorinum	Vesicular eruption on head, hands and forearm which then rupture forming very itchy lesions.	Desire to help other		Allergic dermatitis, unspecified

		The lesions appear dry but feel moist.			
A77	Psorinum	Vesicular eruption from 3 weeks previously. Began on hands has now spread to the chest. The eruption is very itchy but burst when scratched and secretes a clear fluid. The skin is starting to dry out, and becomes more itchy and dry when exposed to the sun.	Extrovert and friendly	Weeps easily	Dermatitis, unspecified
A78	Psorinum	Skin eruption which started three months previously. The eruption began as small red spots which ruptured, producing sticky white fluid and forming a dark scab. The surrounding skin has become dry, flaky and scaly. There is redness around the edges.	Fear of snakes and spiders	*	Dermatitis, unspecified
A83	Psorinum	The patient has tension type headaches	Patient speaks very slowly	*	Tension headache

		which are worse when it is cold. There has been weight loss recently as well as night sweats and a persistent cough.			

Table 4.2: The grouping of the Medorrhinum files with the main complaint, mental symptoms, emotional symptoms and diagnosis

File Number	Nosode	Main complaint	Mental symptoms	Emotional symptoms	Diagnosis
A9	Medorrhinum	Pain in feet and legs better for putting feet up and worse after walking long distances.	Stressed over finances	*	Diabetes mellitus
A10	Medorrhinum	Pustular outbreak on left groin. Itching, burning and exuding small amounts of pus with foul, rotten odor. Very itchy but worse for scratching and bathing.	Anxiety over health	Introverted	Genital warts

		Started three days after intercourse. Sore on glans penis.			
A18	Medorrhinum	Lower back pain on left hand side. Dull pain which radiates to the upper left quadrant of the abdomen. There is a sensation of heaviness in the legs. Patient also suffers temporal headaches which are pulsating and has sensation of emptiness in the head.	Nothing worth pursuing	*	Back pain
A24	Medorrhinum	Coughing with pain in chest, better for hard pressure. Non-productive cough. Nasal congestion without	Loves money. Promiscuous. Feels forsaken	Anger, desire to strike family members	Upper respiratory tract infection, unspecified

		production of mucus. < Midnight. Great thirst for ice water. Eyes have sensation of sand in them, no lachrymation, > rinsing with water.			
A27	Medorrhinum	Genital warts started around anus and have spread to the genital area. Red, fleshy and oozing discharge which is yellow and has foul odor. Cannot sit down because of pain. There is bleeding in some areas. Feels like scratching the area.	Despondency and then acceptance. Anxiety over health	*	Genital warts
A29	Medorrhinum	One of the testicle is swollen for the last 3	Acceptance of condition	No emotion over condition	Orchitis

		years. Has been growing slowly. Ever since gonorrhoea three years earlier. Was treated for it. Pain much worse during intercourse. No change in libido and ejaculation is normal but erection has decreased in strength. Burning pain in testicle.		it has become part of his life. Only desires to satisfy girlfriend	
A34	Medorrhinum	Painful urination, burning sensation. The patient has been experiencing symptoms for one week now, occurring after sexual intercourse. There is a creamy discharge with an offensive odor. The penis is	*	*	Gonorrhoea

		swollen. This is the second time the patient is experiencing these symptoms.			
A37	Medorrhinum	Maculopapular rash appearing on face and diaper region. The patient also presents with a cough and wheezing.	*	*	Diaper dermatitis
A38	Medorrhinum	Maculopapular rash appearing on face and diaper region. The patient also presents with a cough and wheezing.	*	*	Diaper dermatitis
A46	Medorrhinum	Multiple joint pain and backache, burning sensation. As if being ripped apart into pieces. Has been present for one year. Worse early in the morning and from the cold. The	Sympathetic and avoids confrontations	*	Polyarthritis

		patient also complains of vaginal irritation, there is itching externally accompanied by red papules. There is pain on urination, the urine is clear.			
A61	Medorrhinum	Vaginal discharge which is thick and white. This is accompanied by burning in the vagina. The burning is felt all the way up into the uterus. The patient experiences a stabbing pain on the right side of the lower back. There	Financial stress	*	Leucorrhoea, not otherwise specified

		is polyuria. Diarrhoea which becomes worse before the periods, appears watery and yellowish.			
A70	Medorrhinum	Sensation of a lump in the breast, with a throbbing pain. There is a clear discharge from the nipple when squeezed. There is the sensation of water in the uterus along with premenstrual pains. The menses last for 6 days and are clotted. The pain is cramping and radiates	Fear of death	Desires to be alone	Mastitis

		to the back. The feet sometimes swell and burn and there is the sensation that the vessels will burst in the legs.			
A73	Medorrhinum	Dyspareunia and a foul smelling, clear discharge. There is pain on urination and incontinence. There is generalised pruritic without a lesion. Chest pain with brownish mucus, complicated by the flu.	Anger, betrayal	Wants to break up with boyfriend	Gonorrhoea
A74	Medorrhinum	Pain on the sides of lower abdomen which radiate to the back.	Grief over father passing	Feels she cannot	Dysmenorrhea

		The pain has a throbbing sensation. There is also pain in the inguinal area. The urine is concentrated yellow in colour. The patient has a loss of appetite.		trust partner	
A84	Medorrhinum	Possible sexually transmitted infection, sexual intercourse occurred 2 days prior to symptoms. Genital rash which is red and itchy. There are abdominal pains with a pulling sensation which are better for crouching and bending knees. There is a grey discharge which has a bad odor. There is dysuria.	Anxiety over health	Weeping easily	Vaginitis
A86	Medorrhinum	Lower abdominal pain which is squeezing and twisting in nature. The pain	Sadness and anger	Desire to cry	Dysmenorrhea

		radiates to the back.			

Table 4.3: The grouping of the Tuberculinum bovinum and Bacillinum files with the main complaint, mental symptoms, emotional symptoms and diagnosis

File Number	Nosode	Main Complaint	Mental Symptoms	Emotional Symptoms	Diagnosis
A3	Tuberculinum bovinum	Sinusitis with dark rings under eyes, itchy hands without eruption. Aggravated at night and by cold. Voice gets hoarse.	Loquacious, changes topic often	Closed off to family and friends	Chronic sinusitis, unspecified
A7	Tuberculinum bovinum	Right eyelid painful with yellow discharge, > wiping with water, < morning. Coughing for two weeks, < night, during sleep. Yellow mucus from nose.	Playful	*	Upper respiratory tract infection, unspecified
A8	Tuberculinum bovinum	Ringworm appeared on face. Itching and burning, bleeds after scratching.	Forgetful	*	Tinea capitis
A13	Tuberculinum bovinum	Skin eruption in occipital region,	*	*	Tinea versicolor

		non-itchy, white appearance. Worse when eating tinned foods. Experienced it for three years. Also complains of allergic rhinitis, irritation especially from dust with occasional bleeds. The eyes swell and there is lachrymation. < Night.			
A15	Tuberculinum bovinum	Chronic cough with chest complaints, wheezing with cough and worse at night and after dairy. Dairy also cause flatulence and diarrhoea but child loves dairy. Watery yellow stools. Restless at night kicking off covers.	Inquisitive and happy child	*	Allergic rhinitis, unspecified
A16	Tuberculinum bovinum	Circular, dry eruption on right hand side of upper back. Non-itchy lesion	Inquisitive and happy child	Anger has lessened	Tinea corporis

A17	Tuberculinum bovinum	Vomiting when eating solid foods, accompanied by dizziness and desire to sleep all the time. There is a sore throat and coryza. The patient is feeling hot and not wanting to talk.	< Reprimanded	Becomes aggressive when reprimanded	Influenza, unspecified
A22	Tuberculinum bovinum	Recurrent upper respiratory tract infections every 2-3 weeks. Itchy palate, sore throat and post-nasal drip, accompanied by fever.	*	*	Influenza, unspecified
A31	Tuberculinum bovinum	Stitching pain in the throat with a wheezing cough. Collapses and eyes become blurry. Patient has a soft whispering voice. And they are very chilly.	*	*	Asthma, unspecified

		Patient is excessively sweaty as if someone has thrown water over them. There is yellow/black bitter phlegm.			
A33	Tuberculinum bovinum	Patient has been having hearing loss since birth. Can hear if people speak slowly and he also reads their lips. The patient has no appetite and has lost all their energy. The right ear cannot hear. The patient is HIV+.	Acceptance of HIV diagnosis	*	Hearing loss, unspecified
A35	Tuberculinum bovinum	Dyspnoea and coughing with chest feeling tight. Coughing up white sputum and a clear fluid running from nose. The cough and sputum are better after inducing vomiting, which is usually clear	Anxiety about death	Cheerful and happy	Upper respiratory tract infection

		water. The patient is HIV+.			
A36	Tuberculinum bovinum	Dry, non-productive cough and fever at night with increased perspiration. The fever is thirst less. There is also a headache when tired and is better for sleeping.	*	*	Influenza, unspecified
A40	Tuberculinum bovinum	The patient suffers from pulmonary tuberculosis. They experience, dry coughing, night sweats, weight loss and chest pains which are a sharp pain. All symptoms are worse at night and have been experienced for two months now.	*	*	Pulmonary tuberculosis

A42	Tuberculinum bovinum	The patient has a loss of appetite and a dry, itchy, circular eruption on the scalp. The eruption is very painful when scratched.	Playful child	*	Tinea capitis
A43	Tuberculinum bovinum	Pain in the back which is aggravated by tea. Circular eruption below the umbilicus. The eruption is worse at night and when sweating. But feels better when scratching or using hot water. The patient also suffers from a discharge from the ear which is yellow and appears in the mornings on waking, has been present for a year.	Melancholic disposition	*	Tinea corporis

A48	Tuberculinum bovinum	Parotid glands became swollen 3 days previously, the patient has a fever and their breath has become offensive. There is a loss of appetite. The patient's eyes are watering, they have an ear ache as well as feeling tired easily.	Fighting with other children when playing	Irritable	Parotiditis
A52	Tuberculinum bovinum	The patient is hyperactive, they have difficulty comprehending instructions and doesn't listen. They are constantly fidgeting and won't sit still. The patient is not eating well is under weight. The patient also suffers from allergies, this results in swollen, red eyes which itch and lachrymate.	Restless. Fearful, especially of loud noises	Aggressive, throws tantrums and hits mother	Attention deficit and hyperactivity disorder

A54	Tuberculinum bovinum	Patient is coughing and sneezing. Producing white mucus. There are pimple formations around the eye. The patient is very hot and wants to be uncovered and has a great thirst. There is a vesicular eruption on the right foot which started 1 month previously.	Playful. Wants to bite everything	*	Influenza, unspecified.
A55	Tuberculinum bovinum	The patient is coughing, this produces a yellow/green mucus. This is accompanied by coryza which is worse at night. The patient suffers from allergies which makes the skin itch and the eyes become dry with a brown discolouration of the cornea.	Withdrawn	*	Upper respiratory tract infection
A56	Tuberculinum bovinum	The patient is suffering from weight loss and has heart palpitations.	*	*	Lower respiratory tract infection

		The patient also suffers from insomnia and cannot sleep between 11pm and 4am.			
A60	Tuberculinum bovinum	White circular lesions appearing on right forearm and on the back. There is relief from scratching. Has persisted for 10 years. The lesions are worse for applications of water.	*	*	Pityriasis versicolor
A62	Tuberculinum bovinum	Dry, circular eruptions occurring on the face and scalp. The eruptions are hyperkeratinized. Alopecia has occurred where the eruptions are found.	*	*	Tinea capitis
A67	Tuberculinum bovinum	Dry cough, with weakness, poor appetite and loss of weight.	Happy, lively	Desires to be alone	Influenza, unspecified

A11	Bacillinum	Productive cough for two weeks, green and white phlegm which is worse in the mornings. Also cramping in hands and legs mainly right-hand side.	Alcoholic, dreams of fighting people	*	Upper respiratory tract infection, unspecified
A21	Bacillinum	Eruption under the breast. Eruption is itchy, and feels better for scratching. The eruption has been present for one month, and is beginning to spread down the abdomen.	Dreams of death	*	Dermatitis, unspecified
A28	Bacillinum	Skin rash on neck and back. Appears in white spots. Keeps spreading. Non-itchy. Started after girlfriend was cheating on patient.	Anger. Feels betrayed	Doesn't show emotions even though very angry	Tinea versicolor
A32	Bacillinum	Ringworm started on the face about two weeks ago. It is an itchy lesion which is producing blood on scratching. The child is shy	Anger. Feels betrayed	Shy and quiet. Only plays with those she knows	Tinea capitis

		and sleeping well. No other complaints.			
A39	Bacillinum	Ringworm which started on the body two months before. It is very dry.	*	*	Tinea corporis
A41	Bacillinum	Tightness of chest and a wet cough. There are large quantities of green mucus. No pain on coughing. Symptoms started two months previously. The patient is also vomiting up any food that is eaten. No nausea present. There is a fungal growth between the toes, which itches and is scratched till it bleeds.	Financial stress	*	Lower respiratory tract infection
A49	Bacillinum	Itchy, dry eruptions all over the body. Feels much better when scratching. There is also a cough which produces white sputum. The cough is worse at night.	Fear of snakes and lions	*	Tinea corporis
A57	Bacillinum	Fungal infection on the legs, face and back since 6 months previously. The eruption is	Active, happy	*	Tinea versicolor

		better for scratching but worse when it is hot.			
A76	Bacillinum	Circular eruptions on the body, as well as generalised pruritus. There is a stomach pain. The patient has a blocked nose and has been coughing up yellow mucus for two weeks. The patient's ears are itchy, both internal ears are red and the wax appears yellowish.	Lively	*	Tinea corporis
A85	Bacillinum	Coughing up blood and there is a stabbing pain when breathing after coughing. The patient doesn't sleep well and wakes up coughing. There	*	*	Simple chronic bronchitis

		is a feeling of weakness and weight loss. There is also coryza which is worse at night, has an offensive odor and is sticky and green.			

Table 4.4: Grouping of the Carcinosinum files with the main complaint, mental symptoms, emotional symptoms and diagnosis

File Number	Nosode	Main complaint	Mental symptom	Emotional symptom	Diagnosis
A1	Carcinosinum	Small joint pain, alternating right and left. Started at the right-hand base of the thumb, going into second finger. Clicks and gets stuck.	Anxiety over from health. Stressed	*	Thoracic outlet syndrome
A4	Carcinosinum	Joint pain in left leg, < night and pulling motion. > movement. Stasis	Overworking	Emotionally tired	Osteoarthritis, unspecified

		dermatitis on left leg.			
A6	Carcinosinum	Headache, top of head. Started previous night. Coughing every morning on waking, sputum yellow and thick. Grey mucus running from nose. Tossing and turning at night, not wanting to be covered.	*	*	Acute upper respiratory tract infection, unspecified
A14	Carcinosinum	Skin eruption on hands and feet. < Closed shoes, heat. > Open air. Hands are peeling, Itchy, watery blister formation, painful on bursting. Also suffers from allergies and piles.	Loquacity	Desire to be appreciated	Urticaria
A20	Carcinosinum	Vesicular rash on neck, started 1 month previously. White spots.	Anxiety over health	*	Disorder of skin pigmentatio

		Has three boils on left hand side for the last two weeks, very painful.			n, unspecified
A26	Carcinosinum	Face and feet have swollen up from seasonal allergies. Happens every second day. Mainly affects the right-hand side. Has red sores on exposed skin.	Hopefulness alternating with despondency. > religious music, prayer.	Reprimands children easily	Oedema (allergic)
A44	Carcinosinum	The patient has suffered from erectile dysfunction for 6 years. Occasionally the patient manages to get an erection. The orgasm does not feel complete. The sexual performance is decreased when tired.	Very polite and cheerful. The patient is a perfectionist	Shy and introverted	Erectile dysfunction
A45	Carcinosinum	The patient suffers from panic attacks especially during exams. These are	Overworked, stressed	*	Generalised anxiety disorder

		accompanied by palpitations and stammering. The patient gets recurring bouts of the flu. Has vertigo and feels weak and exhausted. Headaches occur frontally and radiate towards the occiput, these have a needle-sharp sensation. The patient also suffers from menorrhagia.			
A68	Carcinosinum	Ulcers on arms, legs, hands and feet. They are small and painful and produce a clear liquid.	Quiet	*	Cutaneous abscess

		They are also itchy.			
A69	Carcinosinum	Premature greying of hair as well as hair loss. Increased stress, feeling overwhelmed and fatigued.	Difficulty concentrating, feeling stressed	*	Fatigue
A71	Carcinosinum	Diabetic, gets tremors, feels weak and constantly tired. Feeling highly stressed about family.	Feels abused and mistreated. Persecuted	At peace when listening to music	Diabetes mellitus
A79	Carcinosinum	Great anxiety and sleeplessness. Has hot flushes and has started growing hairs on chin. Very emotional, weeps easily.	Anxious, closed off, traumatised	Weeps easily	Post-traumatic stress disorder
A80	Carcinosinum	Moles have become worse over the years. When heated	Feels ugly	Irritable	Fleshy moles

		they become itchy. Feeling that the moles make the patient look ugly. The patient also complains of acne during the summer.			
A81	Carcinosinum	Sore throat with a non-productive cough. Sneezing a lot in the morning. There is a decreased appetite. Vesicular eruptions on hands and feet.	Stressed	*	Chronic tonsillitis
A82	Carcinosinum	Offensive, white vaginal discharge which is worse before the menses. The patient is also experiencing	Feeling dirty	Irritable, > Alone	Leucorrhoea, unspecified

		depression related to the discharge, feeling dirty and like a failure.			

Table 4.5: The Syphillinum file with main complaint, mental symptoms, emotional symptoms and diagnosis

File Number	Nosode	Main complaint	Mental symptoms	Emotional symptoms	Diagnosis
A5	Syphillinum	The patient suffers from pain in leg, the leg has been broken twice previously and the bone has become infected. The pain has been present for three years. The pain is worse for any movement and there is a rash on	Confused and forgetful. Depressed	Anxious behaviour, especially regarding health	Osteomyelitis

		the left ankle.			

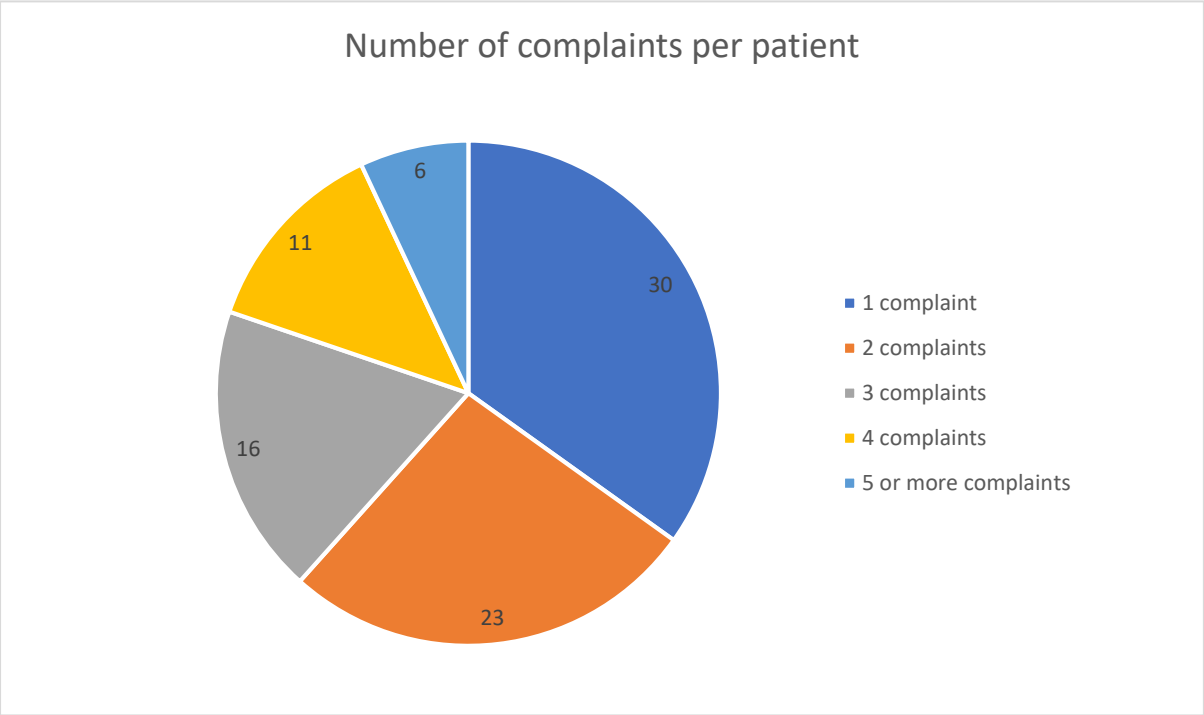

Figure 4.3: Number of complaints per patient

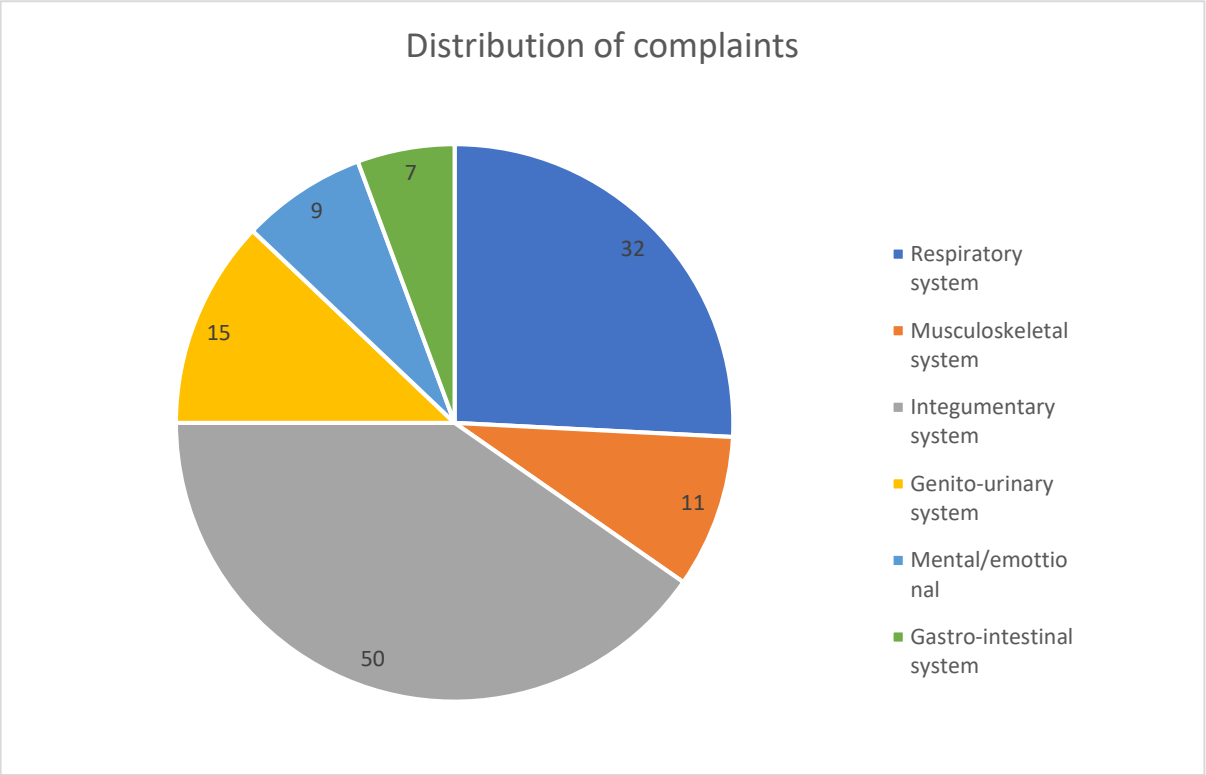

Figure 4.4: Distribution of complaints

Figure 4.3. and Figure 4.4 respectively show the number of complaints per patient and the distribution of the complaints throughout the body. From these results we see that approximately 198 complaints were brought forward by the 86 participants. The Integumentary system was seen to contain the most common complaint (25%) followed by the respiratory system (16%). Attention should be drawn to the fact that only two patients stated they were HIV+. The true number is unknown. It is also seen from the results that many patients describe multiple complaints. In fact, more than half (65%) present with two or more complaints.

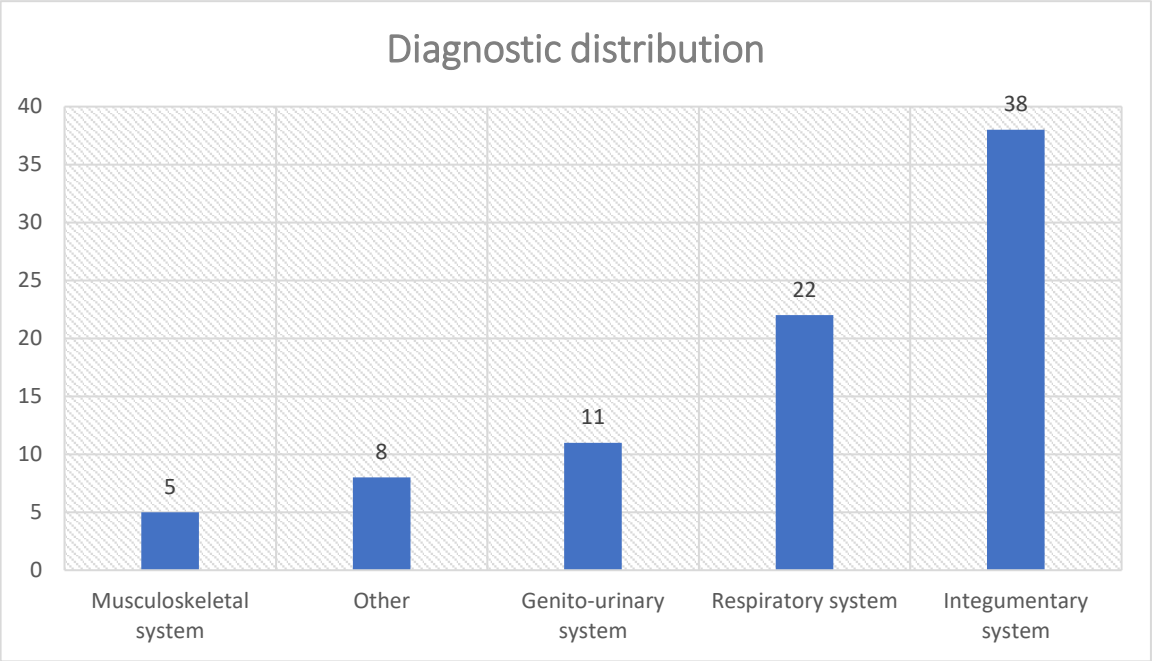

Figure 4.5: Diagnostic distribution

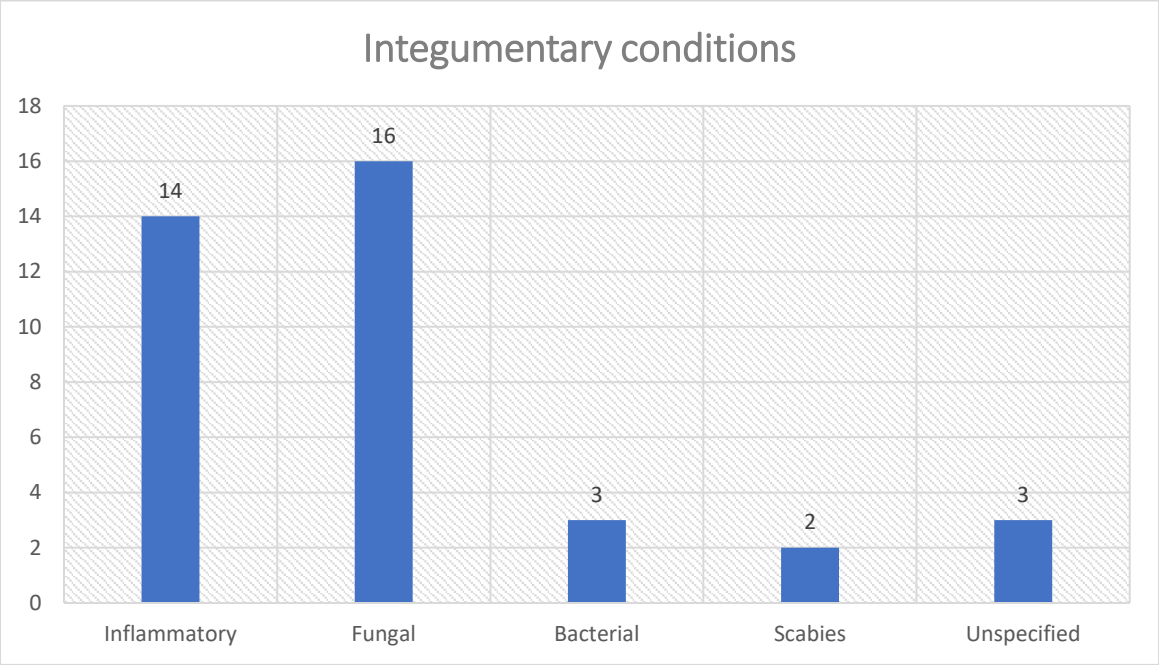

Figure 4.6: Integumentary conditions

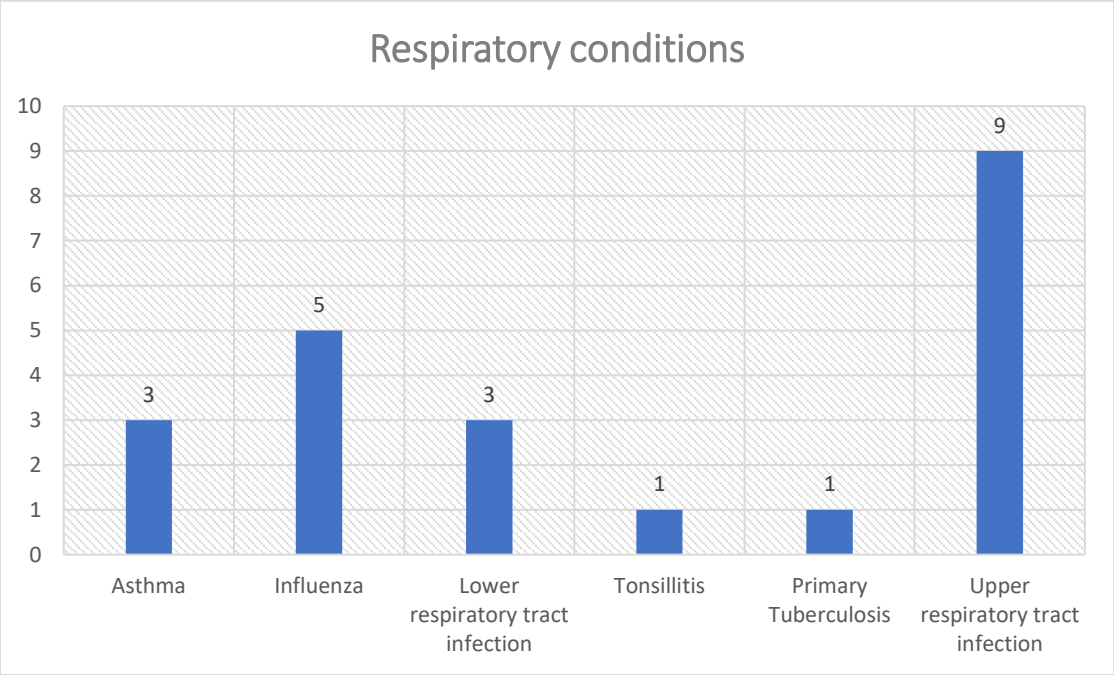

Figure 4.7: Respiratory conditions

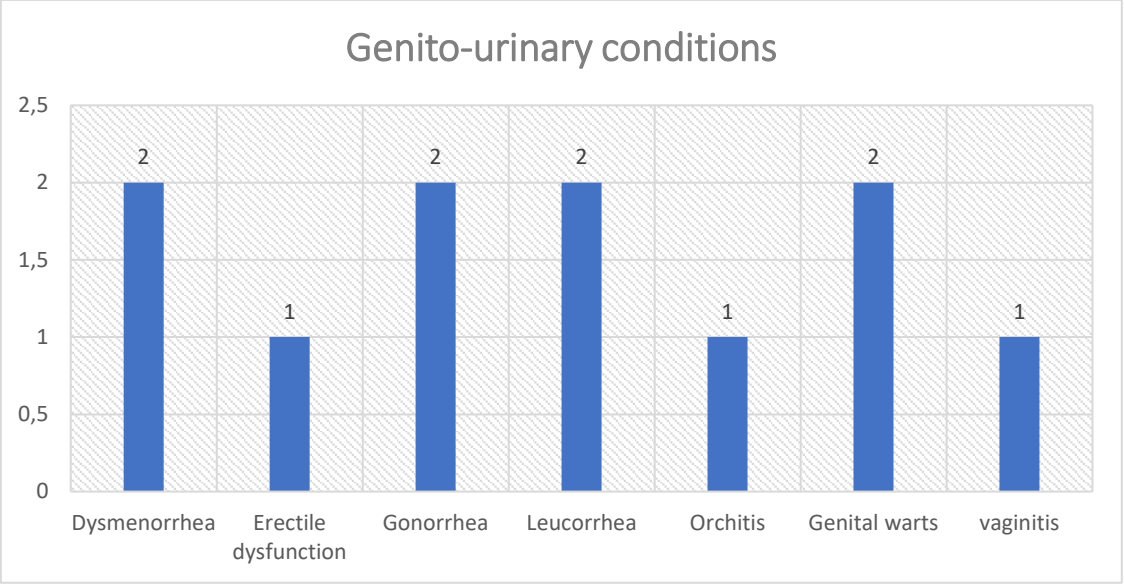

Figure 4.8: Genito-urinary conditions

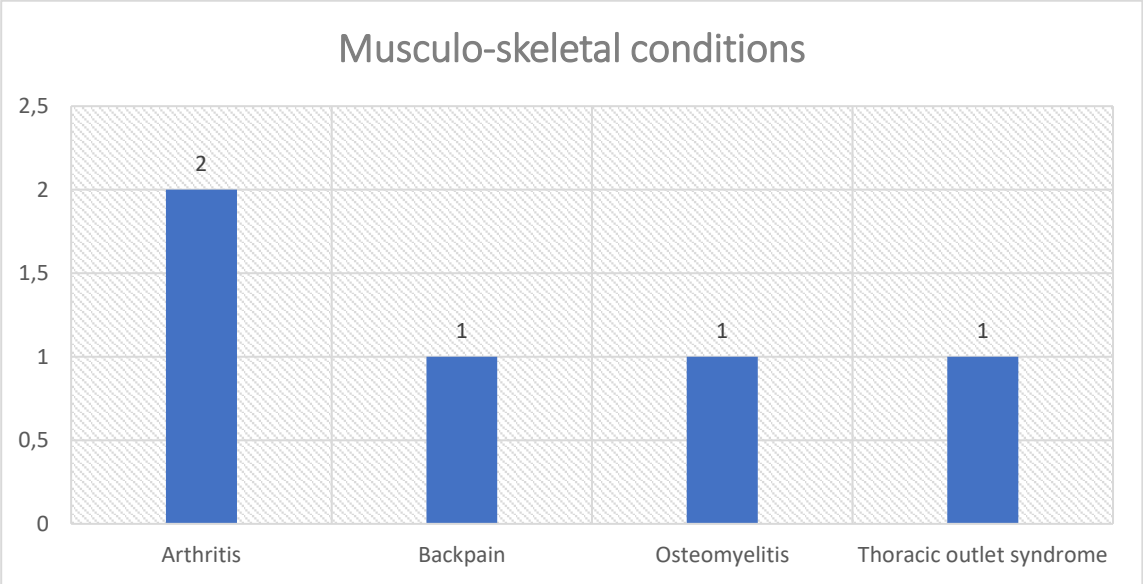

Figure 4.9: Musculo-skeletal conditions

Figure 4.5 reflects the clinical diagnoses made and which systems were affected. The integumentary system was affected the most with 44% followed by the respiratory system with 26%. The “other” column is comprised of diagnoses with more idiopathic causes such as hearing loss, fatigue and headaches etc. Figure 4.6 shows the conditions of the integumentary system, with fungal infections being the most common followed by inflammatory processes. Figure 4.7 reflects that upper respiratory tract infections (41%) were the most common respiratory conditions followed by influenza

(23%). Figure 4.8 reflects the conditions of the genito-urinary system. There is no distinct result due to the low incidence. Figure 4.9 reflects musculo-skeletal conditions with arthritis being the most common.

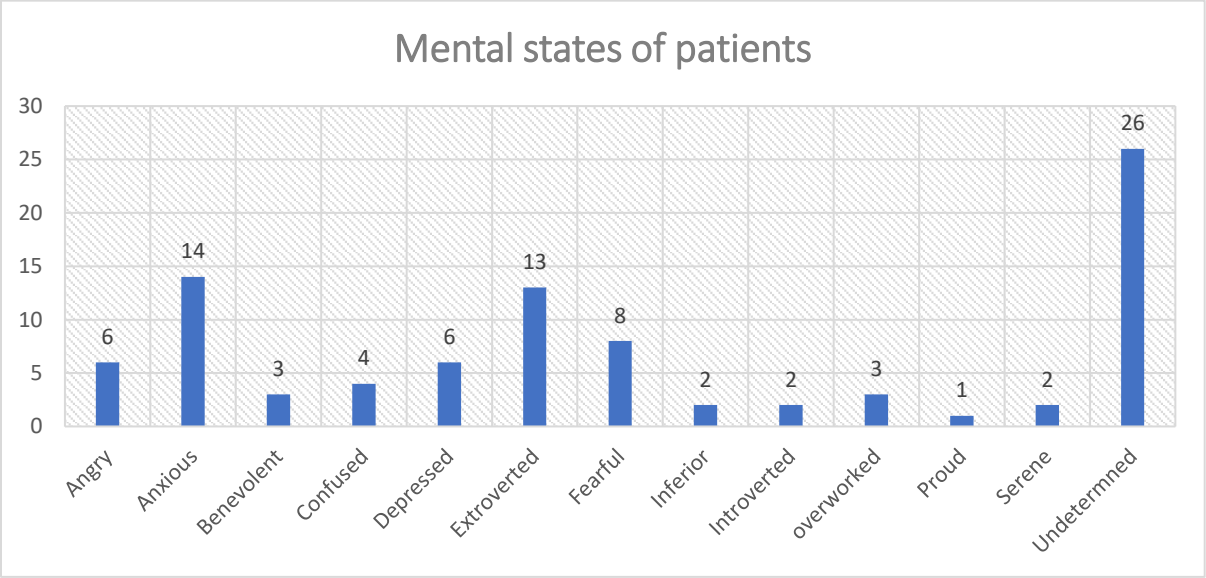

Figure 4.10: Mental states

Figure 4.10 reflects the determinable mental states. The most common was anxious (16%) followed by extroversion (this is a personality type yet is included in the patient's totality) (14%). Asterisk (listed as undetermined) files did not note any mental symptoms (30%).

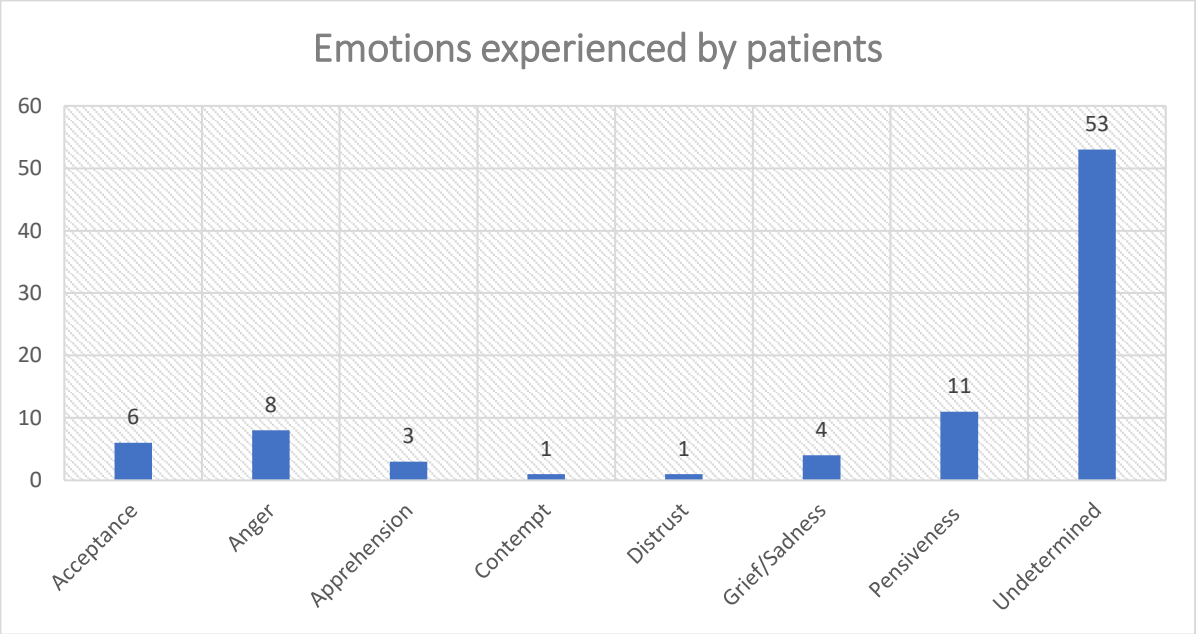

Figure 4.11: Emotions experienced

Figure 4.11 reflects the groupings of the emotional symptoms. Pensiveness (12%) is seen to be the most commonly experienced symptom followed by anger (9%). Asterisk files (listed as undetermined) did not note any emotional symptoms, making up 61% of the total.

Table 4.6: The grouping of the Psorinum files with the General symptoms, Particular symptoms and the findings on physical examination.

File Number	Nosode	General symptoms	Particular symptoms	Findings on physical examination
A2	Psorinum	> scratching	Dry, itchy hands	Dermatitis on hands
A19	Psorinum	< Winter, night, undressing	Open sores on body with yellow discharge	*
A23	Psorinum	> Salt and scratching. < Meat,	Skin eruption	*

		summer, heat		
A25	Psorinum	Stitching pains. Loss of balance. History of TB. Low energy	Chronic cough. Worms	*
A30	Psorinum	Craves sweets. Aversion to bananas. Worse in dry weather. Asthma is better for cold water	Breathlessness and eczema	*
A47	Psorinum	History of scabies	Skin eruption and breast sore	*
A50	Psorinum	< Night	Red eruption and intermittent claudication	*
A51	Psorinum	< Heat and water	Circinate eruptions on legs and arms	*
A53	Psorinum	< Bathing, night	Vesicular eruption	*
A58	Psorinum	Itching < evening and morning	Fluid filled vesicles	*
A59	Psorinum	< Night	Vesicular eruption	*

A63	Psorinum	< Hot weather, beans, fish. Greatly desires hot water	Vesicular eruption	Dark brown scars all over the body
A64	Psorinum	Weakness. < Cold	Congested chest, itchy skin	Mild crackles and wheezing on auscultation
A66	Psorinum	Excessive mucus production	*	Wheezing on auscultation
A72	Psorinum	Chilly patient, > Warmth	Dry, itchy skin and honey coloured vesicles	Dehydration from decreased skin turgor
A75	Psorinum	> Hot weather	Skin eruption	*
A77	Psorinum	Allergic to wheat and dairy. < Sun	Vesicular eruption	*
A78	Psorinum	> Scratching and uncovering. < Heat and bathing.	Dry, cracked skin.	Low blood pressure (99/64 mm/Hg)
A83	Psorinum	< Cold. > Warm	Headaches, cracks in soles of feet	*

Table 4.7: the grouping of the Medorrhinum files with the General symptoms, Particular symptoms and the findings on physical examination.

File Number	Nosode	General symptoms	Particular symptoms	Findings on physical examination
A9	Medorrhinum	*	Gripping pain in feet, > cold water	*
A10	Medorrhinum	*	Eruptions and sores in genital area	*
A18	Medorrhinum	Pain better for urination, changing position and lying down. Worse for not drinking water and lying on affected side	Back pain, Cervical pain and headaches	Increased protein and nitrates in urine sample
A24	Medorrhinum	> Ice water. History of drug abuse	Dry cough, and nasal congestion	Nasal turbinate's, red and enlarged
A27	Medorrhinum	History of TB and meningitis. Aching pain, worse for sitting or walking	Dry cough, and nasal congestion	Cervical lymphadenopathy

A29	Medorrhinum	Burning pain. < Pressure, intercourse. History of gonorrhoea	Swelling of testicle	Right testicle more swollen than left
A34	Medorrhinum	Burning pain	Discharge from penis and dysuria	Frothy urine which contained raised leukocytes, erythrocytes and protein
A37	Medorrhinum	The patient was a premature baby. The mother presented with bleeding prior to labor	Skin rash and difficulty breathing	Wheezing on respiratory exam
A38	Medorrhinum	The patient was a premature baby. The mother presented with bleeding prior to labor	Skin rash and difficulty breathing	Wheezing on respiratory exam

A46	Medorrhinum	History of STI. Constipated. > Warmth, evening, bathing	Joint pain, dysuria, genital eruptions	High blood pressure (180/90)
A61	Medorrhinum	Fluctuating energy. Difficulty sleeping	Leucorrhoea	*
A70	Medorrhinum	*	Painful breast with discharge, irregular and painful menses	Clear fluid is discharged from nipple but no palpable lumps
A73	Medorrhinum	> Warmth. < Cold	Vaginal discharge and dyspareunia	*
A74	Medorrhinum	< Night	Lower abdominal pain	Increased specific gravity, leukocyte and proteins found in urine
A84	Medorrhinum	> Cold baths. Loss of appetite and not sleeping well	Genital eruption and discharge	Dark coloured urine with increased leukocytes, PH and specific gravity

A86	Medorrhinum	> Bending forward, pressure, sleeping on stomach	Abdominal pain	Tender abdomen

Table 4.8: The grouping of the Tuberculinum bovinum and Bacillinum files with the General symptoms, Particular symptoms and the findings on physical examination

File Number	Nosode	Main Complaint	General symptoms	Particular symptoms	Findings on physical examination
A3	Tuberculinum bovinum	Sinusitis with dark rings under eyes, itchy hands without eruption. Aggravated at night and by cold. Voice gets hoarse.	Chilly person. Energy < 1-2pm. > night. Physicals < night, cold	Sinusitis, dark rings under eyes. Itchy hands without eruption. Itchy sinuses	Cervical and submental lymph adenopathy
A7	Tuberculinum bovinum	Right eyelid painful with yellow discharge, > wiping with water, < morning. Coughing for two weeks, < night, during	> Summer, being covered. < night, dry weather	Coryza, inflamed right eye, cough	Right eye inflamed

		sleep. Yellow mucus from nose.			
A8	Tuberculinum bovinum	Ringworm appeared on face. Itching and burning, bleeds after scratching.	< touch, scratching	Face, dry and burning	Ringworm on right side of face
A13	Tuberculinum bovinum	Skin eruption in occipital region, non-itchy, white appearance. Worse when eating tinned foods. Experienced it for three years. Also complains of allergic rhinitis, irritation especially from dust with occasional bleeds. The eyes swell and there is lachrymation. < Night.	< Night, tinned foods	Skin eruption and allergies	Enlarged tonsils, cervical lymph adenopathy
A15	Tuberculinum bovinum	Chronic cough with chest	< Milk, night. Has	Watery yellow	*

		complaints, wheezing with cough and worse at night and after dairy. Dairy also cause flatulence and diarrhoea but child loves dairy. Watery yellow stools. Restless at night kicking off covers.	a large appetite, loves dairy. Hot child doesn't want to be covered	stool, wheezing and chronic cough	
A16	Tuberculinum bovinum	Circular, dry eruption on right hand side of upper back. Non-itchy lesion	Feeling tired on waking, no energy	Circular skin eruption	*
A17	Tuberculinum bovinum	Vomiting when eating solid foods, accompanied by dizziness and desire to sleep all the time. There is a sore throat and coryza. The patient is feeling hot and	Craves sweet things and is thirsty for cold drinks. History of TB	Ringworm on scalp. Vomiting after eating	Abdomen hard and tender to the touch

		not wanting to talk.			
A22	Tuberculinum bovinum	Recurrent upper respiratory tract infections every 2-3 weeks. Itchy palate, sore throat and post-nasal drip, accompanied by fever.	Chilly person	Sore throat and post-nasal drip	*
A31	Tuberculinum bovinum	Stitching pain in the throat with a wheezing cough. Collapses and eyes become blurry. Patient has a soft whispering voice. And they are very chilly. Patient is excessively sweaty as if someone has thrown water over them. There is	< Morning (1-2am), breathing in and out. > Wind. History of TB. Great thirst for cold water. Small appetite	Asthma and stitching pain in the throat	Wheezing on expiration. Left > Right

		yellow/black bitter phlegm.			
A33	Tuberculinum bovinum	Patient has been having hearing loss since birth. Can hear if people speak slowly and he also reads their lips. The patient has no appetite and has lost all their energy. The right ear cannot hear. The patient is HIV+.	< fast talking. Right sided. Loss of appetite	Hearing loss	*
A35	Tuberculinum bovinum	Dyspnoea and coughing with chest feeling tight. Coughing up white sputum and a clear fluid running from nose. The cough and sputum are better after inducing vomiting,	History of recurrent TB. < Cold water	Coughing and shortness of breath	Uvula red and enlarged

		which is usually clear water. The patient is HIV+.			
A36	Tuberculinum bovinum	Dry, non-productive cough and fever at night with increased perspiration. The fever is thirst less. There is also a headache when tired and is better for sleeping.	< Night. > Uncovered, being productive. No thirst. Increased perspiration	Dry cough and fever	Generalised lymphadenopathy. Inspiratory crackles in lower left area on auscultation
A40	Tuberculinum bovinum	The patient suffers from pulmonary tuberculosis. They experience, dry coughing, night sweats, weight loss and chest pains which are a sharp pain. All symptoms are worse at night	Night sweats. > Warmth	Chest pain with coughing	*

		and have been experienced for two months now.			
A42	Tuberculinum bovinum	The patient has a loss of appetite and a dry, itchy, circular eruption on the scalp. The eruption is very painful when scratched.	Loss of appetite. Sensitive to pain	Dry, circular eruption on scalp	*
A43	Tuberculinum bovinum	Pain in the back which is aggravated by tea. Circular eruption below the umbilicus. The eruption is worse at night and when sweating. But feels better when scratching or using hot water. The patient also suffers from a discharge from the ear which	< Night. > scratching, hot water	Skin eruption, back pain and ear discharge	*

		is yellow and appears in the mornings on waking, has been present for a year.			
A48	Tuberculinum bovinum	Parotid glands became swollen 3 days previously, the patient has a fever and their breath has become offensive. There is a loss of appetite. The patient's eyes are watering, they have an ear ache as well as feeling tired easily.	< Food and drink, loss of appetite. Fatigue	Swollen parotid glands, inflamed tonsils, ear pain	Excessive ear wax. Tonsils red and inflamed. Parotid glands enlarged and tender
A52	Tuberculinum bovinum	The patient is hyperactive, they have difficulty comprehending instructions and doesn't listen. They are constantly	Allergic to dairy. Not tall enough for age	Hyperactivity and allergic reactions	Was fidgeting during physical exam

		fidgeting and won't sit still. The patient is not eating well is under weight. The patient also suffers from allergies, this results in swollen, red eyes which itch and lachrymate.			
A54	Tuberculinum bovinum	Patient is coughing and sneezing. Producing white mucus. There are pimple formations around the eye. The patient is very hot and wants to be uncovered and has a great thirst. There is a vesicular eruption on the right foot	> Uncovered. Increased thirst. < Dry wind	Coughing and sneezing	Patient is cold to the touch

		which started 1 month previously.			
A55	Tuberculinum bovinum	The patient is coughing, this produces a yellow/green mucus. This is accompanied by coryza which is worse at night. The patient suffers from allergies which makes the skin itch and the eyes become dry with a brown discolouration of the cornea.	< Night, cold	Coughing, coryza	Temperature (37.1). Submental lymphadenopathy. Rales heard in middle lobe of right lung on auscultation
A56	Tuberculinum bovinum	The patient is suffering from weight loss and has heart palpitations. The patient also suffers from insomnia and cannot sleep between 11pm and 4am.	< Night. Weight loss	Heart palpitations	Wheezing on auscultation

A60	Tuberculinum bovinum	White circular lesions appearing on right forearm and on the back. There is relief from scratching. Has persisted for 10 years. The lesions are worse for applications of water.	> Scratching . < Water	Lesions on right forearm and left upper back	*
A62	Tuberculinum bovinum	Dry, circular eruptions occurring on the face and scalp. The eruptions are hyperkeratinized. Alopecia has occurred where the eruptions are found.	No discomfort or itchiness	*	*
A67	Tuberculinum bovinum	Dry cough, with weakness, poor appetite and loss of weight.	Aversion to maas	Cough	*

A11	Bacillinum	Productive cough for two weeks, green and white phlegm which is worse in the mornings. Also cramping in hands and legs mainly right-hand side.	*	Productive cough. Cramping in hands and feet	Rattling sound on auscultation
A21	Bacillinum	Eruption under the breast. Eruption is itchy, and feels better for scratching. The eruption has been present for one month, and is beginning to spread down the abdomen.	Feeling more energetic. Rash feels better for scratching. Worse for undressing	Rash under breast spreading to the abdomen	Pale conjunctiva
A28	Bacillinum	Skin rash on neck and back. Appears in white spots. Keeps spreading. Non-itchy.	No itching or burning	White patches on skin	Skin is flaking

		Started after girlfriend was cheating on patient.			
A32	Bacillinum	Ringworm started on the face about two weeks ago. It is an itchy lesion which is producing blood on scratching. The child is shy and sleeping well. No other complaints.	Sleeping well with no constipation. Doesn't like milk	Ringworm	*
A39	Bacillinum	Ringworm which started on the body two months before. It is very dry.	*	Dry eruption on the body	*
A41	Bacillinum	Tightness of chest and a wet cough. There are large quantities of green mucus. No pain on	< Heat, night. > Cold, open air	Itching between toes, productive cough and vomiting	Wheezing, with a rattling sound

		coughing. Symptoms started two months previously. The patient is also vomiting up any food that is eaten. No nausea present. There is a fungal growth between the toes, which itches and is scratched till it bleeds.			
A49	Bacillinum	Itchy, dry eruptions all over the body. Feels much better when scratching. There is also a cough which produces white sputum. The cough is worse at night.	> Hot weather	Dry itchy eruptions and productive cough	Circular eruptions with a demarcated border
A57	Bacillinum	Fungal infection on the	Hot sweaty child.	Fungal infection	*

		legs, face and back since 6 months previously. The eruption is better for scratching but worse when it is hot.	Recurrent influenza with coughing resulting in dyspnoea		
A76	Bacillinum	Circular eruptions on the body, as well as generalised pruritus. There is a stomach pain. The patient has a blocked nose and has been coughing up yellow mucus for two weeks. The patient's ears are itchy, both internal ears are red and the wax appears yellowish.	Fatigue	Circular skin eruption	Redness of both ears
A85	Bacillinum	Coughing up blood and there is a	< Night. Weak feeling.	Chronic cough and	Wheezing on auscultation

		stabbing pain when breathing after coughing. The patient doesn't sleep well and wakes up coughing. There is a feeling of weakness and weight loss. There is also coryza which is worse at night, has an offensive odor and is sticky and green.	Loss of appetite	haemoptysis	

Table 4.9: The grouping of the Carcinosinum files with the General symptoms, Particular symptoms and findings in the physical examination

File Number	Nosode	General symptoms	Particular symptoms	Findings in physical examination
A1	Carcinosinum	Fatigue. < left hand side, cold, motion > Heat, pressure	Pain in thumb joint Headaches	Enlarged cervical lymph nodes

A4	Carcinosinum	< night. No appetite	Joint pain and stasis dermatitis	Dental decay. Stasis dermatitis on left shin, medially
A6	Carcinosinum	Warm patient, not sweating. < being covered	Headache and dry cough	*
A14	Carcinosinum	< Hot days, dairy, dust	Urticaria, allergies, reflux, haemorrhoids	*
A20	Carcinosinum	Excessive urination	Depigmentation of skin. Boils	High blood pressure (180/90). High blood sugar (14.9 mmol)
A26	Carcinosinum	Chilly < cold. Sleep is difficult	Sudden oedema of face and feet	*
A44	Carcinosinum	Feels tired when getting an erection	Impotent	Blue tinted sclera
A45	Carcinosinum	Increased appetite. Aversions to beans, tomatoes and bread	Heartburn, sharp pain in chest	Tender post-auricular lymph nodes
A68	Carcinosinum	< Touch, washing	Painful abscess formation	*

A69	Carcinosinum	Body feels heavy, not sleeping well	Premature greying of hair	Poor capillary refill, pale conjunctiva
A71	Carcinosinum	Great desire for starch and sweets	Genital eruption	Blood glucose level was 17.0 mmol and blood vessel of the retina were thickened
A79	Carcinosinum	Increased perspiration, hot flushes, difficulty sleeping	Constriction in throat	Bunions on feet
A80	Carcinosinum	< Heat, sweating. > Bathing, cold weather	Skin growths	Irregularly shaped moles
A81	Carcinosinum	< Morning. No appetite.	*	*
A82	Carcinosinum	Craving Coca-Cola. < Menses, afternoon	Vaginal discharge	Irregularly shaped moles

Table 4.10: the Syphillinum file with the General symptoms, Particular symptom and the findings on physical examination

File Number		Nosode	General symptoms	Particular symptoms	Findings on physical examination
A5		Syphillinum	< movement	Pain in leg. Rash on left ankle	*

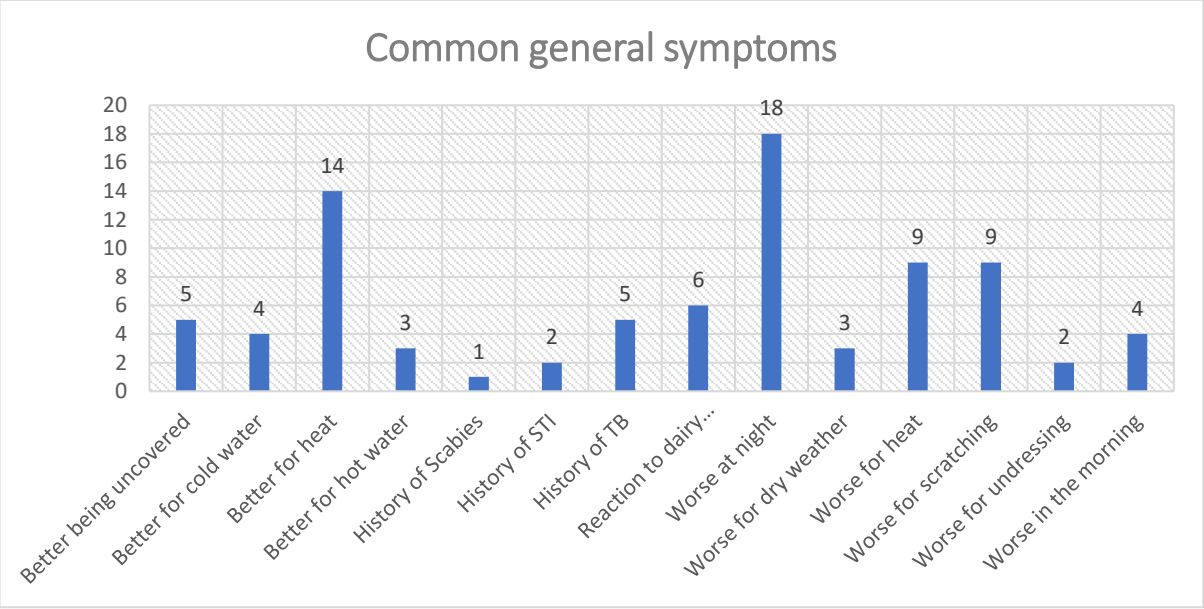

Figure 4.12: Common general symptoms

Figure 4.12 reflects the most common generalities. The time and temperature modalities are the most common with worse at night (20%) and better for heat (16%) being the most commonly experienced generals.

4.3.1 Keynote symptoms

Table 4.1; Keynote symptoms in the language of the materia medica

File number	Description of main complaint	Mental symptoms	Keynote symptoms in the language of the materia medica
A1	Small joint pain, alternating right and left. Started at the right-hand base of the thumb, going into second finger. Clicks and gets stuck	Anxiety over from health. Stressed	Symptoms alternating from side to side. *Carcinosin*
A2	Appears on hands. Itching rash. Better when scratching. From contact with chemicals used at work. Sinusitis as well	Wants to help others	Despair of recovery. Dry and itchy. *Psorinum*
A3	Sinusitis with dark rings under eyes, itchy hands without eruption. Aggravated at night and by cold. Voice gets hoarse	Loquacious, changes topic often	Scrofulous persons. Patient takes cold easily on slightest exposure. *Tuberculinum bovinum*
A4	Joint pain in left leg, < night and pulling motion. >movement. Stasis dermatitis on left leg	Overworking	Fastidious and perfectionist persons. *Carcinosin*
A5	The patient suffers from pain in leg, the leg has been broken twice previously and the bone has become infected. The pain has been present for three years. The pain is worse for any movement and there is a rash on the left ankle	Confused and forgetful. Depressed	Deep bone pain and destructive tendencies of disease. *Syphilinum*
A6	Headache, top of head. Started previous night. Coughing every morning on waking, sputum yellow and thick. Grey mucus running from nose. Tossing and turning at night, not wanting to be covered	*	Chronic and recurrent catarrh. Warm blooded persons. *Carcinosin*
A7	Right eyelid painful with yellow discharge, > wiping with water, < morning. Coughing for two weeks, < night, during sleep. Yellow mucus from nose	Playful	Hard dry cough worse at night with thick yellow expectoration. *Tuberculinum bovinum*

A8	Ringworm appeared on face. Itching and burning, bleeds after scratching	Forgetful	Ringworm with intense itching. *Tuberculinum bovinum*
A9	Pain in feet and legs better for putting feet up and worse after walking long distances	Stressed over finances	Legs heavy and ache all night. *Medorrhinum*
A10	Pustular outbreak on left groin. Itching, burning and exuding small amounts of pus with foul, rotten odor. Very itchy but worse for scratching and bathing. Started three days after intercourse. Sore on glans penis	Anxiety over health	Affections of Mucus membranes and discharges of foul odours. *Medorrhinum*
A11	Productive cough for two weeks, green and white phlegm which is worse in the mornings. Also with cramping in hands and legs mainly right-hand side	Alcoholic, dreams of fighting people	Cough with mucopurulent production. *Bacillinum*
A12	Constant dryness of skin, had it for 3 years. Worse at night, becomes itchy. Worse for scratching. Dryness around neck area and darkening of the skin	*	Intolerable itching. *Psorinum*
A13	Skin eruption in occipital region, non-itchy, white appearance. Worse when eating tinned foods. Experienced it for three years. Also complains of allergic rhinitis, irritation especially from dust with occasional bleeds. The eyes swell and there is lachrymation. < Night	*	Scrofulous persons and chronic eczema. *Tuberculinum bovinum*
A14	Skin eruption on hands and feet. < Closed shoes, heat. >Open air. Hands are peeling, Itchy, watery blister formation, painful on bursting. Also suffers from allergies and piles	Loquacity	Hypersensitivity to everything. *Carcinosin*
A15	Chronic cough with chest complaints, wheezing with cough and worse at night and after dairy. Dairy also cause flatulence and diarrhoea but child loves dairy. Watery yellow stools. Restless at night kicking off covers	Inquisitive and happy child	Dry cough during sleep. *Tuberculinum bovinum*

A16	Circular, dry eruption on right hand side of upper back. Non-itchy lesion.	*	Ringworm. *Tuberculinum bovinum*
A17	Vomiting when eating solid foods, accompanied by dizziness and desire to sleep all the time. There is a sore throat and coryza. The patient is feeling hot and not wanting to talk	< Reprimanded	History of tuberculosis. *Tuberculinum bovinum*
A18	Lower back pain on left hand side. Dull pain which radiates to the upper left quadrant of the abdomen. There is a sensation of heaviness in the legs. Patient also suffers temporal headaches which are pulsating and has sensation of emptiness in the head	Nothing worth pursuing	Legs heavy and ache. *Medorrhinum*
A19	Sores on body, started as small dots. Very itchy, when scratched become open sores. Appear on hands, feet, back, buttocks and stomach. Not on the stomach. Yellow discharge from sores	*	Worse for undressing. *Psorinum*
A20	Vesicular rash on neck, started 1 month previously. White spots. Has three boils on left hand side for the last two weeks, very painful	Anxiety over health	History of Diabetes. *Carcinosin*
A21	Eruption under the breast. Eruption is itchy, and feels better for scratching. The eruption has been present for one month, and is beginning to spread down the abdomen	Dreams of death	Worse for undressing. *Psorinum*
A22	Recurrent upper respiratory tract infections every 2-3 weeks. Itchy palate, sore throat and post-nasal drip, accompanied by fever	*	Fever with general chilliness. *Tuberculinum bovinum*
A23	Skin rash since 2001 appearing on torso and right upper arm. < Heat.	Fear of disease	Despair from itching of skin. *Psorinum*
A24	Coughing with pain in chest, better for hard pressure. Non-productive cough. Nasal congestion without production of mucus. < Midnight. Great	Loves money. Promiscuous. Feels forsaken	Pain and soreness through chest, much oppression of breathing. *Medorrhinum*

	thirst for ice water. Eyes have sensation of sand in them, no lachrymation, > rinsing with water		
A25	Chronic cough, no blood but watery sputum. Stabbing pain with a barking quality. Doesn't bother patient at night. Patient also suffers from worms	Slow speech. Confusion	Dry, hard and recurrent cough. *Psorinum*
A26	Face and feet have swollen up from seasonal allergies. Happens every second day. Mainly affects the right-hand side. Has red sores on exposed skin	Hopefulness alternating with despondency. >religious music, prayer	Sensitive to music. *Carcinosin*
A27	Genital warts started around anus and have spread to the genital area. Red, fleshy and oozing discharge which is yellow and has foul odor. Cannot sit down because of pain. There is bleeding in some areas. Feels like scratching the area	Despondency and then acceptance. Anxiety over health	Profuse acrid discharges which cause itching. *Medorrhinum*
A28	Skin rash on neck and back. Appears in white spots. Keeps spreading. Non-itchy. Started after girlfriend was cheating on patient	Anger. Feels betrayed	Pityriasis. *Bacillinum*
A29	One of the testicles is swollen for the last 3 years. Has been growing slowly. Ever since gonorrhoea three years earlier. Was treated for it. Pain much worse during intercourse. No change in libido and ejaculation is normal but erection has decreased in strength. Burning pain in testicle	Acceptance of condition	Chronic ailments since suppressed gonorrhoea. *Medorrhinum*
A30	Asthma since she was 8 months old. Caused by heat and dust. Sensation of choking and becoming breathless. Becomes dizzy and feels weightless during attack. Also suffers from eczema which itches but is worse from scratching. Moving ameliorates	*	Asthma and dyspnoea, hard cough and sensation of weakness. *Psorinum*

A31	Stitching pain in the throat with a wheezing cough. Collapses and eyes become blurry. Patient has a soft whispering voice. And they are very chilly. Patient is excessively sweaty as if someone has thrown water over them. There is yellow/black bitter phlegm	*	History of tuberculosis, expectoration thick and yellow. *Tuberculinum bovinum*
A32	Ringworm started on the face about two weeks ago. It is an itchy lesion which is producing blood on scratching. The child is shy and sleeping well. No other complaints	*	Ringworm with intense itching. *Bacillinum*
A33	Patient has been having hearing loss since birth. Can hear if people speak slowly and he also reads their lips. The patient has no appetite and has lost all their energy. The right ear cannot hear. The patient is HIV+	Acceptance of HIV diagnosis	Loss of appetite. *Tuberculinum bovinum*
A34	Painful urination, burning sensation. The patient has been experiencing symptoms for one week now, occurring after sexual intercourse. There is a creamy discharge with an offensive odor. The penis is swollen. This is the second time the patient is experiencing these symptoms	*	Profuse acrid discharges causing itching. *Medorrhinum*
A35	Dyspnoea and coughing with chest feeling tight. Coughing up white sputum and a clear fluid running from nose. The cough and sputum are better after inducing vomiting, which is usually clear water. The patient is HIV+	Anxiety about death	Cough is better for vomiting. *Tuberculinum bovinum*
A36	Dry, non-productive cough and fever at night with increased perspiration. The fever is thirst less. There is also a headache when tired and is better for sleeping	*	Fever with profuse perspiration. *Tuberculinum bovinum*
A37	Maculopapular rash appearing on face and diaper region. The patient also presents with a cough and wheezing	*	Fiery red rash around anus in babies. *Medorrhinum*

A38	Maculopapular rash appearing on face and diaper region. The patient also presents with a cough and wheezing	*	Fiery red rash around anus in babies. *Medorrhinum*
A39	Ringworm which started on the body two months before. It is very dry	*	Ringworm. *Bacillinum*
A40	The patient suffers from pulmonary tuberculosis. They experience, dry coughing, night sweats, weight loss and chest pains which are a sharp pain. All symptoms are worse at night and have been experienced for two months now.	*	Primary tuberculosis. *Tuberculinum bovinum*
A41	Tightness of chest and a wet cough. There are large quantities of green mucus. No pain on coughing. Symptoms started two months previously. The patient is also vomiting up any food that is eaten. No nausea present. There is a fungal growth between the toes, which itches and is scratched till it bleeds	Financial stress	Catarrhal dyspnoea. *Bacillinum*
A42	The patient has a loss of appetite and a dry, itchy, circular eruption on the scalp. The eruption is very painful when scratched	Playful child	Ringworm with intense itching. *Tuberculinum bovinum*
A43	Pain in the back which is aggravated by tea. Circular eruption below the umbilicus. The eruption is worse at night and when sweating. But feels better when scratching or using hot water. The patient also suffers from a discharge from the ear which is yellow and appears in the mornings on waking, has been present for a year	Melancholic disposition	Persistent, offensive otorrhea. *Tuberculinum bovinum*
A44	The patient has suffered from erectile dysfunction for 6 years. Occasionally the patient manages to get an erection. The orgasm does not feel complete. The sexual performance is decreased when tired	Very polite and cheerful. The patient is a perfectionist	Blue tinted sclera. *Carcinosin*

A45	The patient suffers from panic attacks especially during exams. These are accompanied by palpitations and stammering. The patient gets recurring bouts of the flu. Has vertigo and feels weak and exhausted. Headaches occur frontally and radiate towards the occiput, these have a needle-sharp sensation. The patient also suffers from menorrhagia	Overworked, stressed	Prolonged fear or unhappiness. *Carcinosin*
A46	Multiple joint pain and backache, burning sensation. As if being ripped apart into pieces. Has been present for one year. Worse early in the morning and from the cold. The patient also complains of vaginal irritation, there is itching externally accompanied by red papules. There is pain on urination, the urine is clear	Sympathetic and avoids confrontations	Chronic ailments due to suppression of gonorrhoea. Burning sensation in joints. *Medorrhinum*
A47	Sore on the right breast, located on the areolar. Has been present for one month. There is a thick serous exudate. An eruption has broken out on the hands and feet of the patient	Avoids conflict. Fear of cancer	Mammae swollen and painful, Eruptions on mammae causing excoriation. *Psorinum*
A48	Parotid glands became swollen 3 days previously, the patient has a fever and their breath has become offensive. There is a loss of appetite. The patient's eyes are watering, they have an ear ache as well as feeling tired easily	Fighting with other children when playing	Enlarged tonsils. Conditions affecting the glands. *Tuberculinum bovinum*
A49	Itchy, dry eruptions all over the body. Feels much better when scratching. There is also a cough which produces white sputum. The cough is worse at night	Fear of snakes and lions	Ringworm. *Bacillinum*
A50	Rash on the thorax, abdomen and the back, started one previously. Red eruptions which are very itchy and worse from bathing. The	*	Pains in legs as from too much walking. *Psorinum*

	patient experiences cramping pains at night from the ankle to the knee		
A51	Skin eruption. Circular, red and inflamed. It becomes itchy and bleeds after scratching. Returns every year with seasonal changes. The patient is also suffering from back pain, the shoulders feel heavy and the pain has a sharp sensation	*	Recurrent ailments. *Psorinum*
A52	The patient is hyperactive, they have difficulty comprehending instructions and doesn't listen. They are constantly fidgeting and won't sit still. The patient is not eating well is under weight. The patient also suffers from allergies, this results in swollen, red eyes which itch and lachrymate	Restless. Fearful, especially of loud noises	Childs mind is active and precocious but physically weak. Constantly moving and wanting change. *Tuberculinum bovinum*
A53	Skin eruption appearing two months previously which was contracted from the patient's sibling. The eruptions appear as vesicles which exude a yellow pus and then turn into black spots. The eruption is very itchy and worse for bathing and at night	*	Intolerable itching with crusty eruptions appearing all over. < washing. *Psorinum*
A54	Patient is coughing and sneezing. Producing white mucus. There are pimple formations around the eye. The patient is very hot and wants to be uncovered and has a great thirst. There is a vesicular eruption on the right foot which started 1 month previously	Playful. Wants to bite everything	Eczema of margin of eyelids. *Tuberculinum bovinum*
A55	The patient is coughing, this produces a yellow/green mucus. This is accompanied by coryza which is worse at night. The patient suffers from allergies which makes the skin itch and the eyes become dry with a brown discolouration of the cornea	Withdrawn	Rales heard all over chest, expectoration thick and yellow/green. *Tuberculinum bovinum*

A56	The patient is suffering from weight loss and has heart palpitations. The patient also suffers from insomnia and cannot sleep between 11pm and 4am	*	Poor sleep and rapid emaciation. *Tuberculinum bovinum*
A57	Fungal infection on the legs, face and back since 6 months previously. The eruption is better for scratching but worse when it is hot	Active, happy	Pityriasis. *Bacillinum*
A58	Skin lesion, started 3 months previously. Fluid filled vesicles found in the webs of the fingers, arms, buttocks and legs. The fingers have started to swell and the vesicles are oozing a yellow exudate. The patient is also coughing, feverish and sweating at night. There is also a loss of appetite. With yellow mucus constantly running from the nose	*	Chiefly affects the skin with intolerable itching. *Psorinum*
A59	Itchy skin eruption for a month and a half. It appears as fluid filled vesicles. The eruption occurs all over the body including hands and feet	> company	intolerable itching. *Psorinum*
A60	White circular lesions appearing on right forearm and on the back. There is relief from scratching. Has persisted for 10 years. The lesions are worse for applications of water	*	Chronic eczema; itching intense. *Tuberculinum bovinum*
A61	Vaginal discharge which is thick and white. This is accompanied by burning in the vagina. The burning is felt all the way up into the uterus. The patient experiences a stabbing pain on the right side of the lower back. There is polyuria. Diarrhoea which becomes worse before the periods, appears watery and yellowish	Financial stress	Leucorrhoea thick, acrid ad excoriating. *Medorrhinum*
A62	Dry, circular eruptions occurring on the face and scalp. The eruptions are hyperkeratinized. Alopecia	*	Dry, harsh skin. Sensitive scalp. *Tuberculinum bovinum*

	has occurred where the eruptions are found		
A63	Itchy eruption starting on hands, has spread to the stomach and the back. The eruption now looks scarred from scratching. When scratched the vesicles burst and white pus is discharged. The eruptions are extremely itchy and even worse from sunlight. The whole body has a foul odor	Worries about family	Dirty appearance with a foul odour. *Psorinum*
A64	Painful and swollen ankles for 2 years. The pain is worse for moving and better for rest. The patient becomes easily tired. The skin has also become thickened. The patient has a persistent cough which is non-productive. This accompanied by headache and night sweats	Slow talking, taking a long time to answer	Night sweat and intolerable itching. *Psorinum*
A65	Dry, scaly eruptions on skin which bleed when scratched	Playful	< Heat *Medorrhinum*
A66	Skin rash which starts as a small spot but spreads when scratched. Has persisted since 6 months of age. The patient also presents with asthma, diagnosed three months previously, there is a complaint of excess mucus production	*	Asthma and skin complaints. *Psorinum*
A67	Dry cough, with weakness, poor appetite and loss of weight	Happy, lively	Emaciation with chronic dry cough. *Tuberculinum bovinum*
A68	Ulcers on arms, legs, hands and feet. They are small and painful and produce a clear liquid. They are also itchy	Quiet	Elbow to knee sleeping position. *Carcinosin*
A69	Premature greying of hair as well as hair loss. Increased stress, feeling overwhelmed and fatigued	Difficulty concentrating, feeling stressed	Too much responsibility at young age. *Carcinosin*
A70	Sensation of a lump in the breast, with a throbbing pain. There is a clear discharge from the nipple when squeezed. There is the sensation of water in the	Fear of death	Burning sensation in feet. Intense menstrual colic. Breasts and nipples sore and sensitive to the touch. *Medorrhinum*

	uterus along with premenstrual pains. The menses last for 6 days and are clotted. The pain is cramping and radiates to the back. The feet sometimes swell and burn and there is the sensation that the vessels will burst in the legs		
A71	Diabetic, gets tremors, feels weak and constantly tired. Feeling highly stressed about family	Feels abused and mistreated. Persecuted	Sensitive to music. Desire for sweets. History of diabetes. *Carcinosin*
A72	White patches began on skin, have now developed into honey coloured vesicles on the hands and body. The skin is very dry, itchy and there are dull aching and burning pains	*	Dry skin with intolerable itching. Excessive secretions of sebaceous glands. *Psorinum*
A73	Dyspareunia and a foul smelling, clear discharge. There is pain on urination and incontinence. There is generalised pruritis without a lesion. Chest pain with brownish mucus, complicated by the flu	Anger, betrayal	Women with chronic pelvic disorders. *Medorrhinum*
A74	Pain on the sides of lower abdomen which radiate to the back. The pain has a throbbing sensation. There is also pain in the inguinal area. The urine is concentrated yellow in colour. The patient has a loss of appetite	Grief over father passing	Pain moving from lower abdomen to lower back. Grinding colic. *Medorrhinum*
A75	Vesicular eruption on head, hands and forearm which then rupture forming very itchy lesions. The lesions appear dry but feel moist	Desire to help other	Dry looking skin with intolerable itching. *Psorinum*
A76	Circular eruptions on the body, as well as generalised pruritus. There is a stomach pain. The patient has a blocked nose and has been coughing up yellow mucus for two weeks. The patients ears are itchy, both internal ears are red and the wax appears yellowish	Lively	Ringworm and productive cough. *Bacillinum*

A77	Vesicular eruption from 3 weeks previously. Began on hands has now spread to the chest. The eruption is very itchy but burst when scratched and secretes a clear fluid. The skin is starting to dry out, and becomes more itchy and dry when exposed to the sun	Extrovert and friendly	Dry itchy skin, < from heat. *Psorinum*
A78	Skin eruption which started three months previously. The eruption began as small red spots which ruptured, producing sticky white fluid and forming a dark scab. The surrounding skin has become dry, flaky and scaly. There is redness around the edges	Fear of snakes and spiders	Dry skin with intolerable itching. Skin appears dirty. *Psorinum*
A79	Great anxiety and sleeplessness. Has hot flushes and has started growing hairs on chin. Very emotional, weeps easily	Anxious, closed off, traumatised	Very sensitive persons. Prolonged fear or unhappiness. *Carcinosin*
A80	Moles have become worse over the years. When heated they become itchy. Feeling that the moles make the patient look ugly. The patient also complains of acne during the summer	Feels ugly	Numerous moles. *Carcinosin*
A81	Sore throat with a non-productive cough. Sneezing a lot in the morning. There is a decreased appetite. Vesicular eruptions on hands and feet	Stressed	Recurrent tonsillitis. *Carcinosin*
A82	Offensive, white vaginal discharge which is worse before the menses. The patient is also experiencing depression related to the discharge, feeling dirty and like a failure	Feeling dirty	Prolonged unhappiness. *Carcinosin*
A83	The patient has tension type headaches which are worse when it is cold. There has been weight loss recently as well as night sweats and a persistent cough	Patient speaks very slowly	Chronic headaches and night sweat *Psorinum*.
A84	Possible sexually transmitted infection, sexual intercourse occurred 2 days prior to	Anxiety over health	Leucorrhoea which is thick, acrid and foul. *Medorrhinum*

	symptoms. Genital rash which is red and itchy. There are abdominal pains with a pulling sensation which are better for crouching and bending knees. There is a grey discharge which has a bad odor. There is dysuria		
A85	Coughing up blood and there is a stabbing pain when breathing after coughing. The patient doesn't sleep well and wakes up coughing. There is a feeling of weakness and weight loss. There is also coryza which is worse at night, has an offensive odor and is sticky and green	*	Muco-purulent bronchitis and emaciation. *Bacillinum*
A86	Lower abdominal pain which is squeezing and twisting in nature. The pain radiates to the back	Sadness and anger	Abdominal pain like a grinding colic. *Medorrhinum*

In Table 4.11 the keynote symptoms are compared with the description of the main complaints and the mental symptoms to show how the prescription was arrived at.

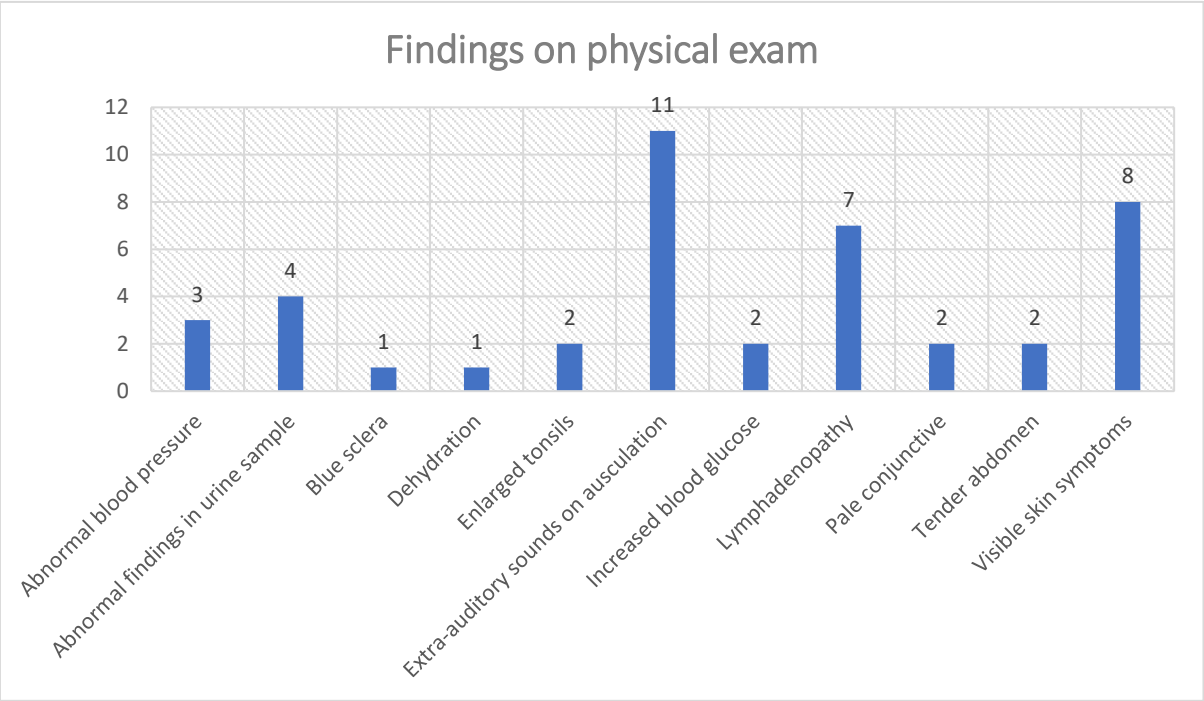

Figure 4.13: Findings on physical examination

Figure 4.13 reflects the physical findings on examination. The most common being extra-auditory sounds on auscultation followed by visible skin symptoms.

4.4 Prescription details

Table 4.12: Prescription details

File Number	Remedy	Potency	Dosage	Frequency
A1	*Carcinosinum*	1M	3 powders	One powder every morning
A2	*Psorinum*	200CH	6 powders	1 powder twice a day
A3	*Tuberculinum bovinum*	200CH	3 powders	1 powder every morning
A4	*Carcinosinum*	200CH	1 powder	1 powder STAT
A5	*Syphillinum*	200CH	3 powders	1 powder once a week
A6	*Carcinosinum*	200CH	3 powders	1 powder once a week
A7	*Tuberculinum bovinum*	200CH	3 powders	1 powder every morning
A8	*Tuberculinum bovinum*	30CH	3 powders	1 powder daily

A9	*Medorrhinum*	200CH	6 powders	1 powder twice a week
A10	*Medorrhinum*	200CH	No.1 vial	10 granules twice daily
A11	*Bacillinum*	200CH	7 powders	1 powder daily
A12	*Psorinum*	30CH	6 powders	1 powder three times in one day and then 1 powder once a week
A13	*Tuberculinum bovinum*	30CH	6 powders	One powder every second day
A14	*Carcinosinum*	200CH	3 powders	1 powder daily
A15	*Tuberculinum bovinum*	200CH	3 powders	1 powder daily
A16	*Tuberculinum bovinum*	30CH Plussed	20 ml	10 drops sublingually, daily with 10 succussions
A17	*Tuberculinum bovinum*	200CH	6 powders	1 powder twice a day
A18	*Medorrhinum*	200CH	6 powders	1 powder daily for three days, then 1 powder weekly
A19	*Psorinum*	30CH	No.1 vial	¼ cap twice daily
A20	*Carcinosin*	200CH	4 powders	1 powder weekly
A21	*Bacillinum*	200CH	2 powders	1 powder immediately and one powder in a weeks' time
A22	*Tuberculinum bovinum*	1M	1 powder	1 powder stat.
A23	*Psorinum*	1M	1 powder	1 powder stat.
A24	*Medorrhinum*	200CH	6 powders	1 powder daily
A25	*Psorinum*	200CH	3 powders	1 powder every other day
A26	*Carcinosinum*	200CH	3 powders	1 powder daily
A27	*Medorrhinum*	200CH	1 powder	1 Powder stat.
A28	*Bacillinum*	200CH	3 powders	1 powder weekly
A29	*Medorrhinum*	200CH	3 powders	1 powder every 12 hours

A30	*Psorinum*	1M	1 powder	1 powder stat.
A31	*Tuberculinum bovinum*	200CH	1 powder	1 powder stat.
A32	*Bacillinum*	200CH	3 powders	Take one powder daily.
A33	*Tuberculinum bovinum*	200CH	9 Powders	1 powder three times a week
A34	*Medorrhinum*	200CH	No.1 vial	10 granules three times a day
A35	*Tuberculinum bovinum*	200CH	4 powders	1 powder every Friday
A36	*Tuberculinum bovinum*	200CH	6 powders	1 powder twice daily
A37	*Medorrhinum*	30CH Plussed	20 ml	3 drops every morning
A38	*Medorrhinum*	30CH Plussed	20 ml	3 drops every morning
A39	*Bacillinum*	200CH	3 powders	1 powder three times a week
A40	*Tuberculinum bovinum*	200CH	6 powders	1 powder twice a day
A41	*Bacillinum*	200CH	3 powders	1 powder weekly
A42	*Tuberculinum bovinum*	200CH	6 powders	1 powder daily
A43	*Tuberculinum bovinum*	30CH Plussed	20 ml	10 drops twice a day
A44	*Carcinosinum*	1M	3 powders	1 powder daily
A45	*Carcinosinum*	200CH	6 powders	1 powder twice a day
A46	*Medorrhinum*	1M	1 powder	1 powder stat.
A47	*Psorinum*	200CH	1 powder	1 powder stat.
A48	*Tuberculinum bovinum*	200CH	3 powders	1 powder daily
A49	*Bacillinum*	200CH	6 powders	1 powder daily for three days then 1 powder once a week
A50	*Psorinum*	30CH/1-2, 200CH/3	3 powders	1 powder daily
A51	*Psorinum*	1M	1 powder	1 powder stat.
A52	*Tuberculinum bovinum*	30CH	3 powders	1 powder daily

A53	*Psorinum*	30CH Plussed	20 ml	10 drops daily with 10 succussions
A54	*Tuberculinum bovinum*	30CH	3 powders	1 powder daily
A55	*Tuberculinum bovinum*	30CH	6 powders	1 powder twice a day
A56	*Tuberculinum bovinum*	200CH	No.1 vial	¼ capful twice a day
A57	*Bacillinum*	200CH	3 powders	1 powder daily
A58	*Psorinum*	200CH	No.1 vial	¼ capful three times a day
A59	*Psorinum*	30CH Plussed	20 ml	10 drops daily with 10 succussions
A60	*Tuberculinum bovinum*	200CH	6 powders	1 powder twice a week
A61	*Medorrhinum*	30CH/1-2, 200CH/3-4, M/5	5 powders	1 powder daily
A62	*Tuberculinum bovinum*	200CH	6 powders	1 powder daily
A63	*Psorinum*	30CH Plussed	20 ml	5 drops daily, with 10 succussions
A64	*Psorinum*	1M	1 powder	1 powder stat.
A65	*Medorrhinum*	30CH	6 powders	1 powder daily
A66	*Psorinum*	30CH	3 Powders	1 Powder weekly
A67	*Tuberculinum bovinum*	200CH	6 powders	1 Powder twice daily
A68	*Carcinosinum*	200CH	3 powders	1 powder weekly
A69	*Carcinosinum*	1M	1 powder	1 powder stat.
A70	*Medorrhinum*	1M	1 powder	1 powder stat.
A71	*Carcinosinum*	200CH	3 powders	1 powder daily
A72	*Psorinum*	30CH	3 powders	1 powder three times daily
A73	*Medorrhinum*	200CH	3 powders	1 powder daily
A74	*Medorrhinum*	200CH	4 powders	1 powder twice daily
A75	*Psorinum*	30CH Plussed	20 ml	10 drops daily, with 10 Succussions
A76	*Bacillinum*	200CH	3 powders	1 powder weekly

A77	*Psorinum*	200CH	3 powders	1 powder 12 hourly
A78	*Psorinum*	200CH	3 powders	1 powder 12 hourly
A79	*Carcinosinum*	1M	3 powders	1 powder 12 hourly
A80	*Carcinosinum*	200CH	4 powders	1 powder weekly
A81	*Carcinosinum*	1M	3 powders	1 powder daily
A82	*Carcinosinum*	1M	1 powder	1 powder stat.
A83	*Psorinum*	1M	3 powders	1 powder three times a day
A84	*Medorrhinum*	200CH	1 powder	1 powder stat.
A85	*Bacillinum*	200CH	3 powders	1 powder 12 hourly
A86	*Medorrhinum*	1M	3 powders	1 powder weekly

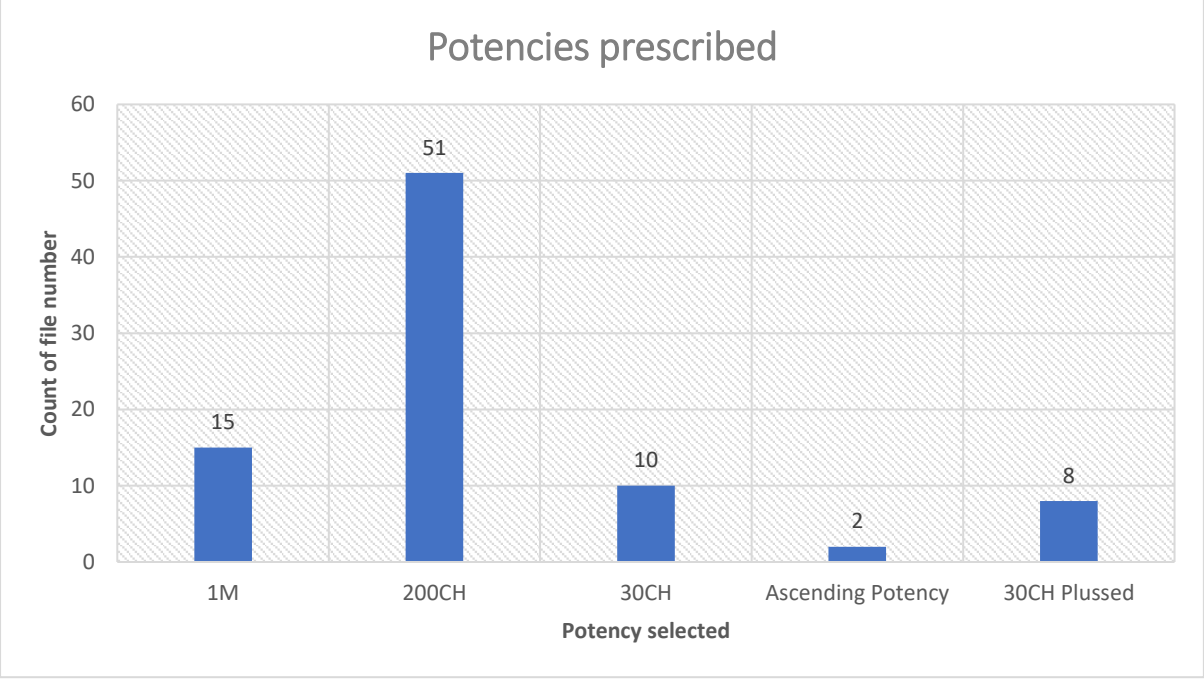

Figure 4.14: Potency selected

Figure 4.14 reflect the different potencies prescribed. The most commonly prescribed potency was the 200CH (59%), followed by the 1M (17%).

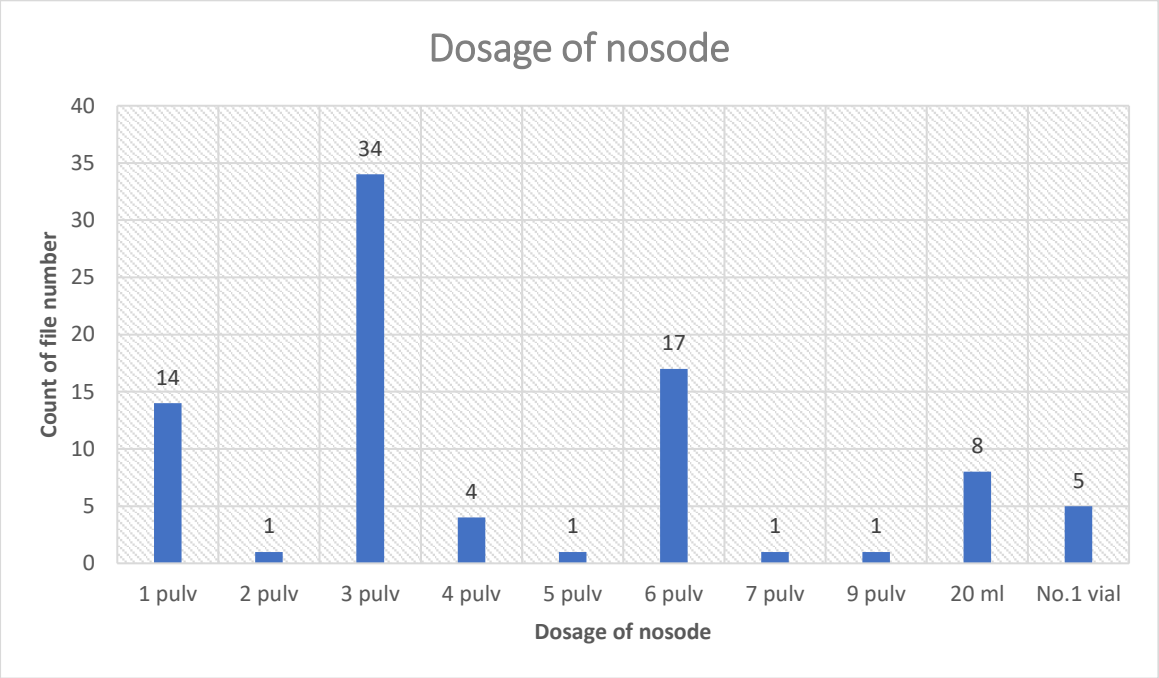

Figure 4.15: Dosage of nosode

Figure 4.15 reflect the dosage of the prescribed nosodes. The most commonly prescribed dosage was 3 powders (61%) followed by 6 powders (20%).

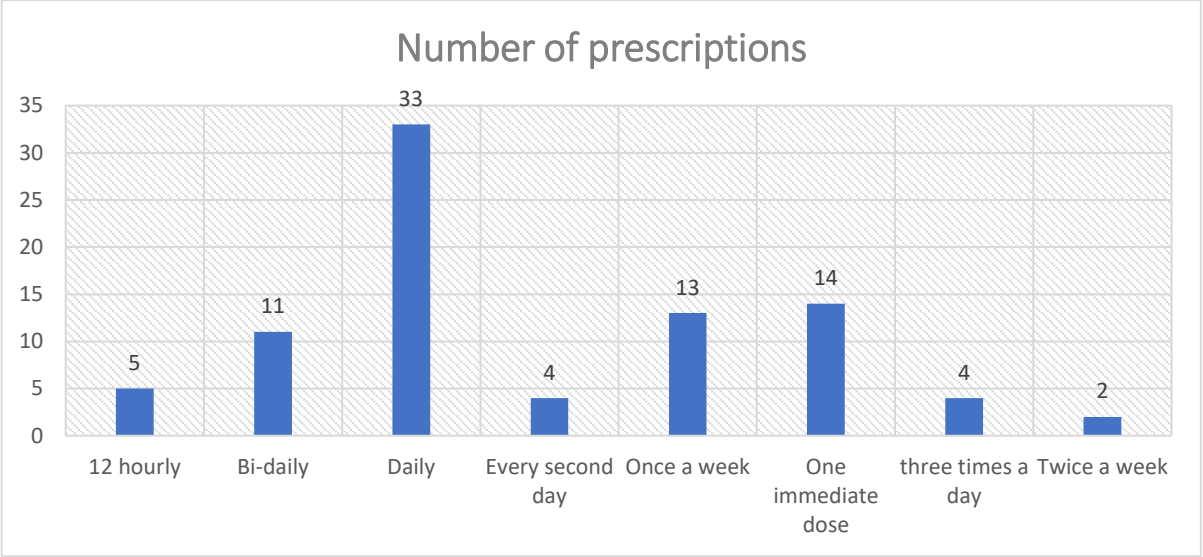

Figure 4.16: Number of prescriptions

Figure 4.17 reflects the frequency of the dose prescribed. The common frequency being a daily dose (38%) followed by a single immediate dose (16%).

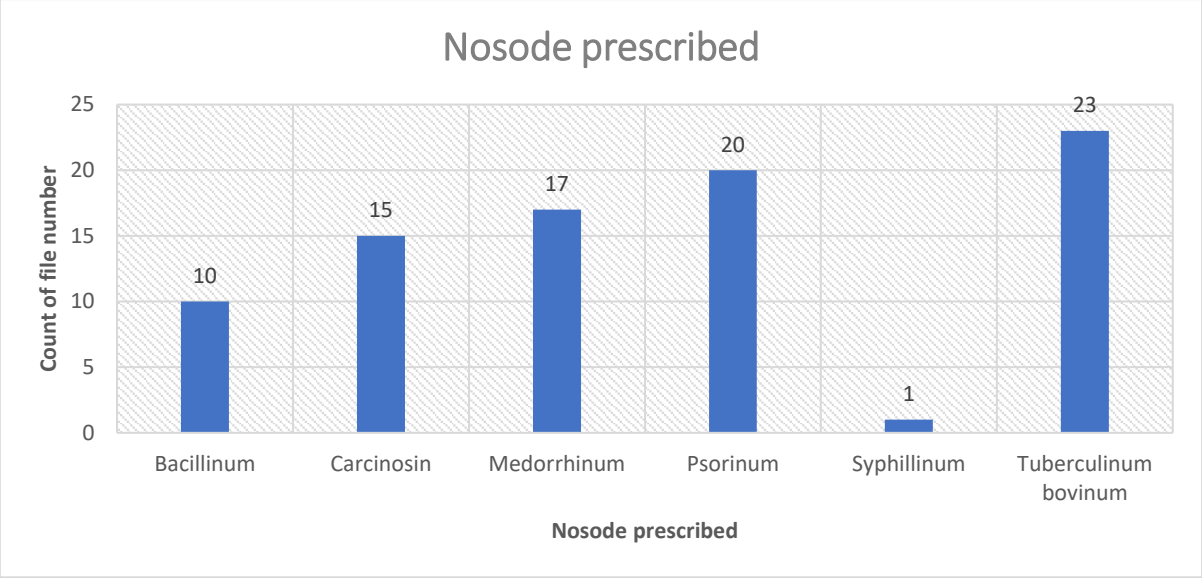

Figure 4.17: Nosode prescribed

Figure 4.18 reflects the nosodes prescribed. *Tuberculinum bovinum* was prescribed the most (26%) followed by *Psorinum* (23%). To be noted is that *Bacillinum* and

Tuberculinum bovinum are both nosodes for the tubercular miasm therefore making anti-tubercular nosodes the most prescribed (38%).

Chapter 5: Discussion of the Results

5.1 Introduction

This chapter aims to discuss the analysis of the results of the study as laid out in the table and charts in chapter four and fully evaluate miasmatic nosode prescription trends at UNHHC.

5.2 Demographics

5.2.1 Age

The results shown in Figure 4.1 show that the most common age group of the patients who received a miasmatic nosode in the study period was the 21 to 30 age group. This age group made up 34% of the sample of the study. This was followed by the group of 0-5 years which made up 23% of the sample. The result is interesting as a majority of the patients seen at UNHHC are of the age of 41 and above (Dube 2015). The age group of those between 21 and 30 indicates the age group where independent living conditions are often adopted. This implies that diet, lifestyle, financial income start to become individually driven areas and hence the possible activation of miasmatic symptoms related to such areas as sexual activity, poor diet and nutrition, suppression of diseases such as skin conditions and respiratory conditions. This may explain the high prevalence of miasmatic nosodes being prescribed in this group. Studies show that this is the age where sexual activity is the highest (Ni Lochlainn and Kenny 2013). This concurs with the homeopathic literature which states that miasmatic predispositions can occur through sexual intercourse (Lilley 2017). There is thus, a link between a high level of sexual activity and the need for clearing of a miasmatic state with the appropriate miasmatic nosode. Poor diet and nutrition also lend themselves to the predisposition of miasmatic states because poor diet and nutrition are factors which are paramount in the propagation of disease (Hahnemann 1996). Individuals within the 21-30 age group are independent and access healthcare in their chosen manner. This usually involves seeking out conventional treatment methods,

resulting in treatments such as anti-biotics, steroids, anti-fungal and antihypertensives. While offering symptomatic relief these treatments often do not remove the cause of disease, which results in relapses or prolonged treatment. In the long run this can contribute to disease suppression and the activation of miasmatic states. This suppressive pattern calls for increased use of miasmatic nosodes to remove miasmatic predispositions and could possibly account for the higher percentage of miasmatic prescriptions amongst this age group. In the area where the clinic is located, there is a high population of sex workers, due to the socio-economic problems of the area. There is also an abundance of taverns (Smillie 2010). These are factors which are associated with the younger age group most commonly, along with socio-economic difficulties and may contribute to the 21-30 age group most needing miasmatic treatment.

5.2.2 Gender

The results shown in Figure 4.2 indicate that while the number of male patients receiving miasmatic nosodes was higher (52% versus 48%) than that of female patients, the numbers are very close. This is interesting considering that Smillie's (2010) and Dube's (2015) studies show that more females are seen at UNHHC than males. In the literature no mention is made of greater need for miasmatic nosodes by one of the genders, but rather the emphasis is upon each case being unique and being treated as such. There is thus no obvious explanation as to why males received more miasmatic nosodes than females. The answer lies in each individual case and the patient's own unique life experiences, independent of gender. There is however an alternative suggestion which requires some thought. This is regarding the nature of polygamous relations amongst males in South Africa (Norman, 2007). This would result in higher exposure to miasmatic influences and therefore would increase the possible need for anti-miasmatic treatment.

5.3 Disease presentation

5.3.1 Description of the main complaint

Figure 4.3 shows a breakdown of the 198 complaints described by the 86 patients. The data suggests complicated disease presentations. This is confirmed as more than half of the patients (65%) who were prescribed miasmatic nosodes presented with two or more complaints. This correlates with the literature, which describes miasmatic nosodes as being useful in complicated cases. Vithoulkas (2004) states that a nosode may be prescribed to help clear a complicated presentation and on the follow up a clearer presentation with clearer remedy indications can then be available to the practitioner.

This trend in patient diagnosis would suggest that patients who require a miasmatic nosode or those who would benefit from a miasmatic nosode could possibly present with two or more complaints.

Figure 4.4 reflects that the area which was described as having the most complaints was the Integumentary system (25%). This area was followed by the respiratory system (16%). This is important when compared with the results shown in Figure 4.18 as it shows that the predominant miasm at Ukuba is the tuberculinic miasm. In the clinical indications of *Tub bov* and *Bacillinum* (the tubercular nosodes), there is a great emphasis on the Integumentary and respiratory symptoms (Allen 2003).

The importance of the tubercular miasm on the skin and respiratory symptoms is further explained in the classical literature, which draws a link between the psoric miasm and the tuberculinic miasm. In some cases, the tuberculinic miasm is referred to as pseudo-psora, being perceived as an expression of the psoric miasm which had moved to a deeper level of the organism (Kent 2009). The Psoric miasm is described as the mother of all diseases and is said to be present in every person. The

manifestation of the psoric miasm is chiefly on the skin. This suggests that the number of skin symptoms present in this study could be due to the underlying influence of the psoric miasm (Hahnemann 1996). Within the tuberculinic miasm the psoric influence can be seen by comparing the two miasms as shown in Table 2.1.

PSORIC MIASM	**TUBERCULINIC MIASM**
Hypersensitive – Affects sense and functions	Waste, loss, depreciation and destruction
Restlessness, continually changing. Never satisfied. Despair of recovery	Mentally keen but physically weak. Ever changing symptoms with rapid response
Main site of action is the skin. Either current skin affection or history of skin disease. Strongly indicated by disease of the nervous system. Main characteristic is burning.	Main site of action are the lungs and respiratory system
No specific familial history required. All disease has origins in psora. Personal history of skin disease or developing unhealthy skin. Skin is described as dirty and there is redness of mucous membranes	History of tuberculosis and ringworm and importantly suppressed ringworm. With a tendency for recurring cough and colds
Discharges are normal and often accompanied by amelioration	Epistaxis and bleeding from lungs. Coughing up blood. Chronic diarrhoea
Aggravated by standing	Aggravation at night, nocturnal perspiration and bed wetting in children
Amelioration from discharge	Ameliorated by movement, relocation, dry and warm weather. There is a great desire for fresh air
Burnt taste in the mouth	
Any disease of deficiency can represent psora, the miasm of ‘lack’, wherever there is want, deficiency, insufficiency or scantiness. Psora should be thought of	Often thought of in the ‘problem child’, who is slow in comprehension, mentally dull and unable to concentrate. Often accompanied my rickets or marasmus

The physical restlessness of the psoric miasm becomes driven inwards and is expressed through the ever-changing nature of the symptoms of the tuberculinic miasm. The psoric miasm shows the site of action as being the skin. The tuberculinic miasm shows the patient as having a history of skin infections, particularly fungal infections. This lends itself to the idea that the tuberculinic miasm has evolved from

the psoric miasm. As psoric patients are affected by skin complaints and their disease processes evolve, the site of action is driven deeper. In the case of the tuberculinic miasm the site of action is the lungs and respiratory system. This suggests that the psoric site of action is pushed deeper as the organism loses its centrifugal force and its ability to push disease outwards. The normal discharges of the psoric miasm which ameliorate, change in the Tuberculinic miasm to be expressed in a more aggressive form of outward expression, namely, epistaxis and haemoptysis (Ross 2007).

The researcher would also like to present their opinion that the prevalence of the Tuberculinic miasm can be related to the poverty of the area which is due to the injustices of the past and the lack of transformation which allows for injustices to continue and therefore, the tuberculinic miasm is able to flourish (Cox, 2017)

The lack of the psoric miasm can be seen to have evolved into a mental “lack” as seen in tubercular children who are often slow in comprehension and are mentally dull. It may also be seen in the physical wasting and the emaciation of Tubercular patients or the nutritional deficiencies in children such as rickets or marasmus (Allen 2003).

Figures 4.3 and 4.4 show trends in both the patient diagnosis and the miasmatic diagnosis at UNHHC. The number of complaints reveal a trend of complicated diagnoses therefore cases requiring a miasmatic nosode. The frequency of skin and respiratory symptoms is congruent with the trend of tubercular miasmatic diagnosis.

In Table 4.3 from the grouping of the Tuberculinic miasm files the emphasis of the disease on the skin and respiratory systems is highlighted and therefore ties with the findings of the most common affections with the most predominant miasm.

5.3.2 Clinical diagnosis

Figure 4.5 reflects a similar result as that seen in Figure 4.4, which is that the most common diagnoses are related to the integumentary system (44%) followed by the respiratory system (26%).

Figures 4.6 to 4.9 show the most common conditions affecting these systems. The most common condition affecting the integumentary system is fungal infections and in the respiratory system upper respiratory tract infections predominate. There is no distinct result for which conditions are affecting the genito-urinary system. The most common condition affecting the musculo-skeletal system was arthritis.

These commonly occurring conditions are consistent with the Tubercular miasmatic trends observed at UNHHC. This can be seen when comparing the conditions experienced at UNHHC with the Table 4.3 which shows the main site of action of the tubercular miasm as the lungs and respiratory system, as well as fungal infections and tuberculosis (Figure 4.6); strongly indicated in the disease presentation of the tubercular miasm. The remedies *Tub bov* and *Bacillinum* are well known for their effectiveness against fungal skin infections (Vermeulen 2001). Upper respiratory tract infections are also well represented in the literature regarding *Tub bov* and *Bacillinum*. They are stated as being useful in recurrent respiratory problems and affections and infections of the lungs. *Bacillinum* is listed as having chronic chest problems with a tendency to taking a cold. The coughs of both nosodes are well noted with *Tub bov* being a dry hacking cough and *Bacillinum* being a moist rattling cough (Boericke 2013), both of which are consistent with upper respiratory tract infections which were the most common respiratory diagnosis at UNHHC. In his work on the nosodes Klein (2009) mentions the similarity in the arthritic symptoms of *Tub bov* and *Rhus toxicodendron*. *Rhus tox* is one of the foremost clinically indicated remedies in arthritis, thus supporting the usefulness of *Tub bov* in arthritic complaints. Joint pain can be an indicator of the tuberculinic miasm – the presence of arthritic pains at UNHHC may be suggestive of the presence of the tubercular miasm. It is interesting to note that one of the key indicators of *Tub bov* is respiratory problems with concomitant rheumatism. The musculo-skeletal symptoms of *Bacillinum* also point to the treatment of pain in the back and extremities, symptoms which are also closely related to *Tub bov* and *Rhus tox* (Klein 2009b).

The clinical diagnosis support the conclusion that the tubercular miasm is the dominant miasm at UNHHC. This is also supported by the findings which state that TB is the

main cause of death for black people in south Africa (Cox, 2017). This is due to the nature of the socioeconomic environments in which they reside (Kanabus, 2017).

5.3.3 Mental symptoms

The various mental states of the patients in the study are evident in in Table 4.1 to 4.5 and in the Figure 4.10. Unfortunately, 30% of the patient's mental states were indeterminable, due to no mental symptoms being recorded in these patients' files, Some of these factors contributing to the missing data based on the researchers personal experience could be:

- The lack of time available to take a case due to the number of patients waiting for treatment. Cases are often taken quickly on a very clinical basis and the more expansive (mental) symptoms are not gathered. These patients however are often requested to return at a more convenient time to add to the information, so some clarity may be gained.
- There may be language barriers experienced during the case taking. Due to the nature of the setting of the clinic this is not an uncommon experience and often the case taking needs to be simplified to meet the needs of the patient but still be coherent.
- Patients may not go into detail regarding all their symptoms. They are advised that sharing of all symptoms provides a fuller understanding of the case. However, they may still not reveal pertinent details which will affect the homeopathic prescription.
- Patients may only experience their disease state at a very superficial level and therefore may not be able to go fully into details regarding mental and emotional symptoms as this is not within their realm of experience. The level of experience is not to be confused with the miasm.

From these results however, the most common occurring determinable state was anxiety which was experienced by 16% of the patients. This symptom was followed by extroverted personality type [this is not a symptom yet may be indicative of the miasm] (14%). The missing data makes it difficult to accurately predict miasmatic or diagnostic

trends at UNHHC with regards to the mental/emotional state of the patients in this sample.

However, using the data that was given, the most common mental symptom was anxiety. This is not unique to any one nosode, as all can help in cases which present with anxiety. It is the additional symptoms as well as the way in which the anxiety is experienced that will provide the basis for selection of a particular nosode (Watson 2004). For a miasmatic trend to be seen more information regarding the anxiety is needed.

In terms of a diagnostic trend, anxiety as a symptom is not surprising, considering current research which shows that anxiety is one of the most common mental disorders. Anxiety is widespread, and is also shown to be associated with unemployment, low education and low incomes (Michael, Zetsche and Margraf 2007). These are the exact conditions which are highly prevalent amongst the patients attending Ukuba. This suggests that anxiety is not necessarily a diagnostic trend amongst patients requiring miasmatic nosodes, but rather is a trend amongst the general patient population of the clinic.
Within the patient files anxiety is most commonly described in relation to anxiety for one's own health. Closely related to this is fear of death and fear of disease. While all of these may be present in the mental states of all the miasms, their experience of this symptom is unique. A short explanation of this experience can be given based on Sankaran's Schema (Sankaran, 2005a).

The psoric patients experience of anxiety over health is intense, albeit short lived. This is anxiety is based on the appearance of symptoms, however with the removal, or even commencement of treatment the symptoms of anxiety tend to be forgotten.

The sycotic patient experiences anxiety in an almost sub-clinical manner where the anxiety is not always intense, but constantly lurks under the surface where it may be felt at any moment. While the anxiety of the sycotic may be easily removed, it is just as easily returned. Anxiety about health may continue long after the treatment and removal of any physical symptoms.

The anxiety of the tuberculinic patient is felt very intensely. Regarding their health, drastic action is required to give them peace of mind. If the drastic action is successful, then the anxiety is completely removed.

The anxiety of the cancerinic patient is very similar in experience to the tubercular patient, but it is not so easily removed. The anxiety will often lurk no matter how drastic the action taken to remove the cause. This shows the intensity of the tubercular miasm compared to the lingering characteristics of the sycotic miasm.

The anxiety of the syphilitic miasm is marked by its intensity, which is to the point of despair where the patient gives up all hope of recovery.

These short descriptions give an idea of the unique experience of each miasm to better differentiate between them. They are also given to underline the importance of the qualifications of symptoms (Ross 2007).

5.3.4 Emotional symptoms

The emotional states of the patients have been displayed in Table 4.1 to 4.5 and Figure 11. The table shows the emotional symptoms experienced by the patients and this information has been re-arranged into determinable emotional states in the graph. Unfortunately, 60% of the patient's emotional states were indeterminable due to lack of recording of symptoms in the patient file. The possible factors contributing to missing data can be found under the discussion of mental symptoms (5.3.3).

The most common result was a pensive emotional state (12%), followed by anger (9%). Due to the majority of the symptoms being indeterminate, it is not possible to draw any accurate observations about miasmatic or diagnostic trends.

The most common determinable results require further information so as to qualify why the patient received a particular nosode due to the individuality of the prescribing indications. The origin or cause of the emotion and how the emotion is expressed is

vital in determining the correct nosode to prescribe and therefore without that information any trends based on emotional symptoms are not possible to accurately determine.

5.3.5 General symptoms

The results of the general symptoms are displayed in Table 4.5 to 4.10 and Figure 4.12. These reflect that the most common generality was the modality of worse at night (20%), followed by the modality of better for heat (16%).

The most common modality of worse at night is not surprising as four out of the six nosodes specific time aggravation is at night. *Medorrhinum* is aggravated during the day, specifically from sunrise to sunset. And no specific time is mentioned in the literature for *Psorinum* (Boericke 2013). *Tub bov* and *Bacillinum* both have night time aggravations (Vermeulen 2001), which is relevant as they represent the tubercular miasm which is the predominant miasm at UNHHC and explains why the night time aggravation is the most common modality seen in the results. The remedies in the tubercular miasm have a night time aggravation which corresponds with the disease process of TB, as seen in the characteristic night sweats of primary TB (Longmore 2014).

The second most common modality was better for heat, which is also not surprising as the majority of the specific temperature modalities for the nosodes are better from heat. Once again this is best represented by the remedies from the tubercular nosodes which both are better for heat. Vermeulen lists the modalities of *Bacillinum* as worse for cold air and better for heat. For *Tub bov* he states that cold is taken from the slightest exposure. Under the mouth section of *Tub bov* the teeth are sensitive to cold air. In the skin section the itching is described as much better for the heat of the stove, and worse for damp and cold (Vermeulen 2001).

5.3.6 Particular symptoms

The results of the particular symptoms are reflected in Table 4.5 to 4.10 which shows the symptoms which correspond to the main complaints, and Figure 4.4 which shows which areas were affected by the diseases. The particular symptoms also show that the most affected area was the skin, followed by the respiratory system. The main complaint of the cases can be understood quickly and easily when compared with Table 2.1, as this shows the main sites of action for the tubercular miasm, namely, the lungs and respiratory system. The history of the skin, specifically fungal infections are also mentioned. So, in comparison with the particular symptoms in Table 4.6 – 4.10, we see a correlation between the indicated lung and respiratory symptoms and the presence of skin and fungal infections. This highlights the predomincance of the tubercular miasm. In the materia medica the skin symptoms of *Tub bov* are chronic eczema which has an intense itching. There is also acne in tuberculous children. The skin is described as dry, harsh, sensitive and intensely itching in cool air. The itching changes location when the skin is rubbed. The appearance of the skin may have a large quantity of bran-like scales. *Tub bov* is known for its treatment of ringworm. The symptoms of ringworm and pityriasis are emphasised within the materia medica of *Bacillinum*. The respiratory symptoms in *Bacillinum* and *Tub bov* show the remedies importance in the treatment of chest infections. The symptoms given in the materia medica for both *Tub bov* and *Bacillinum* supports the idea of the tubercular miasm being dominant in the light of the recurrent skin and respiratory symptoms present at UNHHC (Figure 4.4) (Phatak 2013)

5.3.7 Keynote symptoms

Table 4.11 shows the description of the main complaint along with the keynote symptom as described in the language of the materia medica. This will have been a major consideration in remedy selection and, seen alongside other confirmatory symptoms, will have influenced the decision regarding prescription for the patient. By contrasting the main complaint wth the materia medica it is showing the clinical basis for the prescription and to confirm the accuracy of the prescription. The mental symptoms are shown alongside the main complaints, highlighting the importance of the mental state in the prescription. These mental symptoms are also further

confirmation of the accuracy of the prescription and ultimately the miasmatic classification.

The comparison of the materia medica with the symptoms elicited from the patients is important as it confirms the clinical relevance of these symptoms in the materia medica and where these symptoms reappear concurrently the confidence in prescribing based on them grows. This is important in practice where confidence in the accuracy of the materia medica is important. Any work whose basis is to clarify the accuracy of the materia medica is vital in creating a strong scientific foundation for homeopathy. Table 4.11 also highlights the importance of knowledge of the materia medica. If the homeopath knows the materia medica well he/she will be able to match the patient's symptoms to the correct remedy in the materia medica. The homeopath must also be able to differentiate between two remedies within the materia medica. This can be seen by illustrating the difference in skin symptoms between *Psorinum* and *Tub bov*. While both are indicated in the affections of the skin, the keynote symptom of *Psorinum* skin is its dirty, dull look, Itching worse for heat. In contrast the *Tub bov* skin is described as dry, harsh skin, sensitive with white branny scales and better for heat.

Another comparable keynote is the modalities of the remedies. *Tub bov* needs to throw the windows wide open and gain fresh air. *Medorrhinum* must lie on the face and protrude the tongue to breathe without oppression. *Carcinosinum* lies in a genu-pectoral position which greatly relieves all complaints. *Syphillinum* finds relief from slow and continued motion with applied heat (Phatak 2013)

The keynotes which were given in the patient's files were the major symptom upon which the prescription was based and belonged most commonly to the tuberculinic miasm. This confirms the predominance of the tuberculinic miasm at UNHHC.

5.3.8 Findings on physical examination

Tables 4.6 to 4.10 show the findings arising from the physical examination. These are then grouped and analysed in Figure 4.13. The results of this analysis show that the most common findings were adventitious sounds upon auscultation of the chest. This

result was followed by visible skin symptoms. These results are consistent with the other findings that the respiratory and integumentary systems were the most affected systems and displayed the most symptoms which led to the most diagnoses. These physical findings also confirm that the predominant miasm at UNHHC is the tubercular miasm which manifests physically with findings such as these.

5.4 Prescription details

5.4.1 Potency prescribed

Table 4.12 shows each potency that was prescribed per patient. This has then been grouped and represented in Figure 4.14. The results seen in the graph show that the most commonly prescribed potency was the 200th potency (59%), followed by the 1M potency (17%).

These results show that when prescribing miasmatic nosodes the higher potencies are favoured, especially the 200th. This concurs with the current literature on prescribing guidelines of nosodes. Modern homeopaths such as Luc de Schepper (2001) recommend starting a miasmatic case with the 200th potency. This is due to the nature of the miasmatic disturbance; which happen at a very deep level and are not merely acute ailments. Thus, deep acting (high potency) remedies are required in order to penetrate and remove this deep acting disturbance. However, each case should be taken individually and viewed on its own merits and the appropriate potency applied. In cases where the patients lacked vital energy, e.g. the old and infirm, more care needs to be taken and usually a lower potency is prescribed so as not to incur any detrimental effects. In cases where the nosode is prescribed as an acute remedy and not as a constitutional remedy a lower potency is more appropriate. The history for prescriptions of the 200th potency and of higher potencies dates to the works of James Tyler Kent (2009) who was one of the major proponents for the prescribing of high potencies. Earlier homeopaths had experimented with the higher potencies, but it was Kent who made it part of his standard treatment procedure. This was on the basis that the higher potencies had a greater ability to remove the roots of disease and not just provide temporary relief. Kent based this on the belief that the higher dynamic potential of the higher potencies give them deeper and more curative abilities. Kent's work forms the basis for the theories of modern homeopaths such as de Schepper (2001) and Vithoulkas (2004) who prescribe miasmatic nosodes in high potencies, particularly the 200th, as a means of successfully clearing miasmatic layers.

One of the objectives of this study was to determine the dosage and posology of miasmatic nosode prescriptions at UNHHC. The results in Figure 4.11.1 show that the most common potency of miasmatic nosode prescriptions at UNHHC was the 200th potency. While this is a good guideline for future prescriptions, it must be reiterated that each case should be taken on its own merits.

5.4.1.1 Dosage of nosode

The results of the dosage of the prescriptions of the miasmatic nosode are seen in Table 4.12 and Figure 4.15. These reflect that the most commonly prescribed dosage was of three powders (61%) and followed by the prescription of six powders (20%).

When a homeopathic remedy is prescribed for the removal of a miasmatic barrier to cure, it is generally not prescribed with frequent repetition. With the removal of the barrier by a nosode, a new remedy more appropriate to the patient's constitution will be indicated. Thus, diminishing the indication for prescription to facilitate with the removal of the miasmatic blockage. Thus, less frequent doses are the most commonly prescribed method for nosodes.

5.4.1.2 The frequency of the remedy

The results reflecting the frequency of the remedy from miasmatic nosode prescriptions are seen in Table 4.12 and Figure 4.17. These show that the most common frequency of prescription is one dose taken daily (38%). This is followed by a single dose taken immediately (18%).

These results confirm the other results relating to the prescription details, considering that miasmatic nosodes are deep acting remedies and should not be repeated too frequently (De Schepper 2001). High potencies were found to be the most commonly prescribed potency (Figure 4.14) and these potencies were not repeated frequently due to the intensity and depth of action.

5.4.2 Miasmatic information

5.4.2.1 Nosode prescribed

The most commonly prescribed miasmatic nosode at UNHHC was *Tuberculinum bovinum* (26%). This is closely followed by *Psorinum* (23%). These results can be seen in Table 4.12 and Figure 4.18. The rate of prescription of the other nosodes was *Medorrhinum* (19%), *Carcinosinum* (17%), *Bacillinum* (11%) and lastly *Syphillinum* (1%).

Tub bov is the most commonly prescribed nosode indicating that the tubercular miasm is predominant at UNHHC. When *Bacillinum* is also taken into consideration because, it also represents the tubercular miasm, this is even more strongly indicated. The predominance of the tubercular miasm is supported by the symptomatology experienced at UNHHC. When we compare Table 2.1 with this symptomatology, we see a large crossover showing the predominance of the tubercular miasm. Specifically, Table 2.1 shows the symptoms of weakness and debility which was seen at UNHHC. The major sites of action, the lungs and the respiratory system were highly indicated (Figure 4.5 and Figure 4.7). Another confirmatory symptom of the tubercular miasm was the significant presence of fungal infections (Figure 4.6). This symptom is confirmed as being a feature of the tubercular miasm (Table 2.1), as well as belonging in the sphere of action of both *Tub bov* and *Bacillinum.*

The results of a predominant tubercular miasm is consistent with the diagnostic trends of the clinic when looking at the most commonly affected systems, which were the integumentary and respiratory systems.

The prevalence of TB in South Africa is staggering. Over 160 000 new cases are reported every year. South Africa has one of the highest burdens of TB. The World Health Organisation estimates that the incidence of active TB in South Africa in 2015 was 454,000 cases. This means that about 0.8% of the population of 54 million people develop active TB each year. Of the 454,00 incident cases in South Africa in 2015, The World Health Organization estimated that about 57% were HIV positive, and Of

157,505 TB patients whose status was known, 85% were on ARV therapy (Kanabus, 2017).

South Africa has one of the highest TB burdens in the world, therefore considerable effort will be necessary to achieve the Sustainable Development Goals. KwaZulu-Natal has one of the highest incidence rates in the country, with reported rates of 685 per 100 000 population (Cox *et al*. 2017). This problem is compounded as 40% of patients who suffer from TB are HIV positive. This results in TB being the major cause of death in AIDS patients (Smillie 2010). This high prevalence of TB may result in increased miasmatic disease specifically involving the tubercular miasm.

The reason for South Africa's high burden of TB and HIV is linked to its past. Where due to the system of government black south Africans were confined to specific areas which were overcrowded. Along with this black South Africans were not permitted to hold jobs of a higher income confining them to a lower social economic group. In spite of a vast overhauling of the government and its policies there is still much transformation required to take place. And until it does this population will always encounter a higher burden of disease due to the high levels of unemployment, lack of education and low income which is associated with the lack of transformation

.

The prevalence of HIV and AIDS in the South African context is higher in poverty-stricken areas, such as where UNHHC draws its patients from. The presence of alternative miasms such as the AIDS miasm warrants further research. In this context there is much suppressive treatment seen with consequences such as drug resistant TB becoming more and more prevalent. The idea that suppressive treatments such as TB and HIV treatments may be pushing diseases to a deeper state and causing other miasmatic layers has gained traction amongst contemporary homeopathic authors such as Sankaran (2005b) and Fraser (2002) who argue for the existence of these new miasmatic states.

The idea of suppressive treatment was first elucidated by Hahnemann who described the treatment of syphilis with mercury, a common procedure in his day. This sort of treatment, Hahnemann argued, does not remove the cause of the disease but rather

acts superficially by removing the outward appearing symptoms and driving the disease state to a deeper level in the organism (Hahnemann 1996). This theory of disease suppression has been championed by homeopaths ever since, including Vithoulkas (2004) and De Schepper (2001) who similarly describe disease processes based on the organism having differing layers with a prescribed hierarchy. This theory suggests that suppressive treatments are those which ignore the deeper levels of the organism affected by the disease (the area in which the causation is found e.g. mental and emotional layers) and give greatest attention to the most superficial layers or where most of the symptoms may be found. By doing this the natural outlet for symptoms is removed and the disease is forced centrally by blocking the body's natural centrifugal force. This is the idea that symptoms are not the disease but rather the signs that there is a disease present in the body. This theory does not suggest that these conventional treatments are ineffectual, as they can provide relief, but rather that they are incomplete as they do not fully free the body from disease which requires deeper constitutional treatment and often miasmatic treatment (De Schepper 2001; Vithoulkas 2004).

The role of modern interventions is not to be discarded as research shows the life saving effect it has. In South Africa the research has shown that by starting Anti-retro viral treatment a person can have a normal life expectancy as opposed to prior the introduction of such treatments (Johnson, 2013). The role of homeopathy comes in to address the side effects of such treatment and to ensure a healthy balanced life.

The high prevalence of TB, HIV and AIDS calls for the prescription of both *Bacillinum* and *Tub bov*. The need for both nosodes are further indicated by the large presence of skin symptoms, particularly the presence of fungal infections which are indicated in the tubercular miasm and are well within the healing sphere of *Bacillinum* and *Tub bov*.

With the large presentation of skin diseases, it is not surprising that *Psorinum* is the second most prescribed remedy. Due to its classification within the classical literature as being the mother of all disease, psora was expected to be highly dominant within a clinical setting such as this. This is further emphasised when looked at in conjunction

with its indications showing its value in skin disease, as well as its value in cases where there is a lack or deficiency, as this is common in many aspects of the cases taken at UNHHC, due to the socio-economic setting of the clinic.

The relevance of the sycotic miasm and the prescriptions of *Medorrhinum* can be seen when noting the diseases affecting the genito-urinary system as seen in Figure 4.8. The importance of the sycotic miasm and *Medorrhinum* can be seen further when examining the patients case histories and specifically their sexual history. The link between the sycotic miasm and symptoms of the sexual sphere is confirmed by the prevalence of this miasm and the indications for *Medorrhinum* where the genito-urinary system is involved. The prevalence of sexually related diseases and the sycotic miasm can be related to the socio-economic environment in which the clinic is set. Due to the poverty of the area, prostitution is rife amongst those with limited education which contributes to increased sexually transmitted diseases. Since miasmatic predisposition, and the sycotic miasm in particular, may be transmitted sexually, it is possible that there will be a discernible increase in the prevalence in the sycotic miasm if local factors are not changed.

Another possible result of the transmission of the sycotic miasm may be the presence of new miasms due to the layering of existing miasms and the newly acquired sycotic taint. The sycotic miasm finds its origins in a history of suppressive treatment. Therefore, if there is an existing miasmatic state e.g. tubercular, when the patient undergoes conventional treatment the disease is suppressed (Lilley 2017). This occurs because the underlying miasmatic state has not been removed. So, while the Tubercular drug regime may remove the active *mycobacteria*, the tubercular state remains. Now, due to the suppressive nature of the prolonged treatment protocol the development of a sycotic layer forms on top of the tubercular layer. The miasmatic layers now seen in totality may form a new miasm e.g. cancerinic, syphilitic or HIV. This find expression in more complicated disease pictures and complicates the homeopathic treatment. This may be the explanation for the existence of the current predominant miasm, the tubercular miasm (Klein 2009).

The lack of prescriptions of *Syphillinum* is due to the lack of irreversibly destructive processes evident in the cases presented by the patients. This could be due to the fact that patients with severe pathologies are most likely to go straight to hospitals where severe cases are attended to. For this reason they often will not turn to alternative treatments as they believe that they have been helped as much as possible already. The indications for *Syphillinum* (Table 2.1) show that the vital organs e.g. heart and brain are the main site of action for *Syphillinum*. When disease processes affect these areas, they are medical emergencies and as such are treated in hospitals and therefore the patients would not seek alternative treatment and will have been most likely cautioned against doing so.

5.5 Conclusion and summary

In conclusion of the analysis of the data of this study, it can be stated that all the aims and objectives of this study have been achieved. The aim of this study was to evaluate miasmatic nosode prescriptions at a homeopathic community clinic. This was achieved through the four objectives set out at the beginning of the study.

The first objective was to determine the frequency of prescriptions of miasmatic nosodes at UNHHC. The analysis of the data shows that 86 patients received miasmatic nosodes in this period.

The second objective was to determine dosage and posology of miasmatic nosodes prescribed at UNHHC. The analysis of the data shows that the most common dosage prescribed was in the 200^{th} potency. The most common prescription type was in the form of powders given daily.

The third objective was to determine the trends in patient diagnosis in miasmatic Nosode prescriptions at UNHHC. The analysis of the data shows that most common diagnoses were related to skin diseases.

The fourth objective was to determine the trends in miasmatic diagnosis at UNHHC. The analysis of the data shows that the predominant miasm at UNHHC is the tubercular miasm. This is confirmed by the demographic, clinical and miasmatic information garnered from the files.

With the achievement with each of these objectives it was possible to successfully evaluate the miasmatic nosode prescribing trends at a homeopathic community clinic. This evaluation is laid out in the discussion of the analysis of the data and the conclusion of this dissertation.

Chapter 6: Conclusions and Recommendations

6.1 Conclusion

This study, The Evaluation of Miasmatic Nosode Prescriptions at a Homeopathic Community Clinic, took place at Ukuba Nesibindi Homeopathic Clinic located in Warwick Junction, Durban. The study considered files dated between 2015 and 2016. It looked at all files in which a patient who gave informed consent was prescribed a miasmatic nosode and collected the prescription information which included the nosode prescribed, the frequency of the prescription and the dosage and the posology of the prescription. All the relevant information was noted such as main complaint, findings on physical investigation, clinical diagnosis, miasmatic classification, mental, emotional and physical symptoms. The keynote symptoms and all other relevant information was recorded while strictly adhering to the ethical guidelines, which included full confidentiality. All this information was then analysed and discussed in full. This dissertation is the manifestation of that work.

The purpose of this study was to evaluate the miasmatic nosode prescriptions at a homeopathic community clinic. This aim was achieved by;

- Determining the frequency of prescription of miasmatic nosodes at UNHHC.
- Determining dosage and posology of miasmatic nosodes prescribed at UNHHC
- Determining trends in patient diagnosis in miasmatic nosode prescriptions at UNHHC.
- Determining trends in miasmatic diagnosis at UNHHC.

This study comprised a sample size of 86 participants. The majority of the participants were male with 45 males with 41 females. The most common age of the participants was within the group 21-30 years which comprised 34% of the sample population.

The research hypothesis at the beginning of this study was that there would be a discernible miasmatic trend at UNHHC represented by a higher rate of prescription of

one miasmatic nosode compared to the others in the period 2015 to 2016. The finding support this hypothesis. The tubercular miasmatic nosodes were the most prescribed nosodes, showing that the tubercular miasm is the predominant miasm affecting the UNHHC. *Tuberculinum bovinum* comprised 26% of the prescriptions and *Bacillinum* 11%. Therefore, tubercular nosodes comprised 37% of the prescriptions. This is confirmed by the given miasmatic classification for each case, the most common classification being the Tubercular miasm which comprised 25% of the sample. This is significant when compared with 24% of the sample which was undetermined due to a lack of information.

Diagnostic trends were also determinable in cases where miasmatic nosodes were prescribed. The description of the main complaint, the clinical diagnosis and the keynote symptoms all show a trend that diseases affecting the skin were most common, followed by diseases affecting the respiratory system. This shows a correlation between the miasmatic trend and the diagnostic trends as the tubercular miasm has been shown to have a pronounced indication where diseases affect the skin as well as its chief action occurring on the respiratory system.

Valuable trends were also determined from the prescription information of the miasmatic nosodes. The most common form of prescribing miasmatic nosodes was via the medium of powders, taking one dose daily of the 200^{th} potency usually lasting three days. However, this is only a guideline and each case should be taken on its individual merits.

This study has highlighted the influence of the surrounding community on the clinic, as we see with all the tubercular influences the tubercular miasm is dominant. It would be worth investigating the possibility of the AIDS miasm and to see if the predominant miasm would remain the tubercular or if there would be a shifting of patients to this new classification which may help provide greater relief from symptoms.

6.2 Limitations

This study was conducted using the files of consenting patients from only 2015-2016. This provided a sample size of 86 patients. This sample size could be enlarged by using a wider time frame.

6.3 Recommendations

6.3.1 Recommendations to further the evaluation of miasmatic nosode prescriptions at UNHHC

The following is recommended to improve evaluation of miasmatic nosode prescriptions at UNHHC:

- The follow up cases of the miasmatic nosode prescriptions should be evaluated to assess the accuracy of prescriptions and if any improvement has been made.
- Remedies prescribed before and after the miasmatic nosodes should be evaluated to better understand their miasmatic relationship.
- Individual studies of the miasmatic nosodes at UNHHC should be conducted to better understand them and their clinical value.

6.3.2 Recommendations for further research

- Similar studies should be conducted at all the DUT homeopathic community clinics, as these are located in areas with differing socio-economic populations and the effect of this on miasmatic trend needs to be investigated further.
- A study investigating the possibility of the presence of other miasms. Research on the AIDS miasm should be conducted to fully understand the manifestation of the HIV virus as well as the effect of the suppressive drug treatments for both TB and HIV.

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Appendices

Appendix A: Rubric for recording of data from case files

RUBRIC FOR RECORDING OF DATA FROM CASE FILES

CASE NUMBER	
FILE NUMBER	
DATE OF CONSULTATION	
PATIENT AGE	
PATIENT GENDER	
DESCRIPTION OF COMPLAINT (CLAMSIT)	
CLINICAL DIAGNOSIS OF PATIENT	
MENTAL SYMPTOMS	
EMOTIONAL SYMPTOMS	
GENERAL SYMPTOMS	
PARTICULAR SYMPTOMS	

KEYNOTE SYMPTOMS (STRANGE, RARE, PECULIAR)	
FINDINGS ON PHYSICAL EXAMNATION	
NOSODE PRESCRIBED	
POTENCY SELECTED	
DOSAGE OF NOSODE	
FREQUENCY OF REMEDY	

Appendix B: Gatekeeper permission, Clinic Coordinator

03 NOVEMBER 2017

Re: Gatekeeper permission

Dear Mr Kyle Wulfsohn

I hereby grant you permission to have access and use the data contained in the patient files at the Ukuba Nesibindi Homeopathic Community Health Centre (UNHCHC) for the period between 2015 and 2016.

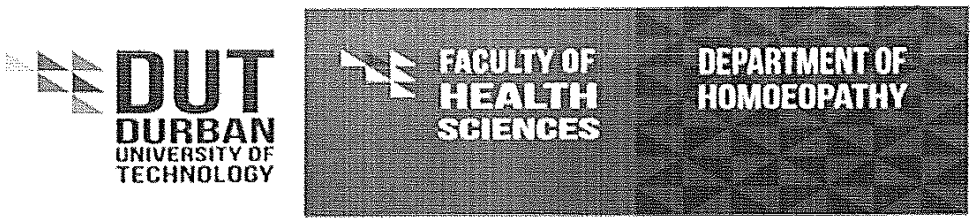
Kindly ensure that you adhere to your approved research protocol.

Further please ensure the ethical practices of anonymity and confidentiality are maintained.

I wish you well in your research study.

Kind regards
Dr Silvana Nienaber
Clinic coordinator

Appendix C: Gatekeeper permission, Research Coordinator



2 November 2017

Re: Gatekeeper permission

Dear Mr Kyle Wulfsohn

I hereby grant you permission to have access and use the data contained in the patient files at the Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) for the period between 2015 and 2016.

Kindly ensure that you adhere to your approved research protocol.

Further please ensure the ethical practices of anonymity and confidentiality are maintained.

Good luck with your research.

Sincerely

Dr I Couchman

Research co-ordinator
Department of Homoeopathy
Faculty of Health Sciences
Durban University of Technology

TEL: 0313732482
Email: ingridc@dut.ac.za

Appendix D: IREC ethics approval

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
241 cor. Berwyn Court
Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa 4001

Tel: 031 373 2375
Email: arshad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

8 November 2017

IREC Reference Number: **REC 110/17**

Mr K Wulfsohn
P O Box 398
Pelham
Pietermaritzburg
3201

Dear Mr Wulfsohn

Evaluation of miasmatic nosode prescribing trends at a Homoeopathic Community Clinic

I am pleased to inform you that Full Approval has been granted to your proposal REC 110/17.

The Proposal has been allocated the following Ethical Clearance number **IREC 103/17**. Please use this number in all communication with this office.

Approval has been granted for a period of two years, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

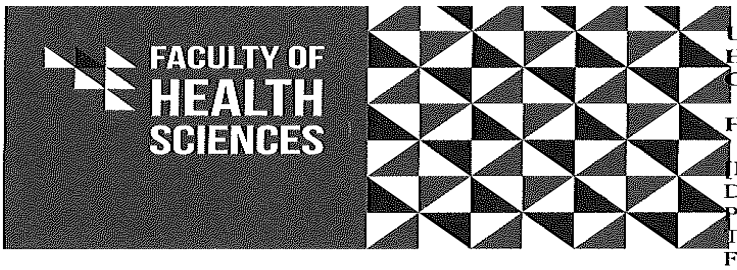
Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam
Chairperson: IREC

Appendix E: Ukuba Nesibindi Consent form (English)



UKUBA NESIBINDI
HOMOEOPATHIC COMM
CLINIC-WARWICK JUNC

HOMOEOPATHYDEPART

[DUT]-11 RITSON ROAD, B
DURBAN, 4001
P.O. BOX 953, DURBAN, 40
TEL: (031) 373 2041
FAX: (031) 202 3002

IFOMU LESIGULI LESIVUMELWANO PATIENT CON

PLEASE READ AND FILL IN THIS FORM.

DATE: ...../...../20.....

TITLE: DR./ MR./MRS./MS/MASTER/PASTOR (please circle)

Gender: Male / female (Please circle)

SURNAME: .....FIRST NAMES: .....

DATE OF BIRTH:..... IDENTITY NUMBER:.....

CONTACT DETAILS:(TEL.).....(CELL)..... (WORK).....

POSTAL
ADRESS:.....AREA.....CODE.....

TO BE COMPLETED BY THE PARENT/ LEGAL GUARDIAN IN THE CASE OF PATIENTS UNDER THE AGE OF 18YEARS:

I hereby give consent for.....who is a minor, to be examined and treated at Ukuba Nesibindi homoeopathic community clinic.

NAME OF PARENT/ GUARDIAN:.....
RELATIONSHIP OF PARENT/ GUARDIAN TO MINOR:.....
SIGNATURE OF PARENT/GUARDIAN: .....

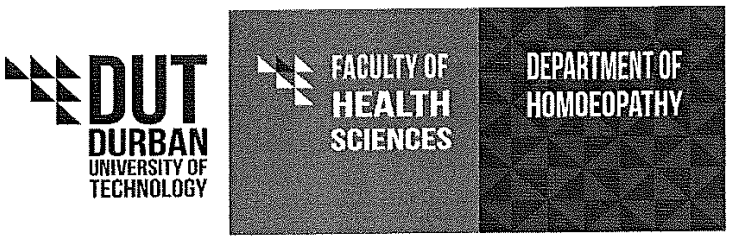
PLEASE READ AND SIGN THE FOLLOWING:

AS A PATIENT AT THIS CLINIC, I UNDERSTAND THAT I AM ATTENDING A TEACHIN INSTITUTE. I HEREBY GIVE PERMISSION TO ALLOW CLINICAL OBSERVATION AND DIAGNOSIS TO BE PERFORMED AS WELL AS TREATMENT TO BE PRESCRIBED FOR MYSELF BY A SENIOR HOMOEOPATHIC STUDENT PRACTITIONER, SUPERVISED BY QUALIFIED AND REGISTERED HOMOEOPATHIC CLINICIAN. I ALSO GIVE CONSENT DATA OBTAINED FROM MY FILE BE USED IN CASE OF RESEARCH PURPOSES, HOWEVER NO DISCLOSURE OF PERSONAL DETAILS AND CONFIDENTIALITY MUST BE MAINTAINED AT ALL TIES ACCORDING TO ALL REGULATIONS, ETHICAL CODE CONDUCT AND BY LAW.

SIGNATURE: .....DATE:.....

PARENT/ GUARDIAN.....(IF PATIENT IS UNDER 18 YEARS)

Appendix F: Ukuba Nesibindi Consent form (isiZulu)



UKUBA NESIBINDI
HOMOEOPATHIC COMMUNIT
CLINIC-WARWICK JUNCTION

HOMOEOPATHYDEPARTMEN

[DUT]-11 RITSON ROAD, BEREA,
DURBAN, 4001
P.O. BOX 953, DURBAN, 4001
TEL: (031) 373 2041
FAX: (031) 202 3002

IFOMU LESIGULI LESIVUMELWANO

SICELA UFUNDISISE LELIFOMU BESE ULIGCWALISA NGOKUFANELEKILE.

USUKU: ...../...../20.....

Dkt./ Mnu./Nkz./Nks/uMASTER/uMfundisi (sicela uzongeleze)

UBULILI: Owesilisa / owesifazane (Sicela uzongeleze)

ISIBONGO: .....AMAGAMA: .....

USUKU LOKUZALWA:..... INOMBOLO KAMAZISI:.....

IMININGWANE YOKUXHUMANA:(UCINGO.).....(I-CELL).....
EYOMSEBENZI).....

IKHELI
LEPOSI:.....INDAWO.....IKHODI.....

LENGXENYE KUMELE IGCWALISWE UMZALI NOMA UMBHEKI OSEMTHETHWENI WONTWANA LAPHO ISIGULI SINEMINYAKA ENGAPHANSI KWENGU 18 UBUDALA:

Lapha nginikeza igunya nemvume ka.....omununcane ngokweminyaka ngokomthetho ukuba azimele ukugunyaza ukuba ahlolwe futhi axilongwe kulomtholampilo Ukuba Nesibindi homoeopathic community clinic.

IGAMA LOMZALI/ UMBHEKI:.....
UBUDLELWANE BOMZALI/ UMBHEKI NOMNTWANA:.....
UPHAWU LWESIVUMELWANO LUKAMZALI/UMBHEKI: .....

SICELA UFUNDE LENDIMA ELANDELAYO BESE USAYINA NGOKUFANELEKILE:

NJENGESIGULI KULOMTHOLAMPILO, NGIYAQONDA UKUTHI NGIHAMBELA ISIKHUNGO SEZEMFUNDO. LAPHA NGINIKEZA IGUNYA LOKUGUNYAZA UKUFUNDA KWABAFUNDI ABENZA IZINGA LESINE KANYE NELESIHLANU NGEZEMPILO NOKUCWANINGA OKUFANELEKILE NOKUBHEKISISA KANYE NOKUHLOLA BAVEZE LOKHO OKUYIMBANGELA YOKUGULA KWAMI, BESE BENGINIKEZA LAWOMAKHAMBI NEMITHI EFANELEKILE UKWELAPHA UKUGULA KWAMI, BEKWENZA LOKHU NGAPHANSI KOMHLOLI NOMQAPHI ONEZIQU NOKUGOGODELE WAKUBHALISELA UKWELAPHA NGENDLELA YEHOMOEOPATHY. NGIYAGUNYAZA UKUSETSHENZISWA KWEMININGWANE YAMI ESEFAYELINI LAMI EZIMWENI ZOCWANINGO KEPHA KUNGADALULWA IGAMA NESIBONGO, NOMAZISI, NEKHELI KANYE NEZINOMBOLO ZAMI ZOCINGO. FUTHI KUGWENYE UKUDALULWA MFIHLO NGAMI NJENGALOKHU UGAQO SISEKELO WAMALUNGELO OMTHETHO ESHO.

UPHAWU LWESIVUMELWANO: .....USUKU:.....

UPHAWU LWESIVUMELWANO LUKAMZALI/UMBHEKI: .....