Towards an Integrated Methodology: C4, Sherr and Dream Provings of *Protea cynaroides*

By

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VOLUME I

Submitted in fulfilment for the requirements of the degree of Doctor of Technology: Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology.

I, Izel Botha, do declare that this thesis is representative of my own work, both in conception and execution.

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ABSTRACT

Homoeopathic provings form the experimental base of clinical homoeopathy. Provings are conducted through the administration of homoeopathically prepared medicine to healthy volunteers in order to elicit disease symptoms. The symptoms are collated to formulate the materia medica of the substance.

AIM

The aim of this study was to compare the most commonly employed proving methodologies, the C4 trituration, the Sherr and the Dream proving methodology, by application in order to ascertain the validity of the claims made in terms of the efficiency of the method to elicit reproducible symptoms. This study sought to follow the existing methodologies exactly as set out by the original developers with the aim of developing an integrated methodology. The order in which the three groups were assigned followed a logical sequence that ensured that the maximum efficiency would be obtained, and that the blinding process would not be compromised.

The claims were investigated based on the hypotheses proving symptoms are reproducible when applying identical proving methodologies in consecutive years, that different methodologies yield different numbers, types and quality symptoms, that differences exist between the symptoms yielded by the placebo and the verum groups within the same methodology, and that an integrated methodology could be developed based on the study of the relative efficiency of the respective methodologies.

METHOD

During the course of the research, 70 provers were recruited to test the unknown substance through application of the three methodologies

mentioned above. Each of the three groups comprised of 10 verum provers per year, thus totalling 20 verum provers per group. The second group had an additional 10 provers, comprised of five placebo provers for 2008 and 2009 respectively.

RESULTS

The rubrics produced in each group were statistically analysed. The results reflected a reasonable level of reproducibility, proving the first hypothesis, but highlighted the fact that different provers would result in different symptoms due to their individual susceptibility and sensitivity to the proving substance. This effectively proved the hypothesis that the proving effect was reproducible in consecutive years through the application of the same methodology.

The result of the data collection was the formulation of 1 373 rubrics utilised for analysis purposes, resulting in 881 verified rubrics, that comprise the repertory for *Protea cynaroides.* From the data, it was evident that the C4 trituration and the Sherr proving methodologies yield the most rubrics. Not only do they yield a large number of rubrics, but they also yield a much larger number of rubrics than produced by the placebo portion of the Sherr proving methodology. In the Dream proving methodology group there is much less rubrics present at each rubric level than yielded by the C4 trituration and the Sherr proving methodologies. Strong chapter affinities were observable when applying the C4 and Sherr proving methodologies. The C4 methodology seem to favour the chapters dealing with the senses, evident in the Ear, Eye, Hearing, Mouth, Nose, Skin and Vision chapters where the C4 rubrics were more prevalent than the Sherr rubrics. The Sherr methodology was evident in the remainder of the chapters, indicating the wide applicability of this methodology. This proved the hypothesis that some proving methodologies are more effective than others.

The hypothesis of difference between the placebo and verum groups within the Sherr proving methodology was proven as it was evident in the number of rubrics produced by each section. The verum portion elicited 63 percent of the total rubrics compared to the placebo portion which only elicited 28 percent. Placebo provers thus elicit fewer symptoms during the proving process than verum provers, demonstrating that homoeopathic drug provings are not a placebo response, but that the administration of the medicine results in the development of clearly observable symptoms in the participants.

As originally assumed, the proving did produce clearly observable symptoms in healthy provers. The symptoms gathered through the application of the methodologies were also comprehensive enough to develop a complete *materia medica* and repertory for *Protea cynaroides.*

CONCLUSION

From the data presented in the study, one can thus conclude that in order to elicit symptoms representing all 38 chapters present in the *Protea cynaroides* proving, the C4 trituration proving and the Sherr proving methodologies would have to be combined. Although Group two is able to elicit the majority of symptoms, it would be even more effective when it is combined with the C4 proving methodology, hence leading to the development of an integrated methodology combining these methods, proving the final hypothesis. The suggested integrated methodology thus comprises of firstly conducting a C4 trituration proving using at least 10 predominantly experienced C4 provers. This proving would serve to highlight the major themes. These themes can then be confirmed through secondly conducting a proving according to the Sherr methodology, in a group comprising of at least 17 provers, including a 10 percent placebo in the group. Repeated oral doses would be administered to the participants in this. At the conclusion of the second

proving stage, all the data would be collated and formatted into a *materia medica* and repertory.

It would, however, be important to prove the integrated methodology's usefulness through practical application, leading to the recommendation that the methodology be tested.

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CHAPTER 1

INTRODUCTION

Similia similibus curentur[1] is the fundamental principle upon which homoeopathy is built, although the notion was first expressed by Paracelsus around 300 years earlier (Ball, 2007). In order to practically apply this principle, the nature of disease and the nature of medicine need to be understood. Hahnemann (1999: 187-8), in aphorism 105, tasks every homoeopath with the mission:

> The second point of business of a true physician relates to acquiring a knowledge of the instruments intended for the cure of the natural diseases, investigating the pathogenic power of the medicines, in order, when called to cure, to be able to select from among them one,…as similar as possible to the totality of the principal symptoms of the natural disease sought to be cured.

Gray (2005b: 5) quotes a conversation in which Campbell remarks:

> …if the similimum had not yet been discovered, those patients must die if we had not the remedy sufficiently similar to bring them to a certain stage of improvement. Then it follows that we must still go on developing remedies, for the similimum still remains undiscovered for some diseases.

This observation highlights the importance of new provings, with the aim of developing a more comprehensive *materia medica*.

The development of a remedy picture is not based on provings alone. Provings are but the first step in the process and give an indication of the

[1] Likes are to be cured by similar things (Winston, 1999); the biological law of equivalents (Gaier, 1991).

drug's possible use (Bodman, 1977). The picture must then be verified by comparing the proving symptoms with any available toxicological data and finally prove its effectiveness in clinical use (Belon, 1995). Sherr and Quirk (2007) believe that a good proving is not about producing every possible symptom, but rather about producing good quality symptoms indicating a meaningful totality open to clinical verification.

1.1 Aims

The aim of this study was to compare the most commonly employed proving methodologies in order to ascertain the validity of the claims made by their respective developers. Each originator favours the method and describes the method as superior in terms of efficiency and quality of symptoms produced. In studying each of these methods individually, an informed decision could be made based on the merits of each method.

Despite being called "unhomoeopathic and not understandable" (Dellmour, 1998: 223-89) the C4 proving methodology is followed extensively in Germany, the Netherlands and the United States of America. Trituration provings are generally conducted in groups of 5 to 25 participants and are carried out during a trituration process. Participants record all the symptoms experienced during the trituration, and discuss these experienced during a "wrap-up conversation" after the trituration process is completed. Each trituration level reveals a different level of experience, contributing to the development of a complete symptom picture. This methodology was selected as the first methodology to be tested. The trituration process carried out during the application of this methodology also completed the first stage of production, according to the German Homoeopathic Pharmacopoeia (GHP) (Benyunes, 2005) of *Protea cynaroides* 30CH utilised by the second and third methodologies.

The second methodology identified was the Sherr methodology, as it is the most common method followed in provings conducted at the Durban University of Technology's Department of Homoeopathy. This methodology utilises healthy volunteers as provers, in a group comprising of between 15 and 20 provers. The provers are required to ingest the remedy over a period of two days until symptoms arise. Placebo controls are utilised and the participants are unaware of whether they are taking the active or placebo set of powders.

The final methodology selected was the Dream proving methodology which cover a limited time span and focus mainly on the provers' emotional responses to the dreams. There is no set protocol for the administration of the doses and no placebo control utilised. Sherr (1994: 16-7) feels that the larger totality of physical, general and long-term symptoms may be missed using these methods, which this study investigated.

Every methodology was also tested twice: in two consecutive years and during the same months to eliminate seasonal influences. At the conclusion of the study, an integrated methodology was also developed, which focused on the strengths evident in each methodology and strove to minimise the weaknesses.

This study thus investigated whether the different methodologies yield different symptoms, both relating to the quantity and quality of prover experiences. It also aimed to investigate the reproducibility of symptoms elicited during consecutive provings of the same substance, utilising the same methodology. If the proving methodologies proved reproducible, it would negate the need for the re-proving of existing remedies. Lastly, this study investigated whether differences exist between the symptoms yielded by the placebo and the verum groups within the same methodology.

As a consequence of the proving process, a description of prover experiences emerged, which, when collated, yielded a complete homoeopathic *materia medica* and repertory for *Protea cynaroides*. This data is presented in Chapter 4 and further discussed and analysed in Chapter 5.

1.2 HYPOTHESES

With the aims discussed above in mind, the following hypotheses were formulated:

Reproducibility:

- Proving symptoms are reproducible when applying identical proving methodologies in consecutive years

Relative effectiveness:

- Some proving methodologies are more effective in yielding proving symptoms than others, in terms of number, type and quality of symptoms elicited.
- A distinct difference exists between the symptoms yielded by the placebo and the verum groups within the same methodology
- In studying the relative effectiveness of proving methodologies it is possible to develop an integrated methodology

1.3 ASSUMPTIONS

To carry out the investigation, certain assumption needed to be made regarding the proving process and the methodologies employed. These assumptions were based on the findings recorded in the body of knowledge available on homoeopathy and homoeopathic proving, both current and historical. The administration of homoeopathically prepared medicines, according to the GHP, to healthy volunteers is credited to produce transient

observable change in the health of the prover. These changes are recorded, in accordance with the proving methodology, as proving symptoms are collated to produce a usable *materia medica* and repertory. This knowledge leads to the formulation of the following assumptions:

- A proving will produce clearly observable symptoms in healthy provers
- Symptoms gathered would be comprehensive enough to develop a complete *materia medica* and repertory for *Protea cynaroides*
- The methodologies employed are comparable with the methodology described by its originator/advocate
- The preparation of the administered remedies was in accordance with the GHP methods, as illustrated in Chapter 3
- The provers administered the remedy as directed, verified by close supervision of provers
- The participants observed and recorded their symptoms as accurately and in as much detail as possible, as verified by the post-proving debriefing
- The provers followed a lifestyle as dictated by the methodology
- Provers from different racial groups experienced similar proving symptoms, although allowance was made for different cultural interpretations of the experiences

1.3 DELIMITATIONS

Certain mechanisms of actions and influences on the proving process lay beyond the scope of this study and needed to be excluded from the onset. These delimitations are listed below:

- The study will not seek to explain the mechanism of action of homoeopathic remedies in the production of symptoms
- The study will not seek to determine the effect of orally administered potencies or deconcentration other than the 30^{th} centesimal potency

- The extent of the field effect (School of Homeopathy, 2004) will not be investigated

In the following chapter the different methodologies and the merits ascribed to each method are explained in more detail. The reader would also be able to gain a deeper understanding of the history of provings as well as the proving process itself.

CHAPTER 2

LITERATURE REVIEW

Every art has only a few principles and has many techniques
Dale Carnegie, quoted in (Scholten, 2007: 397)

Provings, from the German *Prüfung*[2], are the "pillars upon which homoeopathic practice stands" (Sherr, 1994: 7). It is important to conduct thorough and comprehensive provings to understand the nature of disease and cure (Signorini, Lubrano, Manuele, Fagone, Vittorini, Boso, Vianello, Rebuffi, Frongia, Rocco & Pichler, 2005). A large part of homoeopathic *materia medica*[3] is based on the data obtained from a drug proving (Walach, 1997).

During a homoeopathic proving, or a homoeopathic pathogenic trial (HPT), a homoeopathically prepared substance is administered to healthy volunteers with the aim of eliciting disease symptoms (Walach, 1997). The symptoms experienced when taking the potentised[4] medicine show distinct similarities to the symptoms elicited when taking the crude substance, but the symptomatology is more differentiated and specific, especially with respect to the emotional, mental and modality characteristics when utilising the potentised proving substance (Whitmont, 1993). The symptoms are carefully noted for therapeutic purposes and collated to formulate the *materia medica* of the substance (Walach, 1997). Classifying a medicine as a homoeopathic

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[2] Examination or consideration (Collins, 2004)

[3] A reference book documenting the pathogenic effects of medicine and its uses. It deals with the origin, composition and properties, origin and preparation and clinically established characteristics and indications of the drugs (Gaier, 1991; Hughes, 1912).

[4] Potentisation is a physical process through which latent curative powers of medicines are aroused, although these powers may not be evident in the crude state of the drug. It involves quantitative deconcentration of the drug substance combined with succussion[5] (Gaier, 1991).

remedy, because it has been prepared according to homoeopathic principles and procedures, is invalid. Such a medicine can only be called a homoeopathic remedy after it has undergone a valid proving (Schuster, 1998). Homoeopathically prepared medicines only imply that the medicine is manufactured using a process of serial dilution[5] and succussion[6]. A valid proving, however, provides the medicine with a remedy picture, indicating its possible uses in clinical practice. Provings thus form the experimental base of clinical homoeopathy (Signorini *et al.*, 2005) and every prescription should be based on a comparison between the symptoms the patient is presenting and the symptoms elicited during the proving (Dantas, 1996).

Investigating medicine through practical experimentation was one of the keystones of Paracelsus' teachings (Ball, 2007), and taking part in a proving is thus a "more direct experiential side of homoeopathy" (Sherr, 1994: 10). There may be a fear of provings, where the individuals are reluctant to take part for fear of damaging their health. But Sherr (1994) found that 80 to 90 percent of provers felt that they benefited from the experience. In participating, the provers learn more about themselves and gain new life experiences.

2.1 HISTORY OF PROVINGS AND PROVING METHODOLOGIES

In 1790, Samuel Hahnemann conducted the first proving on himself when he took several doses of *Cinchona officinalis* to ascertain why it was effective in treating intermittent fevers. Hahnemann compared the similarities between the symptoms he observed in his own body after administering the dosages with the symptoms of the intermittent fever it was said to be able to cure

[5] Serial dilution is a process of quantitative deconcentration of a drug substance according to a set dilution ratio – 1 part drug substance to 99 parts of diluents (usually alcohol-water mixtures or milk sugar) – for centesimal potencies (Gaier, 1991).

[6] Succussion is the vigorous shaking up of a liquid dilution of a homoeopathic medicine in its bottle, where each stroke ends with a jolt, by pounding the hand engaged either against the other palm or an elastic object like a leather bound book (Gaier, 1991; Hahnemann, 1999).

(Cook, 1989; Hughes, 1912; Resch & Gutmann, 1987). His findings led him to formulate the "Law of similars"[7] and resulted in the birth of homoeopathy (Haehl, 2003a).

Hahnemann continued to experiment with other natural substances and developed a method of testing a remedy with the help of healthy volunteers. He called this process a proving. It requires knowledge of both the test person and the substance, for according to Hahnemann, health can be scientifically understood, but disease can only be perceived in a healthy person, because it is a deviation from a state of health. Disease is chaotic and as a consequence not directly accessible to scientific investigation. A healthy person can thus offer a familiar basis for the experiment and by comparing the results of the effect of the remedy on the healthy body to the symptoms of a patient, it is possible to ascertain what the disease is (Resch & Gutmann, 1987). Fuller Royal (1991) points out, however, that there exists no completely healthy individual – some are simply less ill or healthier than others.

2.1.1 Placebo[8] and Blinding

Placebo-controlled double-blind studies are required to illustrate whether the symptoms produced are the effect of the remedy administered, or simply a placebo effect. During such trials, randomisation is carried out by a third party, and participants are given either the active verum[9] or an inactive placebo without anyone involved in the study being aware of who received which (Walach, 1997). The first double blind placebo controlled proving was

[7] A principle in homoeopathic medicine that draws a parallel between the toxicological effect of the substance and the therapeutic powers thereof. It states that a drug capable of producing morbid symptoms in a healthy person will cure similar symptoms occurring as a manifestation of disease (Gaier, 1991; Norland, 2003b).

[8] A non-medicated substance that is relatively inert pharmacologically (Gaier, 1991).

[9] The active medicinal substance tested during the proving or trial.

conducted in 1835. This was the first double blind placebo controlled trial in the history of medicine (Fisher, 1995).

The use of blinding in provings is controversial and even the type of blinding is a hotly contended topic. Wieland (1997) points out that the use of a placebo control in conventional clinical trials serves to illustrate the effectiveness of the drug in the treatment of a specific ailment. The purpose of a homoeopathic drug proving is however to produce symptoms and not to illustrate the effectiveness of the drug in question. The question Wieland (1997) poses is whether symptoms that appear during a proving, while taking placebo, are examples of the "pure placebo effect." He implies that modern scientific investigation techniques may hinder the pursuit of provings to find medicines that may prove beneficial cures, as opposed to assisting the investigators in obtaining the goals. Smith (1979) also suggests that Hahnemann and his followers were aware of the effect of suggestion, but saw it as inconsequential and chose to ignore it. Given the small number of volunteers, Jansen (2008) is of the opinion that it would be more efficient to give all participants verum.

The entanglement[10] theories try to explain a prover's susceptibility to producing symptoms during the proving. Lewith, Brien and Hyland (2006), Milgrom (2007) and Walach, Sherr, Schneider, Shabi, Bond and Rieberer (2004) suggest that there has to be a buy-in into the therapeutic intent from both the researcher and the subject. The prover would have to believe that the substance possesses the ability to elicit symptoms and the researcher needs to record and analyse the symptoms at face value first, before discarding any information as incidental or circumstantial. Entanglement theory further explains why the placebo also elicits proving symptoms similar to that of the verum in some provers, as all the provers within the group are

[10] The idea of quantum entanglement originated in physics and is an algebraic argument to explain how related entities may interact. "Entangled entities behave as one inseparable holistic unit, whose totality cannot be deduced from any of its parts" (Milgrom, 2007).

entangled regardless of the double blinding and placebo control. Hyland (2005) suggests that the remedy does not provide the symptom information, but rather that the symptoms are produced purely as part of the entangled state.

Many scientific trials have been conducted to investigate the role of placebo and blinding in provings. Walach *et al.* (2004: 182) investigated whether the proving symptoms were the result of local, non-local or placebo effects and concluded, "that what was experienced during the proving was different from mere background noise." He also advocated the importance of using both qualitative and quantitative methods when designing the trial and suggests the use of a double blind, placebo controlled study (Walach, 1997).

Smith (1979) suggests that the concept of double blind trials and placebo was introduced by Bellows in 1906 during the re-proving of *Belladonna*, whereas DeMarque (1987) believes that Bellows only perfected the technique. A two-stage crossover trial yields the best results, according to Bayr (1986), for it allows for the verification of specific individual symptoms within a prover. This method eliminates the limitation of the double blind study and introduces a useful intra-individual control (Walach, 1994). He is also of the opinion that the strict control during the proving and the validation of the symptoms during clinical practice should provide adequate validation of the process. The question arises as to whether placebo blinding only serves to eliminate bias or if the process itself may introduce new unintended bias (Kaptchuk, 1996).

Signorini *et al.* (2005) investigated the difference between placebo controlled trial and traditional trials and found a lower number of mental symptoms in the placebo group compared to the verum group, and that unusual symptoms did not arise in the verum and placebo in a similar way. They concluded that the placebo group seemed important for the selection of real symptoms. Rosenbaum and Waissen-Priven (2006: 216) found that there are significant

differences between the narratives of the placebo and verum groups. The group taking the active substance

> …tend to use expressions such as 'I've never felt that before', 'Those weren't my symptoms' and 'My headache is completely different'.

Provers from the placebo group seem to have vaguer descriptions and are not able to describe the symptoms and modalities clearly during cross-examination. This lead the researchers to emphasise the importance of personally verifying each of the symptoms elicited during the proving.

Jansen (2008) concludes that reliable results can be obtained by comparing the proving results with the baseline symptoms of each prover, by utilising a placebo run-in phase and by excluding old symptoms of the prover.

2.1.2 Data Collection and Symptom Verification

Recording and validation of the symptoms experienced is thus paramount to the proving process. Only reliable symptoms should be used to construct the *materia medica* picture (Dantas, 1996). In 1870 before beginning the proving, Dunham advised his provers to record in a notebook

> …a statement of her age, temperament, the sicknesses which she has had and those to which she has an inherited or acquired tendency (Dunham, 2004: 353).

This notion contributed to the use of a "pre-observation run-in period to prepare the volunteer" was suggested in 1895 (Dantas, Fisher, Walach, Wieland, Rastogi, Teixeira, Koster, Jansen, Eizayaga, Alvarez, Marim, Belon & Weckx, 2007: 5).

Provings in the 19th century were collected by Allen in his *Encyclopedia of Pure Materia Medica* and Hughes in C*yclopedia of Drug Pathogenesy*. These provings were however uncontrolled and the symptoms were unverified. Dosage and potencies were also not standardised (Fisher, 1995).

Bellows conducted the first multi-centre double-blind proving which was published in 1906 (Dantas *et al.*, 2007).

In the following paragraphs the different methodologies will be examined.

2.2 METHODOLOGIES

2.2.1 Hahnemannian Methodology

Hahnemann[11] held the belief that a true *materia medica* should be the collection of authentic, pure, reliable symptoms of the medicine itself, free from conjecture, fabrication or assumption. He minimised bias by selecting trustworthy and conscientious healthy human volunteers (Dantas *et al.*, 2007). A standardised proving protocol was formulated as the method of obtaining the symptom picture from a substance. Hughes[12] (1912) expressed his doubts that all Hahnemann's observations were only made on the effect of the medicine on healthy provers. He claims that some may be based on observations made of the effect of the remedy during the treatment of the sick.

Hahnemann wanted the symptoms to be unadulterated and controlled the variables by setting strict rules about the diet and lifestyle of the provers (Dantas et al., 2007; Hahnemann, 1999; Raeside, 1962). Provers were only allowed to eat vegetables with the least medicinal power, e.g. green peas, green French beans, boiled potatoes and carrots. The participants were not allowed to drink pure wine, brandy, coffee or tea. Koppers (1987) refined this list by allowing the consumption of milk, fruit teas, barley coffee, water and fruit juices containing no preservatives. He mentioned that the food should be as non-irritant as possible, and devoid of large numbers of additives.

[11] Christian Friedrich Samuel Hahnemann (1755-1843).
[12] Richard Hughes (1836-1902).

The provers also had to avoid over exertion of the body and mind and had to have no urgent business to distract them (Hahnemann, 1999; Nagpaul, 1987). The participants have to live

> …in contentment and comparative ease. When an extraordinary circumstance of any kind… supervened during the proving, then no symptoms were recorded after such an event (Hughes, 1912: 40-1).

Hahnemann insisted that the participants devote themselves to careful self-observation and be in a good state of health. They also had to be able to express and describe the sensations and symptoms accurately (Hahnemann, 1999). To ensure this, Hahnemann insisted on personally verifying every symptom elicited to ascertain the true nature of the symptom (Hughes, 1912; Rosenbaum & Waissen-Priven, 2006).

Hahnemann felt that he never wanted to deceive his provers (Haehl, 2003b) and always informed them what substance they were taking. There was thus no utilisation of placebo or blinding during his trials. He also believed that he first had to test the medicine on himself so that he would know what he is exposing his provers to.

As far as potencies were concerned, he initially utilised the substance in tincture form or in the first or second trituration[13] (Haehl, 2003b; Walach *et al.*, 2004). Later on, in the 6th edition of the O*rganon*[14], he advocated the use of the 30CH potency, to be taken on an empty stomach daily. He also wanted the dry dose (four to six globules) to be dissolved in water and thoroughly mixed before it was taken orally (Hahnemann, 1999).

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[13] A process of homoeopathic drug preparation, whereby a drug substance (raw material) is ground with a neutral, diluting substance (usually lactose) using a mortar and pestle. This process serves to reduce the drug to a fine powder whilst amalgamating it thoroughly with lactose and attenuating it (Gaier, 1991; Hogeland & Schriebman, 2008).

[14] A body of methodological doctrine comprising principles for scientific or philosophical procedures or investigation (Winston, 1999).

Hahnemann recorded all the proving data and published it in his *Materia Medica Pura* during 1825-1833 (Fisher, 1995).

It is questionable whether it is feasible to attempt application of this methodology taking the twenty-first century lifestyle into account. It is thus understandable that certain adaptations were made to the methodology to render it practicable in modern times, as seen in the methodology advocated by Sherr (1994).

2.2.2 Kent's Methodology

Kent[15] (1995) believed in the importance of self-examination prior to the commencement of the proving. He insisted that the participants devote a week preceding the proving to careful examination of all the symptoms that they normally suffer from. This would yield knowledge of the individual in their "healthy" state. The proving substance would then be administered to the participants, but they would be unaware of the name and nature of the substance (Kent, 1995). He emphasised that not all provers will produce symptoms from potencies, and that the physician should select the provers carefully. This is done

> …by studying the natural traits of their life;…see their weaknesses and make use of them (Kent, 1994: 443).

This sentiment was shared by Roberts (1936) and Schadde (1997). This means that not all the individuals will produce symptoms during the proving, because they have different susceptibilities[16] to diseases. If certain symptoms exist in the toxicology of a substance, provers prone to those diseases will most likely produce strong symptoms and that knowledge can be used to select sensitive provers.

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[15] James Tyler Kent (1849-1916).

[16] Susceptibility represents the individual's capacity, proneness or disposition to be affected by certain disease states (Gaier, 1991).

The substance would be administered in tincture or potentised to the 30th centesimal potency, distributed as a single dose in a separate vial for each participant. Repetition of the dose was up to the discretion of the proving co-ordinator. If the first dose does not elicit a response, sensitivity to the substance would be created by administering the substance, dissolved in water, every two hours for 24 to 48 hours or until symptoms develop. The provers were also requested not to discuss their experiences with their fellow participants, but only to carefully note these symptoms. No great emphasis was to be placed on crude drug provings, for these are believed to only produce temporary effects (Kent, 1995).

Kent (1995) advocated the reproving of remedies to obtain greater knowledge of the substance. He also emphasised the long term health benefits of provings, in that it

> …will improve the health of anybody; it will help to turn things into order (Kent, 1995: 187).

This correlates with Sherr's (1994) statement that provers observed that they benefited from the experience.

Very few provings were conducted in the first half of the 20th century, but the latter part saw a revival in the interest in provings. These later provings include randomisation, blinding and control groups, although the application of these scientific methods was variable (Fisher, 1995).

2.2.3 Dream Proving Methodology

Becker started conducting dream/group provings about 30 years ago in the Bad Boll seminars (Dam, 1998). These were single-blind studies that cover a limited time span and focus mainly on the dreams of the provers. There are, however, some physical symptoms present. There is no set protocol for the administration of the doses — the provers can decide how they would like to

be exposed to the medicine. They can take it orally, by olfaction, hold it in the hands for a period of time, sleep on it, touch another prover who took it or be in the same room as the other provers (Dam, 1998). During these trials no placebo control were used. Pillay (2002) utilised one administration method (a single oral dose taken sublingually at bedtime) to be used by all provers to ensure standardisation. She also utilised a double blind placebo controlled methodology. The result of this study showed a 93 percent correlation to the symptoms produced during the Hahnemannian proving of the same substance, carried out by Wright (1999).

Briggs (1996) is of the opinion that dream provings are much safer and more feasible than other proving methods. He views the provers' emotional responses to the dreams as important, as the dreams have the ability to illustrate the provers' uncompensated feelings and reactions. Gray (2000) feels that dreams are fruitful sources of information, especially when the most sensitive people are selected as provers.

In contrast, Sherr calls the dream provings "partial provings" and feels that it is only advantageous in being a short cut to an inner essence of the remedy. He feels that the larger totality of physical, general and long-term symptoms may be missed using these methods (Sherr, 1994: 16-7). Signorini (2007) believes that the dream provings conducted in the Netherlands were of very low quality and that they result in "greatly inflated estimates" of the number of mental symptoms. He feels that they are not homoeopathic pathogenic trials and that the definition of such trials should be modified to exclude them. Scholten (2007) feels that meditation provings are more accurate than dream provings in giving the essence of the remedy, but emphasised that the remedy picture obtained through such methods are not complete and that it may be incorrect in parts. He is hesitant using the data obtained through dream provings in his publications unless the data is verified through clinical cases.

In order to accurately investigate the methodology, the researcher decided to utilise the methodology as developed by the original scholar (Becker). The methodology for dream provings would resemble that explained by Dam (1998) as opposed to the one set out by Pillay (2002), for Pillay utilised a methodology that integrated the Dam (1998), Sankaran (1995) and Sherr (1994) methodologies.

2.2.4 The Vithoulkas Methodology

Vithoulkas (1998) developed a methodology published in 1980 wherein he insists that a substance is only fully proven when the substance is proven using toxic, hypotoxic and highly potentised doses. Symptoms must be recorded drawn from all three levels of the organism: mental, emotional and physical. He insisted that the participants comply with the following requirements: They must be well acquainted with homoeopathic methodology and symptomatology, they must be aged between 18 and 45 years, they should not be hysterical or anxious people. This is in contrast with Kent, who believed that individual susceptibility to the substance was important in selecting provers, regardless of their normal state. Vithoulkas also felt that provers must be able to appreciate the seriousness of the experiment and they must lead a life as normal as possible during the course of the experiment. He further elaborated that the "normal life" should include definite time for sleep, walking and eating. The food must be free of chemicals, refined products, spices and stimulants. They must have stability in relationship, family and work and avoid excessive influences.

The lifestyle described by Vithoulkas is much more defined than the requirements set out by Hahnemann, who emphasised self-observation through the avoidance of any activities that may distract the prover. Hahnemann also emphasised the importance of personal verification of every symptom, which Vithoulkas does not advocate.

According to Vithoulkas (1998), the experimental proving must always be conducted with a double-blind format and 25 percent of the provers are to be given placebo. The tested substance and the placebo must be packaged identically. Provers are to be given strict instructions not to communicate with each other about their symptoms or circumstances. The prover group consist of 50 to 100 provers.

The medicine is administered three times daily for a full month or until symptoms appear. The medicine is firstly given in the toxic dose (1X to 8X)[17], then in a 30C[18] potency when all the symptoms disappeared and finally a single dose of a 10M or 50M[19] a year later to provers who produced symptoms immediately and were the most sensitive to the remedy. Fuller Royal (1991: 123) added to this, by stating that:

> …high potency provings should only be done under the direction of a highly qualified homoeopathic physician to reduce the risk of long term reactions.

This stands in contrast to the views of Kent and Sherr, who felt that provers stand to benefit from the proving experience and that the proving process does not endanger the health of the provers.

Vithoulkas (2008) speaks out strongly against the "new ideas" concerning proving methodologies and slates them as the reason why the credibility of homoeopathy is brought into question. He feels that provings should mirror phase one clinical trials, thus fitting into the scientifically verifiable medical model.

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[17] 1X is equal to a deconcentration level of 10^{-1} of the original substance present in the dilution; 8X is equal to 10^{-8}.

[18] 30C is equal to a deconcentration level of 10^{-60} of the original substance present in the dilution.

[19] 10M is equal to a deconcentration level of $10^{-20\,000}$ of the original substance present in the dilution; 50M is equal to $10^{-100\,000}$.

2.2.5 The Sherr Methodology

The most common method followed in provings conducted at the Durban University of Technology's Department of Homoeopathy, is the method developed by Sherr (Moore, 2007; Somaru, 2008; Taylor, 2004; Wright, 1999), also known as the "standard Hahnemannian proving" (Hogeland & Schriebman, 2008: XV). Sherr's definition of a Hahnemannian proving is a proving that include the whole totality of symptoms and is closely supervised over a sufficient period of time. These provings are "double blind, non prejudiced and exacting" (Sherr, 1994: 6), in contrast to Hahnemann's belief that his provers should not be deceived. Sherr feels that it is important to continue with the 21st century lifestyle, for these external influences are but obstacles to cure, thus eliminating Hahnemann's strict dietary and lifestyle restrictions. Sherr (1994) believes that it is essential to perceive the core, which remains the same regardless of the outside influences.

The methodology according to Sherr (1994) is a follows: The provers are the healthy individuals who volunteer to participate in the study. They must be honest and conscientious, as well as diligent to be able to supply the accurate information required from the proving. The group of provers normally comprise of between 15 and 20 provers. Provers are required to keep notes of their normal state for one to two weeks prior to commencing the proving.

When the proving begins, the prover ingests the remedy (six doses over two days) and stops taking further doses as soon as symptoms arise. When no further symptoms arise for three or four weeks, the proving process is considered to be complete. The participants are unaware of whether they are taking the active or placebo set of powders. Dantas (1996) suggests that all the medicines utilised in the trial should be manufactured in the same manner and should look the same. He thus insists that the placebo is

prepared utilising serial dilution and succussion of the alcohol/water mixture, as opposed to the utilisation of unprocessed alcohol/water mixtures.

2.2.6 The Sankaran Methodology

Sankaran follows a protocol midway between the seminar dream provings of Becker and the classical Hahnemannian provings. The provings are also single blind studies, but the people observe and record all physical and emotional symptoms, as well as dreams, incidents and observations of others. This method is very similar to Sherr's method — and can be viewed as "the halfway method" standing between the Sherr and dream methodologies. He pays particular attention to the symptoms that are peculiar and characteristic. The group size is between five and 25 volunteers and the remedy is usually distributed as a single dose in the 30C potency (Sankaran, 1998: 2). Sankaran, however, feels that giving placebos to some provers may not serve any purpose, as most people in the group develop symptoms irrespective of whether they take the remedy or not (Sankaran, 1995). In presenting the proving, he deliberately leaves out any summary or conclusions, for he believes that any ideas are his own interpretation and he does not wish the readers to get fixated on his ideas of the proving, for this may lead to prejudice, where the need to be objective and faithful is paramount (Sankaran, 1998). This view is shared by Sherr (1997), as he believes that it may cast a shadow on other possible facets awaiting discovery.

2.2.7 The ICCH Methodology

In an attempt to standardise proving methods globally to enable consistent interpretation of results, the International Council for Classical Homoeopathy (ICCH) recommended guidelines for good provings (International Council for Classical Homoeopathy, 1999: 33). They consider what they term "a full Hahnemannian proving" as a "standard" proving and make mention of the

non-Hahnemannian provings stating that all symptoms derived from such provings should be recorded as “additional interesting information” as the acquisition of this data falls outside of their perceived scientific method.

Their interpretation of a Hahnemannian proving differs somewhat from the guidelines laid down by Hahnemann, especially with regards to their definition of a healthy prover, the pre-proving case history, the number of provers required and the inclusion of a placebo control. Their guidelines for a good proving include (International Council for Classical Homoeopathy, 1999: 33):

- Healthy volunteers that use no drugs, have no mental pathology and have been clear of any homoeopathic remedies for at least three months
- A comprehensive case must be recorded prior to the trial detailing all past symptoms and states
- Participants must be over the age of 18 and pregnant and breast-feeding women are excluded
- The group must consist of homoeopaths or homoeopathic students, but may also include provers from a non-homoeopathic background to balance the group. The number of provers must be between 10 and 20
- The substance must be sourced from a natural source free from pollution. The precise origin of the substance should be carefully detailed, including when, where and how it was obtained, the name, species, gender, family and other pertinent data
- They recommend using two to three potencies during the proving, as well as using a placebo control (10 to 30 percent) as “a means to increase provers’ attention.”

2.2.8 School of Homeopathy Methodology

The School of Homeopathy base their methodology on the protocol laid out by Hahnemann in the *Organon of Medicine* and take into account the comments and clarifications made by Kent in *Lectures on Homoeopathic Philosophy*, *The Dynamics and Methodology of Homoeopathic Provings* and *Provings Volumes I and II*. The difference in their methodology arose from their observation of the dynamics of the group proving (School of Homeopathy, 2004).

This methodology is based on the premise that the whole group is involved in the proving, not only those who take the remedy. This rules out the use of a placebo control group, for they would also prove the remedy based on the above assumption (School of Homeopathy, 2004).

Because of the field effect (or morphic field resonance), a single dose is administered and no repeat doses dispensed. The School also feel that this ensures that the primary and secondary proving effects, which refer to the primary effect of the remedy on the prover and the secondary effect of the vital force in opposition to the administered medicine, are not confused or the remedy administered anti-doted (School of Homeopathy, 2004).

Experiences are recorded immediately after the proving commences. Images, feelings, sensations, thoughts and concepts are noted immediately after the stimulus is received. The stimulus is introduced orally (usually in a 30C or 200C potency), by looking at it, by meditating upon it or by one participant mentally visualising an image of the substance. The phenomenon is viewed as similar to an epidemic contagion, where the influence overwhelms the individuals, submerging the participants' symptoms temporarily, whilst expressing that of the substance (Norland, 1999).

The requirements to be a prover are as follows (School of Homeopathy, 2004):

- Healthy in spirit, emotions, mind and body
- Not currently liable to severe acute episodes or suffering from severe degenerative chronic states
- Avoid the use of substances (for instance food and drugs) which can have a medicinal effect
- Be currently in the process of homoeopathic treatment with an experienced prescriber, so that issues that are of the prover rather than the proving can be discerned in the context of current treatment

Provers are also required to study the proving process and the output generated from completed provings (School of Homeopathy, 2004). This is achieved mainly by allowing third year students at the School of Homeopathy to participate in a proving during their study year (Norland, 2008).

A pre-proving diary is kept for a month prior to the proving, containing entries adding up to at least 14 days. Participants are also urged to keep the diary with them at all times, especially at night so that they may note down dreams immediately. The symptoms should be noted down accurately, in detail and concisely in the prover's own language (School of Homeopathy, 2004). The diarising is maintained for three to four months after the proving (Norland, 1999).

A supervisor is also assigned to assist the prover in examining the symptoms (School of Homeopathy, 2004). Supervision is viewed as essential, in order to have an objective view of the symptom changes (Norland, 1999).

2.2.9 The Herscu Methodology

Herscu (2002) describes one way of conducting a proving as a guideline to others who are interested in conducting provings. His methodology suggests a group size of 15 to 40 people, preferably closer to 30. This number makes allowances for placebo controls and potential dropouts. He emphasises the fact that the prover's predisposition, i.e. sensitivity to the proving substance, should be considered when selecting the provers in order to assure that the proving group comprise of different constitutional types. This is in contrast to Kent (1994) who believes that the substance proven should match the susceptibility of the prover, thus only including provers of a certain sensitivity. The potency of choice according to this methodology is 30C, for Herscu feels that enough people are sensitive to this potency and there is no danger of toxicity. Higher potencies require more specific prover susceptibility, whereas lower potencies increase the chances of toxicity. The dose will only be administered repeatedly if necessary, with a maximum of three doses in the case of a toxic substance in 30C potency. If there is no response, a single dose of 200C or 1M potency will be administered (Herscu, 2002).

Herscu (2002) feels that the use of placebo control is paramount and rejects the concept of a collective consciousness or group dynamic as described by Norland (1999). Herscu (2002) feels that individual provers would only produce proving symptoms when the active substance is administered and that all symptoms manifested by placebo provers are resultant from environmental effects during the proving process and should thus be excluded when reporting the symptoms experienced by the active provers. As a result Herscu (2002) advocates the inclusion of about five placebo vials in every 40 provers.

The pre-trial phase, consisting of four days to two weeks diarisation of normal symptoms, acts to clearly record the prover's normal state and how they respond to the normal world. This also allows for the identification and

elimination of unsuitable provers. To diminish the Hawthorne Effect,[20] evaluation of symptoms should commence before the administration of the substance. This should be done for a period of between four days and two weeks. The provers should be healthy individuals over the age of 18 and not pregnant. Herscu's definition of healthy means "a steady state that does not shift too easily, does not change constantly" (Herscu, 2002: 103). The provers should follow a lifestyle that is "not being traumatised, changed, or unduly stressed" (Herscu, 2002: 105). Their current diet should be maintained and limited to foods they are accustomed to. The use of recreational drugs is prohibited, as is taking homoeopathic treatment in the preceding three months.

2.2.10 Nature Care College

Gray (2005a) has been conducting provings with his students since 1997. He attempts to develop standards to ensure the quality of modern provings and also verify the findings of older provings. His methodology essentially follows Sherr's guidelines, but also incorporates the observations made by Herscu regarding current methods employed. Gray (2006a: 6) experimented with different methodologies and comments that:

> …rigid right wing Hahnemannian trials often lack richness. It's hard to say just what the remedy is really about...the most boring and dissatisfying to the participants was the triple blind trial conducted using the strictest modern controls and blinding and cross over methodology.

[20] A concept based on an experiment conducted by Western Electric in Hawthorne, Illinois in the 1920's. It states that by showing interest, you are intruding on the experiment, changing the behaviour of the individuals involved in the study, because they know that they are being observed. It is different from the placebo effect, for the participants are not so much trying to please the observer, as they are paying extra attention and becoming more aware of their internal state (Herscu, 2002).

The proving design normally comprised of a double blind trial, where neither the provers nor the coordinator knew the name of the substance proven, usually with no placebo control, although in some provings placebo was employed. The base line was established through case taking and a two week journal run in. Data was collected using a journal and supervisors contact the provers daily, either in person or by phone. The inclusion criteria were that the persons were over the age of 18 years and in a general state of good health. This was ascertained by the routine evaluation. Participants agreed in advance to comply with the instructions for keeping the journal and had to prove capable of doing so. The provers were not allowed to engage in any elective medical treatments and should not undergo major life changes for the duration of the proving. If they were found to fit the criteria, they completed and signed an informed consent document.

Prospective participants were excluded if they were undergoing current medical treatment or if they experience acute exacerbations of their chronic diseases. They were not allowed to use birth control pills in the preceding three months or to have undergone surgery in the preceding six weeks. They were also excluded if they were pregnant, nursing, if they failed to show competence in the process or if they failed to complete the journal in the pre-proving observation period.

The proving lasted a maximum of eight weeks and neither the coordinator nor the provers were aware of the substance taken until the unblinding. The remedy was administered twice daily as five drops sublingually, taken away from food and drink, until symptoms developed. If no symptoms developed within three days, the prover stopped taking the remedy, but continued to record symptoms in their diaries (Gray, 2005a, 2005b, 2006a, 2006b).

In an attempt to reconcile the diverse views of the homoeopathic community on provings, he provides three versions of each proving in his books. The first includes only the primary action symptoms. The second includes all the

symptoms listed in the first, but also includes the dreams and thoughts of the provers and supervisors, fleshing out the symptoms. This section also includes the experiences of people outside the proving as a result of the group dynamic. The third section is a brief chronology highlighting the first few days' experience of the major provers, their immediate response to the remedy (Gray, 2005a).

2.2.11 Meditative Provings

Meditative provings are carried out by individuals or in groups (Scholten, 2007) and is most of the time carried out blind (Evans, 2005b). Evans (2005a) carried out her provings by having up to four groups of provers sitting in meditation circles. Each circle had between six and 12 members; one group all female and the other three mixed. The potencies utilised varies from 30C to 10M (Evans, 2005b).

During meditative provings all the information was intuited or channelled whilst the group is sitting in a circle meditating. The groups have been working together for at least two years prior to the provings to develop a bond and group *karma*.[21] They had spent time on their *chakras*[22] removing any blocks which may prevent the reception of information. It yields symptoms on the physical level, mental and emotional level and in dreams directly before or after the provings — if they corroborate with the proving (Evans, 2005a).

The Guild of Homoeopaths, under the guidance of Micallef, developed meditative provings from an informal tutorial to two-year postgraduate courses. The protocol for their provings involves the establishment of a

[21] A person's actions in this incarnation will decide his fate in the next incarnation (Award Publications Limited, 2005).

[22] Seven centres of power located within the body according to Hinduism (Goring, 1995).

meditation circle, who meet once a month. Water and Rescue Remedy[23] are provided for use by participants during the proving. The remedy for the session is placed in the centre of the circle as a bottle of pills or tincture, together with a crystal that would serve as a channelling device and offer protection. Sessions last up to four hours, during which participants are not permitted to leave, as this would break the circle. The session starts with prayers for healing, peace and preparations of the *chakras* for receiving the information from the remedy. The remedy is then distributed to the participants, who either take the dose orally, or hold it in their hands. The meditation then commences, initially guided by Micallef. Care is taken during the meditation to limit the use of adjectives or adverbs which may influence the images conjured up. This guided meditation is followed by 20 minutes of silent meditation, after which participants are encouraged to share their experience. The sharing session is recorded by dedicated scribes. Lastly Micallef discusses the core issues of the remedy as channelled through her. The session ends with further prayers for protection and peace, and closing down the *chakras*. Sometimes participants would be instructed to take the remedy for the following month and record any changes noted (Griffith, 2007). In Australia, Tumminello (2005) tries to keep the meetings as natural as possible, and thus starts off by meeting and interacting like colleagues. After this initial bonding, the circle is formed and the leader would call for relaxation and encourage the participants to free themselves from their daily concerns. He would also invoke protection of the group and the integrity of each individual. An oral dose of the medicine is then taken, followed by an individual meditation lasting 20 minutes. The participants would note down all their experiences first, and then share it in the group.

[23] Rescue Remedy is a special combination of five Bach flower essences created for emergency stress relief. Clematis addresses dizziness or loss of consciousness, or a feeling of being "not completely here"; Cherry plum loss of mental and/or physical control, breaking down in despair; Impatiens emotional tension, stress and/or pain; Rock Rose acute fear, panic and terror; and Star of Bethlehem emotional or physical trauma, shock and/or grief and loss (Hasnas, 1997; Krämer, 1995: 91).

Ross and Campbell (2002) feel that while meditative provings are far from scientific, these provings provide a new dimension to homoeopathy worthy of further research. In researching the process, they found that there is a range of meditative provings which vary in quality and in information gained. They feel that these are best done by sensitive provers, who do not know the identity of the remedy and who do not discuss their symptoms in public and the process needs to be followed up in the same way as a Hahnemannian proving — by careful validation of the symptoms. Meditative provings can offer a partial picture, but not the completely objective insight gained through Hahnemannian provings, leading Ross and Campbell to suggest combining the two methods.

Tumminello (2005) favours meditative provings for the following reasons:

- The meditation process maximises the awareness of the symptoms
- The experiences are deeper and more grounded, especially for sensitive provers
- The risk of aggravation is lessened through the support of the different energetic make-ups of the participants
- There exists a strong support system if aggravations occur
- The method combines the tribal practice of being a conscious receptacle to receive the messages, with the Hahnemannian practice of taking a medicine to find its effects

Scholten (2007) is hesitant about using the data obtained through meditative provings in his publications unless the data is verified through clinical cases. The data generated during these provings have no scientific basis and could be discarded as prover imagination or as manifestations of the meditation guide's direction during the meditation process.

2.2.12 The C4 Proving Methodology

In 1993, Ehrler investigated the notion of C4 trituration through self experimentation (Hogeland & Schriebman, 2008), which resulted in the emergence of a new methodology known as the C4-trituration provings (Becker & Ehrler, 1998). During a trituration process, Ehrler experienced symptoms, physical and psychological, and got inner pictures and ideas concerning the substances triturated. He found that each step opened up a completely new dimension of the remedy, and started to triturate to the C4 level, instead of the traditional C3 described in the *Organon* (Becker & Ehrler, 1998; Brinton & Miller, 2004; Hogeland & Schriebman, 2008).

They argue that each trituration stage (apparently) reveals a different level of experience. C0 is used to describe the level of the physical substance in its raw, material form. At this level some substances have little or no action (O'Brien, 2006). Symptoms of the C1 are mainly experienced on the physical realm, C2 on the emotional realm, C3 show the psychic and mental and C4 expresses the spiritual aspects (Becker & Ehrler, 1998). C5 is the level of the collective unconscious – a connection to the past generations (O'Brien, 2006). It is important to note that the 'C' does not indicate that it is a potency prepared on the centesimal scale (although the triturations are prepared using the centesimal dilution ratio), but rather that it refers to one of the "eight carbon levels of existence" from Ehrler's cosmology (Hogeland & Schriebman, 2008: 7).

Trituration provings are defined by the fact that they are generally conducted in groups, during a trituration process. The trituration is carried out by hand, in a mortar usually 10 to 18 centimetres in diameter, and the person grinding the substance experiences the symptoms of the remedy (Hogeland & Schriebman, 2008). The symptoms experienced by the participants are fairly consistent even when a large group of people participate in the grinding sessions (Timmerman, 2006). Participants record all the symptoms they

experience during the trituration, and discuss these experienced during a "wrap-up conversation" after the trituration process. The participants are usually not aware of the substance being triturated (Shore, Schriebman & Hogeland, 2004: 172-89).

Timmerman's groups consist of 15 to 20 members, in order to establish a strong resonance within the group. It usually takes her group five or six days to complete the proving. Every group starts with the trituration of *Lac humanum* to enable members to open up and increase the group resonance. The second remedy is that of the child, *Calcarea carbonica*, followed by the successive triturations of *Silicea*, *Alumina* and *Natrum muriaticum* (Brinton & Miller, 2004). It was the researcher's experience, while attending the International Seminar 2008 of the Hahnemann Institute, that this sensitisation process does not take place when C4 provings are conducted during seminars. This does not impact on the experience and even inexperienced provers experience intense symptomatology.

This method is mainly followed in Germany (Schultz's provings of *Columba palumbus* and *Vulture gryphus*) and the Netherlands (Timmerman at the Hahnemann Institute), but can also be seen in the remedies discussed by Shore *et al.* (2004) and Herrick (1998) from the United States of America.

Shore *et al.* (2004) believe that homoeopathy is a science that stands as a bridge between the visible and the invisible. According to Shore *et al.* (2004), provings open the doorway into the invisible world. Following a specific methodology is thus a critical component of the process. Shore *et al.* followed the following protocol for their bird provings: Provers were supplied with a mortar, pestle and pre-weighed *Saccharum lactis,* equal to a ratio of one part of substance to 99 parts of lactose. The lactose was divided into three parts equating to 33 parts each. The feathers (proving substance) were finely cut and ground to make it unrecognisable. A group of seven to ten provers sat around a table, each taking turns to triturate for two to three

minutes before passing the mortar on to the next prover. After seven minutes of grinding, the bowl was scraped for three minutes. At the end of 30 minutes of triturating, one gram of triturate was removed and mixed with an additional 99 grams of *Saccharum lactis*. The process was repeated four times to reach a C4. The provers were free to talk, eat and to move around the room or to go outside. They were instructed to take notes of any symptoms experiences, recorded according to each trituration level. The entire process was videotaped. At the conclusion of the process, each prover related their experience. He then provided each prover with a 30C potency, prepared from either the C3 or the C4 triturate, of the remedy one week later which they could choose to take and they met 10 to 14 days later to give an account of their experience.

Hogeland and Schriebman (2008) attribute the following benefits to the C4 proving method:

- Continuous experimentation akin to that of the founding father, Hahnemann
- Remedy information is gathered in the current language and psychosocial framework
- Development of a close relationship with nature
- Information is focused and direct, providing a solid framework for the study of *materia medica*
- Symptoms clarify existing remedy information
- Experience of the different levels of the remedy take place in a stepwise manner
- Insight into the pace and intensity of the substance
- The triturator become more perceptive of him/herself and the fellow triturators
- Increased sensitivity leads to better resonance with potential patients
- In depth understanding of the remedy
- Development of a non-polarised world view, free from judgement

- Personal development and therapeutic benefits

Symptoms like spacey or drugged feelings, itchiness of the eyes, nose and skin and time distortions are common symptoms experiences during C4 provings and should thus not be over emphasised, but documented especially if they exhibit an unusual quality (Hogeland & Schriebman, 2008).

There are, however, those who are sceptical of the C4 method. Dellmour (1998: 223-89) calls these potencies "unhomoeopathic and not understandable" and suggests that these provings not be included into the *materia medica* or repertories. In studying the list of benefits, it does seem like personal development is paramount to the C4 experience and it is questionable whether novice C4 provers would be able to experience the different levels of the remedy. As with meditative provings, it seems that an experienced group of provers is required. Experience would also assist in identifying unique symptoms and evaluating the importance of commonly experienced symptoms.

2.2.13 Grouping of methodologies

In studying the methodologies presented above, a summary of which is presented in Table 1, the methodologies were grouped together and three main groups identified to be the focus of the study.

The C4 proving was identified as the first group as it allowed for the manufacture of the oral dose during the proving process. It contained some elements of the meditative provings as well. It was chosen to represent the methodologies in which no oral dose of the proving substance is administered to provers. Provers are also described as more intuitive and the duration of the proving shorter than conventional proving.

The second group was classified under the Sherr methodology, as it represented a modernisation of the Hahnemannian and Kentian methodologies. It was selected to represent scientifically acceptable proving methodologies. This gold standard (European Committee for Homeopathy, 2004, 2008; International Council for Classical Homoeopathy, 1999) proving encompasses a double blind proving methodology which is verifiable in terms of phase one clinical trials. It also complies with the International Council for Classical Homoeopathy guidelines for conducting provings (International Council for Classical Homoeopathy, 1999).

The last group represented the unblinded studies of meditative provings and the School of Homeopathy, grouped under the Dream proving methodology. This group represented the more intuitive provings where an oral dose of the proving substance was administered. The duration of these provings is also than shorter that of the Sherr proving methodology.

Table 1

Summary of the Main Points of the Different Methodologies

	Hahne-mann	Kent	Dream	Vithoul-kas	Sherr	Sankaran	ICCH	School Of Homeo-pathy	Herscu	Nature Care College	Medita-tive	C4
Refe-rence	(Haehl, 2003a; Hahneman n, 1999; Hughes, 1912)	(Kent, 1994, 1995)	(Dam, 1998; Gray, 2000; Sankaran, 1995)	(Vithoulkas, 1998, 2008)	(Sherr, 1994)	(Sankaran, 1995, 1998)	(International Council for Classical Homoeopathy , 1999)	(Norland, 1999; Norland, 2008; School of Homeopathy, 2004)	(Herscu, 2002)	(Gray, 2005a, 2005b, 2006a, 2006b)	(Evans, 2005a, 2005b; Griffith, 2007; Tumminello, 2005)	(Becker & Ehrler, 1998; Brinton & Miller, 2004; Hogeland & Schriebman, 2008; O'Brien, 2006)
Number Of Provers	No definite (min 1)	No definite (min 1)	Group	50-100	15-20	5-25	8-20	Group	15-40	No definite (min1)	6-12	15-20
Blinding	No	Single blind	Single blind	Double blind	Double blind	Single blind	Double blind	No protocol	Double blind	Double blind	Single blind	Single blind
Placebo	No	No	No	25%	10-20%	No	10-30%	No	5 out of 40 (12.5%)	No	No	No
Healthy Volun-teers	Yes	Known diseased state	No protocol	Yes	Yes	Yes	Yes	Healthy, but in the process of homoeo-pathic treatment	Healthy – steady state that does not constantly change	Yes	No protocol	No protocol
Diet And Lifestyle	Con-trolled	No protocol	No protocol	As normal as possible	Continue as normal	No protocol	Normal habits. No anti-doting factors	No protocol	What they are accus-tomed to – not unduly stressed	Normal habits	No protocol	No protocol
Symptom Verifica-tion	Yes	Yes	Group discussion	Yes	Yes	Yes – video recorded	Yes	Yes	Yes	Yes	Group discussion	Group discussion
Potency	30CH	30CH	No protocol	Toxic, hypotoxic and highly potentised	Single potency: 6C, 9C, 12C, 15C, 30C or 200C	30CH	2 – 3 potencies	30CH or 200CH	30C, else 200C or 1M	6C, 30C or 200C	30c to 10M	C1 to C4
Dose	Dissolved in water, definite regime	Single, thereafter dissolved in water two-hourly	No protocol	3 times a day for a month or until symptoms appear	3 times a day for 2 days or until symptoms appear	Single	Up to 6 doses (3 a day)	Single	Up to 3	2 times a day for 3 days or until symptoms appear	Single	None
Admin. Route	Orally	Orally	Orally, olfaction, touch	Orally	Orally	Orally	Orally	Orally, looking at it, meditating on it	Orally	Orally	Touch or orally	Trituration process
Pre-proving	No protocol	Observa-tion of the individual's disease state	No protocol	Diary	Diary	Pre-proving meeting	Diary and comprehen sive case record	Diary and under homoeopa-thic treatment	Diary – 4 days to 2 weeks	Diary – 2 weeks	Two years Meditation experience	Lac Huma-num sensitisa-tion

2.3 ETHICS OF PROVINGS

Ethical guidelines for conducting provings are a topic barely addressed in literature. In a book review of Sherr's *The Dynamics and Methodology of Homoeopathic Provings*, Treuherz (1995) mentions that a discussion of ethics is one of the areas the book lacks, and he suggests the creation of an ethical framework to protect provers and volunteers. He however commends the book on explaining ethical protocols.

The European Committee for Homeopathy (ECH) (2004) gives a description of the ethical considerations they see pertinent to the conduction of provings, in accordance with the World Medical Association (2005) regulations:

- Safety of the volunteers must be ensured — hence all risks and burdens must be compared to the benefits to the subjects or others. The risk to proving participants are minimal, due to the utilisation of high dilution, hence low toxicity. Any effects are also reversible on cessation of the administration of medicine
- Subjects must give informed consent in writing. They have to be informed of the procedure and possible risks, inconveniences and benefits of the trial before the study commences

Kumar (2007) suggests the following ethical considerations:

- The subject or prover should be in such a mental, physical and legal state as to be able to exercise fully his or her power of choice
- Consent should be obtained in writing from the subject
- Nature and purpose of drug proving must be explained to the provers
- Proving should never be done in toxic doses – such data should be obtained from toxicological literature
- Investigators should discontinue the proving if in their judgment it would be harmful to the subject if it were continued,

Care must be taken to ensure that nothing which may ruin the health of the participants is proposed in the proving methodology.

Homoeopathic provings need to be differentiated from conventional clinical trials despite the fact that the two processes superficially resemble each other. The phase one of clinical trials is normally conducted on a small number of healthy volunteers to ascertain the dosage required to elicit a response in the human body as well as any toxicological effects. Participants are paid for their participation (European Committee for Homeopathy, 2008; World Medical Association, 2005). The aim of homoeopathic provings, conducted at a non-toxic[24] level to eliminate the possibility of toxicological effects is to provoke symptoms of artificial disease, which is reversible after discontinuation of the tested substance. These symptoms are collated and distributed throughout the homoeopathic community for clinical verification through successful prescription to sick patients. Participants do not receive remuneration in exchange for their participation (European Committee for Homeopathy, 2004, 2008).

[24] Substances are potentised through serial dilution. A substance potentised to the 30CH level had the dilution of 1×10^{-60}. This level is beyond Avogadro's number (6.02252×10^{23} mol^{-1}) meaning that not a single molecule of the original base substance or mother tincture remains (Gaier, 1991). It is thus chemically untraceable.

2.4 THE SUBSTANCE

PROTEA CYNAROIDES

Figure 1
***Protea cynaroides* Flowering Heads (Harris S, 2007)**

CLASSIFICATION

Common Names:	King Protea, King Sugar Bush, Artichoke-flower, Reuse protea, Indlungi, Isiqalaba, Isiqwane
Order:	Proteales
Family:	Proteaceae
Genus:	*Protea*
Species:	*Cynaroides*

HABITAT AN ADAPTATION

The Proteaceae family is one of the most prominent flowering families in the southern hemisphere. It is known to have existed 140 million years ago and is thus one of the oldest flowering plants on earth. It is named after the Greek mythological sea god, Proteus,[25] who was said to be able to change his shape and appearance into various animate and inanimate forms at will. Linnaeus, the Swedish botanist, chose the name *Protea* because of the great variability within the genus (Leonhardt & Criley, 1999; Paterson-Jones, 2007). The French botanist, Jussieu, assigned the family name Proteaceae (Leonhardt & Criley, 1999). There are about 1700 recognised species within the family Proteaceae, 400 of which occur in Africa of which 330 species in the south-western Cape (Paterson-Jones, 2007). *Protea* is a large genus with 136 species, 117 native to the African continent and 82 from South Africa (Leonhardt & Criley, 1999; Vogts, 1982). Proteaceae can be divided into two subfamilies: Proteoideae and Grevilleoideae (Rebelo, 1995).

Protea species are found in the winter, all-year round and summer rainfall areas, "ranging from the Cape northwards through Central Africa to East and West Africa" (Paterson-Jones, 2007: 10). They are neither herbaceous nor annual, but are always woody. Their structural habit varies from groundcover forms with creeping stems or underground stems, to vertical shrubs and trees (Rebelo, 1995). All are united by the common characteristic of possessing glabrous[26] leaves with a prominent petiole or leaf stalk (Rourke, 1982). The leaves are generally large, lignified, hard and leathery and will snap rather than fold when bent (Rebelo, 1995). Their leathery texture allows them to withstand the drying effects of the winds. The wind, in their natural habitat, is

[25] Proteus, the prophetic old man of the sea, was said to rise from the flood at midday and sleep in the shadow of the rocks of the coast, surrounded by the monsters of the deep. Anyone who wished him to tell the future had to catch hold of him at noon. He would change his shape at will in order to escape the necessity of prophesying, but when he saw that he was beaten, he would resume his original form and tell the truth, whereafter he would return to the sea (Smith, 1867).

[26] Having no hairs or projections, smooth (Award Publications Limited, 2005).

also moisture laden, sometimes supplying the only water to the plant in the summer months (Eliovson, 1983). Drought resistance and water conservation is thus an important feature of the leaves, and their high carbon to nitrogen ratio renders them indigestible to most insects (Rebelo, 1995).

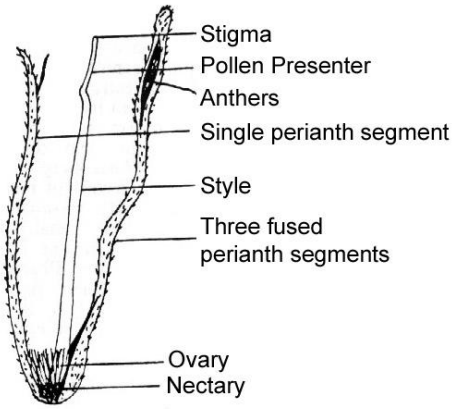

Figure 2
Protea Flower (Rebelo, 2007b)

Protea flowers are involucres.[27] The flowers are composed of three fused perianth[28] segments enclosing three anthers, and a fourth anther in a perianth segment that falls free when the flower opens, exposing the style with its pollen presenter. The style attaches to the perianth tube, terminating in the hairy ovary. These sessile flowers are arranged in spirals on a compound receptacle, with the youngest in the centre, and are enclosed by the coloured bracts[29] (Vogts, 1982). The floral biology of *proteas* is protandrous,[30] with anthesis[31] occurring prior to the stigma becoming

[27] A ring of bracts surrounding several flowers (Vogts, 1982).

[28] The floral envelope outside the stamens when not differentiated into a calyx and corolla (Vogts, 1982).

[29] A modified leaf.

[30] The anthers release their pollen before the stigma of the same flower is receptive (Award Publications Limited, 2005).

receptive; a mechanism to help insure cross pollination. The large, red coloured terminal inflorescences,[32] long pollen presenters and copious amounts of nectar attract pollinators (Hargreaves, *et al.*, 2004). Pollination occurs predominantly through Cape Sugarbirds, *Promerops cafer*, and other nectar eating native birds, as well as rodents, insects — honey bee and Great Protea Beetle, *Trichostetha fascicularis* — and the wind, as *proteas* are incapable of self-pollination (Leonhardt & Criley, 1999; Rebelo, 2007a). After flowering, the flower-heads close up, forming woody capsules (seed-heads) which are able to withstand fires (Moore, 2006; Paterson-Jones, 2007). The starry brown base of the seed-head remains on the plant after the seeds are released. *Protea cynaroides* can yield up to 400 fertile seeds from each flowering head. The seeds can be sown about four to six months after the flowers have bloomed. The mature seed remains viable for three to four years. *Proteas* generally flower in the third or fourth year from seed, but in favourable conditions *Protea cynaroides* has been known to flower in the second season (Eliovson, 1983).

Proteas can be propagated from seed, but commercial growers usually propagate from cuttings. *Protea cynaroides* is known to root quickly, but rooting times are variable among species (Leonhardt & Criley, 1999). Wu, Du Toit, Reinhardt, Rimando, Kooy and Meyer (2007) point out that difficult-to-root stem cuttings tend to contain higher amounts of endogenous rooting inhibitors, e.g. rutin and tannic acid, which delay or inhibit root formation, compared to easy-to-root stems containing high concentrations of root promoters, e.g. catechol, chlorogenic acid, phloroglucinol and phlorogenic acid.

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[31] The period during which a flower is fully open and functional containing pollen and nectar (Merriam-Webster Online Dictionary, 2009a).

[32] Clusters of flowers or flower-head (Vogts, 1982).

Proteaceae roots show elaborate clumping of hairy rootlets, termed proteoid roots,[33] which sufficiently increase the surface area per unit length of root by 140 times (Lamont, 2003; Shane & Lambers, 2005). The proteoid roots, resembling fragments of cotton wool, develop in the rainy season and are an auxiliary system which may double the mass of the plant's permanent root structure. These roots are twice as efficient at picking up water and nutrients as normal roots (Moore, 2006). These roots are metabolically active, excreting carboxylates, protons, phenolics and water. The root clusters also secrete enzymes into the rhizosphere, enhancing the exudation of acid phosphatase, especially when the availability of phosphorus in the soil is low. They also enhance solubilisation processes, promoting the release of iron, calcium, phosphorus, manganese and zinc ions from insoluble organic and inorganic forms. Toxic aluminium and calcium ions are also released, but tend to be immobilised by carboxylates. Lastly, these roots, with their associated rootlets and root hairs, maximise the soil-root water potential gradient pathway for nutrient whose uptake is controlled by "mass flow", and minimise the path length for nutrients whose uptake is dependent on diffusion. This means that nutrient uptake is maximised, especially in the impoverished soils where *proteas* normally grow (Lamont, 2003; Shane & Lambers, 2005). Relatively low concentrations of nutrients are thus required for normal growth and the plants are effective at scavenging phosphorus from soils with low phosphorus status (Leonhardt & Criley, 1999).

It also follows that an excess of phosphates in the soil may prove fatal to the plant, as the proteoid roots will absorb nutrients indiscriminately. The same holds true for rich and poorly drained soil. Good drainage is thus vital to wash away excess nutrient (Moore, 2006). It is possible to induce local proteoid root formation during a summer drought, if that part of the root system receives sufficient water (Lamont, 2003). Most *Protea* species are thus located in the nutrient-poor soil derived from Table Mountain sandstone.

[33] Clusters of hairy rootlets in longitudinal rows (Lamont, 2003).

A few species occur in limestone and calcareous soils and a few grow in dry, shale-derived soils (Rebelo, 1995). They prefer an acidic soil, with a pH of about 5.0 to 5.5 (Eliovson, 1983).

Members of the Proteaceae family, especially *Protea cynaroides*, have adapted to survive fires by growing from large boles or rootstocks, also known as lignotubers.[34] The woody lignotuber contain many dormant buds, which are stimulated to produce more growth after a fire has killed the aboveground parts of the plant (Moore, 2006; Rebelo, 1995). The woody seed capsules also protect the seeds from fire. Once the fire has burnt out, the seed-heads will open and the wind will disperse the seeds. This survival strategy is known as serotiny[35] (Moore, 2006; Paterson-Jones, 2007).

PROTEA CYNAROIDES

Protea cynaroides, "breath-taking in its magnificence and perfection" (Eliovson, 1983: xix), has been South Africa's national flower since 1976 (Eliovson, 1983; Vogts, 1982). It is also evident on the national coat of arms, representing

> ...the beauty of our land and the flowering of our potential as a nation... [It] symbolises the holistic integration of forces that grow from the earth and are nurtured from above (Government Communication and Information System, 2000).

The name cynaroides, "like Cynaria", alludes to the similarity of the flower-head to that of the globe artichoke, *Cynaria scolymus.* It is adaptable, hence its habitat is extremely varied: it occurs from the Cedarberg in the northwest to Grahamstown in the east, on all mountain ranges in this area, except for

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[34] Swollen axis of a plant at the base of the stem, usually below soil surfaces, which possesses numerous dormant buds capable of sprouting (Vogts, 1982).

[35] The behaviour of some plant species that retain their non-dormant seeds in a cone or woody fruit for up to several years, but release them after exposure to fire (Merriam-Webster Online Dictionary, 2009b).

the dry interior ranges, and at all elevations, from sea level to 1500 meters high (Jamieson, 2001). *Proteas* has been successfully commercially cultivated in Australia, New Zealand, the United States of America, particularly in California and Hawaii, Zimbabwe, Israel, Madeira, Tenerife, El Salvador and Maui (Parvin, 1991). This results in innumerable local races or variants differing in growth habit, stature, colour, size, the structure of flower-head and flower time (Rourke, 1982). It is an upright woody shrub with large, stiffly erect, solitary terminal flower-heads and distinctly stalked leaves (Paterson-Jones, 2007; Rebelo, 1995). The bush is comparatively small for such a giant flower, and the flower-heads face upwards towards the sun (Eliovson, 1983). Most plants are one metre in height when mature, but may vary according to locality and habitat from 0.35 metres to 2 metres in height (Jamieson, 2001). Typically it is found as scattered, solitary plants, rarely in dense clumps (Rebelo, 1995). It has short, pink, dense, velvety hairs on the numerous involucral bracts (Paterson-Jones, 2007; Rebelo, 1995) and the flower-heads are between 12 and 30 centimetres in diameter with widely spaced bracts arranged in a peak of flowers (Leonhardt & Criley, 1999; Paterson-Jones, 2007). The colour of the bracts varies from a creamy white to a deep crimson, but the soft pale pink bracts with a silvery sheen are the most prized (Jamieson, 2001). Each plant can bear 10 to 20 heads (Leonhardt & Criley, 1999).

The recommended harvesting stage is the “soft-tip” stage when bracts have lost their firmness and begin to loosen but still adheres and few insects are present, because anthesis has not yet occurred. If the flowers are picked too early, they will not open (Leonhardt & Criley, 1999). They never wilt and die, but simply fade from a fresh flowering head into a dried one, retaining its beauty (Eliovson, 1983).

The King Protea, as a symbol, has been in the news repeatedly since the South African 1994 elections. There have been numerous cries for the old springbok sports emblem, viewed as a divisive and racist symbol, to be

replaced by the Protea for all national sport teams. Most of the South African teams complied, but the rugby team has stubbornly held onto the springbok emblem, refusing to accept the Protea as their badge. Hartman (2008), however points out that even the Protea could be viewed as a racist symbol in South African rugby, as it was the symbol reserved for use of the South African "coloured" rugby team under apartheid. It was this struggle around the acceptance of the Protea symbol that tweaked the interest of the researcher to investigate the homoeopathic remedy picture of *Protea cynaroides* and its potential application in the treatment of South African diseases prevalent at this time in history.

ENDEMIC DISEASES

Endemic diseases were traditionally treated by utilising indigenous substances, particularly plants available to the inhabitants of the area (Farooquee, Majila & Kala, 2004; Louw, Regnier & Korsten, 2002). This, partnered with the concept of the Doctrine of signatures,[36] lead to the development of the notion that Nature provides a cure for the diseases common to the area in the plants endemic to that area (Ball, 2007). For example, *Arnica montana* grows in mountainous regions and is used to treat bruises and muscle strain (Atha, 2001; Foster & Johnson, 2008) and *Cinchona officinalis* is found in the tropics and contain the alkaloid[37] quinine used in the treatment of malaria, endemic to those regions (Foster & Johnson, 2008). This notion also connects to Jung's theories of the collective consciousness – that we are the product of the experiences of our

[36] "The concept that plants are marked with signs that indicate their purpose. It has been used for centuries in herbal medicine to draw a correspondence between a particular plant and its medicinal use" (Foster and Johnson, 2008). The idea is that the plant resembles the organ or the disease, for example *Chelidonium majus* contains an orange-yellow sap, indicating its use for gallbladder afflictions. It depends on subjective analysis of the plant, including natural history, chemical properties, taste, smell and appearance to connect the patterns observed to the application of the plant as medicine (Wood, 1997).

[37] A basic nitrogenous organic compound, usually colourless with alkaline properties, having a marked physiological effect on the nervous and circulatory system. It serves no function in the plant kingdom, but is the active ingredient in many herbal medicines (Foster & Johnson, 2008; Wood, 1997).

ancestors (Read, Fordham & Adler, 1960). This is not only a European notion. African philosophy also hold the widespread belief that "*Motho ke motho ka Batho* - a person is a person through other persons" (Augusto, 2007). Although no literature was available on the medicinal uses of *Protea cynaroides, Protea repens* has been used traditionally as an ingredient of cough syrups (Van Wyk & Gericke, 2007). It is the researcher's opinion that perhaps, because of *Protea cynaroides'* ancient relationship to the African continent, it may hold the answers we need to the medical questions prevalent on this continent.

2.5 MIASMATIC THEORY AND THE AIDS MIASM

In order to comprehensively discuss *Protea cynaroides* as a homoeopathic remedy, it would be important to include a discussion on the miasmatic affinity of the remedy illustrated through the proving process.

Hahnemann (1995), through careful observation of the diseases presented by his patients, observed that although the illnesses were removed through the administration of medication, new diseases appear to replace those removed. This led him to conclude that the new disease is but a new manifestation of the old disease. The root of the disease, termed miasm, is a disorganisation of the vital force that could be acquired and transmitted genetically. These are responsible for all the diseases of mankind and are the "roots of suffering" (Norland, 2003b: 225). It is an inherited predisposition to develop certain disease symptoms due to the individual's susceptibility to those disease conditions (Norland, 2003b; Vithoulkas, 1998).

In response to this insight, Hahnemann (1995) formulated the first three miasms, Psora, Sycosis and Syphilis, based on the venereal and non-venereal disease patterns observed in the late 18th and early 19th centuries. The non-venereal psoric miasm is characterised by a cutaneous eruption, accompanied by intolerable itching (Hahnemann, 1999). Hahnemann viewed

Psora as the “fundamental cause” of all other diseases (Hahnemann, 1999: 167).

The venereal miasms, Sycosis and Syphilis, each exhibit characteristics unique to the respective miasms. The sycotic miasm is characterised by “cauliflower-like growths” where there is a hypertrophy of tissues, whilst the syphilitic miasm exhibits a “venereal chancre” and tissue destruction (Hahnemann, 1999: 167). Where Psora is characterised by feelings of neglect and abandonment, Sycosis exhibits themes around attachment and Syphilis destruction (Norland, 2003b).

The acute miasm was later added by Hahnemann and described in more detail by Kent (1995). This miasm is characterised by an immediate instinctive response to a situation accompanied by a high fever and a bounding pulse (Sankaran, 1999).

Based on his observations of the diseases plaguing modern society, Sankaran (1999) added the Typhoid, Ringworm, Malarial, Cancerinic, Tubercular and Leprosy miasms. The Typhoid miasm lies between the Acute and Psora miasms and is characterised by an “intense struggle” against disease which will, if handled properly, result in total recovery (Sankaran, 2000: 450).

The Ringworm and Malarial miasms lie between Psora and Sycosis. In the Ringworm miasm periods of struggle and anxiety about success alternating with periods of despair is observable (Sankaran, 2000). Intermittent, acute manifestations are characteristic of the Malarial miasm. These manifestations are followed by “periods of quiescence” (Sankaran, 2000: 451).

Between Sycosis and Syphilis lie the Tubercular, Cancerinic and Leprosy miasms. The Tubercular miasm is characterised by a feeling of oppression

coupled with a desire for change in order to break free from the oppression. A desire to attain perfection marks the Cancerinic miasm. This desire is in reaction to a feeling of incapacity which results in a drive to perform beyond the limits of one's capacity. The Leprosy miasm is characterised by a feeling of oppression, coupled with intense hopelessness (Sankaran, 2000).

It seems that the more modern miasmatic classifications described by Sankaran (2000) could be interpreted as an attempt to find answers to the disease manifestations predominant in the 21st century lifestyle. In the researcher's opinion, these cater for both first and third world societies – developed and developing countries. Hahnemann, however, strove to classify diseases into three basic categories to facilitate the understanding of disease processes and to assist in disease prognosis. The addition of more miasms, however, complicates the classification and is, in effect, counterproductive. They do reflect the complexity of living in the 21st century globalisation, where, especially in South Africa, a practitioner would encounter both first and third world patients within the same practice on any given day.

Fraser (2002) observed that many of the important themes of modern day provings reflect the general issues of society. These provings contain a large number of common elements, containing themes that overlap with those that emerged from the proving of the AIDS nosode.[38] This encouraged Fraser (2002) to develop the AIDS miasm as an expression of the disease tendency in modern society.

The main themes of the AIDS miasm are as follows (Fraser, 2002: 73-4; Norland, 2003b: 158):

[38] Homoeopathic remedies prepared from diseased clinical materials e.g. blood, secretions or discharges (Goel, 2001)

- Connection – Connection with the divine and with other people, evident in symptoms such as being sympathetic and sensitive. Connection with nature and a feeling of expansiveness
- Responsibility – Responsible for the welfare of others, especially for children
- Disconnection – A feeling of not belonging, being isolated or detached or experiencing the need to be alone. Feelings as if in a dream or on drugs. The individuals are slow, passive and dull, feeling rejected, betrayed or persecuted with resultant suspicion and loss of identity
- Indifference – Feelings of apathy, despair, selfishness and cruelty
- Dispersion – Sensation of things coming out, of growth. Themes of water, waves, thirst and dryness, of circles and clouds. A sensation of lack of substance, emptiness, floating and flying; of hearing music or of travelling through space. Also thoughts of travel, but rushing around
- Instability – Oversensitivity to all stimuli and childishness. Themes of chaos and order and the loss of structure
- Extremes – Themes of tallness, nobility, strength and hardness, excess and extravagance and changes in appetite
- Confusion – Confusion of senses, vanishing of thoughts, forgetfulness, confusion of identity, confusion about time, confusion about words with difficulty concentrating
- Femininisation – Feminine themes of left sidedness, motherhood and pregnancy and sexuality
- Vulnerability – Images of babies and children, danger and violence, rape, abuse, fear and paranoia. There is a need for privacy and secrecy. They feel trapped, fragile, weak and dependent, as if they can't cope. The opposite is also true with feelings of invulnerability and recklessness
- Discontent – They feel restless, frustrated and irritable. They are easily offended, reacting violently with a desire to kill

- Infection – Symptoms like influenza, coupled with themes of dirt, worms and vermin. They feel contaminated or fear that they will contaminate others
- Confidence – Lack of confidence, where they feel old, ugly and shy. There are feelings of shame and humiliation, resulting in self hatred and self harm. On the other side there is confidence where they feel relaxed, serene, content and elated
- Boundaries and Obstruction – Obstruction of senses with images of houses, portals and death. There are issues around the skin and touch. There is also a loss of protection or of the shell or wall, leaving them feeling exposed
- Childhood – Thoughts of a remembered childhood and feelings of playfulness
- Dream themes - Themes of houses (ornate or ramshackle), staircases, teeth, snow, septic state, children, transport, travelling, wood, metal and water. The colour red is prominent. Themes of violence, with feelings of panic, responsibility, anger, irritability, fear, rushing and of being busy

A comparison of the *materia medica* of *Protea cynaroides* and the common themes listed above would reveal whether the remedy falls within these parameters. It would give an indication whether Fraser's (2002) observations are globally applicable or only evident in the developed countries his observations were based on. Such comparison can be seen in Chapter 4 under section 4.5 and is discussed in Chapter 5 under section 5.6.

2.6 CONCLUSION

It would appear that different researchers advocate the use of different methodologies, be it to make it easier to have compliance by participants or because of the type of symptoms yielded. A summary of the main points of each of the methodologies can be seen in Table 1. Most of the authors agree, though, that it is important to describe the source of the remedy as meticulously as possible, for that would ensure strict standards for the remedy's manufacture and ensure the reproducibility of the trial.

Dantas (1996) highlights possible difficulties that may be encountered when conducting homoeopathic pathogenic trials. He cites the truthfulness, trustworthiness and conscientiousness of the provers, the purity and power of the medicine, individual differences between participants, diet and lifestyle of the provers and supervision of the subjects as possible stumbling blocks. This study aimed to be cognisant of these factors and to address possible pitfalls in the methodologies which may precipitate the collection of inaccurate data and to minimise such factors.

In studying these different methodologies, the researcher concluded that there is a need to validate the claims made by each of the developers of the different methodologies. No in-depth studies encompassing all methodologies are available, and the claim made by each advocate is based on experience in one methodology alone. There seems to be a great variation within the methodologies, for even the dose and potency of the remedies administered vary. It is therefore important to establish a baseline for comparing the methodologies, so as to minimise the variables, while still adhering to the basic principles stipulated within each of the methodologies.

CHAPTER 3

METHODOLOGY

Many methodologies exist, as illustrated in the previous chapter, and for the purpose of this research the researcher has grouped similar methodologies together and defined three main groups as there is no existing scientific framework defining groups of methodologies. All these groups are clearly linked by a common original methodology, the Hahnemannian methodology, but each defined group has similar thoughts about the effectiveness of incorporating certain changes into the method and consequently has made similar modifications to it, that allowed for the differentiated classification discussed below.

No literature is available investigating the reproducibility of the various methodologies. Kent (1995) advocated the reproving of remedies to obtain greater knowledge of the substance, but did not place any emphasis on investigating the reproducibility of the symptoms. Authors such as Dantas and Sherr (Dantas, 1996; Dantas *et al.*, 2007; Sherr & Quirk, 2007) debate the usefulness of reproducibility of symptoms, but most of the literature strives to illustrate the differences between the data elicited from placebo versus verum provers rather than to investigate the differences between the proving data elicited upon the re-proving of substances. Walach *et al.* (2004) touch on the subject, but do not come to a definitive conclusion on reproducibility. The relative effectiveness of methodologies have not been investigated either.

3.1 METHODOLOGIES FOLLOWED

This study sought to follow the existing methodologies exactly as set out by the original developers with the aim of developing an integrated methodology, based on the reproducibility and relative effectiveness of the methodologies investigated during the course of this research. The order in which the three groups were assigned followed a logical sequence that ensured that the maximum efficiency would be obtained, and that the blinding process would not be compromised. A homogenous mixture of the triturate manufactured during the C4 trituration proving was further potentised and the *Protea cynaroides* 30CH used as the oral dose in the Sherr and Dream proving groups.

Group one followed the C4 trituration proving protocol as described by Timmerman (2007), and Hogeland and Schriebman (2008); Group two followed the protocol as set out by Sherr (1994) and the Group three proving was conducted in accordance with the Dream proving methodology as explained by Smith (1979) and Sankaran (1995).

3.1.1 Sampling

Participants were recruited through the use of advertisements placed on the notice boards at the Homoeopathic Day Clinic and Homoeopathy Department at the Durban University of Technology and the Homoeopathy Department at the University of Johannesburg. The use of convenience sampling was predominantly due to the fact that very few people are willing to participate in this type of study and that those most likely to participate are homoeopaths, homoeopathic students and members of the public familiar with homoeopathy.

The C4 trituration and the Sherr proving methodology suggests a maximum of 20 provers, and the Dream proving methodology has no indication of

group size. For the sake of continuity, each group comprised of 20 verum participants, 10 per year as evident in Table 2. During the qualitative data collection, data saturation was evident, indicating a sufficient sample size.

Table 2
Proving Sample

Year	C4	Proving Methodology Sherr		Dream	Total
		Verum	Placebo		
2008	10	10	5	10	35
2009	10	10	5	10	35
Total	20	20	10	20	70

3.1.2 Features Common to all Three Groups

All participants had to be fluent in English. This ensured that all descriptions of sensations were the prover's own words and not those of a translator. Prospective participants were screened for suitability according to the inclusion criteria described in Appendix 1. The criteria state that participants were between the ages of 18 and 55 years and in a general state of good health. The age range of participants is usually 5 to 76 years (Dantas *et al.*, 2007), but in order to exclude vulnerable groups, only volunteers between the ages of 18 and 55 years were accepted.

Appendix 1 outlines the broad criteria appropriate for consideration for inclusion into the study (European Committee for Homeopathy, 2004; Sherr, 1994). The interpretation of this data, however, varied according to the group in which the participant participated. There is no strict inclusion protocol for the participants involved in a C4 proving. To form part of Group one, participants had to fall within the above mentioned age group, and were required to be in good health and not to take any medication or consume coffee or cigarettes during the trituration process.

Sherr (1994) cites very definite criteria for inclusion and exclusion of participants. Group two participants were not allowed to be on or in need of any medication, including conventional, herbal and homoeopathic treatment or recreational drugs. Female participants were excluded if they were on birth control pills or taking hormone replacement therapy in the six months preceding their participation. They could also not be pregnant or breastfeeding. Participants may not have undergone any surgery in the six weeks preceding the study. Potential provers were also excluded if they consumed in excess of two measures of alcohol, 10 cigarettes and three cups of tea, coffee or herbal tea per day.

The Dream proving protocol does not include strict inclusion or exclusion criteria, and participants in Group three was accepted if they were in a general state of good health and fell within the age limits stated.

During the screening interview, a complete history was taken by means of a comprehensive questionnaire adapted from the questionnaire developed by Sankaran (2006) and a relevant medical examination was performed. The questionnaire can be seen as Appendix 2.

As a base line, all three groups were required to complete a symptom diary of their normal symptoms one week prior to the commencement of the study. The format of the diary conforms to the specifications laid down by Hahnemann's — an accurate description of symptoms, their modalities and times — and was explained to the subjects in the information letter (Appendix 3).

During the proving, the researcher was in constant contact with the provers, to monitor their progress and to answer any questions that may have arisen. It was found, however, that the provers did not desire constant contact, and their wishes were taken into account and the contact frequency adjusted accordingly. If the prover exhibited symptoms that the researcher wished to

explore further, the prover was called in for an interview, and this interview was recorded.

At the end of the proving, i.e. when the prover did not produce any more symptoms, the researcher met with the prover one last time to collect the diary and to discuss and verify the symptoms recorded therein. This meeting was also video recorded.

The proving conducted on all three groups was repeated in two consecutive years, ensuring that the proving took place around the same dates each year to limit the effect that the seasons may have. New provers were recruited for each cycle, but provers were allowed to rejoin the proving the following year as long as they formed part of a different group. Of the total of 70 participants, only four provers participated twice, thus equating a total of 66 unique provers. There was, however, no indication that the same substance was utilised in both years and unblinding took place at the end of the second cycle.

3.1.3 Group 1: C4 Proving Methodology

Provers were allowed to indicate which group they would be interested in joining. The established C4 group, half of whom had undergone a *Lac humanum* C4 proving sensitisation previously, indicated a preference to join Group one. This sensitisation took place eight months prior to the trituration for the majority of the 2008 group.

Six of the first group of 10 participants had undergone a sensitisation process (Brinton & Miller, 2004). This process involved manufacturing a C4 triturate of *Lac humanum,* to make the participants receptive to the substance and also to familiarise them with the process (Brinton & Miller, 2004). The group then met and triturated all four potencies, while being video recorded. All the participants were supplied with a copy of the chart found in Brinton and Miller

(2004) as an addition to the subject information letter. A copy of this chart can be found as Appendix 3a. At the end of each potency trituration, there was a discussion to share the experiences and all the participants kept a record of their personal experiences in a notebook while triturating. The trituration process was carried out in accordance with the methodology set out by Timmerman, explained by Brinton and Miller (2004):

A homogenous mixture of the finely chopped flowering head, incorporating all the components thereof, measuring 0.1 gram was placed in a mortar and triturated forcefully with a pestle together with 3.3 grams of lactose monohydrate (Eur.P)[39] powder for six minutes. Then the triturate was scraped together from the bottom and the sides for four minutes. This process was repeated for another ten minutes. This stage took 20 minutes. The next 3.3 grams of lactose powder was added to the mortar containing the already triturated 3.3 grams of lactose and substance. This mixture was triturated for six minutes and scraped for four minutes as explained above, and repeated. The second stage took 20 minutes. The third stage was completed in a similar fashion as the second. After all three stages were completed – 60 minutes in total – the C1 potency was reached. This process was repeated for the C2 to C4, using 0.1 grams of the preceding potency to manufacture the next potency.

In comparing the timing of the trituration and scraping between the methodology available on the Hahnemann Institute's website (Timmerman, 2007) and that of Brinton and Miller (2004), the researcher noticed a difference. The Hahnemann Institute follows a seven minute trituration, three minute scraping methodology, whereas the methodology outlined in Brinton advocates the method explained above. Hogeland and Schriebman (2008) also concede that the *Organon* permits a protocol of six minutes grinding and four minutes scraping. For the purposes of this research, the method by

[39] European Pharmacopoeia

Brinton was followed, for it more closely resembles method 6 outlined in the GHP (Benyunes, 2005). The method encompasses the trituration requirements stated in the GHP (Benyunes, 2005) and conforms to the guidelines laid down by Hahnemann (1995). As the trituration was carried out in accordance with GHP method 6 guidelines, a homogenous mixture of the triturate manufactured was further potentised according to GHP methods 8a and 10 and utilised as the *Protea cynaroides* 30CH oral dose in the Group two and Group three provings.

None of these participants took an oral dose. The provers were however asked to record any symptoms that developed subsequent to the trituration process. The participants did not know the remedy triturated, and there was no placebo utilised (single blind).

3.1.4 Group 2: Sherr Proving Methodology

The second group followed the methodology stipulated by Sherr (1994). The 30CH was manufactured from a 3CH[40] triturate manufactured during the C4 trituration proving carried out by Group one (for manufacturing procedures refer to 3.2.3). This was a double-blind placebo controlled group. Sherr (1994) recommends a group size of 15 to 20 and Sankaran (1998) suggests a group of five to 25 and therefore the 15 participants the researcher decided on falls within their suggested size range.

Sherr's (1994) suggested dosage is a maximum of six doses over two days. If any symptoms develop, no more doses are to be taken. Sankaran (1998) gives only a single dose and repeats only when necessary. Sherr uses a range of potencies — 6C, 15C, 30C, 200C (Sherr, 1994), but Sankaran

[40] CH – Centesimal Hahnemanni, refers to the production of ascending potencies according to a 1:100 dilution ratio utilising a new, clean vial at each dilution step (Gaier, 1991). A "C" potency implies that a 1:100 dilution ratio is utilised, but does not have specific parameters for the manufacturing process, i.e., number of bottles utilised.

suggests using only a 30CH (Sankaran, 1998). For this trial the 30CH potency was used to enable continuity between the last two groups. As Herscu (2002) indicated, enough people are sensitive to the 30CH potency and there is no danger of toxicity, and Hahnemann (1999) supports the use of the 30th potency, the choice is validated. Participants were supplied with six unit dose powders to take as directed according to Sherr — one powder three times a day for a maximum of two days and to cease taking any additional doses when symptoms develop. Flick (1997) reiterates Sherr's opinion to cease taking further doses as soon as symptoms develop, as he is of the opinion that long standing symptoms, which are difficult to cure, may arise if too many doses are administered.

Sherr adopted a policy of 10 to 20 percent placebo for the double blind study (Sherr, 1994), and this study used a 33 percent placebo — i.e. five placebo and 10 verum, which would yield a group size of 15.

When the prover did not produce any more symptoms, the prover met with the researcher again to discuss the diary contents. This meeting provided an opportunity to validate the symptoms and to obtain more details. Such a meeting was also video recorded.

A detailed description of this methodology is as follows (Sherr, 1994):

Various parties are involved in the proving process. The co-ordinator is responsible for the proving process and should be well acquainted with the philosophy of provings. He oversees the entire process and motivates all the participants involved in the process. The supervisors are usually experienced homoeopaths. They are in charge of overseeing one or two provers and must be in constant contact to detect symptoms the provers do not notice. They must be well acquainted with the prover's case and conduct the pre-proving interview.

Due to the nature of the study, the promoter and the co-promoter filled the role of the committee. The researcher filled the role of supervisor and co-ordinator.

The provers are the healthy individuals who volunteer to participate in the study. They must be honest and conscientious, as well as diligent to be able to supply the accurate information required from the proving. The group of provers normally comprise of between 15 and 20, but for the purposes of this study 15 provers took part.

The committee is normally in charge of choosing the remedy and the potency to be proven. In this study, the researcher however decided on the substance and the potency. Normally the committee would liaise with the pharmacy and might even assist in the remedy preparation. Due to the study design, no pharmacy was required as Group one carried out the first stage of the remedy preparation and the researcher manufactured the required liquid potency in the Durban University of Technology Homoeopharmaceutics Laboratory. The committee conducted the blinding process and carried out the packaging of the remedies according to the randomisation list, ensuring that the placebo and verum groups were indistinguishable. The researcher assigned a sequential code to each prover, and also distributed the remedies and the notebooks.

The stages of the proving, according to Sherr (1994) are as follows:

STAGE 1: Roles are assigned to the parties involved. The committee decides on the exact protocol and the remedy, as well as assigning prover numbers, remedy codes and starting dates. The committee also allocates supervisors to the provers. The notebooks are distributed and the provers are required to keep notes of their normal state one to two weeks prior to commencing the proving.

For the purposes of this study, a pre-proving diary was kept for one week prior to taking the remedy and the researcher acted as supervisor to all the provers. All provers did not commence the proving at the same time, but were scattered in order to facilitate better supervision.

STAGE 2: The proving begins. The prover takes the remedy — six doses over two days — and stops taking further doses as soon as symptoms arise. The provers and supervisors are in frequent contact. When no further symptoms arise for three or four weeks, the proving is finished.

During the study, stage 2 was carried out as prescribed.

STAGE 3: The provers meet as a group to discuss their symptoms and experiences. All the valid symptoms are extracted from the notebooks and the remedy name is announced.

Due to the multi-centric nature of the study, the researcher met on a one-to-one basis with all provers in order to discuss their experiences and to validate and clarify the symptoms recorded in the diaries.

STAGE 4: The extractions are collated and typed. Toxicological data is added and the symptoms are edited by the co-ordinator.

STAGE 5: The symptoms are repertorised and graded.

The diaries were typed and the symptoms turned into rubrics to facilitate both the intra-group and the inter-group comparisons. No toxicological data was available for the substance, so none were included in the *materia medica.* Stage five was thus carried out before stage four due to the nature of the study.

STAGE 6: Publishing of the proving

Stage four to six were not carried out for this proving group in isolation, but formed part of the global capture and collation of the proving symptoms of all six groups. This is discussed in section 3.4.

3.1.5 Group 3: Dream Proving Methodology

The third group followed the dream proving method as explained by Dam (1998). The same 30CH as used by Group two was utilised for this group. It was a single blind study, meaning that the group did not know the substance proven. The 10 provers took one powder sublingually at bedtime, for a maximum of three doses (Pillay, 2002). Provers then recorded their symptoms for at least seven days, focusing predominantly on dreams, where they were encouraged to note any feelings or physical symptoms experienced during the dreams, as well as any striking symptoms they experience in their waking hours. As with Group two, the researcher met on a one-to-one basis with all provers in order to discuss their experiences and to validate and clarify the symptoms recorded in the diaries.

Dam (1998) suggests that the symptoms produced when the proving is done as a double-blind placebo-controlled study are poor, and therefore no placebo control was implemented in this group.

3.2 SAMPLE PREPARATION

3.2.1 Flower Supplier

Both samples used during this study were donated by a commercial *protea* farmer in Dargle, KwaZulu-Natal Midlands, Mr Mark Perry. The 2008 sample was harvested three days prior to the Group one (C4) proving in the early morning (7:30am). The weather was temperate and it was drizzling. The 2009 sample was harvested the day before the Group one trituration in the

morning (10:00 am). The weather was fine and dry, but heavy rains were experienced in the preceding week.

Figure 3
Carlisle Protea Farm, Dargle, KwaZulu/Natal, South Africa

3.2.2 Parts Used

The flower was used in this trial, for it is the most striking part of the plant and the researcher felt that it may prove to have greater significance in terms of the Doctrine of signatures. According to Anthroposophical medicine,[41] the predominance of one feature of a plant represents the "creative structural principle" (Husemann & Wolf, 1982: 323), which signifies the plant's use as a medicinal plant.

An extract of the plant material was produced from the finely chopped flower according to German Homoeopathic Pharmacopoeia method 3a (as set out

[41] A system of medicine developed by Rudolf Steiner that involves the integration of the body, soul and spirit in the medical treatment of diseases. The medicine aims to stimulate the natural healing forces of the patient, which maintain the physical body and oppose decay. Doctors seek to understand illness based on the interplay between the physical body, the etheric body, the astral body and the spiritual core (Evans & Rodger, 1992).

in Appendix 4) after the C4 trituration proving and sent for Thin Layer Chromatography (TLC) analysis to demonstrate that the two samples used on the consecutive years contain the same active ingredients. The two extracts were sent away for comparative analysis two weeks after the C4 proving in 2009. The tests concluded that both samples contain the same active ingredients, but that there was a difference observable regarding the concentration of these ingredients. This probably was due to increased rainfall experienced in 2009 prior to harvesting. The TLC can be seen in Appendix 5.

3.3 REMEDY PREPARATION

The manufacture of the potency was done by hand, following the German Homoeopathic Pharmacopoeia method 6 (to produce the triturate), method 8a (to produce the 30CH) and method 10 (to impregnate the granules). The researcher decided to manufacture the potencies herself, as Hahnemann insists that physicians both make and dispense their own remedies (Deacon & Ribot-Smith, 1997).

The detailed materials and methodology are given in Appendix 6.

3.3.1 Method 6: Trituration by Hand

The triturate was manufactured during the C4 proving (by Group one).

One part, by weight, of the finely chopped *Protea cynaroides* was triturated together with 99 parts, by weight, of lactose monohydrate (Eur.P). The lactose monohydrate (Eur.P) was purchased from Merck, South Africa. The *Protea cynaroides* was identified by a botanist and harvested as close as possible to the guidelines for collection and preservation of plant drugs (Goel, 2001) as set out in Appendix 7.

The lactose vehicle was accurately massed out in three 33 parts, each weighing 3.30 gram. In a clean, flamed and cooled mortar and pestle, one part vehicle was then triturated together with the 0.10 gram of the finely chopped *Protea cynaroides* for six minutes, followed by four minutes of scraping down. This process was then repeated. After the second scraping was completed, the second part of the vehicle was added. It was then triturated and scraped together with the first for two sessions of six minutes trituration and four minutes scraping. The process was repeated after the final part was added. This hour of trituration yielded *Protea cynaroides* 1CH triturate.

The 2CH triturate was manufactured by using 0.10 g of the 1CH triturate and three batches of 3.30 gram of lactose. It was then triturated in an identical manner employed to produce the 1CH triturate, only substituting the *Protea cynaroides* with the 1CH triturate. After an hour the 2CH triturate was yielded. The above process was repeated to manufacture the 3CH triturate. The process is set out in Appendix 6 a).

3.3.2 Method 8a – Liquid Preparations from Triturations

In order to obtain a representative sample of the triturate, 0.1 gram of *Protea cynaroides* 3CH was taken from each of the Group one participants and homogenously mixed in a vial.

To produce a 4CH potency in a liquid vehicle, one part (0.10 gram) of the 3CH triturate was dissolved in 99 parts (9.9 millilitres) distilled water and succussed 10 times. This yielded the 4CH. One part (0.03 millilitres) of the 4CH and 99 parts (2.97 millilitres) of 96 percent alcohol were then placed in a 5 millilitre bottle and succussed 10 times to yield the 5CH. This method used to manufacture the 5CH was then used to manufacture the 6CH to 29CH potencies.

The 30CH potency was manufactured by placing 15.84 millilitres of 96 percent alcohol in a 25 millilitres amber glass bottle together with 0.16 millilitres of 29CH. This was then succussed 10 times and yielded the 30CH potency.

Although the GHP states the use of 30 percent alcohol, this ethanol percentage was used to assure uniformity in the batch, as an alcohol concentration above 60 percent was needed for the impregnation of granules (described in 3.2.3.3). The process is set out in Appendix 6 b).

3.3.3 Method 10 – Granules (Globuli)

The granules were impregnated using a triple impregnation method. The one percent volume (1 millilitre) of *Protea cynaroides* 30CH was thus divided into three parts and one part was applied to the 100 millilitres of size 1 lactose granules and allowed to dry before the next part was added. The process is set out in Appendix 6 c).

3 3.4 Dosage Forms for each of the Groups

The *Protea cynaroides* 30CH granules were used to impregnate the powders taken orally by Groups two and three. Roughly 10 granules were placed in each pre-made lactose powder envelope containing 500 milligrams of lactose. For Group two, the placebo powders were identical to the verum powders, apart from the fact that unmedicated size 1 lactose granules were added to these powders, instead of the *Protea cynaroides* 30CH granules. Six powders were placed in an envelope marked with the prover number and labelled for use by Groups two. The directions on these envelopes read: “Please take one powder three times a day until symptoms appear.” Group three had no placebo control and each envelope contained one powder with the directions: “Please take one powder at bedtime.”

3.4 SYMPTOM SELECTION

> All the sufferings, accidents and changes of the health of the experimenter during the action of the medicine…are solely derived from this medicine, and must be regarded and registered as belonging to this medicine, as symptoms of the medicine.
>
> (Hahnemann, 1999: 207)

The collected data for each group was then compiled into a repertory[42] style. The repertory was compiled according to Schroyens' (2004) guidelines as discussed in 3.4.1.

3.4.1 Rubric[43] Construction

The hierarchy of the Repertory is as follows:

- Chapter — pertaining to the chapter to which the symptom belongs e.g. Mind, Head, Kidney, etc. It is always typed in capital letters.
- Head-rubric — refers to the most important word in the sentence e.g. the main complaint. The first letter is always typed in capital letters.
- Sub-rubric — refers to the words of lesser importance, arranged in order of importance. These are typed in lower case.

For example, the sentence "I have a sharp pain in my head" will translate into HEAD – Pain – sharp; Head representing the chapter, pain the head-rubric and sharp the sub-rubric.

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[42] The repertory is an indexed catalogue of cross-references to medicines and/or their homoeopathic applications. It assists in the study of drug comparisons. The book schematically indexes symptoms sought to be located in the *materia medica*. Symptoms are classified, using rubrics and related to each appropriate medicine (Gaier, 1991).

[43] Rubrics are titles or headings of a particular section of a book. In homoeopathy it denotes the symptom description in the repertory (Gaier, 1991).

Symptoms are always listed in a specific order. This order is also followed when creating sub-rubrics (Schroyens, 2004).

- Sides — describing whether the symptom occurs on the left, right, alternating sides, etc.
- Times — describing the timing of the symptoms, e.g. morning, noon, evening.
- Modalities and descriptions of pain or other descriptions — explain situations that aggravate the pain or sensation. If the symptoms are ameliorated by the situation, they should be denoted as such. Burning and pressing are examples of descriptions of pain.
- Extensions — outline the course of the pain, i.e. whether it starts in one location and reaches another, e.g. “pain – hip – extending to – knee.”
- Localisations — mentions the exact location of the symptom e.g. brain, knee.

Schroyens (2004) also makes the following suggestions on adding symptoms or remedies to the repertory rubrics:

- Prepositions should not be used as leading words e.g. “after rising”, becomes “rising; after.”
- If two modalities coincide, the modality should express that. The beginning of that symptoms' level should be "accompanied by"
- Repeating unnecessary words in the next level bearing the same meaning as those in the previous level should be avoided.
- The part of the sentence should be kept as readable as possible at each level. The sentence may be split by a semi-colon “;”, indicating that reading of that sentence should commence after the semi-colon.
- No abbreviations should be used, except for “agg.” indicating aggravation and “amel.” indicating amelioration.
- The last level of the symptom is the most important and if there is a chance of a dubious interpretation, the symptom can be completed at the last level in order to make the meaning as clear as needed for easy

readability e.g. "pain - eating - during" as opposed to " pain - eating - from" will be written as: “pain - eating - during eating; pain” and “pain - eating - from eating; pain.”

- If a rubric exists which comes close to the meaning of the symptom to be added, do not create a new one – the repertory is a summary of homoeopathic information and so is its language.
- Additions must be made to the most specific rubric, not to the more general rubric(s).
- A new rubric should only be created to express something characteristic of the remedy.
- A remedy can be added to a more general rubric only if several more specific rubrics indicate this.
- If a modality itself is modified, then the modality closest to the core of the symptom will be preferred, except when there is an indication that both modifications are important.
- A number of modalities are taken into consideration only if they are really essential.
- A longer symptom should be split into meaningful bits.

For the purposes of analysing the effectiveness of the methodology applied, all symptoms were included. The table containing this raw data for analysis can be seen in Appendix 8 and the resultant repertory is included in Chapter 4. Validated symptoms were only required for the purposes of compiling the *materia medica*, which can be seen in Chapter 4. The criteria for the inclusion of valid symptoms are discussed in 3.4.2.

3.4.2 Symptom Validation

In studying the criteria of Bayr and Stübler (European Committee for Homeopathy, 2004), Sherr (1994) and Pitt (2006), the following criteria for symptom inclusion seems appropriate:

- A symptom is valid if it occurs in two or more provers. This includes new symptoms, usual or current symptoms for the prover that may have been altered – providing there is adequate description of the alterations – and old symptoms , especially if experienced over 5 years ago, that have returned with no reason to return.
- Intensification of recent symptoms of one year or less is to be excluded as they may have worsened as a result of the natural progression of disease.
- Present symptoms cured, with explanation of sensation and function will cause the cured symptom to be added to the remedy picture, but only if other provers had similar experiences.
- Chose only symptoms where there is no ambiguity in their cause. If in serious doubt, leave it out.
- Favour symptoms and signs which are objective and measurable. Include doubtful symptoms only if they have occurred in other provers.
- If the prover speaks with conviction that the symptoms do not belong to them, then those symptoms are worthy of consideration.
- Distinct intensity and frequency of symptoms should be considered as symptom confirmation.
- Symptoms occurring several times shortly after administration of the drug should be included.
- Recurrence of the symptom several times over the course of a number of days is an indication that the symptoms belong to the remedy.
- Striking, singular, uncommon symptoms (§153 Organon) should not be ignored. The same goes for striking, seldom or paradox modalities and/or concomitants of the symptom and if the same symptomatology or sensation occurs in several sites.

The data from the three groups were coded together in NVivo 8.0 and the symptoms were analysed as one coherent group for the purposes of symptom inclusion. This meant that the guidelines above were applied to all

symptoms, not dividing the symptoms into the group in which they were elicited.

3.5 QUANTITATIVE STATISTICAL ANALYSIS

The repertories for the parallel groups were then quantitatively compared utilising the SPSS Statistics 17.0 software to ensure that these groups were congruent. This was achieved by firstly running descriptive statistical tests. Frequency tables gave an indication as to the occurrence of rubrics in the respective years through a coding system where zero represented absence in both years, one represented presence in 2008 only, two represented presence in 2009 only and three represented presence in both years. Percentage presence was computed by adding the percentages of absent in both years and present in both years together.

Cross tabulations were run to correlate the year and the symptoms within the group and were further broken into rubric level and repertory chapter respectively to facilitate deeper analysis than what a global cross tabulation per group per year would allow. From these values, odds ratios for rubric absence and presence were calculated to facilitate deductions regarding the likelihood of a rubric occurring in a particular group.

Due to the dichotomous nature of the data - i.e. that the rubric is present or absent in the particular year - the mean, median and mode could not be calculated and tests to compare the means could not be carried out. Non-parametric tests, mainly the McNemar test, were thus used for comparison of the data, by pair wise comparison of 2008 and 2009 data for each group.

Once congruency was established, the three groups were compared to each other to see how similar/different the rubrics of the different groups were. This was also carried out through the application of descriptive statistics, running frequency tables and cross tabulations to illustrate the incidence of a

rubric within a group in order to compare the different groups. Odds ratios were also calculated to reflect the likelihood of a rubric occurring in a particular group. This was yet again followed by non-parametric tests, namely the McNemar test. Here the pair wise comparison was applied to compare the different groups to each other in order to ascertain the relative effectiveness of the methodology in producing proving symptoms as represented by the presence of the rubrics.

3.5.1 Odds Ratio

Odds ratio is a measurement of the association that exists between variables. One is the neutral value, indicating that no difference exists between the variables compared. A value close to zero or close to infinity indicates the existence of large differences between the variables. An odds ratio value larger than one indicates that Group one contains a larger proportion than Group two, hence a positive or direct relation. The opposite is true for an odds ratio value smaller than one, indicating an inverse or negative relation (Uitenbroek, 2009; Vogt, 2005).

The odds ratio is calculated as follows:

$$OR = \frac{Variable\ 1/(1 - Variable\ 1)}{Variable\ 2/(1 - Variable\ 2)}$$

3.5.2. McNemar Test

The McNemar test is a variation of the chi-squared test used when samples are related and the outcome variable is dichotomous (coded as 0 and 1). It is a non-parametric test (Kanji, 1999; National Institute of Standards and Technology, 2008).

The data can be summarised in the table below (X is variable one and Y variable two) (National Institute of Standards and Technology, 2008).

	Yi = 0	Yi = 1
Xi = 0	a	b
Xi = 1	c	d

The following assumptions exist:

1. The pairs (X_i,Y_i) are mutually independent.
2. Each X_i and Y_i can be assigned to one of two possible categories.
3. The difference

$$P(X_i = 0, Y_i = 1) - P(X_i = 1, Y_i = 0)$$

is negative for all *i* or zero for all *i* or positive for all *i*.

If we let $P_1 = P(X_i = 0, Y_i = 1)$ and $P_2 = P(X_i = 1, Y_i = 0)$, then the McNemar test can be formulated as follows.

$$H_0: P_1 = P_2 \text{ for all } i$$

$$H_a: P_1 \neq P_2 \text{ for all } i$$

Test Statistic:

$$\text{If } b + c > 20, T_1 = (b - c)^2/(b + c)$$

$$\text{If } b + c \leq 20, T_2 = b$$

There is also a continuity corrected version of the T_1:

$$T_1' = (|b - c| - 1)^2/(b + c)$$

3.5.3. Binomial Distribution

Binomial distribution is a probability distribution for dichotomous variables (Vogt, 2005). It is used to investigate the significance of the difference between two proportions, assuming that two populations are equal, based on one sample from each population (Kanji, 1999).

The distribution is calculated by taking random samples of sizes n_1 and n_2 and calculating the proportions p_1 and p_2 utilising the following formula (Kanji, 1999):

$$Z = \frac{(p_1 - p_2)}{\left\{P\,(1-P)\left(\frac{1}{n_1}+\frac{1}{n_2}\right)\right\}^{\frac{1}{2}}}$$

Where

$$P = \frac{p_1 n_1 + p_2 n_2}{n_1 + n_2}$$

3.6 QUALITATIVE ANALYSIS

The symptoms were also graded according to severity and frequency. Most symptoms carried a grading of one, but more characteristic symptoms were graded as a two or a three. This grading can be seen in the repertory presented in Chapter 4, section 4.4. The qualitative analysis was performed using the NVivo 8.0 software programme. The results of the analysis can be found in Chapter 4, section 4.3, as the abridged *materia medica* for *Protea cynaroides*, as discussed in 3.7.

3.7 *MATERIA MEDICA* PRESENTATION

The qualitative results from NVivo for the three groups were sorted into an accurate and usable *materia medica*, providing a complete remedy picture of the proven remedy.

In presenting the *materia medica,* Gray (2005a) decided to take the following approach: He produces three versions of a proving. The first includes only the primary action symptoms. The second includes all the symptoms listed in the first, but also includes the dreams and thoughts of the provers and supervisors, fleshing out the symptoms. This section also includes the experience of the group dynamic. The third section is a brief chronology

highlighting the first few days' experience of the major provers, their immediate response to the remedy.

Timmerman (2009) advocates the analysis of proving symptoms into levels of experience, as explained in the C4 methodology under section 2.2.12. All the proving symptoms are collated and divided into physical, emotional, mental and spiritual sections, corresponding to the C1 to C4 levels. These symptoms are then analysed in order to ascertain the essence of each level. These essences would then reveal the development of the symptoms experienced within the remedy to ultimately illustrate the polarities present within the remedy symptomatology.

However, in studying the *Mappa mundi*[44] method of analysing and presenting remedy pictures, it was decided to present the material in that way to give an overview of the totality of the symptomatology of the remedy and illustrating the dynamic balance in terms of the remedy action and reaction (Norland, 2003a, 2007).

Mappa mundi has its roots in Greek philosophy, particularly the Greek philosopher Empedocles, where the world was divided according to the four elements. This thinking was extended by Plato and Aristotle, incorporating various areas of existence to the map. Hippocrates added the four humours of human temperament to it. In the middle ages, maps of the world were drawn up according to this method of thinking and it also formed the basis of alchemy (Norland, 2003a, 2007).

The map also links well with Jungian psychology, where intuition, thinking, sensation and feeling can be seen to correspond to fire, air, earth and water (Norland, 2003a, 2007). This idea is supported by Von France (1997) where she draws parallels between alchemy and Jung's teachings.

[44] Map of the world (Norland, 2003a)

The first homoeopath to adapt this map for use in homoeopathy was Joseph Reeves and he in turn influenced modern homoeopaths e.g. Norland and Sherr to follow his thinking (Norland, 2007).

Homoeopathic *Mappa mundi* "organises the four elemental qualities and temperaments into an eight-fold division of their opposing traits along four axis" based on the original diagram as illustrated in the diagram in Appendix 9 (Norland, 2007: 3).

Health is represented by a balance between the forces, and an imbalance results in disease, usually along one axis. Health thus represents free movement within the circle, and disease a limitation of movement within a narrow plane (Norland, 2003a).

Each axis illustrates the polarity and the body's attempt to balance itself, closely matching the primary and secondary action of the disease. An example to such a polarity can be seen between the fire and air poles, one representing life (fire) and one death (air), as well as between earth and water, representing solidity and fluidity (Norland, 2003a, 2007). The advantage of this system is that it does not see symptoms in the linear fashion of cause and effect, but as a circle illustrating the cycle of the disease regardless of whether symptoms are primary or secondary. It views all symptomatology as two sides of the same coin.

The *Mappa mundi* map for *Protea cynaroides* and a complete *materia medica,* compiled through the method advocated by Timmerman (2009), is presented in Chapter 4, section 4.3.

3.8 METHODOLOGICAL OVERVIEW

The three groups identified were thus tested twice, through application of the three identified methodology groups, in consecutive years to investigate the reproducibility of the symptoms. Each group consisted of ten verum provers per year. All the data gathered were translated into rubrics according to the guidelines given by Schroyens (2004). The hypothesis was tested quantitatively, looking at the odds ratios of rubric occurrence between the two years, followed by a pairwise comparison of the 2008 and 2009 data for each group utilising the McNemar test and Binomial distribution. Once congruency was established, the groups were compared to each to establish the effectiveness of each method, utilising the same statistical tests, but comparing groups to each other, as well as the placebo and verum groups of the Sherr methodology.

Qualitative analysis of the data was done using NVivo software. The journal entries and transcribed interviews were thematically analysed to compile the *materia medica* of *Protea cynaroides*. The main themes were identified where saturation was evident. The analysis allowed for the visual representation of the remedy utilising the *Mappa mundi.* The *materia medica* was further elaborated on by miasmatic classification. These quantitative and qualitative analyses thus form the basis of the findings presented in Chapter 4.

CHAPTER 4

RESULTS

As set out in the previous chapter, each of the three groups comprised of 10 verum provers per year, thus totalling 20 verum provers per group. The second group had an additional 10 provers, comprised of five placebo provers for 2008 and 2009 respectively. The data analysis took place with two main objectives in view: Firstly to prove the reproducibility of the method and secondly to compare the relative effectiveness of each of the methods.

The hypotheses tested were:
Firstly reproducible symptoms are produced in consecutive years while applying the same methodology;
Secondly some proving methodologies are more effective in yielding proving symptoms than others, in terms of number, type and quality of symptoms elicited;
Thirdly distinct differences exist between the symptoms yielded by the placebo and the verum groups within the same methodology;
And lastly it is possible to develop an integrated methodology based on the relative effectiveness of proving methodologies.

4.1 PROVER DEMOGRAPHICS

Due to the racial and cultural diversity of South Africa, it is important to note that every effort was made to recruit provers representing each part of society in order to accurately judge the effect that the remedy would have on the local population. The four main factors represented below are gender, age, ethnic group and occupation.

Table 3
Prover demographics

Factor	Category	Group 1: C4 Trituration Proving		Group 2: Sherr Proving		Group 3: Dream proving	
		n	%	n	%	n	%
Gender	Male	6	30	10	33	8	40
	Female	14	70	20	67	12	60
Age	18-20	2	10	6	20	0	0
	21-25	6	30	12	40	6	30
	26-30	7	35	7	23	5	25
	31-35	1	5	0	0	2	10
	36-40	0	0	2	7	1	5
	41-45	1	5	1	3	1	5
	46-50	0	0	0	0	2	10
	51-55	3	15	2	7	3	15
Ethnic Group	White	12	60	17	57	14	70
	Black	2	10	4	13	2	10
	Indian	5	25	7	23	3	15
	Coloured	1	5	2	7	1	5
Occupation	N.Dip Homoeopathy Student	1	5	13	43	1	5
	B.Tech Homoeopathy student	2	10	3	10	5	25
	M.Tech Homoeopathy Student	5	25	9	30	5	25
	Homoeopath	7	35	4	14	1	5
	Other	5	25	1	3	8	40
Total		20	100	30	100	20	100

4.1.1 Gender

In Table 3 it is evident that the male to female split in group one was 30 percent male to 70 percent female. The split in the second group is very similar with 33 percent of participants being male and 67 percent female. The last group reflects a slight difference, with 40 percent male to 60 percent female participants.

The representation however, is very typical for the South African homoeopathic profession as a whole, where the majority of homoeopaths

and homoeopathic students are female (Babaletakis, 2006; Chella, 2007; Courage, 2006; Sweidan, 2007).

4.1.2 Age

From Table 3 it is evident that the majority of provers fall in the age group of 21 to 30 years of age. The age group 18 to 20 years contributed to 10 percent of the provers in Group one and 20 percent of provers in Group two, but was absent in the third group. There were very few provers between the ages of 30 and 50, these ages comprising 10 percent of Groups one and two, and 30 percent of Group three. The age group 51 to 55 was present in all three groups and made up 15 percent of provers in Group one, seven percent of Group two and 15 percent of Group three.

This age representation is due to the fact that the majority of participants were homoeopathy students (63 percent) placing them in the age group of 21 to 30 years of age.

4.1.3 Ethnic Group

The ethnic breakdown of the prover population reflects that most of the provers were white persons – 60 percent in Group one, 57 percent in Group two and 70 percent in Group three. The second most prevalent ethnic group were people of Indian origin, contributing 25, 23 and 15 percent respectively. Black African people made up 10 percent of Groups one and three and 13 percent of Group two. Coloured people were the least represented, contributing five percent to Groups one and three and seven percent to Group two.

The representation however, is currently very typical of the South African homoeopathic profession, where the majority of homoeopaths and

homoeopathic students are white people, followed by people of Indian origin (Babaletakis, 2006; Courage, 2006; Sweidan, 2007).

4.1.4 Occupation

As expected, the majority of participants were within the homoeopathic profession, either being homoeopathic students or practitioners. Overall, most participants were in the process of completing their Master's Degree in Technology: Homoeopathy (M.Tech). The majority of Group two participants were in the process of completing their National Diploma (N.Dip) in homoeopathy (43 percent) followed by those completing their M.Tech (30 percent). Group one was a mixture of predominantly homoeopaths in practice (35 percent) and members of the public and M.Tech students (25 percent respectively). Group three comprised mostly of non-homoeopaths (40 percent) as well as Bachelors Degree in Technology: Homoeopathy (B.Tech) and M.Tech students (25 percent respectively).

4.2 CRITERIA GOVERNING THE ADMISSIBILITY OF DATA

The general convention for the reporting of proving symptoms dictates that symptoms have to be validated in order to be included in the report. The criteria for validation were discussed in the previous chapter under 3.4.2. For the purposes of analysing the effectiveness of the methodology applied, all symptoms were included. The Appendix 8 table contains the raw data.

4.3 INTRA-GROUP ANALYSIS

The hypotheses for investigating the reproducibility of the methodology are stated as follows:

H_0: There is no difference in the symptoms experienced between the two consecutive years (symptoms are reproducible)

H_a: There is a difference in the symptoms experienced between the two consecutive years (symptoms are not reproducible)

The hypotheses were accepted or rejected according to the following decision rule:

Accept H_0: if $p > \alpha$

Accept H_a: if $p \leq \alpha$

$\alpha = 0.05$

For the purposes of intra-group comparison, only the 10 verum cases for each year were taken into consideration.

4.3.1 Description of the Data Generated in Each Group

The complete tables for the descriptive statistics can be seen in Appendix 10.

Table 4
The Occurrence of Rubrics in 2008 and 2009

Rubric Level	Group 1: C4 Trituration Proving		Group 2: Sherr Proving		Group 3: Dream Proving		TOTAL	
	n	%	n	%	n	%	n	%
Main Rubric	590	68	496	57	530	61	868	100
Sub-Rubric	686	58	664	56	860	72	1184	100
Sub-Sub-Rubric	404	58	378	55	526	76	694	100

In comparing the frequencies of the occurrence of a rubric between the two years, 2008 and 2009, within a particular group, as seen in Table 4, it is evident that the three groups illustrate a similar congruency at the main rubric level. When looking at similarities between the years, i.e. whether the rubric was present or absent in both years, one can see that there is a 68 percent similarity between the main rubrics of Group one (C4 proving methodology), a 57 percent similarity between the main rubrics of Group two (Sherr

methodology) and a 61 percent similarity between the main rubrics of Group three (Dream proving methodology).

However, at the sub-rubric and sub-sub-rubric levels, the similarity is much greater between the two years of Group three compared to those of Groups one and two. Group three shows a similarity of 73 percent at the sub-rubric level and a 76 percent similarity at the sub-sub-rubric level, whereas Group one show a 58 percent similarity for each respective level and Group two (Sherr methodology) a 56 percent similarity for sub-rubric level and a 55 percent similarity at the sub-sub-rubric level. It has to be noted, however, that the high congruency illustrated in Group three is based on the absence of rubrics in both years rather than their mutual occurrence. Based on these observations, it is thus evident that Groups one and two are the most reproducible ones based on rubric presence, as opposed to Group three where the high level of similarity lies in the absence of rubrics.

In order to accept or reject the hypothesis, more accurate statistical testing is required to ascertain whether these differences observed are statistically significant.

Table 5
Occurrence of a Rubric in a Particular Year in a Group Presented by Rubric Level

Rubric Level	Group 1: C4 Trituration Proving			Group 2: Sherr Proving			Group 3: Dream proving		
	%		Odds ratio	%		Odds ratio	%		Odds ratio
	2008	2009		2008	2009		2008	2009	
Main Rubric	41	51	0.803	59	44	1.343	44	36	1.223
Sub-Rubric	38	48	0.791	44	33	1.335	27	19	1.422
Sub-Sub-Rubric	29	40	0.724	42	24	1.753	23	11	2.093

From the data presented in Table 5, it is clear that rubrics occurred more frequently in 2009 in Group one (C4 proving methodology) at all rubric levels. The odds ratio for Group one reflects that the main rubrics had a 0.803 times chance of occurring in 2008 compared to the occurrence in 2009. The sub-rubrics had a 0.791 times chance of occurring in 2008 than of occurring in 2009 and the sub-sub-rubrics a 0.724 times chance of occurring in 2008 than of occurring in 2009.

In studying Group two (Sherr methodology), it is evident that the rubrics occurred more frequently in 2008. The likelihood of a rubric occurring at the main rubric level in 2008 in Group two is 1.343 times higher than it occurring in 2009. The same odds ratio results are evident for the sub-rubric and sub-sub-rubric levels with likelihoods of 1.335 and 1.753 respectively.

Similar trends are observable in Group three (Dream proving methodology), where there is a 1.223 times higher chance of a rubric occurring in 2008 at a main rubric level; 1.422 times higher chance of a rubric occurring in 2008 at a sub-rubric level and a 2.093 times higher chance of a rubric occurring in 2008 at a sub-sub-rubric level compared to 2009.

This data thus suggest that a larger number of rubrics occurred in 2009 in Group one and a larger number of rubrics occurred in 2008 in Groups two and three. The differences observable between the two years for each group is, however, relatively small for all comparisons, showing only eight to 18 percent variation between the two years. The highest variation is observable in Group two at a main and sub-sub-rubric level, reflecting 15 and 18 percent variation respectively.

The lowest variation is observable in Group three at a main and sub-rubric level, with an eight percent variation between the 2008 and 2009 data. Group one seems to be the most consistent, reflecting a 10 percent variation at the main rubric and sub-rubric levels and an 11 percent variation at the

sub-sub-rubric level. This data thus suggest reasonable reproducibility of the symptoms in the consecutive years.

Table 6
Similarity in Rubric Occurrence in 2008 and 2009 Presented by Repertory Chapter

Repertory Chapter	Group 1: C4 Trituration Proving		Group 2: Sherr Proving		Group 3: Dream proving		Total
	n	%	n	%	n	%	n
Abdomen	50	66	24	32	70	92	76
Back	34	41	50	60	66	79	84
Bladder	6	60	4	40	10	100	10
Chest	48	51	46	49	64	68	94
Chill	2	100	2	0	2	100	2
Cough	4	29	4	29	6	43	14
Dreams	200	71	122	43	144	51	284
Ear	18	36	36	72	50	100	50
Expectoration	8	80	4	40	4	40	10
External Throat	6	100	0	0	6	100	6
Extremities	116	46	162	64	200	79	252
Eye	40	54	42	57	56	76	74
Face	52	60	50	57	78	89	88
Female	52	87	20	34	50	83	60
Fever	8	100	2	25	2	25	8
Generals	202	73	144	52	166	60	278
Head	66	54	72	59	88	72	122
Hearing	4	33	12	100	4	33	12
Kidneys	8	100	8	100	8	100	8
Larynx	0	0	4	100	4	100	4
Male	2	50	2	50	2	50	4
Male And Female	2	100	2	100	2	100	2
Mind	356	62	368	64	372	65	572
Mouth	22	48	38	83	24	52	46
Nose	68	51	96	72	94	70	134
Perspiration	6	100	4	67	4	67	6
Rectum	28	93	8	27	14	47	30
Respiration	16	45	28	78	18	50	36
Skin	20	63	22	69	22	69	32
Sleep	36	67	32	59	44	81	54
Stomach	72	63	62	54	104	91	114
Stool	22	100	2	9	16	73	22
Teeth	14	100	2	14	4	29	14
Throat	32	49	40	61	48	73	66
Urethra	10	100	4	40	10	100	10
Urine	10	100	4	40	10	100	10
Vertigo	14	58	12	50	22	92	24
Vision	26	77	12	35	28	82	34
Mean		68		53		73	

From the data in Table 6 it is evident that Groups one (C4 proving methodology) and three (Dream proving methodology) exhibit a greater overall degree of reproducibility than Group two (Sherr proving methodology). The similarity in the symptoms produced in 2008 and those produced in 2009 is the highest in Group three, with a mean of 73 percent similarity between the two years. The second most reproducible group is Group one with a mean of 68 percent. From the data one can conclude that Group two is the least reproducible, possessing a mean similarity of only 53 percent.

Looking at the reproducibility of the individual chapters within each group, it is evident that the reproducibility is group specific. The top ten most reproducible chapters in Group one is Chill, External throat, Fever, Kidneys, Male and Female genitalia, Perspiration, Stool, Teeth, Urethra and Urine. The reproducibility in these chapters is more likely due to the absence of the rubric in both years, especially in the chapters represented by smaller numbers of rubrics.

Group three exhibits similar trends to Group one, also featuring Chill, External throat, Kidneys, Male and Female genitalia, Urethra and Urine in the top ten most reproducible chapters. Additional chapters in the top ten for Group three are Abdomen, Bladder, Ear and Larynx. Yet again, a high percentage of similar rubrics can be seen in chapters represented by smaller numbers of rubrics, with the exception of the Abdomen chapter which has 35 rubrics and a 92 percent similarity between the occurrences of those rubrics. The similarity is however again due to the absence of the rubrics, rather than their presence. This trend will be further analysed in section 4.3 where the presence or absence of rubrics will be compared between groups.

The most reproducible chapters in Group two are Hearing, Kidneys, Larynx and Male and Female genitalia, followed by Mouth, Respiration, Nose, Ear, Skin and Perspiration. These similarities are observed in chapters representing larger numbers of rubrics than the other two groups and a larger

number of the similarities are due to the occurrence of the rubric rather than its absence.

Table 7
Occurrence of a Rubric in 2008 Compared to 2009 Presented by Repertory Chapter

Repertory chapter	Total	Group 1: C4 Trituration Proving			Group 2: Sherr Proving			Group 3: Dream proving		
	N	%		Odds ratio	%		Odds ratio	%		Odds ratio
		2008	2009		2008	2009		2008	2009	
Abdomen	76	18	21	0.875	71	29	2.465	8	5	1.500
Back	84	74	57	1.294	40	29	1.418	10	21	0.444
Bladder	10	40	0	-	100	40	2.515	0	0	-
Chest	94	9	45	0.190	60	21	2.811	28	4	6.515
Chill	2	0	0	-	100	0	-	0	0	-
Cough	14	14	57	0.249	14	57	0.249	57	0	-
Dreams	284	14	27	0.526	56	23	2.432	38	39	0.964
Ear	50	68	60	1.134	32	12	2.672	0	0	-
Expectoration	10	0	20	-	20	80	0.248	60	0	-
External throat	6	0	0	-	100	0	-	0	0	-
Extremities	252	44	50	0.872	31	16	1.953	10	12	0.867
Eye	74	43	51	0.841	35	24	1.446	22	14	1.601
Face	88	39	39	1.000	41	25	1.639	11	0	-
Female	60	13	0	-	60	40	1.503	3	20	0.166
Fever	8	0	0	-	25	100	0.248	75	0	-
Generals	278	32	50	0.651	57	27	2.085	46	17	2.674
Head	122	49	43	1.155	43	34	1.239	34	30	1.167
Hearing	12	67	67	1.000	17	17	1.000	0	67	0.000
Kidneys	8	0	0	-	100	25	4.030	0	0	-
Larynx	4	0	100	-	0	0	-	0	0	-
Male	4	0	50	-	50	0	-	0	50	0.000
Male and female	2	100	100	1.000	100	100	1.000	100	100	1.000
Mind	572	55	64	0.857	51	56	0.912	52	36	1.425
Mouth	46	9	61	0.142	22	22	1.000	48	9	5.522
Nose	134	46	57	0.815	37	27	1.390	37	7	5.015
Perspiration	6	0	0	-	67	33	2.007	67	33	2.007
Rectum	30	7	13	0.500	67	7	10.06	0	53	0.000
Respiration	36	50	83	0.598	39	17	2.339	33	17	2.003
Skin	32	44	31	1.402	69	75	0.916	19	25	0.750
Sleep	54	52	41	1.274	52	70	0.735	56	59	0.937
Stomach	114	18	44	0.399	56	28	2.006	14	9	1.601
Stool	22	0	0	-	91	0	-	0	27	0.000
Teeth	14	0	0	-	100	14	7.061	0	71	0.000
Throat	66	27	67	0.407	24	45	0.532	36	9	4.011
Urethra	10	0	0	-	100	40	2.515	0	0	-

Urine	10	0	0	-	60	0	-	40	40	1.000
Vertigo	24	17	58	0.285	25	58	0.427	8	17	0.500
Vision	34	41	53	0.777	41	71	0.582	12	18	0.666

Table 7 concurs with the data in Table 6, illustrating that the most reproducible methodologies are those of Groups one (C4 methodology) and three (Dream methodology). When studying Groups one and two (Sherr methodology), it is evident that three of the chapters reflect identical occurrences, namely Hearing and Male and Female genitalia in both groups, Face in Group one and Mouth in Group two. Group three reflects only two identical chapters namely Urine and Male and Female genitalia.

Group one, however, reflects the highest number of missing values when calculating the odds ratio, with 14 missing values, compared to 11 in Group three and six in Group two. This also supports the observation made in Table 5, that the similarities observed in Groups one and three are more likely to be due to the absence of rubrics in a chapter than due to their presence.

In Group one, rubrics in 16 chapters were most likely to occur in 2009 compared to 2008, reflected by an odds ratios less than one. This was also true for nine chapters in Group two and 13 chapters in Group three. Five chapters in Group one reflected a higher probability of the rubrics occurring in 2008 compared to 2009, evident in the odds ratio of greater than one. In Group two this was true for 20 chapters and Group three 12. This illustrates that provers in Group one was more likely to produce symptoms in 2009; Group two more likely in 2008 and Group three the likelihood was close to even between the two years, thus leading one to conclude that Group three is the most reproducible of the three groups.

It is important to note, however, that the differences in the odds ratios in Group one is small, with the highest value being 1.402. The range is Group three is larger, with the highest value at 6.515. The largest range is

observable in Group two, with odds ratio values ranging from 0.245 to 10.060. These observations suggest, yet again, a poor reproducibility in the symptoms elicited during a proving utilising the Group two (Sherr) methodology.

4.3.2 The Relationship Between the 2008 and 2009 Data

The relationship between the 2008 and 2009 data was investigated in order to prove or disprove the following hypothesis: whether or not a difference exists when comparing the symptoms experienced between the two consecutive years i.e. whether or not the symptoms are reproducible. The hypothesis statements are as follows (with the significance level set at 95%):

H_0: There is no difference in the symptoms experienced between the two consecutive years (symptoms are reproducible)

H_a: There is a difference in the symptoms experienced between the two consecutive years (symptoms are not reproducible)

Table 8
Comparison of 2008 And 2009 Data for Each Group

	Group 1: C4 Trituration Proving 2008 & 2009	Group 2: Sherr Proving 2008 & 2009	Group 3: Dream Proving 2008 & 2009
N	1373	1373	1373
Significance	.000[a]	.000[a]	.000[a]

a. McNemar Test

In comparing the two years for each group, a significant difference is observable in all instances, as illustrated in Table 8. Null hypothesis is thus not accepted in all cases.

Table 9
Comparison of 2008 and 2009 Data for Each Group Presented by Rubric Level

Rubric level	N	Significance		
		Group 1: C4 Trituration Proving 2008 & 2009	Group 2: Sherr Proving 2008 & 2009	Group 3: Dream Proving 2008 & 2009
Main rubric	434	.000[a]	.000[a]	.037[a]
Sub-rubric	592	.000[a]	.000[a]	.000[a]
Sub-sub-rubric	347	.008[a]	.000[a]	.000[a]

a. McNemar Test

Splitting the data according to rubric level, a significant difference is observable when comparing the data obtained in 2008 to that in 2009 in all groups at all rubric levels. Null hypothesis is thus not accepted in all cases, as evident from Table 9, suggesting that there is a difference in the symptoms experienced between the two consecutive years. The symptoms elicited during the application of all three methodologies are thus not reproducible.

Table 10
Comparison of 2008 and 2009 Data for Each Group Presented by Repertory Chapter

Repertory chapter	N	Group 1: C4Trituration Proving 2008 & 2009	Group 2: Sherr Proving 2008 & 2009	Group 3: Dream Proving 2008 & 2009
Abdomen	38	1.000[b]	.003[a]	1.000[b]
Back	42	.230[b]	.332[b]	.180[b]
Bladder	5	.500[b]	.250[b]	-
Chest	47	.000[b]	.000[b]	.007[b]
Cough	7	.375[b]	.375[b]	.125[b]
Dreams	142	.009[a]	.000[a]	.905[a]

Ear	25	.804[b]	.125[b]	-
Expectoration	5	1.000[b]	.250[b]	.250[b]
External throat	3	-	.250[b]	-
Extremities	126	.396[a]	.007[a]	.845[a]
Eye	37	.629[b]	.454[b]	.508[b]
Face	44	1.000[b]	.167[b]	.063[b]
Female	30	.125[b]	.263[b]	.063[b]
Fever	4	-	.250[b]	.250[b]
Generals	139	.000[a]	.000[a]	.000[a]
Head	61	.571[a]	.424[b]	.629[b]
Hearing	6	1.000[b]	1.000[b]	.125[b]
Kidneys	4	-	.250[b]	-
Larynx	2	.500[b]	-	-
Male	2	1.000[b]	1.000[b]	1.000[b]
Mind	286	.016[a]	.198[a]	.000[a]
Mouth	23	.001[b]	1.000[b]	.012[b]
Nose	67	.296[a]	.167[b]	.000[b]
Perspiration	3	1.000[b]	1.000[b]	1.000[b]
Rectum	15	1.000[b]	.021[b]	.008[b]
Respiration	18	.180[b]	.063[b]	.508[b]
Skin	16	1.000[b]	1.000[b]	.625[b]
Sleep	27	.508[b]	.109[b]	1.000[b]
Stomach	57	.001[b]	.003[a]	.375[b]
Stool	11	-	.002[b]	.625[b]
Teeth	7	-	.031[b]	.125[b]
Throat	33	.001[b]	.180[b]	.021[b]
Urethra	5	1.000[b]	.500[b]	-
Urine	5	-	.125[b]	1.000[b]
Vertigo	12	.063[b]	.219[b]	1.000[b]
Vision	17	.625[b]	.109[b]	1.000[b]

a. McNemar test

b. Binomial distribution

The data with regards to Group two (Sherr proving methodology) reflects that significant difference exist in nine chapters, namely Abdomen, Chest, Dreams, Extremities, Generals, Rectum, Stomach, Stool and Teeth, when comparing the 2008 data to the 2009 data. Null hypothesis is thus rejected for the chapters involved, indicating that a significant difference exists in the symptoms experienced between the two consecutive years. These chapters thus show the least reproducibility when applying the Sherr proving methodology.

Group two also exhibits the lowest number of missing data, illustrating the large number of symptoms generated applying this methodology. Due to the high occurrence of symptoms it is understandable that the level of reproducibility would decrease as there are more rubrics present than in the other two groups. This would also explain that only five chapters, Hearing, Mouth, Male genitalia, Perspiration and Skin, reflect the presence of identical data, two of which possessing low numbers of rubrics.

When studying the data presented in Table 10, it is evident that Groups one (C4 proving methodology) and three (Dream proving methodology) both exhibit an equal number of significant differences (seven) and missing values (six). Significant differences were observable in the Chest, Generals, Mind, Mouth and Throat chapters of both Groups one and three, while the significance values in the Dreams and Stomach chapters were only significantly different in Group one and the significance values in the Rectum and Throat only significantly different in Group three. Null hypothesis is thus rejected for the chapters involved, indicating that significant differences exist in the symptoms experienced between the two consecutive years. This means that these chapters are not reproducible when applying the C4 proving methodology (Group one) and the Dream proving methodology (Group three).

Group one, however, exhibits a higher number of chapters with identical data when comparing the 2008 and 2009 values (nine chapters), compared to Group three (seven chapters). Common chapters between these groups are Abdomen, Male genitalia, and Perspiration. The chapters Expectoration, Face, Hearing, Rectum, Skin and Urethra were identical in Group one and the chapters Sleep, Urine, Vertigo and Vision were identical in Group three. In Group one, the data is identical by virtue of the absence of rubrics in both years in four chapters, namely Perspiration, Expectoration, Rectum and Urethra, while this is the case in only two chapters in Group three, namely Vertigo and Vision.

Group one (C4 proving methodology), on the other hand, only reflects no significant differences to exist in 14 chapters, while Group three (Dream proving methodology) reflects that in 16 chapters. Null hypothesis is accepted for these chapters within these groups, as no significant difference exist in the symptoms experienced between the two consecutive years. This is indicative of the reproducible chapters when applying the respective proving methodologies.

However, Group two (Sherr methodology) has the highest number of reproducible chapters (21), thus emerging as the most reproducible of the methodologies when studying the data arranged by repertory chapter. These reproducible chapters are those that show no significant difference between the data generated by applying the Sherr methodology in 2008 and that in 2009. Null hypothesis is accepted for all 21 chapters where no significant differences were observed.

The conclusion that can be drawn from this data is that the Sherr methodology is the most reproducible when comparing the relative reproducibility of the C4, Sherr and Dream proving methodologies. Consistent results can thus be expected when applying the Sherr methodology in conducting homoeopathic proving, without significant variance between prover groups.

4.4 INTER-GROUP ANALYSIS

The hypotheses for investigating the relative effectiveness of the methodology are stated as follows:

H_0: There is no difference in the symptoms experienced in the different groups and the methodologies are thus equivalent.

H_a: There is a difference in the symptoms experienced in the different groups and the methodologies are thus not equivalent.

The hypotheses were accepted or rejected according to the following decision rule:

Accept H_0: if $p > \alpha$

Accept H_a: if $p \leq \alpha$

$\alpha = 0.05$

4.4.1 Description of the Data Generated In Each Group

The data generated by SPSS in terms of the descriptive statistical tests carried out can be viewed in Appendix 12. A summarised version of the findings is presented below.

Table 11
Presence of Rubric Compared to Other Groups Presented by Rubric Level

Rubric level	Group 1: C4 Trituration Proving		Group 2: Sherr Proving		Group 2: Sherr Proving placebo		Group 3: Dream proving		Total
	n	%	n	%	n	%	n	%	n
Main rubric	259	60	275	63	113	26	214	49	434
Sub-rubric	374	63	372	63	174	30	231	39	592
Sub-sub-rubric	208	60	221	64	101	29	134	39	347

Table 11 illustrates that the methodologies that yield the most rubrics are those applied in Groups one and two, the C4 and Sherr proving methodologies. Not only do they yield a large number of rubrics, but they also yield a much larger number of rubrics than produced by the Group two placebo group. In Group three, the Dream proving methodology, there is

much less rubrics present at each rubric level than Groups one and two. The number of rubrics present in Group three is still higher than those produced in the placebo group. One can thus conclude that the frequency with which a rubric is present in Group two placebo is much lower than in the other three groups. This illustrates that the active groups do present more symptoms than the placebo group, but that there is not an absence of symptoms in the placebo group, only a lower occurrence.

In order to accurately judge the effectiveness of each methodology, further statistical analysis is required to ascertain whether the differences observed are statistically significant or not.

Table 12
Presence of Rubric Compared to Other Groups Presented by Rubric Level

Rubric Level	Rubric Presence	Group 1: C4 Trituration Proving		Group 2: Sherr Proving		Group 2: Sherr Proving Placebo		Group 3: Dream Proving		Total
		n	Odds ratio	n	Odds ratio	n	Odds ratio	n	Odds ratio	n
Main rubric	Absent	175		159		321		220		875
	Present	259	0.676	275	0.578	113	2.841	214	1.028	861
	Total	434		434		434		434		1736
Sub-rubric	Absent	218		220		418		361		1217
	Present	374	0.583	372	0.591	174	2.402	231	1.563	1151
	Total	592		592		592		592		2368
Sub-sub-rubric	Absent	139		126		246		213		724
	Present	208	0.668	221	0.570	101	2.436	134	1.590	664
	Total	347		347		347		347		1388

The data in Table 12 concurs with that in Table 11 in illustrating a low number of rubrics present in the placebo group (Sherr proving placebo group) and in Group three (Dream proving). The odds ratios for Group two placebo and Group three are also indicative that rubrics have a greater

chance of being absent in those groups than they have of being present. The chances are greater in the placebo than in Group three, though, indicating that the active remedy does elicit more symptoms than the inactive.

In looking at Groups one (C4 proving) and two (Sherr proving) it is evident that these methodologies are more effective in eliciting responses in provers. The lower odds ratios indicate that rubrics are more likely to be present in these groups than absent. These groups are up to three times more effective in producing rubrics than Group three and up to six times more effective than the placebo group. The incidence of rubrics in Group three ranges between 30 and 49 percent, where in Group one it ranges between 60 and 63 percent and in Group two between 63 and 64 percent. The range is also small in Group two placebo, where the incidence is between 26 and 29 percent. This also illustrated the high variability in the rubrics elicited in Group three at the various rubric levels, where the number is more consistent in Groups one and two.

To further investigate these findings, more statistical tests are required in order to form a more detailed picture and a more in-depth analysis of the results.

Table 13
Presence of Rubric Compared to Other Groups Presented by Repertory Chapter

Repertory chapter	Group 1: C4 Trituration Proving		Group 2: Sherr Proving		Group 2: Sherr Proving Placebo		Group 3: Dream Proving		Total
	n	%	n	%	n	%	n	%	n
Abdomen	15	40	31	82	16	42	5	13	38
Back	39	93	23	55	10	24	11	26	42
Bladder	2	40	5	100	4	80	0	0	5
Chest	25	53	32	68	1	2	14	30	47
Chill	0	0	0	0	0	0	1	100	1
Cough	4	58	5	71	2	29	3	43	7
Dreams	51	36	97	68	23	16	91	64	142
Ear	23	92	10	40	4	16	0	0	25
Expectoration	1	20	3	60	1	20	2	40	5
External throat	1	33	3	100	0	0	1	33	3
Extremities	92	73	53	42	18	14	27	21	126
Eye	27	73	18	49	15	41	11	30	37
Face	25	57	25	57	1	2	5	11	44
Female	5	17	24	80	9	30	6	20	30
Fever	0	0	4	100	1	25	2	50	4
Generals	75	54	92	66	50	36	72	52	139
Head	42	69	37	61	16	26	29	48	61
Hearing	6	100	1	17	0	0	3	50	6
Kidneys	1	25	3	75	2	50	1	25	4
Larynx	1	50	1	50	1	50	1	0	2
Male	1	50	0	0	1	50	0	0	2
Male and female	1	100	1	100	1	100	1	100	1
Mind	224	78	203	71	119	42	177	62	286
Mouth	14	61	8	35	2	9	12	52	23
Nose	51	76	31	46	16	24	25	37	67
Perspiration	1	33	1	33	1	33	1	33	3
Rectum	2	13	11	73	11	73	9	60	15
Respiration	16	89	8	44	2	11	9	50	18
Skin	10	63	13	81	7	44	5	31	16
Sleep	16	59	22	82	12	44	18	67	27
Stomach	29	51	37	65	17	30	9	16	57
Stool	0	0	10	91	3	27	4	36	11
Teeth	0	0	7	100	0	0	4	57	7
Throat	23	70	19	58	10	30	13	39	33
Urethra	1	20	4	80	3	60	0	0	5
Urine	0	0	4	80	2	40	1	20	5
Vertigo	6	50	7	58	3	25	2	17	12
Vision	11	65	15	88	4	24	5	29	17

The group with the highest frequency of symptoms present, according to Table 13, is Group two. The top 10 chapters in this group range from 81 to 100 percent frequency of symptoms present in the chapters. The most prominent chapters are Abdomen, Bladder, External throat, Fever, Male and Female genitalia, Skin, Sleep, Stool, Teeth and Vision. The second most prominent group appears to be Group one, ranging between 70 and 100 percent frequency in the top 10 chapters. In this group, the top 10 chapters were Back, Ear, Extremities, Eye, Hearing, Male and Female genitalia, Mind, Nose, Respiration and Throat. The high frequency of rubric present in these two groups (C4 and Sherr proving methodologies) indicates that these are the methodologies that produce the highest number of rubrics and hence seem to be the most effective methodologies. The chapters in which symptoms most frequently appear differ quite significantly between the two groups, with only the chapter on Male and Female genitalia in common between the C4 and Sherr proving methodologies. This suggests that the different methodologies do favour the development of different symptomatology.

The least number of rubrics were elicited in the placebo group of methodology two with the frequency ranging between 42 and 100 percent. There is some overlap between the top 10 chapters between Group two and its placebo group, having the following chapters present: Abdomen, Bladder, Male and Female genitalia, Skin and Sleep. The additional chapters present in the placebo group's top 10 are Kidneys, Larynx, Male genitalia, Rectum and Urethra.

In Group three the presence of rubrics in the top 10 chapters ranges from 50 to 100 percent. This range is much larger than the range observed in Groups one and two, and only slightly smaller to that of the placebo group. It seems that there is a paucity of rubrics present in Group three and this concurs with the observations made in Table 12 that Group three seems to be the least effective methodology.

Table 14
Presence of Rubric Compared to Other Groups Presented by Repertory Chapter

Repertory chapter	n	Group 1: C4 Trituration Proving Odds ratio	Group 2: Sherr Proving Odds ratio	Group 2: Sherr Proving Placebo Odds ratio	Group 3: Dream Proving Odds ratio
Abdomen	38	1.533	0.226	1.375	6.600
Back	42	0.077	0.826	3.200	2.818
Bladder	5	1.500	0.000	0.250	-
Chest	47	0.88	0.469	46.000	2.357
Chill	1	-	-	-	0
Cough	7	0.750	0.400	2.500	1.333
Dreams	142	1.784	0.464	5.174	0.560
Ear	25	0.087	1.500	5.250	-
Expectoration	5	4.000	0.667	4.000	1.500
External throat	3	2.000	0	-	2.000
Extremities	126	0.370	1.377	6.000	3.667
Eye	37	0.370	1.056	1.467	2.364
Face	44	0.760	0.760	43.000	7.800
Female	30	5.000	0.250	2.333	4.000
Fever	4	-	0	3.000	1.000
Generals	139	0.853	0.511	1.780	0.931
Head	61	0.452	0.649	2.813	1.103
Hearing	6	0.000	5.000	-	1.000
Kidneys	4	3.000	0.333	1.000	3.000
Larynx	2	1.000	1.000	1.000	-
Male	2	1.000	-	1.000	-
Male and female	1	0	0.000	0.000	0.000
Mind	286	0.277	0.409	1.403	0.616
Mouth	23	0.643	1.875	10.500	0.917
Nose	67	0.314	1.161	3.188	1.680
Perspiration	3	2.000	2	2.000	2.000
Rectum	15	6.500	0.364	0.364	0.667
Respiration	18	0.125	1.250	8.000	1.000
Skin	16	0.600	0.231	1.286	2.200
Sleep	27	0.688	0.227	1.250	0.500
Stomach	57	0.966	0.541	2.353	5.333
Stool	11	-	0.100	2.667	1.750
Teeth	7	-	0	-	0.750
Throat	33	0.435	0.737	2.300	1.538
Urethra	5	4.000	0.250	0.667	-
Urine	5	-	0.250	1.500	4.000
Vertigo	12	1.000	0.714	3.000	5.000
Vision	17	0.545	0.133	3.250	2.400

It is evident from Table 14 that the application of the Group two methodology, the Sherr methodology, yield the greatest number of symptoms. The odds ratio indicates that in 27 chapters (71 percent of the chapters) rubrics are more likely to be present than absent. Rubrics are only more likely to be absent in nine of the 38 chapters, where the odds ratio values are larger than one.

Group one (C4 proving) is the next most fruitful methodology. As indicated in Table 14, rubrics are more likely to be present than absent in 20 of the 38 chapters (53 percent), where the odds ratio indicates a value below one. Rubrics are more likely to be absent in 13 chapters, which is slightly higher than the nine in Group two.

Of the verum groups, Group three is least likely to yield rubrics, with only nine of the chapters (24 percent) reflecting an odds ratio of less than one. Rubrics are more likely to be absent as reflected in the 24 chapters with an odds ratio greater than one. The Dream methodology is thus not likely to yield symptoms belonging to the 24 chapters with an odds ratio value greater than one.

The placebo section of Group two, as expected, reflect a high possibility of rubrics being absent with 30 of the chapters indicating a probability that the rubric is more likely to be absent than present. The probability of rubric absence is as high as 46 times more likely in the Chest chapter and 43 times more likely in the Face chapter. One can thus assume that the placebo portion of the Sherr methodology is more likely not to yield symptoms than it is to yield symptoms. This illustrates that the placebo response does not yield significant symptoms during a homoeopathic drug proving, as illustrated in the 30 chapters where the odds ratio is greater than one.

The conclusion can thus be drawn that the methodologies employed in Groups one and two (C4 and Sherr methodologies) are more likely to

produce symptoms than not and that the placebo control and Group three (Dream methodology) are more likely not to produce symptoms. One can thus assume that the more effective methodologies are those tested in Groups one and two, but further statistical tests are required to verify whether these differences are significant or not. The results of these tests are presented in the following section.

4.4.2 The Relationship Between the Data in the Different Groups

Table 15
Pair wise Comparison Groups Regarding the Presence of Rubrics in Each Group

	Group 1: C4 methodology & Group 2: Sherr methodology	Group 1: C4 methodology & Group 3: Dream methodology	Group 2: Sherr methodology & Group 3: Dream methodology	Group 2: Sherr methodology verum portion & placebo portion
n	1373	1373	1373	1373
Significance	.324[a]	.000[a]	.000[a]	.000[a]

a. McNemar Test

Table 15 illustrates a significant difference in all group comparisons, except when comparing Groups one, the C4 methodology, and Group two, the Sherr methodology. Null hypothesis, which states that no difference exists in the symptoms experienced in the different groups and the methodologies are thus equivalent, is thus not accepted for all comparisons suggesting that the symptoms experienced in the groups are significantly different. The exception lies in the comparison of Groups one and two, where it is not rejected, suggesting that the methodologies are equivalent. This data concurs with the findings in the previous section, illustrating that similarities exist between Groups one and two, but that Group three, the Dream methodology, and the placebo portion of the Sherr methodology are different

and would hence not yield similar numbers of rubrics as those yielded by the application of the Group one and Group two methodologies.

Further analyses are necessary to ascertain at which level the similarities and differences lie.

Table 16
Pair wise Comparison Groups Regarding the Presence of Rubrics in Each Group Presented by Rubric Level

Rubric level	n	Group 1: C4 methodology & Group 2: Sherr methodology	Group 1: C4 methodology & Group 3: Dream methodology	Group 2: Sherr methodology & Group 3: Dream methodology	Group 2: Sherr methodology verum portion & placebo portion
Main rubric	434	.002[a]	.264[a]	.000[a]	.000[a]
Sub-rubric	592	.373[a]	.000[a]	.000[a]	.000[a]
Sub-sub-rubric	347	1.000[a]	.000[a]	.000[a]	.000[a]

A. McNemar test

Significant differences are observable at all rubric levels in all group comparisons, except when comparing Groups one (C4 proving methodology) and two (Sherr proving methodology) at sub-rubric and sub-sub-rubric levels and Groups one and three (Dream proving methodology) at main rubric levels. Null hypothesis, that there is no difference in the symptoms experienced in the different groups and the methodologies are thus equivalent, is thus not accepted for all comparisons except for the Group one and two comparison at sub-rubric and sub-sub-rubric levels and the Group one and three comparison at main rubric levels, where it is not rejected.

This comparison illustrates that Group three and the placebo group of Group two differ significantly from Group two at all rubric levels and the difference lies in the absence of symptoms elicited during the application of those methodologies. As illustrated previously, applying the Group two methodology yields a large number of rubrics compared to applying the

Group three and placebo methodologies where a paucity of symptoms are evident.

Closer investigation is needed to enable comment on the fact that a significant difference is observable between Groups one (C4 proving methodology) and two (Sherr proving methodology) at the main rubric level, and that a significant difference exists between Groups one C4 proving methodology) and three (Dream proving methodology) at the main rubric level. This may be indicative of chapter specific similarities or differences and will be investigated in the following section.

Table 17
Pair wise Comparison Groups Regarding the Presence of Rubrics in Each Group Presented by Repertory Chapter

Chapter	n	Group 1: C4 methodology & Group 2: Sherr methodology	Group 1: C4 methodology & Group 3: Dream methodology	Group 2: Sherr methodology & Group 3: Dream methodology	Group 2: Sherr methodology verum portion & placebo portion
Abdomen	38	.002[a]	.006[b]	.000[a]	.001[b]
Back	42	.000[b]	.000[a]	.002[b]	.001[b]
Bladder	5	.250[b]	.500[b]	.063[b]	1.000[b]
Chest	47	.248[a]	.137[a]	.006[a]	.000[a]
Cough	7	1.000[b]	1.000[b]	1.000[b]	.250[b]
Dreams	142	.000[a]	.000[a]	.500[a]	.000[a]
Ear	25	.000[b]	.000[b]	.004[b]	.219[b]
Expectoration	5	.250[b]	.500[b]	1.000[b]	.125[b]
External throat	3	.250[b]	-	.250[b]	.250[b]
Extremities	126	.000[a]	.000[a]	.001[a]	.000[a]
Eye	37	.189[b]	.003[b]	.096[b]	.454[b]
Face	44	.868[a]	.000[b]	.000[b]	.000[b]
Female	30	.000[b]	.687[b]	.000[b]	.001[b]
Fever	4	.125[b]	.250[b]	1.000[b]	.250[b]
Generals	139	.061[a]	.708[a]	.016[a]	.000[a]
Head	61	.391[a]	.026[a]	.216[a]	.000[b]
Hearing	6	.063[b]	.500[b]	.250[b]	1.000[b]
Kidneys	4	.125[b]	-	.125[b]	.500[b]
Larynx	2	.500[b]	.500[b]	-	1.000[b]
Male	2	1.000[b]	1.000[b]	1.000[b]	1.000[b]
Mind	286	.067[a]	.000[a]	.010[a]	.000[a]
Mouth	23	.180[b]	1.000[b]	.424[b]	.031[b]
Nose	67	.006[a]	.000[a]	.263[b]	.009[a]

Perspiration	3	1.000[b]	1.000[b]	1.000[b]	1.000[b]
Rectum	15	.012[b]	.016[b]	.727[b]	1.000[b]
Respiration	18	.039[b]	.039[b]	1.000[b]	.031[b]
Skin	16	.508[b]	.180[b]	.008[b]	.070[b]
Sleep	27	.180[b]	.727[b]	.388[b]	.006[b]
Stomach	57	.280[a]	.000[a]	.000[a]	.000[b]
Stool	11	.002[b]	.125[b]	.070[b]	.016[b]
Teeth	7	.016[b]	.125[b]	.250[b]	.016[b]
Throat	33	.481[b]	.021[b]	.210[b]	.035[b]
Urethra	5	.375[b]	1.000[b]	.125[b]	1.000[b]
Urine	5	.125[b]	1.000[b]	.250[b]	.625[b]
Vertigo	12	1.000[b]	.289[b]	.125[b]	.125[b]
Vision	17	.289[b]	.031[b]	.006[b]	.001[b]

a. McNemar test
b. Binomial distribution

In studying the results presented in Table 17, it is evident that for the chapters Abdomen, Back and Extremities, the null hypothesis, that there is no difference in the symptoms experienced in the different groups and the methodologies are thus equivalent, is rejected for all group comparisons, for a significant difference is observable in all cases. This means that a significant difference exists in the symptoms experienced in the different groups and the methodologies are thus not equivalent.

The null hypothesis is accepted for all group comparisons for the following chapters: Bladder, Cough, Expectoration, Fever, Hearing, Male genitalia, Perspiration, Urethra, Urine and Vertigo. It is also accepted for all computed cases of the External throat Kidneys and Larynx chapters. This means that no significant difference exists in the symptoms experienced in the different groups and the methodologies are thus equivalent.

The chapters Dreams, Ear, Face, Female genitalia, Mind, Nose, Respiration, Stomach and Vision show a significant difference to exist at three of the group comparisons. The null hypothesis is rejected for these cases and the methodologies are not equivalent. The null hypothesis is however accepted when looking at the Group one and two comparisons of the Mind, Stomach and Vision chapters; the Group one (C4 proving methodology) and Group

three (Dream proving methodology) comparison of the Female genitalia chapter; the Group two (Sherr proving methodology) and Group three (Dream proving methodology) comparison of the Dreams, Nose and Respiration chapters and the Group two (Sherr proving methodology) verum and placebo comparison of the Ear chapter. This means that there is no difference in the symptoms experienced in the different groups and the methodologies are thus equivalent.

The null hypothesis is accepted, indicating that the methodologies are equivalent, for all but one group comparisons for the following chapters: Eye, Mouth, Skin and Sleep. The null hypothesis is accepted for the Group one (C4 proving methodology) and Group three (Dream proving methodology) of the Eye chapter; the Group two (Sherr proving methodology) and Group three (Dream proving methodology) comparison of the Skin chapter and the Group two and placebo comparisons of the Mouth and Sleep chapters, indicating that the methodologies are equivalent.

In the chapters Chest, Generals, Head, Rectum, Stool, Teeth and Throat chapters, the null hypothesis is accepted for 50 percent of the group comparisons. This indicates that there is no difference in the symptoms experienced in the different groups and the methodologies are thus equivalent.

From this data it is evident that the most similar methodologies are those tested by the application of Group one (C4) and Group two (Sherr) methodologies. These groups show the highest incidence of similarity (25 chapters) where the null hypothesis is accepted. The Group two (Sherr) and Group three (Dream) methodologies are also quite similar in the symptoms produced, reflecting no significant differences in 23 chapters, with an overlap in 18 of the chapters with the Group one and Group two comparison. It is important to note that most of these 18 chapters represent a small number of rubrics, where the Group one and two comparison also show no significant

differences in chapters representing large numbers of rubrics, for example the Generals chapter with 139 rubrics and the Mind chapter with 286 rubrics. This trend is not evident from the Groups two and three comparison, except for the comparison of the Dreams chapter, which has 142 rubrics. In developing an ideal methodology, the methodologies applied in Groups one and two would thus be an ideal starting point to analyse why they were successful and to eliminate the pitfalls highlighted through their application.

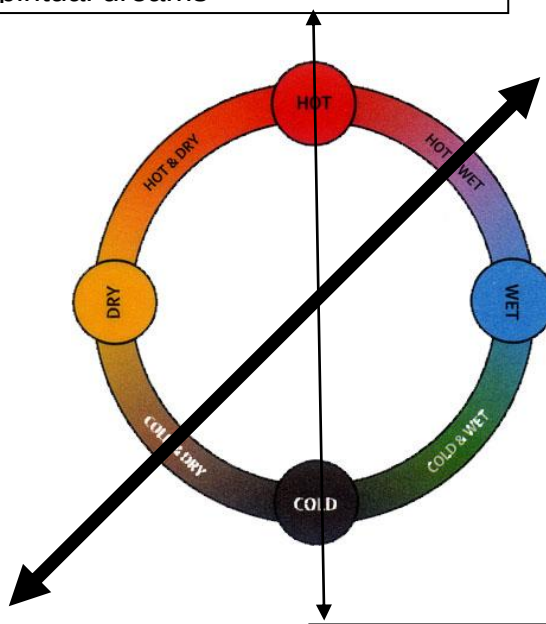
4.5 *MATERIA MEDICA*

The *Mappa mundi* map of *Protea cynaroides* is presented in Figure 4. From the map, it is evident that the main themes of *Protea cynaroides* revolve around the polarities of “holding on or letting go” presented on the “open and closed” axis primarily and of being connected versus feeling cut off, presented on the “spirit, life and death” axis secondarily.

The *materia medica* of *Protea cynaroides* is presented in the paragraphs below and serves as an explanation of the data presented in Figure 3. Every effort was made to retain the individual expressions of the various provers. The main areas focused on in the presentation are the mental and emotional symptoms, the general symptoms and the physical symptoms.

Burning pain
Heat in head
Ascending hot flushes
Hot breath
Exposure to sun ameliorate
Chest pains in heart and mammae
Heart symptoms and palpitations
Inflammation
Sweet taste
Desire sweets, berries and chocolate
Sexual desire and libido increased
Eyes and vision symptoms
Gratitude
Heroic dreams
Dreams of pregnancy
Spiritual dreams

Back pain ameliorated by stretching
Skeletal muscle afflictions
Nervous afflictions
Sociable
Loneliness ameliorated by company
Consolation ameliorates
Dreams of friends and journeys
Sensitive to all impressions
Laughing over serious matters
Childish
Bladder inflammation and dysuria
Restlessness
Energised
Curious
Cheerful
Innocent
Restless extremities
Heat in extremities
Haemorrhaging
Congestion > discharge
Diarrhoea
Bursting headache



Withdrawn and closed
Aversion to company
Solitude >
Detached and dissociated
Feel spaced out and drugged
Heaviness
Constipation
Cramping, squeezing pains
Constriction in chest
Oppression in chest
Desire fresh air
External pressure ameliorates
Warmth ameliorates
Borborygmy
Resentful and brooding
Introspective

Fear of death and awareness of danger
Indifference
Alienation, forsaken
Suicidal despair
Suffocation and coughing
Fear of death, evil and the devil
Lung afflictions
Influenza
Cold and noise aggravates
Warmth ameliorates
Hearing and smell symptoms
Lack of response
Anxiety with palpitations
Dreams of danger, of being attacked and of violence

Figure 4
Mappa Mundi* of the *Protea cynaroides

4.5.1 Mental/emotional

Evolution of the consciousness of *Protea cynaroides* which revolves around the struggle to survive.

AETIOLOGY: DANGER AND SURVIVAL

- Danger from water, drowning
- Everyone knows what to expect, but doesn't talk about it, dangerous if you talk about it or are in the wrong place at the wrong time
- Protective mechanism: Care only for your own survival, ignore threat if it doesn't affect you directly
- Avoid danger
- Deception
- Threatened by those more powerful
- Struggle to survive – "they will kill me and eat me"
- Pursued
- Raped
- Murder
- Tension and danger
- Robbers, muggers
- Flight or fight
- Attack first, else flee, because they are more powerful and protected
- Sudden attack

STAGE 1

AWARENESS:

Awareness of one's surroundings, absorbing all the information the senses are bombarded with. There is a strong connection to the family or group and the softness and vulnerability is evident, but there is someone else to take care of all the needs.

SENSES SENSITIVE:

- Alert to any danger which may be approaching
- All my senses are heightened
- Optimum ability to be alert in any situation
- Instinct heightened
- Awake and aware – like after a very strong coffee
- Allergies to dust, mould

ABSORB EVERYTHING

- Very large appetite - wanting to eat constantly
- Intense, almost unquenchable thirst, for cold water, dinking a large volume every time
- “If I put down the one cup, I wanted to drink another cup” Accompanied by a decreased urge to urinate
- No boundaries

CONNECTION: GROUP OR FAMILY

- Connectedness to everything, attachment and a need to connect to something bigger
- compassionate
- family/tribe
- Many childhood memories: memories of dead relatives, ex-boyfriends
- Feel loving, motherly, nurturing
- Romance
- Thoughts of children, babies, newborn babies still with the umbilical cords attached
- Great feeling of unity & of oneness with the group and seeking to unite the members of this group
- Cannot let go - need each other.
- Dependent
- Feeling of being at home

- Peaceful
- Desire to communicate
- Very aware of time
- Strength and energy from the group
- Desire honesty
- Desire company of partner, family - “unconditional love”

HAPPINESS

- Childlike
- Playing, playful
- Laughing
- No responsibility

SOFTNESS & VULNERABILITY

- Want it to be soft, so as not to harm the substance
- Sensitive, delicate
- Light
- Gentle and kind and loving
- Thinness: lace, silk - fragile, like broken eggshells
- Timid
- Weak and vulnerability
- Need of nurturing, protection, care

TRANSITION

There is a realisation that all is not as it seems and that there is danger threatening survival.

ANXIETY

- Not knowing what is going on around me frightens me
- Standing by my conviction, not being perfect, not doing what is expected of you would result in out casting, abandonment

- Going against the rhythm of nature.
- “Exam tension” and “what if I don’t know the answer”, anxiety about being watched
- Anticipating some danger or disease
- Adrenaline rush and panic attack
- Sensed something is wrong, insecure
- Anxiety about what others are thinking, “Don’t want to care – but if I don’t, people really won’t like me!”

STAGE 2

The anxiety about survival results in the hypertrophy of the ego in an effort to ensure survival. The rules of the group are restrictive and through disobedience one runs the risk of being cast out of the group. The desire to express the individuality leads to irritability and aggression whenever it is restricted. The expression is however possible due to the restless energy generated by the desire to stand and fight for acknowledgement of self.

RESTRICTION

- Restricted and constricted by rules. Cannot do what I want.
- Want to be free, desire to escape: “Although if I was meant to die I would embrace it, but not be caged up and have my freedom taken away. Death is better than torture.” “I am a survivor”, I will escape, I don’t need anyone to like help me”
- Trapped/captive
- Outcast / Lonely / Isolation
- Restless, ameliorated by activity
- Rebellious - Desire to survive alone, following no rules, childlike anger
- Desire independence: I feel I’ve given so much all my life, is it too much to expect a little in return

- Suppressed emotion: “I couldn’t like let go, experience like this whole like emotion completely and fully because I was like aware of the other people that were in the lab and it was like ‘come on now, don’t start a scene, don’t make a scene, don’t cause a scene’”
- Multiple personalities, it was the struggling, the conflict between like who I know myself to be and this person like now I have become
- Aversion to company, want to be left alone

IRRITABILITY

- Annoyed, frustration
- Irritated by dependence: “So sick of being dependant on a bunch of useless selfish losers”
- Irritability when misunderstood
- Irritated by noise, hunger, lack of organisation
- Irritability about time – it goes too slowly
- Irritated when things does not go her way, as planned, as supposed to be, not what she wanted to do, lies, when things are out of her control
- Ameliorated by sex, company of partner, exercise, activity
- Aggravated by people making demands, people preventing her from doing what she wants to do, having too much to do
- Irritated when people show no gratitude for what she has done

AGGRESSION

- Fighting and winning
- Attack first, else flee, because they are more powerful and protected
- “No, everyone’s going to attack me. I’m going to kill them!”
- Aggressive due to impatience, contradiction
- Hate, hostile
- Childlike anger
- Desire to bang and to break, to chop, to hit, to beat, kick, smash and to scream.

- “I have to bang, I have to like beat, I have to like hit so that I can release, there is like too much of like energy, too much of like emotion that is like within and it like has to come out”
- Road rage: “On my drive there I wanted to take out another car, because they were racing me and they beat me because someone slowed down in front of me” and “why are they allowed the license if they don’t drive properly”
- Put on a brave front but feeling insecure and scared inside
- Anger at world and restriction

EGO

- “I am here” “I exist.”
- Ego is stronger – “My ego is strengthened and I am destined for greater things the world has to change, and I will make myself part of that change” “Did not meet my standards.” “Loved feeling like I was in the spotlight.”
- “I didn’t care to listen” because it had nothing to do with me
- I’m right, you’re wrong
- Creative – artistic. Making a master piece. Potential to do great things.
- Feeling of being in control, powerful: Inner power, inner strength that was inside. Inner courage and motivation. “win against all odds”
- Celebrating your own uniqueness
- Hero: Sense of pride, belonging, victory, strength/ boldness, diversity.
- Independence: “I must survive on my own. I don’t need anyone.” “I am a survivor”, I will escape, I don’t need anyone to like help me, i can do it on my own” “So independent. Like I did not need anybody”
- “I’m going to do it my way.” “Just get over it. Do your thing I do my thing.” “I was happy although I was doing the injustice by getting two guys to propose to me, but if someone else did it I was very angry.” “I’ve put everything into place and that’s how it’s gonna be.” “Who

cares if there is no order, if I do it my way? "At point it's when I don't want people around me, because they're, they're a pain and they're stopping me from doing things."

- Confidence: "would do it all the same if it happened again, no regrets." "I have the ability to tell people exactly how I feel, and not worry about the reaction." "I felt that I had every right to be that angry." "I prefer to work alone because nobody can keep up."
- "Competitive. I didn't ever... like if someone was talking, like... I have to get my story in. I'll wait my turn but I want to get my story in." "I was so upset that they could not see it from my perspective." "dreamt that I was participating in a competition and that I had to do some obstacles in order to win but I then told them to make it more difficult as the obstacles were too easy..."

ENERGY AND RESTLESSNESS

- Restlessness: internal restless energy
- "Clumsy and hyperactive." "It feels like I've had 3 cups of very strong coffee!"
- An energy rush comes upwards like a kind of sexual energy
- Vigour
- "Imagine different colours of energy frequencies leaving the bowl. Almost like lightning. Electric! Mostly red." "An impatience of the energy of the remedy to burst forth." "And then I just felt like I was this generator of energy. The charger of life for myself. My own life support."
- "Can you isolate a force from energy? There is no force without energy. Energy is there, it moves because of energy operating."
- Anger, was an energised depression

STAGE 3

All the fighting does not remove the danger. The constant vigilance results in exhaustion. In an attempt to protect oneself, a hard protective exterior is projected over the natural softness resulting in a disconnection from everyone and everything. This pushes the individual to the other extreme, away from the connectiveness into total detachment.

TIRED / EXHAUSTED

- Physically exhausted and feeling frustrated:"what a waste of time"
- "wanting to fight tiredness but no energy to do so"
- "Felt weak, like all my energy had drained out"
- Mentally exhausted: "it's like I've blown a gasket or something" "That's how I feel, like an overworked mother or sleep deprived person. "
- Woke up exhausted, want more sleep
- Don't have the energy to move.

DETACHED

- Disoriented.
- Detached: Distant, "Detached and at ease" "Feeling detached from body" "In my own world," "Want to be in my own space" "There was a little wall between us the whole time"

  Dream: One of them was a picture of 4 rows of trees. The middle 2 rows were close together, indicating that the child had formed a close relationship with someone. The distance between the outer rows of trees + the inner, showed that the child was distancing himself from his other family members & they were complaining about this to the social worker.
- Spaced out: Floaty, dazed, zoning out, "Feel dazed – as if in drug-induced state, unfocused, distant from everything" "Detached,

dreamlike state. Everything is fuzzy and I'm fading away" "not focused. Sort of like "head in the clouds" kind of thing." "not in tune with what I'm supposed to be doing. I didn't feel like I was really in there, like it was really going right." "Feel like I am running into a big cloud!" "It's like the lights are on and no-one is there."

- Disconnected: "I feel very emotionally cut off and quite short", "I didn't feel sad, or emotionally involved at all." "Don't want to talk" "you just needed to stay there, don't like come close to me and it's so weird, I know. And like I felt like more that they needed me and when they left I felt like no, I don't need anything" "Finding it difficult to connect" "just lost track of what I'm doing – feel like I'm in a trance." "little interest or care to anything surrounding." "I kind of would switch off what I was doing"
- Existence: "I did not exist as if my emotions are taken over by another person"
- Indifference: "Want to be a cold being, nothing can shake me I am indifferent"
- Hard hearted: "And I literally could have shot him, and not felt anything." "Stopped loving" "Destructive, as in disconnected"
- Dream: My first dream just came back to me. I didn't like this dream because we had found my sister lying in a parking lot in this massive oil spill. She had been stabbed in the abdomen. My mom decided we had to get rid of the body because else we would get blamed for killing her. I noticed that my sister started moving and wasn't dead. She died in my arms. My mom stayed emotionless throughout and was only concerned with disposing of the body.
- Forgetful: "I felt like brain dead, like ditsy, I forgot things like all the time" "can't keep track of what I'm thinking" "If I need to do anything I have to write it down, or make a to do"
- Lost track of time: "Where am I, what's going on, what number are we on, am I grinding." "I feel slowed up and stupid"

- Loneliness not in tune with what I'm supposed to be doing. I didn't feel like I was really in there, like it was really going right
- Difficulty concentrating: "I find it hard to focus, I can't concentrate. It's as though my mind has been covered by something that prevents it from communicating with what my eyes see." "My concentration levels today were very low!!! I don't even register if people are talking to me."
- Disorganised: "I feel very muddled and all over the place!"

HARDNESS

- Protection: "I have been nervous about his arrival all week, cause I didn't want to get too attached to him, but I found that I was quite hard, and cut off" "I see an image of an ostrich egg in my mortal. The hard shell, its durability fascinates me. It feels safe, protective."
- Strength
- Defence

STAGE 4

During the introspection brought on by the detachment in stage three, universal questions arise as to balance in an attempt to reconnect with family and friends. This results in feelings of resignation and acceptance of fate. There is sadness in the loss of the individual expression but a realisation that in embracing the finer things in life communication can be re-established. There is remorse over past behaviour.

BALANCE

- "How do I balance life?"
- "Either I was super happy with like everything and who I was in the world, or I absolutely loathed everything and who I was in the world. And there was no in-between"

- “Order and pattern versus chaos and mess”
- “brings reality into this illusion”
- “I want to sway and be free. Swirl or move but stay in one spot and well grounded.”

CALMNESS AND RESIGNATION

- Calm and at peace with yourself and who you are: “You might not live life as everyone else expects you but do live life as life expects you and you expect from yourself. And then in every situation choose the best option available for yourself. And then I felt this calm” “Out of the dark – having this knowledge about yourself.” “Don’t allow your mind to be the battle field of negative thoughts. No positive image will ever come out. You are your own friend and you are your own enemy. And then I felt more connection with my soul.”
- Resignation: “felt like I was being pushed and pulled like a wave in the sea. Feel calm.” “My childhood is sort of gone now, it’s way back then. And it was, it wasn’t like a bad thing necessarily, it was just a bit sad, like rite of passage, change you, you your phase. And then I was also thinking about things you have to do as an adult, which you take for granted when you’re young and you’ve got parents who do it for you and you’ve got all of it to do by yourself.”
- “Keep it simple. Focus on the essential. Secret lies in the small things.” “I feel less internal drive as if things are softer somehow.”
- Ability to cope on hearing bad news as if prepared for bad news. Facing your troubles instead of avoiding the darkness and the effort.
- Seeing through the lie and making your own mind up about what the truth is. I don’t want to be in the dark. I don’t want to be kept in the dark. I want to know what is happening. Knowledge is powerful for me. You have to know. It is vital to know.”
- I feel less internal drive as if things are softer somehow.

- Self sacrifice: Dream: Eventually three big men came out of a nearby pub and accused me of killing her. I pleaded guilty to allow my mom to go free.
- Benevolence

FEARLESSNESS

- “Don’t lose focus to the mark, because you will see many obstacles and you will be side tracked, you’ll be delayed, you’ll be destroyed, you’ll be killed.”
- “Appreciate yourself. Don’t wait for other to do so ‘because they might not do so. And then Life is more precious when you are alive.”
- Untouchable: “Like nothing could ever touch me. Very calm, very relaxed”

COMMUNICATION

- Needing to connect to something bigger — all being different but having the same purpose.
- Could not talk — lump in throat, sighing, deep breath
- Fear — wanting to communicate
- Need to communicate, restricted if prevented to communicate

SADNESS

- Weepy
- Feel sad — for what is lost
- Melancholic
- “Very emotional. Remember past hurts, sad events and cry”
- Alone, abandoned, rejected, isolated.

REMORSE

- Guilt and forgiveness.

- “Feeling of guilt, cannot undo what is done, have to live with it”

4.5.2 Physical

Painful areas: Back, upper back, shoulder, neck, heart, scapula, occiput, umbilical region, joints

Abdomen: Pain around umbilicus - something pulling from the inside, contracting pain, a contracting tight constricting sensation, ameliorated by pressure

Stool:

Diarrhoea

- Watery, brown water, with solid pieces floating, slimy green brown, yellow-orange colour copious and offensive odour
- Gushing, explosive
- Sudden urge to stool
- Cramping colicky pain ameliorated by passing stool

Constipation

- Small, hard balls brown
- Little bits at a time
- Difficult to pass, Feels like it is sticky
- Mucous – white and thick

Flatus:

- Borborygmy: gurgling sounds, rumbling and squelching noises from lower intestine
- Eructations: I have a strong desire to burp it up, but I can’t. Trying to force myself to burp, but it is just sitting there. Little bubbles come up, bubbling sensation. Ameliorated by passing wind
- Flatus: Evening very flatulent, foul flatulence, painful till I pass it and

then my stomach feels ameliorated by passing flatus

Nausea, vomiting, motion sickness

- Sour taste
- Rising from stomach and throat and head, churning (whirr-whirr) feeling in my epigastrium
- Aggravated by tight clothing around my stomach, looking down, rich food especially cream, eating after, motion, closing eyes
- Ameliorated by the cool, fresh air, looking up, opening eyes – grounded by sight
- Nausea is like a churning (whirr-whirr) feeling in my epigastrium

Chest:

Heavy, tight - like the intercostals muscles were like tightened and didn't want to, constricted like it was tightened by bands / pressed by a thin wire, oppression, sore

Breathing

- Difficult, need for air, forgetting to breathe, not wanting to breathe
- Yawning and sighing
- Shortness of breath, as if I couldn't get air inside lungs, difficulty inhaling but exhaling is fine – oval bubble trapped in chest/trachea causing discomfort
- Suffocating
- Want a breeze, fresh air
- Aggravated by inhalation (or for chest expansion).
- Sensation as if there is water inside lungs. Ameliorated by drinking water

Dream

I was in a beach cottage with my mom and daughter. An estate agent / letting agent showed me around. The cottage was a rambling rabbit-warren type of building with lots of rooms. You would really almost get lost in it. The agent insisted on standing at a specific point to show me the rooms. The first room was small, decorated in shades of green and had lots of old-fashioned photos on the walls. "This is a healing room for asthmatics" she told me. "Green is very good for asthma." And in this way all the rooms are themed and have a purpose and colour etc.

Cough

- Dry, asthmatic, deep barking, hacking cough
- Burning sensation, during and after cough, retro-sternally, like a piece of my chest is being ripped off
- Coughing to try and get mucous out, Feel like I will suffocate if I don't expectorate it
- Sputum: khaki'ish, dark green, but like lined with like clear mucus, yellow thick copious, ropy, dark yellowy orange.
- Expectoration difficult ameliorated by after eating, drinking something warm and sweet
- Coughing brought on the headache and aggravates it

Heart

- Heart palpitations, racing pounding heart and anxiety
- My pulse is racing and it feels like a writhing snake or worm beneath the surface of my skin. The beat of my music seems to mirror the pace of my bounding carotid pulse
- My heart is beating very hard and strong, very aware of heart
- Palpitations with high fever
- Sharp pain on the left of my sternum over my heart

Senses:

Heightened or absent: “I feel like all my senses are heightened, especially smell and hearing. And sight as well. But especially hearing.”

Eyes

- Droopy
- Burning
- Heavy, “My eyes are feeling very heavy”
- Sudden sharp stabbing pain above eye
- Vision suddenly very clear / out of focus
- Sore, scratchy
- Lachrymation
- Itching
- Dry
- Eyes red
- Photophobia

Ears

- Pressure; as if Eustachian tube blocked / expanding
- Sudden sharp stitch, piercing pain
- Sensitive to noise, sound, rhythm
- Hearing acute
- Itching Eustachian tube, meatus, lobes
- Congestion and pressure in the ears

Nose

- Blocked, pressure: sinus, nose ameliorated by blowing nose
- Post-nasal drip: tenacious, thick
- Peculiar smells: sweet, spicy, acrid
- Itch in left nose ameliorated by rubbing
- Painful left nostril

- Coryza: clear, thick, clear with blood flecks on blowing nose, difficult to blow out
- Burning, aching
- Dryness
- Smell acute
- Congestion in the naso-pharynx
- Sneeze: violent, repeated or desire to
- Aggravated by dust

Throat

- Lump ameliorated by eructations
- Mucous
- Burning
- Aching, sore bruised sensation, sharp, stitching, pokey / prickly pain (spike, needles or thorn), and tingling sensation
- Thick, enlarged or swollen
- Itching
- Dry, scratchy aggravated by empty swallowing, Craving cold water
- Aggravated by mould, dust, pollution
- Aggravated by coughing.

Mouth

- Lips and mouth dry
- Sour, milky, metallic taste
- Tongue feels thick, prickling pain
- Increased saliva
- Grinding teeth in my sleep
- Sharp ache deep in the tooth
- Hay fever- itchy palate.
- Eruption on gums: white and sensitive to touch

Headache: dull, heavy

- Location: Forehead, Occiput, Temple (bilateral, worse on the left side), back of eyes
- Sensation: sudden sharp shooting poking pain. Throbbing, dull ache, heaviness, band around the head, thick, swollen, pulsating, tight
- Aggravated by sun, concentration, noise, dust, dehydration, bending over, movement, cold, coughing
- Ameliorated by pressure, closing eyes, massage, quiet, lying down, warmth, fresh air
- Concomitant: Nausea, vertigo, thirst for cold water
- Aetiology: Muscle strain/tension, sinusitis, heat, dehydration

Vertigo:

- Dizziness
- Spacey, dazed, disorientated, muddled, zoning out, drugged
- Floating sensation
- Feeling of expansion
- Aggravated by looking down, circular motion, rising
- Ameliorated by look up which, closing eyes
- Head is too heavy for my body

Extremities:

- Icy-cold
- Weak and heavy
- Cramps: feet radiating between my big toes and heels, during the night I had cramps in my right calf, right hand ameliorated by stretching, glutteal muscles
- Warm sensation left foot

- Formication: as if an ant is crawling on my arm, something was crawling on my right hand, feels like something is crawling up and down my body
- Itching, jumps from one place to the next
- Arms and legs get drawing down severe pains in them till I lie down
- Joint aches especially knees and rest of muscles feel stiff especially shoulders and calves
- Ameliorated by movement ameliorated by stretching
- Perspiration of hands, palms are sweating
- Pain at a point and numbness around right ankle
- Growing pains in my limbs and pelvis

Back and Neck:

- Itching and Formication: I thought were baby spiders running on my upper left and right arms and shoulders.
- Tight and tense – My neck, back and shoulder muscles are really stiff. Have huge knots
- Muscles on my shoulder feel taught, ameliorated by stretching, movement, rubbing, sitting up straight, heat and massage. Aggravated by sitting still
- Heat on back of neck and bottom of head
- Sudden sharp pain, shooting, sore, bruised pain at the base of my neck, extending all the way up to the back of my head

Skin:

- Itchiness, scratching and heat aggravates
- Formication: baby spiders
- Burning and heat: my skin feels like it is on fire ameliorated by open air
- Dryness: Eczema, Dandruff

- Pimples: white and sore, or very sore, blind, red but no discharge, back of head in hairline and on neck
- Sensitive: Slight touch is felt as pain. Clothes are painful to wear. Sensitive to draft and touch. Ameliorated by firm rubbing
- Increased vibratory sense
- Eruption: pink macules, raised and inflamed, itchy

Urinary:

- My kidneys feel tender, sore, burning pain
- Slight burning after urination, cold sensation in urethra during urination, Feel like I have a few drops more but nothing comes out
- Bladder feels tender.
- Urinate frequently
- Concentrated (dark yellow) or bloody urine

Hormonal:

<u>Premenstrual Syndrome (PMS)</u>

No PMS before menses, but PMS-like symptoms after menses, especially bloating and pimples. Anger - snappy and irritable. Almost too defensive

<u>Menses</u>

- Uncomfortable like PMS after the menses: Like I felt bloated and I still had, not premenstrual symptoms but I definitely felt like, in me, that I still was like uh. Like a menstrual sort of feeling.
- Bearing down feeling in pelvis
- Ameliorated by heat and distraction
- Libido increased after menses
- Mucous membranes really dry and can't get tampons in
- Scanty menstruation. Lasted for 2 days.

Libido

- Increased Libido
- “An energy rush comes upwards like a restless energy feeding into sexual energy.”
- “During the course of intercourse it is brilliant. It’s like I don’t even have to try.”

Hot flushes

- Very short, comes and goes suddenly
- From below up starting in back, ascending from behind and over the whole face and chest. Starting at bottom of chin, heat moves to top of forehead in waves, down the arms and down to the waste. Heat radiates from inside the body – outward and upward. “I feel like I’m exhaling hot air...”
- Aggravated by movement, exertion, heat
- Desire cool air on my face ameliorated by cool air from fan

4.5.3 General

Appetite

Unbearable hunger

Very large appetite - wanting to eat constantly, especially on waking

Thirst

Intense, almost unquenchable thirst, for cold water, dinking a large volume every time. “If I put down the one cup, I wanted to drink another cup.” Accompanied by a decreased urge to urinate.

Cravings/Aversions

Cravings

Water
Coffee
Sweet
Food
Fruit
Milk
Chocolate
Ice cream
Spicy food
Strawberries
Egg
Berries
Fish
Peanut butter
Sushi
Vegetables
Chicken
Cherries
Wine
Coke
Olives
Smoking (Tobacco)

Aversions

Fatty food
Dairy
Bread
Rich Food
Tomatoes

Temperature Sensitivity

Cold extremities; hot trunk

Heat

- Hot flushes – come on suddenly, in waves, like an explosion
- I feel like I'm exhaling hot air
- Warm sensation left foot, full and burning
- Face very hot, flushed and scalp itchy and tingling
- Hyperdynamic state: fever, palpitations, perspiration of palms
- Heat with anger and frustration
- Need air, cold breeze, cold air from a fan
- My whole body just feels hot, my skin feels like it is on fire ameliorated by open air
- Respiratory afflictions — ameliorated by warmth, also relaxes in heat
- Skin afflictions, headaches — aggravated by heat

Cold

- Respiratory afflictions aggravated by cold, drafts
- Nausea feels ameliorated by the coolness
- Craving cold water
- Skin still really sensitive to draft

General Sensations

- **Pain**: sudden, wandering
- **Itching**: all over, crawling sensation like insects, crawling, itching and tingling
- **Heaviness:** Heaviness
- **Pressure:** Blocked, Bubble, Burst, Congestion, Constricted, Explode, Fullness, Lump, Oppression, Pressing, Pulsations, Swelling, Throbbing
- **Penetrate from outside:** Cutting; Gnawing, Piercing - needles, spike, thorn, Poking, Pricking, Sharp, Stabbing, Stinging, Stitching
- **Attacked:** Aching, Bruised, Electric shocks, Sore, Tender, Sensitive
- **Burning:** (Eyes, Throat) Heat, hot all over, intense heat like flames, Burning pains
- **Dry:** (Nostrils, Mouth, Throat, Eyes) Cracked, Dehydrated, Dryness, Scratchy
- **Spasm:** Contracting, Cramping, Pulling, Stiffness, Tense, Tight, Twisting
- **Detached**: Dull, Numb and Weak

Sleep

- Wake up early
- Sleep interrupted: Awareness of surroundings, especially noises, dreams, urge to urinate, pains in kidneys, headaches, heat, thirst, fever, cough, and sinusitis.
- Sleepiness during the day

- Restlessness during sleep or preventing sleep – like a “caffeine buzz”
- Light sleep/deep sleep – as if in a coma
- Waking unrefreshed – tired, drained and wanting more sleep
- Snoring / talking in sleep, grinding teeth

Modalities

Aggravated by:

movement, exertion, inhalation, touch, tight clothing, noise, closing eyes, sun, looking down, after eating, afternoon, walking, sitting too long, bending, coffee, tiredness, thinking, concentrating, studying, cold, stooping.

Ameliorated by:

movement, stretching, warm bathing, cool, sitting straight, straighten up, looking up, scratching, rubbing, silence, closing the eyes, hard pressure, doubling over, open air, discharge/passing stool, heat, distraction, activity and company, massage, resting, lying still, sea/waves, exercise, fresh air/cool air, drinking water, perspiration, coffee, sleeping/rest.

Possible clinical application

- Asthma
- Autism
- Back pain
- Constipation
- Dementia
- Diarrhoea
- Headache
- Influenza
- Menopausal syndrome
- Myalgic encephalomyelitis (ME)
- Premenstrual syndrome

4.6 REPERTORY

The repertory rubrics presented in the table below represents those which are validated symptoms. Symptoms were excluded if they occurred in one verum and one or more placebo provers, but were retained regardless of the number of placebo provers if they occurred in two or more verum provers.

Table 18
Rubrics and Their Respective Grading

RUBRIC	GRADE
MIND - Absentminded	1
MIND - Absentminded - dreamy	1
MIND - Absorbed	1
MIND - Activity - desires activity	1
MIND - Activity - desires activity - creative activity	1
MIND - Affectionate	1
MIND - Alert	1
MIND - Ambition - increased	1
MIND - Ambition - increased - competitive	1
MIND - Anger	3
MIND - Anger - contradiction; from	1
MIND - Anger - misunderstood, when	1
MIND - Anger - refused; when things he wants are	1
MIND - Antagonism with herself	1
MIND - Anxiety	3
MIND - Anxiety - family; about his	1
MIND - Anxiety - family; about his - safety of family; for	1
MIND - Anxiety - future, about	1
MIND - Anxiety - health; about	1
MIND - Anxiety - health; about - own health; one's	1
MIND - Anxiety - respiration; with impeded	1
MIND - Anxiety - sudden	2
MIND - Ardent	1
MIND - Art - ability for	1
MIND - Awareness heightened	1
MIND - Awkward	1

MIND - Beautiful things - awareness of; heightened	1
MIND - Benevolence	1
MIND - Change - aversion to	1
MIND - Change - desire for	1
MIND - Chaotic	1
MIND - Cheerful	1
MIND - Childish behaviour	1
MIND - Clarity of mind	1
MIND - Colours - desire for	1
MIND - Company - aversion to	1
MIND - Company - aversion to - desire for solitude	1
MIND - Company - aversion to - fear of being alone; yet	1
MIND - Company - aversion to - strangers, aversion to the presence of	1
MIND - Company - desire for	1
MIND - Company - desire for - children; of	1
MIND - Concentration - difficult	1
MIND - Confidence - want of self confidence	1
MIND - Confident	1
MIND - Confusion	1
MIND - Confusion - identity; as to his	1
MIND - Confusion - identity; as to his - duality, sense of	1
MIND - Confusion - time; as to	1
MIND - Conscientious	1
MIND - Consolation - amel	1
MIND - Content	1
MIND - Content - himself, with	1
MIND - Courageous	1
MIND - Curious	1
MIND - Dancing	1
MIND - Danger - awareness of; heightened	1
MIND - Delusions	1
MIND - Delusions - ants	1
MIND - Delusions - ants - bed is full of ants	1
MIND - Delusions - appreciated, she is not	1
MIND - Delusions - attacked; being	1
MIND - Delusions - clouds - sees	1
MIND - Delusions - clouds - sees - billowy	1
MIND - Delusions - danger, impression of	1

MIND - Delusions - double - being	1
MIND - Delusions - emptiness; of	1
MIND - Delusions - enlarged	1
MIND - Delusions - enlarged - parts of body	1
MIND - Delusions - evil	1
MIND - Delusions - existence - own existence; he doubted his	1
MIND - Delusions - floating - closing eyes, on	1
MIND - Delusions - friends - unwanted by friends	1
MIND - Delusions - insects, sees	1
MIND - Delusions - misunderstood; she is	1
MIND - Delusions - music - hearing music	1
MIND - Delusions - outcast; she were an	1
MIND - Delusions - trapped; he is	1
MIND - Delusions - weight - no weight; has	1
MIND - Depersonalization	1
MIND - Despair	1
MIND - Destructiveness	1
MIND - Detached	2
MIND - Determination	1
MIND - Discontented	2
MIND - Dissociation from environment	2
MIND - Dream; as if in a	1
MIND - Drugs - taken drugs; as if one had	1
MIND - Dullness	1
MIND - Duty - performs in a perfunctory manner	1
MIND - Dwells - past disagreeable occurrences, on	1
MIND - Ease, feeling of	1
MIND - Egotism	3
MIND - Energized feeling	1
MIND - Ennui	1
MIND - Escape, attempts to	1
MIND - Excitement	1
MIND - Exertion - physical - amel	1
MIND - Exertion - physical - desire	1
MIND - Exertion - physical - desire - air; in open	1
MIND - Fastidious	1
MIND - Fear	1
MIND - Fear - control; losing	1

MIND - Fear - death, of	1
MIND - Fear - escape; with desire to	1
MIND - Fear - happen, something will	1
MIND - Fear - happen, something will - family; to his	1
MIND - Fear - insanity	1
MIND - Fear - snakes, of	1
MIND - Fear - sudden	1
MIND - Fight, wants to	1
MIND - Forgetful	1
MIND - Forsaken feeling	1
MIND - Forsaken feeling - isolation; sensation of	1
MIND - Gratitude	1
MIND - Hatred	1
MIND - Hatred - revengeful; hatred and	1
MIND - Haughty	1
MIND - Heaviness; sensation of	1
MIND - Heedless	1
MIND - Helplessness	1
MIND - High - spirited	1
MIND - Hurry	1
MIND - Impatience	2
MIND - Impulse; morbid	1
MIND - Impulse; morbid - stab - others; to stab	1
MIND - Inconstancy	1
MIND - Indifference	1
MIND - Indignation	1
MIND - Injustice, cannot support	1
MIND - Insecurity; mental	1
MIND - Introspection	1
MIND - Irrational	1
MIND - Irritability	3
MIND - Irritability - noise, from	1
MIND - Irritability - trifles, from	2
MIND - Jealousy	1
MIND - Jewellery - desire to wear	1
MIND - Kill; desire to	1
MIND - Kill; desire to - knife - with a knife	1
MIND - Laughing	1

MIND - Laughing - serious matters, over	1
MIND - Laziness	1
MIND - Laziness - sleepiness with	1
MIND - Learning - desire	1
MIND - Libertinism	1
MIND - Love - coming towards her and from her; feelings of love	1
MIND - Memory - active	1
MIND - Memory - weakness	1
MIND - Mental power - increased	1
MIND - Mildness	1
MIND - Mischievous	1
MIND - Mistakes; making	1
MIND - Mistakes; making - spelling errors	1
MIND - Mistakes; making - writing - repeating words	1
MIND - Mood - changeable	1
MIND - Morose	1
MIND - Nature - loves	1
MIND - Occupation - amel	1
MIND - Occupation - desire to	1
MIND - Offended, easily	1
MIND - Playful	1
MIND - Playing - desire to play	1
MIND - Positiveness	1
MIND - Power - sensation of	1
MIND - Prostration of mind	1
MIND - Protected feeling	1
MIND - Purity - desire for	1
MIND - Rage	1
MIND - Reading - agg	1
MIND - Rebellious	1
MIND - Reproaching oneself	1
MIND - Resignation	1
MIND - Restlessness	1
MIND - Restlessness - motion - amel	1
MIND - Sadness	1
MIND - Seaside - amel	1
MIND - Self - control - increased	1
MIND - Selfish	1

MIND - Senses - acute	1
MIND - Sensitive	1
MIND - Sensitive - external impressions, to all	1
MIND - Sensitive - noise	1
MIND - Sensitive - opinions of other; to the	1
MIND - Sensitive - time; passage of	1
MIND - Sentimental	1
MIND - Shrieking	1
MIND - Shrieking - must shriek; feels as though she	1
MIND - Spaced - out feeling	1
MIND - Speech - repeats - same thing; the	2
MIND - Spirals - awe at	1
MIND - Spirituality	1
MIND - Striking	1
MIND - Striking - desire - strike to	1
MIND - Suicidal disposition	1
MIND - Suspicious	1
MIND - Sympathetic	1
MIND - Taciturn	1
MIND - Talking - desire to talk to someone	1
MIND - Talking - sleep, in	1
MIND - Thinking - agg	1
MIND - Thoughts - disagreeable	1
MIND - Thoughts - future, of the	1
MIND - Thoughts - past, of the	1
MIND - Thoughts - profound	1
MIND - Thoughts - rush	1
MIND - Thoughts - sexual	1
MIND - Thoughts - thoughtful	1
MIND - Thoughts - two trains of thought	1
MIND - Thoughts - vacancy of	1
MIND - Thoughts - vanishing of	1
MIND - Thoughts - wandering	1
MIND - Time - quickly, appears shorter; passes too	1
MIND - Time - slowly, appears longer; passes too	1
MIND - Timidity	1
MIND - Trance	1
MIND - Tranquillity	1

MIND - Tranquillity - settled, centred and grounded	1
MIND - Trifles - important; seem	1
MIND - Truth - desire for truthfulness	1
MIND - Unconsciousness - conduct, automatic	1
MIND - Unconsciousness - trance	1
MIND - Unfortunate, feels	1
MIND - Unification - desire for	1
MIND - Unification - sensation of unification	1
MIND - Violent	1
MIND - Weeping	1
MIND - Weeping - desire to weep	1
MIND - Wilderness - desires	1
MIND - Will - two wills; sensation as if he had	1
MIND - Writing - indistinctly, writes	1
VERTIGO - Looking - downward	1
VERTIGO - Motion - agg	1
VERTIGO - Nausea - with	1
VERTIGO - Rising - agg	1
VERTIGO - Vertigo	1
HEAD - Congestion	1
HEAD - Eruptions	1
HEAD - Eruption - pimples	1
HEAD - Eruption - pimples - occiput	1
HEAD - Formication	1
HEAD - Heat	1
HEAD - Heat - occiput	1
HEAD - Heaviness	2
HEAD - Heaviness - alternating with - clearness of mind	1
HEAD - Itching of scalp	1
HEAD - Lightness; sensation of	1
HEAD - Pain	3
HEAD - Pain - accompanied - nausea	1
HEAD - Pain - aching	1
HEAD - Pain - bursting	1
HEAD - Pain - dull pain	1
HEAD - Pain - extending to back	1
HEAD - Pain - eyes	1
HEAD - Pain - forehead	1

HEAD - Pain - motion - agg	1
HEAD - Pain - noise - agg	1
HEAD - Pain - occiput	1
HEAD - Pain - occiput - aching	1
HEAD - Pain - pressing pain	1
HEAD - Pain - pressing pain - band; as from a	1
HEAD - Pain - pressing pain - outward	1
HEAD - Pain - pressure - amel	1
HEAD - Pain - pulsating pain	1
HEAD - Pain - stitching pain	1
HEAD - Pain - sun - agg	1
HEAD - Pain - temples	2
HEAD - Pain - temples - extending to - vertex	1
HEAD - Pain - temples - left	1
HEAD - Pain - temples - pulsating pain	1
HEAD - Pain - temples - right	1
HEAD - Pain - vertex	1
HEAD - Pain - waking - on	1
HEAD - Perspiration of scalp	1
HEAD - Perspiration of scalp - forehead	1
HEAD - Pulled backward - sensation as if	1
HEAD - Supporting head - amel	1
HEAD - Tingling	1
EYE - Closing the eyes - desire to	1
EYE - Closing the eyes - involuntary	1
EYE - Closing the eyes - must close the eyes	1
EYE - Discoloration - red	1
EYE - Dryness	1
EYE - Heaviness	1
EYE - Heaviness - lids	1
EYE - Itching	1
EYE - Itching - left	1
EYE - Itching - right	1
EYE - Lachrymation	1
EYE - Lachrymation - right	1
EYE - Lachrymation - sensation of	1
EYE - Pain	1
EYE - Pain - burning	1

EYE - Pain - burning - dry burning	1
EYE - Pain - left	1
EYE - Pain - right	1
EYE - Pain - sore	1
EYE - Pain - scratching pain	1
EYE - Photophobia	1
EYE - Swelling	1
EYE - Swelling - lids	1
EYE - Twitching	1
EYE - Twitching - lids	1
VISION - Acute	1
VISION - Blurred	1
VISION - Bright	1
VISION - Bright - colours seem bright	1
VISION - Bright - objects seem brighter	1
VISION - Colours before the eyes	1
VISION - Colours before the eyes - black - spots - floating	1
VISION - Colours before the eyes - blue	1
VISION - Colours before the eyes - pink	1
EAR - Fullness; sensation of	1
EAR - Itching	1
EAR - Itching - Eustachian tubes	1
EAR - Itching - left ear	1
EAR - Itching - meatus	1
EAR - Itching - right ear	1
EAR - Noises in	1
EAR - Noises in - bells	1
EAR - Noises in - buzzing	1
EAR - Noises in - ringing	1
EAR - Opening, sensation of	1
EAR - Pain	1
EAR - Pain - behind the ears	1
EAR - Pain - behind the ears - left	1
EAR - Pain - Eustachian tubes	1
EAR - Pain - left	1
EAR - Pain - right	1
HEARING - Acute	1
HEARING - Acute - noise; to	1

HEARING - Impaired	1
HEARING - Impaired - voice, the human	1
FACE - Clenched jaw	1
FACE - Discoloration - dark - eyes; circles under	1
FACE - Discoloration - red	1
FACE - Discoloration - red - heat - with	1
FACE - Eruptions	1
FACE - Eruptions - pimples	1
FACE - Dryness - lips	1
FACE - Heat	1
FACE - Itching	1
FACE - Itching - chin	1
FACE - Itching - forehead	1
FACE - Itching - left	1
FACE - Pain	1
FACE - Pain - aching	1
FACE - Pain - eyes - above (=supraorbital)	1
FACE - Pain - jaws	1
FACE - Pain - pressing pain	1
FACE - Perspiration	1
FACE - Tension of skin - muscles; masseter	1
FACE - Tingling - warm room agg.	1
FACE - Wrinkled - forehead	1
NOSE - Congestion	1
NOSE - Congestion - sinuses	1
NOSE - Coryza	2
NOSE - Coryza - bloody coryza	1
NOSE - Coryza - discharge, with	1
NOSE - Coryza - left	1
NOSE - Coryza - postnasal	1
NOSE - Coryza - right	1
NOSE - Discharge	1
NOSE - Discharge - bloody	1
NOSE - Discharge - bloody - blowing the nose; when	1
NOSE - Discharge - clear	1
NOSE - Discharge - thick	1
NOSE - Discharge - watery	1
NOSE - Discharge - white	1

NOSE - Discharge - yellow	1
NOSE - Dryness	1
NOSE - Dryness - inside	1
NOSE - Hayfever	1
NOSE - Itching	1
NOSE - Itching - inside	1
NOSE - Obstruction	1
NOSE - Obstruction - accompanied by - hay fever	1
NOSE - Odours; imaginary and real	1
NOSE - Odours; imaginary and real - burning - something	1
NOSE - Odours; imaginary and real - flowers	1
NOSE - Odours; imaginary and real - putrid	1
NOSE - Odours; imaginary and real - smoke; of	1
NOSE - Odours; imaginary and real - sweetish	1
NOSE - Odours; imaginary and real - tobacco	1
NOSE - Pain	1
NOSE - Pain - burning pain	1
NOSE - Pain - sinuses	1
NOSE - Smell - acute	1
NOSE - Smell - acute - burning	1
NOSE - Smell - acute - flowers	1
NOSE - Smell - acute - perfumes	1
NOSE - Smell - acute - sweets	1
NOSE - Smell - acute - tobacco	1
NOSE - Smell - acute - unpleasant odours	1
NOSE - Sneezing	1
NOSE - Sneezing - hay asthma, with	1
NOSE - Sneezing - hay fever; in	1
NOSE - Sneezing - ineffectual efforts	1
NOSE - Sneezing - paroxysmal	1
NOSE - Sneezing - paroxysmal - prolonged paroxysms	1
NOSE - Sneezing - urging to	1
MOUTH - Dryness	1
MOUTH - Dryness - sensation of	1
MOUTH - Dryness - thirstless	1
MOUTH - Dryness - thirst with	1
MOUTH - Eruptions	1
MOUTH - Salivation	1

MOUTH - Salivation - profuse	1
MOUTH - Taste - metallic	1
MOUTH - Taste - sour	1
TEETH - Grinding	1
TEETH - Grinding - sleep agg; during	1
TEETH - Pain - lower teeth	1
THROAT - Catarrh	1
THROAT - Choking	1
THROAT - Choking - sensation of	1
THROAT - Dryness	1
THROAT - Itching	1
THROAT - Lump	1
THROAT - Mucus	1
THROAT - Pain	1
THROAT - Pain - burning	1
THROAT - Pain - cold - agg	1
THROAT - Pain - dryness; with	1
THROAT - Pain - right	1
THROAT - Pain - sharp; as if from something	1
THROAT - Pain - sore	1
THROAT - Pain - stinging	1
THROAT - Pain - stitching	1
THROAT - Pain - swallowing agg	1
THROAT - Pain - warm - drinks - amel	1
THROAT - Pain - warmth - amel	1
THROAT - Swallow, constant disposition to	1
THROAT - Thick sensation	1
EXTERNAL THROAT - Constriction	1
EXTERNAL THROAT - Pain	1
STOMACH - Appetite - capricious appetite	1
STOMACH - Appetite - diminished appetite	1
STOMACH - Appetite - diminished appetite - daytime	1
STOMACH - Appetite - diminished appetite - thirst; with	1
STOMACH - Appetite - increased appetite	2
STOMACH - Appetite - increased appetite - morning	1
STOMACH - Eructations	1
STOMACH - Nausea	1
STOMACH - Nausea - accompanied by - eructations	1

STOMACH - Nausea - coffee - after	1
STOMACH - Nausea - eructations - during	1
STOMACH - Nausea - extending to throat	1
STOMACH - Nausea - heat - during	1
STOMACH - Nausea - ice cream - after	1
STOMACH - Nausea - looking down	1
STOMACH - Nausea - motion - agg	1
STOMACH - Nausea - throat, in	1
STOMACH - Nausea - waves,in	1
STOMACH - Vomiting	1
STOMACH - Pain	1
STOMACH - Pain - cramping	1
STOMACH - Pain - epigastrium	1
STOMACH - Pain - epigastrium - eating - after - agg	1
STOMACH - Pain - gnawing	1
STOMACH - Thirst	3
STOMACH - Thirst - accompanied by - lips; dryness of	1
STOMACH - Thirst - headache - during	1
STOMACH - Thirst - large quantities for	2
STOMACH - Thirst - unquenchable	1
STOMACH - Thirstless	1
ABDOMEN - Distension	1
ABDOMEN - Distension - constipation, during	1
ABDOMEN - Distension - eating; after	1
ABDOMEN - Flatulence	1
ABDOMEN - Gurgling	1
ABDOMEN - Pain	1
ABDOMEN - Pain - burning	1
ABDOMEN - Pain - cramping	1
ABDOMEN - Pain - diarrhea - before	1
ABDOMEN - Pain - diarrhea - before - cramping	1
ABDOMEN - Pain - eating - after - agg	1
ABDOMEN - Pain - hypogastrium	1
ABDOMEN - Pain - hypogastrium - right	1
ABDOMEN - Pain - motion - agg	1
ABDOMEN - Pain - pressure - amel	1
ABDOMEN - Pain - stitching	1
ABDOMEN - Pain - stool - after - amel	1

ABDOMEN - Pain - stool - before	1
ABDOMEN - Pain - stool - before - cramping	1
ABDOMEN - Pain - region of umbilicus	1
ABDOMEN - Pain - region of umbilicus - pressure - amel	1
ABDOMEN - Rumbling	1
RECTUM - Constipation	1
RECTUM - Constipation - drinking amel	1
RECTUM - Diarrhea	1
RECTUM - Diarrhea - morning	1
RECTUM - Diarrhea - sudden	1
RECTUM - Flatus	1
RECTUM - Lump; sensation of a	1
RECTUM - Pain - tenesmus	1
RECTUM - Straining	1
RECTUM - Urging	1
STOOL - Balls, like	1
STOOL - Forcible, sudden, gushing	1
STOOL - Forcible, sudden, gushing - explosion; like an	1
STOOL - Hard	1
STOOL - Mucous	1
STOOL - Odour - offensive	1
STOOL - Watery	1
STOOL - Watery - yellow	1
BLADDER - Inflammation	1
BLADDER - Urination - dysuria	1
BLADDER - Urination - frequent	1
BLADDER - Urination - seldom	1
BLADDER - Urination - urging - absent	1
KIDNEYS - Pain	1
URETHRA - Pain	1
URETHRA - Pain - burning	1
URETHRA - Pain - urination - after - agg	1
URINE - Colour - yellow - dark	1
URINE - Copious	1
MALE GENITALIA/SEX - Sexual desire - increased	1
FEMALE GENITALIA/SEX – Menses-appear-as if menses would appear	1
FEMALE GENITALIA/SEX - Menses - copious	1
FEMALE GENITALIA/SEX - Menses - dark	1

FEMALE GENITALIA/SEX - Menses - scanty	1
FEMALE GENITALIA/SEX - Menses - short; too	1
FEMALE GENITALIA/SEX - Menses - short; too - two days	1
FEMALE GENITALIA/SEX - Pain	1
FEMALE GENITALIA/SEX - Pain - bearing down	1
FEMALE GENITALIA/SEX - Sexual desire - increased	1
MALE AND FEMALE GENITALIA/SEX - Sexual desire - increased	1
RESPIRATION - Asthmatic	1
RESPIRATION - Deep	1
RESPIRATION - Deep - desire to breathe	1
RESPIRATION - Difficult	1
RESPIRATION - Difficult - heat; with	1
RESPIRATION - Difficult - inspiration	1
RESPIRATION - Difficult - lung - water in lungs; as if	1
RESPIRATION - Difficult - waking on	1
RESPIRATION - Hot breath	1
RESPIRATION - Hot breath - sensation as if	1
RESPIRATION - Snoring	1
RESPIRATION - Suffocation; attacks of	1
COUGH - Drinking amel	1
COUGH - Dry	1
COUGH - Loose	1
COUGH - Oppression; from - chest; in	1
EXPECTORATION - Difficult	1
EXPECTORATION - Yellow	1
CHEST - Constriction	1
CHEST - Constriction - band; as from a	1
CHEST - Eruptions	1
CHEST - Itching	1
CHEST - Itching - axillae	1
CHEST - Itching - mammae	1
CHEST - Mammae; complaints of	1
CHEST - Oppression	2
CHEST - Oppression - cough - during - agg	1
CHEST - Oppression - inspiration - agg	1
CHEST - Pain	1
CHEST - Pain - burning	1
CHEST - Pain - contracting	1

CHEST - Pain - cutting	1
CHEST - Pain - gnawing pain	1
CHEST - Pain - heart	1
CHEST - Pain - inspiration - agg	1
CHEST - Pain - left	1
CHEST - Pain - mammae	1
CHEST - Pain - mammae - sore	1
CHEST - Pain - right	1
CHEST - Palpitation of heart	1
CHEST - Palpitation of heart - anxiety; with	1
BACK - Eruption	1
BACK - Eruption - painful	1
BACK - Eruption - pimples	1
BACK - Heat	1
BACK - Itching	1
BACK - Itching - cervical	1
BACK - Itching - dorsal region - scapulae	1
BACK - Itching - dorsal region - shoulders; between	1
BACK - Pain	1
BACK - Pain - aching pain	1
BACK - Pain - cervical region	1
BACK - Pain - cervical region - extending to - temples	1
BACK - Pain - dorsal region	1
BACK - Pain - dorsal region - scapulae	1
BACK - Pain - dorsal region - scapulae - between	1
BACK - Pain - lumbar region	1
BACK - Pain - rubbing - amel	1
BACK - Pain - sitting - erect amel	1
BACK - Pain - sore	1
BACK - Pain - straightening up the back - amel	1
BACK - Perspiration	1
BACK - Tension	2
BACK - Tension - cervical region	2
BACK - Tension - cervical region - nape of the neck	1
BACK - Weakness	1
BACK - Weakness - lumbar	1
EXTREMITIES - Awkwardness	1
EXTREMITIES - Coldness	1

EXTREMITIES - Cramps	1
EXTREMITIES - Cramps - nates	1
EXTREMITIES - Eruptions	1
EXTREMITIES - Formication	1
EXTREMITIES - Formication - evening - bed agg; in	1
EXTREMITIES - Formication - upper limbs	1
EXTREMITIES - Heat	1
EXTREMITIES - Heat - feet	1
EXTREMITIES - Heat - feet - burning	1
EXTREMITIES - Heat - feet - uncovering	1
EXTREMITIES - Incoordination	1
EXTREMITIES - Itching	1
EXTREMITIES - Itching - ankle	1
EXTREMITIES - Itching - fingers	1
EXTREMITIES - Itching - forearm	1
EXTREMITIES - Itching - forearm - right	1
EXTREMITIES - Itching - hands	1
EXTREMITIES - Itching - legs	1
EXTREMITIES - Itching - lower limbs	1
EXTREMITIES - Itching - scratching - amel	1
EXTREMITIES - Itching - shoulders	1
EXTREMITIES - Itching - upper limbs	1
EXTREMITIES - Itching - upper limbs - left	1
EXTREMITIES - Itching - upper limbs - scratching amel	1
EXTREMITIES - Jerking	1
EXTREMITIES - Jerking - legs	1
EXTREMITIES - Jerking - lower limbs	1
EXTREMITIES - Motion	1
EXTREMITIES - Motion - involuntary	1
EXTREMITIES - Motion - irregular	1
EXTREMITIES - Numbness	1
EXTREMITIES - Pain	1
EXTREMITIES - Pain - aching	1
EXTREMITIES - Pain - dull	1
EXTREMITIES - Pain - feet	1
EXTREMITIES - Pain - feet - burning	1
EXTREMITIES - Pain - fingers	1
EXTREMITIES - Pain - hands	1

EXTREMITIES - Pain - hips	1
EXTREMITIES - Pain - joints	1
EXTREMITIES - Pain - knees	1
EXTREMITIES - Pain - legs	1
EXTREMITIES - Pain - legs - calves	1
EXTREMITIES - Pain - lower limb	1
EXTREMITIES - Pain - rheumatic	1
EXTREMITIES - Pain - rubbing - amel	1
EXTREMITIES - Pain - shoulders	1
EXTREMITIES - Pain - sore	1
EXTREMITIES - Pain - upper limbs	1
EXTREMITIES - Pain - upper limbs - sore	1
EXTREMITIES - Pain - wrists	1
EXTREMITIES - Perspiration	1
EXTREMITIES - Perspiration - hand	1
EXTREMITIES - Perspiration - hand - palm	1
EXTREMITIES - Pressure - amel - lower limbs	1
EXTREMITIES - Restlessness	1
EXTREMITIES - Restlessness - legs	1
EXTREMITIES - Restlessness - lower limbs	1
EXTREMITIES - Stiffness	1
EXTREMITIES - Stiffness - shoulders	1
EXTREMITIES - Tension	1
EXTREMITIES - Tension - shoulders	1
EXTREMITIES - Uncover; inclination to - feet	1
EXTREMITIES - Weakness	1
EXTREMITIES - Weakness - hips	1
EXTREMITIES - Weakness - lower limbs	1
SLEEP - Deep	2
SLEEP - Disturbed	1
SLEEP - Disturbed - dreams, by	1
SLEEP - Disturbed – noise; by the slightest	1
SLEEP - Disturbed - thoughts; by	1
SLEEP - Restless	1
SLEEP - Restless - bodily restlessness, from	1
SLEEP - Sleepiness	2
SLEEP - Sleepiness - afternoon	1
SLEEP - Sleepiness - eating - after - agg	1

SLEEP - Sleepiness - eyes - opening difficult	1
SLEEP - Sleepiness - heaviness; with	1
SLEEP - Sleepiness - overpowering	1
SLEEP - Sleeplessness	1
SLEEP - Sleeplessness - pain; from	1
SLEEP - Sleeplessness - restlessness, from	1
SLEEP - Sleeplessness - noise, from slight	1
SLEEP - Unrefreshed	1
SLEEP - Unrefreshed - morning	1
SLEEP - Waking - early; too	1
SLEEP - Yawning	1
DREAMS - Anger	1
DREAMS - Animals	1
DREAMS - Animals - talking	1
DREAMS - Anxious	1
DREAMS - Arguments	1
DREAMS - Arrested - murder, for	1
DREAMS - Attacked, of being	1
DREAMS - Birds	1
DREAMS - Bitten; being	1
DREAMS - Bitten; being - animals; by	1
DREAMS - Blood	1
DREAMS - Breathing under water	1
DREAMS - Boyfriend - old boyfriend	1
DREAMS - Children; about	1
DREAMS - Children; about - rescuing; of	1
DREAMS - Churches	1
DREAMS - Coloured	1
DREAMS - Competition	1
DREAMS - Confused	1
DREAMS - Crime	1
DREAMS - Crime - concealment of	1
DREAMS - Crime - committing a crime - he had committed a crime	1
DREAMS - Danger	1
DREAMS - Dead; of the	1
DREAMS - Difficulties	1
DREAMS - Disease	1
DREAMS - Disease - own disease, his	1

DREAMS - Distorted - images 1
DREAMS - Dogs 1
DREAMS - Drowning 1
DREAMS - Eating 1
DREAMS - Eating - chocolate 1
DREAMS - Embarrassment 1
DREAMS - Family, own 1
DREAMS - Fights 1
DREAMS - Fish 1
DREAMS - Fish - people who are fish 1
DREAMS - Flood 1
DREAMS - Flying 1
DREAMS - Food 1
DREAMS - Friends 1
DREAMS - Friends - old 1
DREAMS - Guilt 1
DREAMS - Helpless feeling 1
DREAMS - Hero; of being the 1
DREAMS - Horrible 1
DREAMS - House 1
DREAMS - Imprisonment 1
DREAMS - Injustice 1
DREAMS - Journeys 1
DREAMS - Landscape - beautiful 1
DREAMS - Lecture 1
DREAMS - Lost; being 1
DREAMS - Lucid 1
DREAMS - Many 1
DREAMS - Monsters 1
DREAMS - Murderer - being a murderer 1
DREAMS - Mutilation 1
DREAMS - Nightmares 1
DREAMS - Obese; being 1
DREAMS - Pregnant - being 1
DREAMS - Pregnant - friend is; her 1
DREAMS - Prisoner - being taken a 1
DREAMS - Pursued 1
DREAMS - Rape 1

DREAMS - Relationships	1
DREAMS - Robbers	1
DREAMS - Robbing	1
DREAMS - Running	1
DREAMS - Sea	1
DREAMS - Searching	1
DREAMS - Sexual	1
DREAMS - Sexual - violence	1
DREAMS - Sick people	1
DREAMS - Snakes	1
DREAMS - Spiritual	1
DREAMS - Supernatural things	1
DREAMS - Theft - committing a theft, having	1
DREAMS - Unpleasant	1
DREAMS - Unremembered	2
DREAMS - Violence	1
DREAMS - Vivid	1
DREAMS - Watching - herself from above	1
DREAMS - Water	2
DREAMS - Water - danger - in water; from danger	1
DREAMS - Water - dirty	1
DREAMS - Waves	1
DREAMS - Waves - huge wave approaching	1
FEVER - Chilliness; with	1
FEVER - Internal heat	1
FEVER - Internal heat - cold to the touch; while body feels	1
PERSPIRATION - Cold	1
PERSPIRATION - Profuse	1
SKIN - Dry	1
SKIN - Eruptions	1
SKIN - Eruptions - cold - applications - amel	1
SKIN - Eruptions - pimples	1
SKIN - Eruptions - pimples - painful	1
SKIN - Eruptions - rash	1
SKIN - Formication	1
SKIN - Itching	2
SKIN - Itching - left	1
SKIN - Itching - right	1

SKIN - Itching - scratching - amel	1
SKIN - Itching - scratching - agg	1
SKIN - Sensitiveness	1
SKIN - Sensitiveness - touch; to	1
GENERALS - Air, in open - amel	1
GENERALS - Air, open - desire for open air	1
GENERALS - Air; draft of - sensation of a draft	1
GENERALS - Ascending - symptoms ascend	1
GENERALS - Clothing - intolerance of	1
GENERALS - Cold; becoming - agg	1
GENERALS - Cold - air - desire	1
GENERALS - Complaints - appearing - suddenly	3
GENERALS - Covers - version to	1
GENERALS - Energy - sensation of	1
GENERALS - Eructations - amel	1
GENERALS - Expansion; sensation of	1
GENERALS - Falling, sensation of	1
GENERALS - Fanned; being - desire to be	1
GENERALS - Fanned - desire	1
GENERALS - Food & drinks - alcoholic drinks - desire	1
GENERALS - Food & drinks - berries - desire	1
GENERALS - Food & drinks - bread - agg	1
GENERALS - Food & drinks - bread - desire	1
GENERALS - Food & drinks - cheese - desire	1
GENERALS - Food & drinks - cherries - desire	1
GENERALS - Food & drinks - chicken - desire	1
GENERALS - Food & drinks - chocolate - desire	1
GENERALS - Food & drinks - coca cola - desire	1
GENERALS - Food & drinks - coffee - amel	1
GENERALS - Food & drinks - coffee - desire	1
GENERALS - Food & drinks - cold drink , cold water - amel	1
GENERALS - Food & drinks - cold drink , cold water - desire	1
GENERALS - Food & drinks - cold drink , cold water - thirst; without	1
GENERALS - Food & drinks - cold food - desire	1
GENERALS - Food & drinks - fat - aversion	1
GENERALS - Food & drinks - fish - desire	1
GENERALS - Food & drinks - food - desire	1
GENERALS - Food & drinks - fresh food - desire	1

GENERALS - Food & drinks - fruit - desire	1
GENERALS - Food & drinks - fruit - desire - red	1
GENERALS - Food & drinks - healthy food - desire	1
GENERALS - Food & drinks - ice cream - desire	1
GENERALS - Food & drinks - milk - desire	1
GENERALS - Food & drinks - olives - desire	1
GENERALS - Food & drinks - peanut butter - desire	1
GENERALS - Food & drinks - pickles - desire - spicy Indian pickles	1
GENERALS - Food & drinks - rich food - desire	1
GENERALS - Food & drinks - rich food - aversion	1
GENERALS - Food & drinks - spices - desire	1
GENERALS - Food & drinks - strawberries - desire	1
GENERALS - Food & drinks - sugar - desire	1
GENERALS - Food & drinks - sushi - desire	1
GENERALS - Food & drinks - sweets - desire	1
GENERALS - Food & drinks - vegetables - desire	1
GENERALS - Food & drinks - water - desire	2
GENERALS - Food & drinks - wine - desire	1
GENERALS - Formication	1
GENERALS - Hangover - sensation as if from a hangover	1
GENERALS - Heat - flushes of	2
GENERALS - Heat - flushes of - extending upward	1
GENERALS - Heat - flushes of - palpitations; with	1
GENERALS - Heat - sensation of	2
GENERALS - Heat - waves in	1
GENERALS - Heaviness	1
GENERALS - Inflammation - joints	1
GENERALS - Influenza	1
GENERALS - Lassitude	1
GENERALS - Looking - downward - agg	1
GENERALS - Loss - fluids, of	1
GENERALS - Motion - affected part of - agg	1
GENERALS - Pain	1
GENERALS - Pain - aching	1
GENERALS - Pain - growing pains	1
GENERALS - Pain - burning pain	3
GENERALS - Pressure - amel	1
GENERALS - Restlessness	1

GENERALS - Scratching with hands - amel	1
GENERALS - Side - left - then right side	1
GENERALS - Side - right - then left side	1
GENERALS - Sleep - loss of sleep; from	1
GENERALS - Strength, sensation of	1
GENERALS - Stretching out	1
GENERALS - Stretching - amel	1
GENERALS - Sudden manifestation	2
GENERALS - Sun - exposure to the sun - amel	1
GENERALS - Tobacco - desire for tobacco	1
GENERALS - Tobacco - desire for tobacco - smoking; desire for	1
GENERALS - Vigour	1
GENERALS - Warm - amel	1
GENERALS - Warm - bathing - amel	1
GENERALS - Wavelike sensations	1
GENERALS - Weakness	3
GENERALS - Weakness - headache - during	1
GENERALS - Weakness - muscular	1
GENERALS - Weariness	2

4.7 COMPARISON OF *PROTEA CYNAROIDES* THEMES TO THAT OF THE AIDS MIASM

Table 19
Comparison Between the AIDS Miasm Themes and the Themes of *Protea cynaroides*

Theme	AIDS Miasm	*Protea cynaroides*
Connection	√	√
Responsibility	√	√
Disconnection	√	√
Indifference	√	√
Dispersion	√	√
Instability	√	√
Extremes	√	√
Confusion	√	√
Femininisation	√	√
Vulnerability	√	√

Discontent	√	√
Infection	√	√
Confidence	√	√
Boundaries and Obstruction	√	√
Childhood	√	√
Dream Themes	√	√

The data in Table 18 reflects a strong link between the themes present in the *Protea cynaroides* proving and those belonging to the AIDS miasm. This implies that Fraser's (Fraser, 2002) observation regarding modern provings and their similarity to the AIDS miasm is valid.

Included below are the themes of the AIDS miasm with examples of rubrics to illustrate the presence of the particular theme in *Protea cynaroides:*

Connection

MIND – Benevolence

MIND – Depersonalization

MIND – Sensitive

MIND – Sentimental

MIND – Sympathetic

MIND – Unification - desire for

MIND – Unification - sensation of unification

Responsibility

MIND – Conscientious

MIND – Anxiety – family; about his

MIND – Anxiety – family; about his – safety of family; for

MIND – Company – desire for – children; of

Disconnection

DREAMS – Pursued

MIND – Company – aversion to

MIND – Company – aversion to – desire for solitude
MIND – Confusion – identity; as to his
MIND – Delusions – friends – unwanted by friends
MIND – Detached
MIND – Drugs – taken drugs; as if one had
MIND – Spaced – out feeling
MIND – Trance

Indifference

MIND – Despair
MIND – Ennui
MIND – Selfish

Dispersion

DREAMS – Flying
DREAMS – Journeys
DREAMS – Water
DREAMS – Water – danger – in water; from danger
DREAMS – Waves
DREAMS – Waves – huge wave approaching
MIND – Delusions – clouds – sees
MIND – Delusions – floating – closing eyes, on
MIND – Delusions – music – hearing music
MIND – Delusions – weight – no weight; has
MIND – Spirals – awe at
STOMACH – Thirst
STOMACH – Thirst – accompanied by – lips; dryness of
STOMACH – Thirst – large quantities for
STOMACH – Thirst – unquenchable

Instability

MIND – Chaotic

MIND – Childish behaviour

MIND – Sensitive – external impressions, to all

Extremes

DREAMS – Distorted – images

MIND – Ambition – increased

MIND – Delusions – enlarged – parts of body

MIND – Power – sensation of

STOMACH – Appetite – increased appetite

Confusion

MIND – Concentration – difficult

MIND – Confusion

MIND – Confusion – identity; as to his

MIND – Confusion – identity; as to his – duality, sense of

MIND – Confusion – time; as to

MIND – Mistakes; making

MIND – Mistakes; making – spelling errors

MIND – Mistakes; making – writing – repeating words

Femininisation

CHEST – Pain – left

DREAMS – Pregnant – being

DREAMS – Pregnant – friend is; her

DREAMS – Sexual

EAR – Pain – left

EYE – Itching – left

FEMALE GENITALIA/SEX – Sexual desire – increased

GENERALS – Side – left – then right side

HEAD – Pain – temples – left

NOSE – Coryza – left

SKIN – Itching – left

Vulnerability

DREAMS – Children; about

DREAMS – Children; about – rescuing; of

DREAMS – Danger

DREAMS – Violence

GENERALS – Weakness

MIND – Delusions – trapped; he is

MIND – Heedless

MIND – Power – sensation of

MIND – Suspicious

Discontent

MIND – Anger

MIND – Anger – contradiction; from

MIND – Anger – misunderstood, when

MIND – Anger – refused; when things he wants are

MIND – Discontented

MIND – Irritability

MIND – Irritability – noise, from

MIND – Irritability – trifles, from

MIND – Kill; desire to

MIND – Kill; desire to – knife – with a knife

MIND – Restlessness

MIND – Restlessness – motion – amel

Infection

DREAMS - Disease - own disease, his

DREAMS – Water – dirty

GENERALS – Influenza

Confidence

MIND – Confidence – want of self confidence

MIND – Confident

MIND – Content

MIND – Content – himself, with

MIND – Reproaching oneself

MIND – Suicidal disposition

Boundaries and obstruction

DREAMS – House

MIND – Delusions – attacked; being

MIND – Helplessness

SKIN – Sensitiveness

SKIN – Sensitiveness – touch; to

Childhood

MIND – Company – desire for – children; of

MIND – Playful

MIND – Playing – desire to play

MIND – Thoughts – past, of the

Dream themes

DREAMS – Anger

DREAMS – Children; about

DREAMS – Children; about – rescuing; of

DREAMS – Disease

DREAMS – House

DREAMS – Journeys

DREAMS – Violence

DREAMS – Water

DREAMS – Water – danger – in water; from danger

DREAMS – Water – dirty

From the data presented, it is evident that a strong link exists between the proving symptoms elicited in the *Protea cynaroides* proving and those belonging to the AIDS miasm. The implication of this will be discussed in the following chapter.

4.8 CONCLUSION

The hypotheses tested were firstly dealt with the reproducibility of proving symptoms, striving to prove that symptoms produced in consecutive years while applying the same methodology are comparable, secondly that different methodologies yield different numbers, types and quality of symptoms, thirdly that differences exist between the symptoms yielded by the placebo and the verum groups within the same methodology and lastly that it is possible to develop an integrated methodology based on the relative effectiveness of the proving methodologies.

The reproducibility of symptoms were the highest in Groups one (C4 methodology) and three (Dream methodology). It was noted, however, that the congruency observed in the Dream proving methodology group was due to the low number of symptoms elicited through its application. It is thus evident that the C4 and Sherr methodologies are the most reproducible based on rubric presence, as opposed to Group three, the Dream proving methodology, where the high level of similarity lies in the absence of rubrics.

From the data, it was evident that the different methodologies did in fact yield different numbers, types and quality of symptoms. The methodologies that yielded the most rubrics are the C4 trituration and the Sherr proving methodologies. Not only do they yield a large number of rubrics, but they also yield a much larger number of rubrics than produced by the placebo portion of the Sherr proving methodology. In the Dream proving methodology group there is much less rubrics present at each rubric level than yielded by the C4 trituration and the Sherr proving methodologies. The

relative effectiveness of the three methodologies in producing symptoms are discussed in Chapter 5, as well as their affinity for producing symptoms related to specific chapters, which is discussed under section 5.4.

In looking at Groups one (C4 proving) and two (Sherr proving) it is evident that these methodologies are more effective in eliciting responses in provers with odds ratios indicating that rubrics are more likely to be present in these groups than absent. These groups are up to three times more effective in producing rubrics than Group three and up to six times more effective than the placebo group. The odds ratios for placebo portion of the Sherr proving and the Dream proving indicate that rubrics have a greater chance of being absent within these groups than they have of being present. The chances are greater in the placebo than in Dream methodology group, though, indicating that the active remedy does elicit more symptoms than the inactive.

The conclusion can thus be drawn that the methodologies employed in Groups one and two (C4 and Sherr methodologies) are more likely to produce symptoms than not and that the placebo control and Group three (Dream methodology) are more likely not to produce symptoms. One can thus assume that the more effective methodologies are those tested in Groups one and two. No significant difference exists in the symptoms experienced when comparing the C4 and Sherr methodologies and the methodologies are thus equivalent. The differences between these groups lie in their chapter affinities, which would be further explored in the following chapter under section 5.4.

It is also evident that the application of the various methodologies yielded enough symptoms to allow for the compilation of a comprehensive repertory and *materia medica* presented in this chapter, thus validating the assumption. The materia medica and its relation to the AIDS miasm are discussed further in the following chapter under section 5.6.

CHAPTER 5

DISCUSSION

The aim of this study was to compare the most commonly employed proving methodologies, the C4 trituration proving methodology, the Sherr proving methodology and the Dream proving methodology, by application in order to ascertain the validity of the claims made in terms of the efficiency of the method to elicit reproducible symptoms.

C4 proving methodology, as employed in Group one, was chosen on account of the controversy that surrounds it. As discussed in Chapter 2, authors like Dellmour (1998) object to the acknowledgement of these provings through publication and inclusion in repertories. It was thus important to investigate the claims and to test the merits of this methodology, as it promises a deeper understanding of the remedy proven and is much less time consuming.

The methodology tested in Group two, the Sherr proving methodology, was selected based on its widespread use as the acknowledged methodology for conducting scientifically acceptable provings. This method is widely cited as the acceptable model for conducting provings and serves as a gold standard (European Committee for Homeopathy, 2004, 2008; International Council for Classical Homoeopathy, 1999).

The Dream proving methodology was employed in Group three. Scholten (2007) feels that meditation provings are more accurate than Dream provings in giving the essence of the remedy. The Dream proving methodology was chosen to represent the more intuitive methodologies, for the researcher did not possess skills to adequately apply a methodology like the meditation proving methodology in order to assess its effectiveness. Dream provings

are also less time consuming to carry out and thus carry merit to be investigated.

During the course of the research, 70 provers were recruited to test the unknown substance through application of the three methodologies mentioned above. These provers comprised of both female and male participants, representing all four ethnic groups. The majority of the provers were either homoeopaths or homoeopathic students, although members of the general public who indicated an interest in participating were also included.

The end result of the data collection was the formulation of 1 373 rubrics utilised for analysis purposes, resulting in 881 verified rubrics that comprise the repertory for *Protea cynaroides.*

The statistical analysis presented in the previous chapter indicated the relative effectiveness of each method as well as the reproducibility of the symptoms elicited, analysed both in terms of rubric level and in terms of repertory chapter.

This chapter explain the findings presented in Chapter 4 in order to identify the apparent strengths and weaknesses of each methodology towards developing an integrated methodology that minimises the pitfalls identified and concentrating on the strengths. Each methodology applied will be discussed in chronological order below to facilitate the discussion.

The factors taken into consideration when assessing the strengths and weaknesses of each methodology are as follows:

- Reproducibility of symptoms elicited
- Number of symptoms elicited
- Types of symptoms elicited

- Quality of symptoms elicited

These factors will give an indication of the reproducibility and relative effectiveness of each method which would allow for the identification of the positive elements to be incorporated into an integrated methodology, and also to highlight the pitfalls in order to allow for the development of mechanisms to minimise their occurrence.

5.1 GROUP 1 – C4 PROVING METHODOLOGY

The C4 proving methodology was the second most effective methodology in eliciting symptoms during the proving process. It yielded 841 out of the total number of rubrics (1 373) elicited during the study, which amounts to 61 percent. It also yielded significantly more symptoms than the placebo portion of Group two, proving that symptoms can be elicited during a proving in the absence of the administration of repeated oral doses.

Reasonable reproducibility can be observed when applying this methodology, reflected in low odds ratios. It is interesting to note that the majority (nine of the top 10) of the chapters that reflected a high reproducibility in Table 6 were also those that yielded missing results when calculating the odds ratio observable in Table 7. This was mostly due to the fact that the rubrics did not occur at all in either year for nine of the 14 chapters. This emphasises the fact that the high reproducibility in these chapters were based on the absence of all the rubrics in the chapter rather than their presence.

As expected, the similarity of rubric occurrence at a particular rubric level, as illustrated in Table 4, is the highest at main rubric level in this group, diminishing when it gets to sub-rubric and sub-sub-rubric levels, where there is a greater chance of variation due to the specificity of the symptoms.

Table 5 also reflected that symptoms were more likely to occur in 2009 when applying the C4 proving methodology. This is despite the fact that more of the participants in 2008 underwent the *Lac humanum* trituration sensitisation process. The higher likelihood of symptoms occurring in 2009 can thus not be attributed to the sensitisation process. This phenomenon is most likely due to the presence of four provers that form part of a regular C4 trituration group, thus having developed a group dynamic and resonance. This leads to the conclusion that this methodology would be most effective if the process is carried out by experienced provers who have worked together on provings for a longer period of time.

Despite this tendency of rubrics to occur more likely in 2009, it is observable, as illustrated in Table 10 that significant differences can only be found to exist between the 2008 and 2009 data in seven of the 38 chapters, namely Chest, Dreams, Generals, Mind, Mouth, Stomach and Throat. All of these chapters contain large numbers of rubrics and the significant differences observed can be attributed to the difference in the individual prover susceptibility between the two years. It also insinuates that these chapters show the largest variability within the methodology and may prove to be a weakness in the C4 methodology.

When studying the odds ratios regarding the likelihood of a rubric occurring in Group one, it can be noted that rubrics were more likely to occur than not, as illustrated in Table 12. This indicates the effectiveness of the C4 trituration methodology in producing symptoms, negating Dellmour's (1998) misgivings about the methodology. It also brings Herscu's (2002) belief that provers only produce symptoms upon oral administration of the remedy into question. Whether these symptoms have a particular chapter affinity is important to investigate. In section 5.4 a chapter by chapter analysis of the results obtained when studying the data obtained in each group can be found. This analysis strives to investigate whether symptoms belonging to certain chapters have a greater likelihood to be elicited when applying the C4

methodology than others. This would ensure that, when developing the integrated methodology, every effort is made to ensure the combination of methodologies that would yield an overview of the symptoms totality without the exclusion of certain types of symptom.

It is interesting to note that all the symptoms Hogeland and Scriebman (2008) mentions as commonly occurring during C4 provings (spacey or drugged feelings, itchiness of eyes, nose and skin and time distortions) occurred not only during the C4 component of the trial, but also during the subsequent Sherr and Dream proving stages. For that reason, they were not excluded in the final symptoms list, but verified as belonging to the proving of *Protea cynaroides.*

5.2 GROUP 2 – SHERR PROVING METHODOLOGY

The Sherr proving methodology consisted of 30 provers, 20 of whom were dispensed verum powders and 10 placebo powders. The dose was repeated three times per day for a maximum of two days in the 30^{th} potency and discontinued when proving symptoms developed.

In order to discuss the results, the group needs to be divided into those who received the active proving substance and those who received the inactive powders. This would facilitate the inquest into the effectiveness of the verum group as well as its relative effectiveness to the placebo group.

5.2.1 Verum Group

The verum portion Sherr proving methodology proved to be the most effective methodology in eliciting symptoms during the proving process. It yielded 63 percent of the rubrics (868 out of 1 373). In comparing the verum and placebo groups of Group two it is evident that the verum portion yielded

significantly more symptoms than the placebo portion, which yielded only 28 percent.

Of the three groups, Group two reflects the lowest reproducibility, due to the large range observed in the odds ratio values. In contrast to Group one, however, only one of the top 10 chapters that reflected a high reproducibility in Table 6 yielded missing results when calculating the odds ratio observable in Table 7. Out of all 38 chapters, only one did not yield symptoms in both years. The apparent low reproducibility of this group is thus due to the high incidence of rubrics, in one or both years.

It is yet again observable in Table 4 that the similarity of rubric occurrence at a rubric level is the highest at main rubric level in this group, diminishing when it gets to sub-rubric and reaching its lowest level at the sub-sub-rubric levels, where there is a greater chance of variation due to the specificity of the symptoms. The values are lower than those observed in both Groups one and three due to the high incidence of rubrics in this group.

It is evident from Table 5 that symptoms were more likely to occur in 2008 when applying the Sherr proving methodology. A possible explanation for this phenomenon is that the majority of provers in 2008 were senior homoeopathic students (four) and homoeopathic practitioners (three), where in 2009 the majority were undergraduate homoeopathic students (five). This may indicate that provers with more homoeopathic experience should be favoured. On the other hand, this variation may have occurred due to the difference in prover sensitivity and susceptibility to the substance. The sensitivity is evident in the fact that three verum provers received an antidote in 2008 compared to two in 2009.

Despite this tendency of rubrics to more likely occur in 2009, it is observable, as illustrated in Table 10, that significant differences can only be found to exist between the 2008 and 2009 data in seven of the 38 chapters, namely

Chest, Dreams, Extremities, Generals, Rectum, Stomach and Teeth. Four of these chapters are the same as those reflecting significant differences in Group one 2008 and 2009 comparisons. All but one of these chapters, Teeth, contains large numbers of rubrics and the significant differences observed can be attributed to the difference in the individual prover susceptibility between the two years. The high incidence of symptoms elicited during the application of this methodology increases the likelihood of variation between provers. The reproducibility of the symptoms is thus sacrificed in favour of larger numbers of rubrics produced.

When studying the odds ratios presented in Table 12, it is evident that rubrics were more likely to be elicited when applying this methodology than of being absent. The chapter affinity of this methodology would be analysed in section 5.4.

5.2.2 Placebo Group

As discussed in Chapter two, Rosenbaum *et al.* (2006) feel that the symptoms elicited in the placebo group differ from that in the verum group by being vaguer descriptions of symptoms, lacking specificity. In discussing and analysing this section, it is thus important to compare and contrast the quality of the symptoms produced in the placebo group in order to ascertain the relative effectiveness of the active methodology compared to its placebo counterpart.

The placebo section was the least effective in producing symptoms during the proving process. It yielded 388 of the total 1 373 rubrics (28 percent). As mentioned in 5.2.1, it is evident that the verum portion yielded significantly more symptoms than the placebo portion.

When studying the odds ratios regarding the likelihood of a rubric occurring in the placebo section of Group two, it is evident that rubrics are more likely to

be absent, as illustrated in Table 12. The tendency to be absent is also more pronounced than in Group two, leading to the conclusion that the active proving substance does yield more symptoms than the placebo.

In utilising a placebo, prover confidence also decreased, as illustrated during the proving of *Protea cynaroides*. Provers made observations like:

> I thought after the proving that I wasn't on the substance at all, but then I read over my diary this morning and suddenly I thought, 'Why did I think I wasn't?' I had a lot of symptoms, but they... I don't know why but I kept thinking that there was another cause for them.

and

> I am also making myself remember that this could be placebo so I mustn't get too neurotic as that would be embarrassing.

The threat of placebo could cause provers not to report strange symptoms due to fear of embarrassment. This self-consciousness also could lead to provers not participating in future provings due to the fear of looking foolish.

In section 5.4 a chapter by chapter analysis of the results obtained when studying the data obtained in each group can be found. This would strive to investigate whether certain chapters have a greater likelihood to be elicited in placebo provers. The fact that a small percentage of proving symptoms were experienced by placebo provers, indicated that both Norland's (1999) and Sankaran's (1995) observations regarding the group phenomena ringing true for this proving. This leads the researcher to concur with Jansen's (2008) recommendation that prover's symptoms should be compared with their own pre-proving baseline observations, thus negating the necessity of placebo prover inclusion in the sample group.

5.3 GROUP 3 – DREAM PROVING METHODOLOGY

The Dream proving methodology was the least effective of the verum methodologies in eliciting symptoms during the proving process. It yielded a mere 42 percent of the rubrics, representing 579 of the total 1 373 rubric elicited during the study. This methodology yielded only marginally (14 percent) more symptoms than the placebo portion of Group two, bringing into question the timing and frequency of doses needed to elicit a proving response, as only three doses were administered 24 hours apart in Group three, compared to six doses in 48 hours administered in Group two. The fact that this methodology produced the least number of symptoms through its application, supports Sherr's (1994: 16-7) observation that they are "partial proving", thus not eliciting the full complement of symptoms.

High reproducibility can be observed when applying this methodology, with only an eight percent variation between the 2008 and 2009 data reflected in Table 5. The odds ratio has a range of 0.166 to 6.515, which is larger than that in Group one, but smaller than that in Group two. A large proportion (seven of the top 10) of the chapters that reflected a high reproducibility in Table 6 were also those that yielded missing results when calculating the odds ratio observable in Table 7. This was mostly due to the fact that the rubrics did not occur at all in either year in six of the 14 chapters. This emphasises the fact that the high reproducibility in these chapters were based on the absence of all the rubrics in the chapter rather than their presence.

A strange trend is observable in Table 4 regarding the similarity of rubric occurrence at a rubric level. This is expected to be the highest at main rubric level in this group, diminishing when it gets to sub-rubric and sub-sub-rubric levels, but in this group it is highest at the sub-sub-rubric level and diminishes as it moves up to the main rubric level. The highest incidence of congruency between the years can be seen at the sub-rubric level where 1 184 of the 1

373 rubrics are identical. This is due to the absence of the rubric in both years as opposed to the rubric's presence in 2008 and 2009.

Table 5 also reflects that symptoms are more likely to occur in 2008 than in 2009. A difference in prover experience cannot explain this trend, though, as the majority of provers in 2008 were members of the public (50 percent). In 2009 the majority of provers were senior students (60 percent) and based on the conclusion drawn in 5.2.1 one would expect a higher likelihood of symptoms to emerge in 2009. One possible explanation is that the provers in 2008 may have been more familiar with the process, because 40 percent of the 2008 provers have participated in a proving before compared to 30 percent in 2009. Another explanation could lie in prover sensitivity to the verum powders. If the provers were not susceptible to the remedy, it could explain the low number of symptoms elicited. The third possible reason can lie in the posology of the remedy employed. A larger number of doses more frequently would lead to the development of more intense symptoms, thus increasing the likelihood of symptom development.

Despite this tendency of rubrics to more likely occur in 2008, it is observable, as illustrated in Table 10, that significant differences can only be found to exist between the 2008 and 2009 data in seven of the 38 chapters, namely Chest, Generals, Mind, Mouth, Nose, Rectum and Throat. All of these chapters contain large numbers of rubrics and the significant differences observed can be attributed to the difference in the individual prover susceptibility between the two years. In this case it also insinuates that these chapters show the largest incidence of rubrics within the group, hence allowing for variability that would not exist if the rubrics were absent. This will be evident in the chapter by chapter analysis presented in section 5.4.

5.4 ANALYSIS OF THE INCIDENCE OF RUBRIC WITHIN SPECIFIC CHAPTERS FOR THE THREE METHODOLOGIES APPLIED

In order to ascertain whether the methodology has an affinity to elicit symptoms in particular organs, one has to look at the individual chapters and interpret the results obtained. Below is listed an interpretation and discussion of the results obtained when applying each proving methodology.

5.4.1 Abdomen

This chapter shows a low occurrence of rubrics in the C4 group and the rubrics are more likely to be absent than present in both the C4 group and the dream three. In analysing the incidence, it is evident that significant differences exist between all the groups when carrying out a pair-wise comparison. Based on these comparisons it is evident that the verum Sherr group is more effective in eliciting symptoms in the Abdomen chapter than the other two methodologies employed. The placebo Sherr group, however, elicited a higher number of symptoms than the Dream group. This illustrates the School of Homeopathy's (2004) field theory, and that everyone in the field experience the effect of the proving albeit in different degrees of intensity, as expressed by Rosenbaum *et al.* (2006). This raises the question of the necessity of including placebo provers in the group and insinuates that Jansen (2008) is correct in viewing placebo as a waste of provers.

5.4.2 Back

In the C4 group, the Back chapter reflects a high incidence of rubrics, much higher in fact than the incidence in any of the other groups. A significant difference is observable in comparing the results to those obtained in the other two groups. This may indicate that the mechanical action of trituration augments the effects of the remedy, making physiological strains on the body more pronounced. Less weight should be given to symptoms in this chapter

with regard to Group one provers as this is probably more due to the physical strain of the process than the effect of the remedy. It should, however, not be discarded, as the symptoms did occur to a lesser degree in the other groups, most notably in Group two where the odds ratio indicates a higher probability of rubric occurring within the chapter than of being absent.

The relationship between the Dream group and the placebo Sherr group should be noted, where there is virtually the same incidence of rubrics. In the Dream group 11 rubrics are present in the Back chapter and in the placebo Sherr group 10. This means that there is no significant difference observable between the groups.

5.4.3 Bladder

These symptoms are more likely to be absent than present in the C4 group and the Dream group, but due to the small number of rubrics presenting this chapter results pertaining to the presence in the C4 group appear inflated. No significant differences are observable between the three groups with regards to this chapter, leading to the assumption that the rubrics in this chapter is reproducible through all methodologies and does not show an affinity to a specific methodology employed. The odds ratio, however, indicates that the Sherr group, both the placebo and verum sections, have a higher likelihood of producing bladder symptoms, indicating the possible affinity of this methodology for producing rubrics in the Bladder chapter. The presence of five rubrics is however too small to make a conclusive decision.

5.4.4 Chest

When studying the C4 group, the moderate occurrence of rubrics within this chapter is comparable to the incidence in the verum Sherr group and the Dream group, thus reflecting no significant differences when applying a pair-wise intergroup analyses with the C4 group. Significant differences are

however observable when comparing the verum Sherr group and the Dream group, as well as the verum Sherr group to the placebo portion. Rubrics also have a higher chance of occurring than of being absent in the C4 group and the verum Sherr group, marking this chapter as a significant chapter in the proving of *Protea cynaroides*, but not a characteristic chapter with regards to a particular proving methodology.

This is one of the few chapters where a significant difference is observable between the placebo Sherr group and the Dream group. This is due to the incidence of 14 rubrics within the chapter in the Dream group, compared to one rubric in the placebo Sherr group.

5.4.5 Chill

This chapter did not feature in the C4 proving or either section of the Sherr proving data elicited. It occurred as a single rubric during the application of the Dream proving methodology and is thus negligible in the proving of *Protea cynaroides*.

5.4.6 Cough

The moderate occurrence of rubrics within this chapter on application of the C4 group methodology is similar to the incidence in the verum Sherr group and the Dream group. This, yet again, seems to be a significant chapter in the proving of *Protea cynaroides*, but not a characteristic chapter with regards to a particular methodology. Here again it is observable that rubrics have a greater chance of occurring than not in the C4 group and the verum Sherr group, thus leading to the conclusion that these methodologies are more likely to elicit symptoms belonging to this chapter.

5.4.7 Dreams

The Dreams chapter is the second largest chapter, containing 142 rubrics. In comparing the data pertaining to the Dream chapter it is evident that dream symptoms are more likely to occur in the verum Sherr group and in the Dream group. The incidence is however higher in the verum Sherr group than in the Dream group, where the methodology name insinuates a high occurrence of dream related symptoms. In looking at the data generated by applying the C4 and placebo Sherr group, it is evident that in this chapter there is a low occurrence of rubrics and consequently rubrics are more likely to be absent than present. Significant differences are found to exist between the C4 group occurrence of the rubrics in this chapter and that of the verum Sherr group and the Dream group respectively, but not when comparing the verum Sherr group and the Dream group. The verum Sherr group and the Dream group methodologies are thus much more effective in eliciting symptoms in the Dreams chapter.

The paucity of dream symptoms present in the C4 group is possibly due to the fact that the C4 proving takes place during the trituration process and consequently means that none of the provers sleep during the proving and are thus not able to experience dream symptoms.

5.4.8 Ear

This chapter shows a high occurrence of rubrics in the C4 group, but a total absence in the Dream group. Rubrics are more likely to occur than to be absent in the C4 group only. In analysing the incidence, it is evident that significant differences exist between the C4 group occurrence of the rubrics in this chapter and that of the verum Sherr group and the Dream group respectively. The C4 methodology is thus more effective in eliciting symptoms related to the ear than the verum Sherr and Dream proving methodologies. No significant difference exists between the placebo and

verum sections of the Sherr group, emphasising this methodology's lack in producing symptoms pertaining to the Ear chapter.

5.4.9 Expectoration

Despite the small number of rubrics present in this chapter when applying the C4 proving methodology, the chances of eliciting the rubrics when applying any of the three methodologies are slim. The verum Sherr group shows the highest incidence of rubrics present in this chapter (three) and is the only section more likely to produce symptoms related to expectoration. This leads to the conclusion that Expectoration is not an important chapter in the proving of *Protea cynaroides*, but it is not possible to make assumptions regarding the chapter affinity due to the small number of rubrics present.

5.4.10 External Throat

This chapter represents a small number of rubrics and the likelihood of the rubric being absent when applying the C4, Dream and placebo Sherr methodologies are high. There is also no significant difference observable in any of the comparisons between the data elicited when applying the different methodologies, but the highest incidence and probability of occurrence is seen in the verum Sherr group. External throat is thus not an important chapter in this proving.

5.4.11 Extremities

Extremities is the fourth largest chapter with 126 rubrics. The high incidence of rubrics reflected in this chapter for the C4 group is much higher than the incidence observed in the verum Sherr group and the Dream group and a significant difference is observable in comparing the results in the C4 group to those obtained in the other two verum groups. This yet again may be due more to the physical strain of the process than the effect of the remedy,

resulting in less weight being given to symptoms in this chapter with regards to the C4 group provers. Yet again, symptoms should not be discarded, as the symptoms were elicited, although to a lesser degree, in the other groups. It is however more likely to be absent than present in all the groups except in the C4 group.

5.4.12 Eye

A large proportion of rubrics present in this chapter belong to symptoms elicited during the application of the C4 proving methodology. Rubrics also have a higher probability of occurring than of being absent in the C4 group, in contrast to the other groups. It is interesting to note that no significant difference exist between the eye symptoms in the C4 group and the verum Sherr group, but significant differences are observable between the C4 group and the Dream group. It is, however, evident that no significant differences exist when comparing the verum Sherr group to the other groups. Eye is thus a prominent chapter in the C4 group and, to a lesser extent, the verum Sherr group methodologies, but insignificant when applying the Dream proving methodology.

5.4.13 Face

A moderate number of rubrics are present in the face chapter when applying the C4 and Sherr proving methodologies. Rubrics also have a higher probability of occurring than of being absent in these groups. No significant differences thus exist between these groups. Significant differences are observable between the C4 group and the Dream group, the verum Sherr group and placebo Sherr group and the verum Sherr group and the Dream group. This is due to the greater likelihood of rubric absence in the Face chapter of the placebo Sherr group and the Dream group, leading to the assumption that this is a more prominent chapter in the C4 group and verum Sherr group.

5.4.14 Female

This chapter features most strongly in the verum Sherr group. There is an evidently low occurrence of rubrics when applying the C4 group and the Dream group methodologies and consequently rubrics are more likely to be absent than present. In analysing the incidence, it is evident that significant differences exist between occurrence of rubrics within this chapter between the C4 group and the verum Sherr group as well as between the verum Sherr group and placebo Sherr group. No significant difference is observable in the comparison between the C4 group and the Dream group. The verum Sherr group is thus much more effective in eliciting symptoms in the Female chapter.

The earlier observation made in the Dream chapter is possible again true for the C4 group due to the fact that there are few long term effects of the proving and symptoms that would take a longer time to develop like hormonal changes that would affect the menses would not manifest during the four hours in which the trituration takes place.

5.4.15 Fever

This chapter did not feature in the C4 proving data elicited. The verum Sherr group and the Dream group methodologies did elicit symptoms in this chapter, but did not reflect a significant difference when comparing them to the C4 group. The most prominent methodology is that applied in the verum section of the verum Sherr group, eliciting all four the rubrics. The verum Sherr group is the only group reflecting a higher probability of symptoms occurring than of them being absent.

5.4.16 Generals

The Generals chapter is the third largest chapter in this proving, containing 139 rubrics. When comparing the number of rubrics generated when applying the various proving methodology, it is evident that an average to moderate number is present in all the verum groups and no significant differences exist when comparing the incidence of rubrics in the C4 group to that of the verum Sherr group and the Dream group. Rubrics also have a higher probability of occurring in these than of being absent. A significant difference does however exist between the verum Sherr group and the Dream group and between the verum and placebo sections of the Sherr group. The significant differences observable is due to the high number of rubrics absent in this chapter when applying the Dream group and the placebo Sherr group methodologies. This leads to the conclusion that the Generals chapter is an important chapter in the proving of *Protea cynaroides*. This is to be expected due to the fact that any proving would produce a number of general symptoms (Kent, 1995).

5.4.17 Head

In the C4 group there is a large proportion of rubrics present in the Head chapter. Rubrics also have a higher probability of occurring than of being absent when applying this methodology, as well as the Sherr methodology. It is interesting to note that no significant difference exist between the head symptoms in the C4 group and the verum Sherr group, but significant differences are observable between the C4 group and the Dream group and between the verum and placebo sections of the Sherr group. This is due to the greater likelihood of rubric absence in the Head chapter of the Dream group and the placebo Sherr group. Head is thus an important chapter in the C4 group and the verum Sherr group methodologies, but insignificant when applying the Dream proving methodology.

5.4.18 Hearing

These symptoms are more likely to be present than absent in the C4 group, whereas the opposite holds true for the other groups. No significant differences are observable between the three groups with regards to the Hearing chapter, leading to the assumption that the small number rubrics in this chapter make it impossible to draw a conclusion as to a particular affinity to a specific methodology employed. One can, however, note that the C4 group was the only group to elicit all six rubrics representing this chapter.

5.4.19 Kidneys

This chapter represents a small number of rubrics (four) and the likelihood of the rubric being absent when applying the C4 and Dream proving methodologies is high. Three rubrics are present in the verum and two in the placebo sections of the Sherr group. There is also no significant difference observable any of the group comparisons, leading to the conclusion that the Kidneys chapter is probably not a significant chapter in this proving.

5.4.20 Larynx

Only two rubrics represent this chapter. When applying the C4 and Sherr (verum and placebo sections) proving methodologies, one rubric was elicited in each of the groups and the likelihood of the rubric occurring is even to the likelihood of it being absent. There is also no significant difference observable in the comparison between the data elicited when applying the Sherr group or the Dream group methodologies compared to that of the C4 group. Larynx thus seems to be an insignificant chapter in the *Protea cynaroides* proving.

5.4.21 Male Genitalia

This chapter represents a small number of rubrics (two) and the likelihood of the rubric occurring is equal to the likelihood of it being absent when applying the C4 group methodology and in the placebo Sherr group. There is also no significant difference observable in the comparison between the data elicited in any of the groups. The Male genitalia chapter also seems to be an insignificant chapter in the proving of this remedy.

5.4.22 Male and Female Genitalia

The one rubric representing this chapter is present in all three groups and is thus likely to always occur when conducting this proving.

5.4.23 Mind

Mind is the largest chapter, containing 286 of the rubrics produced as a result of the *Protea cynaroides* proving. A large number of rubrics were elicited in this chapter during the application of all three the proving methodologies. Rubrics also have a higher probability of occurring than of being absent in the three verum groups. No significant difference exists between the mind symptoms in the C4 group and the verum Sherr group, but significant differences are observable between the C4 group and the Dream group, verum Sherr group and the Dream group and the placebo and verum sections of the Sherr group. The difference between the C4 group and the Dream group and the verum Sherr group and the Dream group laid in the fact that the C4 group elicited 224 rubrics and the verum Sherr group 203 compared to the 177 in the Dream group. The rubrics in this chapter are reproducible throughout all the Dream group methodologies and does not show a strong affinity to a specific methodology employed. This is to be expected due to the fact that any proving would produce mind symptoms (Kent, 1995).

5.4.24 Mouth

When studying the C4 group and the Dream group, the moderate occurrence of rubrics within this chapter reflects no significant differences when comparing the two groups. Rubrics also have a higher chance of occurring than of being absent in the C4 group and the Dream group. In the Sherr group, however, both sections show a low occurrence of rubrics and the odds ratios reflect a higher probability of the rubrics being absent. This chapter is thus a significant chapter in the proving of *Protea cynaroides*, with regards to the C4 and Dream proving methodologies.

5.4.25 Nose

This chapter shows a high occurrence and that rubrics are more likely to occur than to be absent in the C4 group. In analysing the incidence, it is evident that significant differences exist between the C4 group occurrence of the rubrics in this chapter and that of the verum Sherr group and the Dream group. The C4 methodology is thus more effective in eliciting symptoms related to the nose than the Sherr and Dream proving methodologies.

5.4.26 Perspiration

The low occurrence of rubrics (one out of the Dream group) within this chapter on application of the C4 group methodology is identical to the incidence in the verum Sherr group and the Dream group. With all three methodologies it is unlikely that the Dream group rubrics in the Perspiration chapter would occur, thus leading to the conclusion that this does not seem to be a significant chapter in the proving of *Protea cynaroides*.

5.4.27 Rectum

In the C4 group, this chapter reflects a low occurrence and rubrics are more likely to be absent than present. In analysing the incidence, it is evident that significant differences exist between the C4 group occurrence of the rubrics in the Rectum chapter and that of the verum Sherr group and the Dream group. The verum Sherr group and the Dream group methodologies are thus much more effective in eliciting symptoms in the Rectum chapter. This yet again can be explained by the fact that disorders of digestion takes time to manifest, and during the trituration proving, ascending potencies every hour prevents the development of these types of disorders.

5.4.28 Respiration

This chapter shows a high occurrence of rubrics elicited by the application of the C4 proving methodology, followed by a significantly lower incidence in the verum Sherr group and the Dream group. Rubrics are more likely to occur than to be absent in the C4 group alone. In analysing the incidence, it is evident that significant differences exist between the C4 group occurrence of the rubrics in this chapter and that of the verum Sherr group and the Dream group. The C4 methodology is thus more effective in eliciting symptoms related to the respiration than the Sherr and Dream proving methodologies.

5.4.29 Skin

The high occurrence of rubrics within this chapter on application of the verum Sherr group methodology and the moderate occurrence in the C4 group reflect no significant difference to exist between these groups. A significant difference exists when comparing the incidence between the verum Sherr group and the Dream group. In the Dream group and the placebo Sherr group it is observable that rubrics have a greater chance of occurring than not, but the opposite is true for the C4 group and the verum Sherr group.

This thus seems to be a significant chapter when applying the C4 and Sherr proving methodologies.

5.4.30 Sleep

Sleep symptoms were elicited in the application of all the verum proving methodologies, and show a higher probability of occurring than of being absent. No significant differences are evident in comparing the rubric incidence in all three the verum groups, but a significant difference is evident when comparing the verum and placebo sections of the Sherr group. The Sleep chapter can thus be seen significant chapter in the proving of *Protea cynaroides*, not showing a particular affinity to a proving methodology.

It is interesting, however to note that although the C4 proving did not elicit significant symptoms in the Dreams chapter, it was able to affect the sleep of the provers.

5.4.31 Stomach

No significant differences are observable between the data elicited in the C4 group and the verum Sherr group. In these groups, rubrics also reflect a tendency to occurring rather than of being absent. Significant differences are observable between the C4 group and the Dream group, the verum Sherr group and the Dream group and between the placebo and verum sections of the Sherr group. The difference between the C4 group and the Dream group and the verum Sherr group and the Dream group lays in the fact that the C4 group elicited 29 rubrics and the verum Sherr group 37 rubrics compared to the nine rubrics produced in the Dream group. The rubrics in this chapter show an affinity to the C4 and Sherr proving methodologies employed.

5.4.32 Stool

This chapter did not feature in the C4 proving data elicited. This observation is again due to the fact that digestive disturbances take longer to manifest than the duration of the C4 proving. The verum Sherr group and the Dream group methodologies did elicit symptoms in this chapter, but the Dream group has a larger probability of not producing the symptoms than of producing it. This thus reflects that this chapter is favoured by the Sherr proving methodology, but that it is insignificant when applying the C4 and Dream methodologies.

5.4.33 Teeth

This chapter did not feature in the C4 proving data elicited. The verum Sherr group and the Dream group methodologies did elicit symptoms in this chapter, thus reflecting a significant difference when comparing them to the C4 group. No significant difference exists between the verum Sherr group and the Dream group data. However, due to the small number of rubrics (seven) representing this chapter, one cannot draw a definite conclusion, but this chapter does seem to be favoured by the Sherr and Dream methodologies. This also supports the observation that the C4 methodology does not elicit symptoms that are more insidious in developing.

5.4.34 Throat

A large proportion of rubrics present in this chapter were elicited during the application of the C4 and Sherr proving methodologies. Rubrics also have a higher probability of occurring than of being absent within these groups. No significant difference were found to exist between the throat symptoms in the C4 group and the verum Sherr group, but significant differences can be observed between the C4 group and the Dream group. The difference between the C4 group and the Dream group lays in the fact that the C4 group

elicited 23 rubrics compared to the 13 in the Dream group. The Dream group also shows a higher probability of rubric absence. The rubrics in this chapter show an affinity to the application of the C4 and Sherr proving methodologies.

5.4.35 Urethra

The low occurrence of rubrics within this chapter on application of the C4 group methodology is similar to the incidence in the Dream group. No significant difference is thus observable between the C4 group and the Dream group. With the C4 and Dream proving methodologies it is unlikely that the five rubrics in the Urethra chapter would occur, but the opposite is true for the Sherr methodology, both in its placebo and verum section. This concurs with the findings in the Bladder chapter. But, yet again, the presence of five rubrics is too small to make a conclusive decision on whether there exists a definite affinity within the Sherr group methodology for this chapter.

5.4.36 Urine

This chapter did not feature in the C4 proving data elicited. The verum Sherr group and the Dream group methodologies did elicit symptoms in this chapter, but due to the small number of rubrics (five) representing this chapter the differences were not significant when comparing the groups. It is interesting to note that both the C4 group and the Dream group have a higher probability of the rubric being absent, while the opposite is true for the Sherr group's verum section. The verum Sherr group thus may favour the development of symptoms related to urine, but the results are inconclusive. This concurs with the conclusion drawn in the Urethra chapter.

5.4.37 Vertigo

This chapter represents a small number of rubrics and the likelihood of the rubric occurring is equal to the likelihood of it being absent when applying the C4 group methodology. In the Dream group, rubrics are more likely to be absent and in the verum Sherr group they are more likely to be present. No significant difference is observable in the comparison between the data elicited when applying any of the methodologies. Vertigo seems to be favoured by the Sherr proving methodology, where with the C4 proving methodology it is not possible to draw a conclusion either way.

5.4.38 Vision

The rubrics present in this chapter were predominantly elicited during the application of the Sherr proving methodology, followed by the C4 proving methodology. Rubrics reflect a tendency to occur rather than of being absent in the C4 group and two. No significant difference is observable when comparing the C4 group and the verum Sherr group, but a significant difference is evident between the C4 group and the Dream group and the verum Sherr group and the Dream group. The difference when comparing the C4 group and the verum Sherr group to the Dream group lays in the fact that the C4 group elicited 11 rubrics and the verum Sherr group 17 rubrics compared to the 5 in the Dream group. The C4 group and two thus reflects an affinity for eliciting symptoms in the Vision chapter, where the Dream group does not.

5.5 AN INTEGRATED METHODOLOGY

The most effective methodologies are those employed in Groups one and two, namely the C4 trituration and the Sherr proving methodologies. In comparing the chapters where these methodologies predominate, it is evident that a combination of the C4 and Sherr proving methodologies would yield the most effective proving. The C4 methodology seems to be most effective in eliciting acute responses, particularly with respect to the organs of sensation — eyes, ears, nose, tongue and skin — as well as those organs in which diseases develop quickly, for example the respiratory system. In applying the Sherr methodology, it is evident that both acute and more insidious symptoms develop, although the senses are not favoured as prominently as in the C4 proving. Disorders of the digestive and reproductive systems are thus more evident on application of the Sherr methodology, but disorders of the respiratory system also occurred.

From the data presented in the sections above, it is evident that the Dream proving methodology is only marginally more successful in eliciting proving symptoms than the placebo portion of the Sherr methodology. The methodology does not cause provers to experience large numbers of symptoms and is more likely to not elicit a response than to elicit one.

The integrated methodology proposed is as follows:

STAGE 1: Roles are assigned to the parties involved. The selected proving committee decides on the exact protocol and the remedy, as well as assigning prover numbers, remedy codes and starting dates. Provers are screened for suitability as suggested by the Sherr methodology. The committee also allocates supervisors to the provers.

The pre-proving interview takes place, comprising of the taking of a complete case history and a physical examination to establish the baseline symptoms

of the prover. Informed consent should be obtained from all participants in writing to comply with ethical standards and to protect the rights of the provers. During this interview, notebooks are distributed and the provers are required to keep notes of their normal state at least one week prior to commencing the proving.

STAGE 2a: The first phase of administration of the proving substance takes place through performing a C4 trituration of the substance. At least 10 provers should form part of this group. Experienced C4 provers should be favoured for this stage, especially if they have worked together for long enough to develop a group dynamic. Initially provers do not have the confidence to record all the symptoms they experience, or the ability to identify which symptoms are relevant; this only comes with experience. The C4 proving would allow for the preliminary development of a remedy picture.

After each trituration level a group discussion should take place in order to discuss the provers' experiences and to verify the symptoms noted.

The experiences and symptoms reported by the C4 provers would then be extracted and collated. These experiences are then categorised according to the different levels, i.e. whether the symptoms fall under the physical, emotional, mental or spiritual levels. The data from the different levels can then be analysed to reveal the predominant themes of the proving. These themes can then be arranged to indicate the evolution of the experiences elicited during the proving process.

STAGE 2b: The symptoms elicited through the C4 proving would then be verified by carrying out an orthodox proving based on the guidelines laid down by Sherr (1994). The prover group should include a minimum of 15 verum provers. The use of placebo provers are optional, but should not include more than 10 percent, as any larger a group would serve no purpose,

as expressed by Jansen (2008). Here, provers should be sensitive individuals able to accurately record the symptoms they experience.

The posology should ensure a large likelihood for the development of symptoms, without putting the prover's future health at risk. The suggested three doses per day for two consecutive days elicited a large proving response, as it is important to have frequent repetition of the dose until proving symptoms emerge and then to discontinue further doses.

All symptoms elicited during both phases of the proving should be verified through a personal interview with the prover. This should take place as close to the experience as possible to prevent provers from losing touch with the experience. This would ensure that the researcher can fully appreciate all the aspects of the symptoms experienced in order to record the description of the symptoms as comprehensively as possible.

STAGE 3: The provers from phase two meet with the supervisors in order to discuss the symptoms experienced, to verify the symptoms and to ensure that all the descriptions are as concise as possible. The provers from both proving phases meet as a group to discuss their symptoms and experiences. All the valid symptoms are extracted from the notebooks and the remedy name is announced. The extraction process can be carried out using NVivo software for the thematic coding of the symptoms. The themes identified during the extraction process of the C4 trituration proving data can be utilised as starting nodes.

STAGE 4: The extractions are collated and typed. Toxicological data is added and the symptoms are edited by the co-ordinator.

STAGE 5: The symptoms are repertorised and graded.

STAGE 6: Publishing of the proving

In following the integrated methodology described in the preceding paragraphs, complete symptoms can be elicited on all levels, i.e. a comprehensive description of symptoms can be obtained pertaining to the physical, general, mental, emotional and spiritual levels. This description would facilitate deeper understanding of the cycles present in the development of the consciousness of the remedy and result in a *materia medica* that would immediately be applicable in practice. Prescription of the remedy would facilitate clinical verification of the symptoms elicited, completing the investigation of the remedy picture.

5.6 *PROTEA CYNAROIDES* AND THE AIDS MIASM

At first glance, *Protea cynaroides* seems to belong to the Acute miasm, possessing features of fear of sudden attack coupled with a fight or flight response. This response is characterised by anxiety, heart palpitations and a bounding pulse (Sankaran, 1999). These features are only evident in the aetiology of the mental/emotional symptoms of the remedy, indicating the presence of a more evolved miasm.

Stage one of the mental/emotional development, alludes to the Psora miasm. There is a sensitivity to all stimuli which produces functional disturbances e.g. itching, nausea, headaches and diarrhoea (Hahnemann, 1995).

Protea cynaroides also exhibit features of the Tuberculinic miasm: Oppression with a desire to break free from the restrictions. This feeling, however, is only evident in the second developmental stage of the *protea*.
This desire to break free, however, develops into extreme destructive reactions, taking on Syphilitic features in stage four, thus developing beyond the racing pace of the Tuberculinic miasm (Sankaran, 2000).

The miasm that encompasses features of all the miasms discussed above is the AIDS miasm. Comprised of features combining Psora and Syphilis, it is

similar to the Tuberculinic miasm, but where Psora is dominant in the Tuberculinic miasm, Syphilis dominates the AIDS miasm.

In the development of the consciousness of *Protea cynaroides*, as illustrated in the previous chapter under section 4.3.1, the emergence of the AIDS miasm is evident. In stage one there are no boundaries for the individual, who is dependent on the family/group to provide the boundaries. These boundaries are however too restrictive for the emerging individualism, resulting in the desire to break away from the group. In an effort to compensate for the feelings of abandonment, the ego hypertrophies to create the illusion of strength and individuality. A large amount of energy is required to maintain this state (Norland, 2003b).

When the energy resources are depleted, the individual withdraws, detaching from society and emotions, becoming cold and hard in an effort to create new, artificial boundaries. In this state, the realisation develops that the only true safety lies within the family and group. There is a resignation, but also sadness for that which has been lost in the process (Norland, 2003b).

It is thus evident that this remedy shares common themes with the AIDS miasm. It is the researcher's opinion that it mirrors the predominant social state present in South Africa, and perhaps the African continent. *Protea cynaroides* may be able to relieve some of the anxiety and aggression present in this society, paving the way to peace and resignation.

5.7 Conclusion

From the data presented above, one can thus conclude that in order to elicit symptoms representing all 38 chapters present in the *Protea cynaroides* proving, the C4 trituration proving and the Sherr proving methodologies would have to be combined. Although Group two is able to elicit the majority of symptoms, it would be even more effective when it is combined with the C4 proving methodology, as illustrated by the suggested integrated methodology is presented in this chapter.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

The aim of this study was to compare the most commonly employed proving methodologies in order to ascertain the reproducibility of each method and to compare the relative effectiveness of each of the methods. This was done with the purpose of developing an integrated methodology.

In the preceding chapters data were presented regarding the history of provings and proving methodologies. The most commonly employed methodologies were firstly the Hahnemannian Methodology, the original methodology, where provings were carried out unblinded, utilising no placebo controls and the sample sizes were small. Symptom verification was carried out by selecting trustworthy and conscientious volunteers (Dantas *et al.*, 2007) and personally verifying every symptom elicited to ascertain the true nature of the symptom (Hughes, 1912; Rosenbaum & Waissen-Priven, 2006). Strict rules existed about the diet and lifestyle of the provers in order to minimise the variables (Dantas et al., 2007; Hahnemann, 1999; Raeside, 1962). These restrictions are very difficult to impose on a 21st century lifestyle.

The second methodology discussed was Kent's methodology, where the importance of self-examination prior to the commencement of the proving, through keeping a pre-proving diary in the preceding week, was emphasised. Participants were also unaware of the name and nature of the substance (Kent, 1995). Provers were also selected based on their susceptibility to

certain substances to ensure that they were sensitive to the substance investigated during the proving process.

The next methodology discussed was the Dream proving methodology, which elaborate on single-blind studies that cover a limited time span and focus mainly on the Dreams of the provers. During these trials no placebo control were used. The merit of this methodology lies in the provers' emotional responses to the dreams, as the dreams have the ability to illustrate the provers' uncompensated feelings and reactions.

The Vithoulkas methodology proves substances using toxic, hypotoxic and highly potentised doses. The medicine is administered three times daily for a full month or until symptoms appear. Symptoms recorded were drawn from all three levels of the organism: mental, emotional and physical. The provings were always conducted as a double-blind study utilising a 25 percent placebo inclusion. The sample size consisted of 50 to 100 provers.

The next methodology, the Sherr methodology, is also known as the "standard Hahnemannian proving" (Hogeland & Schriebman, 2008: XV). These provings were carried out on a sample size of 15 to 20 provers as double blind studies including 10 to 20 percent placebo provers. The suggested posology is oral administration of six doses over two days. Pre-proving diaries are kept for one to two weeks prior to commencing the proving.

The Sankaran methodology followed a protocol midway between the Dream provings the standard Hahnemannian provings. The provings are also single blind studies, carried out by five to 25 volunteers who observe and record all physical and emotional symptoms, as well as dreams, incidents and observations of others.

In an attempt to standardise proving methods, the International Council for Classical Homoeopathy (ICCH) recommended guidelines for good provings which comprise of a sample group of between 10 and 20 provers. It is recommended using two to three potencies during the proving, as well as including a placebo control of 10 to 30 percent.

The Herscu methodology provided a guideline to others who are interested in conducting provings. It suggested a group size of 15 to 40 people, which made allowances for placebo controls (five in every 40 provers) and potential dropouts. Prover sensitivity should be considered when selecting the provers in order to assure that the proving group comprise of different constitutional types.

The School of Homeopathy bases its methodology on the protocol laid out by Hahnemann in the *Organon of Medicine* and takes into account the comments and clarifications made by Kent, Sherr and Herscu, but emphasise the dynamics of the group proving on the premise that the whole group is involved in the proving, not only those who take the remedy. Administration of the remedy can be orally or through meditation.

At the Nature Care College, Gray attempted to develop standards to ensure the quality of modern provings and also verify the findings of older provings. The methodology follows guidelines laid down by Sherr and Herscu. The proving design withheld the name of the substance, but utilised no placebo control. The remedy was administered twice daily as five drops sublingually until symptoms developed.

Meditative Provings were carried out by up to four groups of provers, comprising of six to 12 members, sitting in meditation circles. The potencies utilised varies from 30c to 10M. During meditative provings all the information were intuited or channelled whilst the group is sitting in a circle meditating.

The final methodology discussed was the C4 proving, which took place during a trituration process. Participants record all the symptoms they experience during the trituration, and discuss these experienced during a "wrap-up conversation" after the trituration process. The participants are usually not aware of the substance being triturated.

From this data, three main methodologies were identified by virtue of the similarities between them. The C4 proving was identified as the first group as it contained some elements of the meditative provings as well. The trituration process forms part of the remedy preparation, as set out in the GHP (Benyunes, 2005), and should thus logically precede any methodology requiring the oral administration of medicine.

The second group was classified under the Sherr methodology, as it represented a modernisation of the Hahnemannian and Kentian methodologies. It also had features in common with the Vithoulkas, Sankaran, ICCH, Herscu and Nature Care College methodologies. The last group represented the unblinded studies of meditative provings and the School of Homeopathy and was group under the Dream proving methodology. The last two groups required the oral administration of the proving substance, although the assignment of the second and third groups were random.

In order to conduct the research 70 provers were recruited to test the unknown substance through application of the three methodologies mentioned above. Each group comprised of 20 verum provers, 10 in each year, with an additional 10 provers in Group two as placebo provers, as indicated in Table 2. The proving experiences recorded by these provers were then analysed to test the hypotheses below.

The hypotheses were formulated firstly to illustrate that different methodologies yield different numbers and types of symptoms, secondly to

prove the reproducibility of symptoms elicited during consecutive provings of the same substance, utilising the same methodology and thirdly that differences exist between the symptoms yielded by the placebo and the verum groups within the same methodology. From testing these hypotheses, the strengths and weaknesses of individual methodologies could be identified, as is discussed below, in order to formulate an integrated methodology presented under section 5.5 in the previous chapter.

The first methodology, the C4 proving methodology, is unique because no dose of the medicine is taken orally. The proving symptoms are based on the experiences of the participants during the trituration process, thus requiring provers who are familiar with trituration, as well as those who are sensitive enough to notice the subtle changes brought about during the proving.

The C4 proving is mainly limited to the four hours during which the trituration takes place, and consequently few symptoms are experienced once the trituration have been completed. The limitation of this method lies in the fact that the development of more insidious symptoms are limited to those provers who are very sensitive to the substance and would react to the olfactory mode of medicine administration. It also confirmed Sherr's (1994: 16-7) observation that provings offering a "short cut to an inner essence" lack the larger totality of physical, general and long term symptoms.

The advantages of this methodology also lie in the short duration of the proving, which would inspire better compliance from the provers. Provers are also more willing to participate due to the relative scarcity of long term effects.

The Sherr proving methodology was the second methodology identified and is modelled on the methodology proposed in *The Dynamics and Methodology of Homoeopathic Provings* (Sherr, 1994). This methodology represents an

updated version of the methodology developed by Hahnemann and is able to accommodate a 21st century life style.

In the application of this methodology, provers take several oral doses of the proving substance, usually six doses during a 48 hour time span, but discontinue the administration of doses as soon as proving symptoms develop. The duration of the proving varies according to the nature of the proving substance, but normally lasts for four to six weeks.

The limitations of this methodology rest in the strict inclusion criteria which excludes a large proportion of the female population due to the fact that the use of oral contraceptives is prohibited. The longer duration also caused potential participants to be hesitant to enlist, as life has to be put on hold for the duration of the proving in favour of a moderate lifestyle.

The Sherr methodology has however been used extensively and has proved its worth as an efficient and scientifically acceptable method, complying with most of the ICCH regulation regarding provings and the ethics of provings. It is also placebo controlled, which makes it admissible under phase one clinical trials.

The final methodology, the Dream proving methodology, represents the sentiments of group provings, seminar provings and meditative provings, where the minimum dosages are administered and most of the proving takes place in the subconscious mind, represented by dreams and imagery. It can be adjusted to suit any time frame and is less rigorous in its application. It has thus gained popularity among those who do not want to be limited by a scientific method.

The disadvantage lies in the fact that this makes standardisation of the method nearly impossible, especially since even the dosages are non-standardised, ranging from olfaction to oral dosages. During the application

of this methodology, attempts were made to standardise the posology in order to limit the variables and make it comparable with the other two methodologies. The once daily dose, however, produced markedly less symptoms, leading to the conclusion that more frequent repetition is needed to ensure that a proving response is elicited.

In applying these methodologies in the proving of *Protea cynaroides*, the purpose was to test the four stated hypotheses:

Hypothesis one: Proving symptoms are reproducible when applying identical proving methodologies in consecutive years.

The results of the statistical tests presented in Chapter 4 reflected a reasonable level of reproducibility, but highlighted the fact that different provers would result in different symptoms due to their individual susceptibility and sensitivity to the proving substance. There was, however, not one of the groups that exhibited a reproducibility level of less than 50 percent, leading to the conclusion that the symptoms produced in consecutive years while applying the same methodology is comparable. This effectively proves the first hypothesis.

Hypothesis two: Some proving methodologies are more effective in yielding proving symptoms than others, in terms of number, type and quality of symptoms elicited.

The discussion around the chapter affinity of the different methodologies presented under section 5.4 illustrated that it is indeed the case. Strong chapter affinities were observable when applying the C4 and Sherr proving methodologies. The C4 methodology seems to favour the chapters dealing with the senses, evident in the Ear, Eye, Hearing, Mouth, Nose, Skin and Vision chapters where the C4 rubrics were more prevalent than the Sherr

rubrics. The Sherr methodology was evident in the remainder of the chapters, indicating the wide applicability of this methodology.

The Dream methodology indicated the least amount of chapter affinities, eliciting mainly Mind, Dream and General symptoms, but not as prominently as these chapters feature under the application of the Sherr methodology. From this study it is thus evident that different methodologies yield different types of symptoms.

Hypothesis three: A distinct difference exists between the symptoms yielded by the placebo and verum groups within the same methodology.

The investigation into the differences existing between the symptoms yielded by the placebo and the verum groups within the Sherr proving methodology, proved the hypothesis to be true, as discussed in section 5.2, and is evident in the number of rubrics produced by each section. The verum portion elicited 63 percent of the total rubrics compared to the placebo portion which only elicited 28 percent. Placebo provers thus elicit far less symptoms during the proving process than verum provers, proving that homoeopathic drug provings are not a placebo response, but that the administration of the medicine results in the development of clearly observable symptoms in the participants. The presence of proving symptoms within the placebo group, however, may lend support to the theories as to the group/field effect (Norland, 1999) and quantum entanglement (Lewith et al., 2006; Milgrom, 2007; Walach et al., 2004), bringing into question the usefulness of including placebo provers in the sample. It rather supports Jansen's (2008) suggestion that provers act as their own control by comparing the symptoms elicited during the proving to those experienced in the pre-proving diarisation period.

Hypothesis four: In studying the relative effectiveness of proving methodologies it is possible to develop an integrated methodology.

From the data gathered during this investigation, clear conclusions could be drawn regarding the relative effectiveness of the three methodologies employed. This data was sufficient to allow for the development of an integrated methodology, as presented in the previous chapter under section 5.5, that would aid in the conduction of reproducible and scientifically verifiable proving.

As assumed, the proving did produce clearly observable symptoms in healthy provers. The symptoms gathered through the application of the methodologies were also comprehensive enough to develop a complete *materia medica* and repertory for *Protea cynaroides.*

6.2 RECOMMENDATION

As a result of the development of the integrated methodology, it is important to prove its usefulness through the practical application of the methodology. It is thus suggested that a new proving is conducted utilising the integrative methodology to investigate its effectiveness in practice. The methodology could be tested against an already accepted methodology, for example, the methodology suggested by the ICCH (International Council for Classical Homoeopathy, 1999) to ascertain its relative effectiveness.

A second recommendation is for the clinical verification of the proving substance by its use in clinical practice. This will substantiate the claims as to the possible clinical application of *Protea cynaroides* evident from the *materia medica* generated as a result of the proving.

The third recommendation is that further provings should be conducted on other species within the Proteaceae plant family to develop the themes present in this plant family leading to the discovery of the sensation of the family, and allowing for the miasmatic categorisation of the family members.

In view of the variability observed between provers, the inclusion criteria should be refined to ensure that participating provers possess the relevant experience. More experienced provers were shown to yield better quality symptoms, especially with regards to the C4 proving methodology. It is thus suggested that the screening process for prover inclusion be more rigorous, favouring proving experience above all other factors. Better homoeopathic knowledge also seems to be a positive attribute in a prover, illustrated through senior homoeopathic students and homoeopathic practitioners being more effective provers. This may also indicate that a higher level of self awareness is advantageous, as is more life experience.

Personal contact with provers should be favoured over telephonic contact, as this would encourage provers to share their experience in more detail and offer them the opportunity to have any fears allayed. This may be a means of reassuring those who were intimidated by the inclusion of placebo provers, unwilling to share their symptoms in detail for fear that they will be perceived as hypochondriacs in case they formed part of the placebo inclusion. In order to facilitate this contact, the prover-supervisor ratio has to be minimised. This could be achieved by only allowing small groups of around five provers (Dominici, Bellavite, Di Stanislao, Gulia & Pitari, 2006) at a time to participate in the proving, or to appoint additional supervisors to assist in monitoring the provers.

Lastly, it would be advantageous to incentivise provers, in order to encourage more people to participate in provings. Most practitioners appear to be hesitant to participate out of fear of the self-limiting adverse effect of provings. This may be connected to a fear of possible loss of income if they are temporarily incapacitated, and the possibility of financial reward may prove reassuring. The danger in remuneration, however, lies in the fact that participants may feel compelled to “earn” the money, reporting false symptoms in order to satisfy the researcher (Endler & Schulte, 1994).

BIBLIOGRAPHY

Atha, A. 2001. *The Ultimate Herb Book: The Definitive Guide to Growing and Using Over 200 Herbs*. London: Collins & Brown Limited.

Augusto, G. 2007. Knowledge Free and 'Unfree': Epistemic Tensions in Plant Knowledge at the Cape in the 17th and 18th Centuries. *International Journal of African Renaissance Studies - Multi-, Inter- and Transdisciplinarity*, 2 (2): 136-82.

Award Publications Limited. 2005. The English Illustrated Dictionary. Revised ed. Worksop, Nottinghamshire: Award Publications Limited.

Babaletakis, F. N. 2006. *A Retrospective Survey of Post-Graduate Career Paths of Durban Institute of Technology (DIT - Formerly Technikon Natal) Homoeopathic Graduates From 1994 To 2004.* Masters Degree in Technology: Homoeopathy thesis, Durban University of Technology.

Ball, P. 2007. *The Devil's Doctor*. London: The Random House Group Limited.

Bayr, G. 1986. A Model for Homeopathic Drug Tests: Including Statistical Analysis. *British Homoeopathic Journal*, 75 (2): 80-8.

Becker, J. Ehrler, W. 1998. *The New Dimension of C4-homoeopathy*. Labopharma GmbH, Berlin: IHHF (The institute for Homoeopathic Remedy Research / Institute of Homoeopathy.

Belon, P. 1995. For Debate: Provings Concept and Methodology. *British Homoeopathic Journal*, 84: 213-7.

Benyunes, S. 2005. *German Homoeopathic Pharmacopoeia*. First Supplement ed. Stuttgart: medpharm GmbH Scientific Publishers.

Bodman, F. 1977. Provings. *British Homoeopathic Journal*, LXVI (3): 159-67.

Briggs, D. 1996. Homoeopathic Proving of Maori Medicines. *Homoeopathic Links*, (1): 38.

Brinton, M. Miller, M. 2004. C4 Potencies:Exploring a Different Way of Working with Homeopathy. *Homeopathy in practice*, Winter 2004.

Chella, L. 2007. *A Retrospective Survey of Perceptions and Opinions of M.Tech:Homoeopathy Graduates Around the Role and Scope of Homeopathic Internship, In Terms of the Current Legislation.* Master's Degree in Technology: Homoeopathy thesis, Durban University of Technology.

Collins, W. 2004. *Collins German Dictionary*. Fifth ed. HarperCollins Publishers.

Cook, T. M. 1989. *Homeopathic Medicine Today*. New Canaan: Keats Publishing.

Courage, M. 2006. *A Perceptional Study to Investigate Subject Failure as an Academic Reason for Delayed Qualification in Masters Degree in Technology: Homoeopathy at Durban Institute of Technology.* . Masters Degree in Technology: Homoeopathy thesis, Durban University of Technology.

Dam, K. 1998. Are Dream Provings Hahnemannian Provings? *Homoeopathic Links*, 11 (3): 128-30.

Dantas, F. 1996. How Can We Get More Reliable Information From Homoeopathic Pathogenic Trials? *British Homoeopathic Journal*, 85 (4): 230-6.

Dantas, F., Fisher, P., Walach, H., Wieland, F., Rastogi, D. P., Teixeira, H., Koster, D., Jansen, J. P., Eizayaga, J., Alvarez, M. E. P., Marim, M., Belon, P. Weckx, L. L. M. 2007. A Systematic Review of the Quality of Homeopathic Pathogenic Trials Published from 1945 to 1995. *Homeopathy*, 96 (1): 4-16.

Deacon, L. Ribot-Smith, A. 1997. *A Spagyric Proving of Bellis perennis*. Tunbridge Wells: Helios Homoeopathic Pharmacy.

Dellmour, F. 1998. *The Quality of Homoeopathic Remedies: Influences of Starting Materials and Manufacturing Procedures*. Vienna: Wilhelm Maudrich.

DeMarque, D. 1987. The Development of Proving Methods Since Hahnemann. *British Homoeopathic Journal*, 76: 71-5.

Dominici, G., Bellavite, P., Di Stanislao, C., Gulia, P. Pitari, G. 2006. Double-blind, Placebo-controlled Homeopathic Pathogenic Trials: Symptom Collection and Analysis. *Homeopathy*, 95 (3): 123-30.

Dunham, C. 2004. *The Science of Therapeutics*. Reprint ed. New Delhi: B. Jain Publishers Ltd.

Eliovson, S. 1983. *Proteas for Pleasure*. Sixth Revised ed. Johannesburg: Macmillan South Africa Publishers (Pty) Ltd.

Endler, P. C. Schulte, J. (eds.) 1994. *Scientific Proving of an Ultra High Dilution on Humans.* Dordrecht, Netherlands: Kluwer Academic Publishers.

European Committee for Homeopathy. 2004. *ECH - Homeopathic Drug Proving Guidelines* [online]. Available at: http://www.homeopathyeurope.org/pdf/provingsguidelines.pdf [05/08/2008].

European Committee for Homeopathy. 2008. *ECH Position Paper: Are Homeopathic Provings Comparable to Conventional Clinical Trials?* [online]. Available at: http://www.homeopathyeurope.org/pdf/pospaper_provings.pdf [06/08/2008].

Evans, M. 2005a. *Meditative Provings - Volume 1*. Second ed. York, UK: The Rose Press.

Evans, M. 2005b. *Meditative Provings - Volume 2*. First ed. York, UK: The Rose Press.

Evans, M. Rodger, I. 1992. *Anthroposophical Medicine*. London: Thorsons.

Farooquee, N. A., Majila, B. S. Kala, C. P. 2004. Indigenous Knowledge Systems and Sustainable Management of Natural Resources in a High Altitude Society in Kumaun Himalaya, India. *J. Hum. Ecol.*, 16 (1): 33-42.

Fisher, P. 1995. The Development of Research Methodology in Homoeopathy. *Complementary Therapies in Nursing and Midwifery*, (1): 168-74.

Flick, R. 1997. Some Personal Experiences on Proving Remedies. *Homoeopathic Links*, (2): 104.

Foster, S. Johnson, R. L. 2008. *Desk Reference to Nature's Medicine*. Washington: National Geographic Society.

Fraser, P. 2002. *The AIDS Miasm Contemporary Disease & The New Remedies*. West Wickham, Kent, UK: Winter Press.

Fuller Royal, F. 1991. Proving Homoeopathic Medicines. *British Homoeopathic Journal*, 80 (2): 122-4.

Gaier, H. 1991. *Thorsons Encyclopaedic Dictionary of Homoeopathy*. London: Thorsons - An Imprint of HarperCollins Publishers.

Goel, S. 2001. *Art and Science of Homoeopathic Pharmacy*. First ed. Ahmedabad, India: Leo Enterprises.

Goring, R. 1995. The Wordsworth Dictionary of Beliefs and Religion. Ware, UK: Wordsworth Editions Ltd.

Government Communication and Information System. 2000. *National Coat of Arms* [online]. Available at: http://www.info.gov.za/aboutgovt/symbols/coa/index.htm [6/11/2008].

Gray, A. 2005a. *Experience of Medicine 1*. Sydney: 70metres and Nature Care College.

Gray, A. 2005b. *Experience of Medicine 2*. Sydney: 70metres.

Gray, A. 2006a. *Experience of Medicine 3*. Sydney: 70metres.

Gray, A. 2006b. *Experience of Medicine 4*. Sydney: 70metres.

Gray, B. 2000. *Homeopathy: Science or Myth?* Berkeley, California: North Atlantic Books.

Griffith, C. 2007. *The New Materia Medica*. London, UK: Watkins Publishing.

Haehl, R. 2003a. *Samuel Hahnemann - His Life and Work Volume 1* Reprint ed. New Delhi, India: B. Jain Publishers (P) Ltd.

Haehl, R. 2003b. *Samuel Hahnemann - His Life and Work Volume 2* Reprint ed. New Delhi, India: B. Jain Publishers (P) Ltd.

Hahnemann, S. 1995. *The Chronic Diseases: Their Peculiar nature and their Homoeopathic cure*. Reprint ed. New Delhi: B. Jain Publishers Pvt. Ltd.

Hahnemann, S. 1999. *Organon of Medicine*. Sixth, Reprint ed. New Delhi, India: B. Jain Publishers (P) Ltd.

Harris S. 2007. *King Protea* [online]. Available at: http://www.flickr.com/photos/7693168@N05/536902498/ [21/08/2009].

Hartman, R. 2008. Talking of Racist Symbols, *The Star* (online), 13 October 2008: 24.

Hasnas, R. 1997. *Pocket Guide to Bach Flower Essences*. Crossing Press.

Herrick, N. 1998. *Animal Mind Human Voices*. Hahnemann Clinic Publishing.

Herscu, P. 2002. *Provings - With a Proving of Alcoholus*. Massachusetts: The New England School of Homeopathy Press.

Hogeland, A. Schriebman, J. 2008. *The Trituration Handbook Into the Heart of Homeopathy*. El Cerrito, CA, USA: Homeopathy West.

Hughes, R. 1912. *A Manual of Homoeopathic Pharmacodynamics*. Eighth ed. Calcutta: C. Ringer & Co.

Husemann, F. Wolf, O. 1982. *The Anthroposophical Approach to Medicine*. New York: The Antroposophic Press.

Hyland, M. E. 2005. Entanglement and Some Heretical Thoughts About Homeopathy. *Homeopathy*, 94 (2): 105-6.

International Council for Classical Homoeopathy. 1999. Recommended Guidelines for Good Provings. *Homoeopathic Links*, 12 (1): 33.

Jamieson, H. G. 2001. *Protea Cynaroides* [online]. Available at: http://www.plantzafrica.com/plantnop/proteacyna.htm [11 June 2009].

Jansen, J. P. 2008, *Scientific Framework of Homeopathy: a proceedings volume from the LIGA Medicorum Homoeopathica Internationalis*, Belgium, LMHI.

Kanji, G. K. 1999. *100 Statistical Tests*. London: SAGE Publications Ltd.

Kaptchuk, T. J. 1996. When Does Unbiased Become Biased? *British Homoeopathic Journal*, 85: 237-47.

Kent, J. T. 1994. *New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts*. Reprint ed. New Delhi: B. Jain Publishers Pvt. Ltd.

Kent, J. T. 1995. *Lectures on Homoeopathic Philosophy*. Reprint ed. New Delhi: B. Jain Publishers Pvt. Ltd.

Koppers, A. 1987. Testing Drugs: Personal Experiences. *British Homoeopathic Journal*, 76: 81-4.

Krämer, D. 1995. *New Bach Flower Therapies*. Rochester, Vermont: Healing Arts Press.

Kumar, A. 2007. *A Homoeopathic Drug Proving of Trachyspermum Ammi*. M.D.(HOM) thesis, Government Homoeopathic Medical College.

Lamont, B. B. 2003. Structure, Ecology and Physiology of Root Clusters - A Review. *Plant and Soil*, 248: 1-19.

Leonhardt, K. W. Criley, R. A. (eds.) 1999. *Proteaceae Floral Crops: Cultivar Development and Underexploited Uses.* Alexandrai, VA: ASHS Press.
Lewith, G. T., Brien, S. Hyland, M. E. 2006. Presentiment or Entanglement. *Homeopathy*, 94 (2).

Louw, C. A. M., Regnier, T. J. C. Korsten, L. 2002. Medicinal Bulbous Plants of South Africa and Their Traditional Relevance in the Control of Infectious Diseases. *Journal of Ethnopharmacology*, 82: 147-54.

Merriam-Webster Online Dictionary. 2009a. *Anthesis* [online]. Available at: http://www.merriam-webster.com/dictionary/anthesis [12 June 2009].

Merriam-Webster Online Dictionary. 2009b. *Serotinous* [online]. Available at: http://www.merriam-webster.com/dictionary/serotinous [12 June 2009].

Milgrom, L. R. 2007. Journeys in the Country of the Blind: Entanglement Theory and the Effects of Blinding on Trials of Homeopathy and Homeopathic Provings. *Evidence Based Complementary and Alternative Medicine*, 4 (1): 7-16.

Moore, A. 2006. King Protea. *The Islander* magazine, no. 1, 30-5.

Moore, D. 2007. *A Homoeopathic Drug Proving of Chamaeleo dilepis dilepis with a Subsequent Comparison of this Remedy to those Remedies Yielding the Highest Numerical Value and Total Number of Rubrics on Repertorisation of the Proving Symptoms*. M. Tech thesis, Durban University of Technology.

Nagpaul, V. M. 1987. Provings: Planning and Protocol. *British Homoeopathic Journal*, 76: 76-80.

National Institute of Standards and Technology. 2008. *McNemar Test* [online]. Available at: http://www.itl.nist.gov/div898/software/dataplot/refman1/auxillar/mcnemar.htm [13 August 2009].

Norland, M. 1999. Group and Proving Phenomena. *The Homoeopath* magazine, no. 72.

Norland, M. 2003a. *Mappa Mundi and the Dynamics of Change*. Adam Martanda.

Norland, M. 2003b. *Signatures Miasms AIDS*. Abergavenny: Yondercott Press.

Norland, M. 2007. *The Four Elements in Homeopathy*. Stroud: Yondercott Press.

Norland, M. 2008. Interviewed by I. Botha. Stroud, 1 July 2008.

O'Brien, B. 2006. Potential for Change: C Triturations. *The Homeopath*, 25 (3): 93-5.

Parvin, P. E. 1991. Potential Cut Flower, Cut Foliage Production of Australian and South African Flora in Florida. *Proc. Fla. State Hort. Soc*, (104): 296-8.

Paterson-Jones, C. 2007. *Protea*. Cape Town: Struik Publishers.

Pillay, A. 2002. *A Comparative Analysis of the Dream Proving and Hahnemannian Proving of an Existing Homoeopathic Remedy (Bitis arietans arietans)*. M. Tech Homoeopathy thesis, Durban Institute of Technology.

Pitt, R. 2006. *Tobacco - An Exploration of its Nature through the Prism of Homeopathy*. San Francisco: Lalibela Publishing.

Raeside, J. R. 1962. A Review of Recent Provings. *British Homoeopathic Journal*, 51: 188-99.

Read, H., Fordham, M. Adler, G. (eds.) 1960. *The Collected Works of C. G. Jung Volume 8.* London: Routledge & Kegan Paul Ltd.

Rebelo, T. 1995. *Proteas: A Field Guide to the Proteas of Southern Africa*. Vlaeberg: Fernwood Press.

Rebelo, T. 2007a. *Protea Atlas Project* [online]. Available at: http://protea.worldonline.co.za/PROTEA_ATLAS_main_part4.pdf [4/11/2008].

Rebelo, T. 2007b. *Protea Atlas Project - Examples of Proteaceae Flowers and Flowerheads* [online]. Available at: http://protea.worldonline.co.za/flowerheg.htm [09/09/2009].

Resch, G. Gutmann, V. 1987. *Scientific Foundations of Homeopathy*. English ed. Berg am Starnberger See, Germany: Barthel & Barthel Publishing.

Roberts, H. A. 1936. *The Principles and Art of Cure by Homeopathy*.

Rosenbaum, P. Waissen-Priven, S. I. 2006. Some Remarks Concerning Homeopathic Provings. *Homoeopathic Links* 19 (4): 214-7.

Ross, M. Campbell, S. 2002. *The Homeopathic and Meditative Proving of Emerald*. Tunbridge Wells: Helios Homoeopathic Pharmacy.

Rourke, J. P. 1982. *The Proteas of Southern Africa*. Second ed. Johannesburg: Centaur Publishers.

Sankaran, R. 1995. A Protocol for Provings. *Homoeopathic Links*, 8 (1): 15.

Sankaran, R. 1998. *Provings*. First ed. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 1999. *The Substance of Homoeopathy*. Fourth ed. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2000. *The System of Homoeopathy*. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2006. *About the Clinic - Dr. Sankaran's Clinic* [online]. Available at: http://www.sankaransclinic.com/caserecord.doc [07/03/2008].

Schadde, A. 1997. *Ozone: A Homeopathic Proving*. Seattle: Alethea Book Company.

Scholten, J. 2007. *Secret Lanthanides*. Utrecht, The Netherlands: Stichting Alonnissos.

School of Homeopathy. 2004. *Proving Procedures and Guidelines for Provers and Supervisors* [online]. Available at: http://www.hominf.org/articles/miprots.htm [7 November 2007].

Schroyens, F. (ed.) 2004. *Synthesis: Repertorium Homeopathicum Syntheticum 9.1.* London: Homeopathic Book Publishers.

Schuster, B. 1998. *Bamboo - Homoeopathic Proving of Bambusa arundinacea*. Second ed. Weilburg: Verlag für Homöopathie.

Shane, M. W. Lambers, H. 2005. Cluster Roots: A Curiosity in Context. *Plant and Soil*, 274: 101-25.

Sherr, J. 1994. *The Dynamics and Methodology of Homoeopathic Provings*. Second ed. Malvern, U.K.: Dynamis Books.

Sherr, J. 1997. *Dynamic Provings Volume 1*. Malvern, England: Dynamis Books.

Sherr, J. Quirk, T. 2007. Systematic Review of Homeopathic Pathogenic Trials: an Excess of Rigour? *Homeopathy*, 96 (4): 273-8.

Shore, J., Schriebman, J. Hogeland, A. 2004. *Birds: Homeopathic Remedies from the Avian Realm*. Homeopathy West.

Signorini, A. 2007. Finally, Some Light on the 'Pillar of Homeopathy'. *Homeopathy*, 96 (1): 1-2.

Signorini, A., Lubrano, A., Manuele, G., Fagone, G., Vittorini, C., Boso, F., Vianello, P., Rebuffi, A., Frongia, T., Rocco, V. Pichler, C. 2005. Classical and New Proving Methodology: Provings of Plumbum metallicum and Piper

methysticum and Comparison with a Classical Proving of Plumbum metallicum. *Homeopathy*, 94 (3): 164-74.

Smith, T. 1979. A Protocol for Proving. *British Homoeopathic Journal*, LXVIII.

Smith, W. (ed.) 1867. *Dictionary of Greek and Roman Biography and Mythology.* Boston: Little Brown and Company.

Somaru, N. 2008. *An Investigation of the Concept of Homoeopathic Imponderabilia using a Hahnemannian Proving of Focused Pink Light*. M.Tech thesis, Durban University of Technology.

Sweidan, M. J. 2007. *A Retrospective Survey of Post-graduate Career Paths of Technikon Witwatersrand (TWR) Homoeopathic Graduates from 1998 to 2004* Durban University of Technology.

Taylor, L. 2004. *An Evaluation of the Homoeopathic Drug Proving of Naja mosambica in the Light of a Doctrine of Signatures Analysis and a Comparison between the Proving Symptoms and the Venom Toxicology*. M. Tech Homoeopathy thesis, Durban Institute of Technology.

Timmerman, A. 2006. Triturated Remedies and Female Development: Sepia and the C4 Trituration. *Homoeopathic Links*, 19 (3): 136-9.

Timmerman, A. 2007. *C4 Protocol* [online]. Available at: http://www.hahnemanninstituut.nl/index.php?page=50&&lang=en [5 September 2007].

Timmerman, A. 2009. Interviewed by I. Botha. Le Croix-Valmer, 26-30 September 2009.

Treuherz, F. 1995. The Dynamics and Methodology of Homeopathic Provings. *New England Journal of Homeopathy*, 4 (2).

Tumminello, P. 2005. *Twelve Jewels - Gems in Homeopathy*. Bondi Junction, Australia: The Medicine Way.

Uitenbroek, D. G. 2009. *Two by Two Table Analysis Online. Including Chi-square, Odds ratio, Risk ratio.* [online]. Available at: http://www.quantitativeskills.com/sisa/statistics/two2hlp.htm [01/09/2009].

Van Wyk, B. Gericke, N. 2007. *People's Plants*. Pretoria: Briza Publications.

Vithoulkas, G. 1998. *The Science of Homeopathy*. Indian ed. New Delhi, India: B Jain Publishers (P) Ltd.

Vithoulkas, G. 2008. British Media Attacks on Homeopathy: Are They Justified? *Homeopathy*, 97 (2): 103-6.

Vogt, W. P. 2005. *Dictionary of Statistics & Methodology*. London: SAGE Publications Ltd.

Vogts, M. 1982. *South Africa's Proteaceae, Know Them and Grow Them*. First ed. Cape Town: C. Struik (Pty) Ltd.

Von Franz, M.-L. 1997. *Alchemical Active Imagination*. Revised ed. Boston: Shambhala.

Walach, H. 1994. Provings: The Method and its Future. *British Homoeopathic Journal*, 86: 129-31.

Walach, H. 1997. The Pillar of Homeopathy. *British Homoeopathic Journal*, 86 (4): 219-24.

Walach, H., Sherr, J., Schneider, R., Shabi, R., Bond, A. Rieberer, G. 2004. Homoeopathic Proving Symptoms: Result of a Local, Non-local, or Placebo Process? A Blinded Placebo-controlled Pilot Study. *Homeopathy*, 93 (4): 179-85.

Whitmont, E. 1993. *The Alchemy of Healing* Berkeley, California, USA: North Atlantic Books.

Wieland, F. 1997. Good Homeopathic Provings. *British Homoeopathic Journal*, 86: 229-34.

Winston, J. 1999. *The Faces of Homoeopathy*. Tawa, New Zealand: Great Auk Publishing.

Wood, M. 1997. *The Book of Herbal Wisdom: Using Plants as Medicines*. Berkeley, California: North Atlantic Books.

World Medical Association. 2005. *Medical Ethics Manual*. Ferney-Voltaire Cedex, France: The World Medical Association.

Wright, C. D. 1999. *A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans.* M. Tech Homoeopathy thesis, Technikon Natal.

Wu, H. C., Du Toit, E. S., Reinhardt, C. F., Rimando, A. M., Kooy, F. v. d. Meyer, J. J. M. 2007. The Phenolic, 3,4-dihydroxybenzoic acid, is an Endogenous Regulator of Rooting in *Protea cynaroides Plant Growth Regul*, 52: 207-15.

Towards an Integrated Methodology: C4, Sherr and Dream Provings of *Protea cynaroides*

By

Izel Botha

VOLUME II

Submitted in fulfilment for the requirements of the degree of Doctor of Technology: Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology.

I, Izel Botha, do declare that this thesis is representative of my own work, both in conception and execution.

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Signature of student *Date of signature*

APPROVED FOR FINAL SUBMISSION

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Signature of Promoter *Date of signature*

Prof. Radhamany Sooryamoorthy
M.A. (University of Kerala); PhD (University of Kerala)

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Signature of Co-promoter *Date of signature*

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

APPENDIX 1

SUITABILITY FOR INCLUSION IN THE PROVING*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Surname: _____

First Names: _____

Age: _____ **Sex:** **M / F** **Telephone:** _____

PLEASE CIRCLE THE APPROPRIATE WORD:

Are you between the ages of 18 and 55 years?	*YES*	*NO*
Do you consider yourself to be in general state of good health?	*YES*	*NO*
Are you on or in need of any medication? • Chemical /Allopathic Homeopathic • Other (e.g. herbal)	*YES*	*NO*
Have you been on birth control pill or hormone replacement therapy in the last six months?	*YES*	*NO*
Are you pregnant or breastfeeding?	*YES*	*NO*
Have you had any surgery in the last six weeks?	*YES*	*NO*
Do you use any recreational drugs such as cannabis, LSD or Ecstasy (MDMA)?	*YES*	*NO*
Do you consume more than: • Two measures of alcohol per day? (1 measure = 1 tot/1beer/1/2 glass wine) • 10 cigarettes per day? • 3 cups of tea, coffee, herb tea per day?	*YES* *YES* *YES*	*NO* *NO* *NO*
If you are between the ages of 18 and 21 years, do you have consent from a parent/guardian to participate in this proving?	*YES*	*NO*
Are you willing to follow the proper procedures for the duration of the proving and to attend a short programme to inform you about the proving?	*YES*	*NO*

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

APPENDIX 2

CASE HISTORY FORM *

This questionnaire will serve as a baseline of your normal health and your disease tendencies. This will enable us to distinguish the proving symptoms from your normal state and enable you to become familiar with yourself and to be able to recognise any changes that the remedy may bring about.

PLEASE READ THIS FIRST BEFORE FILLING THIS FORM

THIS QUESTIONNAIRE FORM HAS 7 PARTS:

1. About your past illnesses and family illnesses.
2. History of your present illness.
3. About all the parts of your body.
4. Deals with the factors that affect your health. Please think carefully about each of the factors mentioned and write what specific effects they have on you.
5. About your mental state and your emotional nature. Please write in this part about your situation in life and about all the things that are bothering you. Be totally frank and open.
6. About your sleep and dreams.
7. For you as a child.

HOW TO DESCRIBE YOUR COMPLAINTS

I require the following details about your symptoms.

LOCATION: Please give the exact location of sensation, pain or eruption. Also describe where the pain or sensation spreads.

SENSATION: Express the type of sensation or the pain that you get in your own words however simple or funny it may seem. You may have a sensation that a mouse is crawling or the heart was grasped by an iron hand or you may have a pain which is cutting, burning jerking, pressing. Express the sensation or pain as it feels to you.

WHAT MAKES YOU WORSE OR BETTER: Many factors are likely to influence your trouble. Some factors may cause the trouble to increase and some factors may relieve the trouble.

DISCHARGES: You may have a discharge from ulcers, fistula, eruptions, the skin, lungs, eyes, nose, ears, mouth, private parts, etc. Please describe your discharge under the following aspects:

- The quantity and the time or condition under which the quantity varies i.e. when is it better or worse, increases or decreases?
- The consistency: Is it thin or thick, stringy or clotted?
- Is it like jelly, white of an egg, like water, sticky forming a scab etc.?
- The odour, what does it remind you of?
- Does it make the parts sore, and in what way?

C O N F I D E N T I A L

Date:

Name:
Address :

Telephone :

Age : **Sex: Male / Female**

Single / Married / Divorced / Widowed

Occupation (Nature of work): **Education:**

PREVIOUS DISEASES & DRUGS USED

In the list below, circle the names of ALL major illnesses so far suffered and on the next page give its relevant details.

Typhoid Cholera Food Poisoning Worms Diarrhoea Dysentery	Measles German measles Chicken-pox Small-pox Mumps Whooping cough	Malaria Jaundice Any Liver Spleen or Gall Bladder Disease	Miscarriage Abortion Sickness during Pregnancy etc. Prolapse of uterus
Malnutrition Rickets Rheumatism Backache	Any venereal disease like Syphilis Gonorrhoea etc.	Any heart trouble , Blood pressure , Vertigo	Nephritis (Kidney or urine trouble) Diabetes Prostate trouble
Any operation such as Tonsils , Abdomen , Appendix , Hernia , Piles, Uterus , Renal Stone , Gall Stones, Phimosis, Hydrocele, Cataract etc. Mode of anaesthesia : general –local	Diphtheria, Septic Tonsils , Adenoids Recurrent infections: Sinusitis, Bronchitis, Eosinophilia, Cold, Pneumonia Asthma, Pleurisy, T.B.		Any serious shock , grief , disappointments, fright , mental upset , depression or nervous break down
Chronic Headaches, Numbness , Cramps, Fits, Convulsions Polio, Paralysis etc. Meningitis –Any Lumbar puncture done.	Any major accident or injury to body or head. Any occasion of unconsciousness Any major bleeding from any part of the body.		Skin diseases like Pimples, Boils, Carbuncles, Ringworms, Fungus, Scabies, Eczema Ulcers on any part of the body.

Diseases suffered from	Approximate Age	Duration	Whether you completely recovered	Medicines & treatment taken	Any other particulars

Any extra remarks or information:

Mention any drugs, tonics, stimulants or vitamins that you currently use.

FAMILY INFORMATION

List of major diseases		Relationship	Alive /dead	Age	Diseases	Cause of death
Anaemia		Paternal Grand Father				
Cancer		Paternal Grand Mother				
Diabetes		Maternal Grand Father				
Insanity		Maternal Grand Mother				
Rheumatism		Father				
T. B./Pleurisy		Mother				
Leprosy			**Diseases Suffered**			
Epilepsy/fits		Paternal Uncles				
Bleeding tendency		Paternal Aunts				
Urticaria		Maternal Uncles				
Eczema		Maternal Aunts				
Asthma		Cousin Brother & Sister				
Paralysis		Did any of your relatives have trouble similar to yours				
Hypertension						
Heart trouble						
Kidney disease						
Liver disease etc.						

* How many brothers or sister are you? (including those who died , if any).

Provide information about them in the table below. Indicate your position by writing ‘SELF’.

Position	**Brother /Sister**	**Alive /Dead**	**Age**	**Diseases suffered**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSONAL HISTORY

*About your birth

Did your mother have any problem during pregnancy?

Did she take drugs during pregnancy? What were they?

Was there any difficulty about your birth? Give details.

Tick mark (X) if any animal bites such as:

Dog			Rat			Snake			Scorpion	

Mention if any other:

Did receive take anti-rabies or anti –venom or any other treatment?

***Vaccination & Inoculations:**
Indicate number of times you were vaccinated for the following:

Small pox	Polio	Cholera	Measles
MMR	B.C.G.	Typhoid	Tetanus

Was there any reaction or particular trouble after any of above vaccinations of inoculations? Please describe.

*Number of children living and dead. If dead, state causes:
Mention ages of children and their condition of health.

Child's name	**Male/Female**	**Age**	**Diseases Suffered**

Any abortions, miscarriages or still births?

Your habits

Your Habits	How much
Smoking	
Snuff	
Chewing Tobacco	
Alcohol	
Tea	
Sleeping Pills	
Laxatives /Purgatives	
Any other	

MAIN COMPLAINTS AND OTHER ASSOCIATED TROUBLES: (AND DETAILED HISTORY OF THE PRESENT ILLNESS, THE ONSET AND COURSE WITH DATES).

ORIGIN OF CAUSE : Can you trace the origin illness to any particular circumstance accident , illness, incident or mental upset ? (e.g. Shock , worry , errors in diet ,overexertion , exposure to cold , heat etc.)?

APPETITE AND THIRST

How is your appetite?

When are you hungry?

What happens if you have to remain hungry for long?

How fast do you eat?

How much thirst do you have?

Are there any particular times that you are especially thirsty?

Do you feel any change in your taste and feeling in your mouth?

Please Put one tick (X) if you Like / Dislike the food or if the food disagrees. Put two tick mark(XX) if you strongly Like / Dislike the food or if the food strongly disagrees.

	Like	Dislike	Disagrees			Like	Dislike	Disagrees
Bitter					Eggs			
Salt extra					Spicy food			
Sweet					Meat			
Sour					Fish			
Bread					Cabbages			
Butter					Onions			
Fats					Warm food/drink			
Milk					Cold food/drink			
Coffee					Fruits			
Mud/chalk					Anything else			

STOOL

When and how many times a day do you pass stools ?

When is it urgent?

Do you have any problem about bowel movements? (Straining, pain, bleeding)

Do you have belching or passing gas? Describe its character.

How do you feel after passing gas up or down?

URINATION & URINE

Do you have any trouble before, during and after passing urine?

Any difficulty about the flow? Slow to start, interrupted, feeble dribbling etc.?

Any involuntary urination? When?

Any strong smell? Like what?

SWEAT/PERSPIRATION

How much do you sweat?

Where and on what part do you sweat most?

Do you perspire on the palms or soles?

Is the sweat warm, cold, clammy, sticky, musty, greasy, stiffens the linen etc.?

What is the smell like? E.g. foul, pungent, sour, urine-like.

What colour does it stain the clothing?

Is the stain easy to wash off or difficult?

Any symptoms after sweating?

When do you get fever or chill?

What brings it on?

Do you experience any sense of heat or cold in any part of your body at any particular time?

CHEST: HEART – COLD – COUGH

Do you catch cold often? If so, how?

Describe the symptoms, nature of discharge etc.

Is there any trouble with your CHEST or HEART?

Is there any trouble with your voice or speech?

Is there any difficulty in breathing?

Do you have a cough? If so, is it more at any particular time?

SEXUAL SPHERE (GENERAL)

What is your libido like? Do you have increased desire or decreased desire for sex?

How do you feel after sexual intercourse?

Any particular feeling or symptoms appear before, during and after sexual intercourse?

Did you suffer from any Venereal disease? (Syphilis, Gonorrhoea, etc.)

What is the method you use for family planning?

FOR MEN

Any difficulty with erections?

Any other trouble in sex ? Describe in details

FOR WOMEN

Menses: How are the periods; regular or irregular?

At what age did it start?

Was there any trouble then?

Mention number of days of flow.

Menstrual flow: Is there any change now in quantity, colour, smell or consistency?

Are the stains difficult to wash?

Do you suffer in any way before, during or after menses (PMS)? If so, describe:

What symptoms did you suffer during menopause?

Is there any discharge? If so, mention the nature, colour, consistency and smell of discharge.

When and under what circumstances is it more or less?

Has the discharge any relation to menses?

What is the effect of this discharge on your general feeling or any of your symptoms?

Any itching, excoriation etc. due to discharge?

Any trouble with breasts?

ANY COMPLAINTS REGARDING:

VERTIGO- Do you have giddiness – vertigo?

FAINTNESS: Do you ever feel faint?

HEAD: Do you get headaches?

EYES & Vision:

EARS & sense of hearing:

NOSE & sense of smell:

FACE & Facial expression:

MOUTH & sense of taste:

About LIPS, MOUTH, TONGUE etc.:

TEETH, GUMS e.g. carious teeth or bleeding gums.

Swollen gums:

LIPS: cracked , peeling of skin etc.

THROAT (including tonsils):

Any difficulty in swallowing?

Do you have any trouble in your BACK, LIMBS OR JOINTS? Describe in details:

If you have any pains, do they shift?

In what direction do they extend?

Is there any complaint of skin: such as itching, eruptions, ulcers, warts, corns, peeling etc.? If so, please describe it.

Any change in colour of the skin or spots on any part of the body?

Is there any complaint or abnormality of the NAILS or skin around?

Is there any complaint with the HAIR such as falling, greying, dandruff, dryness, oily, poor excessive or unusual growth?

Do wounds heal slowly, form keloid or tend to form pus?

Have you a tendency to bleed?

Are your troubles one sided or more on one side? Which one?

Is there any trembling? When?

Is there any sense of weakness? Where?

When is it more or less?

Is it in any particular part of the body?

FACTORS THAT AFFECT YOU

Below is a list of things that you are exposed to. Each of these factors may affect you in a particular way. Please write in what way you are affected by each of the following. Do you feel worse or better in any way from each of the factors? In what way do they affect you?

For instance take the factor "sun". Suppose by going in the sun you get a headache, and then write "Headache" opposite to "sun".

Take another example. If in hot weather you feel uneasy, then write "Uneasy" opposite to "Hot Weather" in the column.

In this way write the effect of each factor on you. Especially write the effect each factor has on your main complaints. For instance if your main complaint is asthma and this is worse when lying on the back then opposite to "lying on the back "write "asthma becomes worse"

Sometimes one factor may make you feel worse in some respect, and better in some other respect, For instance cold air may cause headache but headache but make you feel better in general. If this is so, please mention this difference clearly.

	Effect			Effect
Hot weather			Walking	
Cold weather			Running	
Rainy weather			Climbing stairs	
Cloudy weather			Going downstairs	
Change of season			Riding in bus, car etc.	
Thunderstorms			Lying	
Covering			Lying on back	
Warm bath			Lying on left side	
Sun			Lying on right side	
Cold bathing			Lying on abdomen	
Lying with head low			Drinking	
Sitting			After sexual intercourse	
Sitting erect			Dust	
Standing			Smoke	
Looking up			Touch	
Looking down			Pressure	
Looking from high places			Massage	
Looking at moving object			Tight clothes	
Noise			Before sleep	
Sudden noise			During sleep	
Music			After sleep	

Light			After afternoon nap	
Strong smells			Loss of sleep	
When constipated			Before stools	
Before urine			During stools	
During urine			After stools	
After urine			Coughing	
Before menses			Sneezing	
During menses			Laughing	
After menses			Talking	
After Sweating			Reading	
When Fasting			Writing	
After eating			Stooping	
Before important engagement			Passing gas	
Before exams			After hair cut	
When angry			Combing hair	
When worried			Brushing teeth	
When sad			Moonlight	
After weeping			Opening the mouth	
Consolation /sympathy			Smoking	
In a crowd			Hanging the limbs	
In a closed room			Hanging the arms	
When thinking of illness			Near sea	
Full noon /new moon			Shaving	
Morning			Stretching	
Afternoon			Swallowing	
Evening			Listening to others talk	

Night			Vomiting	
Bathing			Yawning	
Draft air			Moving the eyes	
Biting or chewing			Opening the eyes	
Blowing nose			Closing the eyes	
When alone			Getting feet wet	
In company			Over eating	
Physical exertion			Working in water	
Belching			Fanning	

MIND

Are you anxious ? About which matters?

Are you fearful of anything such as:

Animals	people	being alone	darkness
death	diseases	robbers	sudden noises
thunder	of the future	of something unknown	high places
Other:			

Are you doubtful or suspicious? Of what?

What are you jealous about? Of whom?

From what symptoms do you suffer when jealous?

In which matters are you impatient?

Hurried?

How long do you remember hurts caused to you by others?

How much revengeful are you?

What are you proud of? Does your pride get easily hurt?

Are you ever Depressed , Brooding , etc.?

Do you ever become suicidal? When?

If so in what manner do you contemplate to end your life?

Even then, are you afraid of dying?

When are you cheerful?

Are you sexual-minded?

Any unwanted thoughts any time?

What are they?

Have you any imaginary sensations or fears?

Do you hear voices, or that you are called, or anything else in this line keeps on occurring in your mind unduly?

How is your memory?

For what is it poor? e.g. names, places , faces, what you have read, etc.

Do you weep easily?

What makes you weep?

How do you feel after weeping?

How do you feel if someone offers sympathy and consolation?

Are you easily irritated?

What makes you angry?

What bodily symptoms do you develop when angry? e.g. trembling ,sweating etc.

Do you like company or do you like to remain alone?

How seriously are you affected by disorder and uncleanliness in your surroundings?

What is the greatest grief that you have gone through in your life?

What are the greatest joys that you have had in life?

What activities you deeply like?

Are there any matters which you deeply dislike?

In your opinion, which aspects of your mind and moods are not agreeable to you?

Despite of your awareness and maturity, are you unable to change these aspects?

Give a clear cut picture of your situation in life and your relationship with each of your family members, friends and associates in work.

How does the future look to you?

Are you worried or unhappy over any and personal, domestic, economical, social or any other condition?

If so describe:

SLEEP

Describe your posture in sleep.

On the back, side, abdomen etc.

Are you able to sleep in any position?

In which position you can't sleep?

During sleep do you:

Snore? Grind teeth?

Dribble saliva? Sweat?

Keep eyes or mouth open?

Walk? Talk? Moan? Weep?

Become restless? Wake up with a jerk?

Describe if anything else is unusual about your sleep: (sleepiness, sleeplessness, etc. if so when)

How much do you cover?

Do you have to uncover any parts?

Circle types of dream that you have

Animal	Robbers	Travelling	Houses	Death, Whose?
Cats-dogs	Thieves	Riding	Fruits	Dead bodies
Horse	Anxious	Flying	Trees	Dead person
Wild animals	Fearful	Swimming	Water	Parts of Body
Snakes	Ghosts	drowning	Snow	Suicide
Being Hungry	Fire	Accidents	Talking	Business

Being Thirsty Drinking Eating	Lightning Storm Rain	Falling Shooting Wars	Singing Dancing Pleasant	Money Day's work Forgotten work
Vomiting Passing stool Urinating Blood – bleeding Excrements / soiling	Romantic Sexual pleasure Rape nakedness	Pain Illness Sickness Mutilations	Praying Religious Temple Church God	Failure /exams Unsuccessful efforts for what Missing train Being unprepared
Grief Weeping Vexation Quarrels Jealousy Insults	Police Imprisonment Crime Murder Killing Poison	Misfortunes Insecurity Danger Being pursued By whom? Why?	If any other, specify In the space below:	
Of people Children Parties Feasts Marriage	Of events Remote Recent Future Prophetic	Physical Exertion Mental Exertion Fatigue Coloured Multi-Coloured		

YOU AS A CHILD

1) Please tick mark once (X) if the child or you as child had any of the following qualities: Tick mark twice (XX) if they are more intense:

	Tick Here		**Tick here**
Obstinacy		Unusual fears	
Temper tantrums		Shyness	
Disobedience		Unusual attachments (to whom)	
Aggression		Habits like :-	
Hyperactivity		Biting nails	
Destructiveness		Thumb –sucking	
Courage		Boasting	
Possessiveness		Stealing	
Competition-winning spirit		Telling lies	
Sibling jealousy		Religious	
Any special skills		Dullness of memory	
Unusual desires (for what)		Laziness /Indolence	
Sensitive/Emotional		Slowness (in what)	

2) Please write in detail, if the mother suffered from any physical or emotional stress during pregnancy .Also describe the dreams the mother got during pregnancy.

*Adapted from Sankaran's (2006) case taking form

APPENDIX 3

Instructions to Provers*

Dear Prover:

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

Before the Proving:

Ensure that you have:

- Signed the **Informed Consent Form** (Appendix 3 ;)
- had a **case history** taken and a **physical examination** performed;
- attended the pre-proving **training session;**
- an assigned **prover number**, and corresponding **journal**; and
- Read and understood these **Instructions**.

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

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

Beginning the Proving:

Record your symptoms daily in the diary for one week prior to taking the remedy. This will help you get into the habit of observing and recording your symptoms, as well as bringing you into familiarity with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

Taking the Remedy: (Groups 2-3)

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

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for half hour before and after taking the remedy.

Group 2: The remedy should not be taken for more than 3 doses a day for two days (six powders maximum).

Group 3: One powder dissolved under the tongue at bedtime for a maximum of three days.

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy. This is very important.**

By proving symptoms we mean:

1. **any new symptoms**, i.e. ones that you have never experienced before, or,
2. **any change or intensification of any existing symptom.** or,
3. **any strong return of an old symptom**, i.e. a symptom that you have not experienced for more than one year.

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

Lifestyle during the Proving (Groups 2-3)

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

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

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

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

Confidentiality

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

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

Contact with your supervisor

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

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

Recording of Symptoms

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

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

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

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

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

<u>This is easily remembered as:</u>

C - Concomitants
L - Location
A - Aetiology
M - Modality
I - Intensity
T - Time
S - Sensation

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

Mind / Mood
Head
Eyes / Vision
Ears / Hearing
Nose
Back
Chest and Respiration
Extremities
Urinary Organs
Genitalia
Sex / Menstruation
Temperature
Sleep
Dreams

Digestive System *Generalities*
Skin

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

You may also wish to note the phase of the moon if you have symptoms that are affected by it.

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

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

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

(RS) - Recent symptom i.e. a symptom that you are suffering from now, or have been suffering from in the last year.
(NS) - New symptom.
(OS) - Old symptom. State when the symptom occurred previously.
(AS) - Alteration in a **present** or **old** symptom. (E.g. used to be left side, now on the right side)
(US) - An **unusual symptom** for you.

If you have doubts, discuss them with your supervisor.

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

"The person who is proving the medicine must be pre-eminently trustworthy and conscientious... and able to express and describe his sensations in accurate terms." (Hahnemann, 1999:200)

Dr. Izel Botha
(Ph: 031 373 2917 / 083 697 2525)

**Adapted from:* SHERR, J. (1994) *The Dynamics and Methodology of Homoeopathic Provings,* Malvern, U.K., Dynamis Books.

Acknowledgement of Understanding

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

PROVER:
Name: _____

Signature: _____

WITNESS:
Name: _____

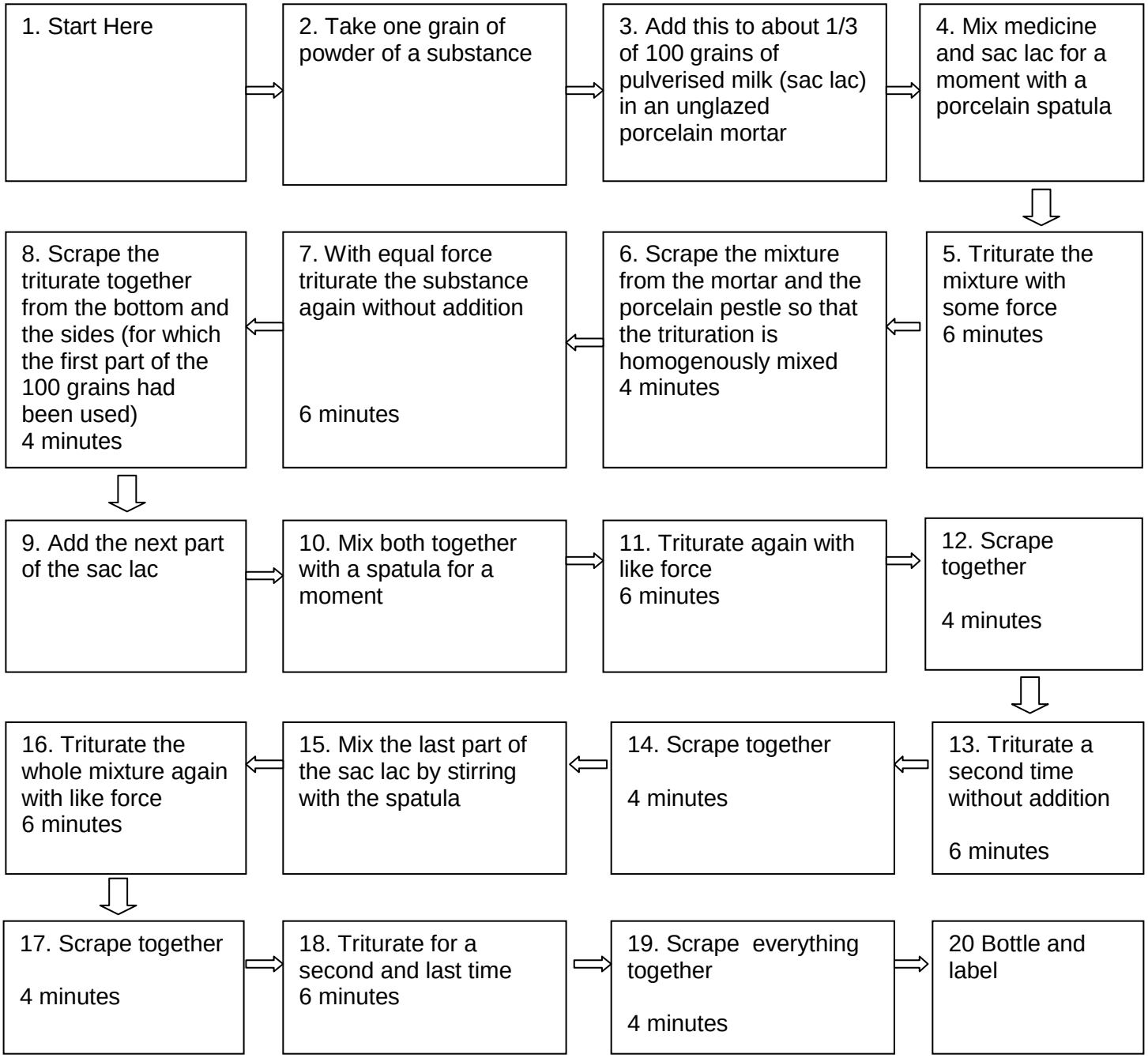
Signature: _____

PROVING SUPERVISOR:
Name: _____

Signature: _____

APPENDIX 3a

TRITURATION CHART*



* Adapted from: BRINTON, M. & MILLER, M. (2004) C4 Potencies: Exploring a Different Way of Working with Homeopathy. *Homeopathy in practice,* Winter 2004:39

APPENDIX 4

MANUFACTURE OF MOTHER TINCTURES FOR ANALYSIS

2008

<u>German Homoeopathic Pharmacopoeia – Method 3a</u>

Aim:
To produce a mother tincture of *Protea cynaroides* from fresh plant material.

Apparatus:
Mass balance (accurate and calibrated)
Infrared lamp
5 litre Schott reagent bottle
Funnel
Evaporating dish

Consumables:
Filter paper
Muslin cloth
500ml Amber glass bottle

Ingredients:
86% ethanol
Protea cynaroides fresh, chopped plant material

Method:
All apparatus and utensils must be clean and odourless.

1. Mass 10 g of *Protea cynaroides* into the evaporating dish.

2. Place dish onto the mass balance and position the infrared lamp above it.

3. Allow the sample to dry under the infrared lamp until the mass stabilises as a dry weight.

4. Calculate the amount of 86% ethanol to be added:

Sample weight = 10g
Weight after drying = 3.1g
Loss on drying = 69%

$$A_3 = \frac{2 \times m \times T}{100}$$

Where **A_3 = Ethanol weight**
T= Loss on drying of sample (%)
***m* = Moist weight (kg)**

$$A_3 = \frac{2 \times 69 \times 171.337}{100}$$
$$A_3 = 236.44g$$

5. Add 171.337 g of the moist plant to the 5 litre Schott reagent bottle. Add 236.44 g of 86% ethanol.

6. Store in a cool environment for 9 days, agitating the mixture daily.

7. Filter mixture using filter paper and a funnel until only the solids remain. Place the solids into the muslin cloth and press all the liquid out, thus separating the marc from the tincture. Discard the marc and filter the liquid using filter paper and a funnel.

8. Place the tincture in a 500 ml Amber glass bottle and label:

Protea cynaroides ø
HAB 3A (ø 1=3)
Manufactured 5 April 2008
Filtered 14 April 2008

2009

German Homoeopathic Pharmacopoeia – Method 3a

Aim:
To produce a mother tincture of *Protea cynaroides* from fresh plant material.

Apparatus:
Mass balance (accurate and calibrated)
Infrared lamp
5 litre Schott reagent bottle
Funnel
Evaporating dish

Consumables:
Filter paper
Muslin cloth
500ml Amber glass bottle

Ingredients:
86% ethanol
Protea cynaroides fresh, chopped plant material

Method:
All apparatus and utensils must be clean and odourless.

1. Mass 10 g of *Protea cynaroides* into the evaporating dish.

2. Place dish onto the mass balance and position the infrared lamp above it.

3. Allow the sample to dry under the infrared lamp until the mass stabilises as a dry weight.

4. Calculate the amount of 86% ethanol to be added:

Sample weight = 10g
Weight after drying = 2.9g
Loss on drying = 71%

$$A_3 = \frac{2 \times m \times T}{100}$$

Where A_3 = Ethanol weight

T= Loss on drying of sample (%)
***m* = Moist weight (kg)**

$$A_3 = \frac{2 \times 71 \times 346.330}{100}$$
$$A_3 = 493.1g$$

5. Add 346.330 g of the moist plant to the 5 litre Schott reagent bottle. Add 493.1 g of 86% ethanol.

6. Store in a cool environment for 9 days, agitating the mixture daily.

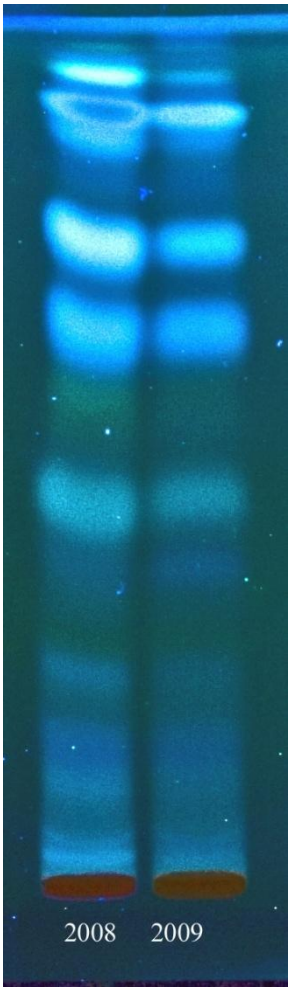
7. Filter mixture using filter paper and a funnel until only the solids remain. Place the solids into the muslin cloth and press all the liquid out, thus separating the marc from the tincture. Discard the marc and filter the liquid using filter paper and a funnel.

8. Place the tincture in a 500 ml Amber glass bottle and label:

Protea cynaroides ø
HAB 3A (ø 1=3)
Manufactured 31 January 2009
Filtered 9 February 2009

APPENDIX 5

Thin layer chromatography for *Protea cynaroides*



APPENDIX 6

THE PREPARATION OF *PROTEA CYNAROIDES* 30CH*

6 a) Method 6 - Triturations

Aim: To produce, by hand, a 3CH trituration from *Protea cynaroides*.

Apparatus:
Unglazed porcelain pestle and mortar
Steel spatula
Mass balance (accurate and calibrated)
Cigarette lighter

Consumables:
96% ethanol (for flaming)
Clean, empty No 6 vials
Filter paper
Labels

Ingredients:
Lactose monohydrate (Eur.P) powder
Protea cynaroides - finely chopped fresh flower, mixed to ensure a homogenous distribution of all the parts

Method:
All apparatus and utensils must be clean and odourless

1. Clean the mortar and pestle and spatula with distilled water, and flame with 96% ethanol.

2. Allow mortar and pestle to cool sufficiently before use.

3. Place a new piece of filter paper on the scale and tare it.

4. Mass 0.1 g of *Protea cynaroides* onto filter paper.

5. Place a new piece of filter paper on the scale and tare it.

6. Mass 3.3g of pure lactose powder onto filter paper.

7. Repeat step 6 twice more. (Total lactose powder mass: 3 x 3,3g = 9.9g, therefore drug-substance to vehicle ratio = 0,1g: 9,9g = 1: 100).

8. Place 3.3g of lactose into mortar and triturate for a short period.

9. Add the 0.1g crude *Protea cynaroides* into the mortar.

10. Triturate for 6 minutes and scrape down for 4 minutes with a porcelain spatula. Then triturate for 6 minutes and scrape down for 4 minutes. (Trituration time: 2 x 10min = 20min)

11. Add the second portion of 3.3g of lactose powder. Continue as in step 10 above.

12. Finally add the third portion of 3.3g of lactose. Proceed as in step 10 above. (Total trituration time: 20min x 3 = 60min)

13. Place triturate in a vial and label as *Protea cynaroides* 1CH.

14. Repeat steps 1-13 when preparing *Protea cynaroides* 2CH and 3CH, replacing crude *Protea cynaroides* with *Protea cynaroides* 1CH and 2CH respectively at each dilution level.

15. The *Protea cynaroides* 3CH was taken from the triturates produced by group 1 for each of the respective years. 0.1 g of each of the participants' *Protea cynaroides* 3CH was homogenously mixed in a vial.

6 b) Method 8a – Liquid preparations from triturations

Aim:
To produce liquid dilutions of *Protea cynaroides* 30CH from the 3CH trituration.

Apparatus:
Mass balance (accurate and calibrated)
Rubber dropper bulbs
2ml, 5ml and 10ml pipettes
Labopette®

Consumables:
5ml clear glass pipettes
25ml amber glass bottles
5ml clear glass screw top bottles
Filter paper
Pasteur pipettes
Pipette tips
Labels

Ingredients:
96% ethanol
Distilled water
Protea cynaroides 3CH triturate

Method:
All apparatus and utensils must be clean and odourless.

1. Place a piece of filter paper on the scale and tare it.

2. Mass 0.1 g of *Protea cynaroides* 3CH on the filter paper. Place it in a 25 ml amber bottle.

3. Add 9.9ml of distilled water and succuss 10 times without stopping. Label as *Protea cynaroides* 4CH.

4. Place 99 parts 96% ethanol in a 5ml clear glass screw top bottle (99/100 x 3ml = 2.97ml). Add 1 part *Protea cynaroides* 4CH (1/100 x 3ml = 0.03 ml). Succuss 10 times without stopping. Label as *Protea cynaroides* 5CH.

5. Repeat step 4 to produce *Protea cynaroides* 6CH – 29CH.

6. To prepare *Protea cynaroides* 30CH place 99 parts 96% ethanol in a 25ml amber glass reagent bottle. (99/100 x 16ml = 15.84ml). Add 1 part *Protea cynaroides* 29CH. Succuss 10 times without stopping. Label as *Protea cynaroides* 30CH.

7. Store *Protea cynaroides* 12CH in a cool environment free from any electromagnetic disturbance.

6 c) Method 10 – Granules (Globuli)

Aim:

To produce *Protea cynaroides* 30CH granules by means of triple impregnation with the liquid *Protea cynaroides* 30CH

Apparatus:
Labopette®
100ml Measuring cylinder
2000ml Glass beaker

Consumables:
Pipette tips
Label
100ml amber glass bottle
Size 1 lactose granules

Ingredients:
96% ethanol
Distilled water
Protea cynaroides 30CH in 96% svr

Method:
All apparatus and utensils must be clean and odourless.

1. Clean the beaker and cylinder with distilled water and autoclave them.

2. Measure 100ml of size 1 lactose granules by means of the measuring cylinder. Place it in a 2000ml beaker.

3. For triple impregnation: Granules are to impregnated with 1% v/v of the *Protea cynaroides* 30CH in 96% svr (1% of 100ml = 1ml) in three stages (333 µl each)

4. Add stage 1 *Protea cynaroides* 30CH (333 µl) to the granules in the beaker by means of a Labopette®. Swirl the beaker until the granules are dry.

5. Add stage 2 and 3 in the same manner as describe in 4.

6. Transfer granules to a 100ml amber glass bottle. Label as *Protea cynaroides* 30CH.

*Adapted From Benyunes, S.(2005). *German Homoeopathic Pharmacopoeia*. First Supplement ed. Stuttgart: medpharm GmbH Scientific Publishers.

APPENDIX 7

COLLECTION AND PRESERVATION OF PLANT DRUGS*

1. Collection should be supervised by a qualified and experienced Botanist.
2. Products should be collected fresh.
3. Plants should be collected from indigenous habitats in their natural environment.
4. Only healthy, fresh and well-developed plants are selected.
5. Samples should be free from dust, worms and insects.
6. Plants should be collected in fine, sunny, dry weather in the early morning just after the disappearance of the morning dew.
7. Cleaning should be done with the minimal amount of water
8. Precautions should be taken to preserve the freshness during transport and storage.
9. Samples should be kept in separate vessels to protect them from odours.
10. Flowers should be collected partly in bud and partly in blossom, in dry weather, about the time of pollination.

*GOEL, S. (2001) Art and Science of Homoeopathic Pharmacy, Ahmedabad, India, Leo Enterprises.

APPENDIX 8

TABLE OF RUBRICS AND PROVER NUMBERS

Rubric	Group 1		Group 2		Group 3		Group 2
	2008	2009	2008	2009	2008	2009	Placebo
ABDOMEN-DISTENTION		[24][30]	[04][06] [08][12]	[26]	[08]	[23]	[03][23] [28][32]
ABDOMEN-DISTENTION-CONSTIPATION, DURING		[30]				[23]	[03]
ABDOMEN-DISTENTION-EATING; AFTER		[24]	[04][06] [12]	[26]	[08]		
ABDOMEN-FLATULENCE			[06][08] [10][12]				[03]
ABDOMEN-FULLNESS, SENSATION OF			[12]				
ABDOMEN-GURGLING			[02][06] [08][10] [12]				
ABDOMEN-HEAVINESS			[12]				
ABDOMEN-ITCHING	[12]						
ABDOMEN-ITCHING-BURNING	[12]						
ABDOMEN-ITCHING-UMBILICUS	[12]						
ABDOMEN-PAIN	[06]	[29]	[02][08] [10][12]	[22][26] [29][30]			[01][14] [21][23] [28]
ABDOMEN-PAIN-BENDING DOUBLE-AMEL			[02]				

ABDOMEN-PAIN-BURNING				[26][30]			
ABDOMEN-PAIN-CRAMPING			[02][08][10][12]	[26]			[01][14][28]
ABDOMEN-PAIN-CUTTING PAIN			[12]				[21]
ABDOMEN-PAIN-DIARRHEA-BEFORE			[02][08][10][12]				
ABDOMEN-PAIN-DIARRHEA-BEFORE-CRAMPING			[02][08][10][12]				
ABDOMEN-PAIN-DRAGGING, BEARING DOWN			[02]				
ABDOMEN-PAIN-DRAWING PAIN				[29]			
ABDOMEN-PAIN-EATING-AFTER-AGG			[10][12]		[08]		
ABDOMEN-PAIN-HYPOGASTRIUM	[06]			[26]			[23]
ABDOMEN-PAIN-HYPOGASTRIUM-RIGHT	[06]						[23]
ABDOMEN-PAIN-LYING-BACK;ON-AGG			[10]				
ABDOMEN-PAIN-MOTION-AGG			[10]				[14]
ABDOMEN-PAIN-NIGHT			[02]				
ABDOMEN-PAIN-NIGHT-CRAMPING			[02]				
ABDOMEN-PAIN-NIGHT-MIDNIGHT-AFTER-2H			[02]				
ABDOMEN-PAIN-PRESSURE-AMEL		[29]	[10][12]	[29]			[14][21]

ABDOMEN-PAIN-SHARP		[29]					[21]
ABDOMEN-PAIN-SPLEEN			[12]				
ABDOMEN-PAIN-SPLEEN-CUTTING PAIN			[12]				
ABDOMEN-PAIN-STITCHING	[06]			[22]			
ABDOMEN-PAIN-STOOL-AFTER-AMEL			[02][08][10]				[21]
ABDOMEN-PAIN-STOOL-BEFORE			[02][08][10]				[14]
ABDOMEN-PAIN-STOOL-BEFORE-CRAMPING			[02][10]				[14]
ABDOMEN-PAIN-REGION OF UMBILICUS		[29]	[08][12]	[29]			[01][14]
ABDOMEN-PAIN-REGION OF UMBILICUS-PRESSURE-AMEL		[29]		[29]			[14]
ABDOMEN-RUMBLING			[02][06][10]				
BACK-ERUPTION	[09]		[08]				[03]
BACK-ERUPTION-PAINFUL	[09]		[08]				
BACK-ERUPTION-PIMPLES	[09]		[08]				[03]
BACK-FORMICATION	[11]						
BACK-FORMICATION-DORSAL REGION	[11]						

BACK-FORMICATION-DORSAL REGION-SCAPULAE	[11]						
BACK-FORMICATION-DORSAL REGION-SHOULDERS; BETWEEN THE	[11]						
BACK-HEAT	[09]		[06]		[04]		
BACK-HEAT-CERVICAL REGION	[09]						
BACK-ITCHING	[01][03] [11]	[26][28]	[08]				[03]
BACK-ITCHING-CERVICAL	[01]	[28]					
BACK-ITCHING-DORSAL REGION-SCAPULAE	[03]	[26]					
BACK-ITCHING-DORSAL REGION-SHOULDERS; BETWEEN	[11]	[26]					
BACK-ITCHING-LUMBAR REGION		[26]					
BACK-PAIN	[01][03] [06][12]	[21][24] [26][29] [30][31]	[08][09] [10][12] [13][15]	[22][25] [26][33]		[20][25] [29]*	[07][28]
BACK-PAIN-ACHING PAIN		[21]	[10][12]				
BACK-PAIN-BURNING				[33]			
BACK-PAIN-CERVICAL REGION	[01]	[20][24]	[10][12]	[22][26]		[20][25]	[28]
BACK-PAIN-CERVICAL REGION-EXTENDING TO-TEMPLES	[01]			[26]		[25]	
BACK-PAIN-CERVICAL REGION-SORE	[01]						

BACK-PAIN-DORSAL REGION	[03][12]	[26][29]	[12][13]				
BACK-PAIN-DORSAL REGION-SCAPULAE	[03]	[26][29]	[12][13]				
BACK-PAIN-DORSAL REGION-SCAPULAE-BELOW	[03]						
BACK-PAIN-DORSAL REGION-SCAPULAE-BELOW-RIGHT	[03]						
BACK-PAIN-DORSAL REGION-SCAPULAE-BETWEEN		[26][29]	[12][13]				
BACK-PAIN-DORSAL REGION-SCAPULAE-BETWEEN-SITTING-ERECT AMEL		[26]					
BACK-PAIN-DULL PAIN			[09]				
BACK-PAIN-LUMBAR REGION	[12]	[21][24]	[08][12] [15]	[25][26] [33]		[29]*	[07][28]
BACK-PAIN-LUMBAR REGION-BENDING-BACKWARD-AMEL	[12]						
BACK-PAIN-RUBBING-AMEL	[01]		[12]				
BACK-PAIN-SITTING-ERECT AMEL	[06]	[26][30]					
BACK-PAIN-SORE	[12]	[30]				[20]	
BACK-PAIN-STRAIGHTENING UP THE BACK-AMEL	[06]	[21][26] [30]		[25]		[29]*	[07]
BACK-PERSPIRATION		[30]		[22]		[28]	[01]
BACK-PERSPIRATION-CERVICAL REGION		[30]					[01]

BACK-PERSPIRATION-CERVICAL REGION-NAPE OF NECK		[30]					
BACK-STRETCH-CERVICAL REGION, DESIRE TO	[09]						
BACK-TENSION	[01][09]	[26][31]	[04][08][09][10][12][13][15]	[22][26]	[04]	[20][29]*	[28]
BACK-TENSION-CERVICAL REGION	[01][09]	[26][31]	[09][10][12][15]	[22]	[04]	[20][29]*	
BACK-TENSION-CERVICAL REGION-NAPE OF THE NECK	[01][09]	[26][31]	[09]	[22]			
BACK-WEAKNESS		[21]		[22]	[06]		
BACK-WEAKNESS-LUMBAR		[21]		[22]			
BLADDER-INFLAMMATION			[05][08][12]				[11][14]
BLADDER-URINATION-DYSURIA			[04][05][08][10][12]	[26]			[31]
BLADDER-URINATION-FREQUENT			[08][12]	[26]			[01][14][31]
BLADDER-URINATION-SELDOM	[03][07]		[04][09][15]				[03]
BLADDER-URINATION-URGING-ABSENT	[03][07]		[04][09][15]				
CHEST-APPREHENSION	[06]						
CHEST-CONSTRICTION			[06]	[22]	[03][06]		
CHEST-CONSTRICTION-BAND;AS FROM A			[06]	[22]	[06]		

CHEST-ERUPTIONS			[08][15]				
CHEST-ERUPTIONS-ITCHING			[15]				
CHEST-ERUPTIONS-PIMPLES			[08]				
CHEST-ERUPTIONS-RASH			[15]				
CHEST-FULLNESS		[22]					
CHEST-FULLNESS-INSPIRATION AGG		[22]					
CHEST-INDURATION					[03]		
CHEST-INDURATION-MAMMAE					[03]		
CHEST-ITCHING	[12]	[20]	[15]				
CHEST-ITCHING-AXILLAE		[20]	[15]				
CHEST-ITCHING-MAMMAE		[20]	[15]				
CHEST-MAMMAE;COMPLAINTS OF		[20]	[08]		[03]		
CHEST-NODULES,SENSITIVE					[03]		
CHEST-NODULES,SENSITIVE-MAMMAE					[03]		
CHEST-OPPRESSION		[22][24] [29][31]	[04][06] [08][09] [12][15]	[22][26]	[03][06]		[21]
CHEST-OPPRESSION-COUGH-DURING-AGG		[24]			[06]		

CHEST-OPPRESSION-INSPIRATION-AGG		[22][24]	[06]				
CHEST-PAIN		[22][24] [25][29]	[06][08] [12]	[25]			
CHEST-PAIN-AXILLAE		[25]					
CHEST-PAIN-AXILLAE-CUTTING		[25]					
CHEST-PAIN-BURNING		[24]	[10]				
CHEST-PAIN-CONTRACTING		[22]	[06][12]	[25]			
CHEST-PAIN-COUGH-AFTER			[10]				
CHEST-PAIN-COUGH-AFTER-BURNING			[10]				
CHEST-PAIN-CRAMPING		[22]					
CHEST-PAIN-CUTTING		[25][29]					
CHEST-PAIN-GNAWING PAIN			[12]				
CHEST-PAIN-HEART				[25]			
CHEST-PAIN-INSPIRATION-AGG		[22][24] [25]	[06]				
CHEST-PAIN-LEFT		[25][29]		[22][25]			
CHEST-PAIN-LYING-AGG			[12]				
CHEST-PAIN-LYING-AGG-SIDE;ON-AGG			[12]				
CHEST-PAIN-MAMMAE			[08]		[03]		

CHEST-PAIN-MAMMAE-SORE			[08]		[03]		
CHEST-PAIN-PULSATING PAIN		[22]					
CHEST-PAIN-RIGHT		[22][25]					
CHEST-PAIN-SORE		[22]	[12]				
CHEST-PALPITATION OF HEART	[06][12]		[04][12][15]	[22][33]		[21]	
CHEST-PALPITATION OF HEART-ANXIETY; WITH	[12]		[04][15]	[33]		[21]	
CHEST-PALPITATION OF HEART-FEVER-DURING				[22]			
CHEST-PALPITATION OF HEART-LYING-AGG			[12]				
CHEST-PALPITATION OF HEART-LYING DOWN AGG			[12]				
CHEST-PERSPIRATION					[08]		
CHEST-PERSPIRATION-PROFUSE					[08]		
CHILL-CHILLINESS			[10]				
COUGH-ASTHMATIC		[29]					
COUGH-BARKING			[10]				
COUGH-DRINKING AMEL	[03]				[08]		
COUGH-DRY		[29]		[30]	[08]		[03]

COUGH-HACKING				[26]			
COUGH-LOOSE		[24]		[22]	[06]		[21]
COUGH-OPPRESSION; FROM-CHEST;IN		[29]		[22][25]	[06]		
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EYE-PAIN-SCRATCHING PAIN					[04][09]		
EYE-PAIN-STITCHING PAIN							[11]
EYE-PAIN-SUDDEN	[06]						
EYE-PHOTOPHOBIA					[09]		[11][23][31]
EYE-SWELLING		[24]	[06][08]				[11]
EYE-SWELLING-LIDS		[24]	[06][08]				
EYE-TWITCHING			[12]	[26]			
EYE-TWITCHING-LIDS			[12]	[26]			
EYE-TWITCHING-LIDS-LEFT				[26]			
EYE-TWITCHING-LIDS-RIGHT			[12]				
FACE-AIR;IN OPEN-AMEL		[30]					
FACE-CLENCHED JAW		[22][24][29]	[09]				
FACE-DISCOLORATION-DARK-EYES;CIRCLES UNDER		[24]			[08]		

FACE-DISCOLORATION-RED		[30]		[22]			
FACE-DISCOLORATION-RED-HEAT-WITH		[30]		[22]			
FACE-ERUPTIONS			[08][12]				
FACE-ERUPTIONS-PIMPLES			[08][12]				
FACE-ERUPTIONS-PIMPLES-CHIN			[12]				
FACE-ERUPTIONS-PIMPLES-CHIN-PAINFUL			[12]				
FACE-ERUPTIONS-PIMPLES-LIPS			[12]				
FACE-ERUPTIONS-PIMPLES-LIPS-UPPER			[12]				
FACE-ERUPTIONS-PIMPLES-MOUTH-AROUND			[12]				
FACE-DRYNESS-LIPS	[09]	[30]					
FACE-HEAT	[03][06][07][09]	[28][30]	[06]	[22][26]	[03]		
FACE-ITCHING	[01][03][07][11][12]	[20][24][30]					
FACE-ITCHING-CHEEK		[20]					
FACE-ITCHING-CHIN	[07][11][12]	[20]					
FACE-ITCHING-EYEBROWS	[06]						
FACE-ITCHING-FOREHEAD	[01][11]	[24]					

FACE-ITCHING-LEFT	[03][06] [07]	[24][30]					
FACE-ITCHING-RIGHT		[30]					
FACE-ITCHING-TEMPLE	[06]						
FACE-PAIN	[06][12]		[04][09] [12]	[22][26]	[06]		
FACE-PAIN-ACHING			[12]	[22]			
FACE-PAIN-BONES			[12]				
FACE-PAIN-CHEEKS			[12]				
FACE-PAIN-EYES-ABOVE (=SUPRAORBITAL)	[06][12]		[04]	[24][29] [30]			
FACE-PAIN-JAWS			[09]	[22][26]			
FACE-PAIN-JAWS-LOWER			[09]				
FACE-PAIN-MUSCLES				[22]			
FACE-PAIN-MUSCLES-MASSETER MUSCLES				[22]			
FACE-PAIN-PRESSING PAIN				[22]	[06]		
FACE-PAIN-PRESSURE-AMEL				[22]			
FACE-PAIN-SORE					[06]		
FACE-PERSPIRATION	[07][09]	[30]	[02][04]				[01]

FACE-PERSPIRATION-COLD-DIARRHEA,IN			[02]				
FACE-PERSPIRATION-LIPS UPPER	[09]						
FACE-SWELLING	[09]						
FACE-SWELLING-LIPS-SENSATION OF	[09]						
FACE-SWELLING-LIPS-UPPER-SENSATION OF	[09]						
FACE-TENSION OF SKIN-MUSCLES;MASSETER		[22][24][29]					
FACE-TINGLING	[09]						
FACE-TINGLING-WARM ROOM AGG.	[09]	[30]					
FACE-WRINKLED-FOREHEAD		[24][29]					
FEMALE GENITALIA/SEX-DRYNESS			[12]				
FEMALE GENITALIA/SEX-DRYNESS-VAGINA			[12]				
FEMALE GENITALIA/SEX-INFLAMMATION				[33]			[11]
FEMALE GENITALIA/SEX-INFLAMMATION-VAGINA				[33]			[11]
FEMALE GENITALIA/SEX-LEUKORRHEA							[03]

FEMALE GENITALIA/SEX-LEUKORRHEA-WHITE							[03]
FEMALE GENITALIA/SEX-MENSES-APPEAR-AS IF MENSES WOULD APPEAR			[12]			[25]	
FEMALE GENITALIA/SEX-MENSES-BRIGHT RED			[12]				
FEMALE GENITALIA/SEX-MENSES-COPIOUS			[10]	[26]		[25]	
FEMALE GENITALIA/SEX-MENSES-DARK			[10]	[26]			[03]
FEMALE GENITALIA/SEX-MENSES-EARLY,TOO							[03][32]
FEMALE GENITALIA/SEX-MENSES-LATE,TOO			[12]				
FEMALE GENITALIA/SEX-MENSES-OFFENSIVE				[26]			
FEMALE GENITALIA/SEX-MENSES-SCANTY			[12]	[33]			[32]
FEMALE GENITALIA/SEX-MENSES-SHORT;TOO				[33]		[25]	
FEMALE GENITALIA/SEX-MENSES-SHORT; TOO-TWO DAYS				[33]		[25]	
FEMALE GENITALIA/SEX-PAIN	[12]		[02][10] [12]	[26]		[25]	
FEMALE GENITALIA/SEX-PAIN-ACHING			[10]				

FEMALE GENITALIA/SEX-PAIN-BEARING DOWN			[02][10]				
FEMALE GENITALIA/SEX-PAIN-BURNING				[26]			[11]
FEMALE GENITALIA/SEX-PAIN-LABIA			[10]				
FEMALE GENITALIA/SEX-PAIN-LABIA-LEFT			[10]				
FEMALE GENITALIA/SEX-PAIN-OVARIES	[12]						
FEMALE GENITALIA/SEX-PAIN-OVARIES-RIGHT	[12]						
FEMALE GENITALIA/SEX-PAIN-PINCHING			[10]				
FEMALE GENITALIA/SEX-PAIN-VAGINA			[10]				
FEMALE GENITALIA/SEX-SEXUAL DESIRE-DIMINISHED			[02]				
FEMALE GENITALIA/SEX-SEXUAL DESIRE-INCREASED	[06]		[06][08]	[26][33]	[03][09]	[20]	[03]
FEMALE GENITALIA/SEX-SEXUAL DESIRE-INCREASED-MENSES-DURING-AGG			[08]				
FEMALE GENITALIA/SEX-SEXUAL DESIRE-INCREASED-MENSES-AFTER-AGG				[33]			
FEVER-CHILLINESS;WITH			[10]	[22]	[06]		[11]

FEVER-DRY HEAT				[26]			
FEVER-INTERNAL HEAT				[22]	[06]		
FEVER-INTERNAL HEAT-COLD TO THE TOUCH;WHILE BODY FEELS				[22]	[06]		
GENERALS-AIR,IN OPEN-AMEL		[21][22] [24][30]	[15]		[08]	[21]	[21]
GENERALS-AIR,OPEN-DESIRE FOR OPEN AIR	[09][11]	[21][22] [24][30]	[10]		[08]		[03][21]
GENERALS-AIR;DRAFT OF-SENSATION OF A DRAFT	[01][03]	[24]					
GENERALS-ALLERGIC CONSTITUTION							[03]*
GENERALS-ALLERGIC CONSTITUTION-CATS;TO							[03]*
GENERALS-ASCENDING-SYMPTOMS ASCEND	[06][09]	[20][24] [25][29] [30]		[22]		[25]	
GENERALS-CLOTHING-INTOLERANCE OF		[20]	[12]	[34]	[04]		
GENERALS-COLD; BECOMING-AGG		[21][24] [30]		[22][24] [26]	[06]		[03][28]
GENERALS-COLD-AIR-DESIRE		[20][21] [22][24] [26][29]		[33][34]			
GENERALS-COMPLAINTS-APPEARING-SUDDENLY	[03][06] [08]	[20][21] [22][24] [26][29]	[06][08] [10][12]	[22][25] [29][30] [34]	[03][08] [09]	[21][28]	[14][28] [31]
GENERALS-COVERS-AVERSION TO		[22]		[22][34]			

GENERALS-DRYNESS OF USUALLY MOIST INTERNAL PARTS	[02]						
GENERALS-ENERGY-SENSATION OF	[07][08]	[25][30]			[05]		[01]
GENERALS-ERUCTATIONS-AMEL		[29]	[10]				
GENERALS-EXPANSION; SENSATION OF	[06]	[22]			[06]		
GENERALS-FALLING, SENSATION OF	[11]	[21][24] [25][30]	[09]	[22]			
GENERALS-FANNED;BEING-DESIRE TO BE	[09][12]	[21][22] [24][30]		[22][34]			
GENERALS-FANNED-DESIRE	[09][12]	[21]		[22][34]			
GENERALS-FOOD & DRINKS-ALCOHOLIC DRINKS-DESIRE					[08]		[03]
GENERALS-FOOD & DRINKS-APPLES			[13]				[03]
GENERALS-FOOD & DRINKS-APPLES-DESIRE			[13]				[03]
GENERALS-FOOD & DRINKS-APPLES-DESIRE-JUICE COLD							[03]
GENERALS-FOOD & DRINKS-BACON-DESIRE					[08]		[21]
GENERALS-FOOD & DRINKS-BEER-DESIRE					[08]		[03]
GENERALS-FOOD & DRINKS-BERRIES-DESIRE		[21]	[08][12]				
GENERALS-FOOD & DRINKS-BREAD-AGG			[08]	[26]			[23]

GENERALS-FOOD & DRINKS-BREAD-DESIRE					[03]	[20]	
GENERALS-FOOD & DRINKS-BREAD-DESIRE-WHITE					[03]		
GENERALS-FOOD & DRINKS-CARBONATED DRINKS-DESIRE					[06]		
GENERALS-FOOD & DRINKS-CHAMPAGNE-AGG			[08]				
GENERALS-FOOD & DRINKS-CHEESE-DESIRE			[08]				[11][21]
GENERALS-FOOD & DRINKS-CHERRIES-DESIRE	[09]	[21]	[12]				
GENERALS-FOOD & DRINKS-CHICKEN-DESIRE			[02]			[22]	[03][21]
GENERALS-FOOD & DRINKS-CHOCOLATE-DESIRE			[06][09] [10][12]		[08]		[03][11]*
GENERALS-FOOD & DRINKS-COCA COLA-DESIRE			[10]		[06]	[28]*	[23]
GENERALS-FOOD & DRINKS-COCONUT-DESIRE		[25]					
GENERALS-FOOD & DRINKS-COFFEE-AMEL				[33]	[08]		
GENERALS-FOOD & DRINKS-COFFEE-DESIRE			[06][08] [15]		[03][08]		
GENERALS-FOOD & DRINKS-COLD DRINK , COLD WATER-AMEL	[06]		[10]	[22][29]	[08]		

GENERALS-FOOD & DRINKS-COLD DRINK, COLD WATER-DESIRE	[06]		[09][10]	[22][24] [29][34]	[08]	[28]	[03][11] [21]
GENERALS-FOOD & DRINKS-COLD DRINK, COLD WATER-THIRST;WITHOUT	[06]				[08]		
GENERALS-FOOD & DRINKS-COLD FOOD-DESIRE			[10]		[08]		
GENERALS-FOOD & DRINKS-CREAM-AVERSION			[10]				
GENERALS-FOOD & DRINKS-DAIRY PRODUCTS-AGG			[06]				
GENERALS-FOOD & DRINKS-FAT-AVERSION			[08]	[33]	[08]		
GENERALS-FOOD & DRINKS-FISH-DESIRE			[08][10]		[08][09]		
GENERALS-FOOD & DRINKS-FOOD-DESIRE		[29]	[02][04]		[08][09]	[27]	[01]
GENERALS-FOOD & DRINKS-FRESH FOOD-DESIRE					[09]		
GENERALS-FOOD & DRINKS-FRUIT-DESIRE	[09]	[21][24]	[02][08] [10][12]	[33]		[26]	[03][23]
GENERALS-FOOD & DRINKS-FRUIT-DESIRE-RED	[09]	[21]	[12]				
GENERALS-FOOD & DRINKS-GARLIC-AVERSION			[10]				
GENERALS-FOOD & DRINKS-GARLIC-AVERSION-SMELL OF			[10]				[23]
GENERALS-FOOD & DRINKS-HEALTHY FOOD-DESIRE			[08][10]	[33]	[03][08]		[32]

GENERALS-FOOD & DRINKS-HOT DOGS-DESIRE			[10]				
GENERALS-FOOD & DRINKS-ICE CREAM-DESIRE		[28]	[10]		[08]		[31]
GENERALS-FOOD & DRINKS-LIVER-DESIRE			[02]				
GENERALS-FOOD & DRINKS-LIQUID FOOD-DESIRE			[12]				
GENERALS-FOOD & DRINKS-MILK-DESIRE	[12]	[22]					
GENERALS-FOOD & DRINKS-MILK-MILKTART-DESIRE		[31]					
GENERALS-FOOD & DRINKS-MILKSHAKE-DESIRE	[12]						
GENERALS-FOOD & DRINKS-OATMEAL-DESIRE		[24]					
GENERALS-FOOD & DRINKS-OLIVES-DESIRE			[08]	[26]			
GENERALS-FOOD & DRINKS-ONIONS-AGG							
GENERALS-FOOD & DRINKS-ORANGES-AGG							[03]
GENERALS-FOOD & DRINKS-ORANGES-DESIRE					[06]		[11][14]
GENERALS-FOOD & DRINKS-ORANGES-DESIRE-ORANGE JUICE							[11][14]
GENERALS-FOOD & DRINKS-PEANUT BUTTER-DESIRE			[12][13]†		[03]		[01]* [23]*

GENERALS-FOOD & DRINKS-PICKLES-DESIRE-SPICY INDIAN PICKLES		[24]			[08]		
GENERALS-FOOD & DRINKS-PIZZA-DESIRE				[26]			[21]
GENERALS-FOOD & DRINKS-PORK-AVERSION							[03]
GENERALS-FOOD & DRINKS-PORK-AGG							[03]
GENERALS-FOOD & DRINKS-RICH FOOD-DESIRE			[02][12]				
GENERALS-FOOD & DRINKS-RICH FOOD-AVERSION			[10]	[26]			
GENERALS-FOOD & DRINKS-SALT-AVERSION					[08]		
GENERALS-FOOD & DRINKS-SALT-DESIRE							[01]
GENERALS-FOOD & DRINKS-SEA FOOD-DESIRE					[08]		
GENERALS-FOOD & DRINKS-SMOKED FOOD-DESIRE					[08]		
GENERALS-FOOD & DRINKS-SOUP-DESIRE			[12]				
GENERALS-FOOD & DRINKS-SPICES-DESIRE			[04]		[08]	[22]	
GENERALS-FOOD & DRINKS-STRAWBERRIES-DESIRE	[10][11][12]	[25][26]	[12]				
GENERALS-FOOD & DRINKS-SUGAR-DESIRE	[09]		[04][13]*		[08]		

GENERALS-FOOD & DRINKS-SUSHI-DESIRE			[08][10]		[08][09]		[03]
GENERALS-FOOD & DRINKS-SWEETS-DESIRE	[09]	[24]	[04][12]		[08]	[26][29]*	[03][31]
GENERALS-FOOD & DRINKS-VEGETABLES-DESIRE		[24]		[33]	[08][09]		
GENERALS-FOOD & DRINKS-WATER-DESIRE	[06][09]	[20][30]	[08][09] [10][15]	[22][24] [29][34]	[05][08]	[20][26] [28]	[01][03] [11][21]
GENERALS-FOOD & DRINKS-WINE-DESIRE			[10]		[05][08] [09]		[03]
GENERALS-FOOD & DRINKS-YOGHURT-DESIRE	[12]						
GENERALS-FORMICATION		[22][24] [30]					
GENERALS-HANGOVER-SENSATION AS IF FROM A HANGOVER		[24]			[04]		
GENERALS-HEAT-FLUSHES OF	[01][02] [06][09] [12]	[20][21] [30]	[06][09]	[34]	[03][04] [09]	[29]*	
GENERALS-HEAT-FLUSHES OF-EXERTION, FROM LEAST		[20]					
GENERALS-HEAT-FLUSHES OF-EXTENDING UPWARD	[09]	[20][30]	[06]	[34]	[04][09]		
GENERALS-HEAT-FLUSHES OF-MOTION AGG		[20]					
GENERALS-HEAT-FLUSHES OF-PALPITATIONS;WITH	[06]	[20]					
GENERALS-HEAT-FLUSHES OF-PERSPIRATION-WITHOUT		[20]					

GENERALS-HEAT-SENSATION OF	[02][03] [07][09] [10][11]	[21][22] [30][31]	[06][09] [10]	[22][26] [33][34]	[03][08]		[01][03]*
GENERALS-HEAT-WAVES IN	[12]	[20][21][30]		[34]	[04]		
GENERALS-HEAVINESS	[01][02] [09][11] [12]	[29][30]	[09][15]			[24][28] [29]*	[32]
GENERALS-INFLAMMATION-JOINTS	[12]	[24][29]	[08][13]*				
GENERALS-INFLUENZA		[24]	[09][12] [15]	[22][26]	[01][04] [06]		[11][21] [23][28] [32]
GENERALS-LASSITUDE		[28][31]	[12]		[08]		
GENERALS-LOOKING-DOWNWARD-AGG	[01][06]	[20][24]	[15]				
GENERALS-LOSS-FLUIDS,OF			[04][09] [10][15]		[09]	[22]	[31]
GENERALS-MOTION-AFFECTED PART OF-AGG	[12]	[22]	[09][10] [12]		[04][06]		
GENERALS-NIGHT					[06]		
GENERALS-PAIN		[24][30]	[09][10] [12]				
GENERALS-PAIN-ACHING		[24]	[09][10]				
GENERALS-PAIN-GROWING PAINS		[30]	[12]				
GENERALS-PAIN-BURNING PAIN	[01][03] [06][07] [09][10] [11][12]	[24][25] [28][30] [31]	[04][08] [10] [12]	[26][30] [33]	[06]	[21]	[11]
GENERALS-PAIN-STITCHING PAIN		[30]					

GENERALS-PARALYSIS				[22]			
GENERALS-PARALYSIS-SLEEP;DURING				[22]			
GENERALS-PERSPIRATION-DURING-AMEL			[12]				
GENERALS-PRESSURE-AMEL		[24][26]	[12]	[22]	[03]	[23]	
GENERALS-PULSATION			[15]				
GENERALS-PULSE-FREQUENT			[15]				
GENERALS-RESTLESSNESS		[22][24][31]	[02][08]	[22][26]	[08]		[23]
GENERALS-SCRATCHING WITH HANDS-AMEL	[06]	[29]	[08]				
GENERALS-SIDE-LEFT-THEN RIGHT SIDE	[08]	[20]	[06]				
GENERALS-SIDE-RIGHT-THEN LEFT SIDE		[22]	[06]		[06]		
GENERALS-SLEEP-LOSS OF SLEEP;FROM	[08]	[21]			[01][05][09]		
GENERALS-STRENGTH,SENSATION OF	[06][07][08][12]	[20][22]			[03]		
GENERALS-STRETCHING OUT	[06][11]	[21][24][30]					
GENERALS-STRETCHING-AMEL	[06][09][11]	[20][21][22][24][26][29]	[08]	[22][25]		[29]*	[07][23]
GENERALS-SUDDEN MANIFESTATION	[03][06][08]	[20][21][22][24][26][29]	[06][08][10][12]	[22][25][29][30][34]	[03][08][09]	[21][28]	[14][28][31]

GENERALS-SUN-EXPOSURE TO THE SUN-AMEL	[08]	[24][30]	[12][13]		[06]		[03]
GENERALS-SUN-SUNBURN						[21]	
GENERALS-TOBACCO-DESIRE FOR TOBACCO			[15]		[08]		[03]
GENERALS-TOBACCO-DESIRE FOR TOBACCO-SMOKING;DESIRE FOR			[15]		[08]		[03]
GENERALS-VIGOUR	[07][08]	[25][30]					
GENERALS-WARM-AMEL		[24]	[02][04] [10][12]	[33]	[06][08]		[03]
GENERALS-WARM-BATHING-AMEL		[24][30]	[04]			[20]	[31]
GENERALS-WARM-BATHING-AMEL-HOT BATH						[20]	
GENERALS-WAVELIKE SENSATIONS	[12]	[22]					
GENERALS-WEAKNESS	[01][02] [08][12]	[20][21] [22][24] [25][26] [28][29] [30]	[02][06] [09][10] [12][15]	[22][24] [26][27] [29][33] [35]	[03][04] [05][06] [08][09]	[21][25] [26][28] [29]*	[01][03] [11][21] [23][31] [32]
GENERALS-WEAKNESS-EATING-AFTER-AGG			[06]				
GENERALS-WEAKNESS-HEADACHE-DURING				[24][26]			
GENERALS-WEAKNESS-MUSCULAR		[24][30]	[12]	[22]	[06]		

GENERALS-WEARINESS	[09]	[20][21] [22][24] [25][26] [29][30]	[02][06] [09][10] [12]	[22][24] [26][35]	[03]*[06] [09]	[21][25] [26][28] [29]*	[11][23]
HEAD-CONGESTION			[02]			[28]	[28][31]
HEAD-CONSTRICTION-BAND OR HOOP			[12]				[32]
HEAD-DANDRUFF			[08]				
HEAD-ERUPTIONS	[09]					[28]	
HEAD-ERUPTION-PAINFUL	[09]						
HEAD-ERUPTION-PIMPLES	[09]					[28]	
HEAD-ERUPTION-PIMPLES-OCCIPUT	[09]					[28]	
HEAD-FORMICATION	[09]	[24]					
HEAD-FORMICATION-SIDES-LEFT		[24]					
HEAD-HEAT	[06][08] [09]	[26]			[06][09]		
HEAD-HEAT-OCCIPUT	[08][09]						
HEAD-HEAT-VERTEX	[06]						
HEAD-HEAVINESS	[01][02] [06][09]	[21][24]	[09][10] [12]	[34]	[01][04]	[28]	[14][21] [31][32]
HEAD-HEAVINESS-ALTERNATING WITH-CLEARNESS OF MIND	[01]						
HEAD-ITCHING OF SCALP	[09][11]				[03]	[28]	

HEAD-LIGHTNESS; SENSATION OF	[06]	[24]	[12][13]	[34]	[08]		
HEAD-PAIN	[01][03] [08]	[20][21] [22][24] [26][29] [30]	[04][06] [08][09] [10][12] [15]	[22][24] [25][26] [29][30]	[04]†[06] [08]	[20][21] [25][26] [27][28] [29]*	[01][03] [07][11] [14][21] [23][31] [32]
HEAD-PAIN-ACCOMPANIED-NAUSEA		[20][29]	[12]				
HEAD-PAIN-ACHING		[26]	[08]				
HEAD-PAIN-AFTERNOON				[24]			
HEAD-PAIN-AFTERNOON-15 H				[24]			
HEAD-PAIN-BURSTING					[04][06]		
HEAD-PAIN-COUGH-DURING-AGG					[06]		
HEAD-PAIN-DULL PAIN	[03]	[22][26] [29]	[08][09] [15]	[24][30]	[08]		[03][14] [32]
HEAD-PAIN-EXTENDING TO BACK	[03]		[09]		[04]	[25]	
HEAD-PAIN-EYES			[04][08]		[04]	[21]	[07][11] [21][23] [31]
HEAD-PAIN-FOREHEAD	[08]	[26]	[08][12]	[24][26] [29][30]	[08]	[20][27] [28]	[03][14] [31][32]
HEAD-PAIN-FOREHEAD-ACHING		[26]					
HEAD-PAIN-FOREHEAD-EYES-BEHIND					[04]		[11]
HEAD-PAIN-LIGHT;FROM-AGG						[21]	

HEAD-PAIN-LYING-AMEL				[24]			
HEAD-PAIN-MOTION-AGG			[06][10] [12]		[04]	[21]	[21]
HEAD-PAIN-NOISE-AGG		[29]		[24]	[06]		
HEAD-PAIN-OCCIPUT	[08]	[24][26]	[06][08] [12][15]	[26]			
HEAD-PAIN-OCCIPUT-ACHING		[26]	[08]				
HEAD-PAIN-PRESSING PAIN	[08]		[09][12]	[29]	[06]	[21]	
HEAD-PAIN-PRESSING PAIN-BAND; AS FROM A			[12]				[32]
HEAD-PAIN-PRESSING PAIN-OUTWARD	[08]				[06]	[21]	[11]
HEAD-PAIN-PRESSURE-AMEL		[21][30]	[08]				
HEAD-PAIN-PULSATING PAIN		[22][30]	[12]	[24][26] [29]	[06][08]	[28]	[03][21] [23][31]
HEAD-PAIN-STITCHING PAIN			[08]			[21][27]	
HEAD-PAIN-SUN-AGG		[30]		[30]			
HEAD-PAIN-TEMPLES	[01][08]	[21][22] [24][29] [30]	[08][09] [12][15]	[26]	[06][08]	[20]	[21][32]
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SLEEP-SLEEPLESSNESS-PAIN; FROM-HEAD				[24]			
SLEEP-SLEEPLESSNESS-HEADACHE; FROM				[24]			
SLEEP-SLEEPLESSNESS-RESTLESSNESS, FROM		[22]†		[22]			[03]
SLEEP-SLEEPLESSNESS-NOISE,FROM SLIGHT	[12]					[23]	
SLEEP-UNREFRESHED	[01][12]	[29]	[04][05][08][09][10]	[26][27][33]	[04][05][08][09]	[20][21][23][25][26][27][28][29]*	[01][03][11][21][32]
SLEEP-UNREFRESHED-MORNING	[01]		[04][10]	[26][27]	[04][05][08][09]	[21][25][28]	[21]
SLEEP-WAKING-EARLY;TOO			[08]	[26]			[01]
SLEEP-WAKING-NOISE-SLIGHT NOISE,FROM	[12]						
SLEEP-YAWNING	[08][12]	[25][29][30][31]	[10]		[08]		
STOMACH-ANXIETY		[21]					
STOMACH-APPETITE-CAPRICIOUS APPETITE			[08]				
STOMACH-APPETITE-DIMINISHED APPETITE			[08][10][12][15]	[22][29]			[11][23]

STOMACH-APPETITE-DIMINISHED APPETITE-DAYTIME			[10]	[22]			[11]
STOMACH-APPETITE-DIMINISHED APPETITE-THIRST; WITH				[22][29] [34]			[11]
STOMACH-APPETITE-EASY SATIETY			[12]				[11]
STOMACH-APPETITE-INCREASED APPETITE	[02][12]	[24][29]	[02][04] [06][10]	[26][29] [33]	[08][09]	[22][27] [28]	[01][03] [07][21] [32]
STOMACH-APPETITE-INCREASED APPETITE-EVENING			[10]				
STOMACH-APPETITE-INCREASED APPETITE-MORNING						[27][28]	[01][21]
STOMACH-APPETITE-INCREASED APPETITE-WEAKNESS;WITH	[12]						
STOMACH-CONSTRICTION			[10]				
STOMACH-CONSTRICTION-EATING-AFTER-AMEL			[10]				
STOMACH-CONSTRICTION-ERUCTATIONS-AMEL			[10]				
STOMACH-CONSTRICTION-EXTENDING TO-CARDIAC OPENING			[10]				
STOMACH-CONSTRICTION-PRESSURE-AMEL							
STOMACH-ERUCTATIONS		[24][29]	[10][12]				[32]
STOMACH-ERUCTATIONS-EMPTY		[29]					

STOMACH-ERUCTATIONS-HUNGRY;WHEN		[29]					
STOMACH-ERUCTATIONS-INEFFECTUAL AND INCOMPLETE			[10]				
STOMACH-HEARTBURN			[08]				[23]
STOMACH-NAUSEA	[06][12]	[20][24][29][31]	[04][06][10][12][15]	[26][34]	[08]	[21]	[01][11][23][31]
STOMACH-NAUSEA-ACCOMPANIED BY-ERUCTATIONS		[24][29]					
STOMACH-NAUSEA-CLOSING THE EYES-AGG		[29]					
STOMACH-NAUSEA-COFFEE-AFTER			[10]	[22]			
STOMACH-NAUSEA-COLD AMEL;BECOMING		[20]					
STOMACH-NAUSEA-ERUCTATIONS-AMEL		[29]					
STOMACH-NAUSEA-ERUCTATIONS-DURING		[24][29]					
STOMACH-NAUSEA-EXTENDING TO THROAT		[20][29]					
STOMACH-NAUSEA-HEAT-DURING		[20][31]					[31]
STOMACH-NAUSEA-ICE CREAM-AFTER			[06][10]				
STOMACH-NAUSEA-LOOKING DOWN	[06][12]		[15]				
STOMACH-NAUSEA-LYING-AGG		[29]					

STOMACH-NAUSEA-MOTION-AGG		[29]	[15]				
STOMACH-NAUSEA-MOTION-AGG-CIRCLES		[29]†					
STOMACH-NAUSEA-NOISE AGG		[29]					
STOMACH-NAUSEA-ODORS-AGG					[08]		
STOMACH-NAUSEA-PRESSURE-ABDOMEN; ON-AGG		[20]					
STOMACH-NAUSEA-RICH FOOD AGG			[10]				
STOMACH-NAUSEA-TEA;AFTER			[10]				
STOMACH-NAUSEA-THROAT, IN		[20][24] [29]					
STOMACH-NAUSEA-WAVES,IN	[06]	[29]					
STOMACH-VOMITING			[10]	[26]			
STOMACH-VOMITING-ICE CREAM AGG			[10]				
STOMACH-VOMITING-INEFFECTUAL URGING				[26]			
STOMACH-PAIN	[06]	[30]	[08][12]	[33]			[21][23] [32]
STOMACH-PAIN-BURNING				[33]			[23][32]
STOMACH-PAIN-CRAMPING		[30]	[10]				[21]
STOMACH-PAIN-EPIGASTRIUM			[08][12]	[33]	[08]		[21][32]

STOMACH-PAIN-EPIGASTRIUM-EATING-AFTER-AGG			[12]		[08]		
STOMACH-PAIN-EXTENDING TO-CHEST			[12]				
STOMACH-PAIN-GNAWING	[06]		[12]				
STOMACH-THIRST	[01][03] [06][08]* [09][12]	[24][29] [30]	[04][05] [08][09] [10][15]	[22][24] [29][34]	[03][08] [09]	[20][25] [26][28]	[01][03] [11][14] [21][23]
STOMACH-THIRST-ACCOMPANIED BY-LIPS;DRYNESS OF	[09]	[30]		[22]			
STOMACH-THIRST-HEADACHE-DURING			[10]	[24]			
STOMACH-THIRST-LARGE QUANTITIES FOR	[03][06] [09]†	[24][30]		[22][34]	[03][08] [09]	[20][25]	[21]
STOMACH-THIRST-UNQUENCHABLE			[05]	[22][34]			[01][03] [21]
STOMACH-THIRSTLESS			[12]		[03][08] [09]		
STOOL-BALLS,LIKE			[02][12]			[22]	
STOOL-BURNING						[21]	
STOOL-FORCIBLE,SUDDEN,GUSHING			[02][06] [08]				
STOOL-FORCIBLE, SUDDEN,GUSHING-EXPLOSION;LIKE AN			[02][08]				
STOOL-GREEN			[08]				
STOOL-HARD			[02]			[22][23]	[03][28]
STOOL-MUCOUS			[08][12]				

STOOL-ODOR-OFFENSIVE			[10][12]				[14]
STOOL-WATERY			[06][10]				[14][21]
STOOL-WATERY-BROWN			[06]				
STOOL-WATERY-YELLOW			[10][12]				
TEETH-GRINDING			[08][12]			[20]	
TEETH-GRINDING-SLEEP AGG;DURING			[08]			[20]	
TEETH-ITCHING IN			[12]				
TEETH-PAIN			[09]	[22]		[23]*	
TEETH-PAIN-ACHING			[09]			[23]*	
TEETH-PAIN-COLD AIR; SENSATION AS FROM			[09]				
TEETH-PAIN-LOWER TEETH			[09]			[23]	
THROAT-CATARRH	[03][08]	[24][29] [30]	[04][08] [09][12]	[22][26]	[03]	[26]	[03]
THROAT-CHOKING			[10]	[35]			
THROAT-CHOKING-SENSATION OF			[10]	[35]			
THROAT-DISCOLORATION-REDNESS				[22]			
THROAT-DISCOLORATION-REDNESS-BRIGHT				[22]			

THROAT-DISCOLORATION-REDNESS-BRIGHT-TONSILS				[22]			
THROAT-DRYNESS	[02][10] [11]	[24][28]		[22][26] [30]	[06]		[11][21]
THROAT-ITCHING		[24]		[22]			[03]
THROAT-LUMP		[24][29]	[10]				
THROAT-MUCUS	[03]	[24]					[14][21]
THROAT-NUMBNESS		[22]					
THROAT-PAIN	[06][12]	[22][24] [28]	[06][08] [09][12] [15]	[26][29] [30]	[01][03] [04][06]	[26][29]*	[03][11] [21][28] [32]
THROAT-PAIN-ACHING		[24]					
THROAT-PAIN-BURNING		[24][28]			[06]		
THROAT-PAIN-COLD-AGG		[24]		[29]	[06]		
THROAT-PAIN-COLD-DRINKS-AFTER-AMEL							[11]
THROAT-PAIN-DRAWING PAIN		[24]					
THROAT-PAIN-DRYNESS; WITH		[24][28]		[26][30]			
THROAT-PAIN-LEFT	[06]						
THROAT-PAIN-NIGHT							
THROAT-PAIN-RAW;AS IF		[24]					

THROAT-PAIN-RIGHT	[12]	[22][24]	[06][15]		[03]		[28][32]
THROAT-PAIN-SHARP;AS IF FROM SOMETHING		[22]		[29]	[06]		
THROAT-PAIN-SNEEZING-AGG					[03]		
THROAT-PAIN-SORE	[12]	[22][24]	[09]	[26]			[03]
THROAT-PAIN-STINGING		[24]		[26]			
THROAT-PAIN-STITCHING	[06]	[22]					
THROAT-PAIN-SWALLOWING AGG		[24]	[09][12]				[21][28][32]
THROAT-PAIN-WARM-DRINKS-AMEL				[29]	[06]		
THROAT-PAIN-WARMTH-AMEL		[24]			[06]		
THROAT-SWALLOW,CONSTANT DISPOSITION TO		[24][29][30]			[03]		[03]
THROAT-THICK SENSATION		[22]			[06]	[29]*	
THROAT-TINGLING	[12]						[14]
URETHRA-CONTRACTION			[10]				
URETHRA-PAIN			[04][05][08][10][12]	[26]			[11][31]
URETHRA-PAIN-BURNING			[04][08][12]	[26]			[11]
URETHRA-PAIN-PINCHING PAIN			[10]				

URETHRA-PAIN-URINATION-AFTER-AGG			[05][08][12]				
URINE-BLOODY			[05]				
URINE-COLOR-GREENISH							[03][14]
URINE-COLOR-RED			[05]				
URINE-COLOR-YELLOW-DARK			[04]		[08]	[20]	[14]
URINE-COPIOUS					[08]	[23]	
VERTIGO-BREATHING-DEEP-HINDERING DEEP BREATHING		[21]					
VERTIGO-CLOSING THE EYES-AGG		[29]					
VERTIGO-FALL,TENDENCY TO				[22]			[03]
VERTIGO-HEAT-FROM				[26]			
VERTIGO-LOOKING-DOWNWARD	[06]	[20]					
VERTIGO-LYING-AMEL				[34]			[21]
VERTIGO-LYING-MUST LIE DOWN				[34]			
VERTIGO-MOTION-AGG		[29]	[09]				[21]
VERTIGO-NAUSEA-WITH		[20]		[34]			
VERTIGO-NAUSEA-WITH-CLOSING EYES AGG		[29]					

VERTIGO-RISING-AGG			[12]	[26]		[24]	
VERTIGO-VERTIGO	[06]	[20][21] [22][24] [28][29] [30]	[02][09] [12][13]	[22][26] [34]	[08]	[24]	[11][14] [21][31]
VISION-ACUTE	[06][09]	[29]	[06]	[34]	[03]		[11]
VISION-AURA-PEOPLE;OF				[22]			
VISION-BLURRED	[10][11] [12]	[24]	[08]	[26]	[03]*	[24]	[14]
VISION-BLURRED-HEADACHE-DURING				[26]			[14]
VISION-BRIGHT	[07][09]	[26][28] [30]	[13]	[34]			
VISION-BRIGHT-COLORS SEEM BRIGHT	[09]		[13]	[34]			
VISION-BRIGHT-OBJECTS SEEM BRIGHTER	[07][09]	[30]		[34]			
VISION-COLORS BEFORE THE EYES	[03][06] [07][09]	[21][24] [25]				[21]	
VISION-COLORS BEFORE THE EYES-BLACK-SPOTS-FLOATING		[21]	[08]			[21]	
VISION-COLORS BEFORE THE EYES-BLUE		[25]		[22]			
VISION-COLORS BEFORE THE EYES-GREEN				[22]			
VISION-COLORS BEFORE THE EYES-GREEN-OBJECTS APPEARING GREEN				[22]			

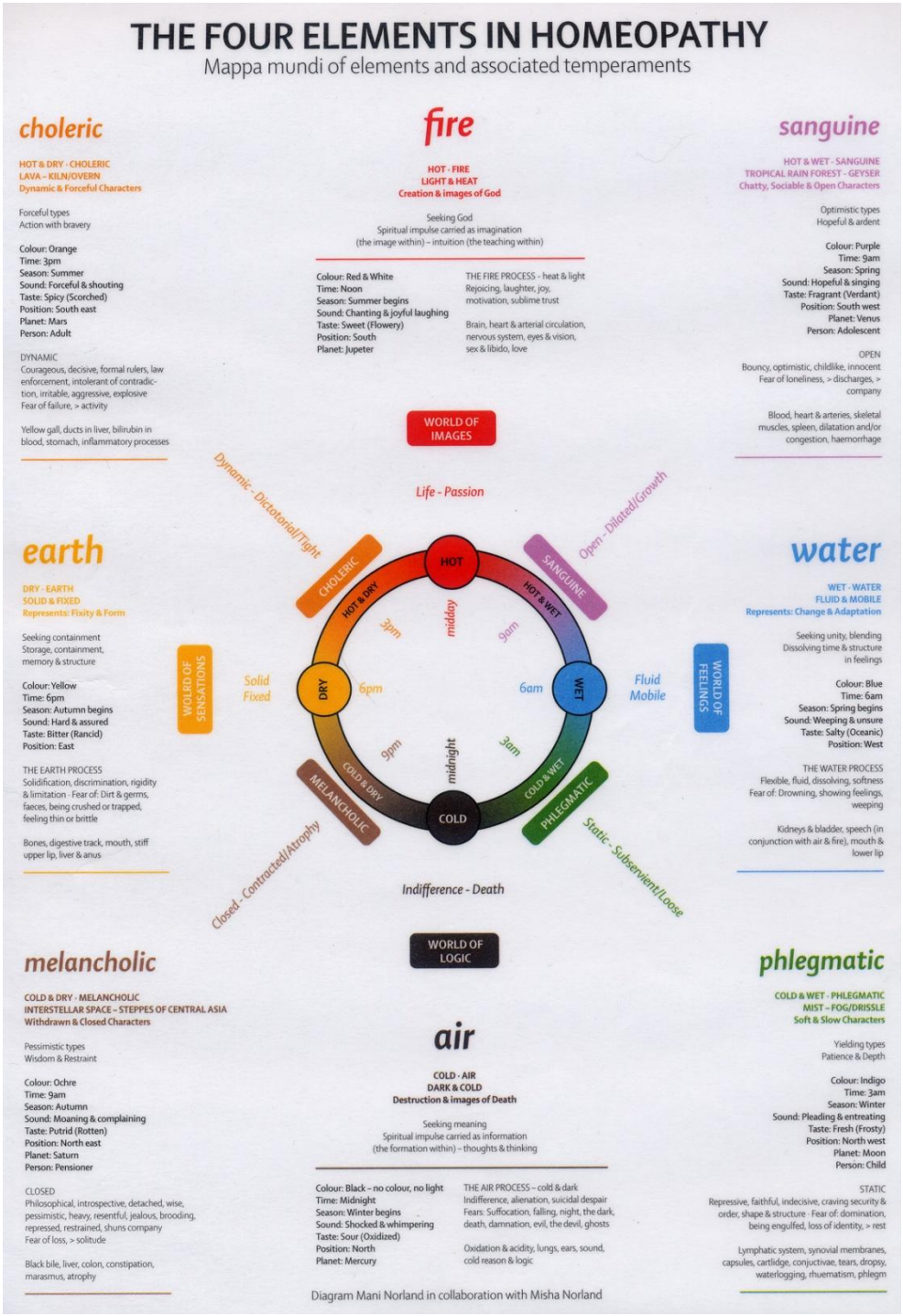
VISION-COLORS BEFORE THE EYES-PINK	[03][06] [07][09]	[21]		[22]			
VISION-COLORS BEFORE THE EYES-YELLOW		[24]					
VISION-DISTORTED				[22]			
VISION-MOVING			[02]				
VISION-MOVING-OBJECTS SEEM TO BE MOVING			[02]				

* - Cured symptom

† - Strong symptom

APPENDIX 9

MAPPA MUNDI (Norland, 2007)



APPENDIX 10

DESCRIPTIVE STATISTICS – INTRA-GROUP ANALYSIS

Frequency table data, by rubric level

		Group 1		Group 2		Group 3	
Rubric Level		Frequency	Percent	Frequency	Percent	Frequency	Percent
Main Rubric	Absent both years	328	38	234	27	352	41
	Present 2008 only	184	21	122	14	138	16
	Present 2009 only	94	11	250	29	200	23
	Present both years	262	30	262	30	178	21
	Total	868	100	868	100	868	100
Sub Rubric	Absent both years	428	36	468	40	748	63
	Present 2008 only	308	26	190	16	112	10
	Present 2009 only	190	16	330	28	212	18
	Present both years	258	22	196	17	112	10
	Total	1184	100	1184	100	1184	100
Sub sub Rubric	Absent both years	310	45	306	44	490	71
	Present 2008 only	182	26	94	14	42	6
	Present 2009 only	108	16	222	32	126	18
	Present both years	94	14	72	10	36	5
	Total	694	100	694	100	694	100

Frequency table data, by repertory chapter

		Group 1		Group 2		Group 3	
Chapter		Frequency	Percent	Frequency	Percent	Frequency	Percent
Abdomen	Absent both years	48	63.2	12	15.8	68	89.5
	Present 2008 only	14	18.4	10	13.2	2	2.6
	Present 2009 only	12	15.8	42	55.3	4	5.3
	Present both years	2	2.6	12	15.8	2	2.6
	Total	76	100	76	100	76	100
Back	Absent both years	4	4.8	38	45.2	62	73.8
	Present 2008 only	18	21.4	12	14.3	14	16.7
	Present 2009 only	32	38.1	22	26.2	4	4.8
	Present both years	30	35.7	12	14.3	4	4.8
	Total	84	100	84	100	84	100
Bladder	Absent both years	6	60			10	100
	Present 2009 only	4	40	6	60		
	Present both years			4	40		
	Total	10	100	10	100		
Chest	Absent both years	46	48.9	32	34	64	68.1
	Present 2008 only	40	42.6	6	6.4	4	4.3

	Present 2009 only	6	6.4	42	44.7	26	27.7
	Present both years	2	2.1	14	14.9		
	Total	94	100	94	100	94	100
Chill	Absent both years	2	100			2	100
	Present 2009 only			2	100		
Cough	Absent both years	4	28.6	4	28.6	6	42.9
	Present 2008 only	8	57.1	8	57.1		
	Present 2009 only	2	14.3	2	14.3	8	57.1
	Total	14	100	14	100	14	100
Dreams	Absent both years	184	64.8	90	31.7	104	36.6
	Present 2008 only	60	21.1	34	12	72	25.4
	Present 2009 only	24	8.5	128	45.1	68	23.9
	Present both years	16	5.6	32	11.3	40	14.1
	Total	284	100	284	100	284	100
Ear	Absent both years	2	4	32	64	50	100
	Present 2008 only	14	28	2	4		
	Present 2009 only	18	36	12	24		
	Present both years	16	32	4	8		
	Total	50	100	50	100		

Expectoration	Absent both years	8	80	2	20	4	40
	Present 2008 only	2	20	6	60		
	Present 2009 only					6	60
	Present both years			2	20		
	Total	10	100	10	100	10	100
External throat	Absent both years	6	100			6	100
	Present 2009 only			6	100		
	Total	6	100	6	100	6	100
Extremities	Absent both years	66	26.2	148	58.7	198	78.6
	Present 2008 only	76	30.2	26	10.3	28	11.1
	Present 2009 only	60	23.8	64	25.4	24	9.5
	Present both years	50	19.8	14	5.6	2	0.8
	Total	252	100	252	100	252	100
Eye	Absent both years	22	29.7	36	48.6	52	70.3
	Present 2008 only	20	27	12	16.2	6	8.1
	Present 2009 only	14	18.9	20	27	12	16.2
	Present both years	18	24.3	6	8.1	4	5.4
	Total	74	100	74	100	74	100
Face	Absent both years	36	40.9	40	45.5	78	88.6

	Present 2008 only	18	20.5	12	13.6		
	Present 2009 only	18	20.5	26	29.5	10	11.4
	Present both years	16	18.2	10	11.4		
	Total	88	100	88	100	88	100
Female	Absent both years	52	86.7	10	16.7	48	80
	Present 2008 only			14	23.3	10	16.7
	Present 2009 only	8	13.3	26	43.3		
	Present both years			10	16.7	2	3.3
	Total	60	100	60	100	60	100
Fever	Absent both years	8	100			2	25
	Present 2008 only			6	75		
	Present 2009 only					6	75
	Present both years			2	25		
	Total	8	100	8	100	8	100
Generals	Absent both years	126	45.3	94	33.8	134	48.2
	Present 2008 only	62	22.3	26	9.4	16	5.8
	Present 2009 only	14	5	108	38.8	96	34.5
	Present both years	76	27.3	50	18	32	11.5
	Total	278	100	278	100	278	100

Head	Absent both years	38	31.1	50	41	66	54.1
	Present 2008 only	24	19.7	20	16.4	14	11.5
	Present 2009 only	32	26.2	30	24.6	20	16.4
	Present both years	28	23	22	18	22	18
	Total	122	100	122	100	122	100
Hearing	Absent both years			10	83.3	4	33.3
	Present 2008 only	4	33.3			8	66.7
	Present 2009 only	4	33.3				
	Present both years	4	33.3	2	16.7		
	Total	12	100	12	100	12	100
Kidneys	Absent both years	8	100			8	100
	Present 2009 only			6	75		
	Present both years			2	25		
	Total			8	100		
Larynx	Absent both years			4	100	4	100
	Present 2008 only	4	100				
	Total	4	100	4	100	4	100
Male	Absent both years	2	50	2	50	2	50
	Present 2008 only	2	50			2	50

	Present 2009 only			2	50		
	Total	4	100	4	100	4	100
Male and Female	Present both years	2	100	2	100	2	100
Mind	Absent both years	124	21.7	166	29	220	38.5
	Present 2008 only	134	23.4	116	20.3	56	9.8
	Present 2009 only	82	14.3	88	15.4	144	25.2
	Present both years	232	40.6	202	35.3	152	26.6
	Total	572	100	572	100	572	100
Mouth	Absent both years	18	39.1	32	69.6	22	47.8
	Present 2008 only	24	52.2	4	8.7	2	4.3
	Present 2009 only			4	8.7	20	43.5
	Present both years	4	8.7	6	13	2	4.3
	Total	46	100	46	100	46	100
Nose	Absent both years	32	23.9	72	53.7	84	62.7
	Present 2008 only	40	29.9	12	9		
	Present 2009 only	26	19.4	26	19.4	40	29.9
	Present both years	36	26.9	24	17.9	10	7.5
	Total	134	100	134	100	134	100
Perspiration	Absent both years	6	100	2	33.3	2	33.3

	Present 2009 only			2	33.3	2	33.3
	Present both years			2	33.3	2	33.3
	Total			6	100	6	100
Rectum	Absent both years	26	86.7	8	26.7	14	46.7
	Present 2008 only	2	6.7	2	6.7	16	53.3
	Present 2009 only			20	66.7		
	Present both years	2	6.7				
	Total	30	100	30	100	30	100
Respiration	Absent both years	2	5.6	22	61.1	18	50
	Present 2008 only	16	44.4			6	16.7
	Present 2009 only	4	11.1	8	22.2	12	33.3
	Present both years	14	38.9	6	16.7		
	Total	36	100	36	100	36	100
Skin	Absent both years	14	43.8	4	12.5	20	62.5
	Present 2008 only	4	12.5	6	18.8	6	18.8
	Present 2009 only	8	25	4	12.5	4	12.5
	Present both years	6	18.8	18	56.3	2	6.3
	Total	32	100	32	100	32	100
Sleep	Absent both years	20	37	10	18.5	18	33.3

	Present 2008 only	6	11.1	16	29.6	6	11.1
	Present 2009 only	12	22.2	6	11.1	4	7.4
	Present both years	16	29.6	22	40.7	26	48.1
	Total	54	100	54	100	54	100
Stomach	Absent both years	58	50.9	40	35.1	96	84.2
	Present 2008 only	36	31.6	10	8.8	2	1.8
	Present 2009 only	6	5.3	42	36.8	8	7
	Present both years	14	12.3	22	19.3	8	7
	Total	114	100	114	100	114	100
Stool	Absent both years	22	100	2	9.1	16	72.7
	Present 2008 only					6	27.3
	Present 2009 only			20	90.9		
	Total	22	100	22	100	22	100
Teeth	Absent both years	14	100			4	28.6
	Present 2008 only					10	71.4
	Present 2009 only			12	85.7		
	Present both years			2	14.3		
	Total	14	100	14	100	14	100
Throat	Absent both years	18	27.3	30	45.5	42	63.6

	Present 2008 only	30	45.5	20	30.3		
	Present 2009 only	4	6.1	6	9.1	18	27.3
	Present both years	14	21.2	10	15.2	6	9.1
	Total	66	100	66	100	66	100
Urethra	Absent both years	10	100			10	100
	Present 2009 only			6	60		
	Present both years			4	40		
	Total	10	100	10	100	10	100
Urine	Absent both years	10	100	4	40	6	60
	Present 2009 only			6	60		
	Present both years					4	40
	Total	10	100	10	100	10	100
Vertigo	Absent both years	10	41.7	8	33.3	20	83.3
	Present 2008 only	10	41.7	10	41.7	2	8.3
	Present 2009 only			2	8.3		
	Present both years	4	16.7	4	16.7	2	8.3
	Total	24	100	24	100	24	100
Vision	Absent both years	14	41.2	4	11.8	26	76.5
	Present 2008 only	6	17.6	16	47.1	4	11.8

	Present 2009 only	2	5.9	6	17.6	2	5.9
	Present both years	12	35.3	8	23.5	2	5.9
	Total	34	100	34	100	34	100

Cross tabulations

Case Processing Summary

		Cases					
		Valid		Missing		Total	
Group		N	Percent	N	Percent	N	Percent
Group 1	Year * Present	2746	100.0%	0	.0%	2746	100.0%
Group 2	Year * Present	2746	100.0%	0	.0%	2746	100.0%
Group 3	Year * Present	2746	100.0%	0	.0%	2746	100.0%

Year * Present Crosstabulation

Count

			Present		
Group			Absent	Present	Total
Group 1	Year	2008	870	503	1373
		2009	729	644	1373
		Total	1599	1147	2746
Group 2	Year	2008	707	666	1373
		2009	905	468	1373
		Total	1612	1134	2746
Group 3	Year	2008	941	432	1373
		2009	1064	309	1373
		Total	2005	741	2746

Cross tabulations – comparison of years by group and rubric level

Case Processing Summary

			Cases		
			Valid		Missing
Group	Rubric Level		N	Percent	N
Group 1	Main Rubric	Year * Present	868	100.0%	0
	Sub Rubric	Year * Present	1184	100.0%	0
	Sub sub Rubric	Year * Present	694	100.0%	0
Group 2	Main Rubric	Year * Present	868	100.0%	0
	Sub Rubric	Year * Present	1184	100.0%	0
	Sub sub Rubric	Year * Present	694	100.0%	0
Group 3	Main Rubric	Year * Present	868	100.0%	0
	Sub Rubric	Year * Present	1184	100.0%	0
	Sub sub Rubric	Year * Present	694	100.0%	0

Case Processing Summary

			Cases		
			Missing	Total	
Group	Rubric Level		Percent	N	Percent
Group 1	Main Rubric	Year * Present	.0%	868	100.0%
	Sub Rubric	Year * Present	.0%	1184	100.0%
	Sub sub Rubric	Year * Present	.0%	694	100.0%
Group 2	Main Rubric	Year * Present	.0%	868	100.0%
	Sub Rubric	Year * Present	.0%	1184	100.0%
	Sub sub Rubric	Year * Present	.0%	694	100.0%
Group 3	Main Rubric	Year * Present	.0%	868	100.0%
	Sub Rubric	Year * Present	.0%	1184	100.0%
	Sub sub Rubric	Year * Present	.0%	694	100.0%

Year * Present Crosstabulation

Count

Group	Rubric Level			Present		
				Absent	Present	Total
Group 1	Main Rubric	Year	2008	256	178	434
			2009	211	223	434
			Total	467	401	868
	Sub Rubric	Year	2008	368	224	592
			2009	309	283	592
			Total	677	507	1184
	Sub sub Rubric	Year	2008	246	101	347
			2009	209	138	347
			Total	455	239	694
Group 2	Main Rubric	Year	2008	178	256	434
			2009	242	192	434
			Total	420	448	868
	Sub Rubric	Year	2008	329	263	592
			2009	399	193	592
			Total	728	456	1184
	Sub sub Rubric	Year	2008	200	147	347
			2009	264	83	347
			Total	464	230	694
Group 3	Main Rubric	Year	2008	245	189	434
			2009	276	158	434
			Total	521	347	868
	Sub Rubric	Year	2008	430	162	592
			2009	480	112	592
			Total	910	274	1184
	Sub sub Rubric	Year	2008	266	81	347

	2009	308	39	347
	Total	574	120	694

Cross tabulations – comparison of years by group and repertory chapter

Case Processing Summary

			Cases					
			Valid		Missing		Total	
Group	Chapter		N	Percent	N	Percent	N	Percent
Group 1	Abdomen	Year * Present	76	100.0%	0	.0%	76	100.0%
	Back	Year * Present	84	100.0%	0	.0%	84	100.0%
	Bladder	Year * Present	10	100.0%	0	.0%	10	100.0%
	Chest	Year * Present	94	100.0%	0	.0%	94	100.0%
	Chill	Year * Present	2	100.0%	0	.0%	2	100.0%
	Cough	Year * Present	14	100.0%	0	.0%	14	100.0%
	Dreams	Year * Present	284	100.0%	0	.0%	284	100.0%
	Ear	Year * Present	50	100.0%	0	.0%	50	100.0%
	Expectoration	Year * Present	10	100.0%	0	.0%	10	100.0%
	External throat	Year * Present	6	100.0%	0	.0%	6	100.0%
	Extremities	Year * Present	252	100.0%	0	.0%	252	100.0%

	Eye	Year * Present	74	100.0%	0	.0%	74	100.0%
	Face	Year * Present	88	100.0%	0	.0%	88	100.0%
	Female	Year * Present	60	100.0%	0	.0%	60	100.0%
	Fever	Year * Present	8	100.0%	0	.0%	8	100.0%
	Generals	Year * Present	278	100.0%	0	.0%	278	100.0%
	Head	Year * Present	122	100.0%	0	.0%	122	100.0%
	Hearing	Year * Present	12	100.0%	0	.0%	12	100.0%
	Kidneys	Year * Present	8	100.0%	0	.0%	8	100.0%
	Larynx	Year * Present	4	100.0%	0	.0%	4	100.0%
	Male	Year * Present	4	100.0%	0	.0%	4	100.0%
	Male and Female	Year * Present	2	100.0%	0	.0%	2	100.0%
	Mind	Year * Present	572	100.0%	0	.0%	572	100.0%
	Mouth	Year * Present	46	100.0%	0	.0%	46	100.0%
	Nose	Year * Present	134	100.0%	0	.0%	134	100.0%
	Perspiration	Year * Present	6	100.0%	0	.0%	6	100.0%
	Rectum	Year * Present	30	100.0%	0	.0%	30	100.0%

	Respiration	Year * Present	36	100.0%	0	.0%	36	100.0%
	Skin	Year * Present	32	100.0%	0	.0%	32	100.0%
	Sleep	Year * Present	54	100.0%	0	.0%	54	100.0%
	Stomach	Year * Present	114	100.0%	0	.0%	114	100.0%
	Stool	Year * Present	22	100.0%	0	.0%	22	100.0%
	Teeth	Year * Present	14	100.0%	0	.0%	14	100.0%
	Throat	Year * Present	66	100.0%	0	.0%	66	100.0%
	Urethra	Year * Present	10	100.0%	0	.0%	10	100.0%
	Urine	Year * Present	10	100.0%	0	.0%	10	100.0%
	Vertigo	Year * Present	24	100.0%	0	.0%	24	100.0%
	Vision	Year * Present	34	100.0%	0	.0%	34	100.0%
Group 2	Abdomen	Year * Present	76	100.0%	0	.0%	76	100.0%
	Back	Year * Present	84	100.0%	0	.0%	84	100.0%
	Bladder	Year * Present	10	100.0%	0	.0%	10	100.0%
	Chest	Year * Present	94	100.0%	0	.0%	94	100.0%
	Chill	Year * Present	2	100.0%	0	.0%	2	100.0%

	Cough	Year * Present	14	100.0%	0	.0%	14	100.0%
	Dreams	Year * Present	284	100.0%	0	.0%	284	100.0%
	Ear	Year * Present	50	100.0%	0	.0%	50	100.0%
	Expectoration	Year * Present	10	100.0%	0	.0%	10	100.0%
	External throat	Year * Present	6	100.0%	0	.0%	6	100.0%
	Extremities	Year * Present	252	100.0%	0	.0%	252	100.0%
	Eye	Year * Present	74	100.0%	0	.0%	74	100.0%
	Face	Year * Present	88	100.0%	0	.0%	88	100.0%
	Female	Year * Present	60	100.0%	0	.0%	60	100.0%
	Fever	Year * Present	8	100.0%	0	.0%	8	100.0%
	Generals	Year * Present	278	100.0%	0	.0%	278	100.0%
	Head	Year * Present	122	100.0%	0	.0%	122	100.0%
	Hearing	Year * Present	12	100.0%	0	.0%	12	100.0%
	Kidneys	Year * Present	8	100.0%	0	.0%	8	100.0%
	Larynx	Year * Present	4	100.0%	0	.0%	4	100.0%
	Male	Year * Present	4	100.0%	0	.0%	4	100.0%

	Male and Female	Year * Present	2	100.0%	0	.0%	2	100.0%
	Mind	Year * Present	572	100.0%	0	.0%	572	100.0%
	Mouth	Year * Present	46	100.0%	0	.0%	46	100.0%
	Nose	Year * Present	134	100.0%	0	.0%	134	100.0%
	Perspiration	Year * Present	6	100.0%	0	.0%	6	100.0%
	Rectum	Year * Present	30	100.0%	0	.0%	30	100.0%
	Respiration	Year * Present	36	100.0%	0	.0%	36	100.0%
	Skin	Year * Present	32	100.0%	0	.0%	32	100.0%
	Sleep	Year * Present	54	100.0%	0	.0%	54	100.0%
	Stomach	Year * Present	114	100.0%	0	.0%	114	100.0%
	Stool	Year * Present	22	100.0%	0	.0%	22	100.0%
	Teeth	Year * Present	14	100.0%	0	.0%	14	100.0%
	Throat	Year * Present	66	100.0%	0	.0%	66	100.0%
	Urethra	Year * Present	10	100.0%	0	.0%	10	100.0%
	Urine	Year * Present	10	100.0%	0	.0%	10	100.0%
	Vertigo	Year * Present	24	100.0%	0	.0%	24	100.0%

	Vision	Year * Present	34	100.0%	0	.0%	34	100.0%
Group 3	Abdomen	Year * Present	76	100.0%	0	.0%	76	100.0%
	Back	Year * Present	84	100.0%	0	.0%	84	100.0%
	Bladder	Year * Present	10	100.0%	0	.0%	10	100.0%
	Chest	Year * Present	94	100.0%	0	.0%	94	100.0%
	Chill	Year * Present	2	100.0%	0	.0%	2	100.0%
	Cough	Year * Present	14	100.0%	0	.0%	14	100.0%
	Dreams	Year * Present	284	100.0%	0	.0%	284	100.0%
	Ear	Year * Present	50	100.0%	0	.0%	50	100.0%
	Expectoration	Year * Present	10	100.0%	0	.0%	10	100.0%
	External throat	Year * Present	6	100.0%	0	.0%	6	100.0%
	Extremities	Year * Present	252	100.0%	0	.0%	252	100.0%
	Eye	Year * Present	74	100.0%	0	.0%	74	100.0%
	Face	Year * Present	88	100.0%	0	.0%	88	100.0%
	Female	Year * Present	60	100.0%	0	.0%	60	100.0%
	Fever	Year * Present	8	100.0%	0	.0%	8	100.0%

	Generals	Year * Present	278	100.0%	0	.0%	278	100.0%
	Head	Year * Present	122	100.0%	0	.0%	122	100.0%
	Hearing	Year * Present	12	100.0%	0	.0%	12	100.0%
	Kidneys	Year * Present	8	100.0%	0	.0%	8	100.0%
	Larynx	Year * Present	4	100.0%	0	.0%	4	100.0%
	Male	Year * Present	4	100.0%	0	.0%	4	100.0%
	Male and Female	Year * Present	2	100.0%	0	.0%	2	100.0%
	Mind	Year * Present	572	100.0%	0	.0%	572	100.0%
	Mouth	Year * Present	46	100.0%	0	.0%	46	100.0%
	Nose	Year * Present	134	100.0%	0	.0%	134	100.0%
	Perspiration	Year * Present	6	100.0%	0	.0%	6	100.0%
	Rectum	Year * Present	30	100.0%	0	.0%	30	100.0%
	Respiration	Year * Present	36	100.0%	0	.0%	36	100.0%
	Skin	Year * Present	32	100.0%	0	.0%	32	100.0%
	Sleep	Year * Present	54	100.0%	0	.0%	54	100.0%
	Stomach	Year * Present	114	100.0%	0	.0%	114	100.0%

	Stool	Year * Present	22	100.0%	0	.0%	22	100.0%
	Teeth	Year * Present	14	100.0%	0	.0%	14	100.0%
	Throat	Year * Present	66	100.0%	0	.0%	66	100.0%
	Urethra	Year * Present	10	100.0%	0	.0%	10	100.0%
	Urine	Year * Present	10	100.0%	0	.0%	10	100.0%
	Vertigo	Year * Present	24	100.0%	0	.0%	24	100.0%
	Vision	Year * Present	34	100.0%	0	.0%	34	100.0%

Year * Present Crosstabulation

Count

				Present		
Group	Chapter			Absent	Present	Total
Group 1	Abdomen	Year	2008	31	7	38
			2009	30	8	38
			Total	61	15	76
	Back	Year	2008	11	31	42
			2009	18	24	42
			Total	29	55	84
	Bladder	Year	2008	3	2	5
			2009	5	0	5
			Total	8	2	10
	Chest	Year	2008	43	4	47
			2009	26	21	47
			Total	69	25	94

	Chill	Year	2008	1		1
			2009	1		1
			Total	2		2
	Cough	Year	2008	6	1	7
			2009	3	4	7
			Total	9	5	14
	Dreams	Year	2008	122	20	142
			2009	104	38	142
			Total	226	58	284
	Ear	Year	2008	8	17	25
			2009	10	15	25
			Total	18	32	50
	Expectoration	Year	2008	5	0	5
			2009	4	1	5
			Total	9	1	10
	External throat	Year	2008	3		3
			2009	3		3
			Total	6		6
	Extremities	Year	2008	71	55	126
			2009	63	63	126
			Total	134	118	252
	Eye	Year	2008	21	16	37
			2009	18	19	37
			Total	39	35	74
	Face	Year	2008	27	17	44
			2009	27	17	44
			Total	54	34	88
	Female	Year	2008	26	4	30

		2009	30	0	30
		Total	56	4	60
Fever	Year	2008	4		4
		2009	4		4
		Total	8		8
Generals	Year	2008	94	45	139
		2009	70	69	139
		Total	164	114	278
Head	Year	2008	31	30	61
		2009	35	26	61
		Total	66	56	122
Hearing	Year	2008	2	4	6
		2009	2	4	6
		Total	4	8	12
Kidneys	Year	2008	4		4
		2009	4		4
		Total	8		8
Larynx	Year	2008	2	0	2
		2009	0	2	2
		Total	2	2	4
Male	Year	2008	2	0	2
		2009	1	1	2
		Total	3	1	4
Male and Female	Year	2008		1	1
		2009		1	1
		Total		2	2
Mind	Year	2008	129	157	286
		2009	103	183	286

		Total	232	340	572
Mouth	Year	2008	21	2	23
		2009	9	14	23
		Total	30	16	46
Nose	Year	2008	36	31	67
		2009	29	38	67
		Total	65	69	134
Perspiration	Year	2008	3		3
		2009	3		3
		Total	6		6
Rectum	Year	2008	14	1	15
		2009	13	2	15
		Total	27	3	30
Respiration	Year	2008	9	9	18
		2009	3	15	18
		Total	12	24	36
Skin	Year	2008	9	7	16
		2009	11	5	16
		Total	20	12	32
Sleep	Year	2008	13	14	27
		2009	16	11	27
		Total	29	25	54
Stomach	Year	2008	47	10	57
		2009	32	25	57
		Total	79	35	114
Stool	Year	2008	11		11
		2009	11		11
		Total	22		22

	Teeth	Year	2008	7		7
			2009	7		7
			Total	14		14
	Throat	Year	2008	24	9	33
			2009	11	22	33
			Total	35	31	66
	Urethra	Year	2008	5		5
			2009	5		5
			Total	10		10
	Urine	Year	2008	5		5
			2009	5		5
			Total	10		10
	Vertigo	Year	2008	10	2	12
			2009	5	7	12
			Total	15	9	24
	Vision	Year	2008	10	7	17
			2009	8	9	17
			Total	18	16	34
Group 2	Abdomen	Year	2008	11	27	38
			2009	27	11	38
			Total	38	38	76
	Back	Year	2008	25	17	42
			2009	30	12	42
			Total	55	29	84
	Bladder	Year	2008	0	5	5
			2009	3	2	5
			Total	3	7	10
	Chest	Year	2008	19	28	47
			2009	37	10	47

		Total	56	38	94
Chill	Year	2008	0	1	1
		2009	1	0	1
		Total	1	1	2
Cough	Year	2008	6	1	7
		2009	3	4	7
		Total	9	5	14
Dreams	Year	2008	62	80	142
		2009	109	33	142
		Total	171	113	284
Ear	Year	2008	17	8	25
		2009	22	3	25
		Total	39	11	50
Expectoration	Year	2008	4	1	5
		2009	1	4	5
		Total	5	5	10
External throat	Year	2008	0	3	3
		2009	3	0	3
		Total	3	3	6
Extremities	Year	2008	87	39	126
		2009	106	20	126
		Total	193	59	252
Eye	Year	2008	24	13	37
		2009	28	9	37
		Total	52	22	74
Face	Year	2008	26	18	44
		2009	33	11	44
		Total	59	29	88
Female	Year	2008	12	18	30
		2009	18	12	30

		Total	30	30	60
Fever	Year	2008	3	1	4
		2009	0	4	4
		Total	3	5	8
Generals	Year	2008	60	79	139
		2009	101	38	139
		Total	161	117	278
Head	Year	2008	35	26	61
		2009	40	21	61
		Total	75	47	122
Hearing	Year	2008	5	1	6
		2009	5	1	6
		Total	10	2	12
Kidneys	Year	2008	0	4	4
		2009	3	1	4
		Total	3	5	8
Larynx	Year	2008	2		2
		2009	2		2
		Total	4		4
Male	Year	2008	1	1	2
		2009	2	0	2
		Total	3	1	4
Male and Female	Year	2008		1	1
		2009		1	1
		Total		2	2
Mind	Year	2008	141	145	286
		2009	127	159	286
		Total	268	304	572
Mouth	Year	2008	18	5	23
		2009	18	5	23

		Total	36	10	46
Nose	Year	2008	42	25	67
		2009	49	18	67
		Total	91	43	134
Perspiration	Year	2008	1	2	3
		2009	2	1	3
		Total	3	3	6
Rectum	Year	2008	5	10	15
		2009	14	1	15
		Total	19	11	30
Respiration	Year	2008	11	7	18
		2009	15	3	18
		Total	26	10	36
Skin	Year	2008	5	11	16
		2009	4	12	16
		Total	9	23	32
Sleep	Year	2008	13	14	27
		2009	8	19	27
		Total	21	33	54
Stomach	Year	2008	25	32	57
		2009	41	16	57
		Total	66	48	114
Stool	Year	2008	1	10	11
		2009	11	0	11
		Total	12	10	22
Teeth	Year	2008	0	7	7
		2009	6	1	7
		Total	6	8	14
Throat	Year	2008	25	8	33
		2009	18	15	33

			Total	43	23	66
	Urethra	Year	2008	0	5	5
			2009	3	2	5
			Total	3	7	10
	Urine	Year	2008	2	3	5
			2009	5	0	5
			Total	7	3	10
	Vertigo	Year	2008	9	3	12
			2009	5	7	12
			Total	14	10	24
	Vision	Year	2008	10	7	17
			2009	5	12	17
			Total	15	19	34
Group 3	Abdomen	Year	2008	35	3	38
			2009	36	2	38
			Total	71	5	76
	Back	Year	2008	38	4	42
			2009	33	9	42
			Total	71	13	84
	Bladder	Year	2008	5		5
			2009	5		5
			Total	10		10
	Chest	Year	2008	34	13	47
			2009	45	2	47
			Total	79	15	94
	Chill	Year	2008	1		1
			2009	1		1
			Total	2		2
	Cough	Year	2008	3	4	7
			2009	7	0	7

		Total	10	4	14
Dreams	Year	2008	88	54	142
		2009	86	56	142
		Total	174	110	284
Ear	Year	2008	25		25
		2009	25		25
		Total	50		50
Expectoration	Year	2008	2	3	5
		2009	5	0	5
		Total	7	3	10
External throat	Year	2008	3		3
		2009	3		3
		Total	6		6
Extremities	Year	2008	113	13	126
		2009	111	15	126
		Total	224	28	252
Eye	Year	2008	29	8	37
		2009	32	5	37
		Total	61	13	74
Face	Year	2008	39	5	44
		2009	44	0	44
		Total	83	5	88
Female	Year	2008	29	1	30
		2009	24	6	30
		Total	53	7	60
Fever	Year	2008	1	3	4
		2009	4	0	4
		Total	5	3	8
Generals	Year	2008	75	64	139
		2009	115	24	139

		Total	190	88	278
Head	Year	2008	40	21	61
		2009	43	18	61
		Total	83	39	122
Hearing	Year	2008	6	0	6
		2009	2	4	6
		Total	8	4	12
Kidneys	Year	2008	4		4
		2009	4		4
		Total	8		8
Larynx	Year	2008	2		2
		2009	2		2
		Total	4		4
Male	Year	2008	2	0	2
		2009	1	1	2
		Total	3	1	4
Male and Female	Year	2008		1	1
		2009		1	1
		Total		2	2
Mind	Year	2008	138	148	286
		2009	182	104	286
		Total	320	252	572
Mouth	Year	2008	12	11	23
		2009	21	2	23
		Total	33	13	46
Nose	Year	2008	42	25	67
		2009	62	5	67
		Total	104	30	134
Perspiration	Year	2008	1	2	3
		2009	2	1	3

		Total	3	3	6
Rectum	Year	2008	15	0	15
		2009	7	8	15
		Total	22	8	30
Respiration	Year	2008	12	6	18
		2009	15	3	18
		Total	27	9	36
Skin	Year	2008	13	3	16
		2009	12	4	16
		Total	25	7	32
Sleep	Year	2008	12	15	27
		2009	11	16	27
		Total	23	31	54
Stomach	Year	2008	49	8	57
		2009	52	5	57
		Total	101	13	114
Stool	Year	2008	11	0	11
		2009	8	3	11
		Total	19	3	22
Teeth	Year	2008	7	0	7
		2009	2	5	7
		Total	9	5	14
Throat	Year	2008	21	12	33
		2009	30	3	33
		Total	51	15	66
Urethra	Year	2008	5		5
		2009	5		5
		Total	10		10
Urine	Year	2008	3	2	5
		2009	3	2	5

		Total	6	4	10
Vertigo	Year	2008	11	1	12
		2009	10	2	12
		Total	21	3	24
Vision	Year	2008	15	2	17
		2009	14	3	17
		Total	29	5	34

APPENDIX 11

NON-PARAMETRIC STATISTICAL ANALYSIS – INTRA-GROUP ANALYSIS

McNemar Test – Full data set

Crosstabs

Group12008 & Group12009

Group12008	Group12009	
	Absent	Present
Absent	533	337
Present	196	307

Group22008 & Group22009

Group22008	Group22009	
	Absent	Present
Absent	504	203
Present	401	265

Group32008 & Group32009

Group32008	Group32009	
	Absent	Present
Absent	795	146
Present	269	163

Test Statistics[b]

	Group12008 & Group12009	Group22008 & Group22009	Group32008 & Group32009
N	1373	1373	1373
Chi-Square[a]	36.773	64.253	35.865
Asymp. Sig.	.000	.000	.000

a. Continuity Corrected

Test Statistics[b]

	Group12008 & Group12009	Group22008 & Group22009	Group32008 & Group32009
N	1373	1373	1373
Chi-Square[a]	36.773	64.253	35.865
Asymp. Sig.	.000	.000	.000

a. Continuity Corrected

b. McNemar Test

McNemar Test – Data split by Rubric level

Crosstabs

Group12008 & Group12009

RubricLevel	Group12008	Group12009 Absent	Group12009 Present
Main Rubric	Absent	171	96
	Present	50	117
Sub Rubric	Absent	217	152
	Present	90	133
Sub sub Rubric	Absent	145	89
	Present	56	57

Group22008 & Group22009

RubricLevel	Group22008	Group22009 Absent	Group22009 Present
Main Rubric	Absent	125	68
	Present	127	114
Sub Rubric	Absent	235	89
	Present	158	110
Sub sub Rubric	Absent	144	46
	Present	116	41

Group32008 & Group32009

RubricLevel	Group32008	Group32009	
		Absent	Present
Main Rubric	Absent	187	70
	Present	98	79
Sub Rubric	Absent	376	49
	Present	106	61
Sub sub Rubric	Absent	232	27
	Present	65	23

Test Statistics[b]

RubricLevel		Group12008 & Group12009	Group22008 & Group22009	Group32008 & Group32009
Main Rubric	N	434	434	434
	Chi-Square[a]	13.870	17.251	4.339
	Asymp. Sig.	.000	.000	.037
Sub Rubric	N	592	592	592
	Chi-Square[a]	15.376	18.721	20.232
	Asymp. Sig.	.000	.000	.000
Sub sub Rubric	N	347	347	347
	Chi-Square[a]	7.062	29.389	14.880
	Asymp. Sig.	.008	.000	.000

a. Continuity Corrected

b. McNemar Test

Warnings

The McNemar Test for Group32008 & Group32009 is not performed in split file Chapter=Bladder because both variables are not dichotomous with the same values.

There are not enough valid cases for processing in split file Chapter=Chill. No statistics are computed.

The McNemar Test for Group32008 & Group32009 is not performed in split file Chapter=Ear because both variables are not dichotomous with the same values.

The McNemar Test for Group12008 & Group12009 is not performed in split file Chapter=External throat because both variables are not dichotomous with the same values.

The McNemar Test for Group32008 & Group32009 is not performed in split file Chapter=External throat because both variables are not dichotomous with the same values.

The McNemar Test for Group12008 & Group12009 is not performed in split file Chapter=Fever because both variables are not dichotomous with the same values.

The McNemar Test for Group12008 & Group12009 is not performed in split file Chapter=Kidneys because both variables are not dichotomous with the same values.

The McNemar Test for Group32008 & Group32009 is not performed in split file Chapter=Kidneys because both variables are not dichotomous with the same values.

The McNemar Test for Group22008 & Group22009 is not performed in split file Chapter=Larynx because both variables are not dichotomous with the same values.

The McNemar Test for Group32008 & Group32009 is not performed in split file Chapter=Larynx because both variables are not dichotomous with the same values.

There are not enough valid cases for processing in split file Chapter=Male and Female. No statistics are computed.

The McNemar Test for Group12008 & Group12009 is not performed in split file Chapter=Stool because both variables are not dichotomous with the same values.

The McNemar Test for Group12008 & Group12009 is not performed in split file Chapter=Teeth because both variables are not dichotomous with the same values.

The McNemar Test for Group32008 & Group32009 is not performed in split file Chapter=Urethra because both variables are not dichotomous with the same values.

The McNemar Test for Group12008 & Group12009 is not performed in split file Chapter=Urine because both variables are not dichotomous with the same values.

McNemar Test – Data split by Repertory chapter

Crosstabs

Group12008 & Group12009

Chapter	Group12008	Group12009	
		Absent	Present
Abdomen	Absent	24	7
	Present	6	1
Back	Absent	2	9
	Present	16	15
Bladder	Absent	3	0
	Present	2	0
Chest	Absent	23	20
	Present	3	1
Cough	Absent	2	4
	Present	1	0
Dreams	Absent	92	30
	Present	12	8
Ear	Absent	1	7
	Present	9	8
Expectoration	Absent	4	1
	Present	0	0
Extremities	Absent	33	38
	Present	30	25
Eye	Absent	11	10

	Present	7	9
Face	Absent	18	9
	Present	9	8
Female	Absent	26	0
	Present	4	0
Generals	Absent	63	31
	Present	7	38
Head	Absent	19	12
	Present	16	14
Hearing	Absent	0	2
	Present	2	2
Larynx	Absent	0	2
	Present	0	0
Male	Absent	1	1
	Present	0	0
Mind	Absent	62	67
	Present	41	116
Mouth	Absent	10	11
	Present	0	2
Nose	Absent	16	20
	Present	13	18
Perspiration	Absent	2	1
	Present	0	0
Rectum	Absent	13	1
	Present	0	1
Respiration	Absent	2	7
	Present	2	7
Skin	Absent	6	3
	Present	4	3
Sleep	Absent	11	3

	Present	6	7
Stomach	Absent	28	18
	Present	3	8
Throat	Absent	10	15
	Present	1	7
Urethra	Absent	4	0
	Present	1	0
Vertigo	Absent	6	5
	Present	0	1
Vision	Absent	6	3
	Present	1	7

Group22008 & Group22009

Chapter	Group22008	Group22009	
		Absent	Present
Abdomen	Absent	6	5
	Present	21	6
Back	Absent	19	6
	Present	11	6
Bladder	Absent	0	0
	Present	3	2
Chest	Absent	16	3
	Present	21	7
Cough	Absent	2	4
	Present	1	0
Dreams	Absent	45	17
	Present	64	16
Ear	Absent	16	1
	Present	6	2
Expectoration	Absent	1	3
	Present	0	1

External throat	Absent	0	0
	Present	3	0
Extremities	Absent	74	13
	Present	32	7
Eye	Absent	18	6
	Present	10	3
Face	Absent	20	6
	Present	13	5
Female	Absent	5	7
	Present	13	5
Fever	Absent	0	3
	Present	0	1
Generals	Absent	47	13
	Present	54	25
Head	Absent	25	10
	Present	15	11
Hearing	Absent	5	0
	Present	0	1
Kidneys	Absent	0	0
	Present	3	1
Male	Absent	1	0
	Present	1	0
Mind	Absent	83	58
	Present	44	101
Mouth	Absent	15	2
	Present	3	3
Nose	Absent	36	6
	Present	13	12
Perspiration	Absent	2	0
	Present	1	0

Rectum	Absent	4	1
	Present	9	1
Respiration	Absent	10	0
	Present	5	3
Skin	Absent	3	3
	Present	2	8
Sleep	Absent	5	8
	Present	2	12
Stomach	Absent	20	5
	Present	21	11
Stool	Absent	1	0
	Present	10	0
Teeth	Absent	0	0
	Present	6	1
Throat	Absent	14	10
	Present	4	5
Urethra	Absent	1	0
	Present	2	2
Urine	Absent	1	0
	Present	4	0
Vertigo	Absent	5	5
	Present	1	1
Vision	Absent	2	8
	Present	2	5

Group32008 & Group32009

	Group32008	Group32009	
Chapter		Absent	Present
Abdomen	Absent	34	1
	Present	2	1
Back	Absent	31	7

	Present	2	2
Chest	Absent	32	2
	Present	13	0
Cough	Absent	3	0
	Present	4	0
Dreams	Absent	52	36
	Present	34	20
Expectoration	Absent	2	0
	Present	3	0
Extremities	Absent	99	14
	Present	12	1
Eye	Absent	26	3
	Present	6	2
Face	Absent	39	0
	Present	5	0
Female	Absent	24	5
	Present	0	1
Fever	Absent	1	0
	Present	3	0
Generals	Absent	67	8
	Present	48	16
Head	Absent	33	7
	Present	10	11
Hearing	Absent	2	4
	Present	0	0
Male	Absent	1	1
	Present	0	0
Mind	Absent	110	28
	Present	72	76
Mouth	Absent	11	1

	Present	10	1
Nose	Absent	42	0
	Present	20	5
Perspiration	Absent	2	0
	Present	1	0
Rectum	Absent	6	8
	Present	0	1
Respiration	Absent	9	3
	Present	6	0
Skin	Absent	11	3
	Present	1	1
Sleep	Absent	9	3
	Present	2	13
Stomach	Absent	48	1
	Present	4	4
Stool	Absent	7	3
	Present	1	0
Teeth	Absent	3	4
	Present	0	0
Throat	Absent	20	1
	Present	9	3
Urine	Absent	4	0
	Present	0	1
Vertigo	Absent	10	1
	Present	0	1
Vision	Absent	12	2
	Present	1	2

Test Statistics[c]

Chapter		Group12008 & Group12009	Group22008 & Group22009	Group32008 & Group32009
Abdomen	N	38	38	38
	Chi-Square[a]		8.654	
	Asymp. Sig.		.003	
	Exact Sig. (2-tailed)	1.000[b]		1.000[b]
Back	N	42	42	42
	Exact Sig. (2-tailed)	.230[b]	.332[b]	.180[b]
Bladder	N	5	5	
	Exact Sig. (2-tailed)	.500[b]	.250[b]	
Chest	N	47	47	47
	Exact Sig. (2-tailed)	.000[b]	.000[b]	.007[b]
Cough	N	7	7	7
	Exact Sig. (2-tailed)	.375[b]	.375[b]	.125[b]
Dreams	N	142	142	142
	Chi-Square[a]	6.881	26.123	.014
	Asymp. Sig.	.009	.000	.905
Ear	N	25	25	
	Exact Sig. (2-tailed)	.804[b]	.125[b]	
Expectoration	N	5	5	5
	Exact Sig. (2-tailed)	1.000[b]	.250[b]	.250[b]
External throat	N		3	
	Exact Sig. (2-tailed)		.250[b]	
Extremities	N	126	126	126
	Chi-Square[a]	.721	7.200	.038
	Asymp. Sig.	.396	.007	.845
Eye	N	37	37	37
	Exact Sig. (2-tailed)	.629[b]	.454[b]	.508[b]
Face	N	44	44	44
	Exact Sig. (2-tailed)	1.000[b]	.167[b]	.063[b]

Female	N	30	30	30
	Exact Sig. (2-tailed)	.125[b]	.263[b]	.063[b]
Fever	N		4	4
	Exact Sig. (2-tailed)		.250[b]	.250[b]
Generals	N	139	139	139
	Chi-Square[a]	13.921	23.881	27.161
	Asymp. Sig.	.000	.000	.000
Head	N	61	61	61
	Chi-Square[a]	.321		
	Asymp. Sig.	.571		
	Exact Sig. (2-tailed)		.424[b]	.629[b]
Hearing	N	6	6	6
	Exact Sig. (2-tailed)	1.000[b]	1.000[b]	.125[b]
Kidneys	N		4	
	Exact Sig. (2-tailed)		.250[b]	
Larynx	N	2		
	Exact Sig. (2-tailed)	.500[b]		
Male	N	2	2	2
	Exact Sig. (2-tailed)	1.000[b]	1.000[b]	1.000[b]
Mind	N	286	286	286
	Chi-Square[a]	5.787	1.657	18.490
	Asymp. Sig.	.016	.198	.000
Mouth	N	23	23	23
	Exact Sig. (2-tailed)	.001[b]	1.000[b]	.012[b]
Nose	N	67	67	67
	Chi-Square[a]	1.091		
	Asymp. Sig.	.296		
	Exact Sig. (2-tailed)		.167[b]	.000[b]
Perspiration	N	3	3	3
	Exact Sig. (2-tailed)	1.000[b]	1.000[b]	1.000[b]

Rectum	N	15	15	15
	Exact Sig. (2-tailed)	1.000[b]	.021[b]	.008[b]
Respiration	N	18	18	18
	Exact Sig. (2-tailed)	.180[b]	.063[b]	.508[b]
Skin	N	16	16	16
	Exact Sig. (2-tailed)	1.000[b]	1.000[b]	.625[b]
Sleep	N	27	27	27
	Exact Sig. (2-tailed)	.508[b]	.109[b]	1.000[b]
Stomach	N	57	57	57
	Chi-Square[a]		8.654	
	Asymp. Sig.		.003	
	Exact Sig. (2-tailed)	.001[b]		.375[b]
Stool	N		11	11
	Exact Sig. (2-tailed)		.002[b]	.625[b]
Teeth	N		7	7
	Exact Sig. (2-tailed)		.031[b]	.125[b]
Throat	N	33	33	33
	Exact Sig. (2-tailed)	.001[b]	.180[b]	.021[b]
Urethra	N	5	5	
	Exact Sig. (2-tailed)	1.000[b]	.500[b]	
Urine	N		5	5
	Exact Sig. (2-tailed)		.125[b]	1.000[b]
Vertigo	N	12	12	12
	Exact Sig. (2-tailed)	.063[b]	.219[b]	1.000[b]
Vision	N	17	17	17
	Exact Sig. (2-tailed)	.625[b]	.109[b]	1.000[b]

a. Continuity Corrected

b. Binomial distribution used.

c. McNemar Test

APPENDIX 12

DESCRIPTIVE STATISTICS – INTER-GROUP ANALYSIS

Frequencies – Per group by rubric level

Statistics

Present

Group 1	Main Rubric	N	Valid	434
			Missing	0
	Sub rubric	N	Valid	592
			Missing	0
	Sub sub Rubric	N	Valid	347
			Missing	0
Group 2	Main Rubric	N	Valid	434
			Missing	0
	Sub rubric	N	Valid	592
			Missing	0
	Sub sub Rubric	N	Valid	347
			Missing	0
Group 3	Main Rubric	N	Valid	434
			Missing	0
	Sub rubric	N	Valid	592
			Missing	0
	Sub sub Rubric	N	Valid	347
			Missing	0
Group 2 Placebo	Main Rubric	N	Valid	434
			Missing	0
	Sub rubric	N	Valid	592
			Missing	0

	Sub sub Rubric	N	Valid	347
			Missing	0

Present

Group	Rubric Level			Frequency	Percent
Group 1	Main Rubric	Valid	Absent	175	40.3
			Present	259	59.7
			Total	434	100.0
	Sub rubric	Valid	Absent	218	36.8
			Present	374	63.2
			Total	592	100.0
	Sub sub Rubric	Valid	Absent	139	40.1
			Present	208	59.9
			Total	347	100.0
Group 2	Main Rubric	Valid	Absent	159	36.6
			Present	275	63.4
			Total	434	100.0
	Sub rubric	Valid	Absent	220	37.2
			Present	372	62.8
			Total	592	100.0
	Sub sub Rubric	Valid	Absent	126	36.3
			Present	221	63.7
			Total	347	100.0
Group 3	Main Rubric	Valid	Absent	220	50.7
			Present	214	49.3
			Total	434	100.0
	Sub rubric	Valid	Absent	361	61.0
			Present	231	39.0
			Total	592	100.0

	Sub sub Rubric	Valid	Absent	213	61.4
			Present	134	38.6
			Total	347	100.0
Group 2 Placebo	Main Rubric	Valid	Absent	321	74.0
			Present	113	26.0
			Total	434	100.0
	Sub rubric	Valid	Absent	418	70.6
			Present	174	29.4
			Total	592	100.0
	Sub sub Rubric	Valid	Absent	246	70.9
			Present	101	29.1
			Total	347	100.0

Present

Group	Rubric Level			Valid Percent	Cumulative Percent
Group 1	Main Rubric	Valid	Absent	40.3	40.3
			Present	59.7	100.0
			Total	100.0	
	Sub rubric	Valid	Absent	36.8	36.8
			Present	63.2	100.0
			Total	100.0	
	Sub sub Rubric	Valid	Absent	40.1	40.1
			Present	59.9	100.0
			Total	100.0	
Group 2	Main Rubric	Valid	Absent	36.6	36.6
			Present	63.4	100.0
			Total	100.0	
	Sub rubric	Valid	Absent	37.2	37.2
			Present	62.8	100.0

			Total	100.0	
	Sub sub Rubric	Valid	Absent	36.3	36.3
			Present	63.7	100.0
			Total	100.0	
Group 3	Main Rubric	Valid	Absent	50.7	50.7
			Present	49.3	100.0
			Total	100.0	
	Sub rubric	Valid	Absent	61.0	61.0
			Present	39.0	100.0
			Total	100.0	
	Sub sub Rubric	Valid	Absent	61.4	61.4
			Present	38.6	100.0
			Total	100.0	
Group 2 Placebo	Main Rubric	Valid	Absent	74.0	74.0
			Present	26.0	100.0
			Total	100.0	
	Sub rubric	Valid	Absent	70.6	70.6
			Present	29.4	100.0
			Total	100.0	
	Sub sub Rubric	Valid	Absent	70.9	70.9
			Present	29.1	100.0
			Total	100.0	

Frequencies – Per group by repertory chapter

Statistics

Present

Group 1	abdomen	N	Valid	38
			Missing	0
	back	N	Valid	42

		Missing	0
bladder	N	Valid	5
		Missing	0
Chest	N	Valid	47
		Missing	0
Chill	N	Valid	1
		Missing	0
Cough	N	Valid	7
		Missing	0
Dreams	N	Valid	142
		Missing	0
Ear	N	Valid	25
		Missing	0
Expectoration	N	Valid	5
		Missing	0
External throat	N	Valid	3
		Missing	0
Extremities	N	Valid	126
		Missing	0
Eye	N	Valid	37
		Missing	0
Face	N	Valid	44
		Missing	0
Female	N	Valid	30
		Missing	0
Fever	N	Valid	4
		Missing	0
Generals	N	Valid	139

		Missing	0
Head	N	Valid	61
		Missing	0
Hearing	N	Valid	6
		Missing	0
Kidneys	N	Valid	4
		Missing	0
Larynx	N	Valid	2
		Missing	0
Male	N	Valid	2
		Missing	0
Male and Female	N	Valid	1
		Missing	0
Mind	N	Valid	286
		Missing	0
Mouth	N	Valid	23
		Missing	0
Nose	N	Valid	67
		Missing	0
Perspiration	N	Valid	3
		Missing	0
Rectum	N	Valid	15
		Missing	0
Respiration	N	Valid	18
		Missing	0
Skin	N	Valid	16
		Missing	0
Sleep	N	Valid	27

			Missing	0
	Stomach	N	Valid	57
			Missing	0
	Stool	N	Valid	11
			Missing	0
	Teeth	N	Valid	7
			Missing	0
	Throat	N	Valid	33
			Missing	0
	Urethra	N	Valid	5
			Missing	0
	Urine	N	Valid	5
			Missing	0
	Vertigo	N	Valid	12
			Missing	0
	Vision	N	Valid	17
			Missing	0
Group 2	abdomen	N	Valid	38
			Missing	0
	back	N	Valid	42
			Missing	0
	bladder	N	Valid	5
			Missing	0
	Chest	N	Valid	47
			Missing	0
	Chill	N	Valid	1
			Missing	0
	Cough	N	Valid	7
			Missing	0

Dreams	N	Valid	142
		Missing	0
Ear	N	Valid	25
		Missing	0
Expectoration	N	Valid	5
		Missing	0
External throat	N	Valid	3
		Missing	0
Extremities	N	Valid	126
		Missing	0
Eye	N	Valid	37
		Missing	0
Face	N	Valid	44
		Missing	0
Female	N	Valid	30
		Missing	0
Fever	N	Valid	4
		Missing	0
Generals	N	Valid	139
		Missing	0
Head	N	Valid	61
		Missing	0
Hearing	N	Valid	6
		Missing	0
Kidneys	N	Valid	4
		Missing	0
Larynx	N	Valid	2
		Missing	0
Male	N	Valid	2
		Missing	0

Male and Female	N	Valid	1
		Missing	0
Mind	N	Valid	286
		Missing	0
Mouth	N	Valid	23
		Missing	0
Nose	N	Valid	67
		Missing	0
Perspiration	N	Valid	3
		Missing	0
Rectum	N	Valid	15
		Missing	0
Respiration	N	Valid	18
		Missing	0
Skin	N	Valid	16
		Missing	0
Sleep	N	Valid	27
		Missing	0
Stomach	N	Valid	57
		Missing	0
Stool	N	Valid	11
		Missing	0
Teeth	N	Valid	7
		Missing	0
Throat	N	Valid	33
		Missing	0
Urethra	N	Valid	5
		Missing	0
Urine	N	Valid	5
		Missing	0

	Vertigo	N	Valid	12
			Missing	0
	Vision	N	Valid	17
			Missing	0
Group 3	abdomen	N	Valid	38
			Missing	0
	back	N	Valid	42
			Missing	0
	bladder	N	Valid	5
			Missing	0
	Chest	N	Valid	47
			Missing	0
	Chill	N	Valid	1
			Missing	0
	Cough	N	Valid	7
			Missing	0
	Dreams	N	Valid	142
			Missing	0
	Ear	N	Valid	25
			Missing	0
	Expectoration	N	Valid	5
			Missing	0
	External throat	N	Valid	3
			Missing	0
	Extremities	N	Valid	126
			Missing	0
	Eye	N	Valid	37
			Missing	0
	Face	N	Valid	44
			Missing	0

Female	N	Valid	30
		Missing	0
Fever	N	Valid	4
		Missing	0
Generals	N	Valid	139
		Missing	0
Head	N	Valid	61
		Missing	0
Hearing	N	Valid	6
		Missing	0
Kidneys	N	Valid	4
		Missing	0
Larynx	N	Valid	2
		Missing	0
Male	N	Valid	2
		Missing	0
Male and Female	N	Valid	1
		Missing	0
Mind	N	Valid	286
		Missing	0
Mouth	N	Valid	23
		Missing	0
Nose	N	Valid	67
		Missing	0
Perspiration	N	Valid	3
		Missing	0
Rectum	N	Valid	15
		Missing	0
Respiration	N	Valid	18
		Missing	0

	Skin	N	Valid	16
			Missing	0
	Sleep	N	Valid	27
			Missing	0
	Stomach	N	Valid	57
			Missing	0
	Stool	N	Valid	11
			Missing	0
	Teeth	N	Valid	7
			Missing	0
	Throat	N	Valid	33
			Missing	0
	Urethra	N	Valid	5
			Missing	0
	Urine	N	Valid	5
			Missing	0
	Vertigo	N	Valid	12
			Missing	0
	Vision	N	Valid	17
			Missing	0
Group 2 Placebo	abdomen	N	Valid	38
			Missing	0
	back	N	Valid	42
			Missing	0
	bladder	N	Valid	5
			Missing	0
	Chest	N	Valid	47
			Missing	0
	Chill	N	Valid	1
			Missing	0

Cough	N	Valid	7
		Missing	0
Dreams	N	Valid	142
		Missing	0
Ear	N	Valid	25
		Missing	0
Expectoration	N	Valid	5
		Missing	0
External throat	N	Valid	3
		Missing	0
Extremities	N	Valid	126
		Missing	0
Eye	N	Valid	37
		Missing	0
Face	N	Valid	44
		Missing	0
Female	N	Valid	30
		Missing	0
Fever	N	Valid	4
		Missing	0
Generals	N	Valid	139
		Missing	0
Head	N	Valid	61
		Missing	0
Hearing	N	Valid	6
		Missing	0
Kidneys	N	Valid	4
		Missing	0
Larynx	N	Valid	2
		Missing	0

Male	N	Valid	2
		Missing	0
Male and Female	N	Valid	1
		Missing	0
Mind	N	Valid	286
		Missing	0
Mouth	N	Valid	23
		Missing	0
Nose	N	Valid	67
		Missing	0
Perspiration	N	Valid	3
		Missing	0
Rectum	N	Valid	15
		Missing	0
Respiration	N	Valid	18
		Missing	0
Skin	N	Valid	16
		Missing	0
Sleep	N	Valid	27
		Missing	0
Stomach	N	Valid	57
		Missing	0
Stool	N	Valid	11
		Missing	0
Teeth	N	Valid	7
		Missing	0
Throat	N	Valid	33
		Missing	0
Urethra	N	Valid	5
		Missing	0

	Urine	N	Valid	5
			Missing	0
	Vertigo	N	Valid	12
			Missing	0
	Vision	N	Valid	17
			Missing	0

Present

Group	Chapter, all			Frequency	Percent	Valid Percent	Cumulative Percent
Group 1	abdomen	Valid	Absent	23	60.5	60.5	60.5
			Present	15	39.5	39.5	100.0
			Total	38	100.0	100.0	
	back	Valid	Absent	3	7.1	7.1	7.1
			Present	39	92.9	92.9	100.0
			Total	42	100.0	100.0	
	bladder	Valid	Absent	3	60.0	60.0	60.0
			Present	2	40.0	40.0	100.0
			Total	5	100.0	100.0	
	Chest	Valid	Absent	22	46.8	46.8	46.8
			Present	25	53.2	53.2	100.0
			Total	47	100.0	100.0	
	Chill	Valid	Absent	1	100.0	100.0	100.0
	Cough	Valid	Absent	3	42.9	42.9	42.9
			Present	4	57.1	57.1	100.0
			Total	7	100.0	100.0	
	Dreams	Valid	Absent	91	64.1	64.1	64.1
			Present	51	35.9	35.9	100.0
			Total	142	100.0	100.0	

	Ear	Valid	Absent	2	8.0	8.0	8.0
			Present	23	92.0	92.0	100.0
			Total	25	100.0	100.0	
	Expectoration	Valid	Absent	4	80.0	80.0	80.0
			Present	1	20.0	20.0	100.0
			Total	5	100.0	100.0	
	External throat	Valid	Absent	2	66.7	66.7	66.7
			Present	1	33.3	33.3	100.0
			Total	3	100.0	100.0	
	Extremities	Valid	Absent	34	27.0	27.0	27.0
			Present	92	73.0	73.0	100.0
			Total	126	100.0	100.0	
	Eye	Valid	Absent	10	27.0	27.0	27.0
			Present	27	73.0	73.0	100.0
			Total	37	100.0	100.0	
	Face	Valid	Absent	19	43.2	43.2	43.2
			Present	25	56.8	56.8	100.0
			Total	44	100.0	100.0	
	Female	Valid	Absent	25	83.3	83.3	83.3
			Present	5	16.7	16.7	100.0
			Total	30	100.0	100.0	
	Fever	Valid	Absent	4	100.0	100.0	100.0
	Generals	Valid	Absent	64	46.0	46.0	46.0
			Present	75	54.0	54.0	100.0
			Total	139	100.0	100.0	
	Head	Valid	Absent	19	31.1	31.1	31.1
			Present	42	68.9	68.9	100.0
			Total	61	100.0	100.0	

Hearing	Valid	Present	6	100.0	100.0	100.0
Kidneys	Valid	Absent	3	75.0	75.0	75.0
		Present	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Larynx	Valid	Absent	1	50.0	50.0	50.0
		Present	1	50.0	50.0	100.0
		Total	2	100.0	100.0	
Male	Valid	Absent	1	50.0	50.0	50.0
		Present	1	50.0	50.0	100.0
		Total	2	100.0	100.0	
Male and Female	Valid	Present	1	100.0	100.0	100.0
Mind	Valid	Absent	62	21.7	21.7	21.7
		Present	224	78.3	78.3	100.0
		Total	286	100.0	100.0	
Mouth	Valid	Absent	9	39.1	39.1	39.1
		Present	14	60.9	60.9	100.0
		Total	23	100.0	100.0	
Nose	Valid	Absent	16	23.9	23.9	23.9
		Present	51	76.1	76.1	100.0
		Total	67	100.0	100.0	
Perspiration	Valid	Absent	2	66.7	66.7	66.7
		Present	1	33.3	33.3	100.0
		Total	3	100.0	100.0	
Rectum	Valid	Absent	13	86.7	86.7	86.7
		Present	2	13.3	13.3	100.0
		Total	15	100.0	100.0	
Respiration	Valid	Absent	2	11.1	11.1	11.1
		Present	16	88.9	88.9	100.0

			Total	18	100.0	100.0	
	Skin	Valid	Absent	6	37.5	37.5	37.5
			Present	10	62.5	62.5	100.0
			Total	16	100.0	100.0	
	Sleep	Valid	Absent	11	40.7	40.7	40.7
			Present	16	59.3	59.3	100.0
			Total	27	100.0	100.0	
	Stomach	Valid	Absent	28	49.1	49.1	49.1
			Present	29	50.9	50.9	100.0
			Total	57	100.0	100.0	
	Stool	Valid	Absent	11	100.0	100.0	100.0
	Teeth	Valid	Absent	7	100.0	100.0	100.0
	Throat	Valid	Absent	10	30.3	30.3	30.3
			Present	23	69.7	69.7	100.0
			Total	33	100.0	100.0	
	Urethra	Valid	Absent	4	80.0	80.0	80.0
			Present	1	20.0	20.0	100.0
			Total	5	100.0	100.0	
	Urine	Valid	Absent	5	100.0	100.0	100.0
	Vertigo	Valid	Absent	6	50.0	50.0	50.0
			Present	6	50.0	50.0	100.0
			Total	12	100.0	100.0	
	Vision	Valid	Absent	6	35.3	35.3	35.3
			Present	11	64.7	64.7	100.0
			Total	17	100.0	100.0	
Group 2	abdomen	Valid	Absent	7	18.4	18.4	18.4
			Present	31	81.6	81.6	100.0
			Total	38	100.0	100.0	
	back	Valid	Absent	19	45.2	45.2	45.2

		Present	23	54.8	54.8	100.0
		Total	42	100.0	100.0	
bladder	Valid	Present	5	100.0	100.0	100.0
Chest	Valid	Absent	15	31.9	31.9	31.9
		Present	32	68.1	68.1	100.0
		Total	47	100.0	100.0	
Chill	Valid	Absent	1	100.0	100.0	100.0
Cough	Valid	Absent	2	28.6	28.6	28.6
		Present	5	71.4	71.4	100.0
		Total	7	100.0	100.0	
Dreams	Valid	Absent	45	31.7	31.7	31.7
		Present	97	68.3	68.3	100.0
		Total	142	100.0	100.0	
Ear	Valid	Absent	15	60.0	60.0	60.0
		Present	10	40.0	40.0	100.0
		Total	25	100.0	100.0	
Expectoration	Valid	Absent	2	40.0	40.0	40.0
		Present	3	60.0	60.0	100.0
		Total	5	100.0	100.0	
External throat	Valid	Present	3	100.0	100.0	100.0
Extremities	Valid	Absent	73	57.9	57.9	57.9
		Present	53	42.1	42.1	100.0
		Total	126	100.0	100.0	
Eye	Valid	Absent	19	51.4	51.4	51.4
		Present	18	48.6	48.6	100.0
		Total	37	100.0	100.0	
Face	Valid	Absent	19	43.2	43.2	43.2
		Present	25	56.8	56.8	100.0
		Total	44	100.0	100.0	
Female	Valid	Absent	6	20.0	20.0	20.0

		Present	24	80.0	80.0	100.0
		Total	30	100.0	100.0	
Fever	Valid	Present	4	100.0	100.0	100.0
Generals	Valid	Absent	47	33.8	33.8	33.8
		Present	92	66.2	66.2	100.0
		Total	139	100.0	100.0	
Head	Valid	Absent	24	39.3	39.3	39.3
		Present	37	60.7	60.7	100.0
		Total	61	100.0	100.0	
Hearing	Valid	Absent	5	83.3	83.3	83.3
		Present	1	16.7	16.7	100.0
		Total	6	100.0	100.0	
Kidneys	Valid	Absent	1	25.0	25.0	25.0
		Present	3	75.0	75.0	100.0
		Total	4	100.0	100.0	
Larynx	Valid	Absent	1	50.0	50.0	50.0
		Present	1	50.0	50.0	100.0
		Total	2	100.0	100.0	
Male	Valid	Absent	2	100.0	100.0	100.0
Male and Female	Valid	Present	1	100.0	100.0	100.0
Mind	Valid	Absent	83	29.0	29.0	29.0
		Present	203	71.0	71.0	100.0
		Total	286	100.0	100.0	
Mouth	Valid	Absent	15	65.2	65.2	65.2
		Present	8	34.8	34.8	100.0
		Total	23	100.0	100.0	
Nose	Valid	Absent	36	53.7	53.7	53.7
		Present	31	46.3	46.3	100.0
		Total	67	100.0	100.0	

	Perspiration	Valid	Absent	2	66.7	66.7	66.7
			Present	1	33.3	33.3	100.0
			Total	3	100.0	100.0	
	Rectum	Valid	Absent	4	26.7	26.7	26.7
			Present	11	73.3	73.3	100.0
			Total	15	100.0	100.0	
	Respiration	Valid	Absent	10	55.6	55.6	55.6
			Present	8	44.4	44.4	100.0
			Total	18	100.0	100.0	
	Skin	Valid	Absent	3	18.8	18.8	18.8
			Present	13	81.3	81.3	100.0
			Total	16	100.0	100.0	
	Sleep	Valid	Absent	5	18.5	18.5	18.5
			Present	22	81.5	81.5	100.0
			Total	27	100.0	100.0	
	Stomach	Valid	Absent	20	35.1	35.1	35.1
			Present	37	64.9	64.9	100.0
			Total	57	100.0	100.0	
	Stool	Valid	Absent	1	9.1	9.1	9.1
			Present	10	90.9	90.9	100.0
			Total	11	100.0	100.0	
	Teeth	Valid	Present	7	100.0	100.0	100.0
	Throat	Valid	Absent	14	42.4	42.4	42.4
			Present	19	57.6	57.6	100.0
			Total	33	100.0	100.0	
	Urethra	Valid	Absent	1	20.0	20.0	20.0
			Present	4	80.0	80.0	100.0
			Total	5	100.0	100.0	
	Urine	Valid	Absent	1	20.0	20.0	20.0
			Present	4	80.0	80.0	100.0

			Total	5	100.0	100.0	
	Vertigo	Valid	Absent	5	41.7	41.7	41.7
			Present	7	58.3	58.3	100.0
			Total	12	100.0	100.0	
	Vision	Valid	Absent	2	11.8	11.8	11.8
			Present	15	88.2	88.2	100.0
			Total	17	100.0	100.0	
Group 3	abdomen	Valid	Absent	33	86.8	86.8	86.8
			Present	5	13.2	13.2	100.0
			Total	38	100.0	100.0	
	back	Valid	Absent	31	73.8	73.8	73.8
			Present	11	26.2	26.2	100.0
			Total	42	100.0	100.0	
	bladder	Valid	Absent	5	100.0	100.0	100.0
	Chest	Valid	Absent	33	70.2	70.2	70.2
			Present	14	29.8	29.8	100.0
			Total	47	100.0	100.0	
	Chill	Valid	Present	1	100.0	100.0	100.0
	Cough	Valid	Absent	4	57.1	57.1	57.1
			Present	3	42.9	42.9	100.0
			Total	7	100.0	100.0	
	Dreams	Valid	Absent	51	35.9	35.9	35.9
			Present	91	64.1	64.1	100.0
			Total	142	100.0	100.0	
	Ear	Valid	Absent	25	100.0	100.0	100.0
	Expectoration	Valid	Absent	3	60.0	60.0	60.0
			Present	2	40.0	40.0	100.0
			Total	5	100.0	100.0	
	External throat	Valid	Absent	2	66.7	66.7	66.7
			Present	1	33.3	33.3	100.0

			Total	3	100.0	100.0	
	Extremities	Valid	Absent	99	78.6	78.6	78.6
			Present	27	21.4	21.4	100.0
			Total	126	100.0	100.0	
	Eye	Valid	Absent	26	70.3	70.3	70.3
			Present	11	29.7	29.7	100.0
			Total	37	100.0	100.0	
	Face	Valid	Absent	39	88.6	88.6	88.6
			Present	5	11.4	11.4	100.0
			Total	44	100.0	100.0	
	Female	Valid	Absent	24	80.0	80.0	80.0
			Present	6	20.0	20.0	100.0
			Total	30	100.0	100.0	
	Fever	Valid	Absent	2	50.0	50.0	50.0
			Present	2	50.0	50.0	100.0
			Total	4	100.0	100.0	
	Generals	Valid	Absent	67	48.2	48.2	48.2
			Present	72	51.8	51.8	100.0
			Total	139	100.0	100.0	
	Head	Valid	Absent	32	52.5	52.5	52.5
			Present	29	47.5	47.5	100.0
			Total	61	100.0	100.0	
	Hearing	Valid	Absent	3	50.0	50.0	50.0
			Present	3	50.0	50.0	100.0
			Total	6	100.0	100.0	
	Kidneys	Valid	Absent	3	75.0	75.0	75.0
			Present	1	25.0	25.0	100.0
			Total	4	100.0	100.0	
	Larynx	Valid	Absent	2	100.0	100.0	100.0
	Male	Valid	Absent	2	100.0	100.0	100.0

	Male and Female	Valid	Present	1	100.0	100.0	100.0
	Mind	Valid	Absent	109	38.1	38.1	38.1
			Present	177	61.9	61.9	100.0
			Total	286	100.0	100.0	
	Mouth	Valid	Absent	11	47.8	47.8	47.8
			Present	12	52.2	52.2	100.0
			Total	23	100.0	100.0	
	Nose	Valid	Absent	42	62.7	62.7	62.7
			Present	25	37.3	37.3	100.0
			Total	67	100.0	100.0	
	Perspiration	Valid	Absent	2	66.7	66.7	66.7
			Present	1	33.3	33.3	100.0
			Total	3	100.0	100.0	
	Rectum	Valid	Absent	6	40.0	40.0	40.0
			Present	9	60.0	60.0	100.0
			Total	15	100.0	100.0	
	Respiration	Valid	Absent	9	50.0	50.0	50.0
			Present	9	50.0	50.0	100.0
			Total	18	100.0	100.0	
	Skin	Valid	Absent	11	68.8	68.8	68.8
			Present	5	31.3	31.3	100.0
			Total	16	100.0	100.0	
	Sleep	Valid	Absent	9	33.3	33.3	33.3
			Present	18	66.7	66.7	100.0
			Total	27	100.0	100.0	
	Stomach	Valid	Absent	48	84.2	84.2	84.2
			Present	9	15.8	15.8	100.0
			Total	57	100.0	100.0	
	Stool	Valid	Absent	7	63.6	63.6	63.6

			Present	4	36.4	36.4	100.0
			Total	11	100.0	100.0	
	Teeth	Valid	Absent	3	42.9	42.9	42.9
			Present	4	57.1	57.1	100.0
			Total	7	100.0	100.0	
	Throat	Valid	Absent	20	60.6	60.6	60.6
			Present	13	39.4	39.4	100.0
			Total	33	100.0	100.0	
	Urethra	Valid	Absent	5	100.0	100.0	100.0
	Urine	Valid	Absent	4	80.0	80.0	80.0
			Present	1	20.0	20.0	100.0
			Total	5	100.0	100.0	
	Vertigo	Valid	Absent	10	83.3	83.3	83.3
			Present	2	16.7	16.7	100.0
			Total	12	100.0	100.0	
	Vision	Valid	Absent	12	70.6	70.6	70.6
			Present	5	29.4	29.4	100.0
			Total	17	100.0	100.0	
Group 2 Placebo	abdomen	Valid	Absent	22	57.9	57.9	57.9
			Present	16	42.1	42.1	100.0
			Total	38	100.0	100.0	
	back	Valid	Absent	32	76.2	76.2	76.2
			Present	10	23.8	23.8	100.0
			Total	42	100.0	100.0	
	bladder	Valid	Absent	1	20.0	20.0	20.0
			Present	4	80.0	80.0	100.0
			Total	5	100.0	100.0	
	Chest	Valid	Absent	46	97.9	97.9	97.9
			Present	1	2.1	2.1	100.0
			Total	47	100.0	100.0	

	Chill	Valid	Absent	1	100.0	100.0	100.0
	Cough	Valid	Absent	5	71.4	71.4	71.4
			Present	2	28.6	28.6	100.0
			Total	7	100.0	100.0	
	Dreams	Valid	Absent	119	83.8	83.8	83.8
			Present	23	16.2	16.2	100.0
			Total	142	100.0	100.0	
	Ear	Valid	Absent	21	84.0	84.0	84.0
			Present	4	16.0	16.0	100.0
			Total	25	100.0	100.0	
	Expectoration	Valid	Absent	4	80.0	80.0	80.0
			Present	1	20.0	20.0	100.0
			Total	5	100.0	100.0	
	External throat	Valid	Absent	3	100.0	100.0	100.0
	Extremities	Valid	Absent	108	85.7	85.7	85.7
			Present	18	14.3	14.3	100.0
			Total	126	100.0	100.0	
	Eye	Valid	Absent	22	59.5	59.5	59.5
			Present	15	40.5	40.5	100.0
			Total	37	100.0	100.0	
	Face	Valid	Absent	43	97.7	97.7	97.7
			Present	1	2.3	2.3	100.0
			Total	44	100.0	100.0	
	Female	Valid	Absent	21	70.0	70.0	70.0
			Present	9	30.0	30.0	100.0
			Total	30	100.0	100.0	
	Fever	Valid	Absent	3	75.0	75.0	75.0
			Present	1	25.0	25.0	100.0
			Total	4	100.0	100.0	
	Generals	Valid	Absent	89	64.0	64.0	64.0

		Present	50	36.0	36.0	100.0
		Total	139	100.0	100.0	
Head	Valid	Absent	45	73.8	73.8	73.8
		Present	16	26.2	26.2	100.0
		Total	61	100.0	100.0	
Hearing	Valid	Absent	6	100.0	100.0	100.0
Kidneys	Valid	Absent	2	50.0	50.0	50.0
		Present	2	50.0	50.0	100.0
		Total	4	100.0	100.0	
Larynx	Valid	Absent	1	50.0	50.0	50.0
		Present	1	50.0	50.0	100.0
		Total	2	100.0	100.0	
Male	Valid	Absent	1	50.0	50.0	50.0
		Present	1	50.0	50.0	100.0
		Total	2	100.0	100.0	
Male and Female	Valid	Present	1	100.0	100.0	100.0
Mind	Valid	Absent	167	58.4	58.4	58.4
		Present	119	41.6	41.6	100.0
		Total	286	100.0	100.0	
Mouth	Valid	Absent	21	91.3	91.3	91.3
		Present	2	8.7	8.7	100.0
		Total	23	100.0	100.0	
Nose	Valid	Absent	51	76.1	76.1	76.1
		Present	16	23.9	23.9	100.0
		Total	67	100.0	100.0	
Perspiration	Valid	Absent	2	66.7	66.7	66.7
		Present	1	33.3	33.3	100.0
		Total	3	100.0	100.0	
Rectum	Valid	Absent	4	26.7	26.7	26.7

		Present	11	73.3	73.3	100.0
		Total	15	100.0	100.0	
Respiration	Valid	Absent	16	88.9	88.9	88.9
		Present	2	11.1	11.1	100.0
		Total	18	100.0	100.0	
Skin	Valid	Absent	9	56.3	56.3	56.3
		Present	7	43.8	43.8	100.0
		Total	16	100.0	100.0	
Sleep	Valid	Absent	15	55.6	55.6	55.6
		Present	12	44.4	44.4	100.0
		Total	27	100.0	100.0	
Stomach	Valid	Absent	40	70.2	70.2	70.2
		Present	17	29.8	29.8	100.0
		Total	57	100.0	100.0	
Stool	Valid	Absent	8	72.7	72.7	72.7
		Present	3	27.3	27.3	100.0
		Total	11	100.0	100.0	
Teeth	Valid	Absent	7	100.0	100.0	100.0
Throat	Valid	Absent	23	69.7	69.7	69.7
		Present	10	30.3	30.3	100.0
		Total	33	100.0	100.0	
Urethra	Valid	Absent	2	40.0	40.0	40.0
		Present	3	60.0	60.0	100.0
		Total	5	100.0	100.0	
Urine	Valid	Absent	3	60.0	60.0	60.0
		Present	2	40.0	40.0	100.0
		Total	5	100.0	100.0	
Vertigo	Valid	Absent	9	75.0	75.0	75.0
		Present	3	25.0	25.0	100.0
		Total	12	100.0	100.0	

	Vision	Valid	Absent	13	76.5	76.5	76.5
			Present	4	23.5	23.5	100.0
			Total	17	100.0	100.0	

Cross tabulations – Per group by rubric level

Case Processing Summary

		Cases		
		Valid		Missing
Rubric Level		N	Percent	N
Main Rubric	Present * Group	1736	100.0%	0
Sub rubric	Present * Group	2368	100.0%	0
Sub sub Rubric	Present * Group	1388	100.0%	0

Case Processing Summary

		Cases		
		Missing	Total	
Rubric Level		Percent	N	Percent
Main Rubric	Present * Group	.0%	1736	100.0%
Sub rubric	Present * Group	.0%	2368	100.0%
Sub sub Rubric	Present * Group	.0%	1388	100.0%

Present * Group Crosstabulation

				Group		
Rubric Level				Group 1	Group 2	Group 3
Main Rubric	Present	Absent	Count	175	159	220
			Expected Count	218.8	218.8	218.8
		Present	Count	259	275	214
			Expected Count	215.3	215.3	215.3
		Total	Count	434	434	434

			Expected Count	434.0	434.0	434.0
Sub rubric	Present	Absent	Count	218	220	361
			Expected Count	304.3	304.3	304.3
		Present	Count	374	372	231
			Expected Count	287.8	287.8	287.8
		Total	Count	592	592	592
			Expected Count	592.0	592.0	592.0
Sub sub Rubric	Present	Absent	Count	139	126	213
			Expected Count	181.0	181.0	181.0
		Present	Count	208	221	134
			Expected Count	166.0	166.0	166.0
		Total	Count	347	347	347
			Expected Count	347.0	347.0	347.0

Present * Group Crosstabulation

				Group	
Rubric Level				Group 2 Placebo	Total
Main Rubric	Present	Absent	Count	321	875
			Expected Count	218.8	875.0
		Present	Count	113	861
			Expected Count	215.3	861.0
		Total	Count	434	1736
			Expected Count	434.0	1736.0
Sub rubric	Present	Absent	Count	418	1217
			Expected Count	304.3	1217.0
		Present	Count	174	1151
			Expected Count	287.8	1151.0
		Total	Count	592	2368
			Expected Count	592.0	2368.0

Sub sub Rubric	Present	Absent	Count	246	724
			Expected Count	181.0	724.0
		Present	Count	101	664
			Expected Count	166.0	664.0
		Total	Count	347	1388
			Expected Count	347.0	1388.0

Cross tabulations summary – Per group by rubric level

Present * Group Crosstabulation

Rubric Level			Group			
			Group 1	Group 2	Group 3	Group 2 Placebo
Main Rubric	Absent	Count	40%	37%	51%	74%
		Expected Count	50%	50%	50%	50%
	Present	Count	60%	63%	49%	26%
		Expected Count	50%	50%	50%	50%
	Total	Count	100%	100%	100%	100%
		Expected Count	100%	100%	100%	100%
Sub rubric	Absent	Count	37%	37%	61%	71%
		Expected Count	51%	51%	51%	51%
	Present	Count	63%	63%	39%	29%
		Expected Count	49%	49%	49%	49%
	Total	Count	100%	100%	100%	100%
		Expected Count	100%	100%	100%	100%
Sub sub Rubric	Absent	Count	40%	36%	61%	71%
		Expected Count	52%	52%	52%	52%
	Present	Count	60%	64%	39%	29%
		Expected Count	48%	48%	48%	48%
	Total	Count	100%	100%	100%	100%

	Expected Count	100%	100%	100%	100%

Cross tabulations – Per group by repertory chapter

Case Processing Summary

		Cases		
		Valid		Missing
Chapter, all		N	Percent	N
abdomen	Present * Group	152	100.0%	0
back	Present * Group	168	100.0%	0
bladder	Present * Group	20	100.0%	0
Chest	Present * Group	188	100.0%	0
Chill	Present * Group	4	100.0%	0
Cough	Present * Group	28	100.0%	0
Dreams	Present * Group	568	100.0%	0
Ear	Present * Group	100	100.0%	0
Expectoration	Present * Group	20	100.0%	0
External throat	Present * Group	12	100.0%	0
Extremities	Present * Group	504	100.0%	0
Eye	Present * Group	148	100.0%	0
Face	Present * Group	176	100.0%	0
Female	Present * Group	120	100.0%	0
Fever	Present * Group	16	100.0%	0
Generals	Present * Group	556	100.0%	0
Head	Present * Group	244	100.0%	0
Hearing	Present * Group	24	100.0%	0
Kidneys	Present * Group	16	100.0%	0
Larynx	Present * Group	8	100.0%	0
Male	Present * Group	8	100.0%	0
Male and Female	Present * Group	4	100.0%	0

Mind	Present * Group	1144	100.0%	0
Mouth	Present * Group	92	100.0%	0
Nose	Present * Group	268	100.0%	0
Perspiration	Present * Group	12	100.0%	0
Rectum	Present * Group	60	100.0%	0
Respiration	Present * Group	72	100.0%	0
Skin	Present * Group	64	100.0%	0
Sleep	Present * Group	108	100.0%	0
Stomach	Present * Group	228	100.0%	0
Stool	Present * Group	44	100.0%	0
Teeth	Present * Group	28	100.0%	0
Throat	Present * Group	132	100.0%	0
Urethra	Present * Group	20	100.0%	0
Urine	Present * Group	20	100.0%	0
Vertigo	Present * Group	48	100.0%	0
Vision	Present * Group	68	100.0%	0

Case Processing Summary

		Cases		
		Missing	Total	
Chapter, all		Percent	N	Percent
abdomen	Present * Group	.0%	152	100.0%
back	Present * Group	.0%	168	100.0%
bladder	Present * Group	.0%	20	100.0%
Chest	Present * Group	.0%	188	100.0%
Chill	Present * Group	.0%	4	100.0%
Cough	Present * Group	.0%	28	100.0%
Dreams	Present * Group	.0%	568	100.0%
Ear	Present * Group	.0%	100	100.0%
Expectoration	Present * Group	.0%	20	100.0%

External throat	Present * Group	.0%	12	100.0%
Extremities	Present * Group	.0%	504	100.0%
Eye	Present * Group	.0%	148	100.0%
Face	Present * Group	.0%	176	100.0%
Female	Present * Group	.0%	120	100.0%
Fever	Present * Group	.0%	16	100.0%
Generals	Present * Group	.0%	556	100.0%
Head	Present * Group	.0%	244	100.0%
Hearing	Present * Group	.0%	24	100.0%
Kidneys	Present * Group	.0%	16	100.0%
Larynx	Present * Group	.0%	8	100.0%
Male	Present * Group	.0%	8	100.0%
Male and Female	Present * Group	.0%	4	100.0%
Mind	Present * Group	.0%	1144	100.0%
Mouth	Present * Group	.0%	92	100.0%
Nose	Present * Group	.0%	268	100.0%
Perspiration	Present * Group	.0%	12	100.0%
Rectum	Present * Group	.0%	60	100.0%
Respiration	Present * Group	.0%	72	100.0%
Skin	Present * Group	.0%	64	100.0%
Sleep	Present * Group	.0%	108	100.0%
Stomach	Present * Group	.0%	228	100.0%
Stool	Present * Group	.0%	44	100.0%
Teeth	Present * Group	.0%	28	100.0%
Throat	Present * Group	.0%	132	100.0%
Urethra	Present * Group	.0%	20	100.0%
Urine	Present * Group	.0%	20	100.0%
Vertigo	Present * Group	.0%	48	100.0%
Vision	Present * Group	.0%	68	100.0%

Present * Group Crosstabulation

Chapter, all				Group				
				Group 1	Group 2	Group 3	Group 2 Placebo	Total
abdomen	Present	Absent	Count	23	7	33	22	85
			Expected Count	21.3	21.3	21.3	21.3	85.0
		Present	Count	15	31	5	16	67
			Expected Count	16.8	16.8	16.8	16.8	67.0
		Total	Count	38	38	38	38	152
			Expected Count	38.0	38.0	38.0	38.0	152.0
back	Present	Absent	Count	3	19	31	32	85
			Expected Count	21.3	21.3	21.3	21.3	85.0
		Present	Count	39	23	11	10	83
			Expected Count	20.8	20.8	20.8	20.8	83.0
		Total	Count	42	42	42	42	168
			Expected Count	42.0	42.0	42.0	42.0	168.0
bladder	Present	Absent	Count	3	0	5	1	9
			Expected Count	2.3	2.3	2.3	2.3	9.0
		Present	Count	2	5	0	4	11
			Expected Count	2.8	2.8	2.8	2.8	11.0
		Total	Count	5	5	5	5	20
			Expected Count	5.0	5.0	5.0	5.0	20.0

Chest	Present	Absent	Count	22	15	33	46	116
			Expected Count	29.0	29.0	29.0	29.0	116.0
		Present	Count	25	32	14	1	72
			Expected Count	18.0	18.0	18.0	18.0	72.0
		Total	Count	47	47	47	47	188
			Expected Count	47.0	47.0	47.0	47.0	188.0
Chill	Present	Absent	Count	1	1	0	1	3
			Expected Count	.8	.8	.8	.8	3.0
		Present	Count	0	0	1	0	1
			Expected Count	.3	.3	.3	.3	1.0
		Total	Count	1	1	1	1	4
			Expected Count	1.0	1.0	1.0	1.0	4.0
Cough	Present	Absent	Count	3	2	4	5	14
			Expected Count	3.5	3.5	3.5	3.5	14.0
		Present	Count	4	5	3	2	14
			Expected Count	3.5	3.5	3.5	3.5	14.0
		Total	Count	7	7	7	7	28
			Expected Count	7.0	7.0	7.0	7.0	28.0
Dreams	Present	Absent	Count	91	45	51	119	306
			Expected Count	76.5	76.5	76.5	76.5	306.0
		Present	Count	51	97	91	23	262

			Expected Count	65.5	65.5	65.5	65.5	262.0
		Total	Count	142	142	142	142	568
			Expected Count	142.0	142.0	142.0	142.0	568.0
Ear	Present	Absent	Count	2	15	25	21	63
			Expected Count	15.8	15.8	15.8	15.8	63.0
		Present	Count	23	10	0	4	37
			Expected Count	9.3	9.3	9.3	9.3	37.0
		Total	Count	25	25	25	25	100
			Expected Count	25.0	25.0	25.0	25.0	100.0
Expectoration	Present	Absent	Count	4	2	3	4	13
			Expected Count	3.3	3.3	3.3	3.3	13.0
		Present	Count	1	3	2	1	7
			Expected Count	1.8	1.8	1.8	1.8	7.0
		Total	Count	5	5	5	5	20
			Expected Count	5.0	5.0	5.0	5.0	20.0
External throat	Present	Absent	Count	2	0	2	3	7
			Expected Count	1.8	1.8	1.8	1.8	7.0
		Present	Count	1	3	1	0	5
			Expected Count	1.3	1.3	1.3	1.3	5.0
		Total	Count	3	3	3	3	12
			Expected Count	3.0	3.0	3.0	3.0	12.0

Extremities	Present	Absent	Count	34	73	99	108	314
			Expected Count	78.5	78.5	78.5	78.5	314.0
		Present	Count	92	53	27	18	190
			Expected Count	47.5	47.5	47.5	47.5	190.0
		Total	Count	126	126	126	126	504
			Expected Count	126.0	126.0	126.0	126.0	504.0
Eye	Present	Absent	Count	10	19	26	22	77
			Expected Count	19.3	19.3	19.3	19.3	77.0
		Present	Count	27	18	11	15	71
			Expected Count	17.8	17.8	17.8	17.8	71.0
		Total	Count	37	37	37	37	148
			Expected Count	37.0	37.0	37.0	37.0	148.0
Face	Present	Absent	Count	19	19	39	43	120
			Expected Count	30.0	30.0	30.0	30.0	120.0
		Present	Count	25	25	5	1	56
			Expected Count	14.0	14.0	14.0	14.0	56.0
		Total	Count	44	44	44	44	176
			Expected Count	44.0	44.0	44.0	44.0	176.0
Female	Present	Absent	Count	25	6	24	21	76
			Expected Count	19.0	19.0	19.0	19.0	76.0
		Present	Count	5	24	6	9	44

			Expected Count	11.0	11.0	11.0	11.0	44.0
		Total	Count	30	30	30	30	120
			Expected Count	30.0	30.0	30.0	30.0	120.0
Fever	Present	Absent	Count	4	0	2	3	9
			Expected Count	2.3	2.3	2.3	2.3	9.0
		Present	Count	0	4	2	1	7
			Expected Count	1.8	1.8	1.8	1.8	7.0
		Total	Count	4	4	4	4	16
			Expected Count	4.0	4.0	4.0	4.0	16.0
Generals	Present	Absent	Count	64	47	67	89	267
			Expected Count	66.8	66.8	66.8	66.8	267.0
		Present	Count	75	92	72	50	289
			Expected Count	72.3	72.3	72.3	72.3	289.0
		Total	Count	139	139	139	139	556
			Expected Count	139.0	139.0	139.0	139.0	556.0
Head	Present	Absent	Count	19	24	32	45	120
			Expected Count	30.0	30.0	30.0	30.0	120.0
		Present	Count	42	37	29	16	124
			Expected Count	31.0	31.0	31.0	31.0	124.0
		Total	Count	61	61	61	61	244
			Expected Count	61.0	61.0	61.0	61.0	244.0

Hearing	Present	Absent	Count	0	5	3	6	14
			Expected Count	3.5	3.5	3.5	3.5	14.0
		Present	Count	6	1	3	0	10
			Expected Count	2.5	2.5	2.5	2.5	10.0
		Total	Count	6	6	6	6	24
			Expected Count	6.0	6.0	6.0	6.0	24.0
Kidneys	Present	Absent	Count	3	1	3	2	9
			Expected Count	2.3	2.3	2.3	2.3	9.0
		Present	Count	1	3	1	2	7
			Expected Count	1.8	1.8	1.8	1.8	7.0
		Total	Count	4	4	4	4	16
			Expected Count	4.0	4.0	4.0	4.0	16.0
Larynx	Present	Absent	Count	1	1	2	1	5
			Expected Count	1.3	1.3	1.3	1.3	5.0
		Present	Count	1	1	0	1	3
			Expected Count	.8	.8	.8	.8	3.0
		Total	Count	2	2	2	2	8
			Expected Count	2.0	2.0	2.0	2.0	8.0
Male	Present	Absent	Count	1	2	2	1	6
			Expected Count	1.5	1.5	1.5	1.5	6.0
		Present	Count	1	0	0	1	2

			Expected Count	.5	.5	.5	.5	2.0
		Total	Count	2	2	2	2	8
			Expected Count	2.0	2.0	2.0	2.0	8.0
Male and Female	Present	Present	Count	1	1	1	1	4
			Expected Count	1.0	1.0	1.0	1.0	4.0
		Total	Count	1	1	1	1	4
			Expected Count	1.0	1.0	1.0	1.0	4.0
Mind	Present	Absent	Count	62	83	109	167	421
			Expected Count	105.3	105.3	105.3	105.3	421.0
		Present	Count	224	203	177	119	723
			Expected Count	180.8	180.8	180.8	180.8	723.0
		Total	Count	286	286	286	286	1144
			Expected Count	286.0	286.0	286.0	286.0	1144.0
Mouth	Present	Absent	Count	9	15	11	21	56
			Expected Count	14.0	14.0	14.0	14.0	56.0
		Present	Count	14	8	12	2	36
			Expected Count	9.0	9.0	9.0	9.0	36.0
		Total	Count	23	23	23	23	92
			Expected Count	23.0	23.0	23.0	23.0	92.0
Nose	Present	Absent	Count	16	36	42	51	145
			Expected Count	36.3	36.3	36.3	36.3	145.0

		Present	Count	51	31	25	16	123
			Expected Count	30.8	30.8	30.8	30.8	123.0
		Total	Count	67	67	67	67	268
			Expected Count	67.0	67.0	67.0	67.0	268.0
Perspiration	Present	Absent	Count	2	2	2	2	8
			Expected Count	2.0	2.0	2.0	2.0	8.0
		Present	Count	1	1	1	1	4
			Expected Count	1.0	1.0	1.0	1.0	4.0
		Total	Count	3	3	3	3	12
			Expected Count	3.0	3.0	3.0	3.0	12.0
Rectum	Present	Absent	Count	13	4	6	4	27
			Expected Count	6.8	6.8	6.8	6.8	27.0
		Present	Count	2	11	9	11	33
			Expected Count	8.3	8.3	8.3	8.3	33.0
		Total	Count	15	15	15	15	60
			Expected Count	15.0	15.0	15.0	15.0	60.0
Respiration	Present	Absent	Count	2	10	9	16	37
			Expected Count	9.3	9.3	9.3	9.3	37.0
		Present	Count	16	8	9	2	35
			Expected Count	8.8	8.8	8.8	8.8	35.0
		Total	Count	18	18	18	18	72

			Expected Count	18.0	18.0	18.0	18.0	72.0
Skin	Present	Absent	Count	6	3	11	9	29
			Expected Count	7.3	7.3	7.3	7.3	29.0
		Present	Count	10	13	5	7	35
			Expected Count	8.8	8.8	8.8	8.8	35.0
		Total	Count	16	16	16	16	64
			Expected Count	16.0	16.0	16.0	16.0	64.0
Sleep	Present	Absent	Count	11	5	9	15	40
			Expected Count	10.0	10.0	10.0	10.0	40.0
		Present	Count	16	22	18	12	68
			Expected Count	17.0	17.0	17.0	17.0	68.0
		Total	Count	27	27	27	27	108
			Expected Count	27.0	27.0	27.0	27.0	108.0
Stomach	Present	Absent	Count	28	20	48	40	136
			Expected Count	34.0	34.0	34.0	34.0	136.0
		Present	Count	29	37	9	17	92
			Expected Count	23.0	23.0	23.0	23.0	92.0
		Total	Count	57	57	57	57	228
			Expected Count	57.0	57.0	57.0	57.0	228.0
Stool	Present	Absent	Count	11	1	7	8	27
			Expected Count	6.8	6.8	6.8	6.8	27.0

		Present	Count	0	10	4	3	17
			Expected Count	4.3	4.3	4.3	4.3	17.0
		Total	Count	11	11	11	11	44
			Expected Count	11.0	11.0	11.0	11.0	44.0
Teeth	Present	Absent	Count	7	0	3	7	17
			Expected Count	4.3	4.3	4.3	4.3	17.0
		Present	Count	0	7	4	0	11
			Expected Count	2.8	2.8	2.8	2.8	11.0
		Total	Count	7	7	7	7	28
			Expected Count	7.0	7.0	7.0	7.0	28.0
Throat	Present	Absent	Count	10	14	20	23	67
			Expected Count	16.8	16.8	16.8	16.8	67.0
		Present	Count	23	19	13	10	65
			Expected Count	16.3	16.3	16.3	16.3	65.0
		Total	Count	33	33	33	33	132
			Expected Count	33.0	33.0	33.0	33.0	132.0
Urethra	Present	Absent	Count	4	1	5	2	12
			Expected Count	3.0	3.0	3.0	3.0	12.0
		Present	Count	1	4	0	3	8
			Expected Count	2.0	2.0	2.0	2.0	8.0
		Total	Count	5	5	5	5	20

			Expected Count	5.0	5.0	5.0	5.0	20.0
Urine	Present	Absent	Count	5	1	4	3	13
			Expected Count	3.3	3.3	3.3	3.3	13.0
		Present	Count	0	4	1	2	7
			Expected Count	1.8	1.8	1.8	1.8	7.0
		Total	Count	5	5	5	5	20
			Expected Count	5.0	5.0	5.0	5.0	20.0
Vertigo	Present	Absent	Count	6	5	10	9	30
			Expected Count	7.5	7.5	7.5	7.5	30.0
		Present	Count	6	7	2	3	18
			Expected Count	4.5	4.5	4.5	4.5	18.0
		Total	Count	12	12	12	12	48
			Expected Count	12.0	12.0	12.0	12.0	48.0
Vision	Present	Absent	Count	6	2	12	13	33
			Expected Count	8.3	8.3	8.3	8.3	33.0
		Present	Count	11	15	5	4	35
			Expected Count	8.8	8.8	8.8	8.8	35.0
		Total	Count	17	17	17	17	68
			Expected Count	17.0	17.0	17.0	17.0	68.0

APPENDIX 13

NON-PARAMETRIC STATISTICAL ANALYSIS – INTER-GROUP ANALYSIS

Cochran Test – Complete data set

Frequencies

	Value	
	0	1
Group1	533	840
Group2	504	869
Group3	795	578
Placebo	985	388

Test Statistics

N	1373
Cochran's Q	472.639[a]
df	3
Asymp. Sig.	.000

a. 1 is treated as a success.

McNemar Test – Complete data set

Crosstabs

Group1 & Group2

	Group2	
Group1	Absent	Present
Absent	115	418
Present	389	451

Group1 & Group3

	Group3	
Group1	Absent	Present
Absent	326	207
Present	469	371

Group2 & Group3

	Group3	
Group2	Absent	Present
Absent	329	175
Present	466	403

Group2 & Placebo

	Placebo	
Group2	Absent	Present
Absent	418	86
Present	567	302

Test Statistics[b]

	Group1 & Group2	Group1 & Group3	Group2 & Group3	Group2 & Placebo
N	1373	1373	1373	1373
Chi-Square[a]	.971	100.771	131.201	352.833
Asymp. Sig.	.324	.000	.000	.000

a. Continuity Corrected

b. McNemar Test

McNemar Test – Data split by Rubric level

Crosstabs

Group1 & Group2

		Group2	
RubricLevel	Group1	Absent	Present
Main Rubric	Absent	39	132
	Present	86	177
Sub Rubric	Absent	44	173
	Present	191	184
Sub sub Rubric	Absent	32	113
	Present	112	90

Group1 & Group3

		Group3	
RubricLevel	Group1	Absent	Present
Main Rubric	Absent	89	82
	Present	98	165
Sub Rubric	Absent	148	69
	Present	228	147
Sub sub Rubric	Absent	89	56
	Present	143	59

Group2 & Group3

		Group3	
RubricLevel	Group2	Absent	Present
Main Rubric	Absent	65	60
	Present	122	187
Sub Rubric	Absent	159	76
	Present	217	140
Sub sub Rubric	Absent	105	39

Group1 & Group2

RubricLevel	Group1	Group2 Absent	Group2 Present
Main Rubric	Absent	39	132
	Present	86	177
Sub Rubric	Absent	44	173
	Present	191	184
Sub sub Rubric	Absent	32	113
	Present	127	76

Group2 & Placebo

RubricLevel	Group2	Placebo Absent	Placebo Present
Main Rubric	Absent	101	24
	Present	177	132
Sub Rubric	Absent	190	45
	Present	245	112
Sub sub Rubric	Absent	127	17
	Present	145	58

Test Statistics[b]

RubricLevel		Group1 & Group2	Group1 & Group3	Group2 & Group3	Group2 & Placebo
Main Rubric	N	434	434	434	434
	Chi-Square[a]	9.289	1.250	20.445	114.945
	Asymp. Sig.	.002	.264	.000	.000
Sub Rubric	N	592	592	592	592
	Chi-Square[a]	.794	84.054	66.894	136.555
	Asymp. Sig.	.373	.000	.000	.000
Sub sub Rubric	N	347	347	347	347

	Chi-Square[a]	.000	37.166	45.596	99.562
	Asymp. Sig.	1.000	.000	.000	.000

a. Continuity Corrected

b. McNemar Test

Warnings

There are not enough valid cases for processing in split file Chapter=Chill. No statistics are computed.

The McNemar Test for Group1 & Group3 is not performed in split file Chapter=External throat because both variables are not dichotomous with the same values.

The McNemar Test for Group1 & Group3 is not performed in split file Chapter=Kidneys because both variables are not dichotomous with the same values.

The McNemar Test for Group2 & Group3 is not performed in split file Chapter=Larynx because both variables are not dichotomous with the same values.

There are not enough valid cases for processing in split file Chapter=Male and Female. No statistics are computed.

McNemar Test – Data split by repertory chapter

Crosstabs

Group1 & Group2

		Group2	
Chapter	Group1	Absent	Present
Abdomen	Absent	0	24
	Present	6	8
Back	Absent	0	2
	Present	19	21
Bladder	Absent	0	3

	Present	0	2
Chest	Absent	6	17
	Present	10	14
Cough	Absent	0	2
	Present	2	3
Dreams	Absent	28	64
	Present	17	33
Ear	Absent	0	1
	Present	16	8
Expectoration	Absent	1	3
	Present	0	1
External throat	Absent	0	3
	Present	0	0
Extremities	Absent	6	27
	Present	68	25
Eye	Absent	4	7
	Present	14	12
Face	Absent	1	17
	Present	19	7
Female	Absent	3	23
	Present	2	2
Fever	Absent	0	4
	Present	0	0
Generals	Absent	23	40
	Present	24	52
Head	Absent	5	14
	Present	20	22
Hearing	Absent	0	0
	Present	5	1
Kidneys	Absent	0	4

	Present	0	0
Larynx	Absent	0	0
	Present	2	0
Male	Absent	1	0
	Present	0	1
Mind	Absent	13	49
	Present	70	154
Mouth	Absent	8	2
	Present	7	6
Nose	Absent	2	14
	Present	34	17
Perspiration	Absent	1	1
	Present	1	0
Rectum	Absent	3	10
	Present	1	1
Respiration	Absent	0	2
	Present	10	6
Skin	Absent	0	6
	Present	3	7
Sleep	Absent	1	10
	Present	4	12
Stomach	Absent	3	25
	Present	17	12
Stool	Absent	1	10
	Present	0	0
Teeth	Absent	0	7
	Present	0	0
Throat	Absent	3	7
	Present	11	12
Urethra	Absent	0	4

	Present	1	0
Urine	Absent	1	4
	Present	0	0
Vertigo	Absent	1	5
	Present	4	2
Vision	Absent	0	6
	Present	2	9

Group1 & Group3

		Group3	
Chapter	Group1	Absent	Present
Abdomen	Absent	23	1
	Present	11	3
Back	Absent	2	0
	Present	29	11
Bladder	Absent	3	0
	Present	2	0
Chest	Absent	13	10
	Present	19	5
Cough	Absent	2	0
	Present	1	4
Dreams	Absent	37	55
	Present	15	35
Ear	Absent	1	0
	Present	24	0
Expectoration	Absent	2	2
	Present	0	1
Extremities	Absent	23	10
	Present	76	17
Eye	Absent	7	4

	Present	19	7
Face	Absent	16	2
	Present	23	3
Female	Absent	22	4
	Present	2	2
Fever	Absent	1	3
	Present	0	0
Generals	Absent	33	30
	Present	34	42
Head	Absent	9	10
	Present	24	18
Hearing	Absent	0	0
	Present	2	4
Larynx	Absent	0	0
	Present	2	0
Male	Absent	1	0
	Present	0	1
Mind	Absent	35	27
	Present	75	149
Mouth	Absent	2	8
	Present	9	4
Nose	Absent	9	7
	Present	33	18
Perspiration	Absent	1	1
	Present	1	0
Rectum	Absent	6	7
	Present	0	2
Respiration	Absent	1	1
	Present	8	8
Skin	Absent	4	2

	Present	7	3
Sleep	Absent	6	5
	Present	3	13
Stomach	Absent	24	4
	Present	24	5
Stool	Absent	7	4
	Present	0	0
Teeth	Absent	3	4
	Present	0	0
Throat	Absent	7	3
	Present	13	10
Urethra	Absent	4	0
	Present	1	0
Urine	Absent	4	1
	Present	0	0
Vertigo	Absent	4	2
	Present	6	0
Vision	Absent	6	0
	Present	6	5

Group2 & Group3

		Group3	
Chapter	Group2	Absent	Present
Abdomen	Absent	5	1
	Present	29	3
Back	Absent	18	1
	Present	13	10
Bladder	Absent	0	0
	Present	5	0
Chest	Absent	9	7

	Present	23	8
Cough	Absent	1	1
	Present	2	3
Dreams	Absent	9	36
	Present	43	54
Ear	Absent	16	0
	Present	9	0
Expectoration	Absent	0	1
	Present	2	2
External throat	Absent	0	0
	Present	3	0
Extremities	Absent	62	12
	Present	37	15
Eye	Absent	13	5
	Present	13	6
Face	Absent	18	2
	Present	21	3
Female	Absent	5	0
	Present	19	6
Fever	Absent	0	0
	Present	1	3
Generals	Absent	26	21
	Present	41	51
Head	Absent	13	12
	Present	20	16
Hearing	Absent	2	3
	Present	0	1
Kidneys	Absent	0	0
	Present	4	0
Male	Absent	1	0

	Present	0	1
Mind	Absent	46	37
	Present	64	139
Mouth	Absent	6	9
	Present	5	3
Nose	Absent	29	7
	Present	13	18
Perspiration	Absent	2	0
	Present	0	1
Rectum	Absent	1	3
	Present	5	6
Respiration	Absent	7	3
	Present	2	6
Skin	Absent	3	0
	Present	8	5
Sleep	Absent	1	4
	Present	8	14
Stomach	Absent	18	2
	Present	30	7
Stool	Absent	0	1
	Present	7	3
Teeth	Absent	0	0
	Present	3	4
Throat	Absent	9	5
	Present	11	8
Urethra	Absent	1	0
	Present	4	0
Urine	Absent	1	0
	Present	3	1
Vertigo	Absent	4	1

	Present	6	1
Vision	Absent	1	1
	Present	11	4

Group2 & Placebo

		Placebo	
Chapter	Group2	Absent	Present
Abdomen	Absent	3	3
	Present	19	13
Back	Absent	18	1
	Present	14	9
Bladder	Absent	0	0
	Present	1	4
Chest	Absent	16	0
	Present	30	1
Cough	Absent	2	0
	Present	3	2
Dreams	Absent	41	4
	Present	78	19
Ear	Absent	15	1
	Present	5	4
Expectoration	Absent	1	0
	Present	4	0
External throat	Absent	0	0
	Present	3	0
Extremities	Absent	67	7
	Present	41	11
Eye	Absent	12	6
	Present	10	9
Face	Absent	20	0

	Present	23	1
Female	Absent	2	3
	Present	19	6
Fever	Absent	0	0
	Present	3	1
Generals	Absent	34	13
	Present	54	38
Head	Absent	23	2
	Present	23	13
Hearing	Absent	5	0
	Present	1	0
Kidneys	Absent	0	0
	Present	2	2
Larynx	Absent	1	1
	Present	0	0
Male	Absent	0	1
	Present	0	1
Mind	Absent	59	24
	Present	109	94
Mouth	Absent	15	0
	Present	6	2
Nose	Absent	29	7
	Present	22	9
Perspiration	Absent	1	1
	Present	1	0
Rectum	Absent	1	3
	Present	3	8
Respiration	Absent	10	0
	Present	6	2
Skin	Absent	2	1

	Present	7	6
Sleep	Absent	4	1
	Present	11	11
Stomach	Absent	18	2
	Present	22	15
Stool	Absent	1	0
	Present	7	3
Teeth	Absent	0	0
	Present	7	0
Throat	Absent	11	3
	Present	12	7
Urethra	Absent	0	1
	Present	2	2
Urine	Absent	0	1
	Present	3	1
Vertigo	Absent	5	0
	Present	4	3
Vision	Absent	2	0
	Present	11	4

Test Statistics[c]

Chapter		Group1 & Group2	Group1 & Group3	Group2 & Group3	Group2 & Placebo
Abdomen	N	38	38	38	38
	Chi-Square[a]	9.633		24.300	
	Asymp. Sig.	.002		.000	
	Exact Sig. (2-tailed)		.006[b]		.001[b]
Back	N	42	42	42	42
	Chi-Square[a]		27.034		
	Asymp. Sig.		.000		

	Exact Sig. (2-tailed)	.000[b]		.002[b]	.001[b]
Bladder	N	5	5	5	5
	Exact Sig. (2-tailed)	.250[b]	.500[b]	.063[b]	1.000[b]
Chest	N	47	47	47	47
	Chi-Square[a]	1.333	2.207	7.500	28.033
	Asymp. Sig.	.248	.137	.006	.000
Cough	N	7	7	7	7
	Exact Sig. (2-tailed)	1.000[b]	1.000[b]	1.000[b]	.250[b]
Dreams	N	142	142	142	142
	Chi-Square[a]	26.123	21.729	.456	64.988
	Asymp. Sig.	.000	.000	.500	.000
Ear	N	25	25	25	25
	Exact Sig. (2-tailed)	.000[b]	.000[b]	.004[b]	.219[b]
Expectoration	N	5	5	5	5
	Exact Sig. (2-tailed)	.250[b]	.500[b]	1.000[b]	.125[b]
External throat	N	3		3	3
	Exact Sig. (2-tailed)	.250[b]		.250[b]	.250[b]
Extremities	N	126	126	126	126
	Chi-Square[a]	16.842	49.128	11.755	22.688
	Asymp. Sig.	.000	.000	.001	.000
Eye	N	37	37	37	37
	Exact Sig. (2-tailed)	.189[b]	.003[b]	.096[b]	.454[b]
Face	N	44	44	44	44
	Chi-Square[a]	.028			
	Asymp. Sig.	.868			
	Exact Sig. (2-tailed)		.000[b]	.000[b]	.000[b]
Female	N	30	30	30	30
	Exact Sig. (2-tailed)	.000[b]	.687[b]	.000[b]	.001[b]
Fever	N	4	4	4	4
	Exact Sig. (2-tailed)	.125[b]	.250[b]	1.000[b]	.250[b]

Generals	N	139	139	139	139
	Chi-Square[a]	3.516	.141	5.823	23.881
	Asymp. Sig.	.061	.708	.016	.000
Head	N	61	61	61	61
	Chi-Square[a]	.735	4.971	1.531	
	Asymp. Sig.	.391	.026	.216	
	Exact Sig. (2-tailed)				.000[b]
Hearing	N	6	6	6	6
	Exact Sig. (2-tailed)	.063[b]	.500[b]	.250[b]	1.000[b]
Kidneys	N	4		4	4
	Exact Sig. (2-tailed)	.125[b]		.125[b]	.500[b]
Larynx	N	2	2		2
	Exact Sig. (2-tailed)	.500[b]	.500[b]		1.000[b]
Male	N	2	2	2	2
	Exact Sig. (2-tailed)	1.000[b]	1.000[b]	1.000[b]	1.000[b]
Mind	N	286	286	286	286
	Chi-Square[a]	3.361	21.657	6.693	53.053
	Asymp. Sig.	.067	.000	.010	.000
Mouth	N	23	23	23	23
	Exact Sig. (2-tailed)	.180[b]	1.000[b]	.424[b]	.031[b]
Nose	N	67	67	67	67
	Chi-Square[a]	7.521	15.625		6.759
	Asymp. Sig.	.006	.000		.009
	Exact Sig. (2-tailed)			.263[b]	
Perspiration	N	3	3	3	3
	Exact Sig. (2-tailed)	1.000[b]	1.000[b]	1.000[b]	1.000[b]
Rectum	N	15	15	15	15
	Exact Sig. (2-tailed)	.012[b]	.016[b]	.727[b]	1.000[b]
Respiration	N	18	18	18	18
	Exact Sig. (2-tailed)	.039[b]	.039[b]	1.000[b]	.031[b]

Skin	N	16	16	16	16
	Exact Sig. (2-tailed)	.508[b]	.180[b]	.008[b]	.070[b]
Sleep	N	27	27	27	27
	Exact Sig. (2-tailed)	.180[b]	.727[b]	.388[b]	.006[b]
Stomach	N	57	57	57	57
	Chi-Square[a]	1.167	12.893	22.781	
	Asymp. Sig.	.280	.000	.000	
	Exact Sig. (2-tailed)				.000[b]
Stool	N	11	11	11	11
	Exact Sig. (2-tailed)	.002[b]	.125[b]	.070[b]	.016[b]
Teeth	N	7	7	7	7
	Exact Sig. (2-tailed)	.016[b]	.125[b]	.250[b]	.016[b]
Throat	N	33	33	33	33
	Exact Sig. (2-tailed)	.481[b]	.021[b]	.210[b]	.035[b]
Urethra	N	5	5	5	5
	Exact Sig. (2-tailed)	.375[b]	1.000[b]	.125[b]	1.000[b]
Urine	N	5	5	5	5
	Exact Sig. (2-tailed)	.125[b]	1.000[b]	.250[b]	.625[b]
Vertigo	N	12	12	12	12
	Exact Sig. (2-tailed)	1.000[b]	.289[b]	.125[b]	.125[b]
Vision	N	17	17	17	17
	Exact Sig. (2-tailed)	.289[b]	.031[b]	.006[b]	.001[b]

a. Continuity Corrected

b. Binomial distribution used.

c. McNemar Test

REFERENCES

Benyunes, S. 2005. *German Homoeopathic Pharmacopoeia*. First Supplement ed. Stuttgart: medpharm GmbH Scientific Publishers.

Brinton, M. Miller, M. 2004. C4 Potencies:Exploring a Different Way of Working with Homeopathy. *Homeopathy in practice*, Winter 2004.

Goel, S. 2001. *Art and Science of Homoeopathic Pharmacy*. First ed. Ahmedabad, India: Leo Enterprises.

Norland, M. 2007. *The Four Elements in Homeopathy*. Stroud: Yondercott Press.

Sankaran, R. 2006. *About the Clinic - Dr. Sankaran's Clinic* [online]. Available at: http://www.sankaransclinic.com/caserecord.doc [07/03/2008].

Sherr, J. 1994. *The Dynamics and Methodology of Homoeopathic Provings*. Second ed. Malvern, U.K.: Dynamis Books.

Wright, C. D. 1999. *A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans.* M. Tech Homoeopathy thesis, Technikon Natal.