A comparison of the symptoms derived using a radionically prepared remedy with the existing materia medica: a triple-blind proving of a well proven homoeopathic remedy

By

Joanna Lin

Dissertation submitted in fulfilment of the requirements of the degree of Master of Technology: Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology.

I, Joanna Lin, do hereby declare that this dissertation 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

_____ _____

Signature of Supervisor Date of signature

Prof A.H.A. Ross

D.Tech.Hom (DUT); M.Tech.Hom (TN); PGDip. Health Res Eth *cum laude* (SU); B.Mus. *cum laude* (UCT)

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Signature of Co-Supervisor Date of signature

Dr I. Botha

D.Tech.Hom (DUT); M.Tech.Hom *cum laude* (DIT)

ABSTRACT

AIM

The aim of this study was to determine whether a radionically prepared remedy would elicit symptomatology similar to the existing materia medica of the same remedy during a triple-blind proving.

METHODOLOGY

This homoeopathic proving of a radionically prepared remedy in 30C-equivalent (CR) potency was of a true experimental design, conducted in the form of a randomized, triple-blind, placebo-controlled trial.

Thirty proving participants (20 verum and 10 placebo) were selected according to defined inclusion criteria, and were closely monitored by the researcher throughout the proving to ensure prover compliance and wellbeing. Data was collected in the form of prover journals, in which provers recorded their symptoms experienced over the pre-proving observation period, the duration of the proving and the post-proving observation period.

The proving symptomatology was collated into standard materia medica and repertory formats, following the CHROMA-*Prove*© method. Twenty keynote rubrics were selected according to criteria, which included symptoms 'Grade 2' or higher, PQRS (peculiar, queer, rare, strange) symptoms and general symptoms, and were subjected to repertorial analysis using *RadarOpus* software program (version 1.38). The nature of the proving substance was unblinded only after an estimation of the substance by repertorial overlap was made by the principal researcher, following which qualitative and quantitative comparisons of the proving materia medica and repertory were made against the existing materia medica of the same remedy accordingly.

RESULTS

The proving of the radionically prepared remedy produced observable symptoms that resulted in a total of 332 materia medica entries, which translated into 563 rubrics distributed across 32 chapters. Five repertorial techniques were applied to the twenty rubrics selected and the researcher was able to correctly identify the radionically prepared proving substance, which was revealed to be *Cantharis vesicatoria*.

CONCLUSION

From the results of this study, it was evident that the proving of *Cantharis vesicatoria* 30CR produced symptomatology that was sufficiently characteristic to enable the researcher to correctly identify the remedy. The repertorial and materia medica comparisons to the existing materia medica of *Cantharis vesicatoria*, however, highlighted several similarities and differences that need to be explored further in order to bridge the observations and questions posed in this study.

DEDICATION

This dissertation is dedicated to the memory of my cousin,

Sandra Liu 劉軒倢 (1991-2010);

And to all of humanity.

"Wherever the art of medicine is loved,

there is also a love of humanity." ~Hippocrates~

(Stone and Gordon 2013: 824)

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ABBREVIATIONS AND SYMBOLS

<	Aggravated by
>	Ameliorated by
AMS	Advanced medical systems wave transfer device
C	Centesimal scale (1:100)
CH	Hahnemannian method of remedy preparation
CK	Korsakovian method of remedy preparation
CR	Radionic method of remedy preparation
D or X	Decimal scale (1:10)
DUT	Durban University of Technology
GHP	German Homoeopathic Pharmacopoeia
HPT	Homoeopathic pathogenic/ pathogenetic trials
ICP-AES	Inductively coupled plasma atomic emission spectroscopy
LM or Q	Quinquagintamillesimal scale (1:50000)
M	Millesimal scale ($1:10^{2000}$)
NMR	Nuclear magnetic resonance
PQRS	Peculiar, queer, rare and strange
RCT	Randomised control trials
SAED	Selected area electron diffraction
TEM	Transmission electron microscopy

DEFINITION OF TERMS

CHROMA-*Prove*©: A systematic method of processing prover journal data with use of colour during this process, allowing for a relatively objective means of differentiating between pre-, intra- and post-proving entries; inter- and intra-prover experimental symptoms; and repeat rubrics of single provers and multiple provers (Ross 2015).

Fluxion: A method of manufacture of liquid potencies without succussion strokes. The potentising effect is produced by the turbulence of flowing or injected water (Swayne 2000: 87-88).

Keynote Symptom: A symptom highly characteristic of a particular medicine. It provides a strong indication for the choice of a particular medicine (Swayne 2000: 121).

Materia Medica: A description of the nature and therapeutic repertoire of homeopathic medicines; of the pathology, the symptoms, signs and modifying factors (modalities), and the general characteristics of the patient associated with them, derived from their toxicology, homeopathic pathogenetic trials (HPT) and clinical experiences of their use (Swayne 2000: 132-133).

Pharmacopoeia: A formal document consisting of monographs, describing the composition, properties, manufacture and quality control of drugs (Swayne 2000: 159).

Placebo: A substance with no active biological properties use for comparison with the substance or method to be tested in a controlled trial, and indistinguishable from it (Swayne 2000: 162).

Potency: The measure of the power of medicine based on the degree to which it has been potentised, expressed in terms of the degree of dilution (Swayne 2000: 165-166).

Potentisation: A multistep process developed by Hahnemann by which the medicinal power (potency) of a homeopathic medicine is released or increased, involving serial dilution with succussion or using trituration of fluxion (Swayne 2000: 169).

Prover: The subject of a proving or homeopathic pathogenetic trial. A volunteer, who should be in good health, who records changes in his or her condition during and after administration of the substance to be tested (Swayne 2000: 173-174).

Proving: The process of determining the medicinal properties of a substance; testing substances in material dose, mother tincture or potency, by administration to healthy volunteers to elicit effects from which the therapeutic potential, or materia medica of the substance is derived (Swayne 2000: 174).

Radionics: Radionics is a healing technique in which our natural intuitive faculties are used both to discover the energetic disturbances underlying illness and to encourage the return of a normal energetic field that supports health. It is independent of the distance between practitioner and patient (The Radionic Association 2017).

Remedy: The term commonly used in homeopathy for the homeopathic medicine, because it implies both the more comprehensive remedial action which the prescription is expected to achieve and the more purposive relationship to what is to be remedied in the patient than the more general term ‘medicine’ (Swayne 2000: 182-183).

Repertory: A systemic cross reference of symptoms and disorders to the homeopathic medicines in whose therapeutic repertoire (materia medica) they occur. The strength or degree of the association between the two is indicated by the type in which the medicine name is printed (Swayne 2000: 183).

Repertorisation: The technique of using a repertory to identify the homeopathic medicines whose materia medica corresponds most closely to

the clinical picture of the patient and from amongst which the similimum may be chosen (Swayne 2000: 183-184).

Rubric: The phrase used in a repertory to identify a symptoms or disorder and its component elements and details, and categories of these, and to which a list of the medicines which are known to have produced that symptom of disorder in homeopathic pathogenetic trials, or to have remedied in clinical practice, is attached (Swayne 2000: 186).

Similimum: The drug picture most like the clinical picture in the patient; the most accurate match between the clinical characteristics of the patient and the materia medica; the basis of accurate and effective prescribing in homeopathy (Swayne 2000: 194).

Succussion: Vigorous shaking, with impact or ‘elastic collision’ carried out at each stage of dilution in the preparation of a homeopathic potency; one method of potentisation (Swayne 2000: 201-202).

Vehicle: The medium in which the medicine is presented (Swayne 2000: 223-224).

Verum: The term commonly used for the substance to be tested in a controlled trial (Swayne 2000: 162).

CHAPTER 1- THE INTRODUCTION

1.1. The Context of Research

During the mid-1900s, the development of radionics introduced new approaches towards homeopathic diagnosis and treatment. Together with homeopathy, radionic practitioners developed radionic machines which were able to prepare homoeopathic remedies through induction of the remedy's energy pattern on to neutral vehicles (Morrell 2000). There is much anecdotal evidence on the effectiveness of these remedies, but no formal investigations have been made (Fellows 2013). Rae (1977) stated that although it is apparent that the remedies prepared exert the same effect upon patients as do those remedies prepared according to the conventional Hahnemannian method, it was not known whether any differences did, in fact, exist.

Allsopp (2010) recommended at the end of her nuclear magnetic resonance (NMR) spectroscopy study on radionic and Hahnemannian produced *Natrum muriaticum* that further investigation was required to determine the biological activity of radionically produced remedies, in comparison to the “equivalent” Hahnemannian produced remedies.

The rationale for human testing to determine biological activity lies in the core of homeopathic philosophy. According to aphorism 120 of Samuel Hahnemann’s Organon of the Medical Art (1996), only once medicines are tested on healthy individuals, can we be certain of their true powers and actions.

At face value the intentional administration of a substance to healthy participants with the motive being to elicit and document the specific set of reactive symptoms seems contrary to ethical standards (Ross 2011). However this practice is not limited to homoeopathy, the homoeopathic drug proving can be related to that of Phase one randomised controlled trials (RCT) which

too administer the experimental medication to a small group of healthy volunteers to document and observe the resultant effects in comparison to a placebo group (Wieland 1996; Dantas, Fisher, Walach, Wieland, Rastogi, Teixeira, Koster, Jansen, Eizayaga, Alvarez, Marim, Belon and Weckx 2007). Wieland (1996) added that although conducted for different purposes and within different paradigms, provings are the 'homoeopathic version' of phase one RCT's. However, in provings, phases two-four are not necessary, as provings are always conducted at non-toxic doses ($1:10^{60}$); and, at this level of ultra-high dilution, toxicological effects are unlikely.

According to the European Committee for Homeopathy (2004) the likelihood of toxicity of homoeopathic substances administered at 30CH potency (equivalent to a deconcentration of $1x10^{-60}$) is extremely low and proving symptoms produced are reversible and temporary, lasting a few hours or days only. In the unlikely event that the proving symptoms induced in any prover be classified as an adverse event i.e. a symptom or event which requires therapeutic intervention, the prover will be appropriately cared for according to the protocol described in adverse event management.

In order to ascertain the biological equivalence of radionically prepared remedies and Hahnemannian prepared remedies, a homeopathic proving of the radionically prepared remedy would be the ideal method. If the radionically prepared remedy proves to be similar in action to that of the (known) Hahnemannian prepared remedy, it can be of benefit to the homoeopathic field. Radionics allow for more consistent, faster, cost effective remedies to be made, without requiring much storage space in the homoeopathic dispensary, as only one remedy card is required to make an unlimited number of remedies and at varying potencies (Rae 1977).

Similarly, if the radionically produced remedy proves to have no clearly discernible effect, it can also be of benefit to the homoeopathic field, as it would suggest poor equivalence and that practitioners may be advised to discontinue using radionically prepared remedies, and return to orthodox Hahnemannian methods of preparation.

1.2. The Research Aim

The aim of this study was to determine whether a radionically prepared remedy would elicit symptomatology similar to the existing materia medica of the same remedy during a triple-blind proving.

1.3. The Research objectives

1.3.1. The First Research Objective

To identify symptoms produced (if any) in healthy provers by a radionically prepared remedy of a well proven homoeopathic remedy;

1.3.2. The Second Research Objective

To compare the proving symptoms of the radionically prepared remedy to that of a well proven remedy; thus, comparing their reversible and temporary biological effects.

1.4. The Assumptions

- A proving will produce clearly observable symptoms in healthy provers;
- The administered remedies were accurately prepared following the standards specified according to German Homoeopathic Pharmacopoeia methods, as described in Chapter 3 *(see 3.4.2)*;
- The radionically prepared remedies were handled and stored correctly to reduce any external factors which may influence the shelf-life of the remedies;
- All provers complied with the proving procedures for the duration of the proving, as outlined in *Appendix E*;
- The provers administered the remedies in dosage, frequency and manner as required;

- The provers were accurate in their self-observation and recorded their symptoms in as much details as possible, as verified during the post-proving interview;
- The provers followed a normal lifestyle as outlined in the methodology.

1.5. The Delimitations

This research study did not:

- Attempt to explain the mechanism of action by which radionically prepared remedies elicit symptoms in healthy human participants;
- Seek to determine the therapeutic effect of radionically prepared remedies;
- Seek to determine the effects of radionically prepared remedies other than orally administered 30CR potencies;
- Seek to generalise conclusions to all radionically prepared remedies.

CHAPTER 2- THE LITERATURE REVIEW

2.1. The Homoeopathic Principles and Philosophy

Homoeopathy was officially founded in 1796, when Samuel Hahnemann, the founder of homoeopathy, published his paper *Essay on a new principle for ascertaining the curative powers of drugs and some examination of previous principles* (Bärthel 1991). The name homoeopathy is derived from the Greek words *homoion pathos*, meaning "similar disease", referring to the Law of Similars - "*Similia Similibus Curentur*" (let likes be cured by likes), which forms the fundamental pillar of Homoeopathy. Therapeutically, diseases are treated with substances that are able to produce similar symptoms in healthy individuals when ingested by them (Walach, Jonas, Ives, van Wijk and Weingärtner 2005).

The concept of the Law of Similars is not specific to homoeopathic principles; it can also be found in the work of other pioneers of modern medicine, such as Hippocrates and Paracelsus. Hahnemann put this principle into practice by testing remedies on healthy individuals and documenting the symptoms, which then indicated the future therapeutic application for the remedies (Walach *et al.* 2005).

Hahnemann continued testing his theories by administering remedies to healthy volunteers, who were initially his family and students, but he soon realised that the crude substances had toxic side-effects. He experimented with various dilution methods which lead to his development of a process that he called 'dynamisation' or 'potentisation' (derived from the Greek word "*dynamis*" meaning "power"), which involved stepwise dilution and succussion (Walach *et al.* 2005). In 1801, Hahnemann published the pamphlet *Cure and Prevention of Scarlet Fever*, in which he gave precise instructions for the preparation and administration of *Atropa belladonna*. His detailed methodology involved trituration, serial dilutions in water and alcohol, and

vigorous shaking or agitation of the *Belladonna* solution to result in the medicine for the prevention of scarlet fever; one drop of this solution contained the twenty four millionth part ($1:2.4x10^{7}$) of one grain of the original dried *Belladonna* juice (Bärthel 1991).

After years of experimentation and clinical practice, Hahnemann developed two different scales of potentisation; the decimal scale (XH or D) diluted to the ratio of one tenth (1:10) of the original substance, and the centesimal scale (CH) diluted to the ratio one hundredth (1:100) of the original substance (Gaier 1991; Kayne 2006). When diluting with these ratios, after twenty four dilutions of 1:10 (24XH), or after twelve dilutions of 1:100 (12CH), the remedy will be equivalent to a deconcentration of $1:10^{24}$. In theory, this would have surpassed Avogadro's constant for the number of molecules per mole ($6.022X10^{23}$), which means that none of the original substance should remain in the remedy (Walach *et al.* 2005). He called this process 'dynamisation' or 'potentisation', as he observed that potentisation [when applied to 'similars'] strengthened the therapeutic effects, and even aroused the latent curative qualities of substances (Gaier 1991; Hahnemann 1996).

2.2. Methods of Potentisation

Hahnemann (1996) was consistent in pursuing his goal to develop an ideal method of cure that permanently restored health in a rapid, gentle, reliable and harmless way. All his discoveries regarding remedy preparation, dispensing and posology were carefully documented in detail and can be found in his books *Materia Medica Pura, Chronic Diseases,* the *Organon of the Medical Art,* and homoeopathic pharmacopoeias (Bärthel 1991).

The Hahnemannian method of CH (centesimal scale) potentisation involves the use of separate vials for each step in the manufacturing process. Each vial is numbered and labelled, then filled with ninety-nine drops of dilute alcohol; one drop of the active substance is added to the first vial, then succussed and left to rest for three minutes. The number of succussions can alter, according

to the pharmacopoeia used, but the number of succussions always stays constant throughout the entire manufacturing process. To increase to the next potency, one drop from vial number one is added to vial number two, and the process is repeated. In order to indicate the use of the Hahnemannian method of potentisation, a symbol “H” is used after the deconcentration level (C for centesimal and X for decimal), for example 30CH (Kayne 2006).

Although the effectiveness of homoeopathic remedies was attributed to the Hahnemannian method of potentisation, homoeopathic practitioners began to find the method impractical and costly, as it required many manufacturing materials and hours, and it was also subject to human error. With the growing demand for higher potencies, such as 200CH ($1:10^{400}$) and 1M ($1:10^{2000}$) potencies, a number of homoeopaths began to look into alternative methods of remedy production, which lead to the invention of various potentising machines based on different theories of potentisation (Muntz 2011).

Jenichen was one of the first manufacturers who produced high potencies by hand. He attributed remedy dynamisation (beyond a specific potency level) solely to the succussion process and a defined number of shaking strokes to the different potency levels of the remedy; thus continuous succussion without dilution was sufficient. His method inspired the invention of many potentising machines, including potentisers still used today, which relied on ‘super-succussion’ and shared the advantage that only one vial would be used for potentising (Muntz 2011).

There were two main types of potentising machines that were designed in the 19th century; fluxion potentisers potentised using liquid turbulence, and succussion potentisers potentised using the shaking strokes. Mure was one of the first homoeopaths to develop a potentising machine based on the succussion method, counting 300 succussions for every dilution. Fincke made remedies using the continuous fluxion method; after manufacturing potencies up to 30CH, he determined the subsequent potencies by measuring the amount of water continuously passing through a graduated vessel, without the requirement of succussions. Skinner also used fluxion potentisers, but in

contrast to Fincke's continuous fluxion method, he used a discontinuous fluxion method. The potentising vial would be filled with the remedy to be potentised and shaken for one minute to moisten the vial wall. The vial would then be repeatedly emptied with several downward strokes, and then refilled with a hundred drops of alcohol to make the next potency; similarly to Fincke's fluxion method, no succussions were required between each dilution (Muntz 2011).

Korsakoff developed the Korsakovian method of potentisation. This method is considered to be the closest to the Hahnemannian potentisation method, the main difference being that Hahnemann used multiple vials, whereas Korsakoff used a single vial for the entire manufacture process. One drop of the active substance is added to ninety-nine drops of dilute alcohol, and succussed ten times. The contents of the vial are then emptied, with the (erroneous) assumption that one drop of the first deconcentration solution would adhere to the inner surface of the vial wall by surface tension, which would then be sufficient for the one drop required for the next stage. Ninety-nine drops of dilute alcohol would then be added to the vial, and the process repeated until reaching the desired potency. In order to indicate the Korsakovian method of potentisation, a symbol "K" is used after the deconcentration level, for example 30CK (Kayne 2006; Muntz 2011).

Over the years a variety of other methods were discovered to replace the traditional Hahnemannian method of potentisation. Although they were cheaper and seemed to have similar curative effects, they were more difficult to control and were unable to match Hahnemannian remedies in accuracy and precision. Most of these methods have since been discontinued for potentisation, except Korsakovian remedies and succussion potentisers, which are still being used to manufacture the higher potencies (Muntz 2011).

2.3. Radionics

2.3.1. Radiesthesia

The origins of radiesthesia, also known as dowsing or pendulum diagnosis, can be traced back to dowsing techniques documented throughout different eras and locations, with records dating more than 4000 years ago in Ancient China. Dowsing was initially used to locate subterranean sources of water with a forked metal or wooden rod, which would vibrate when water was detected (Chow 2005; Huttunen, Niniinimaa and Myllylä 2012). Over the years, various dowsing tools have been developed and used by dowsers to increase their sensitivity to receiving answers to questions that go beyond their three dimensional senses. Although there is much anecdotal proof of the effectiveness of dowsing, controversy over it remains as the phenomenon cannot be explained within the accepted scientific paradigm (Chow 2005).

Medical dowsing was developed in the early 1900s by four French dowsers, who attempted to give dowsing credibility by scientifically testing the results and renaming it to 'radiesthesia' to separate it from its controversial past. They were convinced that if dowsing was able to locate something hidden from sight, it was able to be used to discover undetectable diseases (Chow 2005). 'Pendulum diagnosis' was applied to diagnose and distinguish the treatments required for the patient, as it was more sensitive and had a greater ability to amplify signals in comparison to the traditional rods; their findings were repeatedly verified by physicians during their initial attempts at diagnosis (McCready 1966; Chow 2005). Even though the principles remain the same, each radiesthetic operator must discover their own technique, which will vary from one operator to another (McCready 1966).

Radiesthesia has since officially been recognised as a medical grouping, and lead to the development of other medical modalities. They share the theory that everything emits a unique energy that can be observed in the body differently; diagnosis of the underlying disease involves the ability to sense or detect these changes in the energy (Chow 2005).

2.3.2. The History of Radionics

‘Radionics’ is a term combining the two words “radio” and “electronics”, used to describe a system of alternative medicine which diagnoses and treats patients with a specialised instrument to correct their energy imbalances (Copen 1992). Radionics was founded over 100 years ago by Abrams, a medical practitioner, who originally called it “Electronic Reactions of Abrams”. He discovered that the human nervous system reacted to the energy field of external elements, such as disease conditions, which could be detected as a muscle reflex by percussing the abdominal wall. His investigations lead to the development of an instrument, which was able to diagnose a range of conditions, as the energy factor of each disease condition would result in a unique setting on the instrument. Abrams later discovered that a diagnosis could still be made if the patient was substituted with a sample from the patient, such as his or her blood sample. Lastly, he even noticed that he could work at a distance from the patient; up to five hundred miles (804.7 kilometres) through the telephone line, or wirelessly within one mile from the patient (Franks 2000).

Abram’s diagnostic instrument was redesigned into a more compact system, which gave greater flexibility and extended range by Drown, a chiropractor who had previously worked in Abram’s clinic. The new design involved a number of potentiometers (a rotatory control which could alter electrical resistance) in series; thus, allowing for longer sequences of numerical values to be created. Drown experimented with patients’ blood samples and a small rubber membrane (known as a “stick pad”), which would stick to the practitioner’s finger in response to the correct potentiometer setting of the instrument, indicating circuitry balance. Eventually, she was able to collect a vast number of rates covering most of the structures in the human body, disease conditions, poisons, toxins and other factors, including emotional disturbances. Her method of treatment was to feed back the “perfect” rate to the diseased location in the patient, through wires or remotely, to stimulate the growth of new and healthy cells which would then replace the “diseased” cells.

Drown also used a process called “radionic broadcasting”, which allowed for treatment at any distance, anywhere in the world (Franks 2000).

Although Drown’s instruments are no longer in use, her rates are still being used on modern radionic instruments today (Fellows 2013). Virtually anything can be represented by a radionic rate, including the homeopathic materia medica, substances too dangerous to handle, or substances that are not yet discovered (Franks 2000); remedies can even be “potentised” by subjecting unmedicated carriers, such as lactose, to certain radionic rates without the requirement of the original substance (Tansley 1977).

2.3.3. The Magneto-Geometric Potency Simulator

Ever since Drown’s invention of the ‘Homo-Vibra-Ray’ radionic instrument, this idea that any remedy could be stimulated and made into any potency through radionic procedures opened up new possibilities. Rae, a skilled radiesthetist who was involved in radionics research, took this idea further to create the ‘Magneto-geometric potency simulator’. He had close associations with homoeopaths, who also assisted in the early experimental phases of his instrument to help him confirm his findings (Tansley 1977).

Even though Rae was not a homoeopath, he recognised the potential of radionics in remedy potentisation. As he was a radiesthetist, he used a 100cm rule to measure the “potency energy” of remedy. The remedy was placed at the “zero” end of the rule, then a pendulum was moved along the rule from left to right; the point at which the pendulum swings at exactly right angles to the rule was noted, indicating a relative potency energy (also known as a “balance point”). When the rule was orientated in a different position, relative to the terrestrial field, different balance points were obtained. Rae realised that the point of balance detected was actually the “boundary” between the remedy’s local energy field and that of the earth’s magnetic field. He then continued to measure several remedies by placing the remedy vial in the central point, and finding the different balance points of the remedy with the rule orientated in

each of the cardinal and half cardinal points of the compass. The results of these measurements were plotted on polar graph paper, and a geometric pattern specific for each remedy was formed by connecting the adjacent points with a straight line (Rae 1977).

Rae discovered that since the remedy pattern was a result of the interaction between the remedy's energy field and the earth's magnetic field, in reverse, the earth's magnetic field could be used together with the remedy pattern to create a replica of the remedy. Tests with these remedies not only proved this to be the case, they also showed that the radionic remedy potency was dependent on the alignment of the pattern with the orientation in which it had been drawn; the closer the alignment to its original position, the higher the potency replicated, whereas, the greater the misalignment, the lower the potency replicated (Rae 1977).

Although the remedies prepared in this manner appeared to have similar effects to remedies prepared with the Hahnemannian method, there were a few drawbacks in Rae's original design that he wanted to perfect. One aspect that he wanted to change was the use of circular remedy cards, which were costly to produce, inconvenient to store and restricted the size of the remedy vial to the hole in each card. Another consideration was the dependence on the earth's magnetic field to potentise the remedy, which meant that the orientation of the remedy card must be precise in order to obtain the desired potency. Further investigations lead to Rae's creation of an instrument that was able to replace the earth's magnetic field with a small permanent magnet. This instrument allowed for the remedy pattern to be orientated vertically, with a cylindrical vial container, known as the "well", in which the desired neutral vehicle can be placed to be potentised. The potency of the remedy could be selected by turning a potentiometer, which acted as a potential divider that controlled the energising effect of the permanent magnets; unlike the original potency scale that indicated the number of stages of dilution and succussion involved, this scale only indicated the relative potency energy field of the various potencies (Rae 1977).

While Rae was altering the radionic instruments, he also made changes to the remedy patterns. The original circular cards were replaced by rectangular cards, which were fitted in a card slot at the top of the instrument. The data for the cards were still obtained radiesthetically by selecting a fixed point on the rule and rotating it degree by degree to mark the orientations at which the pendulum swings ninety degrees to the rule. It was also noted that the lines joining the points on the original cards were unnecessary, as the points themselves acted as operative factors for the remedy replication. The data obtained was drawn to form a master card for each remedy, using the degree marks on a larger circle than those printed on the production cards for greater accuracy; production cards were then printed photographically from the master card. Each remedy pattern could have up to six partial radii, keeping the length of each radii constant; this ensures that the remedy pattern is dependent only on the number of partial radii, and the angular distance between them (Rae 1977).

Rae (1977) made mention that the magneto-geometric instrument was called a “potency simulator”, instead of “potentiser” or “potency maker”. Even though it was apparent that the remedies prepared radionically exerted similar effects on patients as the “equivalent” Hahnemannian prepared remedies, it was not known whether any difference did, in fact, exist. In order to indicate the radionic method of potentisation, a symbol “R” is used after the deconcentration level, for example 30CR.

2.3.4. Radionics in Homoeopathy

There are thousands of magneto-geometric potency simulators used in over 20 countries, by different health professions, with increasing demands for additions to the 3000 remedy cards. Although the simulator was based on radionics, one did not require a radiesthetic understanding to use it. The simulator provided homoeopaths with a simpler alternative to prepare remedies; the practitioner only needed to select the appropriate remedy card

and alter the settings on the instrument to select the desired potency (Tansley 1977).

Advantages regarding the use of radionics in homoeopathy, as described by Rae (1977), are that the preparation of remedies is consistent, thus human error or variations in mother tinctures can be excluded; remedies are made within a short amount of time, regardless of potency, only one process is required; the homoeopathic dispensary would not require large stocks, and remedies can be made instantly, without having to order and await its arrival; only one card per remedy is required to make an unlimited number of remedies and at varying potencies.

As mentioned in *Methods of Potentisation (see 2.2)*, although the potency number indicated the number of stages of dilutions and succussions, there were factors within the Hahnemannian method of potentisation that would be difficult to be kept consistent. Apart from the number of stages of dilution and succussion, the number of succussions per stage, the degree of dilution per stage, the force and orientation of impact for each succussion were all points that were subject to variations with each person. Unless these factors were able to be standardised throughout all manufacturers, differences in the resultant products would occur (Rae 1977).

2.3.5. Research on Radionics

Two research studies comparing radionically prepared remedies to Hahnemannian prepared remedies had previously been conducted at the Durban University of Technology (DUT).

Allsopp (2010) conducted a comparative study of Hahnemannian and radionically prepared potencies of *Natrum muriaticum* using nuclear magnetic resonance spectroscopy (NMR). In this study, the magneto-geometric potency simulator was used to make the radionically prepared 6CR, 12CR and 30CR potencies. The chemical shift values and relative integration values for H_2O,

CH_2, CH_3 and OH peaks of the parallel potencies were compared and it revealed that there were significant physico-chemical differences, in terms of their NMR spectra, between the two methods of potentisation. Allsopp recommended that further studies should be conducted to investigate the biological and therapeutic activity of radionically prepared remedies, in comparison to the 'equivalent' Hahnemannian prepared remedies.

Kleingeld (2016) conducted a comparison of the efficacy of radionically prepared gibberellic acid and homoeopathically prepared gibberellic acid (GHP) on the germination rate and seedling development of barley seeds. Remedy preparations of Hahnemannian 4CH, Hahnemannian 200CH, Radionic 4CR and Radionic 200CR of gibberellic acid were made and compared to a control group (distilled water). In this study, the "Advanced Medical Systems (AMS) Wave Transfer device" was used for the radionic remedy preparation. This radionic instrument was used to duplicate an existing homoeopathic remedy by transmitting the homoeopathic remedy to a blank vehicle. The results showed that homoeopathic remedies, irrespective of potency or manufacture method (Hahnemannian or radionic), had similar suppressive effects on root growth and seedling development. The control group, in comparison, displayed greater seedling development, most evident in the average root lengths and high vigour seed lot root lengths having longer roots than all the remedy treatment groups, and also displaying a higher number of seeds with measureable roots. Kleingeld concluded that although further research was required, the results of this study were encouraging and may support the use of this radionic device as a method of remedy manufacture in clinical practice.

These studies investigated radionically prepared remedies in terms of their physico-chemical aspects and biological action on seed growth. Allsopp (2010) and Kleingeld (2016) mentioned that further research needed to be done on understanding the therapeutic activity of remedies made radionically. According to Hahnemann (1996), in paragraph 120, only once medicines are tested on healthy individuals, can we be certain of their true powers and actions.

2.4. Local or Non-Local Mechanisms

Rae (1977) observed that water, unlike other substances, could be charged with the potency energy of another substance, as it had the capacity to accept and convey any magnetically energised pattern appropriately applied to it. He compared the radionically prepared remedies to homoeopathic remedies produced above the 12C potency, which, in theory, no longer contain the materials and are merely coded bearers of the substance's information pattern. Although Hahnemann did not know about Avogadro's constant, he was aware that homoeopathic remedies would have very little or none of the original substance remaining as he reached the higher potencies; he usually mentioned that remedies have a spirit-like action, which he called "*geistartige Wirkung der Arznei*" (Walach 2005; Walach *et al.* 2005).

Most of modern science's criticism of the validity of homoeopathy and radionics is focused on the concept of high potencies, especially remedies that are diluted beyond Avogadro's constant. Currently there is no accepted rational theory that is able to explain why decreasing concentrations of the active agent, even to the point of there being none of the initial active agent present, can result in increased therapeutic effects (Schulte 1999; Walach *et al.* 2005; Bellavite, Marzotto, Olioso, Moratti and Conforti 2014). However, there are speculative hypotheses as an attempt to understand the physical-chemical nature of homoeopathic remedies, which can be broadly categorised into two hypothetical "mechanisms", local and non-local mechanistic models (Walach *et al.* 2005; Milgrom 2007; Bellavite *et al.* 2014).

2.4.1. Local Mechanistic Models

Local models postulate a physical structure of the homoeopathic remedy that can electromagnetically transfer the remedy's information or template to a physical vehicle (Walach *et al.* 2005; Milgrom 2007; Bellavite *et al.* 2014). Much research has attempted to prove the ability of liquid to retain the

information of the active agent even as dilutions exceed Avogadro's constant, which is also loosely termed as the 'memory of water' (Chaplin 2007).

Early theories on memory of water were based on local order formation of water in the form of clathrates that are held together by a hydrogen-bonded network. Clathrates are developed when aggregates of water surround the active agent once it is dissolved into water, forming a geometric lattice or niche around central cavities that contain the solute. Despite the fact that clathrate structures have short lifespans and can only last fractions of a second (nano- or picoseconds), they are maintained with the constant changing and replacement of constituent water molecules. The geometric lattice stores and transmits the information of the substance, even when the original substance is expelled from the clathrate structures, as the empty clathrates become moulds for the formation of further clathrates (Anagnostatos 1994; Schulte 1999; Walach *et al.* 2005; Milgrom 2007; Bellavite *et al.* 2014).

Another possible theoretical model, based on quantum electrodynamics, has been applied to the interaction of water molecules and the electromagnetic field to discuss the concept of memory of water. Del Giudice and Preparata predicted that the interactions among atoms and molecules in a water system are not restricted to the neighbouring molecules, but are connected by regions of electromagnetic coherence, known as 'coherent domains', which are dependent on the wavelengths of the electromagnetic field. 'Superradiance' is the phenomenon that results in a particular phase transition within coherent domains, causing all the particles to oscillate in phase with the electromagnetic field. Although the possibility of this state of dynamic resonance within coherent domains has not been proven yet, it offers an alternative phenomenon that can maintain the information of a substance, even after removal of the original source (Del Giudice 1994; Schulte 1999; Milgrom 2007; Bellavite *et al.* 2014).

Nanoparticles have become a topic of investigation in modern industrial and medical fields, as they have shown to have enhanced bioavailability,

absorptive capabilities, electromagnetic and quantum properties when compared with their bulk forms. *In vitro* and *in vivo* toxicological studies, independent of homoeopathy, have also shown increasing evidence of hormetic dose responses (low dose stimulation and high dose inhibition) following exposure to nanoparticles (Iavicoli, Calabrese and Nascarella 2010; Bellavite *et al.* 2014; Calabrese 2015). Chikramane, Suresh, Bellare and Kane (2010) sought out to test the presence and physico-chemical aspects of six metals in the form of nanoparticles across three homoeopathic potencies, namely 6C, 30C and 200C. Using transmission electron microscopy (TEM), selected area electron diffraction (SAED) and inductively coupled plasma atomic emission spectroscopy (ICP-AES) they demonstrated the presence of starting materials and their aggregates across all the different potencies, with no major differences in the size and shape of the particles of the starting materials. This evidence offers an alternative insight into the possible mechanisms of homeopathic remedies. Chirumbolo (2011) questions whether it is appropriate to apply Avogadro's constant when investigating the 'pharmacological' potential of ultra-high dilutions, since this evidence implies the possibility that the biological information in homeopathic remedies is carried through in the nanoparticles in dilutions, even beyond Avogadro's constant.

2.4.2. Non-Local Mechanistic Models

Local models are generally confined to the remedy as the sole therapeutic agent and are more concerned with the interactions between the active agent and the vehicle in which it is carried (Milgrom 2007). Researchers have also questioned how the role of structure in local models can result in biological effects (Walach *et al.* 2005), let alone in terms of application to radionically prepared remedies, which are not prepared using the traditional homeopathic methodology with a starting substance and stepwise dilution and succession. Alternatively, non-local models have been proposed by researchers by using quantum entanglement as a basis for the efficacy of homoeopathy (Milgrom 2007; Bellavite *et al.* 2014).

The theory of quantum entanglement was published in 1935, when Einstein, Podolsky and Rosen tried to demonstrate the incompleteness of quantum mechanics as a theory to apply to microscopic particles at the level of photons. They described a phenomenon in which two entangled quantities have a simultaneous reality, concluding that measurements performed on one part of a system can instantaneously provide information of other entangled pairs, regardless of their separation in space and time. Schrödinger later called this property of quantum systems 'entanglement' (Milgrom 2005; Milgrom 2007; Weingärtner 2007; Bellavite *et al.* 2014).

Researchers observed that entanglement has implications in less formal approaches and across multiple fields, beyond the specific meaning attributed them in orthodox quantum theory (Milgrom 2007). Antmanspacher, Römer and Walach (2002) formulated a more generalised version of quantum theory that relaxes orthodox theory's axioms, called 'weak quantum theory'. Weak quantum theory can be applied to areas, such as philosophy and psychology, and can be used to develop models for phenomena, which are not quantum, but have features which resemble entanglement between macroscopic systems (Milgrom 2005; Milgrom 2007; Weingärtner 2007; Bellavite *et al.* 2014).

Quantum theory can be applied to homoeopathy on several levels in the homoeopathic treatment process (Milgrom 2007; Bellavite *et al.* 2014). In terms of the pharmacological action of potentised remedies, Weingärtner (2003) proposed non-local correlations between the solvent and solute. Two-way entanglement models have been described between the patient and the remedy, and also between the patient and the practitioner (Weingärtner 2007; Bellavite *et al.* 2014). According to Milgrom (2002) a three-way entanglement should be considered between the patient, the practitioner and the remedy in order for homoeopathic treatment to take place. The challenge with the non-local models is that they cannot be directly tested in a clinical setting, thus making it difficult to be proven as an explanation for the therapeutic mode of action for homoeopathy (Walach *et al.* 2005).

2.4.3. Combination of Local and Non-Local Mechanistic Models

Although local and non-local models have been discussed as two seemingly mutually exclusive mechanisms, researchers have suggested that the local and non-local explanations are complementary and both viewpoints are required to form a more holistic description of the homoeopathic process (Milgrom 2007; Bellavite *et al.* 2014). Physicists have sometimes referred to matter as “frozen energy”, postulating that it arises as a result of quantum field interactions of constantly fluctuating energy fields across space and time that instantly connect various entities into existence (Milgrom 2005). Del Giudice’s hypothesis of the formation of coherent domains within water’s dynamic hydrogen-bonded network provides an example of molecular entanglement; local models relate to the sequential dilutions which effectively remove traces of the original substance at high potencies, and non-local models are reflected in the mass correlation over large numbers of water molecules within an electromagnetic field (Milgrom 2005; Milgrom 2007). Therefore, memory of water can be seen as a result of molecular entanglement, as the homoeopathic preparation of remedies can transfer the information of the substance to the vehicle via entanglement between the electromagnetically bound molecules of the remedy (Milgrom 2005).

2.5. Homoeopathic Drug Provings

2.5.1. Introduction

Homoeopathic provings form the foundation of homoeopathic theory and practical application. In a homoeopathic proving, a substance is given to healthy individuals, who record their symptoms produced (Walach 1997). When the body's defence mechanism is mobilized by the introduction of the substance, it produces a range of symptoms on all three levels: mental, emotional, and physical (Vithoulkas 1998). There is an emphasis on testing healthy individuals, as they could provide a baseline with which to compare the changes after administration of the substance (Resch and Gutmann 1987),

and human beings are able to describe even subtle changes that would add to a more complete understanding of the remedy application (Vithoulkas 1998). The name “proving” originated from the German word “*prüfung*”, which means “testing”. More recently, homoeopathic drug provings have been called ‘homoeopathic pathogenic trials’ (HPTs) instead of “provings”, as the word has different connotations in modern English (Dantas 1996).

2.5.2. The Development of Provings

In 1790, while translating Cullen's *Treatise of Materia Medica*, Hahnemann noted that Cullen attributed the anti-malarial effects of Peruvian bark (*Cinchona officinalis*) to its bitter, astringent qualities. He was dissatisfied with this explanation, as there were other known bitter astringents that had no anti-malarial effects. Hahnemann made the decision to ingest four dram doses of Peruvian bark. While documenting his symptoms, he developed malaria-like symptoms that lasted a few hours, and recurred if the dose was repeated; once the dose was discontinued, he returned to good health. This was known as the 'first homoeopathic proving', which lead to his development of the fundamental pillar of Homoeopathy, “*Similia Similibus Curentur”* (Haehl 2003).

Hahnemann continued to conduct provings on himself until 1812, when he formed his group of student provers (Raeside 1962). His precise proving methodologies and instructions to provers were documented in aphorisms 105-145 in his *Organon*, sixth edition (Hahnemann 1996). Hahnemann emphasised that only healthy volunteers should be allowed to participate in provings, as it would be difficult to observe any peculiar alterations in health induced by the medicine if they are mixed together with disease symptoms in volunteers who were already sick, prior to drug administration. He selected trustworthy and conscientious healthy volunteers, who were able to accurately document their sensations and changes in a pocket-sized notebook, immediately after any symptoms occurred. Hahnemann attempted to limit the influence of external factors on the proving symptoms, so strict rules were set up to control diet, life style, ingestion of medicines, and consumption of

alcohol and caffeine-containing drinks (Hahnemann 1996; Dantas *et al.* 2007). Hahnemann did not use blinding or placebo control during his provings, as he did not want to deceive his provers; therefore, his students knew what substance they were testing and sometimes even knew what to expect for the results (Raeside 1962).

Although certain aspects of Hahnemann's proving methodologies and instructions may not be practical, considering the major changes in people's lifestyles 200 years later, they still form the basis for modern homoeopathic provings (Sherr 1994; International Council for Classical Homoeopathy 1999).

2.5.3. The Variations in Proving Methodologies

From the results in a review of 156 provings conducted between 1946 to 1995, (Dantas *et al.* 2007) concluded that there was a wide variation in methods, sample size, and trial duration. There were also weaknesses in design, particularly an absence of randomization, blinding, placebo control and criteria for analysis of outcomes.

There has been a revival of provings over the last 25 years, with a comparison and application of concepts from conventional medicine research to proving methodologies, even though they are conducted for different purposes. Guidelines for provings should be based on the two centuries of homoeopathic theory and experience, whilst adding modern methodological insights where appropriate, and keeping with a homoeopathic perspective (Jansen and Ross 2014). Although there is a mutual effort to develop more explicit rules for the conduct of provings, there has also been a diversification of new proving procedures, which use different protocols and methodologies, namely dream provings, meditative provings, seminar provings and trituration provings (Botha 2010; Vermeulen 2015b).

Botha (2010) noted that the most common methodology used for provings conducted at Durban University of Technology is Sherr's methodology, as

outlined in his book, *The Dynamics of Methodology of Homoeopathic Provings*. When comparing the Sherr proving methodology, C4 trituration methodology and Dream proving methodology, results showed that Sherr methodology and C4 trituration yielded the most rubrics, with a larger number of rubrics compared to the placebo portion of the Sherr methodology. Although the C4 trituration methodology seemed to favour the chapters dealing with the senses, the Sherr methodology produced symptoms that covered a greater range of systems; thus indicating the wide applicability of this methodology.

2.5.4. The Ethics of Homoeopathic Provings

Although the methodology of provings had been developed over the last two decades, little attention had been given to the examination of provings in the context of research ethics. As provings are research and involves human participants, it should be subject to ethical standards that ensure respect for all participants and to protect their health and rights (Duckworth and Partington 2015). Provings in some countries, such as United States of America, South Africa and Australia, had been subjected to thorough ethical reviews, and proving guidelines by modern authorities are concurrently being discussed and re-written to achieve a balance between the rights and needs of the provers, supervisors and society (Gray 2016).

At face value the intentional administration of a substance to healthy participants with the motive being to elicit and document the specific set of reactive symptoms seems contrary to ethical standards (Ross 2011). However this practice is not limited to homoeopathy, the homoeopathic drug proving can be related to that of Phase one randomised controlled trials (RCT) which too administer the experimental medication to a small group of healthy volunteers and document and observe the resultant effects in comparison to a placebo group (Wieland 1996; Dantas *et al.* 2007). Wieland (1996) added that although conducted for different purposes and within different paradigms, provings are the ‘homoeopathic version’ of phase one RCT’s. However, in provings, phases two-four are not necessary, as provings are always

conducted at non-toxic doses ($1:10^{60}$); at this level of ultra-high dilution toxicological effects are unlikely (Wieland 1996).

Participants must be allowed to give their consent freely, without coercion, threats or persuasion, by a competent person who has the capacity to make choices, and understands the risks, burdens and benefits. Consent is a voluntary and continuing permission, which can be withdrawn at any time for any reason, even after they have begun with the proving process. Supervisors must be aware to keep the journal data confidential; care must be taken when recording information or writing up to ensure the identities of provers are protected. In addition, participants need to be made aware that there may be events when there may need to be a breach of confidentiality, such as in situations where there is concern about the risk of harm to a participant. Safety considerations do not only cover the management of adverse proving symptoms, it also includes the sourcing of a substance, through to the preparation and administration of the proving substance (Duckworth and Partington 2015). According to the European Committee for Homeopathy (2004) the likelihood of toxicity of homoeopathic substances administered at 30CH potency (equivalent to a deconcentration of $1X10^{-60}$) is extremely low and proving symptoms produced are reversible and temporary, lasting a few hours or days only. In the unlikely event that the proving symptoms induced in any prover be classified as an adverse event i.e. a symptom or event which requires therapeutic intervention, the prover will be appropriately cared for according to the protocol described in adverse event management *(see 3.8.3)*.

It has been observed that the proving process is not only beneficial to homoeopathy, but also beneficial to the prover himself/herself. The prover can experience the remedy and its effects, instead of just reading from a book, which can also assist in practice (Sankaran 1994). Through the proving process, the prover learns to distinguish between proving symptoms and their natural individual changes; thus often resulting in provers “knowing themselves better” (Wieland 1996). If the participant had no prior understanding of homoeopathy or provings, they can gain an understanding of

homoeopathic philosophy and experience the value of potentised remedies (Sankaran 1994).

2.5.5. The Blinding and Placebo

As mentioned in *The Development of Provings (see 2.5.2)*, Hahnemann did not use blinding or placebo control in his provings; although they were aware of placebo and the effects of suggestion (Smith 1979). His provers always knew the name of the substance, as he believed that provings were trials of the effects of a substance and learning tools for practicing homoeopaths (Rosenbaum and Waisse-Priven 2006).

Whilst keeping in mind Hahnemann's detailed proving methods, the technique was gradually improved by homoeopathic researchers, who introduced methods with the intention to eliminate or limit the effects of suggestion (DeMarque 1987). One of the earliest records for the use of placebo controlled double-blind technique was documented in a homoeopathic proving conducted in 1935 (Dantas *et al.* 2007). Bellow's re-proving of *Belladonna* in 1906, was a multi-centre proving with application of the double-blind technique and a 'cross-over' design. The instructions for the conduct of the proving specified that the participants were unaware of the substance proven, and both the supervisors and participants were kept ignorant as to whether placebos or verums were given; certain participants did not receive placebo at all, others only in the first few days, while others received placebo only in the final days of the proving (DeMarque 1987). The cross-over design allowed for comparison of the proving symptoms experienced by the same participant, intra-prover comparison, to establish whether a particular symptom was the positive effect of the drug or mere placebo effect (Rosenbaum and Waisse-Priven 2006). It was further recommended by the International Council for Classical Homoeopathy (1999) that proving researchers used a triple-blind design, in which the substance proven would be unknown to both participants and supervisors, as an additional method to ensure freedom from bias.

Proving researchers had noted that certain participants who had only taken placebo could also experience proving symptoms. However, differences had been noted between the clarity of symptoms between provers who took verum and provers who took placebo. Symptoms experienced by those who took verum would be described as being new, unusual or different, with more details regarding sensations and modalities; whereas, placebo symptoms tend to be vaguer in description. In contrast, another effect of introducing placebo may be that provers could omit symptoms or avoid giving clearer details, for fear that they were allocated placebo instead of the proving substance (Rosenbaum and Waisse-Priven 2006). The proving guidelines, harmonized by the Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy (2014), explained that the purpose of placebo use in provings was not only to eliminate matching symptoms occurring in both verum and placebo groups, but also to induce a more focused awareness in all provers by minimizing bias. With both provers and supervisors being blinded to the allocation of placebo and verum, everyone involved in the research study would be more analytical throughout the research conduction and data analysis process.

Although the use of placebo may be considered controversial, its use could aid in distinguishing between the pharmacodynamic effects of a drug from the psychological effects of participating in the study itself, and in distinguishing the drug effects from external factors, such as changes in seasonal diseases (Sherr 1994). Botha (2010) and Ross (2011) showed that homoeopathic drug provings were not just placebo effect, as it was noted that placebo provers elicited fewer symptoms during the Sherr proving process than verum provers.

The Homoeopathic Pharmacopoeia Convention of the United States (2013) stated that the use of placebo should be used to minimize bias in the proving, thus a minimum of 20% placebo control was recommended. The homeopathic proving guidelines harmonised by the Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy (2014) recommended a minimum of 10% placebo control ratio. Previous provings conducted at DUT using a 30% placebo control ratio included Botha (2010)

and Somaru (2008), while the majority used a 10%-20% placebo control ratio, as recommended by Sherr (1994) (Moore 2007; Maharaj 2010; Pillay 2011; Brijnath 2013).

2.5.6. The Triple-Blind Design

De Beer (2007), Gryn (2007), Olivier (2007) and Thiel (2007) conducted the first triple-blind proving at the Durban University of Technology, and Ross (2011) had also integrated the design in his Doctor of Technology: Homoeopathy thesis. Ross (2011) felt that the triple-blind design did not yield any discernible advantage, in terms of quality and ease of discrimination of data, when compared to double-blind proving studies of new substances with no prior documentation of proving symptomatology.

Walach and other proving researchers had been piloting a triple-blind model for re-proving old homoeopathic remedies to eliminate bias on the level of symptom verification. Both provers and supervisors are blind to the drug proven and the verum or placebo allocation; the drug would only be unblinded once the symptoms have been translated into materia medica and repertorial language and relevant qualitative or quantitative comparisons had been made between the verum and placebo groups (Riley, Walach and Belon 1996; Walach, Sherr, Schneider, Shabi, Bond and Rieberer 2004; Möllinger, Schneider and Walach 2009).

2.5.7. The Research Sample Group

The sample size used for homoeopathic provings varied in number has ranged from 1-103 (Dantas *et al.* 2007). The homeopathic proving guidelines harmonised by the Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy (2014) recommends a minimum of ten verum provers, and in Sherr's opinion, too many provers can overcrowd the remedy picture, so 15-20 provers on verum was enough to produce a fairly full remedy (Sherr 1994).

It had been recommended that previous proving experience or knowledge of Homoeopathy and a higher level of self- awareness could aid in the recording of better proving symptoms (Sherr 1994; Botha 2010). The Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy (2014) noted that most prover groups consisted of either homoeopaths or homoeopathic students, and recommended that a well-balanced prover group should also include provers with no homoeopathic background.

Even though some provers may be sensitized to the methodology of proving, they were not aware of the identity of the proving substance, its potency, or whether or not they received placebo or verum. Thus, the influence of bias was eliminated with respect to the nature of proving symptoms. In addition, knowledge of proving methodology had been identified by certain researchers as being desirable amongst provers contributing to a more thorough proving. Taylor (2004) reported that journal entries made by lay provers were often incomplete and vague, while homoeopathic students were more dedicated and gave a wealth of information. Rajkoomar (2010) suggested that homoeopathic students were more valuable as provers, as they had more interest in the actual process compared to the general public. In addition, they were more aware of the depth and detail required when completing their journals. She suggested further that homoeopathic students were trained to make unprejudiced observations and thereby proved to be better observers. Smal (2004) suggested that only those knowledgeable in homoeopathy (second to fifth year homoeopathic students, practitioners, and longstanding patients) should be used in provings to ensure high quality observations and accurate following of instructions, which would result in reliable results. Schonfeld (2013) concurred with that of Smal (2004) and attributed the vast number of proving symptoms in the proving of *Bitis atropos* to the fact that a large proportion of the respective provers were students of homoeopathy or practicing homeopaths.

2.5.8. The Potency Selection and Dosage

There are diverse opinions and approaches concerning dose and potency selection in provings, ranging from single doses to three times a day for months, and potencies from mother tinctures to potencies higher than M ($1:10^{2000}$) (Sherr 1994). Most of the provings undertaken before 1983 were conducted using crude substances or low potencies. It was only more recently, or after 1983, that provings were conducted using 30C potencies exclusively, or together with various combinations of higher centesimal potencies (Vermeulen 2015b).

Initially, Hahnemann's provings of vegetable drugs were in tincture form and insoluble drugs were in the first trituration [either potencies of 1XH (1:10) or 1CH ($1:10^2$)]. Most of Hahnemann's provings were dated before 1830, which mainly coincided with his 3rd and 4th editions of the *Organon*, published in 1824 and 1829 respectively. Aphorism 120 in these editions stated that the dosage of the proving substance should be mixed with ten parts not too cold water, which was the same as that employed in common practice for the treatment of disease (Vermeulen 2015b). It was only later, in the 6th edition of Hahnemann's *Organon,* that he decided that the crude substance needed to be potentised, due to the toxic side effects (Walach *et al.* 2005); thus he settled with a daily dose of four to six small globules of the thirtieth potency ($1:10^{60}$), moistened or dissolved in a little water, thoroughly mixed and taken on an empty stomach. He also added that, through potentisation, the latent therapeutic powers of the substance in crude form would be roused into activity, allowing for a proper observation of the medicinal powers, even of substances thought to have no therapeutic effect. Since the reaction of each prover to the substance was unpredictable, everyone began with taking small doses every day. If there were no effects, or the effects were slight, the daily dose would be increased by a few more globules until the symptoms became more distinct and there was a noticeable alteration in his/her health (Hahnemann 1996).

Vithoulkas (1998) viewed potency selection as an important aspect of determining the qualities and affinities of a substance. He explained that the full homoeopathic picture of a substance could only be confirmed by combining the symptoms from toxic, hypotoxic (sub toxic), and highly potentised doses. Firstly, the toxicology of the substance is obtained from reports or accidental poisonings from toxicological literature; this should be researched before the commencement of the proving, to assist with determining between real proving symptoms and external influences. The second stage is to determine which provers are sensitive to the substance by administering hypotoxic doses, ranging from 1X (1:10) to 8X ($1:10^{8}$), depending on the toxicology of the substance. The provers take three doses every day for a full month, or until proving symptoms appear. After three months of observation, the sensitive provers who developed symptoms soon after taking the hypotoxic dose are given the substance in the 30CH potency ($1:10^{60}$) to take every day for a period of two weeks, or until proving symptoms appear, and observed for another three months. After a full year, the sensitive provers take one dose of 10M ($1:10^{20000}$) or 50M ($1:10^{100000}$), and observed for three months or until symptoms disappear. Vithoulkas clarified that provings should not be conducted in toxic doses, and that this information should only be obtained from documented literature. From his experience with this methodology, the toxicology assists with understanding the substance's curative potential; sensitive provers can be determined by administering hypotoxic doses, and the fuller homoeopathic picture of the substance can be obtained with the use of high potencies.

Sherr (1994) noted that no definite conclusions could be made to support the common homoeopathic concept that higher potencies had greater effects on the mind, whereas, lower potencies had greater effects on the body. In his proving of *Hydrogen*, which used a range of potencies from 6CH to 200CH, he observed that many of the most prominent symptoms were produced by the low 6CH potencies. When he compared the average number of mental symptoms produced in relation to the potency administered, it was found that 30CH produced the highest number of mental symptoms per prover. Even though Sherr has conducted provings over a range of potencies, he reminded

that Hahnemann eventually sought to standardise the 30CH potency, and that it was valid to administer one potency only throughout the proving.

Researchers must keep in mind that the protection of provers come before the proving; therefore, Sherr (1994) recommends a maximum of six doses over two days, with no further doses taken once there is an onset of symptoms. The norm adopted for provings conducted at the Durban University of Technology has been to use the 30CH potency. Researchers dispense either six or nine lactose powder sachets of verum or placebo, which is taken over two or three days, or until there is an onset of symptoms (Ross 2011).

2.5.9. The Data Collection and Symptom Verification

The translation of raw proving journal data to materia medica and repertorial format is a vital process, as the results of provings should represent a homoeopathic reference to the clinical curative range of specific homoeopathic remedies. Even though the objectivity and reliability of the proving record is of critical scientific and clinical importance, the accountability and traceability of this process has been an area of weakness (Ross 2011).

In order to prevent incorrect attribution of proving symptoms to the action of the remedies, it is important to place proper controls in proving research, with particular attention to intra-prover controls. The earliest documented suggestion of including a pre-observation “run-in” period during a proving was in 1895 (Dantas *et al.* 2007), and is recommended by modern homoeopathic authorities, as stated in the proving guidelines by the Homoeopathic Pharmacopoeia Convention of the United States (2013) and in the proving guidelines harmonised by Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy (2014). During the pre-observation run-in period, provers take notes for 7-10 days, prior to the admission of the proving substance; not only does it allow for recording of their regular baseline symptoms for comparison, it also serves to get the prover used to the process of self-observation and taking notes. A pre-proving initial case examination

should be conducted to cover the medical history of the prover, and then combined together with the run-in period to serve as an additional baseline control for the prover. Although the supervisors keep in contact with the provers throughout the proving process, there may be symptoms that provers missed or were unsure about, due to the subtle nature of provings. On completion of the proving, a post-proving follow-up case examination or a group discussion should also be conducted to clarify and validate or discard proving symptoms and experiences (Sherr 1994).

Since the care and judgement of the symptom selection process plays a critical role in the materia medica and clinical application of the proving results, guidelines had been formulated to assist with data analysis (Sherr 1994; Riley *et al.* 1996; International Council for Classical Homoeopathy 1999; Ross 2015).

Ross (2015) developed the CHROMA-*Prove*© method, which is a systematic method of processing prover journal data to ensure accuracy in the recording of journal data; clearly outline the validity of symptoms; correlate derived rubrics to specific journal entries; objectively account for the relative grading of rubrics; and provide a traceable materia medica or repertorial 'conclusion' to its source. The use of colour during this process allows for precise and relatively objective means of differentiating between pre-, intra- and post-proving entries; inter- and intra-prover experimental symptoms; and repeat rubrics of single provers and multiple provers.

2.6. The Homoeopathic Materia Medica

The homoeopathic materia medica is a collective index of remedies, composed of sources from toxicological literature, provings and clinical observations (Vithoulkas 1998; Vermeulen 2015b). Hahnemann's six-volume *Materia Medica Pura* [first published between 1811 and 1827] was his own documentation of the symptoms of each medicine, either observed by himself, his disciples or old-school authorities. Each symptom was carefully examined

by Hahnemann and altered to ensure that the descriptions were as precise as possible to the exact sensation, pain, condition or concomitants; in addition, he indicated the original sources for every symptom, as well as the time of occurrence after admission of the medicine for many of the symptoms in this materia medica (Dudgeon 1995).

T.F. Allen's ten-volume *Encyclopedia of Pure Materia Medica* [first published between 1874 and 1879] and Hering's ten-volume *The Guiding Symptoms of our Materia Medica* [first published between 1879 and 1891] are considered cornerstones of the materia medica, as their original material is based on primary sources. Although both materia medicas have become major sources for subsequent materia medicas, Hering's *Guiding Symptoms* seems to have a greater influence than Allen's *Encyclopedia of Pure Materia Medica* on the work of notable homoeopathic authors, such as Kent, Boericke, Clarke and H.C. Allen (Kishore 1991; Vithoulkas 1998; Vermeulen 2015a).

There are a variety of homoeopathic materia medicas which offer different perspectives of remedy pictures (Vithoulkas 1998). T.F. Allen's *Encyclopedia of Pure Materia Medica* is made up of a collection of caused symptoms elicited from provings and poisonings, including the symptoms from Hahnemann's *Materia Medica Pura* and *Chronic Diseases*. Hering's *Guiding Symptoms* includes clinical symptoms, in addition to the chief symptoms of the remedies (Clarke 1996; Vermeulen 2015a). H.C. Allen's (2005) *Keynotes and Characteristics with Comparisons of some of the Leading Remedies of the Materia Medica* [first published in 1898] highlights the individuality of each remedy by focusing on confirmed keynotes or characteristic symptoms of the remedy pathogenesis to form a baseline from which comparisons can be made. Vermeulen's (2000) *Concordant Materia Medica*, which represents a more recent materia medica, combines the writings of a number of homoeopathic authors who complement one another and omitted any repetitions in order to create a more complete remedy picture. In spite of the variety of homeopathic materia medicas, validity should come from data primarily instead of from authority alone (Vermeulen 2015b); a more holistic

picture can be obtained by following the remedy development through several materia medicas (Vithoulkas 1998).

2.7. The Homoeopathic Repertory and Repertorisation Methods

The homoeopathic materia medica continued to expand as more provings were introduced and more clinical observations were made. During Hahnemann's time, he and his disciples proved and documented about 100 remedies, which soon increased to 1600 remedies by the 1920s, to about 3000 known remedies today (Resch and Gutmann 1987; Kishore 1998). Hahnemann and his disciples soon realised the need for a suitable indices to assist in remedy selection because our minds only have a limited capacity to memorise all the details; this index of all the remedies known to be associated with particular symptoms is called a 'repertory'. The word "repertory" was derived from the Latin word "*repertorium*", which means an "inventory or repository" from where information can be retrieved more easily. The repertory, as a distinct system, does not add or change information, but serves merely as a guide to the materia medica. It assists in the selection of the most suitable remedy by bringing related remedies or small and rarely used remedies into focus, and linking unusual symptoms with appropriate remedies (Kishore 1998; Rowe 1998).

The earliest repertory was published in 1805 by Hahnemann in Latin, called *Fragmenta de viribus medica mentorum positivis*; the first part contained the symptoms observed in the provers for 27 remedies, with the index or repertory in the second part. He eventually compiled a four-volume repertory for personal use by 1817, consisting of 4239 pages, which was not published. Hartlaub published a repertory in 1828, but Hahnemann was not satisfied with it. He approached Ruckert and Jahr to assist him in laying the foundations of a suitable repertory to complete the first and second editions of his *Chronic Diseases* respectively, but Ruckert and Jahr were both unsuccessful, even under Hahnemann's constant guidance and supervision. Hahnemann was eager to develop a repertory, although he was undecided as to the nature of

the index. He approached Boenninghausen, who was in the process of developing a repertory for guidance in his own practice, and gave him his full assistance. Boenninghausen's first repertory, called *Repertory of the Anti-psoric Remedies*, was published in 1832 and formed the precursor for his later repertories, such as his well known *Therapeutic Manual for Homoeopathic Physicians for the use at the sick bed and in the Study of Materia Medica Pura (Therapeutic Pocket Book)*, which was published in 1846. Boenninghausen's repertory was used by Hahnemann in practice and it formed the basis of many future repertories (Kishore 1998; Rowe 1998; Haehl 2003; Kumar 2005).

The task of compiling a homoeopathic repertory from the materia medica is very complex, as there are numerous factors to consider. As mentioned earlier *(see 2.6)*, the materia medica is built up from the results of provings, toxicological literature and clinical findings, which is a mixture of objective and subjective symptoms. Different people will also interpret and understand words differently when describing symptoms or expressing mental emotional feelings; therefore, different authors will construct their repertories differently, according to their own philosophy, clinical experiences and understanding of the materia medica. In addition, many polycrest remedies have more data than other lesser proved remedies; as a result, they have been over-indexed in repertories, which can overshadow smaller remedies on repertorisation (Kishore 1998). Notwithstanding the variety of repertories, it is important to study and understand the philosophies behind different repertories to deepen our understanding of case analysis and for the application of the appropriate repertorisation method (Kishore 1998; Schuett 2008).

2.7.1. Boenninghausen's Method of Repertorisation

The philosophy behind Boenninghausen's repertory developed when he realised that most of the proving symptoms were inherently incomplete, often with the modalities or sensations of the symptoms missing; possible reasons to account for this may be from the limited number of provings, individual prover susceptibilities (since each prover cannot produce every symptom of

the remedy proven), or insufficient observation by the supervisors or the provers themselves. Through his studies of materia medica and his clinical experience he observed that certain components of remedies, such as modalities and sensations, which occurred in certain parts of the body in the proving, could also be extended to other regions, as he realised that these components were part of the remedy, rather than merely the specific parts to which they were attached in a proving (Kishore 1998; Taylor 2001; Schuett 2008; Holzapfel 2011; Klinkenberg 2011).

Boenninghausen separated the proving symptoms into their individual components, and created sections in the repertory that contained only the components of the complete symptom .e.g. location, sensation and modalities. According to Boenninghausen, a complete symptom consists of a location, a sensation, a modality and a concomitant. In the context of a case with partial symptoms, e.g. a headache without modalities, but with modalities recorded in other locations, the doctrine of generalisation and analogy can be applied to generalise the components of other symptoms from the case in order to complete a partial symptom; therefore, more symptoms can be synthesised and repertorised through recombination of the components of each symptom (Kishore 1998; Taylor 2001; Schuett 2008; Holzapfel 2011; Klinkenberg 2011).

Boenninghausen's method of generalising symptoms resulted in fewer and larger rubrics in his repertory than most repertories, as all the remedies with one component of a symptom in their provings are compiled into one rubric; for example, if a remedy produced burning in the head, throat, stomach and skin, Boenninghausen would include the symptom into "Generals, burning" (Klinkenberg 2011; Sherr 2011). Not only does the use of large rubrics cover the essential themes of the case, there is also a greater chance that the indicated remedy is included in the rubric; therefore, after repertorising large rubrics, the remedies can be differentiated by using mental and emotional rubrics or smaller, more distinct rubrics (de Schepper 2004; Sherr 2011).

Even though Boenninghausen's repertory is still being used by homoeopaths, there has also been much criticism about its composition and philosophy. The

main criticism stems from the viewpoint that all homoeopaths should have knowledge of remedy particulars and focus on the totality of symptoms, rather than on individual components. Homoeopaths, such as Kent, also pointed out that there are remedies with sometimes opposing modalities in different regions of the body, and unique information is lost when a locally-specific sensation or modality is taken out of context and treated as a general symptom or applied to another symptom inappropriately (Kishore 1998; Taylor 2001; Holzapfel 2011; Klinkenberg 2011). Boenninghausen's repertory also did not place great emphasis on mental symptoms; therefore, his method of repertorisation is more useful in cases that are more objective and have clear modalities, particulars and concomitant symptoms, rather than in cases with marked mental or PQRS (peculiar, queer, rare, strange) symptoms (Kishore 1998).

2.7.2. Kent's Method of Repertorisation

Kent's *Repertory of the Homoeopathic Materia Medica* was published in 1897 as part of an emergence of a different school of thought about repertory-making. The repertory combined the work of other authors, especially Lippe and Lee; Lippe was one of the first homoeopaths to add more mental and emotional symptoms in his *Repertory to the More Characteristic Symptoms of the Materia Medica*, and Lee worked on expanding Lippe's repertory, but abandoned the effort when he went blind (Kishore 1998; Rowe 1998).

Kent's philosophy is based on the concept that the totality of a case is formed by considering the mental, physical general and particular symptoms. General symptoms that are peculiar and that relate most to the patient as a whole, rather than limited to a part, are considered the most valuable. Mental symptoms rank the highest, as they reflect the inner core and individuality of the patient, followed by physical general symptoms that relate to the entire patient as a whole; these include modalities and symptoms regarding appetite, desire and aversion to food, sensitivities to weather, and sexual desire. Lastly, any characteristic particulars that are PQRS symptoms should be considered

when repertorising to assist with differentiating keynotes of remedies, especially if the modalities of a part are opposite to the modalities of the patient himself/herself (Kent 1993; Schuett 2008).

Kent's repertory is divided into anatomical sections, with a thorough *Mind* section in the beginning, and a *Generalities* section at the end (Rowe 1998). Although Kent has criticised Boenninghausen's generalisation of many rubrics that are purely particulars, he acknowledges that Boenninghausen has made an important contribution towards working out general symptoms. Boenninghausen's influence on Kent's repertory can be seen in the *Generalities* section, which is mostly compiled by combining Boenninghausen's 'sensations' and 'modalities' sections together. Kent also arranged the rubrics from generals to particulars; the general rubrics includes all the remedies that are related to that symptom, and particular rubrics includes an alteration of that symptom, namely the time of occurrence, the circumstances and the extensions (Kent 1993; Kishore 1998). All the modalities for the particular symptoms are separated into detailed sub-rubrics under their respective sections so that the complete proving symptoms can be maintained and incorporated into the repertory (Kishore 1998; Klinkenberg 2011).

While Kent's repertory is useful in cases with marked mental and PQRS symptoms, homoeopaths have questioned whether the rubrics have become too specific. Sometimes remedies in the sub-rubrics with various modalities may not necessarily be found in the main rubric; thus making it easier to miss out on indicated remedies, unless the case presented with the specific modalities of the symptom (Kishore 1998). Kent's repertory is based on the information extracted from provings, clinical findings and toxicological literature, which Boenninghausen observed to be incomplete and dependent on prover susceptibility, as every symptom in every organ cannot be produced from this information alone; therefore, this could be another possible reason why indicated remedies can be overlooked when having detailed sub-rubrics (Klinkenberg 2011). In spite of the criticism, Kent's repertory continues to be one of the most common repertories used in the world today. Various modern

repertories, such as *The Essential Synthesis* edited by Schroyens, expands on Kent's repertory according to his construction in order to incorporate current and future additions to the repertory (Kishore 1998; Rowe 1998; Currim 2007).

2.8. Conclusion

A variety of potentisation methods have been developed as an attempt to replace Hahnemann's method of potentisation (Muntz 2011). The philosophy of radionics, which was initially discovered for different purposes, was applied to remedy potentisation, thus leading to Rae's invention of the magneto-geometric potency simulator (Rae 1977). Studies were conducted by Allsopp (2010) and Kleingeld (2016) to investigate radionically prepared remedies in terms of their physico-chemical aspects and biological action on seed growth, and concluded that further research needed to be done on understanding the therapeutic activity of remedies made radionically. This research study explores radionically prepared remedies using the proving methodology outlined in the following chapter.

CHAPTER 3- THE RESEARCH METHODOLOGY

3.1. The Research Overview

The homoeopathic proving of the radionically prepared remedy in 30CR potency was of a true experimental design, conducted in the form of a randomized, triple-blind, placebo-controlled trial.

Thirty proving participants were selected, providing that they met the inclusion criteria, and supervised by a principal researcher. The principal researcher was a Masters in Technology: Homoeopathy (M.Tech.Hom) student, who was blind to the nature of the proving substance, and blind to whether a prover was assigned verum or placebo.

Throughout the duration of the study, the principal researcher was supervised by the research supervisor and co-supervisor. The research supervisor and research co-supervisor selected the original list of six homoeopathic remedies, which were to be proven radionically, but were blind to the final remedy which was proven, until unblinding took place after repertorisation of the finalised data. Both supervisors were unaware of the allocation of either verum or placebo to the provers. Randomisation of the provers was conducted by an independent clinician, who was not related to the study.

All provers began with a pre-proving observation period, during which they recorded their regular baseline state in their prover journals over the duration of one week, prior to administration of their allocated proving remedies. All provers then took their proving remedies as described *(see 3.4.3)*, and continued to record their symptoms and experiences at least once daily, until there was no recurrence of symptoms for two weeks.

Data extracted from the prover journals was combined with their case histories and physical examinations to process the proving symptomatology into

standard materia medica and repertory formats, using the CHROMA-*Prove*© method. The nature of the proving substance was unblinded only after repertorisation and an estimation of the substance was made by the principal researcher.

3.2. Review and Ethical Approval

Prior to commencement with this research study, the research proposal was reviewed and approved by the Homoeopathic Departmental Research Committee (DRC), the Faculty of Health Sciences Research and Higher Degrees Committee (RHDC), and the Durban University of Technology Institutional Research Ethics Committee (IREC).

Ethical approval of the research study was granted by IREC on 18 June 2014. The Ethical Clearance Number is IREC 039/14 *[Appendix A]*.

3.3. Randomization and Blinding

The research supervisor and co-supervisor selected a list of six well-proven homoeopathic remedies from the existing materia medica. This list was given to an independent homoeopath, who selected three remedies from the list to prepare radionically in 30C potency in 20ml 90% unsuccussed ethanol, which were labelled randomly as ‘A’, ‘B’ or ‘C’. The identifications of these three labelled remedies were kept in a sealed envelope with the independent homoeopath, so that the researcher, supervisors and provers had no access to the remedies selected.

One radionic remedy was selected by the laboratory technician at Durban University of Technology, who then triple impregnated the neutral lactose granules to be used for the proving *(see 3.4.2)*. This thorough process ensured that the remedy selected remained blind to the researcher, research supervisors and provers throughout the proving, and was only revealed once all the data was collected, processed and repertorised *(see Figure 1 below)*.

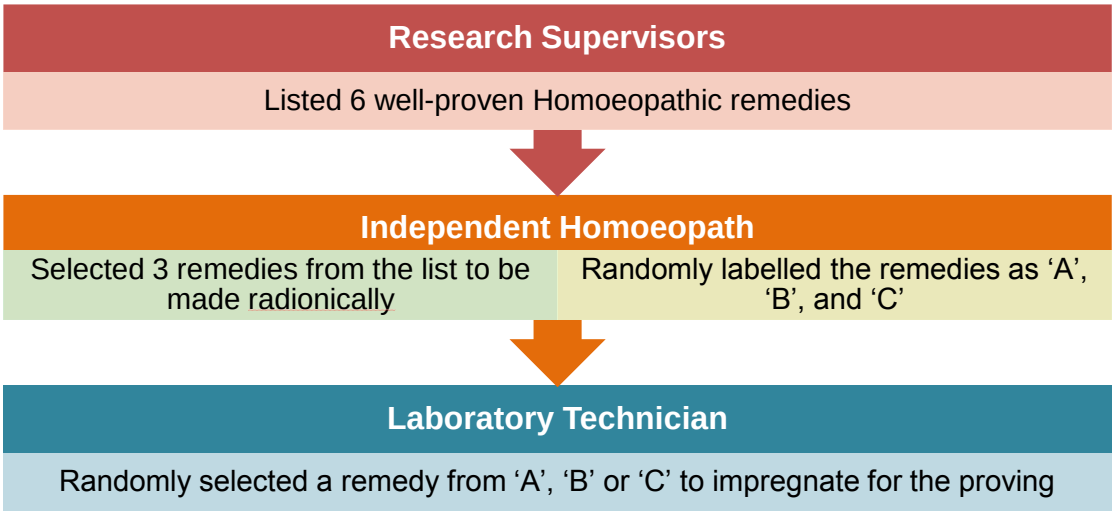

Figure 1: The Remedy Blinding and Selection Process

Proving participants were randomly assigned to two groups, one verum and one placebo, in the form of a pre-test-post-test control group design. In order to ensure all the provers' details were kept anonymous and confidential, each prover was assigned a prover number, which were written on separate pieces of paper; these were placed into a container and mixed. An independent clinician, not related to the study, drew ten pieces of paper; which indicated the prover numbers that were placed in the placebo group, the remaining twenty prover numbers were placed in the verum group. To further ensure that both the researcher and provers were unaware of which group each prover was allocated to, the randomization list was stored by the independent clinician until all the data was collected and processed.

An extra three unallocated sets of verum and placebo powders were held on reserve, to be used in the case of new provers replacing previous provers who may withdraw from the study prematurely. In such cases, the replacing prover acquired the 'B' version of the same prover number as the withdrawing prover; thus the appropriate powders were labelled accordingly at the time of dispensing [e.g. withdrawing prover 06 (*verum*) would be replaced with new prover 06B (*verum*), or withdrawing prover 10 (*placebo*) replaced with new prover 10B (*placebo*)] (Ross 2011). The verum and placebo powders were

identical in appearance and the labelling and dispensing of the powders were done accordingly by the independent clinician.

3.4. The Intervention:

3.4.1. The Preparation of the Radionic Remedies:

Three radionic remedies were selected and prepared by an independent homoeopath, using the Rae potency simulator- Mark III *(see Figure 2 below)*. Each remedy was made by selecting the matching rectangular card with the specific remedy pattern, which was orientated vertically and fitted in the card slot at the top of the instrument. The 30CR potency was selected by turning the potentiometer to the number '30' marked on the potency simulator. An amber glass bottle containing 20ml volume of 90% unprocessed ethanol was placed in the well to be potentised for a total of six minutes. Once six minutes had passed, the radionic remedy was removed from the well, before any alterations were made to the potency simulator, and was labelled with either 'A', 'B', or 'C' so that the remedy was not able to be identified by anyone involved with the study.

Figure 2: The Rae Potency Simulator- Mark III

Caution was taken to minimise external factors, such as electromagnetic pollution, that may affect the radionic remedies. The three remedies were transported and stored directly in the stock room at the Durban University of Technology Homoeopathic Day Clinic.

3.4.2. The Preparation and Dispensing of the Proving Remedy

The laboratory technician at the Durban University of Technology randomly selected one radionic remedy and triple impregnated neutral standard size 10 lactose granules, following Method 10 of the German Homoeopathic Pharmacopoeia (Benyunes 2005) at one percent volume/volume (1% v/v). Twenty of the respective impregnated verum granules were added to standard neutral lactose powders to make the verum for dispensing [six per prover x twenty provers= 120 verum powders].

Placebo powders were dispensed by triple impregnating neutral standard size 10 lactose granules with 90% unsuccussed ethanol at one percent volume/volume (1% v/v) [Method 10 of GHP (Benyunes 2005)]; twenty of the respective impregnated placebo granules were added to standard neutral lactose powders [six per prover x ten provers= 60 placebo powders].

Each set of powders were labelled, corresponding to the prover numbers according to the randomization list, by an independent clinician. An extra three unallocated sets of verum and placebo powders were held on reserve, to be used in the case of new provers replacing previous provers who may withdraw from the study prematurely.

3.4.3. The Dosage and Posology

- The provers took lactose-based verum/placebo powder sublingually for a maximum of three times daily for no longer than two days, or until the onset of symptoms appeared (Sherr 1994).
- No powders were to be repeated after the onset of symptoms (Sherr 1994).
- If no symptoms were noted after the sixth powder, the prover ceased to take any further doses (Sherr 1994).
- Each dose was to be taken my mouth, with no food or drink 30 minutes before or after administration.
- Nothing was to be taken orally, topically or by olfaction that may antidote the remedy, such as camphor, coffee, or menthol (Sherr 1994).
- The dosage and posology were clearly explained to each prover in the pre-proving workshop, and a set of instructions to provers in the *Main Information Letter [Appendix E]* was provided to each prover for reference.

3.5. The Inclusion Criteria for Provers

Prior to the inclusion of provers, potential participants had to be screened and checked against the inclusion criteria *[Appendix C]*. This process not only considered the protection and safety of the participants, it was also important to include healthy individuals, as they were able to provide a baseline with which to compare the changes after administration of the substance (Resch and Gutmann 1987). Cognisance was taken regarding their fluency in English to ensure that the data collected from their prover journals were in their own words, and not that of a translator. The following criteria had to be met to be considered suitable for inclusion in the study:

The prover:

- was between 18-60 years of age;
- was in a general state of health, with no gross physical or mental pathology, to be determined by the case history or physical examination (Sherr 1994; Riley 1997; Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014);
- was not in need of medical treatment; conventional, homoeopathic, herbal or other (Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014);
- did not use recreational drugs (Sherr 1994; Riley 1997);
- had not used the oral contraceptive pill or hormone replacement therapy in the six months preceding their participation (Sherr 1994; Riley 1997);
- was not pregnant or breastfeeding (Sherr 1994; Riley 1997; Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014). Pregnancy tests were conducted as an entrance requirement *[Appendix B]*;
- had not had surgery in the six weeks preceding their participation;
- did not consume more than two measures of alcohol per day, 10 cigarettes per day, nor three cups of coffee, tea or herbal tea per day;
- was able to follow the proper procedures for the duration of the proving (Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014);
- was competent and had signed the Consent Form *[Appendix B, Appendix E]* (Riley 1997; Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014).

3.6. The Recruitment Process and Sample Size:

Thirty healthy proving participants from Durban and surrounding areas were recruited through the use of advertisements and by word of mouth. Convenience sampling methods were used, as it was previously noted in *Research Sample Group (see 2.5.6)* that members most likely to participate in this type of study were students from the Department of Homoeopathy, qualified homoeopaths, and members of the public who were familiar with homoeopathy.

Potential provers were screened for suitability, and the first thirty participants who met the inclusion criteria *[Appendix C]* were recruited as provers for the study. Although recruitment was on a voluntary basis, cognisance was taken of the need for a balanced distribution of male to female ratios, with a reasonable spread of provers across the age range of 18-60 years.

Out of the thirty participants, twenty participants received verum, and ten received placebo, according to the randomization process *(see 3.3)*. Provers were aware of the likelihood of receiving placebo, but the allocation was only known to the independent clinician until unblinding after all data had been collected and processed.

3.7. The Preliminary Interview and Training of Provers

A pre-proving workshop was given to brief potential provers on the principles, and concept of homoeopathic provings. At this workshop, the researcher and supervisor also covered the *Instructions to Provers [Appendix E]*, and allowed opportunities for participants to ask questions to seek clarification on any aspect of the proving process (Ross 2011).

An initial interview was set up with the researcher at the Homoeopathic Day Clinic, at the Durban University of Technology, to screen potential provers according to the inclusion criteria. Each potential prover was given a

Preliminary Information Letter [Appendix B], which outlined the procedure of what was to follow during this initial consult. On agreeing to continue, the participant signed the preliminary consent form, which permitted the researcher to ask a series of questions for screening of suitability and inclusion in the proving *[Appendix C]*. This was followed by a thorough case history and physical examination with the researcher, including an assessment of the vitals, a cursory examination and a system specific examination, if needed *[Appendix D]*.

The inclusion criteria and case history of all the participants were reviewed by the research supervisor or clinician on duty to determine their suitability to participate in the proving. Participants, who were cleared to take part as a prover, were given a set of instructions to provers, in the *Main Information Letter [Appendix E]*, and taken through the research process and what was required of them for the duration of the study. Once they had read and understood the proving process, they were only formally recruited as a prover after they had completed the informed consent form attached to the *Main Information Letter*.

Each prover was assigned a prover number (correlating to the medicinal envelope), given a numbered prover journal, and a personal copy of the *Main Information Letter* with instructions to provers and a list of contact details for the researcher and supervisors.

3.8. The Proving Process and Monitoring of Provers:

3.8.1. Lifestyle of Provers during the Proving

Provers were advised to avoid antidoting factors, such as coffee, camphor and mints, and to stop using them two weeks prior to remedy administration, and for the duration of the proving. It was also advised that the powders were stored in a cool, dark place, away from strong smelling substances, chemicals, electrical equipment and cellphones (Sherr 1994).

Provers were reminded to respect the need for moderation regarding work, exercise, diet and alcohol consumption; it was preferable to try and remain within their usual framework and maintain their usual habits (Sherr 1994).

It was recommended that provers avoided taking medication, including antibiotics, steroids or cortisone preparations, vitamins, mineral supplements, herbal or homoeopathic remedies for the duration of the proving. If in the event of medical or dental emergencies, they were advised to contact their doctor, dentist or local hospital as necessary, and to contact their research supervisor as soon as possible (Sherr 1994).

3.8.2. The Pre-Proving Observation Period

Each prover's normal, day to day, symptoms were recorded for one week prior to the commencement of taking the powders (the ‘run-in’ phase); this offered the researcher an additional baseline assessment with which to compare the new symptoms obtained, intra-prover control. In addition, it allowed the prover to become accustomed to self-observation and journaling and establish rapport between the provers and supervisor (Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014).

3.8.3. The Monitoring of Provers and Commencement of Proving

Once the pre-proving observation and journaling was completed, the provers took the first dose of the proving substance *(see 3.4.3)*. They took the powders a maximum of three times daily for two days, or until the first symptoms appeared. If symptoms were experienced, before all six doses were taken, they were to stop taking further doses of the proving substance and were requested to notify the researcher (Sherr 1994).

Provers recorded their symptoms, as they occurred, for a minimum of four weeks in their journals, according to the instructions to provers *[Appendix E]*. Telephonic contact between the researcher and the prover initially was made

daily, then reduced to once every two to three days, then weekly after the second week (i.e. days 1, 2, 3, 5, 7, 10, 14, 21, 28, 35). This was to ascertain when proving symptoms began, to ensure that any symptoms experienced were accurately recorded in the journals, and that the provers' interests were protected.

The proving was regarded as complete once there was no recurrence of symptoms for two weeks. Journaling continued for one week, as a post-proving observation, to ensure no recurrence of symptoms.

On completion of the journaling, the prover journal was collected, and a post-proving case history was conducted on a one-to-one basis with the researcher, in order to further discuss their experiences, any changes to their state of health and to clarify the symptoms recorded in the diaries, including a physical examination. The post-proving case history and physical examination also helped confirm the return to the pre-proving state and the disappearance of any proving symptoms that were experienced (Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014).

If proving symptoms became intolerable or if the prover decided to withdraw from the study, they were be antidoted by retaking a full case history in their current state of health and prescribing a homoeopathic remedy, or another necessary intervention.

3.9. The Data Collection Process and Data Handling

The data handling stage covered the extraction, collation, and repertorisation processes, in which the viable symptoms were extracted from the raw prover data, then collated and edited into standard materia medica and repertory formats (Sherr 1994; International Council for Classical Homoeopathy 1999). The researcher and research supervisors were still blind as to the nature of

the radionic remedy throughout this process to ensure that all the data was treated as equivalent.

The researcher chose to follow the CHROMA-*Prove*© method (Ross 2015), whilst taking into consideration other guidelines, which had also been formulated to assist with this process, to increase accuracy, validity and objectivity of the data (Sherr 1994; Riley *et al.* 1996; Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014).

3.9.1. The Collection and Transcription of Prover Data

The prover symptomatology was composed of a combination of the provers' initial and follow-up case histories and physical examinations, their prover journals, which also included their pre- and post-proving observation periods, and telephonic communications between the provers and the researcher throughout the proving process.

Once the prover journals had been collected, the researcher transcribed them verbatim into separate *Microsoft Word*® documents for each prover according to their prover number, and took great care in keeping true to what was written, without altering the meaning of the subjective prover data. At the end of each journal entry, the researcher added the respective prover number, gender (indicated with a 'M' for male or 'F' for female), and symptom chronology, to assist in keeping track or tracing back to the original entry throughout the data handling process (Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014).

A visual differentiation was made between the pre- and post-proving entries, possible proving symptoms, by colour-coding the pre- and post-proving text in red, and leaving the text for possible proving symptoms as they are, in black (Ross 2015).

3.9.2. The Chronology

Sherr (1994) added that it was important to document the chronological development of the proving, as this information could add to our understanding of the nature of the remedy. Throughout the journaling process, all provers were reminded to take note of the number of days since commencement of the proving, the times each remedy was ingested, and the times that symptoms were experienced. This information was indicated in the format of DD:HH:MM, all in relation to the time the first dose was taken. DD represented the number of days since commencement of the proving, beginning with the first day as '00', HH represented the number of hours, and MM the number of minutes.

After 24 hours, the minutes were represented by XX, as they were considered unnecessary. After a few days, hours became redundant and were also represented by XX. In instances when the time was insignificant or unclear, it was represented by XX:XX:XX (Sherr 1994).

This chronology was not to be confused with the actual time of day, which was only included if it was definite, significant and casual to the symptom, and if there was repetition in one or more provers. Thus, to avoid any errors, all irrelevant times were erased during the initial extraction stage (Sherr 1994).

3.9.3. The Inclusion Criteria for Proving Symptoms

The following guidelines were taken into consideration for the selection of valid proving symptoms:

- A new, strange, rare or peculiar symptom, unfamiliar to the prover, which occurred after taking the remedy (Sherr 1994; Riley 1997; Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014);

- the symptom did not appear in a prover from the placebo group (Ross 2015);
- a current or usual symptom intensified to a marked degree (Sherr 1994; International Council for Classical Homoeopathy 1999);
- a current symptom was modified or altered, with a clear description of the current and modified component (Sherr 1994; International Council for Classical Homoeopathy 1999);
- a symptom did not appear naturally or spontaneously during the proving (Sherr 1994);
- a symptom that occurred a long time previously (five years or more), but had no reason for its reappearance at the time of the proving (Sherr 1994);
- a 'cured symptom' of a present symptom. i.e. disappeared during the proving (Sherr 1994; Riley 1997; Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014);
- the frequency of a symptom (Sherr 1994);
- the number of subjects who experienced a symptom (Sherr 1994; Riley 1997);
- the duration, intensity, modalities, concomitants, localisation and timing associated with the symptom (Riley 1997);
- accidents and co-incidences that occurred to more than one prover (Hahnemann 1996);
- the time of day that a symptom occurred was only included if experienced by another prover (International Council for Classical Homoeopathy 1999);
- a symptom that was not produced by a change in life or exciting causes (Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014).

3.9.4. The Determination of Experimental Proving Symptoms

The first stage, after transcription and coding of all the journal entries, was to make intra-prover comparisons to determine the "experimental proving symptoms" for each prover. In order to minimise researcher bias during this stage, the researcher determined the possible proving symptoms prior to the unblinding of prover allocations into the verum or placebo groups.

All the entries within a particular journal were sorted under the materia medica heading most relevant to the predominant symptom expression, in the same order as that of the *Essential Synthesis* 9.2 repertory (Schroyens 2007). The resultant document would have the standard materia medica headings, with the relevant prover symptoms listed under each heading, organised according to colour; the 'red' symptoms (pre- and post- proving) were placed above the 'black' symptoms (proving symptoms) (Ross 2015).

Using the inclusion criteria for proving symptoms *(see 3.9.3)* as a guideline, valid experimental proving symptoms were determined by comparing the 'red' and 'black' journal entries under each materia medica heading. If any 'black' symptom had a clear 'red' analogue, the 'black' text was then changed to 'blue' to indicate that it was also produced in the pre- or post-proving observation periods. A second elimination was made by comparing the proving symptoms to the initial and follow-up case histories and physical examinations, to evaluate valid symptoms that may have been experienced by any provers prior to their participation in the proving (Ross 2015).

By the end of the intra-prover comparison, a clear, visual, and traceable differentiation was able to be made between the symptoms 'of the prover' and possible symptoms "of the proving experiment". The 'red' and 'blue' symptoms were then deleted, so that only 'black' symptoms remained for each prover before the inter-prover comparisons were made (Ross 2015).

3.9.5. The Determination of Verum Proving Symptoms

The allocation of verum or placebo was unblinded, on completion of the intra-prover comparisons, to affect an inter-prover comparison in order to determine the symptoms that may be attributed to the proving substance, as opposed to the "experiment" (Ross 2011).

A similar process to that used for the determination of experimental symptoms *(see 3.9.4)* was followed to exclude any verum symptoms that were produced by placebo provers. All the placebo provers' experimental symptoms were coded as 'red', and all the verum provers' experimental symptoms remained 'black'. All the prover entries were merged into one document, keeping to their relevant materia medica headings, then organised according to colour; the 'red' symptoms (placebo) were placed above the 'black' symptoms (verum) (Ross 2015).

If any verum symptoms had a placebo equivalent, the 'black' text was then changed to 'blue' to indicate that it was also produced in the placebo group. The 'red' and 'blue' symptoms were then deleted, so that only the symptoms produced under the influence of the selected radionic remedy remained (Ross 2015).

3.10. The Materia Medica

The final materia medica was compiled from the 'black' (verum proving) symptoms that remained after the intra-prover and inter-prover comparisons (Ross 2015), and arranged according to the order of materia medica headings from the *Essential Synthesis* 9.2 repertory (Schroyens 2007) as follows:

1. Mind
2. Vertigo
3. Head
4. Eye
5. Vision
6. Ear
7. Hearing
8. Nose
9. Face
10. Mouth
11. Teeth
12. Throat

13. External throat
14. Stomach
15. Abdomen
16. Rectum
17. Stool
18. Bladder
19. Kidney
20. Prostate gland
21. Urethra
22. Urine
23. Male
24. Female
25. Larynx
26. Respiratory
27. Cough
28. Expectoration
29. Chest
30. Back
31. Extremities
32. Sleep
33. Dreams
34. Chill
35. Fever
36. Perspiration
37. Skin
38. Generalities

The materia medica was then collated and edited to amalgamate all the separate prover symptoms into an “as if one person” composition, so that the information was logically presented and easily comprehensible. Any headings, which did not have symptoms listed below, were removed from the final materia medica. The symptoms under each heading were rearranged into categories to group similar symptoms into common themes (Mind and Dreams), locations (Head), general sensitivities (Stomach and Generals), or common sensations (Sherr 1994; Ross 2011; Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy 2014).

3.11. The Repertory

In keeping to the CHROMA-*Prove*© method (Ross 2015), each individual materia medica entry was analysed and translated into repertory language (rubrics), using the *Essential Synthesis* 9.2 repertory (Schroyens 2007) and *RadarOpus* software programme (version 1.38) (Archibel 2013).

Specific and relevant rubrics were allocated and placed under each respective materia medica entry (Ross 2015). Depending on the materia medica entry, the rubrics were not necessarily restricted to the repertorial heading, under which the entry was listed (Ross 2011). In the case of clear proving symptoms, which did not appear in existing rubrics, new rubrics were created whilst

keeping to the provers' own words and the standard repertorial format (Sherr 1994; International Council for Classical Homoeopathy 1999).

Once all the entries were allocated their relevant rubrics, each prover was assigned a 'colour', and all the rubric entries were then "coloured" in terms of the prover that produced the entry (20 colours in total). On completion of colour-coding the rubric entries, the materia medica text was removed; thus, leaving all the derived rubrics as a mixed, un-alphabetised list. The un-alphabetised list was then electronically alphabetised, making it easier to discriminate between rubrics which appeared multiple times in a single prover (single colour) or multiple provers (multiple colours) (Ross 2015).

All the rubrics were then graded according to the number of provers who produced a particular rubric. Multiple "same" rubrics from a single prover were collapsed into a single entry, and rubrics derived from multiple provers were collapsed into a single entry, with the number of provers recorded in brackets (Ross 2015). If recurring symptoms, sides of body, sensations, modalities and times of day were repeated more than three times, it was included under the Generals section.

In the absence of clinical verification, the grading system used was adapted from Ross (2011):

- All rubrics were assumed as 'Grade one', the lowest grade, which was reflected in normal type;
- Any rubrics produced by twenty percent (i.e. four) or more different provers were elevated to 'Grade two', which was reflected in *italics* type;
- Any rubrics produced by fifty percent (i.e. ten) or more different provers were elevated to 'Grade three', which was reflected in **bold** type.

No rubrics were considered for ‘Grade four’, the highest grade, which was conventionally reflected in **BOLD CAPITALS**, since the rubrics were not yet clinically verified.

The graded rubrics were then rearranged according to repertorial chapter sequence and the *Essential Synthesis 9.2* (Schroyens 2007) time of day- side- sensation- extension- localisation convention to make up the final repertory (Ross 2015).

3.12. The Repertorisation

The researcher, whilst still blind to the nature of the radionic remedy proven, conducted a repertorisation of the proving repertory on *RadarOpus* software programme (version 1.38) (Archibel 2013).

Twenty rubrics or sub-rubrics were selected from the proving repertory to be repertorised. The criteria for rubric selection were adapted from Boenninghausen’s method of repertorisation:

- symptoms most commonly experienced by provers (symptoms ‘*Grade 2’* or higher);
- PQRS (peculiar, queer, rare, strange) symptoms, which the researcher interpreted as being characteristic to the nature of the proving substance;
- generalised symptoms, such as sensations, modalities, concomitants etc., which occurred in three or more provers, or across multiple systems or locations in the body.

These twenty rubrics were repertorised using *RadarOpus* and analysed by comparing the conventional ‘*Sum of Symptoms (Sorted Degrees)*’ and ‘*Sum of Degrees (Sorted Symptoms)*’. Other repertorisation comparisons were also made by considering ‘*Prominence*’, ‘*Small Rubrics*’ and ‘*Small Remedies*’.

3.13. The Unblinding of the Proving Substance

In *Randomisation and Blinding (see 3.3)*, the three stages of remedy selection were described. Thus, the process of unblinding the remedy occurred in the same order to trace back to the nature of the proving substance, i.e. unblinding the original list of six well-proven homoeopathic remedies selected by the research supervisors, unblinding the list of three radionically prepared by the independent homoeopath, and lastly the unblinding of the remedy selected by the laboratory technician to be proven *(see Figure 3 below)*.

- The first estimation of the remedy proven was made by the researcher, upon completion of repertorisation and comparison of the results obtained from the different repertorisation techniques mentioned *(see 3.12)*.
- The independent homoeopath then unblinded the original list of six well-proven homoeopathic remedies selected by the research supervisors. The researcher was asked to make a second (similar or different) estimation of the remedy from this list.
- The independent homoeopath, who prepared the proving remedies, then revealed the identity of the three radionically prepared remedies, labelled as ‘A’, ‘B’, and ‘C’, from which the researcher made the third and final (similar or different) estimation of the remedy proven.
- Upon the final estimation of the remedy proven, the laboratory technician unblinded the ‘letter’ on the bottle which was selected for the proving; thus, revealing the identity of the proving substance, by tracing back to the matching ‘letter’ from the independent homoeopath’s list.

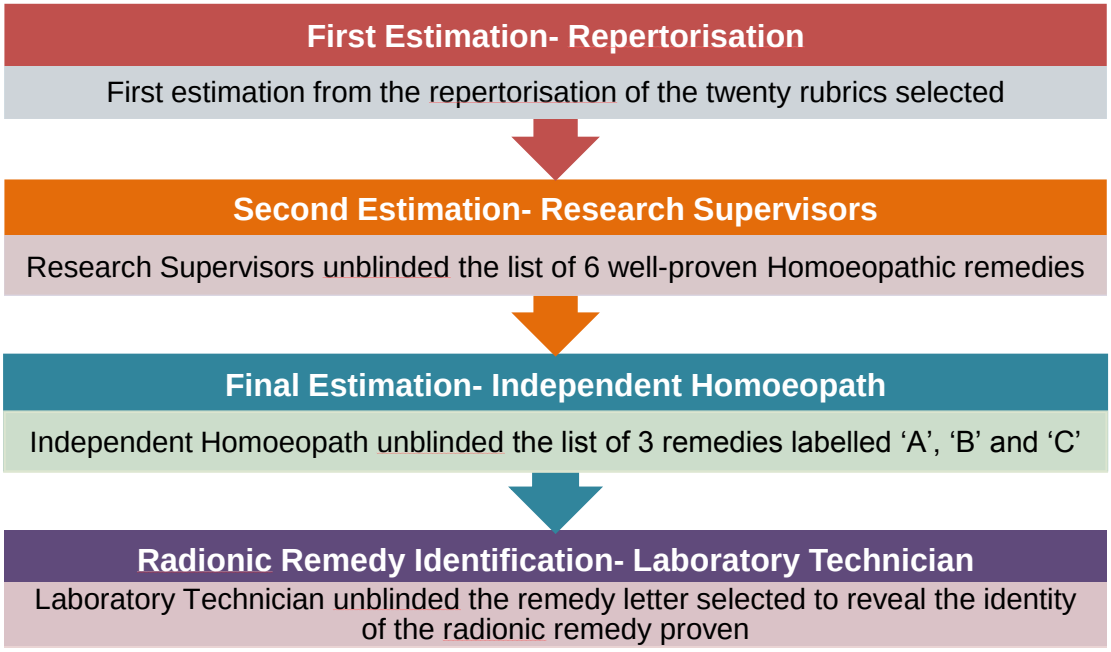

Figure 3: The Process of Unblinding and Identification of the Remedy

The identity of the proving remedy and the allocation of provers to verum or placebo groups were revealed to all the provers, upon unblinding the proving identity to the researcher and supervisors.

3.14. The Comparative Materia Medica

The materia medica and repertory derived from the proving of the radionically prepared remedy was compared and contrasted to the existing materia medica of the same remedy. The objective of the comparisons was to highlight any similarities or differences between the radionic remedy and the well-proven homoeopathic remedy. The existing materia medica provided a method of determining how much of the proving data was characteristic to the original homoeopathic substance, as opposed to insignificant symptoms or "background noise".

3.14.1. The Repertorial Comparison

A quantitative repertorial comparison was made by comparing the rubrics derived from the proving study to those listed against the same remedy in the *RadarOpus* software programme (version 1.38) (Archibel 2013). It is to be noted, however, that typically not all rubrics listed in this software programme are pure proving symptoms, and that this list contains rubrics derived from toxicology and clinical application of the remedy. In performing the repertorial comparison, the researcher recognises that although twenty rubrics were selected for identification of the proving remedy, the totality of rubrics derived from the experiment needed to be evaluated against the existing knowledge of the identified remedy.

The rubrics from the proving repertory were separated or converted into main and sub-rubrics to make direct comparisons of the rubrics extracted from *RadarOpus* (Archibel 2013) to the final repertory, and on both main rubric and sub-rubric levels. The total number of shared rubrics was tallied and presented in a table.

The following points were noted when carrying out the repertorial comparisons:

- The number of rubrics derived from the proving, which were identified in the extracted list of rubrics of the remedy in *RadarOpus* (Archibel 2013);
- the grading of the proving substance found within the common rubrics;
- the size of the common rubrics, i.e. the number of remedies listed under the specific rubric.

3.14.2. The Materia Medica Comparison

A qualitative comparison of materia medica was effected by comparing actual journal entries derived from the proving experiment to source texts. For this purpose, the researcher restricted herself to foundational reference texts, including Allen's (2005) *Keynotes and Characteristics* and Hering's (1991) *Guiding Symptoms of our Materia Medica*.

Extracts from the source texts were tabulated against entries from the proving materia medica to contrast and highlight any similarities or differences in the descriptions. While conducting the comparison of materia medica, emphasis was placed on specific textual overlaps, application of adjectives of sensation, and the identification of PQRS symptoms.

CHAPTER 4- THE RESULTS

4.1. Introduction

The aim of this research study was to determine whether a radionically prepared remedy would elicit symptomatology similar to the existing materia medica of the same remedy during a triple-blind proving.

Whist keeping to the research objectives, the researcher attempted to identify symptoms produced (if any) in a healthy prover by a radionically prepared remedy of a well proven homoeopathic remedy, and to compare these proving symptoms to the existing materia medica of the same remedy.

This chapter sought to lay out the subjective proving data obtained from the journal entries, and presented it in relevant qualitative and quantitative formats, in order to illustrate the steps that led to the unfolding of the radionic substance's remedy picture. The researcher's focus was to display the data as accurately and objectively as possible, by reflecting on the observable points without delving too deep into discussions and analyses of proving symptomatology, which, in turn, would be the emphasis for the following chapter.

4.2. The Prover Withdrawals and Replacements

Of the 30 provers who were initially recruited to participate in the proving of *Cantharis vesicatoria* 30CR, three provers were replaced by three new recruits. Prover 01 [*Verum, Female, African*] had provided an incomplete prover journal; although she reported to have experienced proving symptoms, and was also antidoted one month after administration of the proving substance. She admitted that there were times when she was hesitant to record symptoms, in case she was allocated placebo; she felt embarrassed that she had produced symptoms during her previous proving experience,

even though she was allocated placebo. She was replaced by Prover 01B [*Verum, Female, African*]. Prover 11 [*Verum, Male, African*] had also completed four weeks of journaling, but misplaced his prover journal and was not able to return for his post-proving follow up consult. He was replaced by Prover 11B [*Verum, Male, Indian*]. Prover 25 [*Verum, Male, African*] withdrew from the proving during his pre-proving observation week, prior to administration of the proving substance, due to personal circumstances. He was replaced by Prover 25B [*Verum, Female, White*]. Any data obtained from the provers who were replaced (Provers 01, 11 and 25) was excluded on the basis of being incomplete. All three replacement provers (Provers 01B, 11B and 25B) had completed all aspects of the proving, and were subsequently referred to as Prover 01, Prover 11 and Prover 25 in this study respectively.

4.3. The Antidotes

Although the symptoms that most of the provers experienced were mild and temporary, three provers requested to be antidoted. All three provers were antidoted with a homoeopathic prescription, which the researcher and supervisors determined, based on their findings after a full case history and physical examination of each prover in their current state of health was conducted. All three provers reported to have returned to their baseline state within one week after the administration of the antidote.

Prover 01, who was later replaced by Prover 01B, was antidoted with three doses of *Lycopodium clavatum* 200CH on Day 35 after administration of the proving substance. Her main complaint was abdominal cramping and bloating, with eructation and flatulence, which started during the first week of the proving. The symptoms were > release of gas, pressing against the abdomen, loose clothing, and < when wearing tight pants or leggings. Mentally/emotionally she also noted that she lost her temper easily, was more irritable, and became jealous and suspicious that her boyfriend was cheating on her.

Prover 04 experienced mental/emotional symptoms of depression, which began to affect her daily living; because she had a past medical history of depression, she requested to be antidoted on Day 05 after administration of the proving substance. She was feeling very low and did not want to face people and pretend that she was ok. Hot flushes occurred with these emotions in her face and upper arms, with flushed, red cheeks and heart palpitations. A dull, right sided, frontal headache over her brows, and right sided, burning, stinging and itching throat pain, with desire to constantly swallow were other symptoms reported during the case history. She was antidoted with one dose of *Spongia tosta* 200CH.

Prover 22 was antidoted with three powders of *Phosphorus* 200CH on Day 45 after administration of the proving substance. His main complaint was a persistent, dry cough which began on Day 26 of the proving. There was also chest pain, with a feeling that there was something posterior to the sternum. The symptoms were > warmth and in open air, and < in the morning, closed areas and cold.

4.4. The Prover Demographics

A total of thirty participants (20 verum provers and 10 placebo provers) took part in the proving of the radionic remedy. Each prover's age, gender, ethnicity and occupation were presented in Table 1 *(below)*.

The age of the provers ranged from 19 to 49 years, with an average of 23.8 years. The average age within the verum group was 23.1 years, and the placebo group was 25.3 years. There was a fairly even spread of male and female provers, in the ratio of 14:16. There were an equal number of 10 males and 10 females allocated to the verum group, whereas the placebo group had 4 males: 6 females.

It was interesting to note that the ethnic distribution of the prover group was predominantly African, followed by White, Indian then Coloured, in comparison

to previous provings conducted at Durban University of Technology, where the prover ethnicity was predominantly White or Indian (Botha 2010; Ross 2011; Schonfeld 2013; Naidoo 2015). Although cognisance was taken to have a uniform ethnic distribution, the ratio of 14 Africans: 5 Indians: 9 Whites: 2 Coloureds was representative of the South African and Durban University of Technology's ethnic distributions. The distributions of Africans to Indians to Whites to Coloureds in the respective groups were 10:2:7:1 (verum), and 4:3:2:1 (placebo).

No.	Age	Gender		Ethnicity				Occupation			
01	20		F	A				DipH			
03	20	M		A				DipH			
04	21		F			W			BHom		
06	23	M		A				DipH			
08	19		F			W		DipH			
09	19	M					C	DipH			
10	21		F		I			DipH			
11	19	M			I			DipH			
13	23	M		A				DipH			
14	24		F	A						MHom	
16	22	M				W					Other
18	20	M		A				DipH			
19	29	M				W				MHom	
21	32		F			W				MHom	
22	23	M		A				DipH			
23	23		F			W				MHom	
25	49		F			W					Other
26	19	M		A				DipH			
28	18		F	A				DipH			
29	18		F	A				DipH			
02	23		F		I						Other
05	22	M		A							Other
07	23		F		I			DipH			
12	23		F			W					Other
15	27	M			I				BHom		
17	22		F				C				Other
20	30		F			W					Other
24	20	M		A				DipH			
27	40	M		A				DipH			
30	23		F	A				DipH			
Sub-Totals		10	10	10	2	7	1	13	1	4	2
Sub-Totals		4	6	4	3	2	1	4	1	0	5
TOTALS		**14**	**16**	**14**	**5**	**9**	**2**	**17**	**2**	**4**	**7**

KEY:

	Verum	A	African	DipH	Diploma: Homoeopathy
	Placebo	I	Indian	BHom	Bachelor: Homoeopathy
M	Male	W	White	MHom	Masters: Homoeopathy
F	Female	C	Coloured	Other	Other

Table 1: The Prover Demographics

Although the ratio of provers with homoeopathic reference points to non-homoeopathic reference points was 23:7 (with *Other* referring to participants with non-homoeopathic reference points), a further distinction was made regarding the year of study for homoeopathic students; Diploma included the first three years of study for the homoeopathy degree at Durban University of Technology, followed by Bachelor, which was the fourth year, then Masters, which included fifth year and above. Out of the 23 homoeopathic participants, the ratio was 17 Diplomas: 2 Bachelors: 4 Masters. Due to the nature of randomisation, the ratio of Diploma to Bachelor to Masters to Other in the two groups was 13:1:4:2 (verum), 4:1:0:5 (placebo).

4.5. The First Research Objective

The first research objective was to identify symptoms produced (if any) in healthy provers by a radionically prepared remedy of a well proven homoeopathic remedy.

The data in respect to this objective included the transcription of the subjective prover journal entries, the compilation of the materia medica and the finalisation of the substance's repertory, which were all processed, following the CHROMA-*Prove*© method (Ross 2015), whilst the researcher and supervisors were blind to the nature of the radionic substance.

4.6. The Nature of Journal Entries

The distribution and nature of journal entries derived from twenty verum and ten placebo provers were tabulated below in Table 2. The entries were separated into pre-evaluation and post-evaluation sections; the pre-evaluation entries included all the entries from the pre-proving observation period and the proving period, and post-evaluation entries were the remaining entries after the intra-prover comparisons were completed, which were either considered to

be symptoms attributed to participating in the experiment or verum proving symptoms.

PLACEBO					VERUM					TOTAL FINAL
PROVER	Pre-Eval		Post-Eval		PROVER	Pre-Eval		Post-Eval		
	Obs	Prov	Final	%		Obs	Prov	Final	%	
02	34	99	**26**	*26.3*	01	32	12	**6**	*50.0*	**5**
05	26	46	**7**	*15.2*	03	0	6	**3**	*50.0*	**2**
07	11	20	**13**	*65.0*	04	39	74	**57**	*77.0*	**44**
12	19	79	**9**	*11.4*	06	9	21	**14**	*66.7*	**12**
15	24	143	**70**	*49.0*	08	50	74	**38**	*51.4*	**26**
17	6	26	**10**	*38.5*	09	42	70	**15**	*21.4*	**11**
20	51	168	**70**	*41.7*	10	14	39	**19**	*48.7*	**17**
24	30	11	**0**	*0.0*	11	11	16	**15**	*93.8*	**11**
27	16	25	**7**	*28.0*	13	16	34	**21**	*61.8*	**16**
30	24	11	**8**	*72.7*	14	5	54	**40**	*74.1*	**24**
PLACEBO TOTAL			**220**	***34.8%***	16	4	14	**1**	*7.1*	**0**
					18	46	39	**21**	*53.8*	**16**
					19	4	6	**0**	*0.0*	**0**
COMPOSITE	**220**		**0**	***0.0%***	21	4	38	**34**	*89.5*	**30**
					22	27	60	**35**	*58.3*	**25**
					23	2	42	**41**	*97.6*	**33**
					25	73	235	**38**	*16.2*	**28**
COMPOSITE	**447**	**332**		***74.5%***	26	7	27	**16**	*59.3*	**11**
					28	26	68	**25**	*36.8*	**14**
					29	21	22	**8**	*36.4*	**7**
					VERUM TOTAL			**447**	***52.5%***	**332**

KEY: **Obs:** The number of journal entries during the pre-proving observation period

Prov: The number of journal entries over the proving period

Final: The number of proving entries with no pre-proving analogue

%: The number of Final entries as a percentage of the total number of proving entries

Placebo Total: The sum of Placebo Final entries

Verum Total: The sum of Verum Final entries

Total Final: The number of Verum Final entries having no Placebo Final analogue

Composite: The sum of Total Final entries as a percentage of the Verum Total

Table 2: The Nature of Journal Entries

A total of 220 placebo journal entries were considered to have no pre-proving analogue, and had met the inclusion criteria for proving symptoms *(see 3.9.3)*; therefore, 34.8 percent of the total number of placebo journal entries was attributed to being placebo or experimental symptoms. A total of 447 verum journal entries were considered to have no pre-proving analogue; 52.5 percent

of the total number of verum journal entries was attributed to being verum or experimental symptoms.

It was noted that the verum group had twice the number of placebo provers to begin with (10 placebo: 20 verum), and the final number of verum entries to placebo entries was also close to double (220 placebo total: 447 verum total). Although it seemed that the verum group did not produce more entries than the placebo group, it was interesting to note that the retention rate of the verum entries was greater than that of the placebo entries (34.8% placebo: 52.5% verum). This suggested that, although the verum group may not have produced more symptoms than the placebo group, the symptoms produced by the verum group had less overlap with pre-proving entries, and a higher likelihood of being attributable to the action of the proving substance, rather than merely being the provers' baseline symptoms.

On completion of the intra-prover comparisons, the allocation of verum and placebo was unblinded to effect an inter-prover comparison, in order to determine the symptoms that may be attributed to the proving substance, as opposed to experimental symptoms. When the 220 entries of the placebo group were compared to the 447 entries of the verum group, a total of 332 entries were determined to have no placebo analogue. This means that, when the verum entries were compared to the placebo entries, only 25.5 percent of the entries overlapped, and 74.5 percent were attributable to being symptoms produced under the influence of the selected radionic remedy.

From these comparisons of the nature of the journal entries, the researcher observed that, although the verum group may not have produced many more symptoms than the placebo group, the symptoms produced under the same experimental conditions were more distinct and characteristic than that of the placebo group. It was evident that there were identifiable symptoms that were produced by the radionically prepared remedy, which were not to be attributed to the experimental context or to the expectation that symptoms would be experienced by participating in a proving.

4.7. The Materia Medica

The inter- and intra-prover comparisons resulted in a total of 332 journal entries, which were compiled to form the finalised materia medica of the radionic proving substance *[Appendix F]*. The materia medica journal entries were summarised and reflected below.

4.7.1. MIND

Aversion to company; do not want to talk and interact with others ***[Provers 01, 04, 18 and 22]***. Closing off and isolation of self from others ***[Provers 04 and 23]***. Feeling like no one sees or hears her ***[Prover 08]***; feeling like a lost person, as if all alone with nobody around him; with lack of concentration ***[Prover 26]***. Secretive and embarrassed about sexuality ***[Prover 23]***.

Paranoia, with feelings of unexplained guilt; constant feeling of uneasiness, tension, and intense worry about random things; questioning friend's wellbeing after no communication for a while; paranoia like going to a test he has not studied for ***[Prover 11]***. Anxiety and worry; about being involved in a motor vehicle accident; anxiety and frustration with crying when stuck in traffic; desire to go home and away from driving ***[Prover 21]***. Panic and distress about body symptoms; thought she was developing rheumatoid arthritis; < alone; > company ***[Prover 23]***. Feeling as if somebody is present in his house, watching him from the window; with sleeplessness ***[Prover 18]***. Spider paranoia ***[Prover 21]***. Terrified by owl noise; desires company ***[Prover 28]***.

Anger; with hot flushes ***[Prover 04]***. Anger and resentment for not being appreciated enough ***[Prover 25]***. Bitterness towards others; sees the bad in everyone; disgust with humanity; urge to shout at others ***[Prover 23]***, or shouting at others for no valid reason ***[Prover 28]***.

Forgetfulness; losing her train of thought; forgetting what she was doing; forgetful of small details; kept returning home to collect something that she forgot to take ***[Provers 04 and 25]***. Confusion of people when speaking to others; confusion of dreams with reality ***[Prover 23]***. Feeling dazed, zoned out, spacey, like in a daydream state ***[Provers 04 and 25]***. Lack of concentration

and difficulty focusing; easily distracted and would start on another task ***[Prover 25]***. Forgetfulness with resentment ***[Prover 25]***; with frustration and desire to cry ***[Prover 04]***.

Loss of self-confidence; feels helpless and powerless; loss of belief that she has the power to achieve things; quickly discouraged and gives up; persecutes herself for failure ***[Prover 21]***. Fear that she will be stuck at the bottom of the food chain; contradiction of fear and resignation ***[Prover 21]***. Feels others are trying to dominate and suppress her; as if being controlled, micromanaged and persecuted; as if her failure makes others more powerful and happy; with desire to escape ***[Prover 21]***. Feels disrespected and used as an accessory to other's dreams and visions; with desire to set boundaries regarding her needs ***[Prover 25]***. Finds it easier to make decisions that shows respect towards herself, her boundaries and time; less tolerant of nonsense ***[Prover 23]***. Enjoying the thrill of risky, indulgent behaviour; without fear; not spending time with intellectually stimulating people; drinking alcohol, and eating whatever she wanted ***[Prover 23]***.

Feels the need to apologise to everyone ***[Prover 04]***. More vulnerable to things that others say or do to her ***[Prover 08]***. Tearing up when hearing about animal cruelty; heat with emotions ***[Prover 04]***. Low mood after sex; feels unsatisfied ***[Prover 04]***. Feeling down and depressed ***[Prover 22 and 23]***. Able to observe herself feeling impatient and perplexed by the actions of others, without reacting ***[Prover 25]***. Less irritable, angry and avoidant of others ***[Prover 29]***. Urge to clean; cleaning his room, and re-filing his notes ***[Prover 09]***. Increased sensitivity; touch seems more painful; sensitive to noise; loud, ambient noises makes her grumpy; desires music ***[Prover 21]***. Moods; > out of house, walking in open air ***[Prover 25]***.

4.7.2. HEAD

Sensation like fire in the forehead; > outside in fresh air ***[Prover 29]***. Dull, pulsating pain; in right forehead ***[Prover 04]***. Pain forehead; > closing eyes ***[Prover 14]***. Pulsating pain, from left occiput radiating to the frontal area over both eyes ***[Prover 06]***. Aching pain in occiput; with burning pain in stomach ***[Prover 22]***. Sensation as if electric shocks are running through his head;

sharp, excruciating pain; radiating from jaw muscles to sides of head ***[Prover 09]***. Head feels numb and light; as if it would go off; with one sided pain over temporal lobe; < noise; > sitting still, sleeping; with thirst for cold water ***[Prover 18]***. Headache in band between ears; shifting to temples and below eyebrows in eye socket; > walking outside ***[Prover 25]***. Stabbing pain; left temporal region, close to ears; sensitive; with aversion to company; < head movement, noise ***[Prover 22]***. Sensation as if head would fall off when tilting head downwards; pain superior, close to bregma suture, and over temporal lobes; with low energy and tiredness ***[Prover 22]***. Pulsating pain in vertex; accompanied by pain in eyes; sensitive to light; with weakness throughout body; feels as if mind is congested; with lack of concentration; difficulty focusing on one thing; not in the mood to talk ***[Prover 26]***. Headache as if there is a huge bowl or brick in his head ***[Prover 06]***. Feels as if head is heavy ***[Prover 26]***. Violent headache; with difficulty seeing ***[Provers 06 and 25]***. Pulsating headache; < movement of right eye up, down or to the sides in an exaggerated way ***[Prover 08]***.

4.7.3. EYE

Eyes look sunken; desire to close her eyes ***[Prover 10]***. Eyes feel heavy; difficulty keeping eyes open; feeling sleepy and drowsy; > closing eyes ***[Prover 14]***. Bilateral itchiness, and dryness of eyes; gummy discharge, < blinking; no lachrymation; < left side; > rubbing ***[Prover 21]***. Glassy-red colour; with sickly expression ***[Prover 13]***.

4.7.4. EAR

Buzzing or ringing sound in both ears; tinnitus; < right ear, quiet room; > talking, moving ***[Prover 04]***. Ringing in both ears; feels as if she is isolated from the world; < when concentrating on the sound ***[Prover 23]***. Dull pain; < placing finger on the outer part of the auditory canal ***[Prover 09]***. Stinging, agonising pain in left ear; sensation as if stung by a bee ***[Prover 09]***. Pain, in left ear ***[Prover 13]***.

4.7.5. NOSE

Bleeding; < during warm bath ***[Prover 22]***; when clearing mucus from nose ***[Prover 29]***. Stuffy, blocked nose; dripping mucus; sneezing; < left nose; > sneezing ***[Provers 14 and 23]***. Nose feels heavy; sneezing clear nasal discharge; tearing with sneezing ***[Prover 10]***. Leaky discharge; < left side, morning ***[Prover 04]***. Discharge; < bathing ***[Prover 26]***. Runny nose; cracking, and itching of nostrils; with chilliness ***[Prover 28]***.

4.7.6. FACE

Small pimples, close together, on forehead; itchiness; dull sensation; no pain; < midday, heat; > night ***[Prover 01]***. Sickly expression ***[Prover 10]***. Stiff, sore, bruising pain; over right temporomandibular joint, extending to lower jaw and teeth ***[Prover 04]***. Top lip red, with a distinct darker line across; sore, stinging pain; < dry weather ***[Prover 04]***. Sore on lower lip; swollen, with white scab; painful to touch; bleeding; < bathing, brushing teeth ***[Prover 18]***. Feels as if face is swollen, and numb; with numb sensation of hands; skin feels thick and tickling when touched; sleepiness, with no desire to do anything besides lying in bed; sensation as if he has been smoking cannabis ***[Prover 18]***.

4.7.7. MOUTH AND TEETH

Bleeding, sensitive gums; < flossing, or brushing teeth ***[Prover 08]***. Itchy palate; < right side ***[Prover 04]***. Small, white dots on tongue ***[Prover 22]***. Metallic taste; with dryness of mouth ***[Prover 18]***. Tastelessness, everything tastes the same ***[Provers 18 and 29]***. Sensitive; aching molars; as if root canal pain; < during, and after eating ***[Provers 08 and 25]***.

4.7.8. THROAT

Stinging, sore, red throat; tonsils tender; < left side, external touch, exhalation; > minty cigarettes ***[Prover 04]***. Stinging on roof of palate; continuously swallowing and clearing throat; < right side ***[Prover 04]***. Sore throat; with cough, irritating larynx, left earache, and tender right cervical lymph nodes; < cold water, any cold application; > warm water ***[Prover 06]***. Sore, scratchy throat; with sore right ear, as if she can feel the soreness of her throat in her

right ear; with tastelessness of foods and drinks; weakness with standing ***[Prover 10]***. Unable to sing, as if somebody is blocking her throat; with sore pressure in ears ***[Prover 14]***. Throat pain; with chocking, as if she has too much mucus in her neck; < singing ***[Prover 28]***. Feels as if there is something in his throat ***[Prover 22]***. Difficulty swallowing, as if throat is swelling ***[Provers 06 and 28]***. Pain < swallowing anything, and swallowing saliva ***[Prover 13]***.

4.7.9. STOMACH

Insatiable hunger, even after large meals; hungry, even if full, but she does not know what she craves; hunger as if there is nothing in the stomach; eating throughout the day ***[Provers 08, 14, and 18]***. Ravenous, with easy satiety; alternating with not wanting to eat ***[Prover 23]***. Easy satiety ***[Prover 04]***. Decreased appetite, he does not feel like eating anything ***[Prover 13]***. Sudden insatiable thirst for lots of ice-cold water ***[Prover 21]***. Decreased thirst ***[Prover 29]***. Sensation of burning fire in stomach; with painful diaphragm ***[Prover 06]***. Cramping, after heavy meal; < sitting; > lying in bed ***[Prover 26]***. Hiccoughs ***[Prover 04]***.

4.7.10. ABDOMEN

Sharp, stitching pain, in small spot in the right inguinal area ***[Prover 04]***. Cutting, stinging, tense pain; with excessive sweating; > bending double ***[Prover 06]***. Stabbing pain in lower abdomen; < right side ***[Prover 28]***. Dull ache, in lower abdomen; like a thick elastic band pressing across hips ***[Prover 21]***.

4.7.11. RECTUM AND STOOL

Urging and difficulty passing stool; stool dry, like pebbles, or little balls; feels as if there is incomplete passing of stool; no pain, or flatulence ***[Provers 09 and 18]***. Little nugget stool, passed in quick successions; with flatus; with ache and cramping before, in lower left quadrant ***[Prover 21]***. Weak stool expulsion; with a burning sensation ***[Prover 11]***. Dribbly ***[Prover 21]***; yellow diarrhoeal stool ***[Prover 28]***.

4.7.12. BLADDER, KIDNEY AND URETHRA

Increased urination at night ***[Prover 23]***. Bruising pain and tenderness, in right kidney region; > movement ***[Prover 04]***. Raw, excoriated, red, intense pain; as if someone is sticking knives up her urethra; feel like she is dying from the pain; with anxiety and paranoia that she may have picked up a sexually transmitted infection; < urination ***[Prover 23]***.

4.7.13. FEMALE GENITALIA/ SEX

Heavy flow ***[Provers 08, 14, 21; 28]***. Dark red; feeling weak and drained; < morning; > afternoon ***[Prover 08]***. Thin, watery, copious, red flow, excessive bleeding ***[Prover 21]***. Menses flow is thick, dirty brown colour, with more clots; feels dragged out, with slow consistency; < discharge ***[Prover 23]***. Thicker, stickier discharge; lubrication feels drier ***[Prover 23]***. Menstruation delayed ***[Provers 08 and 23]***. Usual symptoms during menses, appears earlier, as if menses will begin ***[Provers 10 and 14]***. Burning pain in lower abdomen; with nausea, and decreased appetite; with grumbling in abdomen; with shooting pains from left to right in upper abdomen ***[Prover 14]***. Bearing down pain feels like an open sore; desire to open the sore and clean it; with tiredness; < left side ***[Prover 14]***. Localized, spasmodic, pre-menstrual pains over ovaries, uterus and cervix ***[Prover 23]***. Intense, hot, burning, constant, superficial pain; with some itching; with creamy, cottage cheese-like discharge; with tender right inguinal lymph nodes; < scratching, touch, walking, motion ***[Prover 23]***. Itchiness, like tiny little glass cuts around vaginal opening; > and < scratching; > after bathing, clean, and dry ***[Prover 21]***. Prickle and discomfort, after sex; burning pain, after use of soap, and going to toilet ***[Prover 25]***.

4.7.14. COUGH AND EXPECTORATION

Dry Cough; with itchy throat; tears with cough ***[Prover 04]***. Dry, racking cough; with chest pain along the xiphoid process; heaviness of the chest; with green sputum; < cold; > warm ***[Prover 06]***. Dry, hacking cough; feeling as if she is choking; coughing-fit that she cannot stop; < drinking water, suppressing the cough, and speaking for long ***[Prover 10]***. Dry cough; with dry throat; expectoration like frothy mucus ***[Prover 14]***. Wet cough, provoked by tickling

chest; < cold air and weather; > morning ***[Prover 14]***. Coughing constant, throughout day and night; waking frequently during sleep, restlessly turning between left and right sides; with chest pain; yellow, hard expectoration; fever; < night, cold weather, and wind ***[Prover 13]***. Strong cough; with headache; with sour, itching throat; phlegm like a bulge coming out; with back pain along the sides, joint pain, and aching posterior thigh muscles; with fever; and low energy; he cannot walk; thinking that he is going to die; < closed air or indoors, cold air, and dust ***[Prover 22]***. Cough, from post-nasal drip with nose allergies ***[Prover 23]***.

4.7.15. CHEST AND RESPIRATION

Itching chest and throat ***[Prover 22]***. Feeling as if there is a lot of boiling beneath the sternum; with difficulty breathing, like someone with asthma ***[Prover 22]***. Burning pain in chest; concomitant with nausea ***[Prover 28]***. Bruised, sharp sensation below right clavicle ***[Prover 04]***. Feeling as if pain below ribcage, centrally, is pulling her down; feeling like she will fall from the pain when she stands ***[Prover 10]***. Chest pain; < breathing; he can feel the mucus in his chest move when he breathes ***[Prover 13]***. Pain; < coughing, he avoids coughing to avoid the pain; > placing hand on chest ***[Prover 13]***. Tight, closed chest; feeling as if something is on top of her; with difficulty breathing and loss of breath, feels like she is asthmatic; with nausea; < walking, climbing uphill; > resting, and lying flat ***[Prover 14]***. Palpitations; with heat ***[Prover 04]***.

4.7.16. BACK

Tense, stiff, excruciating, uncomfortable right trapezius muscle pain; > resting head on a surface, squeezing and stretching the muscle; with descending pain to the right latissimus dorsi, and to the rhomboids bilaterally ***[Prover 04]***. Spasm of the upper trapezius muscles; < pressure of seat belt, and right side ***[Prover 21]***. Sore left posterior shoulder pain; < pressing on it ***[Prover 10]***. Pain in back, neck and arms; feeling tired and weak throughout body; < on waking ***[Prover 26]***. Feeling weak and floppy along length of back; as if she would herniate a disc, because her back muscles are not able to support extension when lifting ***[Prover 21]***.

4.7.17. EXTREMITIES

Thoracic outlet syndrome; with shoulder pain; numbness and tingling down the arm; feels as if she has less control of her hand; < left side ***[Prover 23]***. Numbness and tingling in the lateral part of the upper arm; < left side ***[Prover 08]***. Itchiness; at the bend of elbow; no eruptions ***[Prover 08]***. Pain in the right glenohumeral cavity ***[Prover 28]***. Thumb, wrist, and toe joints inflamed; with redness; heat; pain; increased clicking sounds when moving; unable to move or wriggle joints; < right side ***[Prover 23]***. Drawing, tearing, bruised sensation on medial aspect of left knee; pain shooting down to foot; ascending pain to ischial tuberosity; sharp tearing sensation in right kidney area; < sitting for long period, and being still; > walking ***[Prover 04]***. Cold lower limbs, around knees and ankles; coldness spreading up to upper body ***[Prover 11]***. Hot feet; with redness; swelling; < wearing closed shoes; > cool air ***[Prover 08]***. Heaviness of legs; highly tired knee joints, like her legs are failing; < walking ***[Prover 14]***. Bouncing legs, as a nervous fidget ***[Prover 25]***.

4.7.18. SLEEP AND DREAMS

Falling asleep easily ***[Prover 04]***. Sleeping for long hours ***[Prover 09]***. Desire to sleep ***[Prover 14]***. Wake up easily; feeling like there is something that needs to be done, or that he is late ***[Prover 18]***.

Nightmare, terrifying dreams; wake up calling for help; frightened people and dogs running around; dark, shadowy hands reaching to grab her; people grabbing her; trapping, and piling on top of her; dirty, repulsive, drunk people; trying to escape ***[Prover 21]***. Dreamt that her cousin died terribly after committing suicide ***[Prover 28]***; a friend went away, and nobody could find her; scared that his friend would die ***[Prover 09]***; secretly moving from room to room in an old building to get away from danger ***[Prover 25]***; walking in dodgy parts of the city, but felt safe as she had a puppy with her ***[Prover 08]***; wrote a test and failed it ***[Prover 01]***; forgot to study, then did not go for the test ***[Prover 04]***. Wild, crazy dreams; doing wild things; dangerous animals, such as lions, crocodiles, and snakes ***[Prover 23]***. Feeling scared, confronted, mentally trapped; chasing a man, who turned into a crocodile, bit her, then

changed back into a man ***[Prover 23]***; she morphed into an insect to escape, but people stood on her and would not let her escape, then she morphed into an invisible person to get away ***[Prover 21]***; she rescued a polecat from being killed, which turned into a teenage, Arabic girl, wearing gold colours ***[Prover 25]***; whales, which looked like giant black bears, swimming and breeching by the shore ***[Prover 08]***. Her friend was killed, as an abduction or kidnapping, and was suddenly brought back to life ***[Prover 28]***. Moving in an out of old, large, crumbling buildings; rooms kept changing; travelling, and getting to meetings; looking for venues; moving water through buildings and rooms to make big reservoirs of water ***[Prover 25]***; driving a university bus in her hometown, to her school and back ***[Prover 08]***. Dreamt that she was paralysed, in a wheelchair, surrounded by people but no one helped her; feeling alone ***[Prover 10]***; examining cadavers to see how they died, they were skeletons in closets, with a few specimens lying on tables, with see through, spongy, jelly skin; feeling nervous, but not scared; saved a bunch of babies from a wave, that crashed all over them, at the beach; having fun at an empty water park by herself; staying in a mafia-owned hotel, she was poor, but happy; in a house floating on the sea ***[Prover 08]***. At a party, when a friend directed a mean comment towards her, she replied back with another comment, then walked out of the party ***[Prover 21]***; visited her primary school, but it was full of teenagers having a party, which made her mad ***[Prover 08]***; planning a family gathering to connect the family together, they had a great time ***[Prover 06]***; having conversation with someone about war ***[Prover 09]***.

4.7.19. CHILL

Sensitive to cold; feeling cold when it is hot ***[Provers 11 and 22]***. Feeling icy cold; with slight shivers; unable to warm up ***[Prover 25]***. Waking up too cold to sleep ***[Prover 04]***.

4.7.20. FEVER

Feeling extremely hot all over; heat within me ***[Provers 04 and 14]***. Feeling hot; arms and legs cold to touch ***[Prover 08]***. Fever; hot under blankets, but feeling cold all over body; with goose bumps; with low appetite, and low thirst;

sleeping all day ***[Prover 22]***. Feeling feverish; very hot; sweating under blankets; < early morning; > open windows ***[Prover 25]***. Alternating between feeling hot and cold ***[Prover 29]***.

4.7.21. SKIN AND PERSPIRATION

Sweating, with no distinct smell; mostly in back and axilla ***[Prover 04]***. Itching all over body; head, face, neck, nose, eyes, shoulder blade; calf; redness after scratching; < right side; > scratching ***[Provers 03 and 21]***. Itching, prickling scalp, armpits, and pubic region; < night, sweating or exercise; > scratching ***[Prover 21]***. Itching all over body, around ears, neck, back, and foot; < warm bath; > rubbing ***[Prover 26]***. Pimple under left thigh, below gluteus; stinging, excruciating, sore pain; as if there is an open wound; < touch, sitting ***[Prover 09]***. Irritating, uncomfortable plantar warts ***[Prover 21]***.

4.7.22. GENERALS

Hot flushes; with red cheeks; heat in face, arms, and chest; hot flushes alternating with chills; no perspiration; < talking about emotions ***[Prover 04]***. Low energy; lazy to do anything, or move; extreme tiredness; tired from head to toe; dullness; < walking; > sitting, drinking water ***[Provers 01, 04 and 21]***. Feeling weak and faint ***[Prover 08]***. Sleepy; difficulty keeping eyes open; trying with all her power to keep awake ***[Prover 14]***. Weak and low energy; < pre-menstrual ***[Prover 23]***. Weight loss ***[Prover 08]***. Craving chocolates; coffee ***[Prover 22]***; sour sweets ***[Prover 18]***; carbohydrates; buttermilk; fish ***[Prover 21]***; red meat ***[Prover 23]***; > tea ***[Prover 08]***. Aversion to sour foods ***[Prover 22]***. < heat; > cold, dry weather ***[Prover 23]***. Right sided symptoms ***[Prover 23]***.

4.8. The Repertory

4.8.1. The Distribution of Allocated Rubrics

Once the materia medica of the radionic proving substance was finalised, each of the 332 journal entries *[Appendix F]* was allocated rubrics, allowing for

duplicate rubrics, and not restricted to the repertorial heading under which it was placed, as described in CHROMA-*Prove*© (Ross 2015) *(see 3.11)*.

SECTION	01 F	03 M	04 F	06 M	08 F	09 M	10 F	11 M	13 M	14 F	16 M	18 M	19 M	21 F	22 M	23 F	25 F	26 M	28 F	29 M	TOTAL
MIND	2		19		2	2		8				6		20	7	25	23	7	3	1	125
HEAD	2		4	6	2	3				1		6		6	7		6	4		2	49
EYE			1				3		3	3				5				1			16
EAR			2			2	1		1	1						1					8
NOSE			1				2			4				1	3	3		1	3	1	19
FACE	1		6			1	1		1			11		2							23
MOUTH			2		2		1					3			2					2	12
TEETH					1												2				3
THROAT			10	6			4		3	3					3				4		33
EX. THR.				1																	1
STOM.			6	1	2				1	4		4		2	3	2		3	1	1	30
ABDOM.			1	3						3				4		1			3		15
RECT.						1		2				2		1							6
STOOL						2						1		2					2		7
BLADD.																1					1
KIDNEY			5																		5
URETH.																5					5
FEMALE			1		4		1			6				7		13	2		1		35
LARYNX				1																	1
RESPIR.										5					1						6
COUGH			1	5			11		9	2					7						35
EXPECT.				2					3	1					1						7
CHEST			4	3			2		5	6					6				1		27
BACK			6											2				2			10
EXTREM.			8		8	3	6	4		2		1		2	4	18	1	1	1		59
SLEEP			2			1			3	5		6			2				1		20
DREAMS	1		1	2	13	3	2							12		9	10		3		56
CHILL								4							1		1		1	1	8
FEVER			2		1				2	1					5		5				16
PERSP.				1																	1
SKIN	1	4												7	1			3			16
GENER.	3		10		4		2			5		1		5	6	9	1	3		1	50
TOTAL	10	4	92	31	39	18	36	18	31	52	0	41	0	78	59	87	51	25	24	9	**705**

Table 3: The Distribution of Allocated Rubrics

Table 3 *(above)* was a direct representation of the distribution of the allocated rubrics, according to the number of rubrics allocated to each prover and the

distribution over the repertorial chapters. A total of 705 rubrics were derived, prior to condensing and processing out any duplicated rubrics.

There were fourteen rubrics from the proving, mostly from the DREAMS chapter, which were not found on the *RadarOpus* software programme (version 1.38) (Archibel 2013), and were put forward as suggestions for new rubrics:

COUGH- Suppressing the cough- agg
DREAMS- Animals- protecting; he is
DREAMS- Animals- sea; whales
DREAMS- Buildings- neglected
DREAMS- Buildings- old
DREAMS- Disabled, she is
DREAMS- Driving- bus; a
DREAMS- Forsaken; being- isolation; sensation of
DREAMS- House- floating; water; on
DREAMS- Insects- is an insect; she
DREAMS- Island
DREAMS- Poverty- being poor; of
DREAMS- Transparent; he is
DREAMS- Trapped- being trapped

4.8.2. The Distribution of Finalised Rubrics

The 705 allocated rubrics were processed further, so that any duplicate rubrics were collapsed into single entries, and graded according to the number of provers from which the rubric was derived (Ross 2015). If recurring symptoms, sides of body, sensations, modalities and times of day were repeated more than three times, it was included under the Generals section.

A resultant total of 563 rubrics *[Appendix G]*, distributed over 32 chapters, constituted the final repertory for the radionic substance proven. The chapters

reflecting the highest number of rubrics were *Mind, Extremities, Dreams* and *Generals*. No rubrics were allocated to the chapters *Vertigo, Vision, Hearing, Prostate Gland, Urine,* and *Male (see Table 4 below)*.

Chapter	Rubrics	Chapter	Rubrics	Chapter	Rubrics
Mind	90	Abdomen	13	Chest	22
Head	40	Rectum	6	Back	10
Eye	14	Stool	4	Extremities	52
Ear	8	Bladder	1	Sleep	15
Nose	15	Kidney	5	Dreams	50
Face	18	Urethra	5	Chill	4
Mouth	9	Female	28	Fever	10
Teeth	3	Larynx	1	Perspiration	1
Throat	25	Respiratory	4	Skin	11
Ext. Throat	1	Cough	22	Generals	51
Stomach	20	Expectoration	5	**TOTAL**	**563**

Table 4: The Distribution of Finalised Rubrics

4.8.3. <u>The Grading of Rubrics</u>

As mentioned in The Repertory *(see 3.11)*, the rubrics were graded according to the number of provers from which the rubric was derived. All rubrics were assumed as 'Grade one' (represented in normal type), rubrics produced by four or more provers were graded as 'Grade two' (represented in *italics* type), and rubrics produced by ten or more provers were graded as 'Grade three' (represented in bold type) (Ross 2011).

For this research proving, there were no 'Grade three' rubrics, and five 'Grade two' rubrics, listed below:

MIND- Taciturn
STOMACH- Appetite- diminished
FEMALE- Menses- copious
CHILL- Chill in general
FEVER- Fever, heat in general

4.8.4. The Additional *Generals* Rubrics

While processing the materia medica and repertory, the researcher noted ten symptoms, sides of body, sensations, or modalities, which were repeated more than three times in multiple provers, or across multiple systems or locations; these were converted into rubrics and included under the *Generals* chapter as part of the final repertory for the radionic remedy proven:

GENERALS- Cold- agg
GENERALS- Closing- eyes; amel
GENERALS- Dry sensation- internal parts; in
GENERALS- Heaviness
GENERALS- Motion- agg
GENERALS- Numbness- single parts, in
GENERALS- Pain- burning
GENERALS- Pain- cutting pain
GENERALS- Pain- stitching pain
GENERALS- Swollen sensation

4.9. The Second Research Objective

The second research objective was to compare the proving symptoms of the radionically prepared remedy to that of a well proven remedy; thus, comparing their reversible and temporary biological effects. This objective was separated into two aspects, as the comparison methods of the proving symptoms to existing materia medica differed before and after the unblinding of the radionic remedy's identity.

This chapter covered the repertorisation of the proving symptoms, and the researcher's estimations through each stage of unblinding, until the identity of the radionic remedy was revealed. Although this process may appear to be an indirect comparison to existing materia medica, the attempt to identify notable patterns from the seemingly random proving symptomatology, to attribute to

known qualities of remedies, formed an important bridge between connecting the data to existing materia medica. The following chapter would then focus on further analysis of the proving materia medica and repertory by making more direct comparisons of the signal from the radionic remedy, obtained by means of the proving methodology, against the existing knowledge of the same remedy.

4.10. Repertorisation of the Proving Substance

4.10.1. The Selection of Rubrics for Repertorisation

In order to focus on the keynotes observed throughout the proving and data analysis process, the researcher adapted a rubric selection criteria from Boenninghausen's method of repertorisation, and selected twenty rubrics, which she felt represented the distinctive features of the remedy proven.

The rubrics included all five 'Grade two' rubrics, since these were most commonly experienced by the provers; three PQRS (peculiar, queer, rare and strange) symptoms, which the researcher interpreted as being characteristic of the nature of the proving substance; and twelve generalised symptoms, which occurred in three or more provers, or across multiple systems or locations in the body.

'Grade two' rubrics:

MIND- Taciturn
STOMACH- Appetite- diminished
FEMALE GENITALIA/SEX- Menses- copious
CHILL- Chill in general
FEVER- Fever, heat in general

PQRS rubrics:

FEMALE- Sexual desire- insatiable
GENERALS- Food and drink- meat; desire
GENERALS- Heat- flushes of

Generalised rubrics:

MIND- Sensitive- noise, to

SKIN- Itching

GENERALS- Side- right

GENERALS- Cold- agg

GENERALS- Dry sensation- internal parts; in

GENERALS- Heaviness

GENERALS- Motion- agg

GENERALS- Numbness- single parts, in

GENERALS- Pain- burning

GENERALS- Pain- cutting pain

GENERALS- Swollen sensation

GENERALS- Weakness

4.10.2. The Repertorisation Results

These twenty rubrics were repertorised using the *RadarOpus* software programme (version 1.38) (Archibel 2013), and analysed by comparing the conventional '*Sum of Symptoms (Sorted Degrees)*' and '*Sum of Degrees (Sorted Symptoms)*'. Additional repertorisation techniques, such as '*Prominence*', '*Small Rubrics*' and '*Small Remedies*', were also included, to assist the researcher in ensuring that remedies or rubrics, which otherwise may have gone unnoticed, were also taken into consideration.

The top twelve remedies obtained from all five repertorisation techniques were summarised in Table 5 *(below)*, including indications of the remedies' kingdoms. The full repertorisation results, directly from *RadarOpus* (Archibel 2013), were included in *[Appendix H]*.

	Canth	Nux-v	Phos	Sulph	Sil	Zinc	Puls	Lyc	Merc	Nat-m	Bell	Con
Sum of Symptoms	20	19	19	19	19	19	18	18	18	18	18	18
Sorted Degrees	31	43	40	40	37	33	41	38	37	35	34	34
Kingdom												

	Nux-v	Puls	Phos	Sulph	Rhus-t	Lyc	Sil	Merc	Ars	Calc	Nat-m	Cocc
Sum of Degrees	43	41	40	40	39	38	37	37	36	36	35	35
Sorted Symptoms	19	18	19	19	17	18	19	18	17	17	18	17
Kingdom												

	Canth	Sulph	Nux-v	Phos	Zinc	Sil	Puls	Merc	Con	Nat-m	Ign	Bell
Prominence	2115	2115	2095	2090	2060	2020	1990	1960	1945	1945	1935	1930
Kingdom												

	Canth	Zinc	Phos	Nux-v	Sil	Sulph	Bell	Con	Ign	Kali-c	Lach	Lyc
Small Rubrics	2591	2407	2365	2237	2237	2237	2117	2117	2117	2117	2083	2078
Kingdom												

	Canth	Sabad	M-aust	Mosch	Nat-p	Coff	Ip	Ant-c	Caps	Zinc-p	Sabin	Carbn-s
Small Remedies	687	669	636	623	617	606	605	602	600	598	597	583
Kingdom												

KEYS

Animal Kingdom

Mineral Kingdom

Plant Kingdom

Imponderabilia

Table 5: Summary of the Top Twelve Remedies and their Kingdoms from Five Different Methods of Repertorisation

From the results of the repertorisations, the top three remedies reflected in each kingdom were as follows:

Animal Kingdom: *Cantharis vesicatoria, Lachesis mutus, Sepia officinalis*

Plant Kingdom: *Nux vomica, Pulsatilla nigricans, Lycopodium clavatum*

Mineral Kingdom: *Phosphorus, Sulphur, Silicea*

4.11. The Unblinding of the Proving Substance

Upon completion of the repertorisations, the researcher considered the totality of the proving experience up to this stage, and made estimations of the radionic remedy proven; the remedies selected in order of preference were:

1. *Cantharis vesicatoria* (highest remedy on repertorisation for Sum of symptoms, Prominence, Small rubrics, Small remedies);
2. *Phosphorus* (highest mineral remedy on repertorisation, third highest remedy overall, similarities in physical-general symptoms);
3. *Lycopodium clavatum* (third highest plant remedy on repertorisation, similarities in physical-general symptoms).

The independent homoeopath, who prepared the radionic proving remedies, then unblinded the original list of six well-proven homoeopathic remedies selected by the research supervisors:

Atropa belladonna	*Bryonia alba*
Cantharis vesicatoria	*Naja tripudians*
Arsenicum album	*Kalium phosphoricum*

Based on the list provided, the researcher's second estimations were:

1. *Cantharis vesicatoria* (highest remedy on repertorisation for Sum of symptoms, Prominence, Small rubrics, and Small remedies);
2. *Atropa belladonna* (fourth highest plant remedy on repertorisation for Sum of symptoms, also top twelve for Prominence, and Small rubrics);

3. *Arsenicum album* (fifth highest mineral on repertorisation for Sum of degrees, also similarities with Phosphorus- the highest mineral on repertorisation).

The independent homoeopath then revealed the identity of the three radionically prepared remedies, labelled as ‘A’, ‘B’, and ‘C’:

A. Cantharis vesicatoria 30C
B. Arsenicum album 30C
C. Atropa belladonna 30C

Prior to the final stage of unblinding, researcher’s final estimation of the radionic remedy proven was:

- *Cantharis vesicatoria* (highest remedy on repertorisation for Sum of symptoms, Prominence, Small rubrics, and Small remedies).

Upon the final estimation of the remedy proven, the laboratory technician unblinded the ‘letter’ on the bottle which was selected for the proving; thus, revealing the identity of the proving substance, by tracing back to the matching ‘letter’ from the independent homoeopath’s list:

A. Cantharis vesicatoria 30C

4.12. Conclusion

The radionic remedy proven was thus revealed to be *Cantharis vesicatoria*, which was reflected on repertorisation, and the researcher's first estimation.

The objectives of this research study were to identify symptoms produced (if any) in a healthy prover by a radionically prepared remedy of a well proven homoeopathic remedy, and to compare these proving symptoms to the existing materia medica of the same remedy.

The results laid out in this chapter showed that a proving of the radionic remedy produced distinct and characteristic symptoms, which were then able to be collated into a materia medica and repertory. Further analysis and repertorisation of the keynote symptoms produced showed that these symptoms were also characteristic enough to identify the remedy proven. The subsequent comparisons of specific details between these proving symptoms and the existing knowledge of *Cantharis vesicatoria* would be covered in the following chapter.

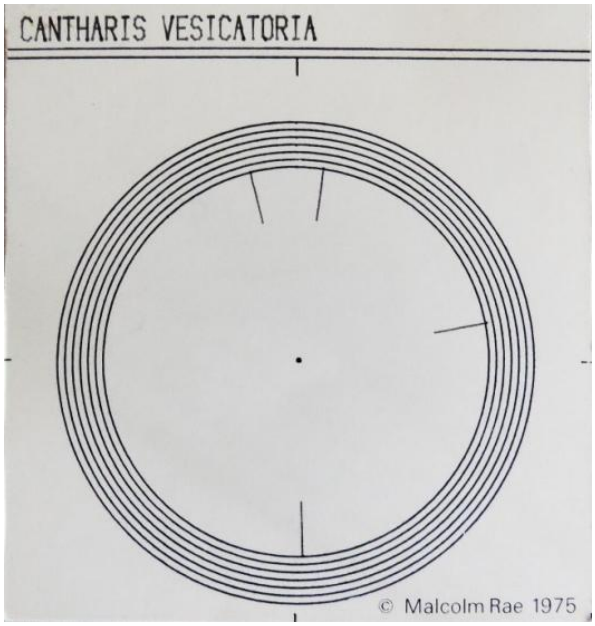

Figure 4: The Magneto-Geometric Remedy Card for Cantharis vesicatoria

CHAPTER 5- THE DISCUSSION

5.1. Introduction

The previous chapter was a direct reflection of the data that were obtained through proving a radionic remedy, which was identified to be *Cantharis vesicatoria*, initially through repertorisation, and then confirmed through unblinding. This chapter follows on the second aspect of the second research objective by comparing all the data obtained through proving the radionically prepared *Cantharis vesicatoria* with the existing materia medica of *Cantharis vesicatoria*.

Although the repertorisation of the twenty selected rubrics, which mostly consisted of generalised rubrics, assisted in the identification of *Cantharis vesicatoria*, the remainder of the proving materia medica and repertory remained unexplored. The researcher's focus was to evaluate the totality of data derived from the proving experiment against the existing knowledge of the same remedy. The existing materia medica provided a means of highlighting characteristic symptoms of the original homoeopathic substance to assess the degree of overlap, and noting symptoms which may be mere "background noise", either from the signal of the radionically prepared remedy or the proving experiment.

5.2. The Prover Demographics

The researcher observed that, throughout the duration of the proving process and while processing the prover journal entries, there were certain provers who seemed to be "stronger provers", when compared to the journal entries of other provers from the same experiment (either in terms of their susceptibility to the proving substance, or providing more detailed descriptions of their proving symptomatology). The researcher was interested in making further comparisons of the journal entries to see whether the prover demographics, in

terms of ethnicity, gender and occupation, had an influence on the provers' experiences of *Cantharis vesicatoria* 30CR.

Prover Demographics	No. of Provers	% of Total No.	No of Entries	% of Total No.	Retention Rate
Ethnicity					
African	**10**	50%	**132**	39.8%	*39.9*
Indian	**2**	10%	**28**	8.4%	*56.2*
White	**7**	35%	**161**	48.5%	*37.7*
Coloured	**1**	5%	**11**	3.3%	*15.7*
Gender					
Male	**10**	50%	**104**	31.3%	*34.5*
Female	**10**	50%	**228**	68.7%	*44.6*
Occupation					
Diploma: Hom	**13**	65%	**173**	52.1%	*39.9*
Bachelor: Hom	**1**	5%	**44**	13.3%	*59.5*
Masters: Hom	**4**	20%	**87**	26.2%	*50.5*
Other	**2**	10%	**28**	8.4%	*6.0*

Table 6: The Prover Demographics by Representation and Strength

The comparisons of prover demographics by ethnicity in Table 6 *(above)* reflected that African provers represented 50 percent of the verum prover population, producing 39.8 percent of the entries (132 of 332 entries), with an average retention rate of 39.9 percent. White provers represented 35 percent of the verum prover population, and produced 48.5 percent of the entries (161 of 332 entries), with an average retention rate of 37.7 percent. Indian provers represented 10 percent of the verum prover population, and produced 8.4 percent of the entries (28 of 332 entries), but with the highest average retention rate of 56.2 percent. Coloured provers only represented 5 percent of the verum prover population, producing 3.3 percent of the entries (11 of 332 entries), with an average retention rate of 15.7 percent. Thus, when looking at ethnicity overall, White provers produced the most entries, and Indian provers had the highest average retention rate. Table 7 *(below)* reflected a more prover specific demographic comparison and it was interesting to note that, although the top five provers, in terms of number of entries, were White

provers, the only two provers, in contrast, who produced no entries, were also White provers. Provers 21 and 23, with the highest retention rates of 78.9 and 78.6 percent respectively, were White provers; the third highest retention rate was Prover 11, who was an Indian prover, at 68.8 percent. Therefore, from these figures presented, it is difficult to deduce any significant relationships between the ethnicity of the provers and the proving symptomatology.

The comparisons of prover demographics by gender in Table 6 *(above)* revealed that, although there was an equal representation of males and females in the verum prover population, female provers produced 68.7 percent of the entries (228 or 332 entries), with an average retention rate of 44.6 percent; whereas, male provers only produced 31.3 percent of the entries (104 or 332 entries), with an average retention rate of 34.5 percent. From the researcher's observation when interacting with the provers, the female verum provers seemed to be generally more in touch with themselves and self-aware than the male verum provers. When looking at Table 7 *(below)*, another contributing factor towards the female verum provers being more self-aware, may be the fact that most of the senior homoeopathic students were female provers, which will be discussed in the next paragraph.

As mentioned in the Prover Demographics section from the previous chapter *(see 4.4)*, instead of only comparing the provers' homoeopathic reference points, a further distinction was made regarding the provers occupations, as all the provers with homoeopathic reference points were homoeopathic students. Diploma included the first three years of study for the homoeopathy degree at Durban University of Technology, followed by Bachelor, which was the fourth year, then Masters, which included fifth year and above, and Other referring to provers with no homoeopathic reference points. When looking at Table 6 *(above)*, it was evident that Diploma provers, who represented 65 percent of the verum prover population, produced the highest number of entries, covering 52.1 percent of the entries (173 of 332 entries), with an average retention rate of 39.9 percent. Only one Bachelor prover represented 5 percent of the verum prover population, producing 13.3 percent of the

entries (44 of 332 entries), with a retention rate of 59.5 percent. Masters provers represented 20 percent of the verum prover population, and produced 26.2 percent of the entries (87 or 332 entries), with an average retention rate of 50.5 percent. Provers without homoeopathic reference points (Other) represented 10 percent of the verum prover population, producing 8.4 percent of the entries (28 of 332 entries), with an average retention rate of only 6 percent. Although Diploma provers produced the most entries in total, according to the figures presented, Bachelor and Masters provers recorded more entries per prover, and with a higher average retention rate than the Diploma or Other provers.

In addition to comparing the number of journal entries per prover, the researcher also wanted to assess the richness of the entries, paying attention to the details in the description of the proving symptomatology. The essence of homoeopathic remedies, which was initially built upon homoeopathic provings, lies in the differentiation of the keynotes of each remedy (Allen 2005). To make this comparison, the total number of rubrics allocated to the provers' materia medica entries was recorded in Table 7 *(below)*, and plotted in Figure 5 *(below)*. Each point in Figure 5 represented a prover in terms of the number of materia medica entries and the total number of rubrics allocated to their entries. The line of best fit that ran through the centre of the graph represented the average number of rubrics allocated for each materia medica entry. The points located above the line of best fit signified the provers who had a higher than average number of rubrics allocated per materia medica entry; whereas, the points located below the line of best fit signified the provers who had a lower than average number of rubrics allocated per materia medica entry.

Prover No.	Age	Gender	Ethnic.	Occup.	No. of Entries	No. of Rubrics	Retention Rate
04	21	F	W	BHom	**44**	**92**	*59.5*
23	23	F	W	MHom	**33**	**87**	*78.6*
21	32	F	W	MHom	**30**	**78**	*78.9*
25	49	F	W	Other	**28**	**51**	*11.9*
08	19	F	W	DipH	**26**	**39**	*35.1*
22	23	M	A	DipH	**25**	**59**	*41.7*
14	24	F	A	MHom	**24**	**52**	*44.4*
10	21	F	I	DipH	**17**	**36**	*43.6*
18	20	M	A	DipH	**16**	**41**	*41.0*
13	23	M	A	DipH	**16**	**31**	*47.1*
28	18	F	A	DipH	**14**	**24**	*20.6*
06	23	M	A	DipH	**12**	**31**	*57.1*
26	19	M	A	DipH	**11**	**25**	*40.7*
09	19	M	C	DipH	**11**	**18**	*15.7*
11	19	M	I	DipH	**11**	**18**	*68.8*
29	18	F	A	DipH	**7**	**9**	*31.8*
01	20	F	A	DipH	**5**	**10**	*41.7*
03	20	M	A	DipH	**2**	**4**	*33.3*
16	22	M	W	Other	**0**	**0**	*0.0*
19	29	M	W	MHom	**0**	**0**	*0.0*

Table 7: The Prover Demographics by Prover Symptomatology and Strength

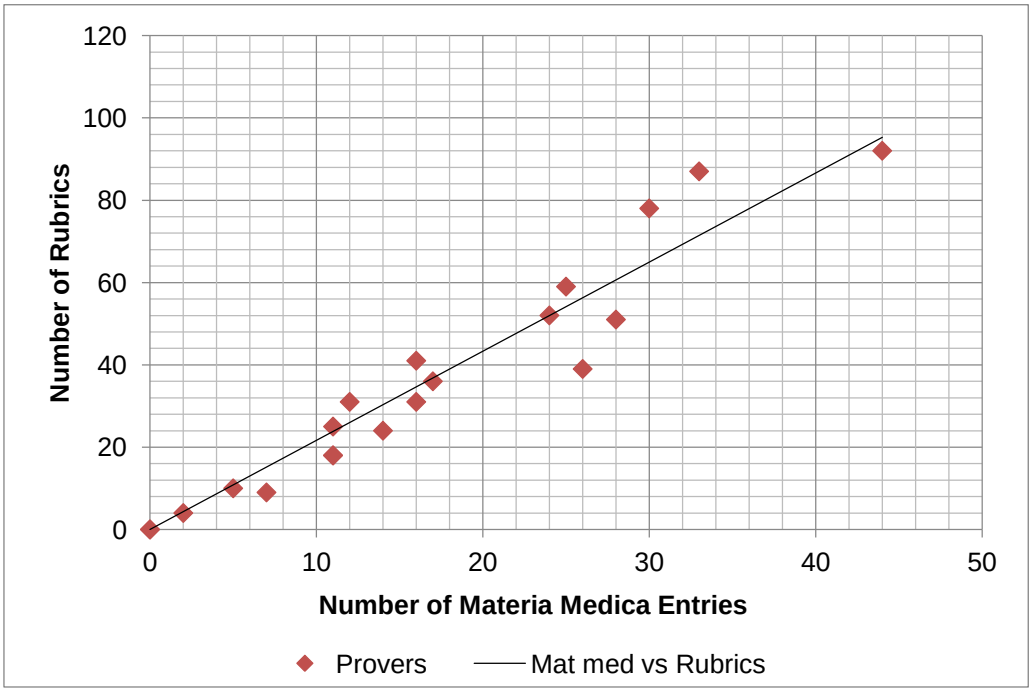

Figure 5: The Prover Strength by the Total Number of Materia Medica Entries and Allocated Rubrics per Prover

When studying the graph, in terms of the provers' occupations, it was interesting to observe that the provers without homoeopathic reference points (Other) were located below the line of best fit; Diploma provers were generally located closely above or below the line; the Bachelor prover was located just below the line, but with the highest number of materia medica entries; and Masters provers were either located above or along the line. This touches on the quality of the journal entries, concerning the provers' sensitivity to the proving substance versus their insight into the essence of a homoeopathic substance. This graph showed that, even though the majority of provers produced symptomatology, the senior homoeopathic students, who would have had more exposure to homoeopathic philosophy, were more capable of describing their symptomatology with more clarity than provers with less exposure to homoeopathy.

In summary, there were no definitive distinctions between prover ethnicity and the prover symptomatology. Although there was a difference, when considering prover gender, the researcher noted that various factors may have also contributed towards that difference. One factor, which may be the most significant overall, was the provers' understanding and experience of homoeopathy. It was evident that provers, who had a deeper insight into homoeopathy, documented more entries, with higher retention rates, and across more systems *(see 4.8.1)*, which were also richer in the descriptions of their symptomatology.

5.3. The Repertorial Comparison

A quantitative repertorial comparison was made by comparing the rubrics derived from the proving study to those listed against the same remedy in the *RadarOpus* software programme (version 1.38) (Archibel 2013). It was to be noted, however, that typically not all rubrics listed in this software programme were pure proving symptoms, and that this list also contained rubrics derived from toxicology and clinical application of the remedy.

SECTION	Total Rubrics	Shared Rubrics	Total Main Rubrics	Shared Main Rubrics	New Main Rubrics	Total Sub-Rubrics	Shared Sub-Rubrics	New Sub-Rubrics
MIND	**90**	*22*	**52**	*21*	8	**46**	*6*	2
HEAD	**40**	*17*	**5**	*3*	1	**21**	*10*	2
EYE	**14**	*4*	**12**	*5*	3	**5**	*0*	1
EAR	**8**	*4*	**2**	*2*	2	**7**	*4*	0
NOSE	**15**	*4*	**10**	*6*	5	**9**	*2*	0
FACE	**18**	*4*	**9**	*5*	4	**9**	*4*	4
MOUTH	**9**	*3*	**8**	*8*	6	**7**	*3*	3
TEETH	**3**	*1*	**2**	*1*	2	**3**	*2*	2
THROAT	**25**	*9*	**10**	*8*	1	**16**	*2*	0
EX. THR.	**1**	*1*	**1**	*1*	1	**1**	*1*	0
STOM.	**20**	*6*	**12**	*8*	5	**13**	*4*	1
ABDOM.	**13**	*5*	**2**	*2*	2	**12**	*7*	3
RECT.	**6**	*3*	**5**	*4*	4	**5**	*3*	1
STOOL	**4**	*2*	**4**	*2*	0	**-**	*-*	-
BLADD.	**1**	*1*	**1**	*1*	1	**1**	*1*	0
KIDNEY	**5**	*2*	**1**	*1*	1	**5**	*3*	1
URETH.	**5**	*3*	**3**	*2*	2	**4**	*2*	1
FEMALE	**28**	*11*	**16**	*11*	4	**15**	*4*	2
LARYNX	**1**	*1*	**1**	*1*	1	**1**	*1*	0
RESPIR.	**4**	*1*	**2**	*1*	0	**2**	*0*	0
COUGH	**21**	*2*	**17**	*3*	2	**5**	*0*	0
EXPECT.	**5**	*2*	**5**	*2*	0	**-**	*-*	-
CHEST	**22**	*6*	**8**	*6*	2	**14**	*4*	3
BACK	**10**	*3*	**5**	*3*	1	**6**	*1*	0
EXTREM.	**52**	*9*	**19**	*13*	15	**38**	*13*	13
SLEEP	**15**	*7*	**9**	*5*	1	**7**	*3*	0
DREAMS	**37**	*1*	**35**	*3*	11	**12**	*0*	1
CHILL	**4**	*3*	**4**	*3*	0	**-**	*-*	-
FEVER	**10**	*4*	**9**	*6*	2	**3**	*0*	0
PERSP.	**1**	*0*	**1**	*0*	0	**-**	*-*	-
SKIN	**11**	*4*	**3**	*3*	1	**9**	*2*	0
GENER.	**51**	*24*	**34**	*22*	4	**21**	*6*	0
TOTAL	**549**	*169*	**307**	*162*	92	**297**	*88*	40
Percentage Overlap	***30.8%***		***52.8%***			***29.6%***		

Table 8: The Repertorial Comparison of the Proving Repertory to the Rubrics Extracted from RaderOpus for Cantharis vesicatoria

Although the proving repertory contained a total of 563 rubrics, the fourteen new rubrics, which were not previously on *RadarOpus* (Archibel 2013), were not included for the repertorial comparison. The researcher was aware that some of the rubrics that made up the proving repertory were specific and also

questioned whether the percentage overlap with the existing knowledge of *Cantharis vesicatoria* would be higher if the rubrics were more generalised; therefore, further comparisons were made on main rubric and sub-rubric levels. All the rubrics from the proving repertory were separated, or converted, into main and sub-rubrics, and if there were main or sub-rubrics that were not previously included as part of the proving repertory, they were tallied and reflected in Table 8 *(above)*, under *New Main Rubrics* and *New Sub-Rubrics*.

The researcher extracted the rubrics for *Cantharis vesicatoria* from the *RadarOpus* (Archibel 2013), which were used to make a direct comparison to the final repertory, and comparisons of the repertory on both main rubric and sub-rubric levels. Table 8 *(above)* was a summary of the shared rubrics, by repertorial chapter; the full comparisons were attached in *Appendix I*.

From the results presented in Table 8 *(above)*, it was evident that the sum total of main and sub-rubrics exceeded the original number of rubrics derived from the proving experiment. This difference in numbers was due to the fact that there were many main and sub-rubrics (92 new main rubrics and 40 new sub-rubrics) which were not previously from the proving repertory, and had to be added for the repertorial comparison. *Head* was the only section in which the sum of main and sub-rubrics was lower than the original number of proving rubrics (40 proving rubrics, 5 main rubrics and 21 sub-rubrics). On further examination of the full repertorial comparison in *Appendix I*, it could be seen that most of the *Head* rubrics pertained to descriptions of headaches, which were mainly represented on sub- and sub-sub-rubric levels in the repertory; thus resulting in a lower count when it was compared on main rubric and sub-rubric levels.

In summary, *Cantharis vesicatoria* was represented in 169 of 549 proving rubrics (30.8 percent overlap) on *RadarOpus* software programme (version 1.38) (Archibel 2013); on main rubric level, *Cantharis vesicatoria* was represented in 162 of 307 main rubrics (52.8 percent overlap); and on sub-rubric level, *Cantharis vesicatoria* was represented in 88 of 297 sub-rubrics

(29.6 percent overlap). Whilst the researcher acknowledged that the repertorial comparison revealed 52.8 percent overlap on main rubric level, 29.6 percent overlap on sub-rubric level, and 30.8 percent overlap with the original proving repertory, the extraction of rubrics from the *RadarOpus* software programme (version 1.38) (Archibel 2013) indicated that *Cantharis vesicatoria* was recorded in a total of 4911 rubrics. Although this may seem to be an extensive record of rubrics, the researcher was unable to distinguish between the pure proving symptomatology and the rubrics included from toxicological or clinical verification; thus, based on these results alone, it was difficult to come to any definitive conclusions regarding the degree of similarity of the radionic signal to the existing knowledge.

5.4. The Remedy Batch Comparison

The research proving commenced on the day the first batch of radionic remedies was prepared by the independent homoeopath on 19 August 2014. The final follow-up case history and prover journal was completed and collected on 30 June 2015 to mark the end of the data collection phase of the proving. The principal researcher considered Allsopp's (2010) comment that the shelf life and sensitivity of radionic remedies to external stimuli was unknown, and made a decision with the researcher supervisor, the research co-supervisor and the independent homoeopath, who prepared the radionic remedies, to produce a second batch of radionic remedies in keeping with the exact methodology described in *Research Methodologies (see 3.4)* to use for the remainder of the proving. Therefore, on 21 January 2015, a second batch of radionic remedies was prepared by the independent homoeopath and labelled according to the original selection of remedies as 'A', 'B' or 'C'.

	Batch 1	Batch 2
No. of Provers	13	7
% of Total Provers	65%	35%
No. of Rubrics	481	224
% of Total Rubrics	68.2%	31.8%

Table 9: The Remedy Batch Comparison of the Total Number of Provers and the Total Number of Allocated Rubrics from each Batch

SECTION	Batch 1 Rubrics	Batch 2 Rubrics	SUM of Rubrics	Batch 1 %	Batch 2 %	Total Main Rubrics	Shared Main Rubrics
MIND	57	68	**125**	*45.6*	*54.4*	**52**	*11*
HEAD	35	14	**49**	*71.4*	*28.6*	**5**	*2*
EYE	15	1	**16**	*93.8*	*6.3*	**12**	*0*
EAR	7	1	**8**	*87.5*	*12.5*	**2**	*1*
NOSE	11	8	**19**	*57.9*	*42.1*	**10**	*3*
FACE	22	1	**23**	*95.7*	*4.3*	**9**	*1*
MOUTH	10	2	**12**	*83.3*	*16.7*	**8**	*1*
TEETH	1	2	**3**	*33.3*	*66.7*	**2**	*0*
THROAT	29	4	**33**	*87.9*	*12.1*	**10**	*3*
EX. THROAT	1	0	**1**	*100.0*	*0.0*	**1**	*0*
STOMACH	23	7	**30**	*76.7*	*23.3*	**12**	*5*
ABDOMEN	11	4	**15**	*73.3*	*26.7*	**2**	*1*
RECTUM	4	2	**6**	*66.7*	*33.3*	**5**	*0*
STOOL	5	2	**7**	*71.4*	*28.6*	**4**	*0*
BLADDER	0	1	**1**	*0.0*	*100.0*	**1**	*0*
KIDNEY	5	0	**5**	*100.0*	*0.0*	**1**	*0*
URETHRA	0	5	**5**	*0.0*	*100.0*	**3**	*0*
FEMALE	19	16	**35**	*54.3*	*45.7*	**16**	*4*
LARYNX	1	0	**1**	*100.0*	*0.0*	**1**	*0*
RESPIRAT.	6	0	**6**	*100.0*	*0.0*	**2**	*0*
COUGH	35	0	**35**	*100.0*	*0.0*	**18**	*0*
EXPECTOR.	7	0	**7**	*100.0*	*0.0*	**5**	*0*
CHEST	26	1	**27**	*96.3*	*3.7*	**8**	*1*
BACK	8	2	**10**	*80.0*	*20.0*	**5**	*1*
EXTREMIT.	34	25	**59**	*57.6*	*42.4*	**19**	*4*
SLEEP	19	1	**20**	*95.0*	*5.0*	**9**	*1*
DREAMS	33	23	**56**	*58.9*	*41.1*	**45**	*2*
CHILL	1	7	**8**	*12.5*	*87.5*	**4**	*1*
FEVER	10	6	**16**	*62.5*	*37.5*	**9**	*1*
PERSPIRAT.	1	0	**1**	*100.0*	*0.0*	**1**	*0*
SKIN	12	4	**16**	*75.0*	*25.0*	**3**	*1*
GENERALS	33	17	**50**	*66.0*	*34.0*	**34**	*10*
TOTALS	**481**	**224**	**705**	**TOTALS**		**318**	*54*
				Percentage Overlap		***17%***	

Table 10: The Remedy Batch Comparison for the Distribution of Allocated Rubrics

After completing the repertorial comparison of the rubrics derived from the proving to the rubrics extracted for *Cantharis vesicatoria*, the researcher compared the rubrics derived from the two batches of radionic remedies proven to see if any differences in the symptomatology existed between them. The comparisons were summarised and reflected in the subsequent tables below, with 'Batch 1' referring to the first batch from 19 August 2014 and 'Batch 2' referring to the second batch from 21 January 2015.

From Table 9 *(above)*, it can be noted that Batch 1 represented 65 percent of the verum population, and produced 481 rubrics (68.2 percent of the rubrics). Batch 2 represented 35 percent of the verum population, and produced 224 rubrics (31.8 percent of the rubrics). Although the ratios for the number of provers versus the total number of rubrics produced per batch were fairly similar, Batch 1 produced relatively more rubrics per prover than Batch 2.

Table 10 *(above)* analysed the total number of rubrics per batch according to the repertorial chapters. Similar ratios for the number of provers versus the total number of rubrics produced were observed in *Head, Nose, Gastrointestinal, Extremities, Dreams* and *Generals* chapters. Batch 1 showed more significant affinities for *Eyes, Ears, Face, Upper and lower respiratory, Kidney, Back, Sleep, Fever* and *Skin*; whereas, Batch 2 showed affinities for *Mind, Teeth, Genitourinary* and *Chill*.

Table 10 *(above)* also reflected the remedy batch comparison on main rubric level which revealed that 58 of 318 main rubrics (17 percent overlap) were shared between both batches. It should be noted that the new rubrics *(see 4.8.1)* were included in this main rubric comparison; thus resulting in more main rubrics than in the *Repertorial Comparison (see 5.3)*, which excluded the new rubrics that were not already present in the existing repertory. The full remedy batch comparison on main rubric level is attached in *Appendix J*. Table 11 *(below)* lists the shared rubrics between Batch 1 and Batch 2.

SECTION	SHARED RUBRICS (BATCHES 1 + 2)
MIND (57:68)	Absentminded Anxiety Company- aversion to Company- desire for Delusions Fear Forgetful Memory- weakness of memory Reproaching oneself Sadness *Taciturn*
HEAD (35:14)	Itching of scalp Pain
EYE (15:1)	None
EAR (7:1)	Noises in
NOSE (11:8)	Epistaxis Itching Obstruction
FACE (22:1)	Eruptions
MOUTH (10:2)	Taste- wanting, tastelessness of food
TEETH (1:2)	None
THROAT (29:4)	Choking Pain Swallowing- difficult
EXTERNAL THROAT (1:0)	None
STOMACH (23:7)	Appetite- increased Appetite- ravenous Nausea Pain Thirstless
ABDOMEN (11:4)	Pain
RECTUM (4:2)	None
STOOL (5:2)	None
BLADDER (0:1)	None
KIDNEY (5:0)	None
URETHRA (0:5)	None

FEMALE GENITALIA/SEX (19:16)	Itching *Menses- copious* Menses- late, too Pain
LARYNX AND TRACHEA (1:0)	None
RESPIRATION (6:0)	None
COUGH (35:0)	None
EXPECTORATION (7:0)	None
CHEST (26:1)	Pain
BACK (8:2)	Pain
EXTREMITIES (34:25)	Discoloration- redness Heat Numbness Pain Tingling
SLEEP (19:1)	Sleeplessness
DREAMS (33:23)	Animals Frightful
CHILL (1:7)	*Chill in general*
FEVER (10:6)	*Fever, heat in general*
PERSPIRATION (1:0)	None
SKIN (12:4)	Itching
GENERALS (33:17)	Side- right Dry sensation- internal parts; in Heaviness Menses- before; agg Motion- agg Numbness Pain Swollen sensation Weakness Weariness

Table 11: The Shared Rubrics between Batch 1 and Batch 2 in each Repertorial Chapter

The researcher considered Boenninghausen's observation that proving symptoms were inherently incomplete and provers cannot produce all the symptoms of the remedy proven, which lead to his concept of analogy and

generalisation *(see 2.7.1)*. A final batch comparison was made with the twenty rubrics that were selected to be repertorised *(see 4.10.1)* to see if the symptoms that were regarded to be representative of the distinctive features of the proving were consistent throughout both batches. The results displayed in Table 12 *(below)* reflect that Batch 1 produced 19 of 20 rubrics and Batch 2 produced 16 of 20 rubrics. Both batches shared 15 of 20 rubrics (75 percent overlap).

SECTION	RUBRIC	BATCH 1	BATCH 2	SHARED RUBRICS
MIND	MIND- Sensitive- noise, to	X	X	X
MIND	*MIND- Taciturn*	X	X	X
STOMACH	*STOMACH- Appetite- diminished*	X	-	-
FEMALE	*FEMALE GENITALIA/ SEX- Menses- copious*	X	X	X
FEMALE	FEMALE GENITALIA/ SEX- Sexual desire- insatiable	X	-	-
CHILL	*CHILL- Chill in general*	X	X	X
FEVER	*FEVER- Fever, heat in general*	X	X	X
SKIN	SKIN- Itching	X	X	X
GENERALS	GENERALS- Side- right	X	X	X
GENERALS	GENERALS- Cold- agg	X	-	-
GENERALS	GENERALS- Dry sensation- internal parts; in	X	X	X
GENERALS	GENERALS- Food and drinks- meat; desire	-	X	-
GENERALS	GENERALS- Heat- flushes of	X	-	-
GENERALS	GENERALS- Heaviness	X	X	X
GENERALS	GENERALS- Motion- agg	X	X	X
GENERALS	GENERALS- Numbness- single parts, in	X	X	X
GENERALS	GENERALS- Pain- burning	X	X	X
GENERALS	GENERALS- Pain- cutting pain	X	X	X
GENERALS	GENERALS- Swollen sensation	X	X	X
GENERALS	GENERALS- Weakness	X	X	X
TOTALS		**19**	**16**	**15**
		Percentage Overlap		***75%***

Table 12: The Shared Rubrics between Batch 1 and Batch 2 for the Twenty Repertorised Rubrics

In summary, both similarities and differences were observed for the system affinities between the batches. Possible reasons to account for the difference in system affinities between the two batches may be due to individual prover susceptibilities and system affinities, or due to the fact that the data collection phase of the proving took ten months to complete. During this period, Batch 1 spanned across spring and summer, whereas Batch 2 spanned across autumn and winter, which could result in varying susceptibilities to climate changes due to the exposure to different seasons. Overall, there is a high level of overlap when comparing the generalised rubrics, indicating that the keynote rubrics selected for repertorisation still ran through both batches as a common thread.

5.5. The Materia Medica Comparison

Following the repertorial comparison, a qualitative comparison was affected by comparing actual journal entries derived from the proving experiment to materia medica source texts. Whilst conducting the comparison of materia medica, emphasis was placed on specific textual overlaps, the application of adjectives of sensation, and the identification of PQRS symptoms to see whether specific links could be drawn between the radionic remedy and the characteristics that defined the nature of *Cantharis vesicatoria*. For this reason, the researcher selected materia medica source texts which focused on reliable and key symptoms of homoeopathic remedies that were verified by both the pioneers of homoeopathy and modern homoeopaths.

5.5.1. The Materia Medica Comparison to Allen's *Keynotes and Characteristics* (2005)

The first materia medica comparison was made against Allen's (2005) *Keynotes and Characteristics*, as it represented only the fundamental symptoms of homoeopathic remedy pictures. The related journal entries were extracted and tabulated against the keynotes and characteristic symptoms of *Cantharis vesicatoria* in Table 13 *(below)*.

Allen Keynotes and Characteristics	Proving Materia Medica
Over sensitiveness of all parts.	Increased sensitivity; touch seems more painful; sensitive to noise; loud, ambient noises makes her grumpy; desires music ***[Prover 21]***. Been more vulnerable to things that others say or do to her in general ***[Prover 08]***. Head feels numb and light; < noise ***[Prover 18]***. Stabbing headache pain; left temporal region, close to ears; sensitive; with aversion to company; < noise ***[Prover 22]***. Pulsating pain in vertex; accompanied by pain in eyes; sensitive to light ***[Prover 26]***. Sore on lower lip; painful to touch ***[Prover 18]***. Sensitive; aching molars; < during, and after eating ***[Provers 08 and 25]***. Vulva pain, with some itching; < scratching, touch, walking, motion ***[Prover 23]***. Sensitive to cold; feeling cold when it is hot ***[Provers 11 and 22]***.
Haemorrhages from nose, mouth, intestines, genital and urinary organs.	Nose bleed; < during warm bath ***[Prover 22]***; < when clearing mucus from nose ***[Prover 29]***. Sore on lower lip; swollen, with white scab; painful to touch; bleeding; < bathing, brushing teeth ***[Prover 18]***. Bleeding, sensitive gums; < flossing, or brushing teeth ***[Prover 08]***.
Pain; raw, sore.	Raw, excoriated, red, intense pain; as if someone is sticking knives up her urethra ***[Prover 23]***. Stiff, sore, bruising pain; over right temporomandibular joint, extending to lower jaw and teeth ***[Prover 04]***. Stinging, sore, red throat ***[Prover 04]***. Sore throat; with cough ***[Prover 06]***. Sore, scratchy throat; with sore right ear, as if she can feel the soreness of her throat in her right ear ***[Prover 10]***. Unable to sing, as if somebody is blocking her throat; with sore pressure in ears ***[Prover 14]***. Bearing down uterine pain feels like an open sore; desire to open the sore and clean it ***[Prover 14]***.

	Sore left posterior shoulder pain ***[Prover 10]***. Pimple under left thigh, below gluteus; stinging, excruciating, sore pain; as if there is an open wound ***[Prover 09]***.
Burning in every part of body, internally and externally; with extreme weakness.	Sensation like fire in the forehead ***[Prover 29]***. Aching pain in occiput; with burning pain in stomach ***[Prover 22]***. Sensation of burning fire in stomach ***[Prover 06]***. Weak stool expulsion; with a burning sensation ***[Prover 11]***. Burning period pain in lower abdomen ***[Prover 14]***. Intense, hot, burning, constant, superficial vulva pain ***[Prover 23]***. Burning vulva pain, after use of soap, and going to toilet ***[Prover 25]***. Burning pain in chest ***[Prover 28]***. Sore throat; with pain below ribcage, centrally, feeling as if pain is pulling her down; feeling weak, like she will fall from the pain when she stands ***[Prover 10]***. Weak stool expulsion ***[Prover 11]***. Feeling weak and drained pre-menstrually ***[Prover 23]***; and during menstrual period ***[Prover 08]***. Back and neck pain; with weakness throughout body ***[Prover 26]***. Feeling weak and floppy along length of back; as if she would herniate a disc, because her back muscles are not able to support extension when lifting ***[Prover 21]***. Highly tired knee joints, like her legs are failing ***[Prover 14]***. Extreme tiredness; low energy from head to toe; too lazy to do anything, even move ***[Provers 01, 04 and 21]***.
Disgust for everything; drink, ***food***, tobacco	Bitterness towards others; sees the bad in everyone; disgust with humanity ***[Prover 23]***. Ravenous appetite, with easy satiety; alternating with not wanting to eat ***[Prover 23]***.
Drinking even small quantities of water increases pain in the bladder	(No correspondence noted)

Constant urging to urinate, passing but a few drops at a time, which is mixed with blood	(No correspondence noted)
Sudden desire to urinate, and intense itching in urethra	Increased urination at night, got up to pee four times ***[Prover 23]***.
Intolerable urging before, during and after urination; violent pains in bladder	(No correspondence noted)
Burning, cutting pains in urethra during micturition; violent tenesmus and strangury	Intense, hot, burning, constant, red, raw, excoriated pain in urethra and vulva; as if someone is sticking knives up her urethra; feel like she is dying from the pain; with anxiety; < urination ***[Prover 23]***.
Stool: passage of white or pale, red, tough mucus, like scrapings from the intestines, with streaks of blood	(No correspondence noted)
Bloody, nocturnal emission	(No correspondence noted)
Sexual desire; increased both sexes; preventing sleep; violent priapism, with excessive pain	(No correspondence noted)
Tenacious mucus in the air passages; compare *Cantharis* if vesical symptoms correspond	Throat pain; with chocking, as if she has too much mucus in her neck; < singing ***[Prover 28]***. Chest pain; < breathing; he can feel the mucus moving in his chest when he breathes ***[Prover 13]***.
Skin: vesicular erysipelas; vesicles all over body which are sore and suppurating	(No correspondence noted)
Erythema from exposure to sun's rays	(No correspondence noted)

Table 13: The Materia Medica Comparison of Proving Journal Entries to Allen's Keynotes and Characteristics of Cantharis vesicatoria

From the comparison to Allen (2005), the radionically prepared *Cantharis vesicatoria* was common with eight of the sixteen keynotes and characteristics listed: *Over sensitiveness of all parts; Haemorrhages from nose and mouth; Pain raw and sore; Burning of every part of body, internally and externally, with extreme weakness; Disgust for everything and food; Sudden desire to urinate; Burning, cutting pains in urethra during micturition; and Tenacious mucus in the air passages*.

It was interesting to note that half of these shared symptoms covered the generalised features of *Cantharis vesicatoria*, as seen in the over sensitiveness, raw, sore, burning pains, and weakness; these generalised characteristics were also expressed across different provers, locations and systems in the body. The provers experienced an increased sensitivity to a variety of external impressions, ranging over touch, noise, light, motion, cold and even feeling emotionally vulnerable to things that other people said. The raw and sore pains were felt across multiple locations, including the jaws and teeth, throat radiating to the ears, genitourinary system, shoulders, and skin, with two provers describing the pain as if it were an ‘open wound’. The burning pains were also expressed throughout the body, in the head, along the gastrointestinal tract, in the chest, and the female genitalia, with two provers likening the sensation to ‘burning fire’. The weakness affected the muscles throughout the body to an extent that they felt too lazy to even move, especially in the lower limbs and along the back, with provers feeling as if their muscles would fail because they could not support the movements; one prover even described his unnatural bowel movements as ‘weak waste expulsion’.

Prover 23 reported six of the sixteen keynotes and characteristics of *Cantharis vesicatoria*; in addition to the characteristic features already discussed, she also described disgust for everything and food, sudden desire to urinate, and burning, cutting pains in urethra during micturition. This disgust for everything was expressed as general bitterness and disgust for people and humanity; even the disgust for food, resulting in her not wanting to eat anything, which

alternated with a ravenous appetite with easy satiety. Her genitourinary symptoms began with increased urination in the middle of the night, causing her to wake up four times to urinate. The next day, this progressed into intense, sensitive, burning, raw pain, as if someone was sticking knives up her urethra, which became worse while urinating. Although she did not describe the other keynote symptoms listed by Allen (2005), such as drinking small amounts of water causing increased pain in the bladder, the constant intolerable urging, or only passing a few drops of urine at a time, mixed with blood, her symptoms lead her to feeling anxious and paranoid that she may have contracted a sexually transmitted infection. The inflammation also affected her genitalia with the same intense pain and sensations, and some superficial itching, which was too painful to scratch and also sensitive to touch, motion and walking; other symptoms were also creamy, cottage cheese-like discharge, and tender right inguinal lymph nodes. *Prover 23* allowed for these symptoms to run its course, without any external interventions, and they subsided within one week.

The remaining two shared keynote *Cantharis vesicatoria* symptoms to be discussed were haemorrhaging from the nose and mouth, and tenacious mucus in the air passages. Haemorrhaging was reported by four provers, specifically from the nose and mouth. *Prover 22* had a past medical history of recurring epistaxis, which had not occurred for two years prior to his participation in the proving; during the proving, he experienced nose bleeds that lasted a few minutes in duration each time, especially while showering. Although *Prover 18* had reported a past medical history of recurring cold sores on his lips, the cold sore that he developed on his lower lip during the proving differed in appearance and sensation to his usual symptoms, and it bled, especially when brushing his teeth or bathing. The tenacious mucus in the air passages was described as a feeling of choking as if there was too much mucus in the neck, or the movement of the mucus could be felt in the chest when breathing.

Other keynote and characteristic symptoms of *Cantharis vesicatoria* that were listed by Allen (2005), which did not feature in the proving symptomatology, were increased sexual desire, painful priapism, bloody, nocturnal emissions, pale, red, or tough mucus stool, with streaks of blood, like scrapings from the intestines, vesicular erysipelas, and erythema from exposure to the sun's rays. The researcher recognised that these characteristic features were very specific in description and did not overlap with the proving symptomatology, although different proving symptoms were displayed in the correlating systems. Overall, Allen (2005) gave a good indication of key sensations and well-known *Cantharis vesicatoria* symptoms, forming a foundation from which connections across multiple provers, locations and systems of the body were able to be identified.

5.5.2. The Materia Medica Comparison to Hering's *Guiding Symptoms of our Materia Medica* (1991)

Following the materia medica comparison with Allen (2005), the researcher expanded on the comparison, by looking at other prover journal entries which corresponded with Hering's (1991) materia medica of *Cantharis vesicatoria*. Specific attention would be placed on symptomatology not already mentioned in Allen (2005), as it was interesting to explore whether the remainder of the proving materia medica was also consistent with the existing knowledge of *Cantharis vesicatoria*. The researcher only selected extracts from Hering (1991), which had overlaps in the text or adjectives of sensation with the journal entries, and tabulated them against entries from the proving materia medica to contrast and highlight any similarities or differences in the descriptions of *Cantharis vesicatoria*.

5.5.2.1. MIND

After reading through Hering's (1991) mind symptoms of *Cantharis*, the researcher identified a number of shared symptoms, which could be categorised into four broad themes, namely forgetfulness and confusion, fear and anxiety, rage, and despondence. Each theme was explored separately so

that clearer distinctions could be made between the details described in the proving materia medica to those found in Hering.

MIND: Forgetfulness, confusion, lack of concentration and delirium

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Forgetfulness.	Keep ***losing my train of thought*** and ***forgetting*** what I was going to do or say. [Prover 04] Argument with partner due to me getting ***confused and forgetting*** his Facebook personal profile name. He says I have been very ***forgetful of obvious things*** which is true…(I) am ***forgetful*** of silly things or having those slightly ***dazed*** feelings. [Prover 25]
Confusion; distraction of mind; inability to concentrate thought. ***Furious delirium, with crying***, barking and biting; ***confusion of head***, anxious restlessness; cold sweat, especially on hands and feet.	Mind has been ***foggy***, sometimes I would talk to someone about something, then speak to someone else about the same thing, only realising that I ***confused*** them. [Prover 23] Sometimes I would ***confuse a dream with reality***; I would have a conversation with someone and then realise that I had actually dreamt about what I was talking about. [Prover 23] …Feel like I'm in a ***daydream state***, I am ***not focused and forgetful***. [Prover 25] ***Lack of concentration***. Feeling like a lost person. [Prover 26] My mind is so ***"deurmekaar"*** [confused, scrambled]…Was leaving the house and had to go back 3 times to unlock everything because I ***forgot something each time***. It made me ***frustrated*** and ***I wanted to cry***. [Prover 04]
Constantly attempting to do something, but accomplishing nothing.	I'd often ***zone out*** and ***forget what I was doing*** throughout the day [Prover 04] Feeling 'dazed', ***not really concentrating*** on what is happening around me, ***mind elsewhere***. ***Forgot*** several things I needed to take; had to go back home to pick them up and then ***still forgot*** things I was just reminded of… [Prover 25] ***Feeling spacy*** again. Keep getting

	distracted in what I am doing and would start on something else. [Prover 25]
Almost frenzied delirium.	…I lived an extremely ***"YOLO" life*** ["you only live once" mentality to embrace the moment, often resulting in reckless behaviour]…this time, I just ***risked*** all of it. I was indulgent, ate whatever I wanted, drank a lot of alcohol. Not spending time with intellectually stimulating people; (I) loved the ***thrill***… [Prover 23]

Table 14: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Mind

From Table 14 *(above)*, it showed that the forgetfulness and confusion generally seemed to affect the provers' ability to focus and be present in the moment. Their minds were distracted, which was described as feeling dazed, foggy, deurmekaar [confused, scrambled], zoned out, spacy and as if in a daydream state. Short term memory was also affected, as provers reported to have repeatedly returned home to fetch something that they had previously forgotten, or even forgetting what they were going to do or say. *Prover 23* explained that she would find herself confusing people while speaking to them, or even confusing her dreams with reality.

Prover 23 also described a phase, which was comparable to an "almost frenzied delirium" (Hering, 1991) (Hering 1991) during the first two weeks of the proving, when she enjoyed the thrill of taking risks, being in situations that usually would have made her feel scared, and distanced herself from her friends. She clarified that after she suddenly "snapped out of it", she became "almost hyper-responsible", changed, relooked at herself and made decisions that respected herself, her boundaries and her time. Prior to the participation of this proving, she had found these decisions difficult to make, but ever since this change during the proving, she managed to cut out certain aspects from her life that drained her, and found it easier to let go and walk away from tasks or problems, instead of taking on too much at once.

MIND: Fear, uneasiness, great restlessness and hallucinations

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Fear, confusion of ideas, she could not think clearly.	…I ***worried*** about the possibility of crashing and heavy traffic times, which is something I never worry about. I am stressed about being involved in a MVA [motor vehicle accident]. Granny! ***Anxiety***!... [Prover 21] Stuck in traffic (excessive driving) and I was so stressed that I cried. Mixture of ***frustration and anxiety***. Just wanted to get home and away from all the driving. [Prover 21] Started ***panicking***, thought I was getting rheumatoid arthritis, <alone, >people around, mind has been very ***distressed about body symptoms***. [Prover 23] ***Paranoid*** about having an STD [sexually transmitted disease]… [Prover 23] ***Spider paranoia*** increased dramatically. I am so ***freaked out*** when I see a spider… [Prover 21] I heard an owl making this noise, I was so ***terrified***, I even thought of going to another room and sleep with my sister. [Prover 28] Feelings of unexplained ***guilt and paranoia***. A thought of a friend of mine's wellbeing is being questioned. Solely on the fact that no communication was taken or had in 3 hours since the last message at the moment. [Prover 11]
Uneasiness day and night, with hot head.	Paranoia was like going to a test which you haven't studied for, a ***constant feeling of uneasiness, tension, intense worry*** about random things… [Prover 11]
Great restlessness, obliging him to move constantly; great activity of mind.	Although I feel so drained, I had a ***sudden urge to clean***, so I cleaned my whole room and re-filed all of my notes. [Prover 09]

Hallucinations, especially at night; deliria of people long dead.	I couldn't sleep well, I've been waking up the whole ***night***. I think I woke up around midnight, it ***felt like there was somebody in my house, watching me from the window***, something told me to wake up, but I could feel there is nobody. [Prover 18] I couldn't sleep the whole night. It just ***feels like there is somebody in the house*** and I wake up. [Prover 18]

Table 15: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Mind

"Fear, confusion of ideas, she could not think clearly" (Hering 1991), reflected in Table 15 *(above)*, was apparent in the type of fears expressed by the provers, and their reactions to the fears. The fear or anxiety towards situations that usually would not have affected the provers to the same degree, caused them to panic, feel distressed, or paranoid, which sometimes lead to crying from the anxiety and frustration, or desiring to be around company. During *Prover 18*'s first week of the proving, he even woke up repeatedly with a feeling that there was someone else present in his house, or watching him through a window, although he knew that this was only a thought and not real.

MIND: Sensitivity to all impressions, paroxysms of rage, despondence and low-spirit

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Exceedingly ***sensitive to all impressions; irritable*** and blaspheming.	Since remedy I've been ***more vulnerable to things that people say or do*** to me in general. I usually don't care or take offense to even bad remarks. [Prover 08] I'm hot and I just want to cry. ***Teared up like 3 times*** during a lecture, once after the lecturer was talking about animal cruelty, not sure about the rest. Heat comes with emotions. [Prover 04] Seem to be ***more sensitive*** to loud noises, touch is more painful than usual. ***Just more sensitive***. Excessive loud noise puts me in a ***grumpy mood***, ambient noise. Music that makes sense is fine. [Prover 21]

Paroxysms of rage, renewed by sight of dazzling, bright objects, or touching larynx when trying to drink water.	***Got angry*** because we were getting lost, hot flush with the anger… [Prover 04] I became very ***bitter towards people, wanted to shout*** at patients in clinic, I saw the bad in everyone... [Prover 23] In a period of ***feeling unusually angry and resentful*** about carrying too much responsibility alone and still having little thanks for my efforts and often being picked out for my mistakes. [Prover 25] …I just got ***worked up***. I ended up ***shouting*** at the siblings ***without any valid reason to shout***. [Prover 28]
Despondent and low-spirited, says she must die.	I have had a ***loss of self-confidence***...***lost the ability to believe that I have the power to achieve things***. ***Discouraged very quickly***. Believe that I "can't do anything" (this seems to be my mantra at the moment). Feel ***helpless, powerless***, and every small setback is an affirmation of this feeling…I persecuted myself afterwards for ever trying- ***"I am useless so I should not even try!"*** instead if figuring out ways to learn and grow from the experience. ***Give up quickly***. [Prover 21] Fear that I'm going to be ***stuck at the bottom of the food chain for life***. It's a struggle so ***might as well not even try***, trying gets you nowhere. Contradiction of fear and ***resignation***. [Prover 21] …after sex, ***mood dropped very low***. Didn't want to talk and just wanted to be alone. It was also unsatisfying. [Prover 04] …I couldn't handle the thought of having to speak to people, in a stressful situation, and ***pretend that I'm okay*** when I ***feel so bad*** (Didn't want to even come in but didn't want to be alone at home feeling so bad). [Prover 04] …I was ***depressed and under the weather*** [Prover 23] ***Feeling down***, with aversion to company… [Prover 22]

Table 16: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Mind

Although *Cantharis*' "over sensitiveness of all parts" was discussed during the materia medica comparison with Allen (2005), the researcher found this 'hypersensitivity towards all impressions' to be a connecting factor between various expressions of mind symptoms, such as anxiety, rage and despondence. In Table 16 *(above)*, provers described feeling bitter and resentful, with a desire to shout at people, or even getting "worked up" to the point of shouting at others without a valid reason. The despondency reflected as a lack of self-confidence and a loss of belief that they could achieve anything, with provers feeling easily discouraged or quickly giving up, even to the extent that a prover could not handle the thought of speaking to people and pretending that she was okay when she felt so low.

5.5.2.2. HEAD

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Heaviness of head. ***Sensation of fullness***, with head rising up into head, with anxiousness.	Feeling as if my ***head is heavy***. [Prover 26] Woke up with a massive bad headache, it ***feels like there is a huge bowl or brick in my head***. [Prover 06]
Soreness and ***burning*** in brain.	This headache was just unusual from others. It was ***like fire in my forehead***…The ***hotness*** went away when I went outside for fresh air. [Prover 29]
Dull heavy pain in ***forehead***.	Headache starting in right ***forehead area. Dull***, pulsating pain. [Prover 04]
Confusion of head in morning with ***pulsations in forehead***. Heaviness in occiput, ***with drowsiness and incapacity to think***.	I have a headache and it is then ***accompanied by pain in eyes***. Sensitive to light but not hurting much. Headache is located in the top centre. ***Feeling very weak*** all over my body. Not in the mood of talking. ***Not focusing*** on one thing. ***Lack of concentration*** in class. Feeling my ***mind is congested***. [Prover 26] Headache was a ***pulsating*** pain, which comes and goes. It made me ***feel tired***... [Prover 26] Headache is ***pulsating*** from the occipital ***radiating to the frontal***; both eyes and at the back on my left. [Prover

	06] ***Pulsating*** headache all day. Seems to have something to do with my eyes as every time I move my right eye up or down or to the sides in an exaggerated way it hurts more. [Prover 08]
Burning in ***sides of head***, ascending from neck, with soreness and giddiness; < morning and afternoon; when standing or sitting; ***> while walking*** or lying down.	Headache location shifted to ***temples*** and under eyebrows in eye socket. Took dog for ***walk, which helped to ease headache*** but ***Alice band area*** still mildly aching. [Prover 25]
Violent lancinating pains deep in brain, especially in occiput.	Having the most ***excruciating*** headache. The pain is running from my jaw all the way to the sides of my head…The pain is very bad and ***sharp***…It feels as if ***electric shocks are running though my head***. [Prover 09] A slight headache, ***stabbing*** pain from my left temporal part close to the ear. [Prover 22]
Scales on ***scalp***; enormous dandruff.	…***Scalp became incredibly itchy***; < sweating…***scalp itch, all over scalp***, >>> scratching. [Prover 21] Still ***itchy all over scalp***; < night < sweating or exercise. [Prover 21]

Table 17: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Head

The sensations of the shared headache symptoms between Hering (1991) and the proving materia medica were described as feeling heavy, burning, dull, pulsating and lancinating, as seen in *Table 17 (above)*. In connection with the headaches that were accompanied by mind symptoms relating to confusion of head, incapacity to think and drowsiness, *Prover 26* produced similar headaches during the first week of his proving experience. His headaches were either heavy or pulsating in nature, they affected his ability to focus or concentrate, describing the feeling as if his mind was congested, and he also felt weak throughout his body.

5.5.2.3. EYES AND FACE

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Eyes ***sunken***, surrounded by blue rings. Eyes protruding; ***fiery, sparkling***, staring look. ***Expression of extreme suffering***, terror or despair.	My *eyes look* ***sunken***. Said to have a ***"flu-type" expression on my face***. [Prover 10] I have also noticed that my eyes are a bit ***glassy-red*** and some ***people can tell that I'm sick*** by looking at the ***expression on my face***. [Prover 13]
Face: hot, red and swollen; ***swollen*** and puffy; ***flushed*** when stooping; yellow or very pale.	…***hot flush*** with anger. Heat mostly felt on arms, ***face*** and chest [Prover 04] Kept feeling hot, like ***hot flushes***, then it goes away. ***Cheeks go red***, haven't noticed any perspiration [Prover 04] My ***face feels swollen and numb*** and when I touch my skin it feels very thick and tickling...It feels like I've been smoking cannabis. [Prover 18]

Table 18: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Eyes and Face

The shared *Cantharis* symptoms presented in *Eyes* (sunken and fiery, sparkling) and *Face* (expression of extreme suffering) (Hering 1991) were combined together in Table 18 *(above)*, as they matched the descriptions from the prover journal entries. Both *Provers 10 and 13* produced respiratory tract symptoms during the proving, and commented that other people could tell that they were ill by looking at the expressions on their faces. *Prover 04* reported to have developed hot flushes since Day 0 of the proving; they occurred together with her emotions, and were felt in her face, upper arms and chest, making her feel hot and her cheeks go red. On Day 0 of the proving, *Prover 18* had the sensation that his face was swollen and numb, which was later also felt in his hands. He then developed a cold sore on his lower lip the following day (Day 1), which was painful, swollen and was aggravated by touch, sometimes causing it to bleed.

5.5.2.4. EARS AND NOSE

Hering *Guiding Symptoms*	Proving Materia Medica
Ringing, humming, or roaring in ears.	***Tinnitis (ringing)*** in right ear. [Prover 04] …quiet room, tinnitis started in both ears, ***buzzing sound***; > talking, moving. [Prover 04] ***Tinnitus. Ringing*** < when concentrating on sound, both sides, makes me feel isolated from the world. [Prover 23]
Coryza with pains in limbs; also ***chronic coryza***.	(I) haven't had ***allergies*** since proving. Usually (I) have a stuffy, blocked nose daily, sneezing, (and I am) always carrying tissues everywhere I went, but I have noticed that I hadn't used tissues for a while. [Prover 23] I am usually prone to coughs (most likely ***post-nasal***) but haven't noticed in a while too, along with the ***nose allergies***. [Prover 23]

Table 19: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Ears and Nose

In Table 19 *(above)*, the tinnitus experienced by the provers was described as a ringing or buzzing sound, which was ameliorated when the prover was distracted from it, such as when talking or moving, and became more noticeable in a quiet room or when concentrating on the sound.

Prover 23 reported an improvement in her chronic rhinitis and cough, which she experienced prior to the proving, from an almost daily occurrence to not noticing the cough and not requiring tissues for the sneezing towards the end of the proving. In reference to "coryza with pains in limbs" (Hering 1991), the researcher found it interesting to note that *Prover 23* also mentioned an improvement in her left thoracic outlet syndrome symptoms, which were also present prior to the proving, stating that her shoulder pain, numbness, tingling and control of her hand was much better since the proving *(see 5.5.2.10)*.

5.5.2.5. MOUTH, TEETH AND THROAT

Hering *Guiding Symptoms*	**Proving Materia Medica**
Taste: bitter; ***lost***; gold tooth-plate taste ***coppery***. ***Dryness*** in mouth.	I'm having this ***metallic taste*** in my mouth and it feels ***dry***, my tongue is ***tasteless*** and ***everything tastes the same*** [Prover 18] …I ***couldn't taste anything*** I ate or drank… [Prover 10] My mouth is ***tasteless***, it is like I am catching a flu. [Prover 29] My mouth is still ***tasteless***… [Prover 29]
Lining of mouth and throat ***covered with white blisters from size of pin's head*** to that of a bean.	…I have seen ***white small dots on my tongue***. [Prover 22]
Expectoration of frothy saliva streaked with blood.	…I have a dry cough, ***throat producing frothy mucus***. [Prover 14]
Spasmodic constriction and intense pain at back of throat.	Feels like I can't sing, ***like somebody is blocking my throat***... [Prover 14]
Throat ***swollen***.	I tried to eat something but my throat was ***swelling***. [Prover 28]
Swallowing very difficult.	…my throat is still sore and is ***worse for swallowing anything***. [Prover 13] Sore throat and ***difficulty swallowing***. [Prover 06]
Inflammation and suppuration of ***tonsils***.	…it feels like my ***tonsils are tender to touch*** from the outside and < exhalation. [Prover 04]
Throat: < in afternoon and at night; ***< while drinking*** and from wet poultices; > while lying down.	…The sore throat is more painful on the right cervical lymph nodes; > warm tap water; ***< cold water*** or any cold application. [Prover 06] ***Drinking water makes me cough more***. [Prover 10] …The ***more water I drink, the more I cough***. [Prover 10]

Table 20: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Mouth, Teeth and Throat

As seen in Table 20 *(above)*, a number of provers had reported to have an alteration in taste, especially a loss of taste that made everything taste the

same. The throat felt constricted or swollen, as if something blocked her throat, and was aggravated by swallowing, especially when drinking cold water.

5.5.2.6. STOMACH, ABDOMEN, RECTUM AND STOOLS

Hering *Guiding Symptoms*	**Proving Materia Medica**
Diminished appetite.	***Haven't eaten or drank much*** today. [Prover 04] Ate a sandwich and ***felt very full*** afterwards, it usually takes a lot more for me to feel full. [Prover 04] I have noticed that my appetite has changed, I have skipped breakfast today, and up to this hour I still ***don't feel like eating anything***. [Prover 13] …***appetite very low***, thirst low… [Prover 22]
Canine hunger, particularly for ***meat***.	Very ***hungry all day, even after meals*** (after a few minutes of eating). [Prover 08] Still feeling ***hungry even when I'm full***, but can't think of what I'm craving. [Prover 08] I feel so ***hungry like my stomach has nothing in it***. [Prover 14] I'm feeling ***hungry, I've been eating the whole day***, large meals, but this is already my 4th meal of the day which is much worse. [Prover 18] I feel ***hungry all the time*** and I ***can't seem to satisfy my hunger***. Although I eat a large amount of food. [Prover 18] I just ***can't stop eating***. [Prover 18] Since proving ***appetite has been ravenous*** with easy satiety, alternating with not wanting to eat. [Prover 23] ***Craved red meat, but I am usually vegetarian*** with a light diet. [Prover 23] ***Eating more***…I hate dairy, love ***fish (but never, or hardly ever, eat it because of ethical issues)***, and hate stodgy food like bread. But super hectic craving… [Prover 21]
Great thirst, with burning in throat and stomach.	***Crazy thirst***…Drive home took 30 mins, during which time I considered stopping at a petrol station to drink water 3 times. When I got home it was ***difficult to satiate*** (maybe a litre later, the thirst

	stopped). This is an unusual symptom. [Prover 21] Been ***suddenly thirsty, then downing lots of ice-cold water***. [Prover 21]
Violent burning pain in stomach.	My ***stomach feels like burning fire***… [Prover 06] …I also have ***stomach burns*** soon after the headache. [Prover 22]
Cutting in abdomen.	Have a stomach ache, very tense, stinging pain, forces me to bend, excessive sweating. Stomach is so sore it's like a ***cutting pain***. [Prover 06] I suddenly experienced ***stabbing pains in my lower abdomen***, mainly in the right hand side. [Prover 28]
Cutting, stitching, or burning ***in groins***.	Keep getting ***a sharp, stitching pain in the right inguinal area***... [Prover 04]
Stools: yellow, brown, ***watery***; white, with tenesmus.	Had a slightly unusual poo this morning. It was ***dribbly, diarrhoeal***. [Prover 21] I realised that my stomach started to be runny…noticed that I'm producing ***yellow stool***... [Prover 28] I had a runny stomach again with the very same ***yellow stool***. [Prover 28]
Before stool: straining; urging; ***colic***.	Had nugget poo this morning. Lots of little nuggets in quick successions with flatus. ***Ache in lower left quadrant beforehand and slight cramping***. [Prover 21]
During stool: cutting, colicky pains; ***burning in anus***; prolapse of rectum; pressing and urging, extorting cries.	…***bowel movements with a burning sensation***. [Prover 11]
Frequent small, corrosive stools, with colic and pinching. ***Stool daily but insufficient***, with painful straining in bladder.	I've just realised that ***I have passed stool around 4 times today***…The ***stool looks like pebbles*** and it's really hard to excrete it, maybe because it's dry. [Prover 09] …I would pass stool once daily, but ***only a little bit*** and it is ***hard to pass stool***. Stool is ***like little balls***. Feel like the need to pass stool, but still ***feel like it isn't complete after***. [Prover 18]

Table 21: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Stomach, Abdomen, Rectum and Stools

Both diminished appetite and canine hunger (Hering 1991) were displayed by different provers in Table 21 *(above)*, ranging from not wanting to eat, or easy satiety, to ravenous and constant hunger, even after eating. With regards to *Cantharis*' desire for meat (Hering 1991), *Prover 23*, who usually had a light, vegetarian diet, experienced a craving for red meat during the proving. *Prover 21*, who had great thirst that was difficult to satiate, also had a craving for fish during the proving, which she hardly used to eat due to ethical issues.

The pains experienced in the stomach, abdomen and groin areas were described as being burning, cutting and stitching. Their stools were watery and diarrhoeal, or small, hard and dry, like little balls or pebbles. Provers experienced aching or cramping in the lower abdomen before stool, burning pain during stool, or were left with an incomplete feeling after only being able to pass a little bit of stool at a time.

5.5.2.7. KIDNEY AND URETHRA

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Dull pressing pain in both ***kidneys***.	***Pain or tenderness*** in area of right kidney. ***Bruised sensation***, > movement. [Prover 04]
Before, during and after urinating fearful cutting pains in urethra; she must double herself and scream from pains.	Ermagerd [Oh My God]. ***Feel like dying***, someone is ***pushing knives up my urethra***. [Prover 23] …raw, excoriated, redness; intense pain, ***like knives sticking up urethra < urination*** [Prover 23]

Table 22: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Kidney and Urethra

The bladder and urethral symptoms were covered in the materia medica comparison with Allen (2005). In addition to the urinary symptoms previously described, Table 22 *(above)* displayed that *Prover 04* also experienced a bruised sensation or pain in the region on her right kidney, which was ameliorated by movement.

5.5.2.8. FEMALE GENITALIA/ SEX

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Ovarian region: stitches, arresting breathing; violent ***pinching pains***, with ***bearing down*** towards genitals; great ***burning pain***.	…Very localized pains, ***spasmodic over ovaries***, uterus and cervix. [Prover 23] …Feel tired with the period pain and a ***bearing down*** symptom. [Prover 14] …period pains. I ***feel hot in my lower abdomen***... [Prover 14]
Oversensitiveness of all parts. ***Swelling and irritation of vulva***; vaginismus.	…***pain vulva*** constant, ***superficial, intense, hot burning pain, some itching***, but ***painful to scratch; < walking, touch, motion***; discharge creamy, cottage cheese like. [Prover 23] …***Itchy***, but ***like tiny little glass cuts around the vaginal opening***; > scratching but makes the thrush <; > clean and dry, showered and clean makes it >. [Prover 21]
Menses: too early, ***too profuse; blood black or scanty***, breasts painful. ***Menses retarded***.	Period was ***slightly heavier than normal***. [Prover 14] Ebola menses; ***thin, watery, copious red flow. Extremely heavy*** compared to normal. ***Bleeding excessively***, way more than normal. [Prover 21] …the period blood had ***excessed from pads*** to where I was sitting... [Prover 28] Menstruation ***began 2 days late***, it is very ***heavy, dark red***. [Prover 08] …Period is still ***heavy***… [Prover 08] Menses was ***delayed***, usually if my menses is irregular, it comes too early, not late. This felt different, both this last menses and menses during proving, ***blood has been dirty brown colour, thick, slow consistency***, more clots than usual. Menses and ***flow feels dragged out***. Even discharge usually feels thicker, stickier. Usually I am >discharge, but this ***feels stuck***. Usually > discharge, but this time it doesn't make me feel better. [Prover 23] Now the whole abdomen is painful. Grumbling in my tummy. Shooting pains from left to right on my upper abdomen. I still have this nausea. Though ***I am not***

	yet on my period or menses. [Prover 14] …I had all the symptoms that I usually had during my menses, which are cramps, heavy feeling, emotional, wanting to lie down, holding my abdomen, but ***I don't have any menses yet***. [Prover 10]

Table 23: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Female Genitalia/Sex

Table 23 *(above)* reflected that "swelling and irritation of vulva" (Hering 1991) was experienced, with itchiness and pain; although the vulva was itchy, it felt too painful to scratch, and was sensitive to touch or movement, such as walking. A number of provers noted that their menstrual flow was heavier during the proving. The consistency of the flow ranged from being thin, watery, red and copious to being dark, thick, slow and feeling stuck and dragged out. Provers also reported that their menses were delayed, or the symptoms that they usually only experienced at the beginning of their menses occurred a day before their menses began.

5.5.2.9. RESPIRATION, COUGH AND CHEST

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Oppression of breathing, with sensation of constriction of pharynx.	…I ***breathe like someone with asthma***, I feel like there is a lot of boiling beneath my sternum… [Prover 22] …chest now ***feels closed***, < for walking. I ***feel something is on top of me. Breathing is a bit difficult*** now… [Prover 14] As I walk, I lose breath. The ***chest gets tighter***… [Prover 14] Still feeling the ***tight and suppressed chest*** on walking with nausea, > for resting or sleeping flat. [Prover 14] I am so tired, even on going uphill, it looks impossible but I do it. My chest ***feels like asthmatic*** in a way. [Prover 14]
Dry, hacking cough.	Coughing, itchy throat, ***dry cough***. Tears with cough. [Prover 04] ***Dry cough***, causing a chest pain

	along the xiphoid process. [Prover 06] Cough is worse; it a ***dry, racking cough***; the chest feels heavy… [Prover 06] …now have this ***dry hacking cough***… [Prover 10] …I still have this ***dry hacking cough***, which causes me to feel like I'm chocking at times- the '***coughing-fit***'. [Prover 10] …I have a ***dry cough***… [Prover 14]
Burning in chest.	My ***chest was burning*** a little bit, but not much, felt like I was going to vomit due to ***burns in chest***… [Prover 28]
Stitching ***pain in forepart of right chest***; it then passes downward into right lower ribs.	Sometimes get a ***bruised or sharp sensation below right clavicle***, which lasts a few minutes. [Prover 04]

Table 24: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Respiration, Cough and Chest

Cantharis' oppression of breathing (Hering 1991), as seen in Table 24 *(above)*, was described by the provers as feeling asthmatic, with difficulty breathing on walking or going uphill. The chest felt like boiling beneath the sternum, tight, closed and suppressed, as if something was on top of her chest. "Dry, hacking cough" (Hering 1991) was produced in a number of provers, which occurred in paroxysms, making the prover feel like she was choking from the "coughing-fit". *Prover 28* experienced a burning sensation in her chest during the proving, which made her feel nauseous.

5.5.2.10. BACK AND EXTREMITIES

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Tearing pain in back, especially in mornings.	My right trap was ***extremely tense***…Tense, stiff sensation. It was then on my ***trapezius*** and right ***latissimus***…my ***rhomboids*** on both sides had the same sensation...These ***pains were excruciating*** and highly uncomfortable. [Prover 04]

Tearing from right, later left hip bone, down to knees.	Pain started in left knee. ***Drawing, tearing sensation*** with bruised feeling on medial lower bony prominence [medial condyle]. The pain was shooting to my foot…Then the same sensation started on my bum bone [ischial tuberosity]…Almost as if the pain ascended. All the pains < being still. [Prover 04]
Weakness and trembling of limbs. ***Knees totter*** when ascending stairs.	***Thoracic outlet syndrome*** on left side, much better, can control my hand better (usually shoulder aches and pains, numbness, tingling). [Prover 23] Walking like my ***legs are heavy***. [Prover 14] ***Highly tired knee joints like my legs are failing me***. [Prover 14]
Cold extremities.	Started to feel ***very cold around knees and ankles***. [Prover 11] ***Lower limbs were very cold*** again. [Prover 11] ***Lower limbs*** experienced ***cold*** feelings which spread up to my upper body. [Prover 11]

Table 25: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Back and Extremities

From Table 25 *(above)*, it was observed that during the proving, *Prover 04* experienced drawing, tearing, tense pains that changed locations along her back (from her trapezius, down to lattisimus dorsi, and then to rhomboid muscles), and along her left leg on another occasion (from her knee, shooting down to her foot, then to her ischial tuberosity). “Weakness” was covered in the materia medica comparison to Allen (2005), and *Prover 23*’s improvement in her thoracic outlet syndrome symptoms, which caused weakness and lack of control in her left hand, was discussed together with her chronic rhinitis and cough in the *EARS AND NOSE* materia medica comparison to Hering (1991) *(see 5.5.2.4)*. Coldness of lower limbs was recorded by *Prover 11*, which began around his knees and ankles on Day 0 of the proving; although this symptom subsided within one week, he noticed that he had generally become more sensitive to cold during the proving, reporting that he felt colder in situations that usually would not have affected him.

5.5.2.11. SLEEP

Hering *Guiding Symptoms*	Proving Materia Medica
Sleeplessness*;* ***anxious dreams***; erections.	(I) have become a ***light sleeper*** since remedy. Wake up feeling like there is something to do or that I am late. [Prover 18]

DREAMS: Anxious dreams

Worst ***nightmare*** ever! Lasted so long as well before I woke up…dogs were ***frightened*** and running away from the centre of town, a few people were running around ***scared***, and others were walking like they had been hypnotised to the centre of town…I declined and tried to get away but he grabbed on to me and then suddenly more people grabbed on to me. I *morphed into an insect* but they stood on top of me and ***wouldn't let me escape***. I then morphed into an invisible person and managed to get away, but the villagers were still after me. I decided to swim away from the island, but just as I was near the beach the villagers were alerted and they caught me and started piling on top of me. ***I woke up***. [Prover 21]

…My car was parked sandwiched between 2 big cars and the view was obscured…I started to get ***scared***…I got in the car and as I started to reverse 4 or 6 dark shadowy hands came toward me from the passenger seats. I ***woke up terrified and called for help***. Couldn't wake up out of the dream easily. ***Did not go back to sleep***!!! [Prover 21]

…I was chasing a man, then when I caught up he became a crocodile, the crocodile bit me, then turned back into the man. I felt really ***scared, mentally trapped***, like I am being confronted. [Prover 23]

…she went away somewhere and nobody could find her…The dreams makes me feel ***scared and sad***, because there is a possibility that she could die. [Prover 09]

Dreamt I was in an old building where people were being moved in secret from room to room to ***get away from some danger***... [Prover 25]

…it was like an apartheid era cause some truck came to park near our residency, then as my friend went down they took her life, as an ***abduction or kidnapping*** and out of the blue she was bought back. [Prover 28]

Had a dream about the ***test that I wrote*** and ***it was like I failed*** it in my dream. [Prover 01]

Table 26: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Sleep and Dreams

Hering (1991) mentioned that *Cantharis* had “anxious dreams”, as seen in Table 26 *(above)*, which the researcher found to be a common theme that was described in the provers’ dreams. *Prover 21* had nightmares that caused her to wake up calling for help, after which she was unable to sleep again. *Prover 09* woke up sad and scared that one of his friends could die, since he dreamt that his friend went away and nobody could find her. An interesting reference to an insect was made in a nightmare that *Prover 21* experienced in which she morphed into an insect in an attempt to escape from villagers on an island when they suddenly began to grab and chase after her. Provers felt scared and the dreams were described as being terrifying and dangerous, where the provers were chasing after others, escaping from danger, being trapped, watching friends getting kidnapped or dying, and failing examinations.

5.5.2.12. CHILL AND FEVER

Hering ***Guiding Symptoms***	**Proving Materia Medica**
Chill in evening, not relieved by external warmth.	Went back to bed, ***feeling icy, can’t warm up***, slight shivers. [Prover 25]
Cold extremities.	Woke up feeling hot, ***arms and legs cold to touch***. [Prover 08] Hot under blankets, although I ***feel cold over body***, “chicken skin”. [Prover 22]
Burning in palms and ***soles***.	My ***feet have been feeling hot*** for the past few days, especially wearing closed shoes. I feel the need to have cool air on them. They get slightly red and swollen when this happens. [Prover 08]
Evening fever. Catarrh of bladder.	My body ***temperature during the midnight was high***… [Prover 13]

Table 27: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Chill and Fever

In Table 27 *(above)*, Hering (1991) displayed that *Cantharis* experienced chill and fever, which reflected in the prover journal entries; provers either felt icy cold and unable to warm up, or they felt hot with high body temperatures. Two

provers reported to alternate between the extremes of feeling hot and cold, and another two provers described feeling hot internally, but feeling cold externally or having cold extremities.

5.5.2.13. SKIN

Hering *Guiding Symptoms*	**Proving Materia Medica**
Itching, changing place, like from lice. Eczema: watery vesicles, as if excoriated; burning, ***itching***, and when touched burning and ***smarting***; eruption mostly on ***right side***; early inflammatory stage.	My ***face and neck*** are ***itching***. The itching feels better when am scratching. My skin appearance changes red after scratching. [Prover 03] The itching feeling seems to return, but this time ***all over my body***. The itching is more in my face than in my body… [Prover 03] ***Itchy nose, itchy back*** on ***right shoulder blade, itchy right calf, itchy right eye***. [Prover 21] ***Itchy spots continue all over body***, especially one spot on left leg, by medial side of knee! Scratching and ignoring the itchys. [Prover 21] I am still very ***itchy. Scalp, face, chin***. I usually experienced allergies to dust, but it is transient and affects my nose only. My nose has been incredibly itchy all day and I have been fiddling with it constantly. [Prover 21] Still itchy on head, ***prickles***; < night; > scratching. [Prover 21] ***Itchy skin*** after a warm bathing; around the ***ears, back, cervical area and foot***… better for rubbing. [Prover 26] My ***arms get a little bit itchy*** randomly sometimes, more by ***bend at elbow***. [Prover 08] My ***arms have been itchy*** since the remedy, not out of control but more than normal. No specific spot or bumps. [Prover 08]

Table 28: The Materia Medica Comparison of Proving Journal Entries to Hering's Guiding Symptoms of Cantharis vesicatoria- Skin

The skin symptoms displayed in Table 28 *(above)* were itchy, with a prickling sensation, better for scratching and rubbing, and worse at night and for warmth, such as after a bath or exercise. The provers did not notice specific

changes in the appearance of their skin, with only *Prover 03* mentioning that his skin became red after scratching. The location of the pruritus was constantly changing and occurred in localised spots, especially on the scalp, parts of the face, neck, back, and extremities. Although the pruritus generally did not have an affinity towards a specific side of the body, *Prover 21* recorded more locations on the right side than on the left side.

5.5.3. The Materia Medica Conclusion

Hering (1991) provided a thorough means from which materia medica comparisons can be made. Whilst there were symptoms that were not shared between the existing materia medica and the proving materia medica, there were also a number of proving symptoms that were identified and had significant correlation with Hering's materia medica across multiple provers and regions of the body.

CHAPTER 6- THE CONCLUSION AND RECOMMENDATIONS

6.1. The Research Overview

The aim of this study was to determine whether a radionically prepared remedy will elicit symptomatology similar to the existing materia medica of the same remedy during a triple-blind proving.

The development of radionics during the mid-1900s introduced new approaches towards homoeopathic diagnosis and treatment. Radionic practitioners, together with homoeopaths, developed radionic machines which were able to simulate remedies through induction of the remedy's energy pattern on to neutral vehicles, in place of the traditional Hahnemannian method of medicine preparation (Morrell 2000). Although there is much anecdotal evidence on the effectiveness of radionically prepared remedies, it is not known whether any difference did, in fact, exist (Rae 1977; Fellows 2013).

Allsopp (2010) and Kleingeld (2016) conducted separate studies at the Durban University of Technology to investigate radionically prepared remedies in terms of its physico-chemical aspects and biological action on seed growth. They recommended that further research needed to be done to test the therapeutic activity of remedies made radionically. Hahnemann (1996) stated in paragraph 120 that we can only be certain of the medicines' true powers and actions once they are tested on healthy individuals; this motivated the researcher to explore radionics in terms of a homoeopathic proving, as provings form the foundation of homoeopathic theory and practical application (Walach 1997).

The researcher attempted to eliminate any potential for bias throughout the proving and data handling processes to ensure that it was as objective, systematic and traceable as possible. Therefore, the homoeopathic proving of

a radionically prepared remedy in 30CR potency was of a true experimental design, conducted in the form of a randomized, triple-blind, placebo-controlled trial.

Thirty proving participants were selected, providing that they met the inclusion criteria, and were supervised by the researcher; everyone was blind to the nature of the proving substance. Although the research supervisor and research co-supervisor selected the original list of six homoeopathic remedies, which were to be proven radionically, they remained blind to the final remedy which was proven until unblinding took place after repertorisation of the finalised data.

Data extracted from the prover journals was combined with their case histories and physical examinations to process the proving symptomatology into standard materia medica and repertory formats, following the CHROMA-*Prove*© method (Ross 2015). The nature of the proving substance was unblinded only after repertorisation and an estimation of the substance was made by the principal researcher.

6.2. The First Research Objective

The first research objective was to identify symptoms produced (if any) in healthy provers by a radionically prepared remedy of a well proven homoeopathic remedy.

This proving of a radionically prepared remedy of a well proven homoeopathic remedy (which was revealed to be *Cantharis vesicatoria*) in 30CR potency produced identifiable symptoms in a group of healthy provers. Whist the researcher and supervisors were blind to the nature of the radionic substance, the prover journal entries were transcribed and collated into standard materia medica and repertory formats following the CHROMA-*Prove*© method (Ross 2015). The intra-prover and inter-prover comparisons resulted in a total of 332 materia medica entries and 563 rubrics distributed across 32 chapters.

When comparing the nature of the journal entries, the symptoms produced by the verum group had less overlap between pre-proving entries, and had a higher chance of being attributable to the action of the proving substance, rather than merely being the provers' baseline symptoms. In addition, the symptoms produced under the same experimental conditions were more distinct and characteristic in the verum group than that of the placebo group. Therefore, it was evident that there were identifiable symptoms that were produced by the radionically prepared remedy, which were not to be attributed to the experimental context or to the expectation that symptoms would be experienced by participating in a proving.

6.3. The Second Research Objective

The second research objective was to compare the proving symptoms of the radionically prepared remedy to that of a well proven remedy; thus, comparing their reversible and temporary biological effects. This objective was separated into two aspects, as the comparison methods of the proving symptoms to existing materia medica differed before and after the unblinding of the radionic remedy's identity.

The researcher selected and repertorised twenty keynote rubrics that represented the proving symptoms and was able to identify the radionic remedy, which was revealed to be *Cantharis vesicatoria*. Following this, direct comparisons were made to assess the degree of overlap between the proving materia medica and repertory to the existing knowledge of *Cantharis vesicatoria*.

The repertorial comparison to the rubrics extracted for *Cantharis vesicatoria* from *RadarOpus* software programme (version 1.38) (Archibel 2013) indicates a 52.8 percent overlap on main rubric level, 29.6 percent overlap on sub-rubric level, and 30.8 percent overlap with the original proving repertory. Although the repertorial comparison did not display a high level of overlap, it was

difficult to come to any definitive conclusions regarding the degree of similarity of the radionic signal to the existing repertorial knowledge. The researcher was unable to distinguish between the pure proving symptomatology and the rubrics included from toxicological or clinical verification from the 4911 rubrics extracted for *Cantharis vesicatoria*; thus the comparison was not a clear reflection of the pure proving symptomatology.

The materia medica comparison was effected by comparing the journal entries derived from the proving experiment to Allen (2005) and Hering's (1991) materia medicas. Both Allen and Hering's materia medias provided thorough platforms from which connections in specific textual overlaps, applications of adjectives of sensation, and the identification of PQRS symptoms could be drawn between the radionic remedy and the characteristics that defined the nature of *Cantharis vesicatoria*. Whilst there were symptoms that were not shared between the existing materia medica and the proving materia medica, there were also a number of proving symptoms that had significant correlations with both Allen and Hering's materia medicas across multiple provers, locations and systems of the body.

6.4. The Researcher's Reflections and Recommendations

The journey of conducting this research proving to compare a radionically prepared remedy to a well proven homoeopathic remedy was not a straight forward one. There were various factors that were considered to ensure that any potential for bias throughout the proving and data handling processes were eliminated and that the analysis was as objective and systematic as possible. Several methodologies, analysis techniques and background insight into the development of homoeopathic philosophies were integrated into different aspects of the research study resulting in this dissertation. This section is the researcher's personal reflection on her observations and experiences throughout the research process as recommendations for future researchers to consider when conducting their own studies.

- The triple-blind design: Walach and other proving researchers had been piloting a triple-blind model for re-proving old homoeopathic remedies in an attempt to observe whether homoeopathic remedies exhibit local or non-local mechanistic models of action. Both their pilot model and this research proving adapted a triple-blind design to eliminate bias on the level of symptom verification and data analysis. In the context of this research study, the triple-blind design proved to be a necessary factor to implement to ensure that the researcher, and everyone involved in the study, had no preconceived ideas or expectations; thus, contributing significantly to reducing bias.

- The monitoring of provers: Previous researchers had emphasised the importance of communication and monitoring of provers to increase the levels of prover compliance. The researcher held a pre-proving workshop, re-explained the proving procedure at the end of each prover's initial consults and kept in regular telephonic and personal contact with the provers throughout the proving process. During these points of communication, the researcher assisted with clarifying the provers' symptoms and established reference points to which the researcher referred when collating the journal entries. Notwithstanding the regular contact with provers, the researcher found the post-proving follow up consult to be most useful in terms of discussing the provers' overall experiences and clarifying symptoms that were recorded in their prover journals. Proving entries that were not recorded in the prover journals, but were added by the researcher, either from personal communication with the prover, or during the post-proving follow up consult, were indicated with [square brackets] in the proving materia medica.

- The characteristics of good provers: When interacting with the provers and processing their prover journals, the researcher observed certain characteristics of good provers, who were able to record their symptomatology more accurately and in more detail than the general

prover group. One such characteristic was the prover's ability to be self-aware, as they were able to notice and document several proving symptoms. Another characteristic that was discussed in "The Prover Demographics" *(see 5.2)* was that provers who were self-aware and had a deeper insight into homoeopathic philosophy were more capable of describing their symptoms with more clarity, with higher retention rates and across more systems than those who had less knowledge of homoeopathy. Notwithstanding this observation, the researcher is also of the opinion that the level of self-awareness is not necessarily related to the prover's understanding of homoeopathy. In summary, the researcher agrees that previous proving experience or understanding of homoeopathy, together with a higher level of self-awareness can aid in the recording of better proving symptoms.

- The CHROMA-*Prove*© method: This research study was the first proving, conducted by a Masters in Technology: Homoeopathy student at the Durban University of Technology, which followed the CHROMA-*Prove*© method for the data handling and symptom verification process to finalise the proving materia medica and repertory. The researcher found this method to be simple, thorough and practical in terms of having clear visual representations of the data, and allowing for a logical method of tracing back to the source of each materia medica and repertorial entry when needed. In addition, this method assisted in reducing the researcher's bias, as it allowed for a systematic and objective approach towards symptom verification and kept to the specifics of the proving symptomatology. The researcher recommends that future proving researchers should also adopt this method for the duration of the data handling process, starting from the transcription of prover journals through to the finalisation of the proving materia medica and repertory.

- The Boenninghausen method of repertorisation: The researcher acknowledged that a variety of repertorisation methods were developed

as a means to assist in guiding the homoeopathic practitioner towards the similimum. A rubric selection criteria was adapted from Boenninghausen's method of repertorisation, which was used to select twenty rubrics that represented the general and keynote features of the proving symptomatology; when these rubrics were repertorised on the *RadarOpus* software programme (version 1.38), the radionic remedy was revealed to be *Cantharis vesicatoria*. The researcher is of the opinion that Boenninghausen's method of repertorisation assisted in keeping to the keynote symptoms and cutting out the 'background noise' that could cloud the remedy picture. The researcher recommends that researchers who wish to identify the keynote symptoms of a proving, or are looking to make repertorial comparisons to related remedies, should consider the Boenninghausen method of repertorisation as an alternate means to analyse the proving symptomatology.

- <u>The repertorisation techniques:</u> The researcher repertorised and analysed the twenty selected rubrics using the *RadarOpus* software programme (version 1.38). Comparisons were made using the conventional '*Sum of Symptoms (Sorted Degrees)*' and '*Sum of Degrees (Sorted Symptoms)*'. Additional repertorisation techniques, such as '*Prominence*', '*Small Rubrics*' and '*Small Remedies*', were also included, to assist the researcher in ensuring that remedies or rubrics, which otherwise may have gone unnoticed, were also taken into consideration. From the results in *The Repertorisation Results (see 4.10.2)*, it was evident that *Cantharis* ranked highest for '*Sum of Symptoms (Sorted Degrees)*', but did not feature in the top twelve remedies for '*Sum of Degrees (Sorted Symptoms)*'. From these results, *Cantharis* would have been overlooked and other polycrest remedies, such as *Nux vomica*, *Phosporus* and *Sulphur*, would have taken preference. In this case, the additional repertorisation techniques, namely '*Prominence*', '*Small Rubrics*' and '*Small Remedies*', proved to be useful in highlighting and confirming *Cantharis* to be the indicated remedy upon repertorisation. The researcher recommends that future researchers also consider using

additional repertorisation techniques to support the conventional '*Sum of Symptoms (Sorted Degrees)*' and '*Sum of Degrees (Sorted Symptoms)*', so that smaller, lesser proved remedies and rubrics will not be overshadowed by the larger, over-indexed polycrest remedies on repertorisation.

- The repertorial comparison: In order to carry out the repertorial comparison on main rubric and sub-rubric levels, the researcher converted the sub-rubrics and sub-sub-rubrics to main rubric level as an additional step, separate from the final repertory *(see 5.3)*, before the repertorial comparison could begin. From this experience, the researcher recommends that future researchers, who are looking to make repertorial comparisons on main rubric and sub-rubric levels, include their sub-rubrics and sub-sub-rubrics on main rubric level in the final proving repertory to ensure that a direct repertorial comparison can be made to the final repertory, so as to avoid any potential for confusion regarding the source of the results.

- The homoeopathic repertory: Whilst conducting the repertorial comparisons on main rubric and sub-rubric levels, the researcher noticed inconsistencies within *The Essential Synthesis* (Schroyens 2007) and *RadarOpus* software programme (version 1.38) (Archibel 2013); these inconsistencies were similar to Kishore's (1998) comment on Kent's repertory that some remedies in the sub-rubrics with various modalities may not necessarily be found in the main rubric; thus making it easy to miss out on indicated remedies when making direct repertorial comparisons. The researcher recommends that homoeopathic repertories can be scanned to correct these inconsistencies as a closer representation of the indicated remedies.

- The remedy batches: As discussed in *The Remedy Batch Comparison (see 5.4)*, two remedy batches were used for the duration of the proving

to account for the unknown shelf life duration and sensitivity of radionic remedies to external stimuli. When comparing the symptoms produced between the batches, there was 17 percent overlap on main rubric level and 75 percent overlap on the level of the twenty selected keynote rubrics. It is difficult come to an exact reason for the differences observed between the batches, but the researcher suspects that it may be the provers' exposures and affinities towards the changing seasons over the ten month period that spanned the duration of the proving. As a result, the researcher has two recommendations that stem from this observation. The first recommendation is that future researchers should streamline the recruitment process to ensure that the overall duration of the proving is relatively short so as to avoid the possibility of exposure to varying seasons and climates. The second recommendation is that provings can be conducted over different seasons to observe the effect of seasonal changes on prover susceptibilities and system affinities in order to obtain a more complete remedy picture.

- The re-proving of *Cantharis vesicatoria* 30CH: In carrying out the repertorial and materia medica comparisons of the radionically prepared *Cantharis vesicatoria* to the existing materia medica, the researcher found the information of *Cantharis* mostly limited to its known effects on the genito-urinary system; whereas, the proving materia medica displayed varying affinities to multiple systems throughout the body that were experienced by a number of provers. In addition, the existing materia medica was composed of sources from toxicological literature, provings and clinical observations, which made it difficult for the researcher to make definite conclusions on the degree of similarity between the radionically prepared *Cantharis vesicatoria* to the existing materia medica. Therefore, the researcher was uncertain as to whether the differences observed were solely due to the radionic method of remedy preparation, or as a result of comparing to the existing materia medica that consisted of sources from toxicological literature, provings and clinical observations. The researcher recommends that a re-proving

of *Cantharis vesicatoria* 30CH is conducted, following the same proving methodology used in this study. Two main aspects can be considered when analysing the results of the re-proving of *Cantharis vesicatoria* 30CH. Firstly, a comparison of the proving materia medica obtained should be made to the existing materia medica, following the same methodology and source texts used in this study, if possible, to determine the degree of similarity of *Cantharis vesicatoria* 30CH to the existing materia medica. In this way, smaller and lesser-proved remedies that are generally known for specific clinical applications can be expanded further through re-provings to develop a deeper insight into its holistic potential. Secondly, direct comparisons can be made to the proving materia medica obtained in this study for the radionically prepared *Cantharis vesicatoria* 30CR as an attempt to bridge the observations and questions posed in this study regarding whether a radionically prepared remedy will elicit symptomatology similar to the existing materia medica of the same remedy.

6.5. The Conclusion

In keeping with the aim of the study, to determine whether a radionically prepared remedy will elicit symptomatology similar to the existing materia medica of the same remedy during a triple-blind proving, the results and discussions were displayed in such a way to reflect the observations made so that an open space could be created for the reader's personal interpretation of the results. Whilst the proving methodology forms the foundation of homoeopathic theory and practical application, the use of the proving methodology as a mode of comparison, in this case as an alternate means to assess the biological efficacy of radionic remedies, is still a relatively explorative concept.

According to the results that were obtained from this study, it was difficult to come to any definitive conclusions regarding whether radionically prepared remedies had the same biological effect as traditional Hahnemannian

remedies. Although there was evidence to support that there was correlation between the symptomatology elicited from the radionic preparation and the existing materia medica, there were also aspects that had varying differences which could not be overlooked or explained.

Amongst the pioneering discoveries that continue to challenge and shape humanity's understanding of reality as we know it, this research proving merely unlocks another door towards the infinitely vast body of knowledge that is yet to be explored and questions that are yet to be answered. Although further research is required to bridge the observations and questions posed in this study, the researcher hopes that it can contribute as another building block towards understanding this intriguing scientific art that is homoeopathy.

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THE APPENDICES

Appendix A- The Ethical Clearance Number

Institutional Research Ethics Committee
Faculty of Health Sciences
Room MS 49, Mansfield School Site
Gate 8, Ritson Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2900
Fax: 031 373 2407
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

18 June 2014

IREC Reference Number: **REC 12/14**

Dear Ms Lin

A comparison of the symptoms derived using a radionically prepared remedy with the existing materia medica: a triple-blind proving of a well proven homoeopathic remedy

I am pleased to inform you that Full Approval has been granted to your proposal REC 12/14.

The Proposal has been allocated the following Ethical Clearance number **IREC 039/14**. Please use this number in all communication with this office.

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

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's. In addition, you will be responsible to ensure gatekeeper permission.

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

Yours Sincerely

Prof J K Adam
Chairperson: IREC

Appendix B- <u>The Preliminary Information Letter</u>

Appendix B

<u>INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)</u>
<u>LETTER OF INFORMATION: PRELIMINARY INFORMATION LETTER</u>

Title of Research Project:
A comparison of the symptoms derived using a radionically prepared remedy with the existing materia medica: a triple-blind proving of a well proven homoeopathic remedy.

Principal Investigator/s/researcher: Joanna Lin, M.Tech Homoeopathy
Supervisor: Prof. Ashley Hilton Adrian Ross, D.Tech Homoeopathy (DUT) M.Tech Homoeopathy (TN) PGDip. Health ResEth *cum laude* (SU) B.Mus *cum laude* (UCT)
Co-Supervisor: Dr Izel Botha, D.Tech Homoeopathy (DUT) M.Tech Homoeopathy *cum laude* (DIT)

Brief Introduction and Purpose of the Study:
Thank you for agreeing to take part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic science, and are sure that you will derive benefit from the experience. In a homoeopathic proving, a homoeopathically prepared substance is given to healthy individuals, who observe and record the symptoms experienced. These symptoms are then said to form the remedy picture for that substance, which can be used as a basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture. Provings are vitally important to homoeopathy; they form the foundation of homoeopathic theory and represent the only truly accurate manner in which to ascertain the action of the homoeopathic drugs.

<u>Outline of the procedures:</u>

1. Once you have read and understood this information letter fully and had the opportunity to ask questions, you will be asked to sign a preliminary consent form, which allows the researcher to take you through the preliminary stage of this research.
2. After signing the preliminary consent form, the researcher will determine if you meet the required criteria for this study; this will take place in the form of a set of questions about your lifestyle and medical history. Female participants will also be required to take a pregnancy test.
3. If you meet the required criteria in order to participate, the next process can begin.
4. The researcher will conduct a homoeopathic case history; this is a detailed interview, where the researcher asks detailed questions about your health.
5. The researcher will then conduct a general physical examination and measuring vitals, such as blood pressure, pulse rate, height, weight. etc.
6. After all of the above are conducted (which should take about 1 hour to perform), the researcher will provide feedback on her findings. If all the necessary criteria are met, you will be invited to a prover training workshop, where all the provers will be trained on how to conduct the proving.

At any stage in this preliminary process, you are free to change your mind and withdraw without having to provide any reason for doing so. All of the above will be conducted at the Homoeopathic Day Clinic at Durban University of Technology; the researcher will be under the constant supervision of a homoeopathic doctor.

Risks or discomforts to the participant: There is no risk to participation or risk of discomfort in this preliminary stage of the proving, no medicine is tested at this stage. Prospective provers are only screened for suitability as provers as this preliminary stage of the proving.
Benefits, costs and remuneration: Although there is no direct benefit to participating in this preliminary stage of the proving, you will receive an in depth assessment of your health status which may be of indirect benefit to you, there will be no charge for this assessment. No remuneration will be offered to participants who are requested to partake voluntarily.

Reason/s why the participant may be withdrawn from the study: Participation in this study is purely voluntary and provers can withdraw at any given time. Participant will be excluded if they do not meet the inclusion criteria. If participants fall ill and require allopathic treatment they will also be withdrawn from the study; treatment or an antidote will be given to the participant if necessary.

Confidentiality: All of the above will be conducted in private, and all information is kept strictly confidential; only the researcher and her supervisor will have access to the information and at no stage will your name be mentioned in the research process. Only the researcher will be present during your physical examination.

Persons to contact in the event of any problems or queries:

Researcher: Joanna Lin email: joejoesa@gmail.com cell: 072 187 8303
Supervisor: Prof. Ashley Hilton Adrian Ross email: ashleyr@dut.ac.za cell: 082 458 6440
Co-Supervisor: Dr Izel Botha email: izelbotha@gmail.com cell: +44 7452264230
Institutional Research Ethics administrator: 031 373 2900.
Complaints can be reported to the DVC: TIP, Prof F. Otieno 031 373 2382 or dvctip@dut.ac.za.

General: Participation is purely voluntary and you can withdraw from the study at any given time. A total number of 30 participants will be involved in this proving. If you have any questions or require any information please feel free to contact the researcher or supervisor on the above contact details.

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)
CONSENT FORM

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

PARTICIPANT:
Full Name:_____ **Date Time:**_____ **Signature:**_____

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

RESEARCHER:
Full Name:_____ **Date Time:**_____ **Signature:**_____

WITNESS (if applicable):
Full Name:_____ **Date Time:**_____ **Signature:**_____

PARENT/ LEGAL GUARDIAN (if applicable):
Full Name:_____ **Date Time:**_____ **Signature:**_____

SUPERVISOR:
Full Name:_____ **Date Time:**_____ **Signature:**_____

References:
Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes.* Available at: http://www.nhrec.org.za/?page_id=14
Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd ed. Available at:
http://www.nhrec.org.za/?page_id=14

Appendix C- The Screening for Suitability and Inclusion in the Proving

APPENDIX C *
Screening for Suitability and Inclusion in the Proving.

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Surname: .....
First name/s: .....
Sex: ..... Age: .....
Contact Details: (Home): ..... (Cell): .....

Please Circle the Appropriate Answer:

1) Are you between the ages of 18 and 60 years?	**YES**	**NO**
2) Are you on or in need of any medication?		
- Chemical / Allopathic	**YES**	**NO**
- Homoeopathic	**YES**	**NO**
- Other (e.g. Herbal)	**YES**	**NO**
3) Have you been on the birth control pill or hormone replacement therapy in the last 6 months?	**YES**	**NO**
4) Are you pregnant or nursing? Or intending to?	**YES**	**NO**
5) Have you had surgery in the last 6 weeks?	**YES**	**NO**
6) Do you use recreational drugs such as cannabis, ecstasy?	**YES**	**NO**
7) Do you consume more than :		
- two measures of alcohol per day? (1 measure = 1 tot / 1 beer / half a glass of wine)	**YES**	**NO**
- 10 cigarettes per day?	**YES**	**NO**
- 3 cups of tea, coffee or herbal tea per day?	**YES**	**NO**
8) Do you consider yourself to be in general state of good health?	**YES**	**NO**
9) Are you willing to follow the proper procedures for the duration of the proving? (including journal keeping, consultations with your supervisor)	**YES**	**NO**

*adapted from Wright, C. 1999. A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans. MTech.: Homoeopathy, Technikon Natal, Durban.

Appendix D- The Case History and Physical Examination

Appendix D
CASE HISTORY AND PHYSICAL EXAMINATION

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:	

Name: _____ **Sex:** | **M** | **F** |

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

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

1. Past Medical History:
(Please list previous health problems and their approximate dates:)

_____
_____
_____
_____
_____
_____

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

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

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

_____
_____

3. Family History:

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

Cardiovascular disease		Mental illness	
Cerebrovascular disease		Cancer	
Diabetes mellitus		Epilepsy	
Tuberculosis		Bleeding disorders	

Please list any other medical conditions within your family:

♂		♂♂	
		♂♀	
♀		♀♂	
		♀♀	

4. Background Personal History:

Allergies:

Vaccinations:

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

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

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

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

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

8. The Physical Examination:

Physical Description

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

Vital Signs

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

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

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

Specific System Examinations

Consultation Date:		**Signature:**	

Appendix E- <u>The Main Information Letter</u>

Appendix E *

<u>INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)</u>
<u>LETTER OF INFORMATION: MAIN INFORMATION LETTER</u>

Title of Research Project:
A comparison of the symptoms derived using a radionically prepared remedy with the existing materia medica: a triple-blind proving of a well proven homoeopathic remedy.

Principal Investigator/s/researcher: Joanna Lin, M.Tech Homoeopathy
Supervisor/s: Prof. Ashley Hilton Adrian Ross, D.Tech Homoeopathy (DUT) M.Tech Homoeopathy (TN) PGDip Health ResEth *cum laude* (SU) B.Mus *cum laude* (UCT)
Co-Supervisor/s: Dr Izel Botha, D.Tech Homoeopathy (DUT) M.Tech Homoeopathy *cum laude* (DIT)

Brief Introduction and Purpose of the Study:
Thank you for agreeing to take part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic science, and are sure that you will derive benefit from the experience. In a homoeopathic proving, a homoeopathically prepared substance is given to healthy individuals, who observe and record the symptoms experienced. These symptoms are then said to form the remedy picture for that substance, which can be used as a basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture. Provings are vitally important to homoeopathy; they form the foundation of homoeopathic theory and represent the only truly accurate manner in which to ascertain the action of the homoeopathic drugs.

<u>Outline of the procedures*</u>

<u>Before the proving</u>:

Ensure that you have:

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

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

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

Beginning the proving:

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

Taking the remedy:

Begin taking the remedy on the day that you and your supervisor have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving.
The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half-hour before and after taking the remedy. The remedy should not be taken for more than three doses a day for two days *(6 powders maximum).*

In the event that you experience symptoms, or those around you observe any proving symptoms, **do not take any further doses of the remedy**. **This is very important.**

By proving symptoms we mean:

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

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

Lifestyle during the Proving:

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

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

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

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

Confidentiality:

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

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

Contact with your Supervisor:

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

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

Recording of Symptoms:

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

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

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

- ***Location:*** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.

- ***Sensation:*** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.

- ***Modality:*** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.

- ***Time****:* Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.

- ***Intensity:*** Briefly describe the sensation and the effect on you.

- ***Aetiology:*** Did anything seem to cause or set off the symptom and does it do this repeatedly?

- ***Concomitants:*** Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

This is easily remembered as:

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

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

Mind/mood	Head
Eyes/vision	Ears/hearing
Nose	Back
Chest/ respiration	Digestive
Urinary	Genitalia
Sex/menstruation	Skin
Temperature	Sleep
Dreams	Extremities
Generalities	

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

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

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

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

(RS) – Recent symptom **i.e. a symptom that you are suffering from now, or have been suffering from in the last year.**
(NS) – New symptom
(OS) – Old symptom**. State when the symptom occurred previously.**
(AS) – Alteration **in the** present **or** old **symptom (e.g. used to be on the left side, now on the right side)**
(US) – **An** unusual symptom **for you.**

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

Please remember that detailed observation and concise, legible recording is crucial to the proving.

Risks or discomforts to the participant: You may develop mild, functional symptoms in response to taking the proving substance; due to the very high dilution of the proving medicine though these symptoms are not permanent and disappear when the proving medicine is stopped. Whilst taking part in the proving you will be closely monitored by the researcher and the research supervisor; in the unlikely event that proving symptoms persist upon withdrawal of the proving medicine an antidote will be provided.

Benefits, costs and remuneration: Although there is no direct benefit to participating in this proving, you will receive an in depth assessment of your health status which may be of indirect benefit to you, there will be no charge for this assessment. No remuneration will be offered to participants who are requested to partake voluntarily.

Reason/s why the participant may be withdrawn from the study: Participation in this study is purely voluntary and provers can withdraw at any given time. Participant will be excluded if they do not meet the inclusion criteria. If participants fall ill and require allopathic treatment they will also be withdrawn from the study.

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

Persons to contact in the event of any problems or queries:

Researcher: Joanna Lin email: joejoesa@gmail.com cell: 072 187 8303
Supervisor: Prof. Ashley Hilton Adrian Ross email: ashleyr@dut.ac.za cell: 082 458 6440
Co-Supervisor: Dr Izel Botha email: izelbotha@gmail.com cell: +44 7452264230
Institutional Research Ethics administrator: 031 373 2900.
Complaints can be reported to the DVC: TIP, Prof F. Otieno 031 373 2382 or dvctip@dut.ac.za.

General: Participation is purely voluntary and you can withdraw from the study at any given time. A total number of 30 participants will be involved in this proving. If you have any questions or require any information please feel free to contact the researcher or supervisor on the above contact details.

***** adapted from: Sherr, J.Y. 1994. *The Dynamics and Methodology of Homoeopathic Provings*. 2nd ed. New Delhi: B. Jain Publishers.

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)
CONSENT FORM

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

PARTICIPANT:
Full Name:_____ **Date Time:**_____ **Signature:**_____

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

RESEARCHER:
Full Name:_____ **Date Time:**_____ **Signature:**_____

WITNESS (if applicable):
Full Name:_____ **Date Time:**_____ **Signature:**_____

PARENT/ LEGAL GUARDIAN (if applicable):
Full Name:_____ **Date Time:**_____ **Signature:**_____

SUPERVISOR:
Full Name:_____ **Date Time:**_____ **Signature:**_____

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes.* Available at: http://www.nhrec.org.za/?page_id=14
Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd ed. Available at:http://www.nhrec.org.za/?page_id=14

Appendix F- The Materia Medica

MIND

Alone and secretive

When I woke up I didn't feel like talking to anyone in the house. 01F 02:XX:XX

Apparently I was quieter than usual around my family, and when I did talk I felt extremely hot again. 04F 00:XX:XX

Oh yes, after sex, mood dropped very low. Didn't want to talk and just wanted to be alone. It was also unsatisfying. 04F 02:XX:XX

Didn't go for the OSCE because I couldn't handle the thought of having to speak to people, in a stressful situation, and pretend that I'm okay when I feel so bad (Didn't want to even come in but didn't want to be alone at home feeling so bad). 04F 05:XX:XX

Feels like no one sees or hears me half the time. 08F 18:XX:XX

I feel like I want to be alone because listening and talking to people is not what I'm interested in right now. 18M 00:XX:XX

[Feeling down, with aversion to company, sensitive to noise. 22M post-proving follow-up]

[Usually open about sexuality, but became secretive about thrush during middle of a relationship, my partner didn't know. 23F post-proving follow-up]

[I usually am quite open, but some parts of this relationship I feel very embarrassed about and just want to close it off from the world. During this time, I did quite a lot of closing off from people I am usually around. 23F post-proving follow-up]

Lifts, meetings in afternoon and walking dog; feel better for being out of the house in air. 25F 02:XX:XX

Took dog for walk in forest at University sports ground. Feeling much better. Body looser, less achy, head cleared and mood much better. 25F 04:XX:XX

Lack of concentration. Feeling like a lost person. 26M 03:XX:XX

[Felt like there was nobody around me. I felt all alone. 26M post-proving follow-up]

Anxiety and paranoia

Feelings of unexplained guilt and paranoia. Thoughts of a friend of mine's wellbeing is being questioned. Solely on the fact that no communication was taken or had in 3 hours since the last message at the moment. 11M 00:XX:XX

Feelings of guilt and paranoia occurred again. 11M 01:XX:XX

Paranoia experienced towards the following week regarding campus. 11M 03:XX:XX

[Paranoia was like going to a test which you haven't studied for, a constant feeling of uneasiness, tension, intense worry about random things; when it occurred, it lasted about 1 hour. 11M post-proving follow-up]

I couldn't sleep well, I've been waking up the whole night. I think I woke up around midnight, it felt like there was somebody in my house, watching me from the window, something told me to wake up, but I could feel there is nobody. 18M 01:XX:XX

I couldn't sleep the whole night. It just feels like there is somebody in the house and I wake up. 18M 02:XX:XX

I started planning a road trip to Johannesburg with 2 friends for another friend's wedding, and realised I was being super anxious granny about it. I worried about the possibility of crashing and heavy traffic times, which is something I never worry about. I am stressed about being involved in a MVA [motor vehicle accident]. Granny! Anxiety! Where has carefree youthful spontaneity gone? 21F 03:XX:XX

Spider paranoia increased dramatically. I am so freaked out when I see a spider. Could be that they are everywhere at the moment in all shapes and colours. Ugh. 21F 03:XX:XX

Stuck in traffic (excessive driving) and I was so stressed that I cried. Mixture of frustration and anxiety. Just wanted to get home and away from all the driving. 21F 04:XX:XX

[During Xenophobia attacks: I was extremely paranoid, had to take transport through town, sometimes was even stranded in Durban. There were many times I thought I would be shot. 23F post-proving follow-up]

[Started panicking, thought I was getting rheumatoid arthritis, <alone, >people around, mind has been very distressed about body symptoms. 23F post-proving follow-up]

I heard an owl making this noise, I was so terrified, I even thought of going to another room and sleep with my sister. 28F 12:XX:XX

Anger and resentment

Got angry because we were getting lost, hot flush with the anger. Heat mostly felt on arms, face, and chest. 04F 02:XX:XX

[I became very bitter towards people, wanted to shout at patients in clinic, I saw the bad in everyone, I was depressed and under the weather. 23F post-proving follow-up]

[I was disgusted with humanity, and questioned how people could just treat one another like that. Many little things added up, when people joked, I just couldn't make a joke about it. 23F post-proving follow-up]

Friend picked me up, remarked in car that I seemed very angry (unusual). 25F 03:XX:XX

In a period of feeling unusually angry and resentful about carrying too much responsibility alone and still having little thanks for my efforts and often being picked out for my mistakes. 25F 07:XX:XX

I spent some time alone at the kitchen, and then when I went back to the main house I just got worked up. I ended up shouting at the siblings without any valid reason to shout. 28F 12:XX:XX

Confident and loss of confidence

I just feel the need to say sorry to everyone. 04F 05:XX:XX

I have had a loss of self-confidence. I have suddenly lost the ability to believe that I have the power to achieve things. Discouraged very quickly. Believe that I "can't do anything" (this seems to be my mantra at the moment). Feel helpless, powerless, and every small setback is an affirmation of this feeling. Baked gluten-free bread to sell. It was delicious, but did not sell. I persecuted myself afterwards for ever trying- "I am useless so I should not even try!" instead if figuring out ways to learn and grow from the experience. Give up quickly. 21F 12:XX:XX

Fear that I'm going to be stuck at the bottom of the food chain for life. It's a struggle so might as well not even try, trying gets you nowhere. Contradiction of fear and resignation. 21F 12:XX:XX

Big issue with colleague. Feel as though she is trying to dominate me and suppress me and stop me from being successful at work. Feel controlled and micromanaged and persecuted. I feel as though she feeds off my failure and it makes her more powerful and happy. Want to escape every day. 21F 12:XX:XX

[Met a terrible guy and got in a relationship- which was a bad decision. I lived an extremely "YOLO" life ["you only live once" mentality to embrace the moment, often resulting in reckless behaviour], drank tequila, usually I would have been scared, but this time, I just risked all of it. I was indulgent, ate whatever I wanted, drank a lot of alcohol. Not spending time with intellectually stimulating people; loved the thrill of being with all these bad guys, I would go to a bar, and play pool with these big shot bad guys. 23F post-proving follow-up]

[I had one good week, getting rid of things that drained me. Made decisions, respected myself, respected my boundaries and my time. Became almost hyper-responsible, changed and relooked at myself. Less tolerant of "bullshit", cut things out of my life, found it easier to let go and walk away; usually I would take on and do many things at once, but found it easier to turn down things. 23F post-proving follow-up]

[Moved out of apartment to a new apartment, but only gave landlady 3 or 4 days' notice (which is unlike me). Told her, cleaned and moved out within 3 or 4 days. 23F post-proving follow-up]

Not managing to communicate well, efforts are misunderstood when I try to set boundaries regarding my needs. 25F 15:XX:XX

Reflecting on what respect in relationship means and my role as an accessory to other people's dreams and visions. 25F 17:XX:XX

Observed myself feeling a bit impatient or perplexed by some things that other people did. Was interesting to be in a space where I observed my emotions without reacting. 25F 25:XX:XX

[Didn't get irritated as easily, and didn't get angry or avoid people. 29F post-proving follow-up]

Confusion and forgetfulness

Keep losing my train of thought and forgetting what I was going to do or say. 04F 01:XX:XX

My mind is so “deurmekaar” [confused, scrambled] - for lack of a better term. Was leaving the house and had to go back 3 times to unlock everything because I forgot something each time. It made me frustrated and I wanted to cry. 04F 01:XX:XX

I’d often zone out and forget what I was doing throughout the day. 04F 01:XX:XX

[Mind has been foggy, sometimes I would talk to someone about something, then speak to someone else about the same thing, only realising that I confused them. 23F post-proving follow-up]

[Sometimes I would confuse a dream with reality; I would have a conversation with someone and then realise that I had actually dreamt about what I was talking about. 23F post-proving follow-up]

Feeling spacy again. Keep getting distracted in what I am doing and would start on something else. 25F 02:XX:XX

Caught myself bouncing leg- a nervous fidget. Feel like I’m in a daydream state, I am not focused and forgetful. 25F 02:XX:XX

Feeling ‘dazed’, not really concentrating on what is happening around me, mind elsewhere. Forgot several things I needed to take; had to go back home to pick them up and then still forgot things I was just reminded of. Dazed forgetfulness made criticism from partner worse, more arguments as a result with increased resentment from me. 25F 07:XX:XX

Argument with partner due to me getting confused and forgetting his Facebook personal profile name. He says I have been very forgetful of obvious things which is true, I have a lot going on at once and am overtired, but also am forgetful of silly things or having those slightly dazed feelings. 25F 13:XX:XX

Sensitivity

I’m hot and I just want to cry. Teared up like 3 times during a lecture, once after the lecturer was talking about animal cruelty, not sure about the rest. Heat comes with emotions. 04F 01:XX:XX

Since remedy I've been more vulnerable to things that people say or do to me in general. I usually don't care or take offense to even bad remarks. 08F 20:XX:XX

Although I feel so drained, I had a sudden urge to clean, so I cleaned my whole room and re-filed all of my notes. 09M 11:XX:XX

Seem to be more sensitive to loud noises, touch is more painful than usual. Just more sensitive. Excessive loud noise puts me in a grumpy mood, ambient noise. Music that makes sense is fine. 21F 04:XX:XX

HEAD

Forehead

Headache starting in right forehead area. Dull, pulsating pain. 04F 05:XX:XX

Have a bit of headache on the forehead, it is not going or radiating anywhere. Better for closing my eyes. 14F 06:XX:XX

This headache was just unusual from others. It was like fire in my forehead. It lasted for just about an hour or so. The hotness went away when I went outside for fresh air. 29F 02:XX:XX

Occiput

Feel a headache starting on left occiput, like a tension headache; it didn't progress into a full blown headache, was just dull pain for a while. 04F 01:XX:XX

[Headache is pulsating from the occipital radiating to the frontal; both eyes and at the back on my left. 06M 09:XX:XX]

I took a nap, when I woke up, my head was aching towards occipital part. I also have stomach burns soon after the headache. 22M 01:XX:XX

Sides

Having the most excruciating headache. The pain is running from my jaw all the way to the sides of my head. Nothing seems to accompany it. I am studying, so this might have caused it. When I study I speak aloud, so maybe my jaw muscles are sore. The pain is very bad and sharp. Nothing seems to make it come right. It feels as if electric shocks are running though my head. 09M 18:XX:XX

I have a headache. It is on my temporal lobe, it is on one side and my whole head feels numb and light, it feels like it would go off. The pain is better for sitting still and sleeping. I need to be in a quiet place because noise seems to make it worse, and I'm thirsty for cold water. 18M 01:XX:XX

Headache persisting; worse in band between ears. 25F 03:XX:XX

Temples
A slight headache, stabbing pain from my left temporal part close to the ear. 22M 22:XX:XX

[Headache is < head movement, sensitive. 22M post-proving follow-up]

Headache location shifted to temples and under eyebrows in eye socket. 25F 15:XX:XX

Took dog for walk, which helped to ease headache but Alice band area still mildly aching. 25F 15:XX:XX

Vertex
I am feeling so tired, headache is more likely superior and close to bregma suture and temporal lobe. When I turn down my head I feel like my head is going to fall. Energy very low. 22M 04:XX:XX

I have a headache and it is then accompanied by pain in eyes. Sensitive to light but not hurting much. Headache is located in the top centre. Feeling very weak all over my body. Not in the mood of talking. Not focusing on one thing. Lack of concentration in class. Feeling my mind is congested. 26M 02:XX:XX

Pain
Have a major headache and can't see properly. 06M 04:XX:XX

Woke up with a massive bad headache, it feels like there is a huge bowl or brick in my head. 06M 11:XX:XX

Pulsating headache all day. Seems to have something to do with my eyes as every time I move my right eye up or down or to the sides in an exaggerated way it hurts more. 08F 21:XX:XX

Extreme headache. Difficulty seeing. 25F 14:XX:XX

Feeling as if my head is heavy. 26M 02:XX:XX

[Headache was a pulsating pain, which comes and goes. It made me feel tired. Headache lasted about 2-3 hours, then it disappeared. 26M post-proving follow-up]

EYE

My eyes look sunken. Said to have a “flu-type” expression on my face. 10F 04:XX:XX

All I want to do is close my eyes. Even if it’s not sleep, just close my eyes and sit very still. 10F 04:XX:XX

Eyes heavy, I feel like sleeping, feeling drowsy, > closing my eyes. 14F 06:XX:XX

On a taxi, but can’t keep my eyes open, I am sleepy. 14F 07:XX:XX

Bilateral itchiness and dryness in eyes and slight itch on left cheek. Have been a bit paranoid that I’m allergic to hair product, but itchy eyes are unusual for me. Kind of itchy and a bit gummy, especially the left eye. Noticeable on blinking. 21F 00:XX:XX

Eyes dry, bilateral. Itchy; > rubbing. No redness. No lachrymation. etc. just dry. 21F 05:XX:XX

I have also noticed that my eyes are a bit glassy-red and some people can tell that I’m sick by looking at the expression on my face. 13M 06:XX:XX

EAR

Tinnitis (ringing) in right ear. 04F 03:XX:XX

As soon as I got home and was alone in a quiet room, tinnitis started in both ears, buzzing sound; > talking, moving. 04F 04:XX:XX

[Tinnitus. Ringing < when concentrating on sound, both sides, makes me feel isolated from the world. 23F post-proving follow-up]

Normal hearing. Just a slight earache, but not very painful. The pain is very dull. There is only pain when I put my finger on the outer part of my auditory canal. Nothing really accompanies the pain, i.e. there are no other symptoms. 09M 07:XX:XX

My left ear was hurting a lot, for no apparent reason. It felt like a stinging pain, almost as if a bee had stung my ear. It was agonising and made me feel uncomfortable. 09M 24:XX:XX

I just woke up from a 2 hour nap, and now I have an earache on my left ear, but then it only lasted for few minutes. 13M 01:XX:XX

NOSE

Nose bleeding commence. 22M 15:XX:XX

As I took a warm bath. Nose bleeding commence but it did not last for long time. 22M 17:XX:XX

My nose started bleeding, for more than 3-6 minutes in shower after cruising at the beach. 22M 24:XX:XX

When I woke up, I had a blocked nose, when I tried taking mucous out I had blood coming from my nose. It lasted about 20 minutes (I applied some ice to try and make it stop). 29F 04:XX:XX

Nose on left side leaky in the morning. 04F 03:XX:XX

Nose stuffy with mucus dripping out of it. Symptoms > for the sneezing, it opens my nose. Left nose most stuffed. 14F 09:XX:XX

Nose discharge when bathing. 26M 20:XX:XX

[Haven't had allergies since proving (usually have a stuffy, blocked nose daily, sneezing, always carrying tissues everywhere I went), but I have noticed that I hadn't used tissues for a while. 23F post-proving follow-up]

I noted that my nose was somehow cracked. I thought that it was because I have my runny nose. 28F 01:XX:XX

My nose was so itchy as it is cracked, and by that time my nose is runny, and I'm feeling coldness. 28F 04:XX:XX

FACE

My body was tired and my face was itchy on my forehead, it wasn't painful but I keep on scratching my forehead and it got better during the night, during midday it was itchy, <hot. 01F 01:XX:XX

My skin on my forehead had pimples from scratching yesterday, they were small pimples close together on the forehead they were not painful. Think aetiology of this pimples are the remedies I took yesterday during mid-day and night cause exactly after taking them my forehead was itchy. Worse during the day and it was a dull sensation. 01F 02:XX:XX

Teeth or jaw a little sore, bruised sensation. 04F 00:XX:XX

Right TMJ [temporomandibular joint] sore. Stiff, bruised sensation, extending to lower jaw or teeth. 04F 05:XX:XX

Top lip extremely sore, stinging, in the dry weather. 04F 03:XX:XX

Lips very red. Top lip has a distinct darker line across. 04F 03:XX:XX

My lower lip sore is swollen and I have a whitish scab overlying the sore. 18M 01:XX:XX

The sore on my lower lip is painful and bleeding. I just brushed my teeth and touched it, my lip is swelling. 18M 02:XX:XX

My lower lip is bleeding after I took a bath, it is very painful and bleeding heavily. 18M 05:XX:XX

My face feels swollen and numb and when I touch my skin it feels very thick and tickling. I'm feeling very sleepy I can't do anything besides lying on bed. It feels like I've been smoking cannabis. 18M 00:XX:XX

My hands and face feels numb. 18M 00:XX:XX

MOUTH

Bleeding sensitive gums especially when flossing or brushing my teeth. 08F 27:XX:XX

Palate itchy, mostly right side. 04F 05:XX:XX

I'm having this metallic taste in my mouth and it feels dry, my tongue is tasteless and everything tastes the same. 18M 08:XX:XX

My mouth is tasteless, it is like I am catching a flu. 29F 04:XX:XX

My mouth is still tasteless, I feel so tired and cold. 29F 05:XX:XX

TEETH

Very sensitive and aching upper right molars, especially after food. 08F 23:XX:XX

Extreme toothache on eating lunch, may be root canal acting up. 25F 18:XX:XX

Extreme tooth pain in evening on both sides of mouth, the bottom jaw 2nd molar from back; seems that may not be root canal unless I have a hole in other side as well. 25F 19:XX:XX

THROAT

Throat sore, mostly left side, it feels like my tonsils are tender to touch from the outside and <exhalation. 04F 02:XX:XX

Throat still sore, very mild though. Mostly right sided and the top of my palate. I keep swallowing. 04F 00:XX:XX

Terrible cough, sore throat with irritating larynx and earache on the left. The sore throat is more painful on the right cervical lymph nodes; > warm tap water; < cold water or any cold application. 06M 09:XX:XX

Woke up with a sore throat. Felt really scratchy. I couldn't taste anything I ate or drank. My eyes started to tear whenever I sneezed, clear nasal discharge, nose feels heavy. It feels as if my sore throat is affecting my right ear. It's almost as if I can feel the soreness of my throat in my right ear. 10F 04:XX:XX

Feels like I can't sing, like somebody is blocking my throat. My ears feel like they got sore pressure in them. 14F 06:XX:XX

I wake up feeling a bit better, feels as if there is something on my throat. 22M 05:XX:XX

I just experienced some disturbing pains in my neck, since we were at church. I thought that maybe it is because I'm singing loudly. It was then concomitant with chocking as if I have too much mucous in my neck. 28F 08:XX:XX

Had hiccoughs 3 or 4 times in the last 2 days. My throat is stinging and red, >minty cigarettes. 04F 01:XX:XX

Throat is still sore, and feel weak when I stand up. 10F 05:XX:XX

Throat stinging a lot, on roof of palate. Swallowing or clearing throat continuously. 04F 02:XX:XX

Sore throat and difficulty swallowing. 06M 01:XX:XX

I tried to eat something but my throat was swelling. 28F 06:XX:XX

STOMACH

Appetite high

Very hungry all day, even after meals (after a few minutes of eating). 08F 05:XX:XX

Still feeling hungry even when I'm full, but can't think of what I'm craving. 08F 06:XX:XX

I feel so hungry like my stomach has nothing in it. 14F 06:XX:XX

I'm feeling hungry, I've been eating the whole day, large meals, but this is already my 4th meal of the day which is much worse. 18M 00:XX:XX

I feel hungry all the time and I can't seem to satisfy my hunger. Although I eat a large amount of food. 18M 02:XX:XX

I just can't stop eating. 18M 17:XX:XX

[Since proving appetite has been ravenous with easy satiety, alternating with not wanting to eat. 23F post-proving follow-up]

Appetite low

Haven't eaten or drank much today. 04F 00:XX:XX

Ate a sandwich and felt very full afterwards, it usually takes a lot more for me to feel full. 04F 01:XX:XX

Easy satiety. 04F 01:XX:XX

Easily satisfied appetite. 04F 03:XX:XX

I have noticed that my appetite has changed, I have skipped breakfast today, and up to this hour I still don't feel like eating anything. 13M 10:XX:XX

Thirst

Crazy thirst driving back from dinner with friends. Drive home took 30 mins, during which time I considered stopping at a petrol station to drink water 3 times. When I got home it was difficult to satiate (maybe a litre later, the thirst stopped). This is an unusual symptom. 21F 00:XX:XX

Been suddenly thirsty, then downing lots of ice-cold water. 21F 05:XX:XX

[During the proving, I didn't drink as much water, my thirst levels were lower. 29F post-proving follow-up]

Pain

My stomach feels like burning fire and my diaphragm is painful. 06M 01:XX:XX

My chest was burning a little bit, but not much, felt like I was going to vomit due to burns in chest. That was concomitant to each other, I could hardly sleep. 28F 02:XX:XX

Stomach cramps after heavy meal; worse when sitting, better when lying in bed. 26M 25:XX:XX

ABDOMEN

Keep getting a sharp, stitching pain in the right inguinal area. All aches and pains are in one small spot. 04F 02:XX:XX

Have a stomach ache, very tense, stinging pain, forces me to bend, excessive sweating. 06M 01:XX:XX

[Stomach is so sore it's like a cutting pain. 06M 01:XX:XX]

Tummy ache in lower abdomen. Dull ache. No reason for onset. Bilateral, like a thick elastic band pressing across hips. 21F 02:XX:XX

I suddenly experienced stabbing pains in my lower abdomen, mainly in the right hand side. 28F 09:XX:XX

RECTUM

I've just realised that I have passed stool around 4 times today, which is incredibly unusual, since I just do it once in the morning. I have no abdominal pains and no flatulence. The stool looks like pebbles and it's really hard to excrete it, maybe because it's dry. 09M 00:XX:XX

Experienced unnatural bowel movements resulting in very weak waste expulsion. 11M 05:XX:XX

The same bowel movements with a burning sensation. 11M 06:XX:XX

[Constipation since the remedy, I would pass stool once daily, but only a little bit and it is hard to pass stool. Stool is like little balls. Feel like the need to pass stool, but still feel like it isn't complete after. 18M post-proving follow-up]

STOOL

Had a slightly unusual poo this morning. It was dribbly, diarrhoeal. 21F 01:XX:XX

I realised that my stomach started to be runny, and I was forced to go to toilet, and noticed that I'm producing yellow stool when going to the loo. 28F 05:XX:XX

I had a runny stomach again with the very same yellow stool. 28F 05:XX:XX

Had nugget poo this morning. Lots of little nuggets in quick successions with flatus. Ache in lower left quadrant beforehand and slight cramping. 21F 05:XX:XX

BLADDER

[Increased urination, I got up about 4 times to go pee last night which was weird. 23F 02:XX:XX]

KIDNEY

Pain or tenderness in area of right kidney. Bruised sensation, >movement. 04F 04:XX:XX

URETHRA

[Ermagerd [Oh My God]. Feel like dying, someone is pushing knives up my urethra. 23F 03:XX:XX]

[I don't usually get UTI [urinary tract infection] issues, but I'm super anxious that I might have picked up something too heavy or that it's STI [sexually transmitted infection] related. 23F 03:XX:XX]

FEMALE GENITALIA/ SEX

Menstruation began 2 days late, it is very heavy, dark red. 08F 15:XX:XX

Felt very weak and drained all morning. Period is still heavy. Everything felt better in the afternoon. 08F 16:XX:XX

[Period was slightly heavier than normal. 14F post-proving follow up]

Ebola menses; thin, watery, copious red flow. Extremely heavy compared to normal. Bleeding excessively, way more than normal. 21F 14:XX:XX

[Menses was delayed, usually if my menses is irregular, it comes too early, not late. This felt different, both this last menses and menses during proving, blood has been dirty brown colour, thick, slow consistency, more clots than usual. Menses and flow feels dragged out. Even discharge usually feels thicker, stickier. Usually I am >discharge, but this feels stuck. Usually > discharge, but this time it doesn't make me feel better. 23F post-proving follow-up]

While we were sitting as a family, when I stand up I noted that the period blood had excessed from pads to where I was sitting, it was so embarrassing. 28F 12:XX:XX

Thrush! Could be from wearing wet gym clothes too often. Itchy, but like tiny little glass cuts around the vaginal opening; > scratching but makes the thrush <; > clean and dry, showered and clean makes it >. 21F 06:XX:XX

[Paranoid about having an STD [sexually transmitted disease]; raw, excoriated, redness; intense pain, like knives sticking up urethra <urination; pain vulva constant, superficial, intense, hot burning pain, some itching, but painful to scratch; <walking, touch, motion; discharge creamy, cottage cheese like. 23F post-proving follow-up]

[R inguinal lymph nodes tender. 23F 08:XX:XX]

I feel like me again. But only thing is period pains. I feel hot in my lower abdomen. Nausea is back with the period pains. I don't feel as much hunger as I would usually with period pains, but I feel like not eating and have nausea. 14F 12:XX:XX

Now the whole abdomen is painful. Grumbling in my tummy. Shooting pains from left to right on my upper abdomen. I still have this nausea. Though I am not yet on my period or menses. 14F 12:XX:XX

Just started my period. But the period pain feels like an open sore now, mostly left sided. Like I can open it and clean it up or something. Feel tired with the period pain and a bearing down symptom. 14F 13:XX:XX

[Pains 3-4 days pre-menstrual and throughout menses (but didn't require pain killers this time). Very localized pains, spasmodic over ovaries, uterus and cervix. 23F post-proving follow-up]

Playful sex before sleeping at midnight. Slight prickle and discomfort from semen; feels like thrush starting. 25F 14:XX:XX

Privates burning a bit from use of soap and going to toilet. 25F 22:XX:XX

Today I felt really weird. I had all the symptoms that I usually had during my menses, which are cramps, heavy feeling, emotional, wanting to lie down, holding my abdomen, but I don't have any menses yet. 10F 01:XX:XX

My menses started this morning. It's still weird though, because I only feel that way when I have my menses, not before. 10F 02:XX:XX

[Weak and low energy pre-menstrually. 23F post-proving follow-up]

[Not lubricating normally too, feels drier. 23F post-proving follow-up]

RESPIRATION

Since this started, I breathe like someone with asthma, I feel like there is a lot of boiling beneath my sternum. 22M 29:XX:XX

COUGH

Throughout the day and midnight I have been coughing, and my throat is still sore and is worse for swallowing anything. 13M 08:XX:XX

The coughing and the sore throat have been happening since morning, it has been the same ever since. 13M 10:XX:XX

The coughing is still happening though, it has never stopped. 13M 13:XX:XX

My sleeping pattern is no longer the same, I find myself waking in between my sleep due to the pain in my chest, and from then I will find myself coughing every now and then. Then I will go back to sleep. 13M 09:XX:XX

Here comes the unexpected, the colds I had yesterday stimulated fever, sour, itching throat. Headache, energy level very dull; at this moment I am really coughing, pain in the back side ways (lattisimus dorsi) area. 22M 26:XX:XX

Coughing, itchy throat, dry cough. Tears with cough. 04F 05:XX:XX

[Dry cough, causing a chest pain along the xiphoid process. 06M 09:XX:XX]

Cough is worse; it a dry, racking cough; the chest feels heavy; with a green sputum. 06M 13:XX:XX

Throat still sore, and I now have this dry hacking cough. This is always the last, frustrating symptom I get when I have the flu, the dry hacking cough. I didn't take anything for it. 10F 06:XX:XX

Today there's no longer flu symptoms, but I still have this dry hacking cough, which causes me to feel like I'm chocking at times- the 'coughing-fit'. 10F 07:XX:XX

I feel a bit weird. I have a dry cough, throat producing frothy mucus. 14F 05:XX:XX

Cough still there, but now throat feels dry and nose is sorer than yesterday. 14F 06:XX:XX

Cough is annoying me, sometimes I can't stop. I have like this cough 'fit'. 10F 06:XX:XX

After midnight of this day, I was coughing non-stop, producing yellowish mucous from my mouth. The coughing woke me up from my sleep, I was turning on my left side to the right side. I coughed up once, from then I couldn't stop it. 13M 04:XX:XX

Just only cough the sputum is green; > warm; < for cold. 06M 12:XX:XX

I was coughing a bit today. The weather is extremely cold. 13M 27:XX:XX

I think as I get closer to a dust place or cold room I start to cough this really stimulate my fever. 22M 08:XX:XX

I had a few coughs during the evening, because of the windy weather we are having today. 13M 21:XX:XX

Well I am getting better, but still coughing if I get to closed air areas or apartments. Joint pain continues but only on my knees. 22M 28:XX:XX

I am not coughing really badly, it only happens when I entered closed area places. 22M 29:XX:XX

[Coughing phlegm, like a bulge coming out; < dust. 22M post-proving follow-up]

Whenever I speak for too long, this cough stops me. I try to hold back and suppress the cough but it only gets worse. 10F 08:XX:XX

Drinking water makes me cough more. 10F 08:XX:XX

Still have cough, not coughing as often as I was the day before. The more water I drink, the more I cough. 10F 09:XX:XX

[I am usually prone to coughs (most likely post-nasal) but haven't noticed in a while too, along with the nose allergies. 23F post-proving follow-up]

EXPECTORATION

The coughing produces yellowish mucous throughout my mouth, which is a yellow, hard sputum. 13M 09:XX:XX

CHEST

So I wake up with an itching chest, but not coughing. 22M 06:XX:XX

Irritating, itchy chest and throat. I have seen white small dots on my tongue. 22M 06:XX:XX

No pain anyways other than my chest, it's itching. I slept all day, low appetite, low energy. I am down all day. 22M 07:XX:XX

Palpitations for about a minute, with heat. 04F 05:XX:XX

Sometimes get a bruised or sharp sensation below right clavicle, which lasts a few minutes. 04F 01:XX:XX

Experiencing a pain just below my ribcage centrally. It feels as if the pain is pulling me down. When I stand up, I feel like I'm going to fall with the pain. 10F 04:XX:XX

I’m feeling a bit of pain in my chest with a bit of mucous, I can feel it moving every time I’m breathing from time to time. 13M 03:XX:XX

So far it has only been the pain in my chest that appears and disappears from time to time, every time I’m breathing. 13M 03:XX:XX

Today I noticed that my throat is sore and is worse if I’m swallowing anything, including my own saliva, and my eyes are still a bit red, and the coughing is still happening, but now it is very painful in my chest every time I cough. I even try to avoid coughing, to avoid the pain. 13M 07:XX:XX

The coughing it still causing pain in my chest that it makes me place another hand on my chest to reduce the pain. 13M 11:XX:XX

Throat pains, chest now feels closed, < for walking. I feel something is on top of me. Breathing is a bit difficult now. Cough still there. 14F 06:XX:XX

As I walk, I lose breath. The chest gets tighter, and I get nausea with it. 14F 07:XX:XX

Still feeling the tight and suppressed chest on walking with nausea, > for resting or sleeping flat. 14F 07:XX:XX

I am so tired, even on going uphill, it looks impossible but I do it. My chest feels like asthmatic in a way. 14F 07:XX:XX

Chest is tickling. Cough is now wet, provoked by tickling chest. 14F 09:XX:XX

The clinic is so cold, flu symptoms are getting worse, I am going home. 14F 08:XX:XX

I feel better but mostly affected by cold, < for cold weather. But I feel better fresh in the morning. 14F 10:XX:XX

BACK

I have pain on the posterior aspect of my left shoulder. It isn’t a sharp pain, more soreness, if I press on it, it starts to hurt. 10F 03:XX:XX

The soreness of the shoulder is still present but only when I press on it. 10F 04:XX:XX

The pain on right shoulder is still there, although only if you press onto it. 10F 05:XX:XX

My right trap was extremely tense. Only >resting head on partner's left shoulder, >stretching the muscle, but mostly >squeezing the muscle. Tense, stiff sensation. It was then on my trapezius and right latissimus. But suddenly disappeared and my rhomboids on both sides had the same sensation. Almost as if it was descending. These pains were excruciating and highly uncomfortable. 04F 03:XX:XX

My upper trapezius muscles were in spasm (especially the right trapezius from the pressure of the seatbelt) from the tension of driving. 21F 04:XX:XX

I woke up with a back pain and in arms. 26M 02:XX:XX

Woke up with back pain and neck pain. Feeling tired and weak throughout body. 26M 11:XX:XX

Feel weakness in back, along entire length of back. A friend asked me to click her back by picking her up and squeezing her back, but I was too weak to be able to hold her up. Unusual symptom. Worried that I might herniate a disc because my back muscles are not able to support the extension. Feel generally weak and floppy. 21F 05:XX:XX

EXTREMITIES

My right arm was painful, in the glenohumeral cavity and I thought maybe it's because I was handling something with it. 28F 06:XX:XX

[Thoracic outlet syndrome on left side, much better, can control my hand better (usually shoulder aches and pains, numbness, tingling). 23F post-proving follow-up]

For the past few days I've been getting a numb upper left arm, I thought it was from sleeping on it, but now it happened while sitting and not really using it. It tingles a bit and only last a few minutes ± 5 min. More on the lateral part. 08F 05:XX:XX

Numb left upper arm. 08F 05:XX:XX

My arms get a little bit itchy randomly sometimes, more by bend at elbow. 08F 06:XX:XX

My arms have been itchy since the remedy, not out of control but more than normal. No specific spot or bumps. 08F 22:XX:XX

[Right thumb (metacarpophalangeal joint and proximal joint), right wrist were very inflamed, redness and heat, couldn't move or wriggle them, with increased clicking sounds. 23F post-proving follow-up]

[Left thumb joints and slightly left toe were also inflamed, but not as severe as right side. Couldn't do anything, joints were so painful. Been taking MSM [methylsulphonylmethane] for more or less 3-4 weeks now. 23F post-proving follow-up]

Lower limbs were very cold again. 11M 01:XX:XX

Lower limbs experienced cold feelings which spread up to my upper body. 11M 02:XX:XX

Walking like my legs are heavy. 14F 05:XX:XX

I had pains in my joints, I took disprins [aspirin], but it got worse. Posterior thigh muscles aching, could not walk, coughing really strong. 22M 26:XX:XX

Midday the same, then at night I took 2 disprins [aspirin] and within an hour I was able to get off my bed. On this day I thought I was going to die. 22M 26:XX:XX

Pain started in left knee. Drawing, tearing sensation with bruised feeling on medial lower bony prominence [medial condyle]. The pain was shooting to my foot. Could've just been from sitting a lot. Then the same sensation started on my bum bone [ischial tuberosity]. After getting out and walking it was better. But then I got a sharp tearing sensation in right kidney area. Almost as if the pain ascended. All the pains <being still. 04F 02:XX:XX

Started to feel very cold around knees and ankles. 11M 00:XX:XX

Highly tired knee joints like my legs are failing me. 14F 03:XX:XX

My feet have been feeling hot for the past few days, especially wearing closed shoes. I feel the need to have cool air on them. They get slightly red and swollen when this happens. 08F 06:XX:XX

[Right toe was also very inflamed. 23F post-proving follow-up]

SLEEP

Last night I woke up around 04h00 and was too cold to sleep. Was awake for about 30 minutes. I was also not tired at night but fell asleep quite easily, very unusual. 04F 02:XX:XX

Have had 15 hours of sleep, did not even realise I was sleeping that long. 09M 10:XX:XX

Just want to go home and sleep. I left my sister to go to sleep. 14F 06:XX:XX
[Have become a light sleeper since remedy. Wake up feeling like there is something to do or that I am late. 18M post-proving follow-up]

DREAM

Alone

Dreamed I was going down the slides at a water park by myself, it was completely empty. It was so much fun! 08F 02:XX:XX

Dreamed I was walking around dodgy parts of the city but felt safe as I have our puppy with me. 08F 17:XX:XX

I had a dream that I was in a wheelchair, I was paralysed. I was surrounded by people but no one was helping me. I felt so alone. 10F 05:XX:XX

Animals

Dreamed there were lots of whales right by the shore swimming and breeching, but they look like giant black bears. 08F 20:XX:XX

[Dreams were wild, crazy, doing wild things, with dangerous animals, such as lions, crocodiles, snakes. 23F post-proving follow-up]

[One dream, I was chasing a man, then when I caught up he became a crocodile, the crocodile bit me, then turned back into the man. I felt really scared, mentally trapped, like I am being confronted. 23F post-proving follow-up]

Had strange and complicated dreams in the time when I went back to sleep. Walking though old buildings again. At one point someone I was with was trying to kill a polecat that was running upside down on the ceiling. I stopped them from killing it and held it in my arms to keep it safe. It was big, cuddly and had soft fur. At some time later the polecat had turned into a teenage girl speaking Arabic but wearing a mini-skirt and goldy colours. 25F 05:XX:XX

Anxiety

Had a very vague dream about my friend's mother. I can't remember much, just that she went away somewhere and nobody could find her. In reality my friend's mother is in hospital. She has kidney failure. The dreams makes me feel scared and sad, because there is a possibility that she could die. 09M 13:XX:XX

I was at a party there was a long table and a 'friend' from school (the girl who controlled everyone by being incredibly mean!!!) passed a bitching comment directed at me. I answered "At least I'm not a bitch", walked out of the dinner party and down a windy driveway. My car was parked sandwiched between 2 big cars and the view was obscured. The car guard was dirty and drunk and repulsive, with a glove on his hand, he stank of booze and homelessness. I started to get scared and asked the car guard to stick around while I reversed and drove off. He reassured me he would. I got in the car and as I started to reverse 4 or 6 dark shadowy hands came toward me from the passenger seats. I woke up terrified and called for help. Couldn't wake up out of the dream easily. Did not go back to sleep!!! 21F 00:XX:XX

Worst nightmare ever! Lasted so long as well before I woke up. I dreamt that I went backpacking to an island. On the day that I was due to leave, people started acting strangely. I walked out on the streets, dogs were frightened and running away from the centre of town, a few people were running around scared, and others were walking like they had been hypnotised to the centre of town. When I arrived groups of people were playing traditional cultured games. One person stopped and asked me if I wanted to play, I declined and tried to get away but he grabbed on to me and then suddenly more people grabbed on to me. I morphed into an insect but they stood on top of me and wouldn't let me escape. I then morphed into an invisible person and managed to get away, but the villagers were still after me. I decided to swim away from the island, but just as I was near the beach the villagers were alerted and they caught me and started piling on top of me. I woke up. 21F 05:XX:XX

Buildings

Dreams about going in and out of very dilapidated crumbling buildings, trying to get to meetings on time. Also of travelling on highways, trains to get to next city for meeting. 25F 03:XX:XX

Dreamt I was in a commune type situation or a hotel, but rooms kept changing. 25F 18:XX:XX

Dreamt again about being in a large concrete dusty building complex and looking for venues for a workshop. 25F 21:XX:XX

Death

Dreamed I had to work with cadavers but they were all skeletons in closets that I had to examine and see how they died. There were a few specimens lying on tables that felt like spongy jelly where I could see through their skin. I was nervous but not scared. 08F 12:XX:XX

I woke up after having a very disturbing dream, as in my dream I saw my cousin who died very terribly after committing suicide. But then he wasn't angry or anything related to that, he was just looking out for me. 28F 09:XX:XX

I just woke up, and I thought about when I just dreamed. It was my friend, and it was like an apartheid era cause some truck came to park near our residency, then as my friend went down they took her life, as an abduction or kidnapping and out of the blue she was bought back. 28F 14:XX:XX

Examinations

Had a dream about the test that I wrote and it was like I failed it in my dream. 01F 03:XX:XX

Dreamt I got back from Johannesburg and forgot to study, then just didn't do it. 04F 04:XX:XX

People

I dreamt about my family having a family gathering and I was the one who was connecting them and planned the whole event, we were having a great time. 06M 01:XX:XX

Dreamed I was staying in a mafia-owned hotel in Rome. I was very poor but happy. 08F 03:XX:XX

Dreamed I went to visit my primary school but it was full of teenagers having a big party. I was mad. 08F 09:XX:XX

I dreamt that I was having a conversation with a girl from church. We were speaking about the war between Israel and Palestine, the dream was very vague. She is a lawyer and I remember that before I went to sleep, I saw her Facebook status and she was obviously backing Israel. 09M 04:XX:XX

Water

Dreamed I saved a bunch of babies from a wave at beach that crashed over all of them. 08F 10:XX:XX

Dreamed I drove a university bus around but I was at my hometown and I drove it to my school and back. Also dreamed that I was in a house floating on the sea. 08F 14:XX:XX

Dreamt I was in an old building where people were being moved in secret from room to room to get away from some danger. But in dream the people were suddenly gone and focus was moving water from one building and room to next to make big reservoirs of water. 25F 26:XX:XX

CHILL
Experienced a sensitive feeling to cold. 11M 03:XX:XX

[Towards the end of the proving, I have noticed that my body has become generally sensitive to cold, I initially thought it was the change in colder weather at the beginning, but sometimes I feel colder in conditions which usually wouldn't have affected me. 11M post-proving follow-up]

I feel cold when it is hot. 22M 04:XX:XX

Went back to bed, feeling icy, can't warm up, slight shivers. 25F 23:XX:XX

FEVER
Started feeling extremely hot all over. Even though it's a hot day, I wouldn't usually feel that heat within me. 04F 00:XX:XX

During the morning, felt hot once or twice but nothing much. 04F 01:XX:XX

Woke up feeling hot, arms and legs cold to touch. 08F 07:XX:XX

My body temperature during the midnight was high, it took me at least an hour to fall asleep after getting to bed and a bit of coughing was also taking place. 13M 06:XX:XX

Whole body feels hot. 14F 08:XX:XX

Slept all day, till the next day, appetite very low, thirst low, temperature high, feels like I will have a flu or fever. 22M 03:XX:XX

[Hot under blankets, although I feel cold over body, "chicken skin" [cutis anserina or goose bumps]. 22M post-proving follow-up]

Have washed face several times, but can't seem to get clean from the road dirt and dust. I feel like I have a fever with this heat. 25F 17:XX:XX

Very hot in early morning, wanted to get up to open windows, sweating under duvet. 25F 18:XX:XX

Very hot feverish feeling. 25F 22:XX:XX

I feel so hot and cold again. 29F 04:XX:XX

PERSPIRATION
Very sweaty today. Mostly back and axilla. No distinct smell. 04F 02:XX:XX

SKIN
Developed a single acne pimple under my left thigh. It's brown and very painful. Like a stinging pain. It feels even more painful when I touch it. 09M 10:XX:XX

The pimple under my thigh is still there and the pain has eased although it hurts when I touch it. 09M 11:XX:XX

Just woke up the area around the pimple I had is so sore, I can't even sit down because it is excruciating. It feels like tender pain, almost as if I have an open wound, however there is no open wound. The pain is located on my left thigh, just below my gluteus. 09M 12:XX:XX

My face and neck are itching. The itching feels better when am scratching. My skin appearance changes red after scratching. 03M 00:XX:XX

The itching feeling seems to return, but this time all over my body. The itching is more in my face than in my body. The itching feels better when scratching. Skin changes to red after scratching. 03M 01:XX:XX

Itchy nose, itchy back on right shoulder blade, itchy right calf, itchy right eye. 21F 00:XX:XX

Itchy head, eyes, nose, neck continued throughout evening. Not itchy enough to take action; > scratching. 21F 00:XX:XX

Itchy spots continue all over body, especially one spot on left leg, by medial side of knee! Scratching and ignoring the itchys. 21F 01:XX:XX

Itchiness continues during bike ride this morning around 06h00. Scalp became incredibly itchy; < sweating, < (possibly) hairy parts. eg. Scalp, armpits, and

pubic area? Not entirely sure about this. But scalp itch, all over scalp, >>> scratching. 21F 02:XX:XX

I am still very itchy. Scalp, face, chin. I usually experienced allergies to dust, but it is transient and affects my nose only. My nose has been incredibly itchy all day and I have been fiddling with it constantly. 21F 02:XX:XX

Still itchy all over scalp; < night < sweating or exercise. 21F 03:XX:XX

Still itchy on head, prickles; < night; > scratching. 21F 04:XX:XX

Itchy skin all over the body after bath. 26M 07:XX:XX

Itchy skin after a warm bathing; around the ears, back, cervical area and foot, not severe 3/10; better for rubbing. 26M 19:XX:XX

Plantar warts have increased in discomfort. Usually I leave them to be harmless and park off on my soles, but 1 is irritating me, so I'm fizzing it with H_2O_2. 21F 02:XX:XX

GENERALS

Energy low

My whole body from head to toe was tired, better for sitting down and drinking water. Worse for walking, dull tiredness. 01F 00:XX:XX

Tonight I just feel too lazy to do anything, even move. 04F 01:XX:XX

Feeling weak and faint. 08F 12:XX:XX

In a taxi and I can't keep my eyes open, I feel so sleepy. To me it feels like I try with all my power to keep awake, it is tiring. 14F 08:XX:XX

Extreme tiredness. I was supposed to bike ride but I just could not. This is unusual! It could be Novemberitis [end of year exhaustion], but it could be remedy. I had a nap instead, which has not helped. 21F 01:XX:XX

Hot flushes

Keep feeling hot, like hot flushes, then it goes away. Cheeks go red, haven't noticed any perspiration. 04F 00:XX:XX

All day I either feel hot or cold, no medium. Hot flushes alternating with chills. 04F 01:XX:XX

I think I now know what menopause feels like. 04F 01:XX:XX

Hot flushes when talking about emotions. 04F 00:XX:XX

Food and drinks

I started eating chocolates and drinking a maximum of 2 cups of coffee per day. 22M 14:XX:XX

Felt better after tea. 08F 12:XX:XX

I am craving for something nice, maybe a lollipop, I like the sour taste. 18M 01:XX:XX

Excluding sour foods. 22M 15:XX:XX

Eating more, especially carbohydrates (unusual), dairy (buttermilk) and fish. All unusual. I hate dairy, love fish (but never, or hardly ever, eat it because of ethical issues), and hate stodgy food like bread. But super hectic craving, ate bread, fish and buttermilk in one sitting. 21F 05:XX:XX

[Craved red meat, but I am usually vegetarian with a light diet. 23F post-proving follow-up]

Modalities

[>cold, dry; <heat (this has changed since remedy, was usually >hot, humid; <cold, windy). 23F post-proving follow-up]

[Most of my symptoms were usually left sided, but since remedy symptoms have become more right sided. 23F post-proving follow-up]

Weight loss

Weighed myself this morning after eating. I have lost 2kgs since my case history was taken, 3 people even commented on how thin I look. 08F 14:XX:XX

Appendix G- The Repertory

MIND

MIND- Absentminded

MIND- Absentminded- dreamy

MIND- Alcoholism

MIND- Anger

MIND- Anger- sudden

MIND- Anxiety

MIND- Anxiety- driving from place to place

MIND- Anxiety- future, about

MIND- Anxiety- health; about; own health; one's

MIND- Anxiety- others, for

MIND- Anxiety- travelling; before

MIND- Anxiety- trifles, about

MIND- Company- aversion to

MIND- Company- aversion to; alone amel; when

MIND- Company- aversion to; desire for solitude

MIND- Company- aversion to; friends, of intimate

MIND- Company- desire for

MIND- Company- desire for; alone agg; when

MIND- Concentration- difficult

MIND- Confidence- want of self-confidence; failure, feels himself a

MIND- Confidence- want of self-confidence; self-depreciation

MIND- Confident

MIND- Confusion of mind

MIND- Delusions- alone, being

MIND- Delusions- appreciated, she is not

MIND- Delusions- die; about to die; one was

MIND- Delusions- head; fall; head would: off

MIND- Delusions- injury; about to receive injury; is

MIND- Delusions- lost; she is

MIND- Delusions- persecuted; he is persecuted

MIND- Delusions- person; present; someone is
MIND- Delusions- person; room; another person is in the
MIND- Delusions- seeing; herself
MIND- Delusions- succeed, he does everything wrong; he cannot
MIND- Delusions- transparent; he is
MIND- Delusions- trapped; he is
MIND- Delusions- watched, she is being
MIND- Determination
MIND- Discomfort
MIND- Discontented
MIND- Discouraged
MIND- Disgust
MIND- Dullness
MIND- Dullness- headache, with
MIND- Fastidious
MIND- Fear- accidents, of
MIND- Fear- murdered, of being
MIND- Fear- noise, from
MIND- Fear- spiders, of
MIND- Forgetful
MIND- Forsaken feeling- isolation; sensation of
MIND- Hatred
MIND- Helplessness; feeling of
MIND- Hypochondriasis
MIND- Impatient
MIND- Impulse, morbid
MIND- Laziness
MIND- Memory- weakness of memory
MIND- Memory- weakness of memory; do; for what was about to
MIND- Memory- weakness of memory; say, for what he is about to
MIND- Mood- repulsive
MIND- Music- amel
MIND- Offended, easily

MIND- Quarrelsome
MIND- Quiet disposition
MIND- Reflecting
MIND- Reproaching oneself
MIND- Resignation
MIND- Sadness
MIND- Sadness- coition, after
MIND- Sadness- gloomy
MIND- Secretive
MIND- Sensitive- head; during pain in
MIND- Sensitive- noise, to
MIND- Sensitive- touch, to
MIND- Speech- confused
MIND- Stupefaction
MIND- Suspicious
MIND- Taciturn
MIND- Temerity
MIND- Tension, mental
MIND- Thoughts- vanishing of; speaking, while
MIND- Timidity- bashful
MIND- Tranquillity
MIND- Walking- air; in the open; amel
MIND- Washing- desire to wash; face; always washing her
MIND- Weeping
MIND- Weeping- anxiety, after
MIND- Weeping- sympathy with others, from
MIND- Will- loss of will power

HEAD

HEAD- Heaviness
HEAD- Itching of scalp
HEAD- Itching of scalp- night
HEAD- Itching of scalp- accompanied by; prickling

HEAD- Itching of scalp- scratching; amel

HEAD- Itching of scalp- forehead

HEAD- Lightness; sensation of- float off; as if it would

HEAD- Numbness; sensation of

HEAD- Pain

HEAD- Pain- accompanied by; eye: complaints

HEAD- Pain- accompanied by; eye: pain

HEAD- Pain- motion; eyes; of: agg

HEAD- Pain- neuralgic

HEAD- Pain- noise; agg

HEAD- Pain- pressing pain; weight; as from a

HEAD- Pain- pulsating pain

HEAD- Pain- sitting; amel

HEAD- Pain- sleep; after amel

HEAD- Pain- violent

HEAD- Pain- walking; amel

HEAD- Pain- forehead; right

HEAD- Pain- forehead; air; in open: amel

HEAD- Pain- forehead; burning

HEAD- Pain- forehead; closing the eyes: amel

HEAD- Pain- forehead; pulsating pain

HEAD- Pain- occiput

HEAD- Pain- occiput; left

HEAD- Pain- occiput; dull pain

HEAD- Pain- occiput; extending to: eye

HEAD- Pain- occiput; extending to: forehead

HEAD- Pain- sides

HEAD- Pain- sides; one side

HEAD- Pain- sides; shooting pain

HEAD- Pain- sides; extending to: side to side; from

HEAD- Pain- temples

HEAD- Pain- temples; left

HEAD- Pain- temples; cutting pain

HEAD- Pain- temples; motion: agg

HEAD- Pain- temples; extending to: eye

HEAD- Pain- vertex

EYE

EYE- Agglutinated

EYE- Closing the eyes- amel

EYE- Closing the eyes- desire to

EYE- Discoloration- red

EYE- Dryness

EYE- Glassy appearance

EYE- Heaviness

EYE- Itching

EYE- Itching- rubbing; amel

EYE- Lachrymation- accompanied by; sneezing

EYE- Lachrymation- cough; with

EYE- Opening the lids- difficult; keep the eyes open; hard to

EYE- Photophobia- headache; during

EYE- Sunken

EAR

EAR- Noises in- buzzing

EAR- Noises in- ringing

EAR- Noises in- ringing; right

EAR- Pain- right

EAR- Pain- left

EAR- Pain- pressing pain

EAR- Pain- stitching pain

EAR- Pain- touch; agg

NOSE

NOSE- Catarrh- postnasal

NOSE- Coryza- washing; after: agg

NOSE- Cracks
NOSE- Discharge- dripping
NOSE- Discharge- watery
NOSE- Epistaxis
NOSE- Epistaxis- blowing the nose agg
NOSE- Epistaxis- washing; from
NOSE- Hay fever
NOSE- Heaviness
NOSE- Itching
NOSE- Obstruction- left
NOSE- Obstruction- discharge; with
NOSE- Obstruction- sneezing; after: amel
NOSE- Pain- sore

FACE

FACE- Bleeding of lips
FACE- Discoloration- red; cheeks: fever: during; agg
FACE- Discoloration- red; lips
FACE- Eruptions- crusty, scabby; white
FACE- Eruptions- pimples; forehead: itching
FACE- Expression- sickly
FACE- Itching
FACE- Itching- cheeks
FACE- Numbness
FACE- Pain- jaws
FACE- Pain- jaws; sore
FACE- Pain- jaws; joints
FACE- Pain- jaws; lower: sore
FACE- Pain- lips; lower
FACE- Pain- lips; upper
FACE- Swelling- sensation of swelling
FACE- Swelling- lips
FACE- Tingling

MOUTH

MOUTH- Bleeding- gums; cleaning them, when

MOUTH- Discoloration- tongue; white: spots

MOUTH- Dryness- sensation of

MOUTH- Itching- palate

MOUTH- Pain- gums; sore

MOUTH- Pain- palate; sore

MOUTH- Taste- metallic

MOUTH- Taste- sour; throat, in

MOUTH- Taste- wanting, tastelessness of food

TEETH

TEETH- Pain- eating; while: agg

TEETH- Pain- molars; lower

TEETH- Sensitive, tender- molars; eating agg

THROAT

THROAT- Choking- mucus; from; mouth; in

THROAT- Choking- sensation of

THROAT- Discolouration- redness

THROAT- Dryness

THROAT- Foreign body; sensation of a

THROAT- Hawking; disposition to

THROAT- Itching

THROAT- Pain

THROAT- Pain- right

THROAT- Pain- left

THROAT- Pain- cold; anything cold; from; agg

THROAT- Pain- expiration; agg

THROAT- Pain- singing agg

THROAT- Pain- sore

THROAT- Pain- stinging

THROAT- Pain- swallowing; agg

THROAT- Pain- swallowing; amel

THROAT- Pain- swallowing; empty: agg

THROAT- Pain- warm; drinks: amel

THROAT- Pain- extending to; ear

THROAT- Pain- tonsils

THROAT- Scratching

THROAT- Swallowing- difficult

THROAT- Swallowing- difficult; solids

THROAT- Swelling

EXTERNAL THROAT

EXTERNAL THROAT- Pain; cervical glands

STOMACH

STOMACH- Appetite- capricious appetite

STOMACH- Appetite- diminished

STOMACH- Appetite- easy satiety

STOMACH- Appetite- increased; alternating with: loss of appetite

STOMACH- Appetite- increased; eating: after

STOMACH- Appetite- insatiable

STOMACH- Appetite- ravenous

STOMACH- Appetite- ravenous; satiety; easy

STOMACH- Emptiness- fasting; sensation as from prolonged

STOMACH- Hiccough

STOMACH- Nausea- menses; before; agg

STOMACH- Nausea- pain; during

STOMACH- Pain- burning

STOMACH- Pain- eating; after: agg; cramping

STOMACH- Pain- lying; amel

STOMACH- Pain- sitting; agg

STOMACH- Thirst- headache; during

STOMACH- Thirst- large quantities; for

STOMACH- Thirst- unquenchable

STOMACH- Thirstless

ABDOMEN

ABDOMEN- Pain- right

ABDOMEN- Pain- left; extending to: right

ABDOMEN- Pain- bending double; must bend double

ABDOMEN- Pain- cutting pain

ABDOMEN- Pain- dull pain

ABDOMEN- Pain- stinging

ABDOMEN- Pain- stitching

ABDOMEN- Pain- stool; before: cramping pain

ABDOMEN- Pain- inguinal region; right

ABDOMEN- Pain- inguinal region; right: stitching

ABDOMEN- Pain- lower abdomen

ABDOMEN- Pain- sides; pressing pain

ABDOMEN- Rumbling- menses; before; agg

RECTUM

RECTUM- Constipation- ineffectual urging and straining

RECTUM- Constipation- insufficient

RECTUM- Flatus- stool; during

RECTUM- Pain- diarrhea; during: burning

RECTUM- Urging- stool; during

RECTUM- Weakness, weak feeling

STOOL

STOOL- Balls, like

STOOL- Dry

STOOL- Thin

STOOL- Yellow

BLADDER

BLADDER- Urination- frequent; night

KIDNEYS

KIDNEYS- Pain- right

KIDNEYS- Pain- motion; amel

KIDNEYS- Pain- sore

KIDNEYS- Pain- tearing pain

KIDNEYS- Pain- region of; right

URETHRA

URETHRA- Inflammation

URETHRA- Pain- cutting pain

URETHRA- Pain- raw; as if

URETHRA- Pain- urination; during; agg: cutting pain

URETHRA- Redness- meatus

FEMALE GENITALIA/ SEX

FEMALE GENITALIA/ SEX- Dryness- vagina

FEMALE GENITALIA/ SEX- Itching- scratching; agg

FEMALE GENITALIA/ SEX- Itching- scratching; amel

FEMALE GENITALIA/ SEX- Itching- vagina

FEMALE GENITALIA/ SEX- Leukorrhea- cream-like

FEMALE GENITALIA/ SEX- Leukorrhea- thick

FEMALE GENITALIA/ SEX- Menses- appear; as if menses would appear

FEMALE GENITALIA/ SEX- Menses- bright red

FEMALE GENITALIA/ SEX- Menses- brown

FEMALE GENITALIA/ SEX- Menses- clotted

FEMALE GENITALIA/ SEX- Menses- copious

FEMALE GENITALIA/ SEX- Menses- dark

FEMALE GENITALIA/ SEX- Menses- late, too

FEMALE GENITALIA/ SEX- Menses- protracted

FEMALE GENITALIA/ SEX- Menses- thick

FEMALE GENITALIA/ SEX- Menses- thin

FEMALE GENITALIA/ SEX- Menses- watery

FEMALE GENITALIA/ SEX- Pain- left
FEMALE GENITALIA/ SEX- Pain- bearing down
FEMALE GENITALIA/ SEX- Pain- burning
FEMALE GENITALIA/ SEX- Pain- cutting pain
FEMALE GENITALIA/ SEX- Pain- motion agg
FEMALE GENITALIA/ SEX- Pain- spasmodic
FEMALE GENITALIA/ SEX- Pain- walking agg
FEMALE GENITALIA/ SEX- Pain- vagina; coition: after
FEMALE GENITALIA/ SEX- Pain- vagina; cutting pain
FEMALE GENITALIA/ SEX- Pain- vulva; burning
FEMALE GENITALIA/ SEX- Sexual desire- insatiable

LARYNX AND TRACHEA

LARYNX AND TRACHEA- Irritation- larynx

RESPIRATION

RESPIRATION- Asthmatic
RESPIRATION- Difficult
RESPIRATION- Difficult- accompanied by; nausea
RESPIRATION- Difficult- walking; agg

COUGH

COUGH- Night- midnight
COUGH- Night- midnight; after: 2 h
COUGH- Choking
COUGH- Cold- air; agg
COUGH- Cold- room; agg
COUGH- Constant
COUGH- Constant- day and night
COUGH- Constant- night
COUGH- Drinking- after; agg
COUGH- Dry
COUGH- Dry; forenoon

COUGH- Dust; from

COUGH- Hacking

COUGH- Loose- tickling deep in chest, from

COUGH- Paroxysmal

COUGH- Racking

COUGH- Room agg

COUGH- Sleep- wakens from

COUGH- Suppressing the cough- agg

COUGH- Talking- agg

COUGH- Violent

COUGH- Wind, in

EXPECTORATION

EXPECTORATION- Frothy

EXPECTORATION- Greenish

EXPECTORATION- Hard

EXPECTORATION- Lumpy

EXPECTORATION- Yellow

CHEST

CHEST- Boiling sensation

CHEST- Constriction- walking; agg

CHEST- Itching

CHEST- Mucus- lungs

CHEST- Oppression

CHEST- Oppression- lying; amel

CHEST- Oppression- walking; agg

CHEST- Pain

CHEST- Pain- breathing; agg

CHEST- Pain- burning

CHEST- Pain- cough; during: agg

CHEST- Pain- drawing pain

CHEST- Pain- holds chest with hands during cough

CHEST- Pain- clavicles; below: right

CHEST- Pain- clavicles; below: cutting

CHEST- Pain- clavicles; below: sore

CHEST- Pain- diaphragm

CHEST- Pain- middle of chest

CHEST- Pain- sides; external chest

CHEST- Pain- sternum; xiphoid cartilage

CHEST- Perspiration- axillae

CHEST- Tickling in

BACK

BACK- Pain

BACK- Pain- right

BACK- Pain- descends

BACK- Pain- leaning; against something: amel

BACK- Pain- pressure; amel

BACK- Pain- cervical region

BACK- Perspiration

BACK- Spasms

BACK- Stiffness- dorsal region

BACK- Weakness

EXTREMITIES

EXTREMITIES- Coldness- ankles

EXTREMITIES- Coldness- knees

EXTREMITIES- Coldness- lower limbs

EXTREMITIES- Cracking in joints- thumbs

EXTREMITIES- Cracking in joints- wrists

EXTREMITIES- Discoloration- foot; redness

EXTREMITIES- Discoloration- thumbs; red

EXTREMITIES- Discoloration- wrist; redness

EXTREMITIES- Eruptions- thighs; pimples: painful

EXTREMITIES- Fall; as if she would

EXTREMITIES- Heat- feet; uncovering foot
EXTREMITIES- Heat- thumbs
EXTREMITIES- Heat- wrists
EXTREMITIES- Heaviness- legs; walking agg
EXTREMITIES- Inflammation- thumbs
EXTREMITIES- Inflammation- toes
EXTREMITIES- Inflammation- toes; joints
EXTREMITIES- Inflammation- wrists
EXTREMITIES- Itching- elbows; bends of elbow
EXTREMITIES- Itching- knees
EXTREMITIES- Itching- upper limbs
EXTREMITIES- Motion- fingers; difficult
EXTREMITIES- Motion- wrist; difficult
EXTREMITIES- Numbness- hands
EXTREMITIES- Numbness- upper arms
EXTREMITIES- Numbness- upper limbs; left
EXTREMITIES- Pain- motion; agg
EXTREMITIES- Pain- walking; agg
EXTREMITIES- Pain- walking; amel
EXTREMITIES- Pain- joints
EXTREMITIES- Pain- knees
EXTREMITIES- Pain- knees; left
EXTREMITIES- Pain- knees; drawing pain
EXTREMITIES- Pain- knees; sitting: after
EXTREMITIES- Pain- knees; tearing pain
EXTREMITIES- Pain- knees; extending to: foot
EXTREMITIES- Pain- nates; tearing pain
EXTREMITIES- Pain- shoulders; right
EXTREMITIES- Pain- shoulders; left
EXTREMITIES- Pain- shoulders; left: sore
EXTREMITIES- Pain- shoulders; pressure: agg
EXTREMITIES- Pain- shoulders; joints: right
EXTREMITIES- Pain- thighs; posterior part: aching

EXTREMITIES- Pain- thumbs; joints
EXTREMITIES- Pain- toes; joints: left
EXTREMITIES- Pain- upper arms
EXTREMITIES- Restlessness- legs
EXTREMITIES- Swelling- feet
EXTREMITIES- Tingling- upper arms
EXTREMITIES- Tingling- upper limbs; left
EXTREMITIES- Warts- feet; soles
EXTREMITIES- Weakness- knees

SLEEP

SLEEP- Disturbed- chill; during
SLEEP- Disturbed- cough, by
SLEEP- Disturbed- pain, by
SLEEP- Falling asleep- difficult
SLEEP- Falling asleep- easy
SLEEP- Light
SLEEP- Prolonged
SLEEP- Sleepiness
SLEEP- Sleepiness- eyes; opening difficult
SLEEP- Sleepiness- lying; inclination to lying down
SLEEP- Sleepiness- overpowering
SLEEP- Sleeplessness
SLEEP- Sleeplessness- accompanied by; complaints; other
SLEEP- Waking- anxiety, as from
SLEEP- Waking- frequent

DREAMS

DREAMS- Animals- protecting; he is
DREAMS- Animals- sea; whales
DREAMS- Animals- wild
DREAMS- Attacked; of being
DREAMS- Autopsies

DREAMS- Bitten; being- animals; by
DREAMS- Buildings- neglected
DREAMS- Buildings- old
DREAMS- Changing- places often
DREAMS- Children; about- rescuing; of
DREAMS- Conversations- women; with
DREAMS- Crocodiles
DREAMS- Danger- escaping from a danger
DREAMS- Dead bodies
DREAMS- Death- friend; of a
DREAMS- Death- relatives; of
DREAMS- Disabled, she is
DREAMS- Dogs
DREAMS- Driving- bus; a
DREAMS- Events- read; previously heard, read, talked or thought about
DREAMS- Examinations- unprepared for an exam; being
DREAMS- Failures- examination
DREAMS- Family, own
DREAMS- Forsaken; being- isolation; sensation of
DREAMS- Frightful
DREAMS- Frightful- waking him
DREAMS- House- floating; water; on
DREAMS- Insects- is an insect; she
DREAMS- Island
DREAMS- Journeys- train
DREAMS- Lions
DREAMS- Nightmares
DREAMS- Parties
DREAMS- People- drunken
DREAMS- Playing
DREAMS- Poverty- being poor; of
DREAMS- Protected; being
DREAMS- Pursued, being

DREAMS- Resurrection
DREAMS- Running- someone; after
DREAMS- Searching- someone; for
DREAMS- Skeletons
DREAMS- Snakes
DREAMS- Swimming
DREAMS- Transparent; he is
DREAMS- Trapped- being trapped
DREAMS- Walking- ruins, among
DREAMS- Waves- coming over him
DREAMS- Wild
DREAMS- Women- changed into animals

CHILL

CHILL- Chill in general
CHILL- Ascending agg
CHILL- Beginning- legs
CHILL- Shaking

FEVER

FEVER- Fever, heat in general
FEVER- Morning
FEVER- Night- midnight
FEVER- Air; in open- amel
FEVER- Alternating with- chills
FEVER- Bed- in bed
FEVER- Coughing increases the heat
FEVER- Internal heat- cold to the touch; while body feels
FEVER- Internal heat- external chill; with
FEVER- Perspiration- heat; with

PERSPIRATION

PERSPIRATION- Pains- from

SKIN

SKIN- Discoloration- red; scratching; after

SKIN- Goose flesh

SKIN- Itching

SKIN- Itching- right

SKIN- Itching- bathing; agg

SKIN- Itching- hairy parts

SKIN- Itching- perspiration; agg

SKIN- Itching- rubbing; amel

SKIN- Itching- scratching; amel

SKIN- Itching- warm; bathing: agg; hot bath

SKIN- Itching- warm; becoming; agg

GENERALS

GENERALS- Side- right

GENERALS- Morning- amel

GENERALS- Cold- agg

GENERALS- Cold- air; agg

GENERALS- Cold- air; amel

GENERALS- Cold- feeling; icy cold

GENERALS- Discharges- sticky

GENERALS- Dry sensation- internal parts; in

GENERALS- Emaciation

GENERALS- Food and drinks- alcoholic drinks; desire

GENERALS- Food and drinks- chocolate; desire

GENERALS- Food and drinks- coffee; desire

GENERALS- Food and drinks- farinaceous; desire

GENERALS- Food and drinks- fish; desire

GENERALS- Food and drinks- meat; desire

GENERALS- Food and drinks- milk; desire: sour

GENERALS- Food and drinks- sour food, acids; aversion

GENERALS- Food and drinks- sour food, acids; desire

GENERALS- Food and drinks- tea; amel
GENERALS- Heat- flushes of
GENERALS- Heat- flushes of; alternating with: chills
GENERALS- Heat- flushes of; anger; after
GENERALS- Heat- flushes of; emotions agg
GENERALS- Heat- flushes of; palpitations; with
GENERALS- Heat- flushes of; perspiration: without
GENERALS- Heat- flushes of; extending to: upward
GENERALS- Heaviness
GENERALS- Lassitude
GENERALS- Menopause
GENERALS- Menses- before; agg
GENERALS- Menses- during; agg
GENERALS- Motion- agg
GENERALS- Numbness- single parts, in
GENERALS- Pain- burning
GENERALS- Pain- cutting pain
GENERALS- Pain- stitching pain
GENERALS- Swollen sensation
GENERALS- Warm- air; agg
GENERALS- Weakness
GENERALS- Weakness- ascending stairs, from
GENERALS- Weakness- faint-like
GENERALS- Weakness- fever; during: agg
GENERALS- Weakness- headache; during
GENERALS- Weakness- menses; before; agg
GENERALS- Weakness- menses; during: agg
GENERALS- Weakness- sitting; amel
GENERALS- Weakness- standing agg
GENERALS- Weakness- walking; agg
GENERALS- Weariness
GENERALS- Weather- dry; amel

Appendix H- The Repertorisation Results

Figure 6: The Repertorisation Results- Sum of Symptoms (Sorted Degrees)

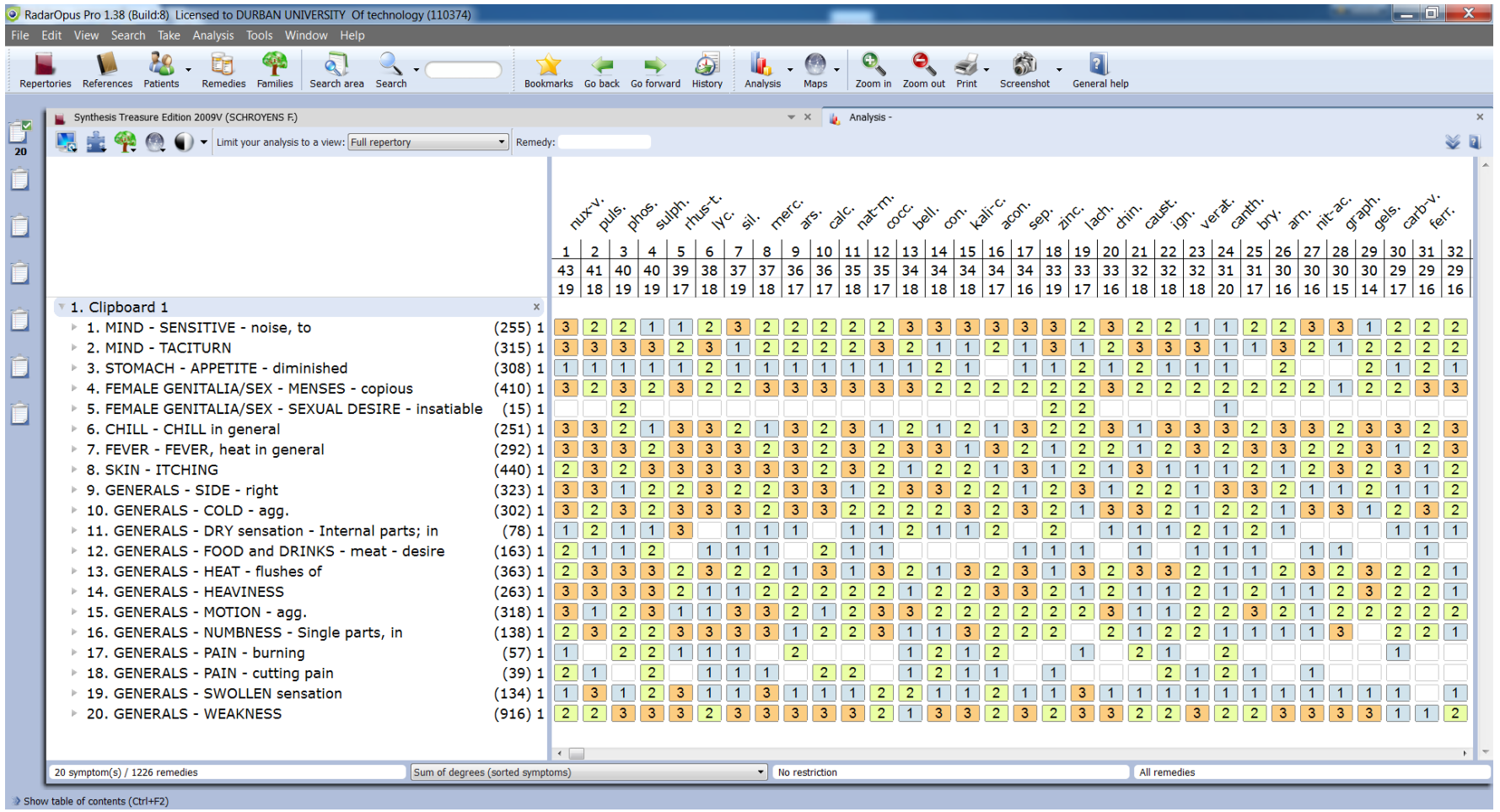

Figure 7: The Repertorisation Results- The Sum of Degrees (Sorted Symptoms)

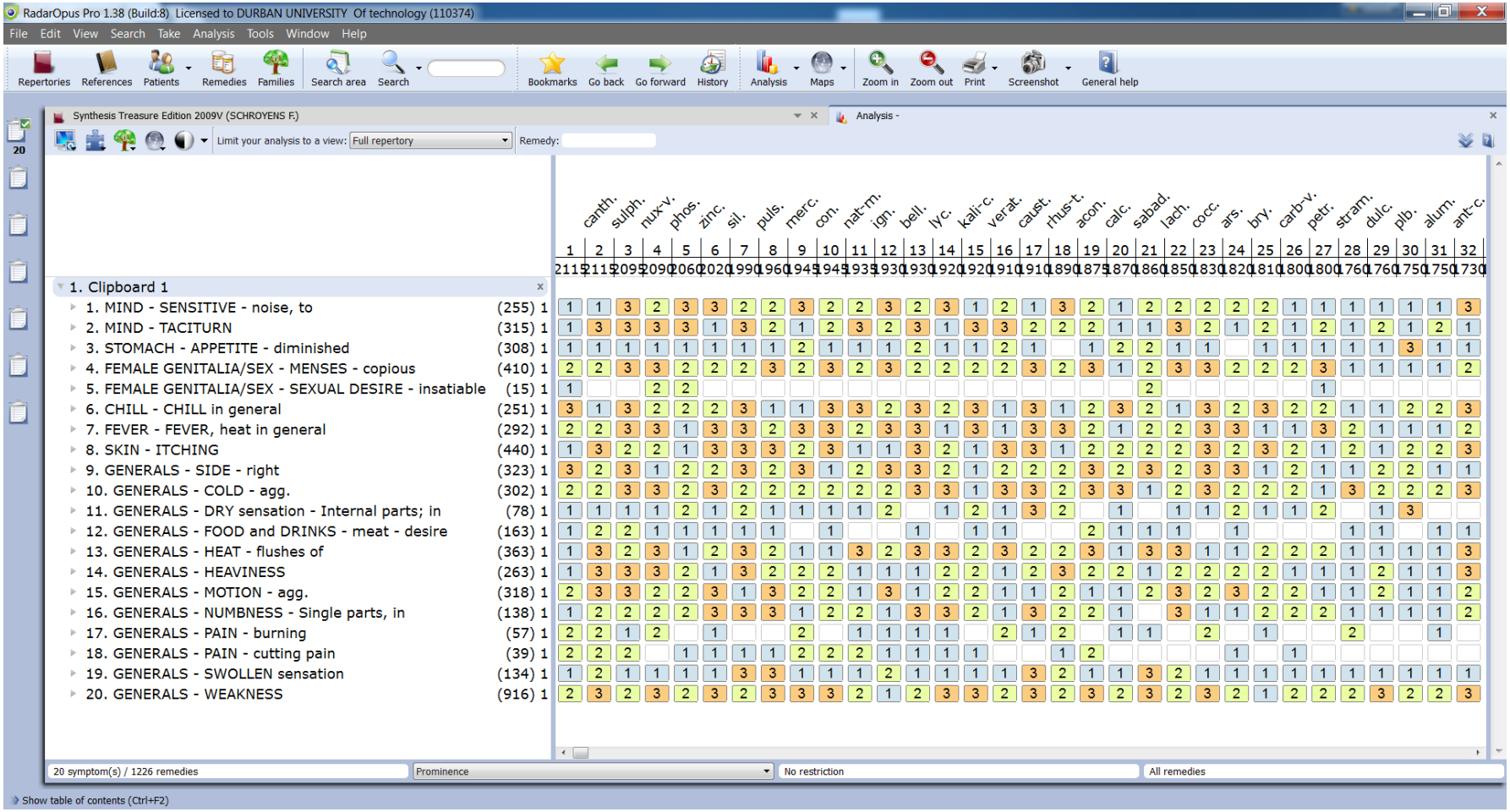

Figure 8: The Repertorisation Results- Prominence

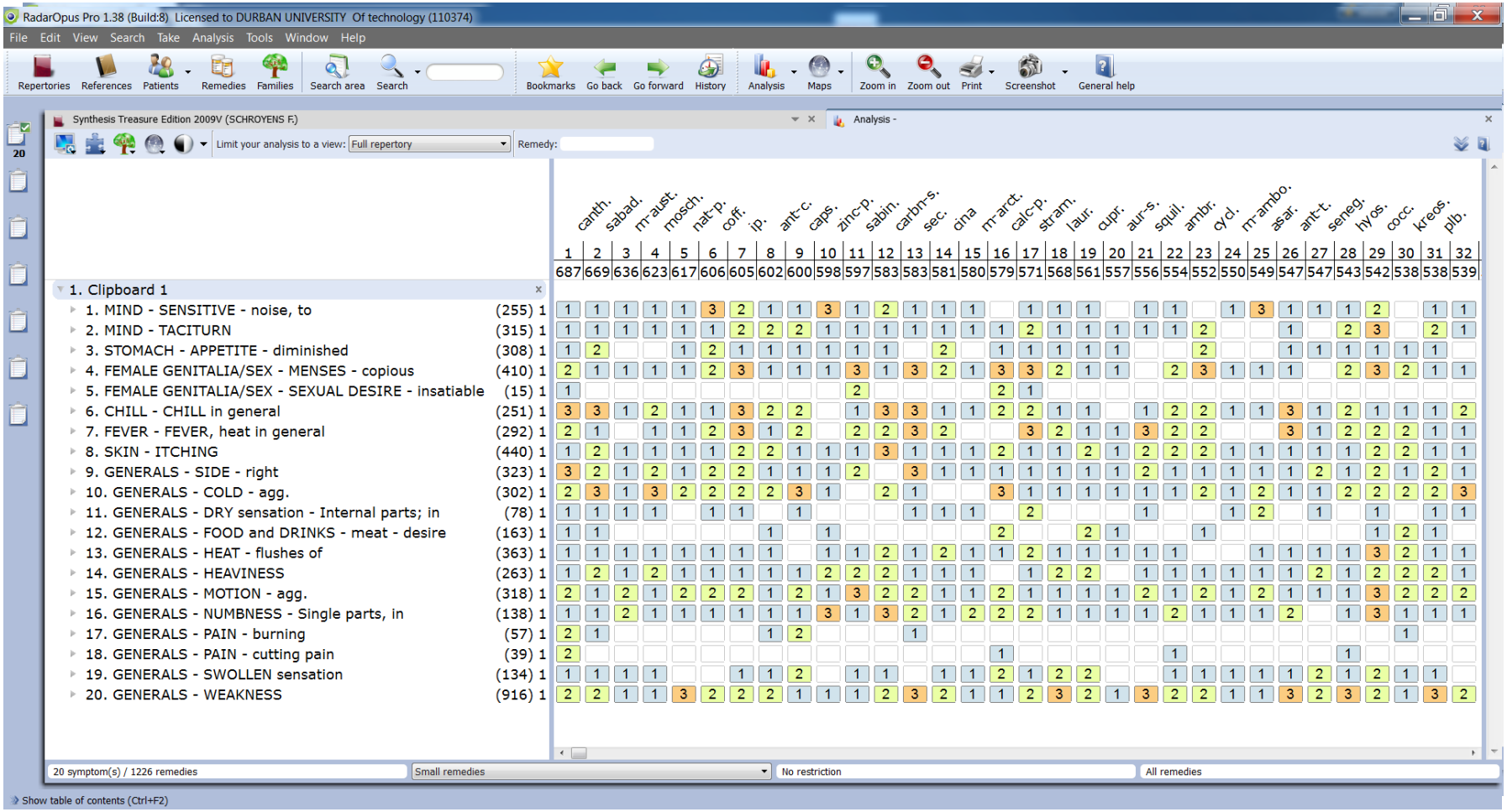

Figure 10: The Repertorisation Results- Small Remedies

Appendix I- The Repertorial Comparison

I.1. The Repertorial Comparison- Rubric Comparison

KEY	
Grading	Grading of *Cantharis* in shared rubric on *RadarOpus*
Number	No. remedies in shared rubric on *RadarOpus*
	New Rubric

Rubric	Grading	Number
MIND- Absentminded	2	285
MIND- Absentminded- dreamy		
MIND- Alcoholism		
MIND- Anger	1	427
MIND- Anger- sudden		
MIND- Anxiety	2	691
MIND- Anxiety- driving from place to place		
MIND- Anxiety- future, about		
MIND- Anxiety- health; about; own health; one's	1	87
MIND- Anxiety- others, for		
MIND- Anxiety- travelling; before		
MIND- Anxiety- trifles, about		
MIND- Company- aversion to		
MIND- Company- aversion to; alone amel; when		
MIND- Company- aversion to; desire for solitude		
MIND- Company- aversion to; friends, of intimate		
MIND- Company- desire for		
MIND- Company- desire for; alone agg; when		
MIND- Concentration- difficult	2	433
MIND- Confidence- want of self-confidence; failure, feels himself a		
MIND- Confidence- want of self-confidence; self-depreciation		
MIND- Confident		
MIND- Confusion of mind	2	574
MIND- Delusions- alone, being		
MIND- Delusions- appreciated, she is not		
MIND- Delusions- die; about to die; one was		
MIND- Delusions- head; fall; head would: off		
MIND- Delusions- injury; about to receive injury; is		
MIND- Delusions- lost; she is		

MIND- Delusions- persecuted; he is persecuted	1	66
MIND- Delusions- person; present; someone is		
MIND- Delusions- person; room; another person is in the		
MIND- Delusions- seeing; herself		
MIND- Delusions- succeed, he does everything wrong; he cannot		
MIND- Delusions- transparent; he is		
MIND- Delusions- trapped; he is		
MIND- Delusions- watched, she is being		
MIND- Determination		
MIND- Discomfort		
MIND- Discontented	1	276
MIND- Discouraged	1	189
MIND- Disgust		
MIND- Dullness	1	512
MIND- Dullness- headache, with		
MIND- Fastidious		
MIND- Fear- accidents, of		
MIND- Fear- murdered, of being		
MIND- Fear- noise, from	1	60
MIND- Fear- spiders, of		
MIND- Forgetful	2	346
MIND- Forsaken feeling- isolation; sensation of		
MIND- Hatred		
MIND- Helplessness; feeling of		
MIND- Hypochondriasis	1	137
MIND- Impatient		
MIND- Impulse, morbid		
MIND- Laziness	3	382
MIND- Memory- weakness of memory		
MIND- Memory- weakness of memory; do; for what was about to		
MIND- Memory- weakness of memory; say, for what he is about to		
MIND- Mood- repulsive		
MIND- Music- amel		
MIND- Offended, easily		
MIND- Quarrelsome	1	223
MIND- Quiet disposition		
MIND- Reflecting		
MIND- Reproaching oneself		
MIND- Resignation		
MIND- Sadness	2	764

MIND- Sadness- coition, after		
MIND- Sadness- gloomy		
MIND- Secretive		
MIND- Sensitive- head; during pain in		
MIND- Sensitive- noise, to	1	256
MIND- Sensitive- touch, to		
MIND- Speech- confused		
MIND- Stupefaction	1	317
MIND- Suspicious	1	148
MIND- Taciturn	1	316
MIND- Temerity		
MIND- Tension, mental		
MIND- Thoughts- vanishing of; speaking, while		
MIND- Timidity- bashful		
MIND- Tranquillity		
MIND- Walking- air; in the open; amel		
MIND- Washing- desire to wash; face; always washing her		
MIND- Weeping	2	455
MIND- Weeping- anxiety, after	1	26
MIND- Weeping- sympathy with others, from		
MIND- Will- loss of will power		
HEAD- Heaviness	2	439
HEAD- Itching of scalp	1	247
HEAD- Itching of scalp- night		
HEAD- Itching of scalp- accompanied by; prickling		
HEAD- Itching of scalp- scratching; amel		
HEAD- Itching of scalp- forehead	1	75
HEAD- Lightness; sensation of- float off; as if it would		
HEAD- Numbness; sensation of		
HEAD- Pain	1	767
HEAD- Pain- accompanied by; eye: complaints		
HEAD- Pain- accompanied by; eye: pain		
HEAD- Pain- motion; eyes; of: agg		
HEAD- Pain- neuralgic		
HEAD- Pain- noise; agg		
HEAD- Pain- pressing pain; weight; as from a		
HEAD- Pain- pulsating pain	1	203
HEAD- Pain- sitting; amel		
HEAD- Pain- sleep; after amel		
HEAD- Pain- violent	1	132

HEAD- Pain- walking; amel	1	48
HEAD- Pain- forehead; right	1	182
HEAD- Pain- forehead; air; in open: amel		
HEAD- Pain- forehead; burning		
HEAD- Pain- forehead; closing the eyes: amel		
HEAD- Pain- forehead; pulsating pain		
HEAD- Pain- occiput	1	448
HEAD- Pain- occiput; left		
HEAD- Pain- occiput; dull pain		
HEAD- Pain- occiput; extending to: eye		
HEAD- Pain- occiput; extending to: forehead	1	81
HEAD- Pain- sides	2	254
HEAD- Pain- sides; one side	2	217
HEAD- Pain- sides; shooting pain	1	7
HEAD- Pain- sides; extending to: side to side; from		
HEAD- Pain- temples	1	457
HEAD- Pain- temples; left	1	191
HEAD- Pain- temples; cutting pain	1	71
HEAD- Pain- temples; motion: agg		
HEAD- Pain- temples; extending to: eye		
HEAD- Pain- vertex	2	376
EYE- Agglutinated		
EYE- Closing the eyes- amel	1	19
EYE- Closing the eyes- desire to		
EYE- Discoloration- red	1	307
EYE- Dryness		
EYE- Glassy appearance		
EYE- Heaviness		
EYE- Itching	1	243
EYE- Itching- rubbing; amel		
EYE- Lachrymation- accompanied by; sneezing		
EYE- Lachrymation- cough; with		
EYE- Opening the lids- difficult; keep the eyes open; hard to		
EYE- Photophobia- headache; during		
EYE- Sunken	2	139
EAR- Noises in- buzzing		
EAR- Noises in- ringing	2	285
EAR- Noises in- ringing; right		
EAR- Pain- right	2	201
EAR- Pain- left	1	184

EAR- Pain- pressing pain		
EAR- Pain- stitching pain	1	217
EAR- Pain- touch; agg		
NOSE- Catarrh- postnasal	2	101
NOSE- Coryza- washing; after: agg		
NOSE- Cracks		
NOSE- Discharge- dripping		
NOSE- Discharge- watery		
NOSE- Epistaxis	1	365
NOSE- Epistaxis- blowing the nose agg	1	104
NOSE- Epistaxis- washing; from		
NOSE- Hay fever		
NOSE- Heaviness		
NOSE- Itching	1	264
NOSE- Obstruction- left		
NOSE- Obstruction- discharge; with		
NOSE- Obstruction- sneezing; after: amel		
NOSE- Pain- sore		
FACE- Bleeding of lips		
FACE- Discoloration- red; cheeks: fever: during; agg		
FACE- Discoloration- red; lips		
FACE- Eruptions- crusty, scabby; white		
FACE- Eruptions- pimples; forehead: itching		
FACE- Expression- sickly	1	113
FACE- Itching		
FACE- Itching- cheeks		
FACE- Numbness		
FACE- Pain- jaws		
FACE- Pain- jaws; sore		
FACE- Pain- jaws; joints		
FACE- Pain- jaws; lower: sore	1	27
FACE- Pain- lips; lower	1	46
FACE- Pain- lips; upper		
FACE- Swelling- sensation of swelling		
FACE- Swelling- lips	1	128
FACE- Tingling		
MOUTH- Bleeding- gums; cleaning them, when		
MOUTH- Discoloration- tongue; white: spots		
MOUTH- Dryness- sensation of		
MOUTH- Itching- palate	1	49

MOUTH- Pain- gums; sore		
MOUTH- Pain- palate; sore		
MOUTH- Taste- metallic	2	173
MOUTH- Taste- sour; throat, in		
MOUTH- Taste- wanting, tastelessness of food	1	88
TEETH- Pain- eating; while: agg	1	60
TEETH- Pain- molars; lower		
TEETH- Sensitive, tender- molars; eating agg		
THROAT- Choking- mucus; from; mouth; in		
THROAT- Choking- sensation of		
THROAT- Discolouration- redness	1	174
THROAT- Dryness	3	401
THROAT- Foreign body; sensation of a		
THROAT- Hawking; disposition to	1	190
THROAT- Itching	1	56
THROAT- Pain	1	539
THROAT- Pain- right		
THROAT- Pain- left		
THROAT- Pain- cold; anything cold; from; agg		
THROAT- Pain- expiration; agg		
THROAT- Pain- singing agg		
THROAT- Pain- sore	2	320
THROAT- Pain- stinging		
THROAT- Pain- swallowing; agg	2	280
THROAT- Pain- swallowing; amel		
THROAT- Pain- swallowing; empty: agg		
THROAT- Pain- warm; drinks: amel		
THROAT- Pain- extending to; ear		
THROAT- Pain- tonsils		
THROAT- Scratching		
THROAT- Swallowing- difficult	2	287
THROAT- Swallowing- difficult; solids		
THROAT- Swelling	2	254
EXTERNAL THROAT- Pain; cervical glands	1	95
STOMACH- Appetite- capricious appetite		
STOMACH- Appetite- diminished	1	309
STOMACH- Appetite- easy satiety		
STOMACH- Appetite- increased; alternating with: loss of appetite		
STOMACH- Appetite- increased; eating: after		
STOMACH- Appetite- insatiable		

STOMACH- Appetite- ravenous		
STOMACH- Appetite- ravenous; satiety; easy		
STOMACH- Emptiness- fasting; sensation as from prolonged		
STOMACH- Hiccough	1	259
STOMACH- Nausea- menses; before; agg		
STOMACH- Nausea- pain; during	1	94
STOMACH- Pain- burning	3	278
STOMACH- Pain- eating; after: agg; cramping		
STOMACH- Pain- lying; amel		
STOMACH- Pain- sitting; agg		
STOMACH- Thirst- headache; during		
STOMACH- Thirst- large quantities; for	1	88
STOMACH- Thirst- unquenchable		
STOMACH- Thirstless	1	220
ABDOMEN- Pain- right		
ABDOMEN- Pain- left; extending to: right		
ABDOMEN- Pain- bending double; must bend double		
ABDOMEN- Pain- cutting pain	3	222
ABDOMEN- Pain- dull pain		
ABDOMEN- Pain- stinging	2	16
ABDOMEN- Pain- stitching	1	167
ABDOMEN- Pain- stool; before: cramping pain	1	107
ABDOMEN- Pain- inguinal region; right		
ABDOMEN- Pain- inguinal region; right: stitching		
ABDOMEN- Pain- lower abdomen	1	104
ABDOMEN- Pain- sides; pressing pain		
ABDOMEN- Rumbling- menses; before; agg		
RECTUM- Constipation- ineffectual urging and straining	1	256
RECTUM- Constipation- insufficient	1	122
RECTUM- Flatus- stool; during		
RECTUM- Pain- diarrhea; during: burning	1	51
RECTUM- Urging- stool; during		
RECTUM- Weakness, weak feeling		
STOOL- Balls, like		
STOOL- Dry		
STOOL- Thin	1	256
STOOL- Yellow	1	249
BLADDER- Urination- frequent; night	2	170
KIDNEYS- Pain- right		
KIDNEYS- Pain- motion; amel		

KIDNEYS- Pain- sore	2	65
KIDNEYS- Pain- tearing pain	3	10
KIDNEYS- Pain- region of; right		
URETHRA- Inflammation	3	84
URETHRA- Pain- cutting pain	3	60
URETHRA- Pain- raw; as if		
URETHRA- Pain- urination; during; agg: cutting pain	3	53
URETHRA- Redness- meatus		
FEMALE GENITALIA/ SEX- Dryness- vagina		
FEMALE GENITALIA/ SEX- Itching- scratching; agg		
FEMALE GENITALIA/ SEX- Itching- scratching; amel		
FEMALE GENITALIA/ SEX- Itching- vagina	2	96
FEMALE GENITALIA/ SEX- Leukorrhea- cream-like		
FEMALE GENITALIA/ SEX- Leukorrhea- thick	1	87
FEMALE GENITALIA/ SEX- Menses- appear; as if menses would appear (2)	1	54
FEMALE GENITALIA/ SEX- Menses- bright red	1	113
FEMALE GENITALIA/ SEX- Menses- brown		
FEMALE GENITALIA/ SEX- Menses- clotted	1	153
FEMALE GENITALIA/ SEX- Menses- copious	2	410
FEMALE GENITALIA/ SEX- Menses- dark	1	130
FEMALE GENITALIA/ SEX- Menses- late, too	1	234
FEMALE GENITALIA/ SEX- Menses- protracted	2	166
FEMALE GENITALIA/ SEX- Menses- thick		
FEMALE GENITALIA/ SEX- Menses- thin		
FEMALE GENITALIA/ SEX- Menses- watery		
FEMALE GENITALIA/ SEX- Pain- left		
FEMALE GENITALIA/ SEX- Pain- bearing down		
FEMALE GENITALIA/ SEX- Pain- burning	1	87
FEMALE GENITALIA/ SEX- Pain- cutting pain		
FEMALE GENITALIA/ SEX- Pain- motion agg		
FEMALE GENITALIA/ SEX- Pain- spasmodic		
FEMALE GENITALIA/ SEX- Pain- walking agg		
FEMALE GENITALIA/ SEX- Pain- vagina; coition: after		
FEMALE GENITALIA/ SEX- Pain- vagina; cutting pain		
FEMALE GENITALIA/ SEX- Pain- vulva; burning		
FEMALE GENITALIA/ SEX- Sexual desire- insatiable	1	15
LARYNX AND TRACHEA- Irritation- larynx	1	164
RESPIRATION- Asthmatic		
RESPIRATION- Difficult	1	520
RESPIRATION- Difficult- accompanied by; nausea		

RESPIRATION- Difficult- walking; agg		
COUGH- Night- midnight		
COUGH- Night- midnight; after: 2 h		
COUGH- Choking		
COUGH- Cold- air; agg		
COUGH- Cold- room; agg		
COUGH- Constant		
COUGH- Constant- day and night		
COUGH- Constant- night		
COUGH- Drinking- after; agg		
COUGH- Dry	2	445
COUGH- Dry; forenoon		
COUGH- Dust; from		
COUGH- Hacking	2	228
COUGH- Loose- tickling deep in chest, from		
COUGH- Paroxysmal		
COUGH- Racking		
COUGH- Room agg		
COUGH- Sleep- wakens from		
COUGH- Suppressing the cough- agg		
COUGH- Talking- agg		
COUGH- Violent		
COUGH- Wind, in		
EXPECTORATION- Frothy	1	92
EXPECTORATION- Greenish		
EXPECTORATION- Hard		
EXPECTORATION- Lumpy		
EXPECTORATION- Yellow	2	202
CHEST- Boiling sensation	1	2
CHEST- Constriction- walking; agg		
CHEST- Itching	1	162
CHEST- Mucus- lungs		
CHEST- Oppression	1	387
CHEST- Oppression- lying; amel		
CHEST- Oppression- walking; agg		
CHEST- Pain	2	452
CHEST- Pain- breathing; agg		
CHEST- Pain- burning	3	178
CHEST- Pain- cough; during: agg	1	195
CHEST- Pain- drawing pain		

CHEST- Pain- holds chest with hands during cough		
CHEST- Pain- clavicles; below: right		
CHEST- Pain- clavicles; below: cutting		
CHEST- Pain- clavicles; below: sore		
CHEST- Pain- diaphragm		
CHEST- Pain- middle of chest		
CHEST- Pain- sides; external chest		
CHEST- Pain- sternum; xiphoid cartilage		
CHEST- Perspiration- axillae		
CHEST- Tickling in		
BACK- Pain	1	475
BACK- Pain- right		
BACK- Pain- descends		
BACK- Pain- leaning; against something: amel		
BACK- Pain- pressure; amel		
BACK- Pain- cervical region	1	317
BACK- Perspiration		
BACK- Spasms		
BACK- Stiffness- dorsal region		
BACK- Weakness	1	218
EXTREMITIES- Coldness- ankles		
EXTREMITIES- Coldness- knees		
EXTREMITIES- Coldness- lower limbs		
EXTREMITIES- Cracking in joints- thumbs		
EXTREMITIES- Cracking in joints- wrists		
EXTREMITIES- Discoloration- foot; redness		
EXTREMITIES- Discoloration- thumbs; red	1	8
EXTREMITIES- Discoloration- wrist; redness		
EXTREMITIES- Eruptions- thighs; pimples: painful		
EXTREMITIES- Fall; as if she would		
EXTREMITIES- Heat- feet; uncovering foot		
EXTREMITIES- Heat- thumbs		
EXTREMITIES- Heat- wrists	2	89
EXTREMITIES- Heaviness- legs; walking agg		
EXTREMITIES- Inflammation- thumbs		
EXTREMITIES- Inflammation- toes		
EXTREMITIES- Inflammation- toes; joints		
EXTREMITIES- Inflammation- wrists		
EXTREMITIES- Itching- elbows; bends of elbow	1	26
EXTREMITIES- Itching- knees		

EXTREMITIES- Itching- upper limbs	1	196
EXTREMITIES- Motion- fingers; difficult		
EXTREMITIES- Motion- wrist; difficult		
EXTREMITIES- Numbness- hands		
EXTREMITIES- Numbness- upper arms		
EXTREMITIES- Numbness- upper limbs; left		
EXTREMITIES- Pain- motion; agg		
EXTREMITIES- Pain- walking; agg		
EXTREMITIES- Pain- walking; amel		
EXTREMITIES- Pain- joints		
EXTREMITIES- Pain- knees		
EXTREMITIES- Pain- knees; left		
EXTREMITIES- Pain- knees; drawing pain	1	141
EXTREMITIES- Pain- knees; sitting: after		
EXTREMITIES- Pain- knees; tearing pain	1	126
EXTREMITIES- Pain- knees; extending to: foot		
EXTREMITIES- Pain- nates; tearing pain		
EXTREMITIES- Pain- shoulders; right		
EXTREMITIES- Pain- shoulders; left		
EXTREMITIES- Pain- shoulders; left: sore		
EXTREMITIES- Pain- shoulders; pressure: agg		
EXTREMITIES- Pain- shoulders; joints: right		
EXTREMITIES- Pain- thighs; posterior part: aching		
EXTREMITIES- Pain- thumbs; joints		
EXTREMITIES- Pain- toes; joints: left		
EXTREMITIES- Pain- upper arms	1	273
EXTREMITIES- Restlessness- legs		
EXTREMITIES- Swelling- feet	2	213
EXTREMITIES- Tingling- upper arms		
EXTREMITIES- Tingling- upper limbs; left		
EXTREMITIES- Warts- feet; soles		
EXTREMITIES- Weakness- knees	2	215
SLEEP- Disturbed- chill; during		
SLEEP- Disturbed- cough, by		
SLEEP- Disturbed- pain, by		
SLEEP- Falling asleep- difficult		
SLEEP- Falling asleep- easy		
SLEEP- Light	1	130
SLEEP- Prolonged		
SLEEP- Sleepiness	2	718

SLEEP- Sleepiness- eyes; opening difficult	1	32
SLEEP- Sleepiness- lying; inclination to lying down		
SLEEP- Sleepiness- overpowering	1	146
SLEEP- Sleeplessness	2	702
SLEEP- Sleeplessness- accompanied by; complaints; other	1	99
SLEEP- Waking- anxiety, as from		
SLEEP- Waking- frequent	1	295
DREAMS- Animals- protecting; he is		
DREAMS- Animals- sea; whales		
DREAMS- Animals- wild		
DREAMS- Attacked; of being		
DREAMS- Autopsies		
DREAMS- Bitten; being- animals; by		
DREAMS- Buildings- neglected		
DREAMS- Buildings- old		
DREAMS- Changing- places often		
DREAMS- Children; about- rescuing; of		
DREAMS- Conversations- women; with		
DREAMS- Crocodiles		
DREAMS- Danger- escaping from a danger		
DREAMS- Dead bodies		
DREAMS- Death- friend; of a		
DREAMS- Death- relatives; of		
DREAMS- Disabled, she is		
DREAMS- Dogs		
DREAMS- Driving- bus; a		
DREAMS- Events- read; previously heard, read, talked or thought about		
DREAMS- Examinations- unprepared for an exam; being		
DREAMS- Failures- examination		
DREAMS- Family, own		
DREAMS- Forsaken; being- isolation; sensation of		
DREAMS- Frightful		
DREAMS- Frightful- waking him		
DREAMS- House- floating; water; on		
DREAMS- Insects- is an insect; she		
DREAMS- Island		
DREAMS- Journeys- train		
DREAMS- Lions		
DREAMS- Nightmares	1	197
DREAMS- Parties		

DREAMS- People- drunken		
DREAMS- Playing		
DREAMS- Poverty- being poor; of		
DREAMS- Protected; being		
DREAMS- Pursued, being		
DREAMS- Resurrection		
DREAMS- Running- someone; after		
DREAMS- Searching- someone; for		
DREAMS- Skeletons		
DREAMS- Snakes		
DREAMS- Swimming		
DREAMS- Transparent; he is		
DREAMS- Trapped- being trapped		
DREAMS- Walking- ruins, among		
DREAMS- Waves- coming over him		
DREAMS- Wild		
DREAMS- Women- changed into animals		
CHILL- Chill in general	3	251
CHILL- Ascending agg	1	50
CHILL- Beginning- legs		
CHILL- Shaking	2	236
FEVER- Fever, heat in general	2	292
FEVER- Morning		
FEVER- Night- midnight		
FEVER- Air; in open- amel	1	8
FEVER- Alternating with- chills		
FEVER- Bed- in bed	1	69
FEVER- Coughing increases the heat		
FEVER- Internal heat- cold to the touch; while body feels		
FEVER- Internal heat- external chill; with		
FEVER- Perspiration- heat; with	1	110
PERSPIRATION- Pains- from		
SKIN- Discoloration- red; scratching; after	1	46
SKIN- Goose flesh	1	94
SKIN- Itching	1	440
SKIN- Itching- right		
SKIN- Itching- bathing; agg		
SKIN- Itching- hairy parts		
SKIN- Itching- perspiration; agg		
SKIN- Itching- rubbing; amel		

SKIN- Itching- scratching; amel	2	115
SKIN- Itching- warm; bathing: agg; hot bath		
SKIN- Itching- warm; becoming; agg		
GENERALS- Side- right	3	323
GENERALS- Morning- amel		
GENERALS- Closing- eyes; amel	1	29
GENERALS- Cold- agg	2	302
GENERALS- Cold- air; agg	1	266
GENERALS- Cold- air; amel	1	116
GENERALS- Cold- feeling; icy cold		
GENERALS- Discharges- sticky		
GENERALS- Dry sensation- internal parts; in	1	78
GENERALS- Emaciation	2	315
GENERALS- Food and drinks- alcoholic drinks; desire	1	244
GENERALS- Food and drinks- chocolate; desire		
GENERALS- Food and drinks- coffee; desire	2	119
GENERALS- Food and drinks- farinaceous; desire		
GENERALS- Food and drinks- fish; desire		
GENERALS- Food and drinks- meat; desire	1	163
GENERALS- Food and drinks- milk; desire: sour		
GENERALS- Food and drinks- sour food, acids; aversion		
GENERALS- Food and drinks- sour food, acids; desire		
GENERALS- Food and drinks- tea; amel		
GENERALS- Heat- flushes of	1	363
GENERALS- Heat- flushes of; alternating with: chills		
GENERALS- Heat- flushes of; anger; after		
GENERALS- Heat- flushes of; emotions agg		
GENERALS- Heat- flushes of; palpitations; with		
GENERALS- Heat- flushes of; perspiration: without		
GENERALS- Heat- flushes of; extending to: upward		
GENERALS- Heaviness	1	263
GENERALS- Lassitude	1	399
GENERALS- Menopause		
GENERALS- Menses- before; agg	1	138
GENERALS- Menses- during; agg	1	165
GENERALS- Motion- agg	2	318
GENERALS- Numbness- single parts, in	1	138
GENERALS- Pain- burning	2	57
GENERALS- Pain- cutting pain	2	39
GENERALS- Pain- stitching pain	3	238

GENERALS- Swollen sensation	1	134
GENERALS- Warm- air; agg		
GENERALS- Weakness	2	916
GENERALS- Weakness- ascending stairs, from		
GENERALS- Weakness- faint-like		
GENERALS- Weakness- fever; during: agg	1	95
GENERALS- Weakness- headache; during		
GENERALS- Weakness- menses; before; agg		
GENERALS- Weakness- menses; during: agg		
GENERALS- Weakness- sitting; amel		
GENERALS- Weakness- standing agg		
GENERALS- Weakness- walking; agg		
GENERALS- Weariness	1	368
GENERALS- Weather- dry; amel		
563	**Total**	**169**
Percentage Overlap *RadarOpus- Cantharis vesicatoria*	***30.8%***	

Table 29: The Repertorial Comparison- Rubric Comparison

I.2. The Repertorial Comparison- Main Rubric Comparison

KEY	
Main Grade	Grading of *Cantharis* in main rubric on *RadarOpus*
Main No.	No. remedies in main rubric on *RadarOpus*
	Included from similar sub-rubric on *RadarOpus*

Main Rubric	Main Grade	Main No.	New Main
MIND- Absentminded	2	285	
MIND- Alcoholism			
MIND- Anger	1	427	
MIND- Anxiety	2	691	
MIND- Company- aversion to			
MIND- Company- desire for			
MIND- Concentration- difficult	2	433	
MIND- Confidence- want of self-confidence	1	205	X
MIND- Confident			
MIND- Confusion of mind	2	574	
MIND- Delusions	1	670	X
MIND- Determination			
MIND- Discomfort			
MIND- Discontented	1	276	
MIND- Discouraged	1	189	
MIND- Disgust			
MIND- Dullness	1	512	
MIND- Fastidious			
MIND- Fear	1	684	X
MIND- Forgetful	2	346	
MIND- Forsaken feeling			X
MIND- Hatred			
MIND- Helplessness; feeling of			
MIND- Hypochondriasis	1	137	
MIND- Impatient			
MIND- Impulse, morbid			
MIND- Laziness	3	382	
MIND- Memory- weakness of memory			
MIND- Mood- repulsive			
MIND- Music- amel			

MIND- Offended, easily			
MIND- Quarrelsome	1	223	
MIND- Quiet disposition			
MIND- Reflecting			
MIND- Reproaching oneself			
MIND- Resignation			
MIND- Sadness	2	764	
MIND- Secretive			
MIND- Sensitive	2	439	X
MIND- Speech- confused			
MIND- Stupefaction	1	317	
MIND- Suspicious	1	148	
MIND- Taciturn	1	316	
MIND- Temerity			
MIND- Tension, mental			
MIND- Thoughts- vanishing of			X
MIND- Timidity			X
MIND- Tranquillity			
MIND- Walking- air; in the open; amel			
MIND- Washing- desire to wash			X
MIND- Weeping	2	455	
MIND- Will- loss of will power			
HEAD- Heaviness	2	439	
HEAD- Itching of scalp	1	247	
HEAD- Lightness; sensation of			X
HEAD- Numbness; sensation of			
HEAD- Pain	1	767	
EYE- Agglutinated			
EYE- Closing the eyes- amel	1	19	
EYE- Closing the eyes- desire to			
EYE- Discoloration- red	1	307	
EYE- Dryness			
EYE- Glassy appearance			
EYE- Heaviness			
EYE- Itching	1	243	
EYE- Lachrymation	1	348	X
EYE- Opening the lids- difficult			X
EYE- Photophobia			X
EYE- Sunken	2	139	
EAR- Noises in	1	499	X

EAR- Pain	1	432	X
NOSE- Catarrh	1	292	X
NOSE- Coryza	1	433	X
NOSE- Cracks			
NOSE- Discharge	2	469	X
NOSE- Epistaxis	1	365	
NOSE- Hay fever			
NOSE- Heaviness			
NOSE- Itching	1	264	
NOSE- Obstruction			X
NOSE- Pain	1	255	X
FACE- Bleeding of lips			
FACE- Discoloration- red	2	451	X
FACE- Eruptions	1	482	X
FACE- Expression- sickly	1	113	
FACE- Itching			
FACE- Numbness			
FACE- Pain	1	340	X
FACE- Swelling	2	268	X
FACE- Tingling			
MOUTH- Bleeding	1	238	X
MOUTH- Discoloration- tongue; white	2	330	X
MOUTH- Dryness	2	435	X
MOUTH- Itching	1	92	X
MOUTH- Pain	1	241	X
MOUTH- Taste- metallic	2	173	
MOUTH- Taste- sour	1	190	X
MOUTH- Taste- wanting, tastelessness of food	1	88	
TEETH- Pain	1	353	X
TEETH- Sensitive, tender			X
THROAT- Choking	2	250	X
THROAT- Discolouration- redness	1	174	
THROAT- Dryness	3	401	
THROAT- Foreign body; sensation of a			
THROAT- Hawking; disposition to	1	190	
THROAT- Itching	1	56	
THROAT- Pain	1	539	
THROAT- Scratching			
THROAT- Swallowing- difficult	2	287	
THROAT- Swelling	2	254	

EXTERNAL THROAT- Pain	1	94	X
STOMACH- Appetite- capricious appetite			
STOMACH- Appetite- diminished	1	309	
STOMACH- Appetite- easy satiety			
STOMACH- Appetite- increased	1	399	X
STOMACH- Appetite- insatiable			
STOMACH- Appetite- ravenous			
STOMACH- Emptiness	1	303	X
STOMACH- Hiccough	1	259	
STOMACH- Nausea	1	717	X
STOMACH- Pain	2	517	X
STOMACH- Thirst	2	530	X
STOMACH- Thirstless	1	220	
ABDOMEN- Pain	3	545	X
ABDOMEN- Rumbling	2	374	X
RECTUM- Constipation	1	528	X
RECTUM- Flatus	1	369	X
RECTUM- Pain	1	419	X
RECTUM- Urging	1	361	X
RECTUM- Weakness, weak feeling			
STOOL- Balls, like			
STOOL- Dry			
STOOL- Thin	1	256	
STOOL- Yellow	1	249	
BLADDER- Urination- frequent	3	349	X
KIDNEYS- Pain	3	268	X
URETHRA- Inflammation	3	84	
URETHRA- Pain	2	245	X
URETHRA- Redness			X
FEMALE GENITALIA/ SEX- Dryness			X
FEMALE GENITALIA/ SEX- Itching	2	216	X
FEMALE GENITALIA/ SEX- Leukorrhea	1	436	X
FEMALE GENITALIA/ SEX- Menses- appear; as if menses would appear	1	54	
FEMALE GENITALIA/ SEX- Menses- bright red	1	113	
FEMALE GENITALIA/ SEX- Menses- brown			
FEMALE GENITALIA/ SEX- Menses- clotted	1	153	
FEMALE GENITALIA/ SEX- Menses- copious	2	410	
FEMALE GENITALIA/ SEX- Menses- dark	1	130	
FEMALE GENITALIA/ SEX- Menses- late, too	1	234	
FEMALE GENITALIA/ SEX- Menses- protracted	2	166	

FEMALE GENITALIA/ SEX- Menses- thick			
FEMALE GENITALIA/ SEX- Menses- thin			
FEMALE GENITALIA/ SEX- Menses- watery			
FEMALE GENITALIA/ SEX- Pain	1	193	X
FEMALE GENITALIA/ SEX- Sexual desire- insatiable	1	15	
LARYNX AND TRACHEA- Irritation	1	211	X
RESPIRATION- Asthmatic			
RESPIRATION- Difficult	1	520	
COUGH- Night			X
COUGH- Choking			
COUGH- Cold- air; agg			
COUGH- Cold- room; agg			
COUGH- Constant			
COUGH- Drinking- after; agg			
COUGH- Dry	2	445	
COUGH- Dust; from			
COUGH- Hacking	2	228	
COUGH- Loose	1	228	X
COUGH- Paroxysmal			
COUGH- Racking			
COUGH- Room agg			
COUGH- Sleep- wakens from			
COUGH- Talking- agg			
COUGH- Violent			
COUGH- Wind, in			
EXPECTORATION- Frothy	1	92	
EXPECTORATION- Greenish			
EXPECTORATION- Hard			
EXPECTORATION- Lumpy			
EXPECTORATION- Yellow	2	202	
CHEST- Boiling sensation	1	2	
CHEST- Constriction	1	349	X
CHEST- Itching	1	162	
CHEST- Mucus- lungs			
CHEST- Oppression	1	387	
CHEST- Pain	2	452	
CHEST- Perspiration	1	147	X
CHEST- Tickling in			
BACK- Pain	1	475	
BACK- Perspiration			

BACK- Spasms			
BACK- Stiffness	2	347	X
BACK- Weakness	1	218	
EXTREMITIES- Coldness	2	494	X
EXTREMITIES- Cracking in joints			X
EXTREMITIES- Discoloration- foot; redness			
EXTREMITIES- Discoloration- thumbs; red	1	8	
EXTREMITIES- Discoloration- wrist; redness			
EXTREMITIES- Eruptions	1	408	X
EXTREMITIES- Fall; as if she would			
EXTREMITIES- Heat	2	336	X
EXTREMITIES- Heaviness	1	385	X
EXTREMITIES- Inflammation	1	240	X
EXTREMITIES- Itching	1	398	X
EXTREMITIES- Motion			X
EXTREMITIES- Numbness	1	431	X
EXTREMITIES- Pain	1	401	X
EXTREMITIES- Restlessness	1	224	X
EXTREMITIES- Swelling	2	419	X
EXTREMITIES- Tingling	1	282	X
EXTREMITIES- Warts- feet			X
EXTREMITIES- Weakness	2	513	X
SLEEP- Disturbed	1	347	X
SLEEP- Falling asleep- difficult			
SLEEP- Falling asleep- easy			
SLEEP- Light	1	130	
SLEEP- Prolonged			
SLEEP- Sleepiness	2	718	
SLEEP- Sleeplessness	2	702	
SLEEP- Waking- anxiety, as from			
SLEEP- Waking- frequent	1	294	
DREAMS- Animals			X
DREAMS- Attacked; of being			
DREAMS- Autopsies			
DREAMS- Bitten; being- animals; by			
DREAMS- Changing- places often			
DREAMS- Children, about			X
DREAMS- Conversations- women; with			
DREAMS- Crocodiles			
DREAMS- Danger			X

DREAMS- Dead bodies			
DREAMS- Death			X
DREAMS- Dogs			
DREAMS- Events			X
DREAMS- Examinations- unprepared for an exam; being			
DREAMS- Failures			X
DREAMS- Family, own			
DREAMS- Frightful			
DREAMS- Journeys			X
DREAMS- Lions			
DREAMS- Nightmares	1	197	
DREAMS- Parties			
DREAMS- People	1	65	X
DREAMS- Playing			
DREAMS- Protected; being			
DREAMS- Pursued, being			
DREAMS- Resurrection			
DREAMS- Running			X
DREAMS- Searching- someone; for			
DREAMS- Skeletons			
DREAMS- Snakes			
DREAMS- Swimming			
DREAMS- Walking	1	31	X
DREAMS- Waves- coming over him			
DREAMS- Wild			
DREAMS- Women			X
CHILL- Chill in general	3	251	
CHILL- Ascending agg	1	50	
CHILL- Beginning- legs			
CHILL- Shaking	2	236	
FEVER- Fever, heat in general	2	292	
FEVER- Morning			
FEVER- Night	2	174	X
FEVER- Air; in open- amel	1	8	
FEVER- Alternating with- chills			
FEVER- Bed- in bed	1	69	
FEVER- Coughing increases the heat			
FEVER- Internal heat	2	145	X
FEVER- Perspiration- heat; with	1	110	
PERSPIRATION- Pains- from			

SKIN- Discoloration- red	1	195	X
SKIN- Goose flesh	1	94	
SKIN- Itching	1	440	
GENERALS- Side- right	3	323	
GENERALS- Morning	2	309	X
GENERALS- Closing- eyes; amel	1	29	
GENERALS- Cold- agg	2	302	
GENERALS- Cold- air; agg	1	266	
GENERALS- Cold- air; amel	1	116	
GENERALS- Cold- feeling; icy cold			
GENERALS- Discharges- sticky			
GENERALS- Dry sensation	1	78	X
GENERALS- Emaciation	2	315	
GENERALS- Food and drinks- alcoholic drinks; desire	1	244	
GENERALS- Food and drinks- chocolate; desire			
GENERALS- Food and drinks- coffee; desire	2	119	
GENERALS- Food and drinks- farinaceous; desire			
GENERALS- Food and drinks- fish; desire			
GENERALS- Food and drinks- meat; desire	1	163	
GENERALS- Food and drinks- milk; desire: sour			
GENERALS- Food and drinks- sour food, acids; aversion			
GENERALS- Food and drinks- sour food, acids; desire			
GENERALS- Food and drinks- tea; amel			
GENERALS- Heat- flushes of	1	363	
GENERALS- Heaviness	1	263	
GENERALS- Lassitude	1	399	
GENERALS- Menopause			
GENERALS- Menses- before; agg	1	138	
GENERALS- Menses- during; agg	1	165	
GENERALS- Motion- agg	2	318	
GENERALS- Numbness	1	265	X
GENERALS- Pain	3	765	X
GENERALS- Swollen sensation	1	134	
GENERALS- Warm- air; agg			
GENERALS- Weakness	2	916	
GENERALS- Weariness	1	368	
GENERALS- Weather- dry; amel			
307	**Total**	**162**	**92**
Percentage Main Rubric Overlap *RadarOpus- Cantharis vesicatoria*	***52.8%***		

Table 30: The Repertorial Comparison- Main Rubric Comparison

I.3. The Repertorial Comparison- Sub-Rubric Comparison

KEY	
Sub Grade	Grading of *Cantharis* in sub-rubric on *RadarOpus*
Sub No.	No. remedies in sub-rubric on *RadarOpus*
	Included from similar sub-sub-rubric on *RadarOpus*

Sub Rubric	Sub Grade	Sub No.	New Sub
MIND- Absentminded- dreamy			
MIND- Anger- sudden			
MIND- Anxiety- driving from place to place			
MIND- Anxiety- future, about			
MIND- Anxiety- health; about	1	117	X
MIND- Anxiety- others, for			
MIND- Anxiety- travelling; before			
MIND- Anxiety- trifles, about			
MIND- Company- aversion to; alone amel; when			
MIND- Company- aversion to; desire for solitude			
MIND- Company- aversion to; friends, of intimate			
MIND- Company- desire for; alone agg; when			
MIND- Confidence- want of self-confidence; failure, feels himself a			
MIND- Confidence- want of self-confidence; self-depreciation			
MIND- Delusions- alone, being			
MIND- Delusions- appreciated, she is not			
MIND- Delusions- die; about to die; one was			
MIND- Delusions- head; fall; head would: off			
MIND- Delusions- injury; about to receive injury; is			
MIND- Delusions- lost; she is			
MIND- Delusions- persecuted; he is persecuted	1	66	
MIND- Delusions- person; present; someone is			
MIND- Delusions- person; room; another person is in the			
MIND- Delusions- seeing; herself			
MIND- Delusions- succeed, he does everything wrong; he cannot			
MIND- Delusions- transparent; he is			
MIND- Delusions- trapped; he is			
MIND- Delusions- watched, she is being			
MIND- Dullness- headache, with			
MIND- Fear- accidents, of			

MIND- Fear- murdered, of being			
MIND- Fear- noise, from	1	60	
MIND- Fear- spiders, of			
MIND- Forsaken feeling- isolation; sensation of			
MIND- Memory- weakness of memory; do; for what was about to			
MIND- Memory- weakness of memory; say, for what he is about to			
MIND- Sadness- coition, after			
MIND- Sadness- gloomy			
MIND- Sensitive- head; during pain in			
MIND- Sensitive- noise, to	1	256	
MIND- Sensitive- touch, to			
MIND- Thoughts- vanishing of	1	182	X
MIND- Timidity- bashful			
MIND- Washing- desire to wash; face; always washing her			
MIND- Weeping- anxiety, after	1	26	
MIND- Weeping- sympathy with others, from			
HEAD- Itching of scalp- night			
HEAD- Itching of scalp- accompanied by; prickling			
HEAD- Itching of scalp- scratching; amel			
HEAD- Itching of scalp- forehead	1	75	
HEAD- Lightness; sensation of- float off; as if it would			
HEAD- Pain- accompanied by; eye: complaints			
HEAD- Pain- accompanied by; eye: pain			
HEAD- Pain- motion; eyes; of: agg			
HEAD- Pain- neuralgic			
HEAD- Pain- noise; agg			
HEAD- Pain- pressing pain	1	305	X
HEAD- Pain- pulsating pain	1	203	
HEAD- Pain- sitting; amel			
HEAD- Pain- sleep; after amel			
HEAD- Pain- violent	1	132	
HEAD- Pain- walking; amel	1	48	
HEAD- Pain- forehead	1	555	X
HEAD- Pain- occiput	1	448	
HEAD- Pain- sides	2	254	
HEAD- Pain- temples	1	457	
HEAD- Pain- vertex	2	376	
EYE- Itching- rubbing; amel			
EYE- Lachrymation- accompanied by; sneezing			
EYE- Lachrymation- cough; with			

EYE- Opening the lids- difficult			X
EYE- Photophobia- headache; during			
EAR- Noises in- buzzing			
EAR- Noises in- ringing	2	285	
EAR- Pain- right	2	201	
EAR- Pain- left	1	184	
EAR- Pain- pressing pain			
EAR- Pain- stitching pain	1	217	
EAR- Pain- touch; agg			
NOSE- Catarrh- postnasal	2	101	
NOSE- Coryza- washing; after: agg			
NOSE- Discharge- dripping			
NOSE- Discharge- watery			
NOSE- Epistaxis- blowing the nose agg	1	104	
NOSE- Epistaxis- washing; from			
NOSE- Obstruction- left			
NOSE- Obstruction- discharge; with			
NOSE- Obstruction- sneezing; after: amel			
FACE- Discoloration- red; cheeks			X
FACE- Discoloration- red; lips			
FACE- Eruptions- crusty, scabby	1	107	X
FACE- Eruptions- pimples	1	224	X
FACE- Itching- cheeks			
FACE- Pain- jaws			
FACE- Pain- lips	1	46	X
FACE- Swelling- sensation of swelling			
FACE- Swelling- lips	1	128	
MOUTH- Bleeding- gums			X
MOUTH- Discoloration- tongue; white: spots			
MOUTH- Dryness- sensation of			
MOUTH- Itching- palate	1	49	
MOUTH- Pain- gums	1	185	X
MOUTH- Pain- palate	1	147	X
MOUTH- Taste- sour; throat, in			
TEETH- Pain- eating; while: agg	1	60	
TEETH- Pain- molars	1	124	X
TEETH- Sensitive, tender- molars			X
THROAT- Choking- mucus; from; mouth; in			
THROAT- Choking- sensation of			
THROAT- Pain- right			

THROAT- Pain- left			
THROAT- Pain- cold; anything cold; from; agg			
THROAT- Pain- expiration; agg			
THROAT- Pain- singing agg			
THROAT- Pain- sore	2	320	
THROAT- Pain- stinging			
THROAT- Pain- swallowing; agg	2	280	
THROAT- Pain- swallowing; amel			
THROAT- Pain- swallowing; empty: agg			
THROAT- Pain- warm; drinks: amel			
THROAT- Pain- extending to; ear			
THROAT- Pain- tonsils			
THROAT- Swallowing- difficult; solids			
EXTERNAL THROAT- Pain; cervical glands	1	95	
STOMACH- Appetite- increased; alternating with: loss of appetite			
STOMACH- Appetite- increased; eating: after			
STOMACH- Appetite- ravenous; satiety; easy			
STOMACH- Emptiness- fasting; sensation as from prolonged			
STOMACH- Nausea- menses; before; agg			
STOMACH- Nausea- pain; during	1	94	
STOMACH- Pain- burning	3	278	
STOMACH- Pain- eating; after: agg	2	182	X
STOMACH- Pain- lying; amel			
STOMACH- Pain- sitting; agg			
STOMACH- Thirst- headache; during			
STOMACH- Thirst- large quantities; for	1	88	
STOMACH- Thirst- unquenchable			
ABDOMEN- Pain- right			
ABDOMEN- Pain- left; extending to: right			
ABDOMEN- Pain- bending double; must bend double			
ABDOMEN- Pain- cutting pain	3	222	
ABDOMEN- Pain- dull pain			
ABDOMEN- Pain- stinging	2	16	
ABDOMEN- Pain- stitching	1	167	
ABDOMEN- Pain- stool; before	1	193	X
ABDOMEN- Pain- inguinal region	1	219	X
ABDOMEN- Pain- lower abdomen	1	104	
ABDOMEN- Pain- sides	1	177	X
ABDOMEN- Rumbling- menses; before; agg			
RECTUM- Constipation- ineffectual urging and straining	1	256	

RECTUM- Constipation- insufficient	1	122	
RECTUM- Flatus- stool; during			
RECTUM- Pain- diarrhea; during	2	104	X
RECTUM- Urging- stool; during			
BLADDER- Urination- frequent; night	2	170	
KIDNEYS- Pain- right			
KIDNEYS- Pain- motion; amel			
KIDNEYS- Pain- sore	2	65	
KIDNEYS- Pain- tearing pain	3	10	
KIDNEYS- Pain- region of	1	136	X
URETHRA- Pain- cutting pain	3	60	
URETHRA- Pain- raw; as if			
URETHRA- Pain- urination; during; agg	3	225	X
URETHRA- Redness- meatus			
FEMALE GENITALIA/ SEX- Dryness- vagina			
FEMALE GENITALIA/ SEX- Itching- scratching; agg			
FEMALE GENITALIA/ SEX- Itching- scratching; amel			
FEMALE GENITALIA/ SEX- Itching- vagina	2	96	
FEMALE GENITALIA/ SEX- Leukorrhea- cream-like			
FEMALE GENITALIA/ SEX- Leukorrhea- thick	1	87	
FEMALE GENITALIA/ SEX- Pain- left			
FEMALE GENITALIA/ SEX- Pain- bearing down			
FEMALE GENITALIA/ SEX- Pain- burning	1	87	
FEMALE GENITALIA/ SEX- Pain- cutting pain			
FEMALE GENITALIA/ SEX- Pain- motion agg			
FEMALE GENITALIA/ SEX- Pain- spasmodic			
FEMALE GENITALIA/ SEX- Pain- walking agg			
FEMALE GENITALIA/ SEX- Pain- vagina	1	105	X
FEMALE GENITALIA/ SEX- Pain- vulva			X
LARYNX AND TRACHEA- Irritation- larynx	1	164	
RESPIRATION- Difficult- accompanied by; nausea			
RESPIRATION- Difficult- walking; agg			
COUGH- Night- midnight			
COUGH- Constant- day and night			
COUGH- Constant- night			
COUGH- Dry; forenoon			
COUGH- Loose- tickling deep in chest, from			
CHEST- Constriction- walking; agg			
CHEST- Oppression- lying; amel			
CHEST- Oppression- walking; agg			

CHEST- Pain- breathing; agg			
CHEST- Pain- burning	3	178	
CHEST- Pain- cough; during: agg	1	195	
CHEST- Pain- drawing pain			
CHEST- Pain- holds chest with hands during cough			
CHEST- Pain- clavicles			X
CHEST- Pain- diaphragm			
CHEST- Pain- middle of chest			
CHEST- Pain- sides	2	196	X
CHEST- Pain- sternum	2	191	X
CHEST- Perspiration- axillae			
BACK- Pain- right			
BACK- Pain- descends			
BACK- Pain- leaning; against something: amel			
BACK- Pain- pressure; amel			
BACK- Pain- cervical region	1	317	
BACK- Stiffness- dorsal region			
EXTREMITIES- Coldness- ankles			
EXTREMITIES- Coldness- knees			
EXTREMITIES- Coldness- lower limbs			
EXTREMITIES- Cracking in joints- thumbs			
EXTREMITIES- Cracking in joints- wrists			
EXTREMITIES- Eruptions- thighs	1	130	X
EXTREMITIES- Heat- feet	2	207	X
EXTREMITIES- Heat- thumbs			
EXTREMITIES- Heat- wrists	2	89	
EXTREMITIES- Heaviness- legs			X
EXTREMITIES- Inflammation- thumbs			
EXTREMITIES- Inflammation- toes			
EXTREMITIES- Inflammation- wrists			
EXTREMITIES- Itching- elbows	1	61	X
EXTREMITIES- Itching- knees			
EXTREMITIES- Itching- upper limbs	1	196	
EXTREMITIES- Motion- fingers			X
EXTREMITIES- Motion- wrist; difficult			
EXTREMITIES- Numbness- hands			
EXTREMITIES- Numbness- upper arms			
EXTREMITIES- Numbness- upper limbs	1	211	X
EXTREMITIES- Pain- motion; agg			
EXTREMITIES- Pain- walking; agg			

EXTREMITIES- Pain- walking; amel			
EXTREMITIES- Pain- joints			
EXTREMITIES- Pain- knees	2	381	
EXTREMITIES- Pain- nates			X
EXTREMITIES- Pain- shoulders	1	344	X
EXTREMITIES- Pain- thighs	1	339	X
EXTREMITIES- Pain- thumbs			X
EXTREMITIES- Pain- toes	2	220	X
EXTREMITIES- Pain- upper arms	1	273	
EXTREMITIES- Restlessness- legs			
EXTREMITIES- Swelling- feet	2	213	
EXTREMITIES- Tingling- upper arms			
EXTREMITIES- Tingling- upper limbs			X
EXTREMITIES- Warts- feet			X
EXTREMITIES- Weakness- knees	2	215	
SLEEP- Disturbed- chill; during			
SLEEP- Disturbed- cough, by			
SLEEP- Disturbed- pain, by			
SLEEP- Sleepiness- eyes; opening difficult	1	32	
SLEEP- Sleepiness- lying; inclination to lying down			
SLEEP- Sleepiness- overpowering	1	146	
SLEEP- Sleeplessness- accompanied by; complaints; other	1	99	
DREAMS- Animals- wild			
DREAMS- Children; about- rescuing; of			
DREAMS- Danger- escaping from a danger			
DREAMS- Death- friend; of a			
DREAMS- Death- relatives; of			
DREAMS- Events- read			X
DREAMS- Failures- examination			
DREAMS- Frightful- waking him			
DREAMS- Journeys- train			
DREAMS- People- drunken			
DREAMS- Walking- ruins, among			
DREAMS- Women- changed into animals			
FEVER- Night- midnight			
FEVER- Internal heat- cold to the touch; while body feels			
FEVER- Internal heat- external chill; with			
SKIN- Discoloration- red; scratching; after	1	46	
SKIN- Itching- right			
SKIN- Itching- bathing; agg			

SKIN- Itching- hairy parts			
SKIN- Itching- perspiration; agg			
SKIN- Itching- rubbing; amel			
SKIN- Itching- scratching; amel	2	115	
SKIN- Itching- warm; bathing: agg; hot bath			
SKIN- Itching- warm; becoming; agg			
GENERALS- Morning- amel			
GENERALS- Dry sensation- internal parts; in	1	78	
GENERALS- Heat- flushes of; alternating with: chills			
GENERALS- Heat- flushes of; anger; after			
GENERALS- Heat- flushes of; emotions agg			
GENERALS- Heat- flushes of; palpitations; with			
GENERALS- Heat- flushes of; perspiration: without			
GENERALS- Heat- flushes of; extending to: upward			
GENERALS- Numbness- single parts, in	1	138	
GENERALS- Pain- burning	2	57	
GENERALS- Pain- cutting pain	2	39	
GENERALS- Pain- stitching pain	3	238	
GENERALS- Weakness- ascending stairs, from			
GENERALS- Weakness- faint-like			
GENERALS- Weakness- fever; during: agg	1	95	
GENERALS- Weakness- headache; during			
GENERALS- Weakness- menses; before; agg			
GENERALS- Weakness- menses; during: agg			
GENERALS- Weakness- sitting; amel			
GENERALS- Weakness- standing agg			
GENERALS- Weakness- walking; agg			
297	**Total**	**88**	**40**
Percentage Sub Rubric Overlap *RadarOpus- Cantharis vesicatoria*	***29.6%***		

Table 31: The Repertorial Comparison- Sub-Rubric Comparison

Appendix J- The Remedy Batch Comparison

J.1. The Remedy Batch Comparison- Rubric Comparison

KEY	
Batch 1	Tally of total no. rubrics from Batch 1
Batch 2	Tally of total no. rubrics from Batch 2
Shared	Tally of total no. of shared main rubrics between Batch 1 + 2

Main Rubric	Batch 1	Batch 2	Shared
MIND- Absentminded	1	4	X
MIND- Alcoholism	1		
MIND- Anger		3	
MIND- Anxiety	3	6	X
MIND- Company- aversion to	3	1	X
MIND- Company- desire for	1	2	X
MIND- Concentration- difficult		4	
MIND- Confidence- want of self-confidence	2		
MIND- Confident		1	
MIND- Confusion of mind	1		
MIND- Delusions	10	6	X
MIND- Determination		3	
MIND- Discomfort	1		
MIND- Discontented		1	
MIND- Discouraged	1		
MIND- Disgust		1	
MIND- Dullness		2	
MIND- Fastidious	1		
MIND- Fear	2	2	X
MIND- Forgetful	1	2	X
MIND- Forsaken feeling		2	
MIND- Hatred		1	
MIND- Helplessness; feeling of	1		
MIND- Hypochondriasis		3	
MIND- Impatient		1	
MIND- Impulse, morbid		1	
MIND- Laziness	1		
MIND- Memory- weakness of memory	4	2	X
MIND- Mood- repulsive		1	
MIND- Music- amel	1		
MIND- Offended, easily	1		
MIND- Quarrelsome		1	
MIND- Quiet disposition	1		

MIND- Reflecting		1	
MIND- Reproaching oneself	2	2	X
MIND- Resignation	1		
MIND- Sadness	3	1	X
MIND- Secretive		2	
MIND- Sensitive	4		
MIND- Speech- confused		2	
MIND- Stupefaction	1		
MIND- Suspicious	1		
MIND- Taciturn	3	2	X
MIND- Temerity		1	
MIND- Tension, mental		1	
MIND- Thoughts- vanishing of	1		
MIND- Timidity		1	
MIND- Tranquillity		2	
MIND- Walking- air; in the open; amel		2	
MIND- Washing- desire to wash		1	
MIND- Weeping	3		
MIND- Will- loss of will power	1		
HEAD- Heaviness		1	
HEAD- Itching of scalp	6	2	X
HEAD- Lightness; sensation of	1		
HEAD- Numbness; sensation of	1		
HEAD- Pain	27	11	X
EYE- Agglutinated	1		
EYE- Closing the eyes- amel	1		
EYE- Closing the eyes- desire to	1		
EYE- Discoloration- red	2		
EYE- Dryness	2		
EYE- Glassy appearance	1		
EYE- Heaviness	1		
EYE- Itching	2		
EYE- Lachrymation	2		
EYE- Opening the lids- difficult	1		
EYE- Photophobia		1	
EYE- Sunken	1		
EAR- Noises in	2	1	X
EAR- Pain	5		
NOSE- Catarrh		1	
NOSE- Coryza		1	
NOSE- Cracks		2	
NOSE- Discharge	3		
NOSE- Epistaxis	3	1	X
NOSE- Hay fever		1	

NOSE- Heaviness	1		
NOSE- Itching	1	1	X
NOSE- Obstruction	2	1	X
NOSE- Pain	1		
FACE- Bleeding of lips	2		
FACE- Discoloration- red	2		
FACE- Eruptions	1	1	X
FACE- Expression- sickly	2		
FACE- Itching	2		
FACE- Numbness	2		
FACE- Pain	7		
FACE- Swelling	3		
FACE- Tingling	1		
MOUTH- Bleeding	1		
MOUTH- Discoloration- tongue; white	1		
MOUTH- Dryness	1		
MOUTH- Itching	1		
MOUTH- Pain	2		
MOUTH- Taste- metallic	1		
MOUTH- Taste- sour	1		
MOUTH- Taste- wanting, tastelessness of food	2	2	X
TEETH- Pain		2	
TEETH- Sensitive, tender	1		
THROAT- Choking	1	1	X
THROAT- Discolouration- redness	1		
THROAT- Dryness	1		
THROAT- Foreign body; sensation of a	1		
THROAT- Hawking; disposition to	1		
THROAT- Itching	3		
THROAT- Pain	19	1	X
THROAT- Scratching	1		
THROAT- Swallowing- difficult	1	1	X
THROAT- Swelling		1	
EXTERNAL THROAT- Pain	1		
STOMACH- Appetite- capricious appetite	1		
STOMACH- Appetite- diminished	5		
STOMACH- Appetite- easy satiety	3		
STOMACH- Appetite- increased	1	1	X
STOMACH- Appetite- insatiable	2		
STOMACH- Appetite- ravenous	1	1	X
STOMACH- Emptiness	1		
STOMACH- Hiccough	1		
STOMACH- Nausea	2	1	X
STOMACH- Pain	2	3	X

STOMACH- Thirst	3		
STOMACH- Thirstless	1	1	X
ABDOMEN- Pain	10	4	X
ABDOMEN- Rumbling	1		
RECTUM- Constipation	2		
RECTUM- Flatus	1		
RECTUM- Pain		1	
RECTUM- Urging	1		
RECTUM- Weakness, weak feeling		1	
STOOL- Balls, like	3		
STOOL- Dry	1		
STOOL- Thin	1		
STOOL- Yellow		2	
BLADDER- Urination- frequent		1	
KIDNEYS- Pain	5		
URETHRA- Inflammation		1	
URETHRA- Pain		3	
URETHRA- Redness		1	
FEMALE GENITALIA/ SEX- Dryness		1	
FEMALE GENITALIA/ SEX- Itching	2	1	X
FEMALE GENITALIA/ SEX- Leukorrhea		2	
FEMALE GENITALIA/ SEX- Menses- appear; as if menses would appear	2		
FEMALE GENITALIA/ SEX- Menses- bright red	1		
FEMALE GENITALIA/ SEX- Menses- brown		1	
FEMALE GENITALIA/ SEX- Menses- clotted		1	
FEMALE GENITALIA/ SEX- Menses- copious	4	1	X
FEMALE GENITALIA/ SEX- Menses- dark	1		
FEMALE GENITALIA/ SEX- Menses- late, too	1	1	X
FEMALE GENITALIA/ SEX- Menses- protracted		1	
FEMALE GENITALIA/ SEX- Menses- thick		1	
FEMALE GENITALIA/ SEX- Menses- thin	1		
FEMALE GENITALIA/ SEX- Menses- watery	1		
FEMALE GENITALIA/ SEX- Pain	5	6	X
FEMALE GENITALIA/ SEX- Sexual desire- insatiable	1		
LARYNX AND TRACHEA- Irritation	1		
RESPIRATION- Asthmatic	2		
RESPIRATION- Difficult	4		
COUGH- Night	2		
COUGH- Choking	1		
COUGH- Cold- air; agg	2		
COUGH- Cold- room; agg	1		
COUGH- Constant	4		
COUGH- Drinking- after; agg	2		
COUGH- Dry	6		

COUGH- Dust; from	2		
COUGH- Hacking	2		
COUGH- Loose	1		
COUGH- Paroxysmal	2		
COUGH- Racking	1		
COUGH- Room agg	2		
COUGH- Sleep- wakens from	1		
COUGH- Suppressing the cough- agg	1		
COUGH- Talking- agg	1		
COUGH- Violent	3		
COUGH- Wind, in	1		
EXPECTORATION- Frothy	1		
EXPECTORATION- Greenish	2		
EXPECTORATION- Hard	1		
EXPECTORATION- Lumpy	1		
EXPECTORATION- Yellow	2		
CHEST- Boiling sensation	1		
CHEST- Constriction	1		
CHEST- Itching	3		
CHEST- Mucus- lungs	1		
CHEST- Oppression	5		
CHEST- Pain	13	1	X
CHEST- Perspiration	1		
CHEST- Tickling in	1		
BACK- Pain	4	2	X
BACK- Perspiration	1		
BACK- Spasms	1		
BACK- Stiffness	1		
BACK- Weakness	1		
EXTREMITIES- Coldness		4	
EXTREMITIES- Cracking in joints		2	
EXTREMITIES- Discoloration- foot; redness	1		
EXTREMITIES- Discoloration- thumbs; red		1	
EXTREMITIES- Discoloration- wrist; redness		1	
EXTREMITIES- Eruptions	3		
EXTREMITIES- Fall; as if she would	1		
EXTREMITIES- Heat	1	2	X
EXTREMITIES- Heaviness	1		
EXTREMITIES- Inflammation		5	
EXTREMITIES- Itching	3		
EXTREMITIES- Motion		2	
EXTREMITIES- Numbness	3	1	X
EXTREMITIES- Pain	17	5	X
EXTREMITIES- Restlessness		1	

EXTREMITIES- Swelling	1		
EXTREMITIES- Tingling	1	1	X
EXTREMITIES- Warts- feet	1		
EXTREMITIES- Weakness	1		
SLEEP- Disturbed	3		
SLEEP- Falling asleep- difficult	1		
SLEEP- Falling asleep- easy	1		
SLEEP- Light	1		
SLEEP- Prolonged	1		
SLEEP- Sleepiness	8		
SLEEP- Sleeplessness	2	1	X
SLEEP- Waking- anxiety, as from	1		
SLEEP- Waking- frequent	1		
DREAMS- Animals	1	2	X
DREAMS- Attacked; of being	1		
DREAMS- Autopsies	1		
DREAMS- Bitten; being- animals; by		1	
DREAMS- Buildings		2	
DREAMS- Changing- places often		2	
DREAMS- Children, about	1		
DREAMS- Conversations- women; with	1		
DREAMS- Crocodiles		1	
DREAMS- Danger		1	
DREAMS- Dead bodies	1		
DREAMS- Death		2	
DREAMS- Disabled, she is	1		
DREAMS- Dogs	1		
DREAMS- Driving	1		
DREAMS- Events	1		
DREAMS- Examinations- unprepared for an exam; being	1		
DREAMS- Failures		1	
DREAMS- Family, own	1		
DREAMS- Forsaken; being	1		
DREAMS- Frightful	2	1	X
DREAMS- House	1		
DREAMS- Insects	1		
DREAMS- Island	1		
DREAMS- Journeys		1	
DREAMS- Lions		1	
DREAMS- Nightmares	1		
DREAMS- Parties	3		
DREAMS- People	1		
DREAMS- Playing	1		
DREAMS- Poverty	1		

DREAMS- Protected; being	1		
DREAMS- Pursued, being	1		
DREAMS- Resurrection		1	
DREAMS- Running		1	
DREAMS- Searching- someone; for	1		
DREAMS- Skeletons	1		
DREAMS- Snakes		1	
DREAMS- Swimming	1		
DREAMS- Transparent; he is	1		
DREAMS- Trapped	1		
DREAMS- Walking		2	
DREAMS- Waves- coming over him	1		
DREAMS- Wild		1	
DREAMS- Women		2	
CHILL- Chill in general	1	4	X
CHILL- Ascending agg		1	
CHILL- Beginning- legs		1	
CHILL- Shaking		1	
FEVER- Fever, heat in general	5	2	X
FEVER- Morning		1	
FEVER- Night	1		
FEVER- Air; in open- amel		1	
FEVER- Alternating with- chills		1	
FEVER- Bed- in bed	1		
FEVER- Coughing increases the heat	1		
FEVER- Internal heat	2		
FEVER- Perspiration- heat; with		1	
PERSPIRATION- Pains- from	1		
SKIN- Discoloration- red	2		
SKIN- Goose flesh	1		
SKIN- Itching	9	4	X
GENERALS- Side- right		1	X
GENERALS- Morning	1		
GENERALS- Closing- eyes; amel			
GENERALS- Cold- agg			
GENERALS- Cold- air; agg	2		
GENERALS- Cold- air; amel		1	
GENERALS- Cold- feeling; icy cold		1	
GENERALS- Discharges- sticky		1	
GENERALS- Dry sensation			X
GENERALS- Emaciation	1		
GENERALS- Food and drinks- alcoholic drinks; desire		1	
GENERALS- Food and drinks- chocolate; desire	1		
GENERALS- Food and drinks- coffee; desire	1		

GENERALS- Food and drinks- farinaceous; desire	1		
GENERALS- Food and drinks- fish; desire	1		
GENERALS- Food and drinks- meat; desire		1	
GENERALS- Food and drinks- milk; desire: sour	1		
GENERALS- Food and drinks- sour food, acids; aversion	1		
GENERALS- Food and drinks- sour food, acids; desire	1		
GENERALS- Food and drinks- tea; amel	1		
GENERALS- Heat- flushes of	9		
GENERALS- Heaviness			X
GENERALS- Lassitude	1		
GENERALS- Menopause	1		
GENERALS- Menses- before; agg	1	1	X
GENERALS- Menses- during; agg			
GENERALS- Motion- agg			X
GENERALS- Numbness			X
GENERALS- Pain			X
GENERALS- Swollen sensation			X
GENERALS- Warm- air; agg		1	
GENERALS- Weakness	8	6	X
GENERALS- Weariness	1	2	X
GENERALS- Weather- dry; amel		1	
Total	**481**	**224**	**54**
318	**705**		***17.0%***

Table 32: The Remedy Batch Comparison- Rubric Comparison

J.2. The Remedy Batch Comparison- Twenty Rubrics Comparison

Rubric	Batch 1 Rubrics	Batch 2 Rubrics	Shared
MIND- Sensitive- noise, to	MIND- Sensitive- noise, to MIND- Sensitive- noise, to HEAD- Pain- noise; agg	MIND- Fear- noise, from	X
MIND- Taciturn	MIND- Taciturn MIND- Taciturn	MIND- Taciturn MIND- Taciturn	X
STOMACH- Appetite- diminished	STOMACH- Appetite- diminished STOMACH- Appetite- diminished STOMACH- Appetite- diminished STOMACH- Appetite- diminished		
FEMALE GENITALIA/ SEX- Menses- copious	FEMALE GENITALIA/ SEX- Menses- copious FEMALE GENITALIA/ SEX- Menses- copious FEMALE GENITALIA/ SEX- Menses- copious	FEMALE GENITALIA/ SEX- Menses- copious	X
FEMALE GENITALIA/ SEX- Sexual desire- insatiable	FEMALE GENITALIA/ SEX- Sexual desire- insatiable		
CHILL- Chill in general	CHILL- Chill in general	CHILL- Chill in general CHILL- Chill in general CHILL- Chill in general	X
FEVER- Fever, heat in general	FEVER- Fever, heat in general FEVER- Fever, heat in general FEVER- Fever, heat in general	FEVER- Fever, heat in general	X
SKIN- Itching	HEAD- Itching of scalp NOSE- Itching EXTREMITIES- Itching- upper limbs EXTREMITIES- Itching- knees SKIN- Itching- scratching; amel	HEAD- Itching of scalp- forehead NOSE- Itching SKIN- Itching- bathing; agg SKIN- Itching- rubbing; amel SKIN- Itching- warm; agg	X

GENERALS- Side- right	HEAD- Pain- forehead; right EAR- Noises in- ringing; right EAR- Pain- right THROAT- Pain- right ABDOMEN- Pain- inguinal region; right: stitching KIDNEYS- Pain- right BACK- Pain- right EXTREMITIES- Pain- shoulders; right SKIN- Itching- right	ABDOMEN- Pain- inguinal region; right ABDOMEN- Pain- right EXTREMITIES- Pain- shoulders; joints: right GENERALS- Side- right	X
GENERALS- Cold- agg	THROAT- Pain- cold; anything cold; from; agg COUGH- Cold- air; agg (2) COUGH- Cold- air; agg COUGH- Cold- room; agg GENERALS- Cold- air; agg		
GENERALS- Dry sensation- internal parts; in	EYE- Dryness MOUTH- Dryness- sensation of THROAT- Dryness	FEMALE GENITALIA/ SEX- Dryness- vagina	X
GENERALS- Food and drinks- meat; desire		GENERALS- Food and drinks- meat; desire	
GENERALS- Heat- flushes of	GENERALS- Heat- flushes of GENERALS- Heat- flushes of; alternating with: chills GENERALS- Heat- flushes of; anger; after GENERALS- Heat- flushes of; emotions agg GENERALS- Heat- flushes of; palpitations; with GENERALS- Heat- flushes of; perspiration: without GENERALS- Heat- flushes of; extending to: upward		
GENERALS- Heaviness	EYE- Heaviness NOSE- Heaviness EXTREMITIES- Heaviness- legs; walking agg	HEAD- Heaviness	X
GENERALS- Motion- agg	HEAD- Pain- motion; eyes; of: agg HEAD- Pain- temples; motion: agg EXTREMITIES- Pain- motion; agg	FEMALE GENITALIA/ SEX- Pain- motion agg EXTREMITIES- Motion- fingers; difficult	X
GENERALS- Numbness- single parts, in	HEAD- Numbness; sensation of FACE- Numbness EXTREMITIES- Numbness- hands EXTREMITIES- Numbness- upper limbs- left	EXTREMITIES- Numbness- upper limbs; left	X

GENERALS- Pain- burning	STOMACH- Pain- burning STOMACH- Pain- burning FEMALE GENITALIA/ SEX- Pain- burning (2)	HEAD- Pain- forehead; burning RECTUM- Pain- diarrhea; during: burning FEMALE GENITALIA/ SEX- Pain- burning FEMALE GENITALIA/ SEX- Pain- vulva; burning CHEST- Pain- burning	X
GENERALS- Pain- cutting pain	HEAD- Pain- temples; cutting pain ABDOMEN- Pain- cutting pain FEMALE GENITALIA/ SEX- Pain- cutting pain FEMALE GENITALIA/ SEX- Pain- vagina; cutting pain CHEST- Pain- clavicles; below: cutting	ABDOMEN- Pain- cutting pain URETHRA- Pain- cutting pain URETHRA- Pain- urination; during; agg: cutting pain	X
GENERALS- Swollen sensation	FACE- Swelling- lips FACE- Swelling- sensation of swelling EXTREMITIES- Swelling- feet	THROAT- Swelling	X
GENERALS- Weakness	BACK- Weakness EXTREMITIES- Weakness- knees GENERALS- Weakness GENERALS- Weakness GENERALS- Weakness- ascending stairs, from GENERALS- Weakness- faint-like GENERALS- Weakness- fever; during: agg GENERALS- Weakness- menses; during: agg GENERALS- Weakness- menses; during: agg GENERALS- Weakness- standing agg	RECTUM- Weakness, weak feeling GENERALS- Weakness GENERALS- Weakness- headache; during GENERALS- Weakness- menses; before; agg GENERALS- Weakness- walking; agg	X
	TOTAL		**15**
	OVERLAP		***75.0%***

Table 33: The Remedy Batch Comparison- Twenty Rubrics Comparison