A COMPARATIVE ANALYSIS OF THE NATURAL HISTORY OF SELECTED REMEDIES FROM THE ANACARDIACEAE PLANT FAMILY WITH THEIR RESPECTIVE HOMOEOPATHIC SYMPTOMATOLOGY.

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Dissertation submitted in partial compliance with the requirements for the Master’s Degree in Technology: Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology.

I, Magic Msawenkosi, do hereby declare that this dissertation represents my own work in both concept and execution.

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Date of Signature
DEDICATIONS

This dissertation is dedicated to my late parents, Lawu Mbatha and Vieira Mbatha. Although the time we spent together was very brief, thank you for making me, me. Words cannot begin to describe how thankful I am for everything, ngyabonga Bo Ndabezitha.

I also dedicate this dissertation to my loving brother, Mlungisi Mbatha. Thank you for the many sacrifices you have made for your little brother. Thank you for always putting me first.
I thank my supervisors, Dr. Madhu Maharaj and Dr. Ben Wulfsohn. It has been both an honour and a privilege working with such dedicated and knowledgeable individuals. Thank you for the endless support and motivation.

Thank you to the late Dr. Euvette Taylor for being the voice of reason in my life, especially in my darkest hours. Thank you for making a difference

Thank you to honourable Siphamandla Mbatha for always coming through for me, no matter how big an obstacle I was confronted with. Ngithi ngyabonga Mthiya.

Last but not least, I would like to thank myself for not giving up on me. I thank me for always believing in me, trusting in me, taking care of me, and picking me up when life had me down.
ABSTRACT

The ever expanding homoeopathic Materia Medica poses multiple difficulties for the physician whose aim is to prescribe a single and specific remedy. The homoeopathic discipline has also been under immense pressure in the past few decades from scientific practitioners to display “scientific plausibility”. Comparative analytical studies are an approach that can create a platform that can be utilized to address these challenges. Comparative analytical studies collect and compare existing data from various sources with the aim of formulating an improved opinion regarding a subject.

Aim of the Study

The aim of this study was to develop the learning, understanding, and teaching of the Anacardiaceae plant family of remedies by exploring and comparing the family’s natural history, respective homoeopathic symptomatology, and identifying concepts and ideas to facilitate the development of the “scientific plausibility” of homoeopathic medicine. The study focused on both similarities and differences that exist between the family’s natural history and homoeopathic symptomatology, ultimately extracting common features of both aspects and developing a new and better understanding of the Anacardiaceae plant family of remedies.

Methodology

The researcher established the Anacardiaceae plant family, by definition, and determined its various members. Using Macrepertory (2017), the list of members was then refined to include only those members utilized homoeopathically. This list included 19 remedies.

The list of 19 remedies was further refined to include only those remedies that have been clinically verified. Remedies, featuring in less than 2000 rubrics, were considered to be less significant for the purpose of this study, and thus excluded. A total of five (5) remedies featured in more than 2000 rubrics.
Various literature sources were consulted to retrieve information on the natural history of these five (5) remedies required for the purpose of this study. These remedies met the data-sufficiency standard determined by the researcher, and thus formed the subset group for this study.

Using Macrepertory (2017), a computer repertory extraction was performed for the individual members of the subset group. The parameters were set to include only the general and mental symptoms as the study focused only on those symptoms. Various literature sources were consulted to acquire information on the natural history of the different members of the subset group. Keywords and concepts from the natural history of the individual members of the subset group were then identified and extracted. These were then tabulated for ease of reference. The components for the criteria of comparison for the natural history included physical properties, habitat and distribution, historical significance, associated mythology, uses, active principal, physiological action, and toxicology. The *Oxford Paperback Thesaurus* (2012) and Thesaurus.com (2019) were consulted to identify keywords and synonyms related to the homoeopathic general and mental symptoms of the various members of the subset group. This information was also tabulated to facilitate the grouping of similar themes. The commonalities pertaining to the natural history of individual remedies and their respective homoeopathic general and mental symptoms were tabulated and discussed. On conclusion of individual remedy analysis and correlation, a collective analysis of the entire subset group was conducted.

**Results**

The themes found to be common in all the members of the subset group, when collating and contrasting the Anacardiaceae plant family’s natural history and homoeopathic general and mental symptoms, were pain, inflammation, swelling, redness, coldness, burning, irritable, eruptions, and weakness. These themes were further compared to those obtained by Sankaran (2002), Scholten (2013), and Yakir (2017) in their respective studies.
Conclusion

The results obtained from this study indicate that the aims and objectives, as set out by the researcher, were achieved. The researcher also believes that the outcome of this study is an accurate reflection of the relationship between the natural history and homoeopathic general and mental symptoms of the Anacardiaceae plant family of remedies employed homoeopathically.
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CHAPTER 1: INTRODUCTION

1.1 Historical overview

Homeopathy is a system of medicine that was developed by the German physician Dr Samuel Hahnemann in the late 18th century after actively applying ‘the law of similars’ i.e. ‘similia similibus curentur’ (Kumar, 2006:1). Similia similibus curentur is an axiom expressing that any substance capable of producing morbid symptoms in a healthy individual can relieve the very same symptoms when they occur as an expression of disease (Hahnemann, 1996: 48). To interrogate his claim with ‘the law of similars’, Hahnemann tested medicinal substances on himself. These tests became known as homoeopathic “provings”. Thus a proving is the process of systematically administering medicinal substances to a healthy individual in order to observe and learn the signs and symptoms induced by the substance upon the individual (O’Reilly, 1996: 144) as cited by (Chibba, 2013). Since then over 3000 homoeopathic remedies have been proven, resulting in a massive accumulation of homoeopathic data represented in the homoeopathic materia medica (Vogel, 2006: 2: 10).

1.2 Rationale for the comparative analysis of the Anacardiaceae family

As homoeopathy continues to expand as a healing system, it requires methods and techniques which simplify studying, understanding, and applying homoeopathic remedies in practice.

About two centuries ago, when homoeopathy was still at its developmental phase with only a few proven remedies, physicians were able to memorise remedies and prescribe them with ease (Wulfsohn, 2010). The modern Materia Medica contains thousands of remedies and continues to expand (Weston, 2010). The abundance of remedies poses difficulties for the physician whose aim is to prescribe a single and specific remedy. The modern homoeopath is thus confronted with the challenge of memorizing multiple remedies that share multiple similar attributes, and distinguishing between these to prescribe the one remedy that best suits the patient’s needs.
This study focused on learning, understanding, and teaching of the Anacardiaceae plant family of remedies by exploring and comparing the family’s natural history, respective homoeopathic symptomatology, and identifying concepts and ideas to facilitate the scientific development of homoeopathic medicine. The study also focused on both the similarities and differences that exist between the family’s natural history and homoeopathic symptomatology, ultimately extracting the common features of both aspects and developing a new and better understanding of the Anacardiaceae plant family of remedies as a whole.

The Anacardiaceae plant family is underutilized homoeopathically. The family consists of over 700 plant species, of which only about twenty are presented in the homoeopathic Materia Medica, and only a fraction of those twenty is applied efficiently in practice. Remedies that are applied the most in practice are termed “polychrest” remedies. ‘Polychrests’ can be defined as remedies in which the majority of symptoms correspond to the most common diseases and thus can be used to treat multiple diseases (hpathy.com, 2010). Rhus Toxicodendron, Anacardium Orientale, and Mangifera Indica, belonging to the Anacardiaceae family, are the most applied remedies in practice, and thus can be referred to as “polychrests” (actual term means: ‘poly’ many, ‘chrest’ use). In cases of disease, most practitioners will consider a ‘polychrest’ remedy over any other “smaller” remedy of the same nature. This may be due to a lack of understanding of the plant families of remedies, a general lack of understanding of homoeopathy as whole, and the lack of rubric representation in the repertory. The methods homoeopaths use to study and comprehend remedies determine how they apply these in practice. Therefore, it is important that studies are conducted to develop the teaching, understanding, and application of homoeopathic remedies.

In the past few decades, Homeopathy has been under serious pressure from the scientific world to demonstrate scientific plausibility. In the many attempts of developing homoeopathy as scientific discipline, pioneering authors of homoeopathy, such as Scholten (1993), Sankaran (2008), Mangialavori (2010) and Yakir (2017) have developed the group analysis method.

The Group Analysis method is homoeopathy’s first major paradigm shift since its discovery in the late 1800s. Group analysis is a method that seeks to classify homoeopathic remedies into
family groups, linking naturally related substances according to their symptoms (Vogel, 2007). Each author has had a different approach to the Group Analysis method. Each approach however is deemed homoeopathic in nature and presents some form of scientific knowledge and incorporation. Group Analysis is an important construct in the development of homoeopathy as a science. However, like any other new concept, the group analysis approach should never be viewed as being impeccable but rather as an attempted progressive endeavour which can present certain flaws. One of the flaws of the Group Analysis approach for instance is the chemical similarities of plants that do not belong to the same family group. The introduction of any new concept will always bear the potential of creating confusion and division, thus also bringing about ridicule. Therefore the Group Analysis approach should never supersede traditional principles i.e. clinical trials should always be conducted in order to establish the curative powers of the medicinal substance.

The data collected from this study may contribute to the learning, teaching and understanding of the Anacardiaceae plant family of remedies. The approach of this study can be adopted and applied to study other plant families. This study will also evaluate the authenticity of homoeopathy’s scientific approach to the group analysis design. Ultimately, the study hopes to improve the application of homoeopathic remedies.

Research Problem and Aims

The homoeopathic Materia Medica is continuously expanding. These volumes of data are very closely related. This poses a challenge for the homoeopathic physician whose intent is to prescribe a single remedy i.e. the ‘similimum’. As a result, physicians only prescribe remedies that are well represented in the Repertory and Materia Medica. This means that a large portion of remedies go unnoticed and thus remain underutilized.

The rate at which the Materia Medica and Repertory is being updated cannot parallel the rapid rate at which homoeopathic ‘provings’ are being conducted. Thus, methods like the Group Analysis method that seek to improve studying, teaching and understanding the homoeopathic Materia Medica are important. The significance of identifying key features, characteristics, and grouping remedies according to such is an important initiative in
simplifying the learning, teaching and understanding of homeopathic remedies. These methods also allow homoeopaths to predict the behaviour of unknown substances based on the analysis of entire family groups. The introduction of Group Analysis has however sparked major debates in the homoeopathic world (Winston 2004:36) and is somewhat opposed, especially by those homoeopaths who remain dogmatic to the ‘Hahnemannian’ and ‘Kentian’ approach i.e. the reportorial analysis of symptoms.

Modern homoeopathy uses multiple approaches and no longer follows a single school of thought. Homoeopaths around the world apply ‘selective dogmatism’ to the original design, thus the interpretation and utilization of information has become somewhat distorted.

Homoeopathy is constantly under pressure from the scientific community to produce scientific evidence that support its governing theories. It is thus important for homoeopathic practitioners to engage in scientifically based studies.

**Research aim:**
To explore the natural history of the selected Homoeopathic remedies belonging to the Anacardiaceae plant family and compare this information to existing Homoeopathic literature.

**Research questions:**

1. Is there a relationship that exists between the natural history of the selected homoeopathic remedies, belonging to the Anacardiaceae plant family, and their respective mental and general homoeopathic symptomatology according to literature?
2. Are there any common themes, traits, and sensations in the homoeopathic Anacardiaceae plant family of remedies?
Hypotheses:

1. Commonalities exist between the general and mental symptoms of individual remedies of the Anacardiaceae family and their respective natural history.
2. Commonalities exist between the general and mental symptoms of the Anacardiaceae family and its natural history collectively.

Assumption:
All the rubrics that represent the various remedies have been validated and clinically verified.

Objectives:

1. Determine the natural history of the Anacardiaceae plant family remedies in terms of the botanical classifications, toxicology, and the doctrine of signatures.
2. Select well-represented homeopathic remedies of the Anacardiaceae plant family and tabulate their respective symptomatology in order to derive homeopathic themes.
3. Determine homeopathic themes of the Anacardiaceae plant family remedies and compare with the themes that emerge from the documentation of the natural history of the Anacardiaceae plant family remedies.
4. Compare the themes and sensations that emerge with existing themes and sensations of the Anacardiaceae plant family remedies.
2.1 Introduction

The desire to create order out of chaos, classify and order the vast panoply of nature is perhaps a fundamental human characteristic (Wulfsohn 2010). Therefore, it is no surprise that, when we revisit the works of the founding fathers of plant medicine such as the likes of Dioscoride, Galen, Hippocrates, Locke and Paracelsus, this desire to create order and classify is also evident.

The homoeopathic Materia Medica and Repertory contain thousands of remedies with closely related information, and remedies are continuously being added under each rubric. A Materia Medica is a book that contains lists of medicinal substances used homoeopathically along with detailed indications for their application. The Repertory is a homoeopathic reference book containing extensive lists of symptoms and homoeopathic medicines i.e. remedies that have been subjected to clinical trials (provings) and found to be very helpful in addressing those symptoms. Often, no single remedy emerges at the end of the repertorization process (Sankaran 2004). A systemic homeopathic approach is thus required to assist practitioners filter archives of closely related information and thus be able to better learn, understand, teach, and prescribe remedies in practice. Hahnemann (1996:48), as cited by Weston (2010), initiated the classification and order of remedies by differentiating them according to three miasms, namely, Psora, Sycosis, and Syphilis (Vithoulkas 1980). In the last two decades, this notion of classification has been explored and further developed by pioneering authors such as Sankaran (2008), Scholten (1993), Mangialavori (2010) and Yakir (2017) who have devised systemic methods of arranging remedies according to their central themes, kingdoms, and states of mind (Phahamane 2010).

Plant medicine is perhaps the oldest form of medicine known to man. Prior to 1800s, before the age of the modern scientific paradigm, plant medicine was the unquestioned foundation for all standard textbooks on pharmacology. One of the first known European medicinal literature, *De Materia Medica*, written by Greek physician Pedanios Dioscoride in the first
century A.D, is a testament to such claims (Schulz, HänSEL and Tyler 2001). Prehistoric artefacts from ancient civilisations of Babylonia, Egypt, China, and India have some reference to plant medicine (Long 2011). Consequently, it is this pre-historic foundation that has enabled many modern authors to develop and investigate medicinal plants in terms of their medicinal uses, history, origin, mythology, toxicology and pharmacology (Long 2011).

The Anacardiaceae botanical family is a very important botanical family in both Homoeopathic and traditional medicine. Globally, the family is economically significant. The Anacardiaceae botanical family has about 870 species of evergreen trees, shrubs, and woody vines which are all native to tropic and sub-tropic regions of the world. Many of these species have been used and continue to be used in folk medicine around the world (Pell et al 2009).

2.2 Understanding Homoeopathy

‘The practice of homoeopathy is not an easy one. Perhaps the one factor that makes it difficult is that Homoeopathy is probably one of very few, if not only, scientific disciplines which has a method of identification that begins with specifics, rather than starting from the broad and going to the narrow’ (Sankaran 2002).

Homoeopathy, in the modern construct, falls under the category of alternative or complementary medicine. Developed by the German physician, Dr Samuel Hahnemann (1755-1843) as cited by (Lockie 2000: 14), homoeopathy is based on the fundamental laws of nature i.e. law of similars, law of individualisation, and law of infinitesimal dose (Lockie 2000). The law of ‘similarls’ can be understood as follows: a substance which is capable of causing disease symptoms in its crude state, can cure those similar symptoms it causes if the substance is administered homoeopathically (Harkhu 2011). These basic laws of homoeopathy have remained unchanged since their definition by Dr. Hahnemann in the 1800s (Phahamane 2015). This principle that homoeopathic medicine identifies itself with is also ingrained in its name i.e. ‘Homoeo’ meaning similar and ‘pathos’ meaning suffering (Phahamane 2015).

“By similar things a disease is produced and through the application of the like it is cured” Hippocrates (460-377 BC) as cited by (hpathy.com 2010). To explain the law of
individualisation, Dr. Hahnemann in his essay entitled ‘Spirit of Homoeopathic Doctrine of Medicine’, wrote that man is a biological whole and no single entity of his can manifest or represent the entire being. Every aspect of the patient is considered with this approach, commonly referred to as the ‘holistic approach’. The outcome of this approach is tailored, individualized medicine specifically suited for that individual’s needs. In practice, each patient will receive a different medicinal substance, sometimes even for the exact same disease and severity.

2.2.1 Understanding remedies

‘Remedy’ is a term used by homoeopaths to describe a homoeopathic medicinal substance. There are more than 8200 of these remedies in existence, of which 5800 of these have been subjected to clinical provings (admin 2017). These are derived from plants, minerals, metals, acids, alkalis, imponderables (e.g. Luna), animal venoms and healthy (Sarcode e.g muscle tissue, colon) or diseased (nosodes) human or animal (e.g Ambra grisea) tissue (Roy 1994). Preparing these remedies involves a process known as potentization whereby the crude medicinal substance is taken through a series of dilutions and shaken (more like vortex) in a particular manner (succussion). This process produces infinitesimal doses more akin to nanomedicine, a gentler yet more effective version of the medicinal substance (Vithoulkas 1980).

2.2.2 Law of Infinitesimal dose

The law of infinitesimal dose is perhaps the main aspect that sets Homoeopathy apart from other forms of medicine, but is also undoubtedly the main target for scepticism. Homoeopaths employ ultra-diluted substances that are reduced beyond Avogadro’s constant (NA 6.02214086 × 10⁻²³ mol), a number which the existing scientific paradigm stipulates is the ultimate measure for constituent matter of any substance. The rationale behind infinitesimal dose is that the administered medicinal substance is only intended to stimulate the body and initiate the self-perpetuating healing process, rather than creating a drug response that will halt once the drug is discontinued. Thus, the administered homoeopathic remedy is very much diluted, and often only administered as a single dose (Roy 1994). However, if the single
administered dose produces a slow amelioration, then the remedy may be repeated at suitable intervals to speed up recovery, as per guidelines of the 4th edition of the Organon ([Homoeopathic Online Education, David Little] Dose and Potency According to The Organon, 2020).

2.2.3 Memory of water

Davenas et al (1988: 816-818), French immunologists, published an article in the scientific journal ‘Nature’ where they described the action of ultra-high dilutions of anti-IgE antibody on the degeneration of human basophils. During this experimentation on high dilutions, using water as a solvent, they observed how ultra-high dilutions contained no molecule of the original antibody, yet still exhibited characteristics thereof. Davenas et al (1988: 816-818) concluded that water was biologically active and that it possessed the ability to ‘remember’ previous contact with other biologically active chemicals, thus confirming one of the most contentious aspects of homoeopathy, ‘the memory of water’ (Schiff 1995). Davenas et al (1988: 816-818) further asserted that this ‘water memory’ could be digitized, transmitted, and reinserted into other water samples causing these water samples to exhibit the same active qualities as the original sample.

A similar concept emerged in the early 2000s. Montagnier et al (2014:106-112), a group of mostly French virologists, introduced the DNA transduction theorem. Having experimented with viruses and bacteria, they discovered that some of these bacterial and viral DNA sequences caused electromagnetic signals to be emitted at high dilutions when dissolved in water. Montagnier et al (2014:106-112) further asserted that these electromagnetic waves could be recorded from solutions of DNA and be encoded in target sequences. Simply put, the information in a DNA strand could be transmitted by water via electromagnetic emissions, thus concurring with the observations of Davenas et al (1988: 816-818).

In both the above instances, the researchers make claims that are very challenging, both from a scientific and a sociological standpoint. Scientifically, the researchers describe observations that do not fit into the current scientific paradigm, thus prompting for the re-evaluation of the current scientific framework. Sociologically, the scientific framework shapes and moulds a community of individuals that share the notions. The ideas presented by both authors have
been refuted by all scientific discussions, thus indicating signs of censorship from the scientific world (Schiff 1995).

Currently, there is no accepted theory, scientifically, which can explain how these ultra-high homeopathic dilutions work. The scientific world seems to exercise very strict policies regarding premature and controversial data, especially if it advocates a shift in paradigm. The scientific industry, as big as it is today, has not come up with any decent alternative explanation to the above-mentioned observations of Montagnier et al (2014: 106-112) and Davenas et al (1988: 816-818), thus calling for serious scrutiny of the current admitted scientific paradigm.

2.3 Cycle of scientific progress and the concept of paradigms

Scientific progress is revolutionary, unsteady and cumulative (Kuhn 1962). Kuhn (1962: 1-7) points out the following stages of the general pattern of scientific change: “pre-science” i.e. the period of disorganized and unstructured activity characterised by total disagreement and constant debate over fundamentals; “normal science” i.e. the period of structured activity directed by a single paradigm that is accepted by the vast majority of the science community; “crisis” i.e. the period of multiple anomalies sufficient to put the current paradigm under scrutiny; “anomaly” i.e. an enigma that cannot be explained using the current paradigm; “revolution” i.e. the period where the enigma is resolved by the scientific community and the old paradigm is abandoned to make way for the new paradigm. After the revolutionary phase, a new “normal science” is born once again.

Science was originally based on explaining rationally and logically naturally occurring phenomena, thus giving birth to paradigms. The word “paradigm” has no specific definition but typically has the following components: theoretical assumptions and explicitly stated laws; standard ways of applying these laws in various situations; general metaphysical and methodological principles that dictate operations within the paradigm; and criteria of acceptability for scientific explanations. Paradigm shifts require multiple convincing arguments in order to occur, rather than just one good one (Kuhn 1962). Kuhn (1962:1-7) also states that the arguments that scientists engage in when debating paradigms operate mainly
on persuasion rather than on logic or rationality, and that the decision of accepting a new paradigm is often a matter of faith. The scientific community has a great tendency of claiming monopoly on rational thinking, and almost always very reluctant to change paradigms (Schiff 1992). This is because any change in the conception of what science is, associated with the birth of a new paradigm, will mean that the current scientist ceases to be a scientist (Kuhn 1962). Thus, the development of science is greatly hindered by paradigm-bias i.e. the error in diagnostic thinking in which individuals only see those patterns of data that support their preconceptions.

Homeopaths, globally, must strive adamantly and relentlessly in their assertion of scientific constructs that favour homoeopathic medicine, which will require the reproduction of multiple quality evidence-based studies to support the claims made by the profession (Rutten and Machanda 2016).

2.4 Concept of disease

Homoeopathy embraces the concept of only one disease, the disturbance of the vital force. The vital force, which is an energy that animates all living creatures, acts to perpetuate and correct any imbalance in the harmonious function of the human being. The human being as an organism consists of the body, mind and soul, functioning as a whole. No one part of the whole functions in isolation. A healthy organism thus will maintain its health and act promptly to repair itself in case of injury. Any action to repair the organism entails the incorporation of the whole i.e. concept of holism (Roy 1994:2-12).
2.4.1 Concept of holism

In the concept of holism, the organism produces symptoms as it attempts to correct itself, thus marking the initiation of the healing process. To the homoeopath, these symptoms are landmarks as to how well the healing process is proceeding i.e. Herring’s law.

According to Herring’s law of cure (Roy 1994:4-5), if healing is taking place:
- Symptoms should move out of vital organs and into less vital organs.
- Healing should start from the head down.
- Symptoms should disappear in reverse order of their appearance.

2.4.2 Homoeopathic provings

For a medicinal substance to be applied homoeopathically, it needs to be subjected to trials known to homoeopaths as ‘provings’. A proving is a process where healthy individuals are given a homoeopathic substance until they produce symptoms, and these are the exact symptoms that the homoeopathic substance will be able to cure in cases of disease (Roy 1994:2-10). These produced symptoms are generally temporary and vary from individual to individual, though the overall data of symptoms may display a pattern unique to the administered substance. The administered medicinal substance (remedy) thus must be capable of enhancing the pattern of symptoms the organism has already produced as it attempts to re-establish cure. The administered substance is generally not disclosed, and provers are not allowed to discuss the symptoms they experience amongst themselves.

2.5 Grouping in homoeopathy

Even in the developmental phases of homoeopathy, when the number of proved remedies seemed to exceed what an individual could possibly memorise, the need and desire to classify and categorise remedies became apparent. Hahnemann initiated the classification cascade by identifying three (3) distinct miasms which could be distinguished by their particular physical, mental and general characteristics (Kumar 2006: 64, as cited by Harkhu (2001). Hahnemann then went on and grouped the 84 remedies he had proven at the time according to these different Miasms (Wulfsohn, 2010).
The prehistoric development of the doctrine of signatures was another valuable endeavour to systemically group information. Pre-dating even homoeopathy itself, the doctrine of signatures advocates the existence of a morphological relationship and affinity between the drug substance and the disease or organ in question (Wulfsohn 2010). The Chinese were the first group of people to recognise and apply this form of reasoning. The Chinese were able to recognise the relationship that exists between certain plants and organs, based on the plants shape, colour and texture (Summer 2000).

The longest serving and most useful method of systemisation in homoeopathy, however, came with the development of the repertory by Boeninghausen and Jahr (Gaier 1991). This paved the way for other homoeopathic physicians and scholars, such as Kent and Boericke, to develop and publish their own repertories. Repertories have thus become widespread in the homoeopathic world. Repertories are available in various hardcopies, and more recently in computer software formats.

2.5.1 Grouping in recent times

The first modern application of Group Analysis began emerging in the 1990s. The notion and endless work of authors such as Scholten and Sankaran propelled the drive behind the development of this mechanism (Wulfsohn 2005). Scholten (1993: 23) defines Group Analysis as a method of looking at a group of remedies and extracting the commonalities from the group. The Group Analysis approach to case taking and prescribing is the first major paradigm shift ever since Homoeopathy was founded (Wulfsohn 2005).

One of the first homoeopaths to apply a method of collective analysis was Farrington (1992). Farrington achieved this by adopting the biological and chemical groups that already existed in nature. Having prior knowledge and understanding of drug families, Farrington used that knowledge and arranged remedies according to their natural kingdoms i.e. plant kingdom, mineral kingdom, and animal kingdom. Over the years, different homoeopathic physicians have refined and extended this idea of kingdom analysis and classification (Moskowitz 2002).
Prior to the development of Group Analysis, the most common method of studying the homeopathic Materia Medica was to look at remedies individually. However, prime movers of the Group Analysis method shifted the focus, with emphasis on group similarity extraction, and began analysing entire groups (Scholten 1993:23). Past homoeopathic authors and physicians such as the likes of Clarke (1985), Morrison (1988) and Vithoulkas (1992) explored and recorded constructs like Group Analysis, however, the term Group Analysis was only coined later by Scholten (1993).

The Group Analysis method has thus far proven to be a very powerful mechanism in the development of remedy pictures. By applying this method, both student and practitioner have been able to easily study and remember remedies. This approach to studying the Materia Medica has contributed to the development of a deeper understanding of all those remedies already known and will play a vital role in the development of new and relatively unknown remedy pictures (Scholten 1993).

2.5.2 Scholten’s group analysis method

Scholten (1993) developed the Group Analysis method by looking at the periodic table and associated the position of the different elements and minerals of the periodic table to their homoeopathic functions.

Scholten (1993) began his probe into group analysis by studying chemically related elements of the periodic table. His focus during this time was directed at only the elements that were applied the most homoeopathically i.e. the ‘Carbonicums’ and the ‘Muriaticums’, including their respective salts. Subsequently he expanded to involve other elements. From these groups, he extracted common themes and characteristics that applied to entire groups. He believed that these extracted common themes and characteristics were a depiction of the individual group’s overall picture and thus could be used to study unknown and less common remedies belonging to that particular group (Scholten 1996).

Scholten (2005) also introduced a new group of remedies from the periodic table called “lanthanides”. The term lanthanide means hidden (Klein 2005: 10; Weston 2010:12-13). Many
of these lanthanide elements are very difficult to obtain in nature because they remain hidden in other substances (Klein 2005: 10). This observation serves as the first clue for the homoeopathic application of these elements.

Recently, Scholten (2013) has done extensive work on the plant kingdom, which is believed to be his best work yet. In his book ‘Wonderful Plants’ (2013: 16), on what he refers to as a quest for the blue print of plant understanding, Scholten brings together science, physics, biology, homoeopathic cases, and the Materia Medica to form what he refers to as the plant theory system. This proposed plant theory system is comparable to Sankaran’s sensation method and is a major step forward in establishing the scientific aspects of the Group Analysis theorem. Scholten’s plant theory system also well documents phylum, class, sub-class, order, family, genus and species of each of the different plant remedies. These are then further correlated with the rows and series of his previous work on the periodic table.

The complexity of this theorem cannot be undermined. Scholten himself admits to the book being a work in progress but remains assertive of its validity. The plant theory has made prescriptions that where impossible in the past, to be possible (Scholten 2013).

2.5.3 Sankaran’s group analysis method

In contrast to Scholten, Sankaran (2008) focused on the differentiation of remedies according to their respective natural kingdoms i.e. plant, mineral, animal, nosodes, sarcodes and imponderabilia (Sankaran 2005: 127). For every kingdom, Sankaran specified the observable distinguishing features. He then proceeded to create subdivisions within the different kingdoms, i.e. “family groups”, and gathered that each family of remedies expressed certain themes that made them distinguishable from other families (Sankaran 2002: 20). From the different botanical families, Sankaran then drew differentiations by attributing a set of basic sensations and thematic expressions he believed set that particular family apart from other families (Sankaran 2002: 22). He further classified members of the different botanical families according to their respective miasmatic tendencies (Sankaran 2002:22).
Sankaran’s (2002: 5) and Scholten’s (1996) approach of group analysis is virtually parallel. The only contrast is the tools employed by both physicians to demonstrate their concepts. Scholten’s concept of Group Analysis divides remedies into series and groups, whilst Sankaran’s analysis establishes grouping according to Miasms and families. Scholten’s (2013) latest work on Group Analysis however extends even further than the latter. The application of this grouping method has made it possible to extend the knowledge of drug pictures to fuller and more meaningful pictures (Sankaran 2002: 5).

Sankaran’s and Scholtens’s concepts are however subjective and have not been greatly received by all homoeopaths across the board. Vithoulkas (2008) expressed this when we referred to these new concepts as being the very basis for the destruction of the principles and practices of ‘Hahnemannian homoeopathy’. Saine (2001) also condemned such concepts and referred to them as being no more than “speculative medicine”.

2.5.4 Mangialavori’s group analysis

Mangialavori’s approach to group analysis is different to that of most homoeopathic physicians and scholars. Mangialavori proposes a valid argument in his approach. He dismisses the importance of “provings” as a necessary source for the homoeopathic Materia Medica and argues that the subjective nature of the extensive symptomatology list of information gathered from these provings, which he believes has influenced the application of isolated symptoms, is the basis of prescriptions (Moskowitz 2012:499-500). In order to overcome this, he proposes defining the characteristic and fundamental themes that best express the dynamic psychosomatic systems (Zwemke 2004: 34).

By studying and observing his patients over the years, Mangialavori began recognising patterns that led him to use and define themes that would enable the description of the patient’s complex reality and the multiple expressions of the remedies of the Materia Medica. Mangialavori also observed similarities in substances that have no relation in nature and thus formulated the concept of “homoeopathic families”.

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Mangialavori’s approach to Group Analysis is different from that of Scholten and Sankaran in the sense that his approach stems from clinical cases which intersects genus and kingdoms (Moskowitz 2012) as cited by (Chibba 2013:18-19). In his book titled, Praxis Volume 2, he demonstrates his concept of “homoeopathic families” in multiple case studies of drug family remedies i.e. Anhalonium Lewinii, Psilcybe Caerulescens, Agaricas Muscaries and Lycoperdon Bovista. Though belonging to different botanical groups and kingdoms, these share many similarities in terms of the themes they display (Weston 2010). Mangialavori’s concept, as those of his counterparts Sankaran and Scholten, has loopholes due to data insufficiency which may cause great confusion amongst neophytic homoeopaths (Chibba 2013:19-19).

2.5.5 Yakir’s group analysis method

‘Plants as a family group display a clear evolutionary process. By observing this order found in the plant kingdom’s developmental aspect confirms the existence of order in the universe’ (Yakir 2017:3).

Yakir, a former botanist turned homoeopath, recently published the latest development of kingdom analysis in her book, Wondrous Order (2017), by applying her own personal knowledge of plant biology, ecology, psychology, and the kabala, and then presenting a philosophical esoteric concept. Yakir’s work on the plant kingdom is comparable to Scholten’s and Sankaran’s schema on the same subject but goes in-depth by incorporating other aspects of the plant families. To date, plant families are well defined, but none of the existing literature encompasses an overall understanding of the kingdom, making Yakir’s work on the subject highly exceptional as it presents such a global overview. Yakir’s model, in a two-dimensional tabular structure, demonstrates the underlying association between plant remedies and their evolutionary developmental stages, and their relation to human health, developmental, and disease process.

Yakir’s work is the most precise and sophisticated to date. It provides homoeopaths with an additional dimension to understanding plant remedies. It also compliments existing literature which can assist homoeopaths to effectively prescribe smaller and unknown remedies with more accuracy and confidence.
2.6 Homoeopathic Repertory Software

Through the advances of modern technology, electronic Homoeopathic repertory software have also emerged. Churchill Livingstone International Dictionary of Homoeopathy (2000), as quoted by Long (2011:9), defines the homoeopathic repertory as a systemic cross reference of symptoms and disorders of the homoeopathic medicines in whose therapeutic repertoire they occur. The affinity of the remedy to the symptom is indicated by the manner in which the remedy is printed in i.e. bold print indicating a strong affinity, and plain font indicating a less prominent affinity (Swayne, 2000:183).

These technological advances have enabled the homoeopath to access information from several repertories by a click of a button. They have also broadened the extent of remedy selection by facilitating the whole remedy selection process by filtering enormous amounts of literature and presenting only the most relevant (Kayne 2006: 197).

Over the past two decades, different computer software manufacturing companies have developed a variety of homoeopathic software programmes. These Homoeopathic software programs do however present a few challenges. They are very expensive and are not so easy to use. However, they save the user a lot of time (Archibel 2009).

2.7 Theory of Miasms

The term “miasm” which means taint or fault, was initially used by the Greek physician, Hippocrates, to describe all those cases of illness where the aetiology was unknown. Eventually, the German physician, Samuel Hahnemann, adopted the term and used it in his theory of the origins of chronic diseases (de Schepper 2001: 355). Hahnemann identified a distinct pattern in the manifestation of chronic diseases, or miasms. He observed that chronic diseases had three phases: a primary stage, latent stage, and a tertiary stage. He also observed how the effects of a particular chronic disease/miasm could plague the subsequent generation, thus giving birth to the widely shared concept that a “miasm”, by Hahnemann’s definition, is a hereditary predisposition to disease (de Schepper 2001:356).
Hahnemann divided miasms into three categories, based on their specific aetiology and affinity: *Psora* which arises from suppressed scabies and affects the skin, then penetrates the body to cause damage to internal organs; and the two venereal miasms, namely *Sycotic* which arises from suppressed gonorrhoea, and *syphilitic* which arises from a syphilis infection (Sankaran 1994: 19).

Sankaran (1997: 218) expanded on the miasmatic theory to include seven other miasms, termed the extended miasmatic theory, as illustrated in Figure 1:

**Figure 1 A diagrammatic representation of Sankaran’s extended miasmatic model (Sankaran 2000: 450).**

![Diagram of miasmatic model]

- **Tubercular** → **Leprosy**
  - (Change) → (Isolation)
- **Acute** → **Typhoid** → **Psora** → **Ringworm** → **Sycosis**
  - (Panic) → (Critical) → (Struggle) → (Trying) → (Fixity)
- **Cancer** → **Syphilis**
  - (Perfection) → (Destruction)
- **Malaria**
  - (Persecuted)

**Key:**

- **Bold** = main miasm
- **Italics** = “in-between” miasm
- **Brackets** = miasmatic action
The extended miasmatic concept demonstrates the relationship between miasms and their respective responses in continuum, starting from the acute state, through to the syphilitic state.

According to Sankaran (2005), miasm is the perception of sensation as experienced by the patient. For instance, multiple patients may experience the same type of sensation but perceive it and react differently to it. Thus according to Sankaran’s concept, this reaction, which must be a direct reaction to or perception of the vital sensation, determines the miasm. This may not however be objectively true in scientific terms but is offers a good subjective elaboration.

Below is a brief description of the mode of reaction of each miasm (Sankaran 2002: 54; Sankaran 2005: 268-280).

- **Acute miasm:** sensation is sudden, severe and life-threaten, and the reaction is strong instinctive, intuitive, and panic.

- **Typhoid miasm:** sensation of perceived sudden but temporary crisis (similarly to the acute miasm) requiring a more sustained effort (similarly to the Psora miasm). The reaction is an intense struggle against the perceived crisis.

- **Psora miasm:** sensation is that of permanent stress, leading to performance anxiety. The reaction is constant struggle in an attempt to recover/maintain, also remains very hopeful however.

- **Ringworm miasm:** sensation is that of being fixed/permanent sensation (similar to Sycosis), but with hope of recovery (similar to Psora). The reaction is intermittent periods of acceptance and despair alternating with periods of hope and struggle in a perpetual cycle.
• Malaria miasm: sensation is a sudden acute intermittent feeling of impending danger with chronic underlying intervals of feeling deficient. The reaction is a perception of being persecuted or hindered.

• Sycosis: sensation of being fixed irremediable weakness from within. Situation perceived as irreparable but not destructive. Reacts by accepting, concealing/covering up, disguising of weakness, feelings of guilt.

• Tubercular miasm: sensation is that of intense oppression with a desire to change. Reaction is intense/ hectic activity to escape oppression. Remains hopeful, but very little hope.

• Cancer miasm: sensation is intense weakness and incapacity from within. Strong desire to perform exceedingly well in order to live up to expectations. The reaction is a continuous struggle, as though his life depended on it. Failure equates death/destruction.

• Leprosy miasm: sensation is that of intense oppression and hopelessness coupled with a strong desire to change. The reaction is desperation, despair, isolation, feelings of being shunned which may be projected outwardly or internalised.

• Syphilis miasm: sensation deep destructive feeling, permanent situation that is beyond salvage.

This extended miasmatic concept proposed by Sankaran (2005) has contributed tremendously to the development of the understanding of homeopathy. However, there is still much debate on whether miasms exist. The evolution and exact nature of miasms, and how Hahnemann ascertained that these miasms are the fundamental cause for both acute and chronic disease, has been the subject of many debates, both homoeopathically and allopathically.
Dimitriadis (2005) analysed Hahnemann’s writings and emphasized Hahnemann’s own definition of miasm as an infectious agent i.e. any infectious substance dangerous to health. Dimitriadis (2005) also clarifies that Hahnemann used the word “infection” in a wide sense, thus any propensity to use the word “miasm” to describe a disposition to disease is incorrect. Bhatia (2006: 6-27) also points out that, although Hahnemann fully believed in the infectious nature of disease and considered miasms as infectious agents, he also considered disease as being dynamic and non-physical, and its origin as a dynamic predisposition to illness. Bhatia (2006:6-27) presents a valid argument about the confusion created by Hahnemann’s 6th edition of the Organon. On the one hand, Hahnemann states that cholera is caused by a living microorganism, but on the other hand, states that nothing material can be found in an ill individual due to illness being a disturbance of the vital force. This statement and many others in the 6th edition of the Organon have caused a lot of confusion as to what miasms exactly are. By Vithoulkas (1980:120-135) understanding a miasm can be defined as a tendency towards a chronic disease which underlies the acute manifestation of the disease, which is hereditary and may respond positively to a corresponding nosode i.e. the homoeopathic medicinal preparation from the diseased matter.

Banarjea (2011: i-vii) defines miasm as an invisible dynamic principle inherited by a living organism, causing a stigma in the individual’s constitution, which can only be removed by applying the correct anti-miasmatic remedy. He also states that if the miasm is not treated accordingly, it will perpetuate and affect the subsequent generation. Heudens-Mast (2013-1:12) shares the same notion, that miasms are the basis of all disease. She goes on to elaborate that miasms can either be inherited or communicated by vectors. She concludes her argument by stating that the only way to completely cure an individual is to address the miasm, thus concurring with Banarjea (2011). Contrarily, Paschero (2000:9) nullifies the infectious aspect of miasms and defines it as an alteration in the vibration of the vital force, the force responsible for regulating one’s constitution.

The definition of miasm, through the years, has marked the practice of homoeopathy, dividing the profession into two major groups: those who believe in the spiritual nature of miasms and those who believe in the germ theorem. The miasmatic theory, though very prevalent homoeopathically, disappeared from conventional medicine with the emergence of the germ
theory. The miasmatic theory remains one of the greatest barriers limiting dialogue between conventional and homeopathic medicine (Kayne 2006: 153).

2.8 The Doctrine of signatures

The ‘Doctrine of signatures’, now considered by most modern scholars as being primitive and outdated, is an age-old concept of identifying parallels between the symptomatic expressions of the diseases of man and the therapeutic value of plants that exist in nature. In this concept, the plant’s appearance, structure, and biological behaviour alludes to what diseases of man the plant is meant to address (Lockie 1998:9-16).

The concept of doctrine of signatures is probably as old as man himself. The evidence thereof spans through millennia of documented medicinal developments through the ages. Paracelsus (1493-1541) noted this concept when he wrote that nature marked each growth according to its curative benefit. Similarly, the English botanist William Cole (1626-62) stated that ‘the mercy of God marketh herbes for the use of man and hath given them particular signatures whereby he may read and use them’.

The doctrine of signatures has been an important aspect of folk medicine with the concept of signatures reflected in the common names of some plants whose appearance and biological behaviour alludes to their specific organ affinity (Bannett 2007:246-248), for instance:

- Eyebright, used to treat eye infections
- Bloodroot, used to treat blood complaints.
- Snakewort, used to treat snake bites.

The doctrine of signatures has also been the cornerstone of traditional Chinese and Ayurvedic medicine, boasting multiple native and traditional ethnographic literature publications.

Homoeopathically, the doctrine of signatures has been a great source of the Materia Medica. From an organoleptic sense, the doctrine of signatures can be observed in a general study of Homoeopathic drugs. For example, the homoeopathic remedy Lachesis is prepared from the
lethal poison of the ‘Surukuku’ snake of South America. Peculiar to this snake is the tendency to sleep all winter, pass black and offensive stool, and protrude a black trembling and bifurcated tongue. Similarly, a patient requiring a homoeopathic preparation of *Lachesis* will constantly protrude a bifurcated tongue with a black streak in the middle, and pass black and offensive stool. It must be emphasized that the doctrine of signatures when employed alone is not an appropriate tool in the declaration of any substance as being therapeautic. The founder of the art and medicine, Dr. Samuel Hahnemann, was strongly against this concept. In aphorism 110, Hahnemann as quoted by (Jost Kunzli *et al* 1982: 61) stated that the only possible way to ascertain the medicinal powers of a substance is to observe the changes the same substance induces in a healthy individual.

Reasoning by analogy, as is the case in the doctrine of signatures, has yielded multiple developments in the art and practice of medicine and thus should never be undermined. However, the legitimacy of any analogy should be substantiated by rational and scientific evidence. The doctrine of signatures can, from a homoeopathic sense, be regarded as a guiding tool in the intuitive approach in the pursuit of organic medicine (Bannett 2007:246-248). However, only those drugs which after a drug proving on healthy individual which reveal their original medicinal properties which are very similar in morbid state can be administered for ideal cure (Hahnmann as cited by Kumari 2019).

**2.9 Sankaran’s vital sensation and kingdoms**

The sensation theorem is a relatively unexplored concept in the art and practice of homoeopathic medicine. Sankaran’s sensation theorem is based on the premise of the existence of the vital force. The vital force, introduced by Hahnemann in the 4th edition of the Organon (1833), can be described as an imponderable, yet very specific and distinct, energy/force that acts and perpetuates all living organisms. This energy/force is also responsible for shaping life forms i.e. who they are, their likes and dislikes, how they act and feel, and more importantly their disease tendencies. According to Sankaran (2005: 123) this energy/force is unique in every individual, singular, and manifests as the core inner sensation i.e ‘vital sensation’. Contrary to classical homoeopathic case-taking, Sankaran (2005:317-420) proposes that the physician focuses on the main complaint, which will lead to the patient’s
specific sensation that runs through all his/her entire symptoms and plains. The utilization of sensations in the prescription process may thus assist the physician in obtaining the similimum i.e. the remedy that best matches the patient’s manifestation of disease.

Using these sensations, Sankaran (2008: 22-27) proceeded to classify homoeopathic drugs into three (3) kingdoms i.e. plant, mineral, and animal kingdom. According to Sankaran’s (2008: 22-27) classification, plant remedies are used for individuals possessing the ‘vital sensations’ belonging to the group of ‘sensitivity’; animal remedies are used for those individuals having ‘vital sensations’ belonging to the class of ‘survival instincts’; and mineral remedies are used for those belonging to ‘structural consciousness’ Sankaran’s kingdom theorem proposes linking the vital sensations to a corresponding kingdom in order to obtain the similimum. Classical homoeopathy, on the other hand, dictates that the physician considers the mental, physical, general, and particular symptoms, whilst not neglecting qualifications such as causations, sensations, locations, modalities, and other concomitants on his quest for the similimum.

Sankaran’s kingdom theorem challenges the norms of the entire homoeopathic discipline. The claims made by Sankaran (2008: 22-107), in this concept, do not confirm with those of classical homoeopathy case-taking, nor do they present any plausible scientific rationale to substantiate their claims. For example, in the plant kingdom, Sankaran’s theorem proposes that the vital sensation of all plant remedies is ‘sensitivity’ (Sankaran 2008: 22-107). In the Materia Medica, however, one finds multiple remedies derived from minerals and animals displaying sensitivity of the highest order. The researcher thus concludes that Sankaran’s (2008) kingdom theorem requires a sequel in order to provide the noephytic practitioner and critics with rationale and reasoning that is both homoeopathic and rational as per existing paradigms. Failure to do so may prove to be very detrimental to the development of the profession especially when such a construct has the potential to divide the profession (Homoeopathy Resource by Homebook.com 2019).

The assumption of the existence of the vital force is yet to be discarded. Any attempt at proving the material origin of life to date has failed dismally. Hence, Sankaran’s assumption
of a special unobservable organising dynamic (vital force) in living organisms, which differs from the interaction of constituents and is absent in non-living matter, is warranted. Based on the assumption that the organism is inanimate, ruled by an inherent spirit-like principle (the vital force), the physician is able to understand individuals and their diseases better and thus be guided to the best suitable cure (Roy 1999: 2-18).

2.10 Anacardiaceae plant family

The Anacardiaceae plant family of the order Sapindale, commonly known as the cashew family, is a family of flowering plants including approximately 800 species, in 80 genera, of evergreen trees, shrubs and woody vines (Petruzello 2017). This plant family is divided into two main sub-groups, the Anacardieae and Spondieae (Hooker 1872 as cited by Umadevi et al. 1988: 205-208). The Anacardiaceae plant family consists mainly of trees and shrubs. On rare occasions, plant species that are lianas or subshrubs also occur. Most plant species belonging to this family have resin ducts in their barks which produces a characteristic milky exudate that turns black upon exposure to air (Pell et al 2009: 7).

2.10.1 Flowers

The flowers of the Anacardiaceae plant family are not very visible due to their small size, but are distinguishable by their characteristic intrastaminal, nectariferous disc and apotropous ovules. These flowers tend to grow at the tip of branches and stems, or at an angle where the leaf joins the stem. These flowers produce three to seven calyces, forming a whorl that encloses the same number of petals that overlap each other inside the bud. Occasionally, petals may be absent. The stamen is the male reproductive organ of the flower consisting of a filament attached to an anther. The pistil is the female reproductive organ of the flower consisting of the stigma, style, ovary and ovules. The stamen is responsible for the production of pollen. The number of stamina in these flowers may be equal or double the number of petals. These stamina attach at the base of the fleshy ring of the flower, below the pistil. Individual stamina are separate from one another. This enables mobility to the pollen-containing anthers, an important trait for facilitating the shedding of pollen. Most of these stamina-producing flowers will contain single-celled ovaries. Pistillate flowers may produce
quadricelled and quinticelled ovaries. A single flower may however contain as many as three styles, each with a single ovule occurring at its cavity (Pell et al. 2009: 7-22).

Figure 2. Typical flower of Anacardiaceae family: Pink peppercorn tree (Schinus terebinthifolia) with distinctive intrastaminal nectariferous disc and apotropous ovule (Pell 2009: 2)

2.10.2 Leaves

The leaf architecture of these plant species is very diverse. The primary leaf venation of most of these plant species is pinnate, rarely palmate. Some species produce evergreen leaves, whilst others shed their leaves annually. The leaves are usually imparipinnate with opposite leaflets, rarely paripinnate. Other species produce trifoliate leaves. The margin of these leaves can be dentate, entire, serrate or crenate, prominently revolute, and on rare occasions, spinose (Pell et al. 2009: 7-22).

2.10.3 Fruits

The fruit morphology of the Anacardiaceae plant species is also very diverse. This is due to the vast number of species within the family. Though diverse, most of these species produce fruits that are drupes, or samaras. These fruits rarely open at maturity. Most of these fruits contain a single locule, housing a single seed. Multi-locular fruits are not uncommon. Some
fruits may have as many as twelve locules. Rarely do these fruits house seeds equal to the number of locules. The pericarp of these fruits is multi-layered and well differentiated. This tissue develops from the ovary wall of the flower that surrounds the seeds and is characterised by the endocarp, mesocarp and exocarp. The exocarp, outermost layer of the pericarp, varies in thickness and in colour amongst the different species. This layer may have a rigid woody consistency that is smooth, or a hairy leathery consistency. In some species, the exocarp is thin and dry, and will separate from the mesocarp at maturity. The mesocarp, middle layer, is fleshy and resinous, but can also be waxy or oily. The mesocarp is usually the edible layer. In some species, the mesocarp contains a black resin which can irritate the skin upon exposure. This resin is housed in various canals which vary in thickness. There are scattered vascular and fibre bundles in the mesocarp. The endocarp, inner layer, can either be bony, thick and rigid, or thin and flimsy. Wannan and Quin (1990) as cited by (Pell et al. 2009: 7-22) describes two structurally distinct endocarp types in this family, the spondias type and the anacardium type. The spondias type is characterised by a mass of rigid, woody, and irregular orientated sclerenchyma, and the anacardium type on the other hand is discretely layered with highly thickened scleriods forming a palisade-like enclosure. During the germination process, these endocarps will split open via various mechanisms to release the embryo (Pell et al. 2009: 7-22).

Figure 3 Typical fruit of Anacardiaceae family: Mango (Mangifera indica), cross-section of fruit and pit (Armstrong 2011: 8)
2.10.4 Seeds

The seeds of the Anacardiaceae family vary in size, ranging between 2mm and 10cm. Within every seed is a dicotyledonous embryo. Cotyledons are embryonic leaves which serve the plant as a food source after germination, up until maturation when the plant is then able to photosynthesize. (Morton, 1987).

Figure 4 Typical endocarp of Anacardiaceae: Pastacia (Pistacia Vera), splitting of endocarp, and exposure of seed and coat (Polito & Pinney 1999) as cited by (Armstrong 2012)

2.10.5 Phytochemicals and toxicity

Typical of the Anacardiaceae plant family are important phytochemical compounds such as: glycosides, saponins, flavonoids, tannins, and alkaloids (Pell et al. 2009: 7-13). Highly hydroxylated compounds such as myricetin and gallic acid are very common in this family. The chemical differences amongst the various species are very subtle. Most of the plant species in this family are also rich in proanthocyanidins and flavonols such as quercetin, kaempferol and their methoxylated derivatives. Tannins, saponins and iridoids are less common than the above-mentioned phytochemical compounds (Pell et al. 2009:7-22).
The most poisonous substances in these plant species are phenols, primary catechols and resorcinols. These plants exude a pentadecylcatechol containing oleoresin that causes an allergic reaction when it comes into contact with the skin. Collectively, pentadecylcatechol are referred to as urishiol. Approximately 15-25% of the general population has no allergic reaction to urushiol. Urushiol-induced contact dermatitis is a Type IV hypersensitivity reaction, also termed delayed-type hypersensitivity, which presents with itching, swelling and oozing watery blisters, and in severe cases, a burning sensation. If ingested, urushiol may cause damage to the mouth and digestive tract, and in some cases, severe systemic reactions i.e. anaphylaxis. Other poisonous compounds in this family include heptadecylcatechols, salicyclic acid derivatives, bhilawanols, moreakol, thitsiol, renghol and semecarpol (Pell et al. 2009: 7:22).

![Chemical structure of urushiols found in resin canals](image)

**Figure 5:** Chemical structure of urushiols found in resin canals (illustration by Mark Hopkins, Palomar College as cited by Armstrong, 2011: 5)

### 2.10.6 Medicinal uses

The Anacardiaceae plant family has been used extensively to treat multiple ailments i.e. colds, fever, hepatitis, respiratory disease, skin disease, wounds, venereal diseases, and pregnancy related conditions (Pell et al. 2014). Tannin, which is mostly found in the dried flowers of mango, is used traditionally as an astringent to assist in the treatment of diarrhoea, chronic dysentery, gonorrhoeal catarrh and urethritis. Another astringent prevalent in mangoes, mangiferine, which is highly concentrated in the barks, is used in the treatment of rheumatism and diphtheria in India. In some parts of Southern America, juice prepared from the apples of anacardium occidentale, also containing tannin, is used as a remedy for the treatment of
chronic dysentery and sore throat. Fresh or distilled preparations of anacardium is believed to promote diuresis and diaphoresis. Fermented preparations of anacardium are used as an embrocation in the treatment of rheumatic and neuralgic pain. In Cameroonian folk medicine, Anacardium leaf extracts are used in the treatment of diabetes and hypertension (Tedong et al. 2006: 140-147). In some parts of Asia, the astringent bark of Ambarella is used to treat diarrhoea (Morton 1987: 240-242).

2.10.7 Distribution

Most of the Anacardiaceae plant species are native to tropical and subtropical regions of the world. Some of these species may also be found in temperate regions of the world. These plant species are indigenous to the western hemisphere, Africa, southern Europe, tropical and subtropical Australia, temperate and tropical Asia, and across most of the Pacific Islands. These plant species rarely occur in extreme desert areas and areas of high altitude. Some of these plant species are also found in areas with an altitude as high as 3500m above sea level (Pell et al 2009: 7-22).

Figure 6. Global distribution of Anacardiaceae and Burseraceae (red area being Anacardiaceae only, blue being Burseraceae only, and grey where the two families’ distributions overlap) (Weeks et al. 2014: 409).
2.10.8 Anacardiaceae plant family in Homoeopathy

The Anacardiaceae plant family has a relatively limited use in Homoeopathy, especially when one considers the number of species the family contains versus the number of proven remedies, and those applied in practice. Anacardium orientale and Rhus toxicodendron are two well represented remedies belonging to this family. Other remedies belonging to this family are generally considered to be smaller remedies and thus their application in practice is also relatively limited.

On a quest to broaden the understanding of homoeopathic remedies derived from the plant kingdom, Sankaran (2002) studied plants according to botanical families by applying a version of the group analysis method that he developed himself. By extracting “sensations”, Sankaran was able to establish a link between various plant species belonging to the Anacardiaceae plant family based on their shared symptomatology. This enabled him to categorise these plants according to his extended version of the miasmatic theory. Sankaran convincingly demonstrated the importance and relevance of botanical classification of plant species in the homoeopathic discipline (Schiller 2005: 203-206).
Homoeopathic remedies belonging to a classified family group share multiple similarities that set them apart from other remedies belonging to other family groups. This information has been ascertained from the tireless efforts of researchers who have compiled various data that links the different aspects of remedies. Pioneering authors of homoeopathic medicine have identified common traits and characteristics of remedies belonging to the same family and used this information to identify the main themes of the different family groups. This grouping of remedies has allowed practitioners to gain a deeper understanding of remedies and has also enabled them to successfully predict the behaviour of unknown remedies belonging to these known family groups (Yakir 2017:6).

Sankaran (2002: 73-116) identified the themes of the Ancardiaceae plant family of remedies and classified these according to sensation, passive reaction, active reaction, and compensation. According to Sankaran (2002: 73-116), the sensation of this family is that of being caught, stiff, tight, tension, stuck, cramps, pressing, not allowed to move, and restricted. As a result of the sensation the active reaction of this family is constant movement and restlessness. These individuals aggravate when restricted, sitting motionless, and when initiating movement. The passive reaction of this family thus becomes paralysis and immobility (Sankaran 2002: 73-116).

Scholten (2013: 458-465) described the main theme of the Anacardiaceae plant family of remedies as being centred on adaptation, conservation of structural hierarchy, and feeling worthless and mediocre. This eventually brewed into an internal conflict as these individuals usually regard themselves as being special. Scholten (2013: 458) used the Disney character Cinderella as a point of reference, a character who feels special but is disrespected and humiliated. Thus, mentally these individuals tend to feel powerless, unfortunate, restless, blank and empty, forgetful, betrayed, attacked, cheated, insulted, angry, enraged, abused, hard, unfeeling. They have delusions of familiar places/people being unrecognisable and dreams of fire, death, disease, danger, and strangers. The general sensation in this family group is that of being caught, stuck, restricted, stiff, tight, tension, cramps, and bandaged, thus concurring with the work of Sankaran (2002). Other pioneering authors of homeopathic medicine, such as Yakir (2017), have done extensive work on the group analysis of the Anacardiaceae plant family of remedies presenting a different thought pattern according to
her own individual understanding of Group Analysis, and that of the Plant Kingdom. Yakir’s (2017) development is the most recent Group Analysis approach. In her development Yakir (2017: 3-4) proposes the concept of the evolution of plants, a construct similar to that of Scholten’s mineral kingdom.

Yakir’s and Scholten’s work on the plant kingdom is considered by many to be the most precise and sophisticated work on the subject thus far (Anon. 2019). Both authors have successfully incorporated scientific elements into homoeopathic group analysis which has been a major contribution to the quest of establishing homeopathy as a science. Sankaran’s approach to group analysis incorporates a miasmatic approach to studying plant families which Yakir and Scholten do not, thus also boasting equal importance on the subject of group analysis.

Multiple group analysis studies have been conducted at the Homoeopathy department at the Durban University of Technology, but very few studies have gone the route of collating and correlating the homoeopathic symptoms of these remedies to their natural history. Phamane (2014) conducted a group analysis and evaluation of the acidum family and discovered that the group analysis methodology is a sufficient method of collecting and organising data. Chhiba (2013) conducted a group analysis study on synthetic recreational drug isolate remedies and found the results to support the group analysis methodology as outlined by Sankaran (2002). Kasiparsad (2012) conducted a group analysis study of the Salicaceae plant family in terms of known materia medica. Kasiparsad (2012: 79) concluded that the group analysis is a powerful method which can be of great assistance to the prescribing process. Harkhu (2011) conducted a group analysis and evaluation of the class Aves and discovered that her findings validated the claims made by Sanakaran (2002) on the group analysis method. All the above mentioned studies did not however incorporate the correlation of the homoeopathic symptomatology to the natural history. Long (2011) has been the only researcher at the Durban Univerisity of Technology to conduct such a study. Long (2011) conducted a study of the relationship between the natural history of the Solanaceae plant family and the general and mental symptomatology thereof. Long (2011) concluded that there exists a relationship between the natural history and the homoeopathic symptoms of the Solanaceae family. Long (2011) indicated how such paradigm, though
relatively new, could create a platform for the scientific development of homoeopathic medicine and could also be utilised homoeopathically to study and analyse family groups of remedies such as the Anacardiaceae plant family, as is the case in this research study.

Due to the qualitative nature of this study, the researcher will focus only on those remedies that are well documented in authentic literature sources. The remedy selection process which constituted the proposed methodology of this study will be presented in Chapter 4. The following chapter describes the methodology applied by the researcher for the purpose of this study.
CHAPTER 3: METHODOLOGY

This study used a theoretical, non-empirical correlation of the Anacardiaceae plant family of remedies and the thematic analysis thereof. Furthermore, the study was strictly theoretical and did not involve any experimentation on humans and/or animals. Therefore, gatekeeper permission was not necessary.

The aim of this study was to explore the natural history of the selected homoeopathic remedies belonging to the Anacardiaceae plant family and compare this information to existing homoeopathic literature.

The study set out to answer the following questions:

- Is there a relationship between the natural history of the selected homoeopathic remedies belonging to the Anacardiaceae plant family and their respective mental and general homoeopathic literature?
- Are there any common themes, traits, and sensations in the homoeopathic Anacardiaceae plant family of remedies?

For the purpose of this study the following methodology was applied:

3.1 Sample selection

For the purpose of selecting the sample population, the researcher defined the Anacardiaceae plant family and set out to determine its members. The list was then refined to include only those members of the family that were utilized homoeopathically. The Anacardiaceae family consists of well over 700 plant species. Using the computer software Macrepertory (2017), the researcher compiled a list of all the remedies that were applied homoeopathically. According to Macrepertory (2017), the Anacardiaceae plant family consists of 19 remedies. These remedies are presented in Table 1 of Chapter 4.
Focusing particularly on the remedies with well-defined symptomatology, the list of 19 remedies was further refined to include only those remedies that have been clinically verified and applied extensively homoeopathically. Clinically verified remedies are those remedies linked to multiple cured cases and their affects well documented, as opposed to those remedies asserted only by the opinions of authors. The homoeopathic Materia Medica, which stretches back for centuries, is based on these clinically verified cases. The researcher thus consulted with three of the most widely utilised Materia Medica at the Durban University of Technology in order to establish the clinical tangibility of these remedies. These Materia Medica included: W. Boericke’s *Pocket Manual* (2005), Dr. S.R. Phatak’s *Materia Medica of Homoeopathic Medicines, 2nd edition* (2013), and F. Vermeulen’s (2004) *Concordant Materia Medica*.

Less than 50% of the Anacardiaceae plant family of remedies featured in all the above-mentioned Materia Medica. A total of four (4) remedies featured in all the Materia Medica, namely: Rhus toxicodendron, Anacardium orientale, Mangifera indica, and Comocladia dentata.

Using the Macrepertory (2017), the researcher extracted the total number of rubrics of individual remedies of the Anacardiaceae plant family and tabulated them as such. Remedies were tabulated according to the total number of rubrics they featured in. To date, 5 is the smallest number of remedies to be utilised in a group analysis study (Weston, 2010), and is also the smallest number recommended by Sankaran (2002) for the purpose of a group analysis study. The researcher thus opted to compose a subset group consisting of no less than 5 remedies. The subset group would therefore be equal to 5 remedies, or be greater than 5 remedies. In order to determine the subset group of remedies the researcher required the median number of rubrics, i.e. Q2, and the upper quartile median i.e. Q3. The median is the value separating the higher and lower half of the total number of rubrics. Q3 is the median of the upper half values above Q2. Below is an illustration of this quartile concept.
The researcher then set out to determine the median number of rubrics i.e. Q2. The median number of rubrics determined by the researcher was 133 rubrics. Nine (9) remedies consisted of a total number of rubrics above 133, i.e. above the median, and nine (9) remedies below the median. The researcher then went on to determine the upper median i.e. Q3, the number in the middle of the upper half of the total rubrics above the Q2. The remedies situated above the upper half of Q2, i.e. above Q3, each consisted of no less than 2000 rubrics. The total number of rubrics of the remedy situated just below Q3 was 1213 rubrics which is almost half the number of rubrics of the value Q3. A total of five (5) remedies where located above the value of Q3. Since five (5) remedies is the smallest number to be used in a study of this nature, and is the smallest number recommended by Sankaran (2002), the researcher decided that the subset group would include only those remedies with values above that of Q3. Thus, remedies featuring in less than a total of 2000 rubrics were less significant for the purpose of this study, and thus excluded. A total of five (5) remedies featured in more than 2000 rubrics.

The researcher consulted various Materia Medica to ensure that enough homoeopathic information was recorded for these remedies of the subset group. Various data sources were then also consulted to ensure that these five (5) remedies of the subset group contained enough literature on their respective natural history that was required for the purpose of this study. These five (5) remedies met the data-sufficiency standard determined by the
researcher, and thus formed the subset group of remedies for this study. The subset group was determined by the remedy’s homoeopathic significance, as well as the availability of reputable literature sources that encompass the individual remedy’s natural history.

The subset group of remedies included the following:

- Rhus toxicodendron
- Anacardium orientale
- Mangifera indica
- Comocladia dentata
- Rhus venenata

The researcher then set out to determine the physical and mental rubrics of the individual members of the subset group. Using Macreperutory (2017), a computer repertory extraction was performed for the individual members of the subset group. The parameters were set to include only the general and mental symptoms as the study focused only on those symptoms. This information was then tabulated to allow for easy extraction of information on the respective variables in question i.e. mental and physical symptoms. This tabulated information was then used to extract the homoeopathic themes of individual members of the subset group and the subset group as a whole.

The natural history of the individual members of the Anacardiaceae plant family of remedies, in terms of botanical classification, toxicology, and doctrine of signatures, was sources determined from various literature.

3.2 Data Analysis

For the purpose of this study, the researcher adopted a comparative qualitative thematic analytic approach. All the data utilised for this study is presented in table form in Chapter 4. The initial step in the data processing was the identification and extraction of keywords and concepts from the natural history of individual members of the subset group of remedies to
extract the natural themes and sensation of the individual remedies. The various components of the natural history utilised to achieve this are presented in Tables 3 and 4 of Chapter 4.

The components of the natural history used to extract these themes included the physical properties, habitat and distribution, historical significance, associated mythology, uses, active principal, physiological action, toxicology, and doctrine of signatures. Using the homoeopathic general and physical symptomatology, the researcher extracted the homoeopathic themes and sensations of the individual remedies of the subset group. The Oxford Paperback Thesaurus (2012) and Thesaurus.com (2019) were consulted to check the extracted keywords from the natural history in order to identify keywords and synonyms relatable to the homoeopathic themes and sensations of the various members of the subset group.

The researcher aimed to identify commonalities between the natural history of individual members of the Anacardiaceae plant family and their respective homoeopathic symptomatology. For collation purposes, this information was tabulated, thus also facilitating the grouping of similar themes and sensations. The commonalities pertaining to the themes and sensations of the natural history of individual remedies and their respective homoeopathic themes and sensations were tabulated and discussed. Upon conclusion of individual remedy analysis and correlation, a collective analysis of the entire subset group was performed. The researcher was able to identify collective commonalities existing between the whole natural history of the remedies and their collective homoeopathic symptomatology.

For verification purposes the themes and sensations that emerged from this study were further compared to those from existing literature from pioneering authors of homoeopathic medicine, namely, Scholten, Sankaran, and Yakir. On completion of the correlation, the researcher was able to identify commonalities between the themes extracted from this study and those from pioneering homoeopathic authors.
3.3 Conclusion

The selected methodology will enable the researcher to successfully explore the natural history, general and mental symptomatology of a select number of individual members of the Anacardiaceae plant family of remedies. This exploration will facilitate the comparison of the Anacardiaceae plant family’s natural history, and its general and mental symptomatology represented in the Repertory, Materia Medica and various other sources of literature. The methodology that will be applied in this study will also enable the researcher to determine the homoeopathic themes and sensations of the Anacardiaceae plant family of remedies and compare these with those themes emerging from the family’s natural history with the aim of highlight existing commonalities. This study was undertaken with the aim of validating the more recent homoeopathic advances in the Group-Analysis approach which incorporates multiple scientific elements, as the entire profession continually strives to develop scientific aspects that are on par with the governing scientific paradigm.
CHAPTER 4: RESULTS

4.1 Anacardiaceae plant family as per application homoeopathically

According to Macrepertory (2017), there are nineteen (19) remedies belonging to the Anacardiaceae plant family. These remedies are presented in Table 1 below. Table 1 also indicates the total number of rubrics for each remedy, arranged in a descending order, from the greatest number of rubrics to the least number of rubrics.

Table 1: Anacardiaceae remedies used in Homoeopathy as per Macrepertory (2017) arranged from greatest number of rubrics to the least number of rubrics

<table>
<thead>
<tr>
<th>REMEDY</th>
<th>COMMON NAME</th>
<th>TOTAL RUBRICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhus toxicodendron</td>
<td>Poison Ivy</td>
<td>20565</td>
</tr>
<tr>
<td>Anacardium orientale</td>
<td>Marking nut</td>
<td>8628</td>
</tr>
<tr>
<td>Mangifera indica</td>
<td>Mango</td>
<td>6944</td>
</tr>
<tr>
<td>Comocladia dentata</td>
<td>Toothed Maiden Plum</td>
<td>2449</td>
</tr>
<tr>
<td>Rhus venenata</td>
<td>Poison elder</td>
<td>2425</td>
</tr>
<tr>
<td>Rhus glabra</td>
<td>Smooth Sumac</td>
<td>1213</td>
</tr>
<tr>
<td>Rhus radicans</td>
<td>Eastern poison Ivy</td>
<td>429</td>
</tr>
<tr>
<td>Rhus aromatica</td>
<td>Fragrant Sumac</td>
<td>268</td>
</tr>
<tr>
<td>Rhus dentata</td>
<td>Nana-Berry</td>
<td>194</td>
</tr>
<tr>
<td>Anacardium occidentale</td>
<td>Cashew Nut</td>
<td>133</td>
</tr>
<tr>
<td>Schinus molle</td>
<td>Peruvian Pepper Tree</td>
<td>89</td>
</tr>
<tr>
<td>Rhus lancea</td>
<td>Karee</td>
<td>17</td>
</tr>
<tr>
<td>Rhus crenata</td>
<td>Dune Crow-berry</td>
<td>1</td>
</tr>
</tbody>
</table>
The subset group of remedies was based on the analysis of individual remedies in terms of homoeopathic significance and the quality of available data on that particular remedy from various sources. These various sources of information, pivoting the criteria of inclusion and exclusion of remedies for the subset group, included books, articles, journals, videos, podcasts, blogs, lecture notes, tweets and various other publications. Due to the nature of this study, namely, qualitative thematic analysis, the subset group was limited to five (5) remedies. Five (5) remedies is the smallest number to ever be used in a group analysis study, and the smallest number recommended by Sankaran (2002). The five remedies, forming the subset group of this study, are listed below in Table 2 in descending order, according to the total number of rubrics and homoeopathic significance of each remedy.

<table>
<thead>
<tr>
<th>REMEDY</th>
<th>GENERAL RUBRICS</th>
<th>MENTAL RUBRICS</th>
<th>TOTAL RUBRICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhus toxicodendron</td>
<td>2402</td>
<td>1269</td>
<td>20565</td>
</tr>
<tr>
<td>Anacardium orientale</td>
<td>1193</td>
<td>1065</td>
<td>8628</td>
</tr>
<tr>
<td>Mangifera indica</td>
<td>1091</td>
<td>336</td>
<td>6944</td>
</tr>
<tr>
<td>Comocladia dentata</td>
<td>424</td>
<td>95</td>
<td>2449</td>
</tr>
</tbody>
</table>

Table 2: Remedies forming subset group as per General, Mental, and total rubrics (MacRepertory, 2017).
The table above indicates that the most represented remedy in the Ancardiaceae family, according to MacRepertory and various literature sources, is Rhus Toxicodendron. This is not surprising as most homoeopaths consider Rhus Toxicodendron to be a ‘polychrest’ remedy i.e. a remedy of many uses. The second most represented remedy in the subset group is Anacardium Orientale, also considered by most homoeopaths to be a polychrest remedy. The least represented remedy in the subset group is Mangifera Indica. Though not nearly as popular as the latter two, Mangifera Indica is applied extensively in Ayurvedic medicine in India.

4.2 Data analysis tables

The natural history of the Anacardiaceae plant family of remedies was determined. This data was collected and summarised in terms of botanical classifications, toxicology, and doctrine of signatures. For qualitative and standardization purposes, the researcher drew up data analysis tables. The data analysis tables allowed the researcher to read, understand, compare, and analyse the data more easily. The researcher also considered the fact that data tables are compact and concise. The data of the natural history of the Anacardiaceae plant family of remedies is presented below in Tables 3-5.

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>Physical Properties</th>
<th>HABITAT &amp; DISTRIBUTION</th>
<th>HISTORY</th>
<th>Mythology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhus toxicodendron</td>
<td>Deciduous, mostly flowering shrubs, with imparipinnate leaves. Leaf edges smooth, toothed or</td>
<td>Widespread dense deciduous shrub in sun exposed areas, climbing/creeping vine in shaded</td>
<td>Made into poultice &amp; used by Meskwaki, Ojibwa, and Potawatomi</td>
<td>Strong connection to black magic. Mixed with deer blood &amp;</td>
</tr>
</tbody>
</table>

| Rhus venenata | 393 | 74 | 2425 |

44

| Anacardium orientale | Deciduous medium height/tall tree with grey exfoliating bark. Greenish white | Hills, slopes, altitudes between 500-1000m above sea level, | Very popular herb in Ayurvedic medicine. | charcoal from lightning-struck tree to make poison arrow by Ramah Navahos tribe. Mixed with mountain hemlock & suet to make ceremonial face masks in Yuki tribe to conjure demonic spirits. Used to make good luck potions. Stem dipped in water and used to “keep women in subjection” (Powers 1877, as cited by Gillis 1971: 161-237). |

Native to north & northern South America, Mediterranean Eastern Africa, Southern Africa, Southern Europe through to Southern Asia China & Japan, Malaysia, and polyresia (Gillis 1971: 161-237).}

Indians to remove warts or alleviate swelling (Smith 1928, 1932, as cited by Gillis 1975: 93-121). Used by the Yuki tribe to treat ringworm and rattlesnake bites (Gillis 1971: 161-237).
| **Mangifera indica** | Large, perennial, nearly evergreen, heavy branched, dome shaped tree | Tropical lowlands with moderate rainfall. Thrives in rich, well-drained soil. | In India, Ayurvedic medicine, dried flower | In India, festoons made from leaves of plant hung on | (Jain and Sharma 2013: 564-572). Name derived from seed which is located outside fruit i.e. ‘Ana’= without and ‘cardium’=heart. Feared so much by locals in India that no one dares touch the seeds without gloves (Yakir 2010: 416-418). |

Native to Southern parts of Asia, especially India, Burma & Andaman Islands (Morton 1987: 221-239).

Preparation used to treat diarrhoea, chronic dysentery, bladder catarrh, & gonorrhoeal urethritis. Preparations from tree bark used for diphtheria, rheumatism, diabetes, chest complaints, & hypertension. Resinous gum from tree trunk applied on cracked skin, scabies, & syphilis. Decoction prepared from seed used to treat diarrhoea, bleeding, bleeding haemorrhoids. Waxy resin administered for doorways for religious functions and celebrating Hindu new year. Teeth brushed with twigs from plant on holy days. Deity (Shiva) offered water using leaves. Fragrance of flowers considered as one of five arrows of God of love (Cupid). Used as firewood for cleansing & purification ceremonies (Hawan & Yagya). Plant believed to be symbol of love & that it can fulfil wishes. Fruit given to newlywed
| **Comocladia dentata** | Deciduous unisexual trees/shrub with simple, solitary, decumbent to erect, or repent stems. Alternate, imperipinnate leaves. Leaves aggregate at apex of stems, altenate, spiral, patent or slightly ascending. Leaves with short brown hairs or glabrous. Petiolates | Woodlands at lower altitudes, Camaguey provinces, Havana, Mantanzas, Santa Clara, Cuba, Higher altitudes in Trinidadian mountains and Santo Domingo (Britton 1910: 345-363). | Plant resin used by males to tattoo name of loved one on body. No evidence to support plant being used for medicinal purposes. Used by Yoruba-Bakongo cultists to curse enemies & cause them to swell. Used to Tendency to grow in graveyards. Used for black magic in Cuba. Wide shared superstition of plant being evil. Believed to be only capable of doing harm to others, locals dare not touch it with bare hands. |
with opposite toothed/spinose margined leaflets. Thin flimsy green leaflets. Remote or clustered flowers. Flower heads with three to four parts, overlapping perianths of light red calyces and red/purple corollas. Androecium with single series of stamens equal in number to number of proper petals alternating them. Slender, tampering, and filiform filaments inserting at disk notches. Fruits are drupes with yellow/red/black exocarp, and fleshy mesocarp. Persistent calyx around fruit. Fleshy and oblong cotyledenous seeds (Atha et al. 2011: 370-375).

Mexico, Northern Central America, and West Indies (Atha et al. 2011: 370-375).

incite catastrophic events, ruin households, sow conflict within families & turn friends against each other. Slightest contact causes severe pruritus & inflammation (Davis 1998: 106).

hands (Yakir 2017: 419).
| **Rhus venenata** | Deciduous shrub/small tree with pinnate reddish leaves. Leaf with multiple foliole. Foliole oval/oblong, tapering to sharp point, wedge-shaped at base, undulate, downside glabrous or slightly pubescent. Red stems along foliole. Greenish-yellow flowers, loose branching clusters. Fruits are drupes, whitish/grey and waxy, droop loosely from stalks, subspherical, flattened & small berries. New bark light-grey, darker upon maturity (White 1873: 1-32). | Native to swampy, acidic areas of North America (White 1873: 1-32). Low marshy places, found near creeks, rivulets, dark & shaded locations (Horsfield 1798: 2-20). | In Japan, used to make varnish & brownish dye (White 1873: 1-32). Candle made from oil of tree buried during rituals and festivals in Japan. Said that when the tree is touched, imparts cold sensation to hand (Horsfield 1798: 2-20). On accounts of its poisonous nature, seldom used (White 1873: 1-32). |

The data in the table above highlight certain aspects of the individual plant species of the Anacardiaceae family that constitute the subset group. All members of the Anacardiaceae plant family share certain basic features, for instance leaf and flower morphology. However, each genus and species have their own distinct characteristics. The description of these
species varies and ranges from somewhat perennial evergreen trees with dense leaves, as seen in Mangifera Indica, to deciduous woody shrubs/vines, as seen in Rhus toxicodendron. Characteristics such as habitat and distribution also vary amongst the different species. The habitat ranges from mountains, hills, and slopes, to deciduous forest, lowlands, and low marshy acidic areas. The different species of this plant family are globally distributed with species occurring mostly in North and South America, Southern Europe, Eastern Africa, Southern Africa and Southern Asia.

Species like Rhus Toxicodendron, for instance, occur in five of the world's seven continents with species occurring in northern South America, Mediterranean Eastern Africa, Southern Africa, and Southern Europe through to Southern Asia in countries like China, Japan, Malaysia, and Polynesia.

The table above also highlights the history and application of individual species by various historical groups. Mangifera Indica has been utilised extensively in Ayurvedic medicine of India, in the treatment of various diseases including diarrhoea, dysentery, gonorrhoeal urethritis, diabetes and hypertension. The mythology surrounding the individual species is also highlighted in the above table. Myths ranging from the use of plant species in traditional ceremonies, as seen in Rhus-Venenata and Mangifera Indica, to myths of plants being used in black magic, as seen in Rhus-Toxicodendron and Comocladia Dentata.
<table>
<thead>
<tr>
<th>SPECIES</th>
<th>USES</th>
<th>PHYSIOLOGICAL ACTION</th>
<th>ACTIVE PRINCIPLE</th>
<th>TOXICOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhus Toxicodendron</td>
<td>Made into poultice to remove warts, alleviate swelling and pain (Smith, 1928, 1932, as cited by Gillis 1975: 93-121).</td>
<td>Immediate Hypersensitivity: Body produces IgE immunoglobulin upon exposure to antigen. IgE binds to surface of mast cells and basophils and secrete vasoactive amines resulting in inflammation. Abrupt Chemical changes upon exposure to resin (Armstrong 2011: 1-2).</td>
<td>Urushoil, long chain catechols with the most common being Pentadecylcatechols (Armstrong 2011: 1-2).</td>
<td>Causes II types of Urushoil induced contact dermatitis. Type 1 is an immediate hypersensitivity characterised by hives, with severe cases progressing to anaphylaxis. With anaphylaxis, swelling of lips, tongue &amp; airways, and in some cases convulsions and shock. Trouble breathing and swallowing. Type II is a delayed hypersensitivity with absence of hives and anaphylaxis. Symptoms include pruritus and irritability, swelling, redness, blisters with yellowish</td>
</tr>
<tr>
<td>Anacardium orientale</td>
<td>Treatment of piles, skin diseases, benign/malignant growths, fever, chills, night sweats, haemoptysis, menorrhagia, leucorrhoea, deficient lactation, constipation, intestinal parasites (Jain and Sharma 2013: 564-572).</td>
<td>Type IV hypersensitivity i.e. cell mediated hypersensitivity. MHC (major histocompatibility complex) class II on surface of antigen presenting cells form complex with foreign antigen. CD4 helper T cells recognises antigen as being foreign and secrete macrophages aggregating cytokines. Macrophages</td>
<td>Urushoil, most common being Bhilawanol. Mixture of cis and trans isomers of urushenol, anacardol, and catechol (Kumar et al 2017: 564-572).</td>
<td>Extremely poisonous. Urushoil induced contact dermatitis. Mostly type IV dermatitis i.e. delayed hypersensitivity. Symptoms include severe pruritus, burning sensation, redness, swelling, papules, and blisters, streaking along point of contact, fever with night chills,</td>
</tr>
<tr>
<td><strong>Mangifera indica</strong></td>
<td>Edible raw/ripe. Used to treat mouth infections, relapse sickness, exhaustion, heat stroke, gastrointestinal disorders, biliary disorders, blood disorders, scurvy,</td>
<td>Delayed hypersensitivity: Antigen penetrates skin and taken up by antigen presenting cells i.e. Langerhans cells. T lymphocyte recognise antigen as being foreign and release inflammatory</td>
<td>Rare form of contact dermatitis. Mostly due to contact with unripe plant exudate. Commonly delayed type reaction. Symptoms include itchy eyes, facial swelling, respiratory difficulty,</td>
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<td></td>
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<td>Major component of bark is mangiferin (Okwu and Ezenagu 2008: 705-716).</td>
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<tr>
<td></td>
<td>microbial, anti-reproductive, stimulates central nervous system, anti-carcinogenic, and promotes hair growth. Treatment of hypoglycaemia (Bhatia <em>et al</em> 2014: 122-127).</td>
<td>secrete cytokines which stimulate further production of helper T cells. CD8 helper T cells induce further release of cytokines, thus mediating immune response. Overreaction of helper T cells cause inflammation &amp; tissue damage (Ghaffar 2016).</td>
<td>prostration (Bhatia <em>et al</em> 2014: 122-127).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemodynamic effects and acute renal failure if ingested (Kumar <em>et al</em> 2017: 25-31)</td>
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<tr>
<td></td>
<td>Inhalation of urushoil containing smoke causes rash and inflammation of airways, extreme pain, and fatal dyspnea. Ingestion of urushoil damages buccal &amp; oesophageal mucosa (Bhatia <em>et al</em> 2014: 122-127).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
night blindness, diabetes, weight loss, throat disorders, and pain due to bee and scorpion stings (Bally 2006: 1-25).

Anti-bacterial, anti-inflammatory, antioxidant, anti-allergic, anti-helminthic, hepato-protective, anti-cancerous, and anti-hypoglycaemic (Kalita 2014: 72-76).

Used to treat diarrhoea, emaciation, chronic dysentery, catarrh of the bladder, chronic urethritis, rheumatism, diphtheria, scabies, cracked skin, markers i.e. cytokines. Cytokines cause the aggregation of monocytes of the blood which become macrophages of tissue causing inflammation (Armstrong 2011: 36-42).


and in some cases blisters of the skin. Hypersensitive individuals may react with severe periorbital oedema, and oedema of the face and lips (Morton 1987: 221-239).

Indigestion, dysentery, and colic (Bally 2006: 1-25).
| **Comocladia dentata** | Treatment of cholera, yellow fever, chronic dysentery, gonorrhoeal ailments, syphilis, atonic deafness, sciatica, sprains, gout, and bites from venomous reptiles | Cell-mediated immune response i.e. delayed type hypersensitivity. Urushiol penetrates skin to bind to MHC complex on surface of antigen presenting cell i.e. Langerhans’s cell. Antigen presenting cell (with | Chemistry of sensitizing phenols of genus, i.e. Comocladia, have not been explored (Lampe 1986: 171-180). | Urushoil induced contact dermatitis. Terribly caustic to skin. Exposure to resin leaves black spot on skin. Severe dermatitis resembling 2nd degree burns, erythema, pruritus, and severe general |

| **Rhus venenata** | In Japan, used to make varnish & brownish dye | Irritant, rubecient, stimulant, narcotic (Grieve 1971: 444). | Delayed type hypersensitivity reaction to urushiol. Initiated by T-lymphocyte after initial sensitisation. Urushiol catechols | Urushiol with catechols. 3-N pentadecylcatechols being the most active principle | Urushoil induced contact dermatitis. Inflammation, erythema, hyperemic macules/papules, vesicles and |
penetrate skin & binds to surface proteins of antigen-presenting cells i.e. macrophages and cells of Langerhans. Antigen internalized and processed by antigen presenting cells. Antigen presenting cells migrate to regional lymph nodes and present antigen to CD4 T-helper lymphocytes. Urushoil-specific T-helper cells duplicated. Clonal cells trigger cell-mediated cytotoxic immune response after subsequent exposure. Immune response characterised by dermal vasculature, redness, swelling, and destruction of epidermal cells.

(Stebbins 2006: 120-128).

pustules, or alternatively scales, excoriation, ulcer, cicatrix. Mild to severe itching and burning. Severe cases with stinging heat to the point of sleep deprivation. Fever, Coated tongue, prostration, loss of appetite, constipation, nephritis or febrile conditions is some cases (White as cited by Mcnair 1916: 419-428).

Lethal erysipelatous swellings, red bullous rash that suppurates to for large crusts, systemic disturbances (Gray’s supplement to the pharmacopoeia, as cited by Prichard 1891: 22-26).
The data table above, highlights some of the important aspects of the natural history of the different species of the Anacardiaceae plant family that constitute the subset group. Urushiol, a yellowish organic compound consisting of catechol and hydrocarbon chains, is common amongst the Anacardiaceae species. Urushiol is also prevalent in all the species of the subset group, presented in the table above. However, the chemical composition thereof varies amongst the different species. Urushiol contains allergic properties which can cause varying degrees of contact dermatitis. The key active principle of urushiol of the different species of the subset group is highlighted in the table above.

The traditional application of the different plant species of the subset group is also highlighted in the table above. Most of these plant species produce a viscous and highly adhesive resin which tends to turn black upon exposure to air. This resin is used as ink/dye or as varnish in different parts of the world. Some species produce edible drupes, as in the case of Mangifera Indica, whilst other species are so extremely toxic that sitting under the shade of the tree can result in serious health issues.

The toxicology and physiological action of the different plant species of the subset group is also highlighted in the table above. The chemical composition of these species is very relatable, thus producing very similar effects. Anacardiaceae plant species cause inflammation to contact areas and cause a skin reaction known as Urushiol induced contact dermatitis. Ingestion of whole plant or inhalation of plant vapours causes inflammation of the internal organs which can result in serious health implications such as anaphylaxis and shock.
Table 5: Data analysis Table 3

Doctrine of signatures of subset group of remedies

<table>
<thead>
<tr>
<th>Species</th>
<th>Signatures</th>
<th>Traditional medicinal uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhus toxicodendron (Poison Ivy)</td>
<td>Plant spreads quickly over countryside, does not stay in one place, covers extensive territory along ground/ climbs over other plants (Gillis 1971: 161-237).</td>
<td>Recommended for restless individuals, constantly moving, tossing and turning in their sleep (Durban University of Technology 2014: 1-10).</td>
</tr>
<tr>
<td>Anacardium orientale (Marking Nut)</td>
<td>Core/heart outwardly located i.e. ‘without heart’ (Durban University of Technology 2014: 1-21)</td>
<td>Harsh, heartless, cold and unfeeling individuals. Loss of sensation/coldness of body parts (Durban University of Technology 2014: 1-21).</td>
</tr>
<tr>
<td>Mangifera indica (Mango)</td>
<td>Orange/yellow/amber coloured food and bark exudate (Anon. 2016).</td>
<td>Splashy yellow diarrhoea, diabetes, obesity, antispasmodic, pains, cramps, digestion, constipation (Anon. 2016).</td>
</tr>
<tr>
<td>Rhus venenata (Poison Elder)</td>
<td>Highly sensitive plant. Green leaves that turn dark red upon injury (Gray’s)</td>
<td>Oversensitivity, Erythematosus skin rash,</td>
</tr>
</tbody>
</table>
The table above highlights some of the doctrine of signatures of the Anacardiaceae plant family of remedies that constitute the subset group. The doctrine of signatures is an age-old concept designed to aid the health practitioner in his/her quest of discovering the curative herbs of nature. The concept suggests that nature has left certain markers on different plants/organisms that indicate their intended application in the restoration of health. The table of the doctrine of signatures of the different remedies of the Anacardiaceae plant family of remedies thus substantiates the natural history of these plants.

### 4.3 Analysis of Keyword

The researcher analysed Tables 3, 4, and 5. The *Oxford Paperback Thesaurus* (2012), Thesaurus.com (2019), and similar online sources were used to search for the keywords that were then extracted from these tables. This enabled the researcher to identify the main themes of the natural history and correlate these themes with those extracted from the general & mental symptoms of the remedies of the subset group. This information is presented in Table 6 below.

**Table 6: Remedies from the subset group with extracted keywords from data analysis tables as well as related synonyms.**

<table>
<thead>
<tr>
<th>REMEDY</th>
<th>KEYWORDS</th>
<th>SYNONYMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhus toxicodendron</td>
<td>Wart</td>
<td>Growth, lump, swelling, protuberance, carbuncle, boil, blister, verruca, corn, tumour, keloid</td>
</tr>
<tr>
<td></td>
<td>Swelling</td>
<td>Bump, lump, bulge, inflammation, protuberance, excrescence, enlargement, prominence, protrusion, tumour, node, nodule, boil, blister, bunion, carbuncle, wen, sty, welt.</td>
</tr>
<tr>
<td></td>
<td>Ringworm</td>
<td>Tinea</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Dark, unlit, unilluminated, sable, ebony, tragic, disastrous, nightmarish, gloomy, grim, threatening, ominous, cynical, mysterious, covert.</td>
</tr>
<tr>
<td>Category</td>
<td>Words</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Magic</td>
<td>Sorcery, witchcraft, wizardry, necromancy, enchantment, incantation, devilry, divination, malediction, voodoo, hoodoo, witchery, charm, hex, illusion, deception, trickery, charm, enchantment</td>
<td></td>
</tr>
<tr>
<td>Poison</td>
<td>Toxin, venom, bane, pollution</td>
<td></td>
</tr>
<tr>
<td>Demonic</td>
<td>Devilish, satanic, diabolical, hellish, infernal, evil, wicked, unholy, ungodly, Mephistophelian</td>
<td></td>
</tr>
<tr>
<td>Spirit</td>
<td>Soul, psyche, pneuma, anima, ethos, essence, life-force, ghost, phantom, spook.</td>
<td></td>
</tr>
<tr>
<td>Charm</td>
<td>Attachment, warmth, passion, devotion, compassion, benevolence, sympathy, friendliness, desire, lust</td>
<td></td>
</tr>
<tr>
<td>Love</td>
<td>Attachment, warmth, passion, devotion, compassion, benevolence, sympathy, friendliness, desire, lust</td>
<td></td>
</tr>
<tr>
<td>Subjection</td>
<td>Subjugation, domination, oppression, control, repression, suppression, bondage, slavery, persecution, exploitation, abuse</td>
<td></td>
</tr>
<tr>
<td>Hypersensitive</td>
<td>Allergic, oversensitive</td>
<td></td>
</tr>
<tr>
<td>Hives</td>
<td>Urticaria</td>
<td></td>
</tr>
<tr>
<td>shock</td>
<td>Anaphylactic shock</td>
<td></td>
</tr>
<tr>
<td>Redness</td>
<td>red</td>
<td></td>
</tr>
<tr>
<td>Blisters</td>
<td>Bleb, bulla, pustule, vesicle, blain</td>
<td></td>
</tr>
<tr>
<td>Exudate</td>
<td>Emission, exudation, discharge, secrete</td>
<td></td>
</tr>
<tr>
<td>Itchy</td>
<td>Irritating, prickly, scratchy, pruritic</td>
<td></td>
</tr>
<tr>
<td>Burning</td>
<td>Blistering, hot, acrid, excoriating, raging, intense, searing, sizzling, forceful, uncontrollable</td>
<td></td>
</tr>
<tr>
<td>Irritable</td>
<td>bad-tempered, moody, touchy, grumpy, peevish</td>
<td></td>
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<tr>
<td>Crusty</td>
<td>Dry, crisp, brittle, friable</td>
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<tr>
<td>Widespread</td>
<td>Dispersed, scattered, diffuse, extensive, general, epidemic</td>
<td></td>
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<tr>
<td>Dense</td>
<td>Thick, heavy, concentrated, condensed, ignorant, foolish, obtuse</td>
<td></td>
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<tr>
<td>Creeping</td>
<td>Crawl, edge, slither, slide, sneak, tiptoe</td>
<td></td>
</tr>
<tr>
<td>Alleviate</td>
<td>Reduce, ease, relieve, palliate, dilute, soothe, attenuate, pacify, diminish</td>
<td></td>
</tr>
<tr>
<td>Abrupt</td>
<td>Instant, prompt, direct, unforseen, quick, immediate, sudden, startling, violent, curt, blunt, sharp, brisk, snappish, rough, harsh, rude, discourteous, uncivil, churlish</td>
<td></td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
<td></td>
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<td>---------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>Perspiration, moisture, dampness</td>
<td></td>
</tr>
<tr>
<td>Sweat</td>
<td>Coldness, shivering, shuddering</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Suffering, agony, affliction, torture, hurt, ache, throb, burn, prickle, sting, pinch</td>
<td></td>
</tr>
<tr>
<td>Convulsion</td>
<td>Collapse, weakness, debility, faintness, lassitude, fatigue, tiredness,</td>
<td></td>
</tr>
<tr>
<td>Prostration</td>
<td>paralysis, depression, despondency</td>
<td></td>
</tr>
<tr>
<td><strong>Anacardium occidentale</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eruption</td>
<td>Rash, outbreak, inflammation, discharge</td>
<td></td>
</tr>
<tr>
<td>Piles</td>
<td>Haemorrhoids</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>Pyrexia, shivering, delirium, temperature</td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td>Coldness, shivering</td>
<td></td>
</tr>
<tr>
<td>Haemoptysis</td>
<td>Haemoptysis, bleeding</td>
<td></td>
</tr>
<tr>
<td>Menorrhagia</td>
<td>Menstruation, hypermenorrhoea, menses</td>
<td></td>
</tr>
<tr>
<td>Leucorrhoea</td>
<td>Secretion, catarrh, puss, phlegm, expectoration, sputum, discharge</td>
<td></td>
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<tr>
<td>Deficient</td>
<td>Lacking, skimpy, insufficient, incomplete, inferior, faulty</td>
<td></td>
</tr>
<tr>
<td>Lactate</td>
<td>Breastfeed</td>
<td></td>
</tr>
<tr>
<td>Dry</td>
<td>Parched, shrivelled, withered, bare, cold, hard, arid, depleted, desiccated, barren, dehydrated, anhydrous, drained, sere</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>Dyschezia, impaction</td>
<td></td>
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<tr>
<td>Parasite</td>
<td>Leech, dependent, sponge</td>
<td></td>
</tr>
<tr>
<td>Stimulant</td>
<td>Tonic, restorative, analeptic, stimulus</td>
<td></td>
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<tr>
<td>Rash</td>
<td>Eruption, efflorescence, roseola, reckless, impulsive, hasty, foolish</td>
<td></td>
</tr>
<tr>
<td>Inflammation</td>
<td>Swelling, redness, tenderness, hotness, burning, stinging, soreness, pain, tenderness, sensitivity, infection, festering, eruption</td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td>Itching</td>
<td></td>
</tr>
<tr>
<td>Redness</td>
<td>Red, scarlet, flushing, rosiness</td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
<td>Bump, lump, bulge, inflammation, protuberance, excrescence, enlargement, prominence, protrusion, tumour, node, nodule, boil, blister, bunion, carbuncle, wen, sty, welt.</td>
<td></td>
</tr>
<tr>
<td>Blister</td>
<td>Bleb, bulla, pustule, vesicle, blain</td>
<td></td>
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<tr>
<td>Streak</td>
<td>Band, stripe, slash, vein</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Suffering, agony, affliction, torture, hurt, ache, throb, burn, prickle, sting, pinch</td>
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</tr>
<tr>
<td>Condition</td>
<td>Definition</td>
<td></td>
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<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Damage</td>
<td>Harm, injure, destroy, defile, deface, ruin, blemish, impair, spoil</td>
<td></td>
</tr>
<tr>
<td>Growth</td>
<td>Proliferation, thickening, swelling, magnification, development</td>
<td></td>
</tr>
<tr>
<td>Papule</td>
<td>Boil, fester, hickey, pimple, pock, pustule, whelk, zit</td>
<td></td>
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<tr>
<td>Hypersensitive</td>
<td>Allergic, susceptible, sensitised,</td>
<td></td>
</tr>
<tr>
<td>Tropical</td>
<td>Humid, sweltering</td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td>Fright, agitation, dread, unrest, worry, angst, foreboding, dismay, distress, doubt, discomposure.</td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td>Osteoarthritis, joint pain, gout</td>
<td></td>
</tr>
<tr>
<td>Stiff</td>
<td>Immobile, numb, debilitated, incapacity, rigor, hard, heavy, harsh, severe, punishing, strong, drastic, crippling</td>
<td></td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>Orthopnea, breathlessness</td>
<td></td>
</tr>
<tr>
<td>Hypoglycaemia</td>
<td>Collapse, weakness, debility, faintness, lassitude, fatigue, tiredness,</td>
<td></td>
</tr>
<tr>
<td>Prostration</td>
<td>paralysis, depression, despondency</td>
<td></td>
</tr>
<tr>
<td>Poison</td>
<td>Toxin, venom, bane, pollute, murder</td>
<td></td>
</tr>
<tr>
<td>Mangifera indica</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Dysentery, flux, shigellosis</td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
<td>Persistent, incurable, immedicable, long-term, long-standing, hopeless, appalling, dreadful, awful, lamentable</td>
<td></td>
</tr>
<tr>
<td>Catarrh</td>
<td>Cold, coryza, flu, mucous, nasopharyngitis, discharge, phlegm, snot, inflammation, salivation.</td>
<td></td>
</tr>
<tr>
<td>Inflammation</td>
<td>Swelling, redness, tenderness, hotness, burning, stinging, soreness, pain, tenderness, sensitivity, infection, festering, eruption</td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Infection, Boulogne sore throat.</td>
<td></td>
</tr>
<tr>
<td>Complaint</td>
<td>Disorder, disease, infection, affliction, illness, ailment, sickness, weakness, condition, problem, upset, trouble, bug, virus, protest.</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>Hyperpiesis, pressure</td>
<td></td>
</tr>
<tr>
<td>Dry</td>
<td>Parched, shrivelled, withered, bare, cold, hard, arid, depleted, deiscated, barren, dehydrated, anhydrous, drained, sere</td>
<td></td>
</tr>
<tr>
<td>Tropical</td>
<td>Hot, humid, lush, sweltering, equatorial</td>
<td></td>
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<tr>
<td>------------------</td>
<td>-----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Bleed</td>
<td>Haemorrhage</td>
<td></td>
</tr>
<tr>
<td>Celebrate</td>
<td>Commemorate, honour, remember, salute</td>
<td></td>
</tr>
<tr>
<td>Offering</td>
<td>Sacrifice, atonement, expiation, oblation, gift, contribution</td>
<td></td>
</tr>
<tr>
<td>Deity</td>
<td>God, idol, immortal, celestial, creator, goddess, godhead</td>
<td></td>
</tr>
<tr>
<td>Love</td>
<td>Attachment, warmth, passion, devotion, compassion, benevolence, sympathy, friendliness, desire, lust</td>
<td></td>
</tr>
<tr>
<td>Cleanse</td>
<td>Purify, clean, purge, wash, bathe, disinfect, sanitize, decontaminate,</td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td>Contamination, poison, sepsis, inflammation, septicaemia</td>
<td></td>
</tr>
<tr>
<td>Exhausted</td>
<td>Drained, fatigued, tired, depleted, spent, debilitated, prostrated, consumed, wasted, sapped</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Hotness, warmth, passion, intensity, agitation, fury, anger, violence, animation</td>
<td></td>
</tr>
<tr>
<td>Heat</td>
<td>Hotness, warmth, passion, intensity, agitation, fury, anger, violence, animation</td>
<td></td>
</tr>
<tr>
<td>Redness</td>
<td>Red, scarlet, flushing, rosiness</td>
<td></td>
</tr>
<tr>
<td>Papules</td>
<td>Boil, fester, pimple, pock, pustule, hickey, lump, bump, excrescence, carbuncle, caruncle, furuncle, blackhead, blemish, acne, inflammation, abscess</td>
<td></td>
</tr>
<tr>
<td>Weight-loss</td>
<td>Slimming, emaciation, thinning</td>
<td></td>
</tr>
<tr>
<td><strong>Comocladia Dentata</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
<td>Persistent, incurable, immedicable, long-term, long-standing, hopeless, appalling, dreadful, awful, lamentable</td>
<td></td>
</tr>
<tr>
<td>Dysentery</td>
<td>Diarrhoea, shigellosis</td>
<td></td>
</tr>
<tr>
<td>Discharge</td>
<td>Excretion, ejection, emission, expulsion, exudate</td>
<td></td>
</tr>
<tr>
<td>Atony</td>
<td>Atonicity, amyotonia</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>Infection, condylomata</td>
<td></td>
</tr>
<tr>
<td>Sciatica</td>
<td>Nueralgia, nerve-pain, neuritis</td>
<td></td>
</tr>
<tr>
<td>Sprain</td>
<td>Wrench, twist, turn, pull, stretch, injure, hurt, damage</td>
<td></td>
</tr>
<tr>
<td>Gout</td>
<td>Urarthritis, gouty arthritis</td>
<td></td>
</tr>
<tr>
<td>Poison</td>
<td>Toxin, venom, bane</td>
<td></td>
</tr>
<tr>
<td>Burn</td>
<td>Scorch, light, inflame, incinerate</td>
<td></td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Wart</td>
<td>Growth, lump, swelling, protuberance, carbuncle, boil, blister, verruca, corn, tumour</td>
<td></td>
</tr>
<tr>
<td>Inflammation</td>
<td>Swelling, redness, tenderness, hotness, burning, stinging, soreness, pain, tenderness, sensitivity, infection, festering, eruption</td>
<td></td>
</tr>
<tr>
<td>Caustic</td>
<td>Corrosive, mordant, acid, burning, stinging, acid, harsh, destructive, venomous, virulent, astringent, pungent, bitter</td>
<td></td>
</tr>
<tr>
<td>Erythema</td>
<td>Redness, reddening, rash, erythroderma</td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td>Itching</td>
<td></td>
</tr>
<tr>
<td>Disturbance</td>
<td>Distress, alarm, irritation, disruption, upset, annoyance, worry, disorder, fluster, dismay, instability, disequilibrium, unbalance</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>Unlit, unilluminated, sable, ebony, tragic, disastrous, nightmarish, gloomy, grim, threatening, ominous, cynical, mysterious, covert.</td>
<td></td>
</tr>
<tr>
<td>Curse</td>
<td>Hex, damn, jinx, ban, excommunicate, execrate, malediction, imprecation, voodoo, hoodoo</td>
<td></td>
</tr>
<tr>
<td>Enemy</td>
<td>Foe, adversary, opponent, rival, nemesis, antagonist, combatant</td>
<td></td>
</tr>
<tr>
<td>Catastrophic</td>
<td>Disastrous, calamitous, fatal, dire, awful, terrible, black, woeful</td>
<td></td>
</tr>
<tr>
<td>Ruin</td>
<td>Destroy, devastate, ravage, crush, waste, wreck, decay, disintegrate</td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>Dispute, quarrel, squabble, collide, clash, diverge, collide</td>
<td></td>
</tr>
<tr>
<td>Deadly Evil</td>
<td>Fatal, lethal, mortal, ashen, ghostly, pallid, pale Wicked, bad, immoral, sinful, ungodly, unholy, foul, vile, corrupt, ignoble, iniquitous, sinister, malevolent, devilish, demonic, fiendish, dark, vicious, villainous</td>
<td></td>
</tr>
<tr>
<td>Graveyard</td>
<td>Cemetery, churchyard, necropolis, boneyard</td>
<td></td>
</tr>
<tr>
<td>Harm</td>
<td>Hurt, injure, pain, suffering, torment, anguish, torment, anguish, grief, abuse, molest, wound, misuse</td>
<td></td>
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<tr>
<td>Rhus Venenata</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritation</td>
<td>Aggravation, discomfort, affliction, curse, plague, plight, annoyance</td>
<td></td>
</tr>
<tr>
<td>Stimulant</td>
<td>Tonic, restorative, analeptic, stimulus</td>
<td></td>
</tr>
<tr>
<td>Narcotic</td>
<td>Hypnotic, analgesic, opiate, soporific, sedative, tranquiliser</td>
<td></td>
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<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Inflammation</td>
<td>Swelling, redness, tenderness, hotness, burning, stinging,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>soreness, pain, tenderness, sensitivity, infection, festering,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>eruption</td>
<td></td>
</tr>
<tr>
<td>Erythema</td>
<td>Redness, reddening, rash, erythoderma</td>
<td></td>
</tr>
<tr>
<td>Hyperaemia</td>
<td>Engorgement, congestion</td>
<td></td>
</tr>
<tr>
<td>Eruption</td>
<td>Discharge, ejection, emission, rash, outbreak, inflammation</td>
<td></td>
</tr>
<tr>
<td>Macule</td>
<td>Spot, cutis, blemish, freckle, lentigo</td>
<td></td>
</tr>
<tr>
<td>Papule</td>
<td>Boil, fester, pimple, pock, pustule, hickey, lump, bump,</td>
<td></td>
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<tr>
<td></td>
<td>excrecence, carbuncle, caruncle, furuncle, blackhead,</td>
<td></td>
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<tr>
<td></td>
<td>blemish, acne, inflammation, abscess</td>
<td></td>
</tr>
<tr>
<td>Vesicle</td>
<td>Blister, cavity, cell, cyst, bladder, utricle, bulla, sac</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dictyosome</td>
<td></td>
</tr>
<tr>
<td>Pustules</td>
<td>Pimple, spot, blackhead, boil, swelling, eruption, carbuncle,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>wen, cyst, abscess, blister, comedo, blain, bleb, papule</td>
<td></td>
</tr>
<tr>
<td>Scaly</td>
<td>Dry, flaky, rough, scabious, squamate, squamous, scrupulous,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>scabby</td>
<td></td>
</tr>
<tr>
<td>Excoriated</td>
<td>Chafed, abraded, scraped, damaged, inflamed</td>
<td></td>
</tr>
<tr>
<td>Ulcer</td>
<td>Sore, abscess, boil, carbuncle, pustule, blister, cyst, wen,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>aphtha, chancre, furuncle, fester, impostume</td>
<td></td>
</tr>
<tr>
<td>Cicatrix</td>
<td>Pockmark, keloid, callus, cicatrice</td>
<td></td>
</tr>
<tr>
<td>Itchy</td>
<td>Irritating, prickly, scratchy, pruritic</td>
<td></td>
</tr>
<tr>
<td>Burning</td>
<td>Blistering, fiery, flaming, tropical, torrid, intense, zealous,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>acute, keen, frantic, vigorous, strong, uncontrollable</td>
<td></td>
</tr>
<tr>
<td>Stinging</td>
<td>Prickling, biting, burning, sharp, smarting, irritating, tingling,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>agonising</td>
<td></td>
</tr>
<tr>
<td>Heat</td>
<td>Hotness, warmth, passion, intensity, agitation, fury, anger,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>violence, animation</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td>Sleeplessness, restlessness, vigilance, wakefulness, tension,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>stress, insomnolence</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>Pyrexia, shivering, delirium, temperature, febrility</td>
<td></td>
</tr>
<tr>
<td>Prostration</td>
<td>Debility, fatigue, lassitude, weakness, collapse, tiredness,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>paralysis, despair, despondency, dejection, despair, helplessness</td>
<td></td>
</tr>
<tr>
<td>Appetite</td>
<td>Craving, hunger, longing, yearning, thirst, passion</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>Dyschezia, impaction</td>
<td></td>
</tr>
</tbody>
</table>
From the table above, which presents the analysis of the different elements of the natural history of the subset group of remedies of the Anacardiaceae plant family, it is evident that the central theme of the natural history of the Anacardiaceae plant family of remedies is inflammation. The inflammatory process, which is characterised by swelling, redness, heat, pain, and temporary loss of function & sensation, is a common phenomenon in this family group of remedies. Inflammation, as a central theme of this family group, has a strong affinity towards the integumentary system, mucous membranes, joints, bones, and gastrointestinal tract. Other major themes of this family group of remedies include pruritus, irritability, atony, exhaustion, vesicular eruptions, and sorcery.
4.4 Rubric extraction and analysis

A computer repertory search was carried out using Macrepertory (2017) in order to compile a list of all the general and mental rubrics of the individual remedies that constitute the subset group. Parameters were set for each repertory search to include only those rubrics which contain the two variables of interest i.e. mental and general rubrics. The mental and general rubrics of all the remedies of the subset group were extracted and tabulated (Appendix A-E). These rubrics configured the basis of the crude data employed to investigate the homoeopathic general and mental symptoms of the subset group of remedies, and facilitated the extraction of the homoeopathic themes of individual remedies and the entire group of remedies.

4.5 Keyword and synonym analysis of general and mental symptoms of subset group of remedies

The subsequent step, as pertaining to the analysis procedure in this study, was to investigate the general and mental rubrics of the Anacardiaceae plant family of remedies in order to extract individual remedy themes for each member of the subset group. Keywords and synonyms relatable to the individual remedies of the Anacardiaceae family were extracted from the data presented in Appendix A-E. A summary of these keywords and synonyms are presented in Table 7 below.

Table 7: Keyword and synonym analysis from general, mental, and subrubrics of the subset group of remedies

<table>
<thead>
<tr>
<th>Rhus toxicodendron</th>
<th>Anacardium orientale</th>
<th>Mangifera indica</th>
<th>Comocladia dentata</th>
<th>Rhus venenata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>Rage</td>
<td>Anger</td>
<td></td>
<td>Anger</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hatred</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Anxiety</td>
<td>Anxiety</td>
<td></td>
<td>Anxiety</td>
</tr>
<tr>
<td>Confusion</td>
<td>Confusion</td>
<td>Confusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coldness</td>
<td>Coldness</td>
<td>Coldness</td>
<td>Coldness</td>
<td>Coldness</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Convulsions</td>
<td>Convulsions</td>
<td>Convulsions</td>
<td></td>
</tr>
</tbody>
</table>
### Hypothesis 1: There are commonalities that exist between the homoeopathic general and mental symptoms of the individual remedies of the Anacardiaceae plant family and their respective natural history.
Upon further investigation of the natural history and homoeopathic symptomatology of the Anacardiaceae family, the researcher identified keyword symptoms from the homoeopathic rubrics that can be related to the remedy’s natural history which are presented below.

4.6.1. Rhus Toxicodendron

Regarding the remedy, Rhus Toxicodendron, the general and mental symptoms were found to be of notable significance in relation to the remedy’s natural history. The symptoms that were found to be of most significance to the remedy’s natural history under the general rubrics are listed below:

GENERALS-Abcesses
GENERALS-Coldness
GENERALS-Convulsions
GENERALS-Discharge
GENERALS-Fever
GENERALS-Heat
GENERALS-Inflammation
GENERALS-Intoxification
GENERALS-Itching
GENERALS-Metastasis
GENERALS-Pain
GENERALS-Paralysis
GENERALS-Sensitiveness
GENERALS-Shuddering
GENERALS-Sudden manifestations
GENERALS-Swelling
Certain rubrics under the general symptoms contained sub-rubrics that were also relatable to the keywords and synonyms of the natural history of the remedy, Rhus Toxicodendron. These rubrics were more significant as they added depth to the correlation of the two variables of this study, namely, homoeopathic symptoms and natural history. These general rubrics containing sub-rubrics with multiple keywords and synonyms relatable to the remedy’s natural history are listed below:

Generalaties- **Abscesses**, suppurations-**painful**

Generalites- **Abscesses**, suppurations-**pus-acrid**, corrosive, **excoriating**

Generalaties- **Abscesses**, suppurations-**stitching**

Generalaties- **Coldness**, lack of vital heat-**fever-during**

Generalaties- **Convulsions**, spasms- **paralysis-with**

Generalaties- **Discharges**, secretions-**acrid**, corrosive, **excoriating**

Generalaties- **Discharges**, secretions-**burning**

Generalaties- **Discharges**, secretions- **red**

Generalaties- **Discharges**, secretions- **reddening parts**

Generalaties- **Discharges**, secretions-**burning**

Generalaties- **Faintness**, fainting-sudden, **paroxysmal**

Generalaties- **Fever**, during-**heat**

Generalaties- **Lameness-fever**, during

Generalities- **Pain**-applications-**cold-agg**.

Generalities- **Pain-chill**, during
Generalaties-Pain-fatigue, from
Generalaties-Pain-fever, during-heat
Generalaties-Pain-perspiration agg.
Generalaties- Pain-vesicles- amel.
Generalaties-Pain-warmth- agg
Generalaties-Pain- weakness, with
Generalities-Pain-internal-fever, during
Generalities-Pain-internal-itching with
Generalities-Pain-external-heat; during
Generalities-Pain-parts-paralyzed
Generalities-Pain-joints, articulations-fever, during
Generalities-Pain-joints, articulations-perspiration, during
Generalities-Pain-burning, smarting-fever-during
Generalities-Pain-burning, smarting-vesicles, outbreak of, amel
Generalities-Pain- convulsive, spasmodic
Generalities-Pain-sore, bruised-chill, during
Generalities-Pain-sore, bruised-cold-agg.
Generalities-Pain-sore, bruised-fever-during
Generalities-Pain-sore, bruised-perspiration agg.
Generalaties-Pain-stitching-burning
Generalities-Pain-ulcerative
Generalities-Pain-sudden, paroxysmal-tension acutely increases, leaves with a snap on first motion
Generalities-Pain-one-sided, hemiplegia-coldness of paralyzed part, with
Generalities-Paralysis-chill, during

Generalities-Paralysis-eruptions, after suppressed

Generalities-Paralysis-toxic

Generalities-Secretions of mucous memebanes-acrid, corrosive, excoriating

Generalities-Shuddering, shivering

Generalities-Swelling-chill, during

Generalities-Swelling-heat, during

Generalities-Swelling-black

Generalities-Swelling-hot

Generalities-Swelling-inflammatory

Generalities-Swelling-painful

Generalities-Swelling-painful-burning

Generalities-Swelling-red

Generalities-Swelling-sudden

Generalities-Swelling-edemous-eruption, after suppressed

Generalities-Swelling-edemous-fever-after

Generalities-Swelling-edemous-painful-burning

Generalities-Swelling-edemous-painful-stitching

Generalities-Tumors-keloid

Generalaties-Weakness-emissions, pollutions, after seminal

Generalaties-Weakness-heated from walking, becoming, and rapid cooling, after

Generalaties-Weakness-narcotics, abuse of
The symptoms from the mental rubrics of the remedy, Rhus Toxicodendron were also evaluated for keywords and synonyms relatable to its natural history. These are listed below:

Mind-Abrupt
Mind-Anger
Mind-Convulsions
Mind-Darkness
Mind-Irritable
Mind-Pain
Mind-Perspiration
Mind-Prostration
Mind-Weakness
Mind-Quarrellsomeness
Mind-Sensitive
Mind-Sudden manifestations
Mind-Weakness
Mind-Unconsciousness

The following mental rubrics listed below contain sub-rubrics with more than one keyword or synonym relatable to the natural history of Rhus-Toxicodendron.

Mind-Anger-chill, during
Mind-Anger-fever, during
Mind-Anger-perspiration, during
Mind-Irritability-chill, during
Mind-Irritability-Pain, during
Mind-Prostration of mind-narcotics, from abuse of

Mind-Prostration of mind-narcotics-Paralysis of lower limbs, with

Mind-Prostration of mind-narcotics-weakness, with bodily

Mind-Sensitive, oversensitive-impressions, to all external

Mind-Sensitive, oversensitive-noise, to

Like the sub-rubrics of the general symptoms of Rhus Toxicodendron, the sub-rubrics of the mental symptoms of Rhus-Toxicodendron also contained keywords and synonyms relatable to the remedy’s natural history. The correlation between the natural history of the remedy Rhus-Toxicodendron and its homoeopathic symptomatology can thus be summarised as illustrated in the table below:

**Table 8: Keywords and synonyms of the general and mental rubrics of the remedy Rhus-Toxicodendron that are relatable to its natural history**

<table>
<thead>
<tr>
<th>Keywords from Natural History</th>
<th>Keywords from Rubrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chills</td>
<td>Coldness</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Convulsions</td>
</tr>
<tr>
<td>Black</td>
<td>Darkness</td>
</tr>
<tr>
<td>Fever</td>
<td>Fever</td>
</tr>
<tr>
<td>Burning</td>
<td>Heat</td>
</tr>
<tr>
<td>Swelling</td>
<td>Inflammation</td>
</tr>
<tr>
<td>Poison</td>
<td>Intoxication</td>
</tr>
<tr>
<td>Irritable</td>
<td>Quarrelsome</td>
</tr>
<tr>
<td>Itchy</td>
<td>Itchy</td>
</tr>
</tbody>
</table>
The results thus conclude that a relationship exists between the natural history of Rhus-Toxicodendron and its general and mental symptoms in terms of the extracted keywords and synonyms from the remedy’s natural history and homoeopathic general and mental rubrics, thus proving the hypothesis to be applicable to the remedy Rhus-Toxicodendron.

4.6.2 Anacarduium Orientale

Similar to Rhus-Toxicodendron, Anacardium Orientale exhibited a relationship that is significant between the general and mental symptoms, and the natural history thereof. The two remedies also share multiple attributes in terms of their historical and homoeopathic applications as indicated by the data collected. Both remedies exhibited a significant relationship between their respective natural history and homoeopathic general and mental symptoms. In the case of Rhus-Toxicodendron, the main Homoeopathic rubrics of Anacardium Orientale contained keywords and synonyms relatable to its natural history. However, fewer relatable keywords and synonyms were found in the remedy’s sub-rubrics. The general symptoms of Anacardium Orientale that were found to be relatable to its natural history are listed below:

Generalities- Abscesses

Generalities- Coldness
Generalities-Convulsions
Generalities- Cramps
Generalities- Discharges
Generalities- Dryness
Generalities- Faintness
Generalities- Hardness
Generalities- Heat
Generalities- Heaviness
Generalities- Inflammation
Generalities- Injuries
Generalities- Intoxicated
Generalities- Itching
Generalities- Numbness
Generalities- Pain
Generalities- Paralysis
Generalities- Redness
Generalities- Secretions
Generalities- Stiffness
Generalities- Swelling
Generalities- Weakness

The general rubrics and sub-rubrics of Anacardium Orientale that contained more than one keyword or synonym relatable to its natural history are listed below:

Generalities- **Abscesses, suppurations-pus-acrid, corrosive, excoriating**

Generalities- **Coldness**, lack of vital **heat-pain**, during
Generalities- **Coldness**, lack of vital **heat-chill**, during

Generalities- **Coldness**, lack of vital **heat-fever**, during

Generalities- **Convulsions-spasms-heat**-during

Generalities- **Convulsions-spasms-paralysis**; before

Generalities- **Discharges- exhausting**

Generalities- **Discharges-secretions**, acrid, corrosive, **excoriating**

Generalities- **Discharges-hot**

Generalities- **Discharges- secretions-burning**

Generalities- **Discharges- secretions- reddening** parts

Generalities- **Faintness, fainting-coldness** of extremeties, with

Generalities- **Faintness, fainting-unconsciousness**, without

Generalities- **Faintness, fainting-sudden, paroxysmal**

Generalities- **Heat-flushes of-chilliness**-after

Generalities- **Heated, warmed, hot, becoming**-agg.

Generalities- **Inflammation-** joint, **arthritis**

Generalities- **Pain- chilliness**, during

Generalities- **Pain-fever**, during

Generalities- **Pain- weakness**, with

Generalities- **Pain-external- perspiration**, during

Generalities- **Pain- burning**, smarting

Generalities- **Pain-paralytic**

Generalities- **Secretions of mucous membranes- acrid, corrosive, excoriating**

Generalities- **Secretions of mucous membranes- acrid- profuse**
Generalities- **Weakness-emissions, pollutions**, after seminal

Generalities- **Weakness-fever** during

Generalities- **Weakness-heaviness** with

Generalities- **Weakness-perspiration** with

Generalities- **Weakness-paralytic**

The mental rubrics of Anacardium Orientale listed below were found to be relatable to its natural history. The sub-rubrics of these rubrics however contained no keywords or synonyms relatable to the remedy’s natural history.

Mind- Abrupt

Mind-Abusive

Mind-Dullness

Mind-Harshness

Mind-Rudness

Mind-Sensitive

The correlation of the natural history and the homoeopathic general and mental symptoms of Anacardium Orientale can thus be summarised as illustrated in Table 9 below:
Table 9: Keywords and synonyms of the general and mental rubrics of the remedy Anacardium Orientale that are relatable to its natural history

<table>
<thead>
<tr>
<th>Keywords from Natural History</th>
<th>Keywords from Rubrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash</td>
<td>Abscesses</td>
</tr>
<tr>
<td>Chills</td>
<td>Coldness</td>
</tr>
<tr>
<td>Impulsive</td>
<td>Abrupt</td>
</tr>
<tr>
<td>Punishing</td>
<td>Abusive</td>
</tr>
<tr>
<td>Weakness</td>
<td>Dullness</td>
</tr>
<tr>
<td>Hypersensitive</td>
<td>Sensitive</td>
</tr>
<tr>
<td>Pain</td>
<td>Pain</td>
</tr>
<tr>
<td>Incapacity</td>
<td>Stiffness</td>
</tr>
<tr>
<td>Poison</td>
<td>Intoxicated</td>
</tr>
</tbody>
</table>

The investigation of both the mental and general homoeopathic rubrics of Anacardium Orientale revealed multiple rubrics containing keywords and synonyms relatable to the natural history of the remedy. Further investigation revealed that the sub-rubrics of the general symptoms of Anacardium Orientale also contained keywords and synonyms that are relatable to its natural history. The sub-rubrics of the mental symptoms, however, contained no keywords and synonyms relatable to its natural history. The overall findings indicate the existence of a relationship between the general and mental symptoms of Anacardium Orientale and the natural history thereof, thus proving the hypothesis to be applicable to Anacardium Orientale.
4.6.3 Mangifera Indica

The investigation of the remedy Mangifera indica revealed that both the general and mental symptoms of the remedy were relatable to its natural history. The keywords and synonyms of the homoeopathic symptoms relatable to this remedy’s natural history were obtainable from both the general and mental rubrics. The sub-rubrics of the general symptoms of Mangifera Indica, however, contained significantly fewer keywords and synonyms relatable to its natural history. The mental rubrics contained even fewer keywords and synonyms relatable to the remedy’s natural history.

Listed below are the general rubrics containing keywords and synonyms relatable to the natural history of Mangifera Indica:

Generalities- Abscesses
Generalities- Discharges, secretions
Generalities- Dryness
Generalities- Emaciation
Generalities- Heat
Generalities- Inflammation
Generalities- Pain
Generalities- Redness
Generalities- Secretions of mucous membranes
Generalities- Swelling
Generalities- Weakness

Listed below are the general rubrics containing more than one keyword or synonym relatable to the natural history of Mangifera Indica:

Generalities- Discharges, secretions-acrid, corrosive, excoriating

Generalities- Discharges, secretions- bloody
Generalities- **Discharges**, secretions- **exhausting**

Generalities- **Inflammation**- joints, **arthritis**

Generalities- **Inflammation**- catarrhal- **chronic**

Generalities- **Inflammation**- **chronic**

Generalities- **Pain**- **weakness**, with

Generalities- **Pain**- **burning**, **smarting**

Generalities- **Pain**- **chronic**

Generalities- **Secretions** of mucous membranes- **acrid**, **corrosive**, **exoriating**

Generalities- **Secretions** of mucous membranes- **bloody**

Generalities- **Swelling**- **inflammatory**

Generalities- **Swelling**- **painful**

Generalities- **weakness**- **menses**- during

Listed below are the mental rubrics of Mangifera Indica containing keywords and synonyms relatable to its natural history.

Mind- Benevolence

Mind- dullness

The sub rubrics of the mental symptoms of Mangifera Indica contained no keywords and synonyms relatable to its natural history. The correlation between the homoeopathic general and mental symptoms of Mangifera Indica to the natural history thereof can thus be summarised as per illustration below
Table 10: Keywords and synonyms of the general and mental rubrics of the remedy Mangifera Indica that are relatable to its natural history:

<table>
<thead>
<tr>
<th>Keywords from Natural History</th>
<th>Keywords from Rubrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscesses</td>
<td>Abscesses</td>
</tr>
<tr>
<td>Catarrh</td>
<td>Discharge</td>
</tr>
<tr>
<td>Dry</td>
<td>Dryness</td>
</tr>
<tr>
<td>Weight-loss</td>
<td>Emaciation</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Inflammation</td>
</tr>
<tr>
<td>Pain</td>
<td>Pain</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Bloody</td>
</tr>
<tr>
<td>Tiredness</td>
<td>Weakness</td>
</tr>
<tr>
<td>Love</td>
<td>Benevolence</td>
</tr>
</tbody>
</table>

From the analysis of the above data of Mangifera Indica, it is observed that the general symptoms are more significant than the mental symptoms in relation to the remedy’s natural history. Though not significant, the mental rubrics do contain keywords and synonyms relatable to the remedy’s natural history. However, according to the applied methodology, these mental symptoms were viewed as being less significant. The overall findings indicate that there is a relation between the remedy’s homeopathic symptoms and natural history, thus proving the hypothesis is also applicable to Mangifera Indica.

4.6.4 COMOCLADIA DENTATA

Upon the investigation of the remedy Comocladia Dentata, the researcher found that both the general and mental symptoms of the remedy exhibited some relation to its natural history. The general symptoms however were of more significance than the mental symptoms as these contained multiple keywords and synonyms. The mental symptoms contained only
one keyword/synonym relatable to the remedy’s natural history, thus rendering these symptoms less significant for the purpose of this study. Listed below are the general symptoms of Comocladia Dentata containing keywords or synonyms relatable to its natural history:

Generalities-Discharges

Generalities-Heat

Generalities-Inflammation

Generalities-Pain

Generalities-Redness

Generalities-Swelling

Listed below are the general rubrics and sub-rubrics of Comocladia Dentata containing more than one keyword or synonym relatable to the remedy’s natural history:

Generalities-Discharges, secretions-acrid

Generalities-Pain-burning, smarting

Generalities-Pain-corrosive, gnawing

Generalities-Pain-neuralgic

Generalities-Swelling-red

Only one mental symptom was found to be relatable to the natural history of Comocladia Dentata. Keywords and synonyms from the mental sub rubrics that are relatable to the remedy’s natural history could not be identified.

Regarding the mental symptoms of Comocladia Dentata containing keywords or synonyms relatable to the remedy’s natural history, only one was identified:

Mind-Malicious, vindictive
The correlation between the homoeopathic general and mental symptoms of Comocladia Dentata to the natural history thereof can thus be summarised as per illustration below:

**Table 11: Keywords and synonyms of the general and mental rubrics of the remedy Comocladia Dentata that are relatable to its natural history**

<table>
<thead>
<tr>
<th>Keywords from Natural History</th>
<th>Keywords from Rubrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge</td>
<td>Discharge</td>
</tr>
<tr>
<td>Hotness</td>
<td>Heat</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Inflammation</td>
</tr>
<tr>
<td>Pain</td>
<td>Pain</td>
</tr>
<tr>
<td>Erythema</td>
<td>Redness</td>
</tr>
<tr>
<td>Swelling</td>
<td>Swelling</td>
</tr>
<tr>
<td>Harm</td>
<td>Malicious</td>
</tr>
<tr>
<td>Caustic</td>
<td>Corrosive</td>
</tr>
</tbody>
</table>

The results above indicate that the general symptoms of Comocladia Dentata feature significantly more than the mental symptoms in terms of keywords and synonyms relatable to its natural history. As a result, it can be said that a relationship exists between the homoeopathic symptoms of Comocladia Dentata and the natural history thereof. Thus, the hypothesis is also applicable to the remedy Comocladia Dentata.
4.6.5 Rhus Venenata

The investigation into the remedy Rhus Venenata revealed that both the general and mental symptoms of the remedy exhibited some relation to its natural history. The general symptoms, however, were more significant than the mental symptoms as these contained multiple keywords and synonyms relatable to the remedy’s natural history. The mental symptoms contained only two rubrics with keywords/synonyms relatable to the remedy’s natural history, thus rendering these symptoms less significant for the purpose of this study.

Listed below are the general symptoms of Rhus Venenata containing keywords or synonyms relatable to its natural history:

- Generalities-Coldness
- Generalities-Discharge
- Generalities-Dryness
- Generalities-Eruptions
- Generalities-Heat
- Generalities-Inflammation
- Generalities-Pain
- Generalities-Redness
- Generalities-Swelling
- Generalities-Tumors
- Generalities-Weakness

Listed below are the general rubrics and sub-rubrics of Rhus Venenata containing more than one keyword or synonym relatable to the remedy’s natural history:

- Generalities-Coldness, lack of vital heat
- Generalities-Discharge, secretions-acrid, corrosive, excoriating
- Generalities-Pain-cold-agg.
With regard to the mental symptoms, the researcher discovered only two mental symptoms that are relatable to the natural history of the remedy Rhus Venenata. The researcher was unable to identify any keywords and synonyms from the mental sub rubrics that are relatable to the remedy’s natural history.

Listed below are the mental symptoms of Comocladia Dentata containing keywords or synonyms relatable to the remedy’s natural history:

- Mind-Despair
- Mind-Irritability

The correlation between the homoeopathic general and mental symptoms of the remedy Rhus Venenata and its natural history are summarised in the table below.
The results above indicate that the general symptoms of Rhus Venenata featured significantly more than the mental symptoms in terms of keywords and synonyms relatable to its natural history. Therefore, the hypothesis is also applicable to the remedy Comocladia Dentata because of the existence of a relationship between the homoeopathic symptoms and its natural history.

4.7 Commonalities exist between the general and mental symptoms of the Anacardiaceae family and its natural history collectively.

4.7.1 Commonalities in keywords existing in the Anacardiaceae family as a whole
The researcher identified commonalities, in terms of keywords and synonyms, relatable to the entire subset group of remedies of the Anacardiaceae plant family. These commonalities represent the common themes of the Anacardiaceae plant family of remedies as per analysed data. The table below lists the themes and sensations of the Anacardiaceae family that emerged during data analysis.

**Table 13: Themes and sensations of the Anacardiaceae plant family according to analysed data**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Theme</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Pain</td>
<td>Pain</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Inflammation</td>
<td>Inflammation</td>
</tr>
<tr>
<td>Swelling</td>
<td>Swelling</td>
<td>Swelling</td>
</tr>
<tr>
<td>Redness</td>
<td>Redness</td>
<td>Redness</td>
</tr>
<tr>
<td>Coldness</td>
<td>Coldness</td>
<td>Coldness</td>
</tr>
<tr>
<td>Burning</td>
<td>Burning</td>
<td>Burning</td>
</tr>
<tr>
<td>Irritable</td>
<td>Irritable</td>
<td>Irritable</td>
</tr>
<tr>
<td>Eruptions</td>
<td>Eruptions</td>
<td>Eruptions</td>
</tr>
<tr>
<td>Weakness</td>
<td>Weakness</td>
<td>Weakness</td>
</tr>
</tbody>
</table>

The researcher then reviewed the work of pioneering homoeopathic authors Sankaran, Scholten, and Yakir. Common themes and sensations were extracted from each author’s work on the subject matter. These are presented below in Table 14.

**Table 14: Themes and Sensations exhibited by the Anacardiaceae plant family of remedies according to Sanakaran (2002), Scholten (2013), and Yakir (2017)**

<table>
<thead>
<tr>
<th>Themes &amp; Sensations according to Sankaran</th>
<th>Themes &amp; sensations according to Scholten</th>
<th>Themes &amp; sensations according to Yakir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cramps</td>
<td>Cramps</td>
<td>Cramps</td>
</tr>
<tr>
<td>Caught</td>
<td>caught</td>
<td>Fixity</td>
</tr>
<tr>
<td>Stiff</td>
<td>stiff</td>
<td>Stiffness</td>
</tr>
<tr>
<td>Paralysed</td>
<td>Paralysis</td>
<td>Paralysis</td>
</tr>
<tr>
<td>Tight</td>
<td>Constricted</td>
<td>Rigidity</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Restricted</td>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>Tension</td>
<td>Tension</td>
<td></td>
</tr>
<tr>
<td>Pressing</td>
<td>stuck</td>
<td></td>
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<td>Constriction</td>
<td>Immobile</td>
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<td>Immobile</td>
<td>Lump</td>
<td></td>
</tr>
<tr>
<td>Tight</td>
<td>Plug</td>
<td></td>
</tr>
<tr>
<td>Powerless</td>
<td></td>
<td>Fatigue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exhaustion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeble</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Laziness</td>
</tr>
<tr>
<td>Attacked</td>
<td>Betrayed</td>
<td></td>
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<tr>
<td>Cheated</td>
<td>Insulted</td>
<td></td>
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<tr>
<td>Restlessness</td>
<td>Restlessness</td>
<td>Restlessness</td>
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<tr>
<td>Anxiety</td>
<td>Threatened</td>
<td>Anxiety</td>
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<tr>
<td></td>
<td></td>
<td>Fear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Superstitious</td>
</tr>
<tr>
<td>Pain</td>
<td>Agony</td>
<td>Pain</td>
</tr>
<tr>
<td>Soreness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chilliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coldness</td>
<td></td>
<td></td>
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<tr>
<td>Sadness</td>
<td>Empty</td>
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</tr>
<tr>
<td></td>
<td>Unfeeling</td>
<td></td>
</tr>
<tr>
<td>Ill-humour</td>
<td>Sarcasm</td>
<td>Evil</td>
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<tr>
<td></td>
<td>Angry</td>
<td>Anger</td>
</tr>
<tr>
<td></td>
<td>Hard</td>
<td>Strict</td>
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<tr>
<td></td>
<td>Cruel</td>
<td>Linear</td>
</tr>
<tr>
<td></td>
<td>Censorious</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mocking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fury</td>
<td></td>
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<tr>
<td></td>
<td>Abusive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scolding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Devils</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evil forces</td>
<td></td>
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<tr>
<td></td>
<td>Cursed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outcast</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Death</td>
<td></td>
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<tr>
<td>------------------</td>
<td>-----------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>Dangers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strangers</td>
<td></td>
</tr>
<tr>
<td>Pulsation</td>
<td>Herpetic eruptions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Itching</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inflammation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Burning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obsessiveness</td>
<td></td>
</tr>
<tr>
<td>Forgetful</td>
<td>Study difficulty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blank</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unfortunate</td>
<td></td>
</tr>
<tr>
<td>Periodicity</td>
<td>Split</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guilt</td>
<td></td>
</tr>
</tbody>
</table>

The above highlights the themes of the Anacardiaceae plant family according to the studies conducted by; Sankaran (2002), Scholten (2013), and Yakir (2017). The words printed in bold are themes that were obtained from this study.

### 4.8 Conclusion

In this chapter, a select number of remedies from the Anacardiaceae plant family of remedies were interrogated for similarities between their homoeopathic symptomatology and their respective natural history. This was achieved by extracting keywords and synonyms from both the homoeopathic symptomatology and natural history.

Upon investigation of the remedies forming the subset group of this study, the researcher indentified similarities between the homoeopathic symptomatology and the natural history of the individual remedies. Furthermore, the researcher compared the themes of the Anacardiaceae plant family that emerged from this study to those of pioneering Homoeopathic authors and indentified similarities. These results are discussed in Chapter 5.
5.1 Relationships between individual Anacardiaceae remedies and their related natural histories

5.1.1 Rhus Toxicodendron

The examination of the natural history and doctrine of signatures of Rhus Toxicodendron revealed multiple characteristics of the plant’s botanical history that alluded to how the plant is applied homoeopathically in terms of the fundamental governing law of homoeopathic medicine i.e. ‘The law of similars’. Not enough evidence was present however in the natural history of the plant to suggest the application of the doctrine of signatures.

Rhus Toxicodendron, now botanically referred to as Toxicodendron Radicans, manifests as a deciduous shrub in mountainous areas and valleys, and a climbing vine with adventitious roots in shady canyons and riverbanks. The plant is native to north & northern South America, Mediterranean Eastern Africa, Southern Africa, Southern Europe through to Southern Asia, China, Japan, Malaysia, and Polynesia. The plant’s appearance varies according to its environment but can be identified by some of its distinctive features such as clusters of three (3) leaflets arranged in alternating positions with each cluster, possessing an individual stem.
connecting it to the main vine. Rhus Toxicodendron contains urushiol, a skin irritant, which causes inflammation upon exposure to skin and soft tissue. Many species belonging to the Anacardiaceae family produce urushiol, all with a somewhat different chemical composition and potency. Urushiol-induced contact dermatitis causes two (2) types of skin reactions. Type 1 is an immediate hypersensitivity reaction characterised by hives, swelling of the lips, tongue and airways. In severe cases, the symptoms may rapidly progress to dyspnoea, convulsions, anaphylaxis, and shock. The second type of skin reaction is a Type IV hypersensitivity reaction, also known as delayed type hypersensitivity. Type IV hypersensitivity reactions may take several days to manifest after exposure. Symptoms include prostration, pruritus, irritability, swelling, redness, blisters with yellowish exudate, crusting skin, red streak, pain, fever and night chills.

From this abundance of characteristics found in the natural history of the remedy, Rhus Toxicodendron, the researcher identified commonalities relatable to the remedy’s natural history in the form of keywords and concepts. These commonalities are discussed below:

- The keyword “Abrupt”, from the natural history, holds two meanings in the context of this study. “Abrupt” i.e. happening suddenly, describes the onset of the symptoms of Rhus Toxicodendron and features in this study as such. “Abrupt” i.e. snappish and blunt, quantifies the abstract noun and is synonymous with the word ‘anger’ found in the homoeopathic mental rubrics of Rhus Toxicodendron.

- The keyword “Black”, found in the natural history of Rhus Toxicodendron, is synonymous with the word “Darkness” featured in the homoeopathic symptomatology of this study. Mythologically, this can be related to witchcraft and the inclination to do harm through sorcery.

- The keyword “Burning”, found in the natural history of Rhus Toxicodendron, is synonymous with the word “heat” found in the homoeopathic rubrics of this study. This can be related to the toxicology of Rhus Toxicodendron as an irritant. Rhus
Toxicodendron tends to cause a burning sensation in body parts that come into contact with the plant or its resin.

- The keyword “Chills”, found in the natural history of Rhus Toxicodendron, is synonymous with the word “Coldness” found in the homoeopathic rubrics of this study. This relates to the systemic symptoms experienced by the individual, associated with the delayed type hypersensitivity response.

- The keyword “Convulsions” features in both the natural history and homoeopathic symptomatology of this study. In severe cases of Rhus Toxicodendron poisoning, especially if ingested, the individual may experience fatal symptoms such as convulsions.

- The keyword “fever” features in both the natural history and homoeopathic symptomatology of this study. Pyrexia is one of the systemic symptoms caused by poisoning with urushiol-containing Rhus Toxicodendron.

- The keyword “itchy” features in both the natural and homoeopathic symptomatology of this study. Urushiol is an irritant of the skin and other soft tissue which causes body parts to itch.

- The keyword “irritable”, found in the natural history and is synonymous with the word “quarrelsome” in the homoeopathic rubrics of this study, can be related to the individual’s temper during their period of ailment. Also, “Irritable” appearing in both the natural history and homeopathic rubrics can be ascribed to the physical symptom of abnormal sensitivity.
• The keyword “pain” features in both the natural history and homoeopathic symptomatology of Rhus Toxicodendron. Urushiol poisoning may cause the ailing individual to experience highly unpleasant physical sensations, to the point of agony.

• The keyword “poison”, found in the natural history, is synonymous with the word “intoxication” found in the homoeopathic rubrics of Rhus Toxicodendron. Urushiol is toxic to the general population and can be fatal if ingested.

• The keyword “prostration” features in both the natural history and homeopathic rubrics of Rhus Toxicodendron. “Prostration” is a symptom associated with prolonged debilitation due to illness caused by poisoning with Rhus Toxicodendron.

• The keyword “sensitive”, found in the natural history of Rhus Toxicodendron is synonymous to the word “oversensitive”, found in the homoeopathic rubrics thereof. This can be related to both the physical and mental symptoms caused by ingesting urushiol-containing Rhus Toxicodendron.

• The keyword “sweat” features in both the natural history and homoeopathic rubrics of the remedy Rhus Toxicodendron. Sweating is a symptom brought on by poisoning with urushiol and is usually accompanied by fever.

• The keyword “swelling”, found in the natural history of Rhus Toxicodendron, is synonymous with the word “inflammation” found in the homoeopathic rubrics thereof. Urushiol exposure causes swelling in exposed body parts. Swelling is usually accompanied by pain, redness, and heat.
• The keyword “vesicles” features in both the natural history and homeopathic rubrics of Rhus Toxicodendron. Urushiol skin exposure inflames the skin and causes fluid-filled skin eruptions, especially along the areas of exposure.

• The keyword “weakness” features in both the natural history and homoeopathic rubrics of Rhus Toxicodendron. Urushiol poisoning may cause systemic symptoms which debilitate the individual and cause physical and mental symptoms of extreme tiredness, to the point of weakness.

The discussion above describes the relationship between the natural history and homoeopathic symptomatology of Rhus Toxicodendron as per collation of extracted keywords from the natural history and homoeopathic general and mental rubrics thereof. It also clarifies the existence of a relationship between the natural history and homoeopathic symptomatology of Rhus Toxicodendron.

5.1.2 Anacardium Orientale

The examination of the natural history of Anacardium Orientale revealed multiple characteristics of the plant’s botanical history that alluded to how the plant is applied homoeopathically in terms of the fundamental governing law of homoeopathic medicine, that is, ‘Like cures like’, as in the case of Rhus Toxicodendron. Not enough evidence was established however in the plants natural history to suggest that the knowledge of the doctrine of signatures influenced the plants application. Homoeopathically the plant has been known for its duality, both in the physical and mental plane, often described as the existence of two contradictory energies within a person. This duality can be observed when physically inspecting the plant i.e. the split of the seed from the fruit, and the contrary poisonous shell incapsulating an edible fruit. The doctrine of signatures thus can be a useful tool in assisting the physician on his quest for medicinal plants but should however not be the sole basis of the establishment of a plants curative nature.
Botanically referred to as Semecarpus Anacardium, Anacardium Orientale is a deciduous medium height tree with a grey exfoliating bark, greenish white flowers at the panicles that appear around the same time as the leaves. Anacardium Orientale produces a red exudate that turns black upon exposure to air. The fruit of Anacardium Orientale is composed of two (2) parts, a proximal and distal portion. The proximal portion is cup-shaped, smooth, fleshy, and edible when ripe. The distal portion is thick, black, smooth, shiny, and is very poisonous. Anacardium Orientale is native to tropical Asia, India, sub-Himalaya, Bihar, and Orissa. Like other species of the Anacardiaceae plant family, Anacardium Orientale contains urushiol. Urushiol is a skin irritant which causes inflammation upon exposure to skin and soft tissue. Urushiol-induced contact dermatitis causes two (2) types of skin reactions. Type 1 is an immediate hypersensitivity reaction characterised by hives, swelling of the lips, tongue and airways. In severe cases, the symptoms may rapidly progress to dyspnoea, convulsions, anaphylaxis, and shock. The second type of skin reaction is a type IV hypersensitivity reaction, also known as delayed type hypersensitivity. Type IV hypersensitivity reactions may take several days to manifest after exposure. Symptoms include prostration, pruritus, irritability, swelling, redness, and blisters with yellowish exudate, crusting skin, red streak, pain, and fever and night chills. Anacardium Orientale is a very popular herb in Ayurvedic medicine. Traditionally Anacardium Orientale has been used in the treatment of piles, skin eruptions, benign/malignant growths, fever, haemoptysis, menorrhagia, leucorrhoea, deficient lactation, constipation, and intestinal parasites.

From this abundance of characteristics found in the natural history of Anacardium Orientale, the researcher identified commonalities relatable to the remedy’s natural history in the form of keywords and concepts. These commonalities are discussed below:

- The keyword “rash”, found in the natural history of Anacardium Orientale, is synonymous with the word “Abscesses” found in the homoeopathic rubrics thereof. “Rash”, as applicable in the context of the natural history of Anacardium, describes inflammation of the skin and/or eruptions thereof. Skin exposure to urushiol causes
the individual to develop a skin reaction characterised by swelling, fluid filled vesicles, redness, swelling, and pain.

- The keyword “chills”, found in the natural history of Anacardium Orientale, is synonymous with the word “coldness” found in the homoeopathic rubrics thereof. This relates to the systemic symptoms experienced by the individual and is generally associated with the delayed type of hypersensitivity response.

- The keyword “impulsive”, found in the natural history of the remedy Anacardium Orientale, is synonymous with the word “abrupt” found in the homoeopathic rubrics thereof. This relates to the mental symptoms of the ailing individual who has been exposed to urushiol or ingested it.

- The keyword “punishing”, found in the natural history of Anacardium Orientale, is synonymous with the word “abusive” found in the homoeopathic rubrics thereof. “Punishing” describes the mental/emotional symptoms brought on by poisoning with urushiol-containing Anacardium Orientale.

- The keyword “weakness”, found in the natural history of Anacardium Orientale, is synonymous with the word “dullness” found in the homoeopathic rubrics thereof. This relates to the physical and mental symptoms brought on by poisoning with urushiol-containing Anacardium Orientale.

- The keyword “hypersensitive”, found in the natural history of Anacardium Orientale, is synonymous with the word “sensitive” found in the homoeopathic rubrics thereof. This can be related to both the physical and mental symptoms caused by ingesting urushiol-containing Anacardium Orientale.
• The keyword “pain” features in both the natural history and homeopathic rubrics of Anacardium Orientale. Urushiol poisoning may cause the ailing individual to experience highly unpleasant physical sensations, to the point of agony.

• The keyword “incapacity”, found in the natural history of Anacardium Orientale, is synonymous with the word “stiffness” found in the homoeopathic rubrics thereof. This can be related to both the physical and mental symptoms caused by ingesting urushiol-containing Anacardium Orientale.

• The keyword “poison” found in the natural history of Anacardium Orientale is synonymous with the word “intoxicated” found in the homoeopathic rubrics thereof. This refers to the substance urushiol which can cause illness or death.

The discussion above describes the relationship between the natural history and homoeopathic symptomatology of Anacardium Orientale as per collation of extracted keywords from the natural history and homoeopathic general and mental rubrics thereof. It also clarifies the existence of a relationship between the natural history and homoeopathic symptomatology of Anacardium Orientale. Anacardium, meaning “without heart” in Greek, is a huge homoeopathic mental remedy centred on the concept of inner conflict. The keynote of this remedy is confusion of identity and sense of duality. From the perspective of the doctrine of signatures, this is evident in the plants morphology i.e. poisonous fruit but edible nut, and red fruit versus white nut.

5.1.3 Mangifera Indica

Examination of the natural history of Mangifera Indica revealed multiple characteristics of the plant’s botanical history that alluded to how the plant is applied homoeopathically in terms of the fundamental governing law of homoeopathic medicine, that is ‘Like cures like’, as in the case of Rhus Toxicodendron and Anacardium Orientale. Not enough evidence was
established however in the plants natural history to suggest that the knowledge of the doctrine of signatures influenced the plants application.

Mangifera Indica, commonly known as mango, is a large perennial, heavy branched, nearly evergreen, dome shaped tree with dense leaves. The plant produces fruits that are drupes. The fruit may be round, oval, oblong, or kidney shaped. Like other species of the same family, Mangifera Indica contains the oily plant resin urushiol. Urushiol may cause contact dermatitis to the exposed individual. Mangifera Indica is native to the southern parts of Asia, especially India, Burma, and Andaman Islands. The Mangifera Indica plant thrives in tropical lowlands with moderate rainfall, rich, well drained soil, hot climates, and dry conditions. Mangifera Indica is a very popular herb in Ayurvedic medicine where preparations thereof are employed in the treatment of multiple illnesses, including diarrhoea, chronic dysentery, bladder catarrh, & gonorrhoeal urethritis, diphtheria, rheumatism, diabetes, chest complaints, & hypertension, cracked skin, scabies, syphilis, and stomatitis. A combined decoction of Mangifera Indica and other Ayurvedic herbs are given after childbirth to assist with the healing of the maternal parent. Mythologically, Mangifera Indica is used in many religious functions in Hinduism, either to celebrate, cleanse, or purify.

From this abundance of characteristics, found in the natural history of Mangifera Indica, the researcher was able to identify commonalities relatable to the remedy’s natural history in the form of keywords and concepts. These commonalities are discussed below:

- The keyword “abscesses” features in both the natural history and homeopathic rubrics of Mangifera Indica. This can be related to the physical symptoms caused by the exposure to urushiol-containing plant resin.

- The keyword “catarrh”, found in the natural history of Mangifera Indica, is synonymous with the word “discharge” found in the homoeopathic rubrics thereof. Poisoning with urushiol causes inflammation of mucous membranes and causes the individual to produce a discharge.
• The keyword “dry”, found in the natural history of Mangifera Indica, is synonymous with the word “dryness” found in the homoeopathic rubrics thereof. Urushiol poisoning causes dryness of the mucous membranes.

• The keyword “weight-loss”, found in the natural history of Mangifera Indica, is synonymous with the word “emaciation” found in the homoeopathic rubrics thereof. Urushiol poisoning may cause weight-loss due to the loss of fluids and lack of appetite.

• The keyword “inflammation” features in both the natural history and homoeopathic rubrics of the remedy Mangifera Indica. Urushiol exposure causes inflammation of the soft tissue of individuals.

• The Keyword “pain” features in both the natural history and homoeopathic rubrics of the remedy Mangifera Indica. Urushiol poisoning may cause the ailing individual to experience highly unpleasant physical sensations, to the point of agony.

• The keyword “bleeding” found in the natural history of Mangifera Indica is synonymous with the word “bloody” found in the homoeopathic rubrics thereof. Urushiol poisoning may cause the ailing individual to bleed from orifices.

• The keyword “tiredness”, found in the natural history of Mangifera Indica, is synonymous with the word “weakness” found in the homoeopathic rubrics thereof. This relates to the physical and mental symptoms brought on by poisoning with urushiol.

• The Keyword “love”, found in the natural history of Mangifera Indica, is synonymous with the word “benevolence” found in the homoeopathic rubrics thereof. This is
related to the traditional and mythological applications of Mangifera Indica in Hinduism where it is considered as one of the arrows of Cupid, the love deity.

The discussion above describes the relationship between the natural history and homoeopathic symptomatology of Mangifera Indica as per collation of extracted keywords from the natural history and homoeopathic general and mental rubrics thereof. It also substantiates the existence of the relationship between the natural history and homoeopathic symptomatology of the remedy, Mangifera Indica.

5.1.4 Comocladia Dentata

Examination of the remedy Comocladia Dentata revealed that it exhibits a selection of characteristics from its natural history that are relatable to the homoeopathic rubrics thereof. Once again, not enough evidence was established in the natural history of the plant to suggest the application of the doctrine of signatures.

Comocladia Dentata, commonly referred to as guao in Cuba and the Dominican Republic, is a deciduous tree/shrub characterised by opposite pairs of leaflets with toothed or spiny edges. A characteristic of this plant is the inflorescence of panicles of flowers budding from the leaf axils. Comocladia Dentata produces fleshy, yellow, red, or black-skinned fruits that are drupes. Like other species of the Anacardiaceae family, Comocladia Dentata produces an oily urushiol-containing exudate that may cause contact dermatitis to susceptible individuals and can also be fatal if ingested. The slightest contact with the plant causes severe pruritus & inflammation.

Comocladia Dentata is distributed in Mexico, northern Central America, and the West Indies. Comocladia Dentata usually thrives at lower altitudes in woodland areas. However, the plant can also thrive at high altitudes, especially in the mountains of Trinidad and Santo Domingo. Traditionally, Comocladia Dentata has been used by Yoruba-Bakongo cultists to curse enemies & cause them to swell. The plant has also been used tribally to incite catastrophic
events, ruin households, sow conflict within families & turn friends against one another. Mythologically the plant is said to be capable of only doing harm.

From these characteristics found in the natural history of Comocladia Dentata, the commonalities relatable to the remedy’s natural history in the form of keywords and concepts were identified. These commonalities are discussed below:

- The keyword “discharge” features in both the natural history and homoeopathic rubrics of the remedy Comocladia Dentata. Urushiol poisoning may cause the ailing individual to produce a discharge.

- The keyword “hotness”, found in the natural history of the remedy Comocladia Dentata, is synonymous with the word “heat” found in the homoeopathic rubrics thereof. Urushiol poisoning may cause the individual to experience high body temperatures and discomfort. High body temperatures are usually accompanied by perspiration.

- The keyword “inflammation” features in both the natural history and homoeopathic rubrics of the remedy Comocladia Dentata. Exposure to urushiol causes inflammation of the skin, and of the mucous membranes if ingested.

- The Keyword “pain” features in both the natural history and homoeopathic rubrics of the remedy Comocladia Dentata. Urushiol poisoning my cause the ailing individual to experience highly unpleasant physical sensations, to the point of agony.

- The keyword “erythema”, found in the natural history of Comocladia Dentata, is synonymous with the word “redness” found in the homoeopathic rubrics thereof. Urushiol poisoning causes reddening of exposed skin areas. The reddening of the skin
may extend to involve non-exposed areas. This usually presents as streaks and/or macular-papular lesions. In the case of ingestion, urushiol may cause similar infections to the mouth and gastro-intestinal tract.

- The keyword “swelling” features in both the natural history and homoeopathic rubrics of the remedy Comocladia Dentata. “Swelling”, which is caused by urushiol poisoning, is one of five characteristics of inflammation along with pain, heat, redness, and loss of function.

- The keyword “harm”, found in the natural history of the remedy Comocladia Dentata, is synonymous with the word “malicious” found in the homoeopathic rubrics thereof. According to the traditional applications and mythology of Comocladia Dentata, the plant is only capable of doing harm.

- The keyword “caustic”, found in the natural history of the remedy Comocladia Dentata, is synonymous with the word “corrosive” found in the homoeopathic rubrics thereof. Urushiol can burn and corrode organic tissue when it comes into contact with it.

The foregoing discussion describes the relationship between the natural history and homoeopathic symptomatology of the remedy Comocladia Dentata as per collation of extracted keywords from the natural history and homoeopathic general and mental rubrics thereof. It thus substantiates the existence of a relationship between the natural history and homoeopathic symptomatology of the remedy Comocladia Dentata.

5.1.5 Rhus Venenata

Upon the examination of the remedy Rhus Venenata, it was discovered that it exhibits a selection of characteristics from its natural history which are relatable to the homoeopathic
rubrics thereof. Rhus Venenata, now botanically referred to as Toxicodendron Vernix, is a deciduous shrub/small tree growing up to approximately 9m in height. Rhus Venenata produces compound leaves consisting of 7-13 oval leaflets with smooth margins. These leaves start off as a bright orangey colour and mature to a strong green glossy colour. The bark of the plant is light grey, and as it matures, becomes darker in colour. Rhus Venenata produces greenish flowers that grow loosely on the axillary panicles. The fruits of Rhus Venenata are somewhat spherical in shape, grey/creamy-white in colour, and occur in clusters. Like other species of the same family, Rhus Venenata contains the oily resin urushiol. Rhus Venenata is native to North America where it thrives in dark, shaded, swampy, marshy, and acidic areas. Once again, not enough evidence was established in the natural history of the plant to suggest the application of the doctrine of signatures.

In Japan, Rhus Venenata has been utilized traditionally in the making of varnishes and dyes. Mythologically, also in Japan, Rhus Venenata has been employed in the production of candles for various rituals. It is also believed that, when the tree is touched, it imparts a cold sensation to the hand.

From these characteristics found in the natural history of the remedy Rhus Venenata, the researcher identified commonalities relatable to the remedy's natural history in the form of keywords and concepts. These commonalities are discussed below:

- The keyword “cold”, found in the natural history of the remedy Rhus Venenata is synonymous with the word “coldness” found in the homoeopathic rubrics thereof. This relates to the systemic symptoms experienced by the individual when exposed to urushiol and is generally associated with the delayed type hypersensitivity response.

- The keyword “suppuration”, found in the natural history of the remedy Rhus Venenata, is synonymous with the word “discharge” found in the homoeopathic rubrics thereof. This is related to the symptoms induced by urushiol poisoning to the individual. When one considers the doctrine of signatures, the plant is find growing in wet and swampy areas thus eluding to its application.
The keyword “scaly”, found in the natural history of the remedy Rhus Venenata, is synonymous with the word “dryness” found in the homoeopathic rubrics thereof. Urushiol poisoning may cause dry and scaly eruptions of the skin, or to the mucous membranes. The bark of the tree can be described as being somewhat scaly.

The keyword “eruption” features in both the natural history and homoeopathic general and mental rubrics of the remedy Rhus Venenata. Contact with urushiol may cause the individual to develop a skin reaction.

The keyword “heat” features in both the natural history and homoeopathic general and mental rubrics of the remedy Rhus Venenata. “Heat” is one of the cardinal signs of inflammation due to exposure to urushiol. “Heat” may also be associated with fever due to urushiol exposure/ingestion. The plant is distributed in warm areas, thus eluding to its application according to the doctrine of signatures.

The keyword “inflammation” features in both the natural history and homoeopathic general and mental rubrics of the remedy Rhus Venenata. Exposure to urushiol causes inflammation of the skin, and of the mucous membranes if ingested.

The keyword “swelling” features in both the natural history and homoeopathic general and mental rubrics of the remedy Rhus Venenata. “Swelling”, which is caused by urushiol poisoning, is one of five characteristics of inflammation along with pain, heat, redness, and loss of function.

The keyword “redness” features in both the natural history and homoeopathic general and mental rubrics of the remedy Rhus Venenata. “Redness”, which is caused by urushiol poisoning, is one of the five characteristics of inflammation along with swelling, pain, heat, and loss of function.
• The keyword “weakness” features in both the natural history and homoeopathic general and mental rubrics of the remedy Rhus Venenata. This relates to both the physical and mental symptoms brought on by poisoning with urushiol.

• The keyword “irritation” features in both the natural history and homoeopathic general and mental rubrics of the remedy Rhus Venenata. This relates to both the physical and mental symptoms brought on by poisoning with urushiol.

• The keyword “prostration”, found in the natural history of the remedy Rhus Venenata, is synonymous with the word “despair” found in the homoeopathic physical and mental rubrics. Urushiol poisoning may cause systemic symptoms which debilitate the individual and cause physical and mental symptoms of extreme tiredness, to the point of weakness.

The discussion above describes the relationship between the natural history and homoeopathic symptomatology of the Remedy Rhus Venenata as per collation of extracted keywords from the natural history and homoeopathic general and mental rubrics thereof. It thus substantiates the existence of a relationship between the natural history and homoeopathic symptomatology of the remedy Rhus Venenata.

The discussion in Section 5.1 above highlights the relationship between the natural history and the homoeopathic physical and mental symptoms of a select number of remedies from the Anacardiaceae plant family of remedies, thus proving the first hypothesis.

5.2 Commonalities exist between the general and mental symptoms of the Anacardiaceae family

Upon the investigation of the different remedies of the subset group of remedies of this study, the researcher identified features common to all the members of the subset group. These
included pain, inflammation, swelling, redness, coldness, burning, irritability, eruptions, and weakness. These commonalities can be interpreted as the themes of the Anacardiaceae plant family.

5.2.1 Commonalities in keywords existing in the Anacardiaceae family as a whole

The researcher identified commonalities, in terms of keywords and synonyms, related to the subset group. These commonalities in terms of keywords and synonyms included pain, inflammation, swelling, redness, coldness, burning, irritable, eruptions, and weakness.

Upon examination of the entire family, the researcher identified that this botanical family is capable of producing violent affections, even from the slightest of contacts. Species like Comocladia and Rhus Venenata are respected so much in their indigenous habitat that people dare not touch them. It was also found that the common site of action for most of these remedies was the skin, joints, and mucous membranes. All the members of the subset group displayed symptoms in one or more of the above-mentioned body systems. What set these remedies apart were the severity and intensity of their affections, as well as their accompanying modalities. Another common feature of this family was the ability to produce urushiol. Urushiol is a viscous milky substance that turns black upon exposure to air, and stains linen/skin for prolonged periods of time. This aspect, when interpreted according to the doctrine of signatures, alludes to deep-seatedness of ailments/affections affecting individuals of these particular constitutions.

Pain and inflammation are two very pronounced symptoms of this plant family. Pain, as a commonality of the subset group, presented in varying degrees amongst the different remedies of this family. For instance, pain in the remedy Mangifera Indica is not as pronounced as that of Comocladia Dentata, Rhus Toxicodendron and Rhus Venenata. The skin symptoms of this family are also very pronounced. Skin symptoms include, swelling, inflammation, pain, pruritis, fluid-filled eruptions that tend to burst and ulcerate. Irritability is also common in this family. This included both physical and mental irritability. The irritability in some cases is so severe that it causes restlessness and anger. Individuals with this
constitution can even display these symptoms nocturnally which is also indicative of its tendency to darkness, both in temperament and physical manifestations.

5.2.2) Commonalities exist in the themes and sensations exhibited by the Anacardiaceae plant family extracted from this study and those of Sanakaran (2002), Scholten (2013), and Yakir (2017).

Sanakaran (2002), Scholten (2013), and Yakir (2017) have all done extensive work on the group analysis of the different family groups of remedies. Each author provides a unique method of learning and understanding remedies, whilst also expanding on the subject matter. Upon close examination of the work of these authors, the researcher identified common themes and sensations of the Anacardiaceae plant family. These themes were then tabulated and compared with one another in order to identify commonalities. The themes and sensations presented by Yakir, Sanakaran and Scholten are elaborate and share multiple similarities. The work of Scholten and Yakir is more modern than that of Sanakaran and provides more depth to the subject matter. Fundamentally, however, each author’s presentation of the Anacardiaceae family is relatable.

The themes that were extracted from the works of Sanakaran, Yakir, and Scholten were compared to those themes that emerged from this study. The researcher identified commonalities between the themes that emerged from this study and those that emerged from the works of Yakir, Scholten, and Sanakaran.

5.3 Conclusion

Traditional medicine is the sum of knowledge, skills and practices based on theories, beliefs and experiences that are indigenous to a group of people. Mental symptoms addressed via traditional medicine placed a lot of emphasis on spirituality and religion, rather than botany. Thus not a lot of the peculiar mental symptoms of these homoeopathic remedies were found in their respective traditional history. Also, not enough evidence was established in the plants natural history to suggest that the doctrine of signatures influenced the plants application.
The overall findings of this study however do support the hypotheses. The first hypothesis claims the existence of commonalities between the homoeopathic general and mental symptoms of individual remedies and their respective natural history. The second hypothesis claims the existence of a collective of commonalities existing between the homoeopathic general and mental symptoms of the Anacardiaceae plant family as a whole and the collective natural history thereof. These hypotheses are further substantiated by the existence of commonalities between the themes that emerged from this study and those extracted from the works of three of the most pioneering authors of homoeopathic medicine.
CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

This comparative analytical study explored the natural history of remedies belonging to the Anacardiaceae plant family and compared this information to existing homoeopathic literature. The researcher determined both the themes of the natural history and homoeopathic symptomatology of individual members of the Anacardiaceae plant family.

Upon the investigation of these themes, the researcher identified commonalities between the two variables in question, thus validating the first hypothesis. The researcher then collectively extracted the themes of the Anacardiaceae family’s natural history and that of its homoeopathic symptomatology. These collective themes were then collated and compared. Again, the researcher identified commonalities between the two variables in question, thus concurring with the second hypothesis. The themes extracted by the researcher included pain, swelling, inflammation, redness, irritability, coldness, and burning. The themes that emerged from this study were then compared to those extracted from the work of pioneering authors, Sankaran, Scholten and Yakir for validation purposes. Once again, the researcher found commonalities between these and those extracted from the work of the above-mentioned authors.

Comparative analytical studies, such as the one conducted in this dissertation, are a relatively new development in homoeopathic medicine. This study had two main goals, firstly, developing the learning, understanding, and teaching of the Anacardiaceae plant family through the exploration and comparison of the family’s natural history and respective homoeopathic symptomatology; secondly, identifying concepts and ideas that could facilitate the scientific development of homoeopathic medicine via the establishment of a definite relationship between the ethno-botanical, historical, and mythological characteristics of the Anacardiaceae plant family of remedies.
The selected methodology in this study facilitated the achievement of these goals. Further, the researcher believes that the selected methodology facilitated the development of a deeper understanding of homoeopathic family groups, especially as it related homoeopathic knowledge to scientific constructs. Homoeopathic medicine has remained very dogmatic to the concepts developed by the founding fathers in the mid-1700s. As a result of this dogma, stagnancy of any form of linear accumulation of knowledge and progression of the discipline towards scientific accolade occurs. However, one can argue that the current scientific paradigm, along with its norms and commonly held beliefs that function to regulate it, do not facilitate the development of any model that contradicts the norm. One can feel the subtle pressure of socialization and indoctrination into conventional mannerism when conducting research. The original basis of science as a discipline has always been to provide the best possible explanation for a phenomenon observed in nature, and in doing so helps understand the current and predict the future. These scientific explanations are subject to change. The homoeopathic discipline, however, has done very little in the last century to challenge the dogma of the scientific paradigms. The homoeopathic discipline has been pushed multiple times to the verge of extinction, thus, making it crucial to develop the legitimacy of the profession through the demonstration of scientific plausibility.

6.1) Challenges in the application of the methodology

For this methodology to be applicable, the researcher required adequate information regarding both the natural history of individual remedies, as well as the homoeopathic mental and general symptomatology. The availability of adequate information regarding the natural history of the different remedies was difficult to obtain. Most of the information regarding the natural history was very scant and superficial and did not elaborate on many of the points that the researcher regarded as being important for the purpose of this study. Most of the remedies that constituted the subset group had an inadequate rubric representation and thus limited their correlation to their natural history. According to Macrepertory (2017) there are 19 remedies in the Materia Medica belonging to the Anacardiaceae family. Of the 19 remedies, only five (5) satisfied the selection criteria for this study i.e. Rhus Toxicodendron, Anacardium Orientale, Mangifera Indica, Comocladia Dentata, and Rhus Venenata. These five (5) remedies constituted the subset group for this study. Although the subset group provided
adequate information for the purpose of this study, the methodology yielded no positive results when applied to the ‘smaller’ remedies of the Anacardiaceae family.

### 6.2 Recommendations for further studies

The Anacardiaceae plant family contains more than 700 plant species in more than 80 genera. Most of these genera are of economic importance. However, medicinally the plant family is greatly underutilized. Research into the Anacardiaceae plant family is thus important for the further development of the understanding, teaching, and learning of the family, especially as pertaining to those members that are underutilized homoeopathically/medicinally.

The study was able to identify a number of remedies that contained a very limited number of homoeopathic rubrics. This limited the sample size as these smaller remedies could not be included in the study due to their limited rubric number. Thus, a probe into homoeopathic clinical trials and provings is warranted in order to improve the comprehension and utilization of individual remedies.

Most of the plant species belonging to this family are native to South America and Asia. Information regarding these plant species have been recorded in their respective native/official languages. Many of these sources of information, that the researcher felt were important for this study, were omitted due to their not having any English copies or translations, thus preventing further research. An increase in reputable sources of information will allow for better comparative analysis studies that provide more depth and quality for the understanding, teaching, and learning of these remedies.

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**Appendix A**
General and mental symptoms of Rhus Toxicodendron with corresponding rubrics & sub rubrics

Generalities- ALTERNATING states
Generalities- ALTERNATING sides
Generalities- CROSSWISE
Generalities-CROSSWISE- left upper and right lower
Generalities- CROSSWISE- left lower and right upper
Generalities- LEFT
Generalities- LEFT- right, then
Generalities- ONE-SIDED
Generalities- RIGHT
Generalities- DAYTIME- agg
Generalities- DAYTIME- amel
Generalities- MORNING, five am.- nine am.- agg
Generalities- MORNING, five am.- nine am.- agg.- five am
Generalities- MORNING, five am.- nine am.- agg.- five am.- ten am., until
Generalities- MORNING, five am.- nine am.- agg.- six am.
Generalities- MORNING, five am.- nine am.- agg.- six am.- eight am., until
Generalities- MORNING, five am.- nine am.- agg.- six am.- ten am., until
Generalities- MORNING, five am.- nine am.- agg.- seven am.
Generalities- MORNING, five am.- nine am.- agg.- seven am.- eight am., until
Generalities- MORNING, five am.- nine am.- agg.- evening, and
Generalities- MORNING, five am.- nine am.- agg.- evening, and
Generalities- MORNING, five am.- nine am.- agg.- night, and
Generalities- MORNING, five am.- nine am.- agg.- sunrise; after
Generalities- MORNING, five am.- nine am.- agg.- bed, in
Generalities- MORNING, five am.- nine am.- agg.- rising; on
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING</strong></td>
</tr>
<tr>
<td>five am. - nine am.</td>
<td>agg. rising; after</td>
</tr>
<tr>
<td>five am. - nine am.</td>
<td>agg. waking, on</td>
</tr>
<tr>
<td>five am. - nine am.</td>
<td>amel.</td>
</tr>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING</strong></td>
</tr>
<tr>
<td>five am. - nine am.</td>
<td>amel. - rising, on</td>
</tr>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>FORENOON</strong></td>
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Mind ANXIETY- morning- rising; amel.
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Mind-ANXIETY- morning- waking, on or after
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Mind-ANXIETY- evening- agg.
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Mind-ANXIETY- night- agg.
Mind-ANXIETY- night- agg.- bed- in
Mind-ANXIETY- night- agg.- bed- driving out of
Mind-ANXIETY- midnight- after
Mind-ANXIETY- midnight- after- three am.
Mind-ANXIETY- midnight- after- three am.- after
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Mind-ANXIETY- abdominal complaints, in
Mind-ANXIETY- air- open- amel.
Mind-ANXIETY- alone, while
Mind-ANXIETY- anger, vexation- during
Mind-ANXIETY- bed- in
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Mind-ANXIETY- breathing- preventing
Mind-ANXIETY- breathing- short time, that he would only be able, in influenza
Mind-ANXIETY- chill- during
Mind-ANXIETY- company- agg.
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Mind-ANXIETY- dark, in
Mind-ANXIETY- driving him from place to place
Mind-ANXIETY- driving him from place to place- dryness of throat, with
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Mind-ANXIETY- inspiration, deep- must
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Mind- CARES, worries, full of- others, about
Mind- CARES, worries, full of- relatives, about
Mind- CARRIED- desires to be
Mind- CARRIED- desires to be- constantly
Mind- CARRIED- desires to be- fast
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Mind- CHAOTIC- fever, during
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Mind- CONFUSION of mind- waking, on
Mind- CONFUSION of mind- walking- agg.
Mind- CONFUSION of mind- collect ones' senses, cannot, with headache
Mind- CONFUSION of mind- dream, as if in a
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Mind- CONTRAICTORY- intentions are contradictory to speech
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Mind- CRAWLING, rolling; animal, like a
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Mind- DEATH- desires- sadness, without, with disgust of life
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Mind-DEATH-presentiment of-weeping, with
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Mind-DELIUM-sleep-during
Mind-DELIUM-sleepiness, with
Mind-DELIUM-sleeplessness, with
Mind-DELIUM-sopor, in
Mind-DELIUM-trembling, with
Mind-DELIUM-busy
Mind-DELIUM-loquacious
Mind-DELIUM-loquacious-business, of
Mind-DELIUM-mild
Mind-DELIUM-mild; roaming over fields or hard at work, he thinks he is
Mind-DELIUM-murmuring
Mind-DELIUM-muttering, typhomania
Mind-DELIUM-muttering, typhomania-diphtheria, in
Mind-DELIRIUM- muttering, typhomania-himself, to
Mind-DELIRIUM-nonsense, with eyes open
Mind-DELIRIUM-quiet
Mind-DELIRIUM-restless
Mind-DELIRIUM-work, of his
Mind-DELIRIUM tremens, mania-a-potu
Mind-DELIVERY, parturition- during
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Mind-DELUSIONS, imaginations- chill, during
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Mind-DELUSIONS, imaginations- calls- someone- waking, on
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Mind- ENVY- avidity, and
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Mind- ESCAPE, desire to- jumps suddenly up from bed
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Mind- STUPEFACTION, as if intoxicated- murmuring, muttering
Mind- SUDDEN manifestations
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Mind- SUICIDAL disposition- evening; twilight, at
Mind- SUICIDAL disposition- courage, but lacks
Mind- SUICIDAL disposition- fear, with- death, of
Mind- SUICIDAL disposition- fever heat, during
Mind- SUICIDAL disposition- fright, fear agg.
Mind- SUICIDAL disposition- perspiration, during
Mind- SUICIDAL disposition- drowning, by
Mind- SUICIDAL disposition- drowning, by- mania, in
Mind- SUICIDAL disposition- thoughts
Mind- SUPERSTITIOUS
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Mind- SUSPICIOUSNESS, mistrustfulness- sadness, with
Mind- SUSPICIOUSNESS, mistrustfulness- solitude, desire for
Mind- TACITURN, indisposed to talk
Mind- TALK, talking, talks- agg.
Mind- TALK, talking, talks- agg.; others, of
Mind- TALK, talking, talks- sleep; during
Mind- TALK, talking, talks- sneezing, prevented by
Mind- TALK, talking, talks- confused
Mind- TALK, talking, talks- hasty, hurried
Mind- TALK, talking, talks- incoherent
Mind- TALK, talking, talks- irrational
Mind- TALK, talking, talks- oneself, to
Mind- TALK, talking, talks- vivacious
Mind- TALK, talking, talks- wandering
Mind- THINKING- complaints, of- agg.
Mind- THINKING- disagreeable things, about, agg.
Mind- THINKING- aversion to
Mind- THOUGHTS- intrude and crowd around each other
Mind- THOUGHTS- persistent
Mind- THOUGHTS- persistent- disagreeable
Mind- THOUGHTS- persistent- disagreeable- midnight, after
Mind- THOUGHTS- persistent- disagreeable- unpleasant subjects, haunted by
Mind- THOUGHTS- persistent- frightful
Mind- THOUGHTS- persistent- past, of the
Mind- THOUGHTS- persistent- sad
Mind- THOUGHTS- persistent- tormenting
Mind- THOUGHTS- rapid, quick
Mind- THOUGHTS- rush, flow of
Mind- THOUGHTS- rush, flow of; evening
Mind- THOUGHTS- rush, flow of; evening; bed, in
Mind- THOUGHTS- rush, flow of; sleeplessness; with
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Mind- THOUGHTS- vanishing, unable to think; eating; amel.
Mind- THOUGHTS- vanishing, unable to think; standing agg.
Mind- THOUGHTS- vanishing, unable to think; turning head, on
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Mind- TOSSING about- evening
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| Mind-UNCONSCIOUSNESS, coma- motion- agg. |
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Mind- UNCONSCIOUSNESS, coma- tingling in head, with pain in limbs, motion- amel.
Mind- UNCONSCIOUSNESS, coma- turning head agg.
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Mind- UNCONSCIOUSNESS, coma- transient
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Mind- VERTIGO agg.
Mind- VIOLENCE, vehemence
Mind- VIVACITY, vehemence
Mind- VIVACIOUSNESS
Mind- VIVACIOUSNESS- night
Mind- WAKING- on
Mind- WAKING- after
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Mind- WALK, walking- while- air, in open
Mind- WALK, walking- amel.
Mind- WALK, walking- amel.- air, in open
Mind- WALK, walking- must
Mind- WALK, walking- must- pains, from
Mind- WARMTH- agg.
Mind- WEAKNESS- with
Mind- WEARY
Mind- WEARY of life
Mind- WEARY of life- evening
Mind- WEARY of life- fear of death, with
Mind- WEARY of life- fright, fear agg.
Mind- WEARY of life- heat, during
Mind- WEARY of life- perspiration, during
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Mind - WEATHER - damp, wet, in
Mind - WEEPING, tearful mood
Mind - WEEPING, tearful mood - morning
Mind - WEEPING, tearful mood - evening - agg.
Mind - WEEPING, tearful mood - evening - agg. - solitude, desire for
Mind - WEEPING, tearful mood - night
Mind - WEEPING, tearful mood - amel.
Mind - WEEPING, tearful mood - chest complaints, about
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Mind - WEEPING, tearful mood - pains - with - abdomen, in
Mind - WEEPING, tearful mood - pains - with - chest, in
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Mind - WEEPING, tearful mood - sleep - during
Mind - WEEPING, tearful mood - stool - before
Mind - WEEPING, tearful mood - stool - during
Mind - WEEPING, tearful mood - walking in open air - amel.
Mind - WEEPING, tearful mood - aloud
Mind - WEEPING, tearful mood - aloud - sleep, in
Mind - WEEPING, tearful mood - causeless
Mind - WEEPING, tearful mood - constant
Mind - WEEPING, tearful mood - easily
Mind - WEEPING, tearful mood - impossible, cannot weep
Mind - WEEPING, tearful mood - involuntary
Mind - WEEPING, tearful mood - involuntary - weeping, without actual
Mind - WELL; feels very
Mind - WHIMPERING
Appendix B

General and mental symptoms of Anacardium Orientale with corresponding rubrics & sub rubrics

Generalities- ALTERNATING states
Generalities- ALTERNATING sides
Generalities- CROSSWISE
Generalities- CROSSWISE- left upper and right lower
Generalities- LEFT
Generalities- LEFT- right, then
Generalities- ONE-SIDED
Generalities- RIGHT
Generalities- RIGHT- left, then
Generalities- DAYTIME- agg.
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<th>Activity</th>
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<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING,</strong> five am. - nine am. - agg.</td>
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<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING,</strong> five am. - nine am. - agg. - rising; on</td>
</tr>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING,</strong> five am. - nine am. - agg. - rising; after</td>
</tr>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING,</strong> five am. - nine am. - agg. - waking, on</td>
</tr>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING,</strong> five am. - nine am. - amel.</td>
</tr>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>MORNING,</strong> five am. - nine am. - amel. - rising, on or after</td>
</tr>
<tr>
<td><strong>Generalities</strong></td>
<td><strong>FORENOON,</strong> nine am. - noon - agg.</td>
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<td><strong>Generalities</strong></td>
<td><strong>FORENOON,</strong> nine am. - noon - agg. - ten am.</td>
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<td><strong>Generalities</strong></td>
<td><strong>NOON,</strong> twelve am., around - agg.</td>
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<td><strong>Generalities</strong></td>
<td><strong>AFTERNOON,</strong> one pm. - six pm. - agg.</td>
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<td><strong>Generalities</strong></td>
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<td><strong>Generalities</strong></td>
<td><strong>AFTERNOON,</strong> one pm. - six pm. - amel.</td>
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<td><strong>Generalities</strong></td>
<td><strong>EVENING,</strong> six pm. - nine pm. - agg.</td>
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<td><strong>Generalities</strong></td>
<td><strong>EVENING,</strong> six pm. - nine pm. - agg. - six pm.</td>
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<tr>
<td><strong>Generalities</strong></td>
<td><strong>EVENING,</strong> six pm. - nine pm. - agg. - six pm. midnight, until</td>
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<tr>
<td><strong>Generalities</strong></td>
<td><strong>EVENING,</strong> six pm. - nine pm. - agg. - midnight, until</td>
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<td><strong>EVENING,</strong> six pm. - nine pm. - agg. - bed, in</td>
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<td><strong>Generalities</strong></td>
<td><strong>EVENING,</strong> six pm. - nine pm. - agg. - eating, after - agg.</td>
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<tr>
<td><strong>Generalities</strong></td>
<td><strong>EVENING,</strong> six pm. - nine pm. - amel.</td>
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<td><strong>Generalities</strong></td>
<td><strong>EVENING,</strong> six pm. - nine pm. - amel. - bed, in</td>
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<td><strong>NIGHT,</strong> nine pm. - five am. - agg.</td>
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<td><strong>NIGHT,</strong> nine pm. - five am. - agg. - nine pm.</td>
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<td><strong>NIGHT,</strong> nine pm. - five am. - agg. - ten pm.</td>
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<tr>
<td><strong>Generalities</strong></td>
<td><strong>NIGHT,</strong> nine pm. - five am. - agg. - bed, in</td>
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Generalities - NIGHT, nine pm. - five am. - amel.
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Generalities - MIDNIGHT- about
Generalities - MIDNIGHT- about- two am., until
Generalities - MIDNIGHT- after
Generalities - MIDNIGHT- after- two am.
Generalities - MIDNIGHT- after- four am.- about
Generalities - MIDNIGHT- amel. after
Generalities - SPRING- agg.
Generalities - SUMMER- agg.
Generalities - AUTUMN- agg.
Generalities - AUTUMN and spring agg.
Generalities - PERIODICAL
Generalities - PERIODICAL- every- fourth day
Generalities - PERIODICAL- every- other- day
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Generalities - PERIODICAL- half hour, every
Generalities - EXTENDING- backward
Generalities - EXTENDING- downward
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Generalities - EXTERNAL
Generalities - PARTS, single
Generalities - SPOTS
Generalities - BONES
Generalities- BONES- condyles
Generalities- BONES- long bones
Generalities- CARTILAGES
Generalities- GLANDS, liver, spleen etc.
Generalities- GLANDS, liver, spleen etc.- hormonal
Generalities- GLANDS, liver, spleen etc.- lymphatic tissue
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Generalities- JOINTS
Generalities- JOINTS- small joints
Generalities- JOINTS- ligaments
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Generalities- NERVES- syphilitic complaints, in
Generalities- ORIFICES
Generalities- SPHINCTERS
Generalities- TENDONS
Generalities- ABSCESSES, suppurations
Generalities- ABSCESSES, suppurations- incipient
Generalities- ABSCESSES, suppurations- pus- acrid, corrosive, excoriating
Generalities- ABSCESSES, suppurations- pus- brown
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Generalities- AIR- cold- amel.
Generalities- AIR- indoor air- agg.
Generalities- AIR- indoor air- amel.
Generalities- AIR- open- agg.
Generalities - AIR - open - agg. - warm

Generalities - AIR - open - amel.

Generalities - AIR - open - aversion to

Generalities - AIR - open - desires

Generalities - AIR - open - desires - draft of air agg., but

Generalities - AIR - warm - agg.

Generalities - AIR - warm - amel.

Generalities - ALIVE sensation, internally

Generalities - ANESTHESIA, insensitivity

Generalities - ANESTHESIA, insensitivity - alternating with hypersensitiveness

Generalities - ANESTHESIA, insensitivity - parts - affected

Generalities - ANESTHESIA, insensitivity - parts - single

Generalities - ANXIETY, general physical

Generalities - APPLICATIONS - cold - amel.

Generalities - APPLICATIONS - warm - agg.

Generalities - APPLICATIONS - warm - amel.

Generalities - APPLICATIONS - wet - amel.

Generalities - APPLICATIONS - wet - amel. - cold

Generalities - APPLICATIONS - wet - amel. - warm

Generalities - ASCENDING - agg.

Generalities - ASCENDING - agg. - stairs

Generalities - ATROPHY

Generalities - ATROPHY - glands, liver, spleen etc.

Generalities - BALL sensation, internally

Generalities - BALL sensation, internally - hoop, or

Generalities - BATHING, washing - amel.

Generalities - BATHING, washing - amel. - warm
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Generalities- COLD- amel.

Generalities- COLD- taking, becoming

Generalities- COLD- taking, becoming- easily

Generalities- COLDNESS, lack of vital heat

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Generalities- COLDNESS, lack of vital heat- morning

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Generalities- COLDNESS, lack of vital heat- pain, during

Generalities- COLDNESS, lack of vital heat- parts- single

Generalities- COLDNESS, lack of vital heat- internal

Generalities- COLDNESS, lack of vital heat- external

Generalities- COLDNESS, lack of vital heat- icy

Generalities- COLDNESS, lack of vital heat- icy- headache, with

Generalities- COLDNESS, lack of vital heat- water, as of cold

Generalities- COMPLAINTS- agg., slight

Generalities- COMPLAINTS- group- recur

Generalities- COMPLEXION, color of eyes, face, hair- dark, brunette

Generalities- COMPLEXION, color of eyes, face, hair- dark, brunette- rigid fiber, with

Generalities- CONCUSSION- agg., ailments from

Generalities- CONGENITAL diseases

Generalities- CONSTITUTION- bilious

Generalities- CONSTITUTION- choleric

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Generalities- CONSTRICTION- internal
Generalities - CONSTRICTION - internal- glands, liver, spleen etc.

Generalities - CONSTRICTION - external

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Generalities - CONSTRICTION - joints

Generalities - CONSTRICTION - muscles

Generalities - CONSTRICTION - band sensation

Generalities - CONSTRICTION - band sensation - iron band

Generalities - CONTRACTING facial muscles agg.

Generalities - CONTRACTIONS, strictures, stenoses

Generalities - CONTRACTIONS, strictures, stenoses - convulsive, spasmodic

Generalities - CONTRADICTORY and alternating states

Generalities - CONVALESCENCE, during

Generalities - CONVALESCENCE, during - fever, after

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Generalities - COUGH - after

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Generalities - CRACKS, fissures, orifices

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Generalities - CRAMPS - joints

Generalities - CRAMPS - muscles

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Generalities- DRYNESS- internal, parts usually moist
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Generalities- EATING- during- fast
Generalities- EATING- after
Generalities- EATING- after- drinking, and
Generalities- EATING- after- long after eating
Generalities- EATING- after- overeating
Generalities- EATING- amel.
Generalities- EATING- amel.- small quantities
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Generalities - STOOL - during
Generalities - STOOL - during; diarrhea
Generalities - STOOL - after
Generalities - STOOL; amel. after
Generalities - STOOL; straining at
Generalities - STOOPING; agg.
Generalities - STOOPING; amel.
Generalities - STRENGTH - sensation of
Generalities - STRETCHING - agg.
Generalities - STRETCHING - agg.- parts affected
Generalities - STRETCHING - amel.
Generalities - STRETCHING - amel.- parts affected
Generalities - STRETCHING - sensation, muscles, on motion
Generalities - STRETCHING - stretch, must
Generalities - STUFFED up sensation
Generalities - SUDDEN manifestations
Generalities - SUN - agg.
Generalities - SUN - agg.- sunstroke
Generalities - SUN - amel.
Generalities - SUPPER - agg.
Generalities- SUPPER- amel.
Generalities- SUPPORTING a part; amel.
Generalities- SWALLOWING- during
Generalities- SWALLOWING- after
Generalities- SWELLING
Generalities- SWELLING- left
Generalities- SWELLING- parts- affected
Generalities- SWELLING- joints, articulations
Generalities- SWELLING- mucous membranes
Generalities- SWELLING- orifices
Generalities- SWELLING- chronic
Generalities- SWELLING- edematous
Generalities- SWELLING- edematous- external
Generalities- SWELLING- edematous- upper
Generalities- SWELLING- nodular
Generalities- SWELLING- painful
Generalities- SWELLING- sensation of
Generalities- SWELLING- sensation of- internal
Generalities- SWELLING- sensation
Generalities- SWELLING- sensation
Generalities- SWELLING- sensation
Generalities- SYphilis
Generalities- TALKING- agg.
Generalities- TENSION, tightness
Generalities- TENSION, tightness- morning
Generalities- TENSION, tightness- morning; waking, on
Generalities- TENSION, tightness- evening
Generalities- TENSION, tightness- walking; agg.
Generalities- TENSION, tightness- internal
Generalities- TENSION, tightness- external
Generalities- TENSION, tightness- joints, articulations
Generalities- TREMBLING
Generalities- TREMBLING- right
Generalities- TREMBLING- morning
Generalities- TENSION, tightness- muscles
Generalities- THREAD sensation
Generalities- TINGLING, prickling
Generalities- TINGLING, prickling- right
Generalities- TINGLING, prickling- morning
Generalities- TINGLING, prickling- external
Generalities- TOBACCO- agg.
Generalities- TOBACCO- agg.- chewing
Generalities- TOUCH- agg.
Generalities- TOUCH- amel.
Generalities- TREMBLING- afternoon
Generalities- TREMBLING- headache, during
Generalities- TREMBLING- eating- agg.
Generalities- TREMBLING- exertion, from
Generalities- TREMBLING- exertion, from- slight
Generalities- TREMBLING- fever- during
Generalities- TREMBLING- intention tremor
Generalities- TREMBLING- motion- agg.
Generalities- TREMBLING- internal
Generalities- TREMBLING- internal- upper
Generalities- TREMBLING- external
Generalities- TREMBLING- external- right
Generalities- TREMBLING- external- morning
Generalities- TREMBLING- sensation
Generalities- TUMORS
Generalities- TUMORS- atheroma, steatoma, wens
Generalities- TURNING- bed, in
Generalities- TURNING- head
Generalities- TURNING- winding, twisting sensation
Generalities- TWITCHING
Generalities- TWITCHING- left
Generalities- TWITCHING- one-sided
Generalities- TWITCHING- one-sided- other side paralyzed
Generalities- TWITCHING- night
Generalities- TWITCHING- sitting, while
Generalities- TWITCHING- sleep- during
Generalities- TWITCHING- external
Generalities- TWITCHING- upper
Generalities- TWITCHING- lower
Generalities- TWITCHING- muscles
Generalities- TWITCHING- tendons- subsultus tendinum
Generalities- ULCERS
Generalities- ULCERS- mucous membranes
Generalities- ULCERS- suppurating
Generalities- UNCOVERING- agg.
Generalities- UNCOVERING- aversion
Generalities- URINATION- before
Generalities- URINATION- during
Generalities- URINATION- after
| Generalities- VERTIGO, during |
| Generalities- VIOLENT complaints |
| Generalities- VOMITING- during |
| Generalities- VOMITING- amel. |
| Generalities- WAKING- agg. |
| Generalities- WALK, walking- beginning o |
| Generalities- WALK, walking- during |
| Generalities- WALK, walking- during- air, in open |
| Generalities- WALK, walking- after |
| Generalities- WALK, walking- after- air, in open |
| Generalities- WALK, walking- amel. |
| Generalities- WALK, walking- amel.- air, in open |
| Generalities- WALK, walking- amel.- continued |
| Generalities- WANDERING complaints |
| Generalities- WARMTH- agg. |
| Generalities- WARMTH- agg.- bed, of |
| Generalities- WARMTH- agg.- radiated |
| Generalities- WARMTH- agg.- stove, of |
| Generalities- WARMTH- agg.- sun, of |
| Generalities- WARMTH- amel. |
| Generalities- WARMTH- amel.; wet |
| Generalities- WARMTH- desires |
| Generalities- WARMTH- desires- sun, of |
| Generalities- WAVELIKE- sensation |
| Generalities- WEAKNESS |
| Generalities- WEAKNESS- right |
| Generalities- WEAKNESS- morning |
Generalities- WEAKNESS- afternoon
Generalities- WEAKNESS- evening- agg.
Generalities- WEAKNESS- ascending stairs agg.
Generalities- WEAKNESS- bright?d disease, in
Generalities- WEAKNESS- chill- during
Generalities- WEAKNESS- debauchery, after
Generalities- WEAKNESS- disease- acute, in or after
Generalities- WEAKNESS- eating- after
Generalities- WEAKNESS- eating- amel.
Generalities- WEAKNESS- emissions, pollutions, after seminal
Generalities- WEAKNESS- excitement, emotional, agg.
Generalities- WEAKNESS- exertion- agg.
Generalities- WEAKNESS- exertion- agg.- slight
Generalities- WEAKNESS- fever- during
Generalities- WEAKNESS- fever- during- heat
Generalities- WEAKNESS- fluids, from loss of animal
Generalities- WEAKNESS- fright, fear agg.
Generalities- WEAKNESS- headache- during
Generalities- WEAKNESS- heaviness, with
Generalities- WEAKNESS- leaning head on something and closing eyes amel.
Generalities- WEAKNESS- lying; agg.
Generalities- WEAKNESS- masturbation, from
Generalities- WEAKNESS- mental exertion, occupation; agg.
Generalities- WEAKNESS- motion; agg.
Generalities- WEAKNESS- motion; agg.; least, slightest
Generalities- WEAKNESS- old people, in
Generalities- WEAKNESS- old people, in- men
| Generalities | WEAKNESS- perspiration- with |
| Generalities | WEAKNESS- piano playing, from |
| Generalities | WEAKNESS- reading- agg. |
| Generalities | WEAKNESS- sexual- excesses, after |
| Generalities | WEAKNESS- sit down, must |
| Generalities | WEAKNESS- sitting- agg. |
| Generalities | WEAKNESS- standing agg. |
| Generalities | WEAKNESS- walking- while |
| Generalities | WEAKNESS- walking- after |
| Generalities | WEAKNESS- walking- amel. |
| Generalities | WEAKNESS- upper |
| Generalities | WEAKNESS- lower |
| Generalities | WEAKNESS- organ |
| Generalities | WEAKNESS- joints |
| Generalities | WEAKNESS- muscles |
| Generalities | WEAKNESS- paralytic |
| Generalities | WEAKNESS- tremulous |
| Generalities | WEARINESS |
| Generalities | WEARINESS- morning |
| Generalities | WEARINESS- morning- waking, on |
| Generalities | WEARINESS- eating- while |
| Generalities | WEARINESS- eating- after |
| Generalities | WEARINESS- heaviness of limbs, with |
| Generalities | WEARINESS- piano playing, fro |
| Generalities | WEARINESS- sit down, must |
| Generalities | WEARINESS- waking- on or after |
| Generalities | WEARINESS- walking- after |
Generalities- WEARINESS- bones
Generalities- WEATHER- cold, dry- agg.
Generalities- WEATHER- damp, rainy, wet- agg.
Generalities- WEATHER- dry- agg.
Generalities- WEATHER- warm, sultry- agg.
Generalities- WEATHER- windy, stormy- during
Generalities- WEEPING- amel.
Generalities- WHITENESS, paleness of parts usually red
Generalities- WHITENESS, paleness of parts usually red- mucous membranes
Generalities- WOMEN, complaints in
Generalities- WORK, manual- agg.
Generalities- WORM complaints
Generalities- WORM complaints- lumbricoides, roundworms
Generalities- WORM complaints- taeniae, tapeworms
Generalities- WOUNDS
Generalities- WOUNDS- expulsions of fishbones, splinters, needles, foreign bodies, to promote
Generalities- WOUNDS- granulations, proud flesh
Generalities- WRAPPED up, as if
Generalities- WRAPPING up; ame
Generalities- WRITING- agg.
Generalities- YAWNING- agg.

Mind- ALTERNATING states- mental with emotional
Mind- ALTERNATING states- mental complaints, with other
Mind- ALTERNATING states
Mind- DAYTIME
Mind- MORNING- agg.
Mind- MORNING- agg.- rising, on
Mind- MORNING- agg.- waking, on
Mind- FORENOON
Mind- AFTERNOON- agg.
Mind- AFTERNOON- agg.- siesta, afternoon sleep, after
Mind- AFTERNOON- amel.
Mind- EVENING- agg.
Mind- EVENING- agg.- bed, in
Mind- NIGHT- agg.
Mind- SUMMER
Mind- PERIODICALLY
Mind- PERIODICALLY- day, every third
Mind- GENERAL
Mind- PSYCHOLOGICAL themes- activity, passivity- activity
Mind- PSYCHOLOGICAL themes- activity, passivity- passivity
Mind- PSYCHOLOGICAL themes- aggression
Mind- PSYCHOLOGICAL themes- altruism
Mind- PSYCHOLOGICAL themes- anxiety, fear
Mind- PSYCHOLOGICAL themes- blame, punishment
Mind- PSYCHOLOGICAL themes- bodily sensations
Mind- PSYCHOLOGICAL themes- compulsions, responsibility- decreased, avoiding
Mind- PSYCHOLOGICAL themes- compulsions, responsibility- increased
Mind- PSYCHOLOGICAL themes- despair
Mind- PSYCHOLOGICAL themes- distance, reservation
Mind- PSYCHOLOGICAL themes- erotic
Mind- PSYCHOLOGICAL themes- feelings, strong
Mind- PSYCHOLOGICAL themes- gesticulation, appearance, verbal expression- expression, facial
Mind- PSYCHOLOGICAL themes- gesticulation, appearance, verbal expression- gesticulation, appearance
Mind- PSYCHOLOGICAL themes- gesticulation, appearance, verbal expression- speaking, verbal expression
Mind- PSYCHOLOGICAL themes- harmony with self, coherence
Mind- PSYCHOLOGICAL themes- intimacy- open
Mind- PSYCHOLOGICAL themes- loneliness
Mind- PSYCHOLOGICAL themes- perception, reasoning, cognition- cognition
Mind- PSYCHOLOGICAL themes- perception, reasoning, cognition- confusion, weak concentration
Mind- PSYCHOLOGICAL themes- rationalizing, lack of feelings, depression
Mind- PSYCHOLOGICAL themes- religious affections; atheism
Mind- PSYCHOLOGICAL themes- religious affections- overly religious
Mind- PSYCHOLOGICAL themes- religious affections- religious, spiritual
Mind- PSYCHOLOGICAL themes- self-appreciation- diminished
Mind- PSYCHOLOGICAL themes- self-appreciation- increased
Mind- PSYCHOLOGICAL themes- sensitivity
Mind- PSYCHOLOGICAL themes- sexuality
Mind- PSYCHOLOGICAL themes- shame, offense
Mind- PSYCHOLOGICAL themes- work, productivity, money, social status
Mind- ABDOMINAL complaints, with
Mind- ABRUPT
Mind- ABSENT-MINDEDNESS
Mind- ABSENT-MINDEDNESS- anxiety, with
Mind- ABUSE agg., ailments from
Mind- ABUSE agg., ailments from- childhood, in
Mind- ABUSE agg., ailments from- sexual
Mind- ABUSIVE, insulting
Mind- ABUSIVE; insulting- wife, to- in front of children or vice versa

Mind- AFFECTIONATE

Mind- AFFECTIONATE- alternating with violence

Mind- AFFECTIONATE- children kiss and caress

Mind- AIR; open- agg.

Mind- AIR; open- amel.

Mind- ALCOHOL, alcoholic drinks- agg.

Mind- ALCOHOLISM, dipsomania

Mind- ALCOHOLISM, dipsomania- recurrent

Mind- AMBITION- ambitious

Mind- AMBITION- ambitious; achieve things, desire to

Mind- ANGER

Mind- ANGER; ailments from, agg.

Mind- ANGER; ailments from, agg.- mental and emotional consequences of

Mind- ANGER; ailments from, agg.- mental and emotional consequences of; suppressed

Mind- ANGER- air, open- desires

Mind- ANGER- children, in

Mind- ANGER- contradiction, from

Mind- ANGER- contradiction, from; least, slightest

Mind- ANGER- offended, when

Mind- ANGER- throws things away

Mind- ANGER- trifles, about

Mind- ANGER- stabbed anyone, so that he could have

Mind- ANGER- temper tantrums

Mind- ANGER- violent

Mind- ANGER- violent- personal, from slight offense

Mind- ANGER- violent- takes everything in bad part
Mind- ANGUISH
Mind- ANGUISH- ailments from, agg.
Mind- ANGUISH- ailments from, agg.- mental and emotional consequences of
Mind- ANGUISH- hypochondriasis, in
Mind- ANSWER, answering, answers- abruptly, shortly, curtly
Mind- ANSWER, answering, answers- abruptly, shortly, curtly- incomplete but correct, in imbecility
Mind- ANSWER, answering, answers- aversion to
Mind- ANSWER, answering, answers- incomplete
Mind- ANSWER, answering, answers- incorrectly
Mind- ANSWER, answering, answers- slowly
Mind- ANSWER, answering, answers- thinks long
Mind- ANTAGONISM- oneself, with
Mind- ANTICIPATION
Mind- ANTICIPATION- ailments from, agg.
Mind- ANTICIPATION- ailments from, agg.- mental and emotional consequences of
Mind- ANTICIPATION- ailments from, agg.- stage-fright
Mind- ANTICIPATION- examination, for
Mind- ANXIETY
Mind- ANXIETY- morning
Mind- ANXIETY- morning- bed, in
Mind- ANXIETY- morning- waking, on or after
Mind- ANXIETY- evening- agg.
Mind- ANXIETY- evening; agg.- bed, in
Mind- ANXIETY- agg., ailments from
Mind- ANXIETY- agg., ailments from- mental and emotional consequences of
Mind- ANXIETY- abdominal complaints, in
Mind- ANXIETY- air- open- agg.
Mind-ANXIETY- air- open- amel.
Mind-ANXIETY- bed- in
Mind-ANXIETY- bed- driving out of
Mind-ANXIETY- congestion, with
Mind-ANXIETY- congestion, with- chest, in
Mind-ANXIETY- coryza, in
Mind-ANXIETY- driving him from place to place
Mind-ANXIETY- eating- amel.
Mind-ANXIETY- expected of him, when anything is
Mind-ANXIETY- fear, with
Mind-ANXIETY- fever- during
Mind-ANXIETY- flushes of heat, with
Mind-ANXIETY- heat- during
Mind-ANXIETY- moaning, groaning, with
Mind-ANXIETY- pain, with
Mind-ANXIETY- pain, with- abdomen, in
Mind-ANXIETY- palpitations- with
Mind-ANXIETY- perspiration- with
Mind-ANXIETY- respiration- difficult, anxious, with
Mind-ANXIETY- sleep- during
Mind-ANXIETY- standing- agg.
Mind-ANXIETY- stomach complaints, in
Mind-ANXIETY- waking, on or after
Mind-ANXIETY- walking- while
Mind-ANXIETY- walking- while- air- open, in
Mind-ANXIETY- work- manual- during
Mind-ANXIETY- abdomen- in
Mind-ANXIETY- abdomen- in- hypochondria
Mind- ANXIETY- chest, in
Mind- ANXIETY- chest, in- air, driving him into open
Mind- ANXIETY- chest, in; sternum
Mind- ANXIETY- chest, in- sternum- region of, without pain, feels as if he must go out into open air and be busy
Mind- ANXIETY- heart region
Mind- ANXIETY- business, about
Mind- ANXIETY- conscience, of
Mind- ANXIETY- future, about
Mind- ANXIETY- future, about- disease, and of her
Mind- ANXIETY- hypochondriacal
Mind- ANXIETY- pursued, as if
Mind- ANXIETY- pursued, as if- waking, on
Mind- ANXIETY- pursued, as if- walking, while
Mind- ANXIETY- trifles, about
Mind- APHASIA
Mind- APOPEXY, after
Mind- APPETITE, with diminished
Mind- APPROACH of a person agg.
Mind- AUTOMATIC behavior, acts
Mind- AWKWARDNESS
Mind- AWKWARDNESS- afternoon
Mind- BED- agg.
Mind- BEGGING, entreating
Mind- BENEVOLENCE
Mind- BESIDE oneself, being
Mind- BUSINESS- ailments from, agg.
Mind- BUSINESS- ailments from, agg.- mental and emotional consequences of
Mind- BUSINESS- aversion to
Mind- BUSY
Mind- CARES, worries, full of
Mind- CARES, worries, full of- future, for
Mind- CARESS, caressed- caresses husband and child, then pushes away
Mind- CAUTIOUS
Mind- CHAOTIC
Mind- CHEERFULNESS
Mind- CHEERFULNESS- daytime
Mind- CHEERFULNESS- afternoon
Mind- CHEERFULNESS- evening
Mind- CHEERFULNESS- eating- while
Mind- CHEERFULNESS- foolish, and
Mind- CHILDISH behavior
Mind- CHILDREN- complaints in
Mind- CHILL, during
Mind- CLAIRVOYANCE
Mind- CLIMACTERIC period, in
Mind- COMA vigil
Mind- COMA vigil- sleeplessness, with
Mind- COMPANY- aversion to
Mind- COMPANY- aversion to- coryza, in
Mind- COMPANY- aversion to- solitude, desire for
Mind- COMPANY- aversion to- strangers, to
Mind- COMPANY- desire for
Mind- COMPANY- desire for- family, of
Mind- COMPLAINING
Mind- COMPLAINING- sleep, in
Mind- COMPLAINING- sleep, in- comatose
Mind- COMPREHENSION- easy
Mind- COMPREHENSION- loss of
Mind- COMPULSIVE disorders
Mind- CONCENTRATION- active
Mind- CONCENTRATION- difficult
Mind- CONCENTRATION- difficult- morning
Mind- CONFIDENCE- want of self
Mind- CONFIDENCE- want of self- contradiction, from
Mind- CONFIDENCE- want of self- memory, with loss of
Mind- CONFIDENCE- want of self- failure, he is a
Mind- CONFIDENCE- want of self- inadequate, feels
Mind- CONFUSION of mind
Mind- CONFUSION of mind- morning
Mind- CONFUSION of mind- morning- rising- on and after
Mind- CONFUSION of mind- morning; waking,
Mind- CONFUSION of mind- night
Mind- CONFUSION of mind- hemorrhoids, with bleeding
Mind- CONFUSION of mind- sleep, after
Mind- CONFUSION of mind- vertigo, during
Mind- CONFUSION of mind- waking, on
Mind- CONFUSION of mind- identity, as to his
Mind- CONFUSION of mind- identity, as to his; duality, sensation of
Mind- CONFUSION of mind- intoxicated feeling
Mind- CONSCIENTIOUS about trifles
Mind- CONSOLATION, sympathy- desire for
Mind- CONTEMPTUOUS
Mind- CONTEMPTUOUS- oneself, of
Mind- CONTRADICT, disposition to
Mind- CONTRADICTION- ailments from, agg.
Mind- CONTRADICTORY
Mind- CONTRADICTORY- actions are contradictory to intentions
Mind- CONTRADICTORY- feelings and impulses
Mind- CONTRARIETY agg.
Mind- CONTRARY
Mind- COUGHING- while
Mind- COWARDICE
Mind- CRUELTY, brutality, inhumanity
Mind- CURSING, swearing, desires
Mind- CURSING, swearing, desires- anger; with
Mind- CURSING, swearing, desires- headache, during
Mind- CURSING, swearing, desires- rage- in
Mind- CURSING, swearing, desires- blasphemy, profanity
Mind- CURSING, swearing, desires- strong and violent expressions
Mind- CURSING, swearing, desires- trifles, about
Mind- DAY-DREAMING
Mind- DAY-DREAMING- poetical, about the future
Mind- DEATH; presentiment of
Mind- DECEITFUL, sly
Mind- DECEITFUL, sly- corrupt, venal
Mind- DECEITFUL, sly- corrupt, venal- politicians
Mind- DEFIANT
Mind-DELIRIUM

Mind-DELIRIUM- eating amel.

Mind-DELIRIUM- trembling, with

Mind-DELIRIUM- frightful

Mind-DELIRIUM- maniacal

Mind DELIRIUM- nonsense, with eyes open

Mind-DELIRIUM- raging, raving

Mind-DELIRIUM tremens, mania-a-potu

Mind-DELIRIUM tremens, mania-a-potu; recurrent

Mind-DELIVERY, parturition0 after, puerperal

Mind-DELUSIONS, imaginations

Mind-DELUSIONS, imaginations- cursing, with

Mind-DELUSIONS, imaginations- body, body parts- separated, body and thoughts are

Mind-DELUSIONS, imaginations- body, body parts- separated, divided

Mind-DELUSIONS, imaginations- accidents

Mind-DELUSIONS, imaginations- anxious

Mind-DELUSIONS, imaginations- assembled things, swarms, crowds etc.

Mind-DELUSIONS, imaginations- attacked, is going to be

Mind-DELUSIONS, imaginations- attacked, is going to be- family member, by

Mind-DELUSIONS, imaginations- bed; someone- in, with him, her

Mind-DELUSIONS, imaginations- bier, is lying on a

Mind-DELUSIONS, imaginations- calls; him, someone

Mind-DELUSIONS, imaginations- calls; him, someone- name, with, absent mother or sister

Mind-DELUSIONS, imaginations- calls; someone

Mind-DELUSIONS, imaginations- casualties, sees

Mind-DELUSIONS, imaginations- child, children- hers, not

Mind-DELUSIONS, imaginations- churchyard- visits a
Mind-DELUSIONS, imaginations-crime-committed, he had
Mind-DELUSIONS, imaginations-dead-corpsenear him
Mind-DELUSIONS, imaginations-dead- he is
Mind-DELUSIONS, imaginations-dead-persons, see
Mind-DELUSIONS, imaginations-demoniacal, he is
Mind-DELUSIONS, imaginations-devil, devils
Mind-DELUSIONS, imaginations-devil, devils-blasphemous words, whisper
Mind-DELUSIONS, imaginations-devil, devils-he is a, that
Mind-DELUSIONS, imaginations-devil, devils-possessed of, is
Mind-DELUSIONS, imaginations-devil, devils-present, are
Mind-DELUSIONS, imaginations-devil, devils-sees
Mind-DELUSIONS, imaginations-devil, devils-sit in his neck and tells him offensive things
Mind-DELUSIONS, imaginations-devil, devils-speaking in one ear, angel in other, prompting to murder, or acts of benevolence, devil
Mind-DELUSIONS, imaginations-divided-two parts, into
Mind-DELUSIONS, imaginations-double-he is
Mind-DELUSIONS, imaginations-dream, as from
Mind-DELUSIONS, imaginations-enemy; surrounded by
Mind-DELUSIONS, imaginations-faces, sees
Mind-DELUSIONS, imaginations-faces, sees-everyone's face in a glass except his own
Mind-DELUSIONS, imaginations-failure, he is a
Mind-DELUSIONS, imaginations-fancy, of
Mind-DELUSIONS, imaginations-figures, sees
Mind-DELUSIONS, imaginations-figures, sees-strange figures accompany him, one on his right, other on his left
Mind-DELUSIONS, imaginations-fire
Mind-DELUSIONS, imaginations-grave, coffin; in his
Mind-DELUSIONS, imaginations-head
| Mind-DELUSIONS, imaginations- head; separated from body, is |
| Mind-DELUSIONS, imaginations- hearing, o |
| Mind-DELUSIONS, imaginations- heaven, is in |
| Mind-DELUSIONS, imaginations- husband, he is not her |
| Mind-DELUSIONS, imaginations- images, phantoms, sees |
| Mind-DELUSIONS, imaginations- images, phantoms, sees- frightful |
| Mind-DELUSIONS, imaginations- influence, is under a powerful |
| Mind-DELUSIONS, imaginations- insane- become, that she will |
| Mind-DELUSIONS, imaginations- motion |
| Mind-DELUSIONS, imaginations- motion- all parts are in |
| Mind-DELUSIONS, imaginations- people, some one |
| Mind-DELUSIONS, imaginations- people, some one- behind him, someone is |
| Mind-DELUSIONS, imaginations- people, some one- beside him, are |
| Mind-DELUSIONS, imaginations- people, some one- beside him, are- strange |
| Mind-DELUSIONS, imaginations- persecuted, that he is |
| Mind-DELUSIONS, imaginations- person- another in the room |
| Mind-DELUSIONS, imaginations- person- three persons, that he is |
| Mind-DELUSIONS, imaginations- place, places- being in different, at a time |
| Mind-DELUSIONS, imaginations- possessed, he or she is |
| Mind-DELUSIONS, imaginations- pursued, of being |
| Mind-DELUSIONS, imaginations- pursued, of being- walking, while |
| Mind-DELUSIONS, imaginations- pursued, of being- enemies, by |
| Mind-DELUSIONS, imaginations- pursued, of being- horrible thing, by some |
| Mind-DELUSIONS, imaginations- religious |
| Mind-DELUSIONS, imaginations- religious- redemption and devil, about |
| Mind-DELUSIONS, imaginations- right, does nothing |
| Mind-DELUSIONS, imaginations- senses, of |
Mind- DELUSIONS, imaginations- separated- mind and body are
Mind- DELUSIONS, imaginations- separated- soul, spirit and body are
Mind- DELUSIONS, imaginations- separated- world, from the, that he is
Mind- DELUSIONS, imaginations- soul, souls- body is too small for, or that it is separated from
Mind- DELUSIONS, imaginations- spectres, ghosts, spirits, sees
Mind- DELUSIONS, imaginations- strange- everything is
Mind- DELUSIONS, imaginations- stranger, strangers- accompanies him
Mind- DELUSIONS, imaginations- stranger, strangers; sees
Mind- DELUSIONS, imaginations- succeed, that he cannot, does everything wrong
Mind- DELUSIONS, imaginations- superhuman- control, is under
Mind- DELUSIONS, imaginations- touch, sensory
Mind- DELUSIONS, imaginations- trapped, he is
Mind- DELUSIONS, imaginations- troubles- trifles, about, leads to big trouble
Mind- DELUSIONS, imaginations- unreal- everything is
Mind- DELUSIONS, imaginations- visions, has
Mind- DELUSIONS, imaginations- voices
Mind- DELUSIONS, imaginations- voices- hears
Mind- DELUSIONS, imaginations- voices- hears- behind her
Mind- DELUSIONS, imaginations- voices- hears- dead people, of
Mind- DELUSIONS, imaginations- voices- hears- distant
Mind- DELUSIONS, imaginations- voices- hears- follow, that he must
Mind- DELUSIONS, imaginations- voices- hears- people, of absent
Mind- DELUSIONS, imaginations- walk, walking- someone walks; behind him
Mind- DELUSIONS, imaginations- whispering
Mind- DELUSIONS, imaginations- whispering- blasphemic
Mind- DELUSIONS, imaginations- whispering- him anything, someone
Mind- DELUSIONS, imaginations- wills, possessed of two
Mind-DELUSIONS, imaginations- wrong- everything is wrong- he has done
Mind-DEMENTIA
Mind-DEMENTIA- old people, in
Mind-DESPAIR
Mind-DESPAIR- itching, from
Mind-DESPAIR- do what is required of him, to
Mind-DESPAIR- future, about
Mind-DESPAIR- recovery, of
Mind-DESPAIR- work, over his
Mind-DESTRUCTIVENESS
Mind-DICTATORIAL
Mind-DIRTINESS
Mind-DISCONTENTED
Mind-DISCONTENTED- everything, with
Mind-DISCORDS agg., ailments from
Mind-DISCORDS agg., ailments from- relatives, friends, between
Mind-DISCOURAGED
Mind-DISCOURAGED- anxiety, with
Mind-DISCOURAGED- hypochondriacal
Mind-DISOBEDIENCE
Mind-DISORDERED stomach, after
Mind-DISTANCE- exaggerated, is
Mind-DISTANCE- inaccurate judge of
Mind-DREAM, as in a
Mind-DREAMS
Mind-DREAMS- indifference, with
Mind-DREAMS- meditating, while
Mind-DREAMS- perspiration, with
Mind-DREAMS- absent
Mind-DREAMS- abyss, of, precipitous
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**Appendix C**

**General and mental symptoms of Mangifera Indica with corresponding rubrics & sub rubrics**

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Generalities- PARALYSIS- right- stepping, from
Generalities- PARALYSIS- run forward if he tried to walk, with inclination to
Generalities- PARALYSIS- spinal complaints, in
Generalities- PARALYSIS- walking- during
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Generalities- PARALYSIS- internal
Generalities- PARALYSIS- internal- organs
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Generalities- SECRETIONS of mucous membranes- yellow- green

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Generalities- SENSITIVENESS- fever heat, during

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Generalities- SENSITIVENESS- bones

Generalities- SENSITIVENESS- bones- periosteum

Generalities- SENSITIVENESS- pain, to

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Generalities- SHAKING head- agg.

Generalities- SHAVING- agg.

Generalities- SHOCKS

Generalities- SHOCKS- electric, like

Generalities- SHRIVELLING

Generalities- SHUDDERING, shivering

Generalities- SHUDDERING, shivering- alternating with heat

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Generalities- SIT, sitting; agg. - Upright, erect

Generalities- SIT, sitting; amel.

Generalities- SIT, sitting; amel. - bent
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Mind- HORRIBLE things, sad stories affect profoundly, agg. - Mental and emotional consequences

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Mind- TRIFLES- important, seem
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Mind- UNCONSCIOUSNESS, coma; headache; with
Mind- VERTIGO agg.
Mind- VIOLENCE, vehemence
Appendix D

General and mental symptoms of Comocladia Dentata with corresponding rubrics & subrubrics

Generalities- BOTH sides
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Generalities- LEFT- right, then
Generalities- ONE-SIDED
Generalities- RIGHT
Generalities- RIGHT- left, then
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Generalities- MORNING, five am. - nine am.- agg.- eight thirty am.
Generalities- MORNING, five am.- nine am.- agg.- bed, in
Generalities- FORENOON, nine am.- noon- agg.
Generalities- FORENOON, nine am.- noon- agg.- nine am.
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Generalities- AFTERNOON, one pm.- six pm.- agg.- one pm.
Generalities- AFTERNOON, one pm.- six pm.- agg.- three pm.
Generalities- AFTERNOON, one pm.- six pm.- agg.- three pm.- four pm., until
Generalities- AFTERNOON, one pm.- six pm.- agg.- four pm.
Generalities- EVENING, six pm.- nine pm.- agg.
Generalities- EVENING, six pm.- nine pm.- agg.- seven pm.
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Generalities- INTERNAL

Generalities- EXTERNAL

Generalities- BONES

Generalities- BONES- long bones

Generalities- BONES- sutures or symphysis

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Appendix E

General and mental symptoms of Rhus Venenata with corresponding rubrics & sub rubrics

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