

***A homoeopathic drug proving of Hoodia gordonii 30CH,  
with a subsequent comparison of proving  
symptomatology to its  
toxicology as a raw substance and to homoeopathic  
remedies of repertorial similarity.***

by

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**This study represents original work by the author and has not been submitted in any form to another university. Where use was made of the work of others, it has been duly acknowledged in the text.**

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**Date**

## **DEDICATION**

I dedicate this work to all those who have contributed to making my life everything that it is today and in the future, through your love, support and prayers.

To Samuel Hahnemann, the Master and Founder of Homoeopathy.

To God be the glory.

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# ABSTRACT

## Introduction

The aim of this study was to determine the effect of *Hoodia gordonii* 30CH on healthy provers, and to record the clearly observable signs and symptoms produced and the subsequent comparison to its toxicology as a raw substance and to homoeopathic remedies of reportorial similarity.

## Methodology

The investigation was a randomised, double-blind placebo controlled trial, using the substance in the 30<sup>th</sup> potency. This was prepared according to the German Homoeopathic Pharmacopoeia. A sample of 20 provers, in good health, was recruited. Sixteen received verum as the experimental group and four in the control group received a placebo. Each of the 20 provers received a journal in which they recorded symptoms on a daily basis for a period of six weeks, including a one week observation prior to taking the powders, and a period of five weeks after administration of the powders. The information from the journals and case histories was edited, collated and translated into materia medica and repertory language and used to compile a proving profile of the remedy by qualitative methods. The remedy was only revealed to the participants after completion of the proving study period.

The researcher compared the similarities and new symptoms of the remedy with the existing knowledge of its toxicology to prove the first hypothesis. A detailed and extensive literature review of *Hoodia gordonii*'s unique characteristics was conducted. A further comparison with other similar remedies according to the highest numerical number of rubrics on repertorisation was conducted.

## Results

The proving remedy produced a wide variety of symptoms on the mental, emotional and physical levels of which many had polarities. In broad terms the following were identified from the proving symptoms of *Hoodia gordonii*:

- Increased confidence and feeling refreshed, renewed energy, cheerfulness, concentration, alertness, calm, forgetfulness, unhappy, sadness and depression with desire to be left alone.
- Anxiety for unknown reason and for the future, about finances; restlessness and busyness.
- Tiredness, fatigue and exhaustion.
- Positive feeling regarding home and family.
- Mental exhaustion and aversion to study.
- Common sensations were throbbing, pulsating, sharp, aching, heat, pressing, heavy, pulling, splitting, cramps.
- Perceived attack or danger in dreams.
- Painless diarrhea and constipation, nausea, headaches, vertigo, sore red eyes, nasal congestion and sinuses, toothache, tonsillitis and dryness of throat; bronchitis, heart palpitations.
- Menses with breast tenderness and increased sexual stimulation, joint pain.
- Unquenchable thirst, polyuria, appetite increase and decrease, sleeplessness and sleepiness with deep sleep, cold, increase perspiration, influenza and depressed immune function.
- Increased desire for coffee, creamy foods, sweet delicacies and salt.
- Most symptoms were right sided, and sensation was worse with motion, light, sun, noise and better for drinking cold water and taking naps or bending backwards.
- The aggravation time was in the morning and afternoon between 2pm and 6pm, and also at night after midnight.

## Conclusion

The data obtained from this proving study of *Hoodia gordonii* when comparing the new symptoms of the remedy with similarities to the existing knowledge of its toxicology proved the first hypothesis to be true. Three hundred and twenty four rubrics were produced and 17 were new rubrics; of these a total of 20 rubrics that represented the essence of the remedy were selected and used in the repertorisation process.

A comparison of the highest numerical value of rubrics with other similar remedies on repertorisation found *Hoodia gordonii* 30CH to be most similar to: *Atropa belladonna*, *Phosphorus*, *Lachesis mutus*, *Sulphur* and *Veratrum album*.



# TABLE OF CONTENTS

<i>Approved for examination:</i> .....	ii
DEDICATION .....	iii
ACKNOWLEDGEMENTS .....	iv
ABSTRACT .....	vi
TABLE OF CONTENTS .....	ix
LIST OF FIGURES.....	xvi
LIST OF TABLES.....	xvii
LIST OF APPENDIXES.....	xviii
DEFINITION OF TERMS .....	xix
ABBREVIATIONS .....	xxii
CHAPTER 1 : OVERVIEW.....	1
1.1 Introduction .....	1
1.2 The research aim .....	2
1.3 The hypothesis.....	2
1.4 The research objectives .....	3
1.5 The assumptions.....	3
1.6 The delimitations .....	4
CHAPTER 2 : LITERATURE REVIEW.....	5
2.1 Introduction .....	5
2.2 Historical perspectives .....	5
2.3 Proving methodology .....	6
2.3.1 Blinding .....	7
2.3.2 Placebo and prover population.....	7
2.3.3 Potency and posology .....	8
2.3.4 Toxicological data.....	8

2.3.4.1	The primary and secondary drug actions .....	10
2.3.5	A proving of <i>Hoodia gordonii</i> .....	10
2.4	Classification .....	11
2.5	Description .....	12
2.6	Toxicology .....	13
2.6.1	Composition .....	14
2.6.2	Physicochemical properties.....	15
2.6.3	Distribution .....	15
2.6.4	Appetite and food intake.....	15
2.6.5	Liver effects .....	16
2.6.6	Cardiovascular health.....	16
2.6.7	Interactions with hormones .....	17
2.7	Medicinal and commercial use of the plant .....	17
2.8	Ethno-botany and its importance as a medicinal source .....	17
2.9	Summary of <i>Hoodia gordonii</i> toxicological aspects .....	18
2.10	Comparative materia medica .....	19
CHAPTER 3 : METHODOLOGY .....		20
3.1	Proving design .....	20
3.2	Outline of the proving methodology.....	20
3.3	The proving substance.....	22
3.3.1	Potency .....	22
3.3.2	The preparation and dispensing of the proving substance .....	23
3.3.3	Dose and posology.....	24
3.4	The prover group.....	24
3.4.1	Sample size and demographics .....	24
3.4.1.1	Criteria for inclusion of a subject .....	25
3.4.1.2	Criteria for exclusion of a subject .....	26

3.4.2	Randomisation .....	26
3.4.3	Lifestyle of a prover during the proving .....	27
3.4.4	Monitoring of provers.....	28
3.5	Case history and physical examination .....	28
3.5.1	Case history .....	28
3.5.2	Physical examination.....	28
3.6	Duration of the proving.....	29
3.6.1	Pre-proving observation .....	29
3.6.2	Commencement of the proving .....	29
3.6.3	Post-proving observation.....	30
3.7	Ethical considerations .....	31
3.8	Data Collection.....	32
3.8.1	Symptom extraction and evaluation .....	32
3.8.2	Inclusion criteria of symptoms .....	33
3.8.3	Exclusion criteria .....	34
3.8.4	Collating and editing the data .....	34
3.8.5	Formatting .....	35
3.9	Repertory .....	35
3.10	Materia medica.....	36
3.11	Comparative materia medica .....	37
3.12	Toxicological data .....	37
CHAPTER 4 :	THE RESULTS .....	39
4.1	Introduction .....	39
4.2	Prover population .....	39
4.3	Materia medica of <i>Hoodia gordonii</i> .....	44
4.3.1	The validity of symptoms.....	45
4.3.2	Mind .....	46

4.3.3	Vertigo.....	60
4.3.4	Head.....	61
4.3.5	Eye.....	70
4.3.6	Vision.....	71
4.3.7	Ear.....	71
4.3.8	Nose.....	71
4.3.9	Face.....	73
4.3.10	Jaw.....	73
4.3.11	Mouth.....	73
4.3.12	Teeth.....	74
4.3.13	Throat.....	74
4.3.14	Stomach.....	75
4.3.15	Abdomen.....	80
4.3.16	Rectum.....	80
4.3.17	Bladder.....	82
4.3.18	Urine.....	82
4.3.19	Male genitalia / sex.....	83
4.3.20	Female genitalia / sex.....	84
4.3.21	Respiration.....	86
4.3.22	Cough.....	86
4.3.23	Chest.....	87
4.3.24	Back.....	88
4.3.25	Extremities.....	88
4.3.26	Sleep.....	89
4.3.27	Dreams.....	92
4.3.28	Chill.....	95
4.3.29	Perspiration.....	96

4.3.30	Skin .....	97
4.3.31	Fever .....	98
4.3.32	Generals.....	98
4.4	Repertory of <i>Hoodia gordonii</i> 30CH .....	102
4.4.1	Rubrics of characteristic symptoms.....	119
4.5	THE RESULTS .....	119
4.5.1	Introduction.....	119
CHAPTER 5 : DISCUSSION OF THE RESULTS .....		122
5.1	Introduction .....	122
5.2	The abbreviation of the remedy.....	122
5.3	Polarity of symptoms.....	123
5.3.1	Mind .....	124
5.3.1.1	Unhappy, sadness and depressed mood.....	124
5.3.1.2	Delusions .....	126
5.3.2	Vertigo.....	129
5.3.3	Head.....	129
5.3.4	Eye .....	131
5.3.5	Ear.....	131
5.3.6	Nose.....	131
5.3.7	Face .....	132
5.3.8	Throat.....	132
5.3.9	Stomach .....	132
5.3.10	Abdomen.....	134
5.3.11	Rectum and stools.....	134
5.3.12	Bladder.....	134
5.3.13	Urine.....	135
5.3.14	Male genitalia / sex.....	135

5.3.15	Female genitalia / sex .....	135
5.3.16	Respiration .....	136
5.3.17	Cough.....	137
5.3.18	Chest.....	137
5.3.19	Back .....	137
5.3.20	Extremities.....	137
5.3.21	Sleep .....	138
5.3.22	Dreams.....	138
5.3.23	Chill .....	140
5.3.24	Perspiration .....	140
5.3.25	Skin .....	140
5.3.26	Fever .....	141
5.3.27	Generals.....	141
5.4	Comparative materia medica .....	142
5.4.1	<i>Lachesis mutus</i> compared to <i>Hoodia gordonii</i> 30CH .....	156
5.4.2	<i>Hoodia gordonii</i> 30CH compared to <i>Atropa belladonna</i> .....	157
5.4.3	<i>Veratrum album</i> compared to <i>Hoodia gordonii</i> 30CH.....	159
5.4.4	<i>Sulphur</i> compared to <i>Hoodia gordonii</i> 30CH.....	161
5.4.5	<i>Phosphorus</i> compared with <i>Hoodia gordonii</i> 30CH.....	162
5.5	Toxicology.....	167
5.5.1	Mind .....	171
5.5.2	Head.....	172
5.5.3	Stomach .....	172
5.5.4	Abdomen.....	173
5.5.5	General .....	174
5.5.5.1	Discussion.....	177
5.6	Miasmatic Indication of <i>Hoodia gordonii</i> 30CH.....	178

5.8	Summary.....	182
CHAPTER 6 : RECOMMENDATIONS AND CONCLUSION.....		184
6.1	Recommendations .....	184
6.1.1	The prover group.....	184
6.1.2	Prover ethnicity and prover gender .....	185
6.1.3	Further provings of <i>Hoodia gordonii</i> .....	186
6.1.4	Indigenous substances.....	186
6.1.5	Publication.....	187
6.2	Conclusion .....	187
REFERENCES.....		188
	Belon, P. 1995. <i>Fundamental Research in Ultra High Dilution and Homoeopathy</i> . Homoeopathy and Immunology. Vol. of Preceedings. Congress Liga Medicorum Homoeopathicorum Intemationalis, North Atlantic Books. 188	
APPENDIXES .....		195

## LIST OF FIGURES

Figure 0.1: Image details: Succulents phylogeny.....	11
Figure 0.1: Image details: <i>Hoodia gordonii</i> .....	12
Figure 0.3: Steroidal glycosides of <i>Hoodia gordonii</i> .....	14
Figure 3.2: The proving substance, <i>Hoodia gordonii</i> .....	23
Figure 0.3: Age distribution of provers.....	40
Figure 0.4: Gender distribution of provers.....	41
Figure 0.5: Homoeopaths vs non-homoeopaths distribution.....	42
Figure 0.6: Racial distribution of provers.....	44
Figure 0.7: Graph of quantitative distribution of repertory symptoms.....	121



## LIST OF TABLES

Table 2.1: Summary of Hoodia gordonii toxicological aspects.....	18
Table 4.1: Proving group.....	40
Table 4.2: The racial distribution.....	43
Table 4.3: The representation of the generals.....	100
Table 4.4: Repertory table.....	103
Table 4.5: The distribution of rubrics according to repertory sections.....	120
Table 5.1: Polarity of symptoms of <i>Hoodia gordonii</i> 30CH.....	123
Table 5.2: Comparative materia medica of <i>Hoodia gordonii</i> with remedies of repertorial similarity.....	143

## LIST OF APPENDIXES

Appendix A: Advert.....	195
Appendix B: Information letter and informed consent form.....	196
Appendix C: Informed consent for case history and physical examination.....	204
Appendix D: Case history and physical examination sheet.....	206
Appendix E: Inclusion and exclusion criteria of symptoms.....	214
Appendix F: Preparation methods.....	216
Appendix G: Comparative repertorisation sheet.....	223
Appendix H: Ethics clearance letter.....	224
Appendix I: Randomisation sheet.....	225

## DEFINITION OF TERMS

**Aggravation:** an increase in the severity of symptoms in response to changes in body functions and therapeutic intervention such as administration of medication (Swayne 2000: 5).

**Antidote:** an action of one medicine to inhibit or counteract the effect of another medicine (Swayne 2000: 13).

**Constitutional remedy:** A remedy prescribed on the basis of temperament, character and general reaction of the person, as well as local symptoms of the disease (Bloch and Lewis 2003).

**Indigenous:** a species that is native to a certain geographical area (Pocket Medical Dictionary 2006).

**Law of similars:** the first principle of homoeopathy – Like cures like, which states that substances which induce manifestations of certain symptoms of disorders in a healthy individual may be able to treat similar ones in a diseased individual (Vithoulkas 1986: 95).

**Materia Medica:** a pharmacological text used as a reference book containing a list of medicines and their uses (O'Reilly 1996: 325).

**Miasm:** the term used to reflect a certain disposition, a defect that can be transferred from one generation to another (De Schepper 2001).

**Minimum characteristic syndrome (Minimum symptoms of maximum value):** the few symptoms of exceptional value which most clearly allow individualisation of the case; which express the centre of the case (Swayne 2000:138).

**Placebo:** a substance with no active biological properties, knowingly or unknowingly used to exert a beneficial therapeutic effect, or given to satisfy a patient's expectations

of treatment; that is used for comparison with the substance or as a method to be tested in a controlled trial and is indistinguishable from it (Swayne 2000: 162).

**Prover:** subject of a proving or homoeopathic pathogenic trial. A person who should be in good health, who records changes in his or her condition during and after the administration of the substance to be tested (Swayne 2000: 173).

**Proving:** the systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the action of the substance (Vithoukas 1998: 96).

**Potency:** therapeutic strength of a substance obtained through the process of serial dilution and succussions of that substance known as potentisation (Cook 1989: 50).

**Remedy:** term used for the homoeopathic medicine referring to the comprehensive remedial action which the prescription is expected to achieve by curing or relieving the symptom or disease (Swayne 2000: 182).

**Repertory:** systemic cross referencing of symptoms and disorders to the homoeopathic medicines in whose therapeutic repertoire (materia medica) they occur. The strength or degree of the association between the two is indicated by the type in which the medicine is printed. Source used in case analysis to identify the medicine indicated for the patient (Swayne 2000: 183).

**Rubric:** the phrase used in repertory to identify a symptom or disorder and its component element and details, and categories of these, and to which a list of the medicines which are known to have produced that symptom or disorder in homoeopathic pathogenic trials, or to have it in clinical practice, is attached (Swayne 2000: 186).

**Succussion:** vigorous shaking, with impact or “elastic collision” carried out at each stage of dilution in the preparation of a homoeopathic potency (Swayne 2000: 201).

**Totality of symptoms:** the complete clinical picture of the patient during the illness: comprises all the mental symptoms, general symptoms, and local (particular) signs and symptoms, and test findings if appropriate; the complete symptom pattern (Swayne 2000: 215).

**Toxicology:** the study of poisonous effects of substances; the science of poisons, their source, composition, action, identification and antidotes which is the source of much homoeopathic materia medica (Swayne 2000: 216).

## ABBREVIATIONS

ALP:	Alkaline Phosphatase
DUT:	Durban University of Technology
ECH:	European Committee for Homeopathy
GHP	German Homoeopathic Pharmacopoeia
GCP	Good Clinical Practice (guidelines.
LMHI:	Liga Medicorum Homoeopathica Internationals
kg	kilograms
g	grams
mmHg	millimeters of mercury
vs:	Versus
(<)	worse
(>)	better

# CHAPTER 1 : OVERVIEW

## 1.1 Introduction

A homoeopathic proving is the investigation of the action of a drug upon the healthy body, and the recording of the unusual sensations and symptoms produced (Yasgur 2004). In essence it is a system created to produce reversible signs and symptoms in a healthy individual (Wieland 1997: 230).

The purpose of conducting a proving of a remedy is to record the totality of morbid symptoms produced by healthy individuals and the totality will then be the curative indications, upon which can be prescribed the curative remedy for the sick individual (Vithoukas 1998: 144).

In aphorism 108 of the Organon of Medicine, Hahnemann states that there is no other possible way to unerringly experience the peculiar actions of medicines upon human conditions, except through the single, sure, natural way of proving. (O'Reilly 1996: 173). Homoeopathic provings and retrospective toxicological findings are the only two ways by which the picture of a homoeopathic remedy is elucidated from a substance in nature. By conducting provings, the homeopathic practitioner has a greater number of remedies from which to prescribe (Sherr 1994: 8). Patients who have not previously responded well to homoeopathic treatment may be cured by the administration of a newly-proven substance which accurately corresponds to their totality of disease symptoms (O'Reilly 1996: 173).

1. At present there are numerous homoeopathic remedies whose individual characteristics have been entirely demarcated through carefully conducted provings, with many remedies having been incompletely researched. However, in order to expand the therapeutic armamentarium of homoeopathy, it is necessary to conduct proving research studies on new substances (Vithoukas 1998: 143).

The purpose of this study is to expand the materia medica knowledge, homoeopathic repertory and knowledge of indigenous substances. South Africa has a rich array of indigenous fauna and flora which have vast healing potential. As *Hoodia gordonii* is a new remedy that has not been proven homoeopathically, it may be able to cure that which in the past was only partially cured by existing remedies. According to Sherr (1994: 49) a useful remedy should be a local one within close geographical proximity to the patient as nature will always provide an accessible cure (Sherr 1994: 8). Wright (1999: 3) is of the view that South African homoeopaths are relying significantly on Europe and the United States as sources of crude drugs; instead they should use more indigenous substances as sources of homoeopathic remedies.

The researcher conducted extensive research online and found no evidence of a homoeopathic proving of *Hoodia gordonii*. Hoodia is being widely marketed as a commercial appetite suppressant (van Heerden 2008) and (Olivier 2005), therefore it is a substance that possibly could be of therapeutic value in homoeopathy, as an appetite suppressant and a cure to other maladies. Furthermore, very few indigenous African plant substances have been proven and therefore this investigation will provide valuable information in this field. According to Sherr (1994: 49) nature provides easily-accessible cures and therefore researchers should be looking to their immediate environment for a useful remedy.

## **1.2 The research aim**

- To conduct a homoeopathic proving of *Hoodia gordonii* in the thirtieth centesimal potency [30CH].

## **1.3 The hypothesis**

It was hypothesised that:

- Conducting a proving of *Hoodia gordonii* 30CH on healthy volunteers will produce clearly observable proving signs and symptoms.



- The proving symptoms displayed by the provers will relate to the toxicological data of the proving substance.
- Comparing *Hoodia gordonii* 30CH to homoeopathic remedies having similar indications in the repertory will highlight similarities and differences between them.

#### **1.4 The research objectives**

- To determine any proving symptoms produced by healthy provers after the administration of *Hoodia gordonii* 30CH.
- To analyse symptomatology and convert these into rubrics for the repertory.
- To compare symptomatology of *Hoodia gordonii* with homoeopathic remedies that have similar indications in the repertory.
- To compare the symptoms produced to the toxicology of *Hoodia gordonii* in crude form.
- To expand on the therapeutic armamentarium of the homoeopathic materia medica.

#### **1.5 The assumptions**

In this study, it was assumed that:

- All provers took the remedy as instructed.
- All provers observed themselves accurately and conscientiously for the effect of the remedy during the proving.
- All provers were capable of recording their symptoms honestly and accurately.
- All provers did not significantly change their lifestyle and dietary plans before or during the proving.
- The randomisation code sheet was adhered to when the verum and placebo was dispensed to the provers.

## 1.6 The delimitations

This study did not:

- Describe or explain the mechanism by which the proving substance is able to produce effects in a healthy subject.
- Determine the effect that *Hoodia gordonii* may produce in any potencies other than the 30CH potency.
- Explain why effects do not manifest in the same manner in different provers.
- Attempt to prove the effects of the placebo.

# CHAPTER 2 : LITERATURE REVIEW

## 2.1 Introduction

Homoeopathic drug proving is a systematic and orderly process of investigation of the pathogenetic power of medicine by administering it to healthy human beings of different genders, ages and various constitutions (Das 1983: 174).

Proving of homoeopathic remedies on humans is very important as a method to ascertain objective signs such as gross changes in tissues and subjective signs which are felt as certain types of pains, emotions and sensations that cannot be described by an animal (O'Reilly 1996).

In aphorism 108 of the Organon of Medicine Hahnemann states that there is no other possible way to unerringly experience the peculiar actions of medicines upon human conditions, except through the single sure natural way of proving (O'Reilly 1996: 144).

## 2.2 Historical perspectives

Drugs have been used as the usual method of cure of diseases for ages. In ancient times our ancestors were curious explorers of the world, who tasted and categorised substances as edible, toxic, hallucinogens, lethal or medicinal. Medicinal species were used on a trial and error basis. Medicinal species were very toxic and all medicinal knowledge depended on experimentation (Summer 2000: 39).

Paracelsus and the Swedish physician Hale, had numerous insights into the action of drugs in their deliberate experiments to discover the nature of certain remedies. It was Albrecht Von Haller who saw the necessity of the genuine coordinated process of finding the action of drugs through proving, but Hahnemann was the first person who proved the drugs on healthy human beings by applying the law of similar (Das 1983: 174).

Homoeopathy was founded in 1790 by the German physician and chemist Dr Samuel Hahnemann (1755-1843). He was greatly disturbed by the lack of fundamental thinking underlying the therapeutics of his era such as bloodletting and the use of toxic chemicals. While translating Cullen's materia medica into German, on *Cinchona* (*China officinalis*) for the treatment of malaria he disagreed with the theory that its cure was due to its bitterness and wanted to find some other explanation. He ingested the bark extract himself and after 2-3 hours started developing malaria-like symptoms. He thus concluded that *China officinalis* was able to cure malaria because it produces similar symptoms when ingested by a healthy individual (Bloch and Lewis 2003: 17).

This gave birth to the first principle of homoeopathy – Like cures like (*Similia Similibus curentur*). This principle was originated by the father of medicine Hippocrates but Hahnemann was the first physician to confirm it (Vilthoukas 1998: 95).

### **2.3 Proving methodology**

Hahnemann proved about 100 remedies starting from 1796, after that there was a lull for many decades as provings were not given importance, but in the last decade there has been a radical increase in the number of provings worldwide. Dr. Jurgen Becker from Freiburg, Germany was among the first to initiate the new set of provings. These were referred as group provings and they involved making an entire group of persons to take a dose of the remedy, a few days before or even during the seminar, and then discussing the effects of the dose during the seminar. These provings were very productive in terms of mental symptoms especially dream. These provings thus gave an idea of the inner processes of the substance (Sankaran 1998).

Later on, Jeremy Sherr in England, adopted a method midway between the traditional Hahnemanian and the group provings of Jürgen Becker. Group proving lacks the Hahnemanian protocol of careful detailed mental, emotional and characteristic, peculiar physical symptoms and consist of incomplete diarisation (Sherr 1994:17).

Wieland (1997: 229) stated that although Hahnemann's provings yielded many viable symptoms, the method in which these provings were carried out would not be considered viable / reliable by the standards of clinical trials administered today. Today, provings are required to adhere to Good Clinical Practice (GCP) guidelines. According to the European Committee for Homeopathy (ECH) and Liga Medicorum Homoeopathica Internationals [LMHI] 2014 ) a homoeopathic proving must include the following:

- A systematic observation and recording of symptoms.
- The symptoms must be produced by the administration of a potentially homoeopathic substance that has yet to be proved homoeopathically.
- The potential homoeopathic medicine is to be administered only to healthy individual provers.

### **2.3.1 Blinding**

In 1906 a homoeopathic organisation sponsored one of the first double blind proving experiment of *Atropa belladonna* in which both the researcher as well as the prover were unaware of the allocation of either the verum or the placebo to the prover. The purpose of a blinded proving is to compensate for bias in the observer and faith in the patient (Sherr 1994: 37). The use of a blind technique is widely accepted as a way to distinguish placebo responses from the action of medicine (Ullman 1991: 56).

### **2.3.2 Placebo and prover population**

The introduction of a placebo control group increases provers' attention and the accuracy with which they record symptoms (Sherr 1994: 57). Sherr (1994: 57) recommends that 10-20% of the proving population should receive placebo; Vithoukias (1986: 151) indicates 25% and the ECH& LMHI (ECH & LMHI 2014) recommends 10-30%.

De Schepper (2001: 34) recommends that a proving consist of 50 people. Belon (1995: 216) recommends a minimum of several hundred provers. Sherr suggests that 15-20 provers will produce a very unique remedy picture (1994: 45); he further emphasises

that too many provers will result in an over-proved remedy, potentially overcrowding the materia medica with common symptoms. Vilthoukas (1986: 152) advises that a thorough proving needs to include 50-100 provers. At the Durban University of Technology most of the provings use 15-32 individuals in good health. Examples of DUT provings include: Brijnath (2013), Pillay (2011), Rajkoomar (2011) and Ross (2011).

### **2.3.3 Potency and posology**

Vilthoukas is of the view that a range from 1X for non-toxic substances to 8X-12X for toxic substances can be used in a proving (Vilthoukas 1986: 152). Hahnemann indicated in aphorism 128 of the Organon of Medicine that the 30 centesimal potency of a remedy should be used for provings (O'Reilly 1996: 154). Sankaran says the higher potencies are more intense in the central disturbance of the organism which could be harmful and lead to bad aggravations (Sankaran 1991b).

The use of potencies from the highest to lowest has been endorsed, but Sherr has found in his proving for hydrogen that the 30CH potency produced the greatest amount of symptoms on the mental and emotional levels, and he believes that higher potencies will cause more dynamic symptoms in a susceptible prover (Sherr 1994: 27). Most of the provings at the Durban University of Technology (DUT) make use of the remedies in 30CH potency.

Sherr (1994: 53) suggests that a maximum of six doses over two days should be administered to provers and that approximately 60% of provers develop symptoms before completing all six doses. The same method is followed in the provings at DUT (Brijnath 2013), (Pillay 2011), (Rajkoomar 2011) and (Ross 2011).

### **2.3.4 Toxicological data**

Substances administered to a person have the potential to affect the organism by having a chemical effect or electromagnetic field effect if the vibration levels are close enough to resonance with one another. Toxic substances will have the same effect on everyone who takes them, but the degree of toxicity of a given dose will vary from one individual to another depending on the sensitivity of each (Vithoukas 1986: 99).

Hahnemann observed symptoms produced by a crude substance *Cinchona officinalis* and from there, he produced about 100 remedies of which many were from crude toxins. These toxins produced a variety of effects on different people depending on their sensitivity. He concluded that the sensitivity of the substance depends on the susceptibility of the individual and their baseline (Vithoukas 1998: 100).

Vithoukas also believed that biologically active substances in nature may have a toxicological, therapeutic or nil effect on other organisms. Non-toxic substances such as food may have beneficial effects but on an individual in a diseased state could be a morbid stimulus. Harmful substances, such as arsenic, will harm anyone, but the toxic dose for each person will be different. Whether a substance acts as a toxin, a medicine, or not at all will depend on the individual, his/her susceptibility and the size of the dose. Hence treating the patient as an individual and being aware of the toxicity of the substance is essential (Vithoukas 1998: 100).

Sherr argued that known toxicology should be incorporated into the proving materia medica as has been done by the Dynamis school from 1994, where the data was collected on the toxicology of the substance and a remedy picture was derived that may correspond with diseases of our time. This toxicological data is may be incorporated into the repertories (Sherr 1994: 88).

Medicinal plants contain active ingredients which induce a therapeutic effect giving the plant its medicinal properties. These active ingredients are extracted from the plants and used in various concentrations according to the effect it may provoke. The sugars are used in cough syrup and preparation of gums. Amino acids are the basis of proteins and are of great pharmacological value. Glycoproteins are known for their wound healing properties. Tannins are chemical substances with antiseptic effects as

well as detoxification properties (Van Wyk, Van Oudtshoorn and Gericke, 1997: 20) and (Lockhat 2010).

Active components found in a number of medicinal plants include alkaloids which are divided into different classes for pharmaceutical purposes e.g. quinine in *Cinchona officinalis* (Cinchona) for malaria; atropine in *Atropa belladonna* (Belladonna) as a heart tonic, eye drops, Parkinson's injections, motion sickness patches; *Papaver somniferum* (opium) has morphine and codeine for analgesic properties in excruciating pain and as an ingredient in cough syrup. Alkaloids are active substances containing nitrogen and are mostly toxic producing numerous pharmacological effects. (Van Wyk, Van Oudtshoorn and Gericke 1997: 20). Hence the toxicology of crude substances is important in homoeopathy.

#### **2.3.4.1 The primary and secondary drug actions**

According to Hahnemann, the founder of homoeopathy, every agent or medicine that acts upon the vitality, deranges the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. During this action of the artificial morbid agents (medicines) on our healthy body, our vital force acts passively, to permit the impressions of the artificial power acting to alter its state of health. This is termed primary action. Then, the vital force rouse itself again, to develop the exact opposite condition of health- this is secondary (O'Reilly 1996). Hence the presence of polarity of symptoms experienced in materia medica of most remedies.

#### **2.3.5 A proving of *Hoodia gordonii***

*Hoodia gordonii* has not yet been proven homoeopathically. In South Africa and worldwide, there is an alarming increase in obesity and its complications such as hypertension, cerebro-vascular accident, insulin resistant diabetes and cancer. Despite the numerous commercial weight loss products, weight gain and its complications is still on the increase.

This study set out to prove whether *Hoodia gordonii* in a 30CH homoeopathic preparation has any therapeutic potential, such as weight loss and / or appetite



suppression. It is currently being widely marketed as a commercial appetite reducing weight loss product. This research study took the form of a homoeopathic proving where healthy individuals were administered continuous doses of the substance until a reaction to the substance in the form of symptoms occurred. The symptoms elicited are the ones that the substance will cure in a diseased individual (Ullman 1991: 91).

The actual plant used for the preparation of the proving substance, donated by Walter Sisulu National Botanical Gardens, is pictured in Figure 2.1. Figure 2.2 is an example of a large, flowering plant of *Hoodia gordonii*. Figure 2.3 shows the phylogeny of succulents, to which *Hoodia gordonii* belongs.

## 2.4 Classification

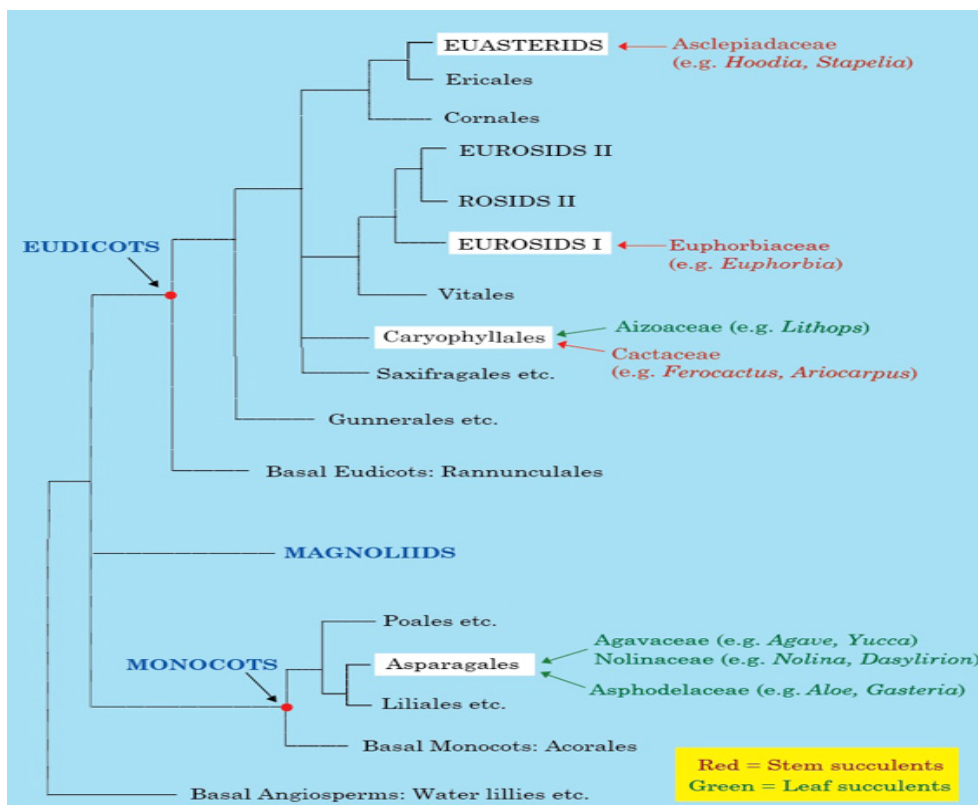


Figure 2.1: Image details: Succulents phylogeny

Source: <http://www.mapoflife.org>

Kingdom : Plantae  
 Class : Magnoliophyta  
 Subclass : Magnolidae  
 Order : Gentianales

**Family** : Apocynaceae  
**Subfamily** : Asclepiadaceae  
**Tribe** : Stapeliae (Ceropegieae)  
**Genus** : *Hoodia*  
**Species** : *H. gordonii*

**Common names:** Ikhoba, khobab, hoodia, xhooba, ghaap, hoodia cactus, South African desert cactus, bobbejaanghaap, bergghaap, bitterghaap, bokhorings (Van Heerden 2008) and (Van Wyk 2008).

## 2.5 Description



**Figure 2.1:** Image details: *Hoodia gordonii*

**Source:** <http://www.cactusplaza.com/>

*Hoodia gordonii* is a leafless spiny succulent plant that looks like a cactus. It belongs to the *Apocynaceae* family, the *stapelids (ceropegieae)* tribe and the genus *Hoodia*. It is a Southern African indigenous succulent plant, found primarily to the semi-deserts of South Africa, Botswana, Namibia and Angola (Vermaak, Hamman and Viljoen 2010).

In botany, succulents or fat plants, have some parts that are more thickened and fleshy to retain water in arid climates or soil conditions. *Hoodia gordonii* grows in clumps of grey-green to grey-brown upright stems and can attain a height of about 0,1 M. It has a large flower on top of the plant that resembles a petunia flower and smells like rotten meat. The flowers range from purple to maroon and are pollinated by flies. These flowers are borne in August and September. This plant is harvested when the flowers appear (about 5 years). In October and November, the seeds are produced and they have a seed capsule that resembles goat horns. The fluffy light brown seeds are dispersed by the wind when they are semidry (Bruyns 2005).

The plant was discovered by Carl P. Thunberg and Francis Masson in 1774 and named as *Hoodia pilifera*. Robert Jacob Gordon observed and drew this plant near the Orange River in South Africa in 1779 and named it as *Stapelia gordonii*. It was placed into a new genus in 1830 as *Hoodia* by Robert Sweet of England. When all the previous generic names were declared invalid, it was published as *Hoodia gordonii* by Joseph Decaisne in 1844 (hence its long name *Hoodia gordonii* (Masson) Sweet ex Decne). It grows primarily in the semi-deserts of South Africa, Botswana, Namibia and Angola and can tolerate extreme temperatures up to 40°C and down to -3°C but it is susceptible to frost. It can also tolerate wide growing habitats such as growing on dry stony slopes or flats and under protection of xerophytic plants. Cultivation of the plant from seeds is difficult as the plant is very slow to mature and needs a lot of care, attention and protection. It can live for 25 years in cultivation and 15 years in the wild under ideal conditions (Vermaak, Hamman and Viljoen 2010).

## 2.6 Toxicology

*Hoodia hordonii* is known to cause suppression of appetite in the hypothalamus and as a thirst quencher. The San people (Basarwa) have been known to go for long periods of time when hunting without experiencing hunger for food after eating this plant substance. The Council for Scientific and Industrial Research (CSIR) in South Africa isolated an active compound (P57) for appetite suppression from *Hoodia gordonii* (Van Heerden 2008); (Oliver 2005) and Vermaak, Hamman and Viljoen 2010). *Hoodia gordonii* also contains a variety of steroid glycosides, fatty acids, plant sterols,

and alcohols. The steroid glycosides are the constituents also found in other *gentianales* such as *Strychnos henningsii* (Lockhat 2010) and other succulents such as *Sceletium tortuosum* (Dos Ramos 1999).

*Hoodia gordonii* has been used traditional by the San people of Southern Africa as an appetite suppressant, thirst quencher, a cure for abdominal cramps, hemorrhoids, tuberculosis, indigestion, hypertension, diabetes, and as an aphrodisiac (Bruyns 2005); (Van Wyk, De Wet and Van Heerden 2007) and (Blom *et al.* 2011).

### 2.6.1 Composition

*Hoodia gordonii* has steroidal glycosides based on Hoodigogenin A, Gordonoside A or Calogenin such as D-Thevetose, D-Cymarose, D-Oleandrose, D-digitoxose, and 3-O-methyl-6-deoxy-D-allose (MDA) as well as glucose (Figure 2.4). These glycosides are known as P57, P57A53 and have appetite suppressing properties (Van Wyk 2008) and (Blom *et al.* 2011).

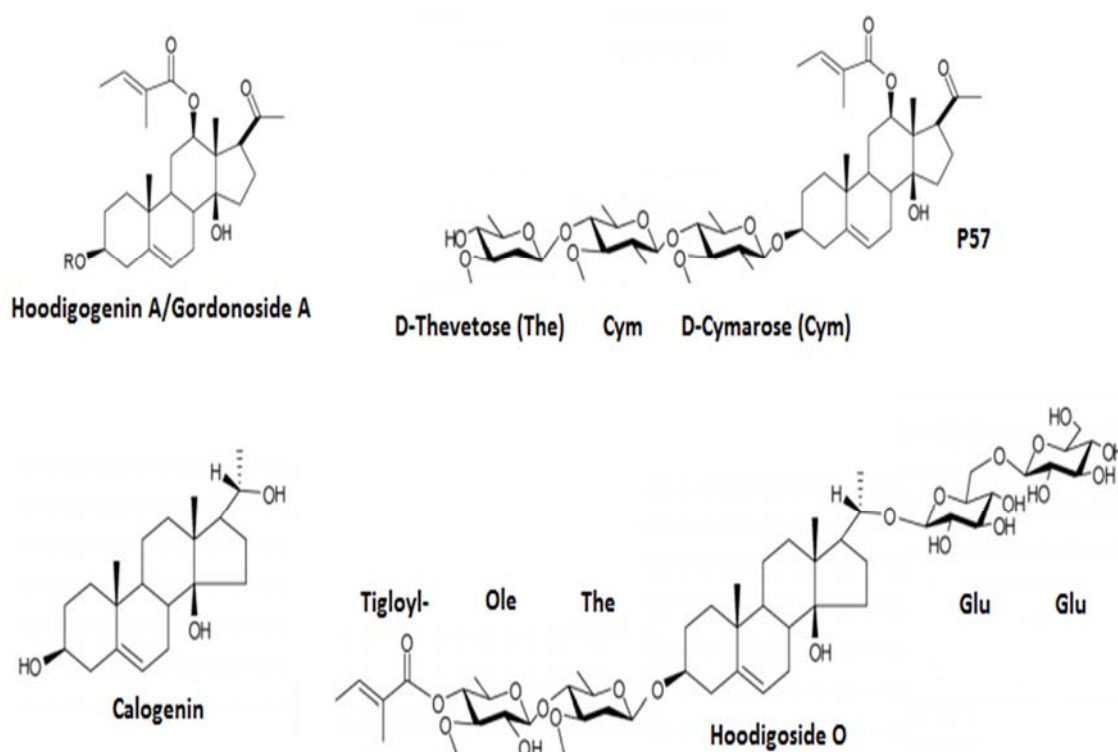


Figure 2.3: Steroidal glycosides of *Hoodia gordonii*

Source: <http://examine.com/supplements/Hoodia+gordonii/>

Other constituents of *Hoodia gordonii* are Hoodistanalosides, Alkanes, Vitamin E, Cholesterol and Fatty acids such as, linolenic and arachidonic. (<http://examine.com/supplements/Hoodia+gordonii>); (Madgula *et al.* 2008) and (Blom *et al.* 2011).

### **2.6.2 Physicochemical properties**

P57 is confirmed to activate the bitter receptor, which may have a gustatory influence on appetite regulation and tend to induce secretion of either GLP-1 or CCK (Madgula *et al.* 2008) and (Blom *et al.* 2011).

### **2.6.3 Distribution**

According to the study done on mice, oral ingestion of a *Hoodia gordonii* extract increases tissue concentrations of P57 in the liver, intestines, and kidneys to a low level and there was no detectable increase in brain tissue. P57 appears to be metabolically stable in the presence of liver cells but appears to be unstable in the stomach and moderately unstable in intestinal cells. Hoodigogenin A tends to be formed when P57 is degraded, and is itself stable under all conditions. Hoodigogenin A is stable in the stomach and intestines (Madgula *et al.* 2008) and (Blom *et al.* 2011).

### **2.6.4 Appetite and food intake**

The San people in the Kalahari Desert in South Africa have been using *Hoodia gordonii* as food and traditional medicine for thousands of years, but it was known for its bitterness which becomes sweet and juicy after summer rainfalls. There is no information available yet about its metabolic stability, intestinal transport and drug interaction with metabolizing enzymes (Madgula *et al.* 2008).

The supplement helps an individual to feel full without actually eating; hence it is not advised for type I or adult-onset diabetes, or prediabetics with a chronically raised fasting blood sugar levels due to the danger of deceiving the brain into believing blood glucose levels are greater than they really are (Madgula *et al.* 2008).

The overconsumption of *Hoodia gordonii* might cause gastrointestinal distress, experienced as constant stomach cramps, vomiting, bloating, and diarrhea; nervousness and stress. According to the study done on mice, *Hoodia gordonii* extract P57e from over one week was able to reduce food intake with more potency on day one than after seven days with irregular dose dependency. In women given *Hoodia gordonii* extract over 15 days, the lack of appetite suppression was met with a failure to decrease weight or body fat any more than placebo (Van Wyk 2008) and (Blom *et al.* 2011).

### **2.6.5 Liver effects**

In research studies using a purified extract of *Hoodia gordonii* there were no serious adverse events but indications of unwanted effects on the human liver caused by components attached to the active ingredient p57 during processing occurred. These effects were nausea, emesis, and disturbances of skin sensation, increase in bilirubin and alkaline phosphatase (Blom *et al.* 2011).

Supplementation of *Hoodia gordonii* extract in women over 15 days resulted in increased serum ALP and increase total and indirect bilirubin and no hemolysis (Van Wyk 2008; Blom *et al.* 2011). Raised ALP is usually due to damage or obstruction of the bile ducts. Total bilirubin is a measure of the amount of direct and indirect bilirubin in the blood. Bilirubin is produced during the normal dying process of blood cells and is excreted through bile in the liver. Excess bilirubin in the blood results in jaundice (<http://surgery.about.com>).

### **2.6.6 Cardiovascular health**

An increase in blood pressure, pulse, and heart rate has been noted with *Hoodia gordonii* ingestion in healthy persons, the magnitude ranging from 5.9-15.9 (systolic) and 4.6-11.05 MmHg (diastolic), on an individual basis and also headaches with significant high blood pressure levels (Van Wyk 2008) and (Blom *et al.* 2011).

The supplement is not advised for those taking medicines used to treat hypertension, cholesterol, diabetes and depression, as it could cause the veins to dilate leading to decrease in blood pressure. Hoodia also is said to relieve symptoms related to gastric acid build-up (Madgula *et al.* 2008).

### **2.6.7 Interactions with hormones**

There may be an inhibitory effect on steroid synthesis in isolated adrenal cells with a high concentration of steroidal glycosides from *Hoodia gordonii* (Madgula *et al.* 2008) and (Blom *et al.* 2011).

## **2.7 Medicinal and commercial use of the plant**

*Hoodia hordonii* is known as a cure for tuberculosis; and the honey from the flowers is used to treat cancer (Van Heerden 2008); (Oliver 2005) and (Vermaak, Hamman and Viljoen 2010).

## **2.8 Ethno-botany and its importance as a medicinal source**

Ethno- botany is the scientific systematic study of plants from the knowledge of indigenous cultures. The contributions of indigenous knowledge is used to evaluate the uses of plants as medicines as well as their conservation. Indigenous knowledge is defined as a systematic body of knowledge acquired by local people through the accumulation of experiences, informal experiments and intimate understanding of the environment in the given culture. Ethnobotany has led to new areas of research and discovery of many drug use (Fongod et al 2014).

This study investigates the proving symptoms of *Hoodia gordonii* 30CH, a Southern African indigenous succulent plant in the family *Apocynaceae* that has been known very well commercially as a weight loss substance with no known serious adverse toxicology and side effects. This study seeks to increase the knowledge and use of Southern African indigenous plants, because South Africa has rich vegetation of which

very few of the indigenous remedies are within the materia medicas. Some of the indigenous remedies that have been proven at DUT are: *Strychnos henningsii* (Lockhat 2010), *Sceletium tortuosum* (Dos Ramos 1999), *Sutherlandia frutescens* (Low 2002) and *Momordica charantia* (Govender 2012).

## 2.9 Summary of *Hoodia gordonii* toxicological aspects

Table 2.1 contains a summary of the toxicological aspects of *Hoodia gordonii*. Vithoulkas believed that a biological active substance in nature may have toxicological, therapeutic actions on other organisms giving the plant its medicinal properties. Incorporating known toxicology into the proving materia medica will derive a remedy picture that may correspond with diseases of our time and then the data collected thereof may be incorporated into the repertories (Sherr 1994: 88).

**Table 2.1: Summary of *Hoodia gordonii* toxicological aspects**

<p><u>The traditional uses</u></p> <ul style="list-style-type: none"> <li>➤ Appetite suppressant</li> <li>➤ Thirst quencher</li> <li>➤ A cure for abdominal cramps</li> <li>➤ Hemorrhoids</li> <li>➤ Treat cancer</li> <li>➤ Tuberculosis</li> <li>➤ Indigestion</li> <li>➤ Hypertension</li> <li>➤ Antidiabetic</li> <li>➤ Aphrodisiac</li> </ul> <p><u>Medicinal use:</u></p> <ul style="list-style-type: none"> <li>➤ Reduce food intake</li> <li>➤ Feel full without actually eating</li> <li>➤ Relieve symptoms related to gastric acid build-up</li> <li>➤ Increase tissue concentrations of P57 in the liver, intestines, and kidneys to a low level</li> </ul> <p><u>Side effects:</u></p> <ul style="list-style-type: none"> <li>➤ Nausea</li> <li>➤ Emesis</li> <li>➤ Disturbances of skin sensation</li> <li>➤ Increase in blood pressure</li> <li>➤ Decrease in blood pressure</li> </ul>
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- An increase in pulse and heart rate
- Increased serum ALP; increase total and indirect bilirubin
- Jaundice

#### Overdose

- Stomach cramps
- Headaches with really high blood pressure levels
- Vomiting
- Upset stomach
- Diarrhea
- Nervousness and stress.

## **2.10 Comparative materia medica**

Comparative materia medica means comparing remedies symptom by symptom to get a clearer understanding and a more complete picture of a remedy. This enables a homoeopath to be familiar with similarities and differences between many remedies (Candegabe 1997: xvii). Only precise symptoms are recorded not theories or generalisations hence the materia medica remains as relevant today as it was more than a century ago (Sankaran 1991b: 10).

With each repertorisation several substances are noted with similar symptoms common to the simillimum of the case and this improves our knowledge of and differences between remedies. If a remedy is studied in both materia medica and repertory a complete image of the remedy will emerge. Even though two remedies appear to be similar they can be distinguished by the presence of a single characteristic symptom which is unique to one of them. Further, comparative study of remedies through repertory enhances our knowledge of lesser known remedies as well as remedies that are defined by what it does not have (Candegabe 1997: 1).

This study proposed to evaluate the proving symptoms in terms of current trends in comparative materia medica to improve our knowledge of the similarities and differences between remedies (Candegabe 1997: 5).

## CHAPTER 3 : METHODOLOGY

### 3.1 Proving design

This was a homoeopathic research study of *Hoodia gordonii* which was a true experimental design that took on the format of a randomised, double-blind placebo-controlled proving. In double-blinding, the prover and the researcher do not know which prover receives the placebo or which receives the verum. The prover also does not know the name of the substance taken. The random selection of prover number and the dispensing undertaken by an independent third party reduces bias in the researcher and the prover and ensures reliability of the study.

Twenty consenting volunteers, in good health, that met the inclusion criteria (Appendix B) participated in the study. This proving had four provers (20%), out of the twenty participants on placebo and sixteen (80%) on verum (the remedy *Hoodia gordonii* in a 30CH). This is in line with the numbers recommended by both the ICCH and Sherr, as well as being in accordance with the standard proving percentage at DUT (Ross 2009: 7)

Each of the 20 provers signed an informed consent form in relation to participating in the study (Appendix C). Each prover signed a case history and physical examination informed consent form (Appendix C), before a case history was taken and physical examination performed as per Appendix D.

The method used in this study was taken from Jeremy Sherr's work on provings Dynamics and methodology of homoeopathic provings (1994).

### 3.2 Outline of the proving methodology

- Posters advertising the opportunity for potential participants of the proving were displayed on noticeboards at DUT and local public notice boards (Appendix A).
- Provers included homoeopathic and non-homoeopathic students as well as the general public.

- Participation in the proving was voluntary.
- The researcher scheduled a date to conduct a pre-proving interview with each interested candidate to screen them for suitability according to the inclusion criteria, at the DUT Homoeopathic Day Clinic
- At the pre-proving interview, the potential provers were given a checklist to determine if they met the criteria for inclusion (Appendix B), and a chance to ask any questions or concerns which were answered by the researcher. They were informed that the interview may involve personal questions which they are not obliged to answer.
- If the recruits met the requirements they received a proving information letter (Appendix B).
- At the pre-proving interview meeting, the proving information letter (Appendix B) was explained in detail and clarification provided to the provers, and then they signed an informed consent form for research participation (Appendix C).
- At the pre-proving interview, the potential provers signed the informed consent form for case history and physical examination (Appendix C) and then had a case history taken and physical examination performed according to Appendix D before being allowed to participate in the proving. Pre-screening also includes a pregnancy test for females as a precautionary measure to avoid a pregnant participant in the proving.
- At the meeting each prover was allocated a prover number, a starting date, a journal to record their symptoms, and an envelope containing six powders (verum or placebo).
- The provers observed and recorded their symptoms in a normal state for 1 week according to the explanation in the proving information letter (Appendix B). This was to establish a baseline for the provers.
- The researcher contacted the provers at designated times to ensure accuracy and compliance in the recording of symptoms. Daily contact by telephone was made by the researcher to each prover during the first week. During the second week phone calls were reduced to three times, during the third week to two times, and, finally a single call was made in the fourth week.
- On the assigned starting date each prover was to self-administer the given six powders of *Hoodia gordonii* 30CH by taking 1 powder 3 times a day for 2 days

or to discontinue as soon as symptoms appeared. Powders were to be dissolved sublingually and no food or drink was to be taken half an hour before and after treatment.

- After discontinuing the proving substance, they continued recording their symptoms according to the proving information letter (Appendix B) for 6 weeks in total.
- During this period the provers were closely monitored and supervised by the researcher and the supervisor.
- If severe aggravations occurred, the provers were to be antidoted, but still remain part of the research unless they wanted to withdraw.
- Participants were allowed to withdraw from participation in the study at any time and without prejudice.
- After 6 weeks the proving was complete, the journals were collected from the provers and they were given a date for a post- proving meeting.
- At the post-proving meeting, the identity of the substance was revealed as well as the group allocation of the provers.
- The symptoms from the journals were collected and extraction of symptoms was done according to the inclusion and exclusion criteria of symptoms. (Appendix E).
- These symptoms were written in materia medica and repertory format.
- The materia medica of *Hoodia gordonii* was compared with homoeopathic remedies having similar indications in the repertory and to the toxicology of *Hoodia gordonii* in crude form.

### **3.3 The proving substance**

#### **3.3.1 Potency**

*Hoodia gordonii* in the 30<sup>th</sup> Hahnemannian potency (30CH) was used for this proving. This is according to Hahnemann's recommendation in the 6<sup>th</sup> edition of the Organon of Medicine (O'Reilly 1996: 154). This is the potency that is commonly used in DUT homoeopathic research studies and because, according to Sherr (1994), the 30<sup>th</sup> potency produces the best mental, emotional and general symptoms.

### 3.3.2 The preparation and dispensing of the proving substance



**Figure 3.1: The proving substance, *Hoodia gordonii***  
**Photograph by Adri Miller**

The plant was donated to the researcher by the Walter Sisulu National Botanical Gardens in Johannesburg. Two samples of the plant were obtained. The plant was scientifically identified by a specialist horticulturist at Walter Sisulu Botanical Gardens and was transported by the researcher under strict standardised guidelines used at DUT for transportation conditions of the specimen. Since the plant was already identified by a specialist, the second sample of the plant was to ensure viable option.

The manufacturing of the homoeopathic remedy *Hoodia gordonii* 30CH was accomplished in the homoeopharmaceutics laboratory at DUT by hand by two researchers (Stella Swana-Sikwata and Adri Miller), as Hahnemann recommends that the physician both make and dispense their own remedies (O'Reilly 1996: 232). The remedy was manufactured according to the German Homoeopathic Pharmacopoeia (GHP) Method 6, Method 8a and Method 10 (Benyunes 2005) (Appendix F).

A portion of the plant (all parts of the plant) (0,10g by weight) *Hoodia gordonii* was triturated up to the 3CH potency according to Method 6. The liquid potency was then manufactured from the 3CH preparation to a 30CH potency by the researcher according to method 8a. The manufactured *Hoodia gordonii* 30CH was stored in the DUT Homoeopathic Day Clinic dispensary in 100ml amber glass bottles. By means of Method 10 1% (0,1 ml) volume (73%v/v ROH) of *Hoodia gordonii* 30CH was used to

triple impregnate 100ml of lactose granules which were then allowed to dry. Ten granules of these were added to standardised packets of saccharum lactis powder. Placebo powders comprised of 6saccharum lactis powder, medicated with 10 neutral granules which were triple impregnated with 01 Ml of 73% alcohol as per the manufacture of *Hoodia gordonii* 30CH, so as to make them identical in appearance in terms of packaging and physical form to maintain the double blinding standard of the research study. The details of the saccharum lactis and alcohol used for the placebo are: Homoeopathics Trading® chemically pure Lactose monohydrate BP (loss on drying water max 6%) and Illovo Limited Anhydrous alcohol 99.9% UN No 1170 Batch 52/12/67, respectively.

The independent laboratory technician packed each of six powders of verum and placebo into identical packets and labelled them according to numbers of the randomisation list and then stored them separately to be dispensed later. Additional placebo and verum powders were also stored separately for replacement in case any prover participant withdrew from the study.

### **3.3.3 Dose and posology**

The provers took one lactose based verum/placebo powder sublingually three times a day for 2 days or until the first symptoms appeared in which case they stopped taking the remedy. The proving substance was taken on an empty stomach and with a clear mouth, half an hour before or after the meal, drinks or brushing teeth. Dose and posology was clearly explained to the prover during a pre-proving meeting and in the “instructions to the prover” document they were given (Sherr 1994: 53).

## **3.4 The prover group**

### **3.4.1 Sample size and demographics**

The proving study was conducted on 20 healthy consenting participants which consisted of those with homoeopathic background and those without. They were recruited from Durban and surrounding arrears by means of advertisements, and word

of mouth. Recruitment and participation of provers was voluntary. The verum/placebo ratio was 80/20 according to independent random allocation list. This is in-line with the recommendations made by Sherr of 15-20 proving population with a placebo group of 10-20% (Sherr 1994: 57) and 80-90% verum group (ECH & LMHI 2014). Provers were aware that they may be on a placebo or verum and only an independent third party knew the specific allocation until all the data was collected.

#### **3.4.1.1 Criteria for inclusion of a subject**

According to the inclusion criteria participants needed to:

- Be between 18 and 55 years old (Speckmeier 2008: 35).
- Be in a general state of good health (Sherr 1994: 43; ECH & LMHI 2014).
- Not in need of any medication, whether allopathic or other (Sherr 1994: 44).
- Not be on or have been on the contraceptive pill or HRT in the last 6 months (Sherr 1994: 44).
- Not be pregnant or breastfeeding. Female volunteers underwent a pregnancy test at the pre-proving appointment and if they were accepted they were advised to use protection to avoid pregnancy during this period. (Sherr 1994: 44; Durban University of Technology IREC 2014).
- Not have had surgery for at least six months prior to the proving (Wright 1999: 20).
- Not use recreational drugs e.g. marijuana, cocaine, MDMA (Sherr 1994: 44; Wright 1999: 20).
- Not consume more than two measures of alcohol per day (Wright 1999: 20).
- Not smoke more than 10 cigarettes per day (Wright 1999: 20).
- Not consume more than three cups of coffee, tea, or herbal tea per day (Wright 1999: 20).
- Be willing to follow proper procedure for the duration of the proving (Sherr, 1994: 30).
- Be literate in English (Speckmeier 2008: 35).
- Be able to maintain his/her normal lifestyle and usual daily activities as closely as possible and have no major lifestyle changes during the proving period (Sherr 1994: 30).

### **3.4.1.2 Criteria for exclusion of a subject**

Exclusion criteria were:

- Younger than 18 years or older than 55 years (Speckmeier 2008: 35).
- In a poor state of health (Sherr 1994: 43).
- Being on chronic allopathic, homoeopathic, or herbal medication (Sherr 1994: 44).
- Being on, or have been on the oral contraceptive pill or HRT within the last 6 months (Sherr 1994: 20; Wright 1999: 20).
- Being pregnant or breastfeeding (Sherr 1994: 44).
- Having had surgery in the last six months (Sherr 1994: 44; Wright 1999: 20).
- Using recreational drugs e.g. marijuana, cocaine, MDMA (Wright 1999: 20).
- Consuming more than two measures of alcohol per day (Wright 1999: 20).
- Smoking more than 10 cigarettes per day (Wright 1999: 20).
- Consuming more than three cups of coffee, tea or herbal tea a day (Wright 1999: 20).
- Being willing to follow the proper procedure for the duration of the proving (Sherr 1994: 30).

### **3.4.2 Randomisation**

The sample size consisted of 20 provers, four of whom received the placebo preparation and 16 received the verum preparation. This distribution of provers paralleled the numbers recommended by Sherr (1994) in order to produce a full remedy picture. The randomisation process was carried out by an independent third party, the laboratory technician in the department. This person also dispensed the powders to the provers. A randomisation list numbered 1-20 was drawn by allocating to random sequence withdrawal of 20 equal folded papers thoroughly mixed in a box. On these 20 folded papers 16 had a letter V for verum and 4 had a letter P for placebo. Twenty standardised packets of powders were numbered 1-20 according to the resultant randomisation list. The randomised table format was made and stored secretly by the independent laboratory technician, because the aim of this process



was so that neither the researchers nor the provers would know who was in the placebo or verum group as required for a double blind study. Verum and placebo powders were identical in presentation. Additionally, more sets of labelled verum and placebo powders were reserved to be administered in case some of the provers withdrew from the study and needed to be replaced.

Provers were allocated the prover numbers from 1-20 according to first come first served basis, and the independent laboratory technician or clinician attending gave them the proving remedy substance verum or placebo according to the randomisation list; and the randomisation list was revealed to the researcher after completion of the proving during unblinding.

### **3.4.3 Lifestyle of a prover during the proving**

Provers were advised to:

- Avoid all anti-doting factors such as coffee, camphor, and mints. If the prover normally uses these substances, he/she was asked to stop consuming them for two weeks before, and for the duration of the proving (Sherr 1994: 92).
- Provers were asked to protect the medicated powders as they would any other homoeopathic remedy, i.e. store it in a cool, dark place away from strong smelling substances, chemicals, and electric equipment and cell phones (Sherr 1994: 92).
- For a successful proving, moderation in work, alcohol, exercise and diet has to be maintained (O'Reilly 1996: 200).
- Provers were required to avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamins or mineral supplements, herbal or homoeopathic remedies (Sherr 1994: 92).
- In the event of a medical or dental emergency provers were to contact their homoeopath, doctor, dentist, or local hospital as necessary and contact with the supervisor or researcher needed to be made as soon as possible (Sherr 1994: 92).

#### **3.4.4 Monitoring of provers**

- Daily contact by telephone was made by the researcher to each prover during the first week. During the second week phone calls were reduced to three times and during the third week two times. Finally, a single call was made in the fourth week.
- The researcher contacted the provers at designated times to:
  - Ascertain the beginning of the proving symptoms so that the prover could cease taking any further doses.
  - Ensure accuracy and compliance in the recording of symptoms.
  - Note if severe aggravations occurred, in which case the prover would be antidoted, but still remain part of the research unless they wanted to withdraw.
- Volunteers were allowed to withdraw from participation in the study at any time and without prejudice

### **3.5 Case history and physical examination**

#### **3.5.1 Case history**

The provers that met the criteria for inclusion (Appendix B), attended the pre-proving course, read, understood and signed the consent forms for participating in the research and for case history and physical examination (Appendix C), were scheduled a one and a half hour appointment with the researcher for a homoeopathic case history and general physical examination (Appendix D). The purpose was to establish the baseline status of each prover prior to administration of the proving substance. Then they were given a prover journal with allocated prover code or number to record their prover symptoms as well as a pen to write with.

#### **3.5.2 Physical examination**

The general physical exams as stated in Appendix D included the physical description, assessment of vital signs, cursory overview and systemic specific examination relevant to the case history.

## **3.6 Duration of the proving**

### **3.6.1 Pre-proving observation**

- The provers were observed and recorded their symptoms in a normal state for 1 week according to the explanation in the proving information letter (Appendix B). This was to establish a baseline for the provers.
- The researcher was in contact with the provers to encourage accuracy and compliance.

### **3.6.2 Commencement of the proving**

- On completion of the pre-proving observation week, each prover was to self-administer the given 6 powders of *Hoodia gordonii* 30CH by taking 1 powder 3 times a day for 2 days or to discontinue as soon as symptoms appear. Powders were to be dissolved sublingually and no food or drink was to be taken half an hour before and after treatment.
- During this period the provers were closely telephonically monitored and supervised by the researcher and the supervisor, for onset of proving symptoms and accurate recording.
- Provers journaled at least once daily during the proving.
- Provers were encouraged to record the symptoms as soon as they occurred to minimise inaccuracy by prolonged time lapse between symptoms and recording.
- Provers recorded the symptoms as explained in Appendix B, in the following format:
  - Information about concomitant, location, aetiology, modality, sensation, intensity and time is particularly important.
  - Try to classify each symptom according to the following key in brackets next to each entry: recent symptom (RS), new symptom (NS), old symptom (OS), alteration in the present symptom (AS), an unusual symptom for you (US), cured symptom (CS).

- Each day was begun on a new journal page with the date noted at the top of each page.
- They noted the time elapsed between the commencement of the proving and the appearance of each symptom recording in the DD: HH: MM format for sequential day of the proving, hour and minute, designating day one of taking the remedy as 00 (Sherr 1994).
- The top of each prover's journal page was marked with the appropriate day code. After 24 hours the minutes became redundant and were represented by XX. After 2 days the hours became redundant and were represented by XX. The time of the day was included only if it was definite, significant or causal to the symptom. When the time was insignificant, or unclear or not remembered (for example symptoms remembered during the post-proving interview) symptoms were marked as XX: XX: XX.
- After stopping the proving substance, provers continued recording of their symptoms according to the proving information letter (Appendix B) for a further five weeks for a proving period of six weeks in total.

### **3.6.3 Post-proving observation**

- After six weeks the proving was complete and a post-proving meeting was conducted to:
  - Collect the prover's journals;
  - Conduct the case history and physical examination so as to confirm the return to the pre-proving state and the disappearance of any cured symptoms;
  - Reveal the identity of the substance and group allocation of the provers;
  - Add any relevant information the prover may have forgotten to write down; and
  - Clarify, validate or discard any ambiguous symptoms;
- Sometimes the post-proving meeting was not possible due to work schedule, emigration and relocation.

### **3.7 Ethical considerations**

The proving methodology of this research was approved by the Faculty of Health Sciences Ethics Committee with Ethics clearance number 47/14 at the Durban University of Technology prior to the commencement of this proving study to ensure the protection and safety of all participants. Permission to use the clinic for the study was obtained from the DUT homeopathic clinic director, Dr. D. F. Naude. The clinician on duty was always there to supervise and ensure safety of the prover and the researcher. Participation was voluntary and provers signed an informed consent form (Appendix C).

Provers were made aware of the fact that they were under no obligation and were free to withdraw from the study at any point and that the interview would contain personal questions but they were not obliged to answer. Confidentiality was maintained during the course of the study by allocating prover numbers to each participant so that their names were not on their journals.

All provers were warned about the potential risks, objectives and benefits of the study and they signed an informed consent form (Appendix C) and a pregnancy test performed for females before commencing with the study to rule out pregnancy as one of the criteria for exclusion and also for participant safety.

The homoeopathic proving allows for the possible manifestation of physical and sensational symptoms in the prover population. These symptoms disappear once the proving remedy has completed its effect. However, in the event that these symptoms were to become distressing to the participant then the proving remedy would be antidoted (Sherr 1994: 63). Distressing symptoms are regarded as a noticeable intensification of the proving symptoms observed (O'Reilly 1996: 171). An example of a distressing symptom is a headache. The antidoting process follows the protocol as followed by similar provings in the Department of Homoeopathy at DUT which adhered to the Adverse Event Protocol as set out by DUT IREC. This was performed by the researcher and supervisor in charge / clinician on duty by performing a carefully detailed case history and physical examination of the participant (Ross, 2011). Antidotes include:

- Coffee, camphor and mints may antidote mild suffering cases.
- Acute remedy may be prescribed for the main aggravation of the prover.
- Constitutional remedy may be prescribed for totality of the prover original symptoms before the proving symptoms and the proving symptoms.

The proving remedy would then be discontinued and the prover continue to be part of the study but the any symptoms thereafter, not be used in the proving according to Sherr (1994: 63). In this study one prover experienced distressing symptoms which did not abate after 6 weeks after unblinding the prover was found to be on placebo. This information, along with the particular remedy used to antidote the prover, was documented and included in the documentation associated with the research study.

This study was prejudiced to language as only participants that could read, write and understand English were included according to the criteria in Appendix B.

Only a small part of the plant *Hoodia gordonii* was used to make the remedy and the rest remained in its habitat to continue growing, hence there was no significant negative impact on the plant or the species.

### **3.8 Data Collection**

Once the proving was completed after 6 weeks, all journals were collected during a scheduled post-proving meeting with each prover. Proving data was collected mostly from the journals which provers used to record their symptoms. Data collection comprised of pre-proving and post-proving assessments. The pre-proving assessments were case history and physical examination; and one week pre-proving observation period as a baseline. The post-proving assessments were journal entries after taking the proving remedy and post-proving interviews.

#### **3.8.1 Symptom extraction and evaluation**

All the information in the prover journals was typed by the researcher as reports. The prover's reports were written in the first person and symptoms recorded in plain, clear

English. The prover's words and their meaning were retained as far as possible and spelling and grammatical errors were not corrected (Sherr 1994: 67, 68). Terminology such as slang that may not be understood in the future was removed or explained.

Post-proving data was used mostly to clarify, validate or discard any ambiguous symptoms. Pre-proving consultation and pre-proving observation period data served as the baseline control when evaluating symptoms recorded during the proving period to confirm the validity of symptoms. Symptoms were carefully assessed and validated or discarded according to criteria for symptom exclusion explained in 3.8.3 below and Appendix E.

At the end of proving period, the study was un-blinded, so that the verum and placebo groups could be distinguished from one another before the extraction process began. The placebo symptoms were used as a control.

After thorough evaluation, each symptom in the journal from the verum group was analysed against the criteria for inclusion of a proving symptom as mentioned below in 3.8.2. The proving data was extracted from the collected journals and evaluated so that it could be converted into materia medica format and then translated to rubrics for inclusion into the repertory.

### **3.8.2 Inclusion criteria of symptoms**

A symptom should be included if:

- New symptoms, unfamiliar to the participant (ECH & LMHI 2014).
- Usual or current symptoms that are intensified to a marked degree (ECH & LMHI 2014).
- Current symptoms that have been modified or altered (with clear description of current and modified components) (ECH & LMHI 2014).
- Old symptoms that have not occurred for at least one year (note time of last appearance) (ECH & LMHI 2014).
- If it is a symptom that has occurred after taking the medication on at least 2 occasions in one or more provers.

- A symptom occurs in more than one prover.
- Present symptoms that have disappeared during the proving cure (ECH & LMHI 2014).
- Time of day at which the symptom occurred should be included only if there is repetition of such times in one or more participants (ECH & LMHI 2014).
- If there is doubt about a symptom, include it in brackets. If another participant experienced the same symptom it could be valid. If not, it is excluded (ECH & LMHI 2014).
- If a symptom experienced before the proving started disappears or is ameliorated after the administration of the proving medication, it is classified as cured (ECH & LMHI 2014).

### **3.8.3 Exclusion criteria**

A symptom should be excluded if:

- It has occurred in recent history about less than a year.
- It is a usual or current symptom for the prover.
- If there is serious doubt as to the validity of the symptom (Sherr 1994).
- A symptom that may have been produced by a change in life or exciting cause should be excluded (ECH & LMHI 2014).

### **3.8.4 Collating and editing the data**

In data collating the proving symptoms from the verum group were synthesised from many provers into a single entity (ECH & LMHI 2014). Any information collected from the provers journals were combined as if from one person into a logical non-repeating format (Sherr 1994: 76) and (ECH & LMHI 2014). This created a structured understandable symptom picture of *Hoodia gordonii* 30CH.

Symptoms from the various journals were grouped into the applicable chapters according to the part of the body in which they belong e.g. Mind, Generals, Head, Abdomen, and sub headings e.g. Head – pain as per the format used in the repertory (ECH & LMHI 2014).



In data editing unnecessary details from the sentences were omitted while maintaining the language and meaning of the prover. Identical and similar symptoms from different provers appeared separately and consecutively under various headings e.g. Mind, Stomach, Generals and each symptom was labelled with the prover number, gender and time of onset (Sherr 1994: 77). Symptoms similar or identical between provers were listed consecutively in each group according to the following criteria:

- Nature of the symptom;
- The prover;
- The sequence development of the symptom; and
- The time of appearance of the symptom.

Recurring symptoms, sides of the body, modalities and time of the day repeated more than 3 times were included in the General symptoms section of the repertory.

### **3.8.5 Formatting**

Once the extraction and editing of data of *Hoodia gordonii* was complete, the data was transferred into materia medica and repertory format. This allowed for easy use and understanding of the remedy, as well as practical referencing for homoeopathic practitioners prescribing the remedy in order to obtain its specific indicated therapeutic effect.

## **3.9 Repertory**

The researcher translated information from the proving journals into repertory language and used this to compile a proving profile of the remedy. Valid proving symptoms were converted to rubrics in a form that is compatible with the modern repertory Synthesis Repertorium Homeopathicum Syntheticum (edition 9.1) Schroyens (2004). New rubrics were created when rubrics were not found in the existing text, to include the remedy symptom.

The remedy was graded according to the level of importance that rubric demonstrated in proving by intensity of symptom. *Hoodia gordonii* was graded according to the system used by Ross (2011). Rubrics identified in the proving of *Hoodia gordonii* were graded as follows: **CHAPTER - RUBRICS** - sub rubric - grade

- All valid symptoms and their respective rubrics are by default graded as Grade 1.
- Any rubrics produced by 3 or more different provers are elevated to *Grade 2 (italics)*
- Any rubric produced by half or more of the verum i.e. 8 or more provers is elevated to **GRADE 3**
- All newly created rubrics marked by N and underlined will be graded by default as grade 1.

A reportorial analysis using Radar 10 Opus was performed and the remedies that were reflected were compared to the materia medica of *Hoodia gordonii*.

### **3.10 Materia medica**

The collated data was written in a standard materia medica and repertory format to be added to Synthesis repertory so that Homoeopaths both locally and internationally will be able to use *Hoodia gordonii* in clinical practice (Botha 2010).

The Synthesis Repertorium Homeopathicum Syntheticum (edition 9.1) was used as a guideline when writing up the symptom picture of this remedy. The symptoms from this proving of *Hoodia gordonii* are represented in Chapter 4 of this study. All symptoms were grouped in materia medica format according to the following headings (Schroyens 2004):

- Mind
- Vertigo
- Head
- Eyes
- Ears
- Nose

- Back
- Respiratory system
- Digestive system
- Skin
- Urinary system
- Extremities
- Genitalia
- Sleep
- Dreams
- Generals

### 3.11 Comparative materia medica

The study encompasses 20 symptoms that are essential to the dynamic of the *Hoodia gordonii* remedy, this is the essence of the remedy called 'the minimum characteristic syndrome'. The symptoms selected were from the repertory under the headings; Mind, General and Physicals.

These symptoms were repertorised using the software computer programme RADAR Opus as sum of symptoms and degrees. The top five remedies were selected according to plant, animal and mineral kingdoms and they were *Atropa belladonna*, *Veratrum album*, *Phosphorus*, *Sulphur* and *Lachesis mutus*. The remedies that shared at least 50% of these essential symptoms were considered for comparison (Candegabe 1997). Then the five remedies that were numerically the highest and covered most symptoms corresponding to the minimum characteristic syndrome were compared to *Hoodia gordonii*, highlighting the similarities and differences between them.

### 3.12 Toxicological data

*Hoodia gordonii* contains steroidal glycosides based on Hoodigogenin A, D-Oleandrose, D-digitoxose, and 3-O-methyl-6-deoxy-D-allose as well as glucose. These glycosides are known as P57, P57A53 and have appetite suppressing

properties and are thirst quenchers. Other constituents are Hoodistanalosides, alkanes, Vitamin E, cholesterol and fatty acids such as linolenic, oleic, stearic, arachidonic. D-digitoxose can cause cardiac effects, Vitamin E is helpful in skin symptoms, cataract and chronic fatigue syndrome. Because these compounds are found mostly in the liver, stomach and kidneys as explained in Chapter 2 it correlates with its known therapeutic effects and its popular commercial use (Van wyk 2008).

The knowledge of toxicology data widens the therapeutic spectrum of a remedy which is one of the objectives of the study. Case studies, clinical studies, clinical trials, toxicological reports and known traditional uses were reviewed to formulate an understanding of the toxicological symptoms of *Hoodia gordonii*. The toxicology symptoms of *Hoodia gordonii* were analytically compared to symptoms of the proving of *Hoodia gordonii* 30CH, so as to give a clear remedy picture (Ross 2011) and (Sherr 1994: 8). The similarities between the toxicology symptoms and the proving symptoms are discussed in Chapter 5.5.

## CHAPTER 4 : THE RESULTS

### 4.1 Introduction

These are the results of a double-blind, placebo controlled experimental study of a homoeopathic remedy *Hoodia gordonii* conducted at Durban University of Technology (DUT) in which 20 provers participated voluntarily. This study has some quantitative aspects which are represented as graphs in Chapter 5. However, this study is mainly qualitative hence it does not require a statistician. This study followed all the protocols mentioned in the methodology enumerated in Chapter 3.

This chapter represents the symptoms from the verum group. These symptoms were extracted, collated and edited from the prover's journals once the study was unblinded. The results were then converted into the standard homeopathic referencing formats, the materia medica and the repertory as discussed in Chapter 3.

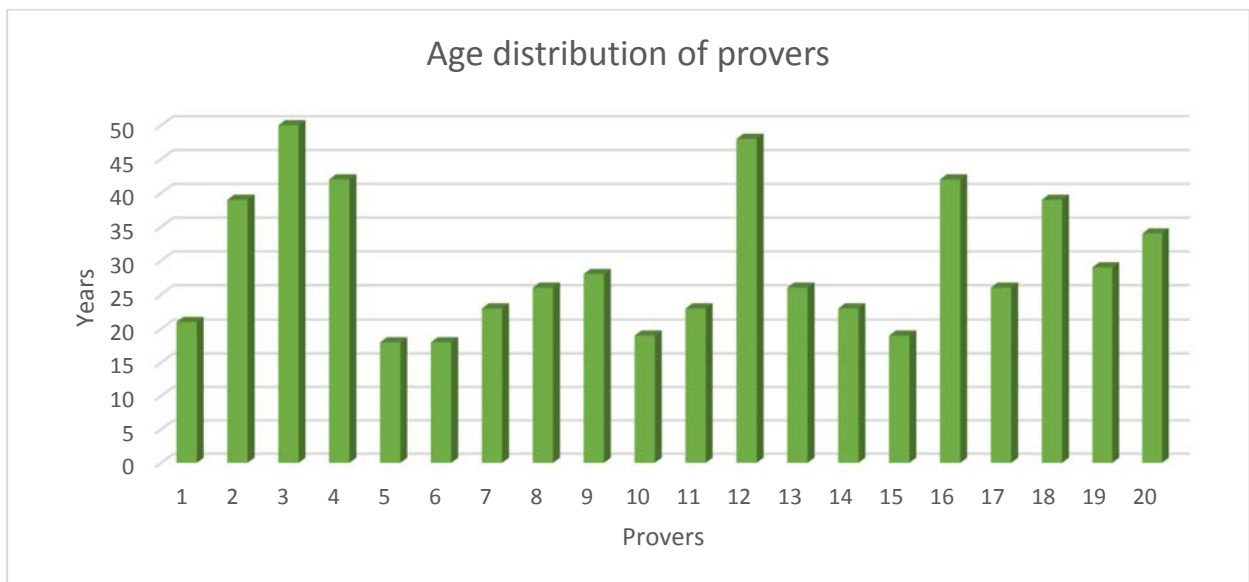
### 4.2 Prover population

Table 4.1 below consists of details of all provers that participated in the proving of *Hoodia gordonii*, as well as their graphical representation, and includes the prover number, age, gender and whether the prover was a homoeopath or non-homoeopath (denoted by H or N respectively) and also according to racial distribution denoted by A for Africans, I for Indian, C for Coloureds and W for Whites.

The recorded symptoms in this research proving of *Hoodia gordonii* 30CH were obtained from a total number of 20 provers of which 16 received verum and 4 received placebo. Provers that were in the placebo group are indicated by a P, and those in the verum group are indicated by a V. The prover group consisted of both males and females ranging from 18 years to 55 years (Table 4.1).

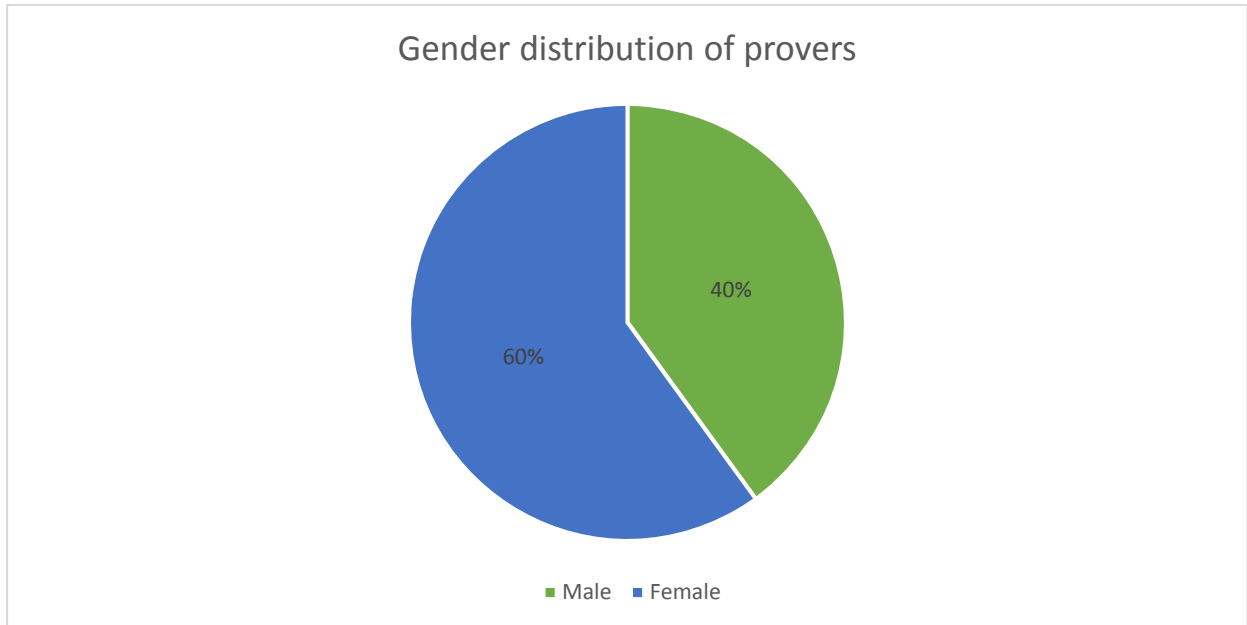
**Table 4.1: Proving group**

Prover Number	Age	Gender	Placebo/Verum	Homoeopath/ homoeopath	Non-
01	21	M	V	H	
02	39	F	V	N	
03	50	F	P	H	
04	42	M	V	N	
05	18	M	V	N	
06	18	F	V	N	
07	23	F	P	N	
08	26	F	V	N	
09	28	F	V	N	
10	19	F	V	H	
11	23	F	V	N	
12	48	F	P	N	
13	26	F	V	N	
14	23	M	V	H	
15	19	M	V	H	
16	42	M	V	N	
17	26	M	V	N	
18	39	M	P	N	
19	29	F	V	N	
20	34	F	V	N	



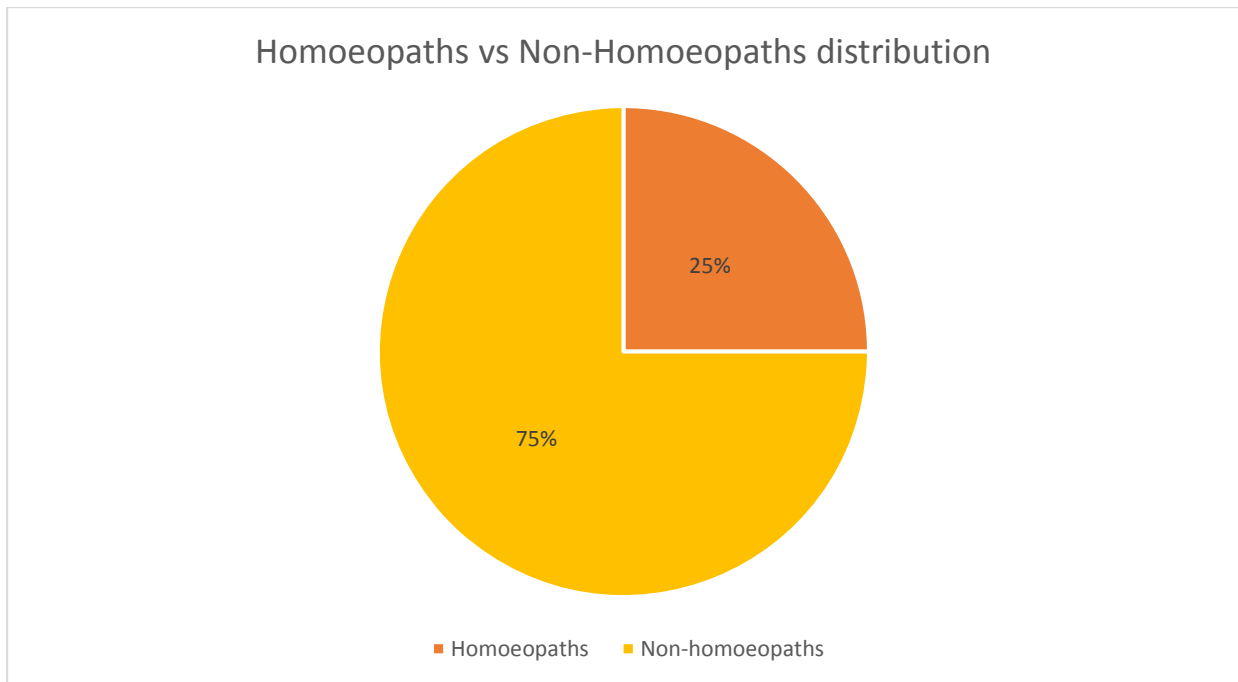
**Figure 4.1: Age distribution of provers**

As can be seen from Figure 4.1, the age distribution of the provers ranges between 18 and 50 years, comprising: 20% between 40-50 years, 15% between 30-40 years, 45% between 20-30 years, and 20% less than 20 years.



**Figure 4.2: Gender distribution of provers**

Figure 4.2 shows that in the population of 20 there were 12 females, hence there were more females that participated in this proving than males. In the verum group the gender ratio was 9:7 which makes approximately 56% of females whereas in the placebo group, there was 75% females.



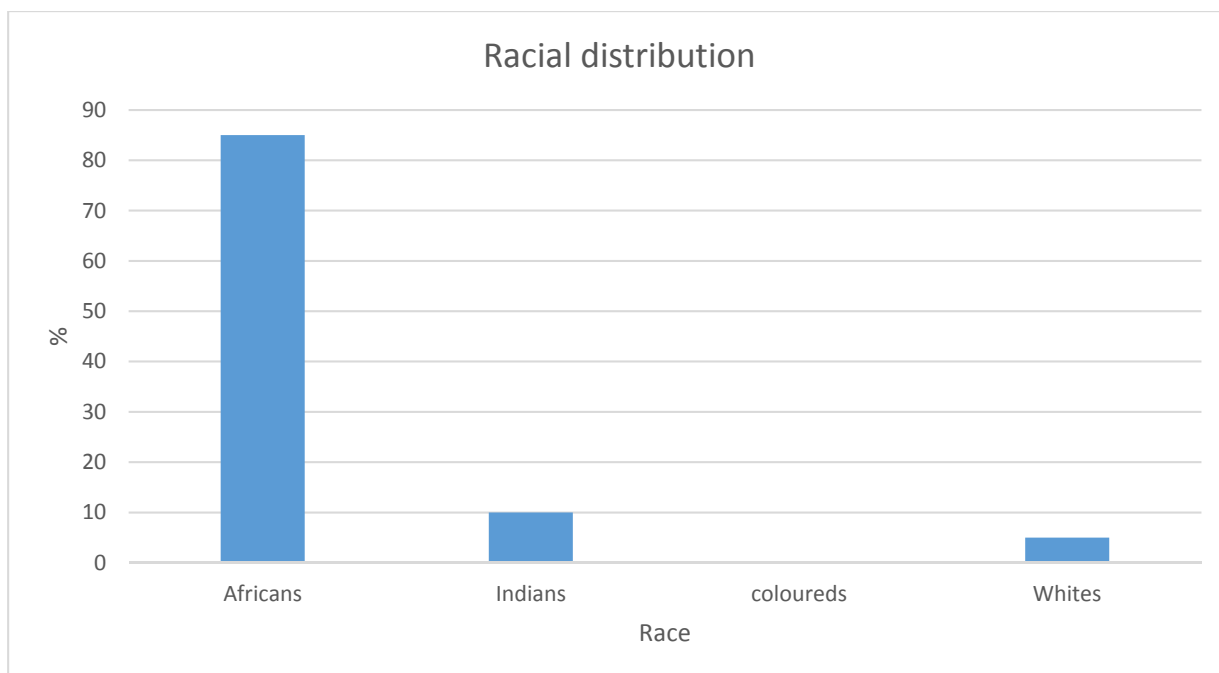
**Figure 4.3: Homoeopaths vs non-homoeopaths distribution**

In this proving research 5 out of 20 provers were homoeopaths which means there were more non-homoeopaths that participated than homoeopaths. In the placebo group the distribution of homoeopaths was 25%, and in verum the proportion of homeopaths was 20%.



**Table 4.2: The racial distribution**

Prover Number	Race
01	A
02	A
03	A
04	A
05	A
06	W
07	I
08	I
09	A
10	A
11	A
12	A
13	A
14	A
15	A
16	A
17	A
18	A
19	A
20	A



**Figure 4.4: Racial distribution of provers**

As can be seen from Tale 4.2 and Figure 4.4. 85% of provers were Africans, 10% were Indians, 5% were Whites. There were no Coloured provers. In the order of appearance in Figure 4.4, the total racial distribution ratio was 17:2:0:1. In verum the ratio was 14:1:0:1 and in placebo 3:1:0:0. This does not represent the South African population but the prover ethnicity and this was reflected in the results.

### **4.3 Materia medica of *Hoodia gordonii***

The data of the verum journals of *Hoodia gordonii* was organised according to headings and themes of the materia medica. Secondly the symptoms were converted into rubrics which is the repertory language format as per the Synthesis Repertorium Homeopathicum Syntheticum Edition 9.1 (Schroyens, 2004) as discussed in Chapter 3.

Each journal symptom was labelled with the prover number, gender and time of onset. The prover's words and their meaning have been retained as far as possible and spelling and grammatical errors were not corrected. Symptoms similar or identical between provers were listed consecutively according to the following criteria: nature

of the symptom, the prover, the sequence development of the symptom, and the time of appearance of the symptom

A similar symptom that reoccurred constantly in different times in a prover was amalgamated and represent as one symptom but the intensity was noted. If a symptom occurs in more than a single part of the body or system, it was listed under the General heading. Recurring symptoms, sides of the body, modalities and time of the day repeated more than 3 times were also included in the General symptoms section of the repertory. The frequency of each symptom in different provers was used to grade the symptoms according to Ross (2011) as mentioned in Chapter 3.9.

The symptoms were referenced according to the format suggested by Sherr (1994: 78):

- Prover Number – Gender – Onset of Symptoms (Day: hours: minutes).
- The time reference specifies the number of days, hours and minutes after the first dose was taken. After 24 hours the minutes are considered unimportant and represented by XX. The hours also become unimportant after a few days.
- Where the time is unclear, or not recorded by the prover, it is represented as XX: XX: XX.
- All symptoms cured during the proving are denoted by the letters (CS), for Cured Symptom, which will follow the particular symptom.

#### **4.3.1 The validity of symptoms**

A symptom should be included if:

- New symptoms, unfamiliar to the prover after taking the remedy (ECH & LMHI 2014).
- Usual or current symptoms that are intensified to a marked degree (ECH & LMHI 2014).
- Current symptoms that have been modified or altered (with clear description of current and modified components) (ECH & LMHI 2014).
- Old symptoms that have not occurred for at least one year (note time of last appearance) (ECH & LMHI 2014).

- Present symptoms that have disappeared during the proving (cure) (ECH & LMHI 2014).
- If a symptom experienced before the proving started disappears or is ameliorated after the administration of the proving medication, it is classified as cured (Riley 1997: 227) and (ECH & LMHI 2014).
- Intensity and frequency of a symptom (Sherr 1994: 70).
- A symptom occurs in more than one prover (Riley 1997: 227).
- Strange, rare or peculiar symptom for that prover (Sherr 1994).
- Modalities, concomitants, timing and Location (Riley 1997: 227).
- Accidents and co-incidences that occurred in more than one prover (O'Reilly 1996).
- If the prover was under the general influence of the remedy, then all the new symptoms, including any sufferings, accidents and changes of health, were regarded as proving symptoms (Sherr 1994: 70) and (O'Reilly 1996).
- Time of day at which the symptom occurred should be included only if there is repetition of such times in one or more participants (ECH & LMHI 2014).
- If there is doubt about a symptom, include it in brackets. If another participant experienced the same symptom it could be valid. If not, it is excluded (ECH & LMHI 2014).
- A symptom was excluded if it may have been produced by a change in life or other exciting cause (ECH & LMHI 2014).

#### **4.3.2 Mind**

Most symptoms produced in this proving were in the mind. These mental symptoms are arranged as common themes, and since most proving symptoms exhibit polarity around a certain dynamic they are arranged as such.

##### **➤ Studying**

Today I don't feel like doing anything. I don't feel like studying. I don't feel like eating, taking a shower or going out. I really want to be alone today. Maybe lock myself in and pretend I am not even there.

13 F 09: XX: XX

I woke up at 7: 00 am this morning. I am in a bad mood I can feel it. I don't even feel like eating anything. I have campus as usual. If it was up to me I wouldn't even go to campus.

13 F 14: 07: 00

Feeling very stressed and emotional I've just written a test.

06 F 20: XX: XX

I am back in Durban today and I have clinic. I am not looking forward to that because honestly clinic is not really a happy place for me. It is one place that I wish I can have an option not to go to. I like treating patients, but I really think that the way the clinic is structured is not a good idea. Certain people working there are really not friendly and that terrifies the hell out of me. I cannot wait to finish and leave this place.

13 F 08: XX: XX

I am in class but I cannot concentrate to the lecture except writing. I am kinda worried.

13 F 01: XX: XX

Family crisis affected me emotionally, sorry not in a good space to write or study

17 M 11: XX: XX

Had a dream I was writing exams and my paper caught fire, well I guess it's better than no dream rather not remembering at all.

05 M 34: XX: XX

➤ **Confidence**

Clear headed this morning, full of confidence, rejuvenated.

17 M 03: XX: XX

Went for interview for part time job. Got it. Feeling confident. Need to pay campus fees soon. Need to complete research asap.

08 F 11: XX: XX

➤ **Refreshed / renewed /calm**

Woke up at 9: 25 feeling not groggy, feel refreshed, supercool, in a good mood after breakfast and shower.

01 M 01: 09: 25

Everything feels new, excited as if the world is new, the beauty in nature sings a polite song, birds sing as I walk down the street, flowers blooming, quiet empty road, couples walking down the street.

01 M 01: XX: XX

Felt nothing for 2 days after proving remedy. Then everything felt nice, fresh, welcoming even trees, concentration spiking, easily understands everything, calm. Looking at people as if they are abnormal why they rush instead of being cool, calm, be still. I thought I was the only calm person, can even imagine people's brain inside.

01 M XX: XX: XX

➤ **Cheerful / Happy / good mood / playful**

I am happy and the cough comes and go.

05 M 01: XX: XX

Very happy mood, it's my birthday.

05 M 23: XX: XX

There is nothing different from yesterday morning because I still feel happy.

01 M 03: XX: XX

Today is not a bad day for me. I am actually looking forward to the day. I feel energetic and happy after a long time.

13 F 16: XX: XX

Mood is great

05 M 07: XX: XX

I was in a good mood today throughout the day.

10 F 03: XX: XX

Good mood, fresh this morning, energetic.

17 M 07: XX: XX

I'm just in a good mood.

15 M 21: XX: XX

First day of taking the remedy, its sugar rush cause me to be energetic and in a good mood.

17 M 00: XX: XX

Mostly happy hardly angry.

10 F XX: XX: XX

April fool – tried to fool a lot of people.

08 F 08: XX: XX

➤ **Unhappy /Sadness / Depressed mood**

People keep telling me I'm unhappy.

01 M 00: XX: XX

Mood not as happy.

05 M 15: XX: XX

Wasn't so cheerful today.

05 M 09: XX: XX

Just a bit sad.

15 M 29: XX: XX

Blue Monday – sad, exhausted.

17 M 06: XX: XX

I woke up at 6: 45 have campus and clinic today (sad faces). I am sad and very unhappy. I don't have physical symptoms, except my eyes which are still a little bit sore. I am a little distant today. I miss my parents a lot.

13 F 22: XX: XX

My mood is a little bit down this morning. I so not feel like eating breakfast or anything.

13 F 07: XX: XX

My mood is not really good today. I just don't feel like I am looking forward to my day.

13 F 02: XX: XX

Apart from that I can't complain except my 'under the weather' mood.

11 F 15: XX: XX

Feel exhausted. Dull mood.

16 M 01: XX: XX

I still feel depressed. Actually I feel like crying so I can feel better.

13 F 01: XX: XX

I feel ok, but a little depressed. Well I can say I am a depressed person anyways.

13 F 12: XX: XX

I feel depressed and lost. It feels like I am in a wrong place where I do not fit at all. I miss my parents a lot today. The world looks like a very scary place for me to be in. I have so much that I have to deal with all by myself.

13 F 00: XX: XX

I'm a bit down.

15 M 28: XX: XX

I was feeling down the whole day.

02 F 02: XX: XX

➤ **Music ameliorate**

Had a mood change in the afternoon and felt sad. Listened to music and felt better.

10 F 09: XX: XX

➤ **Restless / Rushed / Hurried / busy**

I am restless, I just cannot sit still.

13 F 01: XX: XX

Rushed to clinic was late cause of traffic. Had back to back patients. Skipped meals. Coffee kept me going. Stress increasing.

08 F 20: XX: XX

Trying to clear mind and live one day at a time. So much to do so less time.

08 F 12: XX: XX

Went to bed at 6. Been having very very busy days. Trying to recharge batteries.

08 F 07: XX: XX

Tons to do today.

08 F 15: XX: XX



Woke up early. Did yoga and meditation

08 F 12: XX: XX

Was an intense day. Had patients the whole day.

08 F 23: XX: XX

Then calmness decreases, then hurry, rush, disorganised.

01 M XX: XX: XX

Day was busy. Had back to back work meetings.

08 F 21: XX: XX

➤ **Anxiety about future**

Frustrated due to finances, money

15 M 09: XX: XX

Been stressed about campus / clinic. Need to push patient numbers. Also very worried about debts.

And paying off fees. Need also to save towards a car.

08 F 10: XX: XX

➤ **Anticipating anxiety**

I kinda of felt nervous anticipating what might happen.

11 F 00: XX: XX

Mind unrelaxed due to the tough match at 2pm (anxiety).

04 M 04: XX: XX

Nausea! Nausea! Nausea! Because I am anxious about something that I am waiting for.

11 F 28: XX: XX

➤ **Anxiety**

Think I'm losing it, with anxiety.

01 M 00: XX: XX

The restlessness is gone, but I am still worried but I do not know why.

13 F 02: XX: XX

Felt so out of it for the entire day. Went to bed early. Need to sleep the tension out.

08 F 27: XX: XX

➤ **Delusions**

Disorientated, head filled with air feeling, worse morning, dizzy, see stars, cannot recognise the room.

17 M XX: XX: XX

Actually I thought this was a PLACEBO.

01 M 02: XX: XX

About 8: 30 am I am in class and I feel so itchy as if some ants are crawling over my body. It is not very severe, but it is there. When I scratch no lesions form or any skin damage.

13 F 01: 08: 30

The day really feels like it's slower than the other days.

05 M 09: XX: XX

I think my brain is shrinking inside my skull, everyone can see something is wrong with me.

01 M 06: XX: XX

➤ **Irritability**

As the day progressed I felt very irritable. I wanted to be alone so I went to study at the library.

10 F 02: XX: XX

Felt very irritable today. Not having any pain or any sort of sickness. Mood became better by noon.

10 F 34: XX: XX

The lower part of my stomach is still sore. I am feeling very moody today. I am very irritable and emotional for reasons not known to me.

11 F 13: XX: XX

➤ **Changing moods**

Woke up in a good mood today but in the afternoon I was angry because of a disagreement.

10 F 30: XX: XX

Had a mood change in the day, felt very angry. Felt better in the afternoon after being with a friend.

10 F 30: XX: XX

➤ **Alone**

Today is a little bit better. No foul mood, no pain in any part of my body which is exactly what I like. I kept to myself the entire day, it's better for me this way.

11 F 16: XX: XX

I am so tired today, physically and emotionally and spiritually. I just want to be left alone.

11 F 25: XX: XX

In a fair mood today, don't really feel like talking to people though.

10 F 08: XX: XX

I am in-doors. I like being indoors. People say I am antisocial, but I really don't think so. I think I like my meee time. So today I am having a little meee time.

13 F 09: XX: XX

➤ **Energetic and Refreshed**

First day of taking the remedy, its sugar rush cause me to be energetic and in a good mood.

17 M 00: XX: XX

Spikes in energy, talkative.

17 M XX: XX: XX

Extreme energetic, yet decreased sleeping hours.

14 M 32: XX: XX

Drank no coffee but had tons of energy.

08 F 18: XX: XX

Energy levels has moved up.

01 M XX: XX: XX

Hyperactive

14 M 30: XX: XX

Hyperactive on the first day of remedy, restless feel like doing anything.

13 F XX: XX: XX

Woke up feeling fresh and energised, more focused.

06 F 03: XX: XX

Eating less than normal, Feeling energetic and fresh.

02 F 16: XX: XX

Woke up at 9: 25 feeling not groggy, feel refreshed, supercool, in a good mood after breakfast and shower.

01 M 01: 09: 25

Woke up fresh, Energetic, Talkative.

17 M 01: XX: XX

Good mood, fresh this morning, energetic.

17 M 07: XX: XX

Although I had a busy day I was still very active and fresh. It was only when I got home after 5pm that I started to feel tired.

11 F 04: XX: XX

After taking the remedy I feel cool and fresh.

16 M 00: XX: XX

I woke up feeling fresh and well rested.

06 F 02: XX: XX

Not tired, feeling refreshed but I don't sleep much these days and previously I used to be a very sleepy person.

05 M 07: XX: XX

Woke up fresh and happy.

20 F 01: XX: XX

Weirdly I was fresh not sleepy even though I slept for 5 hours.

20 F 08: XX: XX

Feeling fresh during jogging and the weather is cool.

16 M 10: XX: XX

I used the powder and after 5 minutes I feel like it refreshes my mind.

09 F 00: XX: XX

Wake up feeling much better than yesterday (not feeling tired).

10 F 20: XX: XX

Woke up feeling refreshed as opposed to yesterday.

10 F 09: XX: XX

➤ **Tired / Lazy / Drained / Fatigued / Exhausted / Energy low**

Slept well the previous night but woke up feeling tired.

06 F 08: XX: XX

Woke up tired today.

05 M 09: XX: XX

Woke up tired.

20 F 02: XX: XX

Tired during the day due to a lot of work.

17 M 03: XX: XX

Thirsty, tired and hungry.

17 M 04: XX: XX

Chronic tiredness more at night.

08 F XX: XX: XX

I felt very tired and drowsy today, took naps throughout the day.

02 F 31: XX: XX

I felt very tired today I struggled to stay awake this afternoon

06 F 00: XX: XX

Wake up feeling tired today. I slept late yesterday so that is why I feel tired this morning.

10 F 08: XX: XX

Woke up feeling really tired and not refreshed today. I did not sleep late so I don't know why.

10 F 27: XX: XX

I woke up at 10: 00 am. I feel extremely tired. Today I am going back to school.

13 F 07: XX: XX

I woke up at 10: 00 am, it's a weekend. I am happy, I get to rest. I woke up very tired though, while I tried to sleep early last night.

13 F 25: 10: 00

Tired in the afternoon, then take a nap.

20 F 05: XX: XX

I was tired and sleepy, I slept early but woke up late and woke up tired.

20 F 00: XX: XX

Tired body in the evening because of exercise at my Aunts house.

20 F 05: XX: XX

Feeling a little tired through today.

10 F 15: XX: XX

I felt very tired but better than yesterday.

06 F 01: XX: XX

Wake up feeling tired though because I had a late night.

10 F 19: XX: XX

Everything normal, tired and lazy.

19 F 01: XX: XX

Feeling very lazy today.

05 M 17: XX: XX

I was in a lazy mood.

20 F 02: XX: XX

Feeling very tired, low energy level.

19 F XX: XX: XX

I feel very tired and drained and my body is sore. Perhaps because I had a busy day.

11 F 03: XX: XX

I felt so drained and tired with no real appetite. I was feeling down the whole day.

02 F 05: XX: XX

Talkative and happy a lot but drained after study.

17 M XX: XX: XX

More drained, fatigue and more sleep during the day.

17 M 05: XX: XX

My appetite is depressed, my eyes are sore, but there is no redness. I feel very fatigued.

13 F 00: XX: XX

Mood down felt exhausted, Dull mood, sitting for interviews the whole day.

16 M XX: XX: XX

Feel exhausted after hours at work, feel like sleeping and rest on bed.

16 M 04: XX: XX

Groggy on waking up.

17 M XX: XX: XX

Apart from my nose being runny, my temperature being up and down, my energy levels seem to be dropping daily. I feel weak, tired and my whole body feels sore.

11 F 10: XX: XX

Not very energetic today, My energy is low.

05 M XX: XX: XX

I feel weak today no energy at all.

05 M 33: XX: XX

➤ **Concentration increased / focus**

Feeling calm can concentrate more, more focused.

01 M 00: XX: XX

Felt nothing for 2 days after proving remedy. Then everything felt nice, fresh, welcoming even trees, concentration spiking, easily understands everything, calm. Looking at people as if they are abnormal

why they rush instead of being cool, calm, be still. I thought I was the only calm person. can even imagine peoples brain inside.

01 M XX: XX: XX

Productive in school work, Preparing for presentation.

17 M 01: XX: XX

Feeling very energetic today, more focused.

06 F 23: XX: XX

➤ **Concentration decreased**

I felt very "out of it" today, couldn't focus or concentrate very well, maybe it's the hot weather.

06 F 24: XX: XX

Today I lacked focus and struggled to concentrate.

06 F 34: XX: XX

I am in class but I cannot concentrate to the lecture except writing. I am kinda worried.

13 F 01: XX: XX

I get to the point now I once said these powders, this is just a placebo well I guess I was wrong no placebo can do such wonders NEVER. I cannot focus and my test dates are near.

01 M 06: XX: X

➤ **Alert**

During the day alert, in a study mode

17 M 06: XX: XX

Too observant, in the first lecture can see that everyone has their water bottle except two guys.

01 M 00: XX: XX

➤ **Forgetful**

Normal but forget a lot.

19 F 06: XX: XX

Memory loss, forget even something said a short while ago. (US)

19 F XX: XX: XX



➤ **Misspelling words**

Woke up late flet (felt) sleepy.

08 F 01: XX: XX

Went home early from temple. There was a festival. Really flet (felt) blissed out at temple today.

08 F 18: XX: XX

Before my panties were dirty and smilly (slimy) but now they are clean.

20 F 02: XX: XX

➤ **Home**

I am happy this morning only because I am going home, really missed my family. The joy in my heart cannot be described.

13 F 03: XX: XX

I miss home so much.

14 M 10: XX: XX

➤ **Family**

Family crisis affected me emotionally, sorry not in a good space to write or study.

17 M 11: XX: XX

I was in an angry mood because of my Dad.

20 F 00: XX: XX

I am a little distant today. I miss my parents a lot.

13 F 22: XX: XX

➤ **Sentimental**

My sisters arrived at 3: 20 pm. We were all happy including the kids. I felt a bit emotional for a moment.

I so wish mom and dad were here today. I love my family. They are all I have.

13 F 06: XX: XX

I am a little distant today. I miss my parents a lot.

13 F 22: XX: XX

Was feeling grateful today.

08 F 05: XX: XX

Went home early from temple. There was a festival. Really felt (felt) blissed out at temple today.

08 F 18: XX: XX

I'm so emotional right now it's like every memory is reliving through my brain and yet I feel so potential, the world is my aura, well so as to say.

01 M 02: XX: XX

➤ **Ennui**

Bored today.

15 M 23: XX: XX

It was boring today.

15 M 25: XX: XX

### **4.3.3 Vertigo**

➤ **Dizzy / Light-headedness / Spinning**

Dizziness after bending as always.

20 F 07: XX: XX

During the headache everything was irritating, juice, smell of food made headache worse, sometimes dizziness comes and go.

01 M XX: XX: XX

This morning feeling offish, disorientated, severe headaches in the morning, dizzy spells during the day.

17 M XX: XX: XX

Feeling light headedness and tingly feeling, and I was feeling dizzy as if about to fall throughout the day and I was feeling weak.

002 F XX: XX: XX

I'm not sure what is going on in the middle top part of my head it's like something is spinning.

009 F 04: XX: XX

#### 4.3.4 Head

##### ➤ Sensation (pain)

##### ❖ Throbbing / Pulsating / Pounding

Sensation: Headache like a pounding hammer in my head.

02 F 07: XX: XX

Sensation: Big pulsating headache after playing netball like a beating drum.

20 F XX: XX: XX

Sensation: Had a series of little headaches like a sudden beating sound in my head.

05 M 01: XX: XX

Sensation: The headache return with a BLAST sudden attack shooting and throbbing and pulsating, as if it is shrinking even the right side eye was throbbing as if something is pulling it.

Location: Headache on the frontal side, then to the back and to the right side of the brain then the headache is worse even to the temporal sides going deep within and is very painful.

Time: This happens around 16: 00 pm, for 5 minutes then it subdues.

Modalities: Worse bright lights, sun, light.

Intensities: Constant headache sometimes spiking high like my eyes will explode like cluster headaches but this is 10X worse.

01 M XX: XX: XX

Time: Later in the day around 10am I had a headache.

Sensation: It was like sharp pains and throbs

Location: On both the top of my eyes and on my temples. It then went to the superior part of my nasal region towards the middle of my eyes. After quite some time it got better.

10 F 04: 10: 00

Location: Today I have a terrible headache. Its frontal.

Sensation: Throbbing pain.

Modalities: It gets worse with movement.

Concomitants: My eyes are also sore, but I have no clue why.

13 F 10: XX: XX

Time: At around 2 pm.

Sensation: I got such a terrible pulsating headache.

Location: Which was difficult to pin point the location it was all over my head.

Intensity: It was so painful I felt like putting my hands over my head and scream.

Concomitants: It got so bad that it made my eyes painful.

Modalities: I took a 2 hour nap and wake up feeling a little better.

11 F XX: XX: XX

#### ❖ **Pressing / pulling / Tension**

Sensation: Headache like compression.

Modalities: When I was in bed reading.

20 F 07: XX: XX

Time: Around 3pm.

Sensation: I started to get a headache, squeezing pain for about 2 hours.

06 F 01: 15: 00

Time: Around 4pm till 6 pm.

Sensation: I got tension type headache.

06 F 04: 16: 00

Time: Woke up with headache.

Sensation: Flet like tension headache.

08 F 03: XX;XX

#### ❖ **Sharp/ stabbing / splitting**

Sensation: Sharp.

Location: Headache on temples.

Modalities: Worse during cold, stress better for relaxing.

17 M XX: XX: XX

Location: Still had the same headache as yesterday just over the top of the eye.

Sensation: The pain is now sharp and concentrated in one place.

Modalities: The pain changes when I'm standing and asleep, when I'm lying for a long time the pain becomes less painful. It increases when I bend my head forward, and its better when not doing anything.

Intensity: The pain is continuous. Though it is sharp I can still work. It hasn't stopped since taking the remedy.

15 M XX: XX: XX

Location: Headache on the temples,

Sensation: Stabbing pain as if needles,

Modalities: Worse bending forward as if brain is falling, better bending backward and drinking tap water.

19 F XX: XX: XX

Sensation: Sharp pain headache.

Concomitants: seeing stars in vision.

17 M 04: XX: XX

Sensation: A slight headache today, short sharp intense pains.

005 M 21: XX: XX

Time: On my way to drop my son at school around 6: 40 I began to feel funny.

Modalities: Had a headache when I drew in my breath.

Sensation: My head felt like it was splitting into 2 pieces from a very strange headache.

Concomitants: I began to feel dizzy and light headed, there was a serious tingling feeling from my head to the toe and serious heart palpitations. I had a pain in my chest as if something was just sitting on top of my chest and I couldn't breathe through my nose or inhale. I got off the car at work and I felt like I was about to pass out and by that time around 07: 15 I was nauseated and so dizzy that I began to sweat a little on my forehead. I breath through my mouth because my chest still felt heavy like before and I couldn't draw any breath through my nostrils. I felt so drained and tired with no real appetite. I was feeling down the whole day.

02 F 05: XX: XX

#### ❖ **Dull/ heavy**

Sensation: Headache is dull.

Location: especially in the forehead (NS).

16 M 02: XX: XX

Sensation: My head feels very heavy yhoh!!!

01 M 04: XX: XX

Sensation: Woke up with a splitting headache, felt heavy.

Time: morning till later in the evening.

02 F 32: XX: XX

Location: A minor headache on the right frontal just over the eye.

Intensity: The pain is mild not so strong but it feels like it is going to increase. It came up slowly I think it's the remedy.

Modalities: When I move my head

Sensation: Its heavier.

15 M 00: XX: XX

➤ **Time of head pain**

❖ **Morning**

Woke up with headache flet like tension headache.

08 F 03: XX: XX

Took the powder around 5: 10 am. 2 hours later I experienced a serious heart palpitation, lightheadedness and a headache, that lasted for 30 minutes then completely disappeared.

02 F 00: 07: 10

Today I had a headache in the morning which disappeared and returned in the afternoon.

10 F 06: XX: XX

❖ **Afternoon**

That terrible headache kicked this afternoon for about an hour then it stopped and then returned again about 2 hours later for about 30 minutes, it gets so painful.

11 F 19: XX: XX

At around 2 pm I got such a terrible pulsating headache which was difficult to pin point the location.

11 F XX: XX: XX

I have a terrible throbbing headache on the frontal side, this happens around 16: 00 pm.

01 M 03: 16: 00

14: 47 the really terrible throbbing headache on my frontal then later temporo-frontal on the right side. It's like I can feel my right hemisphere and its very painful, I think I need to see a doctor, rather a homeopath because this is killing me. I think I'm going crazy Stella please intervene here.

01 M 04: 14: 47

At around 5 pm that terrible headache started again and went until 7: 30 at night.

11 F 20: 17: 00: 00

➤ **Location**

❖ **All over the head**

At around 2 pm I got such a terrible pulsating headache which was difficult to pin point the location.

11 F 13: 14: 00

30 minutes after taking the powder I had a terrible pulsating headache all over my head. It was so painful I felt like putting my hands over my head and scream. Fortunately, this only lasted for about 5-10 minutes.

11 F 00: XX: XX

❖ **Occipital / suboccipital**

Sunday had a headache at 4pm for 5 minutes then it subdues. Pain on the frontal, pulsating, throbbing, then to the back and to the right side of the brain as if it is shrinking even the right side eye was throbbing as if something is pulling it worse bright lights, sun.

01 M XX: XX: XX

I also had a headache that lasted about 30 minutes pulsating on the sides of my head toward the back of my head, I think because I walked in the direct sunlight for about 30 minutes.

11 F 03: XX: XX

❖ **Frontal**

Headache in the forehead

16 M. 01: XX: XX

Headache – not bad, frontal, throbbing – took grandpa.

13 F XX: XX: XX

A bit of a headache starts after the second dose in the forehead(US)

16 M 00: XX: XX

❖ **Vertex**

Tuesday and Wednesday about 4pm on the right side at the centre of the head painful feeling like something is pulling down from the tip of the head to the bottom.

01 M XX: XX: XX

My headache feels like something is spinning on the top part of the head.

09 F 03: XX: XX

## ❖ Temples

Headache just a dull pain in my temple.

02 F 11: XX: XX

Later in the day around 10am I had a headache. It was like sharp pains and throbs on both the top of my eyes and on my temples.

10 F 04: 10: 00

I was not in the best of moods. The headache returned again today. I felt the pain on my temples and on top of my eyes/eyelids. This headache also vanished after some time.

10 F 07: XX: XX

Headache on sides.

19 F 02: XX: XX

Headache on the temples.

19 F XX: XX: XX

## ❖ Right side

14: 47 the really terrible throbbing headache on my frontal then later temporofrontal on the right side. It's like I can feel my right hemisphere and its very painful.

01 M XX: XX: XX

A minor headache on the right frontal just over the eye. It came up slowly I think it's the remedy.

15 M 00: XX: XX

### ➤ Modalities

#### ❖ Amelioration

##### ▪ Sleep

sometimes I feel that terrible headache that pops up sometime during the day, lasts for about an hour and goes away for a while when I sleep.

11 F 14: XX: XX

Dull headache feel like need to sleep or relax in bed.

16 M 13: XX: XX



After calling the researcher and sleeping for an hour it (headache) was better, but now it's much, better.

01 M XX: XX: XX

- **Rest**

Dull headache fell like I could rest in bed.

16 M 15: XX: XX

Sharp headache on temples better for relaxing.

17 M XX: XX: XX

- **Closing eyes**

Had headaches sporadically throughout the day, better for closed eyes and quiet room.

06 F 33: XX: XX

- **Bending backwards**

Sunday had a headache at 4pm for 5 minutes then it subdues. better for dark, shade or sleeping on the back. Constant headache sometimes spiking high.

01 M XX: XX: XX

Headache on the temples, worse bending forward as if brain is falling, stabbing pain as if needles, better bending backward.

19 F XX: XX: XX

- **Drinking water**

Headache on the temples better drinking tap water.

19 F XX: XX: XX

After calling the researcher and drinking tap water it (headache) was better, but now it's much, better.

01 M XX: XX: XX

- ❖ **Aggravation**

- **Reading and stress**

NO, NO, NO this is not what I agreed on, this is KILLING ME. This HEADACHE is terrible please do something Stella. I can't even read.

01 M 05: XX: XX

Sharp headache on temples worse during stress.

17 M XX: XX: XX

- **Motion**

This HEADACHE is terrible please do something Stella. I can't even eat, walk, and move fast.

01 M 05: XX: XX

Today I have a terrible headache. Its frontal, throbbing pain. It gets worse with movement.

13 F 10: XX: XX

A minor headache on the right frontal just over the eye and when I move my head its heavier.

15 M 00: XX: XX

- **Smell of food**

Sunday had a headache at 4pm for 5 minutes then it subdues. During the headache everything was irritating, juice, smell of food made headache worse.

01 M XX: XX: XX

- **Sun – light**

I also had a headache that lasted about 30 minutes pulsating on the sides of my head toward the back of my head, I think because I walked in the direct sunlight for about 30 minutes.

11 F 03: XX: XX

The headache return with a BLAST sudden attack shooting and throbbing and pulsating, light makes it worse like my eyes will explode like cluster headaches but this is 10X worse.

01 M 07: XX: XX

Sunday had a headache at 4pm for 5 minutes then it subdues. even the right side eye was throbbing as if something is pulling it worse bright lights, sun. During the headache everything was irritating, juice, smell of food made headache worse.

01 M XX: XX: XX

- **Bending forward**

Headache on the temples, worse bending forward as if brain is falling, stabbing pain as if needles, better bending backward and drinking tap water.

19 F XX: XX: XX

- **Cold**

Sharp headache on temples worse during cold, stress better for relaxing.

17 M XX: XX: XX

- **Concomitants**

Pain to the right side of the brain as if it is shrinking even the right side eye was throbbing as if something is pulling it worse bright lights, sun, sometimes dizziness comes and go.

01 M XX: XX: XX

The headache return with a BLAST sudden attack light makes it worse like my eyes will explode like cluster headaches but this is 10X worse.

01 M 07: XX: XX

Today I have a terrible headache. My eyes are also sore, but I have no clue why.

13 F 10: XX: XX

At around 2 pm I got such a terrible pulsating headache. It was so painful I felt like putting my hands over my head and scream. It got so bad that it made my eyes painful.

11 F XX: XX: XX

I also had a runny nose and momentary headache on the sides of my head towards the back that lasted +/- 15 minutes.

11 F 02: XX: XX

Took the powder around 5: 10 am. 2 hours later I experienced a serious heart palpitation, lightheadedness and a headache, that lasted for 30 minutes then completely disappeared.

02 F 00: 07: 10

- **Miscellaneous**

Boils on head (never in entire life), on both temples and occipital region, pain worse with movement of facial muscles. Many boils in one place. Big boils with very small head. Some disappeared, some burst out with pus and blood and very itchy, after taking some antibiotics.

13 F XX: XX: XX

Boils on left, right and occipital area, with cervical lymph nodes inflamed worse on the left side, on examination.

13 F XX: XX: XX

#### **4.3.5 Eye**

##### **➤ Sensations / Location**

My eyes were very sore and felt dry today, experienced discomfort, maybe it's due to the sand in my eye earlier today.

06 F 11: XX: XX

My eyes are sore, but there is no redness.

13 F 00: XX: XX

Eyes painful, eyes got a little tired at night still painful but not sleepy.

20 F 01: XX: XX

Sleepy eyes

20 F 05: XX: XX

##### **❖ Itching**

My eyes are sore and itchy. There is no redness or anything though.

13 M 18: XX: XX

##### **❖ Red**

Around midnight I checked my eyes they were deep red as blood but not painful but the headache is freaking me out.

01 M 04: 24: 00: 00

##### **➤ Miscellaneous**

Pale eyelids, on examination

11 F XX: XX: XX

#### **4.3.6 Vision**

I am seeing stars for just few seconds in my vision.

20 F 03: XX: XX

Blurry vision in the morning, clears during the day.

17 M XX: XX: XX

#### **4.3.7 Ear**

##### **➤ Sensations**

Ears feel like need to be cleaned like blocked (NS/RS).

16 M 01: XX: XX

##### **❖ Itching**

From time to time my ears would get itchy.

11 F 01: XX: XX

##### **➤ Miscellaneous**

Pale eyelids, brown cerumen on ears, right ear with black wax on examination.

11 F XX: XX: XX

#### **4.3.8 Nose**

##### **➤ Sneezing / Sinuses**

Blocked nose worse morning, stuffy room.

17 M XX: XX: XX

My nose feel less blocked.

06 F 01: XX: XX

My nose feel blocked right down from the head to the forehead down to the nose.

09 F 03: XX: XX

Blocked nose.

14 M 30: XX: XX

Left nose blocked.

20 F 01: XX: XX

Nose a little bit blocked like want to have a sinus making breathing difficult worse in cold.

16 M XX: XX: XX

My right nose was blocked and irritating than it was relieved by the shower afterwards.

01 M 02: XX: XX

When I inhale the air through my nostrils was so cold like ice.

02 F 06: XX: XX

Accompanying the sore throat was an itchy nose.

10 F 02: 02: 00

At night my sinuses started giving me problems – I was sneezing

11 F 00: XX: XX

➤ **Discharge**

Running nose.

20 F 04: XX: XX

Experienced runny nose (NS).

14 M 00: XX: XX

My nose is very runny and my nose the side close to my eyes are sore.

11 F 05: XX: XX

I really have cold, my nose was blocked last night – when I woke up this morning it was runny to the point that when I bend down, mucus just comes rolling down. I feel cold most of the time.

11 F 08: XX: XX

No headache today, but my nose is runny when it's not runny it's blocked.

11 F 15: XX: XX

I woke up with my throat feeling clogged up and my nose was runny.

11 F 01: XX: XX

➤ **Heat**

When I inhale the air through my nostrils was so cold like ice.

02 F 06: XX: XX

**4.3.9 Face**

My face hurts, the skin has pains

05 M 26: XX: XX

➤ **Eruptions**

Aching pimples appearing.

17 M 04: XX: XX

**4.3.10 Jaw**

At around 2pm my jaw and teeth started feeling painful. It was like I should clench my teeth to avoid the throbbing pain. My jaw toward my tonsils felt hot. I tried drinking water. The pain in the teeth vanished at about 6pm. My jaw also felt fine

10 F 04: 14: 00

**4.3.11 Mouth**

I have a slight pain on the lip of my left chick, this usually happens when I'm about to have a cold sore.

05 M 14: XX: XX

I feel like I'm losing my sense of taste which is weird because I am eating more than usual today, I have quite an appetite.

11 F 20: XX: XX

My mouth felt weird like I had a mouth ulcer but it felt fine during the course of the day.

02 F 32: XX: XX

My cold sore on the right is getting worse. Thirst is back to normal. Mood is great.

05 M 18: XX: XX

I have a slight scratch where there was a cold sore but it's not painful.

05 M 23: XX: XX

Cold sore still fading but this one is slower than the previous one on the left.

05 M 35: XX: XX

During the course of the day I felt very thirsty yet my mouth was full of saliva.

11 F 00: XX: XX

#### **4.3.12 Teeth**

At around 2pm my jaw and teeth started feeling painful. It was like I should clench my teeth to avoid the throbbing pain. The pain in the teeth vanished at about 6pm.

10 F 04: 14: 00

#### **4.3.13 Throat**

##### **➤ Pain**

Woke up in the early morning around 2 am feeling pain in my throat. Accompanying the sore throat was an itchy nose.

10 F 02: 02: 00

My throat still felt sore.

10 F 03: XX: XX

My throat is sore.

11 F 05: XX: XX

Sore throat and feverish feeling. I took belladonna and I was fine in 15 minutes.

14 M 26: XX: XX

Feeling pain in tonsils due to exposure to cold outside the hall. Halls sweet makes it better.

16 M 08: XX: XX

##### **➤ Mucous in throat**

I woke up with a runny nose and my throat felt blocked.

11 F 03: XX: XX

I woke up with my throat feeling clogged up and my nose was runny.

11 F 01: XX: XX



My throat feels blocked and I am thirsty all the time.

11 F 02: XX: XX

➤ **Dryness**

Throat also felt dry in the morning.

06 F 00: XX: XX

Woke up in the early morning around 2 am feeling pain in my throat. My throat felt dry.

10 F 02: 02: 00

My throat feels dry toward 2pm.

06 F 05: 14: 00

➤ **Inflammation**

My throat still felt sore. It feels as though my tonsils are inflamed. This feeling is in both right and left tonsil.

10 F 03: XX: XX

Again at around 10pm my tonsils felt hot and inflamed making a certain discomfort in my throat.

10 F 04: 22: 00

Woke up with an irritation in my throat today. It felt hot in the region of my tonsils. As the day progresses it got better and finally vanished.

10 F 13: XX: XX

Tonsils are inflamed the left one mostly the right, on examination.

05 M XX: XX: XX

#### **4.3.14 Stomach**

➤ **Appetite**

❖ **Decreased**

Appetite still low.

05 M 15: XX: XX

Still no appetite.

02 F 17: XX: XX

Loss of appetite (NS).

14 M 01: XX: XX

With low appetite.

17 M 01: XX: XX

My stomach is still runny and I'm not hungry today.

05 M 13: XX: XX

I was not very hungry for 6-7 hours, though before the powders, 3 hours was enough to make me very hungry.

20 F 00: XX: XX

I don't really have much appetite today, but I am more into drinking liquids.

13 F 19: XX: XX

Felt a bit less hungry and less thirsty today.

06 F 05: XX: XX

Didn't eat dinner.

20 F 02: XX: XX

Missed supper

08 F 22: XX: XX

#### ❖ **Increased**

Very hungry eating more than usual, junk food, hot wings.

19 F XX: XX: XX

Starving, bloated.

17 M 09: XX: XX

Increased urination and hunger.

14 M 29: XX: XX

High appetite

17 M 03: XX: XX

My hunger is extremely not normal. I ate 2 sets of breakfast this morning.

02 F 22: XX: XX

I was very hungry at breakfast.

20 F 01: XX: XX

Now the appetite has increases more than before.

11 F XX: XX: XX

I am back into having much appetite.

13 F 08: XX: XX

Feeling extra hungry today, had a big lunch but no dinner as I was still full.

02 F 20: XX: XX

More appetite.

19 F 00: XX: XX

Nauseous, huge appetite.

19 F 01: XX: XX

Stomach still runny, but still have a huge appetite.

05 M 12: XX: XX

I had serious bouts of hunger throughout the day, just after about an hour after I have eaten.

02 F 01: XX: XX

➤ **Thirst**

❖ **Increased**

After 2 weeks on the remedy was very thirsty, urinate a lot, even the throat feels dry (unusual).

11 F XX: XX: XX

During the course of the day I felt very thirsty yet my mouth was full of saliva.

11 F 00: XX: XX

I am getting thirstier, so much that my throat feels dry and I feel dehydrated when I don't drink water.

11 F 24: XX: XX

My throat feels blocked and I am thirsty all the time.

11 F 02: XX: XX

Very thirsty and also pee a lot.

16 M 15: XX: XX

Increased thirst.

14 M 02: XX: XX

Thirsty, tired and hungry.

17 M 04: XX: XX

Feeling like drinking water all the time.

19 F 03: XX: XX

I have no appetite but persistently thirsty.

13 F 19: XX: XX

I woke up at 2: 00 am, still sweating and very thirsty. I have never been really this thirsty.

13 F 03: XX: XX

In the afternoon I experienced an excessive thirst. I was just too thirsty than normal.

02 F 00: XX: XX

Woke up very thirsty today.

05 M 10: XX: XX

Very thirstier than yesterday, it's very hot today.

05 M 08: XX: XX

Thirsty the whole morning again

20 F 07: XX: XX

Feeling very thirsty towards the afternoon.

06 F 00: XX: XX

Very thirsty maybe it's the heat.

06 F 24: XX: XX

Very thirsty at 12 midnight.

04 M 00: 24: 00

➤ **Nausea / Vomiting**

I also felt very nauseas better for sleeping in a quiet dark environment

06 F 28: XX: XX

Nauseous, huge appetite

19 F 01: XX: XX

➤ **Indigestion**

A bit of constipation

15 M 08: XX: XX

Stomach is loose and at times full of air.

16 M 07: XX: XX

Starving, bloated.

17 M 09: XX: XX

Later on the day during the night the urge to burp constantly occurred again but it did not last very long.

10 F 00: XX: XX

My stomach feel abnormally full but no pain.

05 M 05: XX: XX

Apart from my usual sniffing and bloatedness I feel ok today.

11 F 18: XX: XX

Bloated is my middle name today. I feel like I am pregnant and nothing seems to be helping because I can't drink milk – there isn't any in the house.

11 F 27: XX: XX

Feeling bloated and tummy not settled, feeling uncomfortable.

02 F 13: XX: XX

➤ **Sensations**

Woke up with a stomach ache and runny stomach.

10 F 03: XX: XX

Tuesday and Wednesday about 8 pm, 7am, 1pm, 8pm had massive diarrhea burning hot pain feels as if stomach is not empty need to compress and bow to empty it.

01 M XX: XX: XX

**4.3.15 Abdomen**

➤ **Pain**

Abdominal pain.

17 M 10: XX: XX

Had sharp, throbbing stomach pain better for applied heat.

06 F 19: XX: XX

My stomach had a few sharp pains earlier today.

05 M 10: XX: XX

I began some stomach cramps during the mid-day, I don't know why.

13 F 24: XX: XX

I had a tummy ache, like a cramping type.

02 F 07: XX: XX

A weird tummy ache like a cramping type.

02 F 11: XX: XX

Pinching pain on both side of my left and right side of my abdomen like a crampy feeling.

02 F 12: XX: XX

**4.3.16 Rectum**

Today I feel a little bit constipated.

13 M 05: XX: XX

Feeling constipated.

02 F 13: XX: XX

Just frequent loose like porridge.

16 M 22: XX: XX

Stomach is loose and at times full of air.

16 M 07: XX: XX

Woke up with a stomach ache and runny stomach. Today I passed watery stools as well.

10 F 03: XX: XX

My stomach is quite runny today, I have been in and out of toilet the whole day, but still have a huge appetite.

05 M 11: XX: XX

My stomach is still runny and I'm not hungry today.

05 M 13: XX: XX

Frequent bowel movement than normal

06 F 04: XX: XX

Going to the toilet to make no 2 frequently.

20 F 04: XX: XX

Today I woke up with diarrhea, black stools with a very bad distinct smell.

13 F 02: XX: XX

Still stools 3-4 times a day.

16 M 02: XX: XX

Stools loose like porridge and frequent.

16 M 12: XX: XX

Tuesday and Wednesday about 8 pm, 7am, 1pm, 8pm had massive diarrhea burning hot pain feels as if stomach is not empty need to compress and bow to empty it.

01 M XX: XX: XX

#### **4.3.17 Bladder**

Pee a lot and feels uncontrollable when sleeping (RS).

16 M 01: XX: XX

Urine excretions more frequent than before.

16 M 03: XX: XX

Pee a lot strong yellow urine more than 6 times a day.

19 F XX: XX: XX

I also urinated twice today which is awkward as I had not had anything to drink today. Usually I urinate once a day unless I drank a lot of liquids.

11 F 20: XX: XX

I have a lot of diarrhea and polyuria, but I think it's due to the anxiety.

13 F 28: XX: XX

Increased urination and hunger.

14 M 29: XX: XX

Retained urination (NS).

14 M 01: XX: XX

#### **4.3.18 Urine**

My urine looks reddish.

02 F 07: XX: XX

Urine looking orangish like oros today.

02 F 09: XX: XX

Pee a lot strong yellow urine.

19 F XX: XX: XX

Urine strongly yellow.

17 M XX: XX: XX

Pee a lot.

16 M 01: XX: XX



Pee a lot.

19 F XX: XX: XX

I have a lot of polyuria.

13 F 28: XX: XX

Peeing a lot.

17 M 02: XX: XX

Very thirsty and also pee a lot.

16 M 15: XX: XX

#### **4.3.19 Male genitalia / sex**

##### **➤ Sexual desire / Masturbation**

Increased libido and sperm count.

04 M 00: XX: XX

Amorous (OS).

14 M 02: XX: XX

Increased sexual desire.

14 M 09: XX: XX

Genitalia amazingly ok.

15 M 24: XX: XX

High libido.

17 M 03: XX: XX

##### **➤ Miscellaneous**

Sweating too much in the genitals.

16 M 01: XX: XX

#### 4.3.20 Female genitalia / sex

##### ➤ Discharges

Before my panties were dirty and smilly (slimy) but now they are clean.

20 F 02: XX: XX

I'm about to have my periods. Clear gel like discharge was on my underwear.

02 F 02: XX: XX

##### ➤ Menses

Stomach cramps. Periods bleeding a lot, less clots than before, no LBP.

13 F XX: XX: XX

I woke up at 11: 00 pm with some cramps. I had just started my periods. They feel different today. There is too much pain.

13 F 23: 00: 00

I just finished menstruation something like a left-over of blood comes out and that is unusual.

09 F 00: XX: XX

I woke up and went to the bathroom and I was bleeding heavily, blackish brownish blood. I just had my periods 2 weeks ago. I had a series of sharp abdominal pains throughout the day, especially the left side. Normally when I have my period or about to my breast become heavy and full and sore but this time they are not.

02 F 03: XX: XX

Menstruation pain sudden, without notice, 3 times in a month, only for a day. Dark red blood (UN) small maroon clots.

19 F XX: XX: XX

Expected to start my period today but it seems as though my cycle is late this month.

10 F 28: XX: XX

##### ➤ Pain

Back pain menstrual cramps still there but subdued.

09 F 04: XX: XX

I had hectic period pains.

09 F 02: XX: XX

I had a series of sharp abdominal pains throughout the day, especially the left side.

02 F 03: XX: XX

Menstruation pain sudden.

19 F XX: XX: XX

Feeling as though I will be having my period today. There are a little pains in my lower abdominal region and back. Unlike usually my breast did not feel tender or delicate or full. Towards the afternoon the cramps in my lower abdomen and back became very worse. They were worse than all the other months I can recall. I don't know if the extreme pain was also influenced by the cold weather. I tried sleeping but it did not feel better. I then placed a hot water bottle in the area, after that I felt a bit better.

10 F 30: XX: XX

The cramps vanished during the day. In the afternoon I had episodes of cramps which did not last long at all. They were not as painful as those I had yesterday.

10 F 31: XX: XX

Experiencing cramps when I bend for long on my back and in the area of my pubic bones. The cramps are not painful and do not last long.

10 F 32: XX: XX

I started to have dull stomach pains like I'm about to have my periods.

02 F 02: XX: XX

➤ **Miscellaneous**

Normally when I have my period or about to my breast become heavy and full and sore but this time they are not.

02 F 03: XX: XX

My breast no longer feel tender.

06 F 00: XX: XX

Feeling as though I will be having my period today. There are a little pains in my lower abdominal region and back. Unlike usually my breast did not feel tender or delicate or full.

10 F 30: XX: XX

I'm about to have my periods. I felt bloated. Clear gel like discharge was on my underwear.

02 F 02: XX: XX

#### **4.3.21 Respiration**

I feel happy but when I woke up in the morning I nearly suffocated, I couldn't breathe it was like my lungs are collapsing so I had to constantly switch positions.

01 M 01: XX: XX

I breathe through my mouth because my chest still felt heavy like before and I couldn't draw any breath through my nostrils.

02 F 05: XX: XX

Couldn't fall asleep because of dry cough, wheezy chest and breathing. I don't really know what caused it at that time (around 1am) it continued for long until I fell asleep at around 3am.

10 F 35: XX: XX

Felt very cold in the afternoon because it was kind of chilly outside. Started to have a wheezy chest and coughed in the afternoon and at night. I usually have these symptoms if I was in a windy or cold place. Since it was cold today these symptoms came back.

10 F 11: XX: XX

Furthermore I felt like my chest was getting tight – a lot like I usually feel when I am about to have an asthma attack. As the day progressed, I started to feel a bit better.

11 F 01: XX: XX

Had the wheezy chest, dry cough and increased breathing rate this afternoon. It was again caused by the chilly weather plus eating something cold.

10 F 25: XX: XX

#### **4.3.22 Cough**

The cough got worse at night right after the last dose, I even vomited, and I have never had this before.

05 M 00: 09: 30

I am happy and the cough comes and go.

05 M 02: XX: XX

Felt very cold in the afternoon because it was kind of chilly outside. Started to cough in the afternoon and at night.

10 F 11: XX: XX

Has dry coughs.

20 F 01: XX: XX

Had the wheezy chest, dry cough and increased breathing rate this afternoon. It was again caused by the chilly weather plus eating something cold.

10 F 25: XX: XX

#### **4.3.23 Chest**

Took the powder around 5: 10 am. 2 hours later I experienced a serious heart palpitations, lightheadedness and a headache, that lasted for 30 minutes then completely disappeared.

02 F 00: 07: 10

My chest had a tight feeling and I felt like burping to try and make it feel better. I was in that state for a little while and it vanished

10 F 06: XX: XX

Furthermore I felt like my chest was getting tight – a lot like I usually feel when I am about to have an asthma attack. As the day progressed, I started to feel a bit better.

11 F 01: XX: XX

I had a pain in my chest as if something was just sitting on top of my chest.

02 F 05: XX: XX

Chest feels heavy, blocked.

17 M 09: XX: XX

After taking the first powder I had heartburn in the chest at 09: 00 in the morning.

20 F 09: XX: XX

Lying on my right side cause difficulty in breathing as if something is pressing pressure inside the chest, couldn't breathe it was 6: 30am worse on changing directions but much better after shower with warm water.

01 M XX: XX: XX

I had a pain in my chest as if something was just sitting on top of my chest and I couldn't breathe through my nose or inhale.

02 F 05: XX: XX

#### **4.3.24 Back**

My back is extremely sore lately, not sure what the cause

06 F 17: XX: XX

My back hurts today.

11 F 05: XX: XX

Mild backache this morning.

17 M 02: XX: XX

Pimples on the back, painful on touch or with warm water.

17 M XX: XX: XX

Feeling as though I will be having my period today. There are a little pains in my lower abdominal region and back. Towards the afternoon the cramps in my lower abdomen and back became very worse. I don't know if the extreme pain was also influenced by the cold weather. I then placed a hot water bottle in the area, after that I felt a bit better.

10 F 30: XX: XX

#### **4.3.25 Extremities**

Bumped my foot so was feeling a little pain in my foot when touching it.

10 F 18: XX: XX

I have some foot pain on my plantar surface but it is not that bad.

13 F 05: XX: XX

My feet and my legs hurt and my legs are swollen.

11 F 26: XX: XX

Legs feel sore had an exercise this morning.

06 F 04: XX: XX

Aching pain on the feet worse waking up, in the morning or evening after work when resting. Pain on heel better walking on ball of foot ant on toes in both legs.

19 F XX: XX: XX

My right arm is also a bit sore from the scrubbing I was doing on Monday when I was washing the windows.

11 F 19: XX: XX

Joints are sore esp. ankle.

08 F 08: XX: XX

Joints aches.

17 M 08: XX: XX

Joints esp. ankle joints where paining. No injury.

08 F 06: XX: XX

Nothing new with the pain in my knees but now my ankles are sometimes painful.

09 F 04: XX: XX

Legs have cramps randomly.

16 M 01: XX: XX

Cramps in both arms and legs

16 M 03: XX: XX

#### **4.3.26 Sleep**

##### ➤ Sleepiness

Feeling abnormally drowsy during the morning.

04 M 02: XX: XX

Mood fine but drowsy after eating super.

04 M 00: XX: XX

Sleepy is how I feel.

01 M 04: XX: XX

Flet sleepy throughout the day.

08 F 00: XX: XX

Was sleepy fell asleep talking to my mum.

08 F 02: XX: XX

Woke up feeling sleeping.

08 F 15: XX: XX

Flet sleepy throughout the day. Had 4 cups of coffee did not help.

08 F 00: XX: XX

I felt very tired today I struggled to stay awake this afternoon.

06 F 00: XX: XX

I struggled to get up this morning I overslept.

06 F 04: XX: XX

I was tired and sleepy, I slept early but woke up late and woke up tired.

20 F 00: XX: XX

Feeling cold, groggy and sleepy.

17 M 10: XX: XX

I am a little bit tired, I feel like going back to sleep.

09 F 02: XX: XX

➤ **Sleeplessness**

Sleep interrupted at 2am.

04 M 01: XX: XX

I woke up several times during sleep.

09 F 02: XX: XX

I am trying to sleep again it is difficult. I think I am having a bit of insomnia which is kinda of unusual to me.

13 F 03: XX: XX



I have decided to prepare a snack since I am awake anyways. I made cheese and chicken polony sandwich with cucumber and lettuce. I really like cucumber and mayonnaise. I made juice (oros) which is my favorite too. After eating my sandwich I tried going back to sleep and I only managed to sleep at 6: 00 am.

13 F 03: XX: XX

Struggled to fall sleep this night.

06 F 04: XX: XX

I am usually asleep by 8pm in the homecell but today I was not sleepy.

20 F 03: XX: XX

Slept very very late between 3 – 3: 30 am.

20 F 01: XX: XX

Restless couldn't sleep at night.

17 M XX: XX: XX

➤ **Restless**

Had a restless sleep the night before so woke up feeling tired, took a nap in the afternoon but still feel tired.

06 F 07: XX: XX

I took med lemon with disprin and actified syrup tonight but instead of falling asleep I was restless and ended up sleeping at around 1am.

11 F 11: 01: 00

Restless at night.

17 M 00: XX: XX

Restless at night, can't remember dreams.

17 M 09: XX: XX

➤ **Deep sleep**

Deep sleep didn't even wake up at night (NS).

16 M 00: XX: XX

Peaceful sleep.

16 M 03: XX: XX

Had odd dreams – don't remember too sleepy.

08 F 02: XX: XX

Heavy sleep with odd dreams.

17 M 04: XX: XX

Sleepy, heavy sleep, can't remember dreams.

17 M 10: XX: XX

Peaceful sleep.

17 M 05: XX: XX

Increased sleeping hours (NS).

14 M 03: XX: XX

Sleep extended from 1-5am

04 M 03: XX: XX

Sleep extended from 12-5am

04 M 02: XX: XX

#### **4.3.27 Dreams**

##### **➤ Cartoons**

Just dreamt about cartoons.

05 M 22: XX: XX

##### **➤ Chased**

Restless at night with odd dreams, running and being chased by odd looking figures/unexplainable images.

17 M 09: XX: XX

##### **➤ Scary**

Dreams after the remedy makes her feel scared.

08 F XX: XX: XX

Had 2 bad dreams. They both scared me as I did not understand what they meant. One had 2 dead people that made me anxious and helpless.

02 F 04: XX: XX

Bad dreams (OS).

16 M 00: XX: XX

➤ **Dreams of two**

Had 2 bad dreams. They both scared me as I did not understand what they meant. One had 2 dead people that made me anxious and helpless and the other had a dirty swamp that I had to cross to get somewhere and there was no visible ground for me to step on to get to the other side.

02 F 04: XX: XX

I woke up this morning from a very bad dream yet again. I dreamt that I was nearly raped by 2 men I didn't know but luckily I managed to run away and get help.

02 F 05: XX: XX

➤ **Black**

Had a dream about walking in a dark part of town alone. And from nowhere a guy comes to attack me and beat me up. Flet helpless and scared.

08 F 26: XX: XX

By the way last night I had as very strange dream. I dreamed like there was a big black snake to swallow me. I woke up terrified and very scared.

13 F 08: XX: XX

Had a dream of a black guy attacking me. But I fought back. Now feeling fearful for rest of the day.

08 F 04: XX: XX

➤ **Water / danger / confusion**

Dreamt of a Tsunami catching up with me while I was in Johannesburg which is inland.

05 M 32: XX: XX

Had 2 bad dreams. They both scared me as I did not understand what they meant. The other had a dirty swamp that I had to cross to get somewhere and there was no visible ground for me to step on to get to the other side.

02 F 04: XX: XX

➤ **Death**

Had a scary dream about dying. Was short at in a robbery at a shopping mall.

08 F 27: XX: XX

Had 2 bad dreams. They both scared me as I did not understand what they meant. One had 2 dead people that made me anxious and helpless.

02 F 04: XX: XX

➤ **Fire**

Had a dream I was writing exams and my paper caught fire, well I guess it's better than no dream rather not remembering at all.

05 M 34: XX: XX

➤ **Boyfriend / Girlfriend – old**

I had a very bad dream last night. I dreamed about my ex-boyfriend. I used to dream about him a lot recently after breaking up, but then I stopped and now I'm back to it again, I don't know why.

13 F 18: XX: XX

I had a dream that I was being dumped by my girlfriend.

15 M 18: XX: XX

➤ **Rape**

I woke up this morning from a very bad dream yet again. I dreamt that I was nearly raped by 2 men I didn't know but luckily I managed to run away and get help.

02 F 05: XX: XX

➤ **Snakes**

By the way last night I had as very strange dream. I dreamed like there was a big black snake to swallow me. I woke up terrified and very scared.

13 F 08: XX: XX

➤ **Dreams unremembered**

I dreamt but can't remember it

009 F 00: XX: XX

No dreams to remember, even on my birthday.

05 M 23: XX: XX

I remembered last night's dream for a while but then I forgot it.

05 M 11: XX: XX

Had odd dreams – don't remember too sleepy.

08 F 02: XX: XX

Had a dream last night but couldn't remember.

15 M 10: XX: XX

Can't remember dreams.

17 M 02: XX: XX

Heavy sleep with odd dreams.

17 M 04: XX: XX

Bad dreams (OS).

16 M 00: XX: XX

➤ **Miscellaneous**

Amorous.

14 M: 02: XX: XX

**4.3.28 Chill**

I feel very cold today.

05 M 26: XX: XX

Sensitive to cold.

14 M 33: XX: XX

It was hot today yet I was freezing cold the entire day.

11 F 02: XX: XX

Today I felt very cold but it was moderate outside.

11 F 04: XX: XX

I feel cold even though it is so hot outside. My throat is sore and I am getting moderate 15-20 minutes pulsating headaches on my forehead.

11 F 06: XX: XX

I still feel terribly cold, my nose is runny, my headaches are becoming unbearable and by 7pm I am ready to drop dead because I am tired.

11 F 07: XX: XX

I was very cold today, but so was the weather so that must be normal.

11 F 19: XX: XX

Sometimes I feel very cold, sometimes I feel that terrible headache that pops up sometime during the day, lasts for about an hour and goes away for a while when I sleep.

11 F 14: XX: XX

Sweat at night feeling hot yet feel cold on removing blankets, sweat whole body, legs even the sheets sleeping on.

19 F XX: XX: XX

#### **4.3.29 Perspiration**

Perspiration in the morning.

04 M 00: XX: XX

Very sweaty during the day 12noon-3pm.

17 M XX: XX: XX

Today was the opposite of yesterday as I am feeling extremely hot and I'm sweating.

11 F 03: XX: XX

Sweaty at night.

19 F 03: XX: XX

Sweat at night feeling hot yet feel cold on removing blankets, sweat whole body, legs even the sheets sleeping on.

19 F XX: XX: XX

My day is going well so far. I am still thirsty and sweating though.

13 F 04: XX: XX

I am still sweating and thirsty most of the time.

13 F 05: XX: XX

#### **4.3.30 Skin**

My face hurts, the skin has pains.

05 M 26: XX: XX

The skin was itchy as if the ants are crawling, especially on the face and arms.

13 F XX: XX: XX

##### **➤ Eruptions**

Itchy on the left thigh (US).

16 M 00: XX: XX

Rash on my right scapula – back. Non-pruritic, papules.

14 M 11: XX: XX

Pimples on the back, painful on touch or with warm water.

17 M XX: XX: XX

##### **➤ Discolouration**

The skin is white like dots that are appearing like fungal growth, all over the body, both arms mostly right, neck and back very scaly and dry in a V-shape at neck and shoulder; they are not painful but they are itchy before I sleep these dots individually are itchy.

15 M 29: XX: XX

#### 4.3.31 Fever

##### ➤ Heat

Temperature high.

17 M 08: XX: XX

I feel feverish again.

14 M 01: XX: XX

Apart from my nose being runny, my temperature being up and down, my energy levels seem to be dropping daily. I feel weak, tired and my whole body feels sore.

11 F 10: XX: XX

Splitting headache. High temperature, drifting in and out of consciousness. Cough getting worse. Loss of appetite.

02 F 39: XX: XX

##### ➤ Miscellaneous

Headache, coughing, flu-like feeling. Shaking and dizziness My body is sore all over.

02 F 38: XX: XX

I woke up at 9: 00 am this morning. My body is a little bit sore, but it's not that bad.

13 F 19: XX: XX

#### 4.3.32 Generals

I made avo sandwich with feta. Best meal in ages. Beginning to love avo.

08 F 06: XX: XX

Craves coffee more and avo.

08 F XX: XX: XX

Been craving coffee today. Need to stop taking coffee and replace it with rooibos tea.

08 F 11: XX: XX

Craving sugar, salt, peanuts, red meat.

17 M XX: XX: XX



Very thirsty for ice cold water, acid drinks.

19 F XX: XX: XX

During the day craving for nuts, fizzy drink.

17 M 07: XX: XX

I still feel sweaty and thirsty but I don't wana take anything except fizzy drinks, water? I hate water right now.

13 F 09: XX: XX

I still feel thirsty and as if I can only drink coke and not water.

13 F 10: XX: XX

Very thirsty worse at night for tap cold water.

02 F XX: XX: XX

The extreme thirst for cold water is also back.

002 F 04: XX: XX

I also felt very thirsty so I drank water but it made no difference until after a while.

10 F 00: XX: XX

Feeling very thirsty, water seem to taste good these days.

05 M 17: XX: XX

I just felt thirsty again today but after drinking water I felt better.

10 F 01: XX: XX

I am getting more and thirstier, so much that my throat feels dry and I feel dehydrated when I don't drink water.

11 F 24: XX: XX

Feeling like drinking water all the time.

19 F 03: XX: XX

Went to bed early. Drank lots of milk today.

08 F 21: XX: XX

Very hungry eating more than usual, junk food, hot wings.

19 F XX: XX: XX

Craves for sugary stuff.

17 M 01: XX: XX

Craving sweet stuff (NS).

14 M 03: XX: XX

Hungry, craving salty foods in the morning, moderate appetite.

17 M 06: XX: XX

**Table 4.3 Representation of the results of the Generals - blood pressure, pulse rate, BMI and weight changes.**

➤ **Blood pressure – Verum provers**

❖ **Increase in blood pressure**

Prover number	Initial pressure (mmHg)	Final pressure (mmHg)	Change in pressure (mmHg) diastolic / systolic
15 M	110/70	110/76	+6 diastolic
01 M	110/70	110/78	+8 diastolic

Only two out of nine verum provers had increase in pressure, all as diastolic pressure.

❖ **Decrease in blood pressure**

Prover number	Initial pressure (mmHg)	Final pressure (mmHg)	Change in pressure (mmHg) diastolic / systolic
08 F	110/78	110/60	-18 diastolic
13 F	116/78	108/78	-8 systolic
11 F	105/70	100/70	-5 systolic
19 F	110/80	110/76	-4 diastolic
02 F	118/88	110/70	-8 systolic & -18 diastolic
05 M	118/78	108/64	-10 systolic & -14 diastolic
17 M	110/80	110/78	-2 diastolic

There were seven out of nine verum provers had decrease in pressure. From these three as diastolic pressure, two were systolic pressure and the other two as diastolic and systolic pressure.

➤ **Weight and BMI – Verum provers**

❖ **Weight loss**

Prover number	Height (m)	Initial weight (kg)	Initial BMI	Final weight (kg)	Final BMI	Weight lost (Kg)
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08 F	1.59	58	22.94	57.5	22.74	0.5
19 F	1.52	90	38.95	89.6	38.78	0.4
02 F	1.65	97.5	35.81	93	34.16	4.5
17 M	1.75	73.5	24	72	23.5	1.5
05 M	1.78	72	22.72	71	22.4	1.0

Five out of nine verum provers lost weight ranging from 0.4 to 4.5 kgs.

❖ **Weight gain**

Prover number	Height (m)	Initial weight (kg)	Initial BMI	Final weight (kg)	Final BMI	Weight gained (kg)
13 F	1.57	60	24.34	60.5	24.54	0.5
11 F	1.50	42	18.67	44	19.56	2.0
15 M	1.74	59	19.49	62	20.48	3.0
01 M	1.64	56	20.82	57	21.19	1.0

Four out of nine verum provers gained weight ranging from 0.5 to 3 kgs.

➤ **Pulse rate – Verum provers**

Prover number	Initial pulse rate(bpm)	Final pulse rate(bpm)	Change pulse rate(bpm)
01 M	68	60	-8
02 F	68	72	+4
05 M	56	58	+2
08 F	64	72	+8
10 F	68	72	+4
13 F	60	66	+6
15 M	68	72	+4
17 M	64	72	+8
19 F	68	60	+8

There were eight out of nine verum provers that had increase as change in pulse rate, and only one verum prover had decrease as change in pulse rate.

➤ **Blood pressure – Placebo provers**

❖ **Increase in blood pressure**

Prover number	Initial Blood Pressure (mmHg)	Final Blood Pressure (mmHg)	Change in Blood pressure (mmHg)
18M	120/90	130/90	+10systolic & -10diastolic
7F	110/75	110/80	+5 diastolic

One out two placebo prover had an increase in diastolic pressure and another had an increase in systolic pressure as well as decrease in diastolic pressure.

❖ **Decrease in blood pressure**

Prover number	Initial Blood pressure (mmHg)	Final Blood Pressure (mmHg)	Change in Blood pressure (mmHg)
12 F	140/90	140/90	0 systolic & 0 diastolic
3F	122/84	122/80	-4 diastolic

One out of two placebo provers and a decrease in diastolic pressure and in another, there was no change in both diastolic and systolic pressure.

➤ **Weight and BMI – Placebo provers**

❖ **Weight loss**

Prover number	Height (m)	Initial Weight (kg)	Initial BMI	Final Weight (kg)	Final BMI	Weight loss (kg)
18M	1.78	97	30.61	95	29.98	2.0
7F	1.66	84	30.48	81	29.39	3.0
3F	1.59	91	35.99	89	35.2	2.0

Three out of four placebo provers lost weight ranging from 2 to 3 kgs.

❖ **Weight gain**

Prover number	Height (m)	Initial Weight (kg)	Initial BMI	Final Weight (kg)	Final BMI	Change in Weight (kg)
12 F	1.59	59	23.34	61	24.13	2.0

One out of four placebo provers gained weight about 2 kgs.

➤ **Pulse rate – Placebo provers**

Prover number	Initial pulse rate(bpm)	Final pulse rate(bpm)	Change in pulse(bpm)
3F	64	60	-4
7F	64	72	+8
12 F	68	66	0
18M	66	60	-6

Two out of four placebo provers had a decrease in pulse rate, one prover had an increase in pulse rate and the other prover had no change in pulse rate.

#### 4.4 Repertory of *Hoodia gordonii* 30CH

Rubrics identified in the proving of *Hoodia gordonii* 30CH were graded as follows:

- CHAPTER – RUBRICS – sub rubric – grade.

- Rubrics were derived from existing rubrics in the Synthesis Repertorium Homeopathic Syntheticum Repertory (Schroyens 2004).

The grading system used is as per Ross (2011):

- All valid symptoms and their respective rubrics are by default graded as Grade 1.
- Any rubrics produced by 3 or more different provers are elevated to *Grade 2 (italics)*.
- Any rubric produced by half or more of the verum i.e 8 or more provers is elevated to **GRADE 3**.
- All newly created rubrics marked by N and underlined will be graded by default as grade 1.

#### 4.4.1.RUBRICS

The repertory table below (Table 4.3) consists of four columns with rubrics appearing in the order as it is in the repertory. The first column is the chapter, the second column is the rubric, the third column is the prover number and frequency and the fourth column has the final grading.

**Table 4.4: Repertory table**

Chapter	Rubric	Prover number and frequency	Final grading
<b>MIND</b>	MIND – ALERT	17 M, 01 M	1
	MIND – ANGER	10 F, 20 F	1
	MIND – ANXIETY – money matters, about	08 F, 15 M	1
	MIND – ANXIETY – anticipation from	04 M, 11 F	1
	MIND – ANXIETY – nausea, with	11 F	1
	<i>MIND – ANXIETY – besides oneself from anxiety; being</i>	1 M, 13 F, 08 F	2
	<i>MIND – BUSY</i>	08 F, 01 M,	
	<i>MIND – CHEERFUL</i>	05 M, 01 M, 17 M, 15 M, 13 F, 10 F, 08 F	2

	<i>MIND – COMPANY – aversion to – desire for solitude</i>	11 F, 10 F, 13 F	2
	MIND – CONCENTRATION – difficult	06 F, 01 M	1
	<u>MIND – CONCENTRATION – difficult – studying – writing ameliorates – N</u>	01 M, 13 F	1
	<i>MIND – CONCENTRATION – active</i>	01 M, 17 M, 06 F,	2
	MIND – CONFIDENT	08 F, 17 M	1
	MIND – DELUSIONS	01 M	1
	MIND – DELUSIONS – animals – ants	13 F	1
	MIND – DELUSIONS – beautiful – things look	01 M	1
	MIND – DELUSIONS – new; everything is	01 M	1
	MIND – DELUSIONS – time – exaggeration of time	05 M	1
	MIND – DESPAIR	13 F	1
	MIND – DISORIENTATED	17 M	1
	<b>MIND – ENERGISED FEELING</b>	<b>06 F, 01 M, 14 M, 17 M, 13 F, 11 F, 05 M, 08 F, 20 F, 10 F, 09 F, 16 M</b>	<b>3</b>
	MIND – ENNUI	15 M	1
	MIND – FEAR – talking – say something wrong; lest he should	13 F	1
	<u>MIND – FINANCES – thoughts – frustrating N</u>	15 M	1
	MIND – FORGETFUL	19 F	1
	MIND – HOME – desires to go	13 F	1
	<i>MIND – HOMESICKNESS</i>	14 M, 13 F, 08 F	2
	MIND – HOME – talks of home	17 M, 08 F	1
	MIND – IRRITABILITY	10 F	1
	MIND – IRRITABLE – alone – wishes to be alone	10 F	1
	MIND – IRRITABILITY – menses – during	11 F	1

	MIND – MISTAKES – writing, in	20 F, 08 F	1
	MIND – MOROSE	05 M, 01 M	1
	MIND – MUSIC – amel	10 F	1
	<b>MIND – PROSTRATION OF MIND</b>	<b>11 F, 16 M, 02 F, 05 M, 10 F, 13 F, 19 F, 17 M, 20 F, 08 F</b>	<b>3</b>
	MIND – RESTLESSNESS – move – must constantly	13 F	1
	<i>MIND– SADNESS</i>	<i>15 M, 13 F, 11 F, 17 M, 16 M, 02 F</i>	2
	<i>MIND – SADNESS – aversion to company, desires solitude</i>	<i>10 F, 13 F, 11 F</i>	2
	<i>MIND – SENTIMENTAL</i>	<i>13 F, 08 F, 01 M</i>	2
	MIND – WEEPING – desire to weep	13 F	1
	<i>MIND – Work; Mental – aversion to</i>	<i>13 F, 06 F, 17 M, 05 M</i>	2
<b>VERTIGO</b>	VERTIGO – MORNING	02 F, 17 M	1
	<i>VERTIGO – FALL, tendency to</i>	<i>01 M, 02 F, 20 F</i>	2
	VERTIGO – BENDING head; on – forward	20 F	1
	VERTIGO – ACCOMPANIED BY – nausea	02 F	1
	VERTIGO – ACCOMPANIED BY – perspiration	02 F	1
	<i>VERTIGO – ACCOMPANIED BY – head – pain in head</i>	<i>02 F, 17 M, 01 M</i>	2
	VERTIGO – ACCOMPANIED BY – heart, complaints of	02 F	1
	VERTIGO – BLOWING THE NOSE AGGRAVATE	11 F, 02 F	1
	VERTIGO – FEVER – during	02 F	1
	VERTIGO – TURNING; as if – head is turning round; sensation as if	09 F	1
<b>HEAD</b>	<u>HEAD – ERUPTIONS - boils – temples - N</u>	13 F	1

	HEAD – ERUPTIONS - boils – occiput	13 F	1
	HEAD – ERUPTIONS – carbuncles	13 F	1
	HEAD – ERUPTIONS – painful	13 F	1
	HEAD – ERUPTIONS – itching	13 F	1
	HEAD – PAIN – violent – splitting – N	02 F, 01 M	1
	HEAD – PAIN – jarring aggravate	01 M, 13 F, 15 M	2
	HEAD – PAIN – light; from – aggravate	01 M, 11 F	1
	HEAD – PAIN – lying – ameliorates – back, on	01 M, 16 M, 19 F	2
	HEAD – PAIN – lying – ameliorates – dark room; in a – ameliorates	06 F, 17 M, 16 M, 01 M	2
	HEAD – PAIN – sleep – after – ameliorates	01 M, 11 F, 16 M	2
	HEAD – PAIN – reading – aggravates	01 M, 06 F, 16 M	2
	HEAD – PAIN – accompanied by nausea	01 M, 02 F	1
	HEAD – PAIN – accompanied by – eye – complaints	01 M, 13 F, 11 F	2
	HEAD – PAIN – accompanied by – eye – discoloration red	01 M	1
	HEAD – PAIN – accompanied by – eye – enlarged sensation	01 M	1
	HEAD – SUN – exposure to the sun – aggravates	01 M, 11 F, 10 F,	2
	HEAD – PAIN – pulsating pain	05 M, 01 M, 10 F, 13 F, 20 F, 11 F, 02 F	2
	HEAD – HEAVINESS	01 M, 02 F, 15 M	2
	HEAD – PAIN – dull pain	16 M, 01 M, 13 F	2
	HEAD – PAIN – squeezed; as if	06 F, 20 F, 08 F	2
	HEAD – CONSTRICTION – bending backward ameliorates	01 M	1



	HEAD – SMALLER – feels – brain feels smaller than skull	01 M, 01 M	1
	HEAD – PAIN – sharp	10 F, 15 M, 17 M, 19 F, 02 F, 05 M,	2
	HEAD – PAIN – morning	10 F, 08 F, 02 F	2
	HEAD – PAIN – afternoon	11 F, 15 M, 19 F, 02 F, 17 M, 10 F, 05 M,	2
	HEAD – PAIN – maddening pain	11 F, 01 M	1
	HEAD – PAIN – radiating in all directions	11 F	1
	HEAD – PAIN – occiput	01 M, 11 F	1
	HEAD – PAIN – forehead	16 M, 01 M, 13 F, 15 M, 13 F	2
	HEAD – PAIN – vertex	01 M, 02 F	1
	HEAD – PAIN – vertex – shooting pain – inward	10 F, 01 M	1
	HEAD – PAIN – vertex – top would fly off; as if	20 F, 09 F	1
	HEAD – PAIN – TEMPLE – forehead and	10 F, 17 M, 19 F, 01 M, 11 F, 20 F, 02 F	2
	HEAD – PAIN – sides – right – pulsating pain	01 M, 15 M	1
<b>EYE</b>	EYE – PAIN – sore	06 F, 13 F, 20 F	2
	EYE – ITCHING	13 M	1
	EYE – DISCOLORATION – red – headache – during	01 M	1
	EYE – DISCOLORATION – red – conjunctiva	01 M	1
	EYE – DRYNESS	06 F	1
	EYE – PAIN – headache – during	13 F	1
	EYE – ENLARGEMENT, sensation – accompanied by – head pain	01 M	1
	EYE – PHOTOPHOBIA	01 M, 02 F, 10 F	2

	EYE – SLEEPY feeling of eyes	20 F	1
<b>VISION</b>	VISION – BLURRED	17 M	1
	VISION – SPARKS	20 F	1
<b>EAR</b>	EAR – STOPPED sensation	16 M	1
	EAR – WAX – black	11 F	1
<b>NOSE</b>	NOSE – COMPLAINTS of nose – right side	01 M	1
	NOSE – AIR – inspired air; sensitive to – feels cold	02 F, 05 M, 16 M	1
	NOSE – CATARRH – accompanied by – head – pain	11 F	1
	<b>NOSE – CONGESTION</b>	<b>16 M, 06 F, 14 M, 20 F, 20 F, 09 F, 06 F, 17 M, 01 M, 11 F</b>	<b>3</b>
	<i>NOSE – CORYZA</i>	<i>14 M, 11 F, 20 F</i>	2
	NOSE – CORYZA – accompanied by – throat – pain in	10 F	1
	NOSE – ITCHING	10 F	1
	NOSE – SNEEZING – coryza, with	11 F	1
	NOSE – SNEEZING – night	11 F	1
	NOSE – PAIN – sore	11 F	1
	NOSE – OBSTRUCTION – alternating with – discharge	11 F	1
	NOSE – CATARRH – followed by – post nasal	11 F	1
<b>FACE</b>	FACE – COMPLAINTS of face – alternating sides	05 M	1
	FACE – ERUPTIONS – pimples – painful	17 M	1
	FACE – ERUPTIONS –herpes – lips – about	05 M	1
	FACE – SENSITIVE	05 M	1
	FACE – PAIN – neuralgic	05 M	1
	FACE – HEAT – afternoon – accompanied by – teeth; pain in	10 F	1

	FACE – PAIN – jaws – burning	10 F	1
	FACE – PAIN – jaws – extending to – teeth	10 F	1
	FACE – PAIN – jaws – extending to – neck	10 F	1
<b>MOUTH</b>	MOUTH – APHTHAE	02 F	1
	<i>MOUTH – COMPLAINTS of mouth</i>	<i>02 F, 05 M, 11 F</i>	2
	<u>MOUTH – TASTE – wanting, loss of taste – with ravenous appetite – N</u>	11 F	1
<b>TEETH</b>	<u>TEETH PAIN – pulsating – clenching – ameliorate – N</u>	10 F	1
	TEETH – PAIN – afternoon	10 F	1
	TEETH – PAIN – appearing – suddenly and disappearing suddenly	10 F	1
	TEETH – PAIN – pulsating pain – radiating – accompanied by – glands swelling	10 F	1
<b>THROAT</b>	THROAT – DRYNESS	06 F, 10 F	1
	THROAT – DRYNESS – afternoon	06 F	1
	THROAT – FULLNESS – accompanied – catarrh	11 F	1
	THROAT – INFLAMMATION – tonsils	10 F	1
	THROAT – IRRITATION	10 F	1
	<i>THROAT – PAIN – tonsils</i>	<i>10 F, 14 M, 16 M</i>	2
	THROAT – PAIN – tonsils – burning	10 F	1
	THROAT – PAIN – morning – waking; on – sore	10 F	1
	THROAT – TONSILS; complaints of	10 F, 11 F	1
<b>STOMACH</b>	<i>STOMACH – APPETITE – wanting</i>	<i>05 M, 06 F, 14 M, 17 M, 02 F, 20 F, 08 F</i>	2

	STOMACH – APPETITE – wanting – thirst – with	13 F	1
	APPETITE – WANTING – afternoon	02 F, 20 F, 08 F	2
	<b>STOMACH – APPETITE – increased</b>	<b>06 F, 19 F, 14 M, 17 M, 20 F, 19 F, 02 F, 11 F, 13 F, 05 M</b>	<b>3</b>
	STOMACH – APPETITE – increased – accompanied by – nausea	19 F	1
	STOMACH – APPETITE – increased – morning	02 F, 20 F	1
	STOMACH – APPETITE – increased – accompanied by – fullness of stomach	17 M	1
	STOMACH – APPETITE – ravenous – accompanied – nausea	19 F	1
	STOMACH – APPETITE – increased – diarrhea, with	05 M	1
	<u>STOMACH – APPETITE – ravenous – eating – after eating – one hour after – N</u>	02 F	1
	STOMACH – DISTENSION	05 M, 11 F, 16 M, 17 M, 02 F	2
	STOMACH – NAUSEA	06 F, 19 F, 01 M, 05 M	2
	STOMACH – NAUSEA – noise aggravate	06 F	1
	STOMACH – PAIN	01 M, 10 F	1
	<b>STOMACH – THIRST</b>	<b>11 F, 16 M, 14 M, 17 M, 19 F, 13 F, 02 F, 05 M, 20 F, 06 F, 04 M</b>	<b>3</b>
	STOMACH – THIRST – morning	05 M, 13 F, 20 F	2
	STOMACH – THIRST – night	04 M	1
	STOMACH – THIRST – accompanied by – throat; dryness of	11 F	1
	STOMACH – THIRST – coryza; during	11 F	1
	STOMACH – THIRST – extreme	02 F, 13 F, 05 M, 08 F	2

	<i>STOMACH – THIRST – unquenchable</i>	<i>13 F, 10 F, 11 F, 19 F</i>	2
	<i>STOMACH – THIRST – large quantities; for</i>	11 F	1
	<i>STOMACH – THIRST – cold water – ameliorates</i>	<i>02 F, 19 F, 05 M, 10 F</i>	2
<b>ABDOMEN</b>	<b>ABDOMEN – BUBBLING sensation</b>	10 F	1
	<i>ABDOMEN – PAIN</i>	<i>05 M, 17 M, 06 F</i>	2
	<i>ABDOMEN – PAIN – cramping – accompanied – stomach</i>	13 F, 02 F	1
	<i>ABDOMEN – SIDES; complaints of</i>	02 F	1
	<i>ABDOMEN – DISTENSION – diarrhea, with</i>	16 M	1
<b>RECTUM</b>	<b>RECTUM – CONSTIPATION</b>	02 F, 05 M	1
	<i>RECTUM – DIARRHEA – painless</i>	<i>05 M, 16 M, 05 M,</i>	2
<b>STOOLS</b>	<b>STOOLS – BLACK</b>	13 F	1
	<i>STOOLS – FREQUENT</i>	<i>06 F, 16 M, 20 F</i>	2
	<i>STOOLS – HOT</i>	01 M	1
	<i>STOOLS – ODOR – offensive</i>	13 F	1
	<u>STOOLS – SOFT – porridge – like – N</u>	<b>16 M</b>	1
	<i>STOOLS – WATERY</i>	10 F, 01 M,	1
<b>BLADDER</b>	<b>BLADDER–URGING to urinate – night</b>	16 M	1
	<i>BLADDER – URGING – frequent</i>	16 M	1
	<i>BLADDER – URINATION – frequent</i>	<i>19 F, 11 F, 13 F, 14 M, 16 M</i>	2
	<i>BLADDER – URINATION – frequent – nervous origin</i>	13 F	1
	<i>BLADDER – RETENSION of urine</i>	14 M	1
<b>URINE</b>	<b>URINE – COLOR – red</b>	02 F	1
	<i>URINE – COLOR – yellow – orange</i>	<i>17 M, 19 F, 02 F</i>	2
	<i>URINE – COLOR – yellow – light</i>	02 F	1

	<i>URINE – COPIOUS</i>	16 M 13 F, 19M, 11 F, 17 M	2
<b>MALE GENITALIA/SEX</b>	MALE GENITALIA / SEX – EJACULATION – copious	04 M	1
	MALE GENITALIA / SEX –PERSPIRATION – scrotum	16 M	1
	<i>MALE GENITALIA / SEX – SEXUAL DESIRE – increased – erections – with</i>	04 M, 14 M, 15 M, 17 M	2
<b>FEMALE GENITALIA/ SEX</b>	FEMALE GENITALIA / SEX – MENSES – night	13 F, 02 F	1
	FEMALE GENITALIA / SEX – MENSES – dark	02 F, 19 F	1
	FEMALE GENITALIA / SEX – MENSES – clotted – dark clots	19 F	1
	<i>FEMALE GENITALIA / SEX – MENSES – copious</i>	13 F, 09 F, 02 F	2
	FEMALE GENITALIA / SEX – MENSES – early; too	19 F, 02 F	1
	FEMALE GENITALIA / SEX – MENSES – frequent	19 F, 02 F	1
	FEMALE GENITALIA / SEX – MENSES – late, too	10 F	1
	<i>FEMALE GENITALIA / SEX – MENSES – metrorrhagia</i>	19 F, 02 F, 10 F	2
	FEMALE GENITALIA / SEX–PAIN–uterus–menses – before – aggravate	10 F, 02 F	1
	FEMALE GENITALIA / SEX – PAIN – uterus – menses – during – beginning – aggravate	13 F, 02 F	1
	FEMALE GENITALIA / SEX – MENSES – short; too – one day	19 F	1
	FEMALE GENITALIA / SEX – PAIN – uterus – menses – during – aggravate – cramping	13 F, 09 F	1
	FEMALE GENITALIA / SEX – PAIN – uterus – sharp	02 F, 09 F	1

	<i>FEMALE GENITALIA / SEX – PAIN</i>	<i>19 F, 10 F, 02 F</i>	2
	FEMALE GENITALIA / SEX – LEUCORRHEA – mucus (CS)	02 F, 20 F	1
	FEMALE GENITALIA / SEX – LEUCORRHEA – staining with odor (CS)	20 F	1
	FEMALE GENITALIA / SEX – LEUCORRHEA – menses – before	02 F	1
<b>RESPIRATION</b>	RESPIRATION – ANXIOUS – morning – changing sides, aggravates – N	01 M	1
	RESPIRATION – ASPHYXIA	01 M	1
	RESPIRATION – ASTHMATIC	10 F, 11 F	1
	RESPIRATION – ASTHMATIC – cold; after taking a	10 F	1
	RESPIRATION – DIFFICULT – muscles of respiration; must use accessory	01 M	1
	RESPIRATION – SUPERFICIAL	01 M, 02 F	1
<b>COUGH</b>	<i>COUGH</i>	<i>05 M, 10 F, 05 M, 02 F, 10 F</i>	2
	COUGH – SPASMODIC – followed by vomiting	05 M	1
	COUGH – NIGHT – midnight – after	10 F	1
	COUGH – PERIODICAL	05 M	1
	<i>COUGH – DRY</i>	<i>10 F, 20 F, 02 F</i>	2
	COUGH – COLD; BECOMING – aggravate	10 F	1
	COUGH – SLEEP – preventing	10 F	1
<b>CHEST</b>	CHEST – PALPITATION of heart – morning	02 F	1
	CHEST – PALPITATION of heart – anxiety – with	02 F	1
	CHEST – PALPITATION of heart	02 F	1

	– tumultuous, violent, vehement		
	<i>CHEST – PAIN – mammae – menses – before – aggravated – sore – accompanied by – swelling (CS)</i>	<i>06 F, 02 F, 10 F</i>	2
	<i>CHEST – OPRESSION – accompanied by – respiration; difficult</i>	<i>01 M, 02 F, 17 M</i>	2
	CHEST – PAIN – BURSTING PAIN – carrying a load, from	02 F	1
	CHEST – PAIN – burning	20 F	1
<b>BACK PAIN</b>	BACK – BENDING – forward – aggravate	10 F	1
	BACK – CRAMP	10 F	1
	BACK – ERUPTIONS – painful – touch	17 M	1
	BACK – ERUPTIONS – pimples	17 M	1
	BACK – MENSES – before – aggravates – sacrum	10 F, 09 F	1
	BACK – MENSES – before – aggravates – sacrum (CS)	13 F	1
	BACK – PAIN	17 M, 10 F	1
	BACK – PAIN – cold – air – aggravates	10 F	1
	BACK – PAIN – cramping	10 F, 09 F	1
	BACK PAIN – sore	06 F	1
<b>EXTREMETIES</b>	EXTREMETIES – AWKWARDNESS	10 F	1
	EXTREMETIES – CRAMPS – forearms	16 M	1
	EXTREMETIES – CRAMPS – legs	16 M	1
	<i>EXTREMETIES – PAIN</i>	<i>19 F, 13 F, 11 F, 06 F</i>	2
	EXTREMETIES – PAIN – ankles	09 F, 08 F	1
	EXTREMETIES – PAIN – feet – heels – pressure – ameliorates	19 F	1
	EXTREMETIES – PAIN – forearms – right	11 F	1



	EXTREMITIES – PAIN – feet – joints	08 F, 17 M	1
<b>SLEEP</b>	<i>SLEEP – DEEP</i>	16 M, 08 F, 17 M	2
	<i>SLEEP – FALLING ASLEEP – difficult</i>	06 F, 20 F, 13 F, 17 M	2
	<i>SLEEP – INTERRUPTED</i>	04 M, 13 F, 09 F	2
	SLEEP – PROLONGED	14 M, 04 M	1
	<i>SLEEP – RESTLESS</i>	06 F, 11 F, 17 M	2
	SLEEP – RESTLESS – dreams; from	17 M	1
	<i>SLEEP – SLEEPINESS – overpowering</i>	04 M, 01 M, 08 F, 06 F, 20 F, 09 F, 17 M	2
	SLEEP – UNREFRESHING	06 F	1
<b>DREAMS</b>	DREAMS – AMOROUS	15 M	1
	DREAMS – ANXIOUS	08 F, 16 M, 02 F, 13 F	2
	DREAMS – BEATEN, being	08 F	1
	<i><u>DREAMS – BLACK, about - N</u></i>	08 F, 13 F, 02 F	2
	DREAMS – BRIDGE	02 F	1
	DREAMS – CARTOONS	05 M	1
	DREAMS – DEATH	02 F, 08 F	1
	<i>DREAMS – DANGER</i>	17 M, 05 M, 02 F, 05 M, 08 F, 13 F, 16 M	2
	DREAMS – FIRE	05 M	1
	<i>DREAMS – FORMS – unexplainable odd looking – N</i>	17 M	1
	DREAMS – HELPLESS feeling	02 F, 08 F	1
	DREAMS – LASCIVIOUS	14 M	1
	DREAMS – MEN – following to violate her	02 F	1
	DREAMS – MISFORTUNE	05 M, 08 F	1
	DREAMS – MURDERED – being	08 F	1
	DREAMS – NIGHTMARES	15 M, 02 F, 16 M, 19 F	2
	DREAMS – PEOPLE – loved by him	13 F, 15 M	1

	DREAMS – RAPE	02 F	1
	DREAMS – RESTLESS	17 M	1
	DREAMS – ROBBERS	08 F	1
	DREAMS – SHOT; being – wounded by a shot; being	08 F	1
	DREAMS – SNAKE – python	02 F	1
	<u>DREAMS – TIDAL WAVE</u> –tsunami – N	05 M	1
	DREAMS – UNREMEMBERED	05 M, 08 F, 15 M, 17 M, 09 F,	2
	DREAMS – WATER	02 F, 05 M	1
<b>CHILL</b>	<i>CHILL – COLDNESS</i>	<i>11 F, 05 M, 14 M</i>	2
	CHILL – UNCOVERING, undressing – hot when covered; yet too	19 F	1
	CHILL – MENSES – during – aggravate	10 F	1
	CHILL – PERSPIRATION – after chill	19 F	1
<b>PERSPIRATION</b>	<i>PERSPIRATION – PROFUSE</i>	<i>04 M, 13 F, 11 F, 19 F, 17 M,</i>	2
<b>SKIN</b>	SKIN – ANTS – crawling; as if ant were; as if	11 F	1
	SKIN – DISCOLORATION – pale	15 M	1
	SKIN – ERUPTIONS – herpetic – neuralgia; pre herpetic	05 M	1
	SKIN – ERUPTIONS – back	14 M, 17 M	1
	SKIN – ERUPTIONS – pimples – painful – touch aggravate	17 M	1
	SKIN – ERUPTIONS- pimples – painful – water, warm aggravate	17 M	1
	SKIN – ERUPTIONS – itchy	16 M	
<b>FEVER</b>	<i>FEVER, heat in general</i>	<i>17 M, 14 M, 11 F, 02 F</i>	2
	FEVER – ALTERNATING with – chills	11 F	1

	FEVER – PAIN – from pain; fever	11 F, 02 F	1
	FEVER – BURNING heat – furious delirium, with	02 F,	1
<b>GENERALS</b>	<i>GENERALS – SIDE – right</i>	<i>01 M, 15 M, 11 F, 05 M</i>	2
	<b>GENERALS – AFTERNOON</b>	<b>06 F, 11 F, 01 M, 10 F, 02 F, 20 F, 08 F, 04 M</b>	<b>3</b>
	<i>GENERALS – NIGHT</i>	<i>10 F, 04 M, 05 M</i>	2
	GENERAL – BLOWING THE NOSE – aggravates	11 F, 02 F	1
	<b>GENERAL – WEARINESS</b>	<b>11 F, 16 M, 02 F, 05 M, 06 F, 10 F, 13 F, 19 F, 17 M, 20 F, 08 F</b>	<b>3</b>
	<i>GENERAL – COLD – aggravate</i>	<i>10 F, 11 F, 05 M</i>	2
	GENERAL – COMPLAINTS – recurrent	05 M	1
	<i>GENERAL – DRY sensation – internal parts</i>	<i>01 M, 06 F, 10 F, 11 F, 02 F,</i>	2
	<i><u>GENERAL – body mass – decreased – N</u></i>	<i>08 F, 19 F, 02 F, 17 M, 05 M</i>	2
	<i><u>GENERAL – body mass – weight gain – N</u></i>	<i>13 F, 11 F, 15 M, 01 M</i>	2
	<b>GENERAL – ENERGY – excess of energy</b>	<b>06 F, 01 M, 14 M, 16 M, 02 F, 17 M, 13 F, 11 F, 05 M, 08 F, 20 F, 10 F, 09 F</b>	<b>3</b>
	GENERAL – FOOD AND DRINKS – avocado – desire	08 F	1
	GENERAL – FOOD AND DRINKS – carbonated drinks – desire	13 F, 09 F, 17 M,	1
	GENERAL – FOOD AND DRINKS – coffee – desire	08 F	1
	GENERAL-FOOD AND DRINKS – cold drink, cold water-aversion	13 F	1
	GENERAL – FOOD AND DRINKS – cold drink, cold water-desire	19 F, 02 F	1

	GENERAL – FOOD AND DRINKS – creamy foods – desire	08 F, 19 F, 02 F	1
	GENERAL-FOOD AND DRINKS – delicacies – desire – and salt	17 M, 02 F	1
	GENERAL – FOOD AND DRINKS – meat – desire	17 M, 02 F, 19 F	1
	GENERAL – FOOD AND DRINKS – nuts – desire	17 M, 14 M	1
	GENERAL – FOOD AND DRINKS – salt – desire	17 M	1
	GENERAL – FOOD AND DRINKS – sweets – desire	17 M, 14 M	1
	<i>GENERAL – FOOD AND DRINKS – water – desire</i>	<i>10 F, 05 M, 11 F, 19 F</i>	2
	GENERAL – FOOD AND DRINKS – dinner – aversion	02 F, 08 F	1
	GENERAL – FOOD AND DRINKS – milk – desire	08 F	1
	<u>GENERALS – blood pressure – increased – N</u>	15 M, 01 M	1
	<u>GENERALS – blood pressure- decreased – N</u>	<i>08 F, 13 F, 11 F, 19 F, 02 F, 05 M, 17 M</i>	2
	GENERALS – INDURATIONS	<i>13 F, 11 F, 05 M</i>	2
	GENERALS – LIE DOWN – desire to	<i>01 M, 16 M, 06 F, 11 F</i>	2
	GENERALS – LIGHT – aggravate	<i>01 M, 06 F, 02 F, 10 F</i>	2
	GENERALS – MOTION – aggravate	<i>01 M, 13 F, 15 M</i>	2
	GENERAL – NAUSEA	<i>02 F, 01 M, 19 F, 06 F</i>	2
	<u>GENERAL – PAIN – sharp (N)</u>	<i>10 F, 15 M, 19 F, 02 F, 17 M, 05 M</i>	2
	GENERAL – PULSATION	<i>01 M, 05 M, 10 F, 13 F, 20 F, 11 F, 02 F</i>	2
	GENERAL – SUN – exposure	<i>01 M, 11 F, 10 F</i>	

#### **4.4.1 Rubrics of characteristic symptoms**

These are rubrics that have second and third grading as well as (PQRS) peculiar, quire, rare and strange symptoms even if they are graded as one.

*HEAD – PAIN – light – general; from light in*

*HEAD– PAIN – pulsating pain*

*HEAD – PAIN – TEMPLES*

*CHEST – PAIN – mammae – menses – before – aggravated – sore – accompanied by – swelling (CS)*

*STOMACH – APPETITE – increased – accompanied by – nausea*

*STOMACH – THIRST – cold – water – ameliorates*

*RECTUM – DIARRHEA – painless*

*FEMALE GENITALIA / SEX – MENSES – copious*

*SLEEP – SLEEPINESS – overpowering*

*DREAMS – DANGER*

*GENERAL – WEARINESS*

*GENERAL – FOOD AND DRINKS – carbonated drinks – desire*

*MIND – BUSY*

*MIND – CONCENTRATION – active*

*MIND – CHEERFUL*

*MIND – ENERGISED FEELING*

*MIND – MENTAL POWER – increased*

*MIND – company – aversion to – desires solitude*

*MIND – SADNESS*

*MIND – HOME – desires to go*

#### **4.5 THE RESULTS**

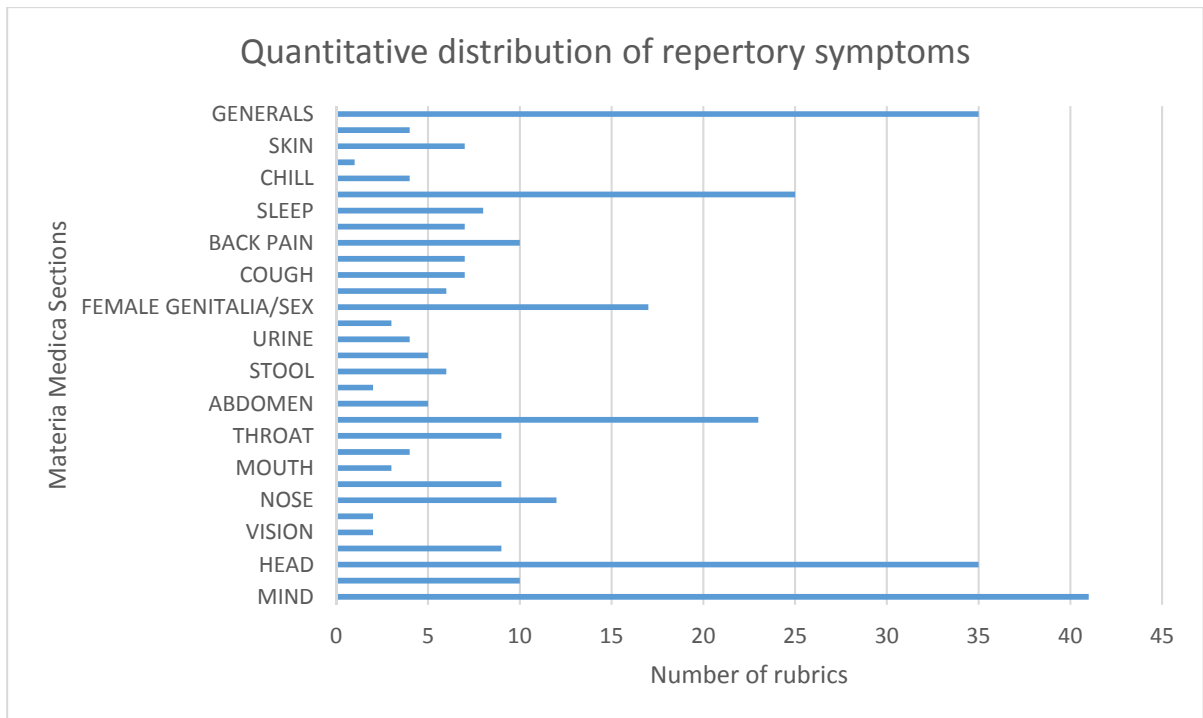
##### **4.5.1 Introduction**

The data collected from the proving of *Hoodia gordonii* provided a total of 324 rubrics of which the most were found in these sections: Mind (41), Head (35), Generals (35), Dreams (25), Stomach (23) and Female genitalia (17). There was a total of 17 new

rubrics. Table 4.5. and Figure 4.5 show the distribution of rubrics of symptoms across the repertory sections.

**Table 4.5: The distribution of rubrics according to repertory sections**

System	Rubrics	New Rubrics
MIND	41	2
VERTIGO	10	
HEAD	35	2
EYE	9	
VISION	2	
EAR	2	
NOSE	12	
FACE	9	
MOUTH	3	1
TEETH	4	1
THROAT	9	
STOMACH	23	1
ABDOMEN	5	
RECTUM	2	
STOOL	6	1
BLADDER	5	
URINE	4	
MALE GENITALIA/SEX	3	
FEMALE GENITALIA/SEX	17	
RESPIRATION	6	1
COUGH	7	
CHEST	7	
BACK PAIN	10	
EXTREMETIES	7	
SLEEP	8	
DREAMS	25	3
CHILL	4	
PERSPIRATION	1	
SKIN	7	
FEVER	4	
GENERALS	35	5
TOTAL	324	17



**Figure 4.5:** Graph of quantitative distribution of repertory symptoms.

## CHAPTER 5 : DISCUSSION OF THE RESULTS

### 5.1 Introduction

This chapter discusses the proving in its totality, to give a clear, descriptive understanding of the remedy *Hoodia gordonii* 30CH using the most important mental, physical and general symptoms experienced by the provers.

There were five objectives of this study. The first objective was to determine the proving symptoms produced by healthy provers after the administration of *Hoodia gordonii* 30CH. A wide range of 234 symptoms were produced and recorded in Chapter 4 in response to the administration of *Hoodia gordonii* 30CH by healthy provers, hence, this objective was met. The symptoms of *Hoodia gordonii* produced were converted into repertory and materia medica in Chapter 4, thereby meeting the second objective.

In this Chapter the materia medica of these produced symptoms will be analysed and compared with the related homoeopathic remedies that yielded the highest reportorial similarities to reveal a clear concise elucidation of the curative potential of *Hoodia gordonii* homoeopathic remedy. Furthermore, the materia medica of the proved symptoms will be compared to the toxicology of *Hoodia gordonii* as a crude substance resulting in the accomplishment of the third and fourth objectives. The completion of this proving study will expand the therapeutic armamentarium of the homoeopathic materia medica in which case the fifth and last objective will be achieved.

### 5.2 The abbreviation of the remedy

The proving remedy *Hoodia gordonii* 30CH will be abbreviated as follows: *Hood-g*. This is in line with recommendations made by Schroyens in Synthesis Repertorium Homeopathicum (2004). Schroyens (2004) stated that the Latin name of the remedy must be used as a basis or root for the abbreviation. He went on to state that, further letters must be added at the end of the root to distinguish it from a substance which



would be abbreviated with the same root, for example substances from the same family (Schroyens 2004).

### 5.3 Polarity of symptoms

The presence of polarity in various sections of the materia medica of *Hoodia gordonii*, is related to paragraph 63 in the Organon of Medicine. The Organon states that medicine causes alterations in the health of the individual as a primary action of the remedy, and the vital force reacts against that alteration causing a secondary reaction (O'Reilly 1996).

The basic polarities depicted in the symptoms themes of *Hoodia gordonii* are expressed in Table 5.1.

**Table 5.1: Polarity of symptoms of *Hoodia gordonii* 30CH**

Repertory	Active polarity	Passive polarity
<b>Mind</b>	Cheerful / happy / good mood / playful Increased concentration, alert / focus Refreshed / renewed / Calm Home / family / sentimental Energy / refreshed	Depression / sadness, unhappy Decreased concentration and forgetfulness Restless / rushed / hurried / Busy / anxiety / irritability Alone / ennui Tired / energy low / weariness
<b>Head</b>	Splitting sensation, brain shrinking sensation	Dull and heavy sensation
<b>Vertigo</b>	Lightheadedness	Dizzy
<b>Nose</b>	Coryza	Congestion
<b>Stomach</b>	Painless diarrhea Loose stools Increased appetite Extreme thirst	Burning diarrhea Constipated and bloated Decreased appetite Thirstless
<b>Extremities</b>	Cramping	Heavy and swollen
<b>Sleep</b>	Sleepiness Deep sleep	Sleeplessness Disturbed sleep
<b>Dreams</b>	Fighting and fighting back Fire	Pursued, attacked, danger with anxiety and helplessness water
<b>Generals</b>	Desire for salt	Desire for sweet
	Increased energy	Decreased energy
	Fever	Chilliness, cold aggravate
	Increase in blood pressure	Decrease in blood pressure

	Weight gain	Weight loss
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### 5.3.1 Mind

*Hoodia gordonii* 30CH proved to be most influential in the mind, producing 41 rubrics out of a total of 234 rubrics, and many provers experienced a polarity in thoughts and emotions. The following mind symptoms investigated within the study are arranged as themes illustrating the polarities observed among provers.

#### ➤ Cheerful, happy, good mood, playful

Within the study the theme ‘Cheerfulness’ was expressed as a happy mood and a good mood among 50% of the provers (01 M 03: XX: XX) (13 F 16: XX: XX) (10 F 03: XX: XX) (15 M 21: XX: XX) (17 M 07: XX: XX) (5 M 07: XX: XX). One prover was feeling happy and being playful by fooling others. Provers just woke up happy and throughout the proving they were happy. One prover expressed this as “Mostly happy hardly angry” (10 F XX: XX: XX). Provers experienced a happy mood even when they were not feeling well, as one prover stated this as “I am happy and the cough comes and go” (05 M 01: XX: XX).

#### 5.3.1.1 Unhappy, sadness and depressed mood

Prover’s moods changed to the opposite polarity of unhappiness. This was expressed as “mood not happy, dull mood and uncheerfulness” (05 M 09: XX: XX) (15 M 29: XX: XX) (17 M 06: XX: XX) (13 F 07: XX: XX) (16 M 01: XX: XX) (02 F 02: XX: XX). The changes were so subtle in one prover such that it was not even noticed but only by those around him as stated: “People keep telling me I’m unhappy” (01 M 00: XX: XX). Provers change in mood was without any specific reason as expressed by one prover as feeling “under the weather mood” (11 F 15: XX: XX). The unhappy mood deepened to sadness in some provers. The sadness was worse in the afternoon and was ameliorated by music. The sadness was deep with melancholy as expressed by one prover as “depressed mood, feel like crying” (13 F 01: XX: XX).

### ➤ **Changing moods**

This theme depicted the change of mood, from good mood to anger, especially in the afternoon. The provers showed reserved anger towards friends and family. There was anger due to disagreement and company with close friends ameliorated. This was expressed in one prover as “Had a mood change in the day, felt very angry. Felt better in the afternoon after being with a friend.” (10 F 30: XX: XX).

### ➤ **Irritability**

Another facet of mood change was irritability; they were also irritable to a variety of things. Provers felt that their senses were heightened and were irritated by people (10 F 02: XX: XX); irritability before menses (11 F 13: XX: XX) and irritability to even food (01 M XX: XX: XX).

### ➤ **Alone**

Provers preferred their own company and enjoyed spending time alone, although they enjoyed company when in the presence of friends (11 F 16: XX: XX) (10 F 08: XX: XX) (13 F 09: XX: XX). Provers preferred to be alone in the afternoon, when tired. They also preferred to be alone and avoided company. This prover clarifies it as: “I am so tired today, physically and emotionally and spiritually. I just want to be left alone” (11 F 25: XX: XX).

### ➤ **Restless / rushed / hurried / busy**

Provers felt restless, rushed, hurried and busy (13 F 01: XX: XX) (08 F 20: XX: XX) (01 M XX: XX: XX) (8 F 21: XX: XX). Some provers felt internal restless without any known reasons. Some provers felt rushed by the external circumstances such as being busy at clinic with back to back appointments with patients. Other provers felt that they had a lot to do with little time.

### ➤ **Anxiety**

Provers experienced anxiety in general is expressed by provers (01 M 00: XX: XX) (13 F 02: XX: XX) (8 F 27: XX: XX). Anxiety was sometimes felt as tension and one prover practiced yoga as a way of trying to calm down. Some provers experienced anticipatory anxiety (11 F 00: XX: XX) (04 M 04: XX: XX), when they were about to write a test or participate in a sporting event. Some provers even anticipated participating in this proving study. Provers experienced anxiety about their future (15 M 09: XX: XX) (8 F 10: XX: XX). They were worried about their finances. In essence they had fear of poverty.

#### **5.3.1.2 Delusions**

Delusions were expressed in four provers in a variety of ways. Some provers expressed this as “The day really feels like it’s slower than the other days” (05 M 09: XX: XX), because internally they are feelings of restless and anxiety. Another prover during a headache stated “I think my brain is shrinking inside my skull, everyone can see something is wrong with me” (01 M 06: XX: XX) and this was worse during study. This delusion is expressing the inner fear of feeling inadequate in studies or lacking the ability to study.

Another prover felt “Disorientated, head filled with air feeling, worse morning, dizzy, sees stars, cannot recognise the room” (17 M XX: XX: XX), and another stated that “Actually I thought this was a PLACEBO” (01 M 02: XX: XX). Another prover stated “About 8: 30 am I am in class and I feel so itchy as if some ants are crawling over my body. It is not very severe, but it is there. When I scratch no lesions form or any skin damage” (13 F 01: 08: 30).

### ➤ **Confidence**

Confidence was experienced by two provers such that they overcome their fear of poverty by looking for a job and doing well in their studies and work, as expressed “Clear headed this morning, full of confidence, rejuvenated” (17 M 03: XX: XX); “Went

for interview for part time job. Got it. Feeling confident. Need to pay campus fees soon. Need to complete research asap” (8 F 11: XX: XX).

➤ **Concentration increased / focus**

After administration of the remedy, provers experienced a feeling of calmness and nostalgia and a feeling of renewal and everything looks new and beautiful. One prover felt that he could see the other people’s brains as if they are hurried; and this shows the underlying state of hurriedness. At the same time provers experienced increased concentration and focus. They felt that they were more alert and observant. They were very productive during this time in their studies and at their work, even during physical exercises, as expressed in these provers (01 M 00: XX: XX) (17 M 01: XX: XX) (06 F 23: XX: XX).

➤ **Concentration decreased**

The polarity of the above theme is shown as theme of decreased concentration in three provers. Provers struggled to concentrate in their studies and could not focus (06 F 24: XX: XX) (13 F 01: XX: XX); (01 M 06: XX: XX).

➤ **Forgetful**

One prover expressed forgetfulness as “Normal but forget a lot” (19 F 06: XX: XX) and “Memory loss, forget even something said a short while ago (US)” (19 F XX: XX: XX). It was noted that in two provers started journaling some words correctly and after administration of the remedy they started to misspell those words in the same way constantly. This was seen as “Woke up late flet (felt) sleepy” (8 F 01: XX: XX) and “Before my panties were dirty and smilly (slimy) but now they are clean” (20 F 02: XX: XX).

➤ **Home / Family / Sentimental**

One of the important themes of this remedy is centered on home and family. Some provers expressed that they missed home (13 F 03: XX: XX) (14 M 10: XX: XX). The

feeling of missing home was accompanied by feelings of nostalgia about their parents that passed away. They missed their family, felt grateful for their presence in their lives and showed love for their family by working hard for them. They express this as: “My sisters arrived at 3: 20 pm. We were all happy including the kids. I felt a bit emotional for a moment. I so wish mom and dad were alive today. I love my family. They are all I have” (13 F 06: XX: XX). Other provers expressed being affected by family crisis and being angry with their parent (the father) (17 M 11: XX: XX) (20 F 00: XX: XX). Another prover expressed “missing her parents who died a few years ago”.

### ➤ **Studying**

In the theme of studying, provers were showing laziness and negative emotions towards their studies. Although they were lazy to studies, they were also anxious and stressed when they failed their studies. They longed to complete their studies, which they deemed a nuisance and felt ennui and were looking forward, hoping for a brighter future. This was expressed in various ways such as: “Today I don’t feel like doing anything. I don’t feel like studying” (13 F 09: XX: XX); “I have campus as usual. If it was up to me I wouldn’t even go to campus” (13 F 14: 07: 00); “not in a good mood to study due to family crisis” (17 M 11: XX: XX); “Feeling very stressed and emotional I’ve just written a test” (06 F 20: XX: XX); “I am in class but I cannot concentrate to the lecture except writing. I am kinda worried” (13 F 01: XX: XX) and “Had a dream I was writing exams and my paper caught fire, well I guess it’s better than no dream rather not remembering at all” (05 M 34: XX: XX) and “bored” (15 M 23: XX: XX).

### ➤ **Energetic and Refreshed**

The theme of being energetic was one of the most prominent themes of the remedy. Provers expressed this in a variety of ways, as energetic, extreme energy, feeling energetic and fresh, hyperactive, spikes in energy, feeling refreshed and not feeling sleepy (17 M 00: XX: XX) (01 M XX: XX: XX) (06 F 03: XX: XX) (14 M 30: XX: XX) (13 F XX: XX: XX) (02 F 16: XX: XX) (17 M XX: XX: XX) (01 M 01: 09: 25) (11 F 04: XX: XX) (16 M 00: XX: XX) (06 F 02: XX: XX) (5 M 07: XX: XX) (10 F XX: XX: XX). This increase in energy was experienced on different occasions such as; “Extreme energetic, yet decreased sleeping hours” (14 M 32: XX: XX); “Drank no coffee but had

tons of energy” (8 F 18: XX: XX); “Eating less than normal, Feeling energetic and fresh”( 02 F 16: XX: XX); “Weirdly I was fresh not sleepy even though I slept for 5 hours” (20 F 08: XX: XX); “I used the powder and after 5 minutes I feel like it refreshes my mind” (09 F 00: XX: XX).

### ➤ **Tired / Lazy / Drained / Fatigued / Exhausted / Energy low**

After experiencing the ‘highs’ in terms of energy levels, provers experienced the ‘lows’ of energy. This theme was expressed in eight provers as tired, lazy, drained, fatigue, exhausted and low energy (6 F 08: XX: XX) (20 F 02: XX: XX) (17 M 03: XX: XX) (10 F 08: XX: XX) (13 F 07: XX: XX); (19 F 01: XX: XX) (05 M 17: XX: XX) (11 F 03: XX: XX) (02 F 05: XX: XX) (16 M XX: XX: XX) (19 F XX: XX: XX). These symptoms were expressed in a variety of ways such as chronic tiredness especially at night, feeling tired and sleepy, even though the prover slept early and woke up late.

### **5.3.2 Vertigo**

Vertigo was experienced by some provers in different ways. Most provers had vertigo that felt like dizziness experienced during motion such as bending. One prover experienced dizzy spells with disorientation during the day. One prover experienced dizziness as if about to fall which was accompanied by feelings of light-headedness and tingly feeling. One prover felt as if something was spinning on top of the head. Most provers had vertigo accompanied by headaches (20 F 07: XX: XX) (01 M XX: XX: XX) (17 M XX: XX: XX) (02 F XX: XX: XX) (09 F 04: XX: XX).

### **5.3.3 Head**

There was a variety of pain experienced in the head. The pain location ranged from the frontal, temporal especially the right side and occipital regions (15 M 00: XX: XX) (01 M XX: XX: XX) (09 F 03: XX: XX) (10 F 04: 10: 00) (17 M XX: XX: XX) (19 F 02: XX: XX) (02 F 11: XX: XX) (13 F 10: XX: XX) (16 M 02: XX: XX) and (11 F 03: XX: XX).

Provers noted that these headaches were a precursor to their eye discomfort and redness experienced, also head pains were on top of the eye (10 F 04: 10: 00) (15 M 00: XX: XX); and in one prover it was difficult to locate the exact location of the headache (11 F 13: 14: 00)

Provers described their type of pain as throbbing, pulsating, pounding hammer, beating like a drum (01 M XX: XX: XX) (10 F 04: 10: 00) (13 F 10: XX: XX) (11 F XX: XX: XX) (02 F 07: XX: XX) (20 F XX: XX: XX) (05 M 01: XX: XX). There was a sensation such as “sharp, stabbing as needles, sensation of prick of needles” (15 M XX: XX: XX) (17 M 04: XX: XX) (05 M 21: XX: XX) (19 F XX: XX: XX); “dull and heavy”(16 M 02: XX: XX) (01 M 04: XX: XX) (02 F 32: XX: XX); on three provers it was “compressing, squeezing and tension type”(20 F 07: XX: XX) (6 F 01: 15: 00) (8 F 03: XX: XX); one prover expressed it as “splitting and tingling”(02 F 05: XX: XX).

Ameliorating factors included “Sleep” (11 F 14: XX: XX) (16 M 13: XX: XX) (01 M XX: XX: XX), “Rest” (16 M 15: XX: XX) (17 M XX: XX: XX), “Closing eyes” (6 F 33: XX: XX), “Bending backwards” (01 M XX: XX: XX) (19 F XX: XX: XX), “Drinking water” (19 F XX: XX: XX) (01 M XX: XX: XX) “Assurance” (01 M XX: XX: XX)

Aggravating factors include being exposed to the heat of the sun” (11 F 03: XX: XX) (01 M 07: XX: XX. “Reading and stress” (01 M 05: XX: XX) (17 M XX: XX: XX), worse for “Motion” (01 M 05: XX: XX) (13 F 10: XX: XX) (15 M 00: XX: XX), “Smell of food”(01 M XX: XX: XX), “Bending forward” (19 F XX: XX: XX), and in one prover it was worse after a “cold” (17 M XX: XX: XX).

Provers woke up with a headache in the morning (8 F 03: XX: XX) (10 F 06: XX: XX) (02 F 32: XX: XX) (02 F 00: 07: 10) (10 F 04: 10: 00). Other provers experienced the headache in the afternoon (10 F 06: XX: XX) (11 F 19: XX: XX) (11 F XX: XX: XX) (01 M 04: 14: 47) (6 F 01: 15: 00) (01 M 03: 16: 00) (6 F 04: 16: 00) (11 F 20: 17: 00: 00).



### **5.3.4 Eye**

Provers experienced painful sensations in the eyes (20 F 01: XX: XX), sometimes expressed as sore eyes (13 F 00: XX: XX) (6 F 11: XX: XX). There was sensation of dryness in the eyes in some provers (6 F 11: XX: XX). The above symptoms were usually concomitant with headache. One prover felt heaviness in the eye expressed as “Sleepy” (20 F 05: XX: XX). There was also itching (13 M 18: XX: XX) and redness of the eye. (01 M 04: 24: 00: 00). During post proving meetings, on examination it was observed pale on eyelids seen as underlying anemia symptom (11 F XX: XX: XX). Vision of the eye was also affected as provers experienced blurred vision (17 M XX: XX: XX) and in another prover there was momentary vision of moving stars (20 F 03: XX: XX).

### **5.3.5 Ear**

They were few ear symptoms in provers. There was a sensation as if the ear is blocked, and the prover could not hear clearly (16 M 01: XX: XX); while in another prover there was itching of the internal ear accompanied by sneezing during cold (11 F 01: XX: XX). Two provers had an increase of brown cerumen on ears with black wax on the right ear during post-proving examination” (11 F XX: XX: XX) (01 M: XX: XX).

### **5.3.6 Nose**

Nine provers experienced different sensations in the nose expressed as blocked nose in 6 provers (17 M XX: XX: XX) (06 F 01: XX: XX) (09 F 03: XX: XX) (14 M 30: XX: XX) (20 F 01: XX: XX) (16 M XX: XX: XX); “itchy” two provers (10 F 02: 02: 00) (16 M XX: XX: XX) And one prover was sneezing (11 F 00: XX: XX) and another prover felt as if cold ice air was inhaled through the nostrils (02 F 06: XX: XX). Other provers had discharges from the nose such as purulent coryza (20 F 04: XX: XX) (14 M 00: XX: XX) (11 F 05: XX: XX); while in others there was alternation between coryza and stuffed nose (11 F 01: XX: XX).

### **5.3.7 Face**

There were a number of complaints associated with the face. One prover experienced pre-herpetic neuralgic pain that was accompanied by an eruption of a cold sore later on. The cold sore developed from the left side and later on the right side but the one of the right side took a long time to heal (5 M 26: XX: XX). One other prover had eruptions of aching pimples on the face (17 M 04: XX: XX) and another prover developed a feeling as if she had a mouth ulcer (02 F 32: XX: XX). Another prover experienced throbbing teeth pain in the afternoon between 2-6 pm. The toothache was throbbing and felt hot and extended from the jaws to the tonsil area. However there was a peculiar modality of the pain feeling better for clenching them tight (10 F 04: 14: 00). They were also other provers that developed peculiar mouth complaints expressed as “loss of my sense of taste while having a large appetite” (11 F 20: XX: XX); “feeling very thirsty yet mouth full of saliva” (11 F 00: XX: XX).

### **5.3.8 Throat**

There were numerous throat symptoms that were evident amongst provers during initial stages of cold or influenza. There was pain in the throat expressed by provers as “sore throat” (10 F 02: 02: 00) (11 F 05: XX: XX) (14 M 26: XX: XX) and (16 M 08: XX: XX). Two provers experienced “dryness of the throat” (6 F 00: XX: XX) (6 F 05: 14: 00) which was ameliorated by drinking large quantities of cold water. In one prover the throat felt clogged by mucus during post nasal drip but was still thirsty (11 F 02: XX: XX). Some provers also experienced inflammation of the tonsils which were red on examination (10 F 03: XX: XX) (05 M XX: XX: XX).

### **5.3.9 Stomach**

Seven provers experienced different complaints of indigestion such as heartburn (20 F: 02: XX: XX); bloated and distention (17 M 09: XX: XX) (5 M 05: XX: XX) (11 F 27: XX: XX) (02 F 13: XX: XX) (16 M 07: XX: XX). In one prover there was increase in eructations during the night with constant urge to burp (10 F 00: XX: XX). Some provers were feeling nausea. They felt that they were highly sensitive even to the smell

of food and felt nauseous. (01 M: XX: XX). Another prover was sensitive to noise and “felt very nauseous better for sleeping in a quiet dark environment” (6 F 28: XX: XX). One prover felt nauseous due to anticipatory anxiety (11 F: XX: XX). Prover no 02 F felt nauseous during the headache and vertigo. Although provers had nausea most of the time during the day that did not alter their appetites having a huge appetite (19 F 01: XX: XX).

At the beginning of the proving after administration of the first few powders most (more than 50%) provers noticed a decrease in appetite; they had no desire for food as they were not feeling hungry (14 M 01: XX: XX) (05 M 15: XX: XX) (02 F 17: XX: XX) (17 M 01: XX: XX) (20 F 00: XX: XX). This was exhibited clearly when some provers skipped afternoon meals as they felt full (20 F 02: XX: XX) (08 F 22: XX: XX). The loss of appetite was accompanied by range of symptoms expressed by provers as “felt less hungry and less thirsty” (6 F 05: XX: XX); “less appetite but thirsty” (13 F 19: XX: XX); “less appetite with runny stomach” (5 M 13: XX: XX).

Also more than 50% of provers experienced the opposite polarity and had an increase in appetite expressed as “very hungry, starving” (19 F XX: XX: XX) (17 M 03: XX: XX) (02 F 22: XX: XX) (20 F 01: XX: XX) (11 F XX: XX: XX) (13 F 08: XX: XX). Increase in appetite was accompanied by a variety of symptoms of which some of them were peculiar, expressed by provers as “starving and bloated” (17 M 09: XX: XX), “Nauseous with huge appetite” (19 F 01: XX: XX), “Stomach still runny, but still have a huge appetite” (5 M 12: XX: XX); “I had serious bouts of hunger throughout the day, just after about an hour after I have eaten” (02 F 01: XX: XX) and “Increased urination and hunger” (14 M 29: XX: XX). Most provers were very hungry for rich creamy foods with meat. In most provers, there was an alternation between decreased hunger and increase in the same prover but in different stages of the proving.

Provers experienced increase in thirst that was persistent (14 M 02: XX: XX) (17 M 04: XX: XX) (02 F 00: XX: XX) (5 M 10: XX: XX) (20 F 07: XX: XX) (6 F 00: XX: XX). Some had unquenchable thirst (11 F 02: XX: XX) (19 F 03: XX: XX) (11 F 24: XX: XX) and others were very thirsty at 12 midnight (04 M 00: 24: 00). Increase in thirst was accompanied by polyuria (16 M 15: XX: XX) (11 F XX: XX: XX), and increase in appetite (03 F 19: XX: XX); and also increase in perspiration especially at night (13 F

03: XX: XX). One prover expressed that “After 2 weeks on the remedy I was very thirsty, urinate a lot, even the throat feels dry (unusual) (11 F XX: XX: XX).

### **5.3.10 Abdomen**

Provers had abdominal pain (17 M 10: XX: XX) that was expressed as sharp, throbbing (5 M 10: XX: XX), better for applied heat (6 F 19: XX: XX). Some provers experienced stomach cramps (13 F 24: XX: XX) (02 F 07: XX: XX), which one prover expressed as “pinching pain on both side of my left and right side of my abdomen like a crampy feeling” (02 F 12: XX: XX).

### **5.3.11 Rectum and stools**

Provers in this study experienced variety of stool symptoms such as constipation (15 M 08: XX: XX) (13 M 05: XX: XX) (02 F 13: XX: XX) and the opposite polarity of painless diarrhea (16 M 02: XX: XX) (5 M 11: XX: XX) (6 F 04: XX: XX) (20 F 04: XX: XX); soft stools expressed as “porridge-like stools” (16 M 12: XX: XX); “watery stools” (10 F 03: XX: XX) and one prover expressed having black stools with a significant bad distinct smell (13 F 02: XX: XX). There were provers with stomach pains accompanied by running stomach (10 F 03: XX: XX); and massive hot burning diarrhea, during certain times (8 pm, 7am, 1pm), with the sensation as if the stomach is not empty and the need to compress and bow to empty it (01 M XX: XX: XX).

### **5.3.12 Bladder**

Most provers had different bladder symptoms as if the bladder muscles were weak, such as frequent urine (16 M 03: XX: XX) (19 F XX: XX: XX) (11 F 20: XX: XX) (14 M 29: XX: XX) and copious urine (16 M 01: XX: XX) (19 F XX: XX: XX) (17 M 02: XX: XX). Other provers expressed the bladder symptoms as polyuria (13 F 28: XX: XX), “Pee a lot and feels uncontrollable when sleeping (RS)” (16 M 01: XX: XX); and as “Retained urination (NS)” (14 M 01: XX: XX).

### **5.3.13 Urine**

During the early stages of proving, some provers experienced a strong urine which they expressed as “Urine strongly yellow” (17 M XX: XX: XX) (19 F XX: XX: XX); “Urine looking orangish like oros” (02 F 09: XX: XX) and “urine looks reddish” (02 F 07: XX: XX)

### **5.3.14 Male genitalia / sex**

Five out of the seven verum provers experienced a variety of symptoms in the reproductive system, which may be attributed to a general increase in energy. This was expressed as “amorous” (14 M 02: XX: XX); “increased libido” (17 M 03: XX: XX) (4 M 00: XX: XX); “Increased sexual desire” (14 M 09: XX: XX) (15 M 24: XX: XX); “Increased sperm count” (4 M 00: XX: XX) and “increase sweating in the genitals” (16 M 01: XX: XX).

### **5.3.15 Female genitalia / sex**

Provers experienced changes in discharge. In one prover there was a disappearance of the general slimy and staining discharges with odor which the prover had experienced since childhood, hence the symptoms was regarded as cured (20 F 02: XX: XX). Another prover experienced a new symptom of “clear gel-like discharge before menses” (02 F 02: XX: XX).

Provers experienced the absence of breast symptom before and during menses as expressed: “Normally when I have my period or about to my breast become heavy and full and sore but this time they are not” (02 F 03: XX: XX); “Feeling as though I will be having my period today. There are little pains in my lower abdominal region and back. Unlike usually my breast did not feel tender or delicate or full” (10 F 30: XX: XX). Another prover started having menses before taking the proving remedy and had breast tenderness symptoms which were usual for her but after taking the proving remedy while on menses, she stated that her breast stopped feeling tender (6 F 00: XX: XX).

Four provers experienced increased pain before and during menses. These were expressed as “a series of sharp abdominal pains especially the left side” (02 F 03: XX: XX); “Menstruation pain sudden” (19 F XX: XX: XX); “hectic period pains” (09 F 02: XX: XX) (13 F 23: 00: 00); “extreme pain worse in cold weather” (10 F 30: XX: XX). “dull stomach pains before menses” (02 F 02: XX: XX); “lower abdominal region and back pain before menses” (10 F 30: XX: XX); “painless cramps on back and in the area of my pubic bones worse when I bending for long” (10 F 32: XX: XX); “Back pain menstrual cramps” (09 F 04: XX: XX); another prover that normally had lower back pain before and during menses did not experienced them after taking the remedy and expressed this as “Stomach cramps, no LBP” (13 F XX: XX: XX).

Provers experienced changes in their menstrual symptoms expressed such as menstruation at night (13 F 23: 00: 00) (02 F 03: XX: XX); increase in flow of blood (13 F XX: XX: XX) (09 F 00: XX: XX) (02 F 03: XX: XX), greater decrease in blood clots than usual (13 F XX: XX: XX); the presence of small maroon clots (19 F XX: XX: XX); the color of the menstruation blood was blackish brownish blood (02 F 03: XX: XX) and dark red blood (19 F XX: XX: XX). Metrorrhagia in provers was expressed as “late month cycle” (10 F 28: XX: XX); “menses just after finishing another menstrual period” (09 F 00: XX: XX); “Menstruation pain sudden, without notice, 3 times in a month, only for a day” (19 F XX: XX: XX); “menses after 2 weeks” (02 F 03: XX: XX).

### **5.3.16 Respiration**

Provers experienced various chest symptoms that caused respiratory difficulties. Provers stated that their chest felt heavy and blocked” (17 M 09: XX: XX). They had chest pain “as if something was just sitting on top of their chest and they couldn’t breathe through the nose or inhale” (02 F 05: XX: XX). One prover felt like he was suffocating and couldn’t breathe as if his lungs were collapsing and this was worse lying on the right side and “better with shower with warm water” (01 M XX: XX: XX). Other provers had asthma-like attack symptoms accompanied by dry cough and wheezy chest during the night and after midnight such that it was difficult falling asleep (10 F 35: XX: XX) (11 F 01: XX: XX).

### **5.3.17 Cough**

Some provers experienced dry coughs (20 F 01: XX: XX) (10 F 25: XX: XX), worse at night with vomiting (5 M 00: 09: 30) and worse in the cold afternoon and at night (10 F 11: XX: XX);

### **5.3.18 Chest**

Provers experienced a variety of chest symptoms expressed as “heart palpitations throughout the day” (02 F 00: 07: 10); “My chest had a tight feeling, better for burping” (10 F 06: XX: XX); “chest pains as if something was just sitting on top of my chest” (02 F 05: XX: XX) and “heartburn in the morning” (20 F 09: XX: XX).

### **5.3.19 Back**

Some provers experienced lower back pain (11 F 05: XX: XX) (17 M 02: XX: XX) that was sore (6 F 17: XX: XX) and coincidentally at the beginning of the proving one of the placebo provers (7F) had a car accident and hurt her back, and was experiencing lower back pains. One prover had pimples on the back that were painful to touch or warm water (17 M XX: XX: XX). Another prover had a non-pruritic papula rash on the right scapula (14 M 11: XX: XX) and another prover had painless whitish dry scaly fungal discoloration as V shape in the neck and shoulders that were itchy at night (15 M 29: XX: XX).

### **5.3.20 Extremities**

Provers experienced various symptoms on the extremities. These were accidental bumping of the foot (10 F 18: XX: XX) and coincidentally placebo prover no 7 also bumped her thumb. There was foot pain (13 F 05: XX: XX) (11 F 26: XX: XX) which was aching, worse waking up, in the morning or evening when resting, better walking on ball of foot and on toes (19 F XX: XX: XX). There was also painful joints (8 F 06: XX: XX) described as sore joints (008 F 08: XX: XX) and aching joints (17 M 08: XX:

XX). The most troubling joint was ankle pain (8 F 06: XX: XX) (09 F 04: XX: XX) and sore ankle (008 F 08: XX: XX). The lower legs were painful (11 F 26: XX: XX), swollen (11 F 26: XX: XX) and sore in the morning (06 F 04: XX: XX). In some provers there were cramps in both arms and legs (16 M 03: XX: XX) and the right arm had sore pain. (11 F 19: XX: XX).

### **5.3.21 Sleep**

Many symptoms were produced and experienced by many provers in this section. A large number of provers experienced sleepiness immediately after administration of the remedy. They were drowsy in the morning on waking up (4 M 02: XX: XX) (008 F 15: XX: XX) (09 F 02: XX: XX) (17 M 10: XX: XX) (06 F 04: XX: XX); very sleepy and fell asleep while talking (8 F 02: XX: XX) and some expressed that they felt sleepy throughout the day even coffee didn't help (8 F 00: XX: XX) (01 M 04: XX: XX). Provers struggled to stay awake in the afternoon (6 F 00: XX: XX), they were drowsy after eating super (04 M 00: XX: XX) and were tired and sleepy even though they slept early and woke up late (20 F 00: XX: XX). Provers experienced deep sleep that was peaceful (16 M 03: XX: XX) (17 M 05: XX: XX) and heavy such that they could not remember their dreams (17 M 10: XX: XX) (8 F 02: XX: XX). They had increased sleeping hours (14 M 03: XX: XX) (04 M 03: XX: XX) and the deep sleep was experienced throughout the night (16 M 00: XX: XX).

Some provers experienced sleeplessness. The sleep was interrupted between 2-5 am (4 M 01: XX: XX) (09 F 02: XX: XX) (13 F 03: XX: XX) with difficulty falling back to sleep and difficult falling asleep generally (13 F 03: XX: XX) (6 F 04: XX: XX) (20 F 03: XX: XX) (17 M XX: XX: XX). There was restlessness which causes difficulty falling asleep (11 F 11: 01: 00) ((20 F 01: XX: XX), there was restlessness during sleep (6 F 07: XX: XX) (17 M 00: XX: XX) and also restlessness with dreams (17 M 09: XX: XX).

### **5.3.22 Dreams**

This study produced a large number of dreams such that this section is one of the top sections that produced many repertory rubric. Most provers remembered having



numerous dreams during the study but they recalled only few of their dreams which are recorded below as themes. These themes are:

- “amorous” (15 M XX: XX: XX);
- “Cartoons” (5 M 22: XX: XX);
- “Chased” (17 M 09: XX: XX);
- “Scary” (008 F XX: XX: XX) (02 F 04: XX: XX) (16 M 00: XX: XX);
- “Water, danger and confusion” (5 M 32: XX: XX) (02 F 04: XX: XX);
- “Death” (8 F 27: XX: XX) (02 F 04: XX: XX);
- “Fire” (5 M 34: XX: XX);
- “Boyfriend and girlfriend – old” (13 F 18: XX: XX) (15 M 18: XX: XX);
- “Rape” (02 F 05: XX: XX);
- “Snakes” (13 F 08: XX: XX); and
- “Black” (8 F 26: XX: XX) (8 F 04: XX: XX) (13 F 08: XX: XX).

**Dreams of two:** “Had **2 bad dreams**. They both scared me as I did not understand what they meant. One had **2 dead people** that made me anxious and helpless and the other had a dirty swamp that I **had to cross to get somewhere** and there was no visible ground for me to step on to get to the other side” (02 F 04: XX: XX) “I woke up this morning from a very bad dream yet again. I dreamt that I was **nearly raped by 2 men** I didn’t know but luckily I managed to run away and get help” (02 F 05: XX: XX). This is even seen in the mind symptoms, when one prover expresses this as “Too observant, in the first lecture can see that everyone has their water bottle except two guys” (01 M 00: XX: XX).

Numerous provers had unremembered dreams (09 F 00: XX: XX) (05 M 23: XX: XX) (15 M 10: XX: XX) (17 M 02: XX: XX), expressed as “bad dreams yet unremembered” (16 M 00: XX: XX); “odd dreams yet unremembered” (17 M 04: XX: XX) (8 F 02: XX: XX); “remembered last night’s dream for a while but then forgot” (5 M 11: XX: XX).

Almost all the provers in this study had unpleasant dreams. Notably in most of these dreams, there was a sense of danger and being in danger; even in the dreams that were unremembered there was an underlying sense of being in danger. The

underlying feeling of the provers is that of feeling helpless and full of anxiety although they sometimes fight back.

Prover 17 had a dream of being chased by unidentifiable figures that keeps on changing shape (17 M 09: XX: XX). Prover 2 had to cross a “dirty swamp to ... get somewhere and there was no visible ground for me to step on to get to the other side”. Throughout the proving symptoms, the dreams give clarity to the mind symptoms. *Hoodia gordonii* dreams depict feelings of being in danger. Although they sometimes fight back there is an underlying confusion about the future. They can see their future clearly but they do not know and are unsure how to get there.

### **5.3.23 Chill**

Four provers experienced this as “sensitive to cold” (14 M 33: XX: XX) (11 F 19: XX: XX) (5 M 26: XX: XX); “feeling freezing cold in a hot weather” (11 F 02: XX: XX); “feeling cold with accompanying sore throat, runny nose and headache” (11 F 06: XX: XX).

### **5.3.24 Perspiration**

Five provers expressed increase in perspiration: “Perspiration in the morning” (4 M 00: XX: XX); “Very sweaty during the day 12noon-3pm” (17 M XX: XX: XX); “feeling extremely hot and I’m sweating” (11 F 03: XX: XX); “sweating and thirsty most of the time” (13 F 05: XX: XX); “Sweaty at night” (19 F 03: XX: XX); “Sweat at night feeling hot yet feel cold on removing blankets, sweat whole body, legs even the sheets sleeping on” (19 F XX: XX: XX).

### **5.3.25 Skin**

Three provers had skin eruptions described as “Itchy” (16 M 00: XX: XX); “Non-pruritic, papula Rash on right scapula” (14 M 11: XX: XX); “Pimples on the back, painful on touch or with warm water” (17 M XX: XX: XX). One prover had painless whitish dry scaly fungal discoloration in a V shape in the neck and shoulders that were itchy at

night (15 M 29: XX: XX). In one prover the skin was “itchy with feeling of ants crawling on face and arms” (13 F XX: XX: XX). One prover had boils on head (never in entire life), on both temples and occipital region, pain worse with movement of facial muscles. Many boils in one place. Big boils with very small head. Some disappeared, some burst out with pus and blood and very itchy, after taking some antibiotics (13 F XX: XX: XX).

### **5.3.26 Fever**

Five provers experienced fever as “high temperature” (17 M 08: XX: XX); “feverish again” (14 M 01: XX: XX); “temperature up and down, low energy levels, feeling weak, tired, whole body feeling sore and runny nose” (11 F 10: XX: XX); “High temperature, drifting in and out of consciousness, splitting headache, hectic cough and loss of appetite, Shaking and dizziness, whole body sore” (02 F 38: XX: XX) “woke up at 9: 00 am this morning with a sore body” (13 F 19: XX: XX).

### **5.3.27 Generals**

Forty three symptoms were produced from different provers. These were expressed as cravings for “avocado” (008 F 06: XX: XX); “carbonated acid fizzy drinks” (19 F XX: XX: XX) (17 M 07: XX: XX) (13 F 09: XX: XX) (13 F 10: XX: XX); “coffee” (008 F XX: XX: XX); “creamy” (19 F XX: XX: XX) (02 F 04: XX: XX); “meat” (17 M XX: XX: XX) (19 F XX: XX: XX) (02 F 04: XX: XX) “milk” (008 F 21: XX: XX); “nuts” (17 M 07: XX: XX) (02 F 04: XX: XX); “salty foods” (17 M 06: XX: XX); “sweet stuff” (14 M 03: XX: XX) (17 M 01: XX: XX); “cold water” (19 F XX: XX: XX) (02 F 04: XX: XX) (10 F 00: XX: XX) (11 F 24: XX: XX) (19 F 03: XX: XX) (5 M 17: XX: XX); and aversion to “water” (13 F 09: XX: XX)

Provers experienced different symptoms on the right side (01 M, 15 M, 11 F, 05 M). Most symptoms were experienced in the afternoon (06 F, 11 F, 01 M, 10 F, 02 F, 20 F, 08 F, 04 M), cold was the aggravating cause in respiratory symptoms (10 F, 11 F, 05 M). There was weight loss in provers with excess weight (08 F, 19 F, 02 F, 17 M and 05 M) as well as weight gain in provers with less weight (13 F, 11 F, 15 M and 01 M) hence this proving remedy acted as a weight regulator. Seven provers out of nine

that checked their blood pressure experienced a decrease in blood pressure (08 F, 13 F, 11 F, 19 F, 02 F, 05 M and 17 M) and two provers out of nine provers that checked their blood pressure experienced an increase in blood pressure (15 M and 01 M) during headaches hence this proving remedy significantly reduced blood pressure.

#### **5.4 Comparative materia medica**

This proving study produced 324 rubrics of the repertory and out of these rubrics, 20 symptoms that are essential to the dynamic of the *Hoodia gordonii* 30CH remedy were selected. These symptoms are called 'the minimum characteristic syndrome' and they form the essence of the remedy. These symptoms were selected from the repertory under different headings; the mind, general and physicals. The symptoms selected were those graded the highest and those that are peculiar to the remedy. Also the symptoms were selected mostly from sections of the repertory that produced the most symptoms.

These symptoms were repertorised using the software computer program RADAR Opus as sum of symptoms and degrees, and attached as Appendix G. The remedies that shared at least 50% of these essential symptoms were considered for comparison. (Candegabe, 1997). Then the five remedies that were numerically the highest and covered most symptoms corresponding to the minimum characteristic syndrome were compared to *Hoodia gordonii* 30CH, highlighting the similarities and differences that exist. These top five remedies were *Lachesis mutus*, *Atropa Belladonna*, *Veratrum album*, *Sulphur* and *Phosphorus*. In this section the arising symptoms of *Hoodia gordonii* 30CH were compared to the arising remedies after repertorisation. The Concordant materia medica of Vermeulen (2004) was used to conduct the comparative materia medica, as a comprehensive illustration of the materia medica symptoms of the arising remedies was presented by Vermeulen (2004).

**Table 5.2 Comparative materia medica of *Hoodia gordonii* with remedies of repertorial similarities.**

Symptom	<i>Hoodia gordonii</i> 30CH	<i>Lachesis mutus</i>	<i>Atropa Belladonna</i>	<i>Veratrum album</i>	<i>Sulphur</i>	<i>Phosphorus</i>
<b>Mind:</b>	Sadness, depressed mood, feels like crying but does not weep and with feelings of separation from the family, < afternoon, > better.	Feelings of sadness with forsaken feelings <morning, during menses.	Sadness and indifference	Melancholy, sits brooding in silence head hangs down.	depressed, thin, weak, with good appetite depressed and weeping mood	Great lowness of spirits. Melancholy. Wants sympathy
<b>Compan y aversion - desire for solitude</b>	desires to be alone with nostalgic feelings < sad, tired, afternoon but enjoys company of friends	Has no desire to mix with the world with aversion to company, and desires solitude to indulge their fancy.		Wants to be alone. Cannot bear to be left alone, yet refuses to talk		
<b>Mental power</b>	Weak memory, making mistakes in writing.	weak memory, making mistakes in writing and speaking	memory active	stupor and mania Sits in a stupid manner and notices nothing	Very forgetful. Misplaces word when writing	Loss of memory
<b>Concent ration active</b>	Decrease in mental activity and laziness towards study.	Mental activity aggravates headache and				disinclination to work, study, Brain feels tired

<p><b>Busy</b></p>	<p>Increase in mental focus and concentration during the day.</p> <p>Hurried, busy and restless during the day, feeling there is a lot to do in so little time, to achieve financial stability for the future.</p> <p>Mostly happy mood,</p> <p>Playful, woke up happy, even when they were not feeling well, hardly angry.</p>	<p>there is also forgetfulness</p> <p>Great mental activity and desire for mental work in the evening.</p> <p>hurried and industrious at night</p>		<p>Busy, restlessness. Squanders money.</p> <p>Attacks of pain, delirium driving to madness. irritated calling names</p>	<p>Busy all the time</p> <p>irritable, anxiety from pressure on the chest</p>	<p>Restless, fidgety</p> <p>Anxiety when lying on left side.</p> <p>Anxiety for others, about friends at home</p> <p>Likes conversation</p> <p>Easily vexed.</p> <p>Rage when aroused</p>
<p><b>Energised feeling</b></p>	<p>being energetic was one of the most prominent in the remedy, as extreme energy, hyperactive, spikes in energy, feeling refreshed., yet decreased sleeping hours, eating less</p>			<p>Dislike her own children</p>		

<b>Desire to go home</b>	Remedy is centered on home and family. proverbs feeling of missing home accompanied by feelings of nostalgia about their parents that passed away, felt grateful for family, work hard for family, proverbs affected by family crisis and angry with their parents (the father)				sentimental, indifference to welfare of others	indifferent even toward her children
<b>General: weariness</b>	There is excess fatigue in with negative attitude and laziness	There is excess fatigue, pride and laziness			Lazy, hungry and tired	
<b>Dreams: Danger</b>	numerous dreams but only few remembered. Dreams about being in danger, feeling helpless and full of anxiety although they sometimes fight back. These Dreams included being	many dreams and Amorous dreams	Frightful dreams of quarrels, fire, robbers, assassins		Happy dreams, vivid	Vivid dreams of fire, of biting animals. Lascivious dreams

	<p>chased by unidentifiable changing objects, scared, dirty water, danger and confusion, death, raped, snakes and black, and 2 bad dreams. Even in the dreams that were unremembered there was an underlying sense of being in danger. The underlying feeling of the provers is that of feeling</p>					
<b>Sleep</b>	<p>Sleepiness, drowsy during the morning, drowsy after eating super, sleepy throughout the day, fell asleep while talking, Woke up feeling sleepy, even stimulants like coffee do not work. Struggled to stay awake in the afternoon.</p>	<p>Sleepiness yet cannot sleep. &lt; Morning. Symptoms &lt; after sleep</p>	<p>Sleeplessness and drowsiness  Restless sleep, crying out, grinding teeth</p>	<p>Unusual sleepiness</p>	<p>Heavy unrefreshed sleep, drowsy by day wakeful at night  Wakes frequently between 2-5 am</p>	<p>Great drowsiness especially after meals Sleepy by day Short sleep&gt; Short naps and frequent waking. Goes to sleep late and awakens up weak.</p>



	<p>Oversleeping, tired and sleepy, slept early but woke up late and woke up tired. Feeling cold and sleepy.</p> <p>Sleep interrupted at 2am, several times during sleep, difficult going back to sleep.</p> <p>Insomnia.</p> <p>Struggled to fall at night. Slept very late between 3 – 3:30 am.</p> <p>Restless at night.</p> <p>Restless sleep, with many dreams but unremembered.</p> <p>Deep sleep. Increased hours, peaceful, sleep throughout the night, heavy sleep.</p> <p>Symptoms &gt; after sleep.</p>	<p>Restless sleep, and many dreams and frequent waking</p>				<p>Sleepless before midnight.</p> <p>Sleeplessness in old people.</p> <p>Coma vigil.</p>
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<p><b>Female genitalia / sex</b></p>	<p>Slimy, clear gel like discharge, bloating before menses.</p> <p>Heavy, sore, full breasts before menses cured.</p> <p>Sharp abdominal pains during the day, especially the left side, before menses. LBP before menses cured. Lower back and abdominal pain, above pubic bone during menses as cramps, sudden &lt; afternoon, midnight, bending, cold weather, &gt; hot compression, during the day.</p> <p>Metrorrhagia. Menses irregular.</p>	<p>Mammae inflamed and bluish before menses</p> <p>Left ovary very painful and swollen before menses</p> <p>Menses irregular. Menses black, scanty</p>	<p>Menses too early, profuse, dark red or bright red.</p>	<p>Menses too early, profuse</p>	<p>Menses followed by slimy, acrid, milky leucorrhea</p> <p>Erysipelous inflammation of mammae</p>	<p>Profuse smarting corrosive leucorrhea instead of menses; watery offensive discharge</p> <p>Stitching pain in mammae</p> <p>Slight hemorrhage from uterus</p>
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	Profuse bleeding, black blood, dark red blood, less clots, small maroon clots. Menses late.			and exhausting		between periods. Menses too early and scanty but prolonged. Sterility and profuse menses. Menses too late. Cancer of uterus and metrorrhagia .
<b>Rectum - diarrhea</b>	Bloated, constipated or painless diarrhea. Frequent loose stools like porridge, watery stools. Stomach ache and loose stools, with huge appetite or less appetite. , diarrhea with black stools that has a very bad distinct smell. Massive diarrhea burning hot pain feels as if stomach is not empty need to	Distension and soreness on abdomen cannot bear clothing, Constipation, offensive stool.		Very Painful diarrhea. Watery stools forcefully evacuated followed by great prostration.	Morning, painless diarrhea, drives him out of bed. Watery stools flatulent symptoms fullness and tension in abdomen toward anus	Painless copious debilitating diarrhea < morning. Watery stools.

	compress and bow to empty it.					
<b>Stomach - thirst</b>	Excessive persistent thirst, < morning, during the day, afternoon, hot weather, 12 midnight and 2 am. Thirsty all the time. > Drinking water, fizzy drinks especially coke, milk, coffee.  Thirst accompanied by polyuria, fatigue hunger and sweat. Also accompanied by dry throat, blocked throat, mouth full of saliva.	Dryness in throat at night without thirst, Thirst and dry tongue. Thirsty but fears to drink. Craving for coffee drinking ice water	Burning thirst, dryness in throat but with dread of drinking.  Great thirst for cold water  Aversion to milk, coffee and acids.	Thirst for cold water but is vomited as soon as swallowed.  Copious nausea and vomiting < drinking and least motion. Nausea, with cold water brash, with profuse salivation and violent thirst.  Dryness of mouth and thirst  Craving for juicy cold things and ice.  > For drinking milk.	Drinks much, eat a little  Milk <	Loss of thirst in fever.  Thirst for very cold water.  Craving for acid, carbonated drinks.  Aversion to coffee.
<b>appetite</b>	Decreased appetite, accompanied by diarrhea, thirst, and < morning, afternoon, all day  Increased appetite	Hungry or loss of appetite, alternatively  Distension and soreness on abdomen cannot bear	Loss of appetite  Nausea and vomiting	Voracious appetite.	Complete loss of or excessive appetite.  Feels hungry but loathe the food on the table.  Drinks much eat a little	Loss of appetite, and feeling of fullness in throat.  Sensation of pressure, heaviness in stomach.  Hunger soon after eating.

	<p>Accompanied by Bloating, polyuria, nausea, diarrhea</p> <p>Craving for meat, fatty foods, hot spicy foods.</p>	<p>clothing Nausea after going to bed</p>	<p>Aversion to meat and milk, coffee, acids, fat. Craving sweets, sour food.</p>	<p>Gnawing hunger in spite of nausea and vomiting.</p> <p>Craving for juicy cold things, ice, salt. Copious nausea and vomiting&lt; drinking, and least motion. Nausea while eating, can't get food down, Better eating meat and drinking milk</p>	<p>Aversion to meat, eggs, cheese, chicken, fat and rich food Milk&lt;. Desire for sweets is great.</p>	<p>Hunger ravenous at night. Ravenous hunger during fever. Appetite increased during headache, or attack of sickness.</p> <p>Craving for salt, acid, ice-cream, cold milk, chocolate, carbonated drinks, cheese, chicken. Aversion to warm food, coffee.</p>
<b>chest</b>	<p>Heart palpitations, accompanied by lightheadedness and a headache.</p> <p>Tight feeling in the chest accompanied by bubbling feeling in the</p>	<p>Heart palpitation in the morning on waking</p>	<p>Violent palpitations, reverberation in the head,</p> <p>Bubbling at region of heart</p>	<p>Heart palpitations and anxiety.</p>	<p>heart palpitations</p>	<p>Violent heart palpitations and anxiety while lying on left side, from least things</p>

	<p>abdomen &gt; burping, Bronchitis.</p> <p>&lt; Morning, &gt; as the day progressed.</p> <p>Sense of suffocation in the larynx and trachea, chest pain as if something was just sitting on top of the chest, difficulty breathing, &lt; Lying on right side, &lt; morning, &gt; after shower with warm water.</p> <p>Chest feels heavy, blocked.</p> <p>Heartburn &lt; the morning.</p>		<p>oppression of chest</p>	<p>Chronic bronchitis in the aged. Asthma &lt; cold damp weather</p>	<p>Oppression as of a load on chest in the middle of the night&gt; sitting up and burning sensation in the chest,</p>	<p>Sense of suffocation in larynx and trachea and across upper part of chest as from a heavy weight. Burning pain, heat and oppression of chest, tightness across chest, great weight on chest&lt; lying left side</p> <p>Congestion of lungs Asthma after cough</p>
<p><b>Head Pain temples Pain pulsating</b></p>	<p>Severe headache, sudden, constant, sometimes come and go, return with vengeance,</p>					

	<p>sometimes spiking high.</p> <p>Shooting, throbbing, pounding, pulsating sensation, like a beating drum, feeling as if brain is shrinking. compression, squeezing pain, tension type headache. Sharp. Stabbing pain as if needles, my head felt like it was splitting into 2 pieces, dull headache, feels heavy</p> <p>Accompanied by throbbing, sore eye pain especially the as if something is pulling it, like the eyes will explode. I funny feeling (aura), seeing stars in vision, dizziness, light headed, tingling feeling from my head to the toe,</p>	<p>Bursting, throbbing pain in temples and heat</p> <p>Pressive headache and nausea</p> <p>Heaviness on occiput in the morning on rising</p>	<p>Throbbing hammering headache &lt; temples&lt; motion&gt; bending head backward. Pain in head and eyeball as if eye would start from socket. Pain in forehead as if brain rose and fall.</p>	<p>Sensation of lump of ice on vertex; and occiput. Headache and nausea, vomiting, diarrhea, pale face, diuresis. Violent pain driving to despair, &gt; cold. Rubs forehead. As if cold wind blowing through head. Itching of vertex during headache. Headache and stiffness of neck and profuse urine. General &gt; pressure on vertex.</p> <p>Congestion to head when stooping.</p> <p>Dull pressure on vertex, on motion becomes throbbing.</p>	<p>Beating headache preceded by photopsia, accompanied by vertigo. Pressure in temples, Pressive headache in temples in the morning after rising</p> <p>dull headache</p>	<p>Throbbing headache over one eye, vertex.</p>
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	<p>heart palpitations, sweat a little on my forehead, nauseated, runny nose Irritation everything, juice, smell of food.</p> <p>Headache on the frontal side, then to the back and to the right side, worse in the temporal sides, pain goes deep within, on both the top of my eyes to the superior part of my nasal region towards the middle of my eyes, on the right side at the centre of the head, painful feeling as if something is pulling down from the tip of the head to the bottom, like something is spinning on the top part of the</p>	<p>Headache begins on vertex and spread all over the head</p> <p>Migraine right side</p>	<p>Throbbing headache with heat, occiput and temples. Head pain begin in occiput and radiates to the right temple or forehead and settle about the right eye. Headache on right side</p> <p>weight in occiput</p>	<p>Crawling, bristling sensation, as if hair were electrified. Tension in head as if membranes were drawn tighter about the brain.</p>	<p>Headache ascends from nape to vertex Pain deep in brain</p>	
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	<p>head, all over my head, concentrated in one place.</p> <p>Modalities: &lt; bright lights, sun, movement or after exercise, reading, during cold, stress, bending forward as if brain is falling, smell of food, &gt; sleep, relaxing, bending backward, drinking tap water, closed eyes and quiet room and dark room.</p> <p>Woke up with headache, morning till later in the evening in the morning, disappeared and returned in the afternoon.</p> <p>10am, 7 am, 2 pm, 3pm, 4 pm, 5 pm, 6 pm, until 7: 30 at night.</p>	<p>Head pain on waking</p> <p>&lt;moving, sun, after sleep, morning, sun, motion</p> <p>Headache &gt; onset of discharges &gt;bending forward</p>	<p>h/a &lt; light, noise, lying down an in afternoon, heat of sun, &lt;hot weather, after taking a cold,</p> <p>&lt;jarring, motion</p> <p>Better: bending backwards,</p> <p>&gt;rest in bed,</p> <p>&lt;noise, &lt;touch,</p> <p>&lt;after 3pm and again after midnight, afternoon</p>	<p>&lt; Stooping, exertion, drinking cold drinks.</p> <p>&lt; fright, before and during menses, injured pride or honour, opium eating, tobacco chewing.&gt;Lying, pressure on vertex, rest</p>	<p>&lt; open air, sweets, cold food and drink &lt; thirst &lt;stooping, &lt;rest, &lt;night, after midnight, motion, sun.</p>	<p>&lt; Heat, after grief, after hunger, sound.</p> <p>&lt; lying on left, on back, emotions, mental exertion, touch, odours, light, cold, morning and evenings, twilight.</p> <p>&lt;sleep.</p>
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#### 5.4.1 *Lachesis mutus* compared to *Hoodia gordonii* 30CH

As per Vermuelen (2004).

*Lachesis mutus* has feelings of sadness with forsaken feelings in the morning, especially in girls before puberty and worse during menses. However, in *Hoodia gordonii* 30CH there is sadness with depressed mood, feels like crying but does not weep and with feelings of separation from the parents. Hence *Hoodia gordonii* 30CH desires to be alone with nostalgic feelings when feeling sad and when emotionally tired, whereas *Lachesis mutus* has no desire to mix with the world with aversion to company, and desires solitude to indulge their fancy.

There is excess fatigue in *Lachesis mutus* and *Hoodia gordonii* 30CH, but there is a negative attitude and laziness in *Hoodia gordonii* 30CH. *Lachesis mutus* has weak memory, making mistakes in writing and speaking same as in *Hoodia gordonii* 30CH. There is great mental activity and desire for mental work in the evening in *Lachesis mutus*, which is different to *Hoodia gordonii* 30CH where there is decrease in mental activity and laziness towards study. Mental activity aggravates headache and there is also forgetfulness in *Lachesis mutus*. In *Hoodia gordonii* 30CH also, there is an increase in mental focus and concentration during the day. *Lachesis mutus* is hurried and industrious at night whereas *Hoodia gordonii* 30CH is hurried, busy and restless during the day feeling there is a lot to do in so little time, to achieve financial stability for the future.

In *Lachesis mutus* there is vertigo which is worse on closing the eyes, and in *Hoodia gordonii* 30CH vertigo is better for closing the eyes. In *Lachesis mutus* the headache symptoms are similar to *Hoodia gordonii* 30CH, which are experienced on waking, and are worse on moving, during sun exposure and onset of discharges. Headaches are experienced as migraine on the right side, with bursting and throbbing pain in temples accompanied by heat sensation. There is also heaviness on the occiput in the morning on rising and pressive headache with nausea. The head pain in *Hoodia gordonii* 30CH begins on the vertex and spreads all over the head. In *Lachesis mutus* the eyes feel

small with photophobia and dim sight as in *Hoodia gordonii* 30CH, but there is black flickering, zig-zag figures in *Lachesis mutus* while there are flickering stars in *Hoodia gordonii* 30CH. There is hardness of hearing and want of wax or whitish wax in *Lachesis mutus* whereas in *Hoodia gordonii* 30CH there is there is hardness of hearing as if blocked ear, with brown wax and black wax especially on the right ear.

*Lachesis mutus* is similar to *Hoodia gordonii* 30CH in that there is craving for coffee, an increase or loss of appetite, thirst for ice water, but fears to drink, whereas in *Hoodia gordonii* 30CH there is unquenchable thirst for cold water. In *Lachesis mutus* there is nausea after going to bed and after while in *Hoodia gordonii* 30CH there is nausea all the time during the day, but not at night. In *Lachesis mutus* there is distension and soreness on abdomen cannot bear clothing whereas in *Hoodia* there is distention without soreness. In *Lachesis mutus* urine is frequent, dark, strong odour, urging to urinate at night and or urine is retained as in *Hoodia gordonii* 30CH, but their urine is without odour.

In *Lachesis mutus* males have strong sexual desire and inability with tardy or no emissions in coition whereas in *Hoodia gordonii* 30CH males have increased sexual desire and emissions. In *Lachesis mutus* females the left ovary is very painful and swollen, or mammae inflamed and bluish before menses whereas in *Hoodia gordonii* 30CH the tenderness and inflammation of breast before menses is cured. In *Lachesis mutus* the menses are irregular, black and scanty while in *Hoodia gordonii* 30CH they are also irregular and black but profuse.

Both *Lachesis mutus* and *Hoodia gordonii* 30CH present with dry cough and heart palpitations in the morning. Sleep symptoms in *Lachesis mutus* are similar to *Hoodia gordonii* 30CH except that there is sleepiness yet cannot sleep in *Lachesis mutus* but in *Hoodia gordonii* 30CH there is drowsiness and deep sleep. In *Lachesis mutus* the general modalities are worse (<) in the morning, from sun exposure, from motion, from bending forward as is also seen in *Hoodia gordonii* 30CH. *Lachesis mutus* is worse after sleep whereas in *Hoodia gordonii* 30CH symptoms are better after sleep.

#### **5.4.2 *Hoodia gordonii* 30CH compared to *Atropa belladonna***

As per Vermuelen (2004).

*Atropa belladonna* is very restless with sadness and indifference but *Hoodia gordonii* 30CH is restless and industrious, there is sadness and depression with sentimentality toward family. *Atropa belladonna* has active memory similar to *Hoodia*.

The headaches in *Atropa belladonna* are throbbing and hammering and worse at the temples, and are worse with motion but better bending the head backward as is the case in *Hoodia gordonii* 30CH. In *Hoodia gordonii* 30CH there is pain in the head and eyeball as if eye pain would begin from the eye socket. In *Hoodia gordonii* 30CH pain in the head and eyeball is experienced as if the head is shrinking. Another sensation of the head pain in *Hoodia gordonii* 30CH is as if brain is falling, when bending forward and it is better bending backward. In *Atropa belladonna* there is a sensation as if the brain rises and falls, together with a sensation of throbbing and of heat in the forehead, occiput and temples. In *Hoodia gordonii* 30CH, headaches are similar to those of *Atropa belladonna* but without the heat sensation. The head pain begins in occiput and radiates to the right temple or forehead and settles about the right eye in *Atropa belladonna*. However, in *Hoodia gordonii* 30CH it begins in the right temple or forehead, radiates to the occiput and settles over the right eye. *Atropa belladonna* headaches are worse from cold, light and noise as in *Hoodia gordonii* 30CH and worse lying down and in the afternoon but in *Hoodia gordonii* 30CH it is better from lying down but worse in the afternoon.

In *Atropa belladonna* there is throbbing pain in the teeth and tonsillar pain is worse on the right side. There is also loss of appetite, nausea and vomiting, great thirst for cold water as in *Hoodia gordonii* 30CH. In the general symptoms, in *Atropa belladonna*, there exists increased thirst, dryness in throat but with dread of drinking, an aversion to meat and milk, coffee, acids, fat and there are cravings for sweets and sour food. These general symptoms are similar to *Hoodia gordonii* 30CH, where there is unquenchable thirst for cold water with dryness of throat, or thirstlessness in some cases. In *Hoodia gordonii* 30CH there are cravings for meat, milk, fizzy drinks, coffee and fats which are opposite to the cravings of *Atropa belladonna*. Both *Atropa belladonna* and *Hoodia gordonii* 30CH crave sweet foods.

In *Atropa belladonna* there is urine retention and paralysis of bladder, involuntary urination at night, frequent and profuse urine as is the case in *Hoodia gordonii* 30CH. In *Atropa belladonna* the menses are profuse, dark red, too early as is in *Hoodia gordonii* 30CH but also or bright red unlike that of *Hoodia gordonii* 30CH. There is dry cough, tickling, sore larynx with a feeling of respiration being oppressed which is worse after 10pm as is the case in *Hoodia gordonii* 30CH. Also both remedies have violent palpitations, a reverberation in the head, and oppression of the chest.

In *Atropa belladonna* there is restless sleep, sleeplessness and drowsiness, frightful dreams of quarrels, fire, robbers, as is the case in *Hoodia gordonii* 30CH. In *Hoodia gordonii* 30CH there are further dreams of water, danger and death. In *Atropa belladonna* there is crying out and grinding teeth during sleep whereas in *Hoodia gordonii* 30CH there is restlessness during sleep with a sensation of being scared.

The modalities of *Atropa belladonna* are worse for being exposed to the heat of sun, to light, after exposure to cold, during coryza, from jarring, motion, noise, touch, after 3pm, after midnight and in the afternoon. The modalities are better for bending backwards and for rest in bed which is also the case in *Hoodia gordonii* 30CH but *Atropa belladonna* is worse in hot weather whereas *Hoodia gordonii* 30CH is worse in cold weather.

Although *Atropa belladonna* is similar to *Hoodia gordonii* 30CH as discussed above, it could be used as the acute of *Hoodia gordonii* 30CH. This is seen in one of the provers, prover 15, who took *Atropa belladonna* after having a fever at the end of the proving. The symptoms were ameliorated but they returned after a few days as the remedy required repetition.

#### **5.4.3 *Veratrum album* compared to *Hoodia gordonii* 30CH**

As per Vermuelen (2004).

In the mind of *Veratrum album* there is melancholy, with brooding in silence and desires to be alone, and yet cannot bear to be left alone. They refuse to talk during stupor and mania. *Veratrum album* is busy, restless, and has attacks of pain with delirium, with a feeling of being driven to madness. *Veratrum album* squanders money and there is a dislike for their children. In *Hoodia gordonii* 30CH there is melancholy, sadness and depression, a desire to be alone, with a rapid change of mood to anger. In *Hoodia gordonii* 30CH there is restlessness, anxiety and industriousness to be financially secure in the future, with a love for their family.

*Veratrum album* has vertigo accompanied by sudden fainting with cold sweat on forehead, whereas in *Hoodia gordonii* 30CH vertigo is experienced as dizziness, lightheaded, disorientation, spinning and usually is accompanied by a headache and is worse in the sun.

In *Veratrum album* there is dryness of mouth and thirst with a voracious appetite that is better for eating meat and drinking milk. There is gnawing hunger in spite of nausea and vomiting and there is violent thirst as is in *Hoodia gordonii* 30CH. In *Veratrum album* there is nausea and copious vomiting, with profuse salivation which is worse for drinking and for least motion. In *Veratrum album* there are cravings for juicy cold things, ice, salt and thirst for cold water that is vomited as soon as swallowed, while in *Hoodia gordonii* 30CH there is unquenchable thirst and craving for salt, fizzy drinks and cold water. In *Veratrum album* there is a very painful diarrhoea, with watery stools that are forcefully evacuated followed by great prostration, whereas in *Hoodia gordonii* 30CH there is there is constant painless diarrhea with watery stools.

In *Veratrum album* the urine is reddish brown, and there is retention of urine as is in *Hoodia gordonii* 30CH but the urine is scanty in *Veratrum album* as compared to the profuse urine in *Hoodia gordonii* 30CH. In *Veratrum album* the menses are too early, profuse and exhausting as is the case in *Hoodia gordonii* 30CH. *Veratrum album* also has asthma which is worse in cold damp weather and has bronchitis similar to *Hoodia gordonii* 30CH. *Veratrum album* has heart palpitations with anxiety and *Hoodia gordonii* 30CH experiences heart palpitations with an oppressive, tight feeling which was ameliorated by eructations. *Veratrum album* experiences soreness and tenderness of joints and has pain in the limbs better walking up and down. The above

*Veratrum album* symptoms are similar to *Hoodia gordonii* 30CH but in *Hoodia gordonii* 30CH there was swelling of the legs and the foot pain was ameliorated by walking on the toes. In *Veratrum album* there are cramps in calves during stools whereas in *Hoodia gordonii* 30CH the leg cramps are after exercise.

In *Veratrum album* there is unusual sleepiness as in *Hoodia gordonii* 30CH. The general modalities for *Veratrum album* that are similar to *Hoodia gordonii* 30CH are that they are worse in cold weather and better for lying.

#### **5.4.4 Sulphur compared to Hoodia gordonii 30CH**

As per Vermuelen (2004).

The following are mind symptoms of *Sulphur* which are similar to *Hoodia gordonii* 30CH: forgetful, misplaces words when writing, busy all the time, irritable, depressed with a weeping mood. There is also anxiety from pressure on the chest and sentimentality as is in *Hoodia gordonii* 30CH but in *Sulphur* there is indifference to welfare of others whereas *Hoodia gordonii* 30CH cares about the welfare of others.

There is vertigo which is worse for stooping and headaches in *Sulphur* which are similar to *Hoodia gordonii* 30CH. In *Sulphur* and *Hoodia gordonii* 30CH, there is a pressive headache in the temples in the morning after rising with the pain experienced deep in the brain. In *Sulphur*, there is a dull headache which is worse in open air as is in *Hoodia gordonii* 30CH. The beating sensation of the head pain is preceded by photopsia and ascends from nape to vertex in *Sulphur*, unlike in *Hoodia gordonii* 30CH where the headache descends from the vertex to the nape as a tingling sensation. *Sulphur* has black motes before eyes, whereas *Hoodia gordonii* 30CH sees stars before the eyes. *Sulphur* is similar to *Hoodia gordonii* 30CH in that the nose is oversensitive to odours, the throat is sore and there is redness of tonsils.

*Sulphur* has an increase in thirst with low appetite. There is complete loss of or excessive appetite, feels hungry but loathes the food on the table whereas *Hoodia*

*gordonii* 30CH is hungry and ravenous for food. *Sulphur* and *Hoodia gordonii* 30CH both have weight loss despite voracious appetite.

*Sulphur* is averse to meat, eggs, cheese, milk, chicken, fat and rich food, but *Hoodia gordonii* 30CH crave these. Both have great desire for sweets. *Sulphur* has flatulent symptoms, fullness and tension in abdomen toward anus and in *Hoodia gordonii* 30CH there is fullness and tension in the abdomen. *Sulphur* has morning painless diarrhea which drives them out of bed and in *Hoodia gordonii* 30CH painless diarrhea is at various times throughout the day. *Sulphur* has watery stools, frequent micturition at night with scanty or copious discharge, as is the case in *Hoodia gordonii* 30CH.

The urine in *Sulphur* is colorless, and there is urging after urinating but in *Hoodia gordonii* 30CH urine is strongly yellow, orange to red in colour. In *Sulphur* menses are followed by slimy, acrid, milky leucorrhoea whereas in *Hoodia gordonii* 30CH they are preceded by slimy leucorrhoea. *Sulphur* experiences inflammation of mammae before menses and in *Hoodia gordonii* 30CH the tenderness and swelling of mammae before menses was relieved.

In *Sulphur* there is dry cough at night which is loose during the day, there is also dry throat and watery coryza as is in *Hoodia gordonii* 30CH but in *Hoodia gordonii* 30CH cough is dry throughout. In *Sulphur* there is an oppression as of a load on chest in the middle of the night; there is also burning sensation in the chest and heart palpitations with the oppressive sensation as is the case in *Hoodia gordonii* 30CH.

There are cramps in calves and soles of *Sulphur*, principally on the right. There is also heavy unrefreshed sleep, drowsy by day wakeful at night, wakes frequently between 2-5 am as is in *Hoodia gordonii* 30CH but in *Hoodia gordonii* 30CH the heavy sleep is peaceful.

#### **5.4.5 Phosphorus compared with *Hoodia gordonii* 30CH**

As per Vermuelen (2004), Coulter (1998), Murphy (2000) and Cowperthwaite (1991).



According to Coulter (1998), *Phosphorus* is sensitive, sympathetic, responsive, sensitive to emotional atmosphere, and helpful. *Phosphorus* is similar to *Hoodia gordonii* 30CH in this regard. *Hoodia gordonii* 30CH is sensitive emotionally and physically such that the senses of touch and smell are heightened, and even noise aggravates or causes nausea.

*Phosphorus* is highly impressionable, hence sensible to criticism, fears rejection and will bend over backward to accommodate or keep a harmonious atmosphere. Disagreeable feelings make them ill with trembling in stomach, head pains, palpitations. Even pleasurable emotions keep them awake from excitement. (Coulter 1998). Although *Hoodia gordonii* 30CH is sensitive to criticism, they can assert themselves, do not avoid disagreement and become angry easily. The disagreeable feeling of illness felt by *Phosphorus* is felt as anticipatory anxiety in *Hoodia gordonii* 30CH, however *Hoodia gordonii* 30CH does not have fear of rejection as *Phosphorus* does but has a fear of poverty (failure, finances and future).

*Phosphorus* has many intimate friends, is seldom critical of others, has a cheerful disposition, and is optimistic and resilient provided that they are not pushed too far. *Hoodia gordonii* 30CH also a cheerful disposition even during imbalance, and enjoys friendship and company ameliorates anger or sadness. Despite these similarities, *Hoodia gordonii* 30CH is not as open to everyone as *Phosphorus*. *Hoodia gordonii* 30CH is sensitive, sympathetic and helpful towards family. *Hoodia gordonii* 30CH loves family very much and works hard for them and feels gratitude to have them. *Phosphorus* experiences family as excitement or enjoyment and easily pours out affection and caresses to all their acquaintances not only to their family members. Although *Hoodia gordonii* 30CH is sentimental with nostalgia towards family they prefer to be alone and avoids company generally (Coulter 1998).

In *Phosphorus* there is also the polarity of great lowness of spirits and melancholy. There is disinclination to work, study and conversation. There is loss of memory and the brain feels tired. These symptoms are similar to *Hoodia gordonii* 30CH symptoms. *Phosphorus* is restless, fidgety and has anxiety for others and about friends at home. *Hoodia gordonii* 30CH is also restless, fidgety, has anticipatory anxiety and anxious about family, finances and the future, because *Hoodia gordonii* 30CH has deep fear

of poverty. There is anxiety when lying on left side in *Phosphorus* but in *Hoodia gordonii* 30CH anxiety is when lying on the right side. *Phosphorus* is easily vexed and prefers company, but *Hoodia gordonii* 30CH prefers to be alone when they are experiencing frustration though conversation ameliorates (Vermeulen 2004).

In *Phosphorus* there are many fears; of darkness, illness, death, impending misfortune, worry without any imaginable reason. They suffer from insomnia or sleep unsoundly with anxious dreams. *Hoodia gordonii* 30CH does not have many fears except for fear of the future, failure in examinations and fear of poverty. However, there are similar symptoms expressed in dreams of *Hoodia gordonii* 30CH; the fear of dark, death and impending misfortune. All fears in *Phosphorus* are exaggerated by solitude and amelioration by company hence they seek reassurance and have feelings of helplessness (Vermeulen 2004).

*Phosphorus* and *Hoodia gordonii* 30CH are similar in that they are compassionate towards others, even when angry they do not allow sadness to last and hold no resentment. They are teasing and they play jokes on others but are not malicious. *Phosphorus* wants to enjoy life and are indifferent to parental or family responsibilities, and are unreliable with their own or others money, freely giving to people and left with nothing because they care more for the other. *Hoodia gordonii* 30CH is different in this regard as they are responsible with finances, plans and budgets for the future. They take care of themselves and their family financially and are sentimental and caring towards their own family (Coulter 1998).

In *Phosphorus* there is vertigo after rising, and faintness accompanied by floating sensation, whirling, nausea and headache as is the case in *Hoodia gordonii* 30CH. *Phosphorus* has a headache over one eye with hunger, a burning sensation on the vertex and temples and the headache is also worse for sound as there is in *Hoodia gordonii* 30CH (Vermeulen 2004).

*Phosphorus* is extremely emotionally sensitive and clairvoyant. *Phosphorus* and *Hoodia gordonii* 30CH are hypersensitive to smells, strong light and see floaters before their eyes. They are both sensitive to change in temperature and to noise. Clairvoyance was not observed in the proving of *Hoodia gordonii* 30CH. In *Phosphorus*

there is a sensation of the eye being covered in mist and eye fatigue as in *Hoodia gordonii* 30CH. There are black points that float before the eye in *Phosphorus* but in *Hoodia gordonii* 30CH they experience stars floating before the eyes. In *Phosphorus* there is hearing difficulty, with a sensation as if a foreign body is lodged in ears which is similar to *Hoodia gordonii* 30CH. In *Phosphorus* the nose is oversensitive to smells during headache and is blocked as is the case in *Hoodia gordonii* 30CH. There is shooting tooth-ache in the morning when chewing in *Phosphorus* and in *Hoodia gordonii* 30CH there is throbbing tooth-ache in the afternoon better for clenching the teeth (Vermeulen 2004).

*Phosphorus* is thirsty for very cold water and *Hoodia gordonii* 30CH has an unquenchable thirst for cold water and fizzy drinks. *Phosphorus* has craving for salt, acid, ice-cream, cold milk, chocolate, carbonated drinks, cheese, and chicken as is in *Hoodia gordonii* 30CH. *Phosphorus* has aversion to warm food, coffee which are cravings of *Hoodia gordonii* 30CH. In *Phosphorus* the appetite increases during headache or attack of sickness. There is ravenous hunger during fever, hunger soon after eating or there may be loss of appetite and feeling of fullness in throat in *Phosphorus*. In *Phosphorus* there is also sensation of pressure and heaviness in the stomach. All the above symptoms are similar to *Hoodia gordonii* 30CH symptoms, except that in *Phosphorus* the hunger is ravenous at night whereas *Hoodia gordonii* 30CH has loss of appetite at night. There is painless, copious, debilitating diarrhea which is worse in the morning with watery stools in *Phosphorus* as is in *Hoodia gordonii* 30CH (Vermeulen 2004).

There is profuse, pale, watery urine with, brown and red sediments present in the urine of *Phosphorus* and micturition is frequent at night as is the case in *Hoodia gordonii* 30CH. However, in *Hoodia gordonii* 30CH the urine is orange-reddish in colour. In *Phosphorus* there is irresistible sexual desire, lascivious dreams as is in *Hoodia gordonii* 30CH (Cowperthwaite 1998). In *Hoodia gordonii* 30CH their sexual function was enhanced in terms of strength of erections, frequency of performance and volume of ejaculation. There is profuse, smarting, corrosive leucorrhea instead of menses and watery offensive discharge in *Phosphorus* but in *Hoodia gordonii* 30CH there is slimy discharge before menses. There is a stitching pain in the breasts of *Phosphorus* and in *Hoodia gordonii* 30CH, the tenderness and swelling of mammae before menses was

relieved. In *Phosphorus* there is a scanty hemorrhage from uterus between periods and profuse menses. The menses are too late, and metrorrhagia is experienced which is the case also in *Hoodia gordonii* 30CH. The menses are too early and scanty but prolonged in *Phosphorus* whereas in *Hoodia gordonii* 30CH they are too early, profuse and not prolonged (Vermeulen 2004).

In *Phosphorus* and *Hoodia gordonii* 30CH there is dry cough which is worse in cold air, there is asthma after cough and there is also a sense of suffocation in larynx and trachea and across upper part of chest as from a heavy weight. There is congestion of lungs, a burning pain, heat and oppression of chest, tightness across chest, and great weight on chest which is worse lying on the left side. There are violent heart palpitations and anxiety while lying on left side in *Phosphorus* as is in *Hoodia gordonii* 30CH. However, the oppression and palpitations are worse lying on right side in *Hoodia gordonii* 30CH (Vermeulen 2004)

According to Murphy (2000), *Phosphorus* is a constitution that has a sanguine temperament, is quick, lively, sensitive, nervous and anemic. Cowperthwaite (1991) also mentioned that *Phosphorus* has chest weakness and belongs to the tubercular miasm, and also enjoys being hugged and kissed. *Phosphorus* has great emaciation, great weakness and prostration, takes cold easily and the body feel bruised (Cowperthwaite 1998). All the above symptoms are similar to *Hoodia gordonii* 30CH therefore this reinforces the similarity of *Hoodia gordonii* 30CH to *Phosphorus*.

In *Phosphorus* there are cramps in calves; the feet are swollen in the evening or when walking and there is formication of hands and feet as is in *Hoodia gordonii* 30CH. In *Phosphorus* there is great drowsiness especially after meals; sleepy by day which is better after a short sleep. There is deep sleep; short naps and frequent waking; goes to sleep late and awakens up weak; sleepless before midnight in *Phosphorus* as is in *Hoodia gordonii* 30CH. There are vivid dreams of fire, of biting animals and lascivious dreams in *Phosphorus* which are similar to *Hoodia gordonii* 30CH dreams (Cowperthwaite 1998).

The general modalities in *Phosphorus* are worse for lying on back, for emotions, for mental exertion, for touch, for odours, for light, for cold, in the morning and evenings,

during twilight as in *Hoodia gordonii* 30CH and worse lying on left but in *Hoodia gordonii* 30CH the symptoms are worse lying on the right. *Phosphorus* is better for sleep, for cold water as is in *Hoodia gordonii* 30CH (Vermeulen 2004).

## 5.5 Toxicology

There were five objectives of this research study and they were all met. The first and second objectives were met and explained in Chapter 4. The third was discussed in Chapter 5.4 above. The fourth objective of this study was to compare the proving symptoms of *Hoodia gordonii* 30CH produced to the toxicology of *Hoodia gordonii* in crude form. The relevant toxicological symptoms from Chapter 2.2.4 are listed below and compared with the proving toxicological symptoms of *Hoodia gordonii* 30CH and discussed as such.

The correlation between the physical properties and toxicology of *Hoodia gordonii* to the symptoms produced by provers during the proving period was clearly evident.

The toxicological symptoms of *Hoodia gordonii* are as follows:

### Adverse effects:

- Nausea and emesis (Blom *et al.* 2011).
- Increase in blood pressure (Bruyns 2005) and (Blom *et al.* 2011).
- An increase in pulse and heart rate (Van Heerden 2008); (Van Wyk 2008) and (Blom *et al.* 2011).
- Increased serum ALP; increase total and indirect bilirubin (Blom *et al.* 2011).
- Jaundice (Blom *et al.* 2011).
- Cardiac symptoms such as palpitations (Van Wyk 2008) and (Blom *et al.* 2011).

### Overdosage effects:

- Nervousness and stress (Van Wyk 2008).
- Feeling of lowness of spirits and depressed feeling (Madgula *et al.* 2008).

- Headaches with significantly high blood pressure levels (Van Wyk 2008) and (Blom *et al.* 2011).
- Vomiting (Van Wyk 2008).
- Stomach cramps (Van Wyk 2008) and (Bruyns 2005)
- Upset stomach or indigestion (Van Wyk 2008) and (Bruyns 2005).
- Diarrhea (Van Wyk 2008).
- Increase tissue concentrations of P57 in the liver, intestines, and kidneys (Madgula *et al.* 2008).

What follows is a discussion in light of toxicology of the results of *Hoodia gordonii* 30CH homeopathic proving.

**Table 5.3: The illustration of the toxicology versus the results of *Hoodia gordonii***

Toxicology of <i>Hoodia gordonii</i>	Proving symptoms of <i>Hoodia gordonii</i>
<ul style="list-style-type: none"> <li>➤ Nervousness and stress (Van Wyk 2008).</li> </ul>	<p>Feeling restless, could not even concentrate in class except when writing, and anxious for unknown reasons.</p> <p>Anxiety with difficult breathing as if there was suffocation or something heavy on the chest.</p> <p>Restlessness even in sleep.</p> <p>Stress as an aggravating factors and also as an etiology</p>
<ul style="list-style-type: none"> <li>➤ Feeling of lowness of spirits and depressed feeling (Madgula <i>et al.</i> 2008).</li> </ul>	<p>Depression, sadness and unhappiness preferred to be alone, alternating with cheerful despite having uncomfortable symptoms</p>
<ul style="list-style-type: none"> <li>➤ Headaches with significantly high blood pressure levels (Van Wyk 2008) and (Blom <i>et al.</i> 2011).</li> </ul>	<p>Headaches, severe and accompanied by an increase in blood pressure,</p>

<ul style="list-style-type: none"> <li>➤ Increased serum ALP; increase total and indirect bilirubin (Blom <i>et al.</i> 2011).</li> <li>➤ Jaundice (Blom <i>et al.</i> 2011).</li> <li>➤ Increase tissue concentrations of P57 in the liver, intestines, and kidneys (Madgula <i>et al.</i> 2008).</li>   <li>➤ Thirst quencher (Bryuns 2005)</li>   <li>➤ Decrease in appetite (Madgual <i>et al.</i> 2008) and Blom <i>et al.</i> 2011)</li> </ul>	<p>accompanied by redness and soreness of the eyes, with dis-orientation.</p> <p>Headaches in the temple, vertex, frontal and sides especially the right side.</p> <p>sensations such as head splitting into two, stabbing as needles, heavy, dull, hammering, beating, sharp, throbbing and pulsating.</p> <p>Formication with itchiness, fatigue, strong urine, constipation And polyuria.</p> <p>Persistent thirst, unquenchable thirst and very thirsty at 12 midnight. Increase in thirst was accompanied by polyuria and increase in appetite and also increase in perspiration especially at night. One prover was very thirsty, urinate a lot, even the throat feels dry.</p> <p>More than 50%) provers noticed a decrease in appetite; they had no desire, provers skipped afternoon meals as they felt full.</p> <p>The loss of appetite was accompanied by range of symptoms such as decrease</p>
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<ul style="list-style-type: none"> <li>➤ Vomiting (Van Wyk 2008).</li> <li>➤ Nausea and emesis (Blom <i>et al.</i> 2011).</li> <li>➤ Upset stomach or indigestion (Van Wyk 2008) and (Bruyns 2005).</li> <li>➤ Stomach cramps (Van Wyk 2008) and (Bruyns 2005)</li> <li>➤ Diarrhea (Van Wyk 2008).</li> </ul>	<p>in thirst, increase in thirst and painless diarrhea</p> <p>Also more than 50% of provers experienced the opposite polarity and had an increase in appetite expressed accompanied by a variety of symptoms such as starving and bloated nauseous, painless diarrhea, hunger after every hour and increased urination. Most provers were very hungry for rich creamy foods with meat. In most provers, there was an alternation between decreased hunger and increase in the same prover but in different stages of the proving.</p> <p>Nausea and vomiting. Nausea all the time &lt; with noise. Nausea despite having ravenous appetite.</p> <p>Stomach felt bloated and distended. Stomachs felt full without actually eating &lt; evening. Heartburn and a continuous bubbling feeling of gas, &gt; for burping, &lt; evening</p> <p>Stomach cramps These cramps were accompanied by burning diarrhea &lt; twilight, &lt; after midnight. Continuous painless diarrhea with porridge-like or watery stools.</p>
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<ul style="list-style-type: none"> <li>➤ Cardiac symptoms such as palpitations (Van Wyk 2008) and (Blom <i>et al.</i> 2011).</li>   <li>➤ Increase in blood pressure (Bruyns 2005) and (Blom <i>et al.</i> 2011).</li>   <li>➤ An increase in pulse and heart rate (Van Heerden 2008); (Van Wyk 2008) and (Blom <i>et al.</i> 2011).</li> </ul>	<p>Heart palpitations, which skipped a heartbeat and then beating hard as if it is audible to the outside, &lt;morning and decrease as the day progressed, Associated with sweating on the forehead, vertigo as light-headedness as if about to fall, headache and nausea.</p> <p>Only two out of nine verum provers had increase in pressure, all as diastolic pressure.</p> <p>There were seven out of nine verum provers had decrease in pressure. From these three as diastolic pressure, two were systolic pressure and the other two as diastolic and systolic pressure.</p> <p>There were eight out of nine verum provers that had increase as change in pulse rate, and only one verum prover had decrease as change in pulse rate.</p>
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### 5.5.1 Mind

The toxicology of *Hoodia gordonii* due to its over-consumption results in nervousness and stress as well as lowness of spirits as explained in Chapter 2. These symptoms are related to the proving symptoms where some provers were feeling restless, and anxious for unknown reasons. Provers had anxiety with difficult breathing as if there was suffocation or something heavy on the chest. The restless was in the mind as well

as physically, such that one prover commented that she was restless for unknown reasons and could not even concentrate in class except when writing, for unknown reasons. There was restlessness even in sleep. Stress was one of the aggravating factors and also was an etiology in some provers.

Depression, sadness and unhappiness was also displayed in some provers. Mostly provers were cheerful despite having uncomfortable symptoms, however, the same provers changed to a state of sadness such that they preferred to be alone.

### **5.5.2 Head**

Most provers had headaches, of which most were severe and accompanied by an increase in blood pressure which is similar to the headache symptoms caused by the overconsumption of *Hoodia gordonii* as stated by Van Wyk (2008) and Blom *et al.* (2011). Mostly the headaches were accompanied by redness and soreness of the eyes. Also headaches with dis-orientation are similar to the proving symptoms of *Hoodia gordonii*. There were different types of headaches in the temple, vertex, frontal and sides especially the right side. There were different sensations described such as head splitting into two, stabbing as needles, heavy, dull, hammering, beating, sharp, throbbing and pulsating.

### **5.5.3 Stomach**

A number of provers experienced nausea and vomiting, and this is similar to the nausea caused by overconsumption and the side effects of *Hoodia gordonii* (Van Wyk 2008). There was nausea all the time which was worse with noise. The peculiar symptom was nausea despite having ravenous appetite. The overconsumption of *Hoodia gordonii* causes upset stomach or indigestion (Van Wyk 2008) and (Bruyns, 2005). This is similar to the indigestion experienced by *Hoodia gordonii* provers, with the feeling as if the stomach is bloated and distended. Some provers skipped the evening meal as their stomachs felt full without actually eating. Also heartburn was experienced and a continuous bubbling feeling of gas that was better for burping in the

evening, as symptoms related to gastric build-up indigestion in overconsumption of *Hoodia gordonii* (Madgula *et al.* 2008).

There were provers that had stomach cramps and diarrhea similar to the ones caused by overconsumption of *Hoodia gordonii* as mentioned by Van Wyk (2008) and Bruyns (2005). In the proving study these cramps were accompanied by burning diarrhea at twilight and after midnight, whilst most provers had continuous painless diarrhea with porridge-like or watery stools.

At the beginning of the proving after administration of the first few powders most (more than 50%) provers noticed a decrease in appetite; they had no desire for food as they were not feeling hungry. This was exhibited clearly when some provers skipped afternoon meals as they felt full. The loss of appetite was accompanied by range of symptoms such decrease in thirst, increase in thirst and runny stomach. More than 50% of provers experienced the opposite polarity and had an increase in appetite, which was accompanied by a variety of symptoms of which some of them were peculiar, such as, starving and bloated, nauseous with huge appetite, painless diarrhea with huge appetite, hunger after every hour even though eating meals and increased urination and hunger. Most provers were very hungry for rich creamy foods with meat. In most provers, there was an alternation between decreased hunger and increase in the same prover but in different stages of the proving.

Provers experienced increase in thirst that was persistent. Some had unquenchable thirst, and others were very thirsty at 12 midnight. Increase in thirst was accompanied by polyuria and increase in appetite and also increase in perspiration especially at night. One prover was very thirsty, urinate a lot, and had the throat that felt dry.

#### **5.5.4 Abdomen**

Provers had a variety of skin symptoms. There was a delusion of sensation as if ants were moving on the skin, with itchiness. There was eruption of boils on the head in some provers, and some provers had pimples on the face and back. The disturbances of skin sensation (formication) is similar to the disturbances of skin sensation

mentioned by Blom *et al.* (2011), and may be caused by liver dysfunction such as increase in bilirubin. The toxicological studies using an extract P57, which is a chemical substance found in *Hoodia gordonii* responsible for thirst; showed an increase of P57 in the liver, intestines and kidneys (Madgula *et al.* 2008) and (Blom *et al.* 2011). In my opinion movement of this chemical explains the production of a variety of symptoms by *Hoodia gordonii* 30CH in these organs of the body, such as formication, fatigue, strong urine, heartburn, burning and painless diarrhea, constipation, bloated and polyuria.

Van Wyk (2008) and Blom *et al.* (2011) mentioned cardiac symptoms such as palpitations as one of the side effects of *Hoodia gordonii*. This side effect may be caused by one of the components of steroidal glycosides of *Hoodia gordonii* called D-digitoxose. This is related to the proving symptoms experienced such as heart palpitations, which skipped a heartbeat and then beating hard as if it is audible to the outside. These palpitations were experienced in the morning and decrease as the day progressed. They were associated with sweating on the forehead, vertigo as light-headedness as if about to fall, headache and nausea.

### 5.5.5 General

The Table 4.3 Represents the results of the Generals such as - blood pressure, pulse rate, BMI and weight changes.

- Blood pressure – Verum provers
  - ❖ Increase in blood pressure

Prover number	Initial pressure (mmHg)	Final pressure (mmHg)	Change in pressure (mmHg) diastolic / systolic
15 M	110/70	110/76	+6 diastolic
01 M	110/70	110/78	+8 diastolic

Only two out of nine verum provers had increase in pressure, all as diastolic pressure.

- ❖ Decrease in blood pressure

Prover number	Initial pressure (mmHg)	Final pressure (mmHg)	Change in pressure (mmHg) diastolic / systolic
08 F	110/78	110/60	-18 diastolic
13 F	116/78	108/78	-8 systolic
11 F	105/70	100/70	-5 systolic
19 F	110/80	110/76	-4 diastolic
02 F	118/88	110/70	-8 systolic & -18 diastolic
05 M	118/78	108/64	-10 systolic & -14 diastolic
17 M	110/80	110/78	-2 diastolic

There were seven out of nine verum provers had decrease in pressure. From these three as diastolic pressure, two were systolic pressure and the other two as diastolic and systolic pressure.

➤ **Pulse rate – Verum provers**

Prover number	Initial pulse rate(bpm)	Final pulse rate(bpm)	Change pulse rate(bpm)
01 M	68	60	-8
02 F	68	72	+4
05 M	56	58	+2
08 F	64	72	+8
10 F	68	72	+4
13 F	60	66	+6
15 M	68	72	+4
17 M	64	72	+8
19 F	68	60	+8

There were eight out of nine verum provers that had increase as change in pulse rate, and only one verum prover had decrease as change in pulse rate.

➤ **Weight and BMI – Verum provers**

❖ **Weight loss**

Prover number	Height (m)	Initial weight (kg)	Initial BMI	Final weight (kg)	Final BMI	Weight lost (Kg)
08 F	1.59	58	22.94	57.5	22.74	0.5
19 F	1.52	90	38.95	89.6	38.78	0.4
02 F	1.65	97.5	35.81	93	34.16	4.5
17 M	1.75	73.5	24	72	23.5	1.5
05 M	1.78	72	22.72	71	22.4	1.0

❖ **Weight gain**

Prover number	Height (m)	Initial weight (kg)	Initial BMI	Final weight (kg)	Final BMI	Weight gained (kg)
13 F	1.57	60	24.34	60.5	24.54	0.5
11 F	1.50	42	18.67	44	19.56	2.0
15 M	1.74	59	19.49	62	20.48	3.0
01 M	1.64	56	20.82	57	21.19	1.0

➤ **Blood pressure – Placebo provers**

❖ **Increase in blood pressure**

Prover number	Initial Blood Pressure (mmHg)	Final Blood Pressure (mmHg)	Change in Blood pressure (mmHg)
18M	120/90	130/90	+10systolic & -10diastolic
7F	110/75	110/80	+5 diastolic

One out two placebo prover had an increase in diastolic pressure and another had an increase in systolic pressure as well as decrease in diastolic pressure.

❖ **Decrease in blood pressure**

Prover number	Initial Blood pressure (mmHg)	Final Blood Pressure (mmHg)	Change in Blood pressure (mmHg)
12 F	140/90	140/90	0 systolic & 0 diastolic
3F	122/84	122/80	-4 diastolic

One out of two placebo provers and a decrease in diastolic pressure and in another, there was no change in both diastolic and systolic pressure.

➤ **Weight and BMI – Placebo provers**

❖ **Weight loss**

Prover number	Height (m)	Initial Weight (kg)	Initial BMI	Final Weight (kg)	Final BMI	Weight loss (kg)
18M	1.78	97	30.61	95	29.98	2.0
7F	1.66	84	30.48	81	29.39	3.0
3F	1.59	91	35.99	89	35.2	2.0

❖ **Weight gain**

Prover number	Height (m)	Initial Weight (kg)	Initial BMI	Final Weight (kg)	Final BMI	Change in Weight (kg)
12 F	1.59	59	23.34	61	24.13	2.0

➤ **Pulse rate – Placebo provers**

Prover number	Initial pulse rate(bpm)	Final pulse rate(bpm)	Change in pulse(bpm)
3F	64	60	-4
7F	64	72	+8
12 F	68	66	0
18M	66	60	-6

Two out of four placebo provers had a decrease in pulse rate, one prover had an increase in pulse rate and the other prover had no change in pulse rate.

### 5.5.5.1 Discussion

One of the toxicology caused by the overconsumption of *Hoodia gordonii* is the increase in blood pressure (Bruyns 2005); (Madgula *et al.* 2008) and (Blom *et al.* 2011). This toxicological effect was evident as a secondary effect in the proving as most provers (seven out of nine) showed decrease in both diastolic and systolic blood pressure after proving as tabulated in Chapter 4. The normal blood pressure range is 100-120 mmHg systolic and 60-80 mmHg diastolic. There was a decrease of magnitude ranging from 5-10 mmHg in systolic pressure and 2-18 mmHg in diastolic pressure, as compared to the magnitude ranging from 5.9-15.9 (systolic) and 4.6-11.05 MmHg (diastolic) in the toxicology. Only two provers out of nine had increase in diastolic pressure ranging from 6-8 mmHg. The verum proving results were significantly different from the placebo result where there was a decrease in magnitude range of 4-10 mmHg in diastolic pressure and an increase in the magnitude of systolic pressure of 5 mmHg.

Van Wyk (2008) and Blom *et al.* (2011) mentioned that overconsumption of *Hoodia gordonii* causes headaches with significant high blood pressure levels. This is similar to the proving symptoms where one prover experienced severe headaches, and on examination of the vital signs a significant increase in diastolic blood pressure of about 18 mmHg was noted. At the end of the proving stage once the headache subdued, the diastolic pressure was reduced from 18 to 10mmHg.

There was also a general increase in heart and pulse rate which was different in placebo provers where there was a decrease in heart and pulse rate. This was also

mentioned in the toxicology side effects of *Hoodia gordonii* by Van Heerden (2008) and Van Wyk (2008).

This study did not perform liver function test to measure raised levels of serum ALP and total and indirect bilirubin as one of the side effects of *Hoodia gordonii* (Blom *et al.* 2011). However, there were signs that suggested this such as, blood-colored urine alluding to possible high levels of bilirubin and jaundice. Similarly, mouth aphthae and cold sores that took a long time to heal suggested liver dysfunction. Episodes of nausea, vomiting, and skin sensations also suggested significantly increased levels of bilirubin and alkaline phosphatase. Other symptoms due to liver disorder are fatigue and abdominal pain and formication as explained by Van Heerden (2008) and Blom *et al.* (2011).

## **5.6 Miasmatic Indication of *Hoodia gordonii* 30CH**

Miasm is the term used to reflect a certain disposition, a defect that can be transferred from one generation to another (De Schepper 2001). Hahnemann the founder of homoeopathy classified miasms based on the theory of origin of diseases. According to Sankaran (1994), miasms divide diseases into categories to help in arriving at the simillimum more easily and to select the correct remedy.

Hahnemann classified miasms into acute and chronic miasms (psora, sycosis and syphilis). There are few remedies that belong entirely to one miasm and these are considered as archetypes. Later on other miasms were introduced such as ringworm, malaria, tubercular, leprosy, cancer and AIDS. These miasms categorically fall between a combination of the three main chronic miasms described by Hahnemann (Sankaran 1994).

It is proposed that *Hoodia gordonii* 30CH belongs to the tuberculinic miasm as symptoms derived from the proving study correspond to this miasm. The tubercular miasm is classified as an in-between miasm with features of the psoric, sycotic and syphilitic miasms (Sankaran 1994). In the psoric miasm there is a constant struggle of external stress and anxiety from doubts about their ability or capacity to deal with the



stress, however failure does not mean the end of the world. In the sycotic miasm there is struggle without hope for change, just coping, but the person lives the rest of their lives with a fixed weakness and tendencies to recurrent colds, and other respiratory conditions that are violent and destructive and progressive which is a feature of the syphilitic miasm (Sankaran 1994.)

In the tuberculinic miasm, the main feeling of the patient is of oppression. Even in the mind there is the same feeling such as being weighed down with cares and unhappiness (Sankaran 1994). In the tuberculinic miasm, one of the striking symptoms is restless, impulsivity and the desire for change. There is discontentment with the situation the person is in but they have an idealism of nostalgic hope for a better future such as in a 'paradise'. Although the 'paradise is lost', the tuberculinic miasm is still hoping to find it again, instead of developing survival skills. The tuberculinic personality type does not learn to adjust to the circumstances but behaves antisocially by leaving or feeling restricted by having to go to school for example (Van der Zee 2001). Restriction leads to restlessness seen in anticipatory anxiety, as a fear of being restrained. Finally, the worst stage of the tuberculinic miasm is the end where there is confinement to one spot leading to wasting, and hopelessness (Van der Zee 2001).

The following symptoms of *Hoodia gordonii* 30CH relate to the tuberculinic miasm (Sankaran 2005; Van der Zee 2001; Dancu 1996):

- Desire for change.
- Sentimental.
- Hopefulness (Van der Zee 2001).
- Desire for activity.
- Inability to concentrate.
- Irritable.
- Angry.
- Trapped.
- Closing in.
- Suffocation.
- Oppression.
- Depression without hopelessness.

- Wants to escape (Van der Zee 2001).
- Weakness and fatigue.
- Glands inflamed.
- Headaches – periodic.
- Photophobia.
- Ulcers in mouth.
- Asthma, coughs.
- Joint disorders.
- Eczema.
- Weight fluctuations.
- Desires salt, fats.
- Better during the daytime.
- Worse at night.
- Chronic diarrhea (Dancu 1996).

### **5.7 Clinical Indications for *Hoodia gordonii* 30CH**

*Hoodia gordonii* 30CH produced numerous symptoms which indicate the clinical conditions that this remedy may possibly treat. However, this has to be verified through further provings, practical application, and clinical trials in order to determine its efficacy. It is proposed that *Hoodia gordonii* may be useful in the following clinical conditions:

- Anxiety.
- Depression.
- Bipolar disorder.
- Meningitis.
- Headaches.
- Vertigo.
- Photophobia.
- Acne.
- Sinusitis.
- Nasal congestion.
- Pharyngitis.

- Viral tonsillitis.
- Colds.
- Influenza.
- Asthma.
- Bronchitis.
- Chest pain.
- Disorders with heart palpitations.
- High blood pressure.
- Renal infections.
- Backache.
- Pre-menstrual syndrome.
- Impotence.
- Nausea.
- Vomiting.
- Abdominal cramps.
- Acute viral hepatitis.
- Diarrhoea.
- Irritable bowel syndrome.
- Diabetes.
- Insomnia and sleep disorders.
- Chronic fatigue syndrome.
- Weight regulations.

*Hoodia gordonii* 30CH may be used as a weight regulator. Based on the results found and demonstrated in Table 4.5, provers experienced decrease in weight and some increase in weight. This was related to the changes in appetite. Most provers experienced loss of appetite after administration of the remedy. However, as the proving continued provers' appetite fluctuated. During the increase in appetite phase, provers were craving comfort foods that were rich and creamy such as avocado, meat, sweet and salty foods as well as fizzy carbonated drinks.

There was weight increase in verum group of four out of nine provers, which ranged from 0.5 grams to 3 kilograms. The majority of the provers (three out of four) that

gained weight were underweight relative to their heights, and the one prover that was not underweight gained 0.5 grams. These provers were pleased about the results of gaining weight as they were not happy being underweight. There was also weight reduction in the verum group of five out of nine provers. Which ranged from 0.4 grams to 4.5 kilograms. Weight changes were also related to blood pressure changes as explained in Chapter 5.5.5. Most provers that were on the verum had a decrease in blood pressure in both diastolic and systolic pressure. In provers with systolic blood pressure above 110 mmHg, the blood pressure reduced. Only two out of nine provers had an increase in diastolic pressure which was associated with headaches.

Weight changes in the verum provers were different those in the placebo provers. Most placebo provers (three out of four) lost weight ranging from 2-3 kilograms, and only one prover gained 2 kilograms. These findings are similar to the findings by Van Wyk (2008) and Blom *et al.* (2011), stating that there was failure to decrease weight or body fat more than placebo due to the appetite changes. However, in placebo provers there was a lack of decrease in appetite, and also a lack of decrease in blood pressure as in verum provers. In most placebo provers (three out of four), the systolic blood pressure was greater than the normal 120 mmHg but there was no reduction, instead an increase in systolic pressure. In one prover there was a significant increase of 10 mmHg in systolic pressure irrespective of the 2 kg weight lost.

## 5.8 Summary

There were five objectives of this research study and they were all met. The first objective was to conduct a double blind placebo controlled proving of *Hoodia gordonii* and to document proving symptoms produced by healthy provers. The second objective was to analyse and convert those symptoms into rubrics for the repertory. The third objective was to compare symptomatology of *Hoodia gordonii* 30CH with the homoeopathic remedies having the highest similar indications in the repertory. These remedies were *Atropa belladonna*, *Veratrum album*, *Lachesis mutus*, *Sulphur* and *Phosphorus*. The fourth objective was to compare the symptoms produced to the toxicology of *Hoodia gordonii* in crude form. The correlation between the physical properties and toxicology of *Hoodia gordonii* to the symptoms produced by provers

during the proving period was clearly evident. However, it is recognised, that the correlations between the mind and the proving substance are subjective, as they can be interpreted in a different manner from individual to individual. The fifth objective was to expand on the therapeutic armamentarium of the homoeopathic materia medica and on proving this remedy and the subsequent dissertation, being made available, in the institutional library repository, and possible publication in a homoeopathic journal this objective will be achieved. Also the fact that this remedy can now be clinically used where once other indicated remedies partially cured.

# CHAPTER 6 : RECOMMENDATIONS AND CONCLUSION

## 6.1 Recommendations

### 6.1.1 The prover group

The aim of this study was to conduct a double-blind placebo controlled homoeopathic proving of *Hoodia gordonii* 30CH, a South African indigenous plant. This was accomplished by randomly selecting 20 healthy provers that met the requirements for inclusion to participate in the study, as explained in Appendix B. This research study enlisted provers that were members of the general public as well as students from various campuses of the Durban University of Technology. After administration of the proving substance, provers were required to journal their proving symptoms for six weeks.

Detailed explanation of proper symptom journaling was presented to the provers and instruction sheets distributed amongst them as a guide. At the end of the proving period after the journals were collected it was evident that some provers had recorded incomplete symptoms. This may be attributed to their lack of knowledge of homoeopathic provings, their state of self-awareness, and poor prover compliance during the course of the study.

In this study there were more non-homoeopathic provers than homoeopathic provers. Previous studies conducted at DUT noted that non-homoeopaths often produce incomplete and vague symptoms often lacking and superficial in details (Rajkoomar 2011). In this study most members of the public (non-homoeopaths) produced clear, expressive and detailed records of symptoms and this added value to the proving. Homoeopathic students were more aware or conscious of their feelings, emotions and subtle changes they experienced on the proving more than non-homoeopaths. However, they lacked the diligence in recording the symptoms in their qualified totality. Therefore, it is recommended to recruit members of the public as participants in future and educate them so that they have complete clarity about the proving process. It is

further recommended to continue to recruit homoeopaths as they have more in-depth knowledge and awareness of symptomatology.

It was challenging to meet provers for a follow up meetings as their schedules clashed with the time of clinic use. Also provers felt that it was difficult to comply with journaling once they stopped experiencing the proving symptoms. It is recommended that convenient methods of supervision must be used including electronic media such as 'whatsapp'. The use of these electronic media will make contact with provers easier and more convenient.

Finding homoeopathic provers was a challenge as some had negative feelings of anxiety about being engaged in a proving during study time. Non-homoeopaths had positive feelings with regard to participating, once it was explained clearly what was expected of them, and what they should expect to possibly experience on the proving (Appendix A). Hence it is recommended that the relative safety of the homoeopathic proving process be comprehensively highlighted in the proving workshops conducted in the beginning.

### **6.1.2 Prover ethnicity and prover gender**

Ethnicity, age and gender play a key role in a well-balanced proving, as these elements contributed to variation regarding cultural traditions, dietary patterns and individual lifestyle. In this proving study, there was a dominance of African provers and an absence of members of Coloured ethnicity.

In males, the information in sexual symptoms was limited because of their conservativeness which could be attributed to their cultural backgrounds. It was also difficult to have female provers that met the criteria for proving due to prevalent use of contraceptives. Most female provers in this research were young, not yet sexually active and others were older participants approaching menopause, hence the study contains little information regarding female libido compared to male libido and male sexual symptoms. A balance of ethnic and gender groups is recommended for future provings of *Hoodia gordonii* to improve the quality and variation of symptoms.

### 6.1.3 Further provings of *Hoodia gordonii*

Sherr (1994) believes that conducting proving studies on a substance at varying levels of potency allows researchers to gain information that would aid in prescribing the correct potency for a patient. Therefore, it is recommended that further provings and clinical trials of *Hoodia gordonii* in other potencies be conducted in order to understand the complete remedy picture on all three levels, namely the mental, emotional and physical planes, such as 6CH, 9CH, 200CH and 1M. The researcher suggests that future research into *Hoodia gordonii* be conducted under the following guidelines:

- A comparative study of other remedies from the family *Apocynaceae*.
- A re-proving of remedies from the family that are already in existence but have not been proven comprehensively.
- Clinical trials in treating the indicated clinical conditions with *Hoodia gordonii* 30CH.
- It is further recommended that an updated analysis of the *Apocynaceae* family be conducted once sufficient proving studies have been conducted within this family to be able to determine the appropriate miasmatic classification of the family.

### 6.1.4 Indigenous substances

The exploration of the rich variety of South African indigenous flora and fauna is encouraged as it is valuable in the treatment of local people of South Africa. According to Sher (1994) it contributes to an evolution of African homoeopathic materia medica as suggested by Ross. (2009). There have been many provings conducted at DUT to support this exploration of indigenous substances such as *Bitis arietans arietans* (Wright 1999); *Sutherlandia frutescens* (Low 2002); *Naja mossambica* (Taylor 2004); *Strychnos Henningsi* (Lockhat 2010) and many more.



### **6.1.5 Publication**

The proving of *Hoodia gordonii* 30CH produced a wide variety of symptoms on the mental, emotional and physical levels of the provers. Hence, information regarding this new homoeopathic plant remedy should be made available to practicing homoeopathic physicians internationally. As a recommendation this proving study and materia medica of *Hoodia gordonii* 30CH should be published as articles in homoeopathic journals as a new remedy.

### **6.2 Conclusion**

This proving was a double-blind, randomised placebo controlled study. The hypothesis was that the proving of *Hoodia gordonii* 30CH would produce symptoms in participating provers and 234 symptoms were produced hence this hypothesis is confirmed. The second hypothesis that any proving symptomatology experienced by the provers during the research study would show resemblance to the toxicology of the plant used for the proving study is also confirmed, as explained in Chapter 4. The third hypothesis that the proving of *Hoodia gordonii* 30CH would clearly depict the symptomatology of the remedy by comparing it to the remedies produced by highest reportorial similarities is also confirmed.

This study has addressed all its objectives and as a result *Hoodia gordonii* 30CH has expanded the therapeutic armamentarium of materia medica as a South African indigenous remedy. This research has led to the increase in body of knowledge of indigenous substances, and also further expansion of clinical application of remedies. The emergence of this new remedy will be valuable in future years to be prescribed as a simillimum in the treatment of dis-ease or maladies that were partially cured, as Sherr (1994) shared this; and also as a remedy for clinical conditions.

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# APPENDIXES

## Appendix A: Advert

# HOMOEOPATHIC PROVING 2014

### PROVERS WANTED:

- ❖ BECOME PART OF THE PROVING OF A NEW SOUTH AFRICAN REMEDY.
- 
- ❖ THE DURBAN UNIVERSITY OF TECHNOLOGY HOMOEOPATHY DEPARTMENT IS SEARCHING FOR INDIVIDUALS WHO ARE WILLING TO PARTICIPATE IN A MASTERS DEGREE RESEARCH PROJECT.
  
- ❖ APPLICANTS SHOULD BE:
- - BETWEEN 18 AND 55 YEARS
  - SHOULD BE IN GENERAL GOOD HEALTH.
  - NOT CURRENTLY TAKING ANY ALLOPATHOC, HOMOEOPATHIC, OR ANY OTHER MEDICATION.
  - NOT PREGNANT OR BREASTFEEDING
- 

### IF YOU ARE INTERESTED AND WISH TO PARTICIPATE PLEASE CONTACT:

TEMBEKA STELLA SWANA-SIKWATA -----

---- 0722200485/0733410712

HOMOEOPATHY DAY CLINIC (DUT) -----

----- (031) 373 2041

**THANK YOU**



## **INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) LETTER OF INFORMATION**

**Title of the Research Study:** A homoeopathic drug proving of substance x 30CH, with a subsequent comparison of proving symptomatology to its toxicology as a raw substance and to homoeopathic remedies of reportorial similarity.

**Investigator/s/researcher:** Mrs. Tembeka Stella Swana-Sikwata, B. Tech Hom

**Supervisor:** Dr. Cornelia Hall (B.Sc.; M.Tech. Hom.)

### **Brief Introduction and Purpose of the Study:**

#### **Greeting to you Sir/Madam**

It is with great pleasure that I welcome you into this journey of discovery. The proving you are about to undertake is vital to the continuance of homoeopathy and for this reason I thank you in advance for taking part.

#### **Outline of the Procedures: Responsibilities of the provers:**

##### **Before the proving:** Provers have to ensure that they have the following:

- The correct journal
- Read and understood these instructions
- Had a case history taken and a physical examination performed
- Signed the informed consent form.

The proving supervisor will contact the prover with the date that he/she is required to commence the pre proving observation period and the date he/she is required to start taking the remedy. The prover will also agree on a daily contact time for the supervisor to contact him/her.

##### **Taking the remedy:**

Provers will begin taking the remedy on the day that the prover and supervisor have agreed upon. They will be required to record the time that the prover takes each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach with a clean mouth. Neither food nor drink should be taken for half an hour before or after taking the remedy. **The remedy should not be taken for more than 3 doses a day for two days (six powders maximum). In the event that the prover experiences symptoms, the prover will not take any further doses of the remedy. This is very important.**

The term “proving symptoms” implies:

- 1) Any new symptoms, i.e. symptoms that the prover has never experienced before.
- 2) Any change or intensification of any existing symptom.
- 3) Any strong return of an old symptom, i.e. a symptom that the prover has not experienced for more than a year.

If there is any doubt within the prover, they will be encouraged to contact the proving supervisor.

#### **Lifestyle during the proving:**

It will be necessary for provers to avoid all anti-doting factors such as coffee, camphor, and mints. If the prover does normally use these substances, he/she will be asked to stop consuming them for two weeks before, and for the duration of the proving. Provers will be asked to protect the powders they are proving like any other homoeopathic remedy, i.e. store it in a cool, dark place away from strong smelling substances, chemicals, and electric equipment and cell phones. For a successful proving, moderation in work, alcohol, exercise and diet has to be maintained.

Provers will be required to avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamins or mineral supplements, herbal or homoeopathic remedies. **Provers will be required to take precaution and avoid falling pregnant during this trial period.**

In the event of a medical or dental emergency of course common sense will prevail. Provers will contact their doctor, dentist, or local hospital as necessary. Contact with the supervisor will need to be made as soon as possible.

#### **Recording of symptoms:**

Once the prover has commenced the proving, he/she will carefully note down any symptoms that arise, whether they are old or new, and the time of the day or night that they occurred.

This should be done as vigilantly and frequently as possible so that the details of the symptom will be as accurate as possible. Provers will be encouraged to make a note even if no symptoms arise.

Each day will begin on a new journal page with the date noted at the top of each page, as will the day of the proving. Symptoms will be noted in an accurate, detailed but brief manner.

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

- **Location:** simple clear anatomical description and be attentive to which side of the body is affected.
- **Sensation:** describe carefully and thoroughly e.g. burning, shooting, stitching, throbbing and dull, etc.
- **Modality:** it describes how a symptom is affected by different situations or stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people, etc.
- **Time:** note the time of the onset of the symptom, and when they cease or altered. Is it generally > or < at a particular time of the day, and is this unusual for you?
- **Intensity:** briefly describe the sensation and how the effect on you.
- **Aetiology:** did anything seem to cause or set off the symptom and does it do this repeatedly?
- **Concomitants:** do any other symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

**This is easily remembered as:**

C – *concomitants*

L - *location*

A – *aetiology*

M - *modality*

S - *sensation*

I – *intensity*

T - *time*

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

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

Full description of dreams is of importance to the proving study, and in particular, noting the general feeling or impression the dream left on the prover. Mental and emotional symptoms are important, and sometimes difficult to describe, provers will be enthused to take special care in noting these. Reports from friends and relatives can be particularly useful; provers will be required to include these where possible. A general summary of the proving will be made at the end of proving period. Detailed notes discussing how the proving affected the prover in general is required

Try to classify each symptom according to the following key in brackets next to each entry:

(RS) – recent symptom

(NS) – new symptom

(OS) – old symptom

(AS) – alteration in the present symptom e.g. used to be in the left side now in the right side

(US) – an unusual symptom for you

### **INCLUSION CRITERIA**

In order to participate in this proving, you must:

- Be between 18 and 55 years old.
- Be in a general state of good health.
- Not in need of any medication, whether allopathic, chemical/ allopathic or other.
- Not to be on or have been on the contraceptive pill or HRT in the last 6 months.
- Not be pregnant or breastfeeding (pregnancy test will be done for females at the homoeopathic day clinic)
- Not have had surgery in the last 6 months
- Not use recreational drugs e.g. marijuana, cocaine, MDMA
- Not consume more than 2 measures of alcohol per day.
- Not smoke more than 10 cigarettes per day.
- Not consume more than 3 cups of coffee, tea, or herbal tea per day.
- Be willing to follow proper procedure for the duration of the proving.

### **EXCLUSION CRITERIA**

You may not participate in this study if:

- You are younger than 18 years or older than 55 years.
- You are in a poor state of health.
- You are chronic allopathic, homoeopathic, or herbal medication.
- You are on, or have been on the oral contraceptive pill or HRT within the last 6 months.
- You are pregnant or breastfeeding.
- You have had surgery in the last 6 months.
- You use recreational drugs e.g. marijuana, cocaine, MDMA.
- You consume more than 2 measures of alcohol per day.
- You smoke more than 10 cigarettes per day.
- You consume more than 3 cups of coffee, tea or herbal tea a day.
- You are not willing to follow the proper procedure for the duration of the proving.

### **Risks or Discomforts to the Participant:**

- Mild discomfort may be experienced as a result of participating in the proving. These symptoms are “proving” symptoms and are functional and sensational in nature. Upon discontinuing the remedy these symptoms subside. Complete recovery is usual. On rare occasions that a symptom becomes distressing then the supervisor in charge will antidote the effects of the remedy. A specific remedy will be prescribed by the supervisor to antidote the symptoms. This will be done after a complete physical examination and case history process by the supervisor in charge. All provers will be informed and warned about the inconveniences, personal nature of the questions that may be asked in the case history questionnaire and of which they are not obliged to answer, potential risks, objectives and benefits of the study and they will be made to sign a consent form before commencing with the study. Participants are free to withdraw from the study with no repercussions at any stage.
- **Benefits:** according to Hahnemann, 1997 the body vitality is strengthened with every proving undertaken. Also reports of higher levels of mental, physical energy and increased resistance has been reported after participating in the proving according to Sherr, 1994. Provers learn to develop skills of observation and gain homoeopathic knowledge through direct involvement in the process. Provers may be cured of certain ailments where the remedy being proven corresponds to the prover’s pre-proving state.

**Reason/s why participants may withdraw from the Study:**

- Anti-doting of the prover if too severe aggravations such as illnesses that threaten the patient’s health may occur or if he/she experiences extreme discomfort during the course of the proving period.
- Acute medical emergencies not related to proving study occurring e.g. acute appendicitis, motor vehicle accident or any incident requiring immediate hospitalisation/medical intervention.
- Non-compliance of the prover to the instructions presented to him/her.

**Remuneration:**

- No remuneration is offered to the prover.

**Costs of the Study:**

There is no expense to the prover for participating in the proving

**Confidentiality:**

It is important for the quality and the credibility of the proving that the provers discuss their symptoms only with the supervisor. Provers are to keep their symptoms to themselves and will not discuss them with fellow provers.

Prover privacy is something that will be protected. Only the supervisor will know the prover's identity and all the information will be treated in the strictest confidence.

**Persons to contact in the event of any problems or queries.**

The researcher: Mrs Stella Swana-Sikwata; (B.Tech. Homoeopathy); 0733410712; 0722200485

The Supervisor: Dr Corné Hall; (B. Sc; M.Tech. Homoeopathy); 031 3732514; 0829216149

Institutional Research Ethics Committee: Ms Lavisha Deonarian; 031 373 2900

DVC: TIP: Prof. F. Otieno; 031 373 2382



**INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) CONSENT**

**Statement of Agreement to Participate in the Research Study:**

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







**INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)**

**INFORMED CONSENT FORM FOR CASE HISTORY AND PHYSICAL EXAMINATION**

**TITLE OF THE RESEARCH PROJECT:**

**A homoeopathic drug proving of substance x 30CH, with a subsequent comparison of proving symptomatology to its toxicology as a raw substance and to homoeopathic remedies of reportorial similarity.**

**NAME OF THE SUPERVISOR: Dr. Corné Hall (BSc; M Tech: Homoeopathy)**

**NAME OF RESEARCH STUDENT: Tembeka Stella Swana-Sikwata**

Statement of Agreement to have a Case History taken and a Physical Examination performed:

- I hereby confirm that I have been informed by the researcher, **Tembeka Stella Swana-Sikwata**, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: \_\_\_\_\_,
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I have filled in the forms entitled criteria for inclusion (Appendix A)
- I am aware that in order to participate in the study, I must first have a comprehensive Case History taken and a Physical Examination performed by the researcher.
- I agree to have the relevant Physical Examination(s) performed by the researcher.
- I understand that the procedure will be approximately an hour in duration, and that it will occur at the DUT Homoeopathic day clinic, under supervision by the research supervisor **Dr Corné Hall**.
- This procedure will occur before the commencement of the proving, at a date agreed on by the researcher.
  - I have been informed that all information will be regarded as strictly confidential.
  - I may, at any stage, without prejudice, withdraw my consent and participation in the study.

