

**An evaluation of the triple-blind
Homoeopathic Drug Proving
of an indigenous South African substance,
Erythrina lysistemon 30CH,
and the traditional uses of the crude substance.**

**By
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Master's Degree in Technology: Homoeopathy in the Faculty of Health
Sciences at the Durban Institute of Technology.

I, Monique Olivier do declare that this mini-dissertation is representative of my
own work and that it has not been submitted previously in any form.

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Dedicated to Etienne, Kayd and Tyler.

**Thank you for all your
patience and sacrifice**

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My research partners, Estelle De Beer, Agnieszka Gryn and Greg Thiel.

The provers, because without them there would be no proving.

Dr. Ross for his immense patience and unwavering
ability to calm stormy waters.

ABSTRACT

The aim of this study was to evaluate the therapeutic potential of an indigenous South African substance and the traditional uses of that crude substance.

The substance under evaluation was *Erythrina lysistemon* which was prepared homoeopathically to the thirtieth centesimal (30CH) potency.

A triple-blind, placebo controlled, randomized proving of *Erythrina lysistemon* 30CH was conducted using thirty-two provers recruited from among homoeopathic students and patients presenting to the Homoeopathic Day Clinic (DUT).

All thirty-two volunteers were selected after meeting the stipulated inclusion criteria (Appendix A – Suitability for Inclusion). The thirty-two provers were randomly divided into four equal groups of eight provers each. Each group was supervised by one of four M. Tech. Hom student researchers. Twelve of the thirty-two provers received placebo. This was allocated randomly. The remaining twenty provers received medicated powders. The provers and researchers were unaware of the name and nature of the substance being proved and who had received placebo.

All provers had case history taken and a physical examination was performed on each in a pre-proving consultation. (Appendix C (i) - Case History Sheet).

Provers were supplied with journals, in which they recorded all symptoms before, during and after the administration of the remedy (Appendix D - Instructions to provers). The manner in which this was to be performed was explained to the provers during a pre-proving training course conducted by Dr. Ross, H.O.D Department of Homoeopathy, DUT.

Data collected from journals, case histories and physical examinations was collated, edited and translated into materia medica and repertory language in order to formulate the remedy picture of *Erythrina lysistemon* 30CH. In this study a comparative evaluation was then conducted, considering the remedy picture of *Erythrina lysistemon* as a homoeopathic remedy in the thirtieth centesimal potency and the traditional use of the crude substance. Definite similarities between the two modalities were revealed. These were highlighted in the mind section as well as head, gastro-intestinal system, musculoskeletal system, mouth and extremities sections. There were also areas where no overlap occurred. This was seen mainly in the chest, eye, sleep and skin sections.

In concurrent studies of similar methodologies, De Beer (2007) conducted a Sankaran family group analysis of *Erythrina lysistemon*, Gryn (2007) discussed the toxicology of *Erythrina lysistemon* and Thiel (2007) investigated the Doctrine of Signatures as it applied to the results found in the proving of *Erythrina lysistemon* 30CH.

It would be beneficial for the proving symptoms to be expanded on and verified through clinical use of *Erythrina lysistemon* 30CH and further provings conducted in other potencies so that this remedy may find a useful place in homoeopathy in the future.

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DEFINITION OF TERMS

Blinding

The masking of trial treatments in a clinical trial to enhance observational comparability with respect to concomitant therapy and care and assessment of outcome (Swayne, 2000:29).

Centesimal Potency

1. A dilution in the proportion of 1 in 100.
2. The sequential addition of 1 part of the previous potency to 99 parts of diluents. Centesimal potency is defined by the number of these dilutions accompanied by succession (Swayne, 2000:36).

Materia Medica

A pharmacological reference text containing a list of medicines and their uses (Hahnemann, 2001:325). In homoeopathy, the nature and therapeutic uses of homoeopathic medicines derived from provings and clinical use (Swayne, 2000:132).

Placebo

An inactive agent used for comparison with the substance or method to be tested in a controlled trial, and indistinguishable from it (Swayne, 2000:162).

Prover

The voluntary subject of a proving, who should be in good health, who records changes in their condition during and after the administration of a test substance (Swayne, 200:173).

Repertory

A systematic cross reference of symptoms and disorders to the homoeopathic remedy in whose materia medica they occur. The degree of association between the two is indicated by the type in which the remedy name is printed (Swayne, 2000:183).

Rubric

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

CHAPTER ONE

The Study

1.1 Introduction

Homoeopathy is a system of medicine that was founded by Samuel Hahnemann, a German Physician, in 1807. It is based on the premise of “like cures like” or the Law of Similars, which states that a given homoeopathic remedy will induce symptoms in a group of healthy individuals and will cure these same symptoms in sick individuals (Wikipedia, 2007).

At present homoeopaths have around 3000 remedies at their disposal. According to homoeopathic principles, any substance which induces disease symptoms in healthy individuals when taken in allopathic doses will have a therapeutic effect when taken in potentised form. From this we can see that the possibilities for new homoeopathic remedies are endless (Cook, 1989:93).

Medicinal plants and plant-derived medicines are widely used in traditional cultures all over the world. These alternative medicines are becoming increasingly popular as an alternative to conventional synthetic medicines (van Wyk & Wink, 2004:7). South Africa has a wealth of indigenous plants and animals that have not yet been homoeopathically proven. Some of these plants

are used in their crude form as traditional healing medicines. South African traditional healers have used indigenous substances to promote, maintain and restore health and well-being long before conventional medicine. They developed indigenous healing methods adapted and defined by their culture, beliefs and environment, which nurtured the health of their community (Procultura, 2004).

From a homoeopathic perspective, proving these indigenous substances could potentially play a role in the treatment of common health problems encountered in South Africa (Smal 2004:3) and it is likely that by following leads provided by traditional usage of plants, many new and important remedies will be discovered and commercialised in the future (van Wyk & Wink, 2004:8). It would therefore be advantageous to both patient and practitioner to have a well researched Materia Medica of indigenous remedies to rely upon.

1.2 The Proving substance

The substance chosen for this study was *Erythrina lysistemon*.

Erythrina lysistemon is a very decorative tree and its beautiful red flowers and shade-providing properties have made it one of the most widely recognized and grown trees in South Africa and is regularly cultivated for parks and gardens (Mbambezeli & Notten, 2004; Wikipedia, 2007).

The genus name *Erythrina* comes from the Greek *erythros* meaning red. The flowers and seeds are brilliant red. The species name *lysystemon* means “with a loose stamen” in Greek and *Erythrina lysystemon* has a stamen that is free from the petal (Mbambezele & Notten, 2002).

The tree is an important part of the ecosystem; it provides food and shelter for a large variety of organisms and has long been used by farmers as a signal to plant crops once the brilliant red flowers start to appear. Many birds and insects feed on the nectar from the flowers. Vervet monkeys eat the tender young flower buds and a variety of buck species, black rhino and baboons eat the leaves. The bark of the tree is also ingested by elephants and baboons, and bush pigs eat the roots. Seeds are eaten and dispersed by various bird species and the trunks of dead trees make ideal nesting locales for birds and insects (Mbambezele & Notten, 2002; Wikipedia, 2007).

Erythrina lysystemon has also been extensively used by man. It has practical applications such as living fences around kraals and homesteads and its bark has been used for the production of commercial items such as fishing floats, rafts and canoes. The tree has also been thought to have medicinal and magical properties and has been considered a royal tree, with young saplings been planted on the graves of Zulu chiefs (Mbambezele & Notten, 2002). *Erythrina lysystemon* has a rich diversity of applications and it was hypothesized that the proving of *Erythrina lysystemon* 30CH would produce useful and remarkable

symptoms and would become a much needed and used remedy in the homoeopathic materia medica.

1.3 The Aim of the Study

The first aim of this triple-blind, placebo controlled study was to investigate the effect of *Erythrina lysistemon* 30CH on healthy individuals and to record the signs and symptoms produced by said individuals so that *Erythrina lysistemon* 30CH may be administered to sick individuals when prescribed according to the law of similars. The identity of the substance was known only by the principal researcher, Dr Ashley Ross, (HOD, Department of Homoeopathy, DUT). This was done to ensure that no bias was experienced during the collation and extraction phase of the study (see 3.9).

The second aim of this study was to investigate the existing traditional uses of *Erythrina lysistemon* and to relate these to the totality of symptoms obtained from the homoeopathic drug proving of *Erythrina lysistemon* 30CH.

1.4 The Benefits of the study

It was hypothesized that *Erythrina lysistemon* 30CH, as a homoeopathic remedy, would prove to be an invaluable medicinal source that is both affordable and easily obtainable. It was hoped that it would be included into modern Materia

Medica and that it would become an indispensable remedy in homoeopathic prescribing.

A triple-blind proving methodology was employed in this study. It was hoped that this method would prove to be more reliable and more-bias free than the more often used double-blind method. It was hoped that future researchers would consider conducting provings as triple-blind studies, thereby ensuring a pure Materia Medica.

CHAPTER TWO

Review of the Related Literature

2.1 Historical perspective

Samuel Hahnemann, who is considered the father of homoeopathy, conducted the first homoeopathic proving. Hahnemann was a physician but had stopped practicing medicine because he was of the belief that the outdated methods of treatments being taught at the time were causing patients more harm than good. Instead he spent his time translating medical texts (Hahnemann, 2001: xv). In 1870, he was translating the second edition of the Scottish physician William Cullen's "A Treatise of Materia Medica" into German. Hahnemann disagreed with Cullen's explanation of *Cinchona officinalis* (Peruvian bark) saying its action in the treatment of marsh fever (malaria) was due to its bitter taste. He was struck by the similarity between the poisoning symptoms of *Cinchona officinalis*, from which quinine is derived and malarial symptoms. In order to challenge the validity of Cullen's theory, Hahnemann took a crude dose of *Cinchona officinalis* so as to determine for himself its effects (Swayne, 2000:41).

According to medical thinking of the time, *Cinchona officinalis* should have produced effects based on the doctrine of signatures where the therapeutic property of a plant is attributed to its correlation between its basic characteristics and the characteristics of a disease or of a particular organ in the human body (Swayne, 2000:192).

Hahnemann's experimenting led him to produce many fever symptoms that related to marsh fever. He recognized the similarity between the symptoms cured by the drug and those caused by the drug in a healthy individual. He continued to conduct numerous experiments over several years. From the results of these experiments he developed the similia principle (*similia similibus curentur*- let like be cured by like). This concept, which originated with Hippocrates, became a fundamental principle of homoeopathy (Swayne, 2000:193).

2.1.2 Provings

Provings form the foundation upon which Homoeopathy is built (Sherr, 1994:8). Hahnemann gave detailed instructions for provings in Aphorisms 105-114 of *Organon of the Medical Art*. He was the first to introduce the concept of scientific experiments on medicinal substances as a basis for prescribing them (De Schepper, 2001:32). He rationalized and standardized the concept of provings (Wright, 1999:6). A proving is the process of determining the medicinal properties of a substance; testing substances in material dose, mother tincture or potency, by administration to healthy volunteers, to elicit effects from which the therapeutic potential or *materia medica* of the substance may be derived (Swayne, 2000:174).

According to the European institute for Homoeopathy (2002:6) 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 to only healthy individuals (provers).

Provings require that keen observations be made of the symptoms that are produced and need their relative value to be carefully assessed (De Schepper, 2001:34). Hahnemann states that only by proving simple medicines on healthy individuals who are willing to carefully and faithfully record all the disease elements and symptoms that the medicine produces in them, are we able to compile a true materia medica – a collection of pure, reliable modes of action of these simple medicinal substances (Hahnemann, 2001:161) In this manner, provings of potential medicinal substances provide us with a greater understanding of the medicinal properties of the proved substance.

Hahnemann states that a medicine's ability to cure can be seen in the symptoms that it generates in healthy individuals. These symptoms reveal the medicines disease-causing as well as its' disease-curing properties (Hahnemann, 2001:72).

Provings provide the basis of the homoeopathic Materia Medica and give a detailed account of the therapeutic actions of the substance being proved. It must be stressed however, that care must be taken when conducting provings that

they conform to the standard set by Hahnemann (Sherr, 1994:110). In the past, several different proving types have been used such as ‘dream provings’, ‘seminar provings’ and ‘meditation provings’. Some of these methods, while certainly having some validity, may lack the close attention to detail as is required by a Hahnemannian proving and may fail to precisely extract and collate the available data from the trial (ECCH Professional Homoeopaths in Europe, 2004).

Homoeopathic provings have often been run on a double-blind method in recent years (Sherr, 1994:36). This method however, has potential problems in that it becomes very difficult to eliminate bias. In order to maintain strict control and to remain as close as possible to Hahnemannian principles of proving, this study followed a triple –blind, randomized, placebo controlled methodology.

2.1.3 Blinding and placebo measures

2.1.3.1 Blinding

The term ‘blinding’ refers to keeping trial participants, investigators or assessors unaware of the assigned interventions so that they will not be influenced by that knowledge. Blinding usually reduces the differential assessment of outcomes but can also improve compliance and retention of proving participants while reducing possible bias (Schulz & Grimes, 2002).

Historically most homoeopathic proving substances were known to the prover, but more recently homoeopathic provings are conducted using a double blind methodology (Sherr, 1994:36). This refers to two people who are blinded in the study- namely the patient and the researcher. Neither the subject nor the researcher knows which treatment the subject is receiving. This is done in order to protect against bias. (Sherr, 1994:35; Wikipedia, 2007). Previous proving studies conducted at the Department of Homoeopathy (DUT) have employed a double blind method (Wright, 1999; Webster, 2002; Smal, 2004; Morris, 2002; Kell, 2002; Low, 2002). However, being aware of the identity of the proving substance may encourage an unconscious bias. There is great pressure on the researcher to interpret results in a way which suits the viewer. The researcher's own preconceived ideas and notions need to be ignored. Great care needs to be exercised in order that researchers maintain an unbiased approach (Wikipedia, 2007). In order to contain this bias to its minimum extent, a triple blind study was employed in this study.

A 'triple blind' method refers to a study in which the subject, researcher and study administrator are blinded to the proving substance. Knowledge of the treatment is kept hidden from the individuals who organize and analyse the data from the study as well. This method provides an additional layer of security to prevent undue influence of study results by anyone directly involved in the study (Wikipedia, 2007).

2.1.3.2 Placebo

A further method employed in homoeopathic drug provings is the use of a placebo group. A placebo is an inactive agent used as a comparison with the test substance or remedy used in a controlled trial. The placebo is completely indistinguishable from the test substance (Swayne, 2000:162). The use of placebo helps to increase the reliability of the findings and allows a clearer differentiation of symptoms when analyzed against symptoms that arise spontaneously from the proving group (ECCH Professional Homoeopaths in Europe, 2004). Placebo has 3 functions in a drug trial namely:

1. It distinguishes the pharmacodynamic effects of a drug from the psychological effects of the test.
2. It distinguishes drug effects from fluctuations in disease that occur with time and other external factors.
3. It avoids “false negative” conclusions – i.e. the use of placebo tests the efficacy of the trial itself (Sherr:1994:37).

Homoeopathic provings are true for the first function since they distinguish between the effects of the remedy and the effects of the proving process.

The second function is not true since homoeopathic provings are conducted on healthy individuals. The third function has been adopted recently and was not employed by the early homoeopaths. Remedies have proven their effectiveness without the need for placebo (Sherr, 1994:36).

2.1.4 Potency

Hahnemann stated that in order for medicinal substances to reveal their healing properties, they should be proved in a potentised form. This, in his opinion, was best performed by the prover taking 4 to 6 globules of the 30th potency (30CH) of the substance to be proved. This, he added, needed to be repeated over several days (Hahnemann, 2001:154). This 30th potency was equal to the thirtieth step of sequential dilution in the proportion of 1 in 100 [1:10⁶⁰]. Each step in the sequence is succussed (Smal, 2002: xiii). It has been suggested by various homoeopathic practitioners that the 30th potency produces the strongest mental symptoms and should be used as the homoeopathic norm (Sherr, 1994; Walach, 1994). It is also noted that for the proving of any homoeopathic remedy to be considered complete, the substance needs to be proved in different potencies (Vithoukas, 1986:98) in order for the full spectrum of the remedy to be explored.

2.1.5 A proving of *Erythrina lysistemon*

South Africa has a rich heritage of flora and fauna and the potential to add to the materia medica is vast. *Erythrina lysistemon* is a substance that is indigenous to Southern Africa. It is speculated by some homoeopaths that a remedy gathered from a patients' own environment, will be most useful to help relieve ailments within the local community. Sherr (1994:49) says that provided the remedy is well proved, its effectiveness will not be diminished the further from its origin it is used.

This study looked at the existing indications of the use of *Erythrina lysistemon* and found it to be an indigenous substance that is well used among the local community, both medicinally and practically. It was also seen to be an important part of the ecosystem with many different animal and insect species benefiting from it.

It was decided to conduct a proving of *Erythrina lysistemon* 30CH. Data collated from this proving was then analyzed and a comparison made between the similarities and differences within its homoeopathic and traditional usage (Webster, 2002).

2.2 The proving substance: *Erythrina lysistemon*

2.2.1 Classification

Family: Fabaceae/Leguminosae (Pea & Bean family)

Subfamily: Papilionoideae

Common names: Common coral tree, lucky bean tree (English)

Gewone koraalboom

Kanniedood (Afrikaans)

Umsintsi (isiXhosa)

Muvhale (TshiVenda)

Mophete (seTswana)

Mokhungwane (seSotho)

Umsinsi,umsisi(isiZulu)



(Mbambezi & Notten 2002)

2.2.2 Distribution

There are about 100 species of *Erythrina* that grow in the warm regions of the world and nine of those species are found in southern Africa. *Erythrina lysistemon* grows in a wide range of altitudes and habitats from North West Province, Limpopo, Gauteng and Mpumalanga, through to Swaziland, KwaZulu-Natal and Eastern Cape. It can also be found further north in Zimbabwe, Botswana and Angola. It grows in high rainfall areas but also does well in scrub forest, wooded kloofs, dry woodlands, dry savannah, koppie slopes and coastal dune bush (Mbambezi & Notten, 2002).

2.2.3 Description

Erythrina lysistemon is a medium to large, attractive shaped tree. It is a deciduous tree, easily recognized by its spreading crown and brilliant red flowers. In spring it has large clusters of red flowers on its bare branches. These clusters consist of long petals which enclose other petals. The petals, stamens and sepals are all brilliant red in colour. The tree flowers from July to October. Once flowering is complete; clusters of long, slender black pods appear. These pods are segmented between each seed. The pods split open to reveal red “lucky bean” seeds which are collected by the local community to be made into trinkets and necklaces to be sold as lucky charms (Roberts, 1997:70).

The leaves are trifoliolate and are large with a tapering apex. They have hooked prickles/thorns on them. The leaves appear after the spring flowers are over. The bark is smooth and dark gray to gray-brown and is not very corky. Randomly scattered over the trunk and branches are short hooked prickles (Mbambezeli & Notten, 2002).

2.2.4 Traditional uses

Erythrina lysistemon is not just a decorative shade tree; it is thought to have both medicinal and magical properties by many people. These trees were planted as living fences around homesteads, waterholes and kraals. These trees were

regarded as royal trees and Zulu chiefs were honoured by having a tree planted on their graves. These trees are much respected in African folklore and it was believed that by taking a truncheon from a tree growing near the deceased person's home and planting it on his grave, it would protect him in the afterlife (Mbambezeli & Notten 2002; Roberts, 1997:70).

In traditional cultures, plant products are used in combination with psychological treatments. This allows for a flexible, holistic approach to the treatment of a patient in much the same way as a homoeopathic treatment would. The psychological component of traditional healthcare often takes the form of magical, spiritual, ritual or symbolic practices that unless they are seen from a contextual viewpoint, are very difficult to understand (van Wyk & Wink, 2004:7).

The leaves, bark, wood, roots and seeds are all widely used although it would seem that the bark has the most prolific applications. The wood is used for making canoes, rafts and floats for fishing-nets as it is light and cork-like when dry. It is also tarred and used as shingles for roofing (Mbambezeli & Notten 2002).

The bark is traditionally soaked in water by a tribal chief who then bathes in this water which he believes will help earn him the respect of the community. Bark soaked in water to which has been added the root of a *Cussonia* species is believed to act as a purifying emetic (Mbambezeli & Notten 2002; Hutchings,

1996:145). Strips of bark are cut from all four sides of the tree and are wrapped around a bunch of wild herbs. The package is then infused in boiling water. The tea is given to women in labour to ease the pains of childbirth (Roberts, 1997:70; Hutchings, 1996:145). The bark applied as a poultice is used to treat sores, wounds, abscesses and arthritis (Mbambezeli & Notten 2002) and open wounds are disinfected and treated with the ash of burnt bark which acts as an anti-bacterial (Roberts, 1997:70). The bark is also used as a toothache remedy. Roberts (1997:70) recounts seeing gardeners peel strips of *Erythrina lysistemon* bark from the branches of the tree, remove the thorns and wrap the strips around the handles of spades and forks. It was believed that this would give them strength and would soothe sore hands.

It was believed that crushed leaves from the tree would clear maggots from a maggot-infested wound. The crushed leaves were also applied to sores and suppurating wounds to speed up healing. Some people thought that crushed leaves placed in shoes would relieve sore and tired feet and would help heal cracked heels (Hutchings, 1996:145). The Zulu and Tswana people make a strong tea by boiling a cupful of leaves in 2 cups of water for half an hour. The warm liquid is then used to relieve earache, a drop is placed into the ear and the rest is used as a poultice – a cloth is soaked in the liquid, wrung out and then placed behind the ear (Roberts, 1997:70). The roots are boiled in the same way and are used as a lotion or poultice to help relieve bruises and sprains. It also relieves tired, sore feet (Roberts, 1997:70; Mbambezeli & Notten 2002).

From its uses in traditional medicine it can be suggested that *Erythrina lysistemon* has anti-bacterial, anti-inflammatory and analgesic effects. It has applications in gastrointestinal complaints, headaches, nervous complaints such as anxiety and mental disturbances, pain control, rheumatism and painful joints. It is used as an anti-sorcery medicine and is a powerful emetic. It is used as a trance inducer (Hutching, 1996:145). From this vast array of traditional applications it was hypothesized that *Erythrina lysistemon* in 30CH potency would have as many beneficial applications for the modern homoeopath.

CHAPTER THREE

Methodology

3.1 Proving Design

The homoeopathic drug proving of *Erythrina lysistemon 30CH* took the form of a mixed-method triple-blind, placebo-controlled study. Thirty-two provers were selected after meeting the inclusion criteria (*Appendix A*) and 40% of the subjects (12 of the 32) received placebo in a random manner. The thirty-two provers were randomly divided into four equal groups of 8 provers, with each group supervised by one of four M.Tech.Hom student researchers (Durban University of Technology, Durban).

The provers and the four M.Tech.Hom research students were unaware of the name or nature of the substance being proved (Demarque, 1987; Nagpaul, 1987; Sherr, 1994; Riley 1995a, b), or whether a prover had been assigned the proving substance or a placebo. The research supervisor, was aware of the proving substance, but was unaware of the details of verum/ placebo assignment of provers to researchers.

As an additional 'internal' control, all provers were required to record their state for one week prior to commencing the verum/ placebo powders (Vithoukias 1986:

148-150). All provers recorded their symptoms in assigned journals in the manner described (see *Appendix D*). Such recording were completed at least once daily. Data extracted from journals was combined with case histories and physical examinations to compile the proving profile.

The results obtained from the process were then investigated and evaluated further, as well as the traditional uses of *Erythrina Lysistemon*.

3.2 The Principle Investigators

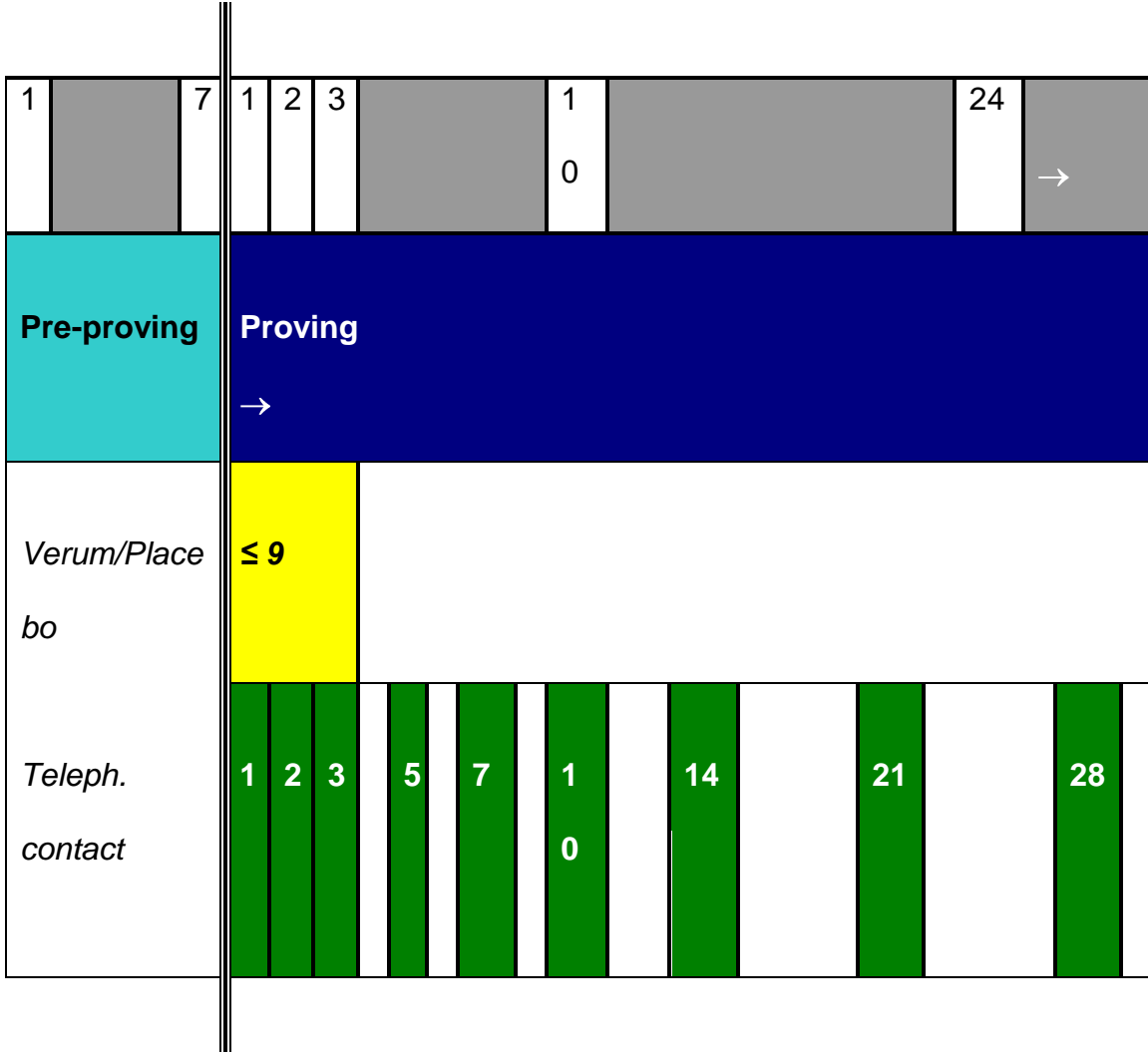
Four M.Tech.Hom students, namely Estelle De Beer, Agnieszka Gryn, Monique Olivier and Gregory Thiel conducted the proving. Each researcher was responsible for a group of eight provers. The proving was supervised by Dr. Ashley Ross (H.O.D Department of Homoeopathy, DUT).

3.3 Outline of the Proving Methodology

- The proving substance was prepared by the principal researcher according to Methods 6 (*Triturations by hand*) and 8a (*Liquid preparations made from triturations*), as specified in the German Homoeopathic Pharmacopoeia (GHP) [*Appendix E*];

- Verum/ placebo powders were prepared according to the method described below [1a (iii)], and 9 powders each of the respective test substance (verum or placebo) were randomly assigned by an independent clinician to 32 prover numbers (20verum and 12placebo);
- Each student researcher conducted interviews in which prospective provers were screened for suitability, and checked against the inclusion criteria (*Appendix A*);
- The provers attended a pre-proving training course, conducted by the principal researcher, during which the procedure of homoeopathic proving was explained to them;
- The provers were guided through the ***Instructions to Provers*** document (*Appendix D*), and signed the ***Consent form*** (*Appendix B*);
- Each prover was allocated a prover code, and was provided with a personal copy of the ***Instructions to Provers*** document, an appropriately numbered journal, and a list of contact numbers for the researchers.
- The provers were divided randomly into four equal groups, with each student researcher being responsible for 8 provers;

- At scheduled times, a thorough case history and physical examination (*Appendix C*) of each prover was completed by the respective student researcher.
- The provers commenced recording their symptoms at least three times daily for one week prior to taking the proving substance. Provers commenced recording in a staggered manner with groups of two provers per researcher commencing at 3-day intervals (i.e. commencement of recording was staggered over a 13-day period (*viz. days 1, 4, 7, 10, and 13*));
- On completion of the pre-proving week, the prover commenced taking the powders a maximum of three times daily for 3 days, or until the first symptoms appeared, whereupon no further doses of the proving substance were taken. The prover continued to record their symptoms throughout. The researcher was in daily telephonic contact with each prover.
- Telephonic contact frequency was daily initially, reducing to 2-3 daily, then weekly after the first week (*i.e. days 1, 2, 4, 7, 14, 21, 28 etc.*)
- If no symptoms had been noted after the sixth powder, the prover ceased to take any further doses, but continued to record as previously;



- The proving was considered complete when there had been no occurrence of symptoms for three weeks;
- Journaling continued for a post-proving observation period of two weeks, to ensure no recurrence of proving symptoms.

- The respective journal was recalled, and a post-proving case history and physical examination was conducted on the prover;
- After submission of all journals a group discussion around the proving experience was conducted;
- The verum/placebo assignment was unblinded to the researchers, to allow for distinction between verum and placebo groups;
- Extraction and collation of journal data was effected by the respective researchers;
- Data was presented in traditional Materia Medica and Repertory formats. At this point the identity of the proving substance was revealed to the researchers.

3.4 The Proving Substance

3.4.1 Potency

The proving substance in the 30th Hahnemannian potency (30CH) was utilised for the proving (*Erythrina Lysistemon 30CH*).

3.4.2 The preparation and dispensing of the proving substance:

- The proving substance was prepared by the principal researcher according to Methods 6 (Trituration of insoluble substances) and 8a (Liquid potency from trituration), as specified in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement (1991) to the First Edition (1978) (*Appendix E (i) and (ii)*);
- A 60 ml volume of standard size 10 lactose granules was triple-impregnated at 1% volume/volume with unprocessed 73% ethanol [*placebo*];
- Placebo and verum powders were prepared by adding twenty (20) of the respective impregnated granules to standard pure lactose powders [*80(+27) verum and 60 (+27) placebo powders divided into packets of 9 powders each (20+3 verum; 12+3 placebo)*];
- An independent clinician (Dr David Naudé, Senior lecturer, Department of Homoeopathy, DUT) numbered 32 respective placebo/verum packets according to a secret random schema, which was stored by the third party until unblinding.
- An additional three sets each of verum and placebo powders were held in reserve, to be administered to provers who may have been required to

replace provers who withdrew from the study prematurely [see 1(b) (iii) below].

3.4.3 Dose and Posology

- The provers took one lactose-based verum/placebo powder sublingually for a maximum of three times daily for 3 days, or until the first symptoms appeared (whichever occurred sooner);
- The prover ceased taking the powders as soon as they, or the researcher noted the onset of proving symptoms (Sherr 1994:53; Vithoukias 1986: 146);
- There was no repetition of the dose after the onset of symptoms (Gaier 1992: 267);
- The proving substance was taken on an empty stomach and with a clear mouth. Neither food nor drink was taken for a half-hour before or after administration of the proving substance;
- The dosage and posology was clearly explained to each prover in the pre-proving training course, and was presented in writing in the ***Instructions***

to Provers document (Appendix D), a copy of which was provided to each prover for reference and safekeeping at home.

3.5 The Prover Group

3.5.1 Sample size and demographics

The proving was conducted on 32 healthy subjects. In keeping with international recommendations (ICCH, 1999: 35, Walach, 1994: 130) the prover population consisted of a balanced mix of individuals thoroughly acquainted with homoeopathic principles, as well as those with no homoeopathic background. Provers were recruited from amongst practicing homoeopaths, and homoeopathic students (2nd – 5th year), as well as patients presenting to the Homoeopathic Day Clinic (DUT) and their relatives and friends. Although recruitment of provers was conducted on a purely voluntary basis, cognisance was taken of the need for balanced distribution of male/female ratios, and a reasonable spread of provers across the age range (18 – 60 years)(Appendix F (i)).The verum/placebo distribution ratio was 20/12 (60% *verum*/ 40% *placebo*) according to independent random allocation. Provers were aware of the presence and likelihood of receiving placebo, but details of specific allocation was known only to the independent clinician until all data had been collected.

3.5.2 Criteria for inclusion of a subject

The prover subject:

- was between 18 and 60 years of age;
- had obtained parental consent if he/she was between 18 and 21 years old (*Appendix B*);
- was in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination (Sherr, 1994: 44, Riley, 1997: 233, Walach, 1994: 130, ICCH, 1999: 34);
- was in no need of medical treatment; conventional, homoeopathic or other (Riley, 1997: 223);
- had not used the oral contraceptive pill or hormone replacement therapy within the preceding six months (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 1999: 34);
- was not pregnant or breastfeeding (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 1999: 34);
- did not use recreational drugs (Sherr, 1994: 44, Walach, 1994: 130, ICCH, 1999: 34);
- had not had surgery in the preceding six weeks;
- did not consume more than two measures of alcohol per day, 10cigarettes per day, nor three cups of coffee or tea per day;

- was able to follow the proper procedures (including case history, physical examination) for the duration of the proving (Fuller Royal, 1991: 123); and was competent and had signed the **Consent Form** (*Appendix B*) (Riley, 1997: 225).

3.5.3 Randomisation

Forty percent of provers (12 provers) were randomly assigned to the placebo group. The remaining sixty percent (20 provers) constituted the verum group.

The allocation of provers to either group was effected by an independent clinician (*Dr David Naudé, Senior lecturer, Department of Homoeopathy, DUT*). Allocation of prover numbers to either group was according to the random sequence of withdrawal of thirty-two folded slips of paper from a shaken box. Twenty slips bore the letter 'V' and twelve the letter 'P' denoting the respective group.

Thirty-two packets of powders (20 verum/12 placebo), corresponding to prover numbers 1-40 were numbered according to the resultant schema [*see 1(a) (ii) above*]. The schema was divided into four equal parts such that prover numbers 1-8, 9-16, 17-24 and 25-32 were assigned to the respective M.Tech.Hom research students in a 'luck of the draw' manner.

The record of the schema was stored by the independent clinician until all data had been collected, and unblinding was required for differentiation of respective sets of data.

An additional three sets each of verum and placebo powders was held in reserve (unallocated), to be administered to provers who may have been required to replace provers who withdrew from the study prematurely. In such cases the 'replacing' prover was assigned to the same group, and assumed the 'b' version of the same prover number, as the 'withdrawing' prover [e.g. withdrawing prover 35 (*verum*) was replaced with new prover 35b (*verum*); prover 8 (*placebo*) with prover 8b (*placebo*)]. The appropriate set of powders was labeled as such (by the independent clinician) at the time of dispensing.

3.5.4 Lifestyle of provers during the proving

The provers were advised to:

- avoid antidoting factors such as camphor and menthol, and to cease their use for two weeks prior to administration of the proving powders (Sherr, 1994: 92);
- practice moderation with respect to work, alcohol, smoking, exercise, diet and sexual expression (Sherr, 1994: 92, Hahanemann, 1997: 200);
- maintain their usual habits (Sherr, 1994: 92, Maish *et al.*, 1998: 18);

- store the proving powders in a cool, dark place away from strong-smelling substances, electrical equipment and cellular telephones (Sherr, 1994, 92);
- avoid any medication (including antibiotics), vitamin and mineral supplements, herbal or homoeopathic remedies (Sherr, 1994: 92); and to consult their doctor, dentist or hospital in the event of a medical emergency, and to contact their supervisor as soon as possible thereafter (Sherr, 1994: 92).

3.5.5 Monitoring of prover

The prover and their respective researcher were in daily telephonic contact for the beginning of the proving (days 1 and 2), with contact frequency decreasing across the first week (days 4 and 7) to become weekly contact (days 14, 21, 28 etc.) for the duration of the proving (Sherr, 1994: 58).

The purpose of these contacts was to:

- ascertain when the proving substance began to act, so that the prover was instructed to cease taking any further doses;
- ensure that the prover recorded accurately, and did not neglect to record a symptom;

- ensure the safety of the prover by closely monitoring for any reaction which may have needed to be antidoted (by an existing homoeopathic remedy, or another necessary intervention).

3.6 Case-history and Physical examination

3.6.1 Case-history

Each prover who complied with the ***Inclusion criteria*** (*Appendix A*), had attended the pre-proving training course, and had read, understood and signed both the ***Consent form*** and the ***Instructions to Provers*** documents (*Appendices B and D respectively*) had a scheduled 2-hour appointment with the assigned student researcher for completion of a standard homoeopathic case history and general physical examination (*Appendix C*).

The purpose of the case-history was to confirm and clarify the baseline status of each prover prior to administration of the proving substance.

3.6.2 Physical examination

The general physical examination (*Appendix C*) included a physical description, assessment of vital signs, cursory overview and system specific examination (as relevant to the case-history).

3.7 Duration of the Proving

3.7.1 Pre-proving observation

Each prover commenced recording his/her symptoms at least three times daily for one week prior to taking the proving substance, as an internal control. This period of mandatory pre-proving observation was staggered in such a manner that only two provers per researcher commenced his/her recording on any particular day. Pairs of provers commenced their pre-proving observation at 3-day intervals to allow the researcher to have predominant focus on each commencing pair of provers in the initial days of their journal recording. This afforded the researcher the opportunity to ensure that each prover's journaling was occurring according to the methodology, and that good journaling habits were being established. Commencement of recording was therefore staggered over a 13-day period (viz. days 1, 4, 7, 10, and 13).

3.7.2 Commencement of proving

On completion of the week of pre-proving observation and journaling, each prover commenced taking the powders a maximum of three times daily for 3 days, or until the first symptoms appeared, whereupon no further doses of the proving substance were taken. If no symptoms had been noted after the ninth powder, the prover ceased to take any further doses, but continued to journal as previously.

Provers were monitored telephonically to confirm the onset of proving symptoms (where these occurred), that the methodology was being implemented correctly, and that the prover's interests were being protected [*see 1(b) (v) above*]. Provers journaled at least once daily for the duration of the proving.

3.7.3 Chronology

The prover noted the time elapsed between the commencement of the proving and the appearance of each symptom. This was recorded in the DD:HH:MM format, as proposed by Sherr (1994), where DD are the number of days since commencement of the proving (day 1 designated 00), HH are the number of hours, and MM the number of minutes.

The top of each page of the prover's journal 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 indicated similarly by XX. In instances where the time was insignificant or unclear the symptom was marked XX: XX: XX. The actual time of the day was included only if it was definite, significant and causal to the symptom. All irrelevant time data was erased in the initial extraction.

3.7.4 Post-proving observation

The proving was considered complete when there had been no occurrence of proving symptoms for three weeks. Journaling continued for a post-proving observation period of two weeks, whereupon the respective journal was recalled, and a post-proving case history and physical examination was conducted on the prover.

The purpose of the post-proving case-history and physical examination was to confirm the return to the pre-proving state, and to confirm the disappearance of any 'cured symptoms' [*see 1(f) below*].

Although the duration of the individual prover's reaction to the proving substance could not be predicted, the broad prediction of duration was approximately 90 days as set out below:

Initiation of pre-proving observation	10 days
Pre-proving observation (1 week)	7 days
Proving period (<i>approx. 5 weeks</i>) [<i>variable</i>]	35 days
Cessation of proving (3 weeks)	21 days
Post-proving observation (2 weeks)	<u>14 days</u>
	<i>approx.</i> 87 days

3.8 Symptom Collection, Extraction and Evaluation

Criteria for inclusion of a symptom as a proving symptom:

- A new symptom unfamiliar to the prover occurring after taking the remedy (Riley, 1997: 227, ICCH, 1999: 36)
- The symptom did not appear in a prover in the placebo group.
- A current or usual symptom for the prover intensified to a marked degree (Sherr, 1994: 70, ICCH, 1999: 36)
- A current symptom that was modified or altered, with a clear description of current and modified component (Sherr, 1994: 70, ICCH, 1999: 36)
- The symptom did not occur in the prover within the last year (a current symptom) (Sherr, 1994: 70, Riley, 1997: 227)
- The symptom did not appear naturally or spontaneously during the proving (Sherr, 1994: 70)

- Any symptom that occurred a long time previously, especially longer than 5 years previously, but that has not occurred for at least one year and that had no reason to reappear at the time of the proving (Sherr, 1994: 70, Hahnemann, 2001: 207)
- A present symptom that disappeared during the proving. This is marked as a 'cured symptom' (Sherr, 1994: 71, Riley, 1997: 227, ICCH, 1999: 36)
- The frequency of the symptom (Sherr, 1994: 72)
- The intensity of the symptom (Riley, 1997: 227)
- The number of subjects experiencing a symptom. A symptom experienced in more than one subject (Sherr, 1994: 71, Riley, 1997: 71)
- A strange, rare or peculiar symptom for that prover. The knowledge and conviction of the prover that symptoms are foreign to him/her are a reliable and definite consideration (Sherr, 1994: 72)
- The modalities, concomitants, localisations (sides and extension) and timing associated with a symptom (Riley, 1997: 227)
- Accidents and co-incidences that occur to more than one prover (Hahnemann, 2001: 207)
- If the prover was under the influence of the remedy (as could be seen by a general appearance of symptoms), then all other new symptoms were proving symptoms (Hahnemann, 2001: 207, Sherr, 1994: 70)

- The time of day at which a symptom occurred was only included if there was repetition of such a time in another prover (ICCH, 1999: 36)
- A symptom was excluded if it may have been produced by a change in life or other exciting cause (ICCH, 1999: 36)

3.9 Manipulation of the data

3.9.1 Collating and Editing

The proving symptoms from the respective prover's journals were collated and combined into a coherent, logical format. Symptoms were not repeated. (Sherr, 1994:67).

The data, comprising of prover symptoms, was recorded and collated from each prover journal. This was arranged as chapters and subheadings in an organized, chronological and comprehensible format as used in a homoeopathic repertory.

Similar symptoms from different provers were grouped together but entered separately (Sherr, 1994:77).

Reporting the data

The edited data was recorded as the Materia medica and the Repertory. These are recognized standard homoeopathic formats and as such will ensure the use of *Erythrina lysistemon* in homoeopathic practice.

3.9.3 The Repertory

The data collected from this proving was converted into rubric language and was formatted as stated in the modern homoeopathic repertory *SYNTHESIS:*

Repertorium Homoeopathicum Syntheticum (Schroyens, 2004). Each symptom was analyzed and translated into corresponding rubric(s) as found in *SYNTHESIS: Repertorium Homoeopathicum Syntheticum* (Schroyens, 2004).

New rubrics were created where clear symptoms produced by *Erythrina lysistemon 30CH* were not found in existing rubrics.

3.9.4 The Materia Medica

The collated and edited proving symptoms were written up into a Materia Medica format, following chapter format of *SYNTHESIS: Repertorium Homoeopathicum Syntheticum* (Schroyens, 2001). Themes common to symptoms were grouped together if experienced by two or more provers under mind section.

Proving symptoms were added under the following headings:

Mind	Female Genitalia/sex
Vertigo	Respiration
Head	Cough
Eye	Chest
Nose	Back
Face	Extremities
Mouth	Sleep
Throat	Dreams
Abdomen	Skin
Stool	Fever
Urine	Generals

CHAPTER FOUR

The Results

4.1 Introduction

Symptoms were extracted from the prover journals and were collated and edited. The results of this process are discussed in this chapter. The results were then converted into the Materia Medica and Repertory as per standard homoeopathic referencing formats (See 3.9.3 and 3.9.4).

4.1.1 Key

The proving symptoms of *Erythrina lysistemon* 30CH are grouped by Materia Medica section. The symptoms are referenced as follows:

- Journal entry – Prover number – Gender – Onset of symptoms – (DD:HH:MM)

4.2 The Materia Medica symptoms of *Erythrina lysistemon* 30CH

4.2.1 MIND

Irritability and frustration

Did get a bit irritable and short with the boys today (this afternoon).

17F 05:XX:XX

Was rather irritated with children today and snapped at them for no reason – almost like PMS symptoms although no period due right now. Improved by end of evening.

17F 17:XX:XX

Short tempered with kids but enjoy adults company.

17F 01:13:30

I'm short tempered and abrupt with people.

24M 01:XX:XX

These diary writings are getting to me, pretty annoyed actually.

29M 09: XX:XX

Writing test went absolutely shit. Once again I realised why I hate tech. Lack of organisation and students get the short end of the stick.

28M 14: XX: XX

Starting to get a little worked up about the test on Friday, everybody moaning and phasing me out. Everybody moans and complains but nobody is willing to do the work required. That irritates me about people.

28M 09:XX:XX

Am easily irritated especially if people don't do things the way I want them done.

24M 01: XX: XX

Hate when people do things half heartedly. When they agree to help you out and then you realise that their effort was less than minimal. It irritates the hell out of me. I cannot rely on anyone.

32F 03:XX:XX

I have become very short fused with him [boyfriend] and the smallest thing seems like the tragedy of my life. I overreact and I am constantly thinking of leaving him. I don't know what is happening to me and I don't like it. I want that constant instability and irritability to go away.

32F 12: XX: XX

Everyone is irritating me.

10F 05XX: XX

Rather irritable this afternoon.

17F 01:13:30

Have not been quite as irritable with this period, may be due to exercise.

17F 05:XX:XX

Was a little irritated (no one in particular) and just not in the mood (really just lazy).

28M 04:XX:XX

I have been very irritated the whole day and my head is spinning.


30F 00: XX: XX

I woke up feeling irritable and depressed and felt like being alone.

14F 02:07:15

I got very irritated with students and lecturers at tech. I absolutely hate this place with passion. Because of tech earlier this afternoon I am very irritated with everybody around me. Just want to stay out of everyone's way. AHHHH.

28M 08:XX:XX

Was irritable at work, could not concentrate, had no patience to read any  documents, just wanted to go home.


03F 01:XX:XX

Met aunts- highly irritated with them the second we met. Don't want to be around people.

29M 02:XX:XX

Arrived at the flat still very irritated, whole day was spoiled by one afternoon at tech. Decided to go for a run, get rid of some frustration.

28M 08:XX:XX

 There is much emotional tension between us (my wife & I) and my parents which is proving to be quite taxing on the soul. I am feeling upset by that, frustrated too.

01M 00:13:00

Definitely feeling strange-slight tension in body (almost a feeling of frustration).

01M 02:XX:XX


Feel like I need to run to relieve some tension of sort.

01M 02:XX:XX

Difficult to describe, tightness like feeling that I want to try shake off my body.

01M 02:XX:XX

Feel strange internally- like I need to shake something off. Like being tight inside my body or muscles, almost like being frustrated at something I can't solve.

01M 05:XX:XX 

Cleaned house and feel normal again. Possibly the activity was a relieving factor.

01M 02:XX:XX

Anxiety

I have an interview coming up with a company in the next few days. I feel that I am not as confident as I always am.

26M 07:XX:XX

Did not sleep well last night. Kept on dreaming about this interview I had to go to.

Feeling slightly nervy this morning.

26M 08:XX:XX

I am in a bit of a hurry, feeling little anxious 'cause I have got to meet Dr. W in Ballito (15:00).

28M 01:14:30

Feeling anxious and worried.

13F 01:XX:XX

Worrying about UNISA [*University*] assignments and how I am going to complete them before deadline at end Aug.

17F 03:05:30

Stressing about assignments and exams and time running out.

17F 05:XX:XX

Still feeling a little panicky about getting all my prac teaching in before end Aug.

17F 16:XX:XX

Got a very restless/anxious feeling, was irritated with myself. Just wanted to go home.

03F 00:12:30

Got anxious/irritable, impatient too. Just wanted to go home.

03F 02:12:30

It gives me an uneasy feeling- thinking of what the future is going to bring.

32F 06:XX:XX

Feel a sensation of excitability or anticipation of something.

01M 03:XX:XX

Delusions

I think my boyfriend isn't attracted to me.

32F 02:XX:XX

I think he [boyfriend] doesn't love me and that he's scared to tell me. I confronted him and he comforted me effectively. I'm just being silly. Don't know where it is coming from. Really don't have a reason to doubt his feelings or commitment to me.

32F 05:XX:XX

I also have become very insecure in my relationship. I constantly doubt my boyfriend's feelings for me. At one stage I thought he had an affair. All my suspicions are completely groundless.

32F 12:XX:XX

She doesn't care at all, haven't even responded to letter. Didn't even send sms on my birthday. That's what one gets after 3 and half years.

28M 02:XX:XX

I felt like there was something foreign in my body.

26M 00:XX:XX

Mood

Felt relaxed and happy today.

10F 01:XX:XX

Today has been an awesome day not sure why, but I'm really happy and carefree.

10F 03:XX:XX

In good spirits today remained positive over all.

13F 01:XX:XX

Felt inspired at clinic today.

10F 03:XX:XX

My mood has actually been quite up-beat not feeling tired.

17F 02:17:40

Rest of day went fine – no symptoms felt quite good.

17F 05:XX:XX

I haven't been myself lately. My mood swings from the highest high to the lowest low. I would be laughing 1 min and close to tears the next.

32F XX:XX:XX

Had another fight with my boyfriend this time I told him that I had been thinking of leaving him.

32F 14:XX:XX

I got really emotional in the evening. I cried like a baby about nothing, which seems to be happening to me very often lately.

32F 06:XX:XX

Extremely emotional. Cried very easily (which doesn't happen to me) about a minor problem.

32F 02:XX:XX

I really don't know what is going on with me- could I be bi-polar? In the morning I was chirpy and now I feel so glum.

29F 02:XX:XX

I had a fight with my boyfriend. I don't know what got into me. It is the first time that I lashed out at him so badly. (...) Why did I persist on making him angry? I was totally aware that I was pushing his buttons but I enjoyed it. I'm sick. I

became hysterical in the car – jumped off – told him not to think about marrying me – slammed the door and drove off in my car. Whilst alone I cried- howled [howled] actually. Asking god to forgive me and cursing myself for doing that to J. Who have I become? Is it the stress in my life? Is it the remedy? I even tore the back of my favourite book and threw it at him. Who have I become?

29F 04:XX:XX

Seem to be very angry today.

13F 05:XX:XX

I got a phone call from my classmates to tell me that they as a class are going to refuse to write a test (not enough time). I made my opinion very clear that I don't want to have anything to do with this.

28M 10:XX:XX

Company

I woke up feeling irritable and depressed and felt like being alone.

14F 02:07:15

Went to the clinic; had no patients but preferred it that way; wasn't in the mood to deal with them anyway.

28M 04:XX:XX

Short tempered with kids but enjoy adults company.

17F 01:13:30

Arrived home on absolute high. Had a great day with friends.

28M 09:XX:XX

Had lunch with a friend. Absolutely awesome. (...) awesome day so far, leave for a club tonight (...) met up with friends there (...) the day was awesome in total.

28M 06:XX:XX

Don't want to go to an empty flat.

28M 14:XX:XX

I feel a strong need for some company.

30F 12:XX:XX

Activity/ Occupation

Awake at 5am and full of energy. Have been feeling so much better since exercising.

17F 10:XX:XX

Had a tough workout on new gym equipment. Have lost 0.8kg's and a few centimetres. Yipee!

17F 16:XX:XX

I went for a run, went well felt better afterwards.

28M 00:XX:XX

I went to tui-titsu practice session. Really enjoyed that, want to definitely go more often (...) really feeling good after this morning's session (...) still feeling on high after this morning's practice session (15:00).

28M 05:XX:XX

Went to gym, I didn't get tired, worked hard (...) felt very productive (...) still felt energetic in the evening.

25M 04:XX:XX

Went to gym, helped me relieve some stress.

25M 05:XX:XX

Have been exercising since beginning of this week and feel much better but don't think I'm pushing myself hard enough.

32F 11:XX:XX

I decided to go for a run and get rid of some frustrations (...) got back from the run, felt really good afterwards, could run further but didn't want to over do it.

28M 08:XX:XX

Feel like I need to run to relieve some tension of sort.

01M 02:XX:XX

It is as if there is a build up of energy in my body that needs to be vented or released through physical activity.

01M XX:XX:XX

In lectures feeling bit more relaxed about being here today. Feeling good, looking forward to game of golf with some friends this afternoon.

28M 09:XX:XX

I woke up, bright and sunny day. Have some work to do and look forward to getting started.

28M 08:XX:XX

Much more tranquil then before; starting gym next week. Looking forward to exercising again.

29F 08:XX:XX

Energy is up and running. Ready to get back to work again. I definitely have more stamina to work.

29F 09:XX:XX

Feeling much better today because I'm being productive.

32F 02:XX:XX

Looking forward to a busy day at work. I like being busy because I don't get tired when my mind's occupied.

32F 10:XX:XX

I woke up early and felt great. Had lots done by 10 o'clock. Love being productive.

32F 14:XX:XX

Woke up at 10 o'clock. I hate wasting my weekend on sleeping. Usually by that time I would have done all I have to do around the house.

32F 06:XX:XX

ENERGY

At work doing a puzzle in the daily news section of the to-night and falling asleep very tired.

21M 00:07:00


Went to work still very tired all day.

21M 02:XX:XX

Was feeling tired at work, low energy.

03F 01:XX:XX

Feel very exhausted again. Just no energy, not able to apply myself to work.

01M 04:XX:XX

Still yawning and feeling very tired.

21M 00:10:00

Still very tired.

21M 00:14:10

Feeling tired.

18F 02:13:00

Gastro stopped but still very tired.

21M 01:02:00


A little tired but ok.

17F 16:XX:XX

Can't get myself moving.

29F 01:XX:XX

Feeling tired and drained.

07M 00:12:53

Definitely very tired.

01M 03:XX:XX

Feeling exceptionally tired and exhausted, much more than usual.

01M 03:XX:XX

Brain slow and tired too, I feel very very sleepy.

01M 03:XX:XX

Actually feeling a little flat. This could be a result of the nervous tension before the interview.

26M 08:XX:XX

Feel tired just wanna sleep.

18F 00:19:20

Feel very tired and sleepy.

18F 01:07:45

Very tired – drowsy.

18F 01:21:15

Feeling very drowsy and very tired as when I take allergex. Take allergex often for allergies and taking this remedy makes me feel like allergex makes me feel – drowsy.

18F 03:XX:XX

Feel I need to lie down and rest.

01M 03:XX:XX

Slept whole day.

18F 07:XX:XX

Am feeling a bit tired so have gone to bed for a nap.

17F 00:16:20

Very tired, dozed off on couch for 5mins.

07M 00:16:20

Got tired pretty early. Fell asleep on the couch at 09:30. Very unusual especially because I woke up so late that morning.

32F 06:XX:XX

When bedtime came I felt so tired and physically exhausted but could not fall asleep straight away.

25M 00:XX:XX

I woke up at 10 again. Very angry that I wasted most of my morning on sleeping.

I wouldn't have woken up if my sister hadn't woken me up. I slept for 12 hours.

This is pretty unusual because I only need 7-8 hour sleep.

32F 07:XX:XX

Woke up tired.

18F 03:06:XX

Woke up feeling lazy – no intentions of getting out of bed.

06F 04:XX:XX

Feeling very lazy.

06F 02:08:36

I'm feeling very lazy. Can't even think of work.


32F 06:XX:XX

Feel lazy and uninterested in anything, even watching TV.

01M 03:XX:XX

Going to play guitar for a while & be lazy- thanks for the excuse.

01M 03:XX:XX


 Not sure what I want to do. Like I don't know what to do or what would make me feel better. Just not interested in anything.

01M 04:XX:XX

I woke up early and I feel great.

32F 13:XX:XX

Arrived home feeling very hyped up- kind of an adrenalin rush as if from guarana – only ever felt when I was on Formula 2000 [*high potency multi-vitamins*]. Only lasted about 40mins.

 06F 01:16:45

Concentration

Feeling a little “spacey”, not quite with it. My mind is wandering, not focused on work.

01M 02:XX:XX

My concentration was really bad today. I couldn't remember names of people that I just met 5 min. ago. I had to write a list of things a need to do tomorrow just in case I get confused. Had spent a lot of time with the girl from the bank- took very long for me to remember and understand everything she told me.

29F 01:XX:XX

Concentration & work are very difficult this morning, I'm unable to focus my attention on work or listening or even a basic conversation.

01M 03:XX:XX

I seem to have some problems with spelling. Words look weird with proper spelling. I keep writing d instead of t and m instead of w and vice versa. I also switch first letters of words when I speak for example: wovly lether instead of weather.

32F XX:XX:XX

Feel like I'm not sure what to do with myself, or what I want to do.

01M 03:XX:XX

Confidence

Felt a surge of confidence.

11M 01:06:41

Felt quite confident today in all that I was doing.

11M 02:XX:XX

Felt inspired at clinic today.

10F 03:XX:XX


I had a good day and felt very productive. Felt that whatever I put my mind into I will succeed. I have great confidence in my abilities (quite unusual for me- I have felt inadequate most of my life).

32F 05:XX:XX

I have an interview coming up with a company in the next few days. I am not as confident as I always am. I have been feeling this for the last couple of days. I wonder if this is related to the powders.

26M 07:XX:XX

Relationships

 There is much emotional tension between us (my wife & I) and my parents which is proving to be quite taxing on the soul. I am feeling upset by that, frustrated too.

01M 00:13:00

Had a huge diplomatic attempt at sorting out issues with parents.

01M  00:20:00

I also have become very insecure in my relationship. I constantly doubt my boyfriend's feelings for me. At one stage I thought he was having an affair. All my suspicions are completely groundless.

32F XX:XX:XX


Religion

I have been thinking about my faith, and I cannot help feeling as if I am not doing enough for God.

14F 02:XX:XX

4.2.2 VERTIGO

At work feeling slightly dizzy.

 06F 02:09:20

Felt a bit light headed, slightly drunk.

11M 01:06:41

A bit tipsy, a bit dazed.

11M 01:12:30

I have been very irritated the whole day and my head is spinning.

30F 00:XX:XX

Had a few dizzy spells during afternoon and evening. Everything turning and lasts a few seconds.

18F 09:XX:XX

Been dizzy while walking in mall. Lasted for about 1 minute and happened 2 to 3 times.

18F 10:XX:XX

Possibly light-headed, but not sure.

17F 00:20:30

4.2.3 HEAD

Had a headache all night very heavy feeling headache in front of head.

18F 01:07:45

Headache for 30 minutes. Severe pressing headache feels like ton of bricks on my head

18F 16:XX:XX

Headache bad, spread all over. Pressure all over. Worse for moving head, any small movement is bad.

07M 01:13:21

When I was getting ready to go to bed, I started to get a heavy headache. The heaviness and pain was concentrated on the left side of my head. My neck was also very sore. The pain started at my temple, behind ears, forehead, cheeks and between brows.

03F 04:XX:XX

There is a terrible, pressing headache around my occiput and forehead.

29F 03:XX:XX

I have never had a headache this bad. My eyes feel so heavy.

29F 03:XX:XX

Still have a headache across my eyes. If I push on my eyes it hurts – like that actual eyeballs are sore.

17F 22:XX:XX

Headache now stabbing pain in back of head below skull bone and directly behind eyes- this is unusual – battling to keep eyes open – which is very unusual seems to be encroaching into the temple area and above eyes – 🌀sharp, throbbing/stabbing pain as if needle being inserted.

06F 02:19:45

I woke up at with a very strong headache. The pain is on the left side of my head and radiates to the left eye (...) I had a headache for the whole day. The pain was unbearable.

30F 00:XX:XX

Feeling a dull headache (...) headache went away later that afternoon.

Headache came back later in the evening. It was a dull headache slightly on the left hand side of my head (...) had a glass of water, headache seemed to go away.

26M 00:XX:XX

I have also had a dull headache on the left side of my head. Not throbbing but very dull.

26M 13:XX:XX

Dull headache is still present. It seems to be coming in waves (...) started to develop a headache in afternoon (centre-left).

26M 01:XX:XX

Have a slight headache throughout skull, all over, dull in nature, very under tone.

28M 00:XX:XX

Head feels dull over temporal and front.

10F 04:XX:XX

In the afternoon started developing a headache (...) centre of my head slightly to the right. Pain feels far away and dull.

26M 03:XX:XX

Have a dull pain on the right side of my head seem to be aggravated by noise.

13F 05:XX:XX

I have a dull headache on the right side and is made worse by loud noises.

14F 02:11:45

I have had a slight headache on the right side and my right eye is puffy.

30F 00:XX:XX

Went for a walk by the ocean and another headache on the right side came on.


30F 00:XX:XX

Last night before falling asleep I felt a stabbing pain on the right side of my chest followed by the same sensation in my right temple.

32F 07:XX:XX

Throughout the day I felt stabbing pains in my right temple. They would come and go after few minutes.

32F 10:XX:XX

Headache still present, but very strange! Pain in right temple BUT  feels as if something running over eye and temple area. Same feeling as if someone cracking imaginary egg over your head.

06F 03:XX:XX

Feeling a faint stabbing in my left temple.

32F 00:XX:XX

Burning eyes and headache towards front of head and nose. Sharp piercing headache, also back of neck. Better for rubbing/massaging.

18F 00:19:20

Headache has reached a high sharp pain in back of neck crawling into head and lower back.

06F 02:19:00

By the time of 4o`clock I was pretty tired and a headache had already been developing at the back of my head. It got better after I ate. I thought that it was due to my hunger but another developed again after I got home (...) it was gone 30 min later. At around 10:30 pm another came and I went to have a shower. Felt better after that.

25M 00:XX:XX

Had a slight headache at the back of my head in the afternoon (lower back of head).

26M 14:XX:XX

Slight headache back of head/neck.

07M 00:09:10

Slight headache in back of head and neck.

18F 00:XX:XX

Head tight and sore at the back.

10F 04:XX:XX

Have throbbing frontal headache, behind eyes and a certain amount of stiffness in neck and back.

07M 02:06:35

Light headache better for rubbing.

18F 20:XX:XX

Woke up with slight headache and sneezing, but don't feel achy.

17F 24:XX:XX

I woke up in the morning feeling like I had a hangover.

26M 06:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

Realised I haven't had a headache all week.

17F 07:XX:XX

Itching eyes, nose, face, forehead. Especially next to nose (both sides) and forehead.

18F 02:21:40

Face very very itchy. Forehead, nose.

18F 04:XX:XX

Itchy forehead and face – like being in the wind – burning, dry feeling.

18F 08:XX:XX

4.2.4 EYE



Right eye infected, could not open it this morning, it is all puffy red and swollen.

10F 06:XX:XX

Left eye stuck shut when I woke up.

10F 07:XX:XX

Eyes very sensitive to light and they feel all dry and scratchy.

10F 07:XX:XX

My eyes feel so heavy.

26M 09:XX:XX

I have never had a headache this bad. My eyes feel so heavy.

29F 03:XX:XX

Eyes heavy and burning.

18F 02:13:00

Burning eyes and headache towards the front of head and nose.

18F 00:19:20

Eyes burning and eyelids red.

18F 04:XX:XX

Eyes not burning so much but eyelids feel very dry to extent of being raw.

18F 08:XX:XX

Eyes burning and tearing.

18F 14:XX:XX

Eyes itchy and burning and tired.

18F 00:XX:XX

Itching eyes, nose, face, forehead. Especially next to nose (both sides) and forehead.

18F 02:21:40

4.2.5 NOSE

Found small pieces of dry blood when blowing nose.

18F 02:XX:XX

Little blood in nose when blowing.

18F 07: XX:XX

Woke up at 5:30am with post-nasal drip sore throat.

17F 21:XX:XX

Woke up with a terrible post nasal drip.

29F 01:XX:XX

Woke up with a terrible post-nasal drip. Sneezing in the morning- much worse that I usually get.

29F 01:XX:XX

Had my bouts of sinus attacks once I woke up this morning (+/- 9:00 am) and an attack at approx. 9:00 pm. Very bad post nasal drip.

29F 01:XX:XX

Woke up with slight headache and sneezing, but not feeling achy.

17F 24:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

My sinuses are killing me. I have never had a headache this bad.

29F 03:XX:XX

My sinuses seem to be cleansing. Haven't noticed waking up sneezing today- wow!

29F 08:XX:XX

Spring Day (...) event the constant sneezing didn't get to me.

29F 02:XX:XX

Can't stop sneezing.

29F 03:XX:XX

Had several bouts of sneezing 3-4 times today.

28M 01:XX:XX

I usually sneeze and then the discharge starts. This time I was sneezing quite a bit but no runny nose.

32F 02:XX:XX

Started sneezing when I was in a very green area. No discharge though.

32F 07:XX:XX

A sneeze brought on the discharge. Followed by more sneezing.

32F 00:XX:XX

Nose just running away with me. Runny, clear mucus.

28M 01:XX:XX

Day was awesome in total, just had bit of runny nose.

28M 06:XX:XX

Nose blocked in right nasal passage, other side is runny.

28M 00:XX:XX

Nose getting all blocked up again (...) blocked nose continues.

28M 00:XX:XX

Started getting blocked nose, same as before also have a trouble hearing people, they need to talk louder.

28M 01:XX:XX

Nose and sinuses just blocked up again.

28M 02:XX:XX

 Sinuses blocked, blew nose.

07M 00:16:30

At tech flu and blocked nose coming back.

28M 03:XX:XX

Strange pulsing in right nostril, high up, -15secs.

07M 00:06:55

4.2.6 FACE

Face itching.

18F 00:XX:XX

Eyes burning and tired and itchy face.

18F 01:07:45

Itching eyes, nose, face, forehead. Especially next to nose (both sides) and forehead.

18F 02:21:40

Itchy forehead and face – like being in the wind – burning, dry feeling.

18F 08:XX:XX

Still a bit itchy on face and very itchy on elbows.

18F 10:XX:XX

Was told my face looks flushed, but it looks normal to me.

01M XX:XX:XX

Tingling in right cheek

11M 01:06:57

Since this morning I've had a tingling feeling in the corner of my right eye and cheek bone.

32F 11:XX:XX

The whole day today right side of my face felt tingly as if it was about go into a spasm.

32F 12:XX:XX

4.2.7 MOUTH



Bottom right hand side feels like I have a slight toothache.

21M 00:11:50

Clenching teeth while driving.

07M 01:13:40

I have a sour taste in my mouth.

13F 03:XX:XX

Slight bitter taste under tongue, for 1-2 minutes.

03F 00:06:00

4.2.8 THROAT

Slight throat infection starting, slightly sore on swallowing, sniffing.

07M 08:XX:XX

As I was getting into bed I felt soreness on the left hand side in my throat.

32F 09:XX:XX

I was going to bed I had a slight sore throat. Only sore on swallowing (left hand side).

32F 10:XX:XX

I woke up with a slightly sore throat (on the left hand side). It went away before I went to work before I went to work.

32F 11:XX:XX

Woke up with a bit of a sore throat. That was gone this morning.

26M 09:XX:XX

Woke up with a sore throat again. Like a flu sore throat. Seems to go away as day progresses.

26M 10:XX:XX

Woke up this morning again with a sore throat. It seems to go away at about 9:30.

26M 11:XX:XX

Woke up again with a sore throat like I had flu. That went away by mid morning.

26M 12:XX:XX

Woke up with a sore throat but still felt great.

26M 14:XX:XX

Woke up at 5:30am with post-nasal drip sore throat.

17F 21:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

I could still feel that my throat was sore.

26M 06:XX:XX

I still have a sore throat.

26M 07:XX:XX

Suddenly developed a sore throat.

24M 00:02:00

Sore throat. Feeling like getting flu.

18F 32:XX:XX

The dry raw throat sensation is back again, only very slight. It's the feeling of the onset of a cold.

01M XX:XX:XX

I have a scratchy sore throat better for cold water.

13F 05:XX:XX

I have a scratching sensation in my throat drinking cold water soothes it.

14F 02:13:15

Have a scratchy throat, coughed to clear.

11M 01:12:48

Irritating cough as if tickle in throat.

06F 02:13:21

Nausea still present as if something clogged in throat and irritating cough.

06F 02:XX:XX

Glands are swollen and my throat sore more on the right, similar to how I felt when I had glandular fever.

10F 04:14:30

Throat all swollen, can't swallow properly.

10F 05:XX:XX

Still feel like I have a lump in my throat, and can't swallow properly.

10F 08:XX:XX

4.2.9 STOMACH

My whole chest, stomach and back was itchy. After scratching it felt better.

21M 00:05:30

Woke up with cramps in tummy and gastro the whole night until about 5:55am.

21M 01:02:00

Woke up at 6am. Felt ok but had some stomach cramps and runny tummy – thought I might be getting gastro, but by lunch time feeling was gone.

17F 17:XX:XX

Woke up at 5:30am feeling rather hungry and slight cramps in stomach again.

17F 18:XX:XX

Have a slightly runny tummy which I do get occasionally with my period, but not usually this late into it. Could be stress.

17F 05:XX:XX

Tummy began to twist, had to go to the loo.

03F 00:06:00

Felt better by evening although still getting a bit of tummy cramps – like I really need toilet but then tummy isn't runny.

17F 22:XX:XX

Dull pain in stomach, similar to stomach ulcer pain – came and went.

07M 01:07:04

Felt like fried onions in my food which I never ever feel like. I hate onions.

18F 08:XX:XX

The whole day I have been ravenously hungry. I ate so much but can't get full.

32F 07:XX:XX

I also have been stuffing myself with any food I can get my hands on. Stress doesn't usually increase my appetite.

25M 02:XX:XX

I woke up very hungry. I feel like I can eat any amounts of food with no effect.

32F 08:XX:XX

I woke up feeling very hungry.

25M 02:XX:XX



I was thinking of food the whole day but didn't really feel like eating anything.

32F 11:XX:XX

Still haven't eaten. Not feeling hungry.

32F 00:11:00

Had mainly soup over the last couple of days, no appetite.

10F 08:XX:XX

Very thirsty for cold water, craving lots of sweets and salty stuff.

13F 04:XX:XX

I have been drinking more water lately and have been craving chocolate and salty things.

14F 03:XX:XX

Eating/hunger wasn't really affected but a bit thirsty.

17F 21:XX:XX

Feeling thirsty today, so drank quite a bit of water.

17F 08:XX:XX

I was feeling very parched this morning. Seem to be drinking a lot of water.

26M 02:XX:XX

Feeling very thirsty today for no reason.

26M 10:XX:XX

Feeling very thirsty so far today.

26M 11:XX:XX

Think I am feeling more thirsty than usual.

01M 00:14:10

Absolutely no thirst. I had a glass of water the whole day.

32F 02:XX:XX

I had a glass of water the whole day.

32F 07:XX:XX

About 5 min. after I stood up I started feeling dizzy and nauseous.

25M 01:XX:XX

I woke up this morning feeling a little moggy not sure if it is a result of the food eaten at restaurant last night.

26M 03:XX:XX

Woke up feeling a little nauseous, went back to sleep woke up feeling better.

14F 03:XX:XX

I also felt nauseous this morning. It also left after about an hour of being awake.

25M 02:XX:XX

Felt horrible and a bit nauseous all evening.

10F 04:XX:XX

I also was feeling a bit nauseous in the evening. It was a deep nausea but not like I needed to vomit. Felt like there was something foreign in my body.

26M 00:XX:XX

Nausea still present as if something clogged in throat and irritating cough.

06F 02:XX:XX

Feeling nauseas.

06F 02:XX:XX

Everything seems to be making me nauseous, feels better if I rest a bit.

13F 05:XX:XX

I can't seem to stomach fatty foods, making me feel nauseous, it helps when I eat ice.

13F 06:XX:XX

4.2.10 ABDOMEN

Have had a bit of wind today.

17F 16:XX:XX

Feeling very bloated though not sure why.

26M 05:XX:XX

Feel extremely bloated. Slight stool this morning.

29F 00:XX:XX

Went to the loo, abdomen pain very slight. Worse for putting pressure on area.

06F 03:XX:XX

Lower abdominal pain. Slightly pulsating and radiating +/- 5minutes.

03F 00:14:45

Lower back pain and lower abdominal pain (left and right sides linking). Dull pain.

03F 02:XX:XX

Strange dull pain in diaphragm area.

07M 00:08:19

4.2.11 STOOL


Spluttering, spraying stool.

21M 01:02:00

Felt I had good bowel movement, went to loo twice.

03F 00:XX:XX

4.2.12 URINE

 After urinating left with stabbing (strange) pains in lower abdomen- better for relaxing stomach worse for pulling stomach in.

06F 02:02:13

4.2.13 FEMALE GENITALIA/SEX

Noticed a white discharge today

13F 02:XX:XX

Period finished today. Didn't have much bloating or cramps with this period.

17F 07:XX:XX

4.2.14 RESPIRATION

Shortness of breath – better for deep yawning.

06F 06:XX:XX

4.2.14 COUGH

Coughing and lots of phlegm on chest.

18F 01:07:45

4.2.16 CHEST

Have a sharp pain in upper chest/abdomen. Sore in front and on my back. As I breathe in like a stitch, sharp, stabbing like a knife

11M 01:15:41

Last night before falling asleep I felt a stabbing pain on the right hand side of my chest.

32F 07:XX:XX

I feel a stabbing pain in my heart.

30F 03:XX:XX

I felt a stabbing pain in my heart this morning.

30F 06:XX:XX

Just felt a stabbing pain in heart (only lasted for few seconds).

32F 00:XX:XX

Feeling a sharp, stabbing pain in my heart.

32F 13:XX:XX

I woke up in the morning with tightness around my heart. Seemed to go away for a while.

26M 02:XX:XX

My whole body is sore especially the left side of my chest.

24M 00:02:00

My whole chest, stomach and back was itchy. After scratching it felt better.

21M 00:05:30

4.2.17 BACK

My whole chest, stomach and back was itchy. After scratching it felt better.

21M 00:05:30

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

Have lower backache today especially when I bend forward, it is better if I apply warm compresses to the area, definitely aggravated by the cold.

13F 03:XX:XX

My back is getting sore as I am sitting in front of the computer (and I have not been sitting here for a long time).

26M 07:XX:XX

Upper backache now for 2hrs. Backache deep within the muscles of middle back below shoulder blades.

06F 03:XX:XX

4.2.18 EXTREMITIES

Still a bit itchy on face and very itchy on elbows.

18F 10:XX:XX

Elbows itching.

18F 13:XX:XX

Elbows itching especially the left one.

18F 14:XX:XX

Elbows itchy and bumps on elbows, more on left. Better for scratching and rubbing lotion, but very dry and raised. No redness, just dry flaky skin.

18F 05:XX:XX

Elbows sore and dry and still itching.

18F 08:XX:XX

Elbow (left) still very itchy (feels very dry and burning from dryness).

18F 09:XX:XX

Itchy elbows, but not so severe. Still a bit dry and flaky.

18F 10:XX:XX

Elbows dry.

18F 21:XX:XX

Sharp pain in my left arm, quick, short.

11M 01:12:39

Must have slept wrong as I have pins and needles in my right arm, a numb right foot and a stiff neck muscle on the right hand side of my neck. Fine by 6:00am after shower but my neck still a bit stiff.

17F 02:05:30

Also haven't woken up with tight feet for a while so hopefully blood circulation improving.

17F 05:XX:XX

No backache or sore/tight feet on waking anymore. Feel a bit stiff in feet and legs if I've been sitting too long.

17F 08:XX:XX

Muscles feel stiff.

10F 04:XX:XX

Feeling a little stiff this morning from gym workout yesterday. Going for walk this morning to hopefully loosen up.

17F 03:XX:XX

My muscles feel tight, calves all stiff especially on the right, feels better if I stretch them out.

13F 06:XX:XX

My calves were a little stiff especially the right one, they felt better when I stretched them.

14F 04:XX:XX

Feel tight spots around body too.

01M 02:XX:XX

Body tightness is worse. Muscles feel tense, can't relax them.

01M 02:XX:XX



Body feels heavy, slow, unresponsive to instructions from brain.

01M XX:XX:XX

Body exhausted, feel like I haven't slept in days and been doing long hours of physical work.

01M XX:XX:XX

I seem to have developed an infection on my pinkie finger. My finger is very sore just beneath the nail. I have applied pressure to the finger and there has been some discharge (...) my finger is still sore and there has been some discharge.

26M 06:XX:XX

4.2.19 SLEEP

Woke up suddenly feeling very irritable and irritated. This has happened in the past BUT is accompanied by itchiness, which normally wakes me – this time no itching – lasted about 20 – 25 minutes when I started to doze off again.

03F 01:21:53

Woke up with cramps in tummy and gastro the whole night until about 5:55am.

21M 01:02:00

Woke up at 2:00am.

18F 02:02:00

Woke up to go to the loo.

06F 02:02:13

Woke up at 5:30am again (before alarm at 6am).

17F 03:05:30

Woke up tired.

18F 03:XX:XX

Woke up feeling little tired. Had to drag myself out of bed 15 min. later.

28M 03:XX:XX

Woke up this morning feeling very tired.

25M 01:XX:XX

Woke up this morning a bit tired.

25M 00:XX:XX

Slept for 12 hour!!! Very, very rare. Couldn't wake up to go to work. Completely exhausted.

29F 01:XX:XX

Felt tired when I woke up.

10F 02:XX:XX

Sleep is pathetic. Have major difficulties waking up.

29F 05:XX:XX

Woke up a lot during the night.

10F 04:XX:XX

Had a really bad night. Tossed and turned and could not fall asleep.

17F 05:XX:XX

Had an unsettling night.

13F 07:XX:XX

Had a restless night dreamt a lot was very disturbed but can't remember my dreams.

13F 09:XX:XX

My sleep patterns have been rather disturbed lately and I am restless, I know that I have dreams but I can never remember them.

14F 06:XX:XX

Woke up feeling tired but ok. Slept well.

01M XX:XX:XX

Was asleep by 8:45 and slept "dead".

10F 01:20:45

Slept well.

01M 02:06:XX

I found it difficult to fall asleep.

03F 06:XX:XX

Can't sleep, feel wide awake and full of energy.

01M XX:XX:XX

Good sleep last night, could not wake up, did not hear alarm. Felt refreshed and ready to enjoy my day off.

03F 03:XX:XX

Felt tired at 5pm.

13F 03:17:00

Am feeling a bit tired so have gone to bed for a nap.

17F 00:16:20

Had an afternoon nap, woke up feeling confused as to where I am and what time it was.

10F 05:XX:XX

4.2.20 DREAMS

Can't remember dreams but know they were strange.

10F 02:XX:XX

Dreamt of a baby crying.

13F 07:XX:XX

Had a dream last night. Lots about artwork and kids painting and completing work. (School has an art exhibition at the end of the month and I still need to complete my art module for UNISA [*University*]).

17F 01:XX:XX

Sitting in the back of my dad's kombi with my maid Sylvia and my husband Tim. We weren't married yet because I was trying to get him to notice me and purposely sat next to him so I could 'fall asleep' on his shoulder. The maid was complaining that she didn't have enough space.

17F 01:XX:XX

4.2.21 SKIN

Tingly/itchy sensation over skin in spots (e.g. above the eye, then on forehead, then on abdomen). The sensation moves around and lasts for a variable amount of time (from a flash to a minute or more). Like a formication feeling.

01M 02:XX:XX

Tingling type feeling, almost like crawling sensation under skin. Itchy type feeling, but not really. Random over body in spots mostly round head and face. Better for rubbing.

01M 02:XX:XX

Although the tingling feeling feels like it need scratching, it does not help.

01M 02:XX:XX

Itch on left hand; top lip; scalp; knee; shin ; shoulder. The itch not lasting – not persistent.

07M 01:06:30

Itching in several areas, back right shoulder; scalp forehead, elbow, left knee – itch not lasting.

07M 01:07:00

Body itchy around stomach and left side shin.

06F 03:XX:XX

Itching on legs and now around right breast area. A sort of scratchy itch as if something walking on body, and on back.

06F 06:XX:XX

Legs and waist area itchy. Skin feels very dry.

06F 09:XX:XX

Have now scratched so much on legs that it is now bleeding.

06F 09:XX:XX

Noticed 2-3 very small fine pimples on my forehead between my brows. Some had a tiny whitehead, others were red and seemed to be still developing.

03F 01:XX:XX

Have noticed small pimples on inner legs around knee area. Body itching especially around waist area and legs.

06F 05:XX:XX

Noticed forehead has red spots/pimples.

07M 02:XX:XX

4.2.22 FEVER

Feels like I have a high fever but am very cold.

24M 00:02:00

4.2.23 GENERALITIES

Body feels weak and shaky.

10F 05:XX:XX

Tired in the morning before breakfast.

13F 01:XX:XX

Very thirsty for cold water, craving lots of sweets and salty stuff.

13F 04:XX:XX

I have been drinking more water lately and have been craving chocolate and salty things.

14F 03:XX:XX

Craving chocolates.

13F 01:XX:XX

Felt like fried onions in my food which I never ever feel like. I hate onions.

18F 08:XX:XX

Feeling like I am getting the flu.

18F 00:19:20

Feeling fluish.

18F 30:XX:XX

Feeling like getting flu.

18F 32:XX:XX

By 3pm was feeling really rotten. Cotton wool headache, backache, sore throat, tickling nose/sneezing – usual flu like symptoms.

17F 21:XX:XX

Skin generally dry.

18F 08:XX:XX

Better for movement.

01M XX:XX:XX

4.2 The repertory symptoms of *Erythrina lysistemon* 30CH

Rubrics are listed in the order in which they would be found in the homoeopathic Repertory, *Synthesis* Edition 8.1 (2004). They are formatted as follows:

- Rubric – Sub rubrics – Degree – *Synthesis* Page Number
- **Grade 3 rubrics are displayed in bold print**
- *Grade 2 rubrics are displayed in italics*

- Grade 1 rubrics are displayed in plain type
- New rubrics created from this proving are marked with a capital N and are underlined.
- Each page number is marked with a capital S, referring to *Synthesis*

(Wright, 1999:26)

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EXTREMITIES – PAIN: - Foot:	S1420
EXTREMITIES – PAIN: – Foot: - morning:	S1420
EXTREMITIES – PAIN: - Foot: - morning: - waking, on:	S1420
EXTREMITIES – PAIN – aching:	S1424
EXTREMITIES – PAIN – aching: - morning:	S1424
EXTREMITIES – PAIN – aching: - morning: - waking, on:	S1424
EXTREMITIES – PAIN – Foot: - exercise amel:	S1428
EXTREMITIES – PAIN – Foot:	S1428
EXTREMITIES – STIFFNESS	S1522
EXTREMITIES – STIFFNESS, stretching amel	S1522
EXTREMITIES – STIFFNESS, calf	S1526
EXTREMITIES – STIFFNESS: - Foot:	S1526
EXTREMITIES – STIFFNESS: - Foot: - morning:	S1526
EXTREMITIES – STIFFNESS: - Foot: - morning:-waking, on:	S1526
EXTREMITIES – STIFFNESS: - Foot: - waking, on:	S1526

EXTREMITIES – STIFFNESS: - morning: S1523
 EXTREMITIES – STIFFNESS: - morning: - bed, in: S1523
 EXTREMITIES – STIFFNESS: - morning: - waking, on: S1523
 EXTREMITIES – STIFFNESS: - sleep, after: S1523

EXTREMITIES – STRETCHING out: - Foot: - desire to: N

EXTREMITIES – TENSION: S1533
 EXTREMITIES – TENSION: - morning: S1533
 EXTREMITIES – TENSION: - Foot: S1537
 EXTREMITIES – TENSION: - Foot: - morning S1537

SLEEP

SLEEP – BAD: S1563
 SLEEP – COMATOSE S1563
SLEEP – CONFUSED, waking on N
 SLEEP – DISTURBED S1565
 SLEEP - DOZING – daytime S1567

 SLEEP – FALLING ASLEEP: - daytime: S1569
 SLEEP – FALLING ASLEEP: - difficult: S1569
 SLEEP – FALLING ASLEEP: - late: S1569

SLEEP – INTERRUPTED	S1571
SLEEP – NEED of sleep – great	S1571
SLEEP – POSITION: - changed frequently:	S1573
SLEEP – RESTLESS	S1575
SLEEP – RESTLESS: - night: -midnight: before:	S1575
<i>SLEEP – SLEEPINESS:</i>	<i>S1577</i>
SLEEP – SLEEPINESS: - daytime:	S1577
SLEEP – SLEEPINESS: - morning:	S1577
SLEEP – SLEEPINESS: - forenoon:	S1578
SLEEP – SLEEPINESS: - noon:	S1578
SLEEP – SLEEPINESS: - afternoon:	S1578
SLEEP – SLEEPINESS – afternoon – work, at	S1579
SLEEP – SLEEPINESS: - evening:	S1579
SLEEP – SLEEPINESS: - dullness, with:	S1581
SLEEP – SLEEPINESS: - eyes: opening difficult:	S1581
SLEEP – SLEEPINESS: - overpowering:	S1582
SLEEP – SLEEPLESSNESS:	S1585
SLEEP – SLEEPLESSNESS: - evening:	S1585
SLEEP – SLEEPLESSNESS: - evening: bed, after going to:	S1585
SLEEP – SLEEPLESSNESS: - midnight: before	S1586
SLEEP – SLEEPLESSNESS – irritability, from	S1591

SLEEP – UNREFRESHING–morning, tired in morning than in the evening, more	S1595
SLEEP – UNREFRESHING:	S1595
<i>SLEEP – WAKING:</i>	<i>S1596</i>
SLEEP – WAKING: -night: -midnight: after: 2h:	S1596
SLEEP – WAKING – difficult – morning	S1597
SLEEP – WAKING: - early, too:	S1597
SLEEP – WAKING: - early, too: asleep late, and falling:	S1598
SLEEP – WAKING – formication in extremities; from	S1598
SLEEP – WAKING – sudden – night: midnight – after	S1600
SLEEP – WAKING – urinate; with desire to	S1601
SLEEP – YAWNING:	S1601
SLEEP – YAWNING: - daytime:	S1601
SLEEP – YAWNING: - daytime: - incessantly:	S1601
SLEEP – YAWNING: - constant:	S1602
SLEEP – YAWNING: - frequent:	S1603
SLEEP – YAWNING: - sleepiness: - during	S1604
DREAMS	
DREAMS – BUSINESS:	S1612
DREAMS – FLYING	S1623

DREAMS – FRIGHTFUL S1623

DREAMS – HUSBAND: - desires, attention from: N

DREAMS – STRANGE S1638

DREAMS - UNREMEMBERED S1640

CHILL

CHILL – NIGHT: S1648

CHILL – NIGHT: - midnight: - after: S1648

FEVER

FEVER – MORNING: S1661

FEVER – MORNING: - chilliness, with: S1661

FEVER – NIGHT: S1662

FEVER – NIGHT: - midnight: - after S1662

FEVER – NIGHT: - chilliness, with: S1663

FEVER – CHILLINESS, with: S1666

FEVER – CHILLINESS; with – alt with heat not perceptible to touch S1666

SKIN

SKIN – ALIVE – under skin; something were alive	S1689
SKIN – BURNING:	S1689
SKIN – DRY	S1695
SKIN – ERUPTIONS	S1695
SKIN – ERUPTIONS – pimples	S1703
SKIN – ERUPTIONS – pimples - whitish	S1704
SKIN – ERUPTIONS – red	S1706
SKIN – FORMICATION – itching; with	S1713
SKIN – FORMICATION – rubbing ameliorates	S1713
SKIN – ITCHING:	S1715
GENERALS	
<i>GENERALS – ACTIVITY – ameliorates</i>	S1737
<i>GENERALS – ACTIVITY – desire for</i>	S1737
<i>GENERALS – ACTIVITY – physical</i>	S1737
GENERALS - COLD	S1751
GENERALS: - DRY sensation:	S1770

GENERALS: - EXERTION, physical: - amel:	S1773
GENERALS: - EXERTION, physical: - desire for:	S1774
GENERALS – FOOD AND DRINK, apples, desire	S1781
GENERALS – FOOD AND DRINK, chocolates desires	S1784
GENERALS - FOOD AND DRINK- coffee- desire	S1785
GENERALS – FOOD AND DRINK, cold drink, cold water desire	S1785
GENERALS – FOOD AND DRINK, fat aversion	S1788
GENERALS – FOOD AND DRINK, fruit desire	S1790
<u>GENERALS: -FOOD and DRINK: - onions: desire: - fried:</u>	N
GENERALS – FOOD AND DRINK, salt desire	S1796
GENERALS – FOOD AND DRINK– tea – ameliorates	S1799
GENERALS – FOOD AND DRINK, water desire	S1801
<i>GENERALS – FORMICATION – external parts</i>	<i>S1802</i>
GENERALS – HEAVINESS: externally	S1807
GENERALS – HEAVINESS - muscles, of	S1807
GENERALS – INFLAMMATION – sinuses, of	S1813
<i>GENERALS – INFLUENZA – sensation as if</i>	<i>S1813</i>
GENERALS - ITCHING	S1815
GENERALS – LASSITUDE	S1817

GENERALS – PAIN - MUSCLE	S1836
GENERALS – QUIVERING, accompanied by weakness	S1862
GENERALS – RESTLESSNESS	S1864
GENERALS: - SICK FEELING; vague:	S1869
GENERALS – SLUGGISHNESS of the body	S1873
GENERALS: - STIFFNESS:	S1874
<u>GENERALS: - STRETCHING: desire</u>	N
GENERALS – TENSION – externally	S1880
GENERALS - TENSION: - Internally:	S1880
GENERALS – TENSION – muscles; of	S1880
GENERALS: - WEAKNESS:	S1895
GENERALS- WEAKNESS- morning: waking, on	S1896
GENERALS – WEAKNESS, evening	S1897

4.3.1 New Rubrics

New rubrics that were created from the proving of *Erythrina lysistemon* 30CH

MIND - DELUSIONS: - FOREIGN, SOMETHING IN HIS BODY, AS IF N

MIND – DELUSIONS – separated – body – shake off tension (physical body),

he could N

<u>HEAD – LIGHTNESS, sensation of, intoxicated as if</u>	N
<u>HEAD – PAIN -NOISE AGG</u>	N
<u>HEAD – PAIN, eyes in, dark room amel</u>	N
<u>HEAD – PAIN, eyes in, light agg</u>	N
<u>HEAD – PAIN, eyes in, noise agg</u>	N
<u>FACE – ITCHING:-burning: dryness from</u>	N
<u>THROAT – SCRATCHING, coughing, amel</u>	N
<u>STOMACH – NAUSEA – throat, in</u>	N
<u>EXTREMITIES – CONTRACTION: morning, on waking</u>	N
<u>EXTREMITIES – DRYNESS: - Elbow Joint:</u>	N
<u>EXTREMITIES – STRETCHING out: - Foot: - desire to:</u>	N
<u>SLEEP – CONFUSED, waking on</u>	N
<u>DREAMS – HUSBAND: - desires, attention from:</u>	N
<u>GENERALS: -FOOD and DRINK: - onions: desire:- fried:</u>	N
<u>GENERALS: - STRETCHING: desire</u>	N

CHAPTER FIVE

Discussion

5.1 Introduction

In this chapter the symptoms produced in the proving of *Erythrina lysistemon* 30CH are discussed. The hypothesis that *Erythrina lysistemon* 30CH would produce clear and observable symptoms when administered to healthy individuals was confirmed in this proving. The data was collected and was formulated into 505 rubrics, of which 17 were new rubrics. The existing rubrics (new rubrics are included in brackets) were found in the following sections of the repertory:

Mind	85 (2)	Female Genitalia/sex	1
Vertigo	9	Larynx and Trachea	2
Head	54 (5)	Respiration	1
Eye	41	Cough	3
Nose	26	Chest	5
Face	12 (1)	Back	14
Mouth	3	Extremities	61 (3)
Teeth	3	Sleep	45 (1)
Throat	23 (1)	Dreams	6 (1)
Stomach	24 (1)	Chill	2

Abdomen	20	Fever	7
Rectum	7	Skin	10
Stool	5	Generals	37 (2)

Appendix F (ii) illustrates the complete quantitative distribution of symptoms in the different repertory chapters. This analysis provides insight to the prominent spheres of action of *Erythrina lysistemon* as a homoeopathic medicine as shown by this study.

The traditional uses of *Erythrina lysistemon* were compared with symptoms obtained as a result of this study of *Erythrina lysistemon* 30CH.

5.2 The remedy abbreviation

The researcher suggests that *Erythrina lysistemon* be abbreviated as Ery-I, in accordance with the binary system described in *Synthesis*, 8th Edition (Schroyens, 2002).

5.3 The symptoms

The concepts resulting from the proving of *Erythrina lysistemon* are discussed under various sections of the repertory.

5.3.1 Mind

Mind symptoms made up a large percentage of this proving. The researcher placed the symptoms into categories or themes so that the complete picture of the remedy could be better extrapolated.

Irritability and frustration

Most provers experienced bouts of irritability and described it as being short-tempered. It would seem that small incidents would spark off the irritability and the individual would become snappy and intolerant. Prover 1 describes the irritability as a type of tension in his body which he wanted to “shake off”. The irritability was causeless in many instances with provers waking up feeling annoyed and frustrated (14F 02:07:15). There was also an element of impatience within this sense of irritability and provers commented that other people made them annoyed or irritable when they did not do as they were expected to. This sense of frustration and irritability occurred early in the proving and continued throughout.

Anxiety

There was a nervous anxiousness amongst the provers. Most expressed anxiety about upcoming events such as job interviews or having to meet new people.

The researcher feels that this could be related to a performance anxiety, where concern is felt as to how the person is to be perceived. Most provers recorded this anxiety as a negative experience but prover 1 recorded it as an anticipatory anxiety stating that it was “a sensation of excitability or anticipation of something”.

Delusions

This was not a very well documented theme but the idea that arose out of the symptoms was the delusion of not being loved anymore by a significant person. One prover thought her partner was being unfaithful to her.

Mood

There were many contradictions within this theme. Many provers commented on the fact that their moods would change from one extreme to the other. They would be happy and up-beat one moment, the next they would be emotional and angry. Most of the provers were happy and cheerful at first but then would go on to become angry or emotional, crying easily.

Company

There is a duality evident in this theme. Some provers express the desire for company and don't want to be alone while others state that they are irritated by company and desire to be left alone.

Activity/ Occupation

Exercise and regular activity seemed to be an ameliorating factor. Provers commented on their sense of well being after an exercise session or they would be looking forward to the opportunity to engage on some form of activity. The prospect of doing work was also seen in a positive light and most provers seemed energised and motivated.

Energy

Most provers experienced tiredness in some form. There was extreme tiredness as well as a sense of lethargy and laziness. Some express tiredness even after a good night's rest. Their energy levels dip very low and most of them say that they want to fall sleep. Some provers commented that they felt tired and unrefreshed on waking. Others felt exhausted and fatigued in the afternoon.

Concentration

There was a large lack of concentration amongst the provers with some describing it as a sense of being “spaced-out”. They were unable to focus on tasks at hand and many make mistakes while speaking or writing. This was particularly experienced by prover 32.

Confidence

This was not a large theme. Some provers felt a boost of confidence but one prover (Prover 26) felt a lack of confidence which he attributed to the remedy.

Relationships

Relationships were strained in this proving with a lot of tension and insecurities being expressed by the provers. One prover in particular seemed to have a very stormy time in her relationship and she feels that this was due to the remedy as she is not normally prone to emotional outbreaks and disputes with her partner (prover 32).

Religion

A prover begs for forgiveness from God (prover 29) while another feels she should do more for Him (prover 14) and questions her faith.

5.3.2 Vertigo

Vertigo was experienced as dizziness and a light headedness. Aggravating factors seemed to be walking and working. The episodes of vertigo were not very prolonged.

5.3.3 Head

Headaches seemed to be a very common symptom in this study. The headaches seemed to be very severe, described as “terrible”, “heavy”, “never had a headache so bad”; “like a ton of bricks on head”. Some individuals describe the pain as stabbing and unbearable. The headaches appeared to be experienced in the frontal, occiput and temporal regions of the head. Many of the headaches were accompanied by sore or stiff necks and many provers mentioned some sort of eye involvement. Some battled to keep their eyes open while others had painful eyes. One prover felt the pain radiate into the left eye and two provers felt sensations over their right eye. It was not ascertained what the aetiology of the headaches were, but one prover developed a headache

after taking a walk on the beach. The intensity of the headaches seemed to vary from very severe, almost debilitating, to a dull heavy headache. The headaches seem to be relieved by rubbing or massaging the head and neck as well as by warm applications such as a warm shower. They seem to be aggravated by loud noises and by moving the head.

As well as these headaches, provers also experienced the sensation as if they were becoming ill with influenza. They describe aching bodies and dull headaches as well as sore throats and stuffy noses.

5.3.4 Eye

There were symptoms experienced which were very typical to those of allergies or conjunctivitis. Eyes were described as being itchy and scratchy and sensitive to the light. Some provers had dry eyes while others experienced excessive lachrymation. Eyes were swollen shut on waking and were sore and puffy. Eyelids were dry and excoriated.

5.3.5 Nose

The provers experience a lot of sneezing. This usually happened in the morning on waking but was not limited to this time. Discharges were clear and runny with

one prover experiencing flecks of blood in the mucus after blowing the nose. There were several records of post-nasal drips and congested sinuses.

5.3.6 Face

There was itching of the face and forehead. Itchiness seems to run throughout this study and the face was no exception. Provers describe the itch as a burning, dry sensation – as if in the wind. One prover felt a tingling on her right cheek as if her face were about to go into a spasm.

5.3.7 Mouth

Prover 21 felt as if he had a toothache and prover 7 was aware that he clenched his teeth. Others experienced a sour taste in their mouth.

5.3.8 Throat

Throats were sore and raw with some provers describing it as if the onset of a cold. Prover 10 had swollen glands and a sensation of a lump in her throat that made swallowing difficult. The dry raw sensation was worse at night and on waking but seemed to get better as the day progressed.

5.3.9 Stomach

Provers experienced stomach cramps and spasms. This was accompanied by loose stools. The pains were sometimes relieved by passing stool. Some provers experienced an increased appetite with several commenting on a ravenous hunger that could not be satisfied. Others were not hungry at all, with a marked decrease in appetite. Thirst was generally increased. Cravings were for sweets such as chocolates and also for salty foods. Some provers experienced nausea that was worse for eating fatty foods but prover 13 felt relief after eating ice.

5.3.10 Abdomen

There were incidences of flatulence and bloating and prover 6 complained of lower abdominal pain that was worse for pressure and worse after urinating. The pain was described as pulsating and radiating.

5.3.11 Stool

Frequent stools occurred with prover 21 reporting a “spluttering, spraying stool”.

5.3.12 Urine

Prover 6 experienced pain in her lower abdomen after urinating.

5.3.13 Female Genitalia/ Sex

Prover 13 reported a white discharge and prover 17 commented that her period had been without much cramping or bloating. Only these two provers elaborated on this section. The researcher suggests that this may be due to embarrassment or awkwardness about discussing sexuality or menstrual events. This awkwardness may also explain why no provers commented in the male genitalia/sex section.

5.3.14 Respiration

Prover 6 experienced shortness of breath that was relieved by yawning.

5.3.15 Cough

There were many cough symptoms experienced but only prover 18 elaborated. She experienced lots of coughing and lots of phlegm on her chest.

5.3.16 Chest

Some provers felt stabbing pains in their chest areas. Some described it as a stabbing or tightness around the heart. One prover described it as a sharp stitch like pain that was worse for breathing in.

5.3.17 Back

Lower back pain was experienced by a few provers. Prover 13 said her backache was worse for bending forward and relieved by warm compresses. She felt that it was aggravated by the cold. Prover 6 had a deep muscle ache between her shoulder blades but the researcher feels that not much emphasis should be placed on this as environmental factor may have had a role in the causation of this pain.

5.3.18 Extremities

There were numerous symptoms produced in both upper and lower extremities. Most prominent were itchy elbows experienced by prover 18. Along with the itchiness was dry flaky skin. The itch was relieved by scratching. Other provers experienced pains and numbness in their arms. Tightness of lower limbs especially feet was a common symptom. Muscles were described as feeling tight and two provers experienced tightness in the right calf that was better for stretching. Prover 26 developed an infection under the nail of her little finger. There was a discharge from under the nail which was evident on pressure being applied to the area.

5.3.19 Sleep

Generally, a restless quality of sleep was experienced. Provers talk of having “a bad night” and many of them mention being restless and unsettled. Some

mention an inability to fall asleep while others seem to have slept well. Many provers woke often during the night, some causeless, others to empty bladder. Most woke up in the early hours of the morning with 2am being common time. Many woke up tired and exhausted and this could also account for the high levels of irritability and sleepiness experienced during the day.

5.3.20 Dreams

There were a few dreams recorded although no common themes could be extrapolated by the researcher.

5.3.21 Skin

A formication was felt over the skin in various parts of the body. This was described as an itchy, tingling, crawling sensation. The sensation moved about the body randomly and was better for rubbing but was not relieved by scratching and one prover actually scratched till they bled. Fine white pimples were also noted on the inner leg and knee of one prover and on the forehead of others.

5.3.22 Fever

Prover 24 said he felt as if he had a high fever but he was very cold at the same time. The researcher attributes this to the common theme among provers that they are developing a cold.

5.3.23 Generals

The general feeling of tiredness and lethargy felt by provers could also contribute to this common theme of feeling as if one were about to get flu. Provers experienced body aches, sore throats and headaches. There was a decrease or increase in appetite with cravings for chocolate and prover 18 desired fried onions even though she normally did not enjoy onions. Dry skin was also a common experience.

5.4 Related studies of *Erythrina lysistemon*

5.4.1 Toxicology

Gryn (2007) dealt with the toxicological aspects of *Erythrina lysistemon* and the similarities to the homoeopathic proving. The toxicological data needs to be incorporated into the materia medica of *Erythrina lysistemon*.

5.4.2 Doctrine of Signatures

Thiel (2007) looked at the Doctrine of Signatures as it applied to *Erythrina lysistemon* and compared this to the results obtained from the homoeopathic proving of the substance. This data needs to be incorporated into the materia medica of *Erythrina lysistemon*.

5.4.3 Family group analysis

De Beer (2007) compared the family group analysis of *Erythrina lysistemon* using Sankaran's Vital Sensation scheme. This data will also be added to the materia medica of *Erythrina lysistemon*.

5.5 Remedy Relations

5.5.1 Differential Remedies

The researcher did not attempt to make assumptions regarding the differential remedies. It was felt by the researcher that more research was required to make definite conclusions regarding differential remedies. A repertorization of the proving using 8 rubrics (Appendix G (i)) revealed that *Arsenicum album*, *Rhus toxicodendron* and *Hepar sulphuris* were the top 3 rated remedies. A second repertorization (Appendix G (ii)) conducted limited to only plant remedies of the Leguminosae family, produced *Physostigma*, *Baptisia tinctoria* and *Cytisus laburnum* as the top 3 rated remedies. The researcher did not attempt to

hypothesize the reason for these findings as it was not in the scope of this study to do so.

5.5.2 Antidote

The researcher was not required; at any stage of the study, to antidote any prover.

If the need did arise the researcher would have considered the following options:

- Coffee, camphor, “Olbas Oil”, mints etc to antidote mild cases of suffering
- An acute remedy dealing with the most severe symptoms
- The provers constitutional remedy if it is known
- Looking to the new totality of symptoms to find the antidote
- Working out the “genus epidemicus” of the proving

(Sherr, 1994:63)

5.6 Other considerations

5.6.1 Grading of the Repertory symptoms

All symptoms were graded using Sherr’s recommendations (1994:85) as follows:

- **Grade 3 rubrics are displayed in bold print**
- *Grade 2 rubrics are displayed in italics*

- Grade 1 rubrics are displayed in plain type
- New rubrics are underlined with a capital N

In general the researcher adopted a conservative approach to grading and most rubrics were left as grade 1 as it was felt that more research was required before confirming current findings. A small number of rubrics were graded 2 and these were allocated when more than 5 provers experienced that same type of symptom or where a common theme was evident. The researcher feels that this grade 2 grading needs to be confirmed with further research. There were no symptoms allocated a grade 3. New rubrics were created where the symptom produced by the proving was clear and intensely experienced by a prover and where these symptoms could not be found in the existing rubrics.

5.6.2 Clinical conditions

A number of provers experienced symptoms that might be related to Influenza such as headaches, general tiredness and myalgia. Many provers also experienced symptoms associated with rheumatic complaints such as muscle weakness and tightness of the body. Other clinical conditions to consider are Allergies, especially rhinitis, sinusitis and hay fever. This would also include skin eruptions and dermatitis. Also to be considered gastro-intestinal complaints, migraine/ headaches, neuralgia, autonomic disease, general sepsis and inflammation, febrile illnesses and malaria.

5.6.3 Miasmatic analysis

In this study the researcher did not attempt to repertorize the various Miasmatic categories as this was not within the scope of this study. It has been suggested (de Beer, 2007) however, that the malarial and ringworm miasms are predominant in the picture of *Erythrina lysistemon*.

5.7 Comparison of the homoeopathic proving of *Erythrina lysistemon* and its traditional use

The bark of the *Erythrina lysistemon* tree was used in this proving. When comparing the symptoms obtained from the homoeopathic proving of *Erythrina lysistemon* 30CH and the existing indications for its traditional uses, similarities between them were revealed.

5.7.1 Nausea

The bark has many traditional uses and some of these uses can be seen echoed in the symptom indications of the homoeopathic proving. The bark was used as a purifying emetic, inducing nausea and vomiting (Hutchings, 1996:145). There was clear evidence of nausea in the proving, although no mention was made of actual vomiting. One prover stated that the nausea was deep seated but that it was not enough to vomit. Provers commented on having a sour or bitter taste in

their mouth. The nausea was often felt to a larger degree in the morning on waking and then subsided as the day progressed, although there were some individuals that experienced nausea throughout the day, feeling horrible and nauseas in the evening as well. The nausea was described by some as if something was clogging the throat. Prover 13 said that everything made her nauseas.

5.7.2 Abdominal Pain

In the proving there were many references made to lower abdominal pain. This pain was described as cramping and twisting. Prover 3 said she experienced a pulsating radiating pain that lasted for about 5 minutes at a time. Prover 7 experienced pains in her lower abdomen after urinating and these pains were aggravated by pressure over the area and were relieved by relaxing the abdominal muscles. There were also references made about incidences of lower back pain. Many of these symptoms correlate to the symptoms that some women experience during pregnancy and especially during labour. Traditionally the bark was used, along with other herbs, to make an infusion that would assist a pregnant woman through the pains of childbirth (Roberts, 1997:70).

Accompanying the pain and cramping in the lower abdomen, symptoms were described where provers felt bloated and experienced flatulence. Stools were loose and explosive with many references to diarrhea. These symptoms

described in the proving can also be considered in the case of gastro-intestinal complaints. *Erythrina lysistemon* has traditionally been used to treat the discomfort of gastro-intestinal complaints (Hutchings, 1996:145). It has anti-bacterial properties and this could be the reason for its efficiency at treating these complaints.

5.7.3 Wounds and Abscesses

Suppurating wounds and abscesses were treated using the bark as a poultice. Open wounds were disinfected using bark ash and crushed leaves of the plant were applied to open wounds to speed the healing process (Hutchings, 1996:145). Prover 26 developed a painful infection under the nail of his little finger, which suppurred when pressure was applied.

5.7.4 Toothache

The bark is also used as a toothache remedy (Roberts, 1997:70). There were only 2 provers that experienced tooth related symptoms. Prover 21 said he felt as if he had a toothache on the bottom right hand side of his mouth. Prover 7 was aware that he was clenching his teeth. The researcher suggests that had the proving been continued for a further time span, more toothache symptoms may have been revealed.

5.7.5 Myalgia

The bark is said to soothe sore muscles and feet, and when used as a poultice is helps relieve the pain of rheumatism (Mbambezeli & Notten 2002). The crushed leaves of *Erythrina lysistemon* are placed in shoes to relieve tired and sore feet and the roots are boiled and used as a lotion or poultice on bruises and sprains as well as tired, bruised feet (Roberts, 1997:70; Mbambezeli & Notten 2002). The plant is used traditionally to treat rheumatism and other illnesses associated with painful joints. In this study it was found that most provers felt some type of body ache at some time during the course of the proving. The most common complaint was that of sore, stiff muscles. Muscle tightness was experienced and provers 13 and 14 both commented on a stiff right calf that was better for stretching. Generally the stiffness was relieved by movement and as a whole; this remedy seems to be ameliorated by activity, either physical or mental.

5.7.6 Headache

Erythrina lysistemon is used in the treatment of headaches (Hutching, 1996:145). Headache symptoms were of the more pronounced and intense symptoms experienced by the individuals involved in this study. Many of them complained that they had not experienced headaches of this intensity and severity before. Others expressed the head pain as being dull but constant. Accompanying the

headache was stiffness of the neck. The plant is used to relieve the pain of sore and stiff muscles.

5.7.7 Nervous Complaints

Hutching (1996:145) also notes that the plant is used to treat nervous complaints such as anxiety, depression, hysteria and mental disturbances. From the results of this proving it was noted that *Erythrina lysistemon* in potentised form will be an excellent remedy for nervous complaints as well. The researcher identified various themes within the mind section of the proving symptomology. Irritability was experienced by many of the provers. Anxiety was also a theme identified by the researcher with provers experiencing anxiety over up-coming events or because they had to meet people. Others said their anxiety and nervousness was causeless and they could not explain why they were experiencing either. Many provers experienced extreme mood swings from an up-beat, happy mood to a depressed, morose irritability. The general comments were confusion as to why they were experiencing these shifts in mood as many had no reason for this to occur. Only prover 32 experienced a hysterical episode.

5.7.8 Influenza

From the results of the proving the researcher feels that *Erythrina lysistemon* as a homoeopathic remedy, would be useful in the treatment of Influenza and other febrile conditions such as malaria and “yuppie flu”. Provers experience exhaustion, malaise and general flu-like symptoms. They complain of sinus irritation, sneezing and sore throats. From this the researcher feels that allergy type complaints would also be relieved by the use of this remedy. Provers experienced severe itching all over the body with some experiencing dry flaky skin as well. Some provers also suffered with puffy, red, irritated itchy eyes and sneezing was a common symptom. Traditional use of the plant does not include allergy or flu treatments.

5.7.8 Cardiac

Cardiac pains were experienced by a number of provers. The pain was expressed as tightness around the heart. Some said it was a sharp pain. The researcher feels that this remedy would be beneficial in the treatment of cardiac conditions such as angina but this would need to be verified through extensive clinical use of the remedy. The plant is not used traditionally to treat cardiac conditions.

5.7.10 Earache

Earache is treated traditionally by boiling the roots of the plant and preparing a poultice and infusion. Drops are placed in the ear and the poultice is placed behind the ear in order to alleviate the pain associated with acute earache. No symptoms were recorded in this study that related to earache.

It is suggested that once further investigation has been carried out of *Erythrina lysistemon* at other potencies, that these traditional uses are also further explored.

CHAPTER SIX

Recommendations and Conclusions

6.1 Recommendations

6.1.1 Standardized Proving Protocol

There are many different proving methodologies used by homoeopaths to assist in homoeopathic research. Unfortunately not all of these methods conform to the high standard required to produce a meaningful remedy picture. The researcher suggests that a standardized proving protocol be implemented to ensure a consistent standard of proving. This proving protocol should be based on current methodologies used by modern homoeopaths such as Herscu and Sherr.

6.1.2 Prover supervision

This study was supervised by 4 researchers. Each researcher was responsible for 8 provers as was recommended by Webster (2002:139) and Smal (2004:186). This made the proving far easier to control. It is recommended that in future provings, the prover groups supervised by an individual be no more than 10. This greatly increases the ability of the researcher to maintain close contact with provers and facilitates the proving process.

6.1.3 Provers

Provers were recruited from amongst practicing homoeopaths, and homoeopathic students (2nd – 5th year), as well as patients presenting to the Homoeopathic Day Clinic (DUT) and their relatives and friends. The majority of provers utilized in this study had only a very basic understanding of homoeopathy (laymen). An instructional lecture was attended by all provers to ensure that they understood what was required of them and to ensure that they all understood the basic homoeopathic philosophy as recommended by Walach (1997). Despite this effort, some of the recorded symptoms remained vague and not of a particularly useful nature. The researcher feels that a greater attempt should be made to include more homoeopathic students as provers and that 1st year students should not be excluded. The researcher recommends that provings should be included into the Homoeopathy syllabus at DUT and that it become compulsory for students from every year to take part in at least one proving per academic year and that they be involved in all aspects of the proving process.

6.1.4 Triple-blind Proving Methodology

A triple-blind methodology was employed in this study. The researcher suggests that further provings be conducted using this method in order that the effectiveness of bias elimination can be investigated thoroughly.

6.1.5 Further provings of *Erythrina lysistemon*

It is suggested by the researcher that further provings of *Erythrina lysistemon* be conducted in both higher and lower potencies so that the benefits of the remedy may be investigated entirely. The researcher suggests that a further proving be conducted of 200CH. It is also suggested by the researcher that follow up consultations be conducted with the provers of this study of *Erythrina lysistemon* 30CH at time intervals of 6 months and 1 year after the initial proving. This would be beneficial to ascertain any lasting effects of the proving.

6.1.6 Clinical Information

Clinical use of the remedy will help verify the symptomology gathered from the proving of *Erythrina lysistemon* 30CH. The proving should be published and distributed within the homoeopathic community so that it uses came become known to other practitioners. Actual cases of the remedy should also be documented and distributed so that the homoeopathic community can benefit from this remedy.

6.1.7 Provings of Indigenous substances

As suggested by Wright (1999) further investigations and provings need to be conducted of indigenous substances. Southern Africa has a rich history of

indigenous substances being used in traditional healing and these substances, be they plant or animal, should be proved in order to contribute to the compilation of a Southern African homoeopathic materia medica.

6.1.8 Remedy Relations

Further investigation should be made to determine the relationship between *Erythrina lysistemon* and existing remedies. The researcher suggests that the differential remedies referred to in section 5.5.1 be used as a basis for this investigation and should be compared with the information reported in this proving.

6.2 Conclusion

The results of this proving show a wide range of useful symptoms throughout the repertory, indicating that *Erythrina lysistemon* 30CH may be prescribed successfully according to homoeopathic principles. This remedy may be indicated in the treatment of conditions such as allergies, influenza and rheumatism. Other symptoms indicate a possible use in the treatment of gastrointestinal complaints, conjunctivitis and septic conditions. This remedy may also be useful as an all round pain control medication.

The similarities between the traditional uses of *Erythrina lysistemon* and its homoeopathic indications were investigated and compared. Similar indications were found in the mind section as well as head, gastro-intestinal system, musculoskeletal system and extremities sections.

The researcher urges that the symptoms recorded in this proving be verified through clinical use of the remedy and that further provings of *Erythrina lysistemon* be conducted in order for the remedy to become a recognized and utilized remedy in the homoeopathic materia medica.

The researcher hopes that this study significantly contributes to the compilation of a Southern African materia medica as suggested by Wright (1999).

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Suitability for Inclusion in the Proving*

ALL INFORMATION WILL BE TREATED AS **STRICTLY CONFIDENTIAL**

Surname:
First Names:
Age:
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Telephone:

PLEASE TICK THE APPROPRIATE ANSWER

- Are you between the ages of 18 and 60 years?

YES	NO
-----	----

- Are you on or in need of any medication?

YES	NO
YES	NO
YES	NO

 - Chemical / allopathic
 - Homoeopathic
 - Other

- Have you been on the birth control pill or hormone replacement therapy in the last 6 months?

YES	NO
-----	----

- Are you pregnant or breastfeeding?

YES	NO
-----	----

- Have you had surgery in the last six weeks?

YES	NO
-----	----

- Do you use recreational drugs such as cannabis, LSD or Ecstasy (MDMA)?

YES	NO
-----	----

- Do you consume more than:

YES	NO
-----	----

 - Two measures of alcohol per day?
(1 measure = 1 tot spirit / 1 beer / ½ glass of wine)
 - 10 cigarettes per day?

YES	NO
-----	----
 - 3 cups of coffee or tea per day?

YES	NO
-----	----

- Do you consider yourself to be in a general state of good health?

YES	NO
-----	----

- If you are between the ages of 18 and 21 years do you have consent from a parent/ guardian to participate in this proving?

YES	NO
-----	----

- Are you willing to follow the proper procedures for the duration of the proving (*including journal-keeping and consultations with your supervisor*)?

YES	NO
-----	----

*This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitis arietans arietans*

Informed Consent Form*

TO BE COMPLETED IN TRIPLICATE BY THE PROVER

Title of Research Project:

A Homoeopathic Drug Proving of XXX30CH....

Name of Supervisor:

Dr Ashley H.A. Ross (M.Tech.Hom. (TN) B.Mus. *cum laude* (UCT))

Names of Master's Research Students:

Master's Student 1 – Estelle De Beer
 Master's Student 2 – Agnieszka Gryn
 Master's Student 3 – Monique Olivier
 Master's Student 4 – Gregory Thiel

PLEASE TICK THE APPROPRIATE ANSWER

1. Have you read the Research Information Sheet?

YES	NO
-----	----

2. Have you had an opportunity to ask questions regarding this proving?

YES	NO
-----	----

3. Have you received satisfactory answers to your questions?

YES	NO
-----	----

4. Have you had an opportunity to discuss the proving?

YES	NO
-----	----

5. With whom have you spoken? _____

6. Do you believe you have received enough information about this proving?

YES	NO
-----	----

7. Do you understand the implications of your involvement in this proving?

YES	NO
-----	----

8. Do you understand that you are free to withdraw from this proving:
 at any time;

YES	NO
-----	----

 without having to give a reason for withdrawing, and

YES	NO
-----	----

 without affecting your future healthcare?

YES	NO
-----	----

9. Do you agree to voluntarily participate in this study?

YES	NO
-----	----

10. To participate in this proving you must meet all the inclusion criteria.

These are as follows:

- You must be between the ages of 18 and 60 years of age;
- must not need any medication, including chemical, allopathic, homoeopathic or other;
- must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
- must not be pregnant or breastfeeding;
- must not have had surgery in the last 6 weeks;
- must not use recreational drugs such as cannabis, LSD or Ecstasy (MDMA);
- must not consume more than two measures of alcohol per day;
- must not smoke more than 10 cigarettes a day;
- must not consume more than 3 cups of coffee or tea a day;
- must be in a general state of good health;
- if you are between the ages of 18 and 21, years you must have consent from a guardian/ parent to participate in the proving; and
- must be willing to follow the proper procedure for the duration of the proving.

Have you completed **Appendix A** which outlines in detail all of the inclusion criteria stated above?

YES	NO
-----	----

Additional notes:

1. **Discomfort:**

Discomfort may be experienced as a result of participating in the proving. It is observed from previous homoeopathic provings that any discomfort experienced is generally of a transitory nature, and complete recovery is usual.

2. **Benefits:**

- a) It has been postulated that each proving undertaken strengthens bodily vitality (*Hahnemann, 1997: 208*). Many provers report higher levels of mental and physical energy, and increased resistance after participation in homoeopathic drug proving (*Sherr, 1994* :). The mechanisms responsible for this perceived benefit are unclear.
- b) Provers learn and develop the skill of astute observation, and gain homoeopathic knowledge through direct involvement in the proving process; and
- c) Provers may be cured of certain ailments where the remedy being proved corresponds closely to the prover's pre-proving state.

3. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.

4. Every prover is provided with the names and telephone numbers of the research student and the supervisor of the proving, in the event of any questions or difficulties arising:

Name:	Office hours:	After hours:	Cellular:
Dr Ashley Ross (Supervisor)	(031) 204 2542	(031) 309 2349	082 458 6440
Student 1	(031) 204 2041		
Student 2	(031) 204 2041		
Student 3	(031) 204 2041		
Student 4	(031) 204 2041		

N.B.: *If you have answered “NO” to any of the above, please seek additional information before signing.*

If the prover is between **18 and 21** years of age, written consent from a **guardian/parent** is required for the prover to participate in the proposed research:

I, _____ (*guardian/parent*) hereby consent to the proposed procedures associated with participation of _____ (*prover*) in the above-mentioned research project.

Signature: _____ Date: _____

I, _____ (*prover*) hereby consent to the proposed procedures associated with my participation in the above-mentioned research project.

Signature: _____ Date: _____

WITNESS:

Name _____ Signature: _____

RESEARCH STUDENT:

Name _____ Signature: _____

SUPERVISOR:

Name _____ Signature: _____

*This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitis arietans arietans*

Case History Sheet* *Appendix C (i)*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:		<input type="text"/>
Name: _____	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: _____	Age: _____	Children: _____
Occupation: _____	Marital Status:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W

1. Past Medical History:

(Please list previous health problems and their approximate dates:)

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

Cancer	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Pneumonia/ Chronic bronchitis	<input type="checkbox"/>
Parasitic infections	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Glandular fever	<input type="checkbox"/>	Boils/ Suppurative tendency	<input type="checkbox"/>
Bleeding disorders	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Eczema/ Skin conditions	<input type="checkbox"/>	Oedema/ Swelling	<input type="checkbox"/>
Warts	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>

2. Surgical History:

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

3. Family History:

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

- | | | |
|-------------------------|--------------------------|--|
| Cardiovascular disease | <input type="checkbox"/> | <i>incl. hypertension, heart disease, etc.</i> |
| Cerebrovascular disease | <input type="checkbox"/> | <i>incl. stroke, transient ischaemic attacks, etc.</i> |
| Diabetes mellitus | <input type="checkbox"/> | |
| Tuberculosis | <input type="checkbox"/> | |
| Mental illness | <input type="checkbox"/> | <i>incl. depression, schizophrenia, suicide, etc.</i> |
| Cancer | <input type="checkbox"/> | |
| Epilepsy | <input type="checkbox"/> | |
| Bleeding disorders | <input type="checkbox"/> | |

Please list any other medical conditions within your family:

♂		♂ ♂	
		♂ ♀	
♀		♂ ♀	
		♀ ♀	

4. Background Personal History:

Allergies:

Vaccinations:

Medication *(including supplements):*

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

.....	
Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

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

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

<i>Disposition:</i>
<i>Fears:</i>
<i>Relationships:</i>
<i>Social interaction:</i>
<i>Ambition / Regret:</i>
<i>Hobbies/Interests:</i>

8. The Physical Examination:

a) Physical Description

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

b) Vital Signs

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

c) Findings on Physical Examination [Tick positive blocks]

<p>Jaundice <input type="checkbox"/></p> <p>Anaemia <input type="checkbox"/></p> <p>Cyanosis <input type="checkbox"/></p> <p><i>Clubbing</i> <input type="checkbox"/></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Oedema <input type="checkbox"/></p> <p>Lymphadenopathy <input type="checkbox"/></p> <p>Hydration <input type="checkbox"/></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Specific System Examinations			
Consultation Date:		Signature:	

Post-proving Case History Sheet

ALL INFORMATION WILL BE TREATED AS **STRICTLY CONFIDENTIAL**

PROVER NUMBER:		<input style="width: 100px; height: 30px;" type="text"/>
Name: _____	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: _____	Age: _____	Children: _____
Occupation: _____	Marital Status:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W

1. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

2. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

.....	
Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses: (overleaf)

Menstrual cycle and menses:

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

3. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System: (overleaf)

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

4. Psychic Overview:

<i>Disposition:</i>
<i>Fears:</i>
<i>Relationships:</i>
<i>Social interaction:</i>
<i>Ambition / Regret:</i>
<i>Hobbies/Interests:</i>

5. The Physical Examination:

a) Vital Signs

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

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

Jaundice <input type="checkbox"/> Anaemia <input type="checkbox"/> Cyanosis <input type="checkbox"/> Clubbing <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Oedema <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Hydration <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Specific System Examinations			
Consultation Date:		Signature:	

Instructions to Provers*

Dear Prover

Thank you very much for taking part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic Science, and are sure that you will derive benefit from the experience.

Before the proving:

Ensure that you have:

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

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

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

Beginning the proving:

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

Taking the remedy:

Begin taking the remedy on the day that you and your supervisor have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half-hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (*6 powders maximum*).

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

By proving symptoms we mean:

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

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

Lifestyle during the Proving:

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

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

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

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

Confidentiality:

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

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

Contact with your Supervisor:

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

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

Recording of Symptoms:

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

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

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

Information about **location, sensation, modality, time** and **intensity** is particularly important.

- **Location:** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.
- **Sensation:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.
- **Modality:** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.
- **Time:** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.
- **Intensity:** Briefly describe the sensation and the effect on you.
- **Aetiology:** Did anything seem to cause or set off the symptom and does it do this repeatedly?
- **Concomitants:** Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

This is easily remembered as:

C	-	<i>concomitants</i>
L	-	<i>location</i>
A	-	<i>aetiology</i>
M	-	<i>modality</i>
I	-	<i>intensity</i>
T	-	<i>time</i>
S	-	<i>sensation</i>

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

- **MIND / MOOD**
- **HEAD**
- **EYES / VISION**
- **EARS / HEARING**
- **NOSE**
- **BACK**
- **CHEST AND RESPIRATION**
- **DIGESTIVE SYSTEM**
- **EXTREMITIES**
- **URINARY ORGANS**
- **GENITALIA**
- **SEX / MENSTRUATION**
- **SKIN**
- **TEMPERATURE**
- **SLEEP**
- **DREAMS**
- **GENERALITIES**

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

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

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

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

(RS) – **Recent symptom** i.e. a symptom that you are suffering from now, or have been suffering from in the last year.

(NS) – **New symptom**

(OS) – **Old symptom**. State when the symptom occurred previously.

(AS) – **Alteration** in the **present** or **old** symptom (e.g. used to be on the left side, now on the right side)

(US) – An **unusual symptom** for you.

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

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in ***The Organon of the Medical Art***, paragraph 126:

The person who is proving the medicine must be pre-eminently trustworthy and conscientious...and be able to express and describe his

sensations in accurate terms.”

(Hahnemann, 1997: 200)

* Adapted from Sherr, J. The Dynamics and Methodology of Homoeopathic Proving (2nd Edition,) 1994

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Acknowledgement of Understanding

I, _____ agree to participate in the proving outlined in **Appendix D** (above), and acknowledge that I have read and understand the instructions regarding the proving.

PROVER:

Name: _____ Signature: _____

WITNESS:

Name: _____ Signature: _____

PROVING SUPERVISOR:

Name: _____ Signature: _____

Date: _____

Methods of Preparation

(German Homoeopathic Pharmacopoeia)

i) Method 6: Triturations

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise prescribed. Triturations up to and including the 4th dilution are triturated by hand or machine in a ratio of [1 to 10 (decimal dilution) or]^a 1 to 100 (centesimal dilution). Unless otherwise stated, the basic drug materials are reduced to the particle size given in the Monograph (Mesh aperture). Quantities of more than 1 000g are triturated by mechanical means.

The duration and intensity of trituration should be such that the resulting particle size of the basic drug material in the 1st [decimal or] centesimal dilution is below 10µg at 80 percent level; no drug particle should be more than 50µg.

Triturations up to and including the 4th [decimal or] centesimal are produced at the same duration and intensity of trituration.

Trituration by hand:

Divide the vehicle [**lactose 19.800g**]^b into three parts and triturate the first part [**6.600g**] for a short period in a porcelain mortar. Add the basic drug material [**0.200g**] and triturate for 6 minutes, scrape down for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second part [**6.600g**] of the vehicle and continue as above. Finally add the third part [**6.600g**] and proceed as before. The minimum time required for the whole process will thus be 1 hour. The same method is followed for subsequent dilutions.

[For triturations above the 4x or 4c dilute 1 part of the dilution with 9 parts of lactose or 99 parts of lactose as follows: in a mortar, combine one third of the required amount of lactose with the whole of the previous dilution and mix until homogeneous. Add the second third of the lactose, mix until homogeneous and repeat for the last third.]

[Trituration by machine: – not applicable]

ii) **Method 8a: Liquid preparations made from triturations**

Preparations made by Method 8a are liquid preparations produced from triturations made by Method 6.

[To produce a 6x liquid dilution, 1 part of the 4x trituration is dissolved in 9 parts of water and succussed. 1 part of this dilution is combined with 9 parts of ethanol 30 percent to produce the 6x liquid dilution by succussion. In the same way, the 7x liquid dilution is made from the 5x trituration, and the 8x liquid dilution from the 6x trituration. From the 9x upwards, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 10.]

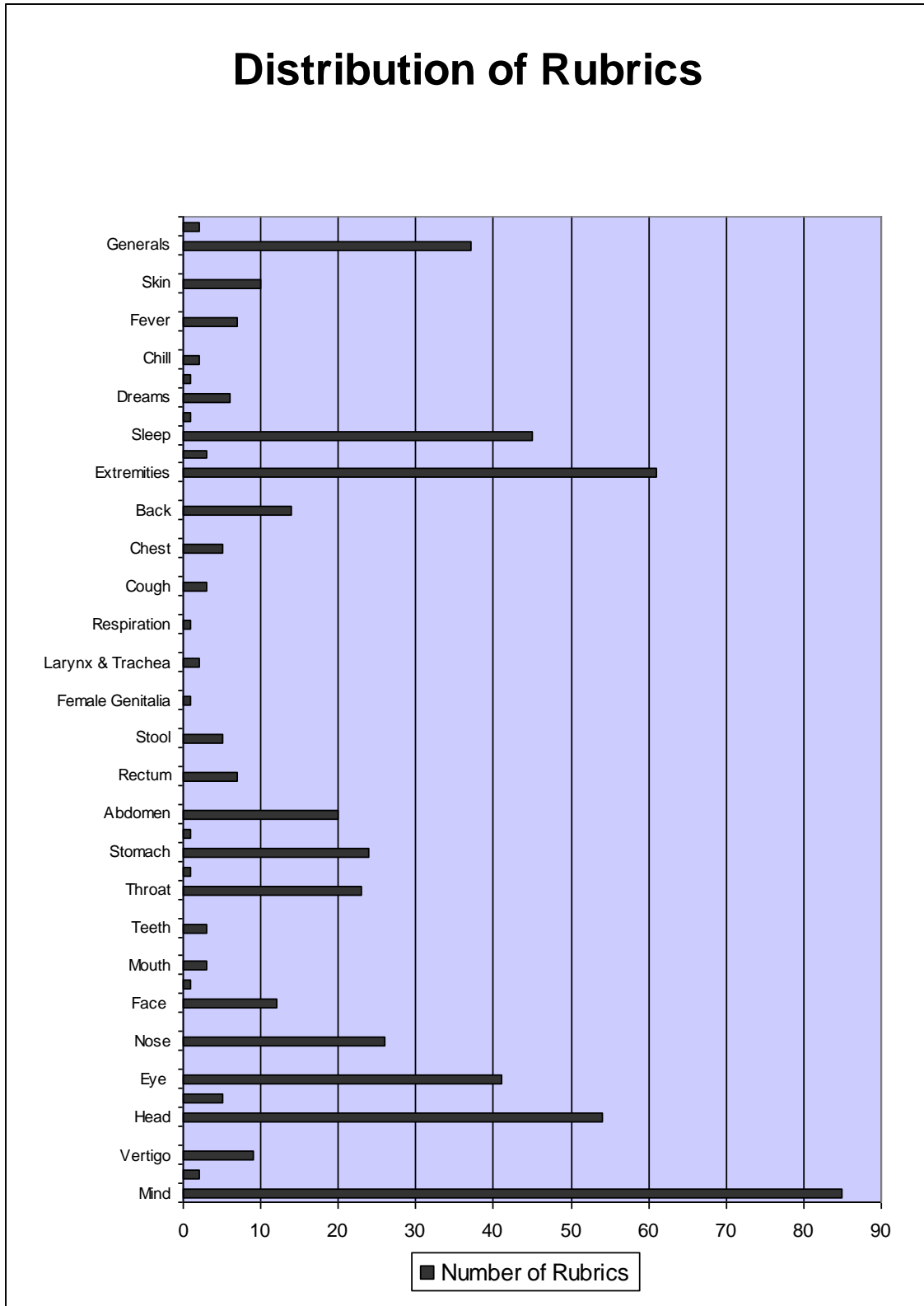
To produce a 6c liquid dilution, 1 part **[0.200g]** of the 4c trituration is dissolved in 99 parts **[19.800g]** of water and succussed. 1 part of this dilution **[30µl]** is combined with 99 parts of ethanol 30 percent **[2.970ml]** to produce the 6c liquid dilution by succussion. *[In the same way, the 7c liquid dilution is made from the 5c trituration, and the 8c liquid dilution from the 6c trituration.]* From the 9c **[7c]** upwards, liquid centesimal dilutions are made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100.^c

[The 6x, 7x, 6c, 7c liquid dilutions produced from the above method must not be used to produce further liquid dilutions.]

- a) *[italics]* indicates portions of the methods which are not applicable to the preparation of *Erythrina lysistemon* 30CH.
- b) **[bold italics]** indicates specific detail applicable to the preparation of *Erythrina lysistemon* 30CH.
- c) *In the preparation of *Erythrina lysistemon* 30CH, the 7c and 8c liquid dilutions will be made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100. From the 9c upwards, liquid centesimal dilutions will be made from the previous centesimal dilution with ethanol 73 percent in a ratio of 1 to 100 (to allow for subsequent impregnation of lactose granules)*

Age and Gender Distribution Table

Prover	Gender	Age
01	M	25
03	F	25
06	F	43
07	M	34
10	F	25
11	M	23
13	F	25
14	F	24
17	F	36
18	F	33
19	M	50
21	M	50
22	F	27
24	M	39
25	M	26
26	M	33
28	M	28
29	F	47
30	F	24
32	F	27



**DIFFERENTIAL REMEDIES
(i) ALL**

Homeopathic Day Clinic (31013)

unfiled

This analysis contains 675 remedies and 8 symptoms.
Intensity is not considered

		ars.	mus-t.	hep.	phos.	sep.	bell.	nat-m.	apis	gels.	lyc.	sulph.	alum.
		1	2	3	4	5	6	7	8	9	10	11	12
	Sum of symptoms and degrees	16	15	14	13	13	12	12	11	11	11	11	10
01. MIND - DELUSIONS - separated - body - mind are separated; body	1	-	-	-	-	-	-	-	-	-	-	-	-
02. MIND - IRRITABILITY	1	3	3	3	3	3	3	3	3	2	3	3	3
03. MIND - EXERTION - physical - desire	1	-	-	-	1	-	3	-	-	-	-	-	-
04. HEAD - PAIN	1	3	2	2	3	3	3	3	3	3	2	3	2
05. HEAD - PAIN - Forehead, In - rubbing amel.	1	1	-	-	2	-	-	-	-	-	-	-	-
06. EYE - OPENING the eyelids - difficult - keep the eyes open; hard to	1	1	-	-	-	-	-	-	3	-	-	-	-
07. THROAT - PAIN - drinks - warm - amel.	1	3	2	3	-	-	-	1	-	-	3	2	2
08. GENERALS - EXERTION; physical - amel.	1	-	4	2	-	4	-	1	2	-	-	-	-

DIFFERENTIAL REMEDIES (ii) - PLANTS

Homeopathic Day Clinic (31013)

untitled

This analysis contains 22 remedies and 11 symptoms.
Intensity is not considered

		phys.	bapt.	cyt-l.	indg.	mell.	alf.	arag.	astram.	bapt-c.	cassia-f.	cop.	der.
	1	2	3	4	5	6	7	8	9	10	11	12	
Sum of symptoms and degrees	12	9	9	9	9	6	6	6	6	6	6	6	
01. MIND - DELUSIONS - separated - body - mind are separated; body	1	-	-	-	-	-	-	-	-	-	-	-	
02. MIND - IRRITABILITY	1	1	-	1	2	1	1	1	-	-	1	1	
03. MIND - EXERTION - physical - desire	1	-	-	-	-	-	-	-	-	-	-	-	
04. HEAD - PAIN	1	1	2	2	1	2	-	-	1	1	-	-	
05. HEAD - PAIN - Forehead, in - rubbing amel.	1	1	-	-	-	-	-	-	-	-	-	-	
06. EYE - OPENING the eyelids - difficult - keep the eyes open; hard to	1	-	1	-	-	-	-	-	-	-	-	-	
07. THROAT - PAIN - drinks - warm - amel.	1	-	-	-	-	-	-	-	-	-	-	-	
08. GENERALS - EXERTION; physical - amel.	1	1	-	-	-	-	-	-	-	-	-	-	
09. KINGDOMS - PLANTS APG Group (with all subrubrics)	1a	1	1	1	1	1	1	1	1	1	1	1	
10. KINGDOMS - PLANTS other families (with all subrubrics)	1a	1	1	1	1	1	1	-	1	1	-	1	
11. KINGDOMS - PLANTS APG Group - Angiospermae - Eudicots - Cc	1b	1	1	1	1	1	1	1	1	1	1	1	