A comparison of the results of a triple-blind homoeopathic drug proving of *Erythrina lysistemon 30CH* , to the doctrine of signatures.

By

Greg Thiel

This mini-dissertation was submitted for examination in partial compliance with the requirements for the Master's Degree in Technology: Homoeopathy, in the Faculty of Health Sciences at the Durban University of Technology.

I,Gregory Justin Thiel, do hereby declare that this dissertation is representative of my own work, both in conception and execution.

..... **.....**

Signature of student Date

APPROVED FOR FINAL SUBMISSION

..... **.....**

Signature of supervisor Date

Dr AHA ROSS

(HOD,Department of Homoeopathy,DUT)

This work is dedicated to my parents, thank you for all your love and support

Acknowledgements

I would like to thank everyone that made my research possible,Dr AHA Ross, Monique Olivier, Agnieszka Gryn and Estelle de Beer. I would also like to thank Melanie Sweidan for her guidance, support and true friendship.

Abstract

The objectives of the following study were to determine:

1.The sphere of action of *Erythrina lysistemon 30CH* on healthy provers who recorded the signs and symptoms produced in order to determine the substances potential usefulness in a future clinical setting according to the Law of similars.

2. To test the efficacy of a triple blind proving methodology, which had never been done before at this institution.

3. To analyse the symptoms produced from this proving according to the doctrine of signatures.

The homoeopathic drug proving of *Erythrina lysistemon 30CH* took the form of a triple-blind, placebo-controlled study. 32 provers were selected after meeting the inclusion criteria and 40% of the subjects received placebo in a random manner. The 32 provers were randomly divided into 4 equal groups of 8 provers, with each group supervised by one of four M.Tech.Hom student researchers.

The provers and the four M.Tech.Hom research students were unaware of the name or nature of the substance being proved, or whether a prover had been assigned the proving substance or a placebo. The research supervisor, Dr AHA Ross, was aware of the proving substance and its potency, but was unaware of the details of verum/ placebo assignment of provers to researchers. Provers were examined and kept journals before, during and after administration of the

remedy so as to serve as their own control. The researchers translated the symptoms elicited from the provers into a Materia Medica and repertory language, and formulated a homoeopathic picture of the remedy that could be used in a clinical setting in the future.

The homoeopathic drug picture thus derived was analysed according to the Doctrine of Signatures,in order to clarify the nature of the substance, and to facilitate differentiation from other similar plant species proved previously.

As hypothesised a definite link between the proving of the substance and the Doctrine of signatures was observed. It was also helpful in differentiating this remedy from other existing plant remedies and a doctrine of signatures analysis illustrated possible underlying themes of this remedy that in the future may assist in the prescription of the remedy.

TABLE OF CONTENTS

Definition of terms

Law of similars

The fundamental principle of homoeopathy, which states that substances may be used to treat disorders whose manifestations are similar to those which they themselves induce in a healthy subject. Expressed as similia similibus curentur (let like be cured by like) (Swayne, 2000:193).

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).

Proving

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

Prover

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

Potency

The medicinal power of a homoeopathic medicine, released or developed by dynamisation or potentisation. The measure of the power of the medicine based on the degree to which it has been potentised, expressed in terms of a degree of dilution (Swayne, 2000: 166).

Potentisation

A multi- step process developed by Hahnemann by which the medicinal power(potency) of a homoeopathic medicine is released or increased, involving serial dilution with succussion or using tritration or fluxion (Swayne, 2000: 168).

Centesimal Potency

1. A dilution in the proportion of 1 in 100.
2. The sequential addition of the previous potency to 99 parts of dilutent. The number these serial dilutions, performed with succession, defines the centesimal potency (Swayne, 2000:36).

Succussion(Dynamisation)

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

30^{th} Centesimal potency

The 30^{th} step of sequential dilution in the proportion of 1 in 100, with succession at each step, having an effective concentration of $1x10^{-60}$ (Kerschbaumer,2004).

Doctrine of signatures

This Doctrine draws a comparison between characteristics of the plant used medicinally and organs in need of treatment in the human. Paracelsus refers to the idea that plants with shapes resembling human organs or structures should be regarded as healing agents for those body parts (Pujol ,1990:24).

Pharmacopoeia

A standard book containing a list of drugs and medicines with information about the sources, habits, descriptions, collections and identification of the drugs. It also provides directions for their preparation, combining, compounding and standardization (Hopkins,2003).

Materia Medica

A pharmacological text, a reference book containing a list of medicines and their uses (Hahnemann ,1997:325).

Repertory

Systematic cross reference of symptoms and disorders to the homoeopathic medicines in whose therapeutic repertoire (materia medica) they occur. The

strength or degree of the association between the two is indicated by the type in which the medicine name is printed (Swayne, 2000:183).

CHAPTER ONE

Introduction:

The purpose of conducting a proving of a remedy is to determine and record the totality of morbid symptoms produced by that substance in healthy individuals, which will then give an indication as to its prescription in the sick individual (Vithoulkas, 1986).

For the purposes of expanding the remedy choice within the materia medica a triple-blind proving of substance *Erythrina lysistemon 30CH* was conducted i.e. neither provers nor researches knew the name of the substance. 32 provers from the general public, students as well as family and friends were recruited to be a part of the research group. This sample group obtained was then divided amongst 4 researchers into a randomized placebo and control group.

As with usual protocol within a proving, provers were asked to record any physical and mental symptoms that arose whilst participating in the proving in journals provided. Symptoms included those occurring before, during and after taking the remedy. This information was then integrated and interpreted by the four DUT homoeopathy researchers conducting the proving. There was also subsequent translation of the symptoms elicited into repertory language.

The homoeopathic picture created was analysed according to the Doctrine of Signatures and the proving symptoms were assessed according to their

correlation to this doctrine. This provided another method of assessing this remedy as well a better understanding of it.

1.1 The Hypotheses:

The first hypothesis was that *Erythrina lysistemon 30CH* would produce clearly observable signs and symptoms in healthy provers. The second hypothesis was that the proving of *Erythrina lysistemon 30CH* would produce symptoms that would correlate to the doctrine of signatures relating to the crude substance.

1.2 The Delimitations:

The study did not:

- Attempt to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in the healthy individuals.
- Determine the effects of potencies or deconcentrations of the plant other than the 30^{th} centesimal.
- Seek to perform multicentre trials of the drug (Wright, 1999:3).

1.3 The Assumptions:

- The remedy used in the study has been prepared accurately according to the German Homoeopathic Pharmacopoeia standard (methods 6 and 8a).
- The provers would take the remedy in dosage, frequency and manner required.

- The provers would conscientiously and closely observe themselves for the effects of the drug.
- The provers would conscientiously, accurately and honestly record all symptoms observed.
- The provers would not deviate from their normal lifestyle or dietary habits in a significant manner immediately prior to or for the duration of the proving (Wright, 1999:3).

Chapter 2: Lit review

2.1 Introduction:

A proving can be seen as 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).

Provings therefore provide the basis of the homoeopathic Materia Medica, and gives detailed accounts of the therapeutic actions of the proved substance. It should be stressed however that care must be taken when conducting provings in ensuring that they at least conform to the standards set by Hahnemann.

Although provings have shown to be a fundamental part of the philosophy and practice of homoeopathy this unfortunately lends itself to theoretical, second-hand knowledge, which is passed on from generation to generation of homoeopaths (Wright 1999:5). It is Campbell's (1994) opinion that little of the past proving literature would stand up to modern day scientific criticism.

According to Wieland (1997) Hahnemann's methodology could not be considered reliable when paralleled to modern guidelines on provings. Provings became more structured and methodologically sound with the introduction of the

double blind study in proving philosophy, and now thanks to this study the triple blind study can be added to the philosophical repertoire of provings.

2.2 Historical perspective on provings:

The concept of proving has been in existence for many years. For instance, Galen was one of the first people to test medicinal substances on healthy people, following this in 1790 Hahnemann conducted the first homoeopathic proving which laid the foundation for Homoeopathy as we know it today. His efforts were invaluable in providing a framework for subsequent future provings and the creation of a more complete Materia Medica.

The Organon of medicine (Hahnemann, 1998:187-212) states that potential medicines can be tested on healthy individuals in order to illicit an artificial disease state, a collection of symptoms can then be taken to formulate a true Materia Medica. Over fifty years Hahnemann conducted provings on himself and 64 volunteers and investigated the effects of 101 remedies, adding to the bulk of the Materia Medica as we know it today.

Sherr (1994:8) stated that a greater scope in symptomolgy can be gathered from provings. When a new remedy is proved reasonably well it will cure a class of cases that until then could only have been partially covered by existing remedies. He also stressed that once Homoeopaths get to know a remedy it will be utilised

more effectively because nothing else can take the place of it, such as the well known use of the polycrests *Pulsatilla praetensis and Lachesis muta*.

2.3 Proving Methodology:

Fisher (1995) is of the belief that the reliability of earlier provings is in doubt due to the fact that the majority of the provings lacked control (Low,2002). This led to a greater need for refinement in provings and new proving methodologies were introduced such as the double, triple blind placebo controlled methods, which ultimately aims to reduce bias in provings. History suggests that the concept of blinding was introduced into homoeopathic proving methodology as early as 1843, when Gestrel carried out a proving of *Aconitum napellus* in which provers were unaware of the proving substance.

The double- blind technique was introduced by Demarque (1987) whilst proving *Atropa belladonna*. In this technique there is a placebo control whereby the substance is known to the researcher, but he is unaware as to which provers are taking the substance.

Raeside (1972) introduced the treble-blind study design. In this methodology there is a placebo control whereby both the researcher and the provers are unaware as to the nature of the substance and who is taking it. This triple-blind study design was used in this particular proving.

2.4 Modern Perspective and the growing need for provings:

World renowned Homoeopaths have shaped the way modern methodologies in provings are undertaken. Vithoulkas published, *The Science of Homoeopathy*, in which an entire chapter was devoted to the proving process and although his methods proved expensive and time consuming he no doubt paved the way for modern day thinking in the effective control of the proving (Wright,1999:8). In 1994 Sherr improved on Vithoulkasis methods and published “The dynamics and methodology of homoeopathic provings”. This book focused on all aspects of Homoeopahic proving and provides a practical framework for comprehensive modern provings.

There is a limited number of proved substances known with respect to their true pure action that can be used homoeopathically, and it can happen that the pathology being treated is not covered in true totality by any of the existing substances, consequently an imperfect medicine has to be employed for lack of a more perfect one (Organon, 1996). Even though the modern Materia Medica covers a vast spectrum of symptoms, it becomes evident on reviewing research that there is a great need to continue with Homoeopathic provings.

This fact is reinforced by the valuable knowledge obtained by the recent provings of *Sutherlandia frutescens* (Webster, 2002) and *Bitis gabonica* (Thomson, 2003) conducted at Durban University of technology.

South Africa is no doubt in rich supply of indigenous flora and fauna sources, which can be utilised for such provings. Wright (1999) concluded that it would be advantageous if in the future, South African Homoeopaths could rely on these indigenous substances, and commence with systematic provings of these.

2.5 The potency of the proving substance:

Hahnemann claimed the 30CH potency was the best potency to use when conducting a proving (Hahnemann,1997:154). This was reinforced when Koppers (1987) carried out experiments in a range of potencies from Mother Tincture all the way to 30CH, and he concluded that the 30CH potency produced the most comprehensive symptoms, including mental changes. Therefore the 30CH was used in this proving.

2.6 The doctrine of signatures:

The concept of the Doctrine of signatures is a metaphysical method of discovering pharmaceutical value. Meanings are assigned to a given characteristic of a substance as it appears in nature, which then allows the practitioner to recall the element when a cure requires that meaning. For example *Chelidonium majus* was used to treat the liver and gall bladder because the yellow juice of the plant looked like bile (Lockie and Geddes, 1995:11).

This totemism of analysis has been commonly seen over the last five hundred years and continues to be upheld by many individuals. First proposed by Paracelsus, it was one of the many discoveries of the Swiss alchemist and

physician that enabled him to improve pharmacy and scientific experiments and thereby revolutionising medicine as we know it today. This Doctrine draws a comparison between substance characteristics and human organs. Paracelsus related this idea to his study of medicinal plants, in that the plant shapes resembling human organs should be used as healing agents for those specific parts (Smal and Taylor, 2004).

This concept of the Doctrine of Signatures over the formative years of orthodox medicine has proved to be quite a distorted science and little research has been done in the South African setting, especially within a homoeopathic one. Sangomas have long believed in the healing powers of herbs, in particular those that were signposted from God better known as Nkulunkulu, they believe an identical structure was created in man and plants so they can recognize them for the benefit of all mankind (Low, 2002).

2.7 Anthroposophical approach to medicine:

Anthroposophy is another outlook on medicine using new and holistic perspectives. It sheds a different light on health and disease, in addition to treatment and cure. Rudolf Steiner (1861-1925) was responsible for much of the development of this approach.

Humans are seen to have a three-fold existence and this must be fully understood in order to apply it to disease and thus cure it. This three-fold

existence is comprised of the “Nerve Sense” system which is involved with absorption and analysis of all information received, whether it be from the internal or external environment. The flow of information is a passive process with very little metabolic activity involved. The opposite pole of humans is the “metabolic limb” system, which is responsible for metabolism, transformation and movement, these are all active processes which require and create a great deal of energy. The muscles, liver, kidneys and blood are the sites where such metabolic transformation takes place. This system is associated with anabolism and takes place without conscious control, mostly at night, whereas the “nerve sense” system which is associated with catabolism, occurs consciously and mostly by day.

The “rhythmic” area separates these two poles and has a balancing effect. This area can thus be seen as the mediator of health.

Plants can be seen in a similar light whereby the roots of a plant are likened to the head or “nerve sense’ system of man. Both regions are responsible for the absorption, whether it be information or water and nutrients. The roots also have a protective covering in the form of the surrounding soil, similar to the human skull

The plants reproductive system i.e. the flower, can be related to the metabolic limb system as both systems involve increased activity and metabolic processes.

The stem is representative of the “rhythmicity system” and creates a balance

between the poles similar to the rhythmic area in man.

Thus according to anthroposophy by taking into account the ratio of different parts of the plant one can predict the areas that would be most greatly affected in man, i.e. a high flower to root ratio would imply that the metabolic limb system would be affected to a greater degree than the “nerve sense” system when the plant is administered to humans (Hopkins, 2003).

2.8 Leguminosae family in Homoeopathy:

In homoeopathy remedies which are derived from the same family generally share similar traits and themes and thus being aware of such themes helps us to understand the remedies better (Low ,2002).

Erythrina lysistemon is a member of the Leguminosae family which has a number of interesting themes.

Mental themes include a sense of confusion, dullness and a decrease in concentration, as though intoxicated. In patients where prostration of the mind and memory weakness is a factor, remedies from the Leguminosae family are indicated.

On the other hand there are also the themes of irritability, restlessness, excitement and hysteria which are found within this family. Delusions and vivid imaginations are additional traits, which are brought about by members of this

family. Patients can feel as though they are split into two or three parts and that their limbs are separated from the rest of their bodies. This theme is strongly represented in *Baptisia tinctoria*, which is a member of the Leguminosae family. These patients feel as though their body is spread all over the bed and that they must try to get it all together (Murphy, 1988 : 80).

There are also themes of indifference and sadness which from part of this family. The Leguminosae family also have a great effect on the head region and can be used to treat congestion of the head accompanied by a full and enlarged sensation.

Specific expressions of these themes are evident, for example, in : Melilotus officinalis, which is a remedy that is strongly indicated for acute localized congestion, especially of the head, and well indicated in the treatment of throbbing, congestive headaches (Jouanny, 1984 : 247), whereas migraine type headaches can be treated with *Robinia pseudacacia*, both being members of the Leguminosae family (Jouanny, 1984 : 348).

Eye symptoms which are indicated by members of the Leguminosae family range from general eye pain to a number of ocular symptoms ranging from paresis and paralysis caused by strain and fatigue to spasms of the eye and orbital muscles. *Physostigma venosam* is a remedy belonging to the afore mentioned family which is very useful in treating such eye complaints (Jouanny,1984 : 308).

Remedies belonging to this family are also successful in treating a number of nasal conditions such as sneezing, coryza and annual hay fever. Pain and inflammation of the throat are symptoms that can be treated successfully by members of this family.

Members of the Leguminosae family also effect the digestive system in that certain remedies belonging to this family cause fluctuations i.e. increases and decreases, in appetite and thirst.
Robinia pseudacacia and *Senna* are known to have a marked influence on the stomach (Jouanny. 1984 : 348, 368).

Heaviness, heat and pain of the stomach are often successfully treated with one of the remedies from this family.

Physostigma venosam is also well indicated for spasmodic or paralytic phenomena, especially in muscles of the back as well as tenderness of the spine (Jouanny. 1984 :308).

The extremities are greatly affected by members of the Leguminosae family. Symptoms include burning, coldness, cramping, eruptions, itching, numbness, paralysis, pain and weakness.

Members of the Leguminosae family also tend to have a polar effect on the patients mental state in general and this is carried forward to their sleep patterns i.e. we find both sleepiness and sleeplessness. *Baptisia tinctoria* is strongly indicated for extreme tiredness whereas *Senna* is indicated for insomnia (Jouanny, 1984 : 62 368).

There is a general theme of weakness within this family. Members of the Leguminosae family tend to be ameliorated by the cold. However once again there tends to be a polarity within this family and certain members experience a general coldness whereas others experience flushes of heat.

2.9 *Erythrina lysistemon*:

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 (isiZulu).

Erythrina lysistemon (*E.lysistemon*) is a small to medium-sized, deciduous tree with a spreading crown and brilliant red flowers. It is a handsome tree at any time of the year, and its dazzling flowers have made it one of the best known and widely grown South African trees.

This is a stocky, thickset tree that often branches low down and usually grows up to 10 m in height, occasionally reaching 12 m. The bark is smooth and dark gray to gray-brown and is not thickly corky. Short, hooked prickles are sparsely and randomly scattered on the trunk and branches. The leaves are trifoliolate, and each leaflet is large, usually up to 17 x 18 cm. The petiole, rachis and the midrib have hooked prickles on them. The common coral tree blooms in early spring (from August to September) and it produces its flowers before its new leaves or just as the leaves begins to show.

The flowers are a beautiful clear scarlet and are carried in short, dense heads, about 9 cm long, on long, thick stalks. The standard petal (the large uppermost petal) is long and narrow and encloses the other petals and the stamens. The flowers produce abundant nectar that attracts many nectar-feeding birds and insects, which attract the insect-feeding birds as well.

The fruit is a slender, black pod that can be 15 cm long and is sharply constricted between the seeds. The pod splits while still attached to the tree to release bright red 'lucky bean' seeds.

Erythrina lysistemon occurs in a wide range of altitudes and habitats from North West Province, Limpopo (formerly Northern Province), Gauteng, Mpumalanga, through to Swaziland and KwaZulu-Natal, and down to about the Mbashe River Mouth in Eastern Cape. Further north in Zimbabwe, Botswana and Angola it occurs in small pockets. It grows in scrub forest, wooded kloofs, dry woodlands,

dry savannah, koppie slopes and coastal dune bush and also in high rainfall areas.

Uses of *Erythrina lysistemon*

Erythrina lysistemon is not just a decorative tree; it is also an important component of the ecosystem, providing food and shelter for a variety of birds, animals and insects. Many birds and insects feed on the nectar. Vervet monkeys eat the flower buds. Kudu, klipspringer, black rhino and baboons graze on the leaves. Black rhinos, elephants and baboons eat the bark. Bush pigs eat the roots, and the brown-headed parrot eats and disperses the seed. Birds such as barbets and woodpeckers nest in the trunks of dead trees, and swarms of bees often inhabit hollow trunks.

Erythrina lysistemon is also widely used and enjoyed by mankind. They have been regarded as royal trees, and were planted on the graves of Zulu chiefs. They were planted as living fences around kraals, homesteads and waterholes, and were one of the first wild trees to be planted in gardens in South Africa. They are still to be found in many gardens, and are planted as street trees in many towns. The wood is light and cork-like when dry and has been used for making canoes, rafts and floats for fishing nets as well as for troughs and brake-blocks. It has also been used to make shingles for roofing, as the wood is durable when tarred. The flowering of the trees has been, and still is, a good signal to the people that it is time to plant their crops.

Erythrina lysistemon is thought to have both medicinal and magical properties by many people. A tribal chief will wash in water in which bark has been soaked as he believes that by doing this he will ensure the respect of his people. Women about to give birth are given an infusion of herbs to make the birth easier and a sliver of bark from the four sides of the tree is tied around the bundle of herbs before it is boiled. Water in which bark has been soaked is mixed with the root of a species of *Cussonia* and used as a purifying emetic. Crushed leaves placed on a maggot-infested wound are said to clear the maggots. The bark applied as a poultice is used to treat sores, wounds, abscesses and arthritis. Infusions of the leaves are used as ear drops to relieve earache and decoctions of the roots are applied to sprains. *Erythrina lysistemon* does contain a large number of alkaloids that are known to be highly toxic, but its use in traditional medicine suggests that they have antibacterial, anti-inflammatory and analgesic effects. The seeds are used as lucky charms. According to Braam van Wyk and Piet van Wyk, who are indigenous tree specialists, the seeds also contain toxic alkaloids as well as anti-blood-clotting substances that may be of value in the treatment of thromboses (Van Wyk,1997).

Other *Erythrina* species

There are ± 100 species of Erythrina that occur in the warm regions of the world. Nine species occur in southern Africa: *E. acanthocarpa*, *E. baumii, E. caffra, E. decora, E. humeana*, *E. latissima, E. lysistemon, E. mendesii* and *E. zeyheri*. Kirstenbosch National Botanical Garden has excellent specimens of *Erythrina*

lysistemon, E. caffra, E. humeana and *E. latissima* that are very showy when in flower.

Erythrina lysistemon is often confused with *Erythrina caffra*, the coast coral tree. *Erythrina caffra* grows in the coastal and riverine fringe forests from Port Shepstone in KwaZulu-Natal to the Humansdorp District in Eastern Cape and in a pocket further north on the KwaZulu-Natal coast. It is generally taller than *Erythrina lysistemon*, the flowers are orange-scarlet, and a cream-flowered form is occasionally seen, and the standard petal is shorter and broader so that the stamens stick out of the flower giving it a whiskered look. In most other respects they are very similar, and were in fact regarded as the same variable species for many years and, when not in flower, are difficult to tell apart.

The genus name *Erythrina* comes from the Greek *erythros* meaning red, both the flowers and the seeds are bright red. The species name *lysistemon* also comes from the Greek meaning 'with a loose or free stamen' and refers to the 'vexillary stamen' that is free from the staminal tube. The vexillary stamen is the stamen associated with the vexillum, which is another term for the standard petal, and in this species it is free, whereas in e.g. *Erythrina caffra* it is joined to the staminal tube below the middle.

Growing *Erythrina lysistemon*

Erythrina lysistemon is a fast-growing, undemanding tree. It does best in fertile, well-aerated and well-drained soils. It is fairly drought-tolerant, but performs

better if given water during summer. It is sensitive to cold and grows best in frost free gardens, but will survive in regions with a winter minimum of -7 to -1° C/20 to 30° F (zone 9) provided it is planted in a sheltered position, and protected from frost when young. This tree prefers dry winters, but it will thrive in the wet winters of Western Cape as long as it is planted in well-drained soil and watered during the dry summers.

Coral trees are attacked by a boring insect that enters at the tip of a branch and causes die-back. As soon as this is noticed, the damaged branch should be cut back to unbored wood and the prunings should be burnt. It is difficult to control on big trees, but it can be done with a systemic insecticide. Caterpillars can cause damage to the foliage, and an insect causes yellowish galls on the leaves, but these do not seem to affect the overall health or performance of the tree.

The common coral tree is an excellent specimen tree for gardens and parks and is very effective planted in avenues or for street plantings. It is particularly recommended for that spot in the garden where you need sun in winter and shade in summer.

Erythrina lysistemon is easily propagated from seed, cuttings and truncheons. Seed is sown in spring and summer, in a well-drained, general-purpose potting soil, placed in a warm but shaded spot and kept moist. Soaking the seed overnight in warm (not hot) water is not necessary for germination to occur, but should hurry things along. Dusting the seed prior to sowing, or drenching after

sowing, with a fungicide that combats pre-emergence damping off, although not essential, will increase the percentage germination. Cuttings are best taken in spring to summer, and truncheons in late winter to spring. Truncheons are made from part of or even an entire branch which is left to dry and heal for a few days, then planted into a pot filled with sand or even directly into the soil where the plant is to be grown, and kept damp but not wet. If a plant has to be transplanted, this is best done whilst it is dormant, during winter.

2.10 Study design and blinding:

There are many different opinions about provings and proving methodologies. Each opinion has its own merits and weaknesses but most authors agree on the following points:

- The necessity for further provings
- The use of healthy provers
- The use of placebo controls and a blinding procedure
- Non-repetition of the substance once proving symptoms have begun
- Recording of all symptoms, mental, emotional and physical

All of the above mentioned points will be found to be integral parts of this investigation (Wright, 1999:11).

On investigation it was shown that all provings undertaken at DUT have been in the form of a double-blind study. This blinding/masking technique is a design

feature that keeps exposure status or disease status secret from at least one set of study participants. This type of design has the advantage of analyzing the symptoms gathered more scientifically but also has the disadvantage of incorporating subjective influence by those who know the identity of the substance. The proposed proving was structured using a triple-blind study as proposed by Reaside (1972) where in addition to patient and investigator being unaware of the group assignment or case-control status, the data safety monitoring committee and the statistician are also unaware. This has the superior advantage of totally eliminating any possible subjective bias that may arise with the fore knowledge of the medicinal substance thus providing an additional layer of security to prevent unwarranted influences on the study results by anyone directly involved (Wikipedia, The Free Encyclopaedia, 2004).

To ensure a reliable proving that is consistent with the standards set by Hahnemann, the following criteria were taken into consideration:

- A placebo was used on a select number of individuals within the group. The symptoms recorded were used as a reference point and comparison against the therapeutic results of the active substance being proved in order to ensure reliability of the symptoms eventually recorded (ICCH, 1999).
- A 30CH Potency was utilized in the proving. There is much evidence to support the use of this potency when conducting a proving. Hahnemann

(1996) insists that the 30CH be used for provings, and Sherr found that this potency produced the most mental and emotional symptoms in his proving of Hydrogen. According to Vithoulkas the 30CH potency has also been shown not to produce adverse aggravations within the provers and provides for more specific symptoms (Vithoulkas, 1981:146).

- The substance to be proved was administered in a diluted and potentised therapeutic form so as not to be toxic to the organism (Vithoulkas, 1981:145).
- In order to prevent possible antidoting of the substance, the provers were educated on the correct manner in which to take their remedy, i.e. on an empty stomach half an hour away from food or drink (Sherr, 1994:53). The provers attended a pre-proving training course, conducted by Dr Ross, during which the procedure of homoeopathic proving was explained to them.
- The proving was conducted on individuals that are in good health. Their health status was assessed prior to commencement of the proving to ensure that they met the criteria. This is important especially when trying to draw conclusive results from the symptoms produced that deviate from the norm (Sherr ,1994:44).
- Due to the need for a more controlled proving each student researcher had to supervise 8 provers as suggested by Smal and Taylor (2004).

Conclusion:

This proving was therefore understood to serve as a vital source of knowledge, and would contribute to the extention of the Materia Medica. Furthermore in a scientifically driven society it would be relevant to analyse the value of using the Doctrine of Signatures in the understanding of remedies and their therapeutic effect, and whether or not it contributes to the validity of prescribing on such basis.

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 (Vithoulkas,

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 (20 verum and 12 placebo);

- 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;

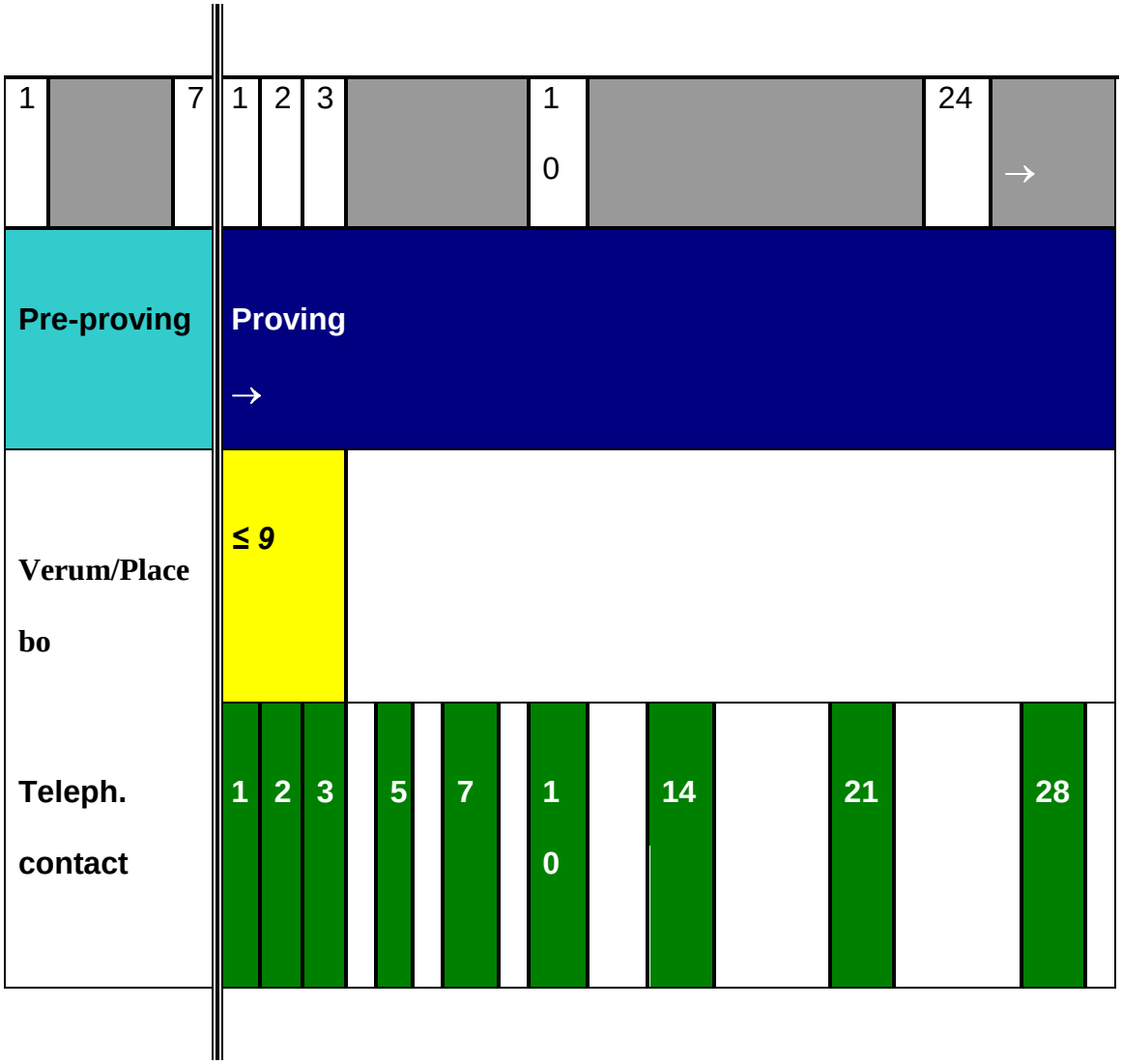
- At scheduled times, a thorough case history and physical examination *(Appendix C)* of each prover was completed by the respective student researcher;

- 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; Vithoulkas ,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 (2^{nd} – 5^{th} 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, 199: 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, 10 cigarettes 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 (*approx.* 5 weeks) *[variable]*	35 days
Cessation of proving (3 weeks)	21 days
Post-proving observation (2 weeks)	14 days
	approx.
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).

3.9.2 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, 2004). 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 4

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.

4.1.1 Key

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

- Prover number- Gender- Day: Hours: Minutes

- *Denotes symptoms conveyed at post proving consultation.

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- hauled [*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 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 toady.

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

4.2.15 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

4.3 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 7.1 (1998). 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)

MIND

MIND – PROSTRATION of mind S203

MIND – PROSTRATION of mind – sleepiness, with S204

MIND – READING – Aggravates mental symptoms S208

MIND – RELIGIOUS AFFECTIONS, too occupied with religion S209

MIND – RESTLESSNESS S211

MIND – RESTLESSNESS - anxious S213

MIND – SADNESS–Company, aversion to company, desire for solitude S220

MIND – SENSES – dull, blunted S225

MIND – SENSITIVE S225

MIND – SPACED-OUT feeling S234

MIND – STUPEFACTION S240

MIND – TENSION, mental S248

MIND – THOUGHTS – wandering S252

MIND – THOUGHTS – wandering – work, at S252

MIND- WEEPING- easily S265

VERTIGO

VERTIGO: AFTERNOON S272

VERTIGO: EVENING S272

VERTIGO – OBJECTS: - room whirls: S279

VERTIGO – OBJECTS: - turn in a circle; seem to: S279

VERTIGO – OBJECTS: - walking, while: S279

VERTIGO – SUDDEN S282

VERTIGO – TURNING, AS IF: - everything were turning in a circle; as if: S283

VERTIGO – WALKING – while: S284

VERTIGO – WRITING, while S284

HEAD

HEAD – CONSTRICTION – forehead: - eyes, over the: S292

HEAD – COTTON WOOL; sensation of: / vertex; below the: S292

HEAD - ERUPTIONS – forhead S294

HEAD – ITCHING OF SCALP: - forehead: S310

HEAD – LIGHTNESS, sensation of, intoxicated as if N

HEAD – PAIN: *S315*

HEAD – PAIN – evening – bed, in S318

HEAD – PAIN – accompanied – eye: S319

HEAD – PAIN, forehead, pulsating	S342
HEAD - PAIN - forehead, in: - rubbing amel:	S343
HEAD – PAIN – forehead – eyes – extending to – eyes	S347
HEAD – PAIN – occiput	S347
HEAD- PAIN- sides- left	S353
HEAD – PAIN – sides – right	S353
HEAD – PAIN – temples – right	S355
HEAD - PAIN - temples - left	S355
HEAD – PAIN – temples – extending to – eye	S357
HEAD – PAIN – temples – needles like	S357
HEAD – PAIN – vertex:	S358
HEAD – PAIN – dull pain	S372
HEAD – PAIN – dull pain – occiput	S372
HEAD – PAIN – dull –temples	S374
HEAD – PAIN – Lancinating	S375
HEAD – PAIN – pressing vertex inward, weight; like	S390
HEAD - PAIN – pressing - vertex weight, as from a:	S390
HEAD – PAIN – pulsating – forehead	S390
HEAD – PAIN – sharp	S391
HEAD – PAIN, pulsating, noise agg	S391
HEAD – PAIN, pulsating, rest amel	S391
HEAD – PAIN, sharp	S391
HEAD – PAIN -NOISE AGG	N

EYE

EYE – SLEEPY feeling of eyes: S463

EYE – SWELLING, right S465

EYE – TEARS – burning: S466

EYE – TIRED SENSATION: S467

EYE - WIPE; inclination to: S470

NOSE

NOSE – CATARRH: S531

NOSE – CATARRH: Postnasal: S532

NOSE – CONGESTION – nose, to S533

NOSE – DISCHARGE S537

NOSE – DISCHARGE – Morning: S537

NOSE – DISCHARGE: - blood-streaked S537

NOSE- DISCHARGE- CLEAR S538

NOSE - DISCHARGE- crusts,scabs,inside: - bloody S539

NOSE – DISCHARGE – posterior nares: S542

NOSE – FORMICATION: S548

NOSE – ITCHING:- NOSTRILS S550

FACE

FACE - ERUPTIONS - pimples: forehead S586

FACE – FORMICATION: S593

FACE – ITCHING: S597

FACE – ITCHING:- Cheeks: S598

FACE – ITCHING:-burning: dryness from N

FACE – ITCHING:-Chin: S598

FACE – ITCHING:-scratching amel: S598

FACE – TINGLING, cheeks S619

FACE – TINGLING - right S619

MOUTH

MOUTH – TASTE – bitter –tongue; root of S669

MOUTH – TASTE – bitterish-sour S669

MOUTH – TASTE - sour S672

TEETH

TEETH – CLENCHING teeth together – desire to clench teeth together; Constant S679

TEETH – PAIN: aching S682

TEETH – PAIN- Lower teeth: S689

THROAT

THROAT – SCRATCHING, cold water amel S723

THROAT – SCRATCHING, coughing, amel N

THROAT - SWALLOWING – difficult S724

STOMACH

STOMACH – APPETITE, diminished S737

STOMACH - APPETITE- increased S738

STOMACH - APPETITE- increased –morning S739

STOMACH – DISTENSION: S746

STOMACH – EMPTINESS S747

STOMACH – ERUCTATIONS S765

STOMACH – NAUSEA S766

STOMACH – NAUSEA, evening S767

STOMACH – NAUSEA, morning S767

STOMACH – NAUSEA – cough, during S770

STOMACH – NAUSEA – throat, in N

STOMACH – NAUSEA, fats, after eating S771

STOMACH – NAUSEA, ice amel S771

STOMACH – NAUSEA, sleep amel S774

ABDOMEN

RECTUM

STOOL

STOOL: FORCIBLE, sudden, gushing: S933

STOOL – FREQUENT S933

STOOL: SHOOTING out: S939

STOOL: SPLUTTERING: S939

STOOL: WATERY: S941

FEMALE

FEMALE – LEUKORRHEA, white S1036

LARYNX AND TRACHEA

LARYNX AND TRACHEA – IRRITATION – trachea – coughing,from S1083

LARYNX AND TRACHEA – TICKLING – throat-pit, in S1090

RESPIRATION

RESPIRATION – DIFFICULT – yawning ameliorates S1108

COUGH

COUGH – ITCHING: THROAT, IN: S1131

COUGH – EXPECTORATION – loose: S1132

COUGH – TICKLING, throat in: S1144

CHEST

CHEST – ITCHING S1177

CHEST – ITCHING: -scratching: amel: S1177

CHEST - PAIN - heart- region of S1188

CHEST – PAIN- cutting, respiration during S1197

CHEST- PAIN - stitching- heart S1210

BACK

BACK – FORMICATION: S1237

BACK – ITCHING: S1239
BACK – ITCHING: -scratching: amel: S1239

BACK – PAIN – dorsal region S1250

BACK – PAIN – dorsal region – extending to: scapulae S1250

BACK – PAIN – scapulae – between: extending to: spine; down to S1252

BACK – PAIN – lumbar, bending S1254

BACK – PAIN – lumbar, cold S1254

BACK – PAIN – lumbar, warm applications amel S1254

BACK- PAIN –ACHING S1261

BACK – STIFFNESS: S1292

BACK – STIFFNESS: - morning	S1292
BACK – STIFFNESS: - morning – waking, on:	S1292
BACK – STIFFNESS – cervical region:	S1293

EXTREMITIES

EXTREMITIES – CONTRACTION of muscles and tendons:	S1314
EXTREMITIES – CONTRACTION Foot:	S1315
EXTREMITIES – CONTRACTION : morning,on waking	N
EXTREMITIES – DRYNESS:	S1331
EXTREMITIES – DRYNESS: - Joints:	S1331
EXTREMITIES – DRYNESS: - Elbow Joint:	N
EXTREMITIES – ERUPTIONS:	S1332
EXTREMITIES – ERUPTIONS: - dry:	S1333
EXTREMITIES – ERUPTIONS: - elevations:	S1333
EXTREMITIES – ERUPTIONS: - itching:	S1333
EXTREMITIES – ERUPTIONS: - scales:	S1333
EXTREMITIES – ERUPTIONS: - Joints:	S1334
EXTREMITIES – ERUPTIONS: - Joints: - itching:	S1334
EXTREMITIES – ERUPTIONS: - Upper limbs: - dry	S1334
EXTREMITIES – ERUPTIONS: - Upper limbs: - elevations	S1334
EXTREMITIES – ERUPTIONS: - Upper limbs: - itching	S1334
EXTREMITIES – ERUPTIONS: - Upper limbs: - scales	S1335

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

SLEEP

DREAMS

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

GENERALS – ACTIVITY – ameliorates	*S1737*
GENERALS – ACTIVITY – desire for	*S1737*
GENERALS – ACTIVITY – physical	*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
GENERALS: -FOOD and DRINK: - onions: desire:- fried:	N
GENERALS – FOOD AND DRINK, salt desire	S1796

GENERALS – FOOD AND DRINK– tea – ameliorates S1799

GENERALS – FOOD AND DRINK, water desire S1801

GENERALS – FORMICATION – external parts S1802

GENERALS – HEAVINESS: externally S1807

GENERALS – HEAVINESS - muscles, of S1807

GENERALS – INFLAMMATION – sinuses, of S1813

GENERALS – INFLUENZA – sensation as if S1813

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

GENERALS: - STRETCHING: desire 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

Chapter Five:Discussion

5.1 Discussion in light of the Doctrine of Signatures:

Mind:

One of the mental themes produced in the proving was that of separation. Provers felt as if their bodies were separated from their minds. It is interesting to note that the leaves are made up of 3 leaflets which are separated from each other, reinforcing this theme. In addition to this the species name Lysistemon, comes from the greek interpretation “with a loose or free stamen” and refers to the vexillary stamen that is free from the stamenal tube which again relates to the theme of separation/detachment.

There was also a theme of confidence and when looking at the tree itself it is understandable as it has been seen to be a “Royal tree”, which was planted on the graves of Royal chiefs. With its large spreading crown and brilliant red flowers it exudes confidence.

Restlessness and irritability were also noted by the provers and this could be related to the fixed nature of the tree, unable to move, rooted firmly in the ground with only its extremities being able to move in the breeze.

The general mood of the provers was often varied, some were carefree and cheerful, The colour red is commonly associated with happiness and vitality, thus the flowers and seeds of the plant could represent this. Others felt anxious, discontented and sad which could be symbolized by the manner in which the seed pods droop off the plant.

Head:

The most noticeable feature of *Erythrina lysistemon (E.lysistemon)* is its large spreading crown, thus it would have been plausible to expect the heads of provers to elicit substantial symptoms, in the light of Anthroposophical medicine. The 54 head symptoms obtained could be seen to represent this.

Eye:

Throughout the proving there were a number of eye complaints. The twisted woody black pods constricted between the seeds form an ovoid shape and can be seen as representative of the eyes, and thus it makes sense that the eyes would be affected. The complaints included heaviness and involuntary closing of the eyes, dryness of the eyes and lids, red discolouration of the eyes, inflammation and itching. The dryness can be seen to be characteristic of the dry outer shell of the pod. The heaviness and involuntary closing of the eyes is characteristic of the closed shell of the pod encasing the red seed within,

symbolic of the eyeball. The redness of the seeds and flowers is significant as it correlates with the itching, burning and inflammation which was experienced.

Nose:

A large number of provers complained of nasal congestion accompanied by a sensation of obstruction. This could be linked to the distention and drooping of the pods and the constriction between the seeds. Provers also presented with sinus complaints and considerable discharges which could be represented by the production of abundant nectar by the flowers of *E. lysistemon*. Provers also sneezed frequently whilst participating in the proving. The petiole and midrib of the leaves are prickly and this could be seen as an irritant which could account for the irritation in the nasal passages.

Face:

There was a red discolouration of the face noted in the proving which could be symbolic of the red colouring of the flowers and seeds. There was a general sensation of dryness experienced by the provers and this was seen on the face as well.This is significant as *E. lysistemon* is a tree which is drought tolerant and also prefers dry winters, where upon it requires little or no water at this time. In certain times the provers experienced eruptions ie pimples on their face, this

could be seen as being indicative of the hooked prickles that appear on the trunk and branches of *E. lysistemon*.

Mouth:

Provers developed strange tastes in their mouths ie bitter and sour which can be seen to correlate to the bitterness of the leaves.

Throat:

Constriction of the throat was noted and this is evident in the numerous constrictions seen between the seed pods of *E. lysistemon*. Another interesting finding was that of a sensation of a lump in the throat which can be indicative of the pod itself which forms small “lumps” due to the constrictions between the seeds. The pain experienced after swallowing can also be explained by this constricted imagery. Inflammation and rawness experienced could be expressed by the redness of the flowers and seeds.

Stomach:

Thirst was definitely influenced by the proving, there was a conflict between increased thirst and decreased thirst, this is significant as *E. lysistemon*, although drought tolerant, performs better if given water during summer, it also requires

occasional deep watering but little or no water in winter. As previously mentioned the tree prefers dry winters but will also thrive in wet winters of the Western Cape as long as it is planted in well drained soil and watered during dry summers. Appetite in general is increased or decreased in a similar manner.

Abdomen:

Provers recorded a feeling of distention and flatulence which relates to the balloon like shape of the pods and their hanging nature respectively. In addition the constriction between the distended pods gives the idea of the discomfort caused whilst passing stool.

Rectum:

There were a number of cases of diarrhea. This is significant as *E. lysistemon* is extremely dependant on well aerated and well drained soils, and thus could be seen as such a drainage system whereby there is expulsion of waste material.

Stool:

Provers noted an increase in frequency in stools in addition to the stools being “sudden”, “gushing” and “shooting” out. The increased frequency could again be related to the increased need of well drained soils, whereas the sudden gushing

and shooting out of the stools could be symbolic of the constriction between the seed pods and the force which is required to move material through such a constricted aperture, hence the stools would have to be watery.

Female:

There was only one documented symptom which was a white discharge; this could be linked to the abundant production of nectar by the flowers.

Chest:

It was interesting to note that the trunks of these trees are a popular site for barbets and woodpeckers that form nests by pecking out a hollow in the bark. This has been portrayed in the proving by provers who complain of stabbing pains in their heart/chest region.

Back :

There were a number of back complaints that arose during the proving, these included formication and itching which could be seen to relate to the hooked prickles which one finds on the trunks and branches of *E. lysistemon*. The back can be symbolic of the trunk which gives structure and support to the rest of the

tree similar to the human spine. The rigid woody nature of the trunk of *E. lysistemon* also relates to the back stiffness experienced by the provers.

Extremities:

The provers extremities were greatly affected. Looking at the tree it appears to consist of many long limbs/branches which support its spreading crown. Anthroposophically the branches of a plant represent the limbs of a human and thus it is not surprising to find that the extremities were affected to such an extent. Dryness was again a feature which could be seen to relate to the fact that *E. lysistemon* is a drought tolerant tree which thrives in dry winters. The provers also noted contraction and stiffness of extremities which again relates to the rigid structure of the tree as the woody branches are very stiff and inflexible and thus seem to produce the same state in the provers.

There were also a number of eruptions which were noted, and this is interesting as one of the traditional uses of the bark is as an antibacterial, anti-inflammatory and analgesic. The itching sensation experienced again could relate to the small hooked prickles found on the branches.

Chill:

There was a definite sensitivity to the cold as the provers experienced chills at night and in addition to the chills they experienced fluctuating fevers. This relates

to the sensitivity of *E. lysistemon* to the cold as it grows best in frost free gardens.

Skin:

Many provers developed skin symptoms whilst proving *Erythrina lysistemon*. One of the most interesting symptoms was that of a sensation of there being something alive under the skin. This correlates to the fact that there is a burrowing insect which enters at the tip of *E. lysistemon's* branches and burrows under its bark. Provers also experienced dryness and small eruptions i.e. pimples which relate to the optimum habitat conditions and small hook prickles respectively. There was also a redness of the skin which can be indicative of the brilliant red flowers and seeds of the tree.

Generals:

The fact the *E. lysistemon* grows best in dry winters and is drought tolerant was carried through into the proving and could be seen in the dryness of the skin and the dry sensation experienced by the provers.

The rigid structure of *E. lysistemon* was also represented by the general theme of stiffness and rigidity/tension experienced by the provers and the resultant desire for physical activity.

There was also a general theme of heaviness which could be related to the manner in which the large seed pods hang off the plant. The vast number of skin complaints i.e. eruptions and redness could be seen to be symbolic of the hooked prickles found on the bark and the redness of the flowers and seeds respectively. The increased thirst for water could also relate to the occasional deep watering that *E. lysistemon* requires.

CHAPTER SIX:

CONCLUSION AND RECOMMENDATIONS:

On evaluation of the research and the comparatives to the common signs and symptoms that the researchers gathered it can be concluded that this remedy can be effectively used in the future treatment of patients. The main aims of this research were to evaluate a new remedy in the context of:

- the doctrine of signatures;
- its future use in the materia medica; and
- the evaluation on the proving design.

In light of the above the following can be concluded:

- The Doctrine of signatures proved to be a helpful tool in contextualizing the symptoms. It enabled a picture to be drawn of the remedy according to the original source and how it relates to its uses in the human body. This Doctrine has been used in provings many times over and, being the main theme of this research, allowed a picture to be drawn up of the remedy. This information will no doubt add to future materia medicas. It is noted however that there is an element of subjectivity in this method of evaluation, as the researcher can manipulate data according to their own perception of the results;

- the Materia Medica is constantly being updated and evaluated as new and more refined remedies are added to it. This offers a greater source of remedies for Homoeopaths to use which facilitates better patient care. This remedy and its potential uses have been highlighted in this study and it is the researchers hope that it will be effectively used in the future; and
- this proving type and design being a triple blind study had not been done before at DUT and it proved to be a challenge to the researcher. Provings in general in the Homoeopathic sense have never been very scientific in their approach. It was hoped that this type of design could help to shed a more scientific light on the layout of provings for the future.

Recommendations:

1. it is recommended that the provers should consist of homoeopathic students and not those of the general public. Initially it would be assumed that a wider range of people would provide a greater set of symptoms. This is not the case as the majority of people are not very aware of the functioning of their bodies, and therefore the evaluations of their symptoms were very vague and generalized. This would not be the case if all the provers were homoeopaths/ student homoeopaths. It is recommended then that this proving be done over at a future date to further refine the symptoms in this research.

2. future research designs should consist of a certain number of set questions that have to be answered on a daily basis by all provers so that comparatives can be more easily drawn up.

3. It would be beneficial to prove the substance using different potencies, to not only determine subtle differences but also to refine the materia medica more completely.

4. A comparative study can be done between this study and other similar remedies in the genus.

5. It is recommended that cases be published of the successful use of this remedy in treating patients, this should confirm the materia medica noted in this proving.

Sources of reference:

Campbell,A.1994.Proving potencies-letter to the editor.The British Homoeopathic journal. 83:248.

Demarque, D. 1987. *The Development of Proving Methods since Hahnemann.* The British Homoeopathic Journal, 76:71-75.

Fuller Royal, F. 1991. *Proving Homoeopathic medicines*. The British Homoeopathic journal, 80:122-124.

Gaier, H.C. 1992. *Thorson's encyclopaedic dictionary of homoeopathy: The definitive reference to all aspects of homoeopathy*. London: Thorson's. 601p.

Hahnemann,S.1997.Organon of the Medicinal Art.6th ed.Edited and annotated by Wenda Brewster O'reilly.Birdcage Books.Washington.407p.ISBN1-889613-01-0.

Hahnemann,S.1998.Organon of Medicine.Sixth edition.New Delhi:B.Jain Publishers.187p.ISBN 81-7021-085-2.

Hopkins, C.R. 2003. Homoeopharmaceutical notes (Unpublished handout) Durban Institute of technology. Durban

International council for Classical Homoeopathy (1999). *Recommended Guidelines for Good Provings*. Homoeopathic link 12:33-36.

Jouanny,J.1984.The Essentials of Homoeopathic Therapeutics.France: Editions Boiron.417p.ISBN 2-85742-014-5.

Kerschbaumer, W. 2004. *A Homoeopathic proving of the whole plant of the indigenous South African herb Harpagophytum Procumbens.* Mtech:Hom. Dissertation, Durban Institute of Technology, Durban

Koppers,A.1987.Testing Drugs.Personal Experiences.The British Homoeopathic Journal.76:81-84.

Lockie, A. and Geddes, N. 1995. *The complete guide to Homoeopathy.* Halfway House. Southern Book Publishers.

Low, L. 2002. *An evaluation of the homoeopathic drug proving of Sutherlandia Frutescens in the light of a doctrine of signatures analysis*. MTech Homoeopathy, Durban Institute of Technology.

Murphy,R.1988.Fundamentals of Materia Medica. 548p.

O'Reilly, W.B. 1996. Organon of the medical art by Dr. Samuel Hahnemann. 6th Edition. United States. Birdcage books.

Pujol, J. 1990. *The Herbalist Handbook-African flora medicinal plants.* Naturafica. 196p. ISBN 0-520 1514BX

Reaside, J.R (1972). *Fifteen years of proving in London*. The British Homoeopathic Journal, 51:203-205.

Riley, D.S. 1997. *Homoeopathic Drug proving – Principles and practice.* HomInt Research and development newsletter, 1:3-14.

Schroyens.F;2004. *Synthesis Repertorium Homoeopathicum Syntheticum,edition 8.1*, Homoeopathic Book Publishers,London.ISBN 1-902575-20-2

Sherr, J. 1994. *The dynamics and methodologies of Homoeopathic provings*. 2nd Edition. Malvern dynamics books.

Smal.L and Taylor. L. (2004). *An evaluation of the Homoeopathic drug proving of Naja Mossambica in the light of a Doctrine of Signatures analyses and a comparison between the proving symptoms and the venom toxicology.*

Swayne, J. 2000. *International dictionary of Homoeopathy*. London: Churchill Livingstone.

Thomson, B. 2003. *A Homoeopathic drug proving of the venom of Bitis gabonica gabonica*. Mtech: Hom. Dissertation, Durban Institute of technology, Durban.

Van Wyk, B-E, Van Oudtshoorn, B. & Gericke, N. 1997. *Medicinal plants of South Africa.* Briza Publications, Pretoria.

Vitoulkas, G. 1981 *The science of Homoeopathy*. London: Thorsons. 331p. ISBN 0722513100.

Vitoulkas,G.1986.The Science of Homoeopathy.London:Thorsons.331p.ISBN 0 7225 1310 0.

Walach, H. 1994. Editorial: *Provings: The method and the future.* The British Homoeopathic Journal, 83:129-131.

Webster, H. 2002. *A Homoeopathic drug proving of Sutherlandia Frutescens.* Mtech:Hom.Dissertation,Durban Institute of Technology, Durban.

Wieland,F.1997.Good Homoeopathic Provings.The British Homoeopathic Journal.86:229-234.

Wikipedia. *The Free Encyclopedia*. (2004). Randomised control trial.en.wikipedia.org/wiki/Randomised_controlled_trial.

Wright, C. 1999. *A Homoeopathic drug proving of the venom of Bitis arietans.*

Suitability for Inclusion in the Proving*

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

Surname: _____

First Names: _____

Age: _____ **Sex:** | **M** | **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?
  - Chemical / allopathic **YES** | **NO**
  - Homoeopathic **YES** | **NO**
  - Other **YES** | **NO**
- 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:
  - Two measures of alcohol per day? **YES** | **NO**
    (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**

<u>Additional notes</u>:

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: ____

Name: _____ **Sex:** M F

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

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

1. Past Medical History:

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

_____

_____

_____

_____

_____

_____

_____

_____

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

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

2. Surgical History:

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

_____

_____

_____

_____

_____

_____

3. Family History:

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

Cardiovascular disease	☐	*incl.hypertension, heart disease, etc.*
Cerebrovascular disease	☐	*incl. stroke, transient ischaemic attacks, etc.*
Diabetes mellitus	☐	
Tuberculosis	☐	
Mental illness	☐	*incl. depression, schizophrenia, suicide, etc.*
Cancer	☐	
Epilepsy	☐	
Bleeding disorders	☐	

Please list any other medical conditions within your family:

♂		♂ ♂	
		♂ ♀	
♀		♂ ♀	
		♀ ♀	

4. Background Personal History:

Allergies:

Vaccinations:

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

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

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

1	2	3	4	5	6	7	8	9	10

Sleep:

Quantity:
Quality:
Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

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

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:
Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

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

8. The Physical Examination:

a) Physical Description

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

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]*

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

Specific System Examinations			
Consultation Date:		**Signature:**	

Post-proving Case History Sheet

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

PROVER NUMBER:	

Name: _____ **Sex:** M F

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

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

1. 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:

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

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	☐	Oedema	☐
Anaemia	☐	Lymphadenopathy	☐
Cyanosis	☐	Hydration	☐
Clubbing	☐		

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

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

- **MIND / MOOD**
- **HEAD**
- **EYES / VISION**
- **EARS / HEARING**
- **NOSE**
- **BACK**
- **CHEST 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 be making a notion according to the following key in brackets next to each entry:

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

(NS) – New symptom

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

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

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

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

The person who is proving the medicine must be pre-eminently trust-worthy 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 Provings (2nd Edition,) 1994*

✂----------

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: _____

Appendix E

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. I 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.]

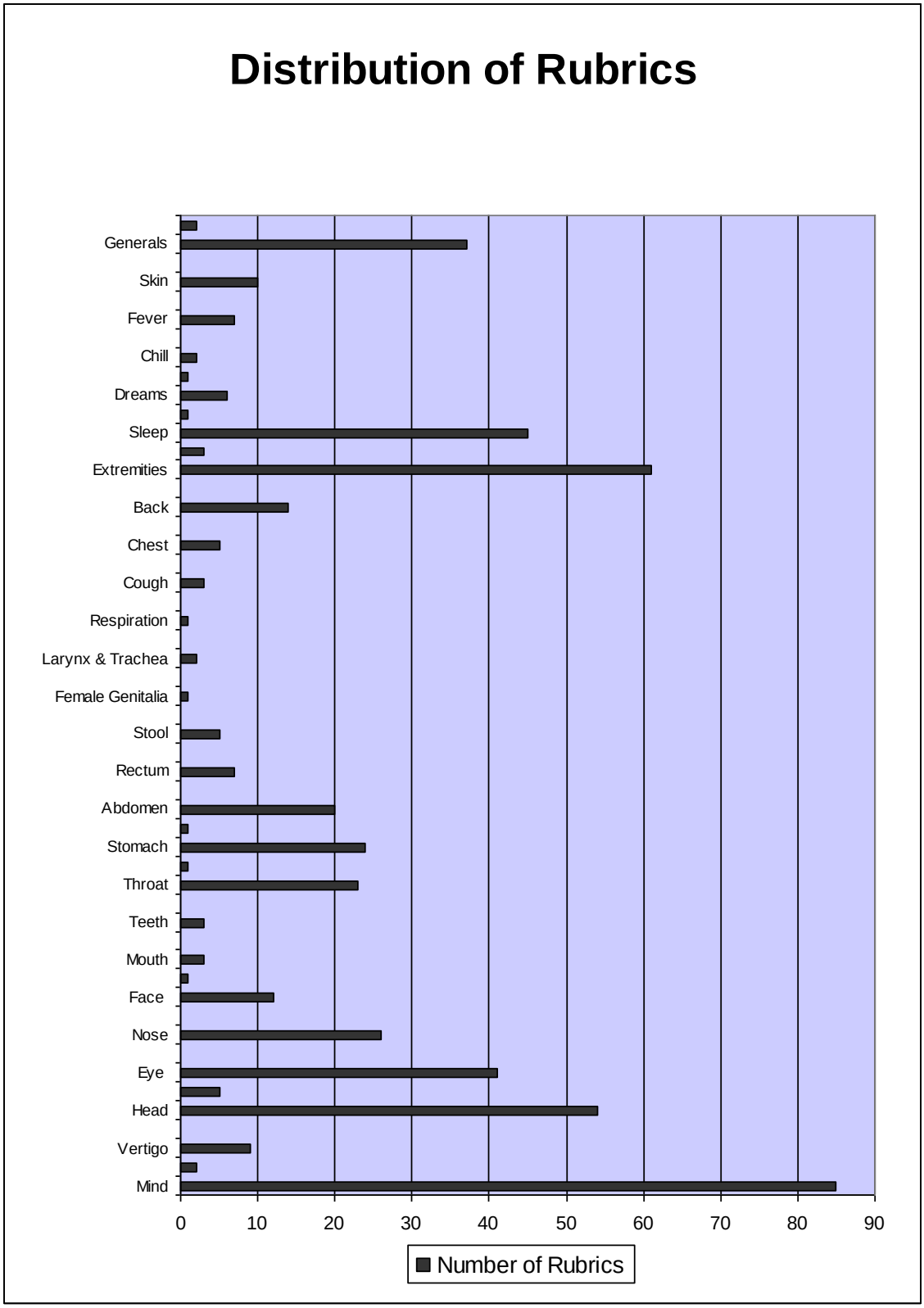
a) *[italics]* indicates portions of the methods which are not applicable to the preparation of *Erythrina lysistemon* 30CH*.*

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


Distribution of Rubrics
Generals
Skin
Fever
Chill
Dreams
Sleep
Extremities
Back
Chest
Cough
Respiration
Larynx & Trachea
Female Genitalia
Stool
Rectum
Abdomen
Stomach
Throat
Teeth
Mouth
Face
Nose
Eye
Head
Vertigo
Mind
0
10
20
30
40
50
60
70
80
90
Number of Rubrics

DIFFERENTIAL REMEDIES
(i) ALL

Homoeopathic Day Clinic (31013)
untitled
This analysis contains 675 remedies and 8 symptoms.
Intensity is not considered

		ars.	rhus-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	16	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

Homoeopathic Day Clinic (31013)
untitled
This analysis contains 22 remedies and 11 symptoms.
Intensity is not considered

		phys.	bapt.	cyt-l.	indg.	meli.	alf.	arag.	astra-m.	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	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	1
10. KINGDOMS - PLANTS other families (with all subrubrics)	1a	1	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	1