

A homoeopathic drug proving of the Ivory of the male African elephant (*Loxodonta africana*) with a subsequent comparison to the Doctrine of Signatures.

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

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To my parents, for their love and support.

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ABSTRACT

Introduction

A proving of ivory from the male African elephant (*Loxodonta africana*) 30CH was conducted. The proving symptoms were then analysed according to the doctrine of signatures, and compared to the proving symptoms of *Lac Loxodonta africana*.

Aims and Objectives of the study

The aim of this study was to identify the effects of ivory from male African elephant (*Loxodonta africana*) in a 30CH dilution, on healthy provers, and to record the clearly observable signs and symptoms produced by the provers, so as to determine the material medica of the proven substance.

The objective of the study was to analyze the symptoms obtained from the proving according to the doctrine of signatures, and to establish any correlation that may exist between the homoeopathic drug picture produced and this doctrine.

Methodology

The remedy was derived from the tusk of a male african elephant (*Loxodonta africana*) and was prepared in accordance to the German Homeopathic Pharmacopoeia (Drishien, 2003:36-38). The remedy was dispensed in the form of six lactose powders.

The research was conducted as a randomised, double blind placebo controlled study. A group of provers (26) that were carefully selected from the general public (Appendix A) were divided into two groups. Recruitment commenced by obtaining suitable provers through speaking to fellow homoeopathic students, as

well as members of the general public. The researchers conducted interviews with potential provers, excluding those that did not meet the inclusion criteria (Appendix A). The provers were randomly divided into two groups, and instructed to begin recording in their journals a week before starting the remedy, and a week after taking the remedy. The provers continued to record all symptoms until the symptoms abated and continued recording after this time for another two weeks. Once the proving had been completed another full case history and physical exam was performed.

Results

After the results were collaborated the proving symptoms were then analysed according to the doctrine of signatures.

The results of this proving indicated that *Loxodonta africana* has the potential to be a valuable remedy in homoeopathic practice. Proving signs and symptoms revealed that the remedy could be indicated for mental and emotional conditions as well as a variety of physical diseases.

The results of this research confirmed the hypothesis that the proving of *Loxodonta africana* 30CH would produce clear observable signs and symptoms when administered to healthy individuals. The results of this research also confirmed the second hypothesis that a comparison would exist between the proving symptoms and a doctrine of signatures analysis.

Conclusion

Thus the proving of *Loxodonta africana* and the subsequent comparison to the doctrine of signatures has the potential to become a well utilised homoeopathic remedy.

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DEFINITION OF TERMS

Avogadro's Number

Avogadro's number is the constant number of molecules (atoms, ions, electrons) in a mole of any substance. Avogadro's number has a value of $6.02252 \times 10^{23} \text{mol}^{-1}$. Mole is the amount of substance that contains as many atoms as there are atoms in 12g of ^{12}C , the most abundant isotope of carbon. The Avogadro limit is reached at 12CH or 23DH and in dynamizations higher than these not a single molecule of the original base substance or mother tincture is expected to remain (Gaier, 1991:47).

Centesimal Potency

Centesimal potency is a dilution in the proportion of one part in one hundred (Swayne, 2000:36). The sequential addition of one part of the stock or of the previous potency to ninety nine parts of the dilution. The number of these serial dilutions, performed with succussion, defines the centesimal potency. The centesimal potency is designated by a number with a letter CH following it (Swayne, 2000:36). The most widely known and used potency scale, originally developed by Hahnemann (Yasgur, 1997:44).

Dilution

Dilution is the act of reducing the concentration of a solution or a non-fluid mixture, or resultant solution or non-fluid mixture, proper (Gaier, 1991:128).

Doctrine of Signatures

The doctrine of signatures was first profounded by Paracelsus in which he refers to the idea that plant shapes resembling the human organs or body structures should be regarded as healing agents for those body parts. E.g. if the shape of the plant resembles a heart, this plant should be used for heart complaints (Pujol, 1990:24). The doctrine of signatures draws symbolic parallels and correspondences between nature and disease processes. This is a doctrine which attributes therapeutic properties to plants on the basis of some

correspondence between their characteristics (e.g. form, colour) and the characteristics of the disease or the afflicted organ (Swayne, 2000:192).

Law of Similars (Similia Principle)

The law of similars refers to the fundamental principle of homoeopathy, which states that substances may be used to treat disorders whose manifestations are similar to those which they will themselves induce in a healthy subject. The law of similars is expressed as “*Similia Similibus Curentur*” (let like be cured by like) (Swayne, 2000:193).

Materia Medica

In homoeopathy the materia medica describes the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and the modifying factors (modalities), and general characteristics of the patient associated with them, derived from the toxicology, homoeopathic provings and clinical experience of their use (Swayne, 2000:133).

Miasm

A miasm is a condition which may be acquired or inherited. An underlying chronic or recurrent disease state (Gaier, 1991:342).

Pharmacopoeia

A pharmacopoeia is an authoritative reference work containing monographs of medicines and other therapeutic agents, specifications for sources of, and standards for the strength and purity of, base substances and mother tinctures, formulae and methods of preparation of these substances and their derivative potencies, as well as descriptions of processes for the testing of starting materials (Gaier, 1991:398).

Placebo

In homoeopathic practice, placebo refers to the non-medicated substance, that is relatively inert pharmacodynamically, sometimes administered to contrast the effects of a relative non-medication in controlled experiments with those of medication in two comparable groups of patients (Gaier, 1991:183).

Potency

The stage of altered remedial activity to which a drug has been taken by means of a measured process of deconcentration, with succession, or by trituration, of the medicinal substance, which is thus brought to a state of diminutive or infinitesimal subdivision (Gaier, 1991:432).

Potentisation (Dynamization)

Potentization is a physical process through which latent curative powers of medicines are aroused into activity, though these may have been inevident in their crude states, or imparting the pharmacological message of the original substance (i.e. creating a template of the active principle) by means of trituration or succussion (Gaier; 1991:143).

Prover

A prover is a volunteer, 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, 2000:174).

Proving

Proving is a transliteration of the German word “prüfung” meaning test or assay (Gaier, 1991:390). A proving is the process of determining the medicinal/curative properties of a substance. This process involves the administration of substances either in crude form or in potency to healthy subjects in order to observe and record symptoms. A proving is a test of the action of a drug upon the healthy body, and a record of the unusual symptoms produced and or

alternatives from the normal health experienced by taking the substance (Yasgur, 1997:201).

Repertory

A repertory is a source used in case analysis to identify the medicine indicated for the patient. This process is called repertorisation. A repertory is a systemic 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).

Succussion (Dynamisation)

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

Trituration

Trituration is the reduction of a substance to a minute state or division by means of long, continued rubbing or grinding. Trituration is a method of remedy preparation by which the finely powdered, medicinal substance (usually insoluble in water or alcohol) is ground with a pestle in a mortar with a certain proportion of lactose. In this process there is a progressive division and diminution of the medicinal substance (Yasgur, 1997:266).

CHAPTER ONE

1.1.1 Introduction

Paracelsus states that “There is no illness for which a remedy has not been created and established to drive it away and cure it” (Sherr, 1994:3). The multitude of substances existing on this planet seems to replicate many varieties of human illness and disease. If we hope to utilize this healing potential a vast number of remedy provings will have to be done (Sherr, 1994:3).

At present there are literally hundreds of remedies whose characteristics have been fully delineated through carefully conducted provings and thousands more which have at least been partially proven. Nevertheless, as homoeopathy continues to advance, it is necessary to perform provings on new remedies so that the therapeutic armamentarium can be further expanded (Vithoulkas, 1986:143).

Homoeopathy is based on the principle of ‘like cures like’ (*similia similibus curentur*) where that which causes a certain symptom picture when administered in minute doses to a healthy individual will also cure the same morbidic symptoms present in a diseased person (O’Reilly, 1996:5). Thus homoeopathic provings play an essential part in homoeopathy in order to establish the effects that certain substances have on the healthy individual in terms of the law of similars. These substances can cure similar symptoms that present in the diseased individual.

Hahnemann was the first to formalize the process of scientific experiments of medical substances as a basis for prescribing these substances. For the first time in the history of medicine, a doctor conceived the idea of testing medicines on himself so that he could observe their properties in detail. Hahnemann proved more than a hundred remedies on himself and later, under his supervision, his

pupils experimented with a large number of substances noting their effects (De Schepper, 2001:32).

Currently there are many new substances that are being proven, and according to Sherr (1994:9) there is a certain standard that must be adhered to in order for these provings to be valid. Sherr (1994:7) states that without accurate provings all prescribing indications are bound to be vague guesses at best. A good, thorough proving is not due to the selection of the substance but the quality of the proving.

1.1.2 Why a Proving of *Loxodonta africana*?

South Africa has a vast number of different indigenous flora and fauna providing a great variety of natural healing potential. A proving of *Loxodonta africana* would be advantageous, as it would utilize this healing potential for the well being of all South Africans. Locally acquired medicinal substances to Africa are considered useful as these are obtainable to the patient, allowing nature to provide an accessible cure (Sherr, 1994:49).

Loxodonta africana was chosen as there are very few animal remedies indigenous to South Africa that have been proven. This particular animal was chosen as it is one of the largest and most majestic land mammals in the world. It is part of the South Africa's famous "big five" and has become a significant part of African history.

1.1.3 Aims and Objectives of the Study

The aim of this study was to identify the effects of ivory from the male African Elephant (*Loxodonta africana*) in a 30CH dilution on healthy individuals. This remedy was administered to healthy provers who recorded clearly observable signs and symptoms produced by the remedy, so as to create a homoeopathic

remedy picture. This remedy will then be able to be utilized by homoeopaths to cure patients presenting with similar symptoms to those that were recorded by the provers.

The objective of this study was to analyze the symptoms obtained from the proving according to the doctrine of signatures, and to establish any correlation that may exist between the homoeopathic drug picture and this doctrine. This doctrine draws a comparison between the substance characteristics and human organs, structures, tissues and body fluids. Paracelus refers to the idea that the shape of the substance resembling human organs or structures should be regarded as healing agents for those body structures (Pujol, 1990:24).

1.1.4 The Benefits of the Study

With the development of homoeopathy it is necessary to identify new remedies, and thus perform provings, so that the existing materia medica can be further expanded (Sherr, 1994:10). In homoeopathy a vast amount of information is available from the provings about each of the major homoeopathic remedies and its effects, not only on all the tissues, organs and functions of the body, but even on the mind, the emotions and the energy level (De Schepper, 2001:33).

There is no other way to predict the effect of any substance as a remedy with the same accuracy of that obtained in a proving (Sherr, 1994:7). Since the same remedies have been used for two centuries, information about the curative effects of the remedies have been confirmed from clinical experience (De Schepper, 2001:33). Provings are thus the best way to accurately predict the effects of substances as homoeopathic remedies and are vital to the development of the knowledge of homoeopathic remedies, and expansion of the materia medica.

The analysis of the proving symptoms according to the doctrine of signatures will also expand our knowledge of the substance as a homoeopathic remedy. This doctrine draws a comparison between the substance characteristics and human organs, and thus helps us to further understand the homoeopathic remedy in relation to the source of the remedy. Homoeopaths will benefit by looking at the appearance, function, growth and other characteristics of the particular substance and adapt that knowledge to prescribe it in correlation to the human condition (Low, 2002:3). Thus the remedy *Loxodonta africana* will add to the pool of knowledge relating to proving methodology and influences of source materials.

The remedy *Loxodonta africana* will add to the existing remedy picture that we have of Nancy Herrick's proving using the milk of a female African elephant. (*Loxodonta africana*). Although we assume the proving of ivory will have some similar symptoms to that of the proving of the milk, we also assume there will be significant differences between the proving of the milk and ivory. Not only is the proving of the male African elephant being done on a different gender of the species, but a different source material (ivory instead of milk) is also being used. The sample for this proving will be obtained from a wild elephant, whereas the milk in Herricks proving was taken from an elephant in captivity (Herrick, 1998:55). De Schepper (2001:36) stated that remedy substances needed to be collected in the wild as zoo-raised animals could not be expected to produce the same potent chemicals. Thus this may also create differences in the two provings. The proving of ivory as well as milk from the same species of animal will create a more complete understanding of the existing proving of *Loxodonta africana*.

At the moment South African homoeopaths still rely heavily on Europe and the United States as sources for crude drugs, as is evidenced by consulting any pharmaceutical company's catalogue. It would be advantageous if, in future, South African homoeopaths could rely on indigenous substances as sources of homoeopathic remedies (Louw, 2002:2).

1.1.5 The Delimitations

The study did not:

- seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in the healthy individuals;
- determine the effects of potencies of *Loxodonta africana* other than the thirtieth centesimal potency;
- seek to perform multicentre trials of the drug.

(Wright, 1999:3)

1.1.6 The Assumptions

- The remedy used in this study was prepared only according to method 6 of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:36) and method 8a of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:38), and was not prepared using any other methodologies.
- The results obtained are a consequence of the provers taking the remedy in the dosage, frequency and manner directed, and in no other dosage, frequency or manner.
- The provers did not deviate from their normal lifestyle, including dietary habits, in any significant manner immediately prior to or for the duration of the proving.

(Wright, 1999:4)

CHAPTER TWO

Review of the Related Literature

2.1 Provings

2.1.1 Introduction

The fundamental theoretical basis for the proving of drugs on healthy persons was initiated originally by Samuel Hahnemann as described by Vithoukas in Chapter 6 of *The Science of Homoeopathy* (Vithoukas, 1986:144).

In Aphorism 21, Hahnemann describes the basic principle:

“Now, as it is undeniable that the curative principle in medicines is not in itself perceptible, and as in pure experiments with medicines conducted by the most accurate observers, nothing can be observed that can constitute them medicines or remedies except that power of causing distinct alterations in the state of health of the human body, and particularly in that of the healthy individual, and of exciting in him various definite morbid symptoms; so it follows that when medicines act as remedies, they can only bring their curative property into play by means of this their power of altering man’s state of health by the production of peculiar symptoms; and that therefore, we have only to rely on the morbid phenomena which the medicines produce in the healthy body as the sole possible revelation of their in-dwelling curative power, in order to learn what disease-curing power, each individual medicine possesses” (O’Reilly, 1996:72).

The importance of provings is highlighted in Hahnemann’s writings in which one can see that he clearly regarded the technique of provings as his most unique, important and valuable contribution to medical science. Samuel Hahnemann states in aphorism 108 (O’Reilly, 1996:144): *“There is no other possible way to*

unerringly experience the peculiar actions of medicines upon the human condition – there is no single, surer, more natural arrangement for this intent than to administer each single medicine experimentally, in a moderate amount to healthy persons to learn what alterations, signs and symptoms of its impinging action each medicine particularly brings forth in the condition of the body and soul, what disease elements each medicine is able to and tends to arouse” (O’Reilly, 1996:144).

Taking part in a proving opens a gateway to a more direct experiential side of homoeopathy (Sherr, 1994:10), and the proving of remedies is a great undertaking, for we never know what we will find. It demands the keenest observation of symptoms produced and requires careful weighing of their relative value (De Schepper, 2001:34).

2.1.2 Historical Perspectives of Provings and the Law of Similars

Hippocrates (460-350 B.C.) who is generally regarded as the “Father of Medicine” wrote *“By similar things a disease is produced and through the application of the like, it is cured.”* Greek Philosopher Aristotle (384-322 B.C.) also recognized the fundamental principle of homoeopathy and wrote *“Often the simile acts upon the simile”* (Cook, 1989:1).

During the 15th and 16th centuries, when medicine was developing as a scientific study, the Swiss physician and medical Reformer Theophrastus Bombastus von Hohenheim (1493-1541) stated that “sames must be cured by sames.” He also believed that every diseased organ had its corresponding remedy in nature although his reasoning lacked a precise scientific approach (Cook, 1989:2).

Samuel Hahnemann was the founder of modern system of homoeopathic treatment (De Schepper, 2001:32) and discovered the importance of provings when he took a crude dose of *Cinchona officinalis*. Hahnemann disagreed with

Cullen about the action of *Cinchona officinalis* upon the stomach, and resolved to take a little of the powdered bark himself in order to test the validity of a theory that this substance could be used against malaria. He observed its effects closely, and to his astonishment he began to manifest symptoms broadly similar to malaria itself. These symptoms increased as he repeated the dose, and subsided once he discontinued the dose. Hence he discovered that the drug *Cinchona officinalis*, when taken by a healthy person induced symptoms similar to malaria, which was the disease the drug was used to cure (Cook, 1989:6). This first proving was followed in quick succession by many more and increasingly included his co-workers. As cited by Cook, the results of these provings were published in Hahnemann's *Materia Medica Pura* (Cook, 1989:11).

After a decline in homoeopathy in the 1930's (Cook, 1989:19) a renewed interest in homoeopathy began in the 1960's. In the early 1980's it was evident that not many provings were being undertaken, and the provings that were being undertaken yielded few symptoms (Sherr, 1994:41). Jeremy Sherr (1994:41) came to the conclusion that in most cases this was due to methodology. It appeared that symptoms were produced but that due to poor supervision these symptoms had passed unnoticed (Sherr, 1994:41).

In 1980, Vithoulkas published *The Science of Homoeopathy*, in which he elaborated on the proving process by devoting a whole chapter on the subject. He however, suggested such rigorous and strict controls to be followed when conducting a proving that if one were to follow this idealistic method, a proving would be most impractical and exorbitantly expensive to conduct (Smal, 2004:10).

Sherr has made some profound developments in terms of proving methodology. Recently Sherr has conducted complete Hahnemannian provings of *Androctonus Amoreuxii Hebraeus* (Scorpion), *Hydrogenium* (Hydrogen), Chocolate, *Brassica Napus* (rape weed), *Germanium metallicum* (Germanium), Neon and *Adamas*

(diamond). These provings have provided homoeopaths with an opportunity to expand their knowledge and understanding of provings, and thus Sherr has raised the bar in terms of the quality of provings (Sherr, 1994:5). An important innovation in his work is his calling attention to unconscious dynamics by acknowledging that the placebo effect upon participating provers closely duplicates the effect of the actual proving substance (Sherr, 1994:4).

Sherr (1994:41) offers guidelines to a full proving that is organized, accurate, and thorough, and thus the researchers have primarily used his proving methodologies. Such provings can be incorporated into materia medicas and repertories and used by homoeopaths with confidence (Sherr, 1994:41).

2.1.3 The Doctrine of Signatures

The doctrine of signatures is an old tradition, or a part of many traditions, which suggests that plants, as well as animals and minerals, and perhaps even phenomena have clues or 'signatures' in their shapes, forms, actions and things that tell what their purposes are (Apollonios, 1998). This doctrine rests on the belief that all living things are interconnected by an energetic force, called the vital force (Apollonios, 1998).

The doctrine states that the appearance, habitat, odour, colour, behaviour and uses of a substance, whether animal, mineral or vegetable, will give an indication of the symptoms, diseases and type of person for which it is remedial. For example, *Arnica montana* grows in the furrows of mountains where water collects and plants rot, and is useful for clearing pus and reducing oedematous swellings around bruises and injuries after a fall. Plants which love sunshine and dry conditions, like *Calendula officinalis* and *Hypericum perforatum* (St. John's wort) tend to be warming, drying and cheering as remedies (Apollonios, 1998). The holes in the leaves of *Hypericum perforatum* (St. John's wort) indicate that this herb helps all inner and outer orifices of the skin. The blooms rot in the form of

blood, a sign that it is good for wounds and should be used where flesh has to be treated" (Griggs, 1981:50).

Prior to Hahnemann, knowledge of the specific and general effects of medicinal compounds on health was very poorly understood. The effect of the medicine was often based on the shape, colour, taste and texture of the material, before being used medicinally. This was often referred to as the 'doctrine of correspondences' or the 'doctrine of signatures.' The doctrine of signatures was a system which assumed that the 'Almighty' had inscribed in the plants of the earth secret signs and features whereby their medicinal virtues could be ascertained by man. Examples include yellow flowering plants for liver complaints, and red and peppery herbs for fevers and haemorrhages (Morrell, 2000).

Paracelsus, a physician and alchemist in the sixteenth century was a famous proponent of the doctrine of signatures. He, like others of his time, believed that the microcosm (man) was a reflection of the macrocosm (the universe): as above, so below; as without, so within. This meant that each person was a reflection of everything external including the stars and the planets. Any imbalance in man (manifesting as disease symptoms) would have to be corrected by a substance or element in nature, balancing the universe within the man (Apollonios, 1998). Paracelsus also refers to the idea that the shape of the substance resembling human organs or structures should be regarded as healing agents for those body structures (Morrell, 2000).

When it comes to homoeopathy, the doctrine of signatures is a subject viewed by some as controversial and 'unscientific.' Yet a surprising number of herbal 'guesses' were apparently confirmed by the provings. Examples include *Chelidonium majus* (Yellow Poppy) for liver complaints, *Euphrasia officinalis* (Eyebright) for eye complaints and *Pulmonaria stricta* (Lungwort) for bronchitis.

Presumably these properties were originally discovered from their clinical use rather than from 'signatures' (Morrell, 2000).

2.1.4 Proving Methodologies

This study used subjects who had been exposed to homoeopathy and subjects who had no previous experience with homoeopathy. This was recommended by the International Council of Classical Homoeopathy (1999) and Walach (1997).

In recent provings it has been noted that homoeopathic students produced a far broader range of symptoms and were more inclined to describe symptoms in greater detail. Most provers from the general public on the other hand produced symptoms that were incomplete and vague (Pistorius, 2006:277).

Sherr (1994:53) has recommended a maximum of six doses of the remedy to be given to the provers over a period of two days. If any symptom occurs then no further doses should be taken. If nothing has happened after two days no further doses should be taken as provers might not notice the changes and therefore repeat the remedy. The best time to take the remedy is away from meals and brushing teeth to avoid strong odours (particularly aromatic odours such as onions, garlic, peppermint, eucalyptus and camphor) that may deactivate the remedy (Vithoukias, 1986:262-263).

It has been recommended by Dr. Samuel Hahnemann (6th edition of the Organon) that the 30CH potency should be used when conducting a proving. This potency level is said to produce the most profound symptoms on all levels within the human individual (O'Reilly, 1996:154).

When administering the remedy in 30CH potency the proving symptoms are not induced by the physical substance, but by the therapeutic power of that substance. This therapeutic power is preserved within the potentised remedy,

meaning that none of the physical crude substance remains in the dispensing potency (Vithoukcas: 1986:103). Thus only temporary artificial disease signs and symptoms are created. Provers will cease taking the remedy as soon as the first symptoms are experienced.

It is said according to O'Reilly (1996:158), that all new symptoms experienced by provers, thus altering their normal state should be attributed to the remedy. Therefore the artificial disease signs and symptoms created will be terminated subsequent to discontinued administration of the remedy.

2.1.5 Ethical Considerations

Strict confidentiality of the proving substance was maintained throughout the proving to prevent any influence that the identity of the substance may have on provers (Sherr, 1994:36). However, the right to administer a substance that is expected to produce disease signs and symptoms to a healthy individual, especially when these individuals are not aware of what the substance is, may be ethically questionable (Hopkins, 2005).

The remedy used in this study was manufactured by means of dilution and succussion to the point where none of the physical substance remained. The remedy was triturated up to the third potency and thereafter it was dissolved in an alcohol water solution. One drop of the succussed dilution was then diluted into 99 drops of fresh solvent. This was then succussed again, and then diluted as before. This process can be carried out indefinitely, always increasing the therapeutic power while nullifying the toxic properties of the substance (Vithoukcas, 1980:103). Thus the symptoms induced in provers were characteristic and functional, yet subtle and transient (Vithoukcas, 1980:146).

The prover was made to sign a consent form which indicated that he or she understood the fact that the artificial symptoms created by the proving substance may be uncomfortable and that the prover was allowed to withdraw from the

proving at any stage. The researchers had close telephonic contact with the provers especially at the initial stages of taking the remedy.

The remedy (*Loxodonta africana*) diluted and succussed until the thirtieth dilution was reached. This is known as 30CH. However once the 12CH potency has been reached it is said that none of the original substance remains. The limit of how many serial dilutions can be made without losing the original substance is known as Avogadro's number. Thus any potency beyond 12CH has virtually no chance of containing even one molecule of the original substance (Vithoulkas, 1980:102). Further more the crude substance used to produce the remedy *Loxodonta africana* is a relatively inert substance, even in its crude form.

Prejudice was given to those whose first language was English or to those that were fluent in English because of the importance of obtaining a clear description of the effects of the remedy and thus ensuring the validity of all symptoms (Naude, 2006).

Since Ivory trade has been banned since 1989 it would have been ethically questionable for the researchers to buy the crude substance (elephant ivory). Thus a very small amount of ivory was donated for the purposes of this study (Ronaldson, 2005). Due to the nature of the preparation of a homoeopathic remedy only minute quantities were required to produce a life time supply of the remedy. Consequently, the manufacture of this remedy has no significant impact on possible over exploitation or illegal trade in ivory (Ronaldson, 2005).

2.1.6 Introduction of Blinding and Placebo Measures

Even though in the past most provers knew the proving substance, today most homoeopathic provings are run on a double-blind basis (Sherr, 1994:35). The double blind method is where the provers are unaware of the proving substance that is given and this serves as a protection against biased data.

Furthermore, when conducting a proving, placebos are used to eliminate the influence of external factors in order to create a more reliable homoeopathic drug picture. This control is used to test the effectiveness of the homoeopathic provings themselves (Sherr, 1994:36). Placebos can be problematic however, as many individuals (especially anxious or hysterical persons) taking placebo generate symptoms simply by taking a medicinal substance (Vithoulikas, 1986:149).

There are different methods of administering placebo. One method is having a control group in which 50% of provers take placebo. Another method is to administer 30 daily doses, of which one or two doses are the remedy and the rest are placebo. The crossover trial is also used in which one group is given placebo while the other group is given verum. After one or two weeks “crossing over” occurs. According to Sherr (1994:57) these methods are cumbersome and time consuming.

	Group 1	Group 2
Week 1	verum	placebo
Week 2	verum	placebo
Week 3	washout	washout
Week 4	placebo	verum
Week 5	placebo	verum

Table 1: Example of the Cross over trial

2.2 Proving Substance: *Loxodonta africana*

2.2.1 Classification



Kingdom: *Animalia*

Phylum: *Chordata*

Class: *Mammalia*

Order: *Proboscidea*

Family: *Elephantidae*

Genus: *Loxodonta*

Species: *Loxodonta africana*

Common names: Zulu/Xhosa name: Ndhlovo/Ndhlovu

English: African elephant / Savannah elephant

Afrikaans: Afrika-olifant

2.2.2 Lineage

The fossil remains of the African elephant's earliest known ancestor, the *Moeritherium*, dates back to 50 million years ago. There are many forms of the early *proboscids*, which have been classified into 5 families: the *Moeritheridae*, the *Gomphotheridae*, the *Mastodontidae*, the *Dinotheridae* and the *Elephantidae*. Only the *Elephantidae* is still found today (Skinner and Smithers, 1990:545).

The true elephants, the *Elephantidae*, include modern elephants and two species of mammoths. The two species of mammoth included the imperial mammoth (*Mammothus imperator*), and the Woolly Mammoth (*Mammothus primigenius*), which are both extinct. The typical mammoths differed from modern elephants because their simple molar teeth were not replaced as they are in modern elephants, and the Woolly Mammoth also differed in that it had long hair and a fat layer under the skin in order to adapt to the extremely cold climate (Skinner and Smithers, 1990:545).

Stegodon was an ancestor of both the African and Indian elephant. It lived in Asia, and had 14 ridges on the molars that looked very much like the Indian elephant (*Elephas maximus*) today (Skinner and Smithers, 1990:545).

Both the Asiatic and the African species are intelligent and respond well to domestication, and both have been employed by man for working. The Asiatic elephant was domesticated earlier, over 3000 years ago, and the African elephant is reputed to be more temperamental (Skinner and Smithers, 1990:545).

2.2.3 Description

The African elephant is grey or brownish grey in colour, although their colour is often obscured in the wild by their habit of dusting and mud-wallowing, in which case they take on the colour of the soil (Skinner and Smithers, 1990:546).

The elephant has a thick, folded, creased skin with no sweat glands. Its skin is the thickest on the legs, forehead, trunk and back, where it may reach a thickness of 30-40mm. It is the thinnest on the back of the ears. The body is sparsely covered with bristly hairs, with thick hair at the ear orifices. Adults have well developed eyelashes (Skinner and Smithers, 1990:546).

The feet have a thick layer of cartilage which acts as a shock absorber. When the feet are placed on the ground the soles splay out and when the foot is raised, the soles shrink. This layer allows them to move without making a sound (Skinner and Smithers, 1990:546). The front feet are more rounded than the hind feet, which are smaller and more oval (Frandsen, 1992:130). The sole of the foot resembles a mosaic pattern; it is hard, with sharp pieces of hardened skin protruding outwards (Apps, 1997:121). African elephants have five nails on the front feet and four on the hind. Sometimes the outer nails on the front feet and the outer and inner nails on the hind feet are often missing, as they are torn or worn away (Skinner and Smithers, 1990:546).

The cylindrical tail is flattened at the tip and may reach up to 1,5 m in an adult bull. The flattened tip is usually fringed on either side with long, black, bristly hairs about 400mm long (Skinner and Smithers, 1990:546).

The adult male elephant is the bulkiest and heaviest of all the mammals weighing as much as 6000kg (Frandsen, 1992:128). The entire weight of the head, trunk and tusks is carried by the forelegs which are larger and more rounded than the hind legs (Skinner and Smithers, 1990:547).

The elephant bull has a rounded forehead which is distinguishable from the angular forehead of the cow (Apps, 1997:117). The skull of the African elephant is rounded and very large. The maxillary and premaxillary bones extend far below the level of the upper tooth row and form bony supports on either side for the bases of the tusks. In older bulls there is no sign of sutures between the bones and the skull is fused into one solid structure. The bony structure of the skull is "honey combed" and may be as thick as 300 to 400 mm at the frontal region. The brain cavity is small and is situated low down at the back of the skull. The eye sockets are situated towards the front of the skull and contain eye balls that are almost identical in size to that of a human (Skinner and Smithers, 1990:546).

The African elephant has small eyes which are green or hazel in colour. They have nictitating membranes but no tear ducts, so that when the eyes "water" the tears run down the cheeks (Skinner and Smithers, 1990:546).

Elephants have temporal glands on both sides of the head, with their external orifices midway between the outer canthus of the eye and the external auditory meatus. Their secretion may be seen as a dark mark on the dry skin, which is copious when stressed (Skinner and Smithers, 1990:547).

The ears are very large and in adult bulls may reach a vertical height of nearly 2m, and a breadth of 1,2m. The ears weigh 20kg each, which is only 20% of the elephant's surface area. They have an extensive vascular system with a blood-flow rate of between five and twelve liters per minute (Skinner and Smithers, 1990:546).

The mouth is small and spout shaped. The trunk is an extension of the mouth and upper lip, and has a prehensile tip on both upper and lower sides (Skinner and Smithers, 1990:546).

The name *Loxodonta* refers to the enamel pattern on the surface of the molars (Apps, 1997:122). The elephant has only six sets of molars with only two in use at a time. The elephant has a lifespan of about 70 years and it is strictly governed by the life of his teeth (Apps, 1997:122). As one pair is used they move forward along the jaw and are worn and splintered away by constant chewing. The root of the molar is re-absorbed. That pair is replaced by the next which are longer and wider. Eventually the last molar remains by the age of about 60 years, and may be represented by a fragment of tooth only (Apps, 1997:122). Finally when all six teeth on each side have been worn away, the elephant has attained old age and dies from lack of nutrition as it is unable to chew its food (Frandsen, 1992:130). Elephants do not go off to die in special “elephant graveyards” as legend would have it, and their remains do not litter the veld as the scavengers remove all evidence despite the fact that they are the largest land mammals.

The tusks are elongated upper incisors which grow out and upwards (Apps, 1997:122). The tusks replace tiny milk tusks which only grow to a size of about 40mm and are shed at about a year old. At an early stage of development the permanent tusks have a cap of smooth enamel which is quickly lost. The tusks are composed entirely of “dentine” or ivory. Ivory is the only dentine that shows a characteristic cross-grained matrix (Skinner and Smithers, 1990:547). The bases of the tusks lie within the bony projections of the skull and are covered with a cement layer throughout life. The bases of the tusks are hollow and the tapering cavity is filled with a highly vascular pulp. The heaviest pair of elephant tusks recorded is 200kg, from an elephant in central Africa. The record in South Africa is 90kg (Frandsen, 1992:130). The tusks are used for digging, for chiseling the bark of trees, and as weapons of defence against predators. The tusks grow in length and breadth throughout the elephant’s life to replace wear and tear. Normally one tusk is subject to greater wear and tear. Tuskless individuals are found, and in males this is most often as a result of injury. These individuals have a reputation for aggressiveness (Skinner and Smithers, 1990:547).

According to research done on the geographical variations in the composition of ivory of the African elephant (*Loxodonta africana*) the tusks of the African elephant are largely made up of dentine or ivory which is composed of organic and inorganic parts (Raubenheimer, 1998:641). No scientific information is available on the organic composition of elephant ivory. Although the inorganic composition of ivory has also not been investigated in detail, work has been done on its isotope composition. Ivory is found to have carbon, nitrogen, and strontium isotopes (Raubenheimer, 1998:641).

The sample of ivory used in this proving was donated by a private game reserve adjacent to Kruger national Park, and thus it is assumed that this particular sample would be similar in its composition to the ivory samples analyzed from the Kruger National Park. The inorganic mineral composition of the ivory that was analyzed was made up of calcium, phosphate, magnesium, and fluoride. Calcium and phosphate were found in the highest and second highest concentrations respectively (Raubenheimer, 1998:643). It also contained trace elements of arsenic, cadmium, chromium, cobalt, copper, lead, manganese, hydroxyproline, nickel, iron, zinc, molybdenum, and aluminum (Raubenheimer, 1998:644).

Origin	No. of specimens	Calcium	Phosphate	Magnesium	Flouride
Kruger National Park	13	195.8 (17)	115.5(5)	14.6(3.2)	0.08(0.01)

Table 2: Inorganic composition of ivory in African elephants (*Loxodonta africana*) in the Kruger National park (average mg/g dry weight, SD parentheses) (Raubenheimer, 1998:643).

¹ Number of Specimens

Origin	No. Spec. ¹	As	Cd	Cr	Co	Cu	Pb	Mn	Hg	Ni	Fe	Zn	Mo	Al
Kruger National Park	5	8.5 (0.7)	0.44 (0.03)	4.1 (0.2)	0.8 (0.07)	2.06 (0.3)	8.9 (1.0)	0.3 (0.09)	1.5 (0.2)	0.9 (0.08)	2.3 (0.3)	20.4 (3.0)	0.6 (0.02)	3.8 (0.4)

Table 3: Trace elemental composition of ivory in African elephants (*Loxodonta africana*) in Kruger National Park (mean ($\mu\text{g/g}$ dry weight, SD parentheses) (Raubenheimer, 1998:644).

¹ Number of Specimens

2.2.4 Habitat

There are two major extremes of habitat in which elephants are found: the dry bushveld and the dense forests of Knysna. Most elephants are found in the bushveld regions (Frandsen, 1992:128). Elephants show no territorial behavior, but they do have home ranges which vary greatly in size between habitats (Skinner and Smithers, 1990:550). They cover great distances in their search for water and a great deal of habitat destruction is caused by careless placing of water holes creating an unusually heavy impact on surrounding vegetation (Apps, 1997:118). A supply of water, preferably fresh, is an essential habitat requirement, as well as shade in which to shelter during the hottest hours of the day (Skinner and Smithers, 1990:550).

2.2.5 Habits

Elephants are gregarious and are both diurnal and nocturnal, particularly in hot environments (Skinner and Smithers, 1990:550). They are extremely fond of bathing and wallowing in water and mud (Apps, 1997:119). Elephants are also fond of rubbing and will use convenient trees or rocks for this purpose. They will also dust themselves frequently after they have covered themselves in water particularly when they are hot and dry (Apps, 1997:122) or to rid themselves of parasites (Skinner and Smithers, 1990:550).

Elephants are strict vegetarians and consume huge quantities of tree bark, roots, leaves, soft branches, grass, and fruit such as the baobab fruit and acacia pods (Frandsen, 1992:131). An elephant has to feed for at least 14 hours a day to obtain the 170kg of fodder it needs to supply its huge body and, it may have to travel long distances to find water and food. It sleeps standing up for a few minutes at a time (Apps, 1992:117).

The Elephant uses its tusks for digging, chiseling bark off trees, and as weapons of defense (Apps, 1992:117). During a drought they will use their tusks and then trunks to dig for water (Skinner and Smithers, 1990:550). When they do finally reach water, which may be daily or every third or fourth day, they will bathe, by spraying themselves or lying down in the water. Sometimes they submerge completely, with only the tip of the trunk showing (Skinner and Smithers, 1990:550).

An elephant's trunk serves it as an extremely useful two-fingered hand. The trunk can pick up single seed pods (Apps, 1997:117) or tear down trees to get to the fresh outer twigs and leaves. They pluck bundles of grass by curling up the end of the trunk around the stems and pulling the plant up by the roots. They then beat it against their leg to get rid of the soil, and convey the food to the mouth with the trunk (Skinner and Smithers, 1990:550). An elephant also sucks up water in its trunk and empties it down its throat. On average it will drink 70-90 liters of water daily but it can drink 150-200 liters if it's thirsty, in one drinking session. They also suck up dust and sand to blow over themselves (Apps, 1997:117) and cool themselves down by spraying water over their bodies (Skinner and Smithers, 1990:550).

The trunk is also an important means of communication by touch and smell (Apps, 1997:117). Elephants have a highly social nature, and different sounds indicate a variety of signals from danger to fear or simply to just keep in touch (Apps, 1997:121). They produce various sounds. Deep 'stomach rumblings' are produced by the vocal organs at will and they communicate them via the trunk or throat. A feeding herd can be very noisy, but on sensing danger the whole herd will stand still as they test the air (Skinner and Smithers, 1990:550). The noisiest instances are when the elephant is frightened or nervous which makes the animal produce a high-pitched scream (Apps, 1992:117).

Recently infrasonic components of calls have been shown to play a role in communication between individuals even several kilometers away. Vocalizations are largely inaudible to man and may explain aspects of group cohesion and synchronized behaviour (Skinner and Smithers, 1990:551).

Elephants have a highly developed social structure and family units are led by the senior cow in the family “the matriarch.” The herd composition varies and one will find bulls of various ages within the herd (Apps, 1997:117). Bulls leave the family unit at puberty which is reached in 10-12 years and, in many instances are driven out by the older cows (Apps, 1997:117). The male herds are temporary associations where members leave and rejoin at will. Very old bulls often lead solitary lives. Large associations may be found with hundreds of members of all ages, classes, and sexes. These associations may be found naturally, when the matriarch in a family herd is shot, or the population as a whole is subjected to heavy hunting or control pressures (Skinner and Smithers, 1990:550).

The larger bulls will only join the herd when the cows are in oestrus, and leave after mating is complete. Bulls rarely fight over cows and may mate with several in the herd (Frandsen, 1992:131). After a gestation period of 22 months, a single pinkish coloured hairy calf is produced and rarely a twin. A clear place near water is chosen for the birthing process and sometimes other females attend to guard the mother. The young are strictly guarded by the mother and the herd (Frandsen, 1992:131). At birth the calves stand about 900mm at the shoulder. At this stage their eyesight is poor and they maintain contact with the females by feeling with their trunks. They suckle for two or three years. If the nursing mother dies the calf may be adopted by other nursing mothers. The mothers and other females in the herd will defend the calves vigorously as they are subject to predation by lions (Skinner and Smithers, 1990:552).

Elephants are generally quite placid, but can be extremely dangerous if threatened or injured or when they are in season (Frandsen, 1992:130). There are two aggressive behavioural patterns: If the animal is not serious about its intent, but wishes to assert itself or show dominance, it may mock charge. When they demonstrate they put on a threat display by advancing towards one with ears held out like large sails and head held slightly back. Once satisfied they have scared the enemy, they turn aside with back arched and tail held high. Bull elephants are far more tolerant than cows, and although they do charge, in most cases it is sheer bluff to scare one off (Apps, 1997:119). If the animal is really charging then the trunk is rolled up for protection, or left dangling, the ears laid flat against the head and the tusks pointed at the enemy. The charge can be made in deadly silence (Frandsen, 1992:130). Neil Murray states “The elephant often charges to the accompaniment of a blast of high-pitched trumpeting – caused by forcibly expelling air from its trunk – which sounds like an orchestra of outraged demons. Except perhaps for the prospect of imminent hanging, there can be few situations that concentrate the mind more wonderfully” (Apps, 1997:121).

Fights between males are extremely rare. When they become enraged, however, they do great damage to each other with their tusks and aggression can persist until one or the other is seriously wounded or killed. They are normally tolerant of other species, although they are less tolerant of lions, rhinoceros and hippopotamus, which they have been known to kill (Skinner and Smithers, 1990:550).

Elephants, with their huge body size, increase their surface area to dispense heat generated within the body by evaporation through the skin and thermoregulate using their ears as a main window for heat loss (Skinner and Smithers, 1990:546). The ears give out about three quarters of the heat loss required to maintain body temperature. Ear flapping, on hot days, causes air convection over body and ear surfaces, cooling the blood vessels and assisting

in regulating the body temperature (Skinner and Smithers, 1990:546). When the elephant flaps its ears, the blood supply found in the heavy concentration of blood vessels near the surface of the skin, on the back of the ears cools, thus lowering the body heat of the animal (Frandsen, 1992:130).

Elephants have poor eyesight, but their hearing is good. Their sense of smell is very keen and the act of raising the trunk and testing the air is a common feature in their behaviour (Skinner and Smithers, 1990:550).

Elephants (*Loxodonta africana*) show an apparent fascination for elephant bones and ivory, and pick them up and scatter them around.

2.2.6 Musth

Musth is a term referring to increased sexual activity and aggressiveness in elephant bulls. This is accompanied by an increase in plasma testosterone concentration (Skinner and Smithers, 1990:552). Only bulls over 24 years old experience musth. Musth is short and sporadic (several days to weeks), among individuals of 25-35 years old, while older bulls experience longer more predictable periods (2-5 months) (Skinner and Smithers, 1990:552). Musth is characterised by a copious discharge from the temporal glands. This is a strong smelling, watery secretion which runs down the sides of the face during musth. There is also constant dribbling of urine, and a greenish discoloration of the penis. Once a year mature males go into *musth*, a state of hormonal intoxication of increased testosterone. Their behavior can become unpredictable and dangerous (Herrick, 1998:51). Bulls in musth wander much more widely than usual (Apps, 1992:117) and actively seek out herds containing females in oestrus (Skinner and Smithers, 1990:551). They undergo profound behavioural changes, and spend most of their musth period in searching for cows in oestrus. Large musth males, over 35 years, guard oestrus females and do all the mating in mid-oestrus. An oestrus female may mate with males 25-35 years of age during early

and late oestrus, but rarely in mid-oestrus. Only oestrus females seek guarding from musth males and give loud, low frequency calls that attract males and incite competition between them. Thus they will mate with bulls that are old, vigorous and healthy (Skinner and Smithers, 1990:551). Temporal glands in elephant bulls are used for olfactory signals of dominance in the hierarchy. The factor determining dominance rank in non-musth bulls is body size, but musth bulls rank above larger non-musth bulls in agonistic interactions (Skinner and Smithers, 1990:552).

2.3 Traditional uses of African Elephant Ivory

Ivory is largely used in Chinese medicine, but it is considered to have little medical value. In some instances the ground ivory is used as an aphrodisiac. There is also a demand for ivory for manufacture of crafts. In these cases, it is clear that culture has a strong role in trade, and the ivory itself possesses a certain commodified, transaction value (Barbier, 1990).

CHAPTER THREE

Methodology

The proving methodology was based on the guidelines in Jerermy Sherr's Book "*The Dynamics and Methodology of Homoeopathic Provings.*" The proving was conducted by homoeopathic students in partial compliance with a Master's Degree in Technology: Homoeopathy.

3.1 Experimental Design

The homeopathic proving of *Loxodonta africana* (male african elephant) was conducted as a randomized double blind, placebo controlled trial in the 30CH potency.

3.1.1 Prover Numbers and Recruitment

A sample of twenty-six provers was randomly divided into two groups. Twenty (20) provers received the homoeopathic remedy, and six (6) received placebo. Two researchers managed thirteen (13) provers each. Of those thirteen, ten (10) randomly selected provers received the homoeopathic remedy and the remaining three (3) provers received placebo.

Subjects were recruited from Durban and surrounding areas by word of mouth. The group was made up of homoeopathic students, family members and friends of varying ages, race and gender. The homeopathic students were approached late in the academic year of 2005 and during registration for the following academic year of 2006. Family members and friends were approached to create a more diverse and varied group of proving individuals.

3.1.2 Placebo and Blinding

The double blind structure of the proving resulted in neither the provers nor the researchers knowing which provers were administered the verum and which provers were administered placebo. The provers were also unaware of the substance and the potency being proven. The research supervisor randomly selected the provers that would make up the verum and placebo groups, and an independent dispenser was responsible for dispensing the powders to the provers. Once all provers had completed the proving the proving was unblinded to determine which provers received verum and which provers received placebo.

3.1.3 Pre-proving Preparation

All twenty-six candidates were required to meet the inclusion criteria (Appendix A). Each prover was required to complete a suitability for inclusion questionnaire, and those that did not meet the inclusion criteria (Appendix A) were excluded. A case history (Appendix D) and physical examination was conducted for each prover that met the inclusion criteria before commencing the proving. Instructions of what was required from the provers during the proving were given. The provers were given the opportunity to ask any questions which were answered with the intention of giving a better understanding of their role as provers. The prover, the researcher and a witness then signed a consent form. Provers were then issued with a prover number, written instructions, a journal and pen. A starting date as well as a convenient time for daily telephonic contact was agreed upon and arranged by the researcher with each prover.

3.1.4 Administration of the Remedy

All provers collected six powders dispensed by an independent dispenser according to a randomization sheet. The remedy was taken in an identical manner by all provers. One powder was taken three times daily for two days, thus a total of six powders were taken. If the prover developed symptoms before completing the powders they were instructed to stop taking the remedy.

3.1.5 Recording of Symptoms

Each prover recorded their symptoms in the journal given to them by the researchers. Each prover recorded their 'normal' state for one week prior to taking the prescribed remedy. This served as a base line against which proving symptoms could be compared. Any subsequent deviations from this normal state would thus be attributable to the remedy taken. The journal was continued while taking the remedy and ceased when all symptoms had abated. If no overtly perceivable symptoms occurred then provers stopped recording in their diaries two weeks after taking the remedy.

3.1.6 Supervision of Provers

The researchers kept in daily telephonic contact with the provers for the first week after provers commenced the remedy. The telephonic contact was then decreased to three times in the second week of the proving, and then twice weekly and once weekly thereafter.

3.1.7 Collection and Extraction of Symptoms

All journals were collected by the two researchers and a post proving consultation and physical examination was conducted. Written symptoms were clarified and other relevant information excluded from the journal was discussed. The proving was then unblinded. All information was then reviewed, and converted into the appropriate materia medica and repertory format. Valid symptoms were extracted according to the specific inclusion criteria (stated in 3.9.3). Information gathered from the case histories and physical examinations were also considered. All data was ordered into the relevant sections and subdivisions (mind, vertigo, head, etc) of the materia medica.

3.1.8 Comparison to Doctrine of Signatures

The homoeopathic drug picture created was analyzed according to the Doctrine of Signatures. The proving symptoms were also compared to this Doctrine.

3.2 The Principle Investigators

Although the proving of a single substance was undertaken, the management of the total sample of 26 provers was designated to two researchers namely Claire Speckmeier and Barry Forbes. The research supervisors were Dr D. Naudé and Dr C. R. Hopkins.

3.3 The Proving Substance

3.3.1 The Potency

The 30th centesimal potency was used in this proving in accordance with Dr Samuel Hahnemann's statement in aphorism 128 of the 'Organon of the medical

art. ' Hahnemann believed that the 30th potency should be used in the proving of a substance (O'Reilly, 1996:154). Sherr (1994:27) also recommends the use of the 30th potency as it is said to produce the best mental, emotional and general symptoms.

3.3.2 Collection, Preparation and Dispensing of the Proving Substance

The ivory used in this proving was obtained from a wild African elephant that died of natural causes. The sample was donated from a private game farm adjacent to the Kruger National Park in Mpumalanga, South Africa. The animal was born, lived and died within the wild.

The researchers prepared the sample under sterile conditions at the Homoeopharmaceutical laboratory at the Durban University of Technology (DUT). The preparation involved initial cleaning and removal of the outer most layer of the ivory by means of scraping with a stainless steel knife. The ivory was then ground into a powder with a fine stainless steel grater. A total of two grams of powdered ivory was weighed out and sealed in a glass vial. The remedy was then packaged in suitable protective packaging and sent via courier services to Natura Laboratories in Pretoria, who were responsible for the potentiation of the remedy.

The powdered ivory was triturated up until the 3CH in accordance with method 6 of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:36). This was then converted into a liquid potency and was potentised up until the 30CH in accordance with method 8a of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:38). Lactose granules were then impregnated with the 30CH liquid potency by means of 1% v/v triple impregnation in accordance with method 10 of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:39).

Medication was dispensed in the form of lactose powder sachets, which contained either ten impregnated lactose granules for provers taking the verum, or ten unmedicated granules for those in the placebo group.

3.3.3 The Dosage and Posology

Six powders were dispensed to each prover. The provers took one powder sublingually three times daily for two consecutive days, or until the first symptoms appeared, at which time he/she ceased taking the remedy. The provers were instructed to take the powders at least thirty minutes away from food and drinks. The placebo and medicated powders were indistinguishable and both placebo and verum groups followed an identical routine of administration. Those taking placebo however received six single dose unmedicated lactose powders.

3.4 Population criteria

3.4.1 Prover population

The prover population consisted of twenty-six provers that met the inclusion criteria (Appendix A). Twenty (20) provers received the homoeopathic remedy, and six (6) received placebo. The two researchers managed thirteen (13) provers each. Of those thirteen, ten (10) randomly selected provers received the homoeopathic remedy and the remaining three (3) provers received placebo.

3.4.2 Experimental Group

Sherr states that using between fifteen and twenty provers, including the placebo group will produce a complete proving picture (Sherr, 1994:45). For the purpose of this research it was proposed to have a group of twenty provers excluding the

placebo group. Therefore twenty provers out of a total of twenty-six provers would receive the verum. The experimental group thus consisted of 76% of the provers.

3.4.3 Placebo Group

The remaining 23% of the twenty-six provers formed the placebo control group, and received placebo in a randomized fashion. Thus the total control group consisted of a six individuals. Each researcher managed half of the six individuals, thus the researchers each managed three provers in the control group.

3.4.4 Randomization

The randomization was done by the research supervisor Dr. C.R. Hopkins. Neither the provers nor the researchers knew who would be receiving placebo and who would be taking the active remedy. This was as a result of the double blind structure of the proving. A randomization list was drawn up whereby all participants were by randomly assigned to either the placebo or experimental group. Prover numbers were issued to provers to conceal their identity. This list was given to a independent dispenser at DUT who dispensed the medicated and unmedicated lactose powders according to the randomization list. In this way it was ensured that provers did not know the nature of the substance or the potency being proven. It was also ensured that the researchers that knew the substance and the potency of the remedy did not know which provers were in the experimental group and which provers were in the placebo group.

3.4.5 Inclusion Criteria

The researches screened each potential prover for suitability according to the following criteria:

- Candidates had to be between the ages of 18 and 55.
- If candidates were between the ages of 18 and 21, they should obtain a signed consent from a parent or guardian.
- Candidates had to be in a state of good health.
- Candidates needed to be fluent in English so they could describe their symptoms clearly.
- Candidates needed to be willing to limit their intake of alcohol, cigarettes, tea / coffee if they exceed two measures of alcohol per day (1 measure = 1 tot spirits / 1 beer / ½ glass wine), more than ten cigarettes per day and more than three cups of tea or coffee per day.
- Candidates needed to be willing to follow the proper procedures during the duration of the proving.

3.4.6 Exclusion Criteria

Provers were excluded from the proving if provers adhered to any of the following criteria :

- Any medication whether allopathic, homoeopathic or others like herbs were being used.
- Any recreational drugs were used for example LSD, MDMA (Ecstasy) or Marijuana.
- If provers had been on the birth control pill or hormone replacement therapy in the last six months.
- Provers consumed two or more measures of alcohol per day (1 measure = 1 tot spirits / 1 beer / ½ glass wine).
- Provers smoked more than ten cigarettes per day.

- Provers drank more than three cups of tea or coffee per day.

3.5 Monitoring of the provers

Each prover was given a checklist to assist in the process of monitoring themselves. This list included a head to toe system list as seen in 3.11.2.

Provers were required to label all their symptoms as recent symptoms (RS), new symptoms (NS) or old symptoms (OS). Provers were also required to state if there was an alteration of symptoms (AS), or any unusual symptoms (US). The provers were required to evaluate symptoms according to the following:

- Concomitants: if any symptoms appeared together or always seemed to accompany each other or if some symptoms seemed to alternate with each other?
- Location: to describe where the symptom was felt with attention to which side of the body was affected.
- Aetiology: if anything seemed to cause or set off symptoms and if it did so repeatedly.
- Modality: if any symptoms were affected by different situations/ stimuli. Better (>), or worse (<) from weather, food, odours, dark, lying, standing, light, people, etc.
- Intensity: a brief description of the sensation and effect of the symptom on themselves.
- Time: the time of onset of the symptoms was to be noted, and when they cease or are altered, or if symptoms were better (>) or worse (<) at a particular time of day, and if it was unusual for the prover.
- Sensation: a clear description of the symptom for example: burning, dull, lancinating, shooting, stitching, etc.

The provers were required to record each symptom as it occurred so that they could give a clear description of all symptoms. This was also initiated to prevent symptoms from being forgotten if they were recording them at a later stage.

According to Sherr it is important that close contact be maintained between the researcher and prover during the initial stages of the proving and for as long as symptoms continued to appear (Sherr, 1994:58). The researchers kept in daily telephonic contact with the provers for the first week to evaluate their progress and encouraged them to record symptoms vigilantly. Thereafter telephonic contact was reduced to every third day for the second week and then once a week in the following weeks until it was decided that the prover should stop writing in his or her journal. According to Wright (1999) this has a three-fold purpose:

- i) The researcher can ascertain when the substance begins to act so that the prover may be informed to stop taking the substance.
- ii) To ensure the prover does not neglected to record a symptom.
- iii) To ensure the safety of the provers by closely monitoring each prover for any reaction that needs to be antidoted with a remedy prescribed according to the totality of symptoms.

The provers continued to record all symptoms until they abated and continued recording after this time for another two weeks. Once the proving had been completed another full case history and physical exam was performed.

3.6 Post Proving Debriefing

After provers had completed the proving and their journals were received a post proving consultation was held. The consultation provided the opportunity for the

researcher to clarify symptoms and thus help to confirm or reject uncertain symptoms (Sherr, 1994:65). This consultation also assisted in identifying any additional elements that were not apparent through the journals. In addition any questions from provers were answered to assist them in their understanding of the proving. Due to the long duration of the proving which was held over an 11 month period, it was not possible to get all the provers together at one time. This was due to a variety of reasons including conflicting work schedules, emigration and relocation of provers.

3.7 Ethical Considerations

The rights and interests of the provers, as well as other ethical considerations have been considered in the research proposal. The proposal was submitted and approved by The Faculty of Health Sciences Ethics Committee at The Durban University of Technology (DUT).

The following ethical points were considered:

- Strict confidentiality of the proving substance was maintained throughout the proving to prevent any influence on the proving symptoms (Sherr, 1994:36).
- Patient confidentiality was also maintained throughout the duration of the proving to ensure the protection of private issues as well as to up hold the double blind structure of the study.
- Sherr (1994) noted that in most cases mild and at times uncomfortable symptoms were experienced, although these effects were generally transient and did not persist. In event of symptoms persisting one of the following was used to antidote the effects of the remedy:
 1. An acute remedy was prescribed for the symptoms the patient was suffering from the most (Sherr, 1994:63).

2. A remedy matching the totality of symptoms resulting from the combined original symptoms and the artificial proving symptoms was prescribed (Sherr, 1994:63).
3. A “genus epidemicus” was given and derived from already known remedies (Sherr, 1994:64).
4. Coffee, camphor, “Olbas Oil”, and mints may antidote cases of mild suffering (Sherr, 1994:63).

Once the proving had been antidoted by any one of the above methods none of the symptoms produced thereafter were considered valid (Sherr, 1994:64).

- Prejudice was given to those whose first language was English or to those that were fluent in English because of the importance of getting a clear description of the effects of the remedy and thus ensuring the validity of all symptoms.
- The Ivory trade has been banned since 1989. Due to the nature of the preparation of a homoeopathic remedy only minute quantities were required to produce a life time supply of the remedy thus, the manufacture of this remedy has no significant impact on possible over exploitation or illegal trade in ivory.
- All provers freely volunteered to participate in the proving, and provided informed consent.
- Individuals between the ages of 18 and 21 required signed consent from their parents or guardian.
- All provers understood that they were free to withdraw from the proving at any stage.
- Each prover received a comprehensive set of instructions (Appendix B) and were given appropriate time to enquire about any concerns to ensure they understood fully what was expected of them.
- Confidentiality was maintained throughout and after the proving.

3.8 Data Collection

The collection of data included the post and pre proving assessments and physical examinations. However the fundamental source of data that was utilized was the journals of the provers. Recording in the journals commenced a week before the powders were taken and continued for at least two weeks after the last powder or after the last symptom was recorded. Collection of journals occurred at the follow up consultation. Individual and group discussions assisted mainly to confirm and clarify symptoms already recorded in the journals. Once all journals were collected the information was analyzed.

3.8.1 Extraction and Evaluation of Symptoms

After provers had completed the recording of their symptoms in their journals, the journals were collected and a follow up consultation was conducted. Information from the journals, telephonic discussions, group sessions and consultations were considered. This information was then analyzed and relevant symptoms were extracted according to the criteria for including symptoms as listed in 3.9.2. This information was then evaluated and converted into materia medica and repertory format.

3.8.2 Criteria for Including Symptoms as Proving Symptoms

As stipulated by Sherr the following inclusion criteria was used in this proving for the purposes of extracting relevant symptoms (Sherr, 1994:70-72).

These included:

- If in serious doubt, the symptom was left out.
- If the prover was under the influence of the remedy, then all other new symptoms belonged to the proving.

- Any symptom that was usual or current for the prover, was excluded unless it was greatly intensified.
- Symptoms that occurred in one year or less before commencing the proving were not included.
- Any current symptoms that were modified or altered were included, and alterations or modifications of that symptom were clearly described.
- Any symptom that had occurred previously (especially longer than 5 years) and that seemed to have no reason to repeat itself naturally, were included.
- If a symptom had disappeared during the proving (cured symptom), the precise nature of the symptom previous to the proving was explained.
- If the symptoms were intense and frequent, they were included.
- The inner knowledge and conviction of the prover that these symptoms didn't belong to the provers themselves were a reliable consideration.
- Once an understanding of the remedy emerged it served to verify or exclude certain symptoms.

3.8.3 Chronology

The format set out by Sherr (1994:73-74) was used to record the extracted symptoms systematically. Provers were asked to number the days that they were on the remedy, from when they started the remedy until they stopped recording their symptoms. The first day was represented by Day 00, the second day Day 01 and so on. They were also required to record the exact time (both hour and minute) that the symptom was experienced. Each new day was started on a new page with the date and appropriate day clearly marked at the top of the page. The time was written along side the symptom in hours and minutes. If the symptom was included, then this was converted into time elapsed from the start of the proving, and was recorded with the symptom as DD:HH:MM

(Day:Hour:Minute). Time was only included if it was specific or noteworthy and if the time was insignificant or unclear the symptom was recorded with XX:XX:XX. After 24 hours had elapsed from the start of the proving, minutes were considered redundant and represented as XX. After 2 days had elapsed the hours were considered redundant and represented as XX.

3.9 Collating and Editing the Data

The symptoms obtained through the journals of the provers were assembled and categorized into a logical and coherent order (Sherr, 1994:67). Symptoms from the various provers were placed into relevant chapters and sub headings, according to the format seen in the repertory or materia medica. Symptoms that occurred in a number of provers and that were identical or similar in nature were grouped together under the same relevant headings as independent entries. This assisted in producing a concise and comprehensive symptom picture of *Loxodonta africana 30CH*.

3.10 Reporting the Data

After extracting and editing the data it was transferred into materia medica and repertory format to assist in quick and practical referencing for homeopathic practitioners prescribing the remedy in order to obtain its specific indicated therapeutic effect.

3.10.1 The Repertory

The proving symptoms were recorded as specific rubrics according to the chapters and subheadings as seen in synthesis compiled by Schroyens (2001). Alternatively if the rubric did not exist a new entry would be created to complete

the remedy symptom inclusion. Symptoms were graded according to frequency as this is more subjective than grading symptoms according to intensity (Sherr, 1994:84).

3.10.2 The Materia Medica

The proving symptoms were recorded as complete symptom description according to the chapters and subheadings as seen in synthesis compiled by Schroyens (2001).

Proving symptoms were entered under the following main headings:

Mind	Prostate gland
Vertigo	Urethra
Head	Urine
Eye	Male Genitalia/sex
Vision	Female Genitalia/sex
Ear	Larynx and trachea
Hearing	Respiration
Nose	Cough
Face	Expectoration
Mouth	Chest
Teeth	Back
Throat	Extremities
External throat	Sleep
Stomach	Dreams
Abdomen	Chill
Rectum	Fever
Stool	Perspiration
Bladder	Skin
Kidneys	Generals

CHAPTER 4:

The Results

4.1 Introduction

Once all data was collected and journals collated the relevant information was extracted and will be discussed in this chapter. The symptoms have been contextualized into two standard homoeopathic referencing formats namely Materia Medica and Repertory.

4.2 Materia Medica

Within the Materia Medica, symptoms are classified according to the appropriate systems and further grouped under common themes.

Each symptom will be followed by a reference denoting prover number: gender: day: hour: minute. Time was only included if it was specific or noteworthy and if the time was insignificant or unclear the symptom was recorded with XX:XX:XX. After 24 hours had elapsed from the start of the proving, minutes were considered redundant and represented as XX. After 2 days had elapsed the hours were considered redundant and represented as XX.

4.2.1 Mind

4.2.1.1 Anger

I got very frustrated during a conversation with my girlfriend and felt angry in a situation I might not normally.

04 M XX:XX:XX

I got very angry because I thought the man in the flat above me was hitting his son.

I kept hearing this loud sound and was convinced he was abusing his son. My face went red and very hot as if all the blood in my body had rushed to my face. It turned out to be firecrackers. Have never been so angry that my face gets hot and red.

12 F 00:18:10

Small things are beginning to irritate me. My flat mate is playing the guitar which usually does not affect me, but today I can't cope with it. It is the repetition of the same song which is getting to me. I want to scream at him and tell him to stop but I suppress it. When there is a brief silence I secretly hope it will last but it doesn't and this infuriates me even more.

12 F 02:XX:XX

I am angry for no real reason. Took great offence when someone told me that my skirt looked old fashion (it's supposed to look like that, old is in fashion). I wanted to shout and curse at him. What does he know anyway? Yet I suppressed it. The worst part of this anger is not being able to express it. I feel it would be better if I shouted and cried, but I don't and I can't.

12 F XX:XX:XX

I find myself extremely irritable and insensitive, always making remarks to everything I'm being told to do.

14 M XX:XX:XX

I am highly irritable and angry for no reason, trying to find a reason to be angry, dwelling on subjects.

14 M XX:XX:XX

Feeling annoyed being around people and parents.

14 M XX:XX:XX

Went through a stage during the evening that I was pretty annoyed and angry.

18 M XX:XX:XX

4.2.1.2 Company Aversion / Desire

One good thing about writing is the solitude. I don't have to talk to people, I can be alone. I am averse to people because they are making me angry and stealing my energy. I even turned down an invite to Cottenfields (an Irish pub where one of my mates was celebrating his birthday and Ireland was playing rugby verses South Africa). I never turn down an evening of a few Guinness pints and dancing. I did this time because of my aversion to people and conversation, my exhaustion and my obligation to this proving (no alcohol).

12 F 02 XX:XX

Not interested in communicating with anyone.

12 F 02:XX:XX

Feeling annoyed being around people and parents.

14 M XX:XX:XX

I want to be in my own personal space and wanting to be served and not lift a finger.

14 M XX:XX:XX

Hate being around people.

14 M XX:XX:XX

Want to be booked into a hotel for the whole holiday just to get away from everyone.

14 M XX:XX:XX

Emotionally over the course of the remedy, I've been weepy and needed constant validation and affection, clingy.

15 M XX:XX:XX

I would love to get in the car and go for a drive. Forget it all, stop the world.

22 F XX:XX:XX

Don't really want to speak to anybody, speaking reveals too much.

22 F XX:XX:XX

I would love to have all the family with me today, I miss my sisters.

22 F XX:XX:XX

4.2.1.3 Concentration – Difficult / Confusion

What I was going to say didn't make sense.

02 M 01:XX:XX

Found it difficult to concentrate and focus on simple tasks. (Maybe just need more sleep?)

02 M XX:XX:XX

I could not concentrate properly in class.

04 M XX:XX:XX

It seems that my command of English when writing sentences is not as good as normal. It's as though I'm more impulsive when beginning a sentence and then I work out a normal sentence from there.

04 M XX:XX:XX

Confusion: Dates, times. Missed my homoeopathic study group this morning which I usually don't do. No idea that it was Wednesday. Also felt confused about what day of the week was yesterday.

05 M XX:XX:XX

I keep on getting confused between the 9th and the 11th month.

10 F 02:XX:XX

I have been confusing my left and right the entire day e.g. At 14:00 I told the clinician that my patient's right lower lobe (of his lung) was where I heard the crackles. Yet it was actually the left lower lobe. I usually confuse my left and right if I am signaling it but not when I am speaking.

12 F 00:16:21

I feel very out of focus, I can't concentrate.

15 M XX:XX:XX

I feel as though my body and mind are not working together.

15 M XX:XX:XX

I'm feeling as though I'm not present in the moment but a few seconds behind.

15 M XX:XX:XX

I am finding it really difficult to concentrate with my next patient, it is a beautiful day outside and I would rather be there, the grass beckons and wants me to walk bare foot on it.

22 F XX:XX:XX

For the whole day I have felt like I couldn't remember little things, absentminded.

26 M XX:XX:XX

I keep forgetting where things are, I can not remember what I just set out to do.
26 M XX:XX:XX

4.2.1.4 Content

Felt increased strength in the world - more courage walking on campus toward the library. Not a bravado - more like a quiet assurance.

Wouldn't be so easy to knock me down.

05 M 00:10:30

Feel more upright, balanced and serene. Calm.

05 M 01:07:05

Feeling strongly 'whole', no anxiety about the day and what's expected of me.

21 F XX:XX:XX

Feel content, mellow almost. I am happy, which is not something I often feel.

21 F XX:XX:XX

I am feeling positive, almost as though I can handle more than one day at a time.

21 F XX:XX:XX

I am quite relaxed, almost content, and hopeful.

21 F XX:XX:XX

Feeling happy, full of life.

21 F XX:XX:XX

I actually feel like doing things, I'm not doing them because I have to.

21 F XX:XX:XX

Again feel quite content, 'whole', today.

21 F XX:XX:XX

Feeling content, relaxed not phased by anything.

21 F XX:XX:XX

No anxiety and I'm tired but not as exhausted as I have been.

21 F XX:XX:XX

My talk is tomorrow, I'm not nervous, very unusual not to be.

21 F XX:XX:XX

No anxiety about the day and what's expected of me.

21 F XX:XX:XX

My mood is mellow today, still want to be outside.

22 F XX:XX:XX

Whole afternoon I felt really well, remarkably good, and peaceful.

22 F XX:XX:XX

Can't believe how well I feel physically and mentally so calm as well.

22 F XX:XX:XX

I love getting soil in my finger nails. Felt really fulfilled.

22 F XX:XX:XX

4.2.1.5 Depression / Disinterest

Mood - sad, no will to do anything. Disappointed feeling as if I'm being let down by people that are close to me.

03 F XX:XX:XX

Mood and emotions very affected. Very emotional – brooding over plans. Very discouraged. Sad all the time.

03 F XX:XX:XX

I've never been this depressed. Nothing seems to console me. I am just not myself. I wish I can go to a vacuum where there are no forces.

03 F XX:XX:XX

The depression still continues. I don't know what to do and where to go from here. What is amazing is that when I'm with people outside in public I pretend as though all was well with me. No one can tell that I am depressed or I am feeling down. I hide it so well that you can't tell.

The reason for hiding my emotions is that I don't want people to feel sorry/pity for me.

03 F XX:XX:XX

My emotions are getting worse. I feel like crying but it won't help at this point. It's not going to change anything and it's not going to make me feel better.

I feel like people are pulling away from me and I've got no energy to try and hold them. It's not worth it. If they have finished their role in my life I can't hold them. Although it's difficult to let go of them. It's painful to let go.

03 F XX:XX:XX

Everything is just not interesting. I am always thinking negative things. I am very

pessimistic at this point.

03 F XX:XX:XX

Mood hasn't improved. Feeling boredom on everything.

03 F XX:XX:XX

My mind felt flat, disinterested and I struggled to follow the reading. Apparently I looked pale at this time.

04 M XX:XX:XX

My interest in lectures is not what it normally is.

04 M XX:XX:XX

4.2.1.6 Nature / Connected

I want to be outside, get soil on my hands.

22 F 00:07:00

The feeling I had yesterday about wanting to be outside has intensified. I love to garden and potter around but this urge to be outside is distracting, I can't settle too much.

22 F XX:XX:XX

Finally got my outdoor wish, planted some plants.

22 F XX:XX:XX

I love getting soil in my finger nails. Felt really fulfilled.

22 F XX:XX:XX

I am finding it really difficult to concentrate with my next patient, it is a beautiful day outside and I would rather be there, the grass beckons and wants me to walk bare foot on it.

22 F XX:XX:XX

4.2.1.7 Overwhelming emotions / Emotionless / Suppression of emotions

The depression still continues. I don't know what to do and where to go from here. What is amazing is that when I'm with people outside in public I pretend as though all was well with me. No one can tell that I am depressed or I am feeling down. I hide it so well that you can't tell.

The reason for hiding my emotions is that I don't want people to feel sorry/pity for me.

03 F XX:XX:XX

Strange kind of cold and callous ideas. E.g. saw a beggar limping up the road on my side of the road towards me while driving. I thought after passing him of swerving my vehicle into him and knocking him over. Something like in a zombie movie. I was quite surprised at my thought. I did not feel the impulse or drive to do it so much as imagined it. No passion or anger involved. Quite a cold and distant thought.

05 M XX:XX:XX

Watched rugby on T.V. for about 7 hours straight. Felt disinclined to go outside or stop watching until the end despite family protestations.

05 M XX:XX:XX

I was very upset and anxious, almost hysterical and crying this afternoon in a stats lecture, because I didn't understand at all what was going on – it was really just

whizzed through, and we had to complete an assignment by four o'clock on it. Would normally get angry, not "hysterical."

10 F 00:16:00

Everything feels too much for me to deal with. Just trying to write what I feel is taxing and I want to put it off so I don't have to be bothered by it, yet somehow I feel obligated to write. As if this is my responsibility and I must just stick to it and complete the task no matter how much it drains me.

12 F 02:XX:XX

Small things are beginning to irritate me. My flat mate is playing the guitar which usually does not affect me, but today I can't cope with it. It is the repetition of the same song which is getting to me.

I want to scream at him and tell him to stop but I suppress it. When there is a brief silence I secretly hope it will last but it doesn't and this infuriates me even more.

12 F 02:XX:XX

I am angry for no real reason. Took great offence when someone told me that my skirt looked old fashion (it's supposed to look like that, old is in fashion). I wanted to shout and curse at him. What does he know anyway. Yet I suppressed it. The worst part of this anger is not being able to express it. I feel it would be better if I shouted and cried, but I don't and I can't.

12 F XX:XX:XX

4.2.1.8 Tired / active

Felt very tired, fatigued all day, playing hockey and lacked energy and enthusiasm.

02 M XX:XX:XX

Feeling tired. Low energy levels. Not interested in communicating with anyone.

12 F 02:XX:XX

My brain is tired, I am battling to spell.

12 F 02:XX:XX

My whole being feels drained, exhausted.

12 F 02:XX:XX

Everything feels too much for me to deal with. Just trying to write what I feel is taxing and I want to put it off so I don't have to be bothered by it, yet somehow I feel obligated to write. As if this is my responsibility and I must just stick to it and complete the task no matter how much it drains me.

12 F 02:XX:XX

Other people have been saying that I'm acting out of character. E.g. I'm usually always 5 minutes before a time or date has been set, and now I always seem to be running late. I've been feeling slow and tired.

13 F XX:XX:XX

I feel old and achy, very tired but very active and wanting to do activities.

14 M XX:XX:XX

I am tired but feel too full of energy to allow myself rest.

21 F XX:XX:XX

4.2.1.9 Other

Before falling asleep I experienced a sudden hypertensive / heart attack symptoms... Fear of dying, wanting to be in a hospital.

14 M XX:XX:XX

What I have noticed today is an increase in sexual thoughts. This is very strange for me as my libido is normally low.

22 F XX:XX:XX

4.2.2 Vertigo

On taking the remedy I experienced a sudden onset of dizziness and vertigo and a slight pain parasternally.

14 M 00:00:15

While traveling in a car I experienced dizziness, head swings back and forth like a pendulum, feels like CSF is accumulating in the frontal lobe and then in the occipital lobe, also feeling kind of high or drunk.

14M 00:08:30

Headache in the afternoon accompanied by dizziness and slight nausea, feels like CSF has gone cold.

14 M XX:XX:XX

Slight feeling of lightheadedness > cold water.

23 M XX:XX:XX

4.2.3 Head

4.2.3.1 Heaviness / Lightheaded

Feeling a bit heavy headed.

08 M 00:14:30

I've had 3 subtle twinges to my head since 19:00. These have been to the front, top part of my head and have been the more heavy headed type, which is like pressure on my head.

08 M XX:21:40

I feel heavy headed but have no headache.

08 M XX:XX:XX

Head feels very heavy with associated general fatigue.

09 F XX:XX:XX

Woke up with general headache. Head feels heavy.

09 F XX:XX:XX

While traveling in a car I experienced dizziness, head swings back and forth like a pendulum, feels like CSF is accumulating in the frontal lobe and then in the occipital lobe, also feeling kind of high or drunk.

14M 00:08:30

Headache in the afternoon accompanied by dizziness and slight nausea, feels like CSF has gone cold.

14 M XX:XX:XX

Felt a bit 'fluffy' in the head for a few minutes.

21 F 00:01:00

Head still a bit fuzzy, diffuse whole head.

21 F XX:XX:XX

Can't get up this morning head feels about 100x its weight.

22 F XX:XX:XX

Headache is back but different to what I had in the beginning of the week. My whole head is heavy, full, with dull ache across the vertex to the temples. The full feeling in my head is like my brain is pushing out.

22 F XX:XX:XX

Sitting down my head feels like it will fall forward if I don't make a huge effort to hold it up. Neck feels strained.

22 F XX:XX:XX

4.2.3.2 Pain

I had a very mild headache while watching a movie at the cinema. A frontal headache that felt due to eye strain. It was very mild, hardly noticeable most of the time. Improved once movie ended. More right sided.

04 M XX:XX:XX

Got a sudden twinge (sharp pain) across the right side of my head. It lasted a very short time.

08 M 00:7:30

Sharp pain across the back of my head.

08 M XX:XX:XX

Subtle pain across top of my eyes (forehead).

08 M XX:XX:XX

Sudden pain at the back of my head.

08 M XX:XX:XX

Got two sharp pains, one after the other on the right side of my head, just above right ear.

08 M XX:XX:XX

Got a pain down the back of my head just behind my right ear. Lasted quite long (30 seconds).

08 M XX:XX:XX

I have had a constant dull pain to the left side of my head going towards left ear. This lasted for quite a while (about a minute).

08 M XX:XX:XX

Woke up with general headache. Head feels heavy.

09 F XX:XX:XX

Headache, parietal, bilateral.

10 F 00:10:20

Left-sided temporal headache, bursting extending to right occiput.

10 F 00:10:30

Pain in right temporal area in lateral part of supra-orbital bone.

10 F 00:10:50

I have a bit of a headache starting. Dull ache in my occipital extending to parietal regions. Worse for bending head forward or backward and biting teeth hard.

13 F 00:16:15

A slight headache starting in the base of my head, in the occipital region and neck. Neck muscles feel a bit tight like a twisted towel and sore when I bend any head side

to side to touch my shoulders. This aggravates my headache. The headache is very subtle, just a dull ache.

13 F XX:XX:XX

I experienced a dull pulsating headache first in my occiput, then moving to my temporal lobe on the right and to the frontal lobe and sinuses above the eyebrows.

14 M 00:04:00

Later, I experienced headaches due to sharp sounds, the whole head seems to ring due to sharp sounds.

14 M 00:06:00

Headaches are also experienced in cold weather especially a cold draft.

14 M XX:XX:XX

Headache in the afternoon accompanied by dizziness and slight nausea, feels like CSF has gone cold.

14 M XX:XX:XX

No headache today.

14 M 07:XX:XX

I have had a tight headache from my eyes back to my whole head.

15 M 01:28:XX

By midday, I developed a severe headache. A tight pulsating pain spread from my neck up to my entire head. Felt like I couldn't keep my eyes open because of the pain. I couldn't stand the light, I had to close my eyes.

15 M XX:XX:XX

Feeling a bit of a mild headache starting, nothing severe yet.

18 M 00:04:30

Took second powder at 14h10, headache never materialized.

18 M 00:07:30

I haven't had my regular Tuesday headache!

18 M 01:XX:XX

I have had headaches on waking which is worse for rest but better through the day. My head and eyes feel heavy. It is a constant pain on the top of the head, and base of the skull, with tension in the neck and shoulders especially right hand side. It feels better with pressure.

21 F XX:XX:XX

Sinuses feel dryer than normal, accompanied by a strange nasal headache.

21 F XX:XX:XX

My headaches are different, besides the pain over the right eye which is an old symptom there is a spot on the back of my head as if the two are connected by a rod. It feels as if someone has their finger there and is pushing on my head.

22 F XX:XX:XX

The headache pain is extending to the right ear and jaw. Serous fluid is flowing from my right ear.

22 F XX:XX:XX

Can you believe it - no headache.

22 F XX:XX:XX

Headache is back but different to what I had in the beginning of the week. My whole head is heavy, full, with dull ache across the vertex to the temples. The full feeling in my head is like my brain is pushing out.

22 F XX:XX:XX

Sitting down my head feels like it will fall forward if I don't make a huge effort to hold it up. Neck feels strained.

22 F XX:XX:XX

Moderate occipital headache radiating into back/cervical region.

23 M 00:09:00

Dull aching in left temple.

26 M 00:03:30

Headache more centralized in occiput and neck.

26 M 01:27:10

4.2.3.3 Tension

Felt very subtle contraction to top part of head, going down towards left eye.

08 M XX:XX:XX

I have been having contractions in my head. Very subtle and mostly round my eyes. Occasionally I've feel one at the back of my head and this is more pronounced than the others.

08 M XX:XX:XX

Felt very mild contraction across the top of my head.

08 M XX:XX:XX

Felt a dull contraction up my nasal passage into my head.

08 M XX:XX:XX

Very mild contraction over whole head (milder than normal, but covering a larger area, whole head).

08 M XX:XX:XX

Tension in forehead, temples, occipit and neck. The tension causes me to frown and is worse for light.

26 M 01:26:40

4.2.3.4 Twinges

Been getting twinges across my forehead for a while now. Not that bad, just feel like the start of a headache, but fortunately not developing into one.

08 M 01:16:15

I've been getting slight twinges in my head that come and go, like every 5-10 minutes. Initially concentrated round the center of forehead, then moved to left eye, now more on right side of my head.

08 M 02:XX:XX

I have continued with the headache twinges, mainly the forehead and just above eyes. However they have been less frequent, like 20 minutes to 30 minutes apart.

08 M 02:XX:XX

Have been having subtle twinges to my head for about an hour now at 5 minute intervals.

08 M XX:XX:XX

Since about 19:00 I've been getting the twinges across the back of my head at least every 20 minutes. Initially they were subtle, but recent ones have been more pronounced.

08 M XX:XX:XX

Since getting up at 7:15 I have had about 4 twinges to my head. These have been very subtle. The first two at the back of my head, then above my eyes.

08 M XX:XX:XX

Felt twinge across my left side of my head going towards my left ear.

08 M XX:XX:XX

Felt a very slight twinge through the top of my head.

08 M XX:XX:XX

I've had 3 subtle twinges to my head since 19:00. These have been to the front, top part of my head and have been the more heavy headed type, that is like pressure on my head.

08 M XX:21:40

I've had many twinges on my left side of my head this evening since about 16:00. They have become more frequent from about 17:00 to 19:00 every 15 minutes. In the last hour about every 5 minutes and they have been more prolonged but subtle. I've had a couple of twinges on my right side but majority is on my left side including left ear.

08 M XX:XX:XX

I have been having contractions in my head. Very subtle and mostly round my eyes. Occasionally I feel one at the back of my head and this is more pronounced than the others.

08 M XX:XX:XX

Had a very mild but long twinge (1 to 2 minutes) right across the top of my head to the left side of the middle of my head.

08 M XX:XX:XX

Felt very subtle twinge across right side of head going toward right eye.

08 M XX:XX:XX

I have had a slight head pain on the left side of the top of my head. This has been constant for about 2 hours now.

08 M XX:XX:XX

4.2.3.5 Other

My hair was very dry today “bushy”, fibrous, matted.

04 M XX:XX:XX

Been getting hot flushes on and off on my head.

08 M 00:14:30

I have been feeling a mild pressure to my head mostly just above my right eye. Initially was more spread out, but the last 30 minutes has been more frequent, like every 5 minutes. The pressure lasts for a while and then goes (about 30 seconds).

08 M XX:XX:XX

A sweat broke out between eyebrows and on temples.

22 F 00:02:10

Sweat on brow.

22 F 00:06:30

4.2.4 Eyes

Itchy eyes (dust related). Both eyes, medial aspect of both eyelids. Doesn't affect my life unless becomes intense, but this is only during change in seasons.

CURED SYMPTOM

02 M XX:XXXX

Very, very itchy eye. Right eye lower lid, red and swollen, eye lid flared up in 15 min, very itchy, very intense itch and watery eye. Put ice on the eye in the restaurant (eating breakfast). This decreased the intensity. In 45 min of icing and keeping the eye closed, the swelling slowly came down. Very frustrating condition.

CURED SYMPTOM

02 M XX:XXXX

Felt prolonged pain (dull) across my left eye.

08 M:XX:XX:XX

Pain across the left eye. Lasted about 30 seconds.

08 M XX:XX:XX

Very slight pain over right eye.

08 M XX:XX:XX

Have very faint twinges around my eyes probably every 20-30 minutes.

08 M XX:XX:XX

Burning, grittiness, tiredness in eyes, with burning and fullness around eyes.

10 F 00:XX:XX

My eyes are very heavy and I am battling to keep them open. I am blinking more than usual.

12 F 02:XX:XX

Eyes are burning and watery (just glazed, not actually tearing).

12 F 02:XX:XX

Eyes are still burning. Eyeballs are burning. Better for closing eyes.

12 F XX:XX:XX

Eyes: Burning as if they have been dry for too long or open for too long without blinking. Duration: 15 minutes. Better for closing my eyes tight.

12 F 04:16:08

Woke up with my eyes burning. They felt dry and burning as if an acid had been put into them. My vision was hazy, like there was mucous over my eyes, but there wasn't. Couldn't see clearly. Crushing on the corner of my right outer canthi.

13 F XX:XX:XX

While reading, my eyes feel as if the muscles are pulling inwards causing an out of focus sensation. Looking up it stops.

22 F XX:XX:XX

I have really puffy eyes today. The wind was hectic during the night and it woke me up, I hate wind. I have bags under my eyes and the left lid feels heavy.

22 F XX:XX:XX

Dryness of eyes.

23 M XX:XX:XX

Feeling of sand in the eyes > rubbing, associated with dry mouth.

23 M XX:XX:XX

4.2.5 Vision

When driving at night around 6 p.m. my spatial relation and vision felt slightly hazy.
It lasted 15 minutes or so.

04 M XX:XX:XX

My vision seems more blurred than normal when reading or writing.

08 M XX:XX:XX

My vision was hazy, like there was mucous over my eyes, but there wasn't. Couldn't see clearly.

13 F XX:XX:XX

While reading, my eyes feel as if the muscles are pulling inwards causing an out of focus sensation. Looking up it stops.

22 F XX:XX:XX

I am having difficulty focusing while trying to read. Seems I need to hold the book further away. I want to rub them to clear them.

22 F XX:XX:XX

4.2.6 Ears

Been getting hot flushes on and off on my ears.

08M:00:14:30

Twinges have continued, the last three have been on my right ear.

08 M 02:XX:XX

There was a constant pain in my left ear for about 45 minutes.

08 M XX:XX:XX

I've been getting the twinges to my left ear.

08 M XX:XX:XX

I had a whistling sensation in my right ear.

08 M XX:XX:XX

Pain felt through left ear.

08 M XX:XX:XX

I just got a twinge through my left ear.

08 M XX:XX:XX

I got a twinge just behind my right ear, quite a sharp pain.

08 M XX:XX:XX

More pronounced twinge on right side of face going from right eye towards right ear.

08 M XX:XX:XX

Twinge behind my right ear going down into my right shoulder. Lasted about 30 seconds.

08 M XX:XX:XX

Ears are severely blocked bilaterally and it is extremely painful. Have been traveling on an airplane which has caused it, but never so severe before.

09 F XX:XX:XX

Pain behind ear and mastoid process.

14 M XX:XX:XX

Serous fluid is flowing from my right ear.

22 F XX:XX:XX

Right ear seems blocked, find myself trying to equalize hoping for that relief of a 'pop'.

22 F XX:XX:XX

My right ear feels blocked and big inside.

22 F XX:XX:XX

4.2.7 Hearing

Dullness of ears, can't hear properly.

14 M XX:XX:XX

Hearing acute, everything seems loud.

22 F XX:XX:XX

4.2.8 Nose

Itchy eyes and nose (allergic to dust and dog hair). Better with cold.

CURED SYMPTOM

02 M XX:XX:XX

Itchy nose and nasal drip (mucous build up). Cleaning out my office, dusty.

CURED SYMPTOM

02 M XX:XX:XX

Itchy nose, eyes, cleaning carpets and painting (dusty) occurs almost daily.
Itchy skin, mid thoracic right forearm, right tibia.

CURED SYMPTOM

02 M XX:XX:XX

Runny nose. Watery, not profuse. Worse for breathing in through nose.

03 F XX:XX:XX

Sinusitis. Worse in morning, for cold air and for physical exertion. Tender frontal bone above eyes.

03 F XX:XX:XX

Sore sinuses. Sinusitis. Itchy nose, throat, eyes and ears. Burning sensation on the root of nose. Watery discharge on nostrils.

03 F XX:XX:XX

Lots of mucous in my nose and throat. After coughing and blowing my nose quite a bit it cleared up.

04 M XX:XX:XX

I started getting a dull pain up my nasal passage going up to my head.

08 M XX:XX:XX

Facial fullness over maxilla, felt congested.

10 F 00:10:30

Burning in nose and down pharynx, with tingling.

10 F 00:10:48

Woke with a blocked right nostril. I could not breathe through it at all. Went away on

rising out of bed.

12 F XX:XX:XX

Sinuses feel dryer than normal, accompanied by a strange nasal headache.

21 F XX:XX:XX

Bridge of nose feels on fire inside, but nose is not blocked and I have no post nasal drip.

22 F XX:XX:XX

4.2.9 Mouth

Pain on right side of frenulum of my tongue, don't remember biting it at hockey practice or during my sleep.

02 M 01:07:15

Sore soft palate.

03 F XX:XX:XX

Dry lips. Worse during the day.

03 F XX:XX:XX

Bleeding left canine gum – sore.

03 F XX:XX:XX

Mouth – bad breath – think it's because of the bleeding gum.

03 F XX:XX:XX

Slightly bitter taste in mouth-sort of on top of the tongue. Salivation slightly increased.

05 M 00:13:10

Slight bitter taste in mouth.

05 M 01:6:30

Slight bitter taste in mouth-front of mouth.

05 M 01:17:00

I've had a very dry mouth for about two hours now. Have had 3 glasses of water but mouth seems to be getting drier.

08 M 00:12:00

Mouth very dry.

08 M 01:12:15

I am feeling slightly nauseas but more especially have a bitter taste in my mouth.

09 F 02:XX:XX

Bitter taste in mouth.

09 F XX:XX:XX

Tingling of tip of tongue.

10 F 00:11:00

Tingling of lips.

10 F 00:11:00

Numbness and tingling of left cheek.

10 F 00:12:00

Tingling and burning of mouth and tongue.

10 F 00:16:00

My lips have been extra dry today.

10 F 00:16:00

Have an ulcer on the inner lip overlying left canine (upper). Only painful if I apply pressure with tongue.

12 F XX:XX:XX

I still have mouth ulcer. It feels like one of those sores you develop from eating salt and vinegar chips. Only aware of it when I apply pressure to it.

12 F XX:XX:XX

Still have mouth ulcer. The pain has increased. It is a sharp pain when touched.

12 F XX:XX:XX

Bitter taste in mouth soon after taking the remedy.

13 F 00:20:20

Have a sour taste in my mouth.

13 F 01:08:00

Jaw is sore too when I open my mouth. Achy sore, as if it hasn't been used for a long time.

13 F 03:XX:XX

4.2.10 Teeth

Aware of bottom teeth touching top teeth. Lasted for 1 or 2 minutes.

05 M 00:13:05

My teeth felt sensitive for about 10 minutes.

15 F 00:03:00

4.2.11 Throat

Sore throat. White spot on right tonsil. As if raw. Worse for breathing in.

03 F XX:XX:XX

I woke up and ate breakfast. After breakfast my throat felt strange, not raw but slightly scraped or raw. Mucous production from the throat was increased. This began at around 7 a.m. The right tonsillar node was enlarged but not tender.

04 M 02:XX:XX

The throat improved once I started playing tennis. Not noticed thereafter. Right tonsillar node enlarged throughout the day. It's mobile and non tender.

04 M 02:XX:XX

Right tonsillar node still enlarged. Mobile. Right side of my throat is not fully normal. It feels mildly tender or inflamed. It's not painful but I am swallowing more and there's a roughness to it.

04 M 02:XX:XX

The throat is still not 100%. I can't give more detail but the mucous production is slightly increased, and the smoothness or feel of the throat (pharynx) is not 100% normal.

04 M XX:XX:XX

Throat still feels abnormal. Still more mucous than normal and mildly scratched feeling.

04 M XX:XX:XX

I've really been watching the throat. If anything it's a rawness that comes in waves, noticeable when swallowing. A very mild rawness.

04 M XX:XX:XX

I have tonsillitis. It is mild.

09 F 00:8:20

Woke up with mild tonsillitis.

09 F 01:9:30

Sore throat. Left tonsil enlarged (tonsillar lymph node, not actual tonsil).

12 F 00:16:10

Have a burning pain in back of my throat. Concomitant: Increased mucous (which I can't see, just feel). Dull temporal pain which goes on getting out of bed. Increased thirst for cold water.

12 F 01:07:12

Have the sensation of an air bubble trapped in my oesophagus. Came on after eating. Desire to burp but I can't. Duration 20 minutes. Better for sitting up, burping and worse for lying down.

12 F 03:XX:XX

Sensation of air bubble in throat. Always starts after dinner and while I am lying down.

Duration: 5 minutes

12 F XX:XX:XX

I woke up with a sore throat. It felt a bit dry and the soreness was at the top of my throat.

15 F XX:XX:XX

Sore throat.

21 F XX:XX:XX

Continually having to clear my throat, my voice keeps going hoarse. No sore throat just feels coated in sticky mucus.

22 F XX:XX:XX

Throat feels really sore almost like getting a cold. Pain worse on the right, feels scratchy.

26 M 01:36:00

Woke up with a sore throat, but by 10h00 it was gone.

26 M XX:XX:XX

4.2.12 Stomach

4.2.12.1 Appetite

Appetite decreased.

03 F XX:XX:XX

Hungry but easily satisfied with small amounts of food.

03 F XX:XX:XX

Decreased appetite, decreased thirst. No food cravings.

03 F XX:XX:XX

Food doesn't taste nice.

03 F XX:XX:XX

I've also been enjoy eating bread and butter lately or toast and butter.

04 M XX:XX:XX

Generally the system is very dry but I wasn't thirsty, although drinking anything was no problem.

04 M XX:XX:XX

I noticed that I'm not drinking as much as normal even though it is still dry outside.

04 M XX:XX:XX

Thirsty - drank 2 glasses of water.

05 M 01:17:05

No appetite and quite tired.

08 M XX:XX:XX

Lack of energy. No appetite.

9 F XX:XX:XX

I have an appetite but don't feel like eating. Very unusual for me. I feel I can survive on a small meal and even though I am hungry, I don't eat.

12 F 01:14:07

Woke up feeling hungry. This is unusual because I had a huge dinner and went to bed full.

12 F 01:07:10

Haven't had breakfast or lunch. Have absolutely lost my appetite.

13 F XX:XX:XX

Haven't had any appetite today. This is so strange, I should be starving by now.

13 F XX:XX:XX

Started cooking dinner, but still no desire to eat.

13 F XX:XX:XX

Had no appetite, but forced myself to eat. Had a bowl of cornflakes. Felt I was eating for the sake of eating.

13 F XX:XX:XX

Noticed I haven't been too thirsty today.

13 F XX:XX:XX

Appetite has increased.

21 F XX:XX:XX

Didn't eat much but felt full rather quickly.

21 F XX:XX:XX

Funny feeling in tummy, I feel hungry but can't eat. Occurs at random times but is localized to a specific area (central).

21 F XX:XX:XX

I don't feel like eating at all, just don't need food.

22 F XX:XX:XX

No appetite, lost interest in food, nothing appeals to me. I would like something

sweet, but couldn't decide what so gave up.

22 F XX:XX:XX

Excessive thirst accompanied by extremely dry mouth, > ice cold water.

23 M 00:07:00

Excessive thirst accompanied by dry mouth as if chalk in mouth > large amounts of cold water.

23 M 00:18:00

Aversion of food of any sort accompanied by feeling of lethargy and extreme dehydration.

23 M 01:30:XX

Nauseous, couldn't eat breakfast, no appetite.

26 M 01:23:30

4.2.12.2 Nausea

Feeling nauseas.

08 M XX:XX:XX

Nausea worse after I had eaten.

08 M XX:XX:XX

Nausea is now quite severe. Didn't have anything to eat before this.

09 F XX:XX:XX

Feel so nauseous, as if something is in my oesophagus, under my sternum that must come out. Came on an hour and a half after having a toasted cheese.

I had a glass of cold nesquik with low fat milk at 9 p.m. which made me feel much better.

13 F XX:XX:XX

Dishing up dinner and the smell of the food brought on nausea suddenly. Nausea this time is felt in my stomach-like a hollow feeling. Am going to eat my dinner anyway because I haven't eaten the whole day.

13 F XX:XX:XX

Nausea is gone after eating dinner. Feel much better.

13 F XX:XX:XX

4.2.12.3 Pain

Stomach pains with associated nausea. No accompanying bitter taste in the mouth. Had a cup of tea about ½ an hour ago.

09 F XX:XX:XX

Just had something to eat with a cup of coffee and the stomach pain and cramps have disappeared.

09 F XX:XX:XX

Cramp in right side of tummy near belly button, worse on standing up.

21 F 01:XX:XX

Stomach is sore, crampy centrally, with sharp pain on left side.

21 F XX:XX:XX

Stomach still sore, made slightly better on exercise and lying down.

21 F XX:XX:XX

4.2.12.4 Other

Stomach noises, gurgling and grumbling, anxious and tense about why my IBS is playing up.

21 F XX:XX:XX

4.2.13 Abdomen

Bloated and farting a lot. Bad smell as if rotten eggs.

03 F XX:XX:XX

Have severe abdominal pain with associated nausea. The abdominal pain is bilateral. The abdominal pain is a constant aching pain.

09 F 00:20:47

Abdominal pain has started. It is moderate with associated nausea. The pain is dull and achy.

09 F 01:17:40

Just had a white hot chocolate and am feeling slightly nauseas.

09 F 02:XX:XX

Am feeling very nauseas right now with associated moderate abdominal pain.

09 F 02:XX:XX

Moderate abdominal pain with associated nausea. Just had a sandwich and a cup of tea prior to onset of symptoms.

09 F 03:XX:XX

Moderate abdominal pain with associated bitterness in the mouth.

09 F XX:XX:XX

Am suffering with severe abdominal cramps. Worse at night. There are associated sharp poking pains.

09 F XX:XX:XX

Slight abdominal pain that is increased with palpation. Still have bitter taste in my mouth.

09 F XX:XX:XX

Severe abdominal pain with associated sharp poking cramps in left upper quadrant. Mild nausea.

09 F XX:XX:XX

Onset of severe abdominal pain with nausea. Abdominal pain is of a cramping nature, mainly in the upper ½ of abdominal area.

09 F XX:XX:XX

Just had super and abdominal pain is gone but nausea is still there- mild.

09 F XX:XX:XX

Nausea has gotten worse with associated bitterness in the mouth. No abdominal pain.

09 F XX:XX:XX

Slight abdominal pain relieved by eating some food, with a cup of tea.

09 F XX:XX:XX

There is no abdominal pain or nausea but a strong sensation to vomit. I am going to bed.

09 F XX:XX:XX

Just had a cheese sandwich with lettuce and the abdominal pain and nausea have decreased.

09 F XX:XX:XX

Onset of slight abdominal pain. No associated nausea. I am feeling very tired right now.

09 F XX:XX:XX

Onset of nausea, but it is mild, associated with bitter taste in my mouth. No abdominal pain.

09 F XX:XX:XX

Onset of moderate to severe abdominal pain with associated mild nausea. No bitter taste in mouth experienced.

09 F XX:XX:XX

Abdominal pain has subsided but nausea is still present and is now moderate in intensity.

09 F XX:XX:XX

Onset of severe abdominal pain and nausea with associated bitter taste in my mouth.

09 F XX:XX:XX

Have severe abdominal pains with associated nausea. Don't feel like eating or drinking anything.

09 F XX:XX:XX

Severe abdominal pain. No nausea. Abdominal pain is twisting with some intermittent cramping. No bitter taste in mouth. Lasted about 5 minutes and has

disappeared.

09 F XX:XX:XX

Feeling very bloated in my abdomen. Not passing any flatus. Came on after eating popcorn. Feels like a ball of gas between sternum and umbilicus.

13 F XX:XX:XX

Noticed bloating around abdominal area. Normally happens a week before a period but this is straight after. I feel heavy, uncomfortable and difficult to move.

15 M XX:XX:XX

4.2.14 Rectum

Burning and fullness in perineum. Itching in anus.

10 F 00:10:50

4.2.15 Stool

Diarrhea with loose stools. Brown yellow color. Bad smell of rotten eggs.

03 F XX:XXXX

Noted quite dark stools, little red in color but no accompanied symptoms.

11 F 01:XXXX

Bowel great – is this what they call regular?

22 F XX:XX:XX

4.2.16 Urine

Woke up with the sensation of urine dribbling. Urine dribbled in drops. So got up to

Woke up with the sensation of urine dripping. Urine dripped in drops. So I got up to go to the loo.

13 F XX:XX:XX

Getting dressed and noticed that when I stand still I have urinary incontinence. Better for walking, worse for standing still, worse for lying down on back.

13 F XX:XX:XX

Noticed my urine has been quite dark in color the past 2 days. Dark yellow almost orange in color. No odor that stands out. Have a mild urge to urinate again, as if something were in there, like an object of some sort that needs to come out.

13 F XX:XX:XX

4.2.17 Female

I experienced ovulation pain on and off for the whole day. Worse in the evening and better for rubbing the lower abdomen. I never get ovulation pain so this is unusual for me. Sensation: cramping pain with desire to bend forward or apply pressure.

12 F XX:XX:XX

It feels as though I have a large amount of air in my uterus pushing to get out in all directions.

13 F 00:15:00

Interestingly, my period has also stopped abruptly after yesterday's clots.

13 F 02:XX:XX

Dysmenorrhea worse than usual, normally lasts one day, but since taking the remedy it's been worse. I have been clotting a lot more, bleeding is quite heavy.

15 F 01:XX:XX

4.2.18 Larynx and trachea

Continually having to clear my throat, my voice keeps going hoarse. No sore throat, just feels coated in sticky mucus.

22 F XX:XX:XX

4.2.19 Respiration

Awareness of more work on breathing.

10 F 00:10:30

My breathing is more difficult. I have to gasp for air in order to get it into my lungs. Concomitant symptom is increased yawning. The duration was two minutes. I have had this symptom for about 2 years. It comes and goes. I have never experienced it first thing in the morning as I thought it came after eating and I haven't eaten. It was of greater intensity, but shorter duration.

12 F 00:8:08

4.2.20 Chest

Pain, crushing, strong, retrosternal, like someone is crushing down on my chest with their heel. Better for pressing on sternum. Aware of heart beat against chest – strong and regular. Burning over lower costal area.

10 F 00:10:25

Still have central chest pain.

10 F 00:11:00

Nauseous, oppressive feeling in central chest.

10 F 00:10:20

Now feeling chest pain and arm tingling again (I'm inside now and sitting in a chair).
10 F 00:12:45

On taking the remedy I experienced a sudden onset of dizziness and vertigo and a slight pain parasternally.
14 M 00:00:15

On taking the remedy I experienced a parasternal pain and a pain under my left arm.
14 M 01:25:XX

Before falling asleep I experienced a sudden hypertensive/heart attack symptom, a numbness of my left arm, parasternal pains and irregular heart beat, three rapid beats followed by a long period of no beating then two slow beats. Fear of dying, wanting to be in a hospital.
14 M XX:XX:XX

Aware of growing discomfort in left breast. Whole breast is throbbing with the pain going into the axilla. Need to hold and massage breast. So painful tears in my eyes. Pain subsided after about 10 minutes.
22 F XX:XX:XX

4.2.21 Back

Back itchy. Worse at night on sleeping.
03 F XX:XX:XX

Woke up with a trigger point in right side of my neck. Neck stiff on right side. Better after pressing over area with firm pressure. Went away soon after pressure.
04 M XX:XX:XX

Neck and upper shoulders more stiff today than normal. Better after massage.

04 M XX:XX:XX

For about an hour between 9 and 10 a.m., I had a very strange nervous twitch, spasm of my lower shoulder muscle towards where my back meets my shoulder blade on the left hand side.

18 M XX:XX:XX

I have been scratching my neck as if there was a hair tickling me, checked but found no hair.

22 F XX:XX:XX

Right trapezium is very tense feels tight and tightly strung.

22 F XX:XX:XX

4.2.22 Extremities

4.2.22.1 Awkward

Feeling very clumsy, keep knocking into things when walking.

26 M XX:XX:XX

Keep stubbing right foot into furniture.

26 M XX:XX:XX

4.2.22.2 Fatigue / heaviness

Tiredness, fatigue, especially in lower legs – need to sleep in afternoon. Worse for eating.

05 M 03:XXXX

Woke up at midnight and my legs felt heavy and battled to relax them.

08 M 02:XX:XX

Am feeling very weak. There is associated pins and needles in both my palms.

09 F XX:XX:XX

Stiffness in the lower part of my calves, especially on the left, as if I had been exercising too much (I hadn't done anything), towards the evening and continuing until bedtime.

10 F XX:XX:XX

Feeling of excessive heaviness in extremities.

23 M XX:XX:XX

The pain from my elbow is spreading up the arm into the shoulder and forearm. I can't grip or hold onto things with the left hand, I have no power.

26 M XX:XX:XX

4.2.22.3 Flexibility

Twinge in left knee. Tightness like an elastic band extends to calf muscle.

22 F XX:XX:XX

So excited about the general improvement of my joints in my hand, feeling so much more flexible, and pain is minimal.

22 F XX:XX:XX

Keep looking at my hands and flexing my fingers, almost testing. Stiffness reduced to almost nothing and pain in pinkies only if I press them.

22 F XX:XX:XX

4.2.22.4 Itch

A great itch on my left foot underneath. Worse at night. Scratching doesn't alleviate the itching.

03 F XX:XX:XX

My right foot is also itching underneath. Worse at night.

03 F XX:XX:XX

Right foot itchy, is getting worse. It's irritating because I can't scratch enough to make it go away quicker and it's under the foot.

03 F XX:XX:XX

Itching between middle and second lateral toes.

10 F 00:12:00

4.2.22.5 Pain

My right hip is a bit sore.

08 M XX:XX:XX

Had a restless sleep, right hip is sore so couldn't get comfortable.

08 M XX:XX:XX

My shoulder going down my arm has been very sore, feels numb and uncomfortable.

08 M XX:XX:XX

Pain in left shoulder, deltoid area – burning, also burning dorsum of left hand, with tingling and numbness.

10 F 00:10:20

Pulled a muscle in my calf, low down, just above achilles, while playing tennis.

10 F 03:XXXX

Right knee pain. Dull aching around entire knee joint. Better for movement, rubbing, and warmth. Worse for rest.

12 F XX:XX:XX

Pain in right instep, stabbing, stretching does not help, rubbing difficult as it is hard to pin point.

22 F XX:XX:XX

Right instep sharp pain making walking difficult. Once moving about it settled down.

22 F XX:XX:XX

Right knee seized up, it was stiff and painful. Sensation as if there was a large rubber band all around the knee preventing it from moving and the pain electric. Rubbing helped and it soon passed.

22 F XX:XX:XX

Hamstring on the left leg feels sore, it is mild but is pulling and burning.

26 M XX:XX:XX

Intense pain in the left elbow, the joint feels cold and is better for heat and worse for movement.

26 M XX:XX:XX

The pain from my elbow is spreading up the arm into the shoulder and forearm. I can't grip or hold onto things with the left hand I have no power.

26 M XX:XX:XX

My left arm feels tender and tense.

26 M XX:XX:XX

4.2.22.6 Sensations

Pins and needles has started in both feet.

09 F XX:XX:XX

Burning and tingling, left hand, dorsal ulnar distribution – pinkie and ring finger and in between. Also dorsally.

10 F 00:10:30

Burning dorsum and forearm laterally.

10 F 00:10:30

Pins and needles, left thumb, with that funny feeling you get when you've sat on your hand and the blood starts coming back.

10 F 00:10:30

Lameness in left arm. Also the right to a lesser extent.

10 F 00:10:30

Burning in right MCP joint of index finger.

10 F 00:10:30

Tingling of left lateral lower leg, with lameness. Like a mini electric current passing through it.

10 F 00:10:30

Still have that numb tingling feeling in left hand and forearm as above.

10 F 00:11:00

Numbness of hand. Better for rubbing.

10 F 00:13:00

Numbness of forearm still there when I go to bed. It feels numb on its own and also numb to touch.

10 F 00:22:00

Tingling of thumb still there on going to bed.

10 F 00:22:00

Notice that back of both hands and left forearm are numb to touch – definitely less sensitive.

10 F 01:19:00

I woke up a few times with a numb left hand. Better for shaking it, and sleeping on the right. Worse for sleeping on the left side or on my back with head turned to the left.

12 F 00:XX:XX

4.2.22.7 Other

My feet are very swollen tonight and hot, this usually only happens in the heat of summer and I haven't been on my feet all day.

22 F XX:XX:XX

4.2.23 Sleep

Restless and insomnia.

03 F XX:XX:XX

Sleep position: on my back with both arms above my head.

12 F XX:XX:XX

I've been talking in my sleep and almost sleep walking and not really having any recollection of it. I wake up thinking I dreamt it when asked by other people.

13 F XX:XX:XX

Before going to bed I feel very energetic and not feeling like going to sleep.

14 M XX:XX:XX

Insomnia, every sound keeping me awake, makes me angry and annoyed.

14 M XX:XX:XX

Scared and worried for no particular reason, can't sleep.

14 M XX:XX:XX

Can't sleep, wondering if there is something wrong with my pineal gland.

14 M XX:XX:XX

Can't sleep, every sound keeping me awake, almost like I have supersonic hearing.

Very irritable, making a big fuss over the sounds, want to destroy that which is making the sounds, dogs barking, want to kill!

14 M XX:XX:XX

Restlessness during sleep accompanied by moderate perspiration on throat > cold air.

23 M XX:XX:XX

Excessive perspiration during sleep accompanied by restlessness during night.

23 M XX:XX:XX

4.2.24 Dreams

4.2.24.1 Competition / Testing

I returned to America to the collage I went too previously to try and do better from a more experienced point of view. I felt that I would or could compete better in tennis this time around.

04 M XX:XX:XX

I'm working in a health shop with Jodi Cahill. It's very busy. Jodi starts to stress as she can't attend to everyone. People are queuing out the door. A doctor comes in to buy syringes. He is dressed in 1940 -1950 garb. I show him what we've got. He selects three. He starts testing my diagnostics knowledge with a difficult case scenario.

We shut the shop and watch a health video - something to do with homoeopathy. That night the doctor's oldest daughter – she's about 11 or 12, gets a very high fever. Nothing he does is of any help. When he looks for one of the syringes, he finds a brown bottle of homoeopathic stuff he took at the same time that morning, and gives it to her. The next day she is absolutely well. This wife gives a big party with speeches and everything to promote homoeopathy. Some ladies from the community also dressed in 50's clothes march in, two abreast, singing Christian church songs to disrupt the party. They are asked to leave.

I go to the loo. Very odd arrangements with buckets and showers, I can't figure it out. It all looks very period.

10 F 01:XX:XX

My dreams the last two nights have been strange. I can't really remember them, I only have fragments of the dreams. If there is one feeling I can possibly get from the dreams, is that a feeling of trying to do my best, and be the best. One fragment I remember. I was running a race and I was trying to beat the first runner. At first I couldn't beat her. Then my dream happened over again, and the second time around I beat her. It was great. A sense of achievement. A pride at the fact that I knew all along that I could do it.

13 F 02:XX:XX

Had a dream I was being examined in a subject I've already passed in front of the whole class. I didn't know any of the answers and felt like an idiot. I turned to the class and wanted to see if they knew the answers and they all did except me. Begging the lecturer not to fail me. Feel embarrassed, stupid and desperate.

13 F XX:XX:XX

4.2.24.2 Confusion / Changing

Our year (at D.U.T) has to organize a ball, and we are also the waiters on the night. We have to dress up in German? Traditional costumes – wide red skirts with white aprons and black tight tops. We have to learn traditional dance steps.

I also have two guests staying with me – they are going to the ball, and I am assigned to put them up for the night. Both they and I are somewhat confused about our relative roles.

At the hall where the ball is to take place someone who was at school with me – a girl – is also a waiter, in outfit. Madhu comes in also dressed up, but her outfit looks

a bit different to ours to differentiate her – it's a bit more elaborate. She's dancing and turning and singing, looking very happy.

10 F 02:XX:XX

Our class each has to do a prostatic examination. We are arranged in a sort of a circle. Each of us has to take a turn, but none of us know what we are doing.

10 F 03:XX:XX

Don't really remember my dreams, know I dreamt, but it is all very jumbled and confused.

13 F XX:XX:XX

Dreamt that I am entering the schoolyard, people that I know are crying, a wedding is in progress. As I walk into the quads it changes into a soccer stadium, soccer in progress. My mom and friends are sitting next to me. Mom exits the stadium I follow. As we exit we enter a modern hotel, looks more like an airport. Can't find any rooms only many flights of stairs and windows.

14 M XX:XX:XX

Can't dream anything specific, just blurred images, can't remember anything.

14 M XX:XX:XX

Dreamt of a photo album with moving photos, can't make out what is on photos.

14 M XX:XX:XX

4.2.24.3 Danger / Disaster

Involved with Peter Vorso like character in an illegal operation involving the use of jet planes (like passenger jets) which could land out at sea and pick up people, who are smuggling people or goods? Then fly to a remote lake and land there. Somehow we are out of the blame and IA is now flying by itself in the vicinity, abandoned and

unbalanced. There is a sense of danger. I somehow get into the plane and stabilize or land it. I have misgivings about my involvement in the illegal scheme. Wish to be out. Other members of public are suspicious of the plane and what it is doing. I don't finish, they can buy the idea of it being a commercial passenger airline. I start to move out of the operation- perhaps letting others know what is happening.

05 M XX:XX:XX

We were out casts from a catastrophe world war holocaust type of situation. Earlier in the dream before being separated heard machine gun fire. I was happy because I thought the enemy where being attacked but the fire was directed at us in a type of non lethal way to drive us out of the desired area.

There was not enough space for our group to be saved into a safe zone. We had to go back into a deserted city area with no load and try to survive. The danger was hungry dogs that we needed to protect ourselves from. We climbed a tall block of flats to the very top of the lift or stair well and proceeded to block the way down so the dogs could not get through. Our materials to do so seem very limited to me.

There are spaces where the dogs can get through. Maybe by repeating the methods of barrier creation there will eventually be an impenetrable barrier.

05 M XX:XX:XX

I can't remember the exact details but it was a violent dream. There was a long tunnel or pipe. A gang of men with weapons would climb up this pipe and rob or kill the people at the top. I would keep looking down the pipe to check if they were coming. Every time I did this there would be a man right there at the exit and I would fight him. He would overpower me and violently slash up the people around me with a knife. The main feeling behind the dream was nervousness. Although I was fearful of the men I felt more nervous because this was the society that we lived in. It was an anxiety about when they were coming and not a fear of 'what will they do to us.'

12 F:01:XX:XX

I was a police officer and my partner and I were assigned to catch two criminals. We spotted them on the street and there was a shoot out. I managed to shoot one guy in the head, but my partner got shot. I hauled him into the car and the remaining criminal chased us to a hospital. At the hospital we were confronted by 3 ninjas. We had to fight them with these little black marbles (some type of ninja weapon) we managed to fight them off.

The next scene was in an old military yard. There were land mines and obstacle courses and fake dead bodies were zombies and they started coming for us. They wanted to eat us. I had one gnawing cheek. While trying to defend myself from the zombies I came across a baby which I then had to look after.

The dream continued with the baby and me trying to escape from danger.

12 F 02:XX:XX

Last night I dreamt I was far away from here, like in JHB or something, and a huge tidal wave hit Durban. I saw it on the news and my first reaction was my dogs. I had to get them. So many people tried to convince me otherwise, but I had to get them. I had to save them. I felt totally desperate. During the entire dream I had to overcome obstacles, like huge traffic jams, fallen buildings, and huge flooded areas. It was horrible but nothing was going to stop me from getting to them. I woke up before I got to them.

13 F 03:XX:XX

Had a horrible dream. Had a dream that there was a huge rattle snake under a rock. At first I didn't want to kill it. But then it threatened to bite my puppy and my maid, and out of desperation I stabbed it with a garden fork and then a garden spade. It was so big and strong it was a huge battle.

13 F XX:XX:XX

I had another dream that I was in the army, the only girl. I was in a bunker and we were ready to fight, but I was so afraid. I tried to hide deeper in the bunker so the

bullets wouldn't hit me. Didn't understand why I was there, or who I was fighting for. I am going to die for an unknown cause, most likely for a crappy piece of land.

13 F XX:XX:XX

Dreamt that a space shuttle or large airplane crashed in Durban, big explosion, could even see it from Empangeni, although it seemed like we were standing more in the region of Umhlanga. Lots of debris in Empangeni.

14 M XX:XX:XX

I was with a childhood friend fending off leopards and lions with a knife at the campsite we've been too for retreats for many years. There were other people there, it was night time, we fended off the animals and then he broke up with his girlfriend.

21 F XX:XX:XX

4.2.24.4 Massage

I broke down while driving. The tyre had burst. I was with my girlfriend and the day was nice (sunny). Immediately about 10 tow trucks arrived. I suddenly found myself at the tow truck driver's house. The tow truck driver was abusive to a woman and I offered to massage her back to help her relax. She removed her tops and showed me her breasts.

04 M XX:XX:XX

Being treated by a Dr. Russel for muscular skeletal problems. He lies on me and massages me with his nose? Feels very inappropriate.

05 M XX:XX:XX

4.2.24.5 Music

I go for a walk to a lake at the edge of the doctor's property. Strange place. The water is a funny cloudy light blue-green. The lake looks man-made, with a large amphitheatre all round. A man tells me about an extraordinary phenomenon. He shows me that if you stand in two different places by the shore, you can hear two music chords being played, which he says is made by a man under the water. I hear the chords.

10 F 01:XX:XX

Woman who used to be in my class is helping me at the piano. Can hear the music in my dream.

10 F 01:XX:XX

4.2.24.6 Planning / Organizing / Hosting

Our year (at D.U.T) has to organize a ball, and we are also the waiters on the night. We have to dress up in German? Traditional costumes – wide red skirts with white aprons and black tight tops. We have to learn traditional dance steps.

I also have two guests staying with me – they are going to the ball, and I am assigned to put them up for the night. Both they and I are somewhat confused about our relative roles.

At the hall where the ball is to take place someone who was at school with me – a girl – is also a waiter, in outfit. Madhu comes in also dressed up, but her outfit looks a bit different to ours to differentiate her – it's a bit more elaborate. She's dancing and turning and singing, looking very happy.

10 F 02:XX:XX

My husband's mother (who passed away six years ago) came to stay with us in the dream, but on a yacht, which we owned. She would be there on her own during the

week. We welcomed her and showed her around, but then left, only later did I ask if we had left her any food.

10 F XX:XX:XX

I was cooking for a whole lot of people, not my kitchen but it was in my house. When I served the food I realized that it was not enough, but sat down with my first lot of guests. It was a Muslim family. I know they have 4 children under the age of six and are wild. Getting them settled was a nightmare and finally we were ready to eat.

I said we first needed to pray. Peter was there too he whispered 'why?' I stuttered out a prayer and then realized as Muslims they may say something else other than God. I got all embarrassed and didn't know what to do. The husband was looking at me with contempt and at that point I was close to tears.

Then I got up from the table and went into the kitchen and my sisters and their husband's were all there, chaos reigned and I was suddenly braaiing. People were demanding food and Craig (brother in law) was seasoning some chicken. I snatched it from him and said I'll do that and went outside to the braai. Only then noticed that the Muslim family had left...

22 F XX:XX:XX

4.2.24.7 Protect and Defend

We were out casts from a catastrophe world war holocaust type of situation. Earlier in the dream before being separated heard machine gun fire. I was happy because I thought the enemy where being attacked but the fire was directed at us in a type of non lethal way to drive us out of the desired area.

There was not enough space for our group to be saved into a safe zone. We had to go back into a deserted city area with no load and try to survive. The danger was hungry dogs that we needed to protect ourselves from. We climbed a tall block of flats to the very top of the lift or stair well and proceeded to block the way down so the dogs could not get through. Our materials to do so seem very limited to me.

There are spaces where the dogs can get through. Maybe by repeating the methods of barrier creation there will eventually be an impenetrable barrier.

05 M XX:XX:XX

I was at my holiday house in the Tsitsikamma forest. It is a large property which takes up the block and has three houses on it. (One belonging to my Aunt and Uncle, one belongs to my family and the last one belonging to my grandparents.) There is a pathway through thick protea plantations, between our house and my granny and gramps house. The family and friends had gone down to my grandparents and I followed behind. Just before arriving I noticed a little trickle of water in the path. I turned around and walked back up the path to discover a mud slide coming straight for us. I ordered my family and friends to find big logs so we could direct the mud slide away from my grandparent's house. It was a dream of adventure and fun rather than fear. The mud looked particularly appealing to me and I wanted to roll in it.

Later that afternoon I was trying to prescribe a remedy for my uncle who had flu. I couldn't decide between Pulsatilla and Gelsemium. (This all took place on my grandparent's veranda while a mud slide was redirected around the house).

12 F 01:XX:XX

I was a police officer and my partner and I were assigned to catch two criminals. We spotted them on the street and there was a shoot out. I managed to shoot one guy in the head, but my partner got shot. I hauled him into the car and the remaining criminal chased us to a hospital. At the hospital we were confronted by 3 ninjas. We had to fight them with these little black marbles (some type of ninja weapon), we managed to fight them off.

The next scene was in an old military yard. There were land mines and obstacle courses and fake dead bodies were zombies and they started coming for us. They wanted to eat us. I had one gnawing cheek. While trying to defend myself from the zombies I came across a baby which I then had to look after.

The dream continued with the baby and me trying to escape from danger.

12 F 02:XX:XX

Last night I dreamt I was far away from here, like in JHB or something, and a huge tidal wave hit Durban. I saw it on the news and my first reaction was my dogs. I had to get them. So many people tried to convince me otherwise, but I had to get them. I had to save them. I felt totally desperate. During the entire dream I had to overcome obstacles, like huge traffic jams, fallen buildings, and huge flooded areas. It was horrible but nothing was going to stop me from getting to them. I woke up before I got to them.

13 F 03:XX:XX

Had a horrible dream. Had a dream that there was a huge rattle snake under a rock. At first I didn't want to kill it. But then it threatened to bite my puppy and my maid, and out of desperation I stabbed it with a garden fork and then a garden spade. It was so big and strong it was a huge battle.

13 F XX:XX:XX

I had another dream. I was in a huge tall shopping center. I was looking through the clothes racks, and this lady just kept pushing in my way. She was so rude, I walked away to another clothes rack to get away from her, and the next thing she was in my way again. So this time I shoved her back. She turned around and it was actually my mom. I was so shocked, I apologized profusely, but she didn't seem interested in taking my apology. She was so cold and distant towards me. It felt like she despised me. It was horrible. I continued looking at the clothes after our encounter, and softly in the distance I could vaguely hear our bird talking. I have this overflow of emotions. Oh my God, where is she! The shopping center is so full; someone is going to hurt her! I run to start looking for her, and then I see her waddling in between people. My heart is filled with relief and love for her. I take her to my mom, and demand why she let "Bubbles" out of her sight, why she forgot about her. But I got a cold hard stare.

The general theme I seem to be feeling in all these dreams is a theme of total desperation.

13 F XX:XX:XX

I was with a childhood friend fending off leopards and lions with a knife at the campsite we've been too for retreats for many years. There were other people there, it was night time, we fended off the animals and then he broke up with his girlfriend.

21 F XX:XX:XX

4.2.24.8 Travel – Hindered / Unrealistic

I broke down while driving. The tyre had burst. I was with my girlfriend and the day was nice (sunny). Immediately about 10 tow trucks arrived. I suddenly found myself at the tow truck driver's house. The tow truck driver was abusive to a woman and I offered to massage her back to help her relax. She removed her tops and showed me her breasts.

04 M XX:XX:XX

I am presenting a conference on signs or semiotics communication with others. Myron Schultz is a presenter. Arrive at hotel escalators. Need to go down, but Myron says we must walk up first - a man moving escalator! Sounds Irish to me but I agree. For some reason I choose to move up the side of the escalator. Initially ok but space starts too run out as the escalator (now running) moves out. I will be crushed between the roof and the escalator. Terrible feeling of clarification – narrow space – what to do – I need to get out of that space. (Terrible feeling of impending crushing) The escalator is now like a grey transparency film with many symbols drawn or printed on it. I became aware that I can jump into the film (Myron's power point transparency presentation) I do it and instantly am safe but in another non-material world where I can move through objects. I am on President Bush air force

jet where he is alone in the large cabin. He is aware of my presence and I walk right through him.

05 M XX:XX:XX

I had a choice of aircraft to go flying in – to fly them myself. Allocated to me is a very heavy thick metal plane - 10mm thick sides. Like an airplane but steam driven – looks like a steam roller. How can it fly? It has a very powerful motor but what if the motor stopped? It would fall like a stone from the sky! Also it had only one wing, the other had fallen off. I would prefer a light weight wooden fabric plane that could glide too.

05 M XX:XX:XX

Preparing to go on a long motorcycle journey in USA. Am in Leaktown (San Francisco) I will be traveling with one other guy. Lot of worry about where all our gear will go on the bike – a sort of scrambler. Then Tersa is coming as well – 3 on 1 bike! I keep forgetting to bring my goods, clothes with me – make a sort of plan to tie them on the back. We visit the other guy's folk's house, but I have to stay outside otherwise they will know there are 3 people going on 1 bike. They bring out sort of containers that are hydraulically operated behind the bike that can hold an enormous amount of gear - almost becomes like a car. How can this contraption work? But it does, stability without falling over. The man driving is preparing going from place to place but not actually starting the journey.

The after feeling of the dream is a pleasant feeling of excitement and anticipation for the adventure. When I woke I wished the dream to continue. Another feeling of the dream is the issue of many obstacles to progress.

05 M XX:XX:XX

Paddling a canoe like a double canoe, but we travel by gliding in the air (100m high) – look below and see a change in vegetation and I suggest to my “co pilot” we go down because the thermal or lift conditions by now vary as we approach a forest.

Now I am paddling a single canoe – again it paddles in the air a few feet up. To go forward I need to paddle – eventually I land on a road (nice area). My brother then arrives with this canoe. He said he saw me going but could not keep up.

05 M XX:XX:XX

I'm driving in my car, and notice that the petrol gauge is at empty. I'm about to run out of petrol, and there are no filling stations nearby. The instrument panel and petrol gauge are large, modern, and white.

10 F 03:XX:XX

I had a dream last night that I was walking through walls.

15 F XX:XX:XX

Traveling through a new gated community with two friends in a Toyota corolla. I was lying on the back seat with my feet out the window. The security guard wouldn't let us go further until I'd moved my feet. We ended up at the pub in the community that was owned by a friend I'd studied with.

21 F XX:XX:XX

Remembered part of my dream, I was at a night time flea-market selecting sweets and then boarded a cruise liner.

22 F XX:XX:XX

I am frustrated that I can't remember my dreams in more detail. A few snippets came through, learning about karma sutra, traveling some where, out doors walking, and in a car, gathering in a pit with four pillars.

22 F XX:XX:XX

4.2.24.9 Water

Going on a field trip with a guy I know from Richards Bay. It was winter, cool crisp air. Neat, identical houses all lined in a row alongside a river. Dead trees with no leaves skirted the banks of the river.

21 F XX:XX:XX

Dreams of waterfalls and ocean.

23 M XX:XX:XX

Dreams of rivers and large masses of water.

23 M XX:XX:XX

4.2.24.10 Other

Feeling of being treated like a king. Feels very good. Regal – moving along beside a parade of people.

05 M XX:XX:XX

We - my family, i.e. Dad, mom, and two sisters - are on holiday at the seaside (I'm much younger, about a teenager). Old friends of my parents who were at varsity with them are there, visiting with their children, who we know quite well. They are sleeping in the outbuilding at the back. All buildings are wooden construction, in the California white bleached beach house style.

We go to the beach. I skid on the part of the sand that is covered in a thin film of water as the waves pull back, like you would do with those thin plywood boards, but I'm doing it without a board on my bum. I'm loving it.

10 F XX:XX:XX

I kept dreaming of this shape: star in a circle or just a star alone or just a circle.
Note I kept thinking about stars during the day leading up to this dream.

12 F 00:XX:XX

The details of this dream are a bit hazy. I remember being thanked by a few people (that were at school with me) for forming such an awesome group of rebellious students. I was like a leader of a rebellious group of school kids.

12 F 00:XX:XX

I remember dreaming something or just thinking about Phosphorus (the remedy). I dreamt the same on day 00. Phosphorus was in my dreams or subconscious or thoughts but I can't remember why.

12 F 01:XX:XX

Dr. Hopkins was my art teacher. He had a big art lab (much like the homoeopharm lab) with many students. We were making ceramic hippos. Everyone had finished the ceramic part and it was time to paint. We were split into groups (3 people per group.) Each group was given a case of pipettes (ranging in size). We were asked to take turns to paint our hippos with a special pipette paint technique. My partners were taking too long to learn how to paint with a pipette. I was getting angry with one of my partners who was really taking her time. I decided to go to the back of the classroom to a friend of mine, Fleur, who had finished her hippo. It was magnificent. Royal blue body with a bright green fish in the center of his belly and racing red feet and head. I asked her if I could "steal" her pipettes so I could get painting (this was against the rules). I was willing to get caught by Dr. Hopkins if I could just start painting. The room was full of beautifully colored hippos and this made me angry as mine was still white.

On returning to my desk with my "stolen goods" I found my partner working with other pipettes, leaving our case free. I was mad; I got so angry and started swearing and shouting at her. Dr. Hopkins was eyeing me out but I did not care. She was so

rude and I told her. The anger explosion was incredible, sudden and intense. It did not last to long but left me in tears.

12 F 00:XX:XX

Haven't been able to remember my dreams the past few days. Very strange, I know I dreamt, but don't know what of.

13 F XX:XX:XX

Dreaming that I can't sleep, waking up tired.

14 M XX:XX:XX

4.2.25 Chills

Felt cold. Had to put a jacket on.

04 M XX:XX:XX

I feel cold, always nauseas.

08 M XX:XX:XX

Feeling very cold. Shivering a lot. Still have a fever.

09 F XX:XX:XX

4.2.26 Fever

Fever is very high. Associated with visible perspiration of face and neck area.

09 F XX:XX:XX

Mild fever with very sweaty palms.

09 F XX:XX:XX

Woke up with high fever and sweating. Was also feeling very cold. Felt better after drinking water and placing cold, wet face cloth on forehead.

09 F XX:XX:XX

I feel so hot a have a dampness on my skin.

13 F 00:10:20

4.2.27 Perspiration

I feel like I'm sweating more under my armpits, especially my right armpit. The sweat has a strong smell that lingers. I have to wash two or three times under the armpits to be completely rid of the smell.

04 M 07:XX:XX

Once again my armpits sweated more than normal with a strong odour. Right armpit is more. It seems to be worse in the afternoon time around 5 – 6 p.m.

04 M XX:XX:XX

Woke up about midnight totally saturated from sweating.

08 M XX:XX:XX

I feel so hot I have a dampness on my skin.

13 F 00:10:20

I feel so hot. I have a dampness on my skin. I asked Niko if he was hot and he said not really. It's unusual for me to feel hotter than Niko.

13 F 00:10:20

I noticed I have been perspiring a lot. A little more than usual.

13 F XX:XX:XX

Restlessness during sleep accompanied by moderate perspiration on throat > cold air.

23 M XX:XX:XX

Excessive perspiration during sleep accompanied by restlessness during night.

23 M XX:XX:XX

4.2.28 Temperature

I am feeling very hot. Feel as if heat is emanating from my head.

09 F 01:18:00

I am suddenly feeling very hot. I feel the heat mainly around thorax, head and feet.

09 F XX:XX:XX

I feel so hot I have a dampness on my skin.

13 F 00:10:20

I feel so hot. I have a dampness on my skin. I asked Niko if he was hot and he said not really. It's unusual for me to feel hotter than Niko.

13 F 00:10:20

4.2.29 Skin

I noticed I have a small vesicle on the dorsum of my left hand. Squeezed it and clear fluid came out.

13 F XX:XX:XX

Vesicle on hand has enlarged drastically. Actually is no longer a vesicle. It has a crusty center surrounded a blistery circumference and is about a centimeter in diameter. Also have a vesicle starting on left lower arm, and two on the right lower

arm. All three on anterior surface of forearms. They are reasonably itchy especially if they are scratched.

13 F XX:XX:XX

Forming sores on my legs too now. Anterior and medial surface of left thigh. They are very itchy, especially when scratched.

13 F XX:XX:XX

Left leg is terribly itchy when I scratch it, it burns. I seem to be scratching the sores raw. I have noticed many more have come on during the course of the day.

13 F XX:XX:XX

I have 3 established sores on my right anterior forearm, and 3 starting on right anterior forearm.

One established sore on the left dorsum of my hand, one established on the left anterior forearm, and one established on left posterior forearm. There are three starting on left anterior forearm.

There is one established on left side of back (+/- level L4). Four established and four starting on the left anterior surface of the thigh, one established on the lateral aspect of the left thigh, and one starting on the medial aspect of the left leg.

There is one established on the right anterior surface of thigh, two starting on the right anterior surface of thigh, and two starting on the right medial aspect of leg.

13 F XX:XX:XX

I woke up early to do some work. Noticed the sore on my right thigh has oozed and stained my clothes yellow. Have two new sores erupting on my arms. One on my biceps of my left arm, and one on my triceps of my right arm. Generally sores are increasing in diameter. There seems to be a yellowish crust forming on all of them.

13 F XX:XX:XX

Sores on thighs are very moist and sticking to clothing.

13 F XX:XX:XX

The itching gets aggravated by the heat in the car.

13 F XX:XX:XX

The itching seems to come in spells. Vesicles aren't itchy when the sores erupt and form crusts. When they are raw then it itches. Worse for scratching.

13 F XX:XX:XX

The sores look like the lesion of ringworm.

13 F XX:XX:XX

Stinging pain on right trapezium over the scapula, as if insect has bitten me. It is painful but also itchy. Scratching gives relief but also pain. I can't see any skin lesion. I can place my finger on the exact spot.

22 F XX:XX:XX

I have been scratching my neck as if there was a hair tickling me, checked but found no hair.

22 F XX:XX:XX

Pain that I experienced on my scapula this morning has moved to the right inner wrist. As if an insect had stung me but no skin lesion.

22 F XX:XX:XX

4.2.30 Generals

4.2.30.1 Energy

Felt very tired, fatigued all day, playing hockey and lacked energy and enthusiasm.

02 M XX:XX:XX

Decreased energy level.

03 F XX:XX:XX

Suddenly feeling exhausted. Not debilitating but tired.

04 M XX:XX:XX

I ate lunch at 12:30pm. My energy slowly improved throughout the day. The flat period felt earlier was more than a sugar low, I felt really exhausted.

04 M XX:XX:XX

I didn't feel well for some of the day. Not sick, but that "I'm getting sick feeling."

04 M XX:XX:XX

I had a very busy day but felt tired from about 6 p.m. onwards.

04 M XX:XX:XX

Feeling very tired - yawning.

08 M 00:16:20

Feel tired like I want to sleep.

08 M 01:15:20

Felt very tired just now. I yawned a lot.

08 M 02:XX:XX

Suddenly felt tired and yawning.

08 M XX:XX:XX

Felt very tired again.

08 M XX:XX:XX

Tired and yawning a lot.

08 M XX:XX:XX

Going to bed. Not feeling very sick, just feeling very fatigued.

09 F XX:XX:XX

I am feeling very weak.

09 F XX:XX:XX

I have been yawning all morning. Feeling exhausted now. My eyes are very heavy and I am battling to keep them open. I am blinking more than usual.

12 F 02:XX:XX

Had a sleep because I could not stay awake. Slept through noise. Fell asleep with the T.V. on (unusual for me). Woke an hour later, un-refreshed.

12 F 02:XX:XX

Still tired. Still yawning.

12 F 02:XX:XX

Exhausted again and I shouldn't be. Desire to sleep. Better for food or eating.

12 F 03:XX:XX

Feeling very tired, am going to take a nap.

13 F 00:15:00

Feeling very tired, exhausted even. Going to bed.

13 F XX:XX:XX

So exhausted, I know it's quite early, but I can barely keep my eyes open.

13 F XX:XX:XX

I am feeling very tired. I'm going home to have a nap. I also had a nap yesterday around the same time because I feel so tired, as though I've done lots today.

13 F XX:XX:XX

A general feeling of oldness and aching all over, I feel sixty plus.

14 M XX:XX:XX

Feeling exhausted, not very sleepy, just tired.

15 F 00:XX:XX

For about half an hour after taking the remedy I felt very sleepy, my body felt tingly.

15 F 00:03:00

I have been very exhausted, keep having to take frequent breaks to rest, always feel like sleeping and fall asleep when resting very easily.

26 M XX:XX:XX

Energy today really good, feel revved up, got washing done what else can I do?

Have no pain in back at all, body generally feel relaxed.

22 F XX:XX:XX

4.2.30.2 Lymph nodes

Left anterior and posterior cervical lymph nodes tender and enlarged. Worse for yawning.

03 F XX:XX:XX

Mild tender lymphadenopathy in the suboccipital region on the right. Only tender on palpitation. I think it is due to associated tonsillitis.

09 F 03:XX:XX

4.2.30.3 Sleep

Woke really early for me.

10 F 02:XX:XX

Woke up late. Normally don't sleep so late, but it was nice.

13 F 02:XX:XX

4.2.30.4 Thirst

Have a desire for cold water.

14 M XX:XX:XX

Feeling of extreme dehydration, dryness on waking accompanied by craving of excessive amounts of cold water.

23 M 01:25:XX

4.2.30.5 Other

Itchy eyes and nose (allergic to dust and dog hair). Better with cold.

CURED SYMPTOM

02 M XX:22:51

Been getting hot flushes on and off on my ears and head.

08 M 00:14:30

Bad body odor. Worse under my left arm. Had to wash under my arms to rid the smell. Deodorant did not help. It was my usual body odor just more intense.

12 F 01:13:16

I've had body aches, mainly lower back, sternum and my entire legs. The pain is as if I've strained my muscles.

15 M XX:XX:XX

I am craving something salty.

22 F XX:XX:XX

4.3 Repertory

Rubrics are listed in the order in which they would be found in Synthesis 7th Edition. They are presented in the following format:

- Rubric – Sub rubric/s – Degree – *Synthesis* Page Number.
- The letter R denotes rubrics extracted from Radar version 9.0.
- New rubrics have been created as a result of this proving. A capital “N” is appended to them and they are underlined.
- **Grade 3 rubrics are displayed in bold print.**
- *Grade 2 rubrics are displayed in italics.*
- Grade 1 rubrics are displayed in plain type.

4.3.1 Mind

MIND – ABRUPT	Pg1
MIND – ABSENTMINDED	Pg1
MIND – ABSENTMINDED – dreamy	Pg1
MIND – ACTIVITY; desires	Pg3
MIND – ACTIVITY – desires – weakness; with	Pg3
<i>MIND – ANGER</i>	<i>Pg9</i>
MIND – ANGER – causeless	Pg11
MIND – ANGER – conversations; from	Pg11
<u>MIND – ANGER – cruelties from</u>	N
MIND – ANGER easily	Pg11
MIND – ANGER – face: red: face; with red	Pg11
MIND – ANGER – internalized	Pg11
MIND – ANGER – trifles; at	Pg12
MIND – ANSWERING – abruptly	Pg14
MIND – ANSWERING – dictatorial	Pg15
MIND – ANSWERING – snappishly	Pg15
MIND – ANXIETY	Pg17

MIND – ANXIETY – crowd; in a	Pg17
MIND – ANXIETY – beside oneself from anxiety; being	Pg19
MIND – ANXIETY – hysterical	Pg23
MIND – ATTENDED to; to be – desire	Pg27
MIND – AVERSION – family; to members of	Pg27
MIND – BOREDOM	Pg30
MIND – BROODING	Pg31
MIND – BROODING – troubles – imaginary troubles; over	Pg31
MIND – BUOYENCY	Pg31
MIND – CENSORIOUS	Pg33
MIND – CHEERFUL	Pg34
<i>MIND – COMPANY – aversion to:</i>	<i>Pg38</i>
MIND – COMPANY – aversion to: country away from people; wants to get into	Pg39
MIND – COMPANY – aversion to: desire for solitude	Pg39
MIND – COMPANY – desire for: alternating with aversion	Pg40
<i>MIND – CONCENTRATION – difficult</i>	<i>Pg41</i>
MIND – CONCENTRATION – difficult: attention cannot fix	Pg42
<u>MIND – CONCENTRATION – difficult – outside, would rather be</u>	N
MIND – CONCENTRATION – difficult: studying	Pg42
MIND – CONCENTRATION – difficult: talking, while	Pg42
MIND – CONCENTRATION – difficult: writing while	Pg43
MIND – CONFIDENT	Pg43
MIND – CONFUSION OF MIND – concentrate the mind, attempting to	Pg45
<u>MIND – CONFUSION of mind – left and right</u>	N
MIND – CONFUSION of mind – time; as to	Pg47
MIND – CONFUSION of mind – writing, while	Pg47
MIND – CONSOLATION – amel	Pg48
<u>MIND – CONSOLATION – desire</u>	N
<i>MIND – CONTENT</i>	<i>Pg48</i>
MIND – CONTRADICTION – disposition to contradiction	Pg49

MIND – CONVERSATION – aversion to	Pg49
MIND – CRUELTY – like to do something, would	Pg50
MIND – DELUSION – heart: disease: having a	Pg77
MIND – DELUSION – old, feels old	Pg85
MIND – DELUSION – separated: body: mind are separated; body and	Pg90
MIND – DELUSION – time: exaggeration of time	Pg95
MIND – DELUSIONS – violence about	Pg97
<u>MIND – DELUSION – whole – feeling of being</u>	N
MIND – DESPAIR, others about	Pg102
MIND – DETACHED	Pg103
MIND – DICTATORIAL	Pg103
<u>MIND – DIRTY – desire to get hands</u>	N
MIND – DISCIPLINE – want of	Pg104
MIND – DISCONTENTED	Pg105
MIND – DISCONTENTED – everything, with	Pg105
MIND – DISCOURAGED – future about	Pg105
MIND – DISCOURAGED – weeping with	Pg106
<u>MIND – DISINTERESTED</u>	N
MIND – DULLNESS	Pg108
MIND – DWELLS – past disagreeable occurrences	Pg111
MIND – EMOTIONS – suppressed	Pg113
MIND – ESCAPE, attempts to:	Pg114
MIND – ESTRANGED – family; from his	Pg115
MIND – FEAR – death	Pg124
MIND – FORGETFUL	Pg138
MIND – HEEDLESS	Pg147
MIND – HELD – desire to be held	Pg147
MIND – HOME – leave home; desires to	Pg148
MIND – HOPEFUL	Pg149
MIND – HYSTERIA	Pg151
MIND – IDEAS – deficiency of	Pg152

MIND – INDIFFERENCE	Pg156
MIND – INDIFFERENCE – everything, to	Pg158
MIND – INDIFFERENCE – ennui, with	Pg158
MIND – INDIFFERENCE – loved ones, to	Pg158
MIND – INDUSTRIOUS	Pg159
MIND – IRRITABILITY	Pg165
MIND – IRRITABILATY – easily	Pg165
MIND – IRRITABILATY – family, to her	Pg168
MIND – IRRITABILATY – trifles, from	Pg169
MIND – MALICIOUS – thoughts	Pg181
MIND – MEMORY – weakness of memory	Pg184
MIND – MEMORY – weakness of memory: expressing oneself, for	Pg185
MIND – MEMORY – weakness of memory: mental exertion; for: fatigue; from	Pg185
MIND – MENTAL EXERTION – aversion to	Pg187
MIND – NATURE – loves	Pg198
MIND – OFFENDED, easily	Pg199
MIND – OPTOMISTIC	Pg200
MIND – OUTDOORS – staying – desire to stay outdoors	R
MIND – PESSIMIST	Pg200
MIND – PROSTRATION of mind	Pg203
<i>MIND – SADNESS</i>	<i>Pg217</i>
MIND – SADNESS, alone: when	Pg219
MIND – SADNESS, aversion to company, desire for solitude	Pg220
MIND – SADNESS, brooding; with	Pg220
MIND – SADNESS, consoled; cannot be	Pg220
MIND – SADNESS, disappointment, from	Pg220
MIND – SADNESS, weeping: desire to weep	Pg223
MIND – SENSITIVE – noise, to	Pg227
MIND – SENSITIVE – want of sensitiveness	Pg228
MIND – SERVANTS; desire to have	Pg229

MIND – SNAPPISH	Pg233
MIND – TALKING – sleep, in	Pg246
MIND – THOUGHTS – disconnected	Pg249
MIND – THOUGHTS – persistent	Pg250
MIND – TRANQUILITY	Pg254
MIND – WEEPING – consolation – amel	Pg264

4.3.2 Vertigo

VERTIGO – VERTIGO	Pg271
VERTIGO – ACCOMPANIED by: chest pain, in	R
VERTIGO – ACCOMPANIED by – head: pain in head	Pg272
<u>VERTIGO – DRINKS – cold drinks: amel</u>	N
VERTIGO – INTOXICATED, as if	Pg277
VERTIGO – MOTION – head, of	Pg278
VERTIGO – TURNING – head, whirling in	R

4.3.3 Head

HEAD – COLDNESS – internally	Pg286
HEAD – CONGESTION	Pg288
HEAD – CONTRACTION – occiput	R
HEAD – CONTRACTION – vertex	Pg292
HEAD – FULLNESS	Pg298
HEAD – FULLNESS – burst, as if would	Pg298
HEAD – HEAT	Pg301
HEAD – HEAT – flushes of:	Pg303
HEAD – HEAVINESS	Pg305
HEAD – HEAVINESS – accompanied by: eyes, heaviness of	R
HEAD – MOTIONS in head	Pg312
HEAD – MOTIONS in head – motions from	R

<i>HEAD – PAIN</i>	<i>Pg315</i>
HEAD – PAIN – accompanied by: nausea	Pg319
HEAD – PAIN – accompanied by: neck; pain in	Pg319
HEAD – PAIN – accompanied by: nose dry	R
HEAD – PAIN – closing eyes, compelled to	Pg322
HEAD – PAIN – cold: air: from	Pg322
HEAD – PAIN – light: general; from light in	Pg327
HEAD – PAIN – looking: fixedly at something	Pg327
HEAD – PAIN – motion: amel	Pg329
HEAD – PAIN – noise, from	Pg330
HEAD – PAIN – noise, from: sharp sounds	Pg330
HEAD – PAIN – periodical	Pg330
HEAD – PAIN – periodical: week: every	Pg330
HEAD – PAIN – pressure, external: amel	Pg331
HEAD – PAIN – extending to: ears: right	Pg338
HEAD – PAIN – extending to: jaws	Pg338
HEAD – PAIN – Forehead: eyes: above: extending to: occiput	R
<u>HEAD – PAIN – Forehead: eyes: above: extending to: backwards:</u>	
<u>as if connected by a rod</u>	N
HEAD – PAIN – forehead, in: right side	Pg339
HEAD – PAIN – forehead – left side: extending to: right side	Pg340
HEAD – PAIN – eye strain, from	Pg343
HEAD – PAIN – forehead – eyes: above	pg344
HEAD – PAIN – forehead – eyes above	Pg345
HEAD – PAIN – Forehead: eyes: above: extending to: head	Pg345
HEAD – PAIN – occiput	Pg347
HEAD – PAIN – Occiput: pulsating	Pg350
HEAD – PAIN – Occiput: extending to: back; down the	Pg351
HEAD – PAIN – Occiput: extending to: head: over whole head	Pg351
HEAD – PAIN – Occiput: extending to: neck: down back of neck	Pg351
HEAD – PAIN – Temples	Pg355

HEAD – PAIN – Temples: left	Pg355
HEAD – PAIN – Temples: right	Pg355
HEAD – PAIN – Vertex	Pg358
HEAD – PAIN – bursting: Temples: left	Pg366
HEAD – PAIN – drawing	Pg368
<u>HEAD – PAIN – drawing: Forehead: eyes above: extending to head</u>	N
HEAD – PAIN – dull pain	Pg372
HEAD – PAIN – dull pain: Forehead : eyes: over	Pg373
HEAD – PAIN – dull pain: Occiput	Pg373
HEAD – PAIN – dull; temples	Pg374
HEAD – PAIN – dull pain: Temples: right	R
HEAD – PAIN – dull pain: Temples: left	R
<u>HEAD – PAIN – dull pain: Temples: left: extending to: ear</u>	N
<u>HEAD – PAIN – dull pain: Temples: waking on</u>	N
HEAD – PAIN – dull pain: Vertex	Pg374
HEAD – PAIN – humming	Pg374
<u>HEAD – PAIN – noise from, humming</u>	N
HEAD – PAIN – pressing – Forehead Eyes: Above	Pg380
HEAD – PAIN – pressing: Forehead: right	Pg381
HEAD – PAIN – pressing: pressure on	Pg388
HEAD – PAIN – pulsating	Pg390
HEAD – PAIN – pulsating: Forehead	Pg391
HEAD – PAIN – Temples: pulsating, right side	R
<u>HEAD – PAIN – ringing: noise, from</u>	N
HEAD – PAIN – sharp	Pg391
HEAD – PAIN – sharp: right	Pg391
HEAD – PAIN – sharp: vertex	Pg391
HEAD – PAIN – sharp: left	R
<u>HEAD – PAIN – sharp: eye, left</u>	N
<u>HEAD – PAIN – sharp: eye, right</u>	N

HEAD – PERSPIRATION – Forehead	Pg411
HEAD – PERSPIRATION – Temples	Pg412
HEAD – SWASHING sensation	Pg421
HEAD – WAVING sensation – confusion, with	Pg423
<u>HEAD – WAVING sensation – vertigo, with</u>	N
HEAD – WAVING sensation – water in, as from	Pg423

4.3.4 Eye

EYE – DRYNESS	Pg430
EYE – HEAVINESS – lids	Pg434
EYE – HEAVINESS – lids – left	R
EYE – INFLAMATION – cold amel	Pg436
EYE – INFLAMATION – Lids – lower right	Pg438
EYE – ITCHING	Pg439
EYE – ITCHING – inner	Pg440
EYE – LACHRYMATION – right	Pg441
EYE – PAIN: – left	Pg444
<u>EYE – PAIN: dull, across eye, left</u>	N
EYE – PAIN: right	Pg444
<i>EYE – PAIN: burning</i>	<i>Pg449</i>
EYE – PAIN: closing lids: amel	Pg450
EYE – PAIN: burning – closing lids: amel	Pg450
EYE – PAIN: burning inner	Pg451
<u>EYE – PAIN: burning – dry as if</u>	N
EYE – PAIN – sand as from	Pg455
EYE – PAIN – sand as from – rubbing amel	R
<u>EYE – PAIN – sand as from – accompanied by – dry mouth</u>	N
EYE – PAIN: tearing	Pg458
EYE – PULLING sensation	Pg461
<u>EYE – PULLING sensation – inward</u>	N

<u>EYE – PULLING sensation – looking up amel</u>	N
EYE – SWELLING	Pg465
EYE – TWITCHING – around the eye	Pg468
EYE – WEAK – reading – while	Pg469
EYE – WINKING	Pg469

4.3.5 Vision

<i>VISION – BLURRED</i>	<i>Pg471</i>
VISION – BLURRED – reading	R
<u>VISION – BLURRED – reading – looking up amel</u>	N
VISION – BLURRED – writing, while	Pg471
VISION – DIM	Pg477
VISION – DIM – mucus, as if covered with	R
VISION – DIM – reading	Pg477
VISION – DIM – rubbing amel	Pg478
VISION – FOGGY	Pg480
VISION – HYPERMETROPIA	Pg481
VISION – WEAK	Pg486

4.3.6 Ear

EAR – DISCHARGES – right	Pg490
EAR – DISCHARGES – serous	Pg491
<u>EAR – DISCHARGES – serous – right</u>	N
EAR – DISTENTION – sensation of distension in ear	Pg492
EAR – FULLNESS, sensation of	Pg494
EAR – FULLNESS, sensation of – right	R
EAR – HEAT	Pg494
EAR – Noises in – whistling: right	Pg507

EAR – PAIN – right	Pg508
EAR – PAIN – left	Pg508
EAR – PAIN – cutting – left	R
EAR – PAIN – cutting – right	R
EAR – PAIN – face with pain in	Pg509
EAR – PAIN – behind the ear – right	Pg512
EAR – PAIN – behind the ear	Pg512
EAR – PAIN – behind the ear extending to neck, down	Pg512
EAR – PAIN – Mastoid	Pg512
EAR – PAIN – pressing	R
EAR – STOPPED sensation	Pg522
EAR – STOPPED sensation – right	Pg522

4.3.7 Hearing

HEARING – ACUTE	Pg527
<u>HEARING – ACUTE – sounds – to all</u>	N
HEARING – IMPAIRED	Pg528

4.3.8 Nose

NOSE – CONTRACTION	R
NOSE – DISCHARGE: watery	Pg541
<u>NOSE – DISCHARGE – watery – air, during inspiration</u>	N
NOSE – DRYNESS – inside	Pg543
NOSE – DRYNESS – inside – painful	Pg544
<u>NOSE – DRYNESS – inside – accompanied by headache</u>	N
<u>NOSE – ITCHING – cold amel</u>	N
NOSE – ITCHING	Pg549
NOSE – OBSTRUCTION	Pg551
NOSE – OBSTRUCTION – one side	Pg551

NOSE – OBSTRUCTION – right	Pg551
NOSE – OBSTRUCTION – rising from bed amel	R
NOSE – OBSTRUCTION – blowing: amel	Pg552
NOSE – OBSTRUCTION – breathe through mouth, must	R
NOSE – OBSTRUCTION – discharge with	Pg552
<u>NOSE – OBSTRUCTION – coughing: amel</u>	N
NOSE – OBSTRUCTION – Posterior nares	Pg553
NOSE – OBSTRUCTION – Root – painful	Pg553
NOSE – PAIN – dryness, from	Pg554
NOSE – PAIN – headache, with	Pg554
NOSE – PAIN – extending to: head:	Pg555
NOSE – PAIN – Root	Pg555
<u>NOSE – PAIN – Root – accompanied by dryness</u>	N
<u>NOSE – PAIN – burning; extending to pharynx</u>	N
NOSE – PAIN – Sinus	Pg555
NOSE – PAIN – burning, smarting:	Pg556
NOSE – PAIN – burning, smarting: root	Pg556
NOSE – PAIN – burning, smarting: Root: inside	Pg556
NOSE – PAIN – dull	Pg557
NOSE – SINUSES, complaints of	Pg561
<u>NOSE – SINUSES – complaints of – dryness</u>	N

4.3.9 Face

FACE – CONTRACTION – eyes around	R
FACE – DISCOLOURATION – pale	Pg573
FACE – PAIN – jaw	Pg604
<u>FACE – PAIN – aching: jaw</u>	N
FACE – PAIN – jaw; articulation: rheumatic	Pg604
FACE – PERSPIRATION	Pg613
FACE – PERSPIRATION – fever, during	R

4.3.10 Mouth

MOUTH – BLEEDING – gums	Pg624
MOUTH – BLEEDING – gums; pain with	Pg625
MOUTH – BURNS: tongue – sensation as if tongue has been burnt	Pg625
<i>MOUTH – DRYNESS</i>	<i>Pg637</i>
MOUTH – DRYNESS – lips	Pg639
MOUTH – DRYNESS – lips; day	N
MOUTH – DRYNESS – thirst with	R
MOUTH – PAIN – burning	Pg650
MOUTH – PAIN – burning – Tongue	Pg650
MOUTH – PAIN – sore palate: soft palate	Pg653
MOUTH – PAIN – tongue; frenulum	Pg654
MOUTH – PAIN – tongue; right side	Pg654
<i>MOUTH – TASTE – bitter</i>	<i>Pg667</i>
MOUTH – TASTE – bitter – nausea with	R
MOUTH – TASTE – sour	Pg672
MOUTH – ULCERS – painful: touch to	Pg675
MOUTH – ULCERS – lips; inside of	Pg676
MOUTH – ULCER – painful – sore, smarting	R

4.3.11 Teeth

TEETH – SENSITIVE	Pg696
TEETH – SENSITIVE – touch to	Pg696
<u>TEETH – SENSITIVE – touch of lower and upper teeth</u>	N

4.3.12 Throat

<u>THROAT – air bubble in oesophagus; sensation of</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, burping amel</u>	N

<u>THROAT – air bubble in oesophagus; sensation of, eating after</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, lying down agg</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, sitting amel</u>	N
THROAT – DISCOLORATION – white; tonsils	R
THROAT – DRYNESS	Pg702
THROAT – DRYNESS – painful	Pg704
THROAT – HAWK; disposition to	Pg705
THROAT – HAWK; disposition to – mucus in throat; from thick	Pg706
THROAT – HAWK; disposition to – talking while	Pg706
THROAT – INFLAMATION – right	Pg706
THROAT – INFLAMATION – Tonsils	Pg707
<u>THROAT – INFLAMATION – Tonsils waking on</u>	N
THROAT – MUCUS	Pg710
THROAT – MUCUS – morning	Pg710
THROAT – MUCUS – tenacious	Pg710
THROAT – MUCUS – thick	Pg711
<i>THROAT – PAIN</i>	<i>Pg712</i>
THROAT – PAIN – right	Pg712
THROAT – PAIN – morning	Pg712
THROAT – PAIN – morning - waking	Pg712
THROAT – PAIN – Pharynx	Pg715
<u>THROAT – PAIN – Pharynx – upper part</u>	N
THROAT – PAIN – burning – dryness; with	Pg715
THROAT – PAIN – Rawness	Pg718
THROAT – PAIN – Rawness; swallowing, when	Pg718
<u>THROAT – PAIN – Rawness; inspiration on</u>	N
THROAT – PAIN – scratching	Pg718
THROAT – PAIN – sore	Pg718
THROAT – ROUGHNESS	Pg722
THROAT – SCRATCHING	Pg723
THROAT – SWALLOW; constant disposition to	Pg724

4.3.13 External Throat

EXTERNAL THROAT – SWELLING – cervical glands	Pg734
<u>EXTERNAL THROAT – SWELLING – cervical glands; right</u>	N
EXTERNAL THROAT – SWELLING – cervical glands: painful: touch; to	Pg734

4.3.14 Stomach

STOMACH – APPETITE – capricious	Pg737
<i>STOMACH – APPETITE – diminished</i>	<i>Pg738</i>
STOMACH – APPETITE – diminished – accompanied by: nausea	R
STOMACH – APPETITE – diminished; fatigue; during	Pg738
STOMACH – APPETITE – easy satiety	Pg738
STOMACH – APPETITE – increased	Pg738
STOMACH – APPETITE – increased; waking, on	Pg740
STOMACH – APPETITE – wanting; hunger, with	Pg742
STOMACH – DISTENTION	Pg746
<u>STOMACH – DISTENTION – walking difficult</u>	N
STOMACH – GURGLING	Pg759
<i>STOMACH – NAUSEA</i>	<i>Pg766</i>
STOMACH – NAUSEA – drinks, warm	Pg770
STOMACH – NAUSEA – eating after	Pg770
STOMACH – NAUSEA – eating amel	Pg770
STOMACH – NAUSEA – Food, smell of	Pg771
STOMACH – NAUSEA – pain, during	Pg772
STOMACH – NAUSEA – pain, during; abdomen, in	Pg773
STOMACH – PAIN – lying: amel	Pg779
STOMACH – PAIN – nausea, during	Pg780
STOMACH – PAIN – cramping	Pg784
<u>STOMACH – PAIN – cramping: standing agg</u>	N
STOMACH – PAIN – stitching	Pg790

STOMACH – PAIN – stitching: left	R
STOMACH – THIRST	Pg796
STOMACH – THIRST – extreme	Pg797
STOMACH – THIRSTLESS	Pg799

4.3.15 Abdomen

<i>ABDOMEN – DISTENSION</i>	<i>Pg818</i>
ABDOMEN – DISTENSION – eating, after	Pg818
ABDOMEN – FLATULENCE – accompanied by distension	Pg823
<i>ABDOMEN – PAIN</i>	<i>Pg832</i>
ABDOMEN – PAIN – pressure agg	Pg837
ABDOMEN – PAIN – cramping, night	Pg854
ABDOMEN – PAIN – cramping, eating, amel	Pg855
ABDOMEN – PAIN – cramping, hypogastrium	Pg858
ABDOMEN – PAIN – sharp	Pg873
ABDOMEN – PAIN – Twisting	Pg883

4.3.16 Rectum

RECTUM – FULLNESS – perineum	Pg910
RECTUM – ITCHING – anus; around	Pg915
RECTUM – PAIN – burning	Pg918
RECTUM – PAIN – burning, perineum	Pg920

4.3.17 Stool

STOOL – BLOODY	Pg931
STOOL – copious	Pg932
STOOL – DARK	Pg933
STOOL – YELLOW	Pg942

STOOL – ODOUR; eggs, like rotten Pg937

4.3.18 Bladder

BLADDER – URINATION – dribbling, sensation of R
BLADDER – URINATION – dribbling Pg954
BLADDER – URINATION – involuntary; lying while Pg958
BLADDER – URINATION – involuntary; walking amel Pg959
BLADDER – URINATION – involuntary; standing while Pg959

4.3.19 Urine

URINE – COLOUR – dark Pg984
URINE – COLOUR – yellow, dark Pg987

4.3.20 Female Genitalia/Sex

FEMALE GENTITALIA/SEX – FLATUS in uterus – sensation as if N
FEMALE GENTITALIA/SEX – FULLNESS R
FEMALE GENTITALIA/SEX – MENSES – appear suddenly R
FEMALE GENTITALIA/SEX – MENSES – clotted Pg1045
FEMALE GENTITALIA/SEX – MENSES – copious Pg1045
FEMALE GENTITALIA/SEX – MENSES – painful Pg1050
FEMALE GENTITALIA/SEX – MENSES – protracted Pg1051
FEMALE GENTITALIA/SEX – MENSES – too short Pg1053
FEMALE GENTITALIA/SEX – ORGASM – dreams Pg1058
FEMALE GENTITALIA/SEX – PAIN – ovaries Pg1059
FEMALE GENTITALIA/SEX – PAIN – ovaries – evening Pg1059
FEMALE GENTITALIA/SEX – PAIN – ovaries – pressure amel Pg1060
FEMALE GENTITALIA/SEX – PAIN – cramping Pg1066
FEMALE GENTITALIA/SEX – PAIN – cramping; bending forward amel N

<u>FEMALE GENTITALIA/SEX – PAIN – cramping; pressure amel</u>	N
FEMALE GENTITALIA/SEX – PAIN – pressing, uterus	R

4.3.22 Larynx and Trachea

LARYNX AND TRACHEA – VOICE – hoarseness	Pg1090
LARYNX AND TRACHEA – VOICE – hoarseness, mucus in larynx	Pg1091

4.3.21 Respiration

<i>RESPIRATION – DIFFICULT</i>	<i>Pg1100</i>
RESPIRATION – DIFFICULT – morning; waking, on	Pg1101
RESPIRATION – DIFFICULT – gasping, with	Pg1104
<u>RESPIRATION – DIFFICULT – accompanied by, yawning</u>	N
RESPIRATION – GASPING	Pg1108

4.3.23 Chest

CHEST – ANGINA	Pg1159
CHEST – ANXIETY in	Pg1159
CHEST – HEART; complaints of the	Pg1171
CHEST – HEART; complaints of the, accompanied by, upper limb – left, numbness	R
CHEST – HEART; complaints of the, accompanied by vertigo	R
CHEST – HEAT	Pg1172
CHEST – HEAT – flushes of	Pg1172
CHEST – OPRESSION	Pg1179
<i>CHEST – PAIN</i>	<i>Pg1182</i>
CHEST – PAIN – Heart	Pg1186
CHEST – PAIN – Heart – night: lying: down	Pg1186
CHEST – PAIN – Heart – extending to: arm: left	Pg1187

CHEST – PAIN – Mammae – left	Pg1189
<u>CHEST – PAIN – Mammae – left: extending to: axilla</u>	N
CHEST – PAIN – Mammae – pressure: amel: hand, with	Pg1189
CHEST – PAIN – middle	Pg1190
CHEST – PAIN – burning	Pg1194
CHEST – PAIN – burning, lower part	Pg1195
CHEST – PAIN – burning, lower part	R
CHEST – PAIN – crushing, sternum behind	R
<u>CHEST – PAIN – crushing, as if heel crushing on chest; pressure amel</u>	N
CHEST – PALPITATION of heart	Pg1218
CHEST – PALPITATION of heart – accompanied by – anxiety, with	Pg1219
CHEST – PALPITATION of heart – irregular	Pg1220
CHEST – PERSPIRATION – Axilla; offensive	Pg1224

4.3.24 Back

BACK – ITCHING – right	Pg1239
BACK – ITCHING – Cervical region	Pg1240
<u>BACK – ITCHING – Cervical region – sensation as if hair was tickling</u>	N
BACK – PAIN – Dorsal – scapulae: right	Pg1250
BACK – PERSPIRATION – cervical region	Pg1290
BACK – PERSPIRATION – cervical region – fever, during	R
BACK – STIFFNESS	Pg1292
<u>BACK – STIFFNESS – Cervical region: pressure, amel</u>	N
<u>BACK – STIFFNESS – Cervical region: massage, amel</u>	N
BACK – STIFFNESS – Cervical region: right	Pg1293
BACK – STIFFNESS – Cervical region: waking, on	Pg1293
BACK – STIFFNESS – Dorsal region	Pg1294
<u>BACK – STIFFNESS – Dorsal region – right</u>	N
BACK – TENSION	Pg1294
BACK – TENSION – right	Pg1294

BACK – TENSION – Dorsal region	Pg1295
<u>BACK – TENSION – Dorsal region – right</u>	N
BACK – TWITCHING	Pg1296
BACK – TWITCHING – left	Pg1296
BACK – TWITCHING – Dorsal region: scapulae	Pg1296

4.3.25 Extremities

EXTREMITIES – AWKWARDNESS – lower limbs: knocks against things	Pg1300
<u>EXTREMITIES – AWKWARDNESS – lower limbs: trips over things</u>	R
EXTREMITIES – BANDAGED, sensation as if: Knee	Pg1300
<u>EXTREMITIES – BANDAGED, sensation as if: Knee – left</u>	N
EXTREMITIES – CONSTRICTION – knee	Pg1313
<u>EXTREMITIES – CONSTRICTION – knee – left</u>	N
<u>EXTREMITIES – CONSTRICTION – knee – extend to calf</u>	N
EXTREMITIES – CONSTRICTION – knee – band, as from a	R
EXTREMITIES – CONTRACTION – left	Pg1314
EXTREMITIES – CONTRACTION – Knee	Pg1315
EXTREMITIES – CRAMPING: calf	Pg1322
EXTREMITIES – CRAMPING: leg, calf	R
EXTREMITIES – CRAMPING: calf – Tendo Achillis	Pg1322
EXTREMITIES – ERUPTIONS – Forearm: itching	Pg1337
EXTREMITIES – ERUPTIONS – Forearm: vesicles – itching	Pg1337
EXTREMITIES – ERUPTIONS – hand	Pg1339
EXTREMITIES – ERUPTIONS – hand: back of – vesicles	Pg1339
EXTREMITIES – ERUPTIONS – hand: back of – vesicles; discharging watery	Pg1340
EXTREMITIES – ERUPTIONS – thigh	Pg1343
EXTREMITIES – ERUPTIONS – thigh: itching	Pg1343
EXTREMITIES – ERUPTIONS – leg; vesicles	Pg1344
EXTREMITIES – ERUPTIONS – thigh: vesicles	Pg1344

EXTREMITIES – ERUPTIONS – thigh: vesicles; itching	R
EXTREMITIES – HEAT – foot	Pg1358
EXTREMITIES – HEAVINESS	Pg1358
EXTREMITIES – HEAVINESS – Lower limbs	Pg1358
EXTREMITIES – HEAVINESS – Lower limbs – night	Pg1359
EXTREMITIES – HEAVINESS – Lower limbs – night	R
EXTREMITIES – ITCHING – Foot; night	Pg1370
EXTREMITIES – ITCHING – Foot, sole of: right	Pg1371
EXTREMITIES – ITCHING – Toes; between	Pg1372
EXTREMITIES – ITCHING – Toes; fourth	Pg1372
EXTREMITIES – ITCHING – Toes; third	Pg1372
EXTREMITIES – LAMNESS: upper limbs	Pg1374
EXTREMITIES – LAMNESS: upper limbs – left	Pg1374
EXTREMITIES – LAMNESS: lower limbs: leg – left	Pg1380
<i>EXTREMITIES – NUMBNESS – upper limbs</i>	<i>Pg1381</i>
EXTREMITIES – NUMBNESS – Shoulder	Pg1382
<u>EXTREMITIES – NUMBNESS – Shoulder: extending to lower arm</u>	N
EXTREMITIES – NUMBNESS – Forearm	Pg1382
EXTREMITIES – NUMBNESS – Forearm: left	Pg1382
EXTREMITIES – NUMBNESS – Hand	Pg1382
EXTREMITIES – NUMBNESS – Hand – left	Pg1382
<u>EXTREMITIES – NUMBNESS – Hand – left; lying on left; agg</u>	N
EXTREMITIES – NUMBNESS – Hand – left; lying on right; amel	Pg1383
EXTREMITIES – NUMBNESS – Hand: morning; waking on	Pg1383
EXTREMITIES – NUMBNESS – Hand: motion; amel	Pg1383
<u>EXTREMITIES – NUMBNESS – Hand: rubbing; amel</u>	N
EXTREMITIES – NUMBNESS – Hand: waking on	Pg1383
EXTREMITIES – NUMBNESS – Fingers: Thumb – left	Pg1384
EXTREMITIES – NUMBNESS – Foot	Pg1386
<i>EXTREMITIES – PAIN</i>	<i>Pg1388</i>
EXTREMITIES – PAIN – Elbow: left	Pg1400

EXTREMITIES – PAIN – Elbow: motion: agg	Pg1400
EXTREMITIES – PAIN – Elbow: paralytic	Pg1400
EXTREMITIES – PAIN – Elbow: warmth: amel	Pg1401
EXTREMITIES – PAIN – Elbow: extending to hand	Pg1401
EXTREMITIES – PAIN – Elbow: extending to shoulder	Pg1401
EXTREMITIES – PAIN – Fingers: rheumatic	Pg1404
EXTREMITIES – PAIN – Fingers: joints	Pg1404
EXTREMITIES – PAIN – lower limbs – Hip: right	Pg1411
EXTREMITIES – PAIN – Knee	Pg1415
EXTREMITIES – PAIN – Knee – right	Pg1415
EXTREMITIES – PAIN – Knee: rubbing amel	Pg1416
EXTREMITIES – PAIN – Foot: right	Pg1421
EXTREMITIES – PAIN – Foot: sole: motion amel	Pg1422
EXTREMITIES – PAIN – Foot: sole: walking while	Pg1422
EXTREMITIES – PAIN – Foot: sole: hollow of the	Pg1422
EXTREMITIES – PAIN – aching: Knee	Pg1426
EXTREMITIES – PAIN – aching: Knee – motion: amel	Pg1426
<u>EXTREMITIES – PAIN – aching: Knee – rest: agg</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – rubbing: amel</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – warmth: amel</u>	N
EXTREMITIES – PAIN – burning	Pg1431
EXTREMITIES – PAIN – burning: shoulder – left	Pg1432
EXTREMITIES – PAIN – burning: forearm	Pg1432
EXTREMITIES – PAIN – burning: hand – back of	Pg1433
EXTREMITIES – PAIN – burning: hand – back of: joints	Pg1433
<u>EXTREMITIES – PAIN – burning: hand – back of</u> <u> : fourth and fifth fingers; between</u>	N
EXTREMITIES – PAIN – burning: hand: left	Pg1433
EXTREMITIES – PAIN – burning: fingers – first joints	Pg1434
EXTREMITIES – PAIN – burning: fingers – first joints proximal	Pg1434
EXTREMITIES – PAIN – burning: Knee	Pg1435

EXTREMITIES – PAIN – cutting	Pg1438
EXTREMITIES – PAIN – cutting: foot: sole: hollow of	Pg1439
EXTREMITIES – PAIN – dull: Knee: right	Pg1454
EXTREMITIES – PAIN – shooting: Knee	Pg1464
<u>EXTREMITIES – PAIN – shooting: Knee – rubbing amel</u>	N
EXTREMITIES – PAIN – stitching: foot: sole: hollow of	Pg1488
EXTREMITIES – PAIN – shoulder: left	Pg1497
EXTREMITIES – PERSPIRATION – Hand: clammy	Pg1513
EXTREMITIES – PERSPIRATION – Hand: palm	Pg1513
EXTREMITIES – PERSPIRATION – upper limbs	Pg1513
EXTREMITIES – PERSPIRATION – Joints, bends of	Pg1513
EXTREMITIES – STIFFNESS – Joints	Pg1523
EXTREMITIES – STIFFNESS: calf	Pg1526
<u>EXTREMITIES – STIFFNESS: calf – left</u>	N
EXTREMITIES – SWELLING – Foot: hot	Pg1532
<u>EXTREMITIES – TINGLING – electric current; as if</u>	N
EXTREMITIES – TREMBLING – Knee	Pg1544
EXTREMITIES – TREMBLING – Knee – left	R
<i>EXTREMITIES – WEAKNESS</i>	<i>Pg1554</i>
EXTREMITIES – WEAKNESS – Hand	Pg1556
EXTREMITIES – WEAKNESS – Lower limbs:	Pg1557
EXTREMITIES – WEAKNESS – Hand: left	Pg1557
EXTREMITIES – WEAKNESS – Hand: grasping objects	Pg1557
EXTREMITIES – WEAKNESS – Lower limbs: eating agg	R

4.3.26 Sleep

SLEEP – DEEP	Pg1564
SLEEP – DISTURBED – anxiety, from	Pg1565
SLEEP – DISTURBED – noise, by the slightest	Pg1566
SLEEP – DISTURBED – perspiration, by	Pg1566

SLEEP – FALLING ASLEEP – afternoon	Pg1568
SLEEP – FALLING ASLEEP – difficult	Pg1569
SLEEP – LIGHT – hears every sound	Pg1571
SLEEP – NEED OF SLEEP – great	Pg1571
SLEEP – POSITION: back, on	Pg1572
SLEEP – POSITION: back, on – arms: head; lying over	R
SLEEP – RESTLESS	Pg1574
SLEEP – SLEEPLESSNESS	Pg1584
SLEEP – SLEEPLESSNESS – noise, from slight	Pg1591
SLEEP – SLEEPLESSNESS – perspiration: with	Pg1592
SLEEP – SLEEPLESSNESS – thoughts: activity of thoughts, from	Pg1594
SLEEP – UNREFRESHING	Pg1595
SLEEP – WAKING – early; too	Pg1597
SLEEP – WAKING – late; too	Pg1599
SLEEP – YAWNING – morning	Pg1601

4.3.27 Dreams

<u>DREAMS – ABUSE: others; of</u>	N
DREAMS – ACCIDENTS	Pg1607
DREAMS – ADVENTUROUS	Pg1607
DREAMS – AGGRERSSIVE	Pg1607
DREAMS – AMOUROUS	Pg1607
DREAMS – ANGER	Pg1608
DREAMS – ANIMALS	Pg1608
DREAMS – ANIMALS – fighting with animals	R
DREAMS – ATTACHED, of being	Pg1610
DREAMS – CRUELTY	Pg1615
DREAMS – ENTERTAINMENT	Pg1620
DREAMS – ESCAPING	Pg1620
DREAMS – EXPLOSIONS	Pg1621

DREAMS – FIGHTING	Pg1622
DREAMS – FIGHTS	Pg1622
DREAMS – FLEEING	Pg1622
DREAMS – FOREST	Pg1623
DREAMS – FRIGHTFUL	Pg1624
DREAMS – HELPING	Pg1625
DREAMS – HELPING – people: distress; in	R
DREAMS – JOURNEYS	Pg1627
DREAMS – JOURNEYS – difficulties; with	Pg1627
DREAMS – KILLING	Pg1628
<u>DREAMS – PHOTOS, moving</u>	N
DREAMS – PURSUED; being	Pg1633
DREAMS – RIVERS	R
DREAMS – SEA	Pg1636
DREAMS – SEXUAL	Pg1636
<u>DREAMS – SLEEP, unable to</u>	N
DREAMS – SNAKES	Pg1637
DREAMS – SOLIDER	Pg1637
<u>DREAMS – JOURNEYS</u>	R
DREAMS – TUNNEL	Pg1639
DREAMS – UNIMPORTANT	Pg1640
DREAMS – UNREMEMBERED	Pg1640
DREAMS – VIOLENCE	Pg1641
<u>DREAMS – WALKING – walls, through</u>	N
DREAMS – WAR	Pg1642
DREAMS – WATER	Pg1642
DREAMS – WATER – muddy	Pg1642
DREAMS – WATER – waterfalls	Pg1642
DREAMS – WEDDING	Pg1642
DREAMS – WEEPING	Pg1643
DREAMS – WOUNDED, being	Pg1643

4.3.28 Chill

CHILL – In general	Pg1645
CHILL – NAUSEA, with	Pg1655
CHILL – SHAKING	Pg1656

4.3.29 Fever

FEVER – CHILL, with	Pg1666
FEVER – PERSPIRATION – heat, with	Pg1670
FEVER – PERSPIRATION – palm	R
FEVER – MILD, fever	Pg1670
FEVER – MORNING – waking, on	Pg1671
FEVER – MORNING – chilliness, with	Pg1671
<u>FEVER – MORNING – water, amel</u>	N
<u>FEVER – MORNING – cold, amel</u>	N

4.3.30 Perspiration

<i>PERSPIRATION – in general</i>	<i>Pg1677</i>
PERSPIRATION – NIGHT – midnight	Pg1678
PERSPIRATION – CLAMMY	Pg1679
PERSPIRATION – HOT	Pg1682
PERSPIRATION – ODOR – offensive	Pg1683
PERSPIRATION – SLEEP – during	Pg1686

4.3.31 Skin

SKIN – BURNING – scratching, after	Pg1690
SKIN – ERUPTIONS – blisters: itching	Pg1696
SKIN – ERUPTIONS – crusty, yellow	Pg1698

SKIN – ERUPTIONS – discharging, yellow	Pg1698
SKIN – ERUPTIONS – discharge; sticky	R
<u>SKIN – ERUPTIONS – crusty, center</u>	N
SKIN – ERUPTIONS – crusty	Pg1698
SKIN – ERUPTIONS – itching	Pg1701
SKIN – ERUPTIONS – rash	Pg1705
SKIN – ERUPTIONS – transparent	Pg1708
SKIN – ERUPTIONS – vesicular	Pg1710
SKIN – ERUPTIONS – vesicular: itching	Pg1710
SKIN – ERUPTIONS – vesicular: crusty	Pg1710
SKIN – ERUPTIONS – vesicular: small	Pg1711
SKIN – ERUPTIONS – vesicular: watery	Pg1711
SKIN – EXCORIATION – scratching after/must scratch it raw	Pg1712
SKIN – ITCHING – scratching; agg	Pg1717
SKIN – ITCHING – scratching: raw; must scratch until it's	Pg1717
<u>SKIN – ITCHING – heat; agg</u>	N
SKIN – ITCHING – scratching: amel	Pg1717
SKIN – ITCHING – stinging	Pg1718
<u>SKIN – ITCHING – tickling: hair, as if from</u>	N
SKIN – PAIN – stinging	Pg1719

4.3.32 Generals

GENERALS – ALLERGIC CONSTITUTION: dust; to	Pg1739
GENERALS – FOOD AND DRINK – bread; desire butter, and	Pg1783
GENERALS – FOOD AND DRINK – cold drinks, cold water: desire	Pg1785
GENERALS – FOOD AND DRINK – food; aversion	Pg1789
GENERALS – FOOD AND DRINK – food: aversion: accompanied by: hunger	Pg1789
GENERALS – FOOD AND DRINK – food – salt: desire	Pg1796
GENERALS – HEAT – flushes of	Pg1805

GENERALS – HEAT – flushes of: perspiration; with	Pg1805
GENERALS – HEAT – sensation of	Pg1806
GENERALS – HEATED, becoming	Pg1807
GENERALS – INFLAMATION – sinus – weather: changes of cold/wet	Pg1813
GENERALS – INFLAMATION – sinuses	Pg1813
GENERALS – ODOUR OF THE BODY	Pg1832
<u>GENERALS – OLD AGE – sensation as if old</u>	N
GENERALS – PAIN – Muscles, of	Pg1836
GENERALS – SICK FEELING	Pg1868
GENERALS – STRENGTH, sensation of	Pg1875
<i>GENERALS – WEAKNESS</i>	<i>Pg1895</i>
GENERALS – WEAKNESS – afternoon	Pg1897
<u>GENERALS – WEAKNESS – accompanied by yawning</u>	N
GENERALS – WEAKNESS – evening: 18h	Pg1896
GENERALS – WEAKNESS – eating amel	Pg1898

New Rubrics

4.3.1 Mind

<u>MIND - ANGER - cruelties from</u>	N
<u>MIND – CONCENTRATION – difficult – outside, would rather be</u>	N
<u>MIND – CONSOLATION – desire</u>	N
<u>MIND – CONFUSION of mind – left and right</u>	N
<u>MIND – DIRTY – desire to get hands</u>	N
<u>MIND – WHOLE – feeling of being</u>	N

4.3.2 Vertigo

<u>VERTIGO – DRINKS – cold drinks: amel</u>	N
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4.3.3 Head

<u>HEAD – PAIN – Forehead: eyes: above: extending to: occipit:</u> <u>as if connected by a rod</u>	N
<u>HEAD – PAIN – drawing: Forehead: eyes above: extending to head</u>	N
<u>HEAD – PAIN – dull pain: Temples: left: extending to: ear</u>	N
<u>HEAD – PAIN – dull; temples; waking on</u>	N
<u>HEAD – PAIN – humming: noise, from</u>	N
<u>HEAD – PAIN – ringing: noise, from</u>	N
<u>HEAD – PAIN – sharp: radiating to left eye</u>	N
<u>HEAD – PAIN – sharp: radiating to right eye</u>	N
<u>HEAD – WAVING sensation – vertigo, with</u>	N

4.3.4 Eye

<u>EYE – PAIN: dull, across left eye</u>	N
<u>EYE – PAIN: burning – dry as if</u>	N
<u>EYE – PAIN – sand as from – accompanied by – dry mouth</u>	N
<u>EYE – PULLING sensation – inward</u>	N
<u>EYE – PULLING sensation – looking up amel</u>	N

4.3.5 Vision

<u>VISION – BLURRED – reading – looking up amel</u>	N
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4.3.6 Ear

<u>EAR – DISCHARGES – serous – right</u>	N
<u>EAR – PAIN – cutting – left</u>	N
<u>EAR – PAIN – cutting – right</u>	N

4.3.7 Hearing

HEARING – ACUTE – sounds – to all N

4.3.8 Nose

NOSE – ITCHING – cold amel N

NOSE – OBSTRUCTION – coughing: amel N

NOSE – DISCHARGE – watery – air, during inspiration N

NOSE – PAIN – burning; extending to pharynx N

NOSE – PAIN – Root – accompanied by dryness N

NOSE – SINUSES – complaints of – dry sensation N

4.3.9 Face

FACE – PAIN – jaw; aching N

FACE – CONTRACTION – eyes around N

4.3.10 Teeth

TEETH – SENSITIVE – touch of lower and upper; awareness of N

4.3.11 Throat

THROAT – air bubble in oesophagus; sensation of N

THROAT – air bubble in oesophagus; sensation of, burping amel N

THROAT – air bubble in oesophagus; sensation of, eating after N

THROAT – air bubble in oesophagus; sensation of, lying down agg N

THROAT – air bubble in oesophagus; sensation of, sitting amel N

THROAT – INFLAMATION – Tonsils waking on N

THROAT – PAIN – Pharynx – upper part N

THROAT – PAIN – Rawness; inspiration on N

4.3.12 External Throat

EXTERNAL THROAT – SWELLING – cervical glands; right N

4.3.13 Stomach

STOMACH – DISTENTION – walking difficult N

STOMACH – PAIN – cramping; standing agg N

4.3.14 Bladder

BLADDER – URINATION – dribbling, sensation of N

4.3.15 Female Genitalia / Sex

FEMALE GENTITALIA/SEX – PAIN – cramping; bending forward amel N

FEMALE GENTITALIA/SEX – PAIN – cramping; pressure amel N

FEMALE GENTITALIA/SEX – FLATUS in uterus – sensation as if N

4.3.16 Respiration

RESPIRATION – DIFFICULT – accompanied by, yawning N

4.3.17 Chest

CHEST – PAIN – Mammae – left: extending to: axilla N

CHEST – PAIN – crushing, as if heel crushing on chest; pressure amel N

4.3.18 Back

<u>BACK – ITCHING – Cervical region – sensation as if hair was tickling</u>	N
<u>BACK – STIFFNESS – Cervical region: pressure, amel</u>	N
<u>BACK –STIFFNESS – Cervical region: massage, amel</u>	N
<u>BACK – STIFFNESS – Dorsal region – right</u>	N
<u>BACK – TENSION – Dorsal region – right</u>	N

4.3.19 Extremities

<u>EXTREMITIES – BANDAGED, sensation as if: Knee – left</u>	N
<u>EXTREMITIES – CONSTRICTION – knee – left</u>	N
<u>EXTREMITIES – CONSTRICTION – knee – extend to calf</u>	N
<u>EXTREMITIES – NUMBNESS – Shoulder: extending to lower arm</u>	N
<u>EXTREMITIES – NUMBNESS – Hand – left; lying on left; agg</u>	N
<u>EXTREMITIES – NUMBNESS – Hand: rubbing; amel</u>	N
<u>EXTREMITIES – PAIN – shooting: Knee – rubbing amel</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – rest: agg</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – rubbing: amel</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – warmth: amel</u>	N
<u>EXTREMITIES – PAIN – burning: hand – back of</u> <u>: fourth and fifth fingers; between</u>	N
<u>EXTREMITIES – STIFFNESS: calf – left</u>	N
<u>EXTREMITIES – TINGLING – electric current; as if</u>	N

4.3.20 Dreams

<u>DREAMS – ABUSE: others; of</u>	N
<u>DREAMS – PHOTOS, moving</u>	N
<u>DREAMS – SLEEP, unable to</u>	N
<u>DREAMS – WALKING – walls, through</u>	N

4.3.21 Fever

<u>FEVER – PERSPIRATION – palms</u>	N
<u>FEVER – MORNING – water, amel</u>	N
<u>FEVER – MORNING – cold, amel</u>	N

4.3.22 Skin

<u>SKIN – ERUPTIONS – crusty, center</u>	N
<u>SKIN – ITCHING – heat; agg</u>	N
<u>SKIN – ITCHING – tickling: hair, as if from</u>	N

4.3.23 Generals

<u>GENERALS – OLD AGE – sensation as if old</u>	N
<u>GENERALS – WEAKNESS – accompanied by yawning</u>	N

CHAPTER FIVE

Discussion

5.1 Introduction

It was hypothesized that the proving of *Loxodonta africana* would produce observable signs and symptoms in healthy individuals. In this chapter the proving symptoms produced and observed by the provers will be discussed. Secondly, it was hypothesized that the symptoms produced would be comparable to a doctrine of signatures analysis of the proving substance. This comparison will also be discussed.

A total of 322 rubrics were retrieved from the symptoms experienced by the provers. The 322 rubrics consisted of 58 new rubrics, which were previously not listed in Synthesis 7th edition (Schroyens, 2001).

System	Total number of rubrics	Number of new rubrics	System	Total number of rubrics	Number of new rubrics
Mind	114	6	Bladder	5	1
Vertigo	7	1	Urine	2	0
Head	80	9	Female	16	3
Eye	27	5	Larynx	2	0
Vision	12	1	Respiration	5	1
Ear	23	3	Chest	25	2
Hearing	3	1	Back	20	5
Nose	32	6	Extremities	107	13
Face	6	2	Sleep	19	0
Teeth	3	1	Dreams	44	4
Ext. Throat	3	1	Chill	3	0
Stomach	29	2	Fever	8	3
Abdomen	10	0	Perspiration	6	0
Rectum	4	0	Skin	23	3
Stool	5	0	Generals	22	2

Table 4: Total number of old and new rubrics in which *Loxodonta africana* should have representation.

5.2 The Remedy Abbreviation

The researcher suggests that *Loxodonta africana* be abbreviated Loxo-a, in accordance with the binary system described in *Synthesis*, 7th Edition (Schroyens, 1997).

5.3 The Symptoms

The symptoms that were observed during the proving of *Loxodonta africana* will be discussed under the relevant heading, according to the system affected.

5.3.1 Mind

The mind symptoms have been categorized into various themes and will be discussed accordingly.

Anger:

Provers 4, 12, 14 and 18 all experienced anger and irritation. Provers got angry, irritable or annoyed about things that would normally not bother them or for no obvious reason at all. The anger was suppressed in some cases as provers were unable to express the anger.

Company Aversion / Desire:

Provers experienced conflicting feelings of a desire for and aversion to company. Prover 15 and 22 both expressed a desire for company as opposed to provers 12, 14, and 22 who did not wish to communicate, and desired solitude.

Concentration Difficult / Confusion:

Five provers experienced difficulty in concentrating and three provers experienced confusion. This was expressed as an inability to focus, not being able to make sense of the English language when speaking or writing (prover 2 and 4), mixing days and months (prover 10 and 5), and confusion of left and right (prover 12). Prover 15 had a sensation as if body and mind were not working together.

Content:

Three provers described a sense of general contentment. They experienced positive feelings of increased strength, relaxation, calmness, balance, wholeness and inner peace. Prover 21 noticed that her usual tendency towards anxiety had decreased.

Depression / Disinterested:

Prover 3 experienced an unconsolable depression with melancholy and brooding over the past. The depression led to a feeling of disinterest and boredom. Prover 4 also experienced a lack of interest but recorded no symptoms of depression.

Nature / Connected:

Prover 22 recorded five instances where she felt a strong desire to garden outside and feel the soil on her hands and in her finger nails, and the grass on her feet. The urge and sense of fulfillment in being outside was so strong that it distracted the prover in two instances.

Overwhelming Emotions / Emotionless / Suppressed Emotions:

Four provers experienced either an intensification or suppression of their emotions. Prover 3 experienced an intense depression which was suppressed and internalized. Prover 5 experienced cold, callous thoughts of inflicting harm on others, and also recorded symptoms displaying an unusual non-caring attitude towards his family. Prover 10 experienced an anxiety that led to a mild hysteria. Prover 12 was overwhelmed by small day to day things such as writing

in her diary. Prover 12 also felt a strong sense of responsibility, which resulted in suppressed anger. It was noted that most of the provers that experienced overwhelming or intense emotions internalized and suppressed them.

Tired / Active:

Five provers wrote about being tired or exhausted. Prover 12 expressed the symptom as if everything was too much to deal with, and prover 13 and 14 both felt slow, old and achy. Two provers experienced the state of exhaustion but would not allow themselves to rest and forced themselves to carry on.

5.3.2 Vertigo

Two provers experienced vertigo, dizziness and light headedness. Prover 14 experienced associated headaches and slight parasternal pain. The same prover also experienced a sensation as if the head was swinging back and forth like a pendulum. Another sensation recorded by prover 14 was that of fluid accumulating in the front and then the back of the head as well as a feeling that the cerebro spinal fluid within the head had gone cold. The prover also felt intoxicated while traveling.

5.3.3 Head

Four provers experienced heaviness of the head. Both prover 22 and prover 14 had a sensation of associated fullness or pressure in the head. Prover 14 had associated general fatigue. Prover 22 experienced neck strain related to exerting a huge effort in trying to hold the head up due to the sensation of heaviness felt in the head. Two provers experienced contradictory lightheadedness and a “fluffy” or “fuzzy” sensation in the head.

Twelve provers experienced head pain. Four provers recorded their headaches as being a dull sensation (prover 8, 10, 13 and 26). Three provers experienced a sensation of pressure (prover 8) as well as having a bursting sensation or a sensation as if the brain were being pushed out (prover 10 and 22). Prover 8

recorded his headaches as sudden twinges otherwise described as sharp pains. He also described them as mild or subtle contractions, while prover 26 described tension in various parts of the head.

Prover 21 experienced headaches on waking. Headaches were otherwise said to be brought on due to eye strain (prover 4), cold weather, especially cold draft (prover 14), and sharp sounds (prover 14). Headaches were associated with dry sinuses (prover 21), nausea, dizziness (prover 14), and general fatigue. Prover 13 and 21 had associated neck stiffness and tension, which aggravated the headaches.

Headaches were also aggravated by light, rest, moving the head back and forth or from side to side and biting the teeth hard (prover 13). Headaches were ameliorated by pressure (prover 21) and motion.

Headaches were felt mostly in the occipital region but head pains were also recorded in the frontal, parietal, supra orbital, vertex, and right and left temporal regions. Prover 22 recorded a sensation of a rod connecting the right eye and occipital region of the head, which was similar to a symptom recorded by prover 15 who experienced a tight headache radiating from the eyes to the whole head.

Prover 22 recorded perspiration between and on the eyebrows as well as on the temples, while prover 4 recorded his hair as bushy, fibrous and matted.

5.3.4 Eyes

Six provers in total recorded eye symptoms. Prover 22 experienced puffy eyes on waking. Prover 8 reported pains across both left and right eyes, and very faint twinges around the eyes. Three provers experienced heaviness and tiredness of eyes with difficulty in keeping their eyes open (provers 10, 12, and 22), and prover 12 also reported watery eyes. Two provers experienced vision that was out of focus or hazy, and thus could not see clearly (prover 13 and 22). This symptom was ameliorated in prover 22 by looking upwards. Three provers also

experienced burning of the eyes (provers 10, 12, 13). Prover 13 recorded this symptom on waking. Both provers 10 and 23 recorded dryness and grittiness of eyes, as if there was sand in the eyes which resulted in the eyes watering and increased blinking. This was ameliorated by rubbing the eyes (prover 23).

Prover 2 stated that the remedy cured him of his allergies to dust, which previously presented with an intense itch. The right lower eye lid presented as red, swollen, and watery. The swelling was ameliorated by cold applications and closing the eyes.

5.3.5 Vision

Four provers had compromised vision. Provers 8 and 22 described their vision as blurred and out of focus while reading. Prover 22 recorded a sensation of the muscles in the eye pulling inwards causing an out of focus sensation, and was ameliorated when looking upwards. Both provers 4 and 13 described their vision as hazy. Prover 4 reported the hazy vision whilst driving, whilst prover 13 described a sensation of mucous covering the eyes, which resulted in poor vision.

5.3.6 Ears

Prover 8 presented with most of the ear symptoms. He recorded twinges, otherwise described as sharp pains through the left ear. The twinges were also recorded in and behind the right ear, which radiated to the right shoulder and from the right eye. The same prover experienced hot flushes affecting both ears, and a whistling sensation in the right ear. Prover 14 also experienced pain behind the ear, and prover 22 recorded a blocked feeling as well as a serous fluid exudate from the right ear.

5.3.7 Hearing

Two provers experienced contradicting symptoms with regard to hearing. Prover 14 reported dullness of ears with inability to hear properly, while prover 22 reported acute hearing where everything seemed loud.

5.3.8 Nose

Prover 2 experienced a cure in allergy type symptoms from dust and dog hair which had previously presented with an itchy nose and post nasal drip. Prover 3 experienced similar symptoms to the cured symptoms recorded above such as an itchy nose, with a runny watery discharge. This symptom was aggravated on inspiration.

Four provers experienced pain in the nasal passages. Prover 8 recorded pain that radiated into the head. Three provers experienced a burning pain in the nose. Prover 3 and prover 22 recorded a burning sensation at the root or bridge of the nose, while prover 10 also reported burning within the nose. Four provers experienced nasal congestion and discharge. Prover 12 reported a blocked nostril on waking that was ameliorated on rising, and prover 4 recorded congestion of mucous in the nose and throat which was cleared by coughing and blowing the nose. Prover 3 experienced a watery discharge on the nostrils.

Prover 3 also reported sinusitis, which was aggravated in morning, in cold air and by physical exertion, as well as tender frontal bones above eyes. Another prover reported dry sinuses (prover 21) which was accompanied by a headache.

5.3.10 Mouth

Four provers experienced pain within the mouth located on the right side of the frenulum (prover 2), on the soft palate and on the gum above the left canine (prover 3). Prover 3 also recorded bleeding gums above the left canine area

accompanied by halitosis, while prover 12 reported an ulcer in the same area accompanied by a sharp pain when touched. Prover 13 experienced a sore aching jaw as if it had not been used in a long time, and prover 10 reported a tingling sensation on the tip of the tongue as well as the lips and left cheek, with accompanied burning and numbness.

A dry mouth was recorded by provers 8 and 9, which was not relieved by drinking water (prover 8). Prover 9 experienced a dry mouth with associated nausea. Provers 3 and 10 both experienced dry lips which were worse during the day (prover 3). Provers 5, 9 and 13 reported a bitter taste in the mouth with increased salivation (prover 5).

5.3.11 Teeth

Prover 15 experienced an increased sensitivity of her teeth, and prover 5 also had a greater awareness of his lower teeth making contact with the upper teeth.

5.3.12 Throat

Six provers reported sore throats. Prover 3 developed a white spot on her tonsil associated with a sore throat which was worse on breathing in. Prover 4 described his throat as having a raw, scratchy or scraped sensation which resulted in increased swallowing. The rawness was more noticeable on swallowing. Provers 4, 9 and 12 reported enlarged, tender tonsillar lymph nodes, with particular affinity to the right tonsillar node (prover 4 and 9). Burning pains in the back of the throat (prover 12) were also reported.

5.3.13 Stomach

Nine provers experienced a decrease in appetite and three provers reported associated lethargy and tiredness (prover 8, 9, 23). Prover 3 reported that she was easily satisfied with small amounts of food. Similarly prover 12, 21 and 22 had an appetite but did not feel the need to eat. Prover 12 substantiated this by

saying that she felt she could survive on small meals even through she was hungry. Only two provers experienced an increase in appetite (prover 12, and 21). Both provers 3 and 21 reported that food did not seem to taste good and nothing appealed to them. Prover 4 reported that he had a craving for bread and butter or toast and butter.

Increased thirst was experienced by provers 5 and 23. This was accompanied by a dry mouth and a feeling of extreme dehydration which was ameliorated by drinking large amounts of ice cold water (prover 23). Prover 5 also reported that he drank large amounts of water at one time due to increased thirst. Contradictory symptoms of decreased thirst were experienced by prover 3, 4 and 13. Whilst prover 3 and 13 simply recorded a decrease in thirst, prover 4 reported that his system felt dry but he was not thirsty and not drinking as much as normal.

Prover 21 experienced gurgling and grumbling noises in the stomach.

5.3.14 Abdomen

Bloating was experienced by provers 3 and 13. Prover 3 reported associated flatus, while prover 13 experienced a sensation of a ball of gas between the sternum and the umbilicus. One prover experienced bloating around the abdominal area resulting in a heavy, uncomfortable feeling and difficulty in moving.

Nausea was reported by provers 9 and 13 which was brought on and aggravated after eating and drinking. Prover 13 experienced nausea brought on by the smell of food, with an associated sensation of a hollow feeling in the stomach. The same prover also had the sensation as if something was stuck in the esophagus that must come out.

Prover 9 experienced constant dull aching pains, as well as cramping, twisting and sharp poking pains in the abdomen. The pains were associated with

bitterness in the mouth, palpitations, and nausea. The pains were ameliorated by eating and drinking and aggravated at night.

5.3.15 Rectum

Prover 10 reported a burning and fullness in the perineum with associated itching in the anus.

5.3.16 Stool

Two provers experienced variations in their bowel habits. Prover 3 reported that her stool was a yellowish colour and smelt like rotten egg. Prover 11 reported stools that were darker than normal and reddish in colour. Prover 22 experienced regular bowel movements which was contradictory to her normal irregular bowel movements.

5.3.17 Urine

Prover 13 was the only prover that experienced abnormalities in urine which included incontinence and a change in the colour of the urine. The incontinence was better for walking, worse for standing still and worse for lying down on the back. The urine was described as being darker than usual and almost orange in colour.

5.3.18 Female

Provers 12, 13 and 15 experienced abnormalities in their menstrual cycle. Provers 12 and 15 both experienced heightened pain during ovulation, prover 12 found relief with bending forward, rubbing and pressure. Prover 13 experienced a sudden sensation of menstrual bleeding as well as a sensation of a large amount of air in the uterus pushing out in all directions.

5.3.19 Larynx and Trachea

Prover 22 experienced a sensation of thick sticky mucus in the throat that needed to be continually cleared and caused hoarseness of the voice.

5.3.20 Respiration

Prover 10 and 12 experienced difficulty in breathing. Prover 10 described it as an increase in awareness of breathing compared to prover 12 who had to gasp for air at times.

5.3.21 Chest

Provers 10 and 14 experienced pain in the chest. Prover 10 experienced a central oppressive crushing chest pain with nausea, palpitations and tingling down the arm. The pain was improved by applying pressure on the chest. Prover 14 experienced pain parasternally and under the left arm with vertigo, palpitations and an irregular heart beat as well as numbness down the left arm. This was associated with a fear of dying. Prover 22 experienced pain in the left breast that extended into the axilla and was ameliorated by touch and pressure.

5.3.22 Back

Prover 3 and 22 experienced an itch on the back and neck respectively. Provers 4 and 22 experienced stiffness of the trapezius muscle compared to prover 18 who experienced a muscle twitch in the trapezius muscle.

5.3.23 Extremities

Prover 26 reported a sensation of clumsiness and awkwardness as he would knock into objects when walking.

Five provers reported heaviness and fatigue of their extremities. Prover 5 had an associated desire to sleep, and was aggravated by eating. Prover 8 reported heaviness of the lower limbs at midnight, and prover 9 reported a general weakness with associated pins and needles in both palms. Prover 26 experienced an inability to grasp or hold on to things due to a lack of power in the left hand.

Provers 10 and 22 had difficulty in flexibility of the extremities. Prover 10 reported stiffness in the lower part of the calves, especially the left calf. This symptom was aggravated in the evening and continued until bedtime. Prover 22 reported a twinge in the left knee with an associated tightness extending to the calf muscle. Prover 22 also experienced a contradictory symptom of increased flexibility in the hands and fingers which were normally found to be stiff.

Prover 22 experienced hot swollen feet. Both provers 3 and 10 reported an itching sensation of the feet. Prover 3 felt the itch on the soles of both feet. The itching was not relieved by scratching and was aggravated at night. Prover 10 experienced the itching between the middle and second toes.

A variety of pain in the extremities was reported by five provers. Prover 8 recorded a mild pain in the right hip, which resulted in restlessness while sleeping due to the discomfort. The same prover also reported an uncomfortable pain in the upper part of the arm with associated numbness. Prover 10 and 26 experienced burning and pulling pains in the deltoid and dorsum of the left hand, and hamstring muscles respectively. Prover 10 recorded associated tingling and numbness. Provers 12 and 22 recorded pain in the knee joint which was ameliorated by movement, rubbing and warmth and aggravated by rest. Prover 26 recorded that his elbow pain on the left side was ameliorated by heat and in contrast to provers 12 and 22 it was aggravated by movement. Prover 22 experienced a series of sharp stabbing electric type pains in the knee as well as right instep of the foot, while prover 12 recorded dull aching knee pains. Prover 26 also reported that his left arm felt tender and tense.

Three provers experienced sensations of tingling, pins and needles, burning, lameness and numbness predominately in the upper extremities. Prover 10 reported mainly tingling, burning pains and lameness in the arms, forearms, fingers and the left lower leg. Prover 12 experienced numbness of the left hand on waking. Shaking the hand ameliorated the symptom, while sleeping on the left or on the back aggravated the symptom.

5.3.24 Sleep

There were 3 provers that reported insomnia and restlessness when trying to fall asleep. Prover 14 felt energetic before bed and was kept awake by an increased awareness of sounds. This resulted in anger to the point where the prover had thoughts of killing whatever was creating the sounds. Prover 23 recorded restlessness with excessive perspiration.

Prover 13 also reported restlessness during sleep with a tendency to talk during sleep, and prover 12 recorded sleeping on the back with arms above the head.

5.3.25 Dreams

The dreams recorded in this proving have been classified into predominant themes, and will be discussed according to these themes

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Competition / Testing:

Three provers dreamed of competing and being tested or examined. The provers wanted to better themselves and be the best. Prover 13 experienced a feeling of embarrassment in one dream as she failed to achieve.

Confusion / Change:

There were three provers that experienced confusion or change in their dreams. Prover 10 dreamt that she was confused in a certain situation and did not know what to do. Prover 13 and 14 experienced confusion over their dreams and woke up with a feeling that everything was a blur (prover 14). Prover 10 and 14 recorded dreams that changed suddenly and drastically.

Danger / Disaster:

Five provers dreamt of danger and disaster. Prover 5 dreamt of war, guns and illegal operations, while prover 5 and 13 had similar dreams of shooting, fighting and killing. Prover 21 had a dream of fending off leopards and lions. In the dreams provers were trying to escape and protect themselves and others around them. Feelings of desperation, nervousness, and being afraid emerged.

Massage:

Two provers had dreams of massage. Prover 4 dreamt of massaging someone, while prover 5 dreamt of being massaged.

Planning / Organizing / Hosting:

Both provers 10 and 22 had dreams of planning, organizing and hosting functions. Provers dreamt of having family and friends over for dinner, and cooking or barbequing for their guests.

Music:

Prover 10 recorded two dreams involving music. The prover dreamt of playing the piano and music chords that were being played by a man under a lake.

Protect / Defend:

Provers 5, 12, 13, and 21 all had dreams of protecting and defending others. Provers 5 and 12 recorded dreams of fighting off enemies or overcoming obstacles together with others as a group. Prover 13 recorded a feeling of desperation whilst trying to protect others.

Travel – Hindered / Unrealistic:

Six provers experienced dreams involving traveling. Many of the provers described obstacles that they need to overcome during their travels, while other provers recorded traveling by unrealistic means.

Water:

Provers 21 and 23 both dreamt about water. Prover 21 dreamt about rivers, while prover 23 had dreams of rivers as well as waterfalls, oceans and large masses of water.

Other:

Some provers experienced a number of other dreams that did not fit into the above themes. These dreams included dreams of insomnia, anger, stars and circles, phosphorus, feeling like a king and going on holiday.

5.3.26 Chills

Three provers namely 4, 8 and 9 experienced chills, with associated nausea (prover 8), shivering and fever (prover 9).

5.3.27 Fever

Both provers 9 and 13 recorded fever like symptoms. Prover 9 experienced a high fever with related chills and perspiration on face, neck and palms, while prover 13 reported dampness on the skin. Prover 9 was ameliorated by drinking water and cold applications to forehead.

5.3.28 Perspiration

Four provers experienced excessive perspiration. Prover 4 recorded increased perspiration in the right axilla. The perspiration was recorded to have a strong odour that lingered, with a desire to wash in order to get rid of the odour. Both provers 8 and 23 experienced excessive perspiration whilst sleeping, while prover 13 recorded dampness on the skin associated with a sensation of heat.

5.3.29 Temperature

Two provers experienced an increase in body temperature. Prover 9 recorded the sensation as if heat was emanating from her head, as well as a sensation of heat around the thorax and feet, while prover 13 felt hotter in general.

5.3.30 Skin

Prover 13 developed small vesicles on the hands, arms, legs, and back. When squeezed the vesicles emitted clear fluid. The vesicles grew progressively larger and developed a crusty center surrounded by a blistery circumference. The itchy vesicles were aggravated by the heat of the car and scratching. The lesions burned on scratching, and the prover seemed to scratch the lesions raw. The developed lesions oozed a yellow fluid which stained clothes yellow, and stuck the lesions to clothing. Prover 22 experienced itching pains in the trapezium as if an insect had bitten her. Scratching gave relief but also pain. The same prover also reported itching and tickling on the neck.

5.3.31 Generals

Both provers 3 and 9 experienced lymphadenopathy in both the anterior and posterior cervical lymph nodes (prover 3) as well as the suboccipital region (prover 9).

Prover 22 craved salt. Prover 23 reported a sensation of extreme dehydration accompanied by a desire for excessive amounts of water.

Prover 14 experienced a sensation of feeling old and aching all over, while prover 15 reported generalised body aches as if he had strained his muscles.

Prover 8 experienced generalized hot flushes, and prover 12 noted a generalized body odor.

Ten provers felt a lack of energy and a sensation of weakness, tiredness and fatigue. These symptoms presented with associated yawning (prover 8 and 12). Three provers had a desire to sleep and it was reported by prover 12 that she woke up un-refreshed.

5.4 Remedy Relations

5.4.1 Differential Remedies

The researcher did not attempt to make assumptions regarding the differential remedies as she feels that more research is required to make definite conclusions pertaining to differential remedies. The researcher did however conduct an analysis using common mental symptoms as well as generalised symptoms from the most pertinent sections (see appendix J). The method of analysis used was Radar version 9.0, and remedy scoring highest in the sum of symptoms and degrees was *Natrum muriaticum*. *Natrum muriaticum* appeared

to be a significant differential remedy due to its effectiveness as an antidote (see 5.4.2) although this cannot be confirmed. The researcher did not attempt to hypothesize the reason for these findings, as it was not within the scope of this study to do so.

5.4.2 Antidote

Both prover 3 and prover 13 received antidotes to counter-act the residual effects of the proving substance. Prover 3 received three doses of *Natrum muriaticum* in ascending potencies of 30CH, 200CH, 1M as an antidote, followed by a dose of *Phosphoric acid* 200CH. These remedies were prescribed on the basis of the mental symptoms of depression and exhaustion which featured strongly in this prover. Prover 13 was treated with *graphites* 30CH, followed by *Antimonium crudum* 9CH and *Staphylococcus* 200CH. These remedies were prescribed according to the skin lesions produced by the prover.

5.4.3 Differential Remedies revealed during Repertorisation

The repertorisation of *Loxodonta africana* revealed *Nux vomica*, *Sepia officinalis* and *Lachesis mutus* as differential remedies of *Loxodonta africana*. All three of the differential remedies have symptoms of difficulty in concentration, headaches, depression and anger with an aversion to company, and display a general weakness also seen in *Loxodonta africana*. *Arsenicum album*, *Calcarea carbonica*, *Alumina*, and *Phosphorus* are remedies which were found in the composition of ivory and also appeared in the repertorisation.

5.5 Other Considerations

5.5.1 Grading of the Repertory Symptoms

All symptoms were graded using Sherr's method (Sherr, 1994:85) as follows:

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

- *Grade 2 rubrics are displayed in italics*
- Grade 1 rubrics are displayed in plain type
- New rubrics are underlined with a capital N

A conservative approach was taken when grading rubrics resulting in the majority of rubrics being graded as grade 1. Symptoms were only graded grade 2 if there was sufficient frequency of occurrence in a significant number of provers and not according to the intensity (Sherr, 1994:84). No symptoms were graded as grade 3 as none of the symptoms produced were recorded by 70% or more provers to warrant a grade 3 grading.

5.5.2 Clinical Conditions

Depression was significant in a number of provers and thus *Loxodonta africana* could certainly be considered for treatment of this condition.

Other significant conditions were also identified including headaches, allergic rhinitis, hypermetropia, otitis, pharyngitis, nausea, decreased appetite, cardiovascular disease with angina and palpitations, arthritis and generalized fatigue.

5.5.3 Miasmatic Analysis

The researcher did not attempt to identify or classify *Loxodonta africana* under a specific miasm.

5.6. Discussion in the Light of the Doctrine of Signatures

Both the mental symptoms and the dream symptoms of this proving have been classified into themes and these various themes will be analysed according to the doctrine of signatures.

5.6.1 Mind

Anger

The anger experienced by provers can be related to the period of Musth in adult elephant bulls. Musth refers to an increase in anger and aggressiveness in African elephant bulls. During this period there is an increase in plasma testosterone concentration and the behaviour of these animals becomes unpredictable and dangerous (Skinner and Smithers, 1990:552). When they get angry they become very aggressive (Frandsen, 1992:139). The anger experienced by provers was often suppressed.

Company / Aversion / Desire

An aversion to and desire for company was recorded in the proving. The aversion to company relates to the solitary lives lead by old bulls (Skinner and Smithers, 1990:550). If male African elephants are found in herds these are temporary associations, where members leave and rejoin at will (Skinner and Smithers, 1990:550). The desire for company relates to the highly social nature of elephants (Apps, 1997:117). Elephants use various methods in which to communicate in order to establish group cohesion and synchronize their behaviour (Skinner and Smithers, 1990:551).

Concentration Difficult / Confusion

Although the African elephant is said to be an intelligent animal (Skinner and Smithers, 1990:545) it has a small brain and brain cavity (Skinner and Smithers, 1990:546). Symptoms of lack of coordination of mind and body, confusion, and difficulty in concentration are seen in this proving. These symptoms correlate to the doctrine of signatures in terms of the elephant's small brain and brain cavity. However the symptoms may also be seen as contradictory when related to this doctrine as the elephant is said to be an intelligent animal.

Overwhelming Emotions / Suppression of Emotions

During musth elephants show aggressive, dangerous and unpredictable behaviour which relates to the theme encompassing symptoms where provers experienced overwhelming emotions.

Tired / Active

Elephants endure significant amount of physical labour due to traveling in search of food and water and protecting and defending themselves and the herd. Thus this theme relates to the activity of the animals.

5.6.2 Dreams

Competition

The theme of competition relates to the idea that male African elephants compete for dominance especially during mating (Skinner and Smithers 1990:552).

Protect and Defend / Danger and Disaster

The elements of violence, danger and a need to protect were seen in various dreams where provers found themselves and others in a dangerous or life threatening situation in which they had to defend and protect themselves and the herd.

Two Provers experienced dreams of animals that were threatening them specifically snakes, lions and leopards. These dreams relate to the African elephant as they have been known to kill lions which prey on elephant calves (Skinner and Smithers 1990:550).

Water

The dreams of rivers and large masses of water are relevant in terms of the doctrine of signatures as water supply is an essential part of the habitat of the African elephant. Elephants are fond of bathing and wallowing in water or mud (Apps, 1997:115). Prover 12 had a dream about a mud slide with a desire to roll in the mud, which relates specifically to the tendency of the elephants wallowing in the mud.

Massage

Two proverbs had dreams of massaging and being massaged, which relates to the fact that elephants are fond of rubbing themselves on rocks and trees (Apps, 1997:122). Elephants also touch and feel one another using their trunks as a sign to communicate affection. Prover 5 had a dream which highlights this behaviour where he recorded that the doctor massaging him using his nose.

Travel / Hindered

Many dreams of traveling and overcoming obstacles during the journey were recorded. This relates to the elephants ability to cover great distances in search of food or water. Their habitat or range of migration is often threatened by fencing. Elephants are known for their habitat destruction which may be seen as obstacles which are overcome. Musth bulls in particular travel more widely than usual (Apps, 1997:117).

Other

Prover 5 recorded a dream of being treated like a king. This could relate to the fact that the elephant is one of the largest land mammals in the world. Prover 12 dreamed about stars after thinking about them the whole day. This dream could relate to the stars in the night sky that one sees out in the bush where elephants are found.

5.6.3 Head

Proverbs described a sensation of fullness, which can be related to the elephant's skull which is fused into one solid structure. The fluffy sensation experienced can be related to the honeycomb bony structure of the skull (Skinner and Smithers, 1990:546). Heavy headedness was also recorded. This relates to the heavy weight of the skull as well as the weight of the whole animal. African elephants are the bulkiest and heaviest of all mammals weighing up to 6000 kg (Frandsen, 1992:128). One proverb recorded a sensation as if the hair on his head was bristly, fibrous and matted which describes the hair found on the African elephant.

5.6.4 Eyes / Vision

The African elephant has small eyes, with no tear ducts so when their eyes water tears run down the cheeks (Skinner and Smithers, 1990:550). Proverbs experienced symptoms of a burning and gritty sensation in the eyes, as if there was sand in the eyes, causing the eyes to water and increase blinking. This can be related to the elephant's habit of sand bathing or dusting themselves with sand to protect themselves from parasites. Proverbs also described diminished vision and vision that was out of focus, blurred and hazy, which relates to the fact that elephants have poor eyesight (Skinner and Smithers, 1990:550). Symptoms of heaviness of the eyes were recorded relating once again to the fact that the African elephant is the heaviest of mammals (Frandsen, 1992:128).

5.6.5 Ears / Hearing

Elephants have good hearing and large ears that have an extensive vascular system which increases blood flow rate (Skinner and Smithers, 1990:550). Proverb 8 experienced hot flushes in the ears which correlates to the extensive vascular system that elephants have in order to cool themselves down. Other proverbs described a sensation of fullness and being big inside which correlates to

the large size of the ears of elephants. Provers experienced both dullness and acuteness of hearing, which relates to the acute hearing in elephants.

5.6.6 Nose

Allergic rhinitis and post nasal drip due to dust allergies were some of the symptoms recorded in the proving. These symptoms correlate once again with the elephant's habit of sucking up dust in their trunks to dust themselves to protect themselves from parasites.

The dryness of sinuses recorded in the proving correlates with the dry conditions that the elephant has to endure.

5.6.7 Mouth

The African elephant has a spout shaped mouth. The pulp at the base of the cavity of the trunk is highly vascularised, relating to the bleeding of gums, specifically in prover 3 who experienced bleeding of gums above the left canine.

5.6.8 Stomach

The African elephant consumes large quantities of food (Frandsen, 1992:131), and needs to feed fourteen hours daily. Taking the doctrine of signatures into account provers showed contradictory symptoms of loss of appetite, and when they did eat, small amounts of food seemed to satisfy them.

The African elephant also consumes large quantities of water and can drink between 150-200 litres at one time, and averages between 70 and 90 liters of water daily. Once again the correlation to the doctrine of signatures was contradictory with provers drinking less water than normal, although provers reported that they experienced increased thirst and symptoms of dehydration.

5.6.9 Extremities

The entire weight of the head and trunk of the elephant is carried by the fore legs. This correlates to the proving symptoms of tiredness and heaviness reported in the extremities.

5.6.10 Sleep

Elephants are nocturnal and diurnal (Skinner and Smithers, 1990:550) and sleep standing for a few minutes at a time (Apps, 1997:117). Proving symptoms of insomnia and restlessness while sleeping revealed a correlation to the doctrine of signatures.

5.6.11 Perspiration

Provers recorded symptoms of increased perspiration associated with flushes of heat, which has an indirect relationship to the doctrine of signatures. The African elephant is covered in a thick grey skin, with no sweat glands (Skinner and Smithers, 1990:546), thus the animal cools itself using the ears via thermoregulation and does not perspire. However the African elephant does live in an environment where conditions are hot and dry and it needs to constantly regulate its body temperature.

5.6.12 Generals

Contradictory symptoms of generalized weakness and increased strength were recorded. This correlates the to large size and great strength of the African elephant.

5.7 Summary

The comparison of this remedy to the doctrine of signatures revealed that a variety of relationships exist between the proving symptoms produced and the nature of the substance. It must be stated however that the comparison of the proving symptoms in relation to the doctrine of signatures is a subjective one, and remains open to interpretation.

CHAPTER SIX

Recommendations and Conclusions

6.1 Recommendations

6.1.1 Standardized Proving Protocol

The researchers conducted the proving according to Sherr's proving methodology which is illustrated in "*The Dynamics and Methodology of Homoeopathic Proving*." The researcher found that this methodology was the most practical and easy to follow in terms of monitoring patients and patient compliance. It has been suggested in recent provings conducted by DUT students that a universal standardized proving protocol should be implemented and compiled within future provings. A further recommendation would be to use Sherr's proving methodology as a protocol in an attempt to standardize modern provings and thus eliminate unreliable or invalid data.

6.1.2 Supervision of Provers

Two trials were run and each researcher was responsible to supervise a group of 13 provers, composing a total of twenty-six provers. Webster suggested limiting the number of researchers to improve the co-ordination of the proving (Webster, 2002:139) and Sherr states that using between fifteen and twenty provers, including the placebo group will produce a complete proving picture (Sherr, 1994:45).

By conducting the proving with two smaller groups of provers (13 provers each) as suggested by Sherr (1994), supervision of provers was controllable. The researchers in this particular proving found that with only two researchers conducting the proving, each researcher was able to supervise and coordinate their individual groups of provers efficiently. The researcher would thus

recommend limiting the researchers to two per proving. It was noted however, that the two groups were not coordinated with each other in terms of time, due to provers and researchers having different schedules. The researcher would thus suggest that two groups be synchronized as much as possible in terms of timing and organization of provers during the proving so as to maintain unification throughout the proving.

6.1.3 Provers

Out of a total of twenty-six provers, six (6) provers were Homoeopaths, ten (10) were homoeopathic students and the remaining ten (10) had no or very little previous knowledge of homoeopathy.

Both Pistorus (2006) and Smal (2004) found that provers who had no knowledge of homoeopathy produced poor proving symptoms and suggested that only individuals with some sort of homoeopathic background should be considered as provers. Thus preference has been given to homoeopathic students and homoeopaths as they are aware of the significance of the proving principles and methodology.

The researchers in this particular study found that although homoeopaths and homoeopathic students were more aware of homoeopathic principals and methodologies, many of the symptoms produced by the homoeopathic provers were adapted to fit into the mould of materia media or repertory language, thus limiting the expression of symptoms.

The researcher found that although more time was required initially in screening and orientating the provers who had no experience in homoeopathy, these provers could still be relied upon to produce relevant symptoms and ultimately this made for a well rounded proving. In this study non-homoeopathic provers that were chosen were meticulous and thus observed their symptoms and

captured their symptoms accurately in their own words. The researcher thus recommends that more emphasis be placed on the screening of non-homoeopathic provers. The researcher further recommends that investigations should be done to create a specific prover profile that researchers can use as a guideline when selecting potential provers with no homoeopathic knowledge. The findings in this research suggest that sensitive yet meticulous non-homoeopaths can provide good proving symptoms if they are trained adequately.

For the purposes of this research training sessions with non-homoeopathic provers, in which provers were taught about homoeopathy and proving methodologies, lasted as long as 90 minutes depending on the time individuals took to grasp the homoeopathic concepts. Thus the researcher also recommends that in depth training sessions be held with any non-homoeopathic provers in order to obtain optimal observation and recording of symptoms.

Finally the researcher supports the recommendation by the International Council of Classical Homoeopathy (1999) and Walach (1997) that suggests that provers that have been exposed to homoeopathy, as well as provers who have no previous experience with homoeopathy be used as this creates the potential to observe different facets of the proving remedy.

The age group in this proving ranged from eighteen (18) years to fifty (50) years and provers consisted of fourteen (14) male provers and twelve (12) female provers. All age groups and an equal ratio of gender should be represented in the proving group.

6.1.4 Long Term Monitoring of Provers

Provers stopped writing in their diary's when the last proving symptom had abated. Provers thus recorded symptoms in their diary's for an average of four weeks. However provers that have participated in past provings have been

commonly known to have proving symptoms that last for months or even years (Sherr, 1994:14). It is for this reason that Sherr believes that provers should have long term follow-up consultations (Sherr, 1994:15). Vithoukas suggests that observation should continue for three months after administration of the remedy or however long it takes to be certain that no new symptoms are arising (Vithoukas, 1986:152). Although the researcher recommends that long term monitoring of provers should be carried out it is often impractical and provers themselves need to be very vigilant in order to fulfill such a task.

6.1.5 Further Provings of *Loxodonta africana*.

It is recommended by Vithoukas (1989) that provings be conducted in low potencies such as 1 X to 8 X. After three months the same proving should be conducted in the 30CH potency, and then after a year the proving of the same substance be conducted in high potencies such as 10M and 50M (Vithoukas, 1989:152). Since this proving has been conducted in the 30CH potency it is recommended by the researcher that further provings of *Loxodonta africana* be conducted in the respective higher and lower potencies in order to reveal different aspects of the remedy, as some symptoms may be specific to other potencies (Vithoukas, 1989:152). This would provide a more complete remedy profile.

A reproving of *Loxodonta africana* 30CH is also recommended to confirm and clarify the symptoms that have already been extracted from the proving.

The researcher further recommends that a proving be done on ivory from the female African elephant, as this could provide more complete symptom picture of the provings done on this animal as a whole. This proving could be compared to provings done on *Loxodonta africana* as well as *Lac Loxodonta africana* (milk from the African elephant).

6.1.6 Clinical Information

Post proving physical examinations revealed certain clinical information which could be established during the proving of *Loxodonta africana*. However the clinical information and symptomatology revealed through the proving, needs to be verified through clinical use of the remedy, thus cases of patients benefiting from the use of *Loxodonta africana* are required to verify the existing clinical information. For this reason it is important that provings are published and available to be used clinically by the profession (Sherr, 1994:79). New provings tend to be lost as they are not published or included in repertories (Sherr, 1994:79). I would therefore like to recommend that new provings are published in homoeopathic journals as well as being added to repertories and materia medicas so that all homoeopaths have the knowledge needed to prescribe the remedy and accumulate the relevant clinical data.

6.1.7 Provings of other Indigenous Substances

Loxodonta africana has the potential to be a homoeopathic remedy that is particularly beneficial in South Africa as it is indigenous to this area. Provings of indigenous substances are advantageous, as they utilize the healing potential for the well being of all South Africans. Locally acquired medicinal substances to South Africa are considered useful as these are within the reach of the patient, allowing nature to provide an accessible cure (Sherr, 1994:49). The researcher would thus recommend further provings to be done on local substances in South Africa as this country still has a vast number of different indigenous flora and fauna that have not been proven yet. This provides us with a great variety of healing potential.

6.1.8 Remedy Relations

An investigation should be made to determine the relationship between *Loxodonta africana* and existing remedies in particular *Natrum muriaticum* and *Calcarea carbonica*. *Natrum muriaticum* was used as a similimum to antidote both prover 3 and prover 7 suffering from proving symptoms as a result the remedy. *Calcarea carbonica* is the mineral which was found in the highest concentration in the ivory from elephants in the region that the ivory for this proving originates. Other homoeopathic remedies which should also be investigated due to their presence in the ivory are the magnesium group of remedies and remedies containing fluoride and phosphate.

6.2 Conclusions

Loxodonta africana may be homoeopathically indicated for mental and emotional disturbances. Other symptoms and signs indicate a possible use of *Loxodonta africana* in the homoeopathic treatment of skin conditions, headaches, allergies, glandular disturbances, gastro-intestinal disturbances and insomnia to name a few.

This research found that there was a correlation of the proving symptoms to the doctrine of signatures and this correlation assisted in further understanding the remedy *Loxodonta africana*.

Paracelsus can be quoted as saying “There is no illness for which some remedy has not been created and established to drive it away and cure it “(cited by Sherr, 1994:3). The proving on *Loxodonta africana* has the potential to become a significant and important homoeopathic remedy which could cure a variety of symptoms that have previously only been treated with partial remedies.

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APPENDIX A:

SUITABILITY FOR INCLUSION IN THE PROVING

All information will be treated as strictly confidential

SURNAME:

SEX: M/F

FIRST NAMES:

TELEPHONE NUMBER/S:

PLEASE CIRCLE THE APPROPRIATE WORD:

1. Are you between the ages of 18 and 55 years? YES/NO
2. Do you consider yourself to be in general state of good health? YES/NO
3. Are you on or in need of any medication?
 - Chemical/Allopathic YES/NO
 - Homoeopathic YES/NO
 - Other (e.g. herbal) YES/NO
4. Have you been on birth control pill or hormone replacement therapy in the last six months? YES/NO
5. Are you pregnant or nursing a child? YES/NO
6. Have you had any surgery in the last six weeks? YES/NO
7. Do you use any recreational drugs such as Marijuana, LSD or MDMA (ecstasy) YES/NO
8. Do you consume more than:
 - Two measures of alcohol per day? YES/NO
(1 measure = 1 tot/1beer/1/2 glass wine)
 - 10 cigarettes per day? YES/NO
 - 3 cups of tea, coffee, herb tea per day? YES/NO

If yes to any of the above, are you willing to reduce this amount?
YES/NO
9. 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
10. Are you willing to follow the proper procedures for the duration of the proving?
YES/NO

**11. Is English your first language or/and are you fluent in English?
YES/NO**

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of Bitis arietans arietans. M. Tech. Hom. Dissertation, Technikon Natal, Durban.

APPENDIX B

INSTRUCTIONS TO PROVERS

Dear Prover:

Thank you for volunteering to be a part of this proving of a new homoeopathic remedy. I'm certain you will learn a great deal from this experience.

Homoeopathy is based on the principle of 'like cures like' or the 'law of similars.' This means that a substance that causes certain symptoms, when administered in minute doses to a healthy individual, has the potential to cure the same symptoms seen in a diseased person.

A proving is a clinical trial done on people who take a substance, and by so doing produce particular symptoms. These symptoms are said to be specific to the substance taken, and therefore they give us an understanding of the conditions that the substance may be indicated for. Proving is therefore vital to homoeopathy.

As a prover you are required to take the proving remedy and observe the effects the remedy has on you. You will be asked to document your findings in detail, which will form part of the symptom picture that is created for the proving remedy.

You may experience some mild and at times uncomfortable symptoms. Fortunately these effects are generally transient and will not persist. In event that the symptoms do persist the proving will be antidoted using various methods.

Please read the following guidelines carefully and if there are any problems or anything you don't fully understand, please do not hesitate to call.

Before the Proving:

Ensure that you have the following:

- The correct journal.
- Read and understood these instructions
- Had a case history taken and a physical examination performed?
- Signed the informed consent form.
- Attended the pre-proving training course.

Your proving supervisor (Claire Speckmeier) 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.

Beginning the Proving:

After having been contacted by the supervisor and asked to commence the proving, record your symptoms daily in the diary for the one-week prior to taking the remedy. This will help you get into the habit of observing and recording your symptoms, as well as bringing you into contact 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 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 half an hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (six powders maximum).

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy**. By proving symptoms we mean:

1. **Any new symptoms**, i.e. ones that you have never experienced before, or,
2. **Any change or intensification of any existing symptom**. or,
3. **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. **Our experience has shown again and again that the proving symptoms usually 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 utilize these substances, and stopping is not possible, reduce your daily use especially around the time of taking the remedy. Protect the powders you are proving as you would any other remedy, including keeping them away from **strong smelling substances, chemicals, electrical equipment and cell phones**.

A successful proving depends on your recognising and respecting the need for moderation in the following areas: work, alcohol, exercise and diet. Restrict your consumption of alcohol to no more than two measures per day (1 measure = 1 tot/1 beer/ ½ glass wine), no more than ten cigarettes per day, and no more than three cups of tea, coffee or herb tea per day. Try to remain within your usual framework and maintain your usual habits.

Avoid taking **medication** of any sort, especially antibiotics, vitamin or mineral supplements, herbal or homoeopathic remedies.

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

Confidentiality:

It is important for the quality and 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. Your identity will not be revealed at any part of the study.

Contact with your Supervisor

Your supervisor will telephone you to inform you to begin your 1-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 have any doubt or questions 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 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 diary 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: Burning, dull, lancinating, shooting, stitching, etc.

Modality: A modality describes how a symptom is affected by different situations/ stimuli. Better (>), or worse (<) from weather, food, odours, dark, lying, standing, light, people, etc. Try different things out to see if they affect the symptom 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 effect of the symptom 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	Extremities
Head	Urinary Organs
Eyes	Genitalia
Ears	Sex
Nose	Temperature
Back	Sleep
Respiratory System	*Dreams
Digestive System	Generalities

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

You may also wish to note the phase of the moon if you have symptoms that are affected by it.

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 very enlightening. Please include these if possible. At the end of the proving please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you do another proving?

As far as possible try to classify each of your symptoms by making a notation 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 a **present** or **old** symptom. (E.g. used to be left side, now on the right side)

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

Please remember to use **red** ink for these notations and classify your symptoms accurately. If you have doubts, discuss them with your supervisor.

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

"The person who is proving the medicine must be pre-eminently trustworthy and conscientious... and able to express and describe his sensations in accurate terms." (Hahnemann 1997:200)

Thank you for participating in this proving. We are sure you will find that there is no better way of understanding and advancing homoeopathy.

Kind regards

Claire Speckmeier

This appendix has been adapted from Webster, H. 2002. A Homoeopathic Drug Proving of sutherlandia frutescens. M. Tech. Hom. Dissertation, Durban Institute of Technology.

I, _____,

agree to participate in the proving outlined in Appendix B, and acknowledge that I have read and understand the instructions in Appendix B regarding the proving.

Prover: _____ Signature:

Witness: _____ Signature:

Researcher: _____ Signature:

Date: _____

APPENDIX C

INFORMED CONSENT FORM:

(To be completed in duplicate by prover)

TITLE OF THE RESEARCH PROJECT:

A Homoeopathic Drug Proving

NAME OF SUPERVISORS:

Dr. C.R. Hopkins (M Tech (hom); BSc Agric (ansi + gene))

Dr. David Naude (M Tech (hom))

NAME OF RESEARCH STUDENT:

Claire Speckmeier

DATE:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Have you read the research information sheet? **YES/NO**
2. Have you had 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 this proving? **YES/NO**
5. Who have you spoken to? _____
6. Have you received enough information about this proving? **YES/NO**
7. Do you fully understand the implication 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 reason for withdrawing, and
 - Without affecting your future health care? **YES/NO**
9. Do you agree to voluntarily participate in this proving? **YES/NO**
10. Do you agree not to discuss any of the particulars of your treatment with any other study participants? **YES/NO**
11. Selection criteria: To participate in this proving you must meet all the inclusion criteria. They 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, MDMA (ecstasy).
 - Must not consume more than two measures of alcohol per day (1 measure = 1 tot / 1 beer / ½ glass wine)

- 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 of age you must have the consent from a guardian/parent to participate in the proving.
- Must be willing to follow the proper procedures for the duration of the proving.
- Have you completed Appendix, A which outlines in detail all the above inclusion criteria?

YES/NO

- 12.** Discomforts may be experienced as a result of participating in the proving.
- 13.** Benefits to provers: It is postulated that each proving undertaken strengthens the body's vital force (O'Reilly, 1996:160-161) Provers learn and develop the skill of observation and gain homoeopathic knowledge through direct involvement in a proving. A prover may be cured of certain ailments if the remedy is his/her Similimum.
- 14.** There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
- 15.** Every prover is given the names and telephone numbers of the research student and supervisor of the proving if problems or questions arise.

Name:	Home telephone:	Cellular telephone	Homoeopathic clinic
Dr. C.R. Hopkins			031-2042041
Claire Speckmeier	031- 7012193	0833205531	031 - 2042041

If you have answered NO to any of the above, please obtain the 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 procedure.

I _____ (guardian/parent) hereby give consent for the proposed procedure to be performed on _____ (prover) as part of the above mentioned research project.

I _____ hereby give consent for the proposed procedure to be performed on me as part of the above mentioned research project.

PROVER NAME: _____ *SIGNATURE:* _____

WITNESS NAME: _____ **SIGNATURE:** _____

RESEARCH

STUDENT NAME: Claire Speckmeier **SIGNATURE:** _____

This appendix has been adapted from Webster, H. 2002. *A Homoeopathic Drug Proving of Sutherlandia frutescens*. M. Tech. Hom. Dissertation, Durban Institute of Technology.

APPENDIX D

CASE HISTORY SHEET

This appendix has been adapted from Webster, H. 2002. A Homoeopathic Drug Proving of Sutherlandia frutescens. M. Tech. Hom. Dissertation, Durban Institute of Technology

Prover number:

Name:..... **Sex:**.....
Date of Birth:..... **Age:**.....
Marital Status:..... **Children:**.....
Occupation:.....

Past medical history:

Please list previous health problems and their approximate dates:

Do you have a history of any of the following?

Cancer		Asthma	
HIV		Pneumonia / Chronic bronchitis	
Parasitic infections		Tuberculosis	
Glandular fever		Tendency to suppuration / boils	
Bleeding disorders		Oedema / swelling	
Eczema/ skin condition		Smoking	
Warts		Haemorrhoids	

Previous surgical history:

Please list any past surgery and the approximate dates:
(tonsils, adenoids, moles, warts appendix etc)

Allergies:

Vaccinations:

A bad reaction:
No reaction:

Medication (including vitamins & minerals) that you are taking:

Estimate your daily consumption of:

Alcohol:

Cigarettes:

Recreational drugs:

Family History:

In your family is there a history of:

Cardiovascular disease	
Cerebrovascular disease (Stroke)	
Diabetes Mellitus	
Tuberculosis	
Mental Disease	
Cancer	
Epilepsy	
Bleeding disorders	

Please list any other medical conditions within your family:

Energy:

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

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

Weather modalities:

Perspiration:

Appetite:

Cravings:

Aversions:

Aggravations:

Thirst:

Bowel habits:

Urination:

Description of menses and menstrual cycle:

Mind:

Head:

Eyes:

Ears:

Nose and sinuses:

Mouth, tongue and teeth:

Throat:

Respiratory system:

Cardiovascular system:

Digestive system (stomach, abdomen, rectum, anus)

Urinary system:

Genitalia and sexuality:

Musculoskeletal system:

Extremities:

Upper:

Lower:

Skin:

Hair and nails:

Other:

The Physical Examination:

Physical description:

Hair colour:
Eye colour
Frame size / build
Complexion:
Skin texture & type:

Vital signs:

Blood pressure: (RHS, Seated)
Pulse rate:
Respiratory rate:
Temperature:
Weight:
Height:

General examination:

Cyanosis:
Anaemia:
Jaundice:
Clubbing:
Oedema:
Lymphadenopathy:
Dehydration:
Dyspnoea:

Any relevant findings on examination:

APPENDIX E:

WRITTEN CONSENT FORM

If you have met all the inclusion criteria and are between the ages of 18 and 21 years of age, written consent from a guardian needs to be obtained to participate in the proving.

***I _____ (guardian /parent) give
permission for***

***_____ (prover) to participate in the
homoeopathic***

***proving conducted by Claire Speckmeier at the Durban Institute of
Technology.***

Name: _____ Signature: _____ Date: _____

***_____
(Guardian)***

Name: _____ Signature: _____ Date: _____

***_____
(Witness)***

APPENDIX F:

P.O. BOX 1976
PINETOWN
3610

3 September 2004

Dear Scott and Stephanie Ronaldson

We are currently fifth year students of Homoeopathy at Durban Institute of Technology (DIT). As a requirement for our Masters Degree in Technology: Homoeopathy, we need to complete a dissertation. As a topic, we have chosen to do a Homoeopathic drug proving of ivory from the African elephant (*Loxodonta africana*). We are writing to ask for your advice on how to obtain a legal sample of ivory in the hope that you will be able to assist us in our endeavour.

Homoeopathy utilises a variety of different substances including plants, minerals and animals. It is unique in that the preparation of the remedies is vastly different to any other form of medicine. Minute quantities of a substance are utilised to make a life times supply of medicines. It is found that many substances taken in their crude form can cause severe reactions and side effects within the body. Therefore, the process of making a Homoeopathic remedy involves diluting the substance in alcohol or water and using a method called succussion, which is said to increase the effectiveness of the medicine. This is repeated a number of times depending on the strength of medicine required.

Another concept unique to Homoeopathy is that it is based on the 'law of similars'. This law explains how Homoeopathic medicines work and simply put, it means that 'like cures like'. In other words, if a substance can cause a particular reaction within a healthy body, then that same substance can be made into a Homoeopathic remedy. This remedy can then be used to treat a condition that produces similar symptoms to the reaction that was originally seen in the healthy individual.

The objective of this dissertation is to do a Homoeopathic drug proving. This is a clinical trial done on people who take a substance, and by so doing produce particular symptoms. These symptoms are said to be specific to the substance taken, and therefore they give us an understanding of the conditions that the substance may be indicated for.

We sincerely hope you will be able to assist us in obtaining a legal sample of ivory of an estimated two grams, and so assist us in the preparation of the remedy for our thesis.

If you have any queries please to contact us on: 031-7012193 / 083 3205531 (Claire) or 031-7017434 / 083 4757373 (Barry). Alternatively, you may contact our supervisor, Dr. Russell Hopkins, at the Durban Institute of Technology on 031-2012014.

We will be posting this letter via 'snail mail', to the following address; please let us know if your address has changed. P.O Box 830, Hoedspruit, 1380

Thank you,

Claire Speckmeier and Barry Forbes (B.Tech: Hom)

APPENDIX G

6 Tyrone Road
Pinetown
3610

Homoeopathic Day Clinic
Cnr Ritson and Mansfield Road
DURBAN
4001

Dear Dr. D. F. Naudé

Re: Request for use of Clinic Facilities

As fifth year homoeopathy students we are required to embark on research in order to complete our Master's Degree in Technology: Homoeopathy. We therefore write to you to request permission for the use of the Clinic facilities at the Homoeopathic Day Clinic (Department of Homoeopathy) at the Durban Institute of Technology.

We have chosen to conduct a homoeopathic drug proving for the purposes our research. A combined trial will involve a total of 26 provers, and two researchers will work with 13 provers each. We are required to take an initial consultation, which includes a case history and complete physical examination, in order to make sure that candidates meet the inclusion criteria. The initial consultation will be of two hours duration. There will be no follow-ups during the trial, but there will be a second consultation after the trial of one-hour duration. The proving process will be explained and any difficulties will be discussed. A consultation room for each of the two researchers would therefore be required in order to conduct consultations before and after the proving. A pre-proving and post proving group discussion will be held to discuss the trial and to tackle problems and answer any questions. The group discussions will be an hour and a half each, and these should be conducted in a free lecture room or the clinic conference room.

The duration of the study will be approximately 6 weeks. The provers will be given 6 doses of the proving substance or placebo in the form of six lactose-impregnated/unmedicated powders. Natura will make up the proving substance, and the clinic dispensary would be required to impregnate powders. We will also need to store our medicaments in the clinic dispensary during the course of our proving.

We would be most grateful if we were granted the permission to utilise the facilities available at the Homoeopathic Day Clinic whilst conducting our proving. Please do not hesitate to contact either of us should you require any further information.

Yours Sincerely
Claire Speckmeier and Barry Forbes

APPENDIX H

Natura Laboratory
No 8,18th Street
Hazelwood
Pretoria
0081

To Whom It May Concern:

Dear Sir/ Madam

We are 5th year homoeopathic students at the Durban Institute of Technology. As a requirement for our Masters degree in Homoeopathy, we will need to complete a research dissertation. As a topic, we have decided to conduct a homoeopathic drug proving. The remedy we have chosen to use has not yet been proven, so we require your assistance in the manufacture of our remedy.

The substance we will be proving will be made from ivory from the male African Elephant (*Loxodonta africana*). We require a remedy made from a sample of ivory. The ivory will be couriered to the Natura laboratories in Pretoria in its crude form as a powder. The powder will have to be triturated up until the third centesimal potency, after which it can be converted to a liquid potency and potentised to the thirtieth potency according to the German pharmacopoeia, in 96% alcohol. We require 25ml of the remedy as this will be used in the impregnation of single dose lactose powders at our laboratory for the purpose of the proving.

We greatly appreciated your assist us in our venture.
Sincerely yours

Barry Forbes and Claire Speckmeier

APPENDIX I:

CASE HISTORIES OF PROVERS THAT WERE ANTIDOTED

1. Case History of Prover Number 3

Sex: Female

Age: 27

Marital Status: single

Occupation : Homeopath

Past medical history:

Chicken pox (11 years)

Stomach ulcers (16 years)

Migraines (21 years)

Cold and Flu

Previous surgical history:

No surgical history, although prover was hospitalized for breathing difficulties between the ages of 0-6 years. The prover battled with inspiration and suffered from fainting spells. After moving near the coast these symptoms got better.

Allergies:

The prover is sensitive to pollen, and dust, and produces an itchy nose (tip of nose), throat (back of throat), and ears (back of ears).

Vaccinations:

No bad reaction to vaccinations

Medication (including vitamins & minerals) that you are taking:

none

Estimate your daily consumption of:

Alcohol: none

Cigarettes: none

Recreational drugs: none

Family History

There is a history of: - Tuberculosis

- Hypertension

- Diabetes mellitus

Energy:

Good: (9/10)

Sleep:

Quantity: good

Quality: good

Position: lying on back

Dreams:

The prover experiences anxious or bad dreams

Weather modalities:

The prover prefers cold weather to hot weather. Hot weather irritates the prover. She does not like the sun shining on her skin. Although the prover prefers cold weather, being exposed to the cold makes her more susceptible to chest infections.

Perspiration:

The prover only perspires from the neck downwards (not on face unless she exercises intensely)

Appetite:

Good, but prover hates to chew

Cravings: sour / lemons

Aversions: sweet food and drinks

Aggravations: fat or rich foods.

Thirst:

Thirst for water and sour things increases before period.

Bowel habits:

Regular bowel movements

Urination:

Urination is increased during periods due to increased water consumption.

Description of menses and menstrual cycle:

The Prover experiences PMS with mood swings, and irritability, but suppresses her emotions.

The Prover experiences period pain on day 1 of her period.

Blood had dark clots in the past.

Head:

The Prover experienced tension headaches due to stress and sitting behind a computer for long periods of time.

Eyes:

Short sighted

Cardiovascular system:

Prover experiences palpitations related to anxiety, which are seated in the throat.

Digestive system (stomach, abdomen, rectum, anus)

The prover experiences nausea (ameliorated by vomiting) due to a weakness of the liver and a poor metabolism of fats.

Musculoskeletal system:

Tension in neck and shoulders

Extremities:

Lower: Occasionally the prover experiences shaking of knees and hands

Mind:

The prover is an anxious person. This prover is also very sensitive. Everything has to be done in a certain order and has to be perfect. The prover has a desire to be free and cannot be bound, and finds it difficult to set boundaries

The Physical Examination:

Physical description:

Hair colour: black

Eye colour: brown

Frame size / build: medium

Complexion: clear

Skin texture & type: brown

Vital signs:

Blood pressure: (RHS, Seated) 115/80

Pulse rate: 68

Respiratory rate: 16

Temperature: 36.8

Weight: 56.5

Height: 1.58

General examination: Cervical Lymphadenopathy on LHS

Antidote: (dispensed on the 7 July 2006 before post proving consult by another practitioner)

Rx: *Natrum muriaticum* 30CH, 200CH, M

Mitte: Pulv iii

Sig: unknown

Post Proving consultation

1 August 2006

Mind

Natrum muriaticum greatly improved the provers state of depression. Patient is still observed to be unhappy and weary in comparison to pre-proving consultation.

Mouth

Dry lips aggravated during the day

Bleeding gums, bad breath associated with bleeding gums

Abdomen

Bloated and passing a lot of flatus which smells like rotten eggs

Stomach-Thirst

Prover is craving lemon drinks, sour fizzy drinks and orange juice

Appetite is diminished

Stool

Loose stools, which are brown-yellow in colour and smell like rotten eggs

Generals

weakness

1 August 2006 (dispensed after pre-proving consultation)

Rx: *Phosphoricum Acidum* 200CH

Mitte: pulv iii

Sig: Take 1 powder every 6 hours

2. Case History of Prover Number 13

Date: 4 October 2006

Sex: Female

Age: 23

Marital Status: single

Occupation: homeopathic student

Past medical history:

Chicken pox (3 years)

Mumps (6-8 years)

Measles (6-8 years)

Feather allergies

Benign cyst on both ovaries (13years)

The prover also had a history of eczema/skin conditions and warts

Previous surgical history:

The prover had her tonsils removed between the ages of 4 and 5 years, and had her wisdom teeth extracted in 2004.

Allergies:

The prover experienced allergies to feathers as a child.

Vaccinations:

No reaction:

Medication (including vitamins & minerals) that you are taking:

Aloe juice and flaxseed oil

Estimate of daily consumption of:

Alcohol: none

Cigarettes : none

Recreational drugs: none

Family History

There is a family history of:

1. Cardiovascular disease: The prover's grandmother on her mother's side of the family had an aneurysm and her grandmother on her father's side of the family had rheumatic fever.
2. Diabetes Mellitus: The provers grandmother on her father side had Diabetes
3. Mental disease: The prover has a family history of Schizophrenia and Depression on her mothers side of the family.
4. Cancer: The provers grandmother on her fathers side of the family had cancer.
5. Ovarian cysts: The prover has a family history of ovarian cysts on her mother's side of the family.

Energy:

Energy levels are 8/10, energy dips in the late afternoon.

Sleep:

Quantity: between 8 and 9 hours

Quality: good

Position: The prover falls asleep on her stomach and wakes up on her back

Weather modalities:

The prover prefers cold rainy weather. The prover does not enjoy hot weather as it makes her miserable and claustrophobic.

Perspiration:

Perspires a lot on feet and under arms. Perspiration has sweet smell.

Appetite:

Normal

Cravings: cheese, SALT, smoked chips

Aversions: meat (feels guilty about killing animals)

Aggravations: Broccoli, pasta, and potatoes cause gas in digestive system

Bowel habits:

The Prover has bowel movements every 3-4 days. The prover experiences bloating with a tendency towards constipation (with no urging).

Description of menses and menstrual cycle:

The prover has a week of pre-spotting, then the period is heavy for 4 days, with bright red blood. A cramping pain is experienced which is ameliorated with hard pressure, and warmth.

Head:

The prover has a history of migraines (although she has not experienced a migraine for more than a year). The prover would have a tension headache for 2- 3 days which would develop into a migraine.

Eyes:

Short sighted

Musculoskeletal system:

Extremities:

Upper: stiff upper extremities due to playing sport

Skin:

The prover produces pimples without heads that develop into cysts if squeezed.

Hair and nails:

White spots on nails

Hair falls out

Mind

Fears being betrayed, ghost and the dark
Prover was very closed.

The Physical Examination:

Physical description:

Hair colour: blonde
Eye colour: blue
Frame size / build: medium
Complexion: fair
Skin type/texture: normal

Vital signs:

Blood pressure: (RHS, Seated); 110/70
Pulse rate: 72 (normally the pulse rate is higher)
Respiratory rate: 16
Temperature: 36.8
Weight: 63kg
Height: 162

General examination:

Anemia: The prover showed possible signs of anemia but when tested levels of iron, B12 and folic acid were within the normal ranges.

POST- PROVING CONSULTATION

Date: 21 November 2006

Mind

The prover reported to see “shadow things” out of the corner of the eye.

Dreams

1. Dreamt about a rattle snake. The prover was fighting with the snake to protect a puppy. There was a general theme of desperation.
2. Dreamt about the army – fear of death whilst trying to save a bird.

Skin

Past history: had vesicles on finger, and would squeeze them and they would disappear.

The skin eruption experienced during the proving also formed a vesicle which was very itchy. The prover would scratch the vesicle and it would become red. Scratching aggravated the vesicles and the vesicles would then discharge a watery yellow liquid which dried to form a yellow crust. The discharge stuck to the prover's clothing and stained the clothing yellow. This made the prover feel dirty.

The vesicles started appearing on the left arm and leg and then spread to the right arm and leg. They then spread to the right upper neck. There are about 30 lesions in total.

Bathing in warm water ameliorated the eruption and sweating and heat aggravated the eruption.

Generals

Tiredness

Vital Signs

Pulse: 80

BP: 120/80

Respiratory: 16 bpm

Height: 162

Weight: 63kg

Antidote

Rx; *Graphites* 30CH

Mitte: Pulv vi

Sig: Take 1 powder 3 times daily for 2 days

24 november 2006

The graphites seemed to have no effect on the skin lesions. The symptoms remain the same.

Antitdote

Rx: *Antimonium crudum* 9CH

Mitte: Number 2 vial

Sig: Take a ¼ capful hourly

Rx: *Staphococcus aureus* 200CH

Mitte: Pulv vi

Sig: Take 1 powder twice daily for 3 days

Rx: Medi-herb *Echinacea premium* tincture

Mitte: 30ml bottle

Mitte: Take 20 drops 3 times daily in a little water

APPENDIX J:

REPERTORISATION

This analysis contains 1072 remedies and 8 symptoms

i.	MIND – COMPANY – aversion to	241
ii.	MIND – CONCENTRATION – difficult	371
iii.	MIND – SADNESS	625
iv.	HEAD – PAIN	576
v.	MOUTH – DRYNESS	323
vi.	STOMACH – APPETITE – diminished	257
vii.	GENERLAS – WEAKNESS	786
viii.	MIND – ANGER	319

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	nat-mur	Nux-vom	sep	lach	lyc	sulph	gels	alum	ars	chin	hyos	ign	phos	bar-c	calc
	8/22	8/22	8/22	8/21	8/20	8/20	8/19	8/18	8/18	8/18	8/18	8/18	8/18	8/17	8/17
1	4	3	3	2	2	2	3	3	1	2	2	3	1	3	1
2	2	4	3	3	3	2	2	2	1	1	2	1	3	3	2
3	3	2	3	3	3	3	3	2	3	3	3	3	2	2	3
4	3	3	3	3	2	3	3	2	3	3	2	2	3	1	3
5	3	3	3	3	3	3	2	2	3	3	3	3	3	3	2
6	1	1	1	2	2	1	2	3	1	1	1	1	1	1	1
7	3	2	3	3	2	3	3	2	3	3	3	2	3	3	3
8	3	4	3	2	3	3	1	2	3	2	2	3	2	1	2

APPENDIX K:

