A comparison of the results from the proving of *Erythrina lysistemon* 30CH, with toxicology of the crude substance.

By

Agnieszka Gryn

Mini-dissertation submitted in partial compliance with the requirements of the Master's Degree in Technology: Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology.

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

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Signature of Student Date of Signature

APROVED FINAL SUBMISSION.

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Signature of supervisor Date of Signature
Dr. A.H.A Ross
H.O.D Homoeopathy
DUT

ACKNOWLEDMENTS

I would like to thank my ever so patient parents and sister for carrying me through the years with their unconditional support.

They have allowed me to explore, experiment and achieve.

A very hard earned thank you goes to my friends and colleagues, without whom life would be dimensionless.

ABSTRACT

The homoeopathic drug proving of *Erythrina lysistemon* 30CH took a form of a randomised triple–blind, placebo–controlled study. This trial was conducted at the Homoeopathic Day Clinic on the premises of Durban University of Technology. The research group consisted of 32 provers, which were recruited from amongst practicing homoeopaths, homoeopathic students (2`nd–5`th year), as well as patients of the Homoeopathic Day Clinic (DUT) and their relatives. The participation was purely on voluntary basis.

Provers were randomly divided into two groups: a placebo group of 12; a proving group of 20. Each researcher supervised 8 provers. Neither the provers, nor the researchers were aware of the name or nature of the substance being proved, and whether a prover is receiving a placebo or the proving substance until the unblinding process. Provers had a homoeopathic case history taken and a physical examination performed on them before commencement of the proving to establish each individual's baseline. Provers were required to keep journals in which they recorded their sign and symptoms: starting 7 days prior to commencing the proving, throughout the proving, as well as after administration of the remedy formulated. All the information gathered was then correlated and interpreted by the researchers i.e. four M.Tech.Hom students. Subsequent translation of the symptoms into materia medica and repertory language took place. On completion of the proving a homoeopathic picture of the remedy with

distinct affinities was established. Those affinities were then compared to the toxicology of the major chemical constituents of *Erythrina lysistemon*. Data was then analyzed by qualitative methods for it was not amendable to standard statistical analysis.

DEFINITION OF TERMS

Law of Similars

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

Placebo

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

Proving

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

Prover

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

Potency

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

Potency

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

Centesimal Potency

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

Succussion (Dynamisation)

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

Pharmacopoeia

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

Materia Medica

A pharmacological text, a reference book containing a list of medicines and their uses (Hahnemann, 1998: 325).

Repertory

Systematic cross reference of symptoms and disorders to the homoeopathic medicines in whose therapeutic repertoire (material 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).

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CHAPTER 1

1.1 INTRODUCTION

Proving is a process of determining the medical properties of a substance (i.e. a test trial) by administration of the substance in crude dose, mother tincture or potency, to healthy volunteers in order to elicit effect from which the therapeutic potential or materia medica of the substance may be drawn out (Swayne, 2000: 174).

The fundamental theoretical basis for the proving of drugs on healthy persons was enunciated originally by Samuel Hahnemann– the founder of homoeopathy (Vithoulkas, 1981: 143).

Following the Similia principle (Like Cures Like) originally propounded by Hippocrates, Hahnemann conducted the first homoeopathic proving in 1790, results of which have served as one of the basic foundations of homoeopathy. In order to learn about a substance's curative properties, one has to administer that substance to a healthy individual. Due to the fact that there is a chemical affinity between the [biologically active] substance and the organism, a group of symptoms characteristic and peculiar to that substance will arise following the administration (Vithoulkas, 1981: 100).

Those signs and symptoms will determine the homoeopathic drug picture, and thus homoeopathic application of that substance to the sick.

1.2 THE SUBSTANCE.

Some homoeopaths think that a useful remedy is one that is local and within reach of the patient, for nature will always provide an accessible cure (Sherr, 1994: 49).This research created an opportunity not only for enriching Materia Medica and extending remedial potential of homoeopathic treatment on the world scale, but also allowed for an indigenous South African substance to contribute to such profound process.

Erythrina lysistemon is widely grown in South Africa and belongs to genus of tropical and subtropical flowering trees in the Family Fabaceae. *Erythrina lysistemon* does contain a large number of alkaloids that are known to be highly toxic, but its use in traditional medicine suggests that they have antibacterial, anti-inflammatory and analgesic effects (Wikipedia, The Free Encyclopaedia, 2007).

Alkaloids are secondary metabolites in plants which are usually derivatives of amino acids. Many alkaloids have pharmacological effects on humans and animals (Wikipedia, The Free Encyclopaedia, 2007).

Erythrina species also contain a number of curare-like alkaloids (Watt & Breyer-Brandwijk, 1962: 601). The term curare is a generic for a group of substances characterized by a paralyzing action at the myoneural junction in skeletal muscle but are not toxic (Watt & Breyer-Brandwijk, 1962: 601).

1.3 THE HYPOTHESES.

1. The substance in question (*Erythrina lysistemon* 30 CH) would produce clearly observable symptoms in healthy provers.
2. The symptoms produced in the proving would be comparable to the toxicological actions of the major pharmacological compounds present in the proving substance.
3. A triple–blind design of the study would provide non biased results.

1.4 THE OBJECTIVES OF THE STUDY.

The first objective of this placebo controlled study was to determine the effects produced in the course of the proving of *Erythrina lysistemon* 30CH on healthy individuals, so that it may be prescribed according to the Law of Similars, as required by homoeopathic principles.

The second objective was to analyze the symptoms obtained from the proving in direct comparison to the effects of the major pharmacologically active compounds present in *Erythrina lysistemon.*

The third objective was to obtain non–biased results by applying an additional layer of security provided by a triple–blind design of study.

1.5 THE ASSUMPTIONS.

1. The provers took the remedy in the dosage, frequency, and manner required.
2. The provers conscientiously and closely observed themselves for the effects of the drug and subsequently recorded their symptoms in accurate and honest manner.
3. The provers did not deviate from their normal lifestyle and/or dietary habits in a significant manner immediately prior to or for the duration of the proving.

1.6 THE DELIMITATIONS.

Study did not:

- seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals;
- determine the effects of potencies or deconcentration of the substance other than the thirtieth centesimal (30CH).

CHAPTER 2

Review of related literature.

2.1 INTRODUCTION.

By providing us with a greater understanding of the medical properties of the proved substance, provings allow for all–embracing therapeutic application of substances. In that light provings are the pillars upon which homoeopathic practice stands (Sherr, 1994: 7).

2.2 HISTORICAL PERSPECTIVE.

The fundamental theoretical basis for the proving of drugs on healthy persons was enunciated originally by Samuel Hahnemann– the founder of homoeopathy (Vithoulkas, 1981: 143).

While translating Cullen`s Materia Medica into German, Hahnemann, a medical doctor who has become disillusioned with traditional practices, found that he could not accept Cullen`s explanation with regard to the mechanism of action of quinine (Cinchona bark) in the treatment and cure of malaria. In order to learn about a substance's curative properties, Hahnemann ingested large quantities of Cinchona bark and subsequently developed symptoms of malaria. These

disappeared when ingestion of Cinchona bark was discontinued (Vithoulkas, 1981: 95). That experiment laid grounds for a breaking theory, The Law of Simillars which till day serves as one of the main laws of homoeopathy.

2.3 MODERN ASPECTS.

According to Riley (1996) homoeopathic provings on healthy subjects should be carried out using the historical principles as laid down by Hahnemann as a straight point, while at the same time satisfying the modern requirements imposed on clinical trials.

In the last 10 years numerous groups of homoeopaths all over the world have undertaken the challenge and devoted their efforts to finding and subsequently proving new remedies. However most of the provings carried out worldwide show great differences in the approach and the execution, thus leading to numerous discrepancies which were directly reflected on the standards of the material derived (ICCH, 1999).

Vithoulkas with *Science of Homoeopathy* and Sherr with *The Dynamics and Methodology of Homoeopathic Provings* provided us with two major texts focusing solely on provings. Sherr`s experience including provings of Chocolate, Scorpion, Germanium, Hydrogen as well as many others, make him arguably the modern day proving expert and his suggestions have recently been into practice

by homoeopaths, Riley (1996), amongst others, in his provings of *Geranium robertianum* and *Veronica officialis.*

Other recent provings include Adamas, Androctonus and Neon published by Sherr in *Dynamic Provings, Volume 1* (1997), *Luna* (King & Lawrence, 1996), *Bambo* (Schuster, 1996), *Tungsten* (Bond 1997), *Ozone* (Schadde, 1997) and *Parthenium hysterophorus* (Maishi et al. 1998).

Provings carried out at Durban University of Technology in previous years are: *Sceletium tortuosum* by dos Ramos in 1999; *Bitis Fructans fructans* by Wright in 1999; *Sutherlandia fructescens* by Low, Webster, Kell and Van der Hulst in 2002; *Pychopaeus sanguineus* by Morris in 2002; *Bitis Garbonica garbonica* by Thompson in 2004; *Naja mosambica* by Taylor and Smal in 2004.

2.4 REFINEMENT OF PROVING METHODOLOGIES.

The method that has become almost standard in recent times, and has been applied most extensively when conducting a homoeopathic proving is a double–blind study. This term refers to keeping trial participants, i.e. provers, unaware of the assigned intervention that they will not be influenced by that knowledge. Blinding usually reduces differential assessment of outcomes, but also improves

compliance and retention of proving participants while decreasing bias (Grimes & Schultz, 2002).

However researchers being aware of the proving substance's identity may unconsciously introduce assessment bias. In that respect blinding is used to protect against the possibility that knowledge of assignment may affect how the researchers behave i.e. performance bias or how outcome is assessed i.e. detection bias (Pragmatic Randomized Controlled Trials in HealthCare, 2005). And thus in order to eliminate this bias to its possible minimum a triple–blind design was employed as proposed by Reaside (1972).

A triple–blind method refers to a study design in which the provers and the researchers are blinded to what is being given. It provides an additional layer of security to prevent unwarranted influence of study results by anyone directly involved with the study (Wikipedia, The Free Encyclopaedia, 2007).

The triple–blind method has been named the most scientifically valid method and it was first introduced in homoeopathic provings by Reaside (1972). Since then it has been used in: *The Homoeopathic Proving of Plutonium Nitricum (including the Toxicology of Ionising Radiation)* by Sherr in 1999; *A randomised, controlled, triple–blind trial of the efficacy of homeopathic tr;eatment for chronic fatigue syndrome* 1994) by Weatherley– Jones , Nicholl, Thomas, Parry, McKendrick , Green , Stanley , Lynch in 2004 and . Riley (1995); and *Homeopathy for menopausal*

symptoms in breast cancer survivors: a preliminary randomized controlled trial by Jacobs, Herman, Heron, Olsen and Vaughters in 2005.

The triple–blind method was applied in the proving of *Erythrina lysistemon* 30CH to ensure non biased results. The aim was to get the researchers to observe all provers carefully, without the kind of prejudice that might have lead to projecting effects onto the group that got the verum. By reducing the bias, elimination of presumption or fabrication of the symptoms on the part of the researcher was ensured, automatically making the process of collecting data a detailed and highly sensitised one, i.e. all sign and symptoms had the same recording value.

2.5 PROVING SUBSTANCE– *ERYTHRINA LYSISTEMON.*

2.5.1 Classification:

Family: Fabaceae/Leguminosae (Pea & bean family);

Subfamily: Papilionoideae;

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

2.6. TOXICOLOGICAL DATA.

"All substances are poisons; there is none which is not a poison.

The right dose differentiates a poison and a remedy."

Paracelsus

When a substance is administered the defense mechanism will respond accordingly by displaying specific manifestations which is a direct indication of the substance's action upon the organism. If a substance is given in a poisonous/ toxic dose every organism will react to it, however, as mentioned above, the reaction will be too gross (e.g. coma, vomiting, diarrhoea etc.) and thus of no value in homoeopathy. In order to elicit an array of relevant symptoms in a homoeopathic schema infinitesimal and potentized doses are used (Vithoulkas, 1981: 145–146).

Toxicological data is very crude data when compared to proving data, as it is well known that provings in potency bring out much finer distinctions of symptoms (Vithoulkas, 1981: 144–148). Much of the information in homoeopathic materia medicas, however, comes directly from reports of poisoning (Sherr, 1994: 89).

Toxicological data, not only provides the researcher with information on the gross pathological changes that may occur and hence cure but also is a useful source of information organic pathology that does not arise from the provings (Sherr,

1994: 88) i.e. these changes did not occur in provers for the substance was taken in a potency.

2.6.1 Toxicology of the Proving Substance.

Erythrina lysistemon contains erythraline alkaloids, some of which are distributed in several parts of this plant. The other major group of compounds is the flavonoids, especially prenylated ones and these compounds are prevalent in the stem and root bark. The extracts from *Erythrina lysistemon* have been used in traditional medicine and have also shown antiviral, anticancer and cytotoxic activities (Juma et al., 2004).

Erythrina lysistemon contains a large number of alkaloids that are known to be highly toxic (Wikipedia, The Free Encyclopaedia, 2007). Alkaloids isolated from *Erythina lysistemon* are: erythraline, erythistemine, erysodine, erysovine, erysopine, 11–hydoxyerysodine, 11–hydoxyerysovine, 11–methoxyerysodine and 11–methoxyerysovine (Hutchings, 1996: 3870).

However recently there have been three non–alkaloids isolated from *Erythrina lysistemon*, namely: enoic acid, neolignan and isoflavanone. These were isolated along with other known flavonoids, benzenoids and phenylpropanoids. . Some of these compounds have shown high antifungal activity against *Candida mycoderma*. Moderate activity has been exhibited against the Gram positive

(*Bacillus subtilis* and *Staphylococcus aureus*) and Gram negative bacteria (*Escherichia coli*) by some of these compounds (Juma et al., 2004).

The stem bark of *Erythrina lysistemon* is one of the traditionally used "women remedies", and it has been assessed for its estrogenic activity in rats (Tanee et al., 2006).

There seems to be a large interest in traditional use, medicinal application, as well as, composition of *Erythrina spp.* all around the world. The researcher, however, found that the literature documenting pharmacological and toxicological actions of *Erythrina lysistemon* was very limited and not easily accessible.

CHAPTER 3

Methodology.

3.1 PROVING DESIGN.

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

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

As an additional ‘internal’ control, all provers were required to record their state for one week prior to commencing the verum/ placebo powders (Vithoulkas, 1981: 148–150). All provers recorded their symptoms in assigned journals in the

manner described *(see Appendix D)*. Such recording were completed at least once daily. Data extracted from journals was combined with case histories and physical examinations to compile the proving profile. The results obtained from the process were then investigated and evaluated further in light of toxicology of *Erythrina lysistemon*.

3.2 THE PRINCIPAL INVESTIGATORS.

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

3.3 OUTLINE OF THE PROVING METHODOLOGY.

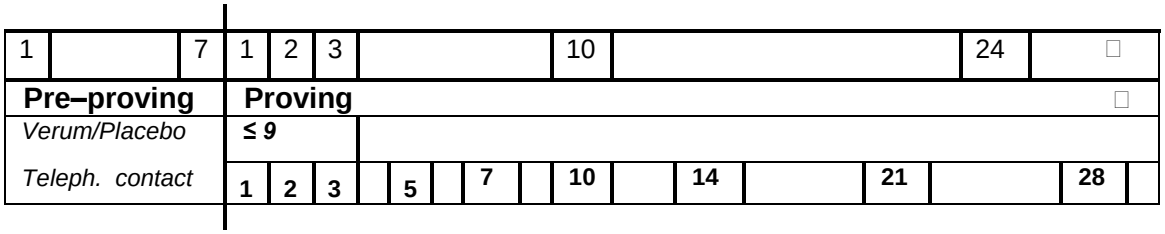
- The proving substance was prepared by the principal researcher according to Methods 6 *(Triturations by hand)* and 8a *(Liquid preparations made from triturations)*, as specified in the German Homoeopathic Pharmacopoeia (GHP) *(Appendix E)*;
- Verum/ placebo powders were prepared according to the method described below *(3.4.2)* and 9 powders each of the respective test

substance (verum or placebo) were randomly assigned by an independent clinician to 32 prover numbers (20 verum and 12 placebo);

- Each student researcher conducted interviews in which prospective provers were screened for suitability, and checked against the inclusion criteria *(Appendix A);*
- The provers attended a pre–proving training course, conducted by the principal researcher, during which the procedure of homoeopathic proving was explained to them;
- The provers were guided through the ***Instructions to Provers*** document *(Appendix D)*, and signed the ***Consent form*** *(Appendix B)*;
- Each prover was allocated a prover code, and was provided with a personal copy of the ***Instructions to Provers*** document, an appropriately numbered journal, and a list of contact numbers for the researchers;
- The provers were divided randomly into four equal groups, with each student researcher being responsible for 8 provers;
- At scheduled times, a thorough case history and physical examination *[Appendix C (i)]* of each prover was completed by the respective student researcher;
- The provers commenced recording their symptoms at least three times daily for one week prior to taking the proving substance. Provers commenced recording in a staggered manner with groups of two

provers per researcher commencing at 3–day intervals (i.e. commencement of recording was staggered over a 13–day period *(viz. days 1, 4, 7, 10, and 13)*;

- On completion of the pre–proving week, the prover commenced taking the powders a maximum of three times daily for 3 days, or until the first symptoms appeared, whereupon no further doses of the proving substance were taken. The prover continued to record their symptoms throughout. The researcher was in daily telephonic contact with each prover;
- Telephonic contact frequency was daily initially, reducing to 2–3 daily, then weekly after the first week *(i.e. days 1, 2, 4, 7, 14, 21, 28 etc.);*
- If no symptoms had been noted after the ninth powder, the prover ceased to take any further doses, but continued to record as previously



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

- The respective journal was recalled, and a post–proving case history and physical examination was conducted on the prover [*Appendix C (ii)];*
- After submission of all journals a group discussion around the proving experience was conducted;
- The verum/placebo assignment was unblinded to the researchers, to allow for distinction between verum and placebo groups;
- Extraction and collation of journal data was effected by the respective researchers;
- Data was presented in traditional Materia Medica and Repertory formats. At this point the identity of the proving substance was revealed to the researchers.
- Analysis of the symptomatology obtained from the proving in the light of toxicology of the crude plant was preformed.

3.4 THE PROVING SUBSTANCE.

3.4.1 Potency.

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

3.4.2 Preparation of the Proving Substance.

- The proving substance was prepared by the principal researcher according to Methods 6 (Trituration of insoluble substances) and 8a (Liquid potency from trituration), as specified in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement (1991) to the First Edition (1978) *(Appendix E);*
- A 60 ml volume of standard size 10 lactose granules was triple–impregnated at 1% volume/volume with unprocessed 73% ethanol *[placebo]*;
- Placebo and verum powders were prepared by adding twenty (20) of the respective impregnated granules to standard pure lactose powders *[80(+27) verum and 60 (+27) placebo powders divided into packets of 9 powders each (20+3 verum; 12+3 placebo)]*;
- An independent clinician (Dr David Naudé, Senior lecturer, Department of Homoeopathy, DUT) numbered 32 respective placebo/verum packets according to a secret random schema, which was stored by the third party until unblinding;
- An additional three sets each of verum and placebo powders were held in reserve, to be administered to provers who may have been required to replace provers who withdrew from the study prematurely *(3.5.3).*

3.4.3 Dose and Posology.

- The provers took one lactose–based verum/placebo powder sublingually for a maximum of three times daily for 3 days, or until the first symptoms appeared (whichever occurred sooner);
- The prover ceased taking the powders as soon as they, or the researcher noted the onset of proving symptoms (Sherr, 1994:53; Vithoulkas, 1981: 146);
- There was no repetition of the dose after the onset of symptoms (Sherr, 1994:54);
- The proving substance was taken on an empty stomach and with a clear mouth. Neither food nor drink was taken for a half–hour before or after administration of the proving substance (Sherr, 1994: 53).

The dosage and posology was clearly explained to each prover in the pre–proving training course, and was presented in writing in the ***Instructions to Provers*** document *(Appendix D),* a copy of which was provided to each prover for reference and safekeeping at home.

3.5 THE PROVER GROUP.

3.5.1 Sample Size and Demographics.

The proving was conducted on 32 healthy subjects. In keeping with international recommendations (ICCH, 1999: 35) the prover population consisted of a balanced mix of individuals thoroughly acquainted with homoeopathic principles, as well as those with no homoeopathic background. Provers were recruited from amongst practicing homoeopaths, and homoeopathic students (2^{nd} – 5^{th} year), as well as patients presenting to the Homoeopathic Day Clinic (DUT) and their relatives and friends. Although recruitment of provers was conducted on a purely voluntary basis, cognisance was taken of the need for balanced distribution of male/female ratios, and a reasonable spread of provers across the age range (18 – 60 years).

The verum/placebo distribution ratio was 20/12 *(60% verum/ 40% placebo)* according to independent random allocation. Provers were aware of the presence and likelihood of receiving placebo, but details of specific allocation was known only to the independent clinician until all data had been collected.

3.5.2 Criteria for Inclusion of a Subject.

The prover subject:

- was between 18 and 60 years of age;
- was competent and had obtained parental consent if he/she was between 18 and 21 years old *(Appendix B)* (Riley, 1997: 225);
- was in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 1999: 34);
- was in no need of medical treatment; conventional, homoeopathic or other (Riley, 1997: 223);
- had not used the oral contraceptive pill or hormone replacement therapy within the preceding six months (Sherr, 1994: 44, Riley, 1997: 233);
- was not pregnant or breastfeeding (Sherr, 1994: 44, Riley, 1997: 233);
- did not use recreational drugs (Sherr, 1994: 44, ICCH, 1999: 34);
- had not had surgery in the preceding six weeks;
- did not consume more than two measures of alcohol per day, 10 cigarettes per day, nor three cups of coffee or tea per day;
- was able to follow the proper procedures (including case history, physical examination) for the duration of the proving (Sherr, 1994: 44).

3.5.3 Randomisation.

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

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

Thirty two packets of powders (20 verum/12 placebo), corresponding to prover numbers 1–32 were numbered according to the resultant schema (*see 3.4.2).* The schema was divided into four equal parts such that prover numbers 1–8, 9–16, 17–24 and 25–32 were assigned to the respective M.Tech.Hom research students in a ‘luck of the draw’ manner. The record of the schema was stored by the independent clinician until all data had been collected, and unblinding was required for differentiation of respective sets of data.

An additional three sets each of verum and placebo powders was held in reserve (unallocated), to be administered to provers who may have been required to replace provers who withdrew from the study prematurely. In such cases the ‘replacing’ prover was assigned to the same group, and assumed the ‘b’ version

of the same prover number, as the ‘withdrawing’ prover [e.g. withdrawing prover 30 *(verum)* was replaced with new prover 30b *(verum);* prover 8 *(placebo)* with prover 8b *(placebo)*]. The appropriate set of powders was labeled as such (by the independent clinician) at the time of dispensing.

3.5.4 Lifestyle of Provers during the Proving.

The provers were advised to:

- avoid antidoting factors such as camphor and menthol, and to cease their use for two weeks prior to administration of the proving powders (Sherr, 1994: 92);
- practice moderation with respect to work, alcohol, smoking, exercise, diet and sexual expression (Sherr, 1994: 92);
- maintain their usual habits (Sherr, 1994: 92);
- store the proving powders in a cool, dark place away from strong–smelling substances, electrical equipment and cellular telephones (Sherr, 1994: 92);
- avoid any medication (including antibiotics), vitamin and mineral supplements, herbal or homoeopathic remedies (Sherr, 1994: 92);
- and to consult their doctor, dentist or hospital in the event of a medical emergency, and to contact their supervisor as soon as possible thereafter (Sherr, 1994: 92)

3.5.5 Monitoring of Provers.

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

The purpose of these contacts was to:

- ascertain when the proving substance began to act, so that the prover was instructed to cease taking any further doses;
- ensure that the prover recorded accurately, and did not neglect to record a symptom; and to
- ensure the safety of the prover by closely monitoring for any reaction which may have needed to be antidoted (by an existing homoeopathic remedy, or another necessary intervention).

3.6 CASE HISTORY AND CLINICAL EVALUATION.

3.6.1 Case–history.

Each prover who complied with the ***Inclusion criteria*** *(Appendix A)*, had attended the pre–proving training course, and had read, understood and signed

both the ***Consent form*** and the ***Instructions to Provers*** documents *(Appendices B and D respectively)*, had a scheduled 2–hour appointment with the assigned student researcher for completion of a standard homoeopathic case history and general physical examination [*(Appendix C (i)]*.

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

3.6.2 Physical Evaluation.

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

3.7 DURATION OF THE PROVING.

3.7.1 Pre–proving Observation.

Each prover commenced recording his/her symptoms at least three times daily for one week prior to taking the proving substance, as an internal control. This period of mandatory pre–proving observation was staggered in such a manner that only two provers per researcher commenced his/her recording on any

particular day. Pairs of provers commenced their pre–proving observation at 3–day intervals to allow the researcher to have predominant focus on each commencing pair of provers in the initial days of their journal recording. This afforded the researcher the opportunity to ensure that each prover's journaling was occurring according to the methodology, and that good journaling habits were being established. Commencement of recording was therefore staggered over a 13–day period (viz. days 1, 4, 7, 10, and 13).

3.7.2 Commencement of the Proving.

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

Provers were monitored telephonically to confirm the onset of proving symptoms (where these occurred), that the methodology was being implemented correctly, and that the prover's interests were being protected *(see 3.5.5 above)*. Provers recorded at least once daily for the duration of the proving.

3.7.3 Chronology.

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

The top of each page of the prover's journal was marked with the appropriate day code. After 24 hours, the minutes became redundant, and were represented by XX. After 2 days the hours became redundant and were indicated similarly by XX. In instances where the time was insignificant or unclear the symptom was marked XX:XX:XX. The actual time of the day was included only if it was definite, significant and causal to the symptom. All irrelevant time data was erased in the initial extraction.

3.7.4 Post– proving Observation.

The proving was considered complete when there had been no occurrence of proving symptoms for three weeks. Journaling continued for a post–proving observation period of two weeks, whereupon the respective journal was recalled, and a post–proving case history and physical examination was conducted on the prover *[see Appendix C (ii)].*

The purpose of the post–proving case–history and physical examination was to confirm the return to the pre–proving state, and to confirm the disappearance of any ‘cured symptoms’ *(see 3.8 below)*. Although the duration of the individual prover’s reaction to the proving substance could not be predicted, the broad prediction of duration was approximately 90 days as set out below:

Initiation of pre–proving observation	10 days
Pre–proving observation (1 week)	7 days
Proving period (*approx.* 5 weeks) *[variable]*	35 days
Cessation of proving (3 weeks)	21 days
Post–proving observation (2 weeks)	14 days
approx.	87 days

3.8 SYMPTOM COLLECTION, EXTRACTION AND EVALUATION.

Criteria for inclusion of a symptom as a proving symptom:

- A new symptom unfamiliar to the prover occurring after taking the remedy (Riley, 1997: 227, ICCH, 1999: 36);
- The symptom did not appear in a prover in the placebo group;

- A current or usual symptom for the prover intensified to a markeddegree (Sherr, 1994: 70, ICCH, 1999: 36);
- A current symptom that was modified or altered, with a clear description of current and modified component (Sherr, 1994: 70, ICCH, 1999: 36);
- The symptom did not occur in the prover within the last year (a current symptom) (Sherr, 1994: 70, Riley, 1997: 227);
- The symptom did not appear naturally or spontaneously during the proving (Sherr, 1994: 70);
- Any symptom that occurred a long time previously, especially longer than 5 years previously, but that has not occurred for at least one year and that had no reason to reappear at the time of the proving (Sherr, 1994: 70, Hahnemann, 1998);

  A present symptom that disappeared during the proving. This is marked as a ‘cured symptom’ (Sherr, 1994: 71, Riley, 1997: 227);
- The frequency of the symptom (Sherr, 1994: 72);
- The intensity of the symptom (Riley, 1997: 227);

  The number of subjects experiencing a symptom. A symptom experienced in more than one subject (Sherr, 1994: 71);
- A strange, rare or peculiar symptom for that prover. The knowledge and conviction of the prover that symptoms are foreign to him/her are a reliable and definite consideration (Sherr, 1994: 72);

- The modalities, concomitants, localisations (sides and extension) and timing associated with a symptom (Riley, 1997: 227);
- Accidents and co–incidences that occur to more than one prover (Hahnemann, 1998: 207);
- If the prover was under the influence of the remedy (as could be seen by a general appearance of symptoms), then all other new symptoms were proving symptoms (Hahnemann, 1998, Sherr, 1994: 70);
- The time of day at which a symptom occurred was only included if there was repetition of such a time in another prover (ICCH, 1999: 36);
- A symptom was excluded if it may have been produced by a change in life or other exciting cause (ICCH, 1999: 36).

3.9 MANIPULATION OF DATA.

3.9.1 Collating and Editing.

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

The data, comprising of prover symptoms, was recorded and collated from each prover journal. This was arranged as chapters and subheadings in an organized,

chronological and comprehensible format as used in a homoeopathic repertory. Similar symptoms from different provers were grouped together but entered separately (Sherr, 1994: 77).

3.9.2 Reporting the Data.

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

3.9.3 The Repertory.

The data collected from this proving was converted into rubric language and was formatted as stated in the modern homoeopathic repertory *SYNTHESIS: Repertorium Homoeopathicum Syntheticum* (Schroyens, 2001). Each symptom was analyzed and translated into corresponding rubric(s) as found in *SYNTHESIS: Repertorium Homoeopathicum Syntheticum* (Schroyens, 2001). New rubrics were created where clear symptoms produced by *Erythrina lysistemon* 30CH were not found in existing rubrics.

3.9.4 The Materia Medica.

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

Mind

Vertigo

Head

Eye

Nose

Face

Mouth

Throat

Abdomen

Stool

Urine

Female Genitalia/sex

Respiration

Cough

Chest

Back

Extremities

Sleep

Dreams

Skin

Fever

Generals

3.10 THE LEVEL OF RELATIONSHIP OF PROVING DATA.

The relevant data on toxic effects of the crude substance as well as its individual components were collected. A subsequent analysis of significant signs and symptoms was conducted on the basis of toxicology i.e. findings of the proving (symptoms associated with *Erythrina lysistemon* 30CH) were compared to available toxicological data of the crude *Erythrina lysistemon* effects.

The results of the analysis were subsequently added to the remaining symptoms to utilise a complete remedy picture.

CHAPTER 4

The Results.

4.1 INTRODUCTION.

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

4.1.1 KEY.

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

- Prover number– Gender– Day: Hours: Minutes

4.1.2 PROVER AGE AND GENDER DISTRIBUTION.

Prover No	Gender	Age
01	M	25
03	F	25
06	F	43
07	M	34
10	F	25
11	M	23
13	F	25
14	F	24
17	F	36
18	F	33
19	M	50
21	M	50
22	F	27
24	M	39
25	M	26
26	M	33
28	M	28
29	F	47
30	F	24
32	F	27

4.2 THE MATERIA MEDICA SYMPTOMS OF *ERYTHRINA LYSISTEMON* 30CH.

4.2.1 Mind.

IRRITABILITY AND FRUSTRATION

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

17F 05:XX:XX

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

17F 17:XX:XX

Short tempered with kids but enjoy adults company.

17F 01:13:30

I'm short tempered and abrupt with people.

24M 01:XX:XX

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

29M 09:XX:XX

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

28M 14:XX:XX

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

28M 09:XX:XX

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

24M 01:XX:XX

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

32F 03:XX:XX

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

32F 12:XX:XX

Everyone is irritating me.

10F 05XX:XX

Rather irritable this afternoon.

17F 01:13:30

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

28M 04:XX:XX

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

30F 00:XX:XX

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

14F 02:07:15

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

28M 08:XX:XX

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

03F 01:XX:XX

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

29M 02:XX:XX

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

28M 08:XX:XX

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

01M 00:13:00

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

01M 02:XX:XX

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

01M 02:XX:XX

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

01M 02:XX:XX

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

01M 05:XX:XX 

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

01M 02:XX:XX

ANXIETY

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

26M 07:XX:XX

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

26M 08:XX:XX

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

28M 01:14:30

Feeling anxious and worried.

13F 01:XX:XX

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

17F 03:05:30

Stressing about assignments and exams and time running out.

17F 05:XX:XX

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

17F 16:XX:XX

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

03F 00:12:30

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

03F 02:12:30

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

32F 06:XX:XX

Feel a sensation of excitability or anticipation of something.

01M 03:XX:XX

DELUSIONS

I think my boyfriend isn't attracted to me.

32F 02:XX:XX

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

32F 05:XX:XX

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

32F 12:XX:XX

She [ex–girlfriend] doesn't care at all, haven't even responded to letter. Didn't even send sms [short message service] on my birthday. That's what one gets after 3 and half years.

28M 02:XX:XX

I felt like there was something foreign in my body.

26M 00:XX:XX

MOOD

Felt relaxed and happy today.

10F 01:XX:XX

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

10F 03:XX:XX

In good spirits today remained positive over all.

13F 01:XX:XX

Felt inspired at clinic today.

10F 03:XX:XX

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

17F 02:17:40

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

17F 05:XX:XX

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

32F XX:XX:XX

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

32F 14:XX:XX

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

32F 06:XX:XX

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

32F 02:XX:XX

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

29F 02:XX:XX

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

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

29F 04:XX:XX

Seem to be very angry today.

13F 05:XX:XX

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

28M 10:XX:XX

COMPANY

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

14F 02:07:15

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

28M 04:XX:XX

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

29F 02:XX:XX

Short tempered with kids but enjoy adults company.

17F 01:13:30

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

28M 09:XX:XX

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

28M 06:XX:XX

Don’t want to go to an empty flat.

28M 14:XX:XX

I feel a strong need for some company.

30F 12:XX:XX

ACTIVITY/ OCCUPATION

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

17F 10:XX:XX

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

17F 16:XX:XX

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

28M 00:XX:XX

I went to tui–titsu [form of martial arts] practice session. Really enjoyed that, want to definitely go more often (…) really feeling good after this morning's session (…) still feeling on high after this morning's practice session (15:00).

28M 05:XX:XX

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

25M 04:XX:XX

Went to gym, helped me relieve some stress.

25M 05:XX:XX

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

32F 11:XX:XX

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

28M 08:XX:XX

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

01M 02:XX:XX

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

01M XX:XX:XX

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

28M 09:XX:XX

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

28M 08:XX:XX

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

29F 08:XX:XX

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

29F 09:XX:XX

Feeling much better today because I'm being productive.

32F 02:XX:XX

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

32F 10:XX:XX

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

32F 14:XX:XX

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

32F 06:XX:XX

ENERGY

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

21M 00:07:00

Went to work still very tired all day.

21M 02:XX:XX

Was feeling tired at work, low energy.

03F 01:XX:XX

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

 01M 04:XX:XX

Still yawning and feeling very tired.

21M 00:10:00

Still very tired.

21M 00:14:10

Feeling tired.

18F 02:13:00

Gastro stopped but still very tired.

21M 01:02:00

A little tired but ok.

17F 16:XX:XX

Can’t get myself moving.

29F 01:XX:XX

Feeling tired and drained.

 07M 00:12:53

 Definitely very tired.

01M 03:XX:XX

Feeling exceptionally tired and exhausted, much more than usual.

01M 03:XX:XX

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

01M 03:XX:XX

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

26M 08:XX:XX

Feel tired just wanna [want to] sleep.

18F 00:19:20

Feel very tired and sleepy.

18F 01:07:45

Very tired – drowsy.

18F 01:21:15

Feeling very drowsy and very tired as when I take Allergex [anti–histamine medication]. Take Allergex often for allergies and taking this remedy makes me feel like Allergex makes me feel drowsy.

18F 03:XX:XX

Feel I need to lie down and rest.

01M 03:XX:XX

Slept whole day.

18F 07:XX:X

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

17F 00:16:20

Very tired, dosed off on couch for 5mins.

07M 00:16:20

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

32F 06:XX:XX

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

25M 00:XX:XX

I woke up at 10 again. Very angry that I wasted most of my morning on sleeping. I wouldn't have woken up if my sister hadn't woken me up. I slept for 12 hours. This is pretty unusual because I only need 7–8 hour sleep.

32F 07:XX:XX

Woke up tired.

18F 03:06:XX

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

06F 04:XX:XX

Feeling very lazy.

06F 02:08:36

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

32F 06:XX:XX

Feel lazy and uninterested in anything, even watching TV.

01M 03:XX:XX

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

01M 03:XX:XX

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

01M 04:XX:XX

I woke up early and I feel great.

32F 13:XX:XX

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

29F 09:XX:XX

Arrived home feeling very hyped up– kind of an adrenalin rush as if from guarana [plant containing caffeine] – only ever felt when I was on Formula 2000. Only lasted about 40mins.

06F 01:16:45

CONCENTRATION

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

01M 02:XX:XX

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

29F 01:XX:XX

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

01M 03:XX:XX

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

32F XX:XX:XX

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

01M 03:XX:XX

CONFIDENCE

Felt a surge of confidence.

11M 01:06:41

Felt quite confident today in all that I was doing.

11M 02:XX:XX

Felt inspired at clinic today.

10F 03:XX:XX

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

32F 05:XX:XX

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

26M 07:XX:XX

RELATIONSHIPS

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

01M 00:13:00

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

01M  00:20:00

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

32F XX:XX:XX

RELIGION

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

14F 02:XX:XX

4.2.2 Vertigo.

At work feeling slightly dizzy. 

06F 02:09:20

Felt a bit light headed, slightly drunk.

11M 01:06:41

A bit tipsy, a bit dazed.

11M 01:12:30

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

30F 00:XX:XX

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

18F 09:XX:XX

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

18F 10:XX:XX

Possibly light–headed, but not sure.

17F 00:20:30

4.2.3 Head.

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

18F 01:07:45

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

18F 16:XX:XX

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

07M 01:13:21

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

03F 04:XX:XX

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

29F 03:XX:XX

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

29F 03:XX:XX

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

17F 22:XX:XX

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

06F 02:19:45

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

30F 00:XX:XX

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

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

26M 00:XX:XX

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

26M 13:XX:XX

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

26M 01:XX:XX

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

28M 00:XX:XX

Head feels dull over temporal and front.

10F 04:XX:XX

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

26M 03:XX:XX

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

13F 05:XX:XX

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

14F 02:11:45

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

30F 00:XX:XX

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

30F 00:XX:XX

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

32F 07:XX:XX

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

32F 10:XX:XX

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

06F 03:XX:XX

Feeling a faint stabbing in my left temple.

32F 00:XX:XX

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

18F 00:19:20

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

06F 02:19:00

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

25M 00:XX:XX

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

26M 14:XX:XX

Slight headache back of head/neck.

07M 00:09:10

Slight headache in back of head and neck.

18F 00:XX:XX

Head tight and sore at the back.

10F 04:XX:XX

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

07M 02:06:35

Light headache better for rubbing.

18F 20:XX:XX

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

17F 24:XX:XX

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

26M 06:XX:XX

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

17F 21:XX:XX

Realized I haven't had a headache all week.

17F 07:XX:XX

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

18F 02:21:40

Face very, very itchy. Forehead, nose.

18F 04:XX:XX

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

18F 08:XX:XX

4.2.4 Eye.

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

10F 06:XX:XX

Left eye stuck shut when I woke up.

10F 07:XX:XX

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

10F 07:XX:XX

My eyes feel so heavy.

26M 09:XX:XX

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

29F 03:XX:XX

Eyes heavy and burning.

18F 02:13:00

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

18F 00:19:20

Eyes burning and eyelids red.

18F 04:XX:XX

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

18F 08:XX:XX

Eyes burning and tearing.

18F 14:XX:XX

Eyes itchy and burning and tired.

18F 00:XX:XX

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

18F 02:21:40

4.2.5 Nose.

Found small pieces of dry blood when blowing nose.

18F 02:XX:XX

Little blood in nose when blowing.

18F 07:XX:XX

Little bit of bloodiness when blowing nose.

18F 09:XX:XX

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

17F 21:XX:XX

Woke up with a terrible post nasal drip.

29F 01:XX:XX

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

29F 01:XX:XX

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

29F 01:XX:XX

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

17F 24:XX:XX

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

17F 21:XX:XX

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

29F 03:XX:XX

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

29F 08:XX:XX

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

29F 02:XX:XX

Can't stop sneezing.

29F 03:XX:XX

Had several bouts of sneezing 3–4 times today.

28M 01:XX:XX

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

32F 02:XX:XX

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

32F 07:XX:XX

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

32F 00:XX:XX

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

28M 01:XX:XX

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

28M 06:XX:XX

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

28M 00:XX:XX

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

28M 00:XX:XX

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

28M 01:XX:XX

Nose and sinuses just blocked up again.

28M 02:XX:XX

 Sinuses blocked, blew nose.

07M 00:16:30

At tech [Durban University of Technology] flu and blocked nose coming back.

28M 03:XX:XX

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

07M 00:06:55

4.2.6 Face.

Face itching.

18F 00:XX:XX

Eyes burning and tired and itchy face.

18F 01:07:45

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

18F 02:21:40

Face very itchy.

18F 04:XX:XX

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

18F 08:XX:XX

Very itchy face still.

18F 09:XX:XX

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

18F 10:XX:XX

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

01M XX:XX:XX

Tingling in right cheek

11M 01:06:57

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

32F 11:XX:XX

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

32F 12:XX:XX

4.2.7 Mouth.

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

21M 00:11:50

Clenching teeth while driving.

07M 01:13:40

I have a sour taste in my mouth.

13F 03:XX:XX

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

03F 00:06:00

4.2.8 Throat.

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

07M 08:XX:XX

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

32F 09:XX:XX

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

32F 10:XX:XX

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

32F 11:XX:XX

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

26M 09:XX:XX

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

26M 10:XX:XX

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

26M 11:XX:XX

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

26M 12:XX:XX

Woke up with a sore throat but still felt great.

26M 14:XX:XX

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

17F 21:XX:XX

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

17F 21:XX:XX

I could still feel that my throat was sore.

26M 06:XX:XX

I still have a sore throat.

26M 07:XX:XX

Suddenly developed a sore throat.

24M 00:02:00

Sore throat. Feeling like getting flu.

18F 32:XX:XX

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

01M XX:XX:XX

I have a scratchy sore throat better for cold water.

13F 05:XX:XX

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

14F 02:13:15

Have a scratchy throat, coughed to clear.

11M 01:12:48

Irritating cough as if tickle in throat.

06F  02:13:21

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

06F 02:XX:XX

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

10F 04:14:30

Throat all swollen, can't swallow properly.

10F 05:XX:XX

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

10F 08:XX:XX

4.2.9 Stomach.

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

21M 00:05:30

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

21M 01:02:00

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

17F 17:XX:XX

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

17F 18:XX:XX

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

17F 05:XX:XX

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

03F 00:06:00

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

17F 22:XX:XX

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

07M 01:07:04

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

18F 08:XX:XX

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

32F 07:XX:XX

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

25M 02:XX:XX

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

32F 08:XX:XX

I woke up feeling very hungry.

25M 02:XX:XX

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

32F 11:XX:XX

Still haven't eaten. Not feeling hungry.

32F 00:11:00

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

10F 08:XX:XX

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

13F 04:XX:XX

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

14F 03:XX:XX

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

17F 21:XX:XX

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

17F 08:XX:XX

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

26M 02:XX:XX

Feeling very thirsty today for no reason.

26M 10:XX:XX

Feeling very thirsty so far toady.

26M 11:XX:XX

Think I am feeling more thirsty than usual.

01M 00:14:10

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

32F 02:XX:XX

I had a glass of water the whole day.

32F 07:XX:XX

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

25M 01:XX:XX

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

26M 03:XX:XX

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

14F 03:XX:XX

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

25M 02:XX:XX

Felt horrible and a bit nauseous all evening.

10F 04:XX:XX

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

26M 00:XX:XX

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

06F 02:XX:XX

Feeling nauseas.

06F 02:XX:XX

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

13F 05:XX:XX

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

13F 06:XX:XX

 4.2.10 Abdomen.

Have had a bit of wind today.

17F 16:XX:XX

Feeling very bloated though not sure why.

26M 05:XX:XX

Feel extremely bloated. Slight stool this morning.

29F 00:XX:XX

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

06F 03:XX:XX

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

03F 00:14:45

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

03F 02:XX:XX

Strange dull pain in diaphragm area.

07M 00:08:19

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

06F 02:02:13

4.2.11 Stool.

Spluttering, spraying stool.

21M 01:02:00

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

03F 00:XX:XX

4.2.12 Urine.

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

06F 02:02:13

4.2.13 Female Genitalia/Sex.

Noticed a white discharge today

13F 02:XX:XX

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

17F 07:XX:XX

4.2.14 Respiration.

Shortness of breath – better for deep yawning.

06F 06:XX:XX

4.2.15 Cough.

Coughing and lots of phlegm on chest.

18F 01:07:45

4.2.16 Chest.

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

11M 01:15:41

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

32F 07:XX:XX

I feel a stabbing pain in my heart.

30F 03:XX:XX

I feel a stabbing pain in my heart.

30F 04:XX:XX

I felt a stabbing pain in my heart this morning.

30F 06:XX:XX

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

32F 00:XX:XX

Feeling a sharp, stabbing pain in my heart.

32F 13:XX:XX

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

26M 02:XX:XX

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

24M 00:02:00

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

21M 00:05:30

4.2.17 Back.

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

21M 00:05:30

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

17F 21:XX:XX

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

13F 03:XX:XX

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

26M 07:XX:XX

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

06F 03:XX:XX

4.2.18 Extremities.

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

18F 10:XX:XX

Elbows itching.

18F 13:XX:XX

Elbows itching especially the left one.

18F 14:XX:XX

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

18F 05:XX:XX

Elbows sore and dry and still itching.

18F 08:XX:XX

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

18F 09:XX:XX

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

18F 10:XX:XX

Elbows dry.

18F 21:XX:XX

Sharp pain in my left arm, quick, short.

11M 01:12:39

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

17F 02:05:30

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

17F 05:XX:XX

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

17F 08:XX:XX

Muscles feel stiff.

10F 04:XX:XX

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

17F 03:XX:XX

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

13F 06:XX:XX

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

14F 04:XX:XX

Feel tight spots around body too.

01M 02:XX:XX

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

01M 02:XX:XX

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

01M XX:XX:XX

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

01M XX:XX:XX

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

26M 06:XX:XX

4.2.19 Sleep.

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

03F 01:21:53

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

21M 01:02:00

Woke up at 2:00am.

18F 02:02:00

Woke up at 2:00am.

18F 03:02:00

Woke up to go to the loo [toilet].

06F 02:02:13

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

17F 03:05:30

Woke up tired.

18F 03:XX:XX

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

28M 03:XX:XX

Woke up this morning feeling very tired.

25M 01:XX:XX

Woke up this morning a bit tired.

25M 00:XX:XX

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

29F 01:XX:XX

Felt tired when I woke up.

10F 02:XX:XX

Sleep is pathetic. Have major difficulties waking up.

29F 05:XX:XX

Woke up a lot during the night.

10F 04:XX:XX

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

17F 05:XX:XX

Had an unsettling night.

13F 07:XX:XX

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

13F 09:XX:XX

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

14F 06:XX:XX

Woke up feeling tired but ok. Slept well.

01M XX:XX:XX

Was asleep by 8:45 and slept “dead”.

10F 01:20:45

Slept well.

01M 02:06:XX

I found it difficult to fall asleep.

03F 06:XX:XX

Can’t sleep; feel wide awake and full of energy.

01M XX:XX:XX

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

03F 03:XX:XX

Felt tired at 5pm.

13F 03:17:00

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

17F 00:16:20

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

10F 05:XX:XX

4.2.20 Dreams.

Can't remember dreams but know they were strange.

10F 02:XX:XX

Dreamt of a baby crying.

13F 07:XX:XX

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

17F 01:XX:XX

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

17F 01:XX:XX

4.2.21 Skin.

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

01M 02:XX:XX

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

01M 02:XX:XX

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

01M 02:XX:XX

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

07M 01:06:30

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

07M 01:07:00

Body itchy around stomach and left side shin.

06F 03:XX:XX

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

06F 06:XX:XX

Legs and waist area itchy. Skin feels very dry.

06F 09:XX:XX

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

06F 09:XX:XX

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

03F 01:XX:XX

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

06F 05:XX:XX

Noticed forehead has red spots/pimples.

07M 02:XX:XX

4.2.22 Fever.

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

24M 00:02:00

4.2.23 Generalities.

Body feels weak and shaky.

10F 05:XX:XX

Tired in the morning before breakfast.

13F 01:XX:XX

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

10F 08:XX:XX

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

13F 04:XX:XX

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

14F 03:XX:XX

Craving chocolates.

13F 01:XX:XX

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

18F 08:XX:XX

Feeling like I am getting the flu.

18F 00:19:20

Feeling fluish.

18F 30:XX:XX

Feeling like getting flu.

18F 32:XX:XX

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

17F 21:XX:XX

Skin generally dry.

18F 08:XX:XX

Better for movement.

01M XX:XX:XX

4.3 THE REPERTORY SYMPTOMS OF *ERYTHRINA LYSISTEMON* 30CH.

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

- Rubric – Sub rubrics – Degree – *Synthesis* Page Number
- **Grade 3 rubrics are displayed in bold print**
- *Grade 2 rubrics are displayed in italics*
- Grade 1 rubrics are displayed in plain type
- New rubrics created from this proving are marked with a capital N and are underlined.
- Each page number is marked with a capital S, referring to *Synthesis* (Wright, 1999:26)

MIND

MIND – ABRUPT, rough S1

MIND – ACTIVITY; desires S3

MIND – ACTIVITY desires: – restless S3

MIND – ANGER S9

MIND – ANGER: – conversation; from S11

MIND – ANGER: – violent S13

MIND – CHEERFULL: – alternating with: ● weeping S36

MIND – COMPANY: – aversion to S38

MIND – COMPANY: – desire for S40

MIND – CONCENTRATION: – difficult S41

MIND – CONCENTRATION: – difficult ● attention, cannot fix S42

MIND – CONFIDENCE: – want of self–confidence S43

MIND – CONFIDENT S43

MIND – CONFUSION of mind S43

MIND – CONFUSION of mind: – concentrate the mind, on attempting to S45

MIND – CONFUSION of mind: – sleep: ● after S47

MIND – DELUSIONS: –drugged; as if: S69

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

MIND – DELUSIONS: – forsaken; is S74

MIND – DELUSIONS: –separated: ● body: – mind are separated; body and S90

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

VERTIGO

HEAD

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

HEAD – ITCHING of scalp: – Forehead S310

HEAD – LIGHTNESS, sensation of, intoxicated as if N

HEAD – PAIN S315

HEAD – PAIN: – evening: ● bed, in S318

HEAD – PAIN: – accompanied by: ● Eye S319

HEAD – PAIN: – accompanied by: ● Neck: pain in S319

HEAD – PAIN: – accompanied by: ● Neck: pain in: Nape of neck S319

HEAD – PAIN: – constant, continued S323

HEAD – PAIN:,eyes in, dark room amel. N

HEAD – PAIN:,eyes in, light agg. N

HEAD – PAIN: eyes in, noise agg. N

HEAD – PAIN: – motion: ● agg. S329

HEAD – PAIN: – rubbing: ● amel. S332

HEAD – PAIN: – sleep: ● going to: before S333

HEAD – PAIN: – spot, pain in small: ● extending to / All directions S333

HEAD – PAIN: – tea: ● amel. S334

HEAD– PAIN: – wandering pains S336

HEAD– PAIN: – warm: ● application: amel. S336

HEAD – PAIN: – extending to: ● Back S338

HEAD – PAIN: – pulsating: ● noise / agg. S391

HEAD – PAIN: – pulsating: ● rest / amel. S391

HEAD – PAIN: – sharp S391

HEAD – PAIN: – noise: ● agg. N

EYE

EYE – AGGLUTINATED; – waking; on S425

EYE – CLOSING the eyes: – desire to S427

EYE – CLOSING the eyes: – involuntary S427

EYE – CLOSING the eyes: – must close S427

EYE – DISCOLORATION: – red: ● Lids: Margins of S430

EYE – DRYNESS S430

EYE – DRYNESS: – sensation of S430

EYE – DRYNESS: – Lids S431

EYE – DRYNESS: – Lids: ● Margins of lids S431

EYE – EXCORIATION: – Lids S433

EYE – HEAVINESS S434

EYE – HEAVINESS: – Lids: ● morning S435

NOSE

FACE

FACE – TINGLING: – Cheeks S619

MOUTH

MOUTH – TASTE: – bitter: ●Tongue: root of S669

MOUTH – TASTE: – bitterish–sour S669

MOUTH – TASTE: – sour S672

TEETH

TEETH – CLENCHING teeth together: – desire to clench teeth together; constant S679

TEETH – PAIN: – Lower teeth S689

TEETH – PAIN: – aching S690

THROAT

THROAT – CATARRH S699

THROAT – CONSTRICTION S701

THROAT – INFLAMMATION S706

THROAT – SWALLOWING: – difficult S724

STOMACH

STOMACH – APPETITE: – diminished S737

STOMACH – APPETITE: – increased S738

STOMACH – APPETITE: – increased: ● morning S739

STOMACH – DISTENSION S746

STOMACH – EMPTINESS S747

STOMACH – ERUCTATIONS S749

STOMACH – NAUSEA S766

STOMACH – NAUSEA: – morning S767

STOMACH – NAUSEA: – evening S767

STOMACH – NAUSEA: –cough, during S770

STOMACH – NAUSEA: – throat, in N

STOMACH – NAUSEA: – fats, after eating S771

STOMACH – NAUSEA: – ice / amel. S771

STOMACH – NAUSEA: – sleep: ● amel S774

STOMACH –PAIN: – increasing gradually / ceasing suddenly S779

ABDOMEN

RECTUM

RECTUM – PAIN: – stool: ● during S917

RECTUM: – URGING: – stool: ● before S928

STOOL

STOOL – FORCIBLE, sudden, gushing S933

STOOL – FREQUENT S933

STOOL –SHOOTING out S939

STOOL – SPLUTTERING S939

STOOL – WATERY S941

FEMALE

FEMALE – LEUKORRHEA: –white S1042

LARYNX AND TRACHEA

LARYNX AND TRACHEA – IRRITATION: – Trachea: ● coughing; from S1083

LARYNX AND TRACHEA – TICKLING: – Throat–pit, in S1090

RESPIRATION

RESPIRATION – DIFFICULT: – yawning amel. S1108

COUGH

COUGH – ITCHING: – Throat; in S1131

COUGH – LOOSE S1132

COUGH – TICKLING: – Throat–pit; in S1144

CHEST

CHEST – ITCHING S1177

CHEST – ITCHING: – scratching: ● amel. S1177

CHEST – PAIN: – Heart: ● Region of S1188

CHEST – PAIN: – cutting: ● respiration, during S1197

CHEST– PAIN: – stitching: ● Heart S1210

BACK

EXTREMITIES

EXTREMITIES – CONTRACTION: – morning, on waking	N
EXTREMITIES – DRYNESS	S1331
EXTREMITIES – DRYNESS: – Joints	S1331
EXTREMITIES – DRYNESS: – Elbow Joint	N
EXTREMITIES – ERUPTIONS:	S1332
EXTREMITIES – ERUPTIONS: – dry	S1333
EXTREMITIES – ERUPTIONS: – elevations	S1333
EXTREMITIES – ERUPTIONS: – itching	S1333
EXTREMITIES – ERUPTIONS: – scales	S1333
EXTREMITIES – ERUPTIONS: – Joints	S1334
EXTREMITIES – ERUPTIONS: – Joints: ● itching	S1334
EXTREMITIES – ERUPTIONS: – Upper limbs: ● dry	S1334
EXTREMITIES – ERUPTIONS: – Upper limbs: ● elevations	S1334
EXTREMITIES – ERUPTIONS: – Upper limbs: ● itching	S1334
EXTREMITIES – ERUPTIONS: – Upper limbs: ●scales	S1335
EXTREMITIES – ERUPTIONS: – Elbow	S1336
EXTREMITIES – ERUPTIONS: – Elbow: ● elevations	S1336
EXTREMITIES – ERUPTIONS: – Elbow: ● itching	S1336
EXTREMITIES – ERUPTIONS: – Elbow: ●scales	S1336
EXTREMITIES – ERUPTIONS: – Elbow: ● Olecranon	S1336

EXTREMITIES – PAIN – aching: ● Foot: exercise amel S1428

EXTREMITIES – STIFFNESS S1522

EXTREMITIES – STIFFNESS: – morning S1523

EXTREMITIES – STIFFNESS: – morning: ● bed, in S1523

EXTREMITIES – STIFFNESS: – morning: ● waking, on S1523

EXTREMITIES – STIFFNESS: – sleep, after S1523

EXTREMITIES – STIFFNESS: – Calf S1526

EXTREMITIES – STIFFNESS: – Foot S1526

EXTREMITIES – STIFFNESS: – Foot: ● morning S1526

EXTREMITIES – STIFFNESS: – Foot: ● morning: waking, on S1526

EXTREMITIES – STIFFNESS: – Foot: ● waking, on S1526

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

EXTREMITIES – TENSION S1533

EXTREMITIES – TENSION: – morning S1533

EXTREMITIES – TENSION: – Foot S1537

EXTREMITIES – TENSION: – Foot: ● morning S1537

SLEEP

SLEEP – BAD S1563

DREAMS

CHILL

FEVER

SKIN

GENERALS

GENERALS: – EXERTION; physical: – amel. S1773

GENERALS: – EXERTION; physical: – desire for S1774

GENERALS – FOOD and DRINKS: – apples: ● desire S1781

GENERALS – FOOD and DRINKS: – chocolates: ● desire S1784

GENERALS – FOOD and DRINKS: – coffee: ● desire S1785

GENERALS – FOOD and DRINKS: – cold drink, cold water: ● desire S1785

GENERALS – FOOD and DRINKS: – fat: ● aversion S1788

GENERALS – FOOD and DRINKS: – fruit: ● desire S1790

GENERALS: –FOOD and DRINKS: – onions: desire: – fried N

GENERALS – FOOD and DRINKS: –salt: ● desire S1796

GENERALS – FOOD and DRINKS: – tea: ● amel. S1799

GENERALS – FOOD and DRINKS: – water: ● desire S1801

GENERALS – FORMICATION: – External parts S1802

GENERALS – HEAVINESS: – Externally S1807

GENERALS – HEAVINESS: – Muscles, of S1807

GENERALS – INFLAMMATION: – Sinuses; of S1813

GENERALS – INFLUENZA: – sensation as if S1813

GENERALS – ITCHING	S1815
GENERALS – LASSITUDE	S1817
GENERALS – PAIN: – Muscles	S1836
GENERALS – QUIVERING: – accompanied by / weakness	S1862
GENERALS – RESTLESSNESS	S1864
GENERALS – SICK FEELING; vague	S1869
GENERALS – SLUGGISHNESS of the body	S1873
GENERALS – STIFFNESS	S1874
GENERALS – STRETCHING: desire	N
GENERALS – TENSION: – Externally	S1880
GENERALS – TENSION: – Internally	S1880
GENERALS – TENSION: – Muscles; of	S1880
GENERALS – WEAKNESS	S1895

GENERALS –WEAKNESS: – morning: ● waking, on S1896

GENERALS – WEAKNESS: – evening S1897

4.3.1 NEW RUBRICS

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

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

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

HEAD – LIGHTNESS, sensation of, intoxicated as if N

HEAD – PAIN: – NOISE: ● agg. N

HEAD – PAIN: – eyes in, dark room amel N

HEAD – PAIN: – eyes in, light agg N

HEAD – PAIN: – eyes in, noise agg N

FACE – ITCHING: – burning: dryness from N

STOMACH – NAUSEA: – throat, in N

EXTREMITIES – CONTRACTION: – morning, on waking N

EXTREMITIES – DRYNESS: – Elbow Joint N

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

SLEEP – CONFUSED: – waking on N

DREAMS – HUSBAND: – desires, attention from N

GENERALS –FOOD and DRINK: – onions: desire: ● fried N

GENERALS – STRETCHING: – desire N

CHAPTER FIVE

Discussion.

5.1 INTRODUCTION.

Data obtained during the proving of *Erythrina lysistemon* 30CH evidently illustrates the scope of action of *Erythrina lysistemon* when administered in homoeopathic 30CH potency to healthy individuals.

In this chapter the symptoms produced in the proving of *Erythrina lysistemon* 30CH are discussed in the light of their comparison to the toxicology and pharmacology of active groups of compounds isolated form of the crude *Erythrina lysistemon* as well as *Erythrina spp* plant.

The initial assumption that *Erythrina lysistemon* 30CH would produce clearly observable symptoms in healthy provers was confirmed.

The symptoms obtained during the proving are as follows:

Mind	85	Female Genitalia/sex	1
Vertigo	9	Larynx and Trachea	2
Head	48	Respiration	1
Eye	37	Cough	3
Nose	26	Chest	5
Face	12	Back	13
Mouth	3	Extremities	58
Teeth	3	Sleep	44
Throat	23	Dreams	6
Stomach	24	Chill	2
Abdomen	19	Fever	7
Rectum	7	Skin	10
Stool	5	Generals	37

5.2 COMPARISON OF THE TOXICOLOGY OF *ERYTHRINA LYSISTEMON* AND SYMPTOMS OBTAINED IN THE PROVING.

5.2.1 Erythrinaline Alakaloids.

Studies of *Erythrina lysistemon* (Leguminosae) have shown that it elaborates erythrinaline alkaloids, some of which are distributed in several parts of this plant (Juma et al., 2007).

Toxicity of *Erythrina lysistemon* manifests with number of gross symptoms, Homoeopathic 30CH preparation of *Erythrina lysistemon* elicited much finer distinction of symptoms. This proving therefore allowed the researcher to observe considerably milder version (i.e. proving symptoms) of the gross symptomatology otherwise caused by the crude substance.

According to the information obtained from the Netcare Poison Centre (Feb 2007) in South Africa the crude form of *Erythrina lysistemon* produces a number of gross pathologies:

- **abdominal pain**

  3 provers experienced abdominal pain of various intensity and character; prover number 06 experienced stabbing abdominal pain and provers 03 and 07 experienced dull pain;

- **hypotonia**

  Prover number 01 felt his body was heavy, slow and unresponsive to the instructions from the brain and on another occasion his body felt exhausted as if he had done long hours of physical work. But a number or provers experienced the exact opposite i.e. increased muscle activity/ tone.

- **weakness and convulsions**

  8 provers experienced lack of energy or low energy levels on numerous occasions; prover 7, 32 and 17 took naps during the day or simply dosed off on the couch even though the had had sufficient amount of sleep the night before; prover 18 recorded that she slept the whole day.

  A number of provers experienced either a general stiffness of the body or stiffness and contractions of parts of the body. Prover 01 refers to tight spots around the body and prover 32 experienced tingling of the side of her face which she described “as if it [face] was about to go into a spasm”. This symptom can be assigned to the action of a group of alkaloids that exhibit curare–like activity. The alkaloids which have been isolated from species growing in the Southern and Eastern Africa are: erysodine, erysopine, erysovine and erythraline (Watt & Breyer–Branwijk, 1962: 601). The paralytic action of the above alkaloids arises from interference with the activity of acetylcholine which initiates muscle contraction at the

myoneural junction in skeletal muscle (Watt & Breyer–Brandwijk, 1962: 601).

- **bradycardia**

  In order to detect changes in one's heart rate pulse reading must be obtained. The provers had not been instructed to measure their pulse throughout the proving, and therefore this symptom was not recorded by any of the provers.

- **hypotension**

  During the proving the researchers were in telephonic contact with the provers, and therefore it was not possible to measure the provers' blood pressure.

  5 provers, however, experienced vertigo (dizziness) or lightheadedness which is a cardinal symptom of low blood pressure. Prover 18 had what she describes as dizzy spells repeatedly, and prover 11 compares her dizziness episodes with a drunken state.

  Testing of the free alkaloids, erythramine, erytraline, erysopine and erysovine on frogs, cats and mice established a pronounced action of these alkaloids on lowering the blood pressure and slowing of the heart rate (Unna & Greslin, 1943).

- **slow depressed respiration**

  One prover (number 06) experienced shortness of breath which was better for yawning. Curare– like alkaloids have a paralyzing action (as described above) and therefore if toxicity arises death will occur by asphyxia (suffocation), as a result of paralysis of the muscles of respiration (Watt & Breyer–Branwijk, 1962: 601). These are, however, considered to be non–toxic by mouth because the absorption from the gastro–intestinal tract is relatively slower than excretion by the kidneys (Hutchings, 1996: 144).

- **increased salivation**

  This symptom was not recorded by any of the provers.

- **nausea and vomiting**

  A significant number of provers (7) diarized nausea at different times of the day but it was never associated with vomiting.

5.2.2 Prenylated Flavonoids.

The other major group of compounds is the flavonoids, especially prenylated ones and these compounds are prevalent in the stem and root bark of *Erythrina lysistemon* (Juma et al., 2007).

The term flavonoid refers to a class of plant secondary metabolites which are most commonly known for their anti–oxidant activity (Wikipedia, The Free Encyclopaedia, 2007).

- **antifungal activity**

  Some of the flavonoids found in *Erythrina lysistemon* have shown antifungal activity against the yeast *Candida mycoderma*.

  As stated in The Merck Manual – Fifteenth Edition Candidiasis is usually limited to the skin and mucus membranes, and is characterised by well–demarcated erythematous [red] patches that may be associated with itching (Berkow et al., 1987: 2270).

  During the proving, although none of the participants developed the characteristic patches of Candidiasis, a majority complained of itching, some recorded itchiness on the face and forehead, others of chest, stomach and back, yet others had itchy elbows, knees, shoulders and shins.

  Based on the above findings the researcher concluded that *Erythrina lysistemon* 30CH can be used for treatment of all the variations of Candidiasis (e.g. oral, vaginal etc.). It is strongly suggested, however, that *Erythrina lysistemon* 30CH be specifically proved for efficacy in

Eosophageal Candidiasis which can prove fatal in severely immunocompromised patients i.e. AIDS patients.

Another symptom that occurred in a few provers and that is strongly associated with itching is formication (sensation of something crawling under the skin).

- **antibacterial activity**

  A moderate activity of flavonoids has also been exhibited against Gram–positive bacteria – *Staphylococcus aureus* (Juma et al., 2007).

  One of the provers developed a pustular eruption on his pinkie finger, which, if one refers to The Merck Manual, might have been a furuncle (boil) (Berkow et al., 1987: 2264). The finger was not examined by the researcher.

  An overwhelming number of provers developed a sore throat although they did not developed the classical manifestation of a Staphylococcal throat infection it nevertheless indicates the possible indication of *Erythrina lysistemon* 30CH in such condition.

5.3 CONCLUSIONS.

One of the very prominent symptoms experienced by the provers was affections of the sinuses. That symptomatology, however, cannot be directly assigned to any of the active constituents of *Erythrina lysistemon,* for there is no literature available to support that action.

The researcher has concluded that the toxicology of the crude *Erythrina lysistemon* was reflected in the majority of the symptomatology obtained during the proving. In order for *Erythrina lysistemon* 30CH to be clinically applied in homoeopathic practice however, further studies are strongly suggested.

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CHAPTER 6

Conclusions and Recommendations.

6.1 INTRODUCTION.

The proving took a form of a triple–blind controlled study with 40% placebo and 60% verum distribution. The thirty two provers were recruited from amongst practicing homoeopaths, and homoeopathic students (2^{nd}–5^{th} year), as well as patients presenting to the Homoeopathic Day Clinic (DUT) and their relatives and friends. They were screened for suitability and subsequently randomly divided into four equal groups of 8 provers, with each group supervised by one of four M.Tech.Hom student researchers (Durban University of Technology, Durban).

In order to ensure a reliable and credible proving consistent with existing standards certain methodologies were applied in the proving of *Erythrina lysistemon* 30CH, which in turn provided the researcher in most part with desired results

6.1.1 Placebo Controlled Stydy.

Placebo was used to increment reliability and enable clearer deduction of symptoms when set against those arising spontaneously in the general population (ICCH, 1999); it also served as a means to increase provers attention and thus to distinguish the pharmacodynamic effects of a drug from the psychological effects of the test itself (Sherr, 1994: 37).

6.1.2 Triple–blind methodology.

The researcher not being aware of the identity of the substance provided a complete lack of assumptions, prejudice and projections, as far as, the results of the proving are concerned. It made the collection and extraction process, however, very laborious and lengthy.

It can be argued, however, that in a homoeopathic proving situation the knowledge of the proving substance can be of great value and serve as a guide–line in the process of collecting data. Being aware of the substance's toxicology, traditional uses etc. the researcher is better equipped to distinguish between the manifestations caused by the proving substance, and those arising from patient's natural disposition, life style, diet etc., and therefore more accurately indicate the clinical application of the substance in question.

Shein–Chung Chew states in *Encyclopedia of Biopharmaceutical Statistics* (2003) that although a triple–blind method can provide the highest degree of validity of a controlled clinical study, it is generally reserved for large, multicenter studies monitored by a committee. Thus for the current practice double blinding has become a standard.

If *Erythrina lysistemon* 30CH is to be applied clinically with great confidence, it is suggested that the proving of *Erythrina lysistemon* 30CH be repeated as a double–blind, placebo–controlled trial to serve as a confirmation for the findings.

6.1.3 Prover Group.

- **sample size and demographics**

In order to ensure more direct involvement of the researchers in the proving the suggestion of Smal and Taylor (2004) was followed in the proving of *Erythrina lysistemon* 30CH whereby each researcher supervised a small group of provers i.e. 8. The limited number of provers allowed for a more controlled facilitation on the part of the researcher.

In the light of the results of the proving i.e. symptom collected from the proving it is recommended that in the future provings the participants should have

homoeopathic background. This kind of prover has the understanding required to provide the researcher with valuable and of most relevant information.

It was the researchers observation that although provers had attended a pre–proving training course, conducted by the principal researcher (Dr. Ashley Ross) which consisted of a step by step walk through *Instructions to Provers* document (*Appendix D)* with emphasis on illustrative examples, the provers struggled to grasp the intricacies of a detailed symptom journaling.

It is suggested that students of Homoeopathy years 2 through to 4 participate in the proving to gain insight knowledge of the workings of homoeopathic medicines before they are to administer them in practice. It is suggested by the researcher that this participation can be included into their syllabus as a part of essential homoeopathic education.

- **monitoring of provers**

The researcher found that some provers developed signs and symptoms that needed to be assessed by means of a physical examination to emphasize the full manifestation of symptom in question. For example: a sore throat can take on various presentations e.g erythematous, odematous, suppurative etc. Because the contact with the provers during the proving was telephonic, the ability of the

researchers to help document certain symptoms in their full presentation was limited.

Therefore it is researcher's recommendation that in the future provings flexible facilitation of the follow ups with provers should be available for the researchers.

6.2 LEVEL OF RELATIONSHIP OF PROVING DATA.

6.2.1 Toxicology.

As stated by Vithoulkas (1981, 144–148) much of the information in homoeopathic materia medicas comes directly from reports of poisoning and thus in the future provings it is recommended that substances whose toxicology and pharmacology is well documented are to be chosen for the provings. Sherr goes even further by saying that toxicological data, not only provides the researcher with information on the gross pathological changes that may occur and hence cure but also is a useful source of information organic pathology that do not arise from the provings (Sherr, 1994: 88).

Ideally for the researcher to indicate the clinical application in such organic pathologies, toxicology of *Erythrina lysistemon* would have to be better represented in the available literature. The researcher experienced great difficulty in obtaining data of any direct relevance to the toxicology of *Erythrina lysistemon.*

In the light of the above information it is suggested, that for the future provings a substance whose toxicology is easily accessible and well documented in the literature is chosen.

6.2.2 Differential Remedies.

The researcher did not attempt to make assumptions regarding the differential remedies. It was felt by the researcher that more research was required to make definite conclusions regarding differential remedies. A repertorization of the proving using 8 rubrics (Appendix G (i)) was limited to only plant remedies of the Leguminosae family, and reveled that *Physostigma*, *Baptisia tinctoria* and *Cytisus laburnum* are the top 3 rated remedies. A second general repertorization took place (Appendix G (ii)) and revealed that *Arsenicum album*, *Rhus toxicodendron* and *Hepar sulphuris* were the top 3 rated remedies. The researcher did not attempt to hypothesize the reason for these findings, as it was not in the scope of this study to do so.

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Appendix A

Suitability for Inclusion in the Proving*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Surname: _____

First Names: _____

Age: _____ **Sex:** | **M** | **F** | **Telephone:** _____

PLEASE TICK THE APPROPRIATE ANSWER

•1 Are you between the ages of 18 and 60 years?	**YES**	**NO**
•2 Are you on or in need of any medication?		
Chemical / allopathic	**YES**	**NO**
Homoeopathic	**YES**	**NO**
Other	**YES**	**NO**
•3 Have you been on the birth control pill or hormone replacement therapy in the last 6 months?	**YES**	**NO**
•4 Are you pregnant or breastfeeding?	**YES**	**NO**
•5 Have you had surgery in the last six weeks?	**YES**	**NO**
•**6** Do you use recreational drugs such as cannabis, LSD or Ecstasy (MDMA)?	**YES**	**NO**
•1 Do you consume more than:		
Two measures of alcohol per day? (1 measure = 1 tot spirit / 1 beer / ½ glass of wine)	**YES**	**NO**
10 cigarettes per day?	**YES**	**NO**
3 cups of coffee or tea per day?	**YES**	**NO**
•2 Do you consider yourself to be in a general state of good health?	**YES**	**NO**
•3 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**
•4 Are you willing to follow the proper procedures for the duration of the proving *(including journal-keeping, consultations with your supervisor)*	**YES**	**NO**

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

Appendix B

Informed Consent Form*

Title of Research Project:

A comparison of a triple-blind homoeopathic drug proving of *Erythrina lysistemon* 30CH, with the toxicology of the crude substance.

Name of Supervisor:

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

Name of Master's Research Students:

Agnieszka Gryn

PLEASE TICK THE APPROPRIATE ANSWER

1.	Have you read the Research Information Sheet?	**YES**	**NO**
2.	Have you had an opportunity to ask questions regarding this proving?	**YES**	**NO**
3.	Have you received satisfactory answers to your questions?	**YES**	**NO**
4.	Have you had an opportunity to discuss the proving?	**YES**	**NO**
5.	With whom have you spoken? _____		
6.	Do you believe you have received enough information about this proving?	**YES**	**NO**
7.	Do you understand the implications of your involvement in this proving?	**YES**	**NO**
8.	Do you understand that you are free to withdraw from this proving:		
	at any time;	**YES**	**NO**
	without having to give a reason for withdrawing, and	**YES**	**NO**
	without affecting your future healthcare?	**YES**	**NO**
9.	Do you agree to voluntarily participate in this study?	**YES**	**NO**

10. To participate in this proving you must meet all the inclusion criteria. These are as follows:

•1 You must be between the ages of 18 and 60 years of age; •2 must not need any medication, including chemical, allopathic, homoeopathic or other; •3 must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months; •4 must not be pregnant or breastfeeding; •5 must not have had surgery in the last 6 weeks; •6 must not use recreational drugs such as cannabis, LSD or Ecstasy (MDMA); •7 must not consume more than two measures of alcohol per day; •8 must not smoke more than 10 cigarettes a day; •9 must not consume more than 3 cups of coffee or tea a day; •10 must be in a general state of good health; •11 if you are between the ages of 18 and 21, years you must have consent from a guardian/ parent to participate in the proving; and •12 must be willing to follow the proper procedure for the duration of the proving.

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

YES	**NO**

Additional notes:

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

2. ***Benefits:*** a) It has been postulated that each proving undertaken strengthens bodily vitality *(Hahnemann, 1998: 208)*. Many provers report higher levels of mental and physical energy, and increased resistance after participation in homoeopathic drug proving *(Sherr, 1994)*. The mechanisms responsible for this perceived benefit are unclear.
   b) Provers learn and develop the skill of astute observation, and gain homoeopathic knowledge through direct involvement in the proving process; and
   c) Provers may be cured of certain ailments where the remedy being proved corresponds closely to the prover's pre-proving state.

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

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

Name:	**Office hours:**	**After hours:**	**Cellular:**
Dr Ashley Ross (Supervisor)	(031) 204 2542	(031) 309 2349	082 458 6440
Agnieszka Gryn (Master's student)	083 293 0578	(031) 765 3584	083 293 0578

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

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

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

Signature: _____ **Date:** _____

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

Signature: _____ **Date:** _____

WITNESS:
Name _____ Signature: _____

RESEARCH STUDENT:
Name _____ Signature: _____

SUPERVISOR:
Name _____ Signature: _____

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

Appendix C(i)

Case History Sheet*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:	

Name: _____ **Sex:** M F

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

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

1. Past Medical History:

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

_____

_____

_____

_____

_____

_____

_____

_____

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

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

2. Surgical History:

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

_____

_____

3. Family History:

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

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

Please list any other medical conditions within your family:

		♂♂	
♂			
		♂♀	
♀		♂♀	
		♀♀	

4. Background Personal History:

Allergies:

Vaccinations:

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

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

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

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

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

8. The Physical Examination:

a) Physical Description

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

b) Vital Signs

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

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

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

Specific System Examinations

Consultation Date:		**Signature:**	

Appendix C(ii)

Post-proving Case History Sheet

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:	

Name: _____ **Sex:** | **M** | **F** |

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

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

1. Background Personal History:

Allergies:

Vaccinations:

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

Estimation of daily consumption:

Alcohol:

Cigarettes:

2. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses: *(overleaf)*

Menstrual cycle and menses:

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

3. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System: *(overleaf)*

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

4. Psychic Overview:

Disposition:
Fears:
Relationships:

Social interaction:
Ambition / Regret:
Hobbies/Interests:

5. The Physical Examination:

a) Vital Signs

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

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

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

Specific System Examinations

Consultation Date:		**Signature:**	

Appendix D

Instructions to Provers*

Dear Prover

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

Before the proving:

Ensure that you have:

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

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

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

Beginning the proving:

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

Taking the remedy:

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

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

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

By proving symptoms we mean:

Any new symptom, i.e. ones that you have never experienced before

Any unusual change or intensification of an existing symptom

Any strong return of an old symptom, i.e. a symptom that you have not experienced for more than one year.

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

Lifestyle during the Proving:

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

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

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

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

Confidentiality:

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

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

Contact with your Supervisor:

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

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

Recording of Symptoms:

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

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

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

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

Location: Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.

Sensation: Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.

Modality: A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.

Time: Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.

Intensity: Briefly describe the sensation and the effect on you.

Aetiology: Did anything seem to cause or set off the symptom and does it do this repeatedly?

Concomitants: Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

This is easily remembered as:

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

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

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

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

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

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

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

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

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

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

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

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

> *The person who is proving the medicine must be pre-eminently trust-worthy and conscientious…and be able to express and describe his sensations in accurate terms."*
>
> *(Hahnemann, 1997: 200)*

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

✂----------

Acknowledgement of Understanding

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

PROVER:
Name: _____ Signature: _____

WITNESS:
Name: _____ Signature: _____

PROVING SUPERVISOR:
Name: _____ Signature: _____

Date: _____

Appendix E

Methods of Preparation
(German Homoeopathic Pharmacopoeia)

i) **Method 6**: Triturations

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

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

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

Trituration by hand:

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

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

[Trituration by machine: - not applicable]

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

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

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

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

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

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

b) [***bold italics***] indicates specific detail applicable to the preparation of *Erythrina lysistemon* 30CH.

c) In the preparation of *Erythrina lysistemon* 30CH, the 7c and 8c liquid dilutions were made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100. From the 9CH upwards, liquid centesimal dilutions were made from the previous centesimal dilution with ethanol 73 percent in a ratio of 1 to 100 (to allow for subsequent impregnation of lactose granules)

Appendix F(iii)

EXPERIENCE

HOMOEOPATHY

FIRST HAND,

BE

A

PROVER!

IF YOU WOULD LIKE TO UNDERSTAND AND LEARN THE WAY HAHNEMANN DID, AND BE A PART OF HISTORY, CONTACT MONIQUE AND PUT YOUR NAME DOWN TODAY!

082 782 1324

Appendix F(ii)

PROVING

A POTENTIAL HOMOEOPATHIC REMEDY PROVIDED BY DR. ROSS NEEDS PROVING!

THE PROVING WILL BE CONDUCTED BY FOUR SIXTH YEAR STUDENTS AT D.I.T. FOR THE FIRST TIME EVER, THEY WILL BE USING A TRIPLE-BLIND METHOD TO ELIMINATE THE POTENTIAL FOR BIAS.

IF YOU WOULD LIKE TO BE A PART OF THIS ONCE IN A LIFETIME OPPORTUNITY, CONTACT MONIQUE AND PUT YOUR NAME DOWN TODAY!

082 782 1324

Appendix F(iii)

EXPERIENCE

HOMOEOPATHY

FIRST HAND,

BE

A

PROVER!

IF YOU WOULD LIKE TO UNDERSTAND AND LEARN THE WAY HAHNEMANN DID, AND BE A PART OF HISTORY, CONTACT MONIQUE AND PUT YOUR NAME DOWN TODAY!

082 782 1324

Appendix G(i)

DIFFERENTIAL REMEDIES

PLANTS

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

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

APPENDIX - G

DIFFERENTIAL REMEDIES
(i) ALL

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

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