

A comparison of the results of a triple-blind Homoeopathic drug proving of *Strychnos henningsii* 30CH, with the toxicology of the crude substance.

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By

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Dissertation submitted in partial compliance with the requirements of the Master's Degree in Technology: Homoeopathy in the Faculty of Health Sciences at Durban Institute of Technology.

I Irfana Lockhat do declare that this dissertation is representative of my own work, both in conception and execution.

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I dedicate this work to all those who have contributed to making my life everything anyone would wish for because of your love, support and prayers.

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ABSTRACT

Introduction

The homoeopathic drug proving of *Strychnos henningsii* 30CH took the form of a mixed-method triple-blind, placebo-controlled study. The purpose of the study was to compare the results of the triple-blind homoeopathic drug proving with the toxicology of the crude substance.

Methodology

Thirty-two provers were selected and randomly divided into four equal groups of 8 provers, with each group supervised by one of four M.Tech.Hom student researchers. Fifty percent of the subjects (16 or the 32) received placebo in a random manner. Provers recorded their state in journals for one week prior to commencing the verum/ placebo powders. Data was extracted from journals and combined with case histories, physical examinations to compile the proving profile. The data derived from journals and case histories were edited and collated and thereafter reformatted and classified according to standard materia medica and repertory conventions. This constituted the homoeopathic remedy picture which was then compared to the toxicity of the major chemical constituents of *Strychnos henningsii* by qualitative methods.

Results

Provers produced symptoms on the mental, physical and emotional levels. There was a distinct similarity between the toxicology of *Strychnos henningsii* in its

crude form, and a majority of the symptomatology obtained during the proving. The comparison of *Strychnos henningsii* proving symptoms and that of the crude substance was demonstrated by the proving symptoms showing similarity with the chemical constituents of the bark. The bark contained alkaloids which demonstrated similar symptoms in poisonings as described by the provers. The alkaloids found in the *Strychnos henningsii* bark were strychnine, diaboline, holstiine, strychnochromine and guianensine.

Conclusions

This homeopathic proving of *Strychnos henningsii* allowed for successful comparison between the alkaloids contained in the bark and the proving symptomatology.

Notwithstanding the successful comparison and noted levels of overlap, it was observed that prior knowledge of homeopathy was beneficial to the provers. Furthermore, the researcher argues that the triple blind method employed is effective, but may hinder the researcher during analysis and that it is important that toxicological information about any substance should be obtained before a proving commences.

DEFINITION OF TERMS

Law of similars

The fundamental principle of homeopathy, 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).

Materia Medica

Systematic documentation of the knowledge of medicines; a textbook containing such. The scientific study of sources, preparation, uses and administration of medicines. In homeopathy, the description of the nature and therapeutic repertoire of homeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (modalities), and the general characteristics of the patient associated with them, derived from their toxicology, homoeopathic pathogenic trials (provings) and clinical experience of their use (Swayne, 2000: 132).

Placebo

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

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 materia 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 homeopathic 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).

Centesimal Potency

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

Repertory

Systematic cross reference of symptoms and disorders to the homoeopathic medicines in whose therapeutic repertoire (materia medica) they occur. The strength or degree of the association between the two is indicated by the type in which the medicine name is printed (Swayne, 2000:183).

Succussion

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

Toxicology

The study of poisonous effects of substances; the science of poisons, their source, composition, action, identification, and antidotes. Source of much homoeopathic materia medica (Swayne, 2000:217).

TABLE OF CONTENTS

1. Dedication	i
2. Acknowledgements	ii
3. Abstract	iii
4. Definition of terms	v
5. Contents pages	vi

CHAPTER 1

1.1 Introduction	1
1.2 The Substance	3
1.3 The Hypothesis	5
1.4 The Objectives of the study	5
1.5 The Assumptions	6
1.6 The Delimitations	6

CHAPTER 2: THE REVIEW OF RELATED LITERATURE

2.1 Introduction	7
2.2 Historical Perspective	8
2.3 Proving Methodology	9
2.4 Toxicological Data	11
2.5 Proving substance – <i>Strychnos henningsii</i>	14
2.5.1 Classification	14

2.6 Toxicology of Proving Substance	15
2.6.1 Strychnine	16
2.6.2 Diaboline	17
2.6.3 Holstiine	17
2.6.4 Strychnochromine and Guianensine	18
2.7 Related Homeopathic Data	18
2.7.1 Strychninum	18
2.7.2 Relationship Of Toxicology To Proving Symptomatology	20
2.8 Medicinal Uses	22
2.9 Summary	23
 CHAPTER 3: METHODOLOGY	
3.1 Homoeopathic Proving Methodology	25
3.1.1. Outline Of The Proving Methodology	26
3.1.2. Manipulation Of The Proving Data	44
3.1.3 Levels Of Relationship Of Proving Data	49
 CHAPTER 4: THE RESULTS	
4.1 Introduction	51
4.1.1 Key	51
4.2 The Materia Medica Symptoms Of <i>Strychnos henningsii</i> 30CH	
4.2.1 Mind	51

4.2.2 Vertigo	63
4.2.3 Head	64
4.2.4 Eye	68
4.2.5 Vision	71
4.2.6 Ear	71
4.2.7 Hearing	72
4.2.8 Nose	72
4.2.9 Face	74
4.2.10 Mouth	75
4.2.11 Teeth	76
4.2.12 Throat	76
4.2.13 Stomach	77
4.2.14 Abdomen	80
4.2.15 Rectum	81
4.2.16 Stool	82
4.2.17 Bladder	82
4.2.18 Urethra	83
4.2.19 Female	83
4.2.20 Respiration	84
4.2.21 Cough	85
4.2.22 Expectoration	85
4.2.23 Chest	86
4.2.24 Back	87
4.2.25 Extremities	88
4.2.26 Sleep	91
4.2.27 Dreams	93
4.2.28 Chill	100
4.2.29 Perspiration	100
4.2.30 Skin	100
4.2.31 Generals	101

4.3 The Repertory Symptoms Of *Strychnos henningsii* 30CH

4.3.1 Mind	106
4.3.2 Vertigo	112
4.3.3 Head	112
4.3.4 Eye	115
4.3.5 Vision	116
4.3.6 Ear	116
4.3.7 Hearing	117
4.3.8 Nose	117
4.3.9 Face	118
4.3.10 Mouth	119
4.3.11 Teeth	119
4.3.12 Throat	119
4.3.13 Stomach	120
4.3.14 Abdomen	121
4.3.15 Rectum	122
4.3.16 Stool	123
4.3.17 Bladder	123
4.3.18 Urethra	123
4.3.19 Female	124
4.3.20 Respiration	124
4.3.21 Cough	125
4.3.22 Expectoration	125
4.3.23 Chest	126
4.3.24 Back	127
4.3.25 Extremities	127
4.3.26 Sleep	130
4.3.27 Dreams	132
4.3.28 Chill	135
4.3.29 Fever	135

4.3.30 Skin	135
4.3.31 Generals	135
CHAPTER 5: DISCUSSION	
5.1 Introduction	139
5.2 Comparison Of The Toxicology Of <i>Strychnos henningsii</i> And Symptoms Obtained In The Proving	140
5.2.1 <i>Strychnos henningsii</i> Alkaloids	140
5.3 Summary	156
CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS	
6.1 Conclusions	157
6.2 Recommendations	158
6.2.1 Prover Group	158
6.2.2 The Triple-blind Method	159
6.2.3 Toxicology Information	160
REFERENCES	161
APPENDICES	
Appendix A: Suitability For Inclusion In The Proving	163
Appendix B: Informed Consent Form	165

Appendix C (i):	Case History Sheet	169
Appendix C (ii):	Post-proving Case History Sheet	177
Appendix D:	Instructions To Provers	184
Appendix E:	Methods Of Preparation	190

CHAPTER 1

1.1 Introduction

Homoeopathy is a dynamic system of medicine which looks at health and healing in terms of an energetic force, more commonly referred to as the vital force or dynamis by Samuel Hahnemann (De Schepper, 2001:12). Hahnemann was the father of homoeopathy and founded homoeopathy on three principles which highlight its artistic nature and scientific basis: “Like cures like”, the infinitesimal dose and the single remedy.

The expression, “Like cures like” refers to a concept that the symptoms produced by a substance administered to healthy individuals will cure a sick individual with similar symptoms. When the symptom picture is identified, the patient is administered an infinitesimal dose of the substance producing the same symptom complex in healthy individuals (De Schepper, 2001:26). The infinitesimal dose is the next principle which Hahnemann introduced as he believed large doses burden the organism in that they may produce a toxic effect. Hahnemann therefore potentised substances by trituration and multiple dilutions until no residue can be found. The minute dose stimulates the organism and its function in a specific way, thus promoting the health of the individual (De Schepper, 2001:38). The use of a single remedy is an important aspect of homeopathic prescription as the homeopathic remedy stimulates the vital force

and by administering multiple remedies the vital force is confused (De Schepper, 2001:29). In homeopathy the patient is treated by looking at the mental, emotional and physical planes. Together with the holistic approach and the use of the above principles, this dynamic system is used to determine a remedy that will produce cure by stimulating the vital force (De Schepper, 2001:5).

Homoeopathic remedies are discovered through provings. Provings are experiments where the potentised substance is administered to healthy individuals resulting in the production of symptoms. The symptom picture produced will treat the respective symptoms in a sick individual (De Schepper, 2001:32).

It is for this reason that provings are held in high esteem by homeopaths, such as Sherr, who promote provings as they are believed to be the pillars of Homeopathic practice (Sherr, 1996:7). Provings allow previously proven remedies to be validated when provers are given the remedy and produce symptoms that can be compared to the previous materia medica obtained. They also help to broaden and fill gaps in our materia medica. Sherr encouraged the proving of local substances as he believes “nature will always provide an accessible cure” (Sherr, 1994:49).

The purpose of this study was to address the paucity of indigenous South African substances being used in homeopathic practice. It also assumes that by

conducting the proving of *Strychnos henningsii*, symptoms specific to the substance would be produced and recorded. These would serve to validate the medicinal use of *Strychnos henningsii* in homeopathic form to be administered for treatment of a specific disease constellation in our country, and around the world.

1.2 The Substance

Sherr has said that the nature of the illness will correspond with a substance which is within reach. Therefore some homeopaths believe that a local remedy will be the most useful (Sherr, 1994: 49). The search for indigenous substances is imperative in the South African context in light of the growing number of deaths from diseases such as AIDS and Tuberculosis. It is through contact with AIDS patients and traditional healers who use *Strychnos henningsii* in the treatment of AIDS that the research supervisor decided to research the homeopathic realm of this plant.

Strychnos henningsii is of the genus *Strychnos* and belongs to the Strychnaceae (formerly Loganiaceae) family. It is native to South Africa and other African countries such as Angola, Kenya, Mozambique, Swaziland, Tanzania and Uganda. The bark of *Strychnos Henningsii* is poisonous as it contains alkaloids which cause detrimental effects such as paralysis. However, it is widely used by African traditional healers for its medicinal uses in the treatment of snake bites,

rheumatism, syphilis and gastrointestinal disorders (AgroForestry Tree Database, 2009).

Alkaloids are naturally occurring nitrogenous bases which are found in plants. These alkaloids are responsible for the functional uses of the plant as they demonstrate specific pharmacological activity. It is thus the pharmacological action which displays their effects on humans and animals (Swan, 1967).

The alkaloids of the *Strychnos* species vary, but strychnine and its derivatives are a major component and are responsible for the convulsant and tetanizing activity. The role of the alkaloids are displayed through their effects, such as with the commonality of the African *Strychnos* species used as hunting poisons which have muscle-stimulating as well as muscle-paralysing effects (Tits, Frederich, 2004). *Strychnos henningsii* bark contains 5 alkaloids with variable effects as well as medicinal uses (Frederich, *et al.* 1999:2329).

1.3 The Hypotheses

It was hypothesised that:

1. The conducting of a proving of *Strychnos henningsii* 30CH on healthy individuals would result in observable proving symptoms.
2. The proving symptoms displayed by the provers would relate to the toxicological data of the proving substance and its main pharmacological components.

1.4 The objectives of the study

The objectives of the study were:

1. Through the methodology of a triple-blind placebo-controlled proving protocol, for *Strychnos henningsii* 30CH to produce clear symptoms in healthy provers which could then be documented in the materia medica and the Homeopathic repertory, in order that the substance may be prescribed according to homeopathic principles.
2. To obtain the toxicological effects of *Strychnos henningsii* and its main components in crude form to be analyzed and compared with proving symptoms produced through the proving of *Strychnos henningsii* 30CH.

1.4 The Assumptions

In this study, it was assumed that:

1. All provers took the remedy as instructed.
2. All provers were aware of the effects of the substance on themselves and their bodies on all levels during the proving.
3. All provers were capable of documenting their symptoms honestly and accurately.
4. All provers maintained a normal lifestyle and dietary plans without major changes before or during the proving.

1.5 The Delimitations

This study did not endeavour to:

1. Describe or explain the mechanism by which the proving substance is able to produce effects in healthy human subjects.
2. Account for the effect which *Strychnos henningsii* may produce in potencies other than the 30CH potency.
3. Explain why symptoms do not manifest in the same manner in different provers.

CHAPTER 2: THE REVIEW OF RELATED LITERATURE

2.1 Introduction

The Homoeopathic term 'proving' is described as administering a substance to a healthy individual in a high concentration to disturb the vital force and stimulate the body's defence system to produce symptoms which characterise the nature of the substance (Vithoukias, 1994:97). In the Organon, Hahnemann describes that the only method of determining the medicinal use of a substance to be used as a homeopathic remedy is by conducting a proving of the substance. Furthermore he describes it as the only method assured to demonstrate the alterations which characterise the substance (Hahnemann, 1996:144).

Hahnemann himself felt that It was imperative that Homeopathic practitioners become involved in the proving process unlike the physicians of the past who did not involve themselves and administered unproven substances. He argued that self-provings help the physician to believe in the cure as he experiences it first-hand. The experience increases his sensory ability and develops observation skills due to the self observation required as a prover. Participating in provings assists in understanding materia medica as the essence of remedies can be experienced personally. The benefits of provings enhance ones quality as a homeopathic physician (Hahnemann, 1996: 151; 160). Sherr re-iterated that

Homeopaths should shift from their roles as examiners to participate in provings to broaden their experiential learning (Sherr, 1994:10).

2.2 Historical Perspective

The history of provings is of utmost importance to homoeopaths as Hahnemann's system of Homoeopathy was founded upon provings. During the time Hahnemann was translating Cullen's materia medica (1790), he stumbled upon the toxicology of Cinchona bark which bore many similarities to the symptoms of malaria. This inspired him to experiment with the link between the curative power and toxicological bases of substances, which ultimately led to the formulation of the Law of similars (O' Reily, 1996).

Cinchona was the first proving ever in 1790 (Sankaran, 1998:1). Thereafter Hahnemann experimented with over 100 remedies on himself, his family, friends and students (De Schepper, 2001:32). In modern times a revival of provings has occurred by great homoeopaths such as Sankaran, Becker (Sherr, 1994:33) and Sherr (Sankaran, 1998:1).

2.3 Proving Methodology

After the time of Hahnemann, there was a significant decrease in both the number and quality of provings. Overtime the sparscity of provings resulted in relatively brief provings that were of low quality with respect to methodology, symptom quality and substance identification. The impact on the homoeopathic materia medica was that its growth was retarded, and new remedies were of questionable value. In recent times there has been a resurgence in the interest of making provings, and a desire to improve the quality of proving data (Sankaran, 1998:1).

With this increase in proving interest, homoeopaths in different places and at different times have developed various proving methods. Hahnemannian methods were stringent in terms of provers lifestyles and habits. Provers had to follow diets and were interviewed daily by the conducting physician. Physicians were to also take part in the proving and had to do very accurate reporting of symptoms (Hahnemann, 1996:158-160).

The Hahnemannian methods were not as easy to comply with modern provers, thus the development of methods as discussed by Vithoukas, Sherr and Sankaran. Vithoukas has a very complex proving design involving large groups, over long time frames considering 3 different locations and altitudes (Vithoukas,

2004:147-152). Sherr has adopted a methodology between those of Hahnemannian and Becker (which includes seminar provings as well as dream provings) (Sankaran, 1998: 1). He has produced extensive work in the field of homeopathic provings and is recognised for his excellent design and standard. His book: *"The dynamics and methodology of homoeopathic provings"* (1994), is a comprehensive discussion of his design and findings. Sankaran was inspired by Becker to conduct group provings which he believed proved successful in that many mental symptoms were revealed and an idea of the inner processes of the substance was revealed (Sankaran, 1998:1).

Modification of proving methodology in recent times has increased the reliability of provings. Various parts of the homoeopathic world are attempting to gain recognition from the scientific fraternity for the concept of 'drug trials' (Sherr, 1994:35). The introduction of blinding, placebo, randomisation etc has introduced a more scientific base and has contributed to higher standard of provings. The triple blind method was used where the researchers as well as the provers were unaware of the substance. This method negates the element of bias and assumptions with respect to preconceptions of the substance (Walach, et al. 2004).

The International Council for Classical Homoeopathy (ICCH) has observed variations in the methods and standard of provings (ICCH, 1999:33). In order to promote the highest standards and a standardized basis on which provings

should be conducted, the ICCH has published 'Recommended guidelines for good provings' (ICCH, 1999:33).

2.4 Toxicological Data

The toxicology of homoeopathic remedies is of importance as the homoeopathic therapeutic effect stems (in part) from the toxicological effect. Hahnemann observed symptom production and discovered many remedies from crude poisonings. Through these poisonings he also discovered the variation in the effect of substances on different people according to their individual sensitivity. He believed that the sensitivity to the substance depended on the susceptibility of the individual, and their baseline state. Thus certain people are affected by a certain substance, while others experience no effect (Vithoukas, 2004:100).

Biologically active substances in nature may be described as having (broadly) a therapeutic, toxic or nil effect on other organisms. Non toxic substances such as food have a beneficial effect, but depending on the individual in a diseased state could be a morbid stimulus. Harmful substances such as arsenic will harm anyone, but the toxic dose for each person will differ. Whether a substance acts as a toxin, a medicine, or not at all depends on the individual, his susceptibility and the size of the dose. Thus it is essential to be aware of the toxicology of substances and to treat each patient individually (Vithoukas, 2004:100).

The world we live in is characterised by the presence of harmful drugs, pollutants, food allergens, radioactive materials and other components which may provoke unhealthy states. Homeopaths have the power of converting these harmful substances into valuable cures by virtue of transforming 'toxic effect' into 'therapeutic effect through provings'. Although provings do not by their nature produce overt toxic effects, Sherr has argued that known toxicology should be incorporated into proving materia medica, as has been done by the Dynamis School from 1994. The process involves collecting data on the toxicology of the substance and deriving toxicological remedy pictures that may correspond with diseases of our time. This data can also be incorporated into repertories (Sherr, 1994:88).

Various systems of medicine use natural substances with curative properties. In any realm the therapeutic effect of the substance is based on its dose and properties which relate to its toxicology. Many substances are deadly in crude form or large doses but have a therapeutic effect in minute dosage (Van Wyk; van Oudtshoorn; Gericke, 1997:8).

Medicinal plants contain active ingredients which induce a therapeutic effect giving the plant its medicinal properties. These active compounds are extracted from the plant and used in various concentrations according to the effect it may provoke. There are different classes of chemical compounds such as sugars, amino acids, glycoproteins, tannins etc. Sugars are the most common, and are

used in cough syrups and preparation of gums. Amino acids are the basis of proteins and are of great pharmacological value. Glycoproteins are known for their wound healing properties. Tannins are chemical compounds with antiseptic effects as well as detoxification properties (van Wyk; van Oudtshoorn; Gericke, 1997:20).

Among the active components found in a significant number of medicinal plants are alkaloids. Alkaloids are divided into different classes according to their physical properties (van Wyk; van Oudtshoorn; Gericke, 1997:8). Quinine is an alkaloid which has proven effective in the treatment of malaria for hundreds of years (van Wyk; van Oudtshoorn; Gericke, 1997:8). This is of great significance as the first homeopathic proving was conducted on Cinchona bark which has also proved beneficial for malaria (Sankaran, 1998:1). The alkaloid atropine and other tropane alkaloids are found in *Atropa belladonna*, used in herbal form as heart tonics, in eyedrops, as injections for Parkinsonism, in patches for motion sickness and in potentised form treats heart conditions, fever and many other symptoms (van Wyk; van Oudtshoorn; Gericke, 1997:8). *Datura stramonium* is another plant containing alkaloids with therapeutic effects in the correct dosage and form (van Wyk; van Oudtshoorn; Gericke, 1997:8). *Papaver somniferum*, commonly known as Opium contains two alkaloids, morphine and codeine which are extensively used in medicine. Morphine is used for its analgesic properties in excruciating pain but is harmful if overused and Codeine is used to treat headaches and as an ingredient in cough syrups (van Wyk; van Oudtshoorn;

Gericke, 1997:8). Thus it can be noted that the alkaloids found in different plants are responsible for their medicinal uses.

Alkaloids are active substances containing nitrogen and are mostly toxic producing vast pharmacological effects (van Wyk; van Oudtshoorn; Gericke, 1997:8). The above discussion highlights the importance of toxicological data and the link between toxicity and therapy in dealing with active substances.

2.5 The Proving substance – *Strychnos henningsii* bark

The botanical classification and taxonomic data of *Strychnos henningsii* is described below:

2.5.1 Classification

Kingdom: Plantae

Family: Strychnaceae (formerly Loganiaceae)

Genus: Strychnos

Species: Strychnos henningsii

Authority: Gilg

Synonyms: *Strychnos albersii* (Gilg), *Strychnos barbata* (Chiov.), *Strychnos elliotii* (Gilg), *Strychnos holstii* (Gilg), *Strychnos holstii* (Gilg) var. *procera* (Gilg & Busse) Duvign. *Strychnos holstii* (Gilg) var. *reticulata* (Burt-Davy & Honore) Duvign, *Strychnos ligustroides* (Gossw. & Mend.), *Strychnos myricoides* (S. Moore), *Strychnos pauciflora* (Gilg), *Strychnos procera* (Busse & Gilg), *Strychnos reticulata* (Burt-Davy & Honore), *Strychnos sennensis* (Baker)

Common names:

Afrikaans: koffiehardepeer, rooi bitterbessie

English: coffee bean strychnos, coffee hard pear, Natal teak, panda's strychnos, walking stick, red bitterberry

Zulu: umdunye, umnonono, umqalothi

(AgroForestry Tree Database, 2009) (also in van Wyk *et al.*)

2.6 Toxicology Of The Proving Substance

The *Strychnos henningsii* plant contains approximately 22 alkaloids derived from the leaves, stems and roots (Hutchings, 1996:238). However in this experiment, the bark was used as the sample substance for the proving. Upon analysis, the bark was found to contain 5 toxicologically significant alkaloids. The bark has a wide range of uses varying from functional usage in food products to medicinal

usage in African Traditional Medicine (AgroForestry Tree Database, 2009). *Strychnos henningsii* contains alkaloids of different groups and varying natures. These are strychnine, holstiine, diaboline, strychnochromine and guianensine (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329).

2.6.1 Strychnine

Strychnnos species typically contain the poison strychnine, which has been identified as one of the components of the *Strychnos henningsii* bark. Strychnine is an indole alkaloid with an extremely toxic effect as well as medicinal benefits thus making it beneficial and risky for use in humans at the same time (van Wyk, van Heerden, van Outshoorn, 2002).

The effects of strychnine poisoning have been displayed within 15 to 30 minutes, in humans from poisonings and in animals from experimentation. The initial response is the patient becoming agitated, experiencing tightness of the muscles, muscle twitches, followed by hyper-reflexia (Borges, Abrantes, Teixeira, Parada, 1997). Famous for its convulsant properties, poisoning results in convulsions accompanied by great pain, in which the patient maybe conscious. Convulsions may occur continuously with intervals of relaxation. Hyper reactivity to surroundings is also a well known symptom of strychnine poisoning. Opisthotonus and facial muscle twitching resulting in 'risus sardonicus' have also

been reported. If the patient is monitored during the first 6-12 hours, it can avoid complications such as lactic acidosis, rhabdomyolysis, acute renal failure; and death from asphyxia or medullary paralysis (Borges, Abrantes, Teixeira, Parada, 1997).

2.6.2 Diaboline

Diaboline is another alkaloid isolated from *Strychnos henningsii*. It is reported to be a glycine receptor antagonist much as strychnine is. It has a convulsant nature, initiating seizures and is therefore not used for this purpose (Wikipedia, The Free Encyclopedia, 2009). Although its name suggests a 'diabolical' structure, it is not true to its nature, due to its biochemical arrangement which results in the decrease in the toxicity of diaboline, even when given in high doses (Tits, Frederich, 2004).

2.6.3 Holstiine

Holstiine proved valuable in a study assessing the antiplasmodial activity and toxicity of plants (Ayuko, Njau, Cornelius, Leah, Ndiege, 2008), which included *Strychnos henningsii* in the experiment. Holstiine was identified as an alkaloid

having antiplasmodial activity, and can therefore may be effectively used as an anti-malarial.

2.6.4 Strychnochromine and Guianensine

Strychnochromine and Guianensine are alkaloids which were isolated from the root bark of *Strychnos henningsii* in a study of demonstrating the antiplasmodial activity of Strychnos alkaloids and extracts against *Plasmodium falciparum* (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329). No further information could be obtained about these alkaloids.

2.7 Related Homoeopathic Data

2.7.1 Strychninum

Strychninum is a homeopathic remedy derived from the pure alkaloid, Strychnine, isolated from *Nux vomica* seeds (Boericke, 2005:616). *Strychnos nux vomica* is also part of the Strychnaceae family and therefore shares the commonality of the strychnine component as in *Strychnos henningsii*. The discussion of the materia medica of Strychninum gives a broader overview of the toxicology of strychnine with the application of the Homeopathic principle of 'Like cures like' in that we

can identify the treatment potential from the following symptoms discussed below.

The materia medica of Strychninum demonstrates the action of strychnine as a substance capable of producing pathological effects in healthy human subjects. The principal action of this remedy is on the nervous system, primarily on the spinal cord. Strychnine stimulates the central nervous system, the motor centres and the reflex action of the spinal, mental activities and sensory perception thus treats the effects in homeopathic form. It has therefore proved effective in the treatment of muscle spasms, cramps from spinal stimulation, spasms of the bladder, muscle stiffness and tetanic convulsions. Strychnicum is used for pains and sensations that appear suddenly and return at intervals (Boericke, 2005:616).

Its action extends to other parts of the body as well. The head symptoms show restlessness, irritability, bursting headaches, itching and jerking of the head. There is twitching and trembling of the eyelids and spasmodic contraction of the ocular muscles. The ears are itching and burning with a heightened hearing ability. The strychninum patient has an anxious face with stiffened jaws and possible lower jaw spasm. The roof of the mouth feels itchy and the throat has a sensation of a lump. Retching, violent vomiting and nausea in pregnancy are the main stomach symptoms. The abdominal muscles experience sharp pains and

gripping pains are noted in the bowels. During rectal spasms there is involuntary defecation and constipation has also been noted (Boericke, 2005:616).

The female libido increase shows a desire for coitus and she is excited by any touch. The strychninum patient experiences dyspnoea, contractive pain in the chest muscles, persistent cough and spasms of the laryngeal muscles. The back and neck muscles are rigid with sharp pains down the spine and jerking of the spinal column. The extremities are stiff with jerking, twitching and trembling. There is rheumatism with stiff joints. Spasms initiated by movement or touch, shocks in the muscle and cramping pains. In strychninum the fever is accompanied by cold lower limbs, chills down the spine and streaming perspiration of the head and chest, the skin has itching all over the body and an icy sensation down the spine (Boericke, 2005:617).

The above symptoms show many similarities between Strychninum and the proving symptoms of *Strychnos henningsii* 30CH primarily in their nervous affinity as well as other symptoms as discussed above and in chapters 4 and 5.

2.7.2 Relationship Of Toxicology To Proving Symptomatology

As discussed above, the toxicological data provides a basis for determining the therapeutic use of a substance under observation. In homeopathy, we attain the

correlation between the poisonous attributes versus the therapeutic value of a substance through a drug proving by potentiating the poisonous substance and translating its toxicological properties into the proving symptoms which it will cure in a healthy person (Vithoukias, 2004:100). In order to attain the relationship between the substance in its poisonous state versus the symptom it may cure, the substance is analysed in terms of its components and the properties of these components. The properties of each component is then analysed with the symptoms produced in the proving to attain which chemical component resulted in each respective symptom.

For example the Belladonna plant contains tropane alkaloids. One of these alkaloids is called atropine. Atropine in its crude form decreases action of the parasympathetic nervous system; is used as a mydriatic in ophthalmology; increases the heart rate; and causes hallucinations and excitement from overdose to name a few (Wikipedia, The Free Encyclopaedia, 2009).

In the materia medica of Belladonna perspiration is dry, the throat and the mouth are also reported to be dry (Boericke, 2005:112,113). The action of atropine on the parasympathetic system inhibits the salivary, sweat and mucus glands thus accounting for the dryness experienced by provers (Wikipedia, The Free Encyclopaedia, 2009).

The eyes of the belladonna patient are described as having dilated pupils (Boericke, 2005:111,114). The ophthalmic usage of atropine in mydriasis is to dilate the pupils during ophthalmic procedures thus explaining the dilated pupils in Belladonna (Boericke, 2005:111,114). Atropine increases the heart rate which we see in the Belladonna patient with a rapid pulse and violent palpitation (Boericke, 2005:113).

Atropine overdose results in hallucinations and great excitement (Wikipedia, The Free Encyclopaedia, 2009). The mind of Belladonna is in a world of its own with visual hallucinations, delirium and excitement about what he sees (Boericke, 2005:113).

The above demonstrates the relationship between the toxicological data and the proving symptomatology. Each alkaloid demonstrates certain properties in its crude form. The relationship arises where the properties of the substance containing the alkaloid are demonstrated by the provers. In the same way the toxicological information of the chemical constituents of *Strychnos henningsii* will be analysed with the proving symptoms produced by *Strychnos henningsii* 30CH.

2.8 Medicinal Uses

Strychnos henningsii bark is widely used in African Traditional Medicine. Traditional healers grind the bark and prescribe it in cold water for the treatment

of nausea. It may also be used as an antiseptic for the mouth in its ground form (AgroForestry Tree Database, 2009). If the bark is chewed it is said to resolve complaints of the stomach. In a boiled form, it is used for the treatment of dysmenorrhoea and is prescribed as an anthelmintic for tapeworm infestations. *Strychnos henningsii* is also used together with other herbs in a mixture to ease the pains of Rheumatic fever (Hutchings, 1996:238).

Other medicinal uses of *Strychnos henningsii* are as a remedy for colic, snake bites, syphilis, and an appetiser and as a purgative (Hutchings, 1996:238). It is interesting to note that the ground bark has proved effective in promoting healing when applied to the wounds of cattle and horses (AgroForestry Tree Database, 2009).

Strychnos henningsii has a wide range of uses from food to preventing erosion, but mainly medicinal. Thus it can aid in the development of treatment of Homeopathic medication in infinitesimal doses, and in Orthodox medication as an antispasmodic and antinociceptive (AgroForestry Tree Database, 2009).

2.9 Summary

Since provings are an essential component of the Homoeopathic System, and toxicology has a direct relationship to the spectrum of use of a homoeopathic

substance, it is important to understand the relationship between toxicological effect and proving effect, and their respective contributions to materia medica and the clinical application of new homoeopathic remedies. The researcher endeavours to explore this relationship in order to increase the understanding of *Strychnos henningsii* as a homoeopathic remedy.

CHAPTER 3

METHODOLOGY

3.1 Homoeopathic Proving Methodology

The homoeopathic drug proving of *Strychnos henningsii* 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 50% of the subjects (16 or the 32) received placebo in a random manner. The 32 provers were randomly divided into four equal groups of 8 provers, with each group supervised by one of four M.Tech.Hom student researchers.

The provers and the four M.Tech.Hom research students were unaware of the name or nature of the substance being proved, the potency of the proving substance (Nagpaul,1987; Sherr, 1994; Riley 1995a,b), nor whether a prover had been assigned the proving substance or a placebo. The research supervisor was aware of the proving substance and its potency, but was unaware of the details of verum/ placebo assignment of provers to researchers. Randomisation was conducted by an independent clinician who was unaware of the proving substance.

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

148-150). All provers recorded their symptoms in assigned journals in the manner described (see *Appendix D*). Such recording was completed at least once daily. Data extracted from journals was combined with case histories, physical examinations and results of blood tests to compile the proving profile. Data derived from journals and case histories was edited and collated as set out in 3.1.2 (i) below.

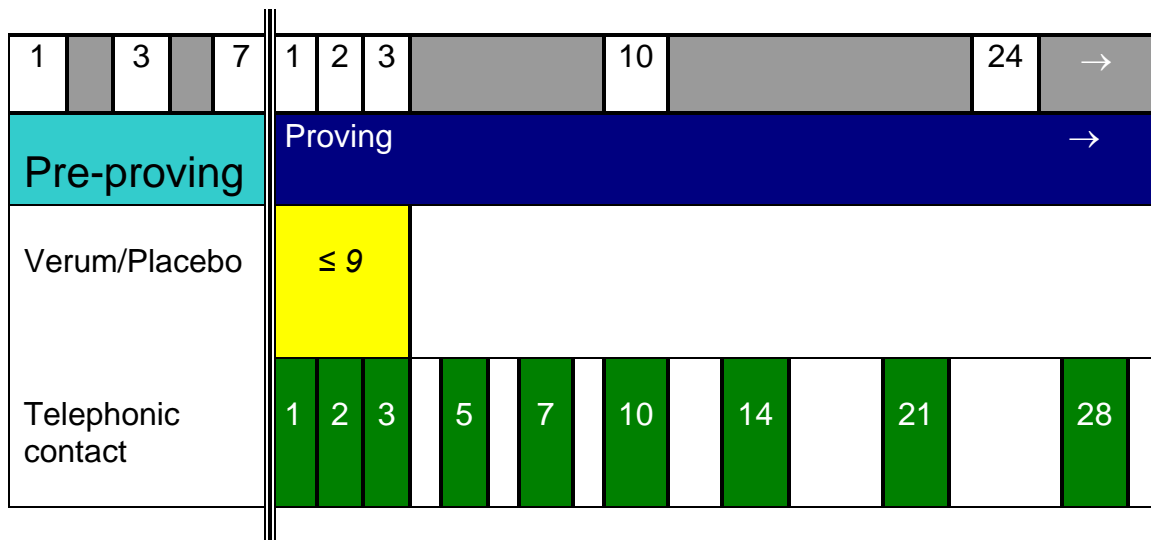
Proving symptomatology (derived from journals, case histories and post-proving group discussion) were reformatted and classified according to standard materia medica and repertory conventions.

3.1.1. Outline Of The Proving Methodology:

- The proving was conducted by four M.Tech.Hom. students, under supervision of the research supervisor;
- The proving substance (*Strychnos henningsii*, in the 30CH potency) was prepared by an independent laboratory technician according to Methods 6 (*Triturations by hand*) and a modification of Method 8a (*Liquid preparations made from triturations*), as specified in the German Homoeopathic Pharmacopoeia (GHP) [*Appendix E*];

- Verum/ placebo powders were prepared according to the method described below [1a(iii)], and 9 powders each of the respective test substance (verum or placebo) were randomly assigned by an independent clinician to 32 prover numbers (16 verum and 16 placebo);
- Each 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 research supervisor, 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 researcher being responsible for 8 provers. This researcher was responsible for the examination, management and journal transcription of provers 9 - 16;

- At scheduled times, a thorough case history and physical examination (*Appendix C*) of each prover was completed by the 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 10-day period (*viz. days 1, 4, 7, and 10*));
- 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 appear, whereupon no further doses of the proving substance were taken. The prover continued to record their symptoms throughout. The researcher was in daily telephonic contact with each prover;
- Telephonic contact frequency was daily initially, reducing to 2-3 daily, then weekly after the first week (*i.e. days 1, 2, 4, 7, 14, 21, 28 etc.*);
- If no symptoms had been noted after the sixth powder, the prover ceased to take any further doses, but continued to record as previously;



- The proving was considered complete when there were no occurrence of symptoms for two weeks;
- Journaling continued for a post-proving observation period of one week, to ensure no recurrence of proving symptoms;
- The respective journal was recalled, and a post-proving case history and physical examination conducted on the prover;
- After submission of all journals a group discussion around the proving experience was conducted;
- The verum/placebo assignment was unblinded to the researchers, to allow for distinction between verum and placebo groups;

- Extraction and collation of journal data was effected manually;
- Data was presented in traditional materia medica and repertory formats. At this point the identity and potency of the proving substance was revealed to the researchers.

a) The Proving Substance

i) Potency:

Strychnos henningsii in the 30th Hahnemannian potency (30CH) was utilised for the proving (*Strychnos henningsii* 30CH).

ii) The preparation and dispensing of the proving substance:

- The proving substance was prepared by an independent laboratory technician according to Methods 6 (*Trituration of insoluble substances*) and a modification of Method 8a (*Liquid potency from trituration*), as specified in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement (1991) to the First Edition (1978) (*Appendix E(i) and (ii)*);
- A 20ml volume of the 30th Hahnemannian centesimal potency (30CH) was produced in 96% ethanol;
- A 90ml volume of standard size 10 lactose granules were triple-impregnated at 1% volume/volume with X 30CH (96% ethanol) [*verum*];

- A 60 ml volume of standard size 10 lactose granules was triple-impregnated at 1% volume/volume with unprocessed 96% ethanol [*placebo*];
- Placebo and verum powders were prepared by adding twenty (20) of the respective impregnated granules to standard pure lactose powders [*144 (+27) verum and 144 (+27) placebo powders divided into packets of 9 powders each (16+3 verum; 16+3 placebo)*];
- An independent clinician 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 be required to replace provers who withdraw from the study prematurely [*see 1(b)(iii) below*].

iii) *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 appear (whichever occurs sooner);
- The prover ceased taking the powders as soon as they, or the researcher notes the onset of proving symptoms (Sherr 1994:53);

- There was no repetition of the dose after the onset of symptoms;
- The proving substance was taken on an empty stomach and with a clear mouth. Neither food nor drink was to be taken for a half-hour before or after administration of the proving substance;
- The dosage and posology was clearly explained to each prover in the pre-proving training course, and was presented in writing in the ***Instructions to Provers*** document (Appendix D), a copy of which was provided to each prover for reference and safekeeping at home.

b) The Prover Group

i) Sample size and demographics:

The proving was conducted on 32 healthy subjects. In keeping with international recommendations (ICCH, 1999: 35, Walach, 1994: 130) and 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 practising homoeopaths, and homoeopathic students, 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 16/16 (50% verum/ 50% 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.

ii) Criteria for inclusion of a subject:

The prover subject:

- was between 18 and 60 years of age;
- had obtained parental consent if he/she is between 18 and 21 years old (*Appendix B*);
- was in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination (Sherr, 1994: 44, Riley, 1997: 233, Walach, 1994: 130, ICCH, 1999: 34);

- was in no need of medical treatment; conventional, homoeopathic or other (Riley, 1997: 223);
- had not used the oral contraceptive pill or hormone replacement therapy within the preceding six months (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 199: 34);
- was not pregnant or breastfeeding (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 1999: 34);
- did not use recreational drugs (Sherr, 1994: 44, Walach, 1994: 130, ICCH, 1999: 34);
- had not had surgery in the preceding six weeks;
- did not consume more than two measures of alcohol per day, 10 cigarettes per day, nor three cups of coffee or tea per day;
- was able to follow the proper procedures (including case history, physical examination and blood tests) for the duration of the proving; and
- was competent and had signed the **Consent Form** (*Appendix B*) (Riley, 1997: 225).

iii) Randomisation:

Fifty percent of provers (16 provers) were randomly assigned to the placebo group. The remaining fifty percent (16 provers) constituted the verum group.

The allocation of provers to either group was effected by an independent clinician: Allocation of prover numbers to either group was according to the random sequence of withdrawal of 32 folded slips of paper from a shaken box. Sixteen slips had the letter 'V' and sixteen the letter 'P' denoting the respective group.

Thirty-two packets of powders (16 verum/16 placebo), corresponding to prover numbers 1-32 were numbered according to the resultant schema [see 3.1.1(a)(ii) above]. The schema was divided into four equal parts such that prover numbers 1-8, 9-16, 17-24 and 25-32 were assigned to 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 required for differentiation of respective sets of data was complete.

An additional three sets each of verum and placebo powders was held in reserve (unallocated), to be administered to provers who were required to replace provers who withdrew from the study prematurely. In such cases the 'replacing' prover would have been assigned to the same group, and assumed the 'b' version of the same prover number, as the 'withdrawing' prover [e.g. withdrawing prover 25 (*verum*) would have been replaced with new prover 25b

(*verum*); prover 8 (*placebo*) with prover 8b (*placebo*)]. The appropriate set of powders were labelled as such (by the independent clinician) at the time of dispensing.

iv) *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, Hahnemann, 1997: 200);
- maintain their usual habits (Sherr, 1994: 92, Maish *et al.*, 1998: 18);
- store the proving powders in a cool, dark place away from strong-smelling substances, electrical equipment and cellular telephones (Sherr, 1994, 92);
- avoid any medication (including antibiotics), vitamin and mineral supplements, herbal or homoeopathic remedies (Sherr, 1994: 92); and to
- consult their doctor, dentist or hospital in the event of a medical emergency, and to contact their supervisor as soon as possible thereafter (Sherr, 1994: 92).

v) 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:

- i) ascertain when the proving substance began to act, so that the prover may be instructed to cease taking any further doses;
- ii) ensure that the prover recorded accurately, and did not neglect to record a symptom; and to
- iii) 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).

Provers were given a 'courtesy' telephonic reminder to ensure their presentation for pathological testing on their respective days (according to their commencement date).

c) **Case-history, Physical examination and Pathological testing**

i) Case-history:

Each prover who complied with the ***Inclusion criteria*** (*Appendix A*), attended the pre-proving training course, and read, understood and signed both the ***Consent form*** and the ***Instructions to Provers*** documents (*Appendices B and D respectively*) would have a scheduled 90-minute appointment with the assigned student researcher for completion of a standard homoeopathic case history and general physical examination (*Appendix C*).

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

ii) Physical examination:

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

d) **Duration of the Proving**

i) 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 are being established. Commencement of recording was therefore staggered over a 10-day period (viz. days 1, 4, 7, and 10).

ii) Commencement of proving:

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

ceased to take any further doses, but continued to journal as previously.

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

iii) 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 will be 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 are represented by XX. After 2 days the hours became redundant and was indicated similarly by XX. In instances where the time is insignificant or unclear the symptom was marked XX:XX:XX. The actual time of the day was included only if it is

definite, significant and causal to the symptom. All irrelevant time data was erased in the initial extraction.

iv) Post-proving observation:

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

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

Although the duration of the individual prover's reaction to the proving substance cannot be predicted, the broad prediction of duration would be approximately 73 days as set out below:

Initiation of pre-proving observation	10 days
Pre-proving observation (1 week)	7 days
Proving period (<i>approx. 5 weeks</i>) [<i>variable</i>]	35 days

Cessation of proving (2 weeks)	14 days
Post-proving observation (1 weeks)	7 days
<i>approx. 73 days</i>	

e) **Group Discussion**

Once all provers had completed their respective provings (and handed in their journals), the randomisation was unblinded (identity of proving substance remains blind), and all verum provers met with the M.Tech.Hom research students for a group discussion of symptomatology experienced. Sherr (1994:68) argues that this is an essential component of proving methodology, since the discussion often triggers provers' memories for symptoms which may have gone unnoticed, or of which the prover was doubtful. The discussion assists in clarifying and validating, or discarding doubtful symptoms.

f) **Symptom Collection, Extraction and Evaluation**

The most difficult phase of proving development lies in the extraction and collation of symptomatology as recorded in journals and case histories (Sherr 1994: 75). Each recorded symptom was analysed and evaluated against the following criteria. Symptoms included as valid proving symptoms were collated and formatted according to conventional materia medica and repertory formats (ICCH 1999:35):

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 does not appear in a prover in the placebo group.
- A current or usual symptom for the prover intensified to a marked degree (Sherr 1994: 70, ICCH 1999: 36).
- A current symptom that is modified or altered, with a clear description of current and modified component (Sherr 1994: 70, ICCH 1999: 36).
- The symptom did not occur in the prover within the last year (a current symptom) (Sherr 1994: 70, Riley 1997: 227).
- The symptom did not appear naturally or spontaneously during the proving (Sherr 1994: 70).
- Any symptom that occurred a long time previously, especially longer than 5 years previously, but that has not occurred for at least one year and that had no reason to reappear at the time of the proving (Sherr 1994: 70, Hahnemann 2001: 207).
- A present symptom that disappears during the proving. This is marked as a 'cured symptom' (Sherr 1994: 71, Riley 1997: 227, ICCH 1999: 36).
- The frequency of the symptom (Sherr 1994: 72).
- The intensity of the symptom (Riley 1997: 227).

- The number of subjects experiencing a symptom. A symptom experienced in more than one subject (Sherr 1994: 71, Riley 1997: 71).
- A strange, rare or peculiar symptom for that prover. The knowledge and conviction of the prover that symptoms are foreign to him/her are a reliable and definite consideration (Sherr 1994: 72).
- The modalities, concomitants, localisations (sides and extension) and timing associated with a symptom (Riley 1997: 227).
- Accidents and co-incidences that occur to more than one prover (Hahnemann 2001: 207).
- If the prover is under the influence of the remedy (as can be seen by a general appearance of symptoms), then all other new symptoms are proving symptoms (Hahneman, 2001: 207, Sherr 1994: 70).
- The time of day at which a symptom occurs is only included if there is repetition of such a time in another prover (ICCH 1999: 36).
- A symptom is excluded if it may have been produced by a change in life or other exciting cause (ICCH 1999: 36).

3.1.2. Manipulation Of The Proving Data

i) Collating and Editing:

The aim of collation was to synthesise valid proving symptoms from individual provers into a single structured composition (ICCH

1999:36). Similar symptoms from individual provers were sorted into subgroups, and subgroups were combined within broader groupings according to the format scheme below. In the case of Mind and Dream symptomatology, these are grouped according to themes, within the broader grouping. The allocation of journal entries to particular chapters was according to predominant theme, so as to ensure maximal clarity of remedy image and reduce superfluous duplication of entries in more than one chapter.

The selection of symptoms for inclusion in materia medica is according to the criteria cited in Item 3.1.1(b) (ii) above. This was done analysing symptoms by initially separating pre-proving and post proving symptoms of each prover. Thereafter, a 'washing' method was used where symptoms that appeared during the proving that had also occurred in the pre-proving period were excluded (along with all pre-proving symptoms). A further analysis was done between symptoms produced by placebo provers and verum provers following the same process. The symptoms produced only by placebo provers were disregarded. The symptoms that met the criteria of verum provers were further washed. These symptoms were separated according to systems. Furthermore, the verum symptoms were analysed in each system separately. This was done by looking at symptoms produced by

many provers as well as symptoms produced many times by a single prover. Similar symptoms were divided by category to formulate the materia medica symptom.

Each system was looked at by analysing symptoms according to inclusion criteria as described above. With regard to mind symptoms and dream symptoms, general themes and similarities were determined. The symptoms were analysed to find common threads which ran through them. They were then categorised according to their underlying similarities and themes. The washing process as described above, allowed for the ultimate compilation of the materia medica of the remedy.

ii) *Formating:*

Valid proving symptoms were recorded *verbatim* in the materia medica format adopted in standard modern homoeopathic texts (as stated in 2 (ii)(a) below). Proving symptomatology (as reflected in materia medica) was further translated into reportorial rubric entries according to the same hierarchical format adopted in the compilation of materia medica.

a) *Materia Medica*

The following standard head-to-toe schema is adopted in compiling the materia medica of *Strychnos henningsii*:

Mind	Prostate Gland
Vertigo	Urethra
Head	Urine
Eye	Male
Vision	Female
Ear	Larynx
Hearing	Respiration
Nose	Cough
Face	Expectoration
Mouth	Chest
Teeth	Back
Throat	Extremities
External Throat	Sleep
Stomach	Dreams
Abdomen	Chill
Rectum	Fever
Stool	Perspiration
Bladder	Skin
Kidney	Generalities

b) *Repertory*

Materia medica symptoms were converted into repertory language. This was done by each prover journal being analysed sentence by sentence and marked as: Prover number – Gender – Day (where XX represents the day of commencement, and 01 represents the first day AFTER the day of taking the first dose): Hours: Minutes. Each sentence was then broken down into individual symptoms. The symptoms were then categorised into their relevant sub headings as found in the materia medica and repertory. Similar symptoms were then grouped together and thereafter formatted by excluding symptoms repeated by the same prover. Symptoms were combined into materia medica stating the prover, gender and day as demonstrated above. The symptoms were arranged in the order to which symptoms appear in the repertory.

Corresponding rubrics for the individual symptoms as arranged, were found in Radar 9.0. Rubrics were recorded according to the standard **rubric** – *sub-rubric* – sub-sub-rubric convention adopted in Synthesis 9th Edition (Schroyens, 2001), using the chapter scheme as described in 2 (ii) (a) above.

Compiled rubrics were linked to prover number and a collation was derived such that it was possible to identify the number of provers producing a particular rubric. Rubrics were graded based on the number of different provers producing the same rubric, according to the following scheme:

Rubrics occurring in 8 or more DIFFERENT provers = grade 3

Rubrics common to 3 or more DIFFERENT provers = grade 2

3.1.3. Levels Of Relationship Of Proving Data

Proving data (subjective and objective) were related to the following:

- i) Relationship to documented traditional use;
- ii) Relationship to toxicology/pharmacology of identified active constituents;
- iii) Relationship to natural history and associations of the plant substance (as documented in literature, and later, as understood by a selection of traditional healers) and

Relationship of proving data to existing homoeopathic proving data of related substances.

This researcher was exploring 3(ii) above, relating to the relationship of proving data to toxicological data. This information was obtained through the following sources:

- Analysis of *Strychnos henningsii* bark by the Department of Chemistry, University of Western Cape
- Books and Journal articles as listed in the references
- Red Cross Children's unit for information on poisoning
- Provers' journals for symptomatology
- Materia medica of *Strychnos henningsii* (as derived)
- Materia medica of Strychninum

Thereafter the information was analysed in order to ascertain the components of *Strychnos Henningsii* in crude form. The toxicological effect of these components were then compared to the proving symptoms of provers from *Strychnos henningsii* 30CH as compiled in the materia medica.

The data derived from the proving process, for subsequent comparison and discussion are reflected in the next chapter.

CHAPTER 4

THE RESULTS

4.1 Introduction

The results of the proving were obtained from the recordings of provers in their journals. The prover journals were evaluated, collated and edited. Thereafter they were formatted and compiled into the materia medica and translated into Repertory as discussed in Chapter 3.

These results are set out in 4.2 and 4.3 below.

4.1.1 Key

The proving symptoms of *Strychnos henningsii* 30CH are recorded in the materia medica as verbatim journal entries followed by the following key:

- Prover number – Gender – Day (where XX represents the day of commencement, and 01 represents the first day AFTER the day of taking the first dose): Hours: Minutes e.g. 14F 12:XX:XX represents a journal entry recorded by prover 14, who is female, on the 12th day after commencement of the proving.

4.2 The Materia Medica Symptoms Of *Strychnos henningsii* 30CH

4.2.1 MIND

Heightened senses

Feel like senses are acute. Feel happy!!! 02F XX:XX:XX

Senses are more acute! 02F 01:XX:XX

Very alert and generally feeling well. 25M 01:XX:XX

Feel more alert and lively i.e. full of energy. 25M 01:XX:XX

Woke up with a very active mind. 25M 02:XX:XX

Increased sensitivity to noise. 04F XX:XX:XX

Getting very annoyed about my hands smelling of food after cooking or eating. I wash them a few times [RS]. 14F 12:XX:XX

Good mood and happiness

Although am very frustrated with research, I feel lighter and happier than last week. 02F 01:XX:XX

Fought with my fiancé, but still remained happy. Did not let our argument spoil my mood. 04F 04:XX:XX

Very good mood this morning! 06F 02:XX:XX

I feel very positive and not moody. 15F 08:XX:XX

I'm in a very good mood. 15F 03:XX:XX

I was very bubbly towards the end of the day. I kept on giggling as if I'm drunk. 15F 04:XX:XX

Refused to go to my cousin's funeral because I felt it would be depressing. It seems like I aim to please these days: washed my two sisters' clothes and even offered to do that. I never do. 23F 04:XX:XX

In such a good mood, I just feel happy for no reason. 23F 05:XX:XX

Noticed I'm much nicer than usual or showing more affection than usual. Just took my spending money and bought butter to bake for my dad because I felt it is unfair for him to buy them when I can bake them. He didn't say thank you so had to force him to do so. But was proud of myself. My mother thinks I have a hidden agenda because of this. But no hidden agenda just wanted to do something nice. 23F XX:XX:XX

(I'm) too nice. I even scare myself; made my sister breakfast in bed. 23F 02:XX:XX

Was content today; not too phased by other people around me. (I) was in a good mood and cheerful. 25M 12:XX:XX

In a very good mood. 09F 20:XX:XX

Felt a general uplift in mood. 20F XX:XX:XX

Still feel an upliftment in mood, during the day. 20F 02:XX:XX

Great mood! Had a lovely evening and I'm looking forward to tonight as well. 18F 06:XX:XX

Feel more positive about things; feel happier with life. 02F 14:XX:XX

I think about sex very often. 15F 05:XX:XX

Confidence

Increased confidence; was able to go on stage at church for first time. 04F 02:XX:XX

My personality is funny. I think I know everything when we in a group talking. I always want to talk and be listened to – and I always describe people’s personalities. 15F 08:XX:XX

I feel confident in what I do and who I am, at work and out of work. It feels good to be acknowledged. Feel good – not sure if I should feel anything else considering I am on a “drug proving” journey. 30F 09:XX:XX

I feel I can handle anything that comes my way. I managed to process my work before the cut-off time with no errors. (It) gives me a sense of accomplishment. 30F 17:XX:XX

Work has been smooth sailing; nothing that I can’t handle. 30F 20:XX:XX

Had a busy day at work – nothing that I cannot handle. 30F 24:XX:XX

Feeling very good about myself: on top of the world. 30F 26:XX:XX

Feel less irritable. Crying easily, but (I) move on. Not dwelling on things. 02F 12:XX:XX

I went to a practical session of consulting as counsellors. When I was consulting I didn’t connect with my patients. I felt like something was pulling me backwards. I felt bigger than the patient. I felt as if I was higher, and that my patient was as if she was very little (and) down there. 11F 02:XX:XX

Increased energy and concentration

Was very energetic and excited. 04F 03:XX:XX

Industrious. 14F 09:XX:XX

Feeling fine and energized. I am in a relaxed and happy mood. 30F 02:XX:XX

I was very hyperactive. 15F 04:XX:XX

I describe people's personalities. I talk a lot; I describe my personality [talkative during the day]. 15F 06:XX:XX

In the evening around 18h00 I felt weird. Light headed though (having) lots of energy. 18F XX:XX:XX

I can study well. My sleeping patterns are OK. 15F 04:XX:XX

Despite feeling a little ill, I worked well and was able to focus on a project. 25M 10:XX:XX

Relaxation

Very much more relaxed and calm than usual. 14F XX:XX:XX

I'm relaxed. 15F 10:XX:XX

Feel relaxed. 20F 03:XX:XX

I feel relaxed and happy. 30F 03:XX:XX

Went to dinner at my sister's: good to socialize with my extended family. It is good to catch up with all that is happening around us. 30F 21:XX:XX

Feeling relaxed and well rested. 30F 24:XX:XX

Relaxed. I can spend time with my family and dogs this weekend. My dogs love it when we are all at home. You can just sense that they are happy and content

and so am I. (I) feel good today that I do not have to rush around. Energy levels are high. 30F 28:XX:XX

I am kind of in a good mood and all relaxed; even though I have lot of test and assignments coming. 15F 01:XX:XX

Anyway this is just me: cool, calm and connected. 30F 29:XX:XX

Spirituality and connection

Increased love for fiancé! Spiritually refreshed and re-rooted. 04F 03:XX:XX

Went to church today. (It) was wonderful. I felt God's presence and it was comforting!!! 04F 04:XX:XX

I look forward to Monday evenings as I attend a spiritual service. It feels so good when you come out of there. (You feel) light hearted, and you feel you are closer to God. 30F 02:XX:XX

Feel like my emotions are distant, like I am less connected to my emotions and the moment. 02F 06:XX:XX

I also feel like I have been distanced from God. I have prayed less and had much less faith that God will look after me! This is very unusual and I hope it does not last long! 02F 06:XX:XX

Dis-connection from mother; distant from her. (02F Prover summary)

Had to go to temple today for a prayer. I sat next to (a) weird woman who seemed to have some sort of mental problem. She kept talking and moaning and crying out to herself. She made me feel so uncomfortable as if she would infect me or something. It is strange that I reacted so strongly!!! I still feel strangely detached, as if I were a little removed from what was happening. 06F 07:XX:XX

I don't know whether this is from (the) proving or what, but I don't really miss my boyfriend as it used to be. I just find excuses not to see him. 11F 01:XX:XX

Was not myself today; very distant and irritable. Just felt dissatisfied with everything. 06F 09:XX:XX

Really desired company today, felt very isolated and lonely. 06F 13:XX:XX

Anxiety and paranoia

Anxiety; palpitation; scared of going to sleep. 04F 22:XX:XX

Still a bit afraid to go to sleep. Decided to go to sleep with the lights on and slept the whole night through. 04F 23:XX:XX

At night I was lying on the bed facing the wall when I heard a man's footsteps in the room [I do not know why I felt it was a man, I think it was the heaviness of the steps]. I was a bit surprised but not afraid at first because I thought it was my friend's husband. But the steps seemed to stop next to my bed and then I heard heavy breathing. I was becoming more and more afraid as I realised that someone was standing behind me just breathing heavily. I turned around and there was no one there!!! I was terrified and confused because it was so real. I tried to fall asleep again, facing the other direction. Just as I was starting to relax I felt someone [a man] whisper in my ear from behind ['hello']. I was terrified, I ran to my friend's room and she had to sit up with me for half an hour before I calmed down enough to sleep. I slept with the light on, and a picture of Gurudev next to me, but I still kept getting strange images of rippling waves making up someone's stomach and a knife being plunged into it and bones. 06F XX:XX:XX

In the evening I felt very anxious and fearful before going to bed. I found it hard to go to sleep, slept with lights on. Kept thinking I heard or saw something out of the corner of my eye. 06F 01:XX:XX

In the evening before I had got a disturbing phone call about some money going missing from work. (It) makes me anxious because I was the last person to see the money!!! (I) have been feeling very anxious and guilty that the money from work hasn't been found. I don't know why it is affecting me so badly because I didn't do anything wrong, but I just feel so stressed out by the whole thing. 06F 12:XX:XX

Feel very worried about work but annoying. Can't stop myself gaming, cleaning or doing anything (other than) what I should be doing. 14F 12:XX:XX

Supposed to be excited about the long weekend but I'm just tense and worried because I feel I should be working. 14F 12:XX:XX

Had very bad emotional breakdown this morning: Major crying and anxiety attacks etc... I cracked: (I) felt like (I) had too many expectations on my shoulders and when I vented it out to mum, it came down to my research and feeling completely on my own and that no one can help me and no one understands!!! Nothing is working and I feel trapped. Taking so much of my energy and effort and emotions!!! I am exhausted. Tired physically and emotionally. 02F 10:XX:XX

Started over-analyzing very badly with no cause – thinking that I need to leave my boyfriend because he is not right for me and we don't have fun or enjoy ourselves when together but looking back now, is completely not true, we have lots of fun together, but we are both deep people, not superficial and life affects us very deeply! We are both sensitive!!! 02F XX:XX:XX

Was slightly paranoid about my relationship with a guy I recently met. Was feeling a bit anxious for a while. That settled once I had reasoning injected in me by a friend. 18F 04:XX:XX

Anxiety about work. Anxiety in general > being busy. Grumpy. 14F 05:XX:XX

Feel restless. Want to get out and do something. 02F 07:XX:XX

Irritability and indignation

Had stubborn argument with Gran about how it is OK for a wife to divorce her husband who refuses to be faithful, even with kids involved. That she deserves love! (I) am quite passionate when arguing such things. 02F XX:XX:XX

Feel frustrated: irritated and restless. 02F 09:XX:XX

Went for hospital rounds. (I) got so angry that my group members were so incompetent! They had no rhythm to what they were doing and they were doing everything wrong and out of order. I wanted to just cry and walk out. I was angry and got tremors on my left leg. 04F 15:XX:XX

(Had an) argument with fiancé. I know I can be oversensitive but it should not mean that he can say whatever he feels like saying to me. Spent time with my friends; I felt cheered up by their company. 06F 04:XX:XX

In a bit of an irritated mood this morning. 09F 10:XX:XX

Was very annoyed today. Not pissed off. 09F 13:XX:XX

Irritable. I just want to do my thing without people getting in my way, (in the) morning. 14F 07:XX:XX

Relaxed but tired and irritable. 01F 18:XX:XX

These entries are beginning to annoy me slightly, I feel as if I'm writing the same thing every day. 18F 06:XX:XX

Woke up fine. Feeling a bit down – not like before. Was getting irritable. 20F 04:XX:XX

Had a very short temper about small things. 25M 03:XX:XX

Was very quick to get irritated with small situations. 25M 16:XX:XX

I was very moody in the morning. 15F 13:XX:XX

Apathy and tiredness

I got very fastidious. Tired all day. 01F XX:XX:XX

Feels like I am in a dream/shock state. 01F 12:XX:XX

(It is) very hard to think. Absent-minded. Keep forgetting what I'm supposed to be doing! 01F XX:XX:XX

Sleepy and tired; not motivated to study. 01F 01:XX:XX

Can't clean, tidy, organize, write lots, or get things done. 14F 09:XX:XX

Fuzzy and tired. 01F 07:XX:XX

Feeling apathetic. 01F 13:XX:XX

Miss my partner! Mind dull, thick, misty and foggy. 01F 15:XX:XX

I was so tired I could hardly focus on what I was thinking. Wanted to go home and sleep the whole day; hot, bothered, foggy, irritated, just want to be at home, alone and quiet! 01F 19:XX:XX

Can't concentrate! 04F 07:XX:XX

Decreased concentration! Absent minded! 04F 09:XX:XX

I had a fight with my boyfriend and strangely he dumped me, but I couldn't care less. I didn't even understand the reason. Just thought he was being fussy for nothing. A few hours after that he phoned me asking whether I'm not sorry for what I did, and I wasn't. He ended up being the one who's apologising and I forgave him, but I don't know what he did wrong. I absolutely felt nothing for his problems. I usually cry when we have a fight. This is strange. 11F 06:XX:XX

Truthfully I hate writing all this. Actually I am tired of everything and recently I have been bunking [*skipping*] lectures and I couldn't care less. This is so strange for me to do. I am tired of everything. During a pharmacy practical we were doing LM potencies [I was doing Natrum mur.] I started to get all clumsy; dropping remedies, dropping everything. I couldn't concentrate. 11F 08:XX:XX

I woke up this morning very tired. 15F 04:XX:XX

I'm out of energy; de-motivated to live. I just want to sleep and quit school. 15F 15:XX:XX

(The) day didn't start off too well: (I) was down for most of the day. I however cheered up at a later stage. 18F 03:XX:XX

So lazy, but in general I'm feeling well. 23F 01:XX:XX

Felt lazy. Not tired but lazy. Slept during the whole day; it was great. 23F 03:XX:XX

Realized by late afternoon that I was very distracted with whatever I was doing; a lack of focus. 25M 07:XX:XX

Hypochondriasis

I am convinced that I have the placebo. 01F XX:XX:XX

I have the placebo. 01F 03:XX:XX

If I am on the proving substance I am the worst prover ever!!! 01F 20:XX:XX

I decided to go for check up for Swine-flu – but I didn't. I'm scared. 15F 10:XX:XX

I am really really sick now. 15F 06:XX:XX

I was feeling sick at night. 15F 06:XX:XX

Today everything was different. I became sick and tired towards the end of the day, and now can't study for (a) test. 15F 09:XX:XX

I have 'flu today. 15F 10:XX:XX

I've never been so sick like this in my life. In fact all my senses are disturbed. 15F 12:XX:XX

If it's not one illness, it's another. I had a bad 'flu during the weekend. 15F 15:XX:XX

Crying

Feel sick. Want to cry, but can't. 02F 01:XX:XX

I may start screaming (or) crying at people. 14F 09:XX:XX

Was in a very irritable mood today. Increased sensitivity: wanted to just burst out in tears when I found out I failed [a subject], but didn't. 04F 06:XX:XX

Got so irritable and angry with one of my classmates for being so inconsiderate!
(I) got really angry at one of my classmates after they made a selfish comment.
(I) wanted to burst out and cry. *04F 08:XX:XX*

4.2.2 VERTIGO

Felt dizzy a bit. It felt like I was moving around quickly. (I) felt confused > for closing eyes and shaking head. *04F 07:XX:XX*

Felt a bit dizzy when I got out of bed. *20F 07:XX:XX*

I was in a lift and I jumped off I felt my body as if it was floating like losing balance. *11F 02:XX:XX*

During the later afternoon I felt a sense of vertigo. It is a sensation as if things are tilting or I am moving, but I don't perceive the movement visually, it is just a feeling. It is very disorientating. (I) felt this once at work and later in the afternoon as I rose from a seated position. *06F 03:XX:XX*

Just after midday, I felt very dizzy again. Similar to the other instances of vertigo. I was at home standing in the lounge. *06F 04:XX:XX*

(In the) evening I had a few odd episodes when I felt a little dizzy; sensation as if falling towards my right side every time. *06F XX:XX:XX*

4.2.3 HEAD

Temporal headache

Felt an aching sensation extending from my right temple to right jaw. 01F XX:XX:XX

Dull headache with sore points around right side; spots in right eye, over right temple and right occiput. 01F 12:XX:XX

Headache in temples got worse all day < noise and straining eyes. Felt sick; eyes irritated and painful. Headache in temples and eyes [sharp] and neck pain. 02F 12:XX:XX

Headaches: Temporal (and) occipital; sharp pain and head is heavy. (02F Prover summary)

Got a headache: throbbing in nature, located behind my left eye and temporal region which radiates to my neck. 03F XX:XX:XX

I have a temporal headache, and it is throbbing!!! 03F 14:XX:XX

The headache above my eyes is dull (and) more diffuse. (It) started on both sides. Moved to left then to right eye. Minutes later (it moved) to the right temple region. Moved down to the neck. I felt pain down the right arm; tingling tiring pain. 11F XX:XX:XX

I woke up with a headache on the right temple; dull, aching pain. 11F 01:XX:XX

Woke up with a slight headache – nothing major; on the right side of my temple, just above my eyebrow. (I) massaged my forehead. Headache was gone before I reached work. 30F 10:XX:XX

Frontal headache

Dull frontal headache. 14F 05:XX:XX

Throbbing pain in forehead in the mid-afternoon, < walking > sitting down. 15F
02:XX:XX

Forehead feels compacted. 04F 01:XX:XX

Throbbing headache in forehead and eyes. Occipital area and neck [back] stiff and painful. (I) feel nauseous and dizzy. Headache is killing me!!! 04F 16:XX:XX

Headache is back [23h30]. It is compressing on my forehead and eyes. Trying to sleep, feels like there is light shining on me while sleeping. 04F 16:XX:XX

(I) feel a sinus headache brewing. 25M 11:XX:XX

Mild headache around 17h00, but (it) didn't last long. (It) was in front of my head. 25M 16:XX:XX

Have a headache in the front of my head above my eyes. 25M 26:XX:XX

(I) developed a bit of a headache in the course of the day: It was actually at the front of my head just above my left eye. I am so sure it was the wind that caused it. We had gale force winds and I was out in the wind. Took two Paracetamol at work and another two when I had come home. The headache was still there. 30F
23:XX:XX

Headache like a skullcap

Headache dull and foggy all over my head like a cap. Made concentration difficult. 01F 18:XX:XX

Woke up with dull headache and no sore points around my head. (It) feels like I am wearing a skullcap around my brain. 01F 13:XX:XX

Headache is situated at the centre of my head and moves to my left side, ear, neck and shoulder. It starts in the centre and moves over the scalp and covers my head like a hat or sack and ends at shoulders and stops; but it starts all over again! (It is) > when I am sitting up (and) < as soon as I rise up. I feel like a zombie; so lifeless. I am scared I might die. I miss my mother! < when I close my eyes . Feels like my head does not belong to me. My body feels free, but my head feels burdened. It is like I am carrying a heavy load. Eyes worse when I move them around; > when focusing on one place; << dark. Palpitation and increased heart beat on any movement. I want to just cut my skull and open it up. I feel so lifeless; > if I look straight at the light. 04F 16:XX:XX

Parietal and occipital headaches

Around 10:00 I wasn't bloated anymore just a bit tired of a headache on the right side. 11F XX:XX:XX

Headache < pressure, especially of pillow. Boring pain experienced on the side of the head. Pain with a feeling of congestion. 23F 01:XX:XX

I had a terrible headache for the whole day. It started gradually getting worse. It was on the left side. Supra-orbital dull aching pain, but sometimes I felt as if there's something like an iron band from occiput to the back of my ears; mostly left ear. Resulting in pain on my left side. 11F 04:XX:XX

As I was driving home I had a headache which felt very different to my normal headache: it was in the occipital region, < motion; happened at 15h00; and it was throbbing/pulsating!!!! 06F 07:XX:XX

General headaches

Headache in the morning and feeling tired. 15F 03:XX:XX

Headache in the morning. 15F 09:XX:XX

Woke up sick with a headache as always. 15F 12:XX:XX

Wake up tired with headache. 15F 19:XX:XX

On waking, with my eyes closed, I felt movement from within my head. It is like my brain and eyes are in constant motion from side to side. 04F 01:XX:XX

I woke up with a terrible headache, dizzy, and moody. 15F 15:XX:XX

Headache in the midday; < moving or walking; > sitting down. 15F 03:XX:XX

Slight headache during the day. 15F 13:XX:XX

I have a bit of a headache around 15h00. 11F 01:XX:XX

By 19h00 head was beginning to feel heavy possibly due to congestion. By the time I went to bed around 23h00 it got worse. 20F 04:XX:XX

Headache at night. 15F 01:XX:XX

Headache started at 02h00 with a great sense of hunger. So (I) ate bread and I feel much better. 23F 01:XX:XX

My head feels heavy. 15F 10:XX:XX

My head was heavy and (I) had a terrible headache. 15F 11:XX:XX

Headache is back because I've been walking. 15F 06:XX:XX

I walked to university, and (the) headache is killing me. 15F 08:XX:XX

Slight headache when I'm walking. 15F 14:XX:XX

Slight headache < moving around. 15F 16:XX:XX

Scalp and hair

Scalp itchy; dandruff. 14F 09:XX:XX

Head was itchy [scalp]. 25M 02:XX:XX

Head was still itchy from previous night. 25M 03:XX:XX

Itching all over my scalp – first in one spot, then all over. 01F XX:XX:XX

Dry, itching all over scalp and occiput. 01F 09:XX:XX

Hair very dry at the moment (RS). Scalp very itchy especially vertex; not > scratching. 14F 12:XX:XX

Hair on head very dry. 02F 06:XX:XX

4.2.4EYE

Eyes dry and tired. 01F 02:XX:XX

Earlier on I had very dry and itchy left eye. I rubbed it and (it) went very red and watery. 02F 03:XX:XX

Eyes felt dry and itchy. 09F 05:XX:XX

Eyes feel dry and itchy [21h00]. 09F 25:XX:XX

Eyes were itchy but did not persist beyond morning. 25M 02:XX:XX

Itchy eyes and dry cough. 25M 10:XX:XX

Itchy eyes now and again. 28F 01:XX:XX

Burning and itchy eyes. 28F 02:XX:XX

Itchy eyes. 28F 03:XX:XX

Eyes red and sore from being in front of the TV screen (NS); > closing and resting them; > sleep. 14F XX:XX:XX

Eyes have been red for three days; < when looking at computer and reading < night. 14F 05:XX:XX

Eyes still a bit sore and red; < watching television, computer screen or reading. 14F 07:XX:XX

Eyes red and scratching; < computer work. 14F 08:XX:XX

Left eye very sore and red. (It) burns in the outer canthus; < if I move my eye. 14F 23:XX:XX

Left upper eyelid is burning and stinging [22h40]; < opening > closed. It feels like there is salt or sand inside. Sticky discharge from eye. 04F XX:XX:XX

Eyes started burning; left eye first then right. Sticky liquid came out. 04F 19:XX:XX

Eyes are watery. (I) have a weird throbbing sensation in upper right eyelid area. At the same time (as above sensation) I sneeze a lot. (The) sensation keeps coming and going (It's) a little painful. (I've) just realised the weird eyelid area pain starts (in the) extreme right hand top corner of my nose travels upwards to the eyelid. This occurs when I chew hard on my right side. When I felt the pain in the afternoon (I) was (chewing) almonds – it's very weird! 09F 12:XX:XX

Eyes feel enlarged from within, especially upper lids. Left eye is painful, > closing. 04F 01:XX:XX

Felt like my eyes just zoomed in, or they were looking at an object that was really close. Left eye is burning > for closing eyes. 04F 07:XX:XX

Feels like sand is in my left eye. Eyes feel heavy. Can't look up straight; > looking down. 04F 01:XX:XX

Upper eyelid feels very heavy; difficulty in opening eyelid. Light becomes unbearable; (I) can't look up > if looking down. 04F 07:XX:XX

Eyes heavy and painful. 04F 16:XX:XX

(I have a) small bump on my left eye [lower lid, lateral side in eyelashes]; sore when I rub my eye. 01F XX:XX:XX

Bottom of right eyelid is feeling sore and tender - like I am developing a sty. 09F XX:XX:XX

Woke up with a sty on my right lower eyelid. 09F 13:XX:XX

My left eye twitches. 15F 01:XX:XX

Left eye always twitches, but not sore. 15F 03:XX:XX

My left eye (is) twitching, with tearful eyes. 15F 05:XX:XX

Eyes teary. 15F 10:XX:XX

My eyes are teary. 15F 12:XX:XX

My eyes look a bit yellow. 04F 19:XX:XX

4.2.5 VISION

Eyesight (is) a bit 'dotty'. 02F 02:XX:XX

Vision is blurry. 15F 11:XX:XX

4.2.6 EAR

Had (a) very itchy right eardrum this afternoon. (I) needed to rub (my) ear! 02F 05:XX:XX

My ear piercings seem to be a bit itchy and (RS) 'unhappy' on right side. 14F 09:XX:XX

My left ear is sore and itchy, but it's not too bad. 15F 05:XX:XX

At about 17h00, (I) felt my ears itching and a post nasal drip coming on. 20F 04:XX:XX

When I finally woke up at 08h00 (my) throat and ears (were) still painful. 20F 05:XX:XX

Left ear was very itchy and painful when touched i.e. sensitive. No problem with my hearing, but ear is painful. 25M 15:XX:XX

Have an abscess in my ear. Very sensitive when touched. Noticed ear canal was swollen. It is very itchy. 25M 16:XX:XX

Ear still very sensitive and red inside; left ear canal is swollen. 25M 16:XX:XX

Ear wax yellow [not bright, close to mustard colour]. 02F 01:XX:XX

4.2.7 HEARING

Hearing (is) not so great. 15F 11:XX:XX

4.2.8 NOSE

Towards the evening (my) nose feels itchy. 09F 12:XX:XX

Nose feels acrid, burning and tingling! 04F 08:XX:XX

(I) sneeze a lot in the evening. 09F 14:XX:XX

Hayfever: just in the morning; > (when I) got up and walked around < dogs. 02F 14:XX:XX

(I had an) urge to sneeze but I couldn't. 11F 08:XX:XX

I sneeze (NS). 15F 10:XX:XX

Still have 'flu. I sneeze. 15F 11:XX:XX

Nose started to tickle inside nostrils, and right nostril blocked up. 02F 02:XX:XX

'Flu! Oh, my gosh – I sneeze. My nose is blocked and I keep on blowing it. 15F 12:XX:XX

Woke up fine – just a bit of a runny nose. 20F 04:XX:XX

Had worst night ever. (I) hardly slept. At 03h00 I woke up with (a) blocked and painful left nostril. (I) finished a lot of tissues just wiping water from (my) nose! Very frustrating. Then at 04h00 (it) swapped to right nostril. (I) blew (my) nose; increased mucous which is watery. 02F 09:XX:XX

I'm always blowing my nose. 15F 09:XX:XX

I keep blowing my nose. 15F 10:XX:XX

My nose is extremely runny with thick, yellow mucus. 20F 06:XX:XX

My nose was extremely runny, with very thick mucus. (I had) difficulty in cleaning nose because mucus was too thick. Yuck! 20F 07:XX:XX

Nasal discharge (is) yellow; not bright, close to mustard colour). 02F 01:XX:XX

Still very mucous. Coughing up phlegm and (have a) runny nose. 20F 08:XX:XX

Slight mucus build up in nose, and phlegm in throat. 28F 02:XX:XX

I produce some mucus. Sometimes my nose is blocked. 15F 05:XX:XX

Nose is blocked. 15F 10:XX:XX

Nose started to get a bit congested from 21h00 till the late evening. I hope I am not falling ill because both my parents are sick. 31M XX:XX:XX

Nose has been very congested and stuffy the whole day. It was really thick jelly stuck in my nose, but when I tried to blow my nose nothing really came out. The best way to clear my nose was to do brisk walking. But the clearing is usually very temporary. 31M 01:XX:XX

I keep smelling a wet dog! 04F 02:XX:XX

4.2.9 FACE

Pain is diffuse at the right side of my jaw. About 3 weeks prior to this, I used to get mild discomfort which would resolve in a few minutes. However, this is lasting for more than two hours, with a beating sensation; > biting on something. 20F 01:XX:XX

Feel like I'm burning on my skin < face. 02F 02:XX:XX

Skin still bad, can't stop touching my face – feels almost itchy, but not... 02F 10:XX:XX

Dry, itchy rash appearing on right side of face, on cheekbone. 01F 09:XX:XX

Rash on face / acne rosacea [unusual]. 01F 15:XX:XX

My skin broke out in acne: cyst like form of acne mostly on my forehead!!! 03F 01:XX:XX

The acne break out is getting worse. 03F 02:XX:XX

Skin on my face is very bad; pimples!!! 02F 10:XX:XX

I had cold-like symptoms, feeling pressure on my face. 11F 08:XX:XX

By midday felt a tingling sensation on my upper lip. (It) progressed to a fever sore by late afternoon. 25M 01:XX:XX

Woke up with full blown fever sore on my upper lip. 25M 02:XX:XX

4.2.10 MOUTH

Bad taste in mouth (in the) afternoon and evening. 02F 01:XX:XX

Still have bad taste in my mouth. (I) cannot really describe it... Not pleasant, could make me nauseous. 02F 02:XX:XX

Taste is not bitter, but is maybe bile! Bad bile!!! < when I breathe out through (my) nose. 02F 02:XX:XX

Bad taste has got worse and stronger now! 02F 02:XX:XX

Have had (a) very bad taste in my mouth the whole day... 02F 02:XX:XX

Still have very bad taste in mouth! < when I breathe out. I can't explain (the) taste; maybe like after taste from off milk or cheese... 02F 03:XX:XX

Unpleasant taste in the mornings until I brush my teeth or wash my mouth. 15F 05:XX:XX

Mouth feels very dry in the night [23h00]. 09F 26:XX:XX

I noticed that I have mouth sores. It feels like small cuts on my lower lip. 11F
01:XX:XX

At around 21h00 developed a dull gnawing gum pain. 20F 01:XX:XX

4.2.11 TEETH

Mouth [jaws and teeth] is very sore, as if someone is pushing my teeth outwards.
09F 15:XX:XX

4.2.12 THROAT

Have a scratchy throat in the morning. (It's) not sore. 09F 11:XX:XX

Still have an itchy throat. 09F 11:XX:XX

(My) throat feels dry and itchy – especially in the morning. 09F 20:XX:XX

Felt a slight bit of discomfort i.e. itchy throat, but was not lasting. 25M XX:XX:XX

Because my throat was itchy, I had the urge to cough. After taking a shower, the sensation in my throat subsided, but I still continued coughing. My throat felt like it was bruised. 20F 07:XX:XX

(My) throat is sore when I try to swallow. 09F 17:XX:XX

My throat is sore at night or in the mornings - as if there is a lump or something.
15F 06:XX:XX

My throat is very sore at night, as if there is a lump blocking it (OS) – happened when I took tablets after going to the doctor. Now it's coming back. 15F 07:XX:XX

By 19h00 swallowing was painful. (I) had a sore throat. It was red and felt raw. By the time I went to bed around 23h00 it got worse. *20F 04:XX:XX*

Woke up at 03h30am (with) throat very rough like sand or grainy. I couldn't swallow. (It was) very painful. When I finally woke up at 08h00, (my) throat and ears (were) still painful. It felt a bit better during the day but got worse again at 17h00. *20F 05:XX:XX*

Sore throat was very painful and red. *25M 23:XX:XX*

(I) still have a sore throat and feel weak. *25M 25:XX:XX*

Phlegm feels terrible. *09F 21:XX:XX*

Still have a lot of phlegm and mucus in my throat. *09F 23:XX:XX*

4.2.13 STOMACH

Have been getting hiccoughs which is unusual for me, when I think of [a subject I study]!!! *01F 01:XX:XX*

Got hiccoughs earlier in the shower; not normal for me. *02F XX:XX:XX*

Eruclatations increased and smelly. *01F 04:XX:XX*

Feels like a hamster has crawled into my throat and died in my tummy and now I am burping dead hamster!!! [unusual]. *01F 12:XX:XX*

Now I have over eaten and feel so full. (I) feel like the food is sitting just beneath my throat. (The) bad taste in (my) mouth (is) gone now. (I) really enjoyed dessert. *02F 03:XX:XX*

Still have the bad taste in (my) mouth. I think my liver is affected (because of) nausea, and taste, and waking between 01h00 and 02h00. (I am) also bloated and passing gas often... 02F 05:XX:XX

(I am) feeling a bit more thirsty today! 03F 20:XX:XX

Increased feeling of nausea. 04F XX:XX:XX

Felt nauseous after eating KFC. 04F 04:XX:XX

This afternoon I ate one segment of a naartjie (*tangerine*) and within 10 minutes, my stomach was in knots and cramping. (It was) very painful! (I) then got nauseous! (I) felt pale. The pains subsided within 20 minutes but (the) nausea got worse; I was gagging over (the) toilet bowl, thinking I was going to bring up. (It) was very severe. (I) forced down some water, and within 1 hour or so, (I) felt better. But after the nausea the bad taste has come back into mouth; very strong!! (I also) got very bloated, like I needed to pass gas but couldn't! 02F 04:XX:XX

I feel very nauseous [10h30] and threw up. 09F XX:XX:XX

I start feeling nauseous around 16h00. Nausea disappears at 23h30. 09F 01:XX:XX

Feel nauseous. The feeling persists throughout the day. 09F 15:XX:XX

Have a lot of bile. 09F 21:XX:XX

(I am) very nauseous [03h00]. I feel as if am going to throw up any minute. (I) also feel very weak and shaky- as if I have low blood pressure. It is how I imagine people to have low blood pressure. 09F 23:XX:XX

Perhaps I've eaten too many unusual foods today and that's messing with my system. 18F XX:XX:XX

Threw up around 06h30. 09F 23:XX:XX

(I have) decreased appetite! 04F 05:XX:XX

(I have a) better appetite in the evening!!! 06F 13:XX:XX

(I have a) craving for something (RS). 14F 05:XX:XX

Was very hungry today, and thirsty despite having a lot of water. 25M 03:XX:XX

Had a good appetite. 25M 05:XX:XX

Woke up early feeling very hungry, but didn't feel like eating. 25M 06:XX:XX

(I am) still thirsty although drinking more than 2 litres of water yesterday. 25M 05:XX:XX

Drank lots of water, but didn't have a good appetite. 25M 07:XX:XX

(I have) increased thirst for water with ice. 04F 16:XX:XX

Felt very thirsty and hungry. 25M 12:XX:XX

Today I really enjoyed my juice. I could drink so much of it and I'd still want more. But it is not the first time I've had a craving for juice like this. 31M 04:XX:XX

4.2.14 ABDOMEN

Flatulence has increased a lot. It's very smelly!!! 01F 01:XX:XX

Still a lot of flatulence which is smelly, and a little constipated. 01F 02:XX:XX

I have got bad gas! Passing wind often, even had loose stool this morning... (It's) been the last couple of days where (I) can't hold in the gas, unusual for me. 02F 08:XX:XX

Have had a huge amount of bloating and gas! Not normal at all. I need to pass wind very often. (It) is embarrassing. I don't know how to stop it!! Usually I can control it, and (it) is never this much!!! 02F 09:XX:XX

After dinner I am bloated and there is increased gas. (I am) getting very annoying now. 02F 10:XX:XX

I had (an) enormous amount of gas after dinner. (It) seems like my IBS has got worse with (the) proving. Increased flatulence < onions. 02F 16:XX:XX

Feel bloated and passing gas. 04F 01:XX:XX

(I'm) feeling a bit bloated but can't pass out gas. My abdomen is only windy in the lower quadrants, especially on the left side. 11F 02:XX:XX

I was bloated for the whole day, mostly on the left side. 11F 03:XX:XX

When I woke up I was bloated until 12h00. 11F 05:XX:XX

I'm feeling a bit bloated. 20F 06:XX:XX

I have an increase in flatulence; < night. 30F XX:XX:XX

I have a heavy sensation on my abdomen below my umbilicus. 11F 07:XX:XX

I have been having abdominal cramps for a while now; it feels like needles in my belly button and feels like something is pulling my belly button! 04F 12:XX:XX

(I have) pain in (a) left inguinal node. The pain is a bit dull like something heavy sitting there or perhaps a cramping pain. 11F XX:XX:XX

My stomach is still sore when I eat sweet things (RS). 14F 07:XX:XX

Tummy (was) sore this morning around 09h00; > stool. 14F 08:XX:XX

Tummy was sore this morning after I ate yoghurt and seeds and apple for breakfast. The pain is crampy. (It) was also sore after last night's rich curry. 14F 09:XX:XX

My tummy (is) still sore from sweet food (with) very low level nausea; > if I go to the loo; > eating a proper meal. 14F 23:XX:XX

Stomach ache. Oh, my gosh! I always go to the loo, especially after eating something. It makes me lose energy. 15F 15:XX:XX

4.2.15 RECTUM

Intense pain before and on defecation. (It) felt like plug; scraped on the way out. 01F 09:XX:XX

I tried to pass stool; (it) felt like it was coming out easily, then got 'stuck', and wouldn't come out! I had (an) awful 'incomplete' feeling. Not normal for me... I usually pass stool easily. 02F 01:XX:XX

Feel constipated. Hate it!! 09F 20:XX:XX

Tummy problems: I feel constipated. 09F 26:XX:XX

With regards to bowel habits, (I'm) very constipated – I didn't go over the weekend – though not feeling bloated. 20F 05:XX:XX

Stools (are) more frequent than normal i.e. from once daily to three times daily, but no pain and properly formed. 14F 07:XX:XX

My stomach is upset after having breakfast in the morning. I was rushing to the toilet. 15F 15:XX:XX

4.2.16 STOOL

My stool is darker, almost black. 04F 04:XX:XX

(My) stool colour is black. 04F 06:XX:XX

4.2.17 BLADDER

I have fullness of bladder although no or little passing of urine. I drank a lot of water and symptoms subsided. 01F 10:XX:XX

(I am) very incontinent. I have increased frequency and urgency. (There is) slight pain after urination and after emptying in groin – dull pain. 01F 16:XX:XX

(I have) a slightly increased frequency of urination!!! 03F XX:XX:XX

4.2.18 URETHRA

(There is a) warm, pressing, burning sensation in my urethra. *01F 10:XX:XX*

Burning (during) urine; just during (urination), not before or after. *14F 23:XX:XX*

4.2.19 FEMALE

(I have) increased sex drive. *01F 09:XX:XX*

Sexual desire (is) increased. *15F 11:XX:XX*

Libido (is) increased (*NS*). *14F 12:XX:XX*

Sexual desire at night and midday (*OS*): just a good feeling < for cold weather; at midday and < night. This is quite embarrassing. *15F XX:XX:XX*

This is weird: sexual desire every midday. It is < cold. I just feel cold after this feeling. *15F 01:XX:XX*

(I have an) awareness of my uterus. *11F XX:XX:XX*

Started period: very heavy flow; had to change quite often!!! Slight cramping in lower abdomen and back. *02F 12:XX:XX*

I started to have period pains; like something was pulling and twisting my uterus. *11F 05:XX:XX*

My period started but was late by two days. *11F 05:XX:XX*

Around 14h00 my flow started to get worse, which is very unusual for me. *11F 05:XX:XX*

Around 17h00 my periods were heavy and the pain very violent; pulling down (and) twisting. I started to lose my temper, shouting at my siblings. I felt like my whole uterus was going to come out, but the strange thing is that the pain is the same as the pain I had when I had my first period nine years ago; with spasms in upper extremities. *11F 05:XX:XX*

At 20h00 I was flat, and around 21h00 I felt the pulling, twisting pain on my uterus as if it wanted to come out. It lasted until I fell asleep. *11F 07:XX:XX*

Period pains around 19h00 (OS); > pressure; accompanied by hunger (NS). *14F XX:XX:XX*

I still have my period!!! (The) period smells really bad and contains clots. *04F 06:XX:XX*

Still having period pains. *11F 07:XX:XX*

My discharge has a weird colour. *15F 02:XX:XX*

4.2.20 RESPIRATION

(My) chest is heavy and tight. (The) respiratory area feels as if it is restricting when I laugh or take a deep breath. *09F 02:XX:XX*

Had a tight chest in the morning. *09F 05:XX:XX*

(My) breathing is a bit heavy in the evening . *09F 25:XX:XX*

(I have) difficulty breathing. *15F 12:XX:XX*

On waking (I) was short of breath. (My) chest felt heavier with more mucus secretion than what I previously woke up with. *20F 02:XX:XX*

Woke up with a very tight chest. 20F 07:XX:XX

I hear the wheezing sound and have to take deeper breaths. 20F 07:XX:XX

Feel asthmatic especially in the morning. 20F 08:XX:XX

(I am) only asthmatic when I wake up. 20F 09:XX:XX

Noticed being out of breath after a short burst of exercise initially. 25M 19:XX:XX

4.2.21 COUGH

Dry cough. Very irritating. 09F 25:XX:XX

Chest feels tighter with a dry cough. 20F 06:XX:XX

(I have) difficulty in coughing, but because my throat was itchy, (I) had the urge to cough. After taking a shower, the sensation in my throat subsided, but I still continued coughing. The cough continued throughout the day – a dry cough – but I feel it (as) heavy. Cough got worse at bedtime. 20F 07:XX:XX

Dry cough. 25M 10:XX:XX

4.2.22 EXPECTORATION

Lots of mucus is being produced. 15F 08:XX:XX

Coughing up phlegm. 20F 08:XX:XX

Coughed up thick white phlegm when brushing my teeth this morning. 25M
24:XX:XX

4.2.23 CHEST

(Skin is) itchy over chest too. 02F 02:XX:XX

Chest is itchy along sternum. 04F 02:XX:XX

I noticed my breasts have remained big (during menses). They usually go small during my period. 04F 06:XX:XX

My breasts are sore. 11F 01:XX:XX

I had a sharp poking pain on my right nipple. 11F 07:XX:XX

Ribs feel like they are overlapping. 09F 04:XX:XX

I feel great though have a slight pain in my ribs on the right side - weird !! 09F
23:XX:XX

Around 07h00 I had (a) stabbing pain on right anterior axillary line around 5th rib.
(It) lasted for about 10 minutes . 11F 09:XX:XX

Minor skin irritation over my ribs on the right side. A little red and itchy, but was not bad. 25M 09:XX:XX

Anxiety felt like weight on chest. 14F 05:XX:XX

Chest very painful. 15F 11:XX:XX

Chest pain when I sneeze. 15F 12:XX:XX

4.2.24 BACK

Back (is) itchy and dry; > scratching. 01F 04:XX:XX

Huge pimple on back. 01F 10:XX:XX

Neck (is a) bit sore whilst walking; < right side. Back pain; > pressure. 02F
XX:XX:XX

Neck (is) very sore. 02F 14:XX:XX

Lumbar area (is) a bit sore and neck stiff. 01F 17:XX:XX

Stiff lower back, shoulders and neck. 02F 03:XX:XX

I am just a little tired and my lower back is very sore! 03F 13:XX:XX

Back is stinging and burning along spinal cord. 04F 02:XX:XX

Had a terrible back ache (on) lower left side. 09F 13:XX:XX

Have a sharp pain in my lower left side of back but (it) goes away after (a) short
while. 09F 26:XX:XX

Back (is) aching. 15F 05:XX:XX

Slight pain in lower back. 25M 06:XX:XX

Slight pain in lower back; a pinching sensation. 25M 18:XX:XX

4.2.25 EXTREMITIES

Neck and shoulders (are) very tense! 02F 10:XX:XX

Right shoulder (is) cramping badly. (It's) very painful, shooting down (my) right arm and up (the) right side of (my) neck. Arm muscles (are) sore and stiff from playing squash. 02F 05:XX:XX

My upper extremity muscles are painful. I can't even make a tight fist especially on my left hand. Also the trapezius and deltoid muscles sometimes go into spasm. These muscles are only painful when I'm trying to move. The spasm also occurs when I'm resting. 11F 05:XX:XX

My muscles are painful especially the hamstring muscles and my left arm. 11F 07:XX:XX

(The) brachioradialis insertion on (my) lateral epicondyle is sore (*RS before proving*); < touch and movement, > warm bath. 14F 01:XX:XX

Very stiff. It may be due to kung fu training getting harder, but I feel worse than usual; > stretching and activity, < beginning motion. 14F 05:XX:XX

My right trapezius muscle is very very sore; < touch, > warm bath. Not affected by movement. Right and left wrists (are) very sore. 14F 06:XX:XX

Right shoulder [trapezius muscle] still hurts a lot; < touch. Not affected by movement once moving (*RS*). 14F 07:XX:XX

Right wrist (is) very sore – may have hurt it in kung fu; < movement (OS). Left wrist is better. 14F 07:XX:XX

Right shoulder muscles still bloody sore. Right wrist (is sore) too. Right gracillis muscle insertion (is) sore; < touch and movement, > warm bath. 14F 08:XX:XX

My upper extremities are sore when I wake up. 15F 19:XX:XX

My back and upper limbs, and joints are sore. 15F 05:XX:XX

Joints of my upper extremities are sore. 15F 20:XX:XX

Right shoulder joint sore from sleeping on it! 01F 08:XX:XX

Slight pain in left shoulder. 25M 06:XX:XX

Pain in left shoulder more pronounced. Piercing pain when moving my arm in certain directions. 25M 07:XX:XX

Had a muscle cramp in my forearm but (it) wasn't severe. (It) lasted less than a minute. 25M 08:XX:XX

Had a muscle cramp in my forearm after lunch. (I) massaged it out. 25M 17:XX:XX

Right wrist feels a little stiff. 25M 19:XX:XX

Drove home and felt a weird throbbing feeling in my hand between my forefinger and thumb, similar to throbbing of the headache I had the other day. 06F 09:XX:XX

Wake up with (my) right hand feeling numb. 09F 11:XX:XX

Hands have tremors, and (I have) weakness in (my) knees. 04F XX:XX:XX

Muscles are very stiff again even though there was not much exercise to warrant it; especially the right butt muscles, and calves on both sides; < sitting still for long. 14F 12:XX:XX

Muscle stiffness; < when starting to move. 14F 12:XX:XX

Every muscle feels heavy (RS). 14F 13:XX:XX

Muscles (are) still sore and stiff from squash game; < right arm. 02F 06:XX:XX

My body was very achy at night. 15F 05:XX:XX

Left knee unable to flex. (I am) unable to walk down stairs. No pain. Sharp pain when flexing (my) right arm. 04F 01:XX:XX

Pain while sitting with right knee in flexion. (The) pain is severe; > extending knee. (There is) pain above (the) left knee. 04F 01:XX:XX

Thighs ached by (the) end of a walk; < left , < inguinal area. Physically tired. Legs are very sore; < thighs. Sharp pains; < pressure. 02F XX:XX:XX

Legs are a bit stiff (OS return). Knees and thighs ache like from lactic acid build up. It feels better if I massage them. 14F 23:XX:XX

Arms (are) itchy; < above elbow medially, < left! Very itchy! (I) want to scratch; only > for short time. 02F 02:XX:XX

Itchy along left shin. (There is a) rash [red small bumps and itchy] inferior and medial to right knee. 02F 02:XX:XX

Legs itching very badly, started with red raised lumps. Got welts that look like (mosquito) bites on thigh and underarm. 02F XX:XX:XX

(Skin is) dry, especially elbows. Itching all over. 01F 10:XX:XX

Hands (are) very very dry; more than usual. I never use cream. 14F 05:XX:XX

Hands (are) red and sore; < touch, < water. 14F 09:XX:XX

Feet are red. 02F 02:XX:XX

When I finally woke up at 08h00 (my) feet were incredibly tired. 20F 05:XX:XX

Extremities (are) cold. 01F 07:XX:XX

Hands and feet (are) cold. 01F 10:XX:XX

Very cold hands and feet. 02F 02:XX:XX

Palms (are) sweating a lot. 02F 02:XX:XX

Nails are breaking (which is) unusual. (I) usually have very hard, strong, healthy nails. 02F 06:XX:XX

4.2.26 SLEEP

Was uncomfortable during the night; my muscles ached. 02F 01:XX:XX

No matter how I want to sleep, (I) will always find things to do instead of sleeping.

Can't go to bed early. 02F 12:XX:XX

Increased yawning!!! 04F 06:XX:XX

Had the worst sleep ever. I woke up at 04h30 and only went back to sleep after 08h00. *09F XX:XX:XX*

I always wake up feeling very tired. *15F 05:XX:XX*

Couldn't sleep till (the) early hours of the morning. Tired as I hadn't had much sleep last night. *18F XX:XX:XX*

Lack of sleep!!! *01F 24:XX:XX*

Disturbed sleep. *(02F Prover summary)*

Had a disturbed sleep. Kept waking in the middle of the night. *09F 05:XX:XX*

Have had a restless sleep. *09F 16:XX:XX*

Had a bit of an uneasy restless night; woke up easily. *20F 02:XX:XX*

Had a restless night; (my) mind was busy with too many things. *25M 03:XX:XX*

What is wrong with me? (It) takes me an hour to fall asleep. *09F 18:XX:XX*

Still sleep problems. Woke up very early - slept very late. *09F 20:XX:XX*

Had an extremely uneasy night. Woke up at 03h30. *20F 05:XX:XX*

Had an awesome night. (I) slept late, but (woke) up early and (am) not feeling tired. *25M 20:XX:XX*

Sleep pattern changing: Sleep broke at 01h30 and then again at 02h33. Second time around I battled to go back to sleep. It makes you feel restless and just when you fall off to sleep, you must wake up. *30F 01:XX:XX*

Between 01h30 to 02h30am I was incredibly hot and restless, especially in (my) legs. (It) felt like (the) muscles needed to be used. I could have even (have) gone for a run!! Was almost painful! Whole body was tense and restless. (I) couldn't stop moving; turning over and over. Wide awake. Too hot, even though (a) very cold night. *02F 04:XX:XX*

Woke up at about 03h00 feeling extremely hot. *09F 26:XX:XX*

Woke at 03h00, anxious and fearful. *06F 01:XX:XX*

Couldn't sleep; I felt anxious. Had to get up and game. *14F 02:XX:XX*

Had a bit of an uneasy restless night; woke up easily. On waking (I) was short of breath. *20F 02:XX:XX*

Felt a bit drained at 18h00 so I took a small nap. *31M XX:XX:XX*

Woke up at around 04h50 from a strange dream. *31M 02:XX:XX*

4.2.27 DREAMS

Spirituality and praying

Had active dreams last night!!! Adventure dreams (of) escaping from people trying to catch us, breaking through the burglar guards to climb through the windows. Finding underground tunnels, running. Groups of religious people. One bad man under false pretences, posing to be good and religious, but he actually

tortures and kills people. “Try to save the baby” – kept coming up over and over. Dreamt that I was writing in this diary. 02F XX:XX:XX

I dreamt that my fiancé was not over his ex, so I gave him an ultimatum that it was either me or her, but he could not make up his mind, so I left him! Felt very sad and disappointed. I woke up and prayed about it. 04F 06:XX:XX

Woke up in such fear, had a terrible nightmare! Dreamt that I was dreaming that my fiancé tried to kill me [choked me]. Woke up and prayed [but was still in dream]. Then went back to sleep [in my dream]. Dreamt that I was dreaming that I was lying down and was hearing two people discussing someone’s engagement. One of the voices sounded like my dead sister and couldn’t recognise the other one. They sounded like they were outside, but I heard the voices and footsteps coming closer to me and I heard them in my room, but then they got closer to my bed and was jumping into bed with me. I got scared, prayed and woke up in first dream, but remained in the other! Then felt like my blanket was suffocating me. It was as if someone was deliberately holding the blanket tight on my head. I finally woke up and ran to my housemate’s room. Slept there, but soon was back in the nightmare. Continuously dreamt that someone was suffocating me. Kept waking up to realise that I was still sleeping. Continued to dream that I was dreaming that someone [couldn’t see anyone, just a voice] was there. I forgot what they kept saying to me, but I remember them saying that people who suck their thumb are not yet matured. He kept forcing me to speak, he kept grabbing me by my left lower ribs, tried to fight him, but he was too strong. Finally woke up completely, and fought to stay awake. Afraid that if I sleep again, I won’t wake up!!! I feel like God has forsaken me, I feel like I am in total darkness and evil is overshadowing me! Started reading the Bible. 04F 21:XX:XX

I was dreaming that I was attacked by demons. I woke up with short breath. My heart was pounding. I felt like the demon in my dreams was holding on to me and not allowing me to wake up. 31M 02:XX:XX

I dream of myself as a nun. 11F 01:XX:XX

Sympathy and connection

Dreamt of a young child, punished by being locked for one week in a purple room, so that he never does it again. Dreamt of massive fish jumping out of the pond, and I was calling for someone to help me put it back in, then I looked and it was gone, I was crying because I thought it had died!!! The fish had huge eyes that stared at me! Also dreamt that I was walking through my garden and a huge bird landed on my head. I screamed and a girl helped get it off my head. She had been showing me a 'tiny' costume that she had to wear and was upset... 02F 01:XX:XX

Had a good sleep. Dreamt that my sister had a baby boy and when I tried to carry the baby the head was too loose – so it was like it was almost detached from the neck. 09F 03:XX:XX

Think I slept well. Dreamt fun, happy dreams for a change. Was at a party, dancing with boyfriend. Then he whirled me up and spun me round etc. I was laughing so much and felt really happy!!! 02F 02:XX:XX

Dreamt I was in a war, but not part of it. The soldier was hiding in muddy water shooting at aeroplane. I saw an aeroplane crash on electricity wires on the street and flatten a young boy, but I felt nothing, no sympathy, no sadness, nothing. I just walked away. The war didn't affect me. I walked with my dead great-grandmother. 04F 01:XX:XX

Nostalgia and family

Dreamt I was helping a friend's mum whom I haven't seen in years put up curtains! Not sure what to make of that. 18F 02:XX:XX

Dreamt I was having a cup of tea at my granny's and listening to her tales about my late grandfather. 18F 05:XX:XX

Dreamt I was vacationing with my ex- boyfriend down the South Coast at a place we used to visit. We argued a lot in my dream. I woke up upset thinking about that era of my life. 18F 03:XX:XX

Last night I dreamt of my matric [*high school*] reunion that never happened. I recognised many people I had not seen or thought of in years in my dream. 18F 06:XX:XX

Diwali celebration with the family and friends. Muslim family with children. Jumped from a high Pillar [wall]. Was scared, but didn't fall to the ground. 28F 01:XX:XX

Water

Had a dream around 02h00 about two of my aunts in the water – could have been a pool or dam. I think my one aunt has been sick and the doctor is asking questions. The other aunt is answering for her. The only thing I heard was my aunt that is sick said that 'when she drinks' this is how she feels. My other aunt laughed and said, 'But you do not drink'. All about her symptoms – her feelings etc. and all of a sudden the aunt that is answering falls asleep in the water and is actually snoring; then she glides through the water and I wake up. 30F XX:XX:XX

Secrets

A lady I know, with a secret of mine arrived and opened up a clinic next door. Was hoping that she wouldn't tell my secret! 02F 02:XX:XX

Dreamt that someone told me the name of the proving remedy!!! 02F 08:XX:XX

Dreamt that my father found out a secret about me but he took it alright. He wasn't angry. I was very scared though. 14F 07:XX:XX

I dreamt I had tattoos all down my arms and they didn't feel right. My mom was very angry and we fought. I felt like I had made a big mistake and would have to live with it for the rest of my life. 14F 21:XX:XX

Criticism

Had a dream that I was trying to teach the cast of "My name is Earl". We were fighting a lot and I really wasn't happy. 14F 23:XX:XX

I always dream very irritating dreams, but I forget all my dreams when I wake up: I was walking, then came between two Indian girls and they said I have Autism – that's a psychological disorder and I was so mad, very angry. I kept telling them I am a doctor. They can't tell me that. They know nothing. I woke up very mad, only to find out I was dreaming. 15F 12:XX:XX

Dreamt I was having dinner on business class on the plane. The air hostess was manly-looking and I remember thinking bad things about her, such as (that) she has a funny voice and big feet ! Don't ask! 18F 01:XX:XX

Anxiety and panic

Dreamt last night of things from the day; throwing ball to my dog, except in my dream I threw it and it went in the road and got huge fright that he went onto the road with cars. Also dreamt of buying boats but were synthetic... 02F 07:XX:XX

Dreamt was in a tent with friend and a bear attacked us, but it turned into a man and I hit him. Was scary. 02F 09:XX:XX

Nightmares: Hijacked by two black men, defended herself with a knobkerrie; In a dessert with friends watching animals, (I) saw an Arab woman giving birth and then a man snatches the baby from her and gives it to a beast who eats the child; Leaving home, black man outside, when outside he starts coming after her; she starts praying; he has a panga and wants to rape her. (02F Prover summary)

Dreamt of a new house with steep stairs. Was afraid to walk down the stairs. Did not walk. 28F XX:XX:XX

Dreams about kung fu: very scary and exciting. *[I normally have such boring dreams. NS].* 14F 02:XX:XX

Dreams anxious – can't remember specifics. 14F 05:XX:XX

Teeth

Had a dream that my upper teeth all fell out. Felt very worried and incomplete. There was something missing in me. I felt strange and out of control. How can my teeth just fall out!!! I was scared, but I was on my way to confront the doctor/dentist about it, but woke up before. On waking I checked if my teeth were still there and was so relieved to find them intact. 04F 04:XX:XX

Dreamt last night a weird dream about teeth and jaw bones. It was so strange. 06F 06:XX:XX

Forsaken

Dreamt of being in Saudi Arabia – lots of children – more like a refugee camp.
28F 03:XX:XX

Straight after that, another dream: This is also about water. I am alone near this dam and I could hear my nephew talking to somebody about a friend of his that lives somewhere else who has a garlic and ginger factory or shop. How robbers had gone in and attacked them. Where I was, there is a line across the water with lime, I think. All of a sudden, when I looked on the other sides, there is a white male in his thirties pointing a gun at me. I got such a fright; I am now trying to move away from him. There is grass and I am wheeling myself in a chair, moving towards my nephew's voice of whom I still cannot see. This man is still aiming at me but has not fired as yet. When I reach the other side, where I think I heard my nephew's voice, there is no one there and I am all alone. Sleep broke – feel a bit scared. (I) went back to sleep at 02h36. *30F XX:XX:XX*

Dreamt I was trying on a pair of shoes in my favourite store in London. Fell completely in love with a shoe that they didn't have my size for. I remember leaving my details at the store in order for them to order one and contact me. I'd left me South African address instead of my London address by mistake and we all started to laugh about it! *18F 04:XX:XX*

Mundane dreams

Dreaming about mundane stuff, about painting my nails of all things. *14F 12:XX:XX*

Dreamt about trying to drive a manual car but not being able to go above 40km/h. That's all I remember anyway. *09F 16:XX:XX*

Had a weird dream: serving soapy soup to visitors. *09F 25:XX:XX*

I do not like my dreams at all; it's like I'm really seeing people doing things. They are just weird. *15F 15:XX:XX*

My dreams are weird. I dream about things I talk about; I saw; I think about; I want to achieve; people I know, but I am not liking them at all. *15F 16:XX:XX*

Whatever happens or is about to happen in my life, I dream about it. *15F 19:XX:XX*

My dreams seem real. It's either that (that) thing has happened before, or it's still going to happen, or I've seen it somewhere, or I've been thinking about it. *15F 20:XX:XX*

Weird dreams. *15F 21:XX:XX*

At night, I dreamt of achieving all my dreams and goals (very positive dreams). *15F 05:XX:XX*

Dreamt about 'Star Wars'. Seems to be very memorable, but details missing. Left me in a good mood. *25M 05:XX:XX*

4.2.28 CHILL

Feeling extremely cold but my house is a freezer. *09F XX:XX:XX*

I'm always feeling cold. *15F 16:XX:XX*

4.2.29 PERSPIRATION

Noticed I didn't perspire as much as usual. *25M 16:XX:XX*

4.2.30 SKIN

Skin is very sensitive. *03F 02:XX:XX*

My skin felt tingly as if something was crawling underneath. *18F XX:XX:XX*

Dry, itching all over. *01F 09:XX:XX*

Had a rash on my body. It stung and was itchy. It looked like little red raised lesions, and it disappeared after a few minutes. *04F 05:XX:XX*

Rash is back, just below my breast and chest, at the back and on my arm. Looks like swelling; pale on the inside, but with a red border. *04F 06:XX:XX*

Skin cold and dry. *01F 04:XX:XX*

Skin has been very oily today on T-zone of face. Very annoying. Hair (very oily) too. *14F 23:XX:XX*

Got pimples on inner thigh [unusual]; < right thigh with white heads. (It) came up yesterday (as a) red area. Numerous on right thigh. Skin on my face is very bad: pimples!!! *02F 10:XX:XX*

4.2.31 GENERALS

Cravings

Craving for curry. *01F 10:XX:XX*

Eating fish more often, which is unusual. Craving for meat, which is also unusual (since I'm) vegetarian. *01F 26:XX:XX*

Craved sugar, especially jam doughnuts!!! Had chocolate croissant (and) loved it. *02F XX:XX:XX*

Really enjoyed chocolate tonight. I'm not usually bothered too much by chocolate. 02F XX:XX:XX

Feel like sweets and fast food at any time. I'm having chocolate, cake, KFC, McDonald's etc. 02F 01:XX:XX

Have a desire for food; mostly sugary foods, chocolate etc. Want to bake pastries... 02F 02:XX:XX

Craving chocolate cake. 09F 10:XX:XX

Craving cake. 02F 04:XX:XX

Have a real sweet tooth since the proving!!! 02F 05:XX:XX

Have had a definite sweet tooth lately, and loving it! 02F 06:XX:XX

Went shopping for candy. Had a lot of chips. 04F 04:XX:XX

(I have) thirst for juice. 31M 03:XX:XX

Starting to have a thirst for juice. 31M 03:XX:XX

Sensation of heat

Felt hot and faint in [a large shopping mall] today. Like no air and overheated. When so cold outside, feeling hot inside. 02F 06:XX:XX

Feeling hot inside. 02F 02:XX:XX

During the night I took off my socks and pants. (It's) crazy because it was a freezing night. (I) probably felt hot. 02F 08:XX:XX

Feel a bit hot!!! 04F 16:XX:XX

Feeling extremely hot around 05h30. 09F 01:XX:XX

Very hot. (I) don't know why. 09F 21:XX:XX

> Warm; very tired. 02F 06:XX:XX

Increased energy

Bouncy, happy, full of energy!!! 01F 09:XX:XX

Feeling much better. I have more energy! 03F 17:XX:XX

Feeling extremely energetic. 09F 20:XX:XX

Still feel energetic. 09F 21:XX:XX

Energy levels are high. 30F 03:XX:XX

My energy is regained during the day. 15F 08:XX:XX

(I have) more energy. (I am) less tired by the end of the day than I usually am.
20F 02:XX:XX

Felt very energized today. 25M 05:XX:XX

Was very active today, climbing mountains and swimming. 25M 19:XX:XX

Hyper(active) during the day. 15F 06:XX:XX

Restlessness in body; like aching muscles full of energy, but (I) am tired! Feels like (I) need to move. 02F 10:XX:XX

Internal restlessness; Energy inside body that needs to be released (02F Prover summary)

I'm restless and I eat a lot. 15F 06:XX:XX

Prostration

No energy!!! Exhausted and cannot move. 01F 08:XX:XX

Decreased energy! Was tired the whole day. Increased energy at night! 04F 05:XX:XX

I am very tired today. I am yawning a lot and I am very sleepy. Very tired, constantly yawning. 04F 09:XX:XX

So tired! Constantly yawning! Very tired!!!! 04F 14:XX:XX

Increased tiredness! 04F 03:XX:XX

Very tired! 04F 04:XX:XX

Feel tired and weak in the morning, like some sort of sick person. 09F 24:XX:XX

Feel extremely drained and exhausted in the early afternoon. 09F 08:XX:XX

Still feel very tired by mid-afternoon because am not sleeping well at night. 09F 17:XX:XX

(The) energy has officially drained from me. (I) feel extremely exhausted – throughout the day and slightly fluey. 09F 22:XX:XX

Energy levels very very down (NS), but I have had a few late nights; << morning (OS). 14F 01:XX:XX

Woke up tired. (I) battle to get up in the morning (OS). 14F 05:XX:XX

Woke up very tired. Energy levels (are) very low. 14F 09:XX:XX

Energy levels at an all time low. I really don't remember when last I was so tired. 14F 13:XX:XX

No energy whatsoever. (I) went to a friend's place for a party, but had to leave early because I was so tired. 14F 20:XX:XX

I woke up very tired and not well in the morning. (I was) very moody. 15F 07:XX:XX

Felt drained/tired and fatigued throughout day. 20F 07:XX:XX

Felt lethargic in the late afternoon and drained. 25M 15:XX:XX

Feel as if a truck ran over me. (I am) feeling weak and tired. (I) feel very sick. 25M 22:XX:XX

Wake up feeling very horrible. 09F 23:XX:XX

Influenza

Developing flu-like systems again. 09F 06:XX:XX

Had flu-like symptoms. 11F 01:XX:XX

Flu-like symptoms: runny nose, itchy eyes, dry cough. 25M 10:XX:XX

Painful muscles; tired. 11F 07:XX:XX

Body feels stiff. 25M 11:XX:XX

Miscellaneous

All my senses have changed. 15F 05:XX:XX

Right-sided symptoms. (02F Prover summary)

Intercourse makes me feel numb!!! 04F 17:XX:XX

Cold feet, hands and skin. 01F 05:XX:XX

I prefer cold weather. 15F 05:XX:XX

4.3 The Repertory Symptoms Of *Strychnos henningsii* 30CH

4.3.1 MIND

MIND: Absentminded

MIND: Abstraction of mind

MIND: Activity; desires activity

MIND: Ailments from; anger

MIND: Ailments from; anger, suppressed

MIND: Ailments from; anger, indignation; with

MIND: Ailments from; bad news
MIND: Ailments from; cares, worries
MIND: Ailments from; disappointment
MIND: Ailments from; failure: literary, scientific failure
MIND: Ailments from; fright
MIND: Ailments from; mental shock, from
MIND: Ailments from; money; from losing
MIND: Alert
MIND: Anger; trifles, at
MIND: Anxiety
MIND: Anxiety; night
MIND: Anxiety; business; about
MIND: Anxiety; conscience; anxiety of
MIND: Anxiety; fear: with
MIND: Anxiety; health; about
MIND: Anxiety; health; about: own health; one's
MIND: Anxiety; hypochondriacal
MIND: Ardent
MIND: Awkward
MIND: Awkward; drops things
MIND: Busy
MIND: Carefulness
MIND: Cares; full of
MIND: Censorious
MIND: Cheerful
MIND: Cheerful; alternating with, sadness
MIND: Clarity of mind
MIND: Company; aversion to
MIND: Company; desire
MIND: Company; desire for; amel. in company
MIND: Concentration; active

MIND: Concentration; difficult

MIND: Concentration; difficult: headache, with

MIND: Concentration; difficult: studying

MIND: Confident

MIND: Confusion of mind

MIND: Confusion; dream, as if in a

MIND: Conscientious about trifles

MIND: Content

MIND: Delusions

MIND: Delusions; clouds: black cloud enveloped her; a heavy

MIND: Delusions; dead: he himself was

MIND: Delusions; devil; present, is

MIND: Delusions; devil; sees

MIND: Delusions; enlarged

MIND: Delusions; footsteps; hearing

MIND: Delusions; forsaken, is

MIND: Delusions; God: presence of God; he is in the

MIND: Delusions; head: belongs to another

MIND: Delusions; hearing: illusions of

MIND: Delusions; images, phantoms; sees: frightful

MIND: Delusions; images, phantoms; sees: night

MIND: Delusions; influence; one is under a powerful

MIND: Delusions; intoxicated

MIND: Delusions; looking: down, he were looking

MIND: Delusions; people: behind him; someone is

MIND: Delusions; sick, being

MIND: Delusions; small, things: appear small; things

MIND: Despair

MIND: Detached

MIND: Discontented

MIND: Discontented; everything, with

MIND: Dream; as if in a

MIND: Dullness

MIND: Egotism

MIND: Elated

MIND: Ennui

MIND: Estranged: family; from his

MIND: Excitement

MIND: Exhilaration

MIND: Fastidious

MIND: Fear

MIND: Fear; alone, of being

MIND: Fear; dark

MIND: Fear; death, of

MIND: Fear; evil; fear of

MIND: Fear; sleep: go to sleep; fear to

MIND: Fear; sudden

MIND: Fear; terror

MIND: Flattering

MIND: Forgetful

MIND: Forsaken feeling

MIND: Forsaken feeling, isolation; sensation of

MIND: Generous; too

MIND: Giggling

MIND: Haughty

MIND: Heedless

MIND: High-spirited

MIND: Home; desires to go

MIND: Homesickness

MIND: Hypochondriasis

MIND: Ideas; abundant

MIND: Impatience

MIND: Inactivity

MIND: Indifference

MIND: Indifference; everything, to

MIND: Industrious

MIND: Injustice; cannot support

MIND: Intolerance

MIND: Irritability

MIND: Irritability; morning

MIND: Irritability; morning, waking on

MIND: Irritability; headache, during

MIND: Irritability; menses, during

MIND: Irritability; trifles, from

MIND: Lamenting

MIND: Lascivious

MIND: Laughing

MIND: Laughing; immoderately

MIND: Laziness

MIND: Light; desire for

MIND: Loquacity

MIND: Memory; active

MIND: Memory; weakness of memory: do; for what he was about to

MIND: Mental exertion; agg.

MIND: Mental exertion; impossible

MIND: Mental exertion; aversion to

MIND: Mildness

MIND: Mirth

MIND: Mood; agreeable

MIND: Mood; changeable

MIND: Morose

MIND: Occupation; amel.

MIND: Passionate

MIND: Pleasing; desire to please others

MIND: Positiveness

MIND: Praying

MIND: Prostration

MIND: Quarrelsome

MIND: Quiet disposition

MIND: Religious affections; too occupied with religion

MIND: Religious; want of religious feeling

MIND: Reproaches; others

MIND: Restlessness

MIND: Restlessness; bed, tossing about in

MIND: Sadness

MIND: Senses; acute

MIND: Senses; dull

MIND: Sensitive

MIND: Sensitive; noise, to

MIND: Sensitive; odors, to

MIND: Sentimental

MIND: Shrieking

MIND: Starting

MIND: Starting; sleep during

MIND: Stupor

MIND: Stupor

MIND: Suspicious

MIND: Sympathetic

MIND: Taciturn

MIND: Thinking; complaints: agg.; thinking of his complaints

MIND: Thoughts; sexual

MIND: Thoughts; vanishing of

MIND: Tranquility

MIND: Trifles seem important
MIND: Unobserving
MIND: Vivacious
MIND: Weary of life
MIND: Weeping
MIND: Weeping; anger, after
MIND: Weeping; cannot weep, though sad
MIND: Weeping; easily
MIND: Weeping; sobbing; weeping with
MIND: Weeping; vexation, from

4.3.2 VERTIGO

VERTIGO: Vertigo
VERTIGO: Afternoon
VERTIGO: Evening
VERTIGO: Accompanied by: head; pain in head
VERTIGO: Closing eyes; on: amel.
VERTIGO: Fall; tendency to: right, to
VERTIGO: Floating, as if
VERTIGO: Intoxicated; as if
VERTIGO: Motion; head, of: quickly; amel.
VERTIGO: Rising: bed; from
VERTIGO: Rising: seat; from a, on
VERTIGO: Standing; while

4.3.3 HEAD

HEAD: Congestion
HEAD: Dandruff

HEAD: Fullness
HEAD: Hair; dryness
HEAD: Hair; greasy
HEAD: Heaviness
HEAD: Heaviness; headache, from
HEAD: Itching of scalp
HEAD: Itching of scalp; scratching, not amel. after
HEAD: Itching of scalp; occiput
HEAD: Itching of scalp; vertex
HEAD: Looseness of brain; sensation of
HEAD: Looseness of brain; sensation of, morning: waking; on
HEAD: Motions in head
HEAD: Pain
HEAD: Pain; daytime
HEAD: Pain; morning
HEAD: Pain; morning, waking: on
HEAD: Pain; afternoon
HEAD: Pain; afternoon, 15h
HEAD: Pain; night
HEAD: Pain; night, midnight: after
HEAD: Pain; accompanied by, nausea
HEAD: Pain; accompanied by, neck: pain in
HEAD: Pain; catarrhal
HEAD: Pain; closing eyes, on
HEAD: Pain; coryza, with
HEAD: Pain; eating, before
HEAD: Pain; exertion, eyes; of the
HEAD: Pain; gastric
HEAD: Pain; light, amel.
HEAD: Pain; motion: agg
HEAD: Pain; motion: eyes, of

HEAD: Pain; pressure: external, agg
HEAD: Pain; rising: lying, from
HEAD: Pain; rubbing: amel.
HEAD: Pain; sitting: amel.
HEAD: Pain; spot, pain in small
HEAD: Pain; violent pains
HEAD: Pain; walking: air, open; in the: while
HEAD: Pain; wind: exposure to; from
HEAD: Pain; extending to, cervical region
HEAD: Pain; Forehead, in
HEAD: Pain; Forehead, in: eyes, above; alternating sides
HEAD: Pain; Forehead, in: eyes, above; left
HEAD: Pain; Forehead, in: extending to: eyes
HEAD: Pain; Forehead, in: pulsating; eyes, behind
HEAD: Pain; Occiput
HEAD: Pain; Occiput: motion; agg.
HEAD: Pain; Occiput: pulsating
HEAD: Pain; Occiput: extending to: ears
HEAD: Pain; Sides: one side
HEAD: Pain; Sides: right
HEAD: Pain; Sides: left
HEAD: Pain; Temples
HEAD: Pain; Temples: right
HEAD: Pain; Temples: left
HEAD: Pain; Temples: left; pulsating
HEAD: Pain; Temples: noise; agg.
HEAD: Pain; Temples: pulsating
HEAD: Pain; Temples: extending to; eye
HEAD: Pain; Temples: extending to; neck
HEAD: Pain; Temples: extending to; jaw
HEAD: Pain; Temples and Occiput

HEAD: Pain; Vertex
HEAD: Pain; aching
HEAD: Pain; boring: Sides
HEAD: Pain; dull pain
HEAD: Pain; dull pain: Forehead
HEAD: Pain; pressing: band; as from a
HEAD: Pain; pressing: cap; like a
HEAD: Pain; pressing: inward
HEAD: Pain; pressing: Forehead
HEAD: Pain; pulsating
HEAD: Pain; sore: temples
HEAD: Skullcap; sensation of a

4.3.4 EYE

EYE: Discharges
EYE: Discoloration: red
EYE: Discoloration: yellow
EYE: Dryness
EYE: Enlarged, sensation of
EYE: Heaviness: lids
EYE: Itching
EYE: Itching; rubbing: amel.
EYE: Lachrymation
EYE: Lacrymation; rubbing, after
EYE: Opening the eyelid: difficult
EYE: Pain
EYE: Pain; left
EYE: Pain; lids
EYE: Pain; closing eyes; amel.
EYE: Pain; exertion of eyes; from

EYE: Pain; pulsating
EYE: Pain; reading
EYE: Pain; burning
EYE: Pain; burning: left; extending to right
EYE: Pain; burning: canthi, outer
EYE: Pain; sand, as from
EYE: Pain; sore
EYE: Pain; sore: motion; eyes, of
EYE: Pain; stinging: lids; upper
EYE: Pain; stitching: headache; during
EYE: Photophobia
EYE: Pupils; contracted
EYE: Staring
EYE: Staring; pain: forehead; with pain in
EYE: Styes
EYE: Styes; lids, lower
EYE: Tired sensation
EYE: Twitching
EYE: Twitching; left

4.3.5 VISION

VISION: Blurred
VISION: Dim

4.3.6 EAR

EAR: Abscess; meatus
EAR: Itching; lobes
EAR: Itching; meatus

EAR: Pain

EAR: Pain; touch, on

EAR: Pain; soreness

EAR: Swelling; meatus

EAR: Wax; yellow

4.3.7 HEARING

HEARING: Impaired

4.3.8 NOSE

NOSE: Blow the nose; inclination to blow the nose, constant

NOSE: Catarrh

NOSE: Catarrh; postnasal

NOSE: Coryza

NOSE: Coryza; morning

NOSE: Coryza; night

NOSE: Coryza; air: open; amel.

NOSE: Coryza; discharge, with

NOSE: Coryza; discharge, without

NOSE: Coryza; walking amel.

NOSE: Discharge; burning

NOSE: Discharge; copious

NOSE: Discharge; excoriating

NOSE: Discharge; thick

NOSE: Discharge; viscid, tough

NOSE: Discharge; watery

NOSE: Discharge; yellow

NOSE: Hayfever

NOSE: Itching

NOSE: Itching; inside
NOSE: Obstruction
NOSE: Obstruction; right
NOSE: Obstruction; night
NOSE: Obstruction; sensation of

NOSE: Odors; imaginary and real
NOSE: Odors; imaginary and real: dog, wet (N)
NOSE: Pain
NOSE: Smell, acute
NOSE: Sneezing
NOSE: Sneezing; morning
NOSE: Sneezing; frequent
NOSE: Tingling; inside

4.3.9 FACE

FACE: Congestion
FACE: Cracked; lips: lower
FACE: Dryness
FACE: Eruptions
FACE: Eruptions; acne
FACE: Eruptions; acne; papules, with indurated
FACE: Eruptions; acne; rosacea
FACE: Eruptions; acne: forehead
FACE: Eruptions: itching
FACE: Eruptions; pimples
FACE: Eruptions; rash
FACE: Eruptions; vesicles: lips
FACE: Eruptions; vesicles: lips, fever blisters

FACE: Eruptions; zygoma (N)
FACE: Greasy
FACE: Itching
FACE: Pain; right
FACE: Pain; burning
FACE: Pain; pressing
FACE: Pain; pulsating
FACE: Pain; sore: jaw, lower jaw
FACE: Tingling
FACE: Tingling; lips

4.3.10 MOUTH

MOUTH: Dryness; night
MOUTH: Pain; sore: gums
MOUTH: Taste; bad
MOUTH: Taste; bad, morning
MOUTH: Taste; nauseous
MOUTH: Taste; offensive
MOUTH: Taste; sour

4.3.11 TEETH

TEETH: Biting; hard which relieves pains; desire to bite on something
TEETH: Pain; pressing: outward
TEETH: Pain; sore

4.3.12 THROAT

THROAT: Catarrh
THROAT: Discoloration; red
THROAT: Dryness

THROAT: Dryness; morning
THROAT: Hawk; disposition to
THROAT: Inflammation
THROAT: Itching
THROAT: Lump; sensation of
THROAT: Lump; sensation of: swallowing on
THROAT: Mucus
THROAT: Pain
THROAT: Pain; morning
THROAT: Pain; night
THROAT: Pain; swallowing
THROAT: Pain; rawness
THROAT: Pain; sore
THROAT: Roughness
THROAT: Sand in throat; sensation as if

4.3.13 STOMACH

STOMACH: Appetite; capricious appetite
STOMACH: Appetite; diminished
STOMACH: Appetite; increased
STOMACH: Appetite; increased, evening
STOMACH: Appetite; wanting: thirst; with
STOMACH: Eructations
STOMACH: Eructations; type of: foul
STOMACH: Eructations; type of: putrid

STOMACH: Fullness, sensation of
STOMACH: Fullness, sensation of; eating: after
STOMACH: Heaviness; eating: after
STOMACH: Hiccough

STOMACH: Nausea
STOMACH: Nausea; morning
STOMACH: Nausea; afternoon: 16h
STOMACH: Nausea; evening
STOMACH: Nausea; fats, after eating
STOMACH: Nausea; pain, during: abdomen in
STOMACH: Retching
STOMACH: Retching; ineffectual
STOMACH: Thirst
STOMACH: Thirst; extreme
STOMACH: Thirst; large quantities, for
STOMACH: Thirst; unquenchable
STOMACH: Vomiting
STOMACH: Vomiting; morning
STOMACH: Vomiting; type of: bile

4.3.14 ABDOMEN

ABDOMEN: Complaints of abdomen
ABDOMEN: Distension
ABDOMEN: Distension; morning
ABDOMEN: Distension; morning: waking, on
ABDOMEN: Distension; dinner: after
ABDOMEN: Distension; eating, after
ABDOMEN: Distension; hypochondria
ABDOMEN: Distension; hypochondria: left
ABDOMEN: Flatulence
ABDOMEN: Flatulence; evening
ABDOMEN: Flatulence; night
ABDOMEN: Flatulence; eating, after
ABDOMEN: Flatulence; obstructed

ABDOMEN: Heaviness
ABDOMEN: Heaviness; hypogastrium
ABDOMEN: Liver and region of liver; complaints of
ABDOMEN: Pain
ABDOMEN: Pain; morning
ABDOMEN: Pain; eating, after
ABDOMEN: Pain; menses, during
ABDOMEN: Pain; stool: after, amel.
ABDOMEN: Pain; sugar, after
ABDOMEN: Pain; hypochondria
ABDOMEN: Pain; inguinal region
ABDOMEN: Pain; inguinal region, left
ABDOMEN: Pain; umbilicus
ABDOMEN: Pain; umbilicus, region of
ABDOMEN: Pain; cramping
ABDOMEN: Pain; cramping, eating: after
ABDOMEN: Pain; cramping, hypogastrium
ABDOMEN: Pain; cramping: umbilicus, region of
ABDOMEN: Pain; drawing, umbilicus
ABDOMEN: Pain; stitching, umbilicus, region of

4.3.15 RECTUM

RECTUM: Constipation
RECTUM: Constipation; difficult stool
RECTUM: Constipation; insufficient
RECTUM: Diarrhea
RECTUM: Diarrhea; morning
RECTUM: Diarrhea; eating: after
RECTUM: Flatus
RECTUM: Flatus; involuntary

RECTUM: Flatus; offensive
RECTUM: Pain; stool: before
RECTUM: Pain; stool: during
RECTUM: Pain; pressing
RECTUM: Pain; scraping
RECTUM: Urging, frequent
RECTUM: Urging; sudden

4.3.16 STOOL

STOOL: Black
STOOL: Dark
STOOL: Thin

4.3.17 BLADDER

BLADDER: Fullness, sensation of
BLADDER: Fullness, sensation of; urinate; without desire to
BLADDER: Pain; neck, urination: after
BLADDER: Urging to urinate; frequent
BLADDER: Urging to urinate; sudden
BLADDER: Urination; frequent
BLADDER: Urination; involuntary

4.3.18 URETHRA

URETHRA: Pain; burning
URETHRA: Pain; burning, urination; during
URETHRA: Pain; pressing

4.3.19 FEMALE

FEMALE: Conscious of the uterus

FEMALE: Leukorrhea

FEMALE: Menses; clotted

FEMALE: Menses; copious

FEMALE: Menses; late, too

FEMALE: Menses; late, too: two days

FEMALE: Menses; offensive

FEMALE: Menses; painful

FEMALE: Menses; protracted

FEMALE: Pain; uterus

FEMALE: Pain; uterus, menses, during

FEMALE: Pain; uterus: pressure, amel.

FEMALE: Pain; bearing down, uterus: come out; as if everything would

FEMALE: Pain; cramping, uterus: menses during

FEMALE: Pain; labor-like

FEMALE: Pain; labor-like: menses, during

FEMALE: Pain; twisting (N)

FEMALE: Sexual desire, increased

FEMALE: Sexual desire, increased: noon (N)

FEMALE: Sexual desire, increased: night

FEMALE: Sexual desire, increased; cold agg.

4.3.20 RESPIRATION

RESPIRATION: Asthmatic

RESPIRATION: Asthmatic; morning

RESPIRATION: Asthmatic; evening
RESPIRATION: Difficult
RESPIRATION: Difficult; morning
RESPIRATION: Difficult; evening
RESPIRATION: Difficult; accompanied by, cough
RESPIRATION: Difficult; exertion, after
RESPIRATION: Difficult; inspiration
RESPIRATION: Difficult; laughing
RESPIRATION: Impeded, obstructed
RESPIRATION: Impeded, obstruction: oppression; from, chest
RESPIRATION: Wheezing

4.3.21 COUGH

COUGH: Evening; bed, in
COUGH: Dry
COUGH: Dry; tickling, from: larynx; in
COUGH: Irritation; from: air passages, in
COUGH: Irritation; from: larynx, in
COUGH: Irritation; from: trachea, in

4.3.22 EXPECTORATION

EXPECTORATION: Morning
EXPECTORATION: Morning, waking, after
EXPECTORATION: Mucous
EXPECTORATION: Thick
EXPECTORATION: White

4.3.23 CHEST

CHEST: Anxiety in

CHEST: Catarrh

CHEST: Constriction

CHEST: Constriction, morning

CHEST: Eruptions

CHEST: Eruptions; itching

CHEST: Eruptions; rash

CHEST: Eruptions; axilla

CHEST: Itching

CHEST: Itching; sternum

CHEST: Oppression

CHEST: Oppression; morning

CHEST: Oppresion; inspiration, on

CHEST: Pain

CHEST: Pain; morning

CHEST: Pain; sneezing

CHEST: Pain; mammae, nipples

CHEST: Pain; sides

CHEST: Pain; sides, morning

CHEST: Pain; sides, right

CHEST: Pain; sore: mammae

CHEST: Pain; stitching

CHEST: Pain; stitching: mammae; nipple, right

CHEST: Palpitation of heart

CHEST: Palpitation of heart; anxiety, with

CHEST: Palpitation of heart; motion

CHEST: Palpitation of heart; motion, slightest

CHEST: Swelling; mammae

CHEST: Swelling; mammae: menses; during

4.3.24 BACK

BACK: Eruptions; pustules

BACK: Eruptions; rash

BACK: Itching

BACK: Pain

BACK: Pain; menses, during

BACK: Pain; pressure, amel.

BACK: Pain; walking, while

BACK: Pain; cervical region

BACK: Pain; lumbar region

BACK: Pain; lumbar region, left

BACK: Pain; spine

BACK: Pain; aching

BACK: Pain; burning, spine

BACK: Pain; drawing

BACK: Pain; sore, lumbar region

BACK: Pain; sore, spine

BACK: Pain; stitching, lumbar region

BACK: Spasmodic drawing, cervical region

BACK: Stiffness

BACK: Stiffness; cervical region

BACK: Stiffness; cervical region: headache, during

BACK: Stiffness; lumbosacral region

4.3.25 EXTREMITIES

EXTREMITIES: Coldness
EXTREMITIES: Coldness; hands
EXTREMITIES: Coldness; foot
EXTREMITIES: Contraction of muscles and tendons
EXTREMITIES: Contraction of muscles and tendons; lower limbs
EXTREMITIES: Convulsion
EXTREMITIES: Convulsion; upper limb
EXTREMITIES: Cramps; menses
EXTREMITIES: Cramps; upper limbs
EXTREMITIES: Cramps; shoulder
EXTREMITIES: Cramps; forearm
EXTREMITIES: Discoloration; hand, redness
EXTREMITIES: Discoloration; foot, redness
EXTREMITIES: Dryness; hands
EXTREMITIES: Eruptions; itching
EXTREMITIES: Eruptions; urticaria
EXTREMITIES: Eruptions; upper limbs, rash
EXTREMITIES: Eruptions; thigh
EXTREMITIES: Eruptions; thigh, pimples
EXTREMITIES: Eruptions; knee, rash
EXTREMITIES: Heaviness
EXTREMITIES: Heaviness; lower limbs
EXTREMITIES: Heaviness: foot
EXTREMITIES: Itching; upper limbs
EXTREMITIES: Itching; upper arm
EXTREMITIES: Itching; lower limbs
EXTREMITIES: Itching; leg
EXTREMITIES: Itching; leg: tibia, over
EXTREMITIES: Nails; brittle nails: finger nails
EXTREMITIES: Numbness; hand
EXTREMITIES: Numbness; hand: right

EXTREMITIES: Numbness; hand: waking, on
EXTREMITIES: Pain
EXTREMITIES: Pain; motion
EXTREMITIES: Pain; rheumatic
EXTREMITIES: Pain; touch, agg.
EXTREMITIES: Pain; warm applications, amel.
EXTREMITIES: Pain; joints
EXTREMITIES: Pain; joints, rheumatic
EXTREMITIES: Pain; upper limbs
EXTREMITIES: Pain; upper limbs, left
EXTREMITIES: Pain; upper limbs, morning
EXTREMITIES: Pain; upper limbs, bending arm; when
EXTREMITIES: Pain; upper limbs, motion
EXTREMITIES: Pain; upper limbs, joints
EXTREMITIES: Pain; shoulder
EXTREMITIES: Pain; shoulder, right
EXTREMITIES: Pain; shoulder, left
EXTREMITIES: Pain; shoulder, extending to: neck
EXTREMITIES: Pain; upper arm: deltoid region
EXTREMITIES: Pain; elbow, bend of
EXTREMITIES: Pain; wrist
EXTREMITIES: Pain; wrist, motion; on
EXTREMITIES: Pain; thigh
EXTREMITIES: Pain; knee: bending, on
EXTREMITIES: Pain; knee: extending limb; amel.
EXTREMITIES: Pain; aching, thigh
EXTREMITIES: Pain; shooting, upper limbs
EXTREMITIES: Pain; shooting, shoulder, right
EXTREMITIES: Pain; sore
EXTREMITIES: Pain; sore, upper limbs
EXTREMITIES: Pain; sore, upper limbs: morning

EXTREMITIES: Pain; sore, shoulder
EXTREMITIES: Pain; sore, upper arm
EXTREMITIES: Pain; sore, forearm
EXTREMITIES: Pain; sore, wrists
EXTREMITIES: Pain; sore, thigh; walking, after
EXTREMITIES: Pain; sore, thigh; posterior part
EXTREMITIES: Pain; stitching
EXTREMITIES: Pain; stitching: shoulder; motion, during
EXTREMITIES: Perspiration; hand, palm
EXTREMITIES: Pulsation; hand
EXTREMITIES: Restlessness
EXTREMITIES: Stiffness
EXTREMITIES: Stiffness; exertion, after
EXTREMITIES: Stiffness; moving: beginning to move; on
EXTREMITIES: Stiffness; resting: after
EXTREMITIES: Stiffness; shoulder
EXTREMITIES: Stiffness; wrist
EXTREMITIES: Stiffness; lower limbs
EXTREMITIES: Stiffness; knee
EXTREMITIES: Trembling; hand
EXTREMITIES: Weakness; knee

4.3.26 SLEEP

SLEEP: Disturbed

SLEEP: Disturbed; anxiety, from

SLEEP: Falling asleep; difficult

SLEEP: Falling asleep; late

SLEEP: Interrupted

SLEEP: Restless

SLEEP: Restless; night: midnight, after
SLEEP: Restless; bodily restlessness, from
SLEEP: Sleepiness
SLEEP: Sleepiness; morning
SLEEP: Sleepiness; forenoon
SLEEP: Sleepiness; heat, during
SLEEP: Sleepiness; weariness, with
SLEEP: Sleeplessness
SLEEP: Sleeplessness; night
SLEEP: Sleeplessness; night: midnight, before
SLEEP: Sleeplessness; night: midnight: morning; until
SLEEP: Sleeplessness; night: midnight; after
SLEEP: Sleeplessness; night: midnight; after, 3h
SLEEP: Sleeplessness; night: midnight; after, 4h, after
SLEEP: Sleeplessness; accompanied by; sleepiness: daytime
SLEEP: Sleeplessness; anxiety from
SLEEP: Sleeplessness; restlessness, from
SLEEP: Sleeplessness; thoughts: activity of thoughts; from
SLEEP: Sleeplessness; waking, after
SLEEP: Sleeplessness; weariness: in spite of weariness
SLEEP: Unrefreshing
SLEEP: Waking; night: midnight; after
SLEEP: Waking; night: midnight; after, 3h
SLEEP: Waking; difficult
SLEEP: Waking; dreams, by
SLEEP: Waking; early, too
SLEEP: Waking; early, too: asleep late; and falling
SLEEP: Waking; frequent
SLEEP: Waking; fright, as from
SLEEP: Waking; heat, from and with
SLEEP: Waking; palpitations with

SLEEP: Yawning

4.3.27 DREAMS

DREAMS: Accusations

DREAMS: Achievement, of

DREAMS: Adventurous

DREAMS: Aggressive

DREAMS: Airplanes, crash of an airplane

DREAMS: Anger

DREAMS: Animals

DREAMS: Anxious

DREAMS: Attacked, of being

DREAMS: Battles

DREAMS: Betrayed, having been

DREAMS: Birds

DREAMS: Children; about

DREAMS: Children; about: abused; being

DREAMS: Children; about: newborns

DREAMS: Choked; being

DREAMS: Clairvoyant

DREAMS: Conspiracies

DREAMS: Dancing

DREAMS: Danger

DREAMS: Danger, escaping from a danger

DREAMS: Danger, impending danger

DREAMS: Dead; of the, relatives

DREAMS: Deceived; being

DREAMS: Desert

DREAMS: Disease

DREAMS: Dogs
DREAMS: Dreaming, of
DREAMS: Driving; car, a
DREAMS: Escaping
DREAMS: Escaping, danger; from
DREAMS: Events, future, of
DREAMS: Events, previous
DREAMS: Falling
DREAMS: Falling, height, from a
DREAMS: Family, own
DREAMS: Fights
DREAMS: Fights, rights; for her
DREAMS: Fish
DREAMS: Fish, rescuing
DREAMS: Fleeing
DREAMS: Forsaken; being
DREAMS: Friends, old
DREAMS: Frightful
DREAMS: Gardens
DREAMS: Happy
DREAMS: Hearing talking
DREAMS: Jaws
DREAMS: Journeys
DREAMS: Jumping: height; from a: landing easily; and
DREAMS: Ludicrous
DREAMS: Men, huge and strong man; a: controlling her
DREAMS: Misfortune
DREAMS: Mistakes; of making
DREAMS: Mortification
DREAMS: Nightmares
DREAMS: Nostalgic

DREAMS: Nuns
DREAMS: Parties
DREAMS: People
DREAMS: People, seen for years; people not
DREAMS: Pleasant
DREAMS: Praying
DREAMS: Prophetic
DREAMS: Pursued, being
DREAMS: Pursued, being, man; by a
DREAMS: Pursued, being: man; by a: violate her; to
DREAMS: Religious
DREAMS: Restless
DREAMS: Rousing the patient
DREAMS: Running
DREAMS: Secret
DREAMS: Shooting; about
DREAMS: Sister
DREAMS: Stairs
DREAMS: Suffocation
DREAMS: Teeth
DREAMS: Teeth: falling out
DREAMS: Tunnel
DREAMS: Unimportant
DREAMS: Unpleasant
DREAMS: Unremembered
DREAMS: Vexatious
DREAMS: Violence
DREAMS: Visionary
DREAMS: Visits, making visits, relatives; to
DREAMS: Voice
DREAMS: War

DREAMS: Water

DREAMS: Writing

4.3.28 CHILL

CHILL: Chill

4.3.29 FEVER

FEVER: Fever, heat in general

4.3.30 SKIN

SKIN: Burning

SKIN: Coldness

SKIN: Dry

SKIN: Dry; perspire; inability to

SKIN: Eruption; itching

SKIN: Eruption; rash

SKIN: Eruption; stinging

SKIN: Eruption; urticaria

SKIN: Formication

SKIN: Itching

SKIN: Itching; scratching, amel.

SKIN: Prickling

SKIN: Sensitiveness

4.3.31 GENERALS

GENERALS: *Morning*

GENERALS: *Morning; waking, on*

GENERALS: *Afternoon*

GENERALS: *Afternoon; 16h*

GENERALS: *Afternoon; 17h*

GENERALS: *Night*

GENERALS: *Night; midnight, after*

GENERALS: *Activity; amel.*

GENERALS: *Air; open air, desire for*

GENERALS: *Bathing; warm bathing: amel.*

GENERALS: *Bending; affected part, agg.*

GENERALS: *Cold; agg.*

GENERALS: *Cold; amel.*

GENERALS: *Energy; excess of*

GENERALS: *Exertion physical; agg.*

GENERALS: *Faintness*

GENERALS: *Faintness; crowded; in: room*

GENERALS: *Food; chocolate, desire*

GENERALS: *Food; cold drink, cold water; desire*

GENERALS: *Food; fat, desire*

GENERALS: *Food; fish, desire*

GENERALS: *Food; food: aversion; accompanied, hunger*

GENERALS: *Food; fruit: desire; fruit juice*

GENERALS: *Food; juicy things, desire*

GENERALS: *Food; meat, desire*

GENERALS: *Food; onions: agg.*

GENERALS: *Food; pastry, desire*

GENERALS: *Food; rich food: agg.*

GENERALS: *Food; spices, desire*

GENERALS: *Food; sugar, desire*

GENERALS: Food; sweet, agg.
GENERALS: Food; sweets, desire
GENERALS: Heat: flushes of
GENERALS: Heat; sensation of
GENERALS: Heat; sensation of, night
GENERALS: Heaviness; externally
GENERALS: Influenza
GENERALS: Irritability, physical: excessive
GENERALS: Knotted sensation internally

GENERALS: Lassitude
GENERALS: Lassitude; afternoon
GENERALS: Motion; agg.
GENERALS: Motion; desire for
GENERALS: Mucous secretions; increased
GENERALS: Numbness; internally
GENERALS: Pain; spots, in small
GENERALS: Pain; muscles
GENERALS: Pain; sore
GENERALS: Pain; sore, externally
GENERALS: Pain; twisting
GENERALS: Pressure; agg.
GENERALS: Pulse; frequent
GENERALS: Pulse; frequent, motion agg.
GENERALS: Rubbing; amel.
GENERALS: Sick feeling; vague

GENERALS: Sides; right

GENERALS: Sides; left: then right side
GENERALS: Sleep; loss of sleep, from
GENERALS: Sleep; short sleep amel.
GENERALS: Sluggishness of the body

GENERALS: Strength, sensation of
GENERALS: Touch; agg.
GENERALS: Trembling; externally
GENERALS: Trembling; externally, anger: from
GENERALS: Trembling; internally
GENERALS: Twitching
GENERALS: Uncovering; amel.
GENERALS: Walking; agg.
GENERALS: Warm; amel.
GENERALS: Weakness
GENERALS: Weakness; morning
GENERALS: Weakness; morning: waking, on
GENERALS: Weakness; evening
GENERALS: Weakness; stool, after
GENERALS: Weariness
GENERALS: Weariness; morning
GENERALS: Weariness; morning: waking, on
GENERALS: Weariness; afternoon
GENERALS: Weariness; afternoon, 16h
GENERALS: Weariness; evening

CHAPTER 5: DISCUSSION

5.1 Introduction

Every substance in nature also exists as an electromagnetic field, and could therefore have either a chemical or electromagnetic effect on a living organism. The chemical effect is direct and corresponds with the toxicology of the substance. The electromagnetic effect is based on resonance and does not ordinarily produce an effect outside of individual susceptibility. However when potentised into homoeopathic form, if the substance and the organism have similar levels of vibration, an effect is produced. This similarity in resonance as well as symptom picture is the basis of the Law of similars (Vithoulkas, 2004:99).

The above underpins the assumption of this proving, that *Strychnos henningsii* 30CH (as an electromagnetic stimulus) would produce observable symptoms in healthy individuals and that there would be some relationship between these effects and those of the crude substance, or its alkaloids (as chemical entities).

In this chapter the comparison of the proving symptoms of *Strychnos Henningsii* 30CH to the toxicological and pharmacological effects produced by the active components of *Strychnos henningsii* bark are discussed.

5.2 Comparison Of The Toxicology of *Strychnos henningsii* And Symptoms Obtained In The Proving

5.2.1 *Strychnos henningsii* Alkaloids

In the study of *Strychnos Henningsii* bark, 5 alkaloids were isolated mainly of the indole alkaloid group (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329). The most common indole alkaloid is strychnine, common to the *Strychnos* group (Hutchings, 1996:238).

The various sources of information about *Strychnos Henningsii* toxicity demonstrated its intense mode of action on various systems of the body. The journal analysis of provers revealed that provers experienced similar symptoms, but of a lower intensity. Thus by using a Homeopathic preparation of *Strychnos Henningsii* in a 30CH, the study was able to demonstrate the proving symptoms of the gross symptomatology which would be experienced if the substance was taken in the crude form.

Strychnos Henningsii in its crude form produces the symptomatology described relative to the following alkaloids:

i) Strychnine

Strychnine poisoning causes muscles tightness, muscle twitches, hyper-reflexia, convulsions, hyper reactivity to surroundings. complications include

lactic acidosis, rhabdomyolysis, acute renal failure; and death from asphyxia or medullary paralysis (Borges, Abrantes, Teixeira, Parada, 1997).

ii) Diaboline

Diaboline is a convulsant and therefore causes seizures (Wikipedia, The Free Encyclopedia, 2009).

iii) Holstiine

Holstiine has been identified as having antiplasmodial activity, and can therefore be effectively used as an anti-malarial (Ayuko, Njau, Cornelius, Leah, Ndiege, 2008).

iv) Strychnochromine and Guianensine

These alkaloids are effective against *Plasmodium falciparum* (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329).

The following symptomatology and pathology arises due to the effects of the *Strychnos henningsii* alkaloids as described below:

- **Heightened senses; Increased energy and concentration:**

4 provers experienced increased sensitivity of senses. 2 provers felt a general alertness and an active mind. Prover 04 experienced increase sensitivity to noise. Prover 14 became more aware of smells. Prover 4 smelled a wet dog! 6 provers found that their energy had increased and they were able to concentrate very well, even when accompanied by negative symptoms such as tiredness. The nociceptive properties and the hyper reactivity of strychnine poisoning explain the alertness of the mind, body and senses (Borges, Abrantes, Teixeira, Parada, 1997).

- **Relaxation:**

The African *Strychnos* species are infamous as hunting poisons producing muscle-stimulating as well as muscle-paralyzing effects (Tits, Frederich, 2004). The muscle paralyzing effects of the crude substance are demonstrated in a milder form by 5 provers feeling very relaxed and calm.

- **Anxiety and irritability:**

The initial response of strychnine poisoning is reported as agitation in patients (Borges, Abrantes, Teixeira, Parada, 1997). This may occur on a mental and physical level. Many provers felt very anxious. Provers 04 and 06 had difficulty falling asleep. Provers 06, 14 and 20 woke up from their sleep feeling anxious, fearful and restless.

Provers 20 and 25 had restless night. Provers 02 and 04 were worried about their personal relationships. Prover 14 had extreme anxiety about work.

Irritability was a marked symptom with 10 provers having experienced some degree of moodiness, becoming annoyed with no significant reason and arguing more. Provers 09, 14, 15 and 20 experienced an irritable mood in the morning.

- **Apathy and tiredness:**

In occurrences of strychnine poisonings, patients, especially during and in between convulsive episodes, have been noted to experience consciousness as well as unconsciousness. 8 provers described absent-mindedness, tiredness and inability to focus. Prover 01 had many episodes of extreme

tiredness, was very absentminded, kept forgetting and felt as if in a 'dream/shock state'.

- **Crying:**

Provers 02, 04, 11 and 14 felt over sensitive and wanted to cry. This can be attributed to the hyper reactivity and heightened sensitivity of strychnine toxicity.

- **Vertigo and hypotension:**

Strychnine, Holstiine, Diaboline, Strychnochromine and Guianensine have been isolated for their antiplasmodial effects (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329). Lightheadedness is a common malarial symptom. 4 provers felt dizzy or floating sensations. Prover 20 and 06 became dizzy from getting up from the bed and rising from a seated position respectively. Prover 04 'felt like I was moving around quickly' and felt confused > closing eyes and shaking the head. The blurred vision experienced by prover 15 and prover 02 feeling her vision 'a bit dotty' may be from an episode of lightheadedness. The vertigo is also due to the hypotensive effects of Strychnine (Hutchings,

1996:238). Prover 09 said 'I feel very weak and shaky – as if I have low blood pressure. It is how I imagine people to have low blood pressure'.

- **Headaches:**

Almost every prover experienced a headache of some sort. Headache symptoms ranged from temporal, frontal, parietal, occipital and general headaches. Headaches are commonly experienced in those suffering with malaria. Strychnine, Holstiine, Diaboline, Strychnochromine and Guianensine have been isolated for their effectiveness in malaria (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329). A peculiar symptom was the headache like a skullcap, experienced by provers 01 and 04.

- **Itching, burning and dryness:**

Allergies suggest an exaggerated response to normal stimuli. Allergies commonly cause itching, burning, tearing, sneezing, discharge etc. (Wikipedia, The Free Encyclopedia, 2009). Strychnine poisoning has shown hyper reactivity which explains the following symptoms.

Eyes: 6 provers had itchy scalps and dry hair. 8 provers had eyes that were itchy and dry. Burning and tearing were also experienced. Provers 02, 04, 14 felt it more in the left eye. Prover 9 had throbbing, heaviness and a sty on the right eye.

Ears: Provers 02, 14, 15, 20 and 25 had itchy ears. Prover 02 and 14 felt the right ear was itchy. Provers 15 and 25 were itchy in the left ear. Prover 25 also experienced increase sensitivity to touch.

Nose: Prover 9 had an itchy nose. Many provers experienced hayfever symptoms, blocked nose, discharge from the nose, and lots of sneezing.

Throat: Prover 09 had a dry, itchy, scratchy throat in the morning. Prover 25 had a slight discomfort with an itchy throat. Prover 20 had an itchy throat that caused him to cough and felt bruised.

Chest: Prover 02 was itchy over the chest. Prover four was itchy along the sternum. Prover 25 had a red, itchy skin rash over his ribs on the right side.

Back: Prover 01 found her back dry and itchy. Prover 04 felt stinging and burning along the spinal cord.

Extremities: Prover 02 very itchy arms < left < above elbow medially. There was also itching and raised lumps on her leg; and her feet were red. Prover 14 had extremely dry skin.

Skin: Provers 01 and 04 felt dry and itchy. Prover 03 found increase sensitivity of the skin. Prover 18 felt tingling as if something was crawling underneath.

- **Bad, Bitter taste:**

A poisonous alkaloid which is bitter to taste is said to be the chief producer of the effects of *Strychnos henningsii* (AgroForestry Tree Database, 2009). Provers 2, 15 and 9 said they had a bad taste in their mouth. Prover 02 described it as 'after taste from off milk or cheese'.

- **Throat pain:**

A sore throat results from an infection on most occasions. In African Traditional medicine the ground bark of *Strychnos henningsii* is used as an antiseptic for the mouth. Similarly the antiseptic properties could aid in the treatment of pharyngitis. Provers 09, 06, 15, 20 and 25 experienced a sore

throat. Prover 15 felt a lump blocking the throat. Prover 20 felt it red, raw, sandy and worse at 23h00.

- **Nausea and Vomiting:**

Provers 02, 04, 09 felt nauseas. Prover 09 was nauseas at 10h30 and vomited. On another occasion nausea started at 16h00 and resolved at 23h00. Prover 23 vomited at 6h30. Strychnine is a gastrointestinal stimulant (Iwu, 1993:245). Furthermore, *Strychnos henningsii* alkaloids have proved effective as antimalarials (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329). Gastrointestinal complaints are characteristic of malaria. These include nausea and vomiting. It is also known that the ground bark is used in its crude form to treat nausea by traditional healers (AgroForestry Tree Database, 2009).

- **Abdominal Pain:**

Strychnine is known to stimulate muscles, causing tightening and twitches of muscles (Borges, Abrantes, Teixeira, Parada, 1997). The spasmodic affections described by prover 02 demonstrate the effect of strychnine. Prover 02 described her stomach cramping, and being in knots. Prover 04 had

abdominal cramps as if something were pulling her belly button, and felt like pins and needles in the belly button. Prover 14 has a crampy abdominal pain after sweet and rich food > after going to the loo.

- **Increased and decreased appetite:**

Prover 06, 14 and 25 had increased appetite. Provers 04 and 25 had decreased appetite. It is interesting to note prover 25 had an increased and decreased appetite. The bitter taste of strychnine stimulates the appetite (Iwu, 1993:245). It is also known to have a great affinity to the gastrointestinal system and used as an appetizer in Traditional African Medicine (AgroForestry Tree Database, 2009). There is no information on the effect of strychnine on appetite suppression.

- **Thirst:**

Provers 04, 25 and 31 had markedly increased thirst. Prover 04 wanted ice water. Prover 25 was thirsty despite drinking 2 litres of water. Prover 31 wanted to drink juice. Increased thirst was a symptom that occurred on many occasions with much intensity and is therefore worth mention. However, its relationship with the *strychnos* alkaloids is unclear due to lack of information.

The bitter taste of strychnine may contribute to stimulating thirst as it stimulates appetite.

- **Increased Flatulence and Eructations:**

Many provers had abdominal symptoms with bloating, increased flatulence and eructation with a bad smell. Prover 1 had an unusual feeling of a dead hamster in her tummy and felt she was burping 'dead hamster'. Prover 11 was bloated with gas in the lower quadrants, especially the left but unable to pass gas. Prover 01 complained of increased gas with bad odour. Prover 02 also complained of increased gas with bad odour, < onions < after dinner, but was frustrated at the inability to control the flatulence. Strychnine has action on the gastrointestinal system and is used for gastrointestinal complaints (AgroForestry Tree Database, 2009).

- **Constipation:**

Strychnine causes muscle paralysis and spasm thus affecting the rectal sphincter and the colonic movements which affect defecation resulting in constipation. Provers 01, 02, 09 and 20 experienced constipation. Prover 01

had pain and stool felt like a plug. Prover 02 had a feeling of incomplete evacuation as the stool became 'stuck'.

- **Diarrhoea :**

Strychnine is a gastrointestinal stimulant and therefore may result in diarrhea. It is for this reason it is used for the treatment of constipation (Iwu, 1993:245). Prover 14 experienced more frequent stools, loosely formed. Prover 15 had to rush to the toilet after eating anything.

- **Black Stools:**

Prover 04 and 06 had black stools. 2 provers described the pain in their abdomen as liver pain. Prover 2 described the bad taste in her mouth as "bile". The black stools may therefore be indicative of the effects on the liver in a toxic state where it produces black stool. The black stools may also have a relation to its common name- coffee bean, but no information is available to verify the symptom.

- **Increased Libido:**

Provers 01, 15 and 14 experienced increased sex drive. The correlation between the toxicity of *Strychnos henningsii* and this symptom is unclear. However, strychnine is used for the treatment of male impotence (Iwu, 1993:245).

- **Dysmenorrhoea:**

Strychnos henningsii plant is used in zulu medicine for the treatment of dysmenorrhoea. It is not certain which alkaloid is responsible for the specific action, but strychnine stimulates muscle twitching resulting in abdominal cramps (Hutchings, 1996:238). 5 provers experienced pain during their period. Prover 11 experienced pains like something was 'pulling and twisting the uterus'. Three provers also found that their menses were longer and heavier than usual.

- **Twitching:**

Strychnine causes muscles twitches and hyper-reflexia (Borges, Abrantes, Teixeira, Parada, 1997). It is this muscle-stimulating effect that accounts for the twitching experienced by provers.

Eyes: Prover 15 had twitching of the left eye on four occasions.

Hiccoughs: Prover 01 and 02 experienced hiccoughs. Prover 01 had hiccoughs when thinking of studying.

Muscles: Provers 11 and 04 felt muscles go into spasm, had tremors and weakness.

- **Respiratory constriction and pain:**

Reports from strychnine poisoning show patients displaying muscle tightness and spasm and eventual respiratory arrest (Borges, Abrantes, Teixeira, Parada, 1997). This may be true to the respiratory muscles as well. Provers 09, 15, 20 and 25 had tight chests and difficulty breathing. Prover 25 had shortness of breath after exercise. The chest pain experienced by provers may be associated with spasm of the respiratory muscles. Respiratory spasm also accounts for the dry cough that prover 09, 20 and 25 experienced.

- **Back Pain:**

Back pain can be caused by the musculature of the back being in spasm or from neurological sources. Strychnine causes muscle spasm and is also a CNS stimulant (Borges, Abrantes, Teixeira, Parada, 1997). Many provers experienced back aches, lower back pains and stiffness which maybe due to muscle spasm. Prover 25 felt a pinching sensation in his back possibly from the CNS stimulant action of strychnine.

- **Extremities pain, heaviness, cramping, stiffness:**

Symptoms of the extremities were the most common experienced in many ways on various occasions. 10 provers felt muscle pains. Provers 02, 11, 25 felt cramping in the muscle. Strychnine is known to initiate muscle twitching and cause muscle spasm (Borges, Abrantes, Teixeira, Parada, 1997). Interestingly, prover 14 found her thighs and knees ached 'like form lactic acid build-up', and strychnine poisoning in its later stages causes lactic acidosis (Borges, Abrantes, Teixeira, Parada, 1997).

- **Dreams:**

Poisoned: Prover 04 dreamt her boyfriend tried to kill her. Strychnine is a poison and in high doses leads to death.

Anxiety and panic: The initial response of strychnine poisoning is reported as agitation in patients (Borges, Abrantes, Teixeira, Parada, 1997). Provers 02, 28 and 14 had anxious dreams.

- **Craving sweet and cake:**

This was a very common symptom but not enough information is available to verify the occurrence.

- **Flu-like symptoms:**

Strychnos henningsii alkaloids have proved effective as in treating malarial symptoms (Frederich, Hayette, Tits, De Mol, Angenot, 1999:2329). The malaria patient experiences flu-like symptoms in the early stages. Provers 09, 11 and 25 described their symptoms as 'flu-like'.

5.3 Summary

The above discussion demonstrates some similarities between the toxicology of *Strychnos henningsii* in its crude form, and that of a majority of the symptomatology obtained during the proving, particularly with respect to physical symptomatology and notable effects at the general level. Toxicology does not account for many of the delusions, dreams and more subtle symptomatology contained in the 'mind' and 'general' chapters.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Strychnos henningsii bark was transformed into a homeopathic preparation of *Strychnos henningsii* 30CH and produced valuable proving symptoms when administered to healthy provers. Furthermore, the symptoms produced correlated with the toxicological data of the crude substance and its alkaloids. Strychnine proved the most significant alkaloid responsible for symptoms.

It can be concluded that the correlation between the crude *Strychnos henningsii* bark and *Strychnos henningsii* 30CH is of clinical significance in Homeopathy. Thus *Strychnos henningsii* 30CH can be used in the clinical practice of Homeopathy in cases with a similar symptom picture as described above. It is however suggested that further studies should be conducted to obtain further data, verify symptoms and obtain a clearer materia medica and repertory. The study of *Strychnos henningsii* 30CH and other indigenous substances should continue to sustain an ever growing system of healing.

6.2 Recommendations:

6.2.1 Prover Group

Sample size and demographics

The sample group of 8 provers to one research student was very easy to manage and allowed closer observation of provers. Although Sherr argues a 12-15 prover group is adequate for a good clinical picture (in this study there were 16 verum provers), the researcher contends that a larger sample size may have yielded more accurate results in terms of symptom verification.

The background knowledge of provers about homeopathy and the conducting of provers played assisted in better expression of symptoms as they had a greater awareness of what the researcher is looking for. It is therefore important to ensure that the prover population includes provers with and without a homeopathic background for a balanced prover group.

Monitoring of provers

Provers were monitored by telephonic contact which was effective in keeping both researcher and provers on high alert for new symptoms during the

conversations. However, there were instances when provers needed to be consulted in person to verify physical symptoms during the proving. It is recommended that follow-up consultations should be available when necessary for the verification of symptoms as only telephonic contact may at times be inadequate.

6.2.2 The Triple-blind Method

The triple blind method is advantageous as the element of bias and assumptions with respect to preconceptions around the remedy under investigation are largely negated. However, the aspect of the researcher having no knowledge of the substance makes the task of correlating data more difficult. Furthermore, during a homeopathic proving, the knowledge of the researcher with regards to the biological, pharmacological, toxicological and medicinal properties of the test substance may yield more accurate results, as this knowledge may assist in distinguishing the proving symptoms from the provers personal effect on the proving.

6.2.3 Toxicology Information

It is recommended that homoeopathic remedies be studied with reference to their known toxicology as the therapeutic component of a remedy often stems from its toxicological effect. However, it is important to obtain toxicological information about the substance before the decision to prove it is made, as in some cases information may be limited.

The toxicological information of *Strychnos henningsii* was limited with regard to the plant itself and its minor alkaloids. Information on strychnine was available, but toxicological descriptions are often quite broad and discussion with reference to subtle proving symptoms is often limited.

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Appendix A: Suitability For Inclusion In The Proving

Suitability for Inclusion in the Proving*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

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

PLEASE TICK THE APPROPRIATE ANSWER

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

YES	NO
-----	----
- Are you on or in need of any medication?
 - Chemical / allopathic

YES	NO
-----	----
 - Homoeopathic

YES	NO
-----	----
 - Other

YES	NO
-----	----
- *Have you been on the birth control pill or hormone replacement therapy* in the last 6 months?

YES	NO
-----	----
- Are you pregnant or breastfeeding?

YES	NO
-----	----
- Have you had surgery in the last six weeks?

YES	NO
-----	----
- *Do you use recreational drugs such as cannabis, LSD or Ecstasy* (MDMA)?

YES	NO
-----	----
- Do you consume more than:
 - Two measures of alcohol per day?
(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
-----	----
- *Do you consider yourself to be in a general state of good health?*

YES	NO
-----	----
- *If you are between the ages of 18 and 21 years do you have consent from* a parent/ guardian to participate in this proving?

YES	NO
-----	----

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

YES	NO
-----	----

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

Appendix B: Informed Consent Form

Informed Consent Form*

TO BE COMPLETED IN **TRIPLICATE** BY THE PROVER

Title of Research Project:

A Homoeopathic Drug Proving of *Strychnos henningsii*

Name of Supervisor:

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

Names of Master's Research Students:

Irfana Lockhat

Melanie Naidoo

Poonum Maharaj

Nerisha Naidoo

PLEASE TICK THE APPROPRIATE ANSWER

1. Have you read the Research Information Sheet?

YES	NO
-----	----
2. Have you had an opportunity to ask questions regarding this proving?

YES	NO
-----	----
3. Have you received satisfactory answers to your questions?

YES	NO
-----	----
4. Have you had an opportunity to discuss the proving?

YES	NO
-----	----
5. With whom have you spoken? _____
6. Do you believe you have received enough information about this proving?

YES	NO
-----	----
7. Do you understand the implications of your involvement in this proving?

YES	NO
-----	----
8. Do you understand that you are free to withdraw from this proving:
at any time;

YES	NO
-----	----

without having to give a reason for withdrawing, and

YES	NO
-----	----

without affecting your future healthcare?

YES	NO
-----	----

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

YES	NO
-----	----

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

These are as follows:

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

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

YES	NO
-----	----

Additional notes:

1. ***Discomfort:***

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

2. **Benefits:**

- a) It has been postulated that each proving undertaken strengthens bodily vitality (*Hahnemann, 1997: 208*). Many provers report higher levels of mental and physical energy, and increased resistance after participation in homoeopathic drug proving (*Sherr, 1994: .*). The mechanisms responsible for this perceived benefit are unclear.
 - b) Provers learn and develop the skill of astute observation, and gain homoeopathic knowledge through direct involvement in the proving process; and
 - c) Provers may be cured of certain ailments where the remedy being proved corresponds closely to the prover's pre-proving state.
3. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
4. Every prover is provided with the names and telephone numbers of the research student and the supervisor of the proving, in the event of any questions or difficulties arising:

Name:	Office hours:	After hours:	Cellular:
Dr Ashley Ross (Supervisor)	(031) 204 2542	(031) 309 2349	082 458 6440
Irfana Lockhat	(031) 204 2041	(031) 208 8145	0824631327
Poonum Maharaj	(031) 204 2041	(031) 3094207	0725092681
Nerisha Naidoo	(031) 204 2041	(032) 533 4528	0833075761
Melanie Naidoo	(031) 204 2041	(031) 464 5604	0727922698

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

Case History Sheet*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

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

1. Past Medical History:

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

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

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

2. Surgical History:

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

3. Family History:

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

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

Please list any other medical conditions within your family:

♂		♂♂	
		♂♀	
♀		♂♀	
		♀♀	

4. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

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

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

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

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

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

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

Appendix C(ii): Post-proving Case History Sheet

Post-proving Case History Sheet

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

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

1. 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	<input type="checkbox"/>	Oedema	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Cyanosis	<input type="checkbox"/>	Hydration	<input type="checkbox"/>
Clubbing	<input type="checkbox"/>		
Specific System Examinations			

Consultation Date:		Signature:	

Appendix D: Instructions To Provers

*Instructions to Provers**

Dear Prover

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

Before the proving:

Ensure that you have:

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

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

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

Beginning the proving:

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

Taking the remedy:

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

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

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

By proving symptoms we mean:

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

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

Lifestyle during the Proving:

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

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

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

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

Confidentiality:

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

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

Contact with your Supervisor:

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

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

Recording of Symptoms:

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

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

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

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

- **Location:** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.
- **Sensation:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.
- **Modality:** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.

- **Time:** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.
- **Intensity:** Briefly describe the sensation and the effect on you.
- **Aetiology:** Did anything seem to cause or set off the symptom and does it do this repeatedly?
- **Concomitants:** Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

This is easily remembered as:

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

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

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

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

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

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

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

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

(NS) – New symptom

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

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

(US) – An unusual symptom for you.

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

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

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

(Hahnemann, 1997: 200)

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

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Acknowledgement of Understanding

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

PROVER:

Name: _____ Signature: _____

WITNESS:

Name: _____ Signature: _____

PROVING SUPERVISOR:

Name: _____ Signature: _____

Date: _____

Appendix E: Methods Of Preparation

Methods of Preparation (German Homoeopathic Pharmacopoeia)

i) Method 6: Triturations

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

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

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

Trituration by hand:

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

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

[Trituration by machine: – not applicable]

ii) Method 8a: Liquid preparations made from triturations

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

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

To produce a 6c liquid dilution, 1 part of the 4c trituration is dissolved in 99 parts of water and succussed. 1 part of this dilution is combined with 99 parts of ethanol 30 percent 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.

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

Modified Method 8a

To produce a 4CH liquid dilution, 1 part [0.200g] of the 3c trituration is dissolved in 49 parts [9.800g] of water and dissolved. To this is added 50 parts [10.000g] of ethanol 60% percent. This mixture is succussed to produce the 5c liquid dilution. 1 part of this dilution [30µl] is combined with 99 parts of ethanol 96 percent [2.970ml] to produce the 6c liquid dilution by succussion. From the 7c upwards, liquid centesimal dilutions are made from the previous centesimal dilution with ethanol 96 percent in a ratio of 1 to 100.

a) *[italics]* indicates portions of the methods which are not applicable to the preparation of XXXX 30c.

b) *[bold italics]* indicates specific detail applicable to the preparation of XXXX 30c.