

**A DOUBLE-BLIND HOMOEOPATHIC DRUG PROVING OF CURCUMA LONGA
30CH, ANALYSING SYMPTOMATOLOGY IN RELATION TO THE
DOCTRINE OF SIGNATURES.**

By

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I, Karasee Pillay, hereby declare that this mini-dissertation represents my own work both in concept and execution.

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ABSTRACT

Introduction

The aim of this study was to determine the effect that *Curcuma longa* 30CH would have on healthy individuals, and record the particular signs and symptoms produced. These signs and symptoms determine the therapeutic indications of this remedy, so that it may be prescribed according to the homoeopathic Law of Similars.

The second aim of this study was to analyse the symptomatology of *Curcuma longa* 30CH in relation to a Doctrine of Signatures analysis of the *Curcuma longa* plant, in order to facilitate a more comprehensive understanding of the materia medica of this substance.

Design

The homoeopathic proving of *Curcuma longa* in 30CH potency took the form of a double blind, randomized, placebo controlled trial. Thirty healthy provers were selected on the basis of them meeting with the necessary inclusion criteria (Appendix A). The provers were randomly divided into 2 groups, of which 20% (6 of the 30 provers) formed the placebo group and received non-medicated powders, and the remaining 80% (24 of the 30 provers) received medicated powders (verum). The 2 groups were not aware of the nature of the substance that they were proving or the potency used.

The provers recorded their mental, physical and emotional states over a period of a week prior to taking the remedy in order to establish a baseline for comparison after the administration of the remedy. Both verum and placebo were dispensed in the

form of 6 powders. Each powder was taken sublingually 3 times daily for 2 days or until the prover experienced the onset of any symptoms.

Each prover kept a journal and recorded their proving signs and symptoms daily after administration of the remedy or the placebo. The data was collected and extracted from these journals and then assessed by the researcher for suitability to be included in the materia medica of *Curcuma longa*. All data gathered from the case histories (Appendix C), physical examinations and group discussions were also considered for inclusion.

Results

A variety of mental, emotional and physical symptoms were produced and included in the materia medica of *Curcuma longa*. There were a total number of 202 symptoms that were produced as a result of the remedy, which resulted in the formulation of 141 rubrics. The main mental and emotional symptoms that surfaced during the proving were depression, a deep sadness, changeability of moods, courage/confidence, relaxed/ calm and less anger, agility, increased concentration, and vivid dreams. The physical symptoms noted were diarrhea, change in energy levels (too much or too little energy), burning sensations, headaches, heart palpitations and increased breathing rates.

The symptoms that came about during the proving clearly showed correlation and association with the nature and description of the Turmeric plant, this is in keeping with findings of previous provings (Pistorius, 2006; Webster, 2002; Speckmeier, 2008 & Pather, 2009), furthermore as suggested by Richardson-Boedler (1999:173) the Doctrine of Signatures analysis of the Turmeric plant facilitated in the interpretation of the proving symptoms and thus the materia medica of the remedy.

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DEFINITION OF TERMS

CENTESIMAL POTENCY (C)

A potency scale with a dilution in the proportion of 1 part in 100 (Swayne, 2000:36).

30TH CENTESIMAL POTENCY (30CH)

The thirtieth step in serial dilution with succussion, using a scale of one in one hundred, having a deconcentration of 1×10^{60} (Kerschbaumer, 2004).

DOCTRINE OF SIGNATURES

A doctrine drawing comparison between the characteristics of the plant that is used medicinally and the organs in need of treatment in the human being.

Paracelsus refers to the idea that plants with shapes resembling that of human organs or structures should be regarded as healing agents for those particular body parts (Pujol, 1990:24).

HOMOEOPATHY

A system of therapeutics founded by Samuel Hahnemann in which disease is treated with substances which are capable of producing in healthy individuals symptoms like those of the disease to be treated, the drug being administered in minute doses (Dorland's Medical Dictionary, 1994:773).

LAW OF SIMILARS

A doctrine that states that any drug which is capable of producing morbid symptoms in the healthy will remove similar symptoms occurring as an expression of disease (Yasgur, 1997:234). It is usually expressed as *similia similibus curentur*, from Latin meaning let like be cured by like (Swayne, 2000:193).

MATERIA MEDICA

In homoeopathy, a reference work listing remedies and their therapeutic action (Yasgur, 1997:144). The description of the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (Swayne, 2000:132).

MIASM

Trait within a society, family or individual making them susceptible to a particular pattern of morbidity; an inherited or acquired disposition to be ill in a certain way (Swayne, 2000:137).

PHARMACOPOEIA

A pharmacopoeia is the supreme authoritative book that is published by an authority or the government of any country that deals with rules and regulations of standardization of drug substances (Goel, 2002:469).

PLACEBO

An inactive agent used for comparison with the substance or method to be tested in a controlled trial (Swayne, 1998:213)

POTENTISATION

Potentisation is the process of serial dilution with succussion, including trituration, which is used in the production of a homoeopathic remedy to develop the activity of that remedy (Swayne, 1998:214).

PROVER

Healthy individuals to whom the test substance is administered in a homoeopathic proving (Webster, 2002).

PROVING

Homoeopathic drug testing on healthy individuals where symptoms that develop are recorded, compiled, and organized into materia medica and repertory formats (Rowe, 1998:158).

RUBRIC

“An individual entry in a repertory that describes a symptom” (Rowe, 1998:158).

SUCCUSSION

Succussion is the action where one vigorously shakes a solution of medicine during its preparation between dilutions (Roy, 1994:147).

TRITURATION

The first stages in the preparation and potentisation of homoeopathic medicines from solid and insoluble source material, by grinding it together with lactose (milk sugar) as diluents (Swayne, 2000:218).

VERUM

In the context of a homoeopathic drug proving, verum refers specifically to the substance that is administered to provers that is medicinally active in contrast to the medically inert placebo (Moore, 2006:XIV).

CHAPTER ONE

OVERVIEW

1.1 INTRODUCTION

Proving form an important part of the philosophy and practice of homoeopathy and form the foundation on which homoeopathic prescribing rests (Low, 2002:10). They are the only way to ensure reliable and accurate representation of potential medicinal indications of a substance in disease, and what its effects will be on healthy individuals (O'Reilly, 1996). The large numbers of provings which have been conducted thus far have resulted in the accumulation of a wealth of information (materia medica), which is available for clinical application in homoeopathic practice. The practice of homoeopathy is based on the fundamental principle of the "Law of Similars" stating that all natural substances from the three kingdoms (mineral, vegetable and animal) and other sources each possess therapeutic potential as medicines. Such therapeutic potential can only be determined through the conducting of homoeopathic provings. In this study additional data was generated from a Doctrine of Signatures analysis of the Turmeric plant. This is of great importance because it helps to clarify and also verify the remedies therapeutic value (Richardson-Boedler, 1999:172). The Doctrine of Signatures also instils the process of learning and memorizing the remedy picture in the study of homoeopathy (Richardson-Boedler, 1999:173). Even though the concept of the Doctrine of Signatures is viewed often as controversial and unscientific, ironically many 'so called' herbal "guesses" have been confirmed by provings examples of this being *Calendula officinalis* (Marigold), and *Hypericum perforatum* (St John's Wort) which prefer sunshine and dry conditions for growth, therapeutically tend to be warming, drying and cheering as remedies, *Chelidonium majus* (Yellow Poppy) for liver and gallbladder conditions due to its yellow-coloured, bile-like juice (Richardson-Boedler, 1999:173) and *Pulmonaria sticta* (Lungwort) for bronchitis (Speckmeier, 2008:9-10).

Dr Samuel Hahnemann (1755-1843), the founder of homoeopathy stated that in order to determine the potential therapeutic effects of a medicinal substance there exists no option but to administer that substance to a healthy person and observe and record the signs and symptoms that are produced (Hahnemann, 1996:44). Cook (1989:93) states that to expand the homoeopathic materia medica it is essential to prove new drugs and that this is one of three main areas around which homoeopathic research is centred. Both Whitmont (1993:239) and Sherr (1994:7) state the importance of homoeopathic provings, Sherr describing proving as 'pillars' upon which homoeopathic practice stands. Conducting homoeopathic provings also allows one to obtain a complete knowledge of the therapeutic action of the remedy; hence its uses can be readily distinguished from any other remedy (Nagpaul, 1987:77).

In the interests of further advancement in homoeopathy it is imperative to perform provings on new remedies so as to further expand therapeutic knowledge (Vithoukas, 1980:143). The clinical importance of further provings is evident in situations where the homoeopath is forced to prescribe a partial, less accurate remedy due to the absence of one which most closely corresponds to the totality of symptoms presented by the patient (*the simillimum*). Newly proven remedies are thus potentially able to cure cases which in the past may only have been partially cured by existing remedies (Sherr, 1994:8).

South Africa has a vast array of fauna and flora, but little of this appears in the current homoeopathic materia medica. Many indigenous South African plants are already used extensively in various forms of medicine such as Western Herbal Medicine, Ayurveda and African Traditional Herbal Medicine; it is thus warranted that such species are subjected to homoeopathic provings.

It is estimated that approximately 80% of the world's production of Turmeric is derived from India alone, the main areas of cultivation being Andhra Pradesh, Maharashtra, Orissa, Tamil Nadu, Karnataka and Kerala (Williamson, 2002:117).

The therapeutic use of Turmeric is extensively described in Ayurvedic medicine. South Africa, Kwa-Zulu Natal and Durban in particular is known to be home to the largest population of Indians outside of India (Graham Muller Associates, 2006:11). Sherr (1994:49) suggests that nature ensures that a suitable cure for a disease is usually accessible and within reach of the patient, this warrants the uses of local or indigenous substances as therapeutic agents and substantiates the proving of indigenous substances. It is interesting to note that the ideal growing conditions of Turmeric are met by the Kwa-Zulu Natal coastal region i.e. well-drained loam (sand-loam to clay-loam), a tropical climate with high rainfall and temperature of 18-30 degrees Celsius and thus it grows readily in the Durban region (Institute of Natural Resources, 2005:28).

Given the large population of South Africans of Indian descent in Durban, the fact that Turmeric is a major therapeutic substance in Ayurvedic Medicine and that the substance grows readily here due to the similar growing conditions as those found in India, it was of the researchers opinion that *Curcuma longa* as a homoeopathic medicine would be of particular importance in Kwa-Zulu Natal. Further potential homoeopathic use of this substance was anticipated based on its extensive use as a herbal/phytotherapeutic medicine and its clinically demonstrated physiological action i.e. antiplatelet, antioxidant, anti-inflammatory, hypolipidaemic, antimicrobial, choleric, carminative and depurative effects (Bone, 2000:569).

1.2 Objectives of the study

The first objective was to conduct a homoeopathic drug proving of *Curcuma longa* 30CH and, in so doing, determine the action of the substance on healthy provers. The clearly observed signs and symptoms produced would then be recorded as the materia medica of the substance allowing for its prescription according to the Law of Similars.

The second objective was to review the proving symptoms in terms of a Doctrine of Signatures Analysis of *Curcuma longa*. By evaluating the proving symptoms of *Curcuma longa* 30CH according to the Doctrine of Signatures of the crude substance a clearer remedy picture will be determined which will assist homoeopaths in visualizing and prescribing the remedy with greater accuracy (Taylor, 2004:7).

1.3 The Hypotheses

1.3.1 First hypothesis

It was hypothesized that the administration of *Curcuma longa* 30CH to healthy provers would result in the production of definitive observable signs and symptoms.

1.3.2 Second hypothesis

It was hypothesized that the symptoms produced by the proving of *Curcuma longa* 30CH would correlate with the data derived from a Doctrine of Signatures Analysis of the plant.

1.4 The Delimitations

The study did not attempt to:

- Explain the mechanism of action of *Curcuma longa* 30CH, which resulted in the production of the respective proving symptoms.
- Determine the effects of the proving substance in potencies other than that of the thirtieth centesimal potency.

- Determine the absolute materia medica and clinical indications of *Curcuma longa* 30CH as this requires clinical verification and further provings using other potencies.

1.5 The Assumptions

- The provers followed and complied with all the recommended proving protocols and instructions as required by the study methodology.
- The provers maintained their normal routine immediately prior to and throughout the period of the proving.
- The provers conscientiously observed themselves and accurately and honestly record their symptoms.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2.1 Introduction

When a new homoeopathic drug is proven, the process that takes place begins with the homoeopharmaceutical preparation of the crude substance followed by administration of the homoeopathic substance to healthy volunteers. The resultant symptoms that are produced in these volunteers are then meticulously noted forming the basis on which therapeutic application thereof can be made. This is one of the fundamental pillars upon which homoeopathic medicine is based (Walach, 1997:219; Sherr, 1994:7). Provings are the only reliable and accurate way of representing the potential medicinal indications of a substance i.e. determining its effect on healthy subjects (O'Reilly, 1996). Hence one of the main areas of homoeopathic research is the extension of the homoeopathic Materia Medica by means of carrying out new drug provings (Cook, 1989:93).

Vithoukias (1980:152) suggests that a thorough proving needs to include 50-100 provers. Sherr (1994:45) provides the counter argument that this number is too large and will lead to an over-proved remedy, possibly overcrowding the Materia Medica with many common symptoms. He suggests that a very thorough proving can be achieved with 15-20 people and this will be able to provide a full remedy picture. At the Durban University of Technology it was noted that most of the research provings undertaken by students used 30 subjects; examples of this being A homoeopathic drug proving of *Chamaeleo dilepis dilepis*, analysing symptomatology in relation to the Doctrine of Signatures (Pistorius 2006), A homoeopathic drug proving of the Venom of *Bitis arietans arietans* (Wright 1999). The proving of *Curcuma longa* was conducted on 30 healthy individuals.

The International Council for Classical Homoeopathy (ICCH) suggests using a placebo group so that provers are more attentive and reliable (ICCH, 1999:34).

With homoeopathy continuing to advance on such a large scale it is necessary to perform provings on new remedies in order to further expand the therapeutic armamentarium (Vithoulkas, 1980:143). The process by which homoeopathic provings are conducted provides the researcher with an essential source of knowledge and a greater understanding of the subject, which can be used to enhance the future practice of homoeopathy (ICCH, 1999:34).

With regard to this proving we are analysing the symptoms that come about in comparison with the Doctrine of Signatures of the Turmeric plant.

The concept of the Doctrine of Signatures came about almost 500 years ago when Paracelsus first proposed this idea. The Doctrine allows for a comparison between the characteristics of the plant that may be used medicinally and organs within the human body that are in need of treatment. Paracelsus refers to the idea that plants with shapes resembling human organs or structures should be regarded as healing agents for those body parts (Pujol, 1990:24). Hence many doctors were able to, by the use of the Doctrine of Signatures predict symptoms that would be treatable by looking at the physical attributes of the plant in question and provide a better understanding of the medicinal substance. Many African traditional healers are able to base their prescriptions on the likeness between a substance and man (Louw, 2002:3). According to Goel (2002:465) the Doctrine of Signatures infers the nature of actions of a substance from its physical appearance and properties, that is, from its colour and form. The Doctrine of Signatures may help to reveal the intrinsic nature of a substance, which would facilitate in the accurate prescribing of the remedy; it may also highlight themes in the remedy and explain certain symptoms (Taylor, 2004:23). Hahnemann described the Doctrine of Signatures as being one of the 'suppositions of our superstitious forefathers' (Gaier, 1991:37). Douglas M. Gibson noted when he published his studies of 100 homoeopathic remedies in 47 instalments in the *British Homoeopathic Journal* (between 1963 and 1977), 'these parallels and correspondences (between the world of nature and symbolism) are

extremely striking and deserve mention, and also of importance because it is able to facilitate the understanding and memorizing of the materia medica picture of each remedy' (Gaier, 1991:37).

2.2 History of Provings

According to Sankaran (1998:1) provings have been and still are the bedrock of the science of homoeopathy.

The testing of medicinal substances on healthy subjects can be traced back to 129AD, with Galen being one of the first to implement this idea. Paracelsus also performed 'provings' as far back as 1493AD (Walach, 1994:129).

Hahnemann (O'Reilly, 1996:145) as is seen in the footnote to aphorism 108 gave credit to Albrecht von Heller who stated in the preface of his pharmacopoeia that a remedy must first be tested on a healthy body and attention should be paid to the effects that ensue (O'Reilly, 1996:145). Hahnemann also gave credit to the likes of others such as Alexander (1767), Menghini (1755) and Fontana (1765).

There have been numerous experimentations on natural substances from the mineral, plant and animal kingdoms, and due to thorough provings of these substances there has been a further development and vast expansion of the materia medica (Cook, 1989:93).

Although the rudimentary origins of provings can be traced back to Galen & Paracelsus it was Hahnemann who formally implemented a systematic approach and in doing so operationalised the law of similars by proving many curative substances in healthy volunteers and noting all the symptoms, which were to later be

used in clinical prescribing according to the principle of similitude (Walach, 1994:129).

Whilst translating Cullen's *A Treatise on Materia Medica* into German, Hahnemann disagreed with Cullen's explanation of the mechanism of action of Cinchona bark (quinine) in the cure of malaria (due to the bitter taste of the substance). Hahnemann decided to experiment on himself; in doing so he administered large amounts of quinine to himself and he found that he developed the very symptoms of malaria, which stopped as soon as he stopped taking the quinine (Nagpaul, 1987). This famous experiment in 1790 formed a fundamental basis from which Hahnemann further developed the Law of Similars or Like cures Like – and is documented as the first modern proving (De Schepper, 2001: XV).

This discovery prompted Hahnemann's implementation of many more experimental drug studies on himself and 64 other volunteers, investigating the effect of 101 remedies (Louw, 2002:23). Hahnemann stressed repeatedly the importance of conducting provings in a conscientious and accurate manner (O'Reilly, 1996:144-163 footnote 108). Hahnemann's immediate followers, Hering, Stapf, Kent and others all carried out their own provings, but still turned to Hahnemann for advice.

In most recent times contemporary provings are still based essentially on Hahnemann's original design. The likes of David Riley and Jeremy Sherr (modern authorities on homoeopathic proving) follow the Hahnemannian method in terms of application and intent (Kreisberg, 2000:61).

2.3 Proving Methodology

In almost all learned homoeopathic literature, provings are seen as the frontline of the philosophy and practice of homoeopathy. Although not without challenges to reliability (Wieland, 1997:229) generally Hahnemanns proving methodology is still

held in good stead and is considered to be the most reliable (De Schepper, 2001; Kreisberg, 2000; Sherr, 1994). Hahnemann's *Organon of the Medical Art* describes the original methodology for provings. This is where Hahnemann details the exact methodology for what he considered to be the only true way of discerning the medicinal action of any substance (O'Reilly 1996:144).

The International Council for Classical Homoeopathy (ICCH) has stated that at the time the standard and methodological application in provings still varies quite significantly (ICCH, 1999:233). In modern times there have been many methodological variations of Hahnemann's proving method with resultant controversy and debate. Some of the major issues in contention include the use of the double-blind concept, placebo control, potency selection and prover-placebo population sizes.

Wieland (1997:229) stated that although Hahnemann's provings yielded many viable symptoms, the methodology applied in these provings would not be considered totally reliable or robust in comparison with modern clinical research standards. Historical provings were not controlled studies and this in turn has questioned the reliability of such provings (Fisher, 1995:129).

The proving of Belladonna in 1906 however was one of the first of many provings, which introduced to the concept of a 'double-blind' and 'placebo control' (Goel, 2002:364). In a double-blind proving both the prover and researcher are blinded to certain aspects of the study (Sherr, 1994:36). The prover is oblivious to the identity of the proving substance and also whether they are receiving the remedy or a placebo substance and in addition the researcher is blinded to which of the provers will receive placebo or the actual remedy.

This is the best method that can be used in order to overcome bias on both the part of the researcher and the prover. Double-blind, placebo-controlled provings ensure

that one is able to differentiate the effects of the remedy from the effects of the proving process itself (Sherr, 1994:36-37). The International Council for Classical Homoeopathy (ICCH, 1999:34) states that the use of a placebo group makes provers more attentive and reliable. Riley (1996:5) concurs and states further that using placebo control and double-blinding brings about a more critical attitude in the prover and the investigator.

In his writings in the *Organon of the Medical Art*, aphorism 128, Hahnemann suggests the use of the thirtieth centesimal potency when conducting a proving (O'Reilly, 1996:154). Sherr (1994:27) (an international authority on modern provings) has concluded that there is no evidence supporting the idea that higher potencies bring about more mind symptoms and lower potencies more physical symptoms. Based on his extensive experimentation on different potencies, Sherr (1994) maintains that a single potency such as the 30CH should be used. De Schepper (2001:36) too supports the use of the 30CH potency, and states that the old masters warn against the use of higher potencies to avoid any unnecessary aggravations. Whilst in contrast Vithoukas (1980:151) as does Fuller Royal (1991:123) suggest the use of many different potencies so that one is able to get a more clear and concise picture of the remedy. Vithoukas using potencies ranging from 1X to 50M in his provings. Based on all the conflicting preferences of the major international proving authorities is clear that the issue on potency selection is a contentious one.

The optimum number of provers in a proving, in order for one to elicit a viable amount of symptoms, is the third debatable issue. Vithoukas (1980) talks of using 50-100 provers to ensure that a thorough proving of a remedy is done. Sherr (1994:45) suggests a proving population of 15-20 provers is sufficient to produce a full remedy picture and states that a proving of a 100 or more will lead to over proving a remedy and could possibly overcrowd the materia medica with common symptoms. The ICCH is too in favour of smaller proving groups and recommends an ideal number for a proving is 10-20 provers (ICCH, 1994:34).

The European Committee on Homoeopathy (ECH) Homoeopathic Drug Proving Guidelines state that a proving should include the following:

- A systematic observation and recording of symptoms.
- The symptoms must be produced by the administration of a potentially homoeopathic substance that has yet to be proved homoeopathically.
- The potential homoeopathic medicine is to be administered to only healthy individuals (provers) (ECH, 2004).

2.3.1 Proving methodologies utilized at Durban University of Technology (D.U.T), Department of Homoeopathy

Since 1997 Homoeopathic provings have been approved as a research option at D.U.T. Between the periods 1999-2008, 29 researchers have conducted 16 blinded, placebo controlled homoeopathic provings of 13 indigenous South African plant and animal substances at D.U.T. All of the respective methodologies used were fully compliant with the recommendations contained within the European Committee on Homoeopathy (ECH) Recommended Guidelines for Good Provings (Ross, 2009).

Of the 15 provings conducted at D.U.T. 14 used the 30CH potency and 1 of the 15 provings utilised the 6CH potency (*Sceletium tortuosum*). The sample sizes ranged from 15-32 provers. The progressive decrease in prover number facilitated a more concise and precise proving and yielded more provings with a further understanding (Ross, 2009). The number of provers receiving placebo per proving ranged from 20%-50%. The 10% placebo population utilized during the proving of *Yam Hamelach* was found to be inadequate (Ross, 2009). Of the 15 provings conducted at D.U.T the number of provers who received verum ranged between 15 and 20 per proving. The increase in the number of verum provers enabled the researcher to obtain a more insightful remedy picture (Ross, 2009). The blinding process followed

in the 15 DUT provings was kept consistent as the normal double-blind design (Ross, 2009).

Name/substance	Year	Number of provers	Potency	Percentage (%) Placebo
<i>Sceletium tortuosum</i>	1999	30	6CH	50%
<i>Bitis arietans arietans</i>	1999	30	30CH	50%
<i>Pycnopus sanguineus</i>	2002	30	30CH	50%
<i>Bitis gabonica gabonica</i>	2004	30	30CH	50%
<i>Harpagophytum procumbens</i>	2004	30	30CH	50%
<i>Naja mossambica</i>	2004	20	30CH	25%
<i>Sutherlandia frutescens</i>	2004	24	30CH	25%
<i>Chamaeleo dilepsis dilepsis</i>	2006	15	30CH	20%
<i>Erythrina lysistemon</i>	2007	32	30CH	37.5%
<i>Peucedanum galbanum</i>	2007	30	30CH	20%
<i>Gymnura natalensis</i>	2008	30	30CH	20%
<i>Pink</i>	2008	30	30CH	30%

<i>Hemochatus haemochatus</i>	2008	30	30CH	20%
<i>Loxodonta Africana</i> – Ivory	2008	26	30CH	23%
<i>Yam ha-melach</i>	2008	20	30CH	20%

Table 2.1 - Summary of D.U.T proving methodologies

2.4 PROVING SUBSTANCE – *Curcuma longa*

2.4.1 Classification

Kingdom: Plantae (Plants)

Subkingdom: Tracheobianta (vascular plant)

Super division: Spermatophyta (seed plant)

Division: Magnoliophyta (flowering plant)

Class: liliopsida (monocotyledons)

Family: Zingiberaceae

Subfamily: Zingiberoideae

Genus: Curcuma

Species: longa

Botanical name: Curcuma longa L

Common name: Turmeric, Indian saffron, haldi, common turmeric

(United States Department of Agriculture: plants profile, 2010:2)

Turmeric plant



(Thorne research, 2002)

Turmeric rhizome

(Wikipedia encyclopedia)



2.4.2 Description and distribution

The botanical name of turmeric is *Curcuma longa* and it falls within the Zingiberaceae botanical family. It is a perennial herb that grows to approximately one meter in height and has large tufted leaves. The leaf blade is often described as long and tapering towards the base. The plant produces pale yellow flowers with three petals and the flowers are found close to ground level. The rhizome is described as being oblong or cylindrical, having two parts; a primary rhizome, which is egg-shaped and many cylindrical and branched secondary rhizomes that grow from the primary rhizome. The rhizome is brown on the outside and yellow to yellow-orange on the inside (Bone, 2000:570). The rhizome of *Curcuma longa* is profoundly yellow in colour (as are the leaves yellow). *Curcuma longa* prefers to grow in wet, rainy climate. The habitat of Turmeric is a hot tropical climate.

The Zingerberacea family form part of the monocotyledonous plants found throughout the tropical and subtropical parts of Asia. Most of the members of the family are known by recognition of their aromatic leaves and thickened, fleshy rhizomes that are rich in essential oils. Members of the family include *Aframomum*, *Amomum*, *Curcuma*, *Elettaria*, *Hedychium*, *Kaempferia*, *Languas*, *Phaeomeria* and *Zingerber* of which *Curcuma*, *Elettaria*, and *Zingerber* are the important medicinal plants of the family (Wikipedia Encyclopedia Zingiberaceae Taxonomy).

Curcuma longa is well cultivated in most tropical parts of the world including Africa, India, Madagascar and Malaysia (van Wyk & Mink, 2004:118). It can be assumed that the hot, rainy climate found in these regions is preferential for the growing of *Curcuma longa*.

2.4.3 Traditional use of Turmeric

According to Traditional Chinese Medicine the Turmeric rhizome is regarded as a Blood and Qi (vital energy) stimulant (Mills; Bone 2000:569).

Pharmacological studies have shown that *Curcuma longa* improves gastric and hepatic function (Huebner, 2009). Thus Turmeric is often used to aid the digestive tract. In Traditional Chinese Medicine the gallbladder is paired with the liver in a Yin/Yang relationship. When there is disruption/disharmony in the liver, disruption/disharmony of the gallbladder often follows. Headaches are often the outcome of a disruption of gallbladder and liver function (Gallbladder: Wood-energy yang organ) (Huebner, 2009).

In anthroposophical medicine when a remedy is produced from a plant with large leaves as in the case of *Curcuma longa* (Mills, Bone, and 2000:570) mainly the rhythmic system of the person will be affected.

It has also been determined that the inclusion of Turmeric in the diet may assist in the prevention of breast cancer (Bone 2000:574). A key constituent of turmeric rhizome is found to include an essential oil and yellow pigment including curcumin which has been found to inhibit tumours (Bone 2003:437- 438).

Turmeric is also significantly used internally as an anti-inflammatory in both acute and chronic conditions such as eczema, psoriasis, asthma and infections. Topically it is also used for inflammation, skin diseases and skin infection. In pharmacological research it was found that Curcumin is a dual inhibitor of arachidonic acid metabolism, inhibiting both the enzymes 5-lipoxygenase and cyclooxygenase and therefore has gained recognition for its anti-inflammatory action (Bone 2003:437).

Turmeric is also well known for its use as a spice. It forms a major part of Indian culture, being used extensively both medicinally and in food preparation.

2.5 DOCTRINE OF SIGNATURES

Paracelsus (1493-1541) the Swiss alchemist and physician was the first to propose the concept of the Doctrine of Signatures. It can be described as finding similarities between a plant's appearance, structure and biological behaviour to that of the expression of treatable disease symptoms in humans (Richardson-Boedler, 1997:172). Paracelsus proposed that plants with shapes that resemble human organs or structures could be regarded as healing agents for those particular body types. The Doctrine of Signatures infers that by observing the colour of flowers or leaves, place of growth or other signatures one can determine what the plants therapeutic purpose was intended to be (Pujol, 1990:24). African herbalists have the ability to recognize the likeness between plants and man by judging the use of any plant for the treatment of disease (Pujol, 1990:24). For example, a useful remedy for liver and gallbladder pathology with its yellow coloured, bile-like juice is *Chelidonium majus* (Richardson-Boedler, 1999:173).

The Doctrine of Signatures is of great importance because it helps to clarify and also verify the remedies therapeutic value it also helps to instil the process of learning and memorizing the remedy picture in the study of homoeopathy (Richardson-Boedler, 1999:173).

Doctrine of Signatures analyses of substances have proven very beneficial and shown strong correlations to the proving symptoms produced. These have been shown with great evidence in previous proving (Pistorius, 2006, Webster 2002 & Speckmeier 2008 & Pather 2009).

Pistorius (2006) conducted a proving of *Chamaeleo dilepis dilepis*. The nature of a chameleon in order to maintain their solidarity is to adapt in various ways. One way for them to this is to change their colour and blend into their surroundings such tendencies were noted in the proving. Another adaptative mechanism is to become aggressive which was also was seen in the proving where provers experienced angry violent feelings (Pistorius, 2006:250).

The proving of *Sutherlandia frutescens* (Webster, 2002) produced symptoms whereby the provers felt 'alone in the world' felt like 'outcasts' and experienced dreams of separation and being lost. According to Webster (2002) these symptoms correlated with the physical appearance of the leaves of *Sutherlandia frutescens*, which are described as being multi-foliolate (Moshe, 1998:16), in other words they consist of many separate leaflets; hence isolated from each other (Webster, 2002).

According to Speckmeier (2008) symptoms of insomnia and restlessness while sleeping in the proving of *Loxodonta africana* correlates with elephants being both nocturnal and diurnal and the fact that they sleep standing and for only a few minutes at a time.

Pather (2008) in his proving of *Gymnura natalensis* reported that certain provers desired to be 'left alone'; this correlates with the stingray being described as a solitary animal. Certain provers experienced skin eruptions which were described as if their 'backs were covered with sand'. A common behavioural activity of stingrays is to submerge themselves in sand on the sea floor such that the dorsal surface ('back') is covered; additional symptoms also experienced included 'grittiness of the eyes'. Rays are known for their specific skill and mode of swimming; in the proving this was noted by two of the provers having pleasant dreams of swimming one of which was a non-swimmer and yet swam efficiently in her dream.

CHAPTER 3

PROVING METHODOLOGY

3.1 The Experimental Design

The homoeopathic drug proving of *Curcuma longa* took the form of a randomized, double-blind, placebo controlled trial. The blinding procedure was achieved in the following manner:

- The provers were unaware of the identity of the proving remedy.
- The researchers and the provers themselves were unaware to which research group each prover was allocated (active or placebo).

The method that was applied in this study followed generally the recommendations stated by Sherr in his publication *The Dynamics and Methodology of Homoeopathic Provings* (1994). The proving of *Curcuma longa* was operationalized by two researchers each responsible for half of the total proving population, the data obtained by both researchers was shared and formed the basis on which the second objective of each respective study was carried out. Rajkoomar (2010) compared the proving of *Curcuma longa* with the existing Ayurvedic and Phytotherapeutic indications of the substance. In this study, the proving of *Curcuma longa* was compared to a Doctrine of Signatures analysis of the Turmeric plant.

3.2 The Experimental Method

- There were numerous posters (Appendix E) put up on various notice boards around the Durban University of Technology inviting potential provers to participate.
- Members of the public as well as homoeopathic and chiropractic students were recruited.
- All volunteers were given a *Proving Information Sheet* (Appendix D) and a *Suitability for Inclusion* form (Appendix A).
- If all the inclusion criteria were met, the prover was asked to fill in Appendix A and return to the researcher.
- The researchers went through all the *Suitability for Inclusion* forms (Appendix A) and if all the criteria were met, provers were then selected.
- Each of the provers were contacted and asked to attend an orientation group meeting. At the meeting the provers were briefed on what was expected of them during the duration of the proving. The proving procedure was explained (Sherr, 1994:60) and all queries regarding the proving were addressed.
- The prover and researcher then agreed on a pre-proving consultation date where a consultation and physical examination was scheduled.
- At the pre-proving consultation each prover had a thorough case history taken by the researcher using the *Case History Format* (Appendix C). A physical examination was also carried out on the prover. An *Informed Consent Form* (Appendix B) was signed by the prover and collected by the researcher.
- Once the consultation was over, the prover was given
 - A personal prover code
 - A blank lined A5 book (journal) and a pen for recording their symptoms
 - An *Instructions to Provers* booklet
- Once the pre-proving consultations were completed, provers were asked to record their normal everyday symptoms starting on a certain date. This set of 'symptoms' was to be considered as the "baseline" or normal state of health

for each prover. This process also allowed the provers to get accustomed to self-observation and journal recording. This “baseline” recording of symptoms continued for 7 days (ICCH, 1999:35, Sherr, 1994:60).

- After the 7-day pre-proving period the provers collected their proving medication (active or placebo) from the researcher. This was done to avoid the provers antidoting or misplacing their proving powders prior to taking them. The provers then began taking their medication the next day.
- The provers were asked to take their first powder dose and record the time taken and if there were any symptoms that occurred. This indicated the beginning of the proving. There was a maximum of 6 powders taken over a period of two days (Sherr, 1994:53). The prover was instructed to cease taking more powders the moment symptoms started to occur. One more dose was recommended if the sensations experienced thus far were very mild (Sherr, 1994:61).
- Provers were asked to record their symptoms everyday over a period of 4 weeks.
- The researcher made telephonic contact with each prover every day during the first week of the proving to discuss their symptoms (Taylor, 2004). During week 2 of the proving the researcher contacted the prover every second day, every third day during week 3 and once in the fourth week (Taylor, 2004).
- After the four weeks, there was a further one-week post-proving observation period. The prover was contacted at the end of that week and any further symptoms that may have occurred during that time were addressed.
- A follow up consultation for each prover was scheduled during which time they were assessed to note any physical or mental changes that the provers may have noticed during the proving. At the consultation the prover’s journals were collected.
- A meeting was scheduled with the researchers and the proving supervisor at which time the proving was un-blinded and the allocation of each respective prover was revealed.
- The provers were informed of the identity of the proving substance.
- Extraction of symptoms, collation and editing of data from the journals then followed.

- The researcher conducted the process manually and no computer software was used.
- The final data was then compiled and presented in materia medica and repertory format.

3.3 THE PROVING SUBSTANCE

3.3.1 Potency

The potency of 30CH - selected according to the Hahnemannian method as stipulated in aphorism 128 of the Organon of Medicine, 6th edition (O'Reilly 1996:111) was utilised in the drug proving of *Curcuma longa*. 30CH was chosen, as this was the advocated potency by Hahnemann as well as the success of more recent provings using the same potency as noted by Sherr (1994). In Sherr's proving of Hydrogen, it was confirmed that most mental/emotional symptoms were produced by provers having taken the 30CH potency (Sherr, 1994:27).

3.3.2 Collection, preparation and dispensing of the Proving Substance

The fresh plant, *Curcuma longa*, of South African origin was identified by a suitably qualified person (Nadia Redgrave: Green Fingers Nursery Hillcrest) as the correct species before being sampled. The sample plant was initially derived from a tuber of the mother plant that was promegated at the herb nursery in Hillcrest. The plant was free of any pesticide or any other toxic chemicals. When picked up the plant was in rich, moist soil in protected nursery potting. During transportation from Hillcrest to the Homoeopharmaceutics Laboratory at the Department of Homoeopathy at D.U.T, the greatest care was taken over the plant in order for it to remain in the same condition. At the laboratory the plant was removed from its original potting and the rich, black, moist soil was exposed. The Turmeric rhizome and its tubers were gently loosened and removed by hand from the soil so as to not break of any secondary tubers. It took approximately 7-10 minutes to brush off with a soft bristle brush any excess soil

that remained on the rhizome. It was chosen that no water would be used to wash of any excess soil. This was done so as to not interfere with the proving substance. An oblong rhizome that measured approximately 7cm long and 6cm thick was chosen to be cut. A square shape was cut into the centre of the rhizome and scooped out to expose the rich, yellow colour on the inside, untouched part of the rhizome. This inside part of the rhizome was cut intensely small and thereafter weighed out until there was a precise measurement of 0.1g of the rhizome. This was the measurement of the proving substance that was utilized. 3 sets of 3.3g of lactose powder was measured out, which gave a total amount of 9.9g of lactose powder that was utilized to make the remedy. Potencies were prepared using only the rhizome of the plant as other homoeopathic remedies originating from the Zingiberaceae family such as *Zingiber officinalis* have been manufactured in this manner (Williamson, 2002:117).

The entire manufacturing process took place in the Homoeopharmaceutics Laboratory at the Department of Homoeopathy at D.U.T under the supervision of the laboratory technician. The homoeopathic preparation of *Curcuma longa* was prepared by the researcher according to methods 6 and 8a as specified in the *German Homoeopathic Pharmacopoeia* (GHP, 2003).

One part of the fresh sample was weighed out accurately and added to 99 parts of inert lactose powder, followed by trituration of the sample, according to method 6 of the German Homoeopathic Pharmacopoeia (GHP, 2003). The sample was then triturated to the 3rd centesimal potency and converted into liquid potency according to method 8a of the GHP. A further process of serial dilution and succussion of the remedy was carried out until reaching the 30th centesimal potency.

The 30CH liquid potency was then used to impregnate neutral lactose granules at 1% volume: volume ratio as per method 10 of the GHP(2003). An independent party, the lab technician, prepared the placebo and verum powders. Ten granules impregnated with *Curcuma longa* 30CH were added to each powder forming of a set of six lactose powders. All together there were 24 sets. This was dispensed as the

verum to the provers in the experimental group. The manufacturing of the placebo was done in the same manner as the verum, using methods 6, 8 and 10 of the GHP. Saccharum lactis powder alone was triturated up to the 3CH potency; the 3CH triturate was then used to manufacture liquid potencies up to 30CH. Neutral lactose granules were then impregnated with the 30CH liquid potency of Saccharum lactis and then added to unmedicated powders, to form 6 sets of 6 powders this was then dispensed to the control/placebo group. The same batches of distilled water, ethanol and lactose powder were utilized in the manufacture of the placebo and verum (Appendix G).

By manufacturing the verum and placebo in exactly the same manner not only were they visually indistinguishable but innately identical the only variable being the presence (or absence) of experimental variable i.e. *Curcuma longa* 30CH itself.

3.3.3 Dosage and Posology

A total of 6 lactose based verum or placebo powders were dispensed to each prover. They were instructed to take one powder sublingually three times daily for two days. The powder was to be taken away from meals, smoking, drinks and cleaning teeth. Provers were instructed to immediately stop taking any more powders once proving symptoms commenced. Only if the symptoms experienced were far too mild was the prover allowed to take a further dose (Sherr, 1994:61).

3.4 The Proving Population

3.4.1 Population size and Percentage placebo

A total number of 30 provers were recruited for the proving of *Curcuma longa*. A small placebo group comprising 6 provers (20%) was formed so as to not waste too

many good provers. 24 (80%) of the prover population were thus allocated to the verum group. The sample size of 30 provers is in keeping with sample size utilized by Wright (1999), Dos Ramos (1999), Thomson (2004), Kerschbaumer (2004), van der Hulst (2004), Pistorius (2006), Wayland (2007), Naidoo (2008), Somaru (2008) and Forbes (2008). The ratio of provers receiving verum to those who received placebo is in keeping with the methodology applied by DUT provings and recommended by ECH Recommended Guidelines for Good Provings (2000). Of the total number of 30 provers that participated in the proving, 23 were Indian, 4 were coloured and 3 were white (See 6.1.1).

3.4.2 Inclusion and exclusion Criteria

All provers chosen for this proving had to fall within the following criteria: (Also See Appendix A – Suitability for inclusion)

Inclusion criteria:

Each prover:

- Was between the ages of 18 and 60 (Taylor, 2004).
- Was in what was considered to be a general good state of health with no gross physical or mental pathology (Sherr, 1994:44; Wieland, 1997:233).
- Was able to maintain his/her normal lifestyle and daily routine as closely as possible (Walach, 1997:222).
- Was not consuming more than (Wright, 1999:20):
 - 2 measures of alcohol per day.
 - 10 cigarettes per day.
 - 3 cups of tea/coffee per day.
- Was willing to follow all proving instructions (Sherr, 1994:30).

Exclusion criteria

- Those taking or in need of any medication: chemical, homoeopathic or other (Sherr, 1994:44).
- Those utilizing the oral contraceptive pill or hormone replacement therapy in the last 6 months (Sherr, 1994:44; Wieland, 1997:233; Wright 1999:20).
- Those who were pregnant or nursing (Sherr, 1994:44; Wieland, 1997:233).
- Those who had undergone any surgery in the previous 6 weeks (Wright, 1999:20).
- Those who used any recreational drugs such as Cannabis, LSD, MDMA (Sherr, 1994:44; Wright 1999:20).
- Those who had no surgery or medical procedures scheduled during the proving period (Moore, 2007).

3.4.3 Randomisation

In order to achieve randomisation, each prover was given a unique prover code which was written on separate pieces of paper. These were all placed into a container and mixed, the research supervisor then randomly drew 6 prover codes from the container (each time re-inserting the prover into the container), the first 6 individual codes formed the placebo group and the remaining 24 codes by default formed the verum group. This was done such that neither the researchers nor the provers knew who was allocated which respective group thus ensuring double-blind status. The research supervisor then recorded the prover code allocation forming the basis on which dispensing took place. This information was kept confidential until the proving was un-blinded. Further blinding was provided by the fact that the provers did not know what the proving substance was or even what potency was being used, until the completion of the study.

The laboratory technician dispensed and labelled the respective remedies and used only prover codes when labelling each set of powders. The researcher was then handed over the powders to distribute to the provers at the appropriate time according to prover codes.

3.4.4 Monitoring of the provers

For the first week of the proving the researcher was in daily telephonic contact with the respective provers in order to discuss symptoms experienced. In the second week this telephonic contact was cut down to every second day, and every third day in the third week. This then decreased to once in the fourth week (Sherr, 1994:58).

The reason for the frequent contact was to determine when the remedy began acting, the quality of recording made by the prover and to monitor the nature and intensity of symptoms experienced by the prover.

In the post-proving observation week the researcher was in contact only at the end of that week to discuss whether any further symptoms had occurred during this time. The researcher and prover then arranged one follow up consultation, in order to observe and assess any physical or mental changes that may have been experienced during the proving period. During the follow up consultation the prover journals were also collected.

3.4.5 Data recording by the provers

All provers were provided with a blank journal and a pen to record their symptoms over the duration of the proving period. The provers were asked to adhere to the following guidelines for recording symptoms:

Notes were to be made for each symptom and any related concomitants or modalities as well as locality, time, sensation and duration thereof (Sherr, 1994:60). Each symptom was to be written on a new line, leaving space for remarks (Sherr, 1994:60).

- Each sequential day was to be started on a new page within the journal, which was to be clearly marked with the day and date (Sherr, 1994:60).
- The notes were not to be verbose, and only definite facts were to be recorded (Sherr, 1994:62).
- The type of symptom was to be classified according to the following categories (Sherr, 1994:62):
 - New symptom (NS) – never experienced before.
 - Old symptom (OS) – occurred more than one year ago.
 - Altered symptom (AS) – a normal symptom that changed during the proving.
 - Recent symptom (RS) – experienced within the last year.
 - Cured symptom (CS) – old or recent symptoms that are no longer present (Sherr, 1994:62).
- The above details were to be clearly demarcated in red ink alongside the corresponding symptom (Sherr, 1994:62).
- The exact time the symptom occurred was to be recorded.
- The symptom was to be recorded chronologically according to the (DD) day, (HH) number of hours and (MM) number of minutes since the proving commenced in the format of DD: HH:MM. Example being 01:11:22 is 1 day 11 hours and 22 minutes since the proving began (Sherr, 1994:73).
- After 24 hours the minutes were considered no longer to be important and were to be represented by XX. After a few days the hours become redundant and were also to be represented by XX (Sherr, 1994:73).
- Where time was insignificant or unclear it was also designated with XX: XX: XX.

3.4.6 Ethical Considerations

The following ethical considerations were implemented:

- All provers participated freely and willingly.
- Before the proving began, all provers were informed both verbally and in writing by means of the *Prover Information Sheet* (Appendix B) and the *Instructions to Provers* booklet (Appendix D), about the risks and benefits of participating in the proving and all the requirements to be made of them.
- Provers were free to withdraw from the proving at any given time without giving any explanation.
- Confidentiality was maintained throughout the proving.
- The provers signed an *Informed Consent Form* (Appendix B).
- At any time during the proving the prover would be given a free homoeopathic consultation and treatment if the prover developed symptoms that were unbearable.
- The Faculty of Health Sciences Ethics Committee, Durban University of Technology, approved the methodology of this study prior to commencement of the proving.
- The proving methodology met the requirements stated by the ECH – Recommended Guidelines for Good Provings i.e.
 - A systematic observation and recording of symptoms.
 - The symptoms must be produced by the administration of a potentially homoeopathic substance that has yet to be proved homoeopathically.
 - The potential homoeopathic medicine is to be administered to only healthy individuals (provers) (ECH, 2004).

3.5 Extraction Process

All of the symptoms that were recorded by provers were extracted from their individual journals and transformed into materia medica and repertory formats. All of the symptoms were carefully screened for suitability before being either selected or rejected (Sherr, 1994:67).

3.5.1 Inclusion and Exclusion criteria for Symptoms

The following symptoms were included:

- New symptoms, unfamiliar to the prover (ICCH, 1999:36).
- Usual or current symptoms that were intensified to a marked degree (ICCH, 1999:36).
- Current symptoms that were modified or altered (with clear description of current and modified components) (ICCH, 1999:36).
- Old symptoms, which reappeared, that had not occurred for at least one year (note time of last appearance) (ICCH, 1999:36).
- Present symptoms that disappeared during the proving (curative action) (ICCH, 1999:36).
- The time of day at which the symptom occurred should only be included if there is repetition of such times in one or more provers (ICCH, 1999:36).
- If a symptom was in doubt, it was included in brackets. If another prover experiences the same symptom it could be valid, otherwise it must be excluded (ICCH, 1999:36).
- A symptom that occurred after taking the medication on at least two occasions during the homoeopathic drug proving (Reilly, 1994:227).
- A symptom experienced when the proving started and which disappeared or is significantly ameliorated after the administration of the proving medication, is classified as a cured symptom (Riley, 1997:227).
- All symptoms that occurred in more than one subject (Riley, 1997:227).
- If the prover is under the general influence of the remedy then all new symptoms are proving symptoms (Sherr, 1994:70).

With regard to:

- **Location:** the prover was to be accurate in anatomical descriptions. Simple, clear diagrams were permitted and the prover was to be attentive to which side of the body was affected.

- **Sensation:** These were to be described as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull, etc.
- **Modality:** A modality described how a symptom was affected by different situations/stimuli. i.e. better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people (Reilly, 1997:227).
- **Time:** The prover had to note the time of onset of the symptoms, and when they ceased or are altered. If it was generally better or worse at a particular time of day, and if it was unusual for the prover (Reilly, 1997:227).
- **Intensity:** The prover had to describe the sensation and the effect of the symptom (Sherr, 1994:72).
- **Aetiology:** The prover had to describe factors that seemed to cause or set off the symptom and this repeatedly.
- **Concomitants:** if any symptoms appeared together or always seemed to accompany another or if some symptoms seemed to alternate with each other (Reilly, 1997:227).

Exclusion Criteria:

The following criteria were applied with regard to excluding of symptoms:

- Symptoms were not be included if they had occurred in recent history i.e. in one year or less (Sherr, 1994:70).
- Symptoms that were usual or current for the prover should be excluded (Sherr, 1994:70).
- If there is any serious doubt as to the validity of the symptom it should be excluded (Sherr, 1994:70).
- Any symptom that was produced by a change in life or an exciting cause was excluded (ICCH, 1999:36).
- All symptoms experienced by those in the placebo group, and any symptoms experienced in the verum group, which were in common with those experienced by the placebo group.

3.5.2 Collating and editing of the data

The process of collating was executed by taking all of the information obtained from all the provers and grouping it together as if was compiled and composed by one person (ICCH, 1999:36). All of the symptoms that were experienced by each prover were divided into relevant subsections with regards to which part of the body they belonged to (ICCH, 1999:36).

The proving data was edited accurately and formatted coherently so that it was both easily understood and in a logical sequence. Great care was taken so that the provers' symptoms were reported in the first person so as to retain the provers' own language and also to exclude sentences with too much detail and any unnecessary detail (Sherr, 1994:77). Any symptoms that were identical and similar but from different provers all appeared separately but consecutively under their relevant headings. If a symptom pertained to a particular section and it was repeated in one prover, then that symptom was recorded by taking into account the relative intensity of that symptom (Sherr, 1994:77).

3.6 Reporting the data

3.6.1 Repertory

Once editing of the proving data (symptoms) on *Curcuma longa* was completed and recorded it was transformed into standard homoeopathic format i.e. materia medica and repertory language. The reason for the repertory stage was to accurately analyse, truthfully interpret and thus convert the proving information into repertory language (ICCH, 1999:36). All symptoms or rubrics that were reported by provers were matched according to rubrics that already existed in the *Synthesis Repertorium Homoeopathicum* (Schroyens, 2001 Edition 8.1) for those symptoms where a suitable existing rubric could not be found a new proposed rubric was created. In the

proving of *Curcuma longa*, the grading of symptoms was done using a combination of grading according to frequency of symptom occurrence (Sherr, 1994:85) and the number of provers experiencing the particular symptom (Schroyens, 2001). A symptom was graded as follows:

“1” If it was experienced by less than 20% of the verum provers (experimental group)

“2” If it was experienced by 21-40% of the verum provers

“3” If it was experienced by 41-65% of the verum provers

“4” If it was experienced by more than 65% of the verum provers

3.6.2 Materia Medica

The proving symptoms that came about during the study of *Curcuma longa* were subsequently recorded in materia medica format that corresponded to the following sections (listed below) found in the *Synthesis Repertorium Homoeopathicum Syntheticum* (Edition 8.1).

Mind	Female
Vertigo	Respiration
Head	Cough
Eyes	Chest
Vision	Back
Face	Extremities
Mouth	Sleep
Throat	Dreams
Stomach	Fever
Abdomen	Perspiration
Rectum	Skin
Stool	Generals
Bladder	

3.7 Doctrine of Signatures

The proving symptoms were carefully considered in relation to the Doctrine of Signatures of *Curcuma longa*. This was conducted with the hypothesis that the proving symptoms experienced by the provers would show resemblance to unique characteristics of the plant used for the study. Thus in order to test this hypothesis a detailed Doctrine of Signatures analysis of *Curcuma longa* was conducted based on an extensive literature review of the plant's unique characteristics and natural history, this was then subsequently compared with the proving symptoms produced by the proving itself.

CHAPTER 4

THE RESULTS

4.1 Introduction

The symptoms of *Curcuma longa* were extracted from the proving journals and grouped together according to the sections as they are presented in the materia medica and repertory. Only the symptoms derived from provers within the verum group were included in this chapter. The resultant proving symptoms and rubrics were presented in the format corresponding to that of the *Synthesis Repertorium Homoeopathicum 8.1* (Schroyens, 2001) in the following manner:

4.2 Materia Medica

The proving symptoms of *Curcuma longa 30CH* were presented in materia medica format in the following manner:

Prover number: Prover sex: Day: Hours: Minutes

- Each symptom was documented in terms of the number of days, hours and minutes from when the first dose was taken. After 24 hours the number of minutes lapsed and was no longer applicable and was therefore represented as XX. After 3 days the number of hours also became redundant and was no longer reported.
- In situations when the time was omitted by the prover it was represented as XX:XX:XX.

- The symptoms that were recorded during the proving by the placebo group were excluded from the materia medica.
- Any proving symptoms that were cured during the proving period were denoted by the word (curative) followed by the particular respective symptom.

4.3 Prover list

Of the 30 provers who participated in the proving, 24 received verum and 6 received placebo respectively. The provers comprised of 16 males and 14 females; their ages ranged from 19 to 44 years with a mean age of 30.

PROVER NUMBER	AGE	SEX	PLACEBO/VERUM
01	21	F	V
02	30	M	V
03	24	M	V
04	19	M	V
05	26	M	P
06	25	F	V
07	19	F	P
08	23	M	V
09	23	M	V
10	41	M	V

11	34	M	V
12	19	F	P
13	21	M	V
14	19	F	V
15	19	F	V
16	32	F	V
17	28	F	V
18	23	F	V
19	46	F	V
20	44	F	V
21	49	F	V
22	46	M	P
23	30	F	V
24	38	M	V
25	38	M	V
26	42	M	P
27	25	M	V
28	32	M	V
29	34	F	P
30	42	M	V

Table 4.1 – Prover demographics and group allocation

4.4 Materia medica of *Curcuma longa*

4.4.1 MIND

Agility, energy and increased concentration

Not feeling tired and sleepy as other days.

09M:01:XX:XX

Feeling awake, happy.

09M:01:XX:XX

Feeling wide awake.

09M:05:XX:XX

Feeling fresh.

09M:05:XX:XX

Feeling refreshed and happy.

09M:16:XX:XX

Feeling refreshed, energetic.

09M:18:XX:XX

Feeling energetic.

09M:19:XX:XX

Feeling good and refreshed, energetic today.

09M:27:XX:XX

Refreshed and energetic.

09M:32:XX:XX

Got down to work and feel lighter than normal don't feel as boggered down as normal.

16F: 02: XX: XX

Got to work, quite bubbly even though it's so early.

16F 02:07:45

Felt very alert in our lessons. Responded well to discussions.

20F: 00:XX:XX

Feel that I concentrated much more than normal.

27M 09:XX:XX

Relaxed and calm, less anger

Feeling relaxed.

09M:05:XX:XX

Feeling relaxed and happy, not a usual feeling.

09M:13:XX:XX

Feel quite content and not as highly strung as normal.

16F 04:XX:XX

A lot calmer and peaceful than normal.

16F 06:XX:XX

My mood I noticed is more relaxed and calmer especially with the kids and hubby.

20F 10:XX:XX

Delene (wife) noticed that I was in a better mood. I think the powder may be a mood enhancer.

25M 02:XX:XX

Delene (wife) is convinced that the treatment is helping with my anger.

25M 04:XX:XX

Things that usually infuriated me seem to not be a big deal. I feel that I recover a lot quicker from being angry.

25M 05:XX:XX

When I do get angry, the anger subsides very quickly.

25M 08:XX:XX

A few weeks ago when I got angry, I would actually feel my heart beating harder and faster. I would grind my teeth and clench my fists.

Now my anger seems to be just a flash. My heart does start to race but I feel it within a few seconds getting back to normal.

25M 10:XX:XX

Courageous/confidence

I felt a sort of liberation that I could finally stand up for myself. Felt empowered.

27M 03:XX:XX

I am not a very talented pool player but I could not believe how well I played. I felt that I was concentrating much more than before.

27M 06:XX:XX

Insight

Connect with quite a few people today and am most insightful to a particular colleague having a hard time.

16F 06:XX:XX

Sadness and depressed mood

Not feeling good, feeling depressed, don't know why.

09M:20:XX:XX

Feeling depressed, just feel miserable, don't know what's wrong.

09M:23:XX:XX

I feel very depressed lately.

14F:10:XX:XX

Feel a little sappy too.

16F 04:XX:XX

Feel very SAD today as it marks the birthday of my late boyfriend.

16F 21:XX:XX

Haven't felt so down and alone like this for years.

16F 21:XX:XX

Am feeling a bit emotional. Still craving lots of snowballs.

17F 04:XX:XX

Get home not feeling so good or rather feeling emotional, just feel like crying end up going to bed crying, my eyes get all puffy.

17F 05:XX:XX

Strong feeling of depression and sadness, almost to the point of tears.

24M 03:XX:XX

Anxiety

Feeling stressed.

01F:04:XX:XX

Was kind of edgy and in a bit of a bad mood.

08M:18:XX:XX

I took the proving remedy. I was feeling a little anxious.

21F 00:07:00

Went to bed a little uneasy.

21F 01:XX:XX

Anger/quarrelsome

Feeling angry and annoyed.

01F:04:XX:XX

Had a massive argument with my team leader. Got very angry to the point of swearing. I felt this not normal that I could react like this as I am not as blatant and am usually passive.

27M 03:XX:XX

Concentration decreased

Lost concentration, can't seem to pay attention.

06F:00:XX:XX

Irritability

Felt very moody today.

01F:01:XX:XX

Irritable, still tired and sleepy.

01F:01:XX:XX

Feeling irritated, angry.

09M:00:XX:XX

Feel moody, do not know why.

13M:04:XX:XX

I feel so moody.

13M:07:XX:XX

Was irritable today.

14F:02:XX:XX

Tired and irritable.

14F:05:XX:XX

Prostration

Feel really tired and sleepy.

01F:01:XX:XX

Irritable, still tired and sleepy.

01F:01:XX:XX

Feeling sleepy.

04M:00:XX:XX

Lazy, tired.

10M:02:XX:XX

Feel like sleeping.

13M:00:XX:XX

Feeling sleepy today.

14F:01:XX:XX

Was really sleepy today.

14F:03:XX:XX

I feel very tired and sleepy these days.

14F:08:XX:XX

Forsaken

Haven't felt sooo down and alone like this for years.

16F 21:XX:XX

Woke up to an empty house and felt empty myself.

16F 24:XX:XX

Indifference

Was woken by a call at 6am telling me an uncle had died.

I didn't feel sad at all which surprised me.

16F 27:XX:XX

Intolerance

Was upset when I walked into church and heard the sound was so bad

but I got unusually upset and complained about the problem of negligence to the Pastors wife.

20F 06:XX:XX

I like excellence and commitment in everything we do – otherwise don't do it or don't interfere with something you know nothing about.

20F 06:XX:XX

4.4.2. VERTIGO

Feel kind of light-headedness.

17F 01:XX:XX

Feel lightheaded/drowsy, dizziness.

30M 00:XX:XX

4.4.3 HEAD - pain

Time - afternoon

Head pain in right temple at 12h20.

16F 00:12:20

Felt an unusual muzziness in my head at around 2:10pm.

20F 07:14:10

Location – left sided

Experienced a headache, pain at base of head on the left side with eyes feeling heavy and sleepy.

03M:00:XX:XX

A poking/piercing pain on the left side of my head.

16F 00:XX:XX

Location – right sided

Slept very well until I felt a sudden heavy pain on the right side of my head.

20F 00:XX:XX

Location - temple

Headaches have come back, pain is extreme at my temples, aggravated by heat or sun.

06F:14:XX:XX

Head pain in right temple at 12h20.

16F 00:12:20

Location - occipital

Experienced a headache, pain at base of head.

03M:00:XX:XX

Experienced a headache, dull pain at base of head.

03M:06:XX:XX

Location - frontal

Minor headache-forehead, dull pain.

14F:05:XX:XX

Sensation - throbbing

Extra mucous and a throbbing headache.

21F 10:XX:XX

Sensation - dull

Experienced a headache, dull pain at base of head.

03M:06:XX:XX

Minor headache-forehead, dull pain.

14F:05:XX:XX

Sensation - piercing

A poking/piercing pain on the left side of my head.

16F 00:XX:XX

Sensation – heavy

Slept very well until I felt a sudden heavy pain on the right side of my head.

20F 00:XX:XX

Modalities – sun aggravates

Headaches have come back; pain is extreme at my temples, aggravated by heat or sun.

06F: 14:XX: XX

Headache aggravated by sun-never happened before.

06F:15:XX:XX

Got a terrible headache from the sun.

09M:09:XX:XX

Sensation of lightness

Feel lightheaded/drowsy, dizziness.

30M 00:XX:XX

4.4.4 EYES

My eyes were all closed with secretion – like from when you have a cold. No problems after cleaning.

20F 04:XX:XX

Noticed my left eye twitching occasionally.

20F 06:XX:XX

Vision was a bit fuzzy, blurry, eyes started watering.

01F:09:XX:XX

4.4.5 EAR

Experienced dull pain in right ear, which persisted for +/- 10 mins.

16F: 00:XX:XX

Forgot to mention as I was driving home from work I felt my ears strange – like the canals were cleared and open.

20F: 00:XX:XX

At about 4pm I felt a funny kind of feeling in my ears – almost like an inner pain or whizzing sound.

It wore off by 5pm.

20F: 07:16:00

4.4.6 NOSE

My severe sinus headache began in the evening. Head was busting with pain. Went to bed with this sinus headache.

21F 00:XX:XX

My sinuses were troubling very badly. My headache was still there.

21F 01:XX:XX

I awoke very early due to the sinuses troubling.

21F 10:XX:XX

Slightly stuffy nose + headache noticed soon after remedy.

24M 00:XX:XX

4.4.7 FACE

The sides of my face felt hot and itchy but subsided later.

21F 01:XX:XX

Had supper and took remedy later.

Felt hot and itchy on the face once again.

21F 01:XX:XX

4.4.8 MOUTH

My tongue began feeling a little itchy and had a tingling effect. By late afternoon from face to neck, I was feeling very flushed or hot.

My tongue once again had a tingling effect.

21F 01:XX:XX

My tongue was feeling a little thick and uncomfortable.

21F 01:XX:XX

Mouth is still watery.

30M 01:XX:XX

Mouth starts watering and craving for things to eat.

30M 00:09:00

Still craving for things to eat, makes me hungry.

30M 00:09:00

4.4.9 THROAT

Throat on the right side feels sore.

19F 00:XX:XX

Throat very dry.

19F 00:12:40

A very large thick lining of mucous emerged in the throat region. Once this happened, the headache subsided.

21F 10:XX:XX

4.4.10 NECK

Had a pain on the left side of my neck.

14F:14:XX:XX

4.4.11 STOMACH

Change in bowel movements

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach.

20F 04:16:30

Major diarrhoea!!.

23F 01:XX:XX

Sensations

Burning

Stomach feels like it is burning.

30M 00:12:40

Cramps

Stomach feels like cramps. Sore for the whole day.

30M 02:XX:XX

Stomach feels like there is a lot of air in it.

08M:08:XX:XX

4.4.12 ABDOMEN

Change in bowel movements

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach.

20F 04:16:30

Major diarrhoea!!.

23F 01:XX:XX

4.4.13 RECTUM

Changes in bowel movement

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach.

20F 04:16:30

Major diarrhoea!!.

23F 01:XX:XX

4.4.14 STOOL

Changes in bowel movement

My tummy feels really funny, so have to find a loo, have a loose stool, not normal for me.

17F 01:XX:XX

Stomach worked at about 4:45pm – loose stools. Fine after that.

20F 02:16:45

My stomach worked at about 4:30pm.

Runny stomach.

20F 04:16:30

Major diarrhoea!!.

23F 01:XX:XX

4.4.15 BLADDER

Burning on urination

Burning when I wee, do suffer from cystitis sometimes.

23F 01:XX:XX

Wee still burning, had 1 litre of water.

23F 01:10:20

Wee burning had more water.

23F 01:12:30

Just got home from work, wee is still burning a lot, had about 2 litres of water during the morning. Feeling very flush.

23F 02:13:10

Increase in frequency

Urinating slightly more frequently than usual.

24M 00:XX:XX

Being weeing a lot. Have only had water to drink (very thirsty).

23F 01:13:20

4.4.16 RESPIRATION

Rate increased

Took first powder and after 20 mins felt my breathing rate increase.

16F 00:07:20

Took 2nd powder: Heart rate and breathing faster.

16F 00:12:55

Took 3rd powder after +/- 20 mins heart beats faster and breathing faster.

16F 00:17:20

Took powder heart beats faster and breathing increase in rate.

16F 01:07:20

Took powder: heart beats faster, breathing not as fast as before.

16F 01:12:45

4.4.17 CHEST

Pain

Experienced some chest pains.

06F:00:XX:XX

Had severe chest pains, thought I was going to have a heart attack.

06F:14:XX:XX

4.4.18 BACK

Pain

Back pains – on lower spine – felt at about 3:30pm.

20F 02:15:30

Woke up with lower back pain on the left side, was killing me, had it a long time ago, but has now come back.

06F:02:XX:XX

Pain in my lower back, was initially on left side, now throughout my back-unusual.

06F:13:XX:XX

Throbbing back pain.

15F:11:XX:XX

Still have the throbbing pain in my back.

15F:12:XX:XX

Upper back was tight and painful-feels like it needs to be broken.

08M:01:XX:XX

Location - Lower back

Back pains – on lower spine.

20F 02:15:30

Woke up with lower back pain on the left side.

06F:02:XX:XX

Pain in my lower back.

06F:13:XX:XX

Location – upper back

Upper back was tight and painful-feels like it needs to be broken.

08M:01:XX:XX

Had a stiff upper back in the morning.

08M:03:XX:XX

Sensation: throbbing

Throbbing back pain.

15F:11:XX:XX

Still have the throbbing pain in my back.

15F:12:XX:XX

4.4.19 EXTREMITIES

My legs were sore at the knees and under my feet.

20F 05:XX:XX

Slight pain in my right elbow and right knee – noticed at around 12pm.

20F 01:12:00

I got up with lots of pain to my right hip.

21F 01:XX:XX

Throbbing pain on my right knee.

01F:05:XX:XX

Extreme pain throughout my left leg, pain was very bad.

06F:10:XX:XX

Sensation: throbbing

Throbbing pain on my right knee.

01F:05:XX:XX

Sensation: Numb

Feel numb in my body especially in my shoulders, arms into my hand and a little dizzy.

19F 00:10:30

4.4.20 SLEEP

Fell asleep easier.

16F 01:XX:XX

Went to bed but was quite quick, not restless as normal.

16F 03:XX:XX

Slept peacefully no restlessness.

16F 04:XX:XX

Sleep broke at about 1am.

20F 01:01:00

4.4.21 DREAMS

Grandeur

Dreams: had a lovely dream and actually remembered it in the morning. Dreamt my husband won R203000-00 (only a dream). Woke up to reality still feeling very happy.

20F 03:XX:XX

Dreams of dead

Awake at around 3:30am with a dream in my head. Clear dream of my dad, shaking his head and smiling at me because I was upset over the fact that he wasn't worried to take care of my belongings (jewellery) in the house. Somebody took my box outside and dropped the contents which I found when I was coming home.

I hardly dream of my dad or late in laws very rarely – but my dad was so clear.

20F 13:03:30

Had a dream of dead people, very scary.

09M:10:XX:XX

Unremembered dreams

Diminished intensity of dreaming. Cannot recall dreams on morning of Day 1. **noticeably** more restful sleep during evening of Day 0.

24M 01:XX:XX

Had a dream which made me wake, but can't remember what it was about.

09M:06:XX:XX

Had a scary dream, but can't remember.

09M:14:XX:XX

Unpleasant

Had a bad dream. Awoke in the early hours (about 3:30/4am).

image of an accident on my mind. A bike was lying on the roadside. A woman's body was sliced at the torso. Her limbs were jumping around. Terrible dream.

20F 15:03:30

Woke up scared and sad this morning, had a very bad dream, dreamt my dad had died, got up frightened and confused.

01F:10:XX:XX

Woke up in shock this morning-had a bad dream last night, don't normally dream, someone stole my handbag.

06F:02:XX:XX

Woke up 4 times during the night, had a bad dream about having diarrhea in the middle of the doctors rooms! Very weird. Had a very broken sleep.

23F 00:XX:XX

Dreams unrealistic

Dreams last night were hectic. High paced, intense need to get somewhere. Same feeling dominated despite changes in dream locations. Locations included vast beaches, places of height and military installations.

24M 04:XX:XX

Flying

Had a dream last night, was flying in space looking at the moon and stars.

13M:02:XX:XX

Dreams repeating

I awoke at 10 in the morning recalling the same dream I had 2 days back. All the same symptoms were there the intense taste, colour, smell everything. But what stood out this time was this colour I had always been attracted by the rich creamish yellowish walls of my aunts living room stood out so vividly than before. Felt shocked and excited that I had a dream like this before.

27M 10:XX:XX

Week after the dream I had the same dream I had again still as vivid as before. Amazed at the sensations and the clarity of them. Excited about feeling so in to it, almost real. Again the yellowish colour of the room was what was outstanding about the dream. I know the colour yellow in Feng-Shui is that of creativity and inspiration. Don't know what it means but I am fascinated by the episode.

27M 14:XX:XX

Vivid dreams

Had a very strange dream. I dreamt that I was at my aunts' house that I did not see for a very long time. I vividly recall being in her home at her living room eating chicken curry but this was not strange the strange bit was actually having such a

vivid remembrance of the intense smell and taste as if I was there eating it for real. This was the most unusual dream that I have had. The thing that scared me about this was how realistic it all seemed.

27M 08:XX:XX

I awoke at 10 in the morning recalling the same dream I had 2 days back. All the same symptoms were there the intense taste, colour, smell everything. But what stood out this time was this colour I had always been attracted by the rich creamish yellowish walls of my aunts living room stood out so vividly than before. Felt shocked and excited that I had a dream like this before.

27M 10:XX:XX

Week after the dream I had the same dream I had again still as vivid as before. Amazed at the sensations and the clarity of them. Excited about feeling so in to it, almost real. Again the yellowish colour of the room was what was outstanding about the dream. I know the colour yellow in Feng-Shui is that of creativity and inspiration. Don't know what it means but I am fascinated by the episode.

27M 14:XX:XX

Dreams forgotten

Restful sleep during eve of Day 1. Once again cannot recall dreams upon waking.

24M 02:XX:XX

4.4.22 SKIN

Sensations

Went to shower – skin feels very sensitive with the water, feels like when I take something for the migraines and I have vasodilation.

23F 00:06:45

Feeling very flushed and skin is tingly.

23F 00:07:15

Feeling very flushed and skin is tingly.

23F 00:07:15

4.4.23 GENERALS

Lassitude

Don't feel as energetic as past few days.

16F 12:XX:XX

Felt tired.

20F 01:17:30

Lost all my energy.

15F:04:XX:XX

Feel weak and sleepy.

15F:04:XX:XX

Just feel like sleeping most of the time.

15F:05:XX:XX

Increased energy

Morning energy – I'm not usually a morning person. This morning I seem to be motivated.

25M 02:XX:XX

I never get up this early on a Sunday. Delene (wife) is thrilled that we could start the day early.

25M 03:XX:XX

Woke up early on a Sunday which is not normal for me.

27M 00:07:00

Woke up again with a sort of renewed energy.

27M 01:XX:XX

Same routine as day before felt energized, even though a hard days work. The score at work that we made was unusually high and normally would be drained but surprisingly I wasn't compared to my fellow workers.

27M 02:XX:XX

Feel increase in energy levels.

30M 01:XX:XX

Don't feel as tired as usual.

30M 01:XX:XX

Experienced a lot of energy, like I have taken an energy booster.

15F:02:XX:XX

Still feeling very energetic. Can't sleep because of all the energy.

15F:03:XX:XX

Thirst

Extra thirsty – had coffee and juice.

20F 02:XX:XX

No appetite but quite thirsty.

23F 01:XX:XX

Feeling very thirsty and quite irritated, not hungry, but feel like eating something, nothing quenching my thirst.

23F 01:15:30

Appetite increased

I noticed a slight increase in appetite. Nothing spectacular – maybe I'm imagining it.

25M 03:XX:XX

Mouth starts watering and craving for things to eat.

30M 00:09:00

Still craving for things to eat, makes me hungry.

30M 00:09:00

Appetite decreased

No appetite but quite thirsty.

23F 01:XX:XX

Feeling very thirsty and quite irritated, not hungry, but feel like eating something, nothing quenching my thirst.

23F 01:15:30

Light headed/dizzy

Feel lightheaded/drowsy, dizziness.

30M 00:XX:XX

Feel dizzy (in a trance).

30M 02:XX:XX

Tingling sensations

My tongue began feeling a little itchy and had a tingling effect. By late afternoon from face to neck, I was feeling very flushed or hot.

21F 00:XX:XX

Just had a shower and skin is very hot, tingly, sensitive and flushed especially on my upper arms, skin is red (Shower was not too hot, just medium).

23F 01:19:45

Shower, skin very tingly and sensitive.

23F 02:07:30

Flushed

By late afternoon from face to neck, I was feeling very flushed or hot.

21F 00:XX:XX

Just had a shower and skin is very hot, tingly, sensitive and flushed especially on my upper arms, skin is red (Shower was not too hot, just medium).

23F 01:19:45

Burning

Stomach feels like it is burning.

30M 00:12:40

4.5 Repertory

Key

The rubrics are listed in the order in which they would be found in *Synthesis Repertorium Homoeopathicum Syntheticum* 8th edition (2001).

Rubrics have been referenced as follows:

RUBRIC – SUBRUBRIC(S) – DEGREE

- All new rubrics gathered from this proving are underlined and denoted with a capital N
- Grade 4 rubrics are displayed in **BOLD TYPE, IN CAPITAL LETTERS**
- Grade 3 rubrics are displayed in **bold type, in lower case**
- Grade 2 rubrics are in *italics*
- Grade 1 rubrics are in plain type

4.5.1 MIND

- *MIND - agility, mental (2)*
- *MIND - alert (2)*
- *MIND - mental power - increased(2)*
- *MIND - concentration - active (2)*
- *MIND - clarity of mind (2)*
- *MIND – ardent (2)*
- *MIND – tranquillity (2)*
- MIND – tranquillity – conflict during (1)

- MIND – mildness (1)
- MIND – calmness (2)N
- MIND – relaxed (2)N
- MIND – cheerful (2)
- MIND – high spirited (1)
- MIND – content (1)
- MIND – content – himself with (1)
- MIND – mood – agreeable (2)
- MIND – energised feeling (1)
- MIND – insightful (1)
- MIND – exhilaration – alternating with sadness (1)
- MIND – cheerful – alternating with sadness (1)
- MIND – cheerful – followed by melancholy (1)

- MIND – forsaken feeling (2)
- MIND – mood – changeable (2)
- MIND – morose (2)
- MIND – morose – alternating with cheerfulness (1)
- MIND – morose – sleepiness with (2)
- MIND – wretched (1)
- MIND – weeping – desire to weep (2)
- MIND – prostration of mind (2)
- MIND – prostration of mind – sleepiness with (1)
- MIND – concentration – difficult (1)
- MIND – concentration – difficult – attention cannot fix (1)
- MIND – laziness – sleepiness with (1)

- MIND – irritability (1)
- MIND – irritability – weakness with (1)
- MIND – quarrelsome (2)
- MIND – protesting (1)

- MIND – litigious (1)
- MIND – intolerance (1)
- MIND – censorious (1)
- *MIND – anger (2)*
- MIND – anger – easily (1)
- MIND – defiant (1)
- MIND – confident (1)
- MIND – courageous (1)
- MIND – audacity (1)

4.5.2 VERTIGO

- VERTIGO - lightheaded (1)
- VERTIGO – vertigo (1)
- VERTIGO – accompanied by head – pain in the head (1)

4.5.3 HEAD

- **HEAD - pain (3)**
- **HEAD - headache (3)**
- HEAD - pain - sides - right (1)
- HEAD - pain - catarrhal (1)
- HEAD – pain – accompanied by nose – obstruction of (1)
- HEAD - sensitiveness - scalp of (1)
- HEAD - pain - temples (1)
- HEAD - pain - sun (1)N
- HEAD - pain - sun - agg (1)N
- *HEAD - pain - sun - exposure to sun; from (2)*
- HEAD – sun – exposure to the sun – agg (1)
- HEAD - pain - accompanied by - eye - pain (1)
- HEAD – pain – accompanied by eye – complaints (1)
- HEAD - pain - occiput (1)
- HEAD - pain - accompanied by - neck - pain in (1)

- HEAD - pain - dull pain (1)
- HEAD – heaviness – sides – right (1)
- *HEAD – heaviness (2)*
- HEAD – lightness; sensation of (1)

4.5.4 EYES

- EYE – heaviness (1)
- EYE – heaviness – accompanied by – head; pain in (1)
- EYE – sleepy feeling of eyes (1)
- EYE – complaints of eyes (1)
- EYE – agglutinated (1)
- EYE – complaints of eyes – left eye (1)

4.5.5 EARS

- *EAR - pain (2)*
- EAR - pain - dull pain (1)
- EAR - pain - right - dull pain (1)
- EAR - noises – whizzing (1)

4.5.6 NOSE

- NOSE – sinuses; complaints of (1)
- NOSE – catarrh – accompanied by head pain (1)
- NOSE – catarrh (1)
- NOSE – obstruction (1)

4.5.7 FACE

- *FACE – heat – flushes (2)*
- FACE – heat – sensation of (1)
- FACE – heat – cheeks (1)

- FACE – heat – prickly (1)
- FACE – itching (1)

4.5.8 MOUTH

- MOUTH – prickling – tongue (1)
- MOUTH – thick; sensation as if – tongue was (1)
- MOUTH – salivation – profuse (1)

4.5.9 THROAT

- THROAT - sore - throat(1)
- THROAT - dryness(1)
- THROAT-mucus-thick(1)

4.5.10 NECK

- NECK pain-left(1)

4.5.11 STOMACH

- STOMACH – thirst – extreme (1)
- STOMACH – thirst – unquenchable (1)
- STOMACH – appetite - increased (1)

4.5.12 ABDOMEN

- ABDOMEN – pain – cramping (1)

4.5.13 RECTUM

- *RECTUM – diarrhoea (2)*
- RECTUM – diarrhoea – afternoon (1)

4.5.14 STOOL

- *STOOL- watery (2)*

4.5.15 BLADDER

- URINE - burning - urination; after(3)
- URINATION – frequent (1)

4.5.16 URINE

- URINE - burning - urination; after(3)
- URINE - frequent(1)

4.5.17 RESPIRATION

- *RESPIRATION - accelerated (2)*
- RESPIRATION - accelerated-morning (1)
- *RESPIRATION - complaints of respiration - accompanied by – palpitations (2)*
- **RESPIRATION - accelerated - accompanied by palpitations of the heart (3)N**

4.5.18 CHEST

- CHEST-MAMMAE-complaints of(1)

4.5.19 BACK

- ***BACK – pain – lumbar region (2)***
- BACK – pain – lumbosacral region (1)
- BACK – pain (1)

4.5.20 EXTREMITIES

- *EXTREMITIES – pain – lower limbs (2)*
- *EXTREMITIES – pain – knee (2)*
- *EXTREMITIES – pain – joints (2)*

4.5.21 SLEEP

- *SLEEP - falling asleep - easy (2)*
- *SLEEP – refreshing (2)*
- *SLEEP – deep (1)*
- *SLEEP – sleepiness – daytime (1)*
- *SLEEP – sleepiness – heaviness with (1)*
- *SLEEP – sleepiness – heaviness with – head of (1)*
- *SLEEP – sleeplessness – vivacity; from (1)*
- *SLEEP – disturbed – dreams by (2)*
- *SLEEP – restless – dreams from (1)*

4.5.22 DREAMS

- *DREAMS – dead of the (1)*
- *DREAMS – dead; of the – relatives (1)*
- *DREAMS – coloured – yellow (2)*
- *DREAMS – vivid (1)*
- **DREAMS – food – taste and smell thereof (3)N**
- **DREAMS – vivid – food (3)N**
- **DREAMS – vivid – heightened senses with (3)N**
- **DREAMS – colours of – yellow (3)N**
- **DREAMS – possessions; losing (3)N**
- *DREAMS – death (1)*
- *DREAMS – father (1)*
- *DREAMS – frightful (2)*
- *DREAMS – diarrhea (1)*

4.5.23 SKIN

- *SKIN – prickling (2)*
- SKIN – pricking – warm when (1)
- SKIN – itching – heat – flushes of heat after (1)

4.5.24 GENERALS

- *GENERALS – energy – excess of energy (2)*
- *GENERALS – energy – sensation of (2)N*
- *GENERALS – energy – motivated (1) N*
- GENERALS – tingling (1)
- GENERALS – tingling – sensation (1)
- *GENERALS – heat – flushes of (2)*
- GENERALS – weakness – sleepiness from (1)
- GENERALS – weakness – sleepiness from – as from sleepiness (1)

CHAPTER 5

5. DISCUSSION

5.1 Introduction

The focus in this chapter is to discuss the results that were obtained from all of the provers belonging to the experimental (verum) group. The researcher considered all of the different symptoms that were of prominence amongst the respective provers and will discuss these as one unit, as though all of the symptoms belonged to one individual (Sherr, 1994:32). This method entails that the homoeopathic remedy picture is seen with a clearer and more comprehensive vision.

The first hypothesis was that *Curcuma longa* in the 30CH potency would produce clearly observable signs and symptoms in healthy provers. The second hypothesis stated that the proving of *Curcuma longa* would produce symptoms that would correlate to the Doctrine of Signatures.

The information that was collected from the proving served in showing that the symptoms provided for a total of 153 rubrics. The rubrics were distributed amongst 25 different sections of the repertory. A large portion of the symptoms were allocated to the mind section, which comprised of 46 symptoms, head section 19; sleep section 9 and dreams section 13.

SYSTEM	TOTAL NUMBER OF RUBRICS	NUMBER OF NEW RUBRICS	SYSTEM	TOTAL NUMBER OF RUBRICS	NUMBER OF NEW RUBRICS
Mind	46		Stool	1	
Vertigo	3		Bladder	2	
Head	19		Urine	2	
Eye	6		Female	4	
Ear	4		Respiration	4	
Nose	4		Chest	1	
Face	5		Back	3	
Mouth	3		Extremities	3	
Throat	3		Sleep	9	
Neck	1		Dreams	13	
Stomach	3		Skin	3	
Abdomen	1		Generals	8	
Rectum	2				

Table 5.1 – Total number of rubrics per repertory section

5.2 Abbreviation of the remedy

The suggested abbreviation for the remedy *Curcuma longa* is Curc-I. This is in accordance with the binary system as described in *Synthesis Repertorium Homoeopathicum*.

5.3 The symptoms

5.3.1 Mind

A large variety of symptoms experienced by the provers were in the mental and emotional spheres. This section resulted in the formation of 46 rubrics. Here many contrasts in the prover's symptoms were noted reflecting a prominent theme of polar opposites. In this section as well as throughout the proving symptoms with polarity were noted and is discussed in tandem in their relative sections.

- **Agility, energy and increased concentration**

Agility, energy and increased concentration were experienced in varying degrees by five of the provers (9M; 16F; 25M; 20F; 27M) This group of symptoms was reported very prominently in 9 separate journal entries throughout the proving by prover 9M, in which he described feeling energetic and refreshed. Prover 16F reported this symptom twice. She found that she got to work with ease even though it was early and that she was also able to get down to work easier than normal and she didn't have a "boggled" down feeling as she normally experienced. Prover 25M noted this increase in energy levels in two separate journal entries which is discussed in greater detail under the generals section entitled 'energy levels'. The concentration described by prover 27M was expressed as "I feel that I concentrated much more than normal". Prover 20F found herself being more alert at her lessons as well as responding well at her lessons.

- **Concentration decreased**

In contrast to both prover 20F and 27M, one prover reported a loss in concentration coupled with not being able to pay attention (06F:00:XX:XX). These two symptoms reflect a polarity as is being described under the section agility, energy and increased concentration.

- **Courageous/confidence**

One prover felt a sense of confidence. He described this in 3 separate journal entries but in 3 very different scenarios all equating to feelings of confidence. This was described by the prover as a sense of liberation and empowerment that he could stand up for himself. Normally he would react in a passive manner but in that instance he had the confidence to react blatantly. He also experienced this confidence when playing pool where normally he felt he had no talent but this time round he had confidence that he was playing better (27M).

- **Prostration**

Again there is evidence of this polarity in the symptomatology where there were four provers (9M; 16F; 25M; 27M; 30M) that reported agility and increase in energy levels in direct opposite comparison where five of the provers (1F; 4M; 10M; 13M; 14F) experienced being either tired or sleepy or both. Two of the provers (1F; 14F) experienced being tired and sleepy after taking the remedies. Provers (4M; 13M; 14F) on some days just felt like sleeping. Prover (10M) also experienced being lazy and tired.

With the following sections as well there was clear prominence of polar themes discussed as relaxed and calm, less anger in contrast to anxiety, quarrelsome, irritability and intolerance.

- **Relaxed and calm, less anger**

Two provers, 9M and 16F, responded well to the remedy and described intensely their symptoms of being relaxed and calm. Prover 25M noticed clearly his change in anger. This feeling was expressed intensely in many of his journal entries but there were 5 different journal entries that were described both prominently and succinctly by the prover. This experience/response to the proving substance was also clearly noted by the provers' wife and described as "Delene (wife) is convinced that the treatment is helping with my anger." Prover 25M also reported, "When I do get angry, the anger subsides very quickly."

- **Anger/quarrelsome**

Whereas Prover 25M displayed a great improvement in anger, anger was experienced by two other provers (01F:04; 27M 03). Prover 27M described himself as normally being a passive person but his anger that he described in his journal entry was that of being quite blatant and even to the point of swearing. Prover 1F described in her journal entries on 3 separate occasions as having experienced anger in the forms of being moody, irritable, and angry and annoyed.

- **Anxiety**

In contrast to the relaxed and calm feelings of provers 9M and 16F there was also the opposite felt by other provers. A sense of anxiety prevailed in three provers (01F:04; 08M: 18; 21F 00). Prover 8M experienced this sense of anxiety as being a bit edgy and in a bad mood. For prover 21F the feeling of being anxious occurred after taking the proving remedy.

- **Irritability**

Where there were certain provers like 9M, 16F and 25M that displayed a relaxed and calm feeling and less anger during the proving. The opposite feeling of irritability was experienced by four provers (01F:01; 09M: 00; 13M: 04; 14F:02). Three of the

provers experienced moodiness associated with the irritability. Two of the provers had associated tiredness with the irritability. Provers felt unexplained moodiness as well as anger.

- **Intolerance**

In contrast with a feeling of being relaxed and calm which was displayed by provers 9M and 16F the opposite was noted by one prover (20F 06:XX: XX) who experienced a feeling of intolerance associated with the prover being unusually upset at the incompetence of others. This feeling was recorded twice by the prover and on both instances she was adamant about her feelings.

- **Sadness and depressed mood**

Sadness and depression presented in five provers, although the portrayal of these emotions was quite differently described by each prover. The reasons for the depression were often unknown (09M). There was a deep sense of past emotions of sadness described by one prover (16F). Two provers felt a deep sense of emotion and sadness to the point of tears (17F; 24M).

- **Forsaken/ Indifference**

A forsaken feeling was experienced by one prover (16F) in which she described herself as not having felt so down and alone for a number of years. The prover also felt forsaken when she awoke to an empty house and this gave her a sense of also feeling empty.

One prover (16F) experienced a feeling of indifference quite prominently when upon receiving a death message of a relative the prover she was unphased even as far as not experiencing any emotion or sadness.

There was a very evident polarity of mental and emotional symptoms within the proving of *Curcuma longa*, with some provers experiencing sadness and depressed moods (24M; 17F; 16F; 9M), feelings of forsaken/indifference (16F) and feelings of

intolerance (20F) in contrast with other provers experiencing feelings of being happy, awake, refreshed, bubbly and feeling lighter than normal (9M; 16F; 20F).

5.3.2 Vertigo

Vertigo was experienced by two provers (17F; 30M). Both the provers described the vertigo as a feeling of “light headedness”. One prover (30M) described the sensation of vertigo as that of drowsiness and being dizzy.

5.3.3 Head

Eight provers presented with varying types of headaches (16F; 20F; 03M; 06F; 14F; 21F; 09M; 30M). Several different types of headaches were described in terms of the location, time, sensation and modalities of the pain. The locations of prominence that were noted were left sided, temple, occipital and frontal. Two provers (3M; 16F) described experiencing a left sided headache. Prover (3M) described this in three different journal entries as having a pain at the base of the head on the left side with eyes feeling heavy and sleepy. Prover (16F) described having a poking/piercing pain on the left side of the head. Two provers (6F; 16F) experienced temple headaches. Prover 6F described her headaches as coming back with the pain being extreme at the temples. Prover 16F described having a head pain at the right temple. One prover (3M) noted on two separate journal entries as having a headache at the base of the head.

The different sensations of headache felt by the provers were described as drowsy/light headed, throbbing, piercing/poking, dull and heavy. Two of the provers (06F; 09M) found that the headache was either brought about or aggravated by the sun. Prover 6F described in two separate journal entries that her headaches had come back and that it was being aggravated by the sun or heat and her headaches

had never been aggravated by the sun before. Prover 9M described in his journal entries twice about experiencing a headache and on one occasion described that he “got a terrible headache from the sun.” Two provers (16F; 20F) noted afternoon headaches.

The theme of polarity of symptoms was quite evident in the head section also. This can be seen as follows:

Left sided head pain (3M, 16F)	Right sided head pain (20F)
Occipital head pain (3M)	Frontal head pain (14F)
Piercing head pain (16F)	Dull/heavy head pain (3M, 14F, 20F)
Throbbing head pain (21F)	Dull/heavy head pain (3M, 14F, 20F)

Table 5.2 – Comparison of symptom polarity – head pain

5.3.4 Eye

One prover experienced closing of the eye from secretions with the sensation of it being like the secretions that one would experience when one has a cold (20F). The different sensations expressed by the provers were that of twitching, blurriness and watering. One prover (20F) experienced twitching of the eye. One prover (1F) experienced blurriness and watering of the eye.

5.3.5 Ear

One prover experienced a dull pain in the right ear (16F). One prover (20F) experienced the ears feeling strange with the feeling like the ear canals were cleared and opened. One prover (20F) experienced whizzing sounds in the ear.

5.3.6 Nose

Two provers (21F; 24M) experienced symptoms relating to the nose. Prover 21F noted down on three separate entries about her sinuses being troubled. One prover (21F) experienced a sinus headache after taking the remedy and also described in her journal entries that she went to bed with the sinus headache. Prover 21F also described in her journal entries that she awoke early due to her sinuses troubling her. Both provers 21F as well as 24M also both experienced headaches soon after taking the remedy. Prover 24M described experiencing nasal congestion together with a headache after taking the remedy (24M).

5.3.7 Face

One prover (21F) experienced the sides of the face being hot and itchy after taking the remedy. This was noted in her journal entries on two separate occasions.

5.3.8 Mouth

There were two provers that experienced symptoms regarding the mouth. One prover described the tongue as experiencing a tingly and itchy effect (21F). She also described this itchy sensation on her face as described in section 5.3.7 where she describes the sides of her face as being hot and itchy. The same prover described

the tongue has feeling thick and uncomfortable. One prover (30M) described the mouth as feeling watery or the mouth watering and craving for something to eat.

5.3.9 Throat

One prover (19F) described the right side of the throat as feeling sore. Prover 19F also experienced the throat as being very dry. One prover (21F) experienced their headache subsiding after experiencing a very large thick lining of mucous emerging in the throat region.

5.3.10 Neck

One prover experienced pain on the left side of the neck (14F).

5.3.11 Stomach

One prover noted a burning sensation of the stomach (30M). Two provers (30M; was 08M) noted cramping of the stomach. Prover 30M described stomach cramps and that it was sore the whole day. Prover 8M described the stomach like having alot of air in it.

5.3.12 Rectum and stool

Loose stools/diarrhoea was noted by three of the provers (17F 01; 20F 02:16:45; 04:16:30; 23F 01). Prover 17F described in her journal entry as her tummy feeling funny and “she had to find a loo”. She had a loose stool and that was not normal for her. Prover 20F described in her journal entries twice that she experienced loose stools. On day 1 of the proving prover 23F was awoken 4 times during the night with

an unpleasant dream of having diarrhoea in the middle of the doctor's rooms. On the second day of the proving, prover 23F described in her journal entry that she had had "major diarrhoea!!"

5.3.13 Bladder

Two provers (23F; 24M) experienced symptoms associated with the bladder. One prover (23F 01) noted in her journal entries on 4 separate occasions that there was an extreme sensation of burning on urination and needed to consume lots of water. Two provers experienced frequency in urination. One prover (23F 01) noted in her journal entry that she had been weeing a lot and had only had water to drink. Prover 24M experienced urinating more than usual.

5.3.14 Respiration

One prover (16F) described in five separate journal entries an intense sensation of increased rate of breathing a short while after taking the remedy. This occurred all three times after she took the remedy as well as even after taking the remedy. This increase in respiration was also associated at each instance with an increase in the heart rate.

5.3.15 Chest

Prover 6F experienced severe chest pains. She noted this down in two separate journal entries. Even as late as day 14 of the proving she noted severe chest pains that felt like she was going to have a heart attack.

5.3.16 Back

Four provers (20F; 6F; 15F; 8M) experienced back pain. Two provers experienced lower back pain (20F 02; 06F:02). Prover 6F had noted down experiencing lower back pain on two different occasions. On both occasions it started off on the left side. On one of those occasions she noted the pain radiating throughout the back, which she found unusual. One prover (08M 01) noted in his journal entries twice to be experiencing upper back pain and described it as being stiff, tight and painful. One prover (15F) described her back pain on two occasions as that of a throbbing sensation.

The theme of polarity of symptoms also prevailed in the back section. Two provers (20F, 6F) experienced lower back pain where upper back pain in contrast was experienced by prover 8M.

5.3.17 Extremities

One prover (20F 05) described her legs being sore at the knees and under the feet. Three provers noted right-sided pain. One prover noted slight pain in the right elbow and right knee (20F 01:12:00). One prover awoke with a significant amount of pain in the right hip (21F 01). One prover noted the sensation of a throbbing pain in the right knee (01F 05). One prover experienced left sided pain and described it as having extreme pain throughout the left leg (06F 10). One prover experienced numbness in the body associated with dizziness (19F 00).

In the extremities section the theme of polarity of symptoms was seen as:

Pain on right side of extremities (1F, 20F, 21F)	Pain on the left side of extremities (6F)
Throbbing of the extremities (1F)	Numb extremities (19F)

Table 5.3 – Symptom polarity – Extremities

5.3.18 Sleep

One prover (16F) in particular experienced improved sleep in response to taking the proving substance. She recorded this on four separate occasions during the proving. She experienced falling asleep easier as well as quicker. She found that her sleep was in fact peaceful and not as restless as normal. Prover 24M experienced a restful sleep during the eve of day 1 of the proving. In contrast to prover 16F and 24M there were two provers (20F; 23F) that noted their sleep being interrupted.

The sleep section also reflected the same theme of polarity of symptoms. Provers 16F and 24M found that during the proving it was easier for them to sleep and this was in contrast with provers 20F and 23F where they described their sleep patterns as being disturbed.

5.3.19 Dreams

There were several different themes noted in the dreams ranging from dreams of grandeur, dreams of dead, unremembered dreams, unpleasant dreams, dreams unrealistic, flying, dreams repeating, vivid dreams to dreams forgotten. Several provers remembered their dreams quite vividly even to the extent of very fine detail

(20F 13; 24M 04; 27M 10). This is described at length in great detail with regards to vivid dreams in section 5.4 in the Doctrine of Signatures under the heading of the impact of the rhizome being yellow. Four provers experienced having very unpleasant dreams (20F 15; 01F; 06F 02; 23F 00).

Throughout the proving it was evident of this theme of polarity of symptoms. This even came up in the dreams section.

Provers 23F, 6F, 1F, 27M, 20F and 9M had all noted in their journals that they had remembered their dreams in contrast with provers 24M and 9M who could not remember their dreams.

5.3.20 Skin

The different sensations of the skin felt during the proving were skin sensitivity, flushed, tingly. These sensations were experienced by prover 23F. She experienced the skin feeling sensitive from the water when showering. She also felt the skin feeling very flushed and tingly. Prover 23F also described this when she recorded her journal entries about her burning urination. She described it as “feeling very flush.”

Prover 21 also described this tingling sensation. She described the sides of her face as being hot and itchy. She also described the tongue as feeling thick and uncomfortable, as well as describing the tongue as experiencing a tingly and itchy effect.

5.3.21 Generals

Decreased energy levels vs. increased energy levels

- **Decreased energy**

Three provers reported that their energy levels had dropped considerably and a feeling of laziness and sleepiness was experienced (16F 12; 20F 01; 15F:04). Prover 16F described in her journal entries as not feeling as energetic as the past few days. Prover 20F described herself as feeling tired. Prover 15F noted on three different occasions this lack of energy. She described this as a feeling of having lost all her energy. She also noted down feeling weak and sleepy and wanting to sleep most of the time.

- **Increased energy**

On the contrary four provers felt very energetic (25M 02; 27M 00; 30M 01; 15F:02). Two of the provers found that their increase in energy levels got them to start their days earlier than normal, which is something; they would normally never do (25M 03; 27M 00). Prover 25M noted this on two separate occasions. Waking up early even gave prover 25M a feeling of motivation. Both provers 25M and 27M noted it was unusual for them to wake early especially on a Sunday. Prover 27M noted this increase in energy levels on three different occasions. Prover 30M noted in two separate journal entries and increase in energy levels. In contrast to three male provers experiencing an increase in energy levels only one female prover noted a major change in energy levels. Prover 15F noted this down in two journal entries. She experienced this as having lots of energy like she had taken an energy booster. She also found that because of all this energy she could not sleep.

In contrast to all this agility, increased energy and increased concentration the mental section with regard to the mind symptoms proved to have many symptoms depicting the theme of polarity. The different themes of polarity of symptoms have

been discussed under the mind section under the headings decreased concentration and prostration as well as under the generals section under the heading lassitude.

Appetite and thirst

Two provers noted a considerable increase in thirst (20F 02; 23F 01). One prover noticed an increase in appetite (25M 03). One prover experienced a craving for something to eat (30M 00). In contrast to this the theme of polarity was once again evident as there was one prover that noted a decrease in appetite associated with an increase in thirst (23F 01).

Sensations

A general sensation of light-headedness was experienced by two provers (17F, 30M). A sensation of itching of the face was experienced on two different occasions and itching of the tongue once by prover 21F. A sensation of tingling flushed and burning was experienced on four different occasions by one prover in different parts of the body. Prover 21F experienced feeling flushed on one occasion as well as experiencing a tingling of the tongue on one occasion.

5.4 Doctrine of Signatures

The botanical name of turmeric is *Curcuma longa* and it falls within the Zingiberaceae botanical family. It is a perennial herb that grows to approximately one meter in height and has large tufted leaves. The leaf blade is often described as long and tapering towards the base. The plant produces pale yellow flowers with three petals and the flowers are found close to ground level. The rhizome is described as being oblong or cylindrical, having two parts; a primary rhizome, which is egg-shaped and many cylindrical and branched secondary rhizomes that grow

from the primary rhizome. The rhizome is brown on the outside and yellow to yellow-orange on the inside (Bone, 2000:570).

The Zingiberaceae family form part of the monocotyledonous plants found throughout the tropical and subtropical parts of Asia. Most of the members of the family are known by recognition of their aromatic leaves and thickened, fleshy rhizomes that are rich in essential oils. Members of the family include *Aframomum*, *Amomum*, *Curcuma*, *Elettaria*, *Hedychium*, *Kaempferia*, *Languas*, *Phaeomeria* and *Zingerber* of which *Curcuma*, *Elettaria*, and *Zingerber* are the important medicinal plants of the family (Wikipedia Encyclopedia Zingiberaceae Taxonomy).

Curcuma longa is well cultivated in most tropical parts of the world including Africa, India, Madagascar and Malaysia (van Wyk & Mink, 2004:118). It can be assumed that the hot, rainy climate found in these regions is preferential for the growing of *Curcuma longa*.

The Doctrine of Signatures allows one to surmise from the colour of the flowers and root, place of growth, climatic nature or other signatures what the plants medicinal purpose was intended to be (Wagner, 2007:11).

The stimulant activity of the Turmeric rhizome

According to Traditional Chinese Medicine the Turmeric rhizome is regarded as a Blood and Qi (vital energy) stimulant (Mills; Bone 2000:569). This clearly relates to the increased agility, energy and concentration experienced by certain provers (see 5.3.1). The physical impact of the stimulatory effect of the rhizome can be seen in an increase in the body temperature. One prover (21F) experienced the sides of the face being hot and itchy after taking the remedy. The same prover also described the tongue as experiencing a tingling and itching sensation (21F).

One (16F) prover experienced an intense sensation of increased rate of breathing a short while after taking the remedy. This increase in respiration was also associated with an increase in the heart rate. This symptom can also be associated with the Doctrine of Signatures in accordance with the Turmeric rhizome Qi (vital energy) being considered a stimulant (Bone 2000:569) hence the increase in respiration and heart rate.

One prover (23F) noted in her journal entries on 4 separate occasions that there was an extreme sensation of burning on urination. The sensations of the skin experienced during the proving was that of the skin feeling tingly as well as flushed. These sensations were noted by prover 23F. This relates to the doctrine in two ways with the rhizome being a stimulant as well as being yellow and the sun with the habitat being the tropics creating a sensation of heat. Therefore heat or the yellow colour could be part of the manifestations of symptoms.

The impact of the rhizome being yellow

The rhizome of *Curcuma longa* is profoundly yellow in colour (as are the leaves yellow) in the practice of Colour Therapy, yellow is considered the colour of detachment to the point where a person may experience detachment from others and their environment (Wagner, 2007:204). This clearly relates to the mental themes of irritability, indifference, forsaken feeling, sadness and depression (See 5.3.1).

Two of the provers noted very distinctly that the headache they experienced was (06F; 09M) either brought about or aggravated by the sun. This could also be related again with yellow colour associated with *Curcuma longa* and the sun being yellow, furthermore the heat of the (found in the tropics) is essential for growth of *Curcuma longa*.

One prover (27M) experienced a recurring dream which was dominated by the colour yellow. The dreams also included foods such as chicken curry and very vivid description of the intensity of the smell, taste and colour of the food. This could be related to the prominent yellow colour of the *Curcuma longa* plant; with the plant containing both pale yellow flowers as well as the rhizome being yellow this is particularly relevant as the part of the plant used to produce the homoeopathic remedy was the rhizome. Turmeric is also well known for its use as a spice and the prover dreamt of eating curry with the intensity of smell, taste and colour being described.

The association between gallbladder and headaches

In Traditional Chinese Medicine the gallbladder is paired with the liver in a Yin/Yang relationship. When there is disruption/disharmony in the liver, disruption/disharmony of the gallbladder often follows.

Headaches are often the outcome of a disruption of gallbladder and liver function (Gallbladder: Wood-energy yang organ) and pharmacological studies have shown that *Curcuma longa* improves gastric and hepatic function (Huebner, 2009). In terms of the Doctrine of Signatures the distinct similarity in colour between Turmeric and the yellow colour of the bile has therapeutic implications i.e. Turmeric is likely to have a therapeutic action on the gallbladder and the liver (Huebner, 2009); *Chelidonium majus* too exhibits the same similarity and is well established as a hepato-biliary medicine (Richardson-Boedler, 1999:173).

The effect of climatic conditions on *Curcuma longa*

Watering of the eye (20F), and mouth (30M) and increased desire for consuming water (23F) in the form of thirst could be argued as being related to the preferential wet, rainy climate in which *Curcuma longa* grows.

The essence of the shape of the rhizome

With regard to female symptoms Prover 19 stated that her left breast felt like there is a large lump within it (19F 00). The sensation of a 'large lump' can be related to the rhizome which is described as oblong, egg shaped or cylindrical, the very descriptive terms one would use when describing a 'lump'. Furthermore a key constituent of turmeric rhizome is found to include an essential oil and yellow pigment including curcumin which has been found to inhibit tumours (Bone 2003:437-438). It has also been determined that the inclusion of turmeric in the diet may assist in the prevention of breast cancer (Bone 2000:574). The definitive clinical indication for homoeopathic *Curcuma longa* in breast tumours must be clinically verified; however from the account of her symptoms it is clear that this prover experienced this unusual symptom whilst being under the influence of the proving substance and thus according to proving methodology this symptom must be considered for inclusion in the materia medica of the substance.

The possible effects of *Curcuma longa* in relation to the rhythmic system found in Anthroposophical medicine

It was noted that during her menstrual cycle whilst on the remedy prover 16 experienced her menstrual pain as being unusually unbearable and the bleeding which occurred was described as being very heavy (16F 28). In addition to this Prover 19 stated that her left breast feels like there is a big lump inside it (19F 00). It could be argued that in terms of anthroposophical medicine there might have been a disruption in the 'rhythmic system' whilst being on the proving remedy. In anthroposophical medicine when a remedy is produced from a plant with large leaves as in the case of *Curcuma longa* (Mills, Bone, and 2000:570) mainly the rhythmic system of the person will be affected. It is to be noted that both the male and female reproductive organs falls within the rhythmic system (Wagner, 2007:205-206).

5.5 POSSIBLE CLINICAL INDICATIONS OF *Curcuma longa*

It is possible for one to surmise possible clinical indications based on the proving symptoms and the Doctrine of Signatures of *Curcuma longa*. It could be prescribed for the following:

- Depression and anxiety

This was experienced significantly by some of the provers during the proving and this in terms of the Law of Similars should be a clinical indication of the remedy.

- Cystitis

One prover (23F 01) noted in her journal entries on 4 separate occasions that there was an extreme sensation of burning on urination. This together with the findings of the Doctrine of Signatures of *Curcuma longa* supports the use of this remedy for treating cystitis or similar symptoms.

- Fatigue

The physiological stimulating effect of Turmeric and the similar action the remedy had on the provers supports the use of this remedy in patients who are experiencing fatigue.

- Headache brought about mainly by the sun or heat

Headaches were experienced by eight provers; two of which very specifically described headaches brought on by the heat/sun. According to the doctrine of signatures, the rhizome being yellow in colour and having a stimulant nature as well as the habitat of Turmeric being a hot tropical climate suggests that one may be able to utilise turmeric for conditions brought about by the heat/sun.

- Diarrhoea

Turmeric is often used to aid the digestive tract. During the proving it was evident that there were many digestive disturbances and one common aspect of this was diarrhoea. Based on these findings it is evident that *Curcuma longa* could be used as a remedy to treat digestive disturbances and diarrhoea in particular.

- Pain

Pain was another aspect of the proving that was very evident. Given Turmeric's use as an anti-inflammatory and the significant number of symptoms produced which entail pain, one can argue that *Curcuma longa* may be indicated in conditions characterised by pain and inflammation.

5.6 SUMMARY

With the vast array of symptoms that were elicited during the proving of *Curcuma longa* it avails itself to the fact that this remedy could be considered in a wide range of therapeutic modalities. Some of the characteristic symptoms of the mind, head, and bladder and dreams sections provide clear clinical indications for the prescription of *Curcuma longa* according to Homoeopathic principles.

CHAPTER 6

RECOMMENDATIONS AND CONCLUSIONS

6.1 Recommendations:

6.1.1 Further Provings of *Curcuma longa*

It is essential to carry out further provings of *Curcuma longa* in potencies other than the 30CH (both higher and lower) so as to confirm and elaborate further on the materia medica produced and ensure more intense validation of the remedy thus allowing further understanding of its therapeutic scope in the field of Homoeopathy. It is also recommended that in addition to further orthodox proving of varying potency that C4 trituration provings are carried out on *Curcuma longa* to elicit an even broader remedy picture. Once this is achieved and an extensive materia medica of this substance is determined the likelihood of the remedy being used extensively is increased which will further contribute to clinical verification of the respective symptoms.

Another aspect to proving which should be considered is the influence of the ethnicity of the prover on the symptoms they produce in response to a proving substance. An interesting observation in this proving was the vivid and intense, descriptions of foods with respect to smells and colour (yellow), documented in three individual dreams by prover 27M who was of Indian descent.

Turmeric forms a major part of Indian culture, being used extensively both medicinally and in food preparation; one could argue that provers of Indian descent may respond uniquely or more profoundly to the proving of this substance. It could

thus be hypothesized that ethnicity is a contributing factor to the way in which individual provers may react/respond to a proving substance i.e. some provers may resonate more closely to the substance than others, thus influencing the quantity and quality of symptoms produced.

This theory should be tested by means of a simultaneous or parallel proving of *Curcuma longa* conducted in India comparing the respective provings of *Curcuma longa* (conducted in India and South Africa) to determine the degree of similarity between the proving symptoms produced.

6.1.2 Prover group

The prover population should ideally consist of volunteers that are familiar with the procedure of a proving. In this particular study this was not possible and the majority of provers recruited for this proving had had very little or no previous exposure to homoeopathy and as a result thereof were very unaware of their bodies and the symptoms they had produced. Although a prover education/training program was conducted by the researchers it was noted that upon evaluating the journals the proving process was not entirely and fully understood by some of the provers.

The quality and clarity of a proving and the symptoms elicited are greatly determined by the sensitivity of the individual provers. In general the pattern noted throughout this proving was that the majority of symptoms recorded were done so by a small percentage of very sensitive provers within the sample of provers, these were generally provers who were familiar with homoeopathy in some way.

In many cases the journal entries made by certain provers lacked depth rendering many symptoms too vague and hence not useful. In light of this it is of the researcher's opinion that more of the prover population should have a homoeopathic

background and if not it is recommended that more time and training should be dedicated to educating 'lay' provers of the process for recording symptoms. According to Taylor (2004) and Smal (2004) during their proving of *Naja mossaambica* they too noted that symptoms recorded by provers from the general public were incomplete, vague and unusable. A very poignant statement made by Taylor (2004) was that "provers are the foundation of a reliable proving." This was clearly noted during the proving of *Curcuma longa* as journals of 'lay provers' and 'experienced provers' were clearly distinguishable based on quantity and quality of symptoms recorded. To overcome this hurdle the selection of a prover group should be limited to carefully selecting those that are "motivated and passionate about homoeopathy" (Taylor, 2004:144).

6.1.3 Supervision of provers

According to Moore (2007) dual supervision of the total prover population allowed for more frequent contact with each prover to be possible. This particular study was carried out in conjunction with Rajkoomar (2010) with each of the researchers supervising a smaller group of fifteen provers each. The researcher noted that frequent, in-depth monitoring of the provers made possible by the smaller numbers allowed for a smoother undertaking of the research process and thus the experience of the researcher in this study was similar to that and in concurrence with that of Moore (2007).

6.1.4 Clinical information

Once clinical use of *Curcuma longa* is established it will allow further verification of the symptoms that were recorded during the proving. It was noted during the proving that there was a curative effect of the remedy on certain symptoms e.g. sinus headaches. To facilitate a more clinical approach and understanding of the information that was gathered during the proving, all the relevant information should be published in the relevant journals and included in repertories, thus making it more

readily available and accessible to the homoeopathic community. As the remedy becomes more prescribed in clinical practice, there will be a large number of additional therapeutic indications that come to fore. Therefore this will bring about more viable verification of the use of the remedy in clinical practice.

6.2 Conclusions

The researchers carried out the proving of *Curcuma longa* as a double-blind, randomized and placebo controlled study. During the study a large number of symptoms were produced. Throughout the proving in many of the materia medica sections it was found that many of the proving symptoms were accompanied by polar opposite symptoms which have been discussed at length in chapter 5 within each respective subsection. The main symptoms that belonged to the mental and emotional aspects of this remedy were feelings of forsaken, indifference and anxiety as well as energy, agility and increased concentration, courageous/confidence, relaxed and calm and less anger. The main physical symptoms of this remedy were diarrhea, a change in energy levels, too much or too little energy, burning, headaches, heart palpitations and increased breathing rates.

It is anticipated that with further proving of this substance and clinical verification of the proposed materia medica thereof the full therapeutic scope of this substance will be revealed.

With reference to the Doctrine of Signatures the symptoms that came about during the proving clearly showed correlation and association with the nature and description of the Turmeric plant, this is in keeping with findings of previous provings (Pistorius, 2006, Webster 2002 & Speckmeier 2008 & Pather 2009).

As suggested by Richardson-Boedler (1999), the doctrine of signatures analysis contributed to the understanding of the therapeutic potential of *Curcuma longa* and complimented the proving symptoms in determining the potential homoeopathic therapeutic action of *Curcuma longa*.

One can thus conclude that both hypotheses of this study as described in Chapter 1 were proven i.e. the administration of *Curcuma longa* 30CH to healthy provers resulted in the production of definitive signs and symptoms which correlated with the Doctrine of Signatures analysis of the Turmeric plant.

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APPENDIX A

Suitability for Inclusion in the Proving

(All information will be treated as strictly confidential)

SURNAME:

FIRST NAMES:

SEX: M/F

TELEPHONE NUMBER:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

- Are you between the ages of 18 and 50 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 /any form of contraceptive or hormone replacement therapy in the last 6 months? YES/NO

- Are you pregnant or nursing? YES/NO

- Have you had surgery in the last six weeks? YES/NO

- Must not have any surgical or medical procedures planned for the duration of the proving period YES/NO

- Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy)? YES/NO

- Do you consume more than:

- Two measures of alcohol per day? YES/NO
- (1 measure=) 1 tot/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

- Are you willing to follow the proper procedures for the duration of the proving? YES/NO

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of Bitis arietans arietans, M. Tech. Hom. Dissertation, Technikon Natal, Durban.

APPENDIX B

INFORMED CONSENT FORM

(TO BE COMPLETED IN DUPLICATE BY THE PROVER)

TITLE OF RESEARCH PROJECT:

A Homoeopathic Drug Proving

NAME OF SUPERVISOR:

DR. DAVID NAUDE

Telephone number: (031) 373-2514

Cell: 0823701012

NAME OF RESEARCH STUDENTS:

KARASEE PILLAY: (031) 465 7023/467 3775
082 7797 525

SUHANA RAJKOOMAR: 084 9226 243

DATE:

PLEASE TICK THE APPROPRIATE ANSWER:

- | | |
|--|--------|
| 1. Have you read the Research Information Sheet? | YES/NO |
| 2. Have you had the 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. Who have you spoken to? _____ | YES/NO |

6. Have you 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:
A) At any time YES/NO
B) Without having to give a reason for withdrawing YES/NO
C) Without affecting your future health care 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:

- You must be between the ages of 18 and 50 years old;
- 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 consume more than 10 cigarettes a day;
- Must not consume more than 3 cups of coffee or tea a day;
- Must be in a general good state of health;
- Must be willing to follow the proper procedure for the duration of the proving.

Have you completed **Appendix A** that outlines in detail all of the inclusion criteria stated above? YES/NO

11. Discomfort may be experienced as a result of participating in the proving.

Complete recovery is usual.

12. Benefits to provers: It is postulated that each proving undertaken strengthens the body's vital force (Hahnemann, 1997: 208). Provers learn and develop the skill of observation and gain homoeopathic knowledge through direct involvement in a proving. A prover may be cured of certain ailments if the remedy is his/her simillimum.

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

14. Every prover is given the name and telephone numbers of the research student and the supervisor of the proving if problems or questions arise.

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

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

I _____ hereby give consent for the proposed procedure to be performed on me as part of the above mentioned research project.

PROVER: Name _____
Signature _____

WITNESS: Name _____
Signature _____

RESEARCH STUDENT: Name _____
Signature _____

APPENDIX C

CASE HISTORY SHEET

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans. M. Tech. Hom. Dissertation, Technikon Natal, Durban.

Prover number:

Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Marital Status: _____ Children: _____

Occupation: _____

Past Medical History:

Please list previous health problems and their appropriate dates:

Do you have a history of any of the following?

Cancer		Asthma	
HIV		Pneumonia/Chronic bronchitis	
Parasitic infections		Tuberculosis	
Glandular fever		Tendency	
Bleeding Disorders		Smoking	
Eczema/skin conditions		Oedema/swelling	
Warts		Hemorrhoids	

Past Surgical History:

Please list any past surgical procedures and the approximate dates.
(Tonsils, warts, moles, appendix).

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption of:

Alcohol:

Cigarettes:

Family history:

Is there a history of any of the following within your family?

Cardiovascular disease	
Cerebrovascular disease	
Diabetes mellitus	
Tuberculosis	
Mental disease	
Cancer	
Epilepsy	
Bleeding Disorders	

Please list any other medical conditions within your family:

Energy:

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

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

Weather modalities:

Temperature modalities:

Perspiration:

Appetite:

Cravings:

Aversions:

Aggravations:

Thirst:

Bowel habits:

Urination:

Description of Menstrual cycle and menses:

Mind:

Head:

Eyes:

Ears:

Nose and sinuses:

Mouth, tongue, teeth:

Throat:

Respiratory:

Cardiovascular system:

Digestive system (stomach, abdomen, rectum,anus):

Urinary system:

Genitalia and sexuality:

Musculoskeletal system:

Extremities:

Upper:

Lower:

Skin:

Hair and nails:

Other:

THE PHYSICAL EXAMINATION;

Physical description:

Frame/ build:

Hair colour:

Eye colour:

Complexion:

Skin texture:

Weight:

Height:

Pulse rate:

Temperature:

Blood pressure:

Findings on physical examination:

Jaundice:

Anaemia:

Cyanosis:

Clubbing:

Oedema:

Lymphadenopathy:

Hydration:

Specific system exams:

APPENDIX D

INSTRUCTION TO PROVERS

Dear Prover

Thank you very much for taking part in this proving. We are grateful for your contribution to the growth of homoeopathy. We are sure you will benefit from this experience in many ways.

Before the proving:

Ensure that you have the following:

- The correct journal
- Read and understood these instructions
- Had a case history taken and a physical examination performed
- Signed the informed consent form

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 don't fully understand, please do not hesitate to call your supervisor.

Beginning the proving:

After having been contacted by the 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 get into the habit of observing and recording your symptoms, as well as bringing you into contact with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

Taking the remedy:

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

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for 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:

- 1) **Any new symptoms**, i.e. ones that you have never experienced before.
- 2) **Any change or intensification of any existing symptom.**
- 3) **Any strong return of an old symptom**, i.e. a symptom that you have not experienced for more than a year.

If in doubt phone your supervisor. Be on the safe side and do not take further doses. **Our experience has shown again and again that the proving symptoms begin very subtly. Often before the prover recognizes 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, and electrical equipment and cell phones.**

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

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

In the event of a medical or dental emergency of course common sense should prevail. Contact your doctor, dentist or local hospital as necessary. Please contact your supervisor 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 1-week observation period and then daily from the day that you begin to take the remedy. This will later decrease to 2 to 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy. If you

have any 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 it unusual for you.

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

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

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

This is easily remembered as:

C – Concomitants

L – location

A-etiology

M – modality

I – intensity

T – time

S – sensation

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

- MIND/BODY
- HEAD
- EARS
- EYES
- NOSE
- BACK
- RESPIRATORY SYSTEM
- DIGESTIVE SYSTEM
- SKIN
- EXTREMITIES
- URINARY ORGANS
- GENITALIA
- SEX
- TEMPERATURE
- SLEEP
- DREAMS
- GENERALITIES

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

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

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

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

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

(NS) – New symptom

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

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

(US) – An unusual symptom for you.

If you have any doubts discuss them with your supervisor.

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in the Organon of Medicine 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).

Thank you for participating in this proving. We are sure you will find that there is no better way of learning and advancing homoeopathy.

Adapted from Jeremy Sherr – Dynamics and Methodology of Homoeopathic Proving, second edition. 1994.

I, _____,

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

Prover: _____ Signature: _____

Witness: _____ Signature: _____

Researcher: _____ Signature: _____

Date : _____

APPENDIX E

'As learning can only be gained through new experience, and since a proving by definition is a new experience, it will result in learning, or as the popular term goes, in growth. When one learns, one grows hardier, more robust, better able to protect oneself.' - ***Jeremy Sherr***

Do you wish to contribute to the development and progress of

HOMOEOPATHY,

INTERNATIONALLY?

Would you like to be a part of an important homoeopathic discovery?

To participate in this proving, you need to be:

- Between the ages of 18 – 50 years
- Free of any Medical Conditions

If you are interested Please Contact

1) Karasee Pillay

Cell No: 0827797525

2) Suhana Rajkoomar

Cell No: 0849226243

OR

Homoeopathic Day Clinic

(031) 373 2041

APPENDIX F

Methods of Preparation

(German Homoeopathic Pharmacopoeia)

1) 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} 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 1000g are triturated by mechanical means.

The duration and intensity of triturations 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.

Trituration by hand:

Divide the vehicle (lactose) into three parts and triturate the first part for a short period in a porcelain mortar. Add the basic drug material and triturate for 6 minutes, scrape down again for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second of the vehicle and continue as above. Finally add the third part and proceed as before. The minimum time required for the whole process will be one 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 homogenous. Add the second third of the lactose; mix until homogenous and repeat for the last third.]

[Trituration by machine: -not applicable]

2) 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 6c liquid dilution, one part of the 4c trituration is dissolved in 99 parts of water and succussed. One 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 is made from the 6c trituration. From the 9c upwards, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 100.

This appendix has been adapted from Olivier, M.2007.[An Evaluation of the Triple-Blind Homoeopathic Proving of an Indigenous South African substance, Erythrina Lysistemon 30CH, and the Traditional Uses of the Crude Substance.](#) M.Tech. Dissertation, Durban Institute of Technology, Durban.

APPENDIX G

30% ROH

$$\text{Wt (giv)} \times \% \text{ (giv)} = \text{Wt (req)} \times \% \text{ (req)}$$

$$X \times 99.9\% = 1000\text{ml} \times 30\%$$

$$X = 30000 \div 99.9\%$$

$$= 300,30\text{ml ROH}$$

$$\text{Dist water} = 1000 - 300,30\text{ml}$$

$$= 699,7\text{ml}$$

60% ROH

$$\text{Wt (giv)} \times \% \text{ (giv)} = \text{Wt (req)} \times \% \text{ (req)}$$

$$X \times 99.9\% = 1000\text{ml} \times 60\%$$

$$X = 60000 \div 99.9\%$$

$$= 600,60\text{ml ROH}$$

$$\text{Dist water} = 1000 - 600,60\text{ml}$$

$$= 399,4\text{ml}$$

96% ROH

$$\text{Wt (giv)} \times \% \text{ (giv)} = \text{Wt (req)} \times \% \text{ (req)}$$

$$X \times 99.9\% = 1000\text{ml} \times 96\%$$

$$X = 96000 \div 99.9\%$$

$$= 960,96\text{ml ROH}$$

$$\text{Dist water} = 1000 - 960,96\text{ml}$$

$$= 39,04\text{ml}$$

ALCOHOL USED:

Anhydrous Alcohol 99.9% (25L)

Illovo Sugar LTD

Ethanol

Batch number: 206/2/64

Class 3

72 Ballantrae Road

Merebank

Durban

4052

Tel: 031-4507700

DISTILLED WATER USED:**Step 1:**

Modulab® H₂O Purification System

Model number: LABDI 202200

Serial number: 96006

Step 2:

Modulab® type II Reagent Grade H₂ System

Model number: LABDI 201002

Serial number: 96000

Company – U.S.Filter Corporation

Supplied by: Polychem supplies cc

Tel: 031-2060930

SACCHARUM LACTIS POWDER USED:

Saarchem (500g)

Unilab®

Lactose monohydrate – $C_{12}H_{22}O_{11} \cdot H_2O$:360,32

Batch: 1029936

Exp date: 09/2011

Merck