

# C. VON BÖNNINGHAUSEN'S WORK

## INTRODUCTION

C. von Bönninghausen's repertories, especially his Therapeutic Pocket Book have been used for more than 165 years by many masters of homeopathic practice. They have fallen into comparative disuse during the past 120 years because J.T. Kent and also C. Hering wrote strongly against them occasionally. Kent did so for economic reasons just to promote his own repertory and thus few homeopaths have a knowledge of C. von Bönninghausen's philosophic background and practical principles of repertorization. The purpose is not to set forth the superiority of any one general repertory over another; but it is our desire to demonstrate the sound philosophy and practical application of C. von Bönninghausen's work to such states as the homeopath meets in everyday practice. Once its principles are assimilated and used and many times in combination with the more Kentian way of repertorizing, one can get the most desired results.

Let us utilize all the means at our disposal to insure to each patient the simillimum, which is his only hope of cure, and let us do so with the fullest possible comprehension of natural laws, and the application of those laws in practical form as they appear in our homeopathic literature. Let us not forget that every man who has labored constructively for homeopathy has built upon some law or definite guiding principle; if we will utilize these works we shall see the wisdom of the past flowering in the healing of the present.

*Den Haag, March 20, 2002, Roger van Zandvoort, after T.F. Allen.*

## C. VON BÖNNINGHAUSEN (1785-1864)

Baron Clemens Maria Franz von Bönninghausen was born in the Netherlands on a family estate of his father. The family traced its lineage through Westphalian and Austrian ancestry, one ancestor having been appointed as Field Marshal by Ferdinand II of Austria in 1632. Since for centuries the family had devoted themselves to military careers the family fortunes were but moderate.

His early life was spent in the open, and he entered rather late upon his education, but after once starting, his progress was rapid. He graduated from the Dutch university at Groningen with the degree of Doctor of Civil and Criminal Law, and thereafter for several years he filled increasingly influential and arduous positions at the court of Louis Napoleon, King of Holland, remaining in the Dutch Civil Service until the resignation of the king in 1810, when C. von Bönninghausen too retired from the Dutch service. In

1812 he married and went to one of the family estates in what later became western Prussia. He devoted much thought to developing the state agriculturally, and became greatly interested in agriculture and allied sciences, particularly botany. Through his interest in the development of agricultural resources he came in touch with the most prominent agriculturists of Germany, and he formed the first agricultural society in the western part of Germany. At the reorganization of the Prussian provinces of Rhineland and Westphalia in 1816 he was offered the position of President of the Provincial Court of Justice for the Westphalia district. As a part of these duties he was called upon to act as the sole Judicial President in the evaluation of land in the two provinces, because of his technical knowledge of agriculture and land values. This work necessitated much travelling, and later his appointment as one of the General Commissioners kept him travelling throughout the provinces almost constantly.

C. von Bönninghausen made diligent use of these opportunities to study the flora of the provinces, and he published a book covering the abundant flora in these districts which called to him the attention of some of the best botanists of Europe; these botanists came into even closer touch with him upon his appointment, at about this time, as Director of the Botanical Gardens at Münster. His agricultural and botanical writings brought him the honor of diplomas in many learned societies and two prominent botanists of that day each named a genus of plants after him.

In 1827 he suffered a derangement of health, which had hitherto been excellent. Two of the most celebrated Physicians obtainable declared this to be purulent tuberculosis. His health continued to decline until the spring of 1828, when all hope of his recovery was given up. At this time he wrote a farewell letter to his close botanical friend, A. Weihe, MD, who was the first homeopathic physician in the province of Rhineland and Westphalia, though C. von Bönninghausen was ignorant of the fact, their whole correspondence having touched on botanical, not medical subjects. Weihe was deeply moved by the news and answered C. von Bönninghausen's letter immediately, requesting a detailed account of his symptoms and expressing the hope that by means of the newly found curative method he might be able to save a friend whom he valued so highly. In response to the reply which C. von Bönninghausen sent to this letter. Weihe sent some Pulsatilla which C. von Bönninghausen took according to the directions, following also the course of advice which Weihe gave him regarding hygienic measures. C. von Bönninghausen's recovery was gradual but constant,

so that by the end of the summer he was considered as cured.

This event bred in C. von Bönninghausen a firm belief in the results of homeopathic treatment, and he looked well into the matter. He became thoroughly interested in the principles of the new method of healing, and did his best to create an interest in homeopathy among the physicians with whom he came in contact, as he himself was one of the founders of the medical society at Münster; but they were deaf to his arguments, and he himself set out to master the subject through such books as he could procure. In his university days he had had some medical lore, although he was not an approved homeopath. Two of the most aged Physicians eventually became interested in the subject of homeopathy through C. von Bönninghausen's cures of some of their stubborn cases, and they remained faithful to homeopathy during the remainder of their lives. By this time C. von Bönninghausen's fame had spread to France, Holland and America, and he had gained many converts to the new doctrine of healing among physicians in these lands, by correspondence and literary efforts. During this time, not being an approved homeopath, he had practiced but little but devoted himself to furthering the cause by his literary efforts, which were extended in the effort of making the work of practicing homeopathy easier. At this time, you will remember, there was no short way to approach the study of homeopathy. No repertories, save a brief one in Latin by Samuel Hahnemann himself, had been published as an index to point the way to the indicated homeopathic remedy, and many hours must have been devoted to the study of remedy after remedy before the true picture was seen. Jahr did not publish his first repertory until 1834, and in his fourth edition he writes a preface in which he gives C. von Bönninghausen credit for the system of evaluating the remedies which he (Jahr) had only then begun to use; this fourth edition was published in 1851.

King Friedrich Wilhelm IV, under date of July 11, 1843, issued to C. von Bönninghausen a document empowering him to practice medicine without any restraint.

From 1830 C. von Bönninghausen was in close touch with Hahnemann, until the close of Hahnemann's life, and as long as C. von Bönninghausen lived he kept in close touch with all those practicing homeopathy. However, his literary work was much hampered by the permission to practice freely, and he did not publish his books as frequently after that event, although he spent much time at that labor. It is interesting to note that his earliest works found instant circulation among those interested in the new doctrine, and almost every practicing homeopath had C. von Bönninghausen's works in his library.

C. von Bönninghausen's works in the order of their appearance are listed here:

The Cure of Cholera and Its Preventatives (according to Hahnemann's latest communication to the author). 1831.

Repertory of the Antipsoric Medicines, with a preface by Hahnemann. 1832.

Summary View of the Chief Sphere of Operation of the Antipsoric Remedies and of their Characteristic Peculiarities, as an Appendix to their Repertory. 1833.

An Attempt at a Homeopathic Therapy of Intermittent Fever. 1833.

Contributions to a Knowledge of the Peculiarities of Homeopathic Remedies. 1833.

Homeopathic Diet and a Complete Image of a Disease. (For the nonprofessional public.) 1833.

Homeopathy, a Manual for the NonMedical Public. 1834.

Repertory of the Medicines which are not Antipsoric. 1835.

Attempt at Showing the Relative Kinship of Homeopathic Medicines. 1836.

Therapeutic Manual for Homeopathic Physicians, for use at the sickbed and in the study of the *Materia Medica Pura*. 1846.

Brief Instructions for NonHomeopaths as to the Prevention and Cure of Cholera. 1849.

The Two Sides of the Human Body and Relationships. Homeopathic Studies. 1853.

The Hom. Domestic Homeopath in Brief Therapeutic Diagnoses. An Attempt. 1853.

The Homeopathic Treatment of Whooping Cough in its Various Forms. 1860.

The Aphorisms of Hippocrates, with Notes by a Homeopath. 1863.

Attempt at a Homeopathic Therapy of Intermittent and Other Fevers, especially for would be homeopaths. Second augmented and revised edition. Part I.

The Pyrexia. 1864.

After the proclamation empowering him to practice medicine, C. von Bönninghausen founded the society for homeopathic physicians in Westphalia, which flourished for many years under the interest which was roused in the homeopaths whom C. von Bönninghausen drew about him.

C. von Bönninghausen was a close friend of Adolph Lippe, and also of Carroll Dunham. Both of these men expressed their appreciation of the work C. von

Bönninghausen had accomplished, in Vol. 4 of the American Homeopathic Review. Lippe mentions particularly the repertorial work of C. von Bönninghausen and its accuracy, and one wonders if it was not this which fired his interest in repertorial work, which Lippe's son brought forth in a completed form.

Of his seven sons the two eldest chose homeopathic medicine as their profession, which was a great joy to him. The elder of these sons practiced for a time in the neighborhood of his boyhood home, later going to Paris where he married the adopted daughter of Hahnemann's widow. He lived with Madame Hahnemann and her daughter, and had access to Hahnemann's library and manuscripts.

### REPERTORY USES

The intelligent use of a repertory implies that we understand the scope of a repertory as well as the purpose of a repertory. We may ask: What is a repertory? To which the reply might be: A repertory is an index of symptoms, arranged systematically. The system of arrangement may be founded in turn upon definite guiding principles; or it may be alphabetical or schematic.

Again we may ask: What is the purpose of a repertory? Our answer may be: A repertory has two definite purposes: 1. To serve as a reference and guide in looking up a particular symptom that may indicate the simillimum, or that may make the necessary distinction between two or more Similar remedies in any given case; 2. For careful study of all the symptoms that may appear in a chronic case.

The repertory is not meant for use in those cases where there are clear indications for the simillimum. In those cases the additional symptoms that might be secured from the patient, under pressure of questioning, possibly would confuse a case that already stands out clearly; or if the repertory is used here, it might be used in the manner of a quick reference, to verify the leading indications for the remedy, or if some slight doubt were felt, to differentiate between those seemingly indicated. In clearly cut cases, even if the repertorization verified the picture, for the student of Materia Medica this would have been a waste of time.

On the other hand, we must take into consideration those homeopaths who have not gained a thorough knowledge of the Materia Medica; but to be considered still more, those chronic cases where several remedies emerge only in shadowy outlines from a background that is a network of chronic symptoms ever more intricately woven. There are many such cases that come to the homeopathic physician, cases that have suffered many things of many doctors; cases with mismanagement after

mismanagement superimposed upon circumstantial stress and that again upon hereditary tendencies. These cases rarely show a clear picture of a single indicated remedy, and very often show no related group of remedies. Often it is impossible to see any remedy likeness in such a symptom group without careful repertorization, but with that analysis we may see not only the single indicated remedy, but we may trace the probable sequence of remedies that may be necessary to bring the case to the desired cure, for it is possible to envision the probable sequence of remedies, at times, just as we can look back over a chronic history and see the indications for various remedies at various periods in the patient's past life.

The value of any repertory depends upon several elements :

I. The art of the homeopath in taking the case.

II. A knowledge of the repertory one attempts to use:

- (a) Its philosophic background
- (b) Its construction
- (c) Its limitations
- (d) Its adaptability

III. Intelligent use of the resulting analysis.

### THE ART OF THE HOMEOPATH IN TAKING THE CASE

This embraces the art of the homeopath in securing the confidence of the patient and in drawing out from him those subjective symptoms, of mind, body and spirit, that are an integral part of the difficulty for which he seeks help; it embraces also the art of observation of those observable symptoms, plus the general atmosphere radiated by the patient, that go to make up the objective symptoms in their widest sense. This combination of the subjective and objective symptoms comprises what we term the case. Still further, the art of the homeopath in taking the case must so record it that we may glean from this record those elements that may be translated intelligently into the rubrics of the repertory, or that may be left aside for later comparison with the Materia Medica after the bulk of the symptoms has been translated into, and used as, rubrics in the repertory analysis.

However, we often find that it is impossible to secure from the patient a clear cut picture of his difficulties, in spite of the best art the homeopath may exercise.

C. von Bönninghausen himself recognized that with the best possible case taking the record is often left in an incomplete or fragmentary state. In some instances the localities or parts affected are not clearly stated. In others the sensation or affection is not indicated or described in an intelligible manner. Most frequently

the conditions of aggravation and amelioration of particular symptoms, or of the patient's general condition, could not be stated because of the patient's lack of observation. Perhaps the patient could not state what relations the symptoms had to each other as to time, place and circumstances, if there were alternating symptom groups. In these modifications of symptoms, such as conditions of aggravation and amelioration, lie the keys that unlock the similitude of remedies to the individual case; and in quite as great a degree do we find the interrelationship of symptoms of value.

C. von Bönninghausen comprehended the difficulties encountered by the homeopath in securing a complete picture of the case, and his comparisons of his case records and the records of provers convinced him that the same lack of observation existed in the provers as existed in patients.

Noting these deficiencies in the *Materia Medica*, therefore, and realizing the importance of these auxiliary modifying and concomitant symptoms of disease, C. von Bönninghausen for many years diligently observed and collected all such symptoms as they appeared in the cases which came to him for treatment. Every case was examined symptomatically with this purpose always in view, viz., to make every symptom as complete in itself as possible, covering the specific points of locality, sensation, conditions of aggravation and amelioration, and the concomitance or coexistence of other symptoms under the same circumstances.

He soon learned that symptoms which existed in an incomplete state in some part of a given case could be reliably completed by analogy, by observing the conditions of other parts of the case. If, for instance, it was not possible by questioning a patient to decide what aggravated or ameliorated a particular symptom of the case, the patient would readily express a condition of amelioration of some other symptom. It did not take long to discover that conditions of aggravation or amelioration are not confined to this or that particular symptom; but that, like the red thread in the cordage of the British Navy, they apply to all the symptoms of the case.

C. von Bönninghausen tells us in his Preface, page ix: S. From one point of view the indicated conditions of aggravation or amelioration have a far more significant relation to the totality of the case and to its single symptoms than is usually supposed; they are never confined exclusively to one or another symptom, but on the contrary, a correct choice of the suitable remedy depends very often chiefly upon them.

In reality, then, they are the general characteristics. By observing them and applying this principle he was enabled to complete many symptoms from clinical

observation; and experience has borne out the truth and reliability of his method.

The Totality of the Symptoms and its corresponding simillimum which the homeopath seeks are both based on the same idea. In examining a case, he gets what appears to the novice to be a heterogeneous lot of symptoms, or fragments of symptoms. Possibly there may not appear to be one complete symptom in the record. He will find a clearly expressed sensation in some part, but no condition of aggravation or amelioration. In another part, a clearly expressed condition of aggravation or amelioration, but an indefinite sensation; or perhaps the patient will simply give a condition of aggravation or amelioration which he refers simply to himself in general. He says, "I feel worse" under such and such conditions.

In reality the patient is not expressing many symptoms, but only parts of a very few complete symptoms, which the homeopath must bring together and complete. The perceptible symptoms of disease are often broken up and scattered through the different parts of a patient's organism. The scattered parts must be found and brought together in harmonious relation according to the typical form.

C. von Bönninghausen proceeds upon the Hahnemannian fundament that it is the patient who is sick that refers to a part may be predicated of the whole man. If there is a stitching pain felt in the eye it belongs to this patient, and stitching pain is noted as a characteristic of his complaint in general. If motion of the legs, as in walking, increases the pain in the eyes, < from motion is noted as referring to the totality same time chilliness on moving, and nausea with retching, these are noted as concomitant symptoms, parts which go to make up the whole of the grand or typical symptom called the totality. Really, the totality is simply the complete picture of the disease. The totality is to the disease what the man, the ego, is to his organism. It is that which gives individuality and personality.

Just as each particular symptom is made up of locality, sensation, and conditions of aggravation and amelioration, so the totality is made up of general characteristics of the particular symptoms plus the condition (that cannot be referred to a part) under the same general divisions of locality, sensations and conditions.

For a brief and comprehensive classification of the homeopathic symptomatology for therapeutic purposes no plan has ever been devised superior, or equal, to that of C. von Bönninghausen. The plan is fundamental, and probably final, because it is founded upon the principles of logic, and has been verified by the experience of 165 years.

Certain portions of C. von Bönninghausen's plan have been criticized, notably by C. Hering and J.T. Kent, who object that C. von Bönninghausen makes too broad an application of the principles of concomitance or association and generalized modalities. C. von Bönninghausen's avowed purpose was to open, as he put it, "a way into the wide field of combinations." In other words, his repertoires were to serve as an index to the similar remedies, and the carefully trained mind of the homeopath would find among these remedies the most similar.

The symptoms of the *Materia Medica*, like the symptoms appearing in sickness, may be reduced to certain fundamental forms, corresponding to the genera and species of biological science, or the generals and particulars of logic. These C. von Bönninghausen called primary and secondary symptoms. These are the elements of symptomatology. In like manner, each particular symptom, primary or secondary, may be reduced to its elements of location, sensation and condition.

These primary and secondary symptoms were not related to time so much as to their relation to the case; in other words, those symptoms which seemed to have a direct bearing on the complaint, and the other group of almost equal importance, the concomitant symptoms.

Symptoms appear in constantly varying combinations, in proving and in sickness. The form which symptoms may take in any given case is governed by the peculiarities of the individual. In the grouping of symptoms, therefore, the personal equation rules in every individual case. All cases of rheumatism, for instance, will present certain symptoms in common.

The diagnostic symptoms; but besides these common symptoms each case will present what Hahnemann calls uncommon, peculiar, (characteristic) symptoms, symptoms which represent the individual factor in the case, symptoms which differentiate it from the other cases of its class. These symptoms vary in every case.

The Hahnemannian doctrine is that these symptoms really represent that which is curable in each case of disease, and they are therefore the basis of the homeopathic prescription. It is for these peculiar, uncommon symptoms that the similar remedy must be found, rather than for those general symptoms which appear commonly in almost every case.

This free, one might be tempted to say lawless, grouping of symptoms has always been the great stumbling block for therapeutics. It has led to the arbitrary grouping of symptoms and the erection of so called typical forms to which names have been assigned, as if they were real entities. Moreover, such artificial forms or entities have been made the object of treatment, and the search for specifics goes on

without ceasing. Very naturally such a search is futile, and the treatment is a failure, for the simple reason that the typical forms as they appear in the textbook are never found in practice, since they lack in the textbook those uncommon, peculiar, characteristic symptoms which give individuality to each case met in practice. In every case we find a few typical symptoms plus many atypical symptoms, symptoms which belong to the individual, the concomitants of the disease symptoms per se.

C. von Bönninghausen applies the principles of concomitance when, in an obscure case, he brings order out of chaos by combining the scattered fragments of symptoms into one or more typical symptoms by fixing a locality in one part, taking the character of the sensations from the symptoms expressed by the patient in relation to other parts, and the conditions of aggravation and amelioration perhaps from an affection of some other part, or perhaps from a consideration of all the parts affected. It is to be remembered, however, that these symptoms are not chosen at random; they must all bear a definite relationship to each other in the matter of time and circumstance even though they have a seeming irregularity in grouping. By a wider application of the principle he gathers all the affected localities, all the sensations and all the conditions, each in its proper place, and thus erects the totality, which at the same time reveals both the remedy and the disease. The system is unique and extremely logical; like fitting together many pieces of a puzzle we find every symptom or part of a symptom, however seemingly irrelevant or illogical, fitting smoothly into its place.

The totality is related equally to the remedy and to the disease. The symptoms of the remedy must correspond perfectly to the symptoms of the disease. They are counterparts; they may even be considered as identical as to origin and nature in the last analysis. A group or totality of symptoms may as well be called Pulsatilla as Measles in homeopathic practice. Under certain conditions, viz., the state of symptom similarity, they are practically identical. For the sake of the conventions of general medicine we distinguish between them, since common usage and diagnosis have given us names for certain symptom groups; but as students of the Law of Similars we recognize the value of the totality in our consideration of the patient, and we recognize equally of how little value the diagnosis is as an aid to a comprehension of the symptom totality.

It is the business of the homeopath accurately to observe, faithfully record, and scientifically classify the phenomena of disease for the purpose of discovering and applying the curative remedy. This is equally incumbent upon him, whether he is engaged in the conduct of a proving where a disease is artificially engendered, the study of an epidemic,

studies in the natural history of a single disease, or in the treatment of an individual patient. Precisely the same principles should govern in all these departments.

The typical form of any disease is discovered only by observing many patients and collating their symptoms in such a manner as to bring out its personality, just as the sphere of action of the remedy is discovered by assembling under one schema all the symptoms of many provers. Not all the symptoms that a remedy is capable of producing can be elicited from any one prover. Several, or many, provers of both sexes are required to bring out the entire range of symptoms of any drug. The symptoms of the many provers, by the Hahnemannian method, are all collated, classified, and arranged under a schema based on the anatomical divisions of the body. The resulting typical form, which we call the totality, is an abstract form or image, comprising all that can be known of the artificial disease, so arranged as to have an individuality of its own.

In a similar way the discovery of an epidemic remedy in any epidemic disease depends upon the study of many cases for the purpose of observing and collating all the symptoms that form its totality. An epidemic might be considered as a gigantic, involuntary proving of some noxious element, germ or miasm, affecting a large number of persons at the same time under certain peculiar conditions. To find the antidote to the poison that is making the people sick, or in other words, the epidemic remedy, many patients must be observed, their symptoms recorded and the remedy that corresponds to the totality found by the Hahnemannian method of comparison.

When we come to deal with the sick individual we find that just as not all the symptoms of a disease as classified in the textbooks can be found in any given case of that disease, so all the symptoms of a remedy as observed in the provings cannot be found in any one case.

Each typical group or totality, whether arising clinically or in a patient, contains many lesser, but none the less characteristic, groups of symptoms.

The symptoms as first elicited from the patient or prover may be, and usually are, scattered, fragmentary, often apparently unrelated. It is the business of the therapeutic artist to piece these fragments together in a definite and symmetrical form; to give them their true form and individuality; to erect the totality, which at the same time indicates both the disease and the remedy. This he must do according to some preconceived plan and form. He must have a framework or skeleton upon which and around which to build his symptom structure, if it is to have coherency or consistency. He must be able to see through the confused and scattered symptoms and fragments of the symptoms the outline, at least, of the

remedy; and he must find means also to fill up the vacancies, supplying the missing links, and combine these fragments so as to make one harmonious whole.

When all the symptoms of a case have been gathered, and the totality has been found, we have all that can be known of the disease. It exists then in a form to which other different general names have been applied, as the symptom picture, the case, the individuality of the case, and so on. Confusion always arises when the attempt is made to make the true totality conform to the terms and classifications of theoretical pathology. There is no necessity for making such an attempt. The homeopathic ideal will have been attained when such individual true totality is simply called by the name of the drug which corresponds to it. Simplicity demands this, and the better our understanding of homeopathic philosophy and our *Materia Medica* the more clearly we comprehend the truly scientific background for such a recognition of the individual diagnosis, both of the case and of the remedy.

The totality, in homeopathic practice, is the true diagnosis of the disease, and at the same time the diagnosis of the remedy. The totality eliminates all the theoretical elements and speculations of traditional medicine and deals only with the actually manifest facts. These facts it assembles, not according to some arbitrary or imaginary form, but according to a natural order. The same principles of classification that govern the botanist or zoologist in their classification of plant and animal life should govern the homeopath in his classification of the phenomena of disease.

In the note at the close of the preface to the first edition of his *Repertory of the Antipsorics*, C. von Bönninghausen voiced his concept of the orderly classification of symptoms under Hahnemann's system in this glowing tribute to the genius of Hahnemann: Hereafter, like the botanists, all the world's homeopaths will understand each other, and also prescribe with safety one and the same remedy for identical morbid symptoms, and not for identical names of diseases.

## **THE PHILOSOPHIC BACKGROUND**

The intimate knowledge of the repertory is our study at this time, but in order to get a comprehensive view of the repertory and its potentialities for the chronic case we must regard it as a means to an end, never an end in itself. It is often the bridge of knowledge between the homeopath and the chronic patient; it is across the structure of the repertory that the homeopath may reach and treat the patient suffering from any obscure disease condition, but particularly the obscure chronic condition, and by means of which the homeopath may return again and again, if

necessary, to a consideration of the case and its progress. From the structure of the repertory the homeopath gains the best outlook into the patient's past condition, his present symptomatology and his probable future development. To one who has not studied the general repertory carefully its possibilities are lost in the mists of half-knowledge. "Truth rises more clearly from error than from half truth," and to one who knows a little it is often difficult to teach the full comprehension. Therefore, in studying C. von Bönninghausen's Therapeutic Pocket Book we shall glance briefly at the state of homeopathic literature at the time C. von Bönninghausen composed his repertories.

After Hahnemann's *Materia Medica Pura* was written, it became more and more apparent that some method should be devised that would make it possible to find the simillimum more easily and quickly. By this time the records of symptoms developed through provings had reached bulky proportions, yet the only method of referring to the records of proven symptoms was the tedious perusal of page after page of *Materia Medica*. Hahnemann, who had watched carefully all the provings and who had proved many remedies under his own personal observation, had in all probability the least trouble in identifying the symptoms of any individual remedy; yet the letters from patients who visited him during his later years record the fact that he often searched through pages of manuscript before administering a remedy. Further evidence that identifying symptoms had become a stupendous task, even to Hahnemann, is the fact that he himself compiled a short repertory of some of the leading symptoms; this was printed in Latin. Later he developed the repertory idea still further, but these later repertories are still in manuscript form, never having been published. (Dr. Richard Haehl speaks of these in his *Life of Hahnemann*.)

C. von Bönninghausen was a close friend and student of Hahnemann, and it was with the encouragement of Hahnemann that C. von Bönninghausen developed his first repertory, *Repertory of the Antipsorics*, published in 1832. This contained a preface by Hahnemann himself, and was undoubtedly one of the very earliest published repertories.

In 1835 C. von Bönninghausen published his *Repertory of the Medicines which are not Antipsoric*; in 1836 his *Attempt at Showing the Relative Kinship of Homeopathic Medicines*. Ten years later he published his *Therapeutic Manual for Homeopathic Physicians*, and this volume contained the principles and general method of construction set forth in the former volumes, much amplified and perfected as the fruit of his constant observations over a period of several years, and yet so compactly constructed that it avoided the cumbersome features of Jahr's and other early repertories.

In constructing his *Therapeutic Pocket Book* C. von Bönninghausen based his grouping of symptoms on Hahnemann's teaching that it is imperative that the homeopathic physician prescribe on the totality of the case. He proceeded on the hypothesis that this totality was not only the sum total of the symptoms, but was in itself one grand symptom—the symptom of the patient; and that whether the individual parts of the symptom were considered or the grand symptom

1. Locality: the part, organs or tissues involved in the disease process.
2. Sensational: the kind of pain, sensation, functional or organic change characterizing the morbid process.
3. Conditions of Aggravation or Amelioration of the symptoms: the circumstances causing, exciting, increasing, or otherwise affording modification or relief of the suffering.

C. von Bönninghausen recognized that symptoms naturally occur in groups, some of which are marked and prominent and some of which are subsidiary. These appear in every chronic case, and often to a marked degree. These are always leading symptoms, and these may be defined as those symptoms for which there is clear pathological foundation; or the symptoms that are most prominent and clearly recognizable; or the symptoms which first attract the attention of the patient or homeopath; or which cause the most suffering; or which indicate definitely the seat and nature of the morbid process; which form the "warp of the fabric," as it has been expressed. In the leading symptoms alone, however, there is nothing particularly characteristic from the standpoint of the prescriber.

For instance, we have many remedies which produce cerebral congestion; many which produce inflamed liver; others produce inflamed lungs; others produce inflamed ovaries; another number produce inflammation of the uterus. Any one of these may become a leading symptom, yet the inflammation of any organ is not a fact of any great value in leading the prescriber to the simillimum.

In any of these conditions we have a location, if we properly diagnose the case, but unless we can qualify the location by the sensations and conditions of aggravation and amelioration, we have no alternative except to proceed empirically in the selection of the remedy.

It was because of this that Hahnemann insisted on the necessity for considering the totality of the case. Boenninghausen, in the plan of his repertory, emphasized the value of the completed symptom (by locality, sensations and conditions of aggravation and amelioration) but added a fourth requirement, equally imperative to the first three, and yet in itself often divisible into those three divisions. This was the concomitant symptom, and has led to the statement

that his repertory is founded on the doctrine of concomitants. We should say; the doctrine of the totality of the case, which must include the concomitants.

The word concomitant means existing or occurring together; attendant; the noun means attendant circumstance.

We have spoken of the peculiar usefulness of the repertory analysis in obscure chronic cases with many symptom groups, where no single symptom group stands forth with sufficient clarity to warrant a prescription. Here the penetrative powers of the Pocket Book come into play, for it was with a consideration of these cases in mind, together with Hahnemann's instructions for the considerations of the case, that C. von Bönninghausen developed this repertory.

No matter how many symptom groups appear, if they are coexistent, or if they appear in some relation of time to the outstanding symptom group, such as alternating summer and winter symptoms, these may all be taken into consideration through this method.

We may go further and say that in nearly every case we may find one or more concomitant symptoms, and we often find that the concomitant symptoms are not only coexistent, but they are those symptoms that seemingly have no relation to the leading symptoms from the standpoint of theoretical pathology. They are often symptoms for which we can find no reason for their existence in the individual under consideration. We might almost term them unreasonable attendants of the case in hand; yet they have an actual relationship in that they exist at the same time, in the same patient. They must not be overlooked nor undervalued because they cannot be made to conform with the theories of traditional medicine nor with our own ideas of their peculiar unrelatedness.

Nevertheless, this seemingly erratic grouping of symptoms in individuals is governed by a principle, and it was the discovery of this principle which led C. von Bönninghausen to devise the plan upon which the repertory is based.

It is conceivable that one could prescribe successfully upon one symptom by following the plan laid down in the Pocket Book, provided that one symptom was complete. Given simply a pain of a certain definite character, in a definite locality or organ, a condition of aggravation or amelioration, and a differentiating factor symptom aggravation or amelioration is itself the differentiating factor.) If in a page of fragmentary symptoms these four elements can be found and brought together to make one complete symptom, there is hope of finding the remedy. The location, sensation and condition are not enough, the concomitant must be added, that peculiar or

accidental feature which always exists in every totality, in both patient and remedy, by which it is differentiated from every other case or remedy.

The concomitant symptom is to the totality what the condition of aggravation or amelioration is to the single symptom. It is the differentiating factor.

That portion of a symptom that cannot be completed in the part itself may be completed in some other part, as the concomitant or associated symptom; and as has been indicated before, this concomitant frequently is a condition of aggravation or amelioration.

It is not necessary that the condition of aggravation or amelioration should be actually found in relation with the local or particular symptom. Very often it is not possible to find this. The larger view of the case, which recognizes that every symptom or part of a symptom belongs to the case as a whole, enables us, by C. von Bönninghausen's plan, to complete partial symptoms by combining separated fragments as a whole. Experience bears out the truth of C. von Bönninghausen's doctrine of the importance of concomitant symptoms.

Let us put this another way. C. von Bönninghausen proceeds upon the Hahnemannian theory that it is the man who is sick, and that all the discomforts which have laid hold upon him are a part of his condition, and are therefore to be considered in the attempt to free him from his discomforts and bring him to a perfect cure.

In his essay on the Treatment of Intermittent Fevers, C. von Bönninghausen says:

"It is well known that the most striking characteristic of intermittent fevers is a series of attacks of chills, heat and sweat, these various symptoms either succeeding each other, or appearing simultaneously, or else alternating in various ways. These symptoms, which ought to be regarded as one, are generally so prominent, that all the other accompanying symptoms are either left out of consideration, or else are so much obscured, as it were, by the former, that they are either deemed unworthy of note, or are summed up in the vague denomination of an intermittent fever in disguise. But next to the character of the fever paroxysm itself, it is precisely those accompanying or secondary symptoms which ought to decide the selection of the remedy. This is so true that a drug which has been chosen in accordance with the totality of the symptoms observed during the apyrexia, affects a certain cure of the fever, although it may never before have been employed for that purpose."

In the selection of the drug, the moral symptoms of the patient ought to be strictly considered of course. Experience has abundantly shown that the safest indication of a remedy is the totality of the symptoms existing during the apyrexia, in other words, the

concomitant symptoms given. . . . These ought to be considered exclusively and even in contradiction to the symptoms of the paroxysms, until a drug shall have been discovered, in the course of our provings upon healthy men, which shall correspond to both these orders of symptoms. It is such remedies as these alone which will speedily effect a certain and permanent cure. . . .

Several of the remedies which will be found indicated hereafter exhibit a striking analogy of symptoms. This analogy may be looked upon as a thread which unites them into one family in spite of their differences. This analogy is found in the accessory symptoms as well as in the symptoms of the paroxysm. Experience teaches that this analogy is extremely important in the selection of the remedy. This analogy may guide the homeopath in the selection of the remedy, especially for those cases of intermittent fever which have been imperfectly described to him by patients living at a distance.

Referring to epidemics, he says:

“The various symptoms which appear in different patients may all be grouped together, and this group will indicate the remedy which will be homeopathic to the cure.”

The human organism is like a great complicated machine, composed of many parts assembled according to a definite plan or idea. There must be a storehouse for the parts. The repertory is like a stockroom of a factory, for orderly storage of parts, each on its own shelf. The workmen select the parts necessary to form the machine, and assemble according to the plan.

The parts lying loose on the shelves, on the floor, on the workman’s bench are not the machine, but only the parts. There must be the parts plus the plan or idea. Combined, they give individuality, form, utility, efficiency. The Therapeutic Pocket Book of C. von Bönninghausen furnishes both the plan and the parts.

The foundation of C. von Bönninghausen’s Pocket Book is the doctrine of concomitance. It is that which gives the book its peculiar value. The group is of more importance than the single symptom, no matter how peculiar the single symptom may appear to be. This is only another way of saying that the totality must govern.

The single peculiar symptom sometimes gives individuality to the group, as some personal peculiarity distinguishes each member of a family who may otherwise strongly resemble each other; but the individualizing feature is more often found in some modality common to all the symptoms of the group.

## CONSTRUCTION OF THE REPERTORY

C. von Bönninghausen, in the construction of his Therapeutic Pocket Book, embodied several original features. In fact, at that time the repertory was a new adventure in homeopathic literature, developed because of the pressure of necessity in indexing the many provings that had accumulated. C. von Bönninghausen’s legal mind seized upon several salient features in the cumbersome provings, by means of which he was able to devise and perfect a repertory that was much more convenient, much more elaborate, and at the same time compact, comprehensive and easy to use than learning *Materia Medica* by head.

One of the outstanding differences in repertory construction that C. von Bönninghausen embodied in his earliest repertories was the variation in sizes of type, signifying the varying importance of the symptom-rubric to the various drugs listed.

In his Preface, page vi, C. von Bönninghausen says: “The scope of this Pocket Book, as given in its title, is double, viz.: on the one hand, to aid the memory of the homeopath at the bedside in the selection of a remedy, and on the other, to act as a guide in the study of the *Materia Medica Pura*, by means of which one may be able to find his way and to judge of the greater or less value of each symptom, and to make the whole more complete and sharply defined.”

On account of the large number of remedies, under nearly every rubric, it has been thought indispensable, on account of both the above mentioned objects, to distinguish their relative values by means of various types, as I have done in my former repertories, and which Hahnemann has repeatedly shown to be necessary.

Of this evaluation C. von Bönninghausen says (Preface, page VII):

“The fifth place, the last of all, contains the doubtful remedies, which require critical study, and which occur most seldom. . . .” In other words, these are the remedies that have been found to have that symptom but rarely, or to have had it verified in clinical work only.

Of this work of evaluation of the remedies, C. von Bönninghausen tells us (Preface, page VIII): I could not even intimate the greater or less leaning to the higher or lower rank, but I could only go so far that the mistake should be less than half an interval. Without having the assurance to maintain that everywhere within these limits accuracy has been attained, I can say with certainty that no industry, care nor circumspection has been wanting on my part to avoid errors as far as possible . . .

While this evaluation of symptoms is a unique feature in C. von Bönninghausen's repertory construction, it is not comparable to the actual method of construction which he employed, of which the evaluation was but one item. Before viewing closely the actual construction, let us glance again briefly at the repertorial background of this time.

The existing, mostly Kentian repertories, including the Complete Repertory in its former versions and Synthesis, are especially defective in that they are largely constructed upon the concordance plan, which breaks every sentence or idea up into component words or parts and scatters them throughout the work in alphabetical or Kentian order. Once scattered, according to this plan, they can never be brought together again. Some plan had to be devised by which the symptoms of the rapidly increasing *Materia Medica* can be arranged and classified, so that they can be found easily and brought together in consistent and logical form without separating or breaking them up too much. They must be separated, but only in such a manner as would not destroy their individuality nor restrict their integrity. That which is separated must be capable of being reassembled at will. The plan must be elastic enough to allow the separated parts of a remedy or a symptom to be brought together in such form as would correspond to any group of symptoms that might arise in practice. As Nature combined the elements of disease in ever varying forms, so may Art combine the elements of *Materia Medica* to meet Nature's forms.

The problem was a difficult one, but the fine analytical mind of the C. von Bönninghausen solved it. He conceived the figure of a great all-inclusive Symptom Totality, made up of the cardinal points of location, sensation, conditions of aggravation and amelioration, and concomitance, under which all the symptoms of the *Materia Medica*, and all the symptoms of the disease as well, should be covered.

Now to consider the actual plan of construction:

We find the early work divided into seven parts:

**1. Mind and Intellect. (The oldest editions give it as Mind and Soul.)**

**2. Parts of the Body and Organs.**

**3. Sensations and Complaints**

**I. in general**

**II. of glands**

**III. of bones**

**IV. of skin**

**4. Sleep and Dreams**

**5. Fever**

**I. Circulation of Blood**

**II. Cold Stage**

**III. Coldness**

**IV. Heat**

**V. Perspiration**

**VI. Compound Fevers**

**VII. Concomitant Complaints**

**6. Alterations of the State of Health**

**I. Aggravations according to time**

**II. Aggravations according to situations and circumstance**

**III. Amelioration by positions and circumstances**

**7. Concordances**

## **MIND AND INTELLECT**

We find comparatively few rubrics under the section Mind. C. von Bönninghausen was a follower of Hahnemann and in close correspondence with him for many years; he had turned his legal mind to homeopathic problems with great sincerity and purpose, and we may ask ourselves why he gave so few mental symptoms when Hahnemann taught that the measure of a man's personality and his deviations from normal lay largely in his mental and spiritual reactions.

Because they failed to grasp the concept of the Pocket Book many competent Hahnemannians have criticised the lack of mental symptoms listed therein. It must be remembered that C. von Bönninghausen based his work on the concept of the whole man, placing the balance of the emphasis on the value of the concomitant symptoms and the modalities; it was not his intention to reflect the picture of the whole man through his mental reactions, because he realized how warped a view even the most careful observer must have at times; or through any other predominant group of symptoms, no matter how important. It was his stand that the solid basis of the foursquare foundation was the only method of securing the totality of the case. In considering the value of the mental symptoms in relation to the Pocket Book, C. von Bönninghausen meets this criticism in his Preface: It is necessary to observe with regard to the first section that our *Materia Medica Pura* contains nowhere more consecutive effects than amongst the symptoms of the mind and that on the other hand most of the tyroes are apt to make mistakes, or very often overlook this part of a complete picture of the disease. I have therefore deemed it advisable to give here only the most essential and predominant points under as few rubrics as possible, in order to make it more easy to find

them out. This was therefore not an oversight on C. von Bönninghausen's part, but a deliberate attempt to clarify the use of the book for those beginning the study of homeopathy.

On the other hand, before leaving the consideration of the somewhat rudimentary material under the section Mind, it is worth while to turn to the section Aggravations and follow through the seventeen rubrics devoted to Emotional Excitement. Hahnemann held that the emotional cause of disturbed functions was an important factor in re-establishing a state of equilibrium; C. von Bönninghausen's experience led him to the same conclusions. They believed that the disturbed emotional sphere might manifest itself in a long and varied train of symptoms, varying according to many and varied circumstances and conditions of environment, training and convention; but that the consequences of these disturbed states, while often so deep that they appear to be permanent, do not always manifest themselves clearly in the mental sphere, and therefore the homeopathic physician, in solving one of these difficult problems, would find it of inestimable value to take into consideration the symptom of initial emotional disturbance.

Therefore we may reasonably assume that these rubrics under Aggravations that deal with emotional causes of functional disturbances are closely related to that part dealing with mental and emotional symptoms.

C. von Bönninghausen's explanation of his section on Intellect was much the same as that on the Mind: in order to clarify the use of the book he simplified the number of rubrics as far as possible, leaving it to later authors to give, if they would, more rubrics and more particular rubrics.

## **PARTS OF THE BODY AND ORGANS**

This section of the book follows, in general, the anatomical schema used by Hahnemann medical history, beginning with the upper parts (head) and proceeding downward to the mouth, then following the alimentary tract downward; next considering the urinary organs and functions, then sexual organs and functions, then respiratory organs (from above downward) then external chest, heart, neck, back, upper and lower limbs.

There is another group of symptoms that may be considered, as one of the original features introduced by C. von Bönninghausen, and one that has made this repertory both brief and comprehensive. These are the concomitant rubrics. Of these C. von Bönninghausen writes in his Preface, page vii: . . . Convinced of the importance of symptoms which occur simultaneously, and therewith form symptom-groups, I have been adding for many years to the

concomitant symptoms which are found in the *Materia Medica Pura* whatever belonging to them the experience of myself and others could offer, and their number increased so incredibly that I have been able to deduce general rules. From these it is certain that some remedies, more than others, incline to concomitant symptoms, and that these do not consist exclusively of particular symptoms, but in general of every sort of complaint which lies within the sphere of the remedy, though indeed the characteristics may be found more frequently among them than elsewhere. This discovery, tested by long experience, led me to place the Concomitant Symptoms together under each section.

Thus we find the following:

Drugs which have Concomitants of Mental Symptoms 23  
Accompanying Symptoms of Nasal Discharges 49  
Accompanying Troubles of Leucorrhœa 111  
Accompanying Troubles of Respiration 114  
Troubles Associated with Cough 120

We may also place in this group those already mentioned for consideration in the group of aggravations:

Troubles Before, During and After Stool; Before, During and After Micturition; Before, During and After Menstruation, etc.

These rubrics, when their value is fully comprehended, prove extremely useful both for analysis of a case or for quick reference.

## **SENSATIONS AND COMPLAINTS**

As we shall see under the section devoted to limitations of this repertory, this title should read: Sensations and Complaints rather than merely Sensations, as the Allen edition puts it. Even casual observation reveals that this section contains not only subjective symptoms in the way of true sensations, but many complaints (or conditions) and many objective symptoms as well, and a few locations.

Under the subjective symptoms, we find many descriptions of discomfort, as well as the following rubrics: Desire for Open Air; Aversion to Open Air; Intolerance of Clothing; Inclination to Lie Down; Aversion to Motion; Desire for Motion; Restlessness; Sensitiveness to Pain; Inclination to Sit; Illusions of Touch; Dread of Washing; Dread of Water, etc.

The symptoms of location are generalized or directional, as follows: Symptoms on One Side; Left Side; Right Side; Crosswise, Left Upper and Right Lower; Crosswise, Left Lower and Right Upper, etc.

The symptoms covering complaints are such as: Apoplexy, Consumption, Convulsions, Dropsy, Emaciation, Tendency to Take Cold, Nervous Excitement, Haemorrhage, Frozen Limbs, Apparent

Death (Asphyxia), Indurations, Inflammations, Paralysis, etc. These are by no means all those that appear under this general classification.

We find under truly objective symptoms: Blackness externally; Carphology; Clumsiness; Cracking of Joints: Cyanosis, etc.

These are not divided sectionally, but follow alphabetically throughout that part of the work devoted to Sensations and Complaints. By following this plan C. von Bönninghausen succeeded in condensing the cumbersome features of a repertory and at the same time sacrificed nothing necessary to its comprehensiveness. This is a vital part of the book and bears frequent study, for it yields in proportion to the cultivation it receives.

It has just been stated that this part of the book is not divided sectionally, but this is meant to refer only to the general symptom groupings just mentioned. In the Allen edition there is a single heading for this general section, which we have just considered covering the symptoms of the patient in general, without references; to special parts except as are mentioned in following chapters. In the older editions these four chapters comprised one great section of the book, with the main section and three subsections; in the Allen edition the general headings have been removed so that to a casual glance these chapters now seem to be disassociated and we would expect to locate them more truly under Parts of the Body and Organs.

These must be thought of as follows: Sensations and Complaints, In General

I of the Glands;

II of the Bones;

III of the Skin.

Now we have a more accurate estimate of their scope of usefulness, for these sections have the alphabetical grouping of subjective and objective symptoms, and can be applied readily to the symptom-grouping as expressed by the patient.

## **SLEEP AND DREAMS**

This part of the book is fairly obvious, except for some poor judgement in assembling; this we shall discuss later.

This covers such symptoms as Yawning, Sleepiness, Sleeplessness, with their various modifications; Positions in Sleep; Dreams.

## **FEVER**

In the first editions there were seven subsections in this part of the book. In this edition the subheads

have been removed but the same general outline is followed, with a single exception which will be noted. The original outline is given:

I. Circulation of the Blood In the Complete Repertory found under Chest and Generalities as Anaemia, (CR; Generalities; Anemia), Congestion (CR; Generalities; Congestion of blood), etc.; objective and subjective symptoms of the blood vessels; pulse symptoms (CR; Generalities; Pulse).

II. Cold Stage In the Complete Repertory found under Chill section

III. Coldness In the Complete Repertory found under Chill; Shivering, Shuddering

And also related to Generalities; Coldness.

IV. Heat In the Complete Repertory found under Fever, heat section

V. Perspiration In the Complete Repertory found under Perspiration section

VI. Compound Fevers In the Complete Repertory found under Fever, heat; Succession of stages

VII. Concomitant Complaints In the Complete Repertory found under Fever, heat; Modalities subsection

And also as concomitant in many other locations of the repertory. Under Fever, before, fever, during, fever, after and others.

## **ALTERATIONS OF THE STATE OF HEALTH**

I. Aggravations According to Time In the Complete Repertory under the subsection Time

II. Aggravations According to Situations and Circumstances In the Complete Repertory under

The subsection Modalities, causations, concomitants

III. Amelioration by Position and Circumstances Idem

Aggravations are much more often reported by the patient than ameliorations; they were much more apt to be reported by the provers of the remedies because they were much stronger, therefore more noticeable. Aggravations that were produced by the remedy were a reaction of the remedy and therefore reported as such; amelioration of a condition was sought when the comfort of the prover was so greatly disturbed as to necessitate relief, and was not so often reported as having a definite relationship to the remedy being proven. However, we are often forced to make use of the contrary condition in selecting our rubrics, thus the rubric > Heat can be < Cold.

## CONCORDANCES

In his Preface, C. von Bönninghausen speaks of his publishing in 1836 a work on Relationships of Remedies which he later found to contain a number of errors and omissions, and which he then discarded. In the earlier editions of the Pocket Book he refers to this chapter as Concordance of Remedies but Allen returns to the earlier and more easily comprehended title for this chapter.

To the majority of homeopathic physicians the last chapter in the Pocket Book, Relationships, has been a complete mystery. Even though the homeopath has a fair knowledge of the general use of the rest of the book this section was practically useless to him, except for occasional reference at the bedside.

It must be remembered, in any consideration of this masterpiece of C. von Bönninghausen's, that his was the trained mind of the lawyer. With this training he was able to weigh comparative values, first, the value of homeopathy as compared to orthodox medicine, and then later, the comparative value of remedies in relation to particular symptom groups. He tells us in his Preface something of his method in gathering data; how he kept notes for years on various symptoms, their relationship to each other, and the relationship of remedies to symptom groups. From these accumulated data he devised the Pocket Book. With this background we cannot believe that any part of the book would be for merely casual use; it was the accumulation of practical knowledge of many years' experience. Let us then look at this chapter with a view to securing some knowledge of its practical value to us.

We find that the chapter on Relationships is divided into sections, each section being devoted to a remedy, in alphabetical order. Each of these remedy-sections is subdivided into rubrics, as are all the general sections in the book, but in this chapter we find the rubrics are not particularized as symptoms, but are generalized symptom groups, as it were, such as form the subject-matter of the sections in the first chapters in the book. For instance, we find the first rubric in each remedy-section to be Mind; the second Localities; the third Sensations; then Glands, Bones, Skin; Sleep and Dreams; Blood, Circulation and Fever; Aggravations, SO far we FIND THAT EACH RUBRIC IN THIS CHAPTER OF THE BOOK CORRESPONDS TO A GENERAL SECTION HEADING IN THE first part of the book. To this is added one, two or three additional rubrics, as the case may be. The one that is always present bears the title: Other Remedies. This might better be translated: The general relationship of remedies (other than the one heading this particular section of the chapter on Relationships) to the remedy heading this particular section. This means, then, that while specific symptoms grouped under a general schematic section

such as Mind, Localities, etc., are given in their respective relationship to the remedy under consideration, there are some symptoms that do not fall entirely within this section-grouping, and this rubric, Other Remedies, covers all those symptoms which do not fall into such regular groups. This means, then, that the rank of the remedies in this rubric represents a general relationship of these remedies in the unclassified symptom groups, to the remedy under consideration.

Of the other two rubrics which occasionally appear, Antidotes and Injurious, these are easily comprehended.

So much for the physical makeup of this chapter. Let us look at its reason for being, the thought behind C. von Bönninghausen's concept of the value of such a work as this.

Each remedy partakes to some extent of the attributes of every other remedy. It would hardly be possible to select two remedies so different from each other that they would not touch at some point. They will have some symptoms in common. Look over any remedy in Boenninghausen's chapter on the Relationships of Remedies where he compares it in each of its divisions according to this schema with the remedies in the corresponding subdivisions of the repertory, and note how into the comparison of nearly every remedy is brought the greater part of the remedies contained in the earlier editions of the book, and so far studied for their relationships to other remedies. Even a casual study of the remedies listed in this chapter shows conclusively that the work on this section of the book is very far from being as complete as the other chapters.

In Allen's Preface to the American edition, he says; The Relationships (Chapter VII) of a part only of the new remedies have been added, and this work has been underdone rather than overdone, for much remains to be determined, and it must be confessed that most of our new symptomatologies have not borne the searching light of clinical experience so well as those left us by Hahnemann. In this chapter we need more help from critical students of Materia Medica and homeopathic therapeutics.

It is a task that takes fine discrimination and much careful study, but so far as it goes it is complete. If the other remedies listed in the other sections of the book could be carefully weighed in their respective relationships, this very valuable section of the book would have a much wider usefulness.

The pathogenesis of every remedy seems to be made up of symptoms that touch closely upon those of other remedies. Herein lies one of the dangers in keynote prescribing. It is as if the remedies had all evolved from one common original substance, becoming modified and individualized and therefore

differentiated in varying proportions, so that when they become activated by potentization their effects are exhibited as in a varying scale through that complicated and exceedingly delicate laboratory of the living man. Here we can see the symptoms held in general by a number of remedies developed personalities. One of the best illustrations of this is Pulsatilla, which has a strong individuality of its own, yet which is so closely allied by evolution to Silica and Kali-s., that it bears a strong family likeness to both of these substances.

Some remedies are in harmony with others, some neutral, some inimical. The most similar ones, as a rule, are complementary; they antidote each other's bad effects, follow each other well and often make up for the deficiencies of the others. Others with a lesser degree of similarity may be used at a greater interval of time and finish up the work started by the other remedy. In other words, they have a much lower ratio of similarity.

We may use here the illustration of the concentric circles of similarity, as suggested by Joslin. The nearer the center the smaller the circle and the higher the ratio of similarity. As the circle widens the complementary qualities of the remedies occupying the outward curves lessen until their similarity to the simillimum, or their complementary relationship to the simillimum, is very slight. Every mineral or chemical element has grouped closely about it a little circle of closely related vegetable remedies, which are complements of each other.

### **LIMITATIONS OF THE REPERTORY**

Many criticisms have been made of C. von Bönninghausen's Pocket Book.

C. von Bönninghausen was the first to discover that the governing influence of the characteristic modalities was not limited to the particular symptoms with which they were found associated or with which they might have been recorded in the provings, but that they might be accepted as having a modifying relationship to any or all of the symptoms. Hering criticized this stand as leading into too wide a field of seemingly similar remedies. This might be true if it were not for the consideration of the whole case, including concomitants, for here many of the remedies are ruled out simply because of the latitude in selecting rubrics of aggravation and amelioration, which naturally restricts the possibility of a great number of remedies coming through, if the case be well and thoroughly taken.

Thus we find that one of the strongest criticisms is overcome by careful case taking, and by giving attention to the philosophic construction of the book.

C. von Bönninghausen's work was carefully done and thoroughly tested. It is reasonable to suppose that any work that has gone through several editions, and especially one that has been translated into foreign languages, must have suffered many changes in text. C. von Bönninghausen tells us that the first English translation was "made by one of the most eminent German homeopathic physicians, who is perfectly acquainted with the English language and literature, but who does not care to be known". This edition is not practical for present day use because Stapf used many phrases now obsolete.

Hempel has been sharply criticized for his careless translations of such works as Hahnemann's Chronic Diseases, but a careful comparison of several editions, and comparisons with the *Materia Medica*, must convince us that of the older editions Hempel's translation is more nearly correct in its original form and more practical than any other of the early editions available at this time.

Allen's edition has suffered from faulty translation to a marked degree, and these mistakes in translation plus his rearrangement of the headings, has marred the usefulness of what should have been the most valuable edition of the work. It must be remembered that T. F. Allen, indefatigable worker that he was, was unable to attend to all the details of all the work he undertook, and it must be recognized that work delegated to others often suffers in some way from lack of personal supervision. It is seldom possible to have assistants who take the same viewpoint and feel the same sense of responsibility and evince the same degree of capability as the one who conceives the plan. Therefore we cannot hold Allen culpable for any shortcoming graver than that he undertook more than he personally could compass.

It is only just to give Allen the credit for the work he did, and if he had been spared longer it is probable that this work would have been perfected, but it is not always given to an individual to perfect what he has taken to be his task.

C. von Bönninghausen had 126 remedies in his original work. Allen dropped four remedies that appeared in C. von Bönninghausen's editions: *Angustura*, because of the difficulty at that time in securing the true bark and because the false had been sold for the true to such a degree that severe poisonings had occurred from the use of the crude form and Germany had forbidden its sale. Allen felt some question about the authenticity of the provings and so left it out of his edition. He dropped the three magnetic remedies also: *Magnetis poli ambo*, *Magnetis polus arcticus* and *Magnetis polus australis*. Allen added some 220 remedies, so that the number now appearing in the Allen edition is about 342. The remedies that Allen added appear in comparatively few rubrics, and careful observation will convince

the student that they appear much more frequently in locational rubrics or those dealing with functional symptoms, than in the subjective or modifying symptoms. It is in this particular that we are convinced that Allen did not consider his work complete, but that the edition went to press with the idea of giving it to the homeopathic profession in the state it had reached at that time rather than as a perfected edition.

Let us examine further some of the errors that appear to be most flagrant.

It has been said that Allen combined two volumes in one, while keeping the work in small size, C. von Bönninghausen's Therapeutic Pocket Book and his repertory, Sides of the Body. The work of combination has not been smoothly done, and unless the homeopath watches for these irregularities he may lose the value of the second involution. For instance, we find the chapter on Internal Head has as its last rubric (page 26) One-sided in General, and we have reason to assume that this finishes the chapter, since a chapter on External Head begins on page 27. However, on page 29 we find another heading, Internal Head, but this contains only two rubrics, one pertaining to the left and one to the right side. Following this again we find the heading External Head once more, and this too covers the two sides.

Under the chapters devoted to Eyes, Ears, Nose, Face, Teeth, we find the rubrics for the two sides incorporated at the end of but within the chapter. However, for the chapter on Mouth we do not find the side rubrics, but pass at once to Throat, and following that section find another heading, Mouth and Fauces, having just those two rubrics (page 65). The chapters on Internal and External Abdomen follow each other immediately, without being rounded out by the two rubrics for left and right sides; here the same mistake was made as in assembling the head rubrics, for the rubrics for the two sides of the internal abdomen follow the general location rubrics of the external abdomen and then the two sides of the external abdomen follow.

The rubrics covering the sides of the sexual organs, chest, back, upper and lower extremities, are embodied properly in the proper chapters at the end of the other rubrics.

Mention has been made of the mistake in heading the section on Sensations, which should read Sensations and Complaints; and the student should never forget that the chapters on Glands, Bones and Skin should be considered as subheads of the chapter on Sensations and Complaints.

It may be out of order to mention here the complete inadequacy of the index. It is not only incomplete but incorrect in certain details, and in order to get the fullest possible use of the repertory it is advisable to

learn the book itself; then it will not be necessary to turn to the index. A little study of the plan of the book and the general headings will give the homeopath facility in the use of the book and this knowledge will grow rapidly in detail as it is in daily use.

Now we pass to a consideration of the translation of rubrics. Unfortunately it has been impossible to secure an original German copy of the Pocket Book, therefore comparisons have been made by the tedious method of comparing the text in Allen's edition, rubric by rubric, with those in Hempel's translation, and where there has been question, these have been compared with other available editions and the remedies therein taken to the Materia Medica as well for differentiation of meanings. This work has been completed so far as the comparison of the repertories is concerned; it has not been possible at this time to carry all questionable rubrics to the Materia Medica for verification. Therefore, we trust that the homeopath will follow the same guidepost in using the questionable rubrics that have not been verified as he must follow in selecting the simillimum from the similar remedies; that guidepost reads: go to the Materia Medica. Some of these rubrics are noted where there is a close analogy, in order to give to the rubric the broadest possible meaning. Wherever there is definite reason for the choice of one rubric over another, this is indicated by a star. It is suggested that where a rubric has been found incorrect in its title, the correction be made in the book.

Another limitation, or what might be termed a limitation, is the fact that a number of rubrics appear under Aggravations that might appear under Sensations and Complaints to even better advantage. One wonders, for instance, why Apparent Death (Asphyxia) is so different in its thought from (conditions arising from the effects of) Arsenic Fumes, and the latter is found under Aggravations. The appended list is to be thought of as suitable for use in the same way as if they were listed in Sensations and Complaints, and may be used so at the discretion of the repertory analyst. Of course, in some instances they may be thought of also in the light of true aggravations.

The greatest limitation in the use of any repertory is lack of comprehension in the one who attempts to use it. Therefore too much emphasis cannot be placed on the value of constant use: thumb the pages over and become acquainted with the general outlines and the particular rubrics. Only in this way can you learn to locate them promptly. As in all repertories where there are rubrics covering a symptom in the widest possible sense, and with modifying subheads, we find some seeming confusion in arrangement. As an illustration let us note those under Skin, such large symptom groups as Eruptions, covering some eight pages. Under this heading come the various forms of

rashes, chickenpox, measles, scarlet fever, smallpox ; also scabies, hives, abscesses, carbuncles, and many variations in the subjective and objective symptoms of the eruption.

In a broad sense we may use the rubrics listed as Tetter to cover the eczematous eruptions.

It is well to bear in mind and compare the sections on Eruptions, Excrescences, and Tetter, when searching for certain symptoms. We find SaltRheum, for instance, listed under the section on Ulcers.

If we take the time to understand this little work, we shall find in it a wealth of material, based soundly on the rock of homeopathic philosophy, in spite of the mistakes that have crept in from time to time to mar the perfect concept.

### ADAPTABILITY

The Pocket Book would have been of comparatively little use as a general repertory if it had not had the adaptability by means of which the general principles laid down by C. von Bönninghausen's keen analytical mind could be made to cover the widest possible range of symptomatology.

Let us consider first the adaptability of that little known chapter on Relationships of Remedies We find it of use in the acute case, and again in the chronic case.

Suppose, in an acute case, we have symptoms that seemingly lead us to a remedy, yet we are not quite satisfied that one remedy is sufficiently clear cut in its indications. It is possible to select one or two leading rubrics, discarding those remedies that are obviously not indicated in the case, and run against the leading rubrics one or two governing the modalities, or some other outstanding peculiarity of the case. This can be done very quickly at the bedside, and with excellent results.

Again, suppose we are called in on a case following the initial acute stage. Here is a case that seemed to be a simple cold in a child of three years, and in the hands of a good Hahnemannian prescriber the condition apparently cleared under Belladonna; but Belladonna failed to hold, and the child was running a daily maximum temperature of 105°. The glands of the throat were involved, sore and swollen. In the meantime another homeopath had been on the case. It still seemed as if Belladonna might be indicated, yet there were a few symptoms that seemed to contraindicate it.

After the child was looked over carefully and no definite outstanding indications were secured, the case was analyzed by the chapter on Relationships, under the remedy Belladonna. Only the remedies ranking 3, 4 and 5 under the rubric Mind were taken

(with the exception of Chamomilla, because of its peculiar adaptability to child life) and the other rubrics under Belladonna were checked against them. The workout is given here:

Belladonna

Apis ..... 454. .41235 8/28  
Bapt. .... 443. . . 1114 7/18  
Bry. .... 3444. 32454 9/33  
Cann-i. .... 533. . .2. 14 6/18  
Cham. .... 233. . .2343 7/20  
Lyc. .... 4445342. 34 9/33  
Op. .... 4 3 3 . . . . . 3  
Puls. .... 3554455555 10/46  
Rhus-t ..... 434. . 52444 8/30  
Sulph. .... 3 5 5 4 2 4 4 4 4 10/39

Suppose we had taken first the rubric Glands and selected therefrom those remedies related to Belladonna in glandular affections. We should have found (in the 4's and 5's) Arnica, Bryonia, Lycopodium, Mercurius, Phosphorus, Pulsatilla and Sulphur. Checking these through all ten rubrics we should have found Arnica ruled out; Mercurius 9/37 and Phosphorus 10/34 would have been added to our group coming through in sufficient degree for consideration, but even with these additions Pulsatilla holds the lead over all others.

A casual study of Pulsatilla verified this brief analysis, and the remedy was given. In three days the temperature was normal, having fallen gradually in the interval, the glands were normal in size and sensations, and the child was rapidly gaining strength and his normal lively interest in the world.

This was particularly pleasing in that one of the specialists at a well known Eastern university had given a prognosis of an eight to ten weeks' run of fever inasmuch as "nothing could be done" for these cases.

In a case where the outstanding complaint of the patient was related to the Bones, or the Skin, we might select our remedies from those rubrics, under the remedy that had served well at first in the acute state.

Or when we have worked out a chronic case, and all possible benefit has been secured from the remedy, selected as the simillimum, we sometimes have occasion to consider a related group of remedies that will carry the patient to a complete cure. Remember, we are speaking now of longstanding chronic cases, often those hopelessly muddled by wrong living conditions and everything that scientific medicine, so called, has been able to do for them. We cannot expect every one of these to respond 100% to the most carefully selected remedy; or perhaps because of the incompleteness of the Materia Medica , or our incomplete knowledge of it or imperfect casetaking, we have been unable to select the simillimum, but a

remedy with a fairly close degree of similarity. In such cases, because of some definite lack of available knowledge, we often zigzag a case toward cure. Again, in some serious conditions such as advanced tuberculosis, we dare not give the indicated remedy because it is too deeply active, and we must give a remedy that will meet the conditions of the patient but not stir too deeply the enfeebled vital energy. Here the complementary remedy is often called into play and may be so renovating in its action as to put the patient into a condition where he can tolerate the deeper acting remedy, and respond favorably to it.

After we have worked such a complicated case, and have judged the ability of the patient to react, we are in a position to consider the relationship of the remedy we select as the simillimum and those that have come through the analysis in a correspondingly high rank.

In considering the adaptability of this little work, we must first know the contents of the book, the rubrics to be found there; then we must be able to translate the symptoms of the patient into repertory language. Suppose the patient complains of feeling as if there were a weight on the chest. We will not find this rubric in the book, but we find Pressing as from a Load and Heaviness. If a patient complains that she is sensitive to noises, we must differentiate between < Noises, and Hearing, Sensitive, or Hearing Acute.

The patient has a swelling of the upper lip. We do not need to find a location plus the condition in this case if we know the adaptability of the repertory; we turn to page 56 and find Swelling, Upper Lip. So with eruptions in any given location on the face, we need not look for the major rubric covering Eruptions in General, under Skin, but can find the locational part of the symptom under the section devoted to Face, such as: Eruptions in Eyebrows, etc.

Under the adaptability of the repertory we must consider also the rubrics covering sensations and conditions of the glands, of the bones and of the skin, as well as the larger rubrics found under Sensations (and Complaints) in general.

In any case where there are confusing symptoms, whether they be many or few, or where the remedy likeness is veiled, we can so adapt the Pocket Book as to bring order out of chaos and the remedy will stand revealed, if we do not ask that the repertory in itself make the decision for us. In considering its adaptability, let us glance briefly at the records of a few cases.

**Case I.** This case offered comparatively few symptoms, but those few so clearly cut that we find them illustrative of the four necessary elements which we must have to use as foundations for our perfect case.

This man suffered terribly with tic douloureux, the intense spasms coming at about five minute intervals. There was acute pulling pain in the left trigeminal nerve, accompanied with marked flushing of the face, with profuse sweat on head and chest. The upper jaw and cheek were very tender and painful. The conditions were greatly < by touch, excitement or talking; < wet weather; < at night; > by rubbing. With this condition there was ravenous hunger which always came on with the attacks.

His history divulged the fact that he had had for years a discharge from the ear, which had been stopped eight years ago by an ear specialist. Since then he had suffered from these attacks, which were increasing in frequency and violence.

Now let us see what a well rounded repertory analysis can make of this case.

1. LOCATION: Left side of face, page 59 Cheeks, page 57 Upper Jaw, page 57
2. SENSATION: Pulling Sensation, page 175
3. CONDITIONS OF AGGRAVATION AND AMELIORATION:  
< touch, page 304 < talking, page 303 < night, page 270 < excitement, page 279 < wet weather, page 309 > rubbing, page 318
4. CONCOMITANTS: Ravenous hunger, page 66 Sweat, upper parts, 262 Heat in flushes, 258 Ear, discharge, 41

The concomitant symptom of ravenous hunger is one which seemingly has no relationship to the case, but it actually occurs in distinct relationship to the case and is a most interesting concomitant.

The symptom of discharge from the ear might seem to have no relationship to the case, but since we find no rubric in C. von Bönninghausen's Pocket Book relating to the suppression of ear discharges, and since it was one of the first symptoms present in the chronic constitutional condition of this patient, we are certainly justified in using it in our analysis.

From these fourteen rubrics, then, we worked this case. Let us consider those remedies which came through these rubrics, having twelve or more symptoms. They were: Ars. 12/41; Bry. 14/45; Calc.. 12/47; Caust. 12/36; Chin. 12/42; Kali-c. 13/38; Merc. 13/46; Nit- ac. 12/38; Nux-v. 13/47; Phos. 13/47; Puls. 13/50; Rhus-t 13/51; Sep. 13/47; Sil. 12/45; Spig. 13/44; Stann. 13/39; Staph. 12/40; Sulph. 14/58.

Calc., Caust., Merc., Phos, and Rhus-t all lacked the characteristic sweating (note the difference here between the sweat of upper parts and sweat of anterior parts for Calc.). Caust. lacked the < wet weather. The trembling and twitching of the chronic Merc. case was absent; neither did this patient have

the general constitutional symptoms of Phos., or Rhus-t.

The characteristic pulling sensation was absent from Ars., Calc., Chin., Kali-c., Nit-ac. and Sil. Ars. lacked also the < wet weather; Chin. lacked the relationship to discharges from the ear; Nit-ac. lacked the < talking; Puls., Sep. and Sil. lacked the > rubbing. Nux-v. and Stann. have no relationship noted to discharging ears. Spig. lacked the < excitement.

In Bry. 14/45 and Sulph 15/58 we find every symptom present. The family attested to the fact that this man showed marked irritability during the attacks. Both Bry. and Sulph have marked irritability, so we cannot use this as a means of differentiation. We might have used this as a rubric in analyzing the case. For further means of differentiation let us consider the depth of the disorder, and the fact that, while the ear was not discharging at this time, we must consider the significance of these symptoms coming on after the ear discharges were suppressed. Sulphur is one of those deep acting remedies that have the power to unlock suppressions and to open up masked conditions, and it has also the power in itself to carry the case on, many times, to a complete cure.

This consideration confirmed our decision to give this patient Sulphur. It is no part of this exposition of C. von Bönninghausen's Pocket Book to consider the question of potencies, but it may be remarked here that Sulphur 1 m., one dose, was given this patient. There was a slight aggravation during the first few hours, then amelioration. As amelioration took place the discharge from the ear returned. Occasional doses of the remedy over a period of time cured the recurrence of these attacks but the ear discharge as well. The ear discharge, being the earliest obtainable symptom in the man's chronic case, and a matter of several years' priority to the other symptoms, was the last symptom noted to disappear, as we have been taught to expect, thus demonstrating once more the accuracy of the law of the direction of cure.

The criticism has been made that the remedies coming through repertory analyses by this method may remove symptoms by suppressing them. This case offers evidence of the reestablishment of a suppressed discharge, that later was removed through the continued action of the simillimum revealed by the analysis. Although this case was repertorized several years ago, the man has attained and maintained excellent health.

\* \* \* \*

**Case II.** This acute case was a peculiarly interesting one, as it had received the prescriptions of two able prescribers of the homeopathic school without any help< rather, the patient continued to grow worse. The case had the further merit of being checked by

laboratory analysis. The patient, a woman 65 years of age, complained of a pain which began as a soreness in the epigastrium and right hypochondrium, increasing to a sore pain. The pain was > while sitting, > belching; < lying on the back, markedly < lying on right side; < on motion, especially on turning over in bed. There was a constant sensation of pulling in the right hypochondrium, < lying on the right side. The pain causes sweating. There is pain as of repeated blows in the region of the right scapula. The mouth is exceedingly dry. There is a great aversion to food or drink, and the odor of food, or any other strong odors, are very offensive and cause nausea. The patient vomits as soon as water becomes warm in the stomach; there is no thirst. Although there is much flatus, none passes. The urine has an offensive odor.

It may seem strange that two of our ablest prescribers failed to see the outstanding characteristics of the remedy, possibly because this patient was not the characteristic "type" of the simillimum, which was found by this repertorization. At this time the white blood count was 19,000. Let us consider the case further.

This case presents the four points so necessary in making a repertory analysis:

**LOCATION:**

Epigastrium, page 79  
Hypochondrium, right, page 82

**SENSATION:**

Pulling, page 175  
Hammering, page 162  
Sore Pain, Internally, page 181

**CONDITIONS OF AGGRAVATION AND AMELIORATION:**

< Lying on back, page 290  
< Lying on right side, page 290  
< Motion of affected part, page 292  
< Turning over in bed, page 304  
< Strong odors, page 293  
> Sitting, while, page 319  
> Belching (eructations), page 313

**CONCOMITANTS:**

Sweat with associated symptoms, page 265  
Thirstless, page 66  
Mouth in general, page 62  
Dryness internally (of parts usually moist), page 156  
Incarcerated flatus, page 85 Urine offensive, page 95

Since C. von Bönninghausen has no rubric covering the concomitant symptom, vomiting as soon as water becomes warm in the stomach, this was reserved for reference to the *Materia Medica* .

The case was repertorized on the eighteen symptoms noted above, with the following results: Sulph. 18/71;

Phos. 18/68; Nux-v. 16/71; Puls. 16/63; Bry. 15/58; Acon. 15/57.

In spite of the considerable difference in numerical totality between Sulphur and Phosphorus, it was a simple matter to differentiate between the simillimum and the similar.

Phosphorus 1 m. was administered; the patient became more comfortable and two days later the white blood count had dropped to 11,200. Improvement continued and the whole condition cleared completely within a few days. It is almost unnecessary to point out that the symptom, vomiting as soon as water becomes warm in the stomach, served as the differentiating factor in the case. With a knowledge of our *Materia Medica* it would seem unnecessary to repertorize a case so clearly marked, yet after the failure of two outstanding homeopathic prescribers one might hesitate to undertake to select the simillimum without a thorough analysis of the case. The result warranted the time taken.

\* \* \* \*

**Case III.** A young man, 25 years of age, gave the following history:

As a child he was very stout, and as a small child he had asthmatic attacks. At 11 years of age he was exposed to the weather, soaked through with rain and thoroughly chilled; rheumatic fever that settled in his knees followed. He later (following the rheumatic fever) became very thin, and developed chorea to the point of clonic convulsions. He was sent to a camp in Maine where the regular hours and the outdoor life entirely relieved his condition and he began to gain in weight.

In 1919 he developed eczema on his arms; this was suppressed by local applications. The eczema itched to the point of agony; it was < nights, < warmth of the bed, < sweating. He could not endure being covered at night as it caused sweating and this in turn < the itching.

In 1930 he contracted a cold that was thought to be tubercular; he was sent to an institution but was discharged at the end of six months. In 1932 he had scabies "cured" by external applications, and a return of asthmatic attacks. These attacks waken him from sleep at night. There is copious expectoration, gray, green or yellow. Attacks come on also or are < from wind, < winter, < wet weather, < dust. He is still nervous; he craves candy and sweets.

The following rubrics were chosen:

1. Oppressed respiration, page 113
2. < wind, page 309
3. < wet weather, page 309
4. < winter, page 310
5. Symptoms causing sleeplessness, page 246
6. Expectoration gray, page 118

7. Expectoration green, page 118
8. Expectoration yellow, page 119
9. Sweat with associated symptoms, page 265
10. Scabies suppressed with mercury and sulphur, page 211
11. < warm wraps, page 308 (cannot endure being covered)
12. Tetter itching, page 229
13. < night, page 270
14. < warmth of bed, page 308
15. Nervous excitement, page 157
16. Convulsions clonic, page 150
17. Arthritic pains (in the joints), page 161
18. < getting wet, page; 309
19. Desires sweets, page 69

The following remedies came through in sufficient rank for consideration:

Calc.. 19/66 has every symptom. Puls. 17/69 lacks 7 and 19; Sep. 17/69 lacks 2 and 19; Sulph. 17/66 lacks 7 and 10; Phos. 17/61 lacks 10 and 19; Lyc. 17/65 lacks 10 and 15 ; Nux-v. 17/56 lacks 10 and 18 ; Carb-v. 17/51 lacks 7 and 15; Ars. 16/59 lacks 14. 15 and 19.

Without any question Calc. not only met every symptom but was his constitutional remedy. Fortunately, it was still indicated.

Calc. 1 m. was given with amelioration of the asthmatic attacks but return of the eczema, to the patient's disgust. He returned at long intervals for a period of two years, but distrusted the remedy because of the skin aggravation that he twice suffered. The asthmatic attacks disappeared except for an occasional very mild reminder of the difficulty, and the eczematous condition steadily improved until it, too, practically disappeared. The patient was so much better he stopped coming, and the last reports were that he was in good health and gaining weight, although there was some itching at times.

\* \* \* \*

**Case IV.** A young woman, 17 years of age, had suffered from hay fever for fifteen years. Her appearance was one of the worst it has been our lot to see; she looked quite a sodden mess. Her symptoms were as follows:

Attacks begin in April and last until frost. Itching of the eyes when the attacks start, then profuse lachrymation, and later, a sensation as if pins were sticking in the eyes. Raising the eyes to look upward is painful; for relief she pulls the lids away from the eyes. Conjunctiva very red, worse in the left eye, but this condition alternates from side to side. She wants to shut the eyes often. Stopped nose, which is > upon first rising in the morning; there is some discharge, white, watery and profuse at times. Considerable sneezing < toward night. Quantities of mucus in the throat in the morning, thick and yellow, which she

must cough to raise. All the above conditions are < nights, < dry weather, > rainy days, < light and < reading. There is swelling of the cheeks with these attacks and pimply eruptions on the face.

It is hard to get to sleep because of the stuffy nose and her sleep is restless.

She takes cold easily, and has frequent attacks of bronchitis in winter.

She always wants warm clothing, and there is no sweating. Menstrual periods are three weeks late but there are no other menstrual symptoms.

She has had measles, scarlet fever, whooping cough. Vaccinated at 11 years; injections four years ago and allergic treatments with mixed pollens.

The case was repertorized on the following symptoms:

1. Lachrymation, page 32
2. Conjunctiva, page 31
3. Itching, page 165 (Mucous surfaces being internal surfaces in essence)
4. Inflammation mucous membrane, page 164
5. < pressure, page 294
6. < opening eyes, page 294
7. < looking upward, page 288
8. < light, page 287
9. < reading, page 295
10. Swelling of cheeks, page 55
11. Eruptions on face, page 53
12. Becomes chilled easily, page 255
13. Tendency to take cold, page 148
14. Mucous secretions increased, page 168
15. Falling asleep prevented by symptoms, page 240
16. Sleep restless, page 244
17. < evening, page 270
18. < dry weather, page 278
19. Stopped coryza, page 47
20. Nasal discharge watery, page 48
21. Sneezing, page 49
22. Internal throat, page 64
23. Cough with expectoration, page 115
24. Expectoration yellow, page 119
25. Menses late, page 108
26. Skin dry (want of sweat), page 207
27. Internal chest, page 124
28. > rising from bed, page 317

The following remedies ranked :

Sil. 27/113 lacked 28 (but it has > change of position) ; Sep. 27/109 lacked 6; Puls. 26/115 lacked 6 and 18; Phos. 26/110 lacked 18 and 28; Sulph. 26/109 lacked 6 and 7; Nux-v. 26/103 lacked 7 and 28; Bry. 26/102 lacked 7 and 28; Ars. 26/97 lacked 3 and 6; Caust. 26/78 lacked 6 and 20.

At first glance this girl appeared to be a Pulsatilla case, but a repertorization and closer study demonstrated that Silica was the correct choice, since

it had the modalities that Puls, lacked. After Sil. 1 m. there was a sharp but very brief aggravation and steady and rapid improvement and but one very mild return of the symptoms, that was quickly cleared by a second powder of the same potency.

\* \* \* \*

**Case V.** A young woman, 35 years of age, was brought in by her family homeopath who felt he needed help on the case. She was greatly depressed, cried a great deal, and felt so unlike her cheerful self that she “felt frightened at herself.” She has a “mad desire to walk” although she is averse to any work, mental or physical. She “faces the day with dread”; feels as if alone in the world; music, of which she has been very fond, is now extremely distasteful. She admits there is no reason why she should not be happy and content, since she has pulled through some hard times and now the road has been smoothed out. She has not slept for several days.

Previously, she would awaken from sleep with a general quivering, especially in the pit of the stomach. She feels “weak in the knees” and has an “all gone” sensation which is better after 4 p. m. She has developed an aversion to being with people, especially crowds.

There is a great deal of headache, dull pain that comes and goes across the forehead, < in the morning; it becomes throbbing on stooping. There is a ringing in the left ear and sense of pressure in the ears as if they were stopped. Her tonsils are enlarged.

She is eating poorly and has recently lost 15 pounds.

She sweats all over. Her feet blister, and sweat. The nails are brittle.

The following rubrics were used :

- Disposition generally affected, page 17
- Sadness, page 19
- Desire for motion, page 167
- Epigastrium, page 79
- Trembling internally, page 193
- Waking in distress, page 240
- Sleeplessness, page 245
- Nervous weakness, page 195
- Sensation of emptiness, page 157
- < music, page 293
- Pain dull, page 169
- Forehead, page 24
- Sweat easy, page 264
- Sweat, special parts, page 262
- Stopped sensation in ears, page 44
- Ringing in ears, page 43
- Throbbing internally, page 191
- < stooping, page 301
- Emaciation, page 157 (Tendency to lose weight)
- < morning, page 269
- Eruptions, blisters, page 214

Feet, page 138  
Nails brittle, page 223  
Tonsils, page 64

Of the 24 rubrics used the following remedies ranked: Sep. 23/92 (lacks Tonsils); Puls. 22/90 (lacks Tonsils, Nails brittle); Merc. 22/86 (lacks Waking in distress, < music); Calc. 22/84 (lacks Waking in distress, Tonsils); Sulph. 21/91; Bry. 21/86; Lyc. 21/76.

Reference to the *Materia Medica* showed that *Sepia* reflected the likeness of the patient, and the remedy was administered. There was a decided aggravation and later amelioration, but it was necessary to repeat the potency within a few days and later to raise the potency, which held the patient in a satisfactory manner.

### USE OF THE ANALYSIS

The objection has been made that the C. von Bönninghausen process of analysis takes too long for a busy homeopath. One might well ask: how long do you spend in study over a refractory chronic case? If an hour or two spent in repertorizing the case will bring before your mind the similars, from which you can easily select the simillimum, is this a waste of time?

We have spoken of the method of reaching the totality, from the numerical point of view, in the repertory analysis. Supposing that several remedies come through with high totalities but one or two symptoms are lacking. Need we always select the remedy that has all the symptoms and the highest totality? Not by any means; while experience teaches us that we most often find this the simillimum, because of the careful work done in assembling the repertory and in giving the remedies their proper evaluation under every symptom-rubric, we occasionally find remedies lacking one or more symptoms which actually are of very similar relationship to the disease condition, while the one having the highest totality may not be the simillimum.

Any repertory analysis is sure only when it meets the picture we find in the *Materia Medica*. The most careful repertory analysis avails us nothing if the case is poorly taken; so also while the repertory analysis may be the final basis of remedy selection, without reference to the *Materia Medica*, we may here distort the picture. Reference to the *Materia Medica* may reveal that the one symptom missing in the repertory actually appears in the *Materia Medica* in some form although perhaps not in sufficiently high rank to include it in the repertory.

On the other hand, when you find a symptom given you by your patient which has no counterpart in the

repertory, do not say that you cannot work the case. Leave this aside and work the other symptoms, then carry the analysis to the *Materia Medica*, plus the symptom not found in the repertory, and you will find this symptom is a part of one of your similar remedies.

C. von Bönninghausen, by his use of the doctrine of concomitance and the principle of analogy, assumes that when an aggravation of one symptom has occurred in the proving it may be, and frequently is, to be found in relation to other symptoms. This is not to be taken to mean a direct opposite of such symptoms as have been proven, however, or such remedies as have been found to have contrary modalities in different parts, such as the general aggravation of *Arsenicum* by cold, with the exception of the headache, which is relieved by cold; *Phosphorus*, with its coldness in special parts and its pains, cough and diarrhea aggravated by cold while the head symptoms are ameliorated by cold.

This is a matter for intelligent use of the repertory analysis; therefore, the more complete the analysis the more quickly the homeopath can sift the ranking remedies on the basis of the true relationship of the remedies to the individual case.

The repertory analysis can do no more for you than to point the way to a group of remedies that are similars, among which you will find the simillimum. The value of our repertory analysis is that in difficult cases where the simillimum has seemed obscure, we almost invariably find that the repertory analysis clears our vision and points us to the remedy that will cure the patient.

Such a case is cited here.

A very attractive young woman, a brunette, came to me complaining of the following symptoms:

She disliked the cold weather because she felt the cold so severely. She was generally cold, but especially her hands and feet. When she became cold her hands, and especially her fingers, felt numb and lifeless, and her fingers became colorless. She had a sensation as of a band about her. There was hiccup and belching, < when hungry. Further questioning brought forth the fact that her sleep was restless; she could not sleep unless heavily covered; she had many pleasant dreams, and she wakened frequently. She found it difficult to get to sleep unless she lay flat on her stomach. She moaned and talked in her sleep. There was some puffiness of the face, especially of the cheeks. She was continually taking cold. The family indicated that there were fits of temper, and that she frequently went into tantrums.

The following rubrics were selected:

Irritability, page 18  
Coldness in general, page 260

Coldness of special parts, page 260  
 Sensation of a band, page 144  
 Hiccough, page 73  
 Belching, page 72  
 < when hungry (see < before eating, page 278)  
 Dreams pleasant, page 248  
 Sleep restless, page 244  
 Lies on abdomen, page 241  
 Waking frequently at night, page 241  
 Wants much clothing (Becomes chilled easily, page 255)  
 Whiteness of parts, page 196  
 Dead feeling (in single parts), page 154  
 Fingers, page 132  
 < becoming cold, page 276  
 Tendency to take cold, page 148  
 Swelling of cheeks, page 55

Out of the eighteen rubrics, Calc. 18/64 was the only remedy having every symptom. The following remedies lacked the rubric, Lies on abdomen: Nux-v. 17/70, Sulph. 17/68; Phos. 17/67; Merc. 17/62; Caust. 17/50. Puls. 17/67 lacked < becoming cold. Bry. 16/58, Nit- ac. 16/58 and Ars. 16/57 all lacked the rubric, Lies on abdomen; in addition Bry. lacked Whiteness of parts, Nit-ac. lacked Hiccough and Ars. lacked Dead feeling in parts. Bell. lacked the last mentioned symptom and Whiteness of parts.

It was possible to eliminate rapidly some of the ranking remedies; knowledge of the *Materia Medica* and knowledge of the patient help greatly in discarding some of the remedies where a number come through an analysis, because of the difference in grouping in the patient and in the remedy, and taking into consideration also that symptom of personality as a whole. The remedies seriously considered for *Materia Medica* study and differentiation were Merc., Nux-v., Phos., Sulph, and Nit-ac. *Sepia* was also considered, although it lacked three symptoms in the repertory analysis. Of these remedies only Nit-ac. met the requirements, and we find the missing symptoms in the *Materia Medica* . We also find Sleep, anxious, with sobbing; restless, unrefreshing, etc. (C. von Bönninghausen has no rubric for moaning in sleep.) Clarke's Dictionary and Allen's Encyclopedia, reveal this: Fingers feel as if dead in cold air.

Thus we find that the *Materia Medica* reveals what the repertory fails to complete. In addition, the homeopath's personal knowledge of the dyscrasia acquired by the father when a young man complemented the repertory analysis and *Materia Medica* study and more insistently indicated the selection of Nit-ac. as the simillimum.

Time has demonstrated the value of this selection, for this patient has required repetition of the remedy only at long, and everlengthening intervals. Her health is

excellent and the tendency for repeated colds has been eliminated.

Too much emphasis cannot be placed on the axiom, that must never be forgotten in any case: the final decision IN THE SELECTION OF ANY REMEDY, MUST REST WITH THE *Materia Medica* , in the likeness of the individual remedy to the individual case. As has been so aptly stated, the remedy must speak like the patient; in its essence it must have the characteristics of the patient, although it may vary in some of its individual symptoms. The repertory is not, and was not meant to be, more than a systematic arrangement of symptoms, so that confusing items might be arranged in such a form as to show clearly the symptomatic trend of the patient, which must be diagnostic of both the disease and of the remedy. This holds true in studying the relationships of remedies in their relation to the case just as much as it does in the first selection of the remedy.

The criticism has been made that in repertorizing a case by the C. von Bönninghausen method only the polychrests come through. This is true to a certain extent, and is partly due to the physical limitations of the Pocket Book; it has not grown to its full stature. Allen attempted to add remedies to the rubrics but the work was not carried far enough to make them really useful in working a large case.

Another and more potent reason for the polychrests appearing so frequently in long chronic cases is given by C. von Bönninghausen in his Preface, page v:

"... Since the polychrests, which are rich in symptoms, as is natural, present the most points of contact, so an intimate acquaintance with these points will enable him to use these drugs easily and to the greatest advantage."

If the repertory is rounded out by the completion of those remedies already added in part, its usefulness will be greatly increased; yet even then the polychrests will outrank all others in the complex chronic cases.

It is well to reiterate that the mathematical results are not in themselves an end; they are near the end, but through them we may reach the art of prescribing the simillimum, or if not the ultimate simillimum, we may so unlock the case that by sequence we may reach the simillimum. This embraces the intelligent use of the mathematical results of our analysis and the intelligent comparison of these results with the *Materia Medica* .

Our homeopathic philosophy enters the picture in our taking of the case; it is there while we consider the results of our analysis and it comes into play even more definitely upon the consideration of the patient and the remedy, our final comparison, if you will; and we still depend upon it after administration of the remedy.

The homeopathic *Materia Medica* has a pathology of its own. The symptom which the pathologist would exclude as accidental and meaningless is usually the symptom which decides the choice of the homeopathic remedy. It actually has a vital relation to the case. This is only one reason for placing great emphasis on that axiom: in the final ANALYSIS WE MUST GO TO THE MATERIA MEDICA .

Two important points in studying and examining a case by C. von Bönninghausen's method must not be overlooked : 1. To see that no contradictory symptom is admitted into the final synthesis. Let us comprehend clearly what we mean by contradictory symptoms. No symptoms are contradictory if they actually occur in a patient and are true; what we must avoid as contradictory symptoms are those symptoms that a patient may report in one breath, to refute in the next. Or we may find that the symptoms reported when the patient tells his story are contradicted in a review of the case. It may be that we will find seemingly contradictory symptoms through a lack of concept of the relationship of the various elements, or through your failure to interpret the case clearly. Thus a patient may complain that she is worse out of doors, yet her coryza is better out of doors. What she may mean is that her coryza is better out of doors, but her rheumatic complaints are worse out of doors. This may be because of the various relationships of locations, sensations and aggravations, or it may be that she is better from being where it is warm or where her body is warmly clothed, and her pride prevents her from the wearing of a necessary amount of clothes; it may not be a question of open air at all. It may be that a patient will report a dry mouth, and an excess of saliva. These are not necessarily contradictory symptoms; they may be manifestations of an alternation of symptoms that are not contradictory, but actually valuable concomitants of the case.

It is well to note that C. von Bönninghausen himself warns against confusing the issue in selecting the remedy by allowing our judgement to be swayed by what we may think is a condition of aggravation or amelioration, but is really an alternation of symptoms. We find his admonition on page viii of the Preface: "In particular, one must avoid considering as an aggravation what is merely the alternating action of the remedy, even though in other ways there should be recognised an aggravation of the general condition. . . . Such symptoms, which we call in provings secondary or alternating effects, are even met with in the course of natural diseases, in which there may be a condition opposite to that of the original trouble, but none the less morbid, and which may easily lead the unskilful to the choice of the wrong drug."

This is something we are not always in a position to judge when we are selecting the rubrics for a

repertory analysis; it is a matter of judgement in selecting the remedy from the similar group brought out for analysis. This is one more reason for the axiom that must never be forgotten in repertory work: carry the results to the *Materia Medica* . The repertory is a means to an end, never an end in itself.

The problem in every case is to find, among many similars, the most similar; and so the symptoms of the patient are collected and pieced together, and compared with the symptoms of remedies under the general type or figure common to all remedies until an image is built up, feature by feature, in which an individuality stands forth. It matters not that the symptoms as grouped in the particular case were never grouped in exactly the same manner in the provings of the single drug. All the symptoms of all the drugs taken and combined under one grand totality, as they are in C. von Bönninghausen's *Pocket Book*, give us a proving in which the symptoms of any individual case of disease can be found.

Just as all the symptoms of many provers of a drug are combined in one scheme, and all the symptoms of many patients are put together to delineate the typical disease in the textbook on practice, or as all the symptoms of many cases are assembled in finding the epidemic remedy, so C. von Bönninghausen in his *Pocket Book*, carrying the principle a step farther in its logical development, arranges all the symptoms of all the drugs in the form of one universal and allinclusive drug. He combines all the lesser totalities into one grand Totality. He organizes all the individuals into a community, all his communities into a state, all the states into a nation!

C. von Bönninghausen's *Therapeutic Pocket Book* is the result of his long years of indefatigable labor, the full fruition of all his profound studies, the sum total of all his vast experience, a perfected type of the mechanism by which the principles of homeopathy are made practical of application.

When we understand it as well, and are able to make good use of it as he did, we shall indeed be masters of the healing art.

## **PREFACE TO THE NEW AMERICAN EDITION**

C. von Bönninghausen's pocket book has proved so invaluable to all conscientious homeopaths, that every edition has been exhausted and the need of a new one is pressing. In preparing this, new remedies have been added, to bring the book up to the present time. These additions really represent the advance of homeopathy since Hahnemann's period. The additions surpass in number the remedies contained in the original. Many, indeed, are not excelled in importance by any of the older ones. In making these

additions, clinical experience has been consulted freely and our symptomatology has been scrutinized by the light of this experience.

The list of drugs, under the various rubrics of the original, have not been altered, except in some cases to elevate the rank of the remedies, a proceeding amply justified by their increased usefulness. For example, under "Orbits," rhus has been elevated to the very highest rank.

The Relationships (Chapter VII) of a part only of the new remedies have been added, and this work has been underdone rather than overdone, for much remains to be determined, and it must be confessed that most of our new symptomatology has not borne the searching light of clinical experience so well as those left us by Hahnemann. In this chapter we need more help from critical students of *Materia Medica* and homeopathic therapeutics.

It is confidently expected that this little book will serve to give an impetus to a closer study of symptomatology, from which alone the most successful results at the bedside are to be obtained.

It must be borne in mind constantly that this is intended only as a guide to the proper remedy and in no way should be used to supersede the *Materia Medica*.

In this edition, the drugs are divided, as in C. von Bönninghausen's Original, into five ranks; as follows:

#### CAPITALS.

Antique.

Italic.

Roman.

Roman in parentheses (rarely used).

### C. VON BÖNNINGHAUSEN'S ORIGINAL PREFACE

More than fifteen years ago, I first issued a repertory which verified its usefulness by enjoying a wide circulation, either in my original editions, or in that of the industrious Jahr, which was prepared according to my model, essentially unchanged. Its uninterrupted use during this period has amply sufficed to judge of its advantages, as well as its defects, and the appearance and ready sale of similar works, even up to the present time, clearly demonstrate that the need of them has not yet been satisfied.

There is no doubt that a diligent and comprehensive study of the pure *Materia Medica* cannot be thoroughly accomplished by the use of any repertory whatever. I have not intended to dispense with such a study, but rather have considered all works of such intent positively injurious. Still, it is not to be denied that a homeopathic physician can only devote himself

to such studies in his leisure hours (which are, indeed, few enough), and that he needs in his practice, to aid his memory, a work which is abridged, easily consulted, and which contains the characteristic symptoms and their combinations, to enable him, in any individual case of sickness, to select from the remedies generally indicated the one suitable and homeopathic, without a too great loss of time.

The defects of the repertories hitherto published, lie chiefly, in my opinion, in their being limited to the material given in the *Materia Medica Pura*, joined to the carefully tested cases in practice, but these have never been combined so as to furnish the means of judging the value of each symptom, of completing those which were incomplete and of filling the numerous vacancies constantly met with by every practitioner.

If many symptoms are incomplete, either because the part of the body or the kind of sensation is not clearly indicated, or, what is most frequent, because the aggravations or ameliorations, according to time or circumstances, are omitted, the difficulties of correct apprehension and the judgment of the value of such symptoms for the necessities of curing are greatly increased, for the characteristic never shows itself in a single symptom, however complete it may be, since the individuality of the prover exercises an influence over the proving which easily misleads and since also secondary symptoms creep in together with alternate effects of inferior worth, and since in general the worth or worthlessness of most symptoms can be ascertained only by means of painstaking comparisons of the whole, never from the *Materia Medica Pura* just at the moment it is required without previous study.

An inevitable result of this has been that, on account of the old arrangement of the repertories, on the one hand more or less important symptoms have been scattered among different rubrics and the comprehension of the totality rendered difficult, or on the other, numerous gaps have occurred, for the filling of which there has been no basis, such as analogy might have furnished.

This uncertainly and incompleteness, together with all the prolixity which is known to every homeopath, induced me several years ago, to seek an arrangement which should remedy the abovementioned defects, at least so far as the present state of our science makes it possible, and I must thankfully remember my late honored teacher and friend, Hahnemann, for his invaluable support and advice throughout an uninterrupted correspondence.

Fearing to divide symptoms more than has been done hitherto, and which has been deprecated many times, it was my first intention to retain the form and arrangement of my original repertory, which

Hahnemann repeatedly assured me he preferred to all others, and to condense it into one volume, making it clearer in every part, as well as more complete from analogy as well as from experience. But, after finishing about half of the manuscript, I found it had increased on my hands beyond all expectation to such a size that, at last, I gave it up, as I saw it was extremely probable that 3 similar objects might be attained in a more simple and satisfactory manner, if, by bringing out the peculiarities and characteristics of the remedies according to their various relations, I opened a way into the wide fields of combinations which hitherto had not been trodden.

In order to avoid increasing homeopathic literature with a useless book, experience was first to be consulted, and, as after using a similar arrangement confined to the polychrests, the most satisfactory results were attained, and the late honored founder of the new school pronounced my idea "excellent and eminently desirable," so I had no more misgivings about finishing the work, which I now present to the homeopathic public in the form of the present Pocketbook, with the hope of a friendly reception and of leniency towards its unavoidable defects and errors.

The scope of this Pocketbook, as given in its title, is double, viz.: on the one hand, to aid the memory of the homeopath at the bedside in the selection of a remedy, and on the other, to act as a guide in the study of the *Materia Medica Pura*, by means of which one may be able to find his way and to judge of the greater or less value of each symptom, and to make the whole more complete and sharply defined.

On account of the large number of remedies, under nearly every rubric, it has been thought indispensable, on account of both the above-mentioned objects, to distinguish their relative values by means of various types, as I have done in my former repertories, and which Hahnemann has repeatedly shown to be necessary. So, throughout the whole work, there will be found five classes distinguished by the type, of which the four most essential ones are in the first division, Mind and Disposition, under the rubric "Covetousness," which may serve as an example. The word Puls, in spaced Italics, occupies the highest, most prominent place. After this follow, in descending order, in simple Italics, Ars. and Lyc., as less important, but still especially distinguished by the characteristics of the remedies as well as by practice. Of a still lower order are the spaced Roman letters in N a t r. and S e p., and in the last rank will be found Calc., printed in Roman letters not spaced. The fifth place, the last of all, contains the doubtful remedies, which require critical study, and which occur most seldom; these are enclosed in parentheses.(\*)

It is evident that the estimation and limitation of these classes, to increase the number of which seemed neither important, useful, nor easily accomplished, could not be fixed with mathematical accuracy; I could not even intimate the greater or less leaning to the higher or lower rank, but I could only go so far that the mistake should be less than half an interval. Without having the assurance to maintain that everywhere within these limits accuracy has been attained, I can say with certainty that no industry, care, nor circumspection has been wanting on my part to avoid errors as far as possible. I therefore took upon myself the tedious task of correcting the proofsheets, and also prepared both an English and French translation, so that, wherever the types permitted, it would be necessary to change only the name of the rubrics, retaining, stereotyped, the carefully revised texts of the rest. The English translation was made by one of the most eminent German homeopathic physicians, who is perfectly acquainted with the English language and literature, but who does not care to be known (Stapf). The French translation I made myself, and if in the latter, particularly, there are, here and there, mistakes in regard to the genius of the language, which seems not to be very rich in words, I hope, as a foreigner, to meet with indulgence. The correction of the proofsheets has been extremely difficult, how much so the sixth form may show, which, on account of a necessary journey, was consigned to another person to correct, and in which many letters will be found misplaced, which, however, leave no doubt as to the meaning. The few misleading typographical errors and omissions of whole words are given at the end of the book.

It is easy to comprehend the arrangement of the work, and but few explanations and remarks will be required. It falls into seven distinct parts, in each of which, in order to facilitate the use of the book. As far as possible, a systematic order has been united with an alphabetical arrangement. Although each section may be considered by itself a complete whole, yet each one gives but one portion of a symptom, which can be completed only in one or several other parts. In toothache, for example, the seat of the pain is found in the second section, the kind of pain in the third, the (\*) aggravation or amelioration according to time or circumstances in the sixth, and whatever concomitant symptoms are necessary to complete the picture and select the remedy, are also to be found in the various sections.

In regard to the first section, it must be especially observed that our *Materia Medica Pura* contains nowhere more secondary symptoms than under The Mind and Disposition, and, on the other hand, most beginners in homeopathy are liable to overlook this part of the picture of the disease or to make mistakes. Therefore, I have considered it wise to give here only

what is essential and prominent, under as few rubrics as possible, in order to facilitate reference.

The rubric "Intellect," I have been able to simplify very greatly, since any symptoms, as, for example, "Insanity," by means of the different moods, have been clearly defined in other places.

In the second section, "Parts of the Body and Organs," there is as much condensation as possible, because the tendency of the whole work is to have one part examined critically by the others; however there will be found in this section symptoms (for example, face, cough) which would be vainly looked for in other works. Besides, this part of the work serves particularly to point out the medicines which, in the higher or lower degrees, act upon the various parts and organs of the body; in the case of certain organs, a few other symptoms have been added, and which are confined to these, and for which no other suitable place could be found.

The third section contains an alphabetical arrangement of all the sensations and complaints; (1) in general, then specially; (2) of the glands; (3) of the bones; and (4) of the skin and exterior parts; and also shows the more or less characteristic complaint of each sort in the same way as the preceding section, pointing out the various parts of the body.

The fourth section treats of sleep and dreams ; the fifth of fevers : but both only according to essential and clearly defined peculiarities.

In regard to the second, fourth and fifth sections, an explanation must be made concerning the rubric "Concomitant Complaints." Convinced of the importance of the symptoms which occur simultaneously, and therewith form symptom-groups, I have been adding for many years to the concomitant symptoms which are found in the *Materia Medica Pura* whatever belonging to them the experience of myself and others could offer, and their number increased so incredibly that I have been able to deduce general rules. From these it is certain that some remedies, more than others, incline to concomitant symptoms, and that these do not consist exclusively of particular symptoms, but, in general, of every sort of complaint which lies within the sphere of the remedy, though indeed the characteristics may be found more frequently among them than elsewhere. This discovery, tested by long experience, led me to place the "Concomitant Symptoms" together under each section, in which I have again pointed out the varying values of the remedies by means of different type; and when they are taken into account they must be looked for under the peculiarities of those remedies which are more or less concomitant.

The sixth section, which comprises the changes in the symptoms due to time and circumstances, does not

fall behind the preceding sections in importance, but in application it needs the greatest circumspection. In particular, one must avoid considering as an aggravation what is merely the alternating action of the remedy, even though in other ways there should be recognized an aggravation, of the general condition. For example, diarrhoea which appears only in the morning may often be cured by *Bryonia*, although constipation and an evening aggravation belong to the most peculiar primary action of this remedy. Such symptoms, which we call in provings secondary or alternating effects, are even met with during the course of natural diseases, in which there may be a condition opposite to that of the original trouble, but none the less morbid, and which may easily lead the unskilful to the choice of the wrong drug. From one point of view the indicated conditions of aggravation or amelioration have a far more significant relation to the totality of the case and to its single symptoms than is usually supposed; they are never confined exclusively to one or another symptom, but, on the contrary, a correct choice of the suitable remedy depends very often chiefly upon them. So, to give an example, my friend, Dr. Luterbeck, took charge of one of my patients in my absence, to whom, under such circumstances, I always transfer my patients; this one I had cured of a very deeply seated tubercular phthisis; but on account of some symptoms still remaining, particularly a disagreeable smoothness of the teeth, which were covered with much mucus, always much worse for two days after shaving, he prescribed *Carbo animalis* 30 with the most decided and permanent result, although the only skin symptom of the face which had been observed by Dr. Adams was not present, and in general the symptom of this aggravation had not once been completely observed. The experienced homeopath will easily find that I have bestowed particular care upon this section, and have given in it many results of my own experience, which will be sought for in vain in the *Materia Medica Pura* or elsewhere.

The seventh and last section, under the rubric "Concordance," presents the results of the comparative action of the various remedies mentioned in the work; firstly, in regard to the preceding sections noted with corresponding numbers, and finally, under the figure VII, according to each particular remedy, everywhere with reference to their value in rank, indicated in the same manner as in the preceding sections. This laborious and timetaking work (which, indeed, has broadened and rectified my knowledge of the *Materia Medica Pura*) will supply the place of the "Relationships" which were published in 1836, and which were acknowledged to be very imperfect, yet my critic, contradicting himself, acknowledged their utility by copying them literally in his handbook of *Homeopathic Materia Medica* (Leipzig. Schumann),

with all their fault and errors, and with a few, for the most part faulty, additions, without giving the source from which he had obtained them, although before his book was published he had ridiculed them. I therefore hope that no one will consider this section useless and superfluous in this improved, and, as far as possible, corrected form. For myself, who for the past fifteen years have made the *Materia Medica Pura* my chief study as one of the most indispensable works of homeopathy, this concordance has been of extreme importance, not only for the recognition of the genius of the remedy, but also for testing and making sure of its choice, and for judging of the sequence of the various remedies, especially in chronic diseases. It is freely granted that one must be tolerably conversant with the *Materia Medica Pura*, but it is made easier for the beginner by the use of this concordance, since the polychrests, which are rich in symptoms, as is natural, present the most points of contact, so an intimate acquaintance with these points will enable him to use these drugs easily and to the greatest advantage. At the conclusion I have given the antidotes that are known, and also the noxious drugs under the word (Nox.). I may also remark that the same reason which caused me in 1835 to omit osmium and several other drugs still holds, and I will not willingly mix what is sure and tested with what is doubtful and uncertain.

For the benefit of beginners in homeopathy, for whom the pocketbook is chiefly intended, it may be judicious to say a few words concerning its use, especially with reference to its twofold object according to the abovementioned scheme.

In studying the *Materia Medica Pura* I have found it the most simple and profitable way to underline with a pencil, according to the order of this pocketbook, all of those characteristic symptoms which have been indicated by the explanatory type used, either in the original or in one of my repertories or in those of others, and to add those which are wanting; this costs but little time and trouble and affords an easy review, which may be made complete by means of greater experience. In such a manner one may acquire not only a fundamental knowledge of the most important symptoms and of the genius of each remedy, but also an enduring written collection of what is most valuable, which by means of this preparation becomes deeply fixed in the memory, and afterwards may be reviewed in difficult cases, and frequently will be found of the greatest service in the right choice of the remedy.

In using this book at the bedside much depends upon whether one is entirely a beginner, or is already somewhat skilled in homeopathy. But he who knows nothing whatever must, indeed, make a most careful search for everything without exception. The more he knows the less he has to look for, and, finally, only to use it here and there to help his memory. This may be

best shown by an example: This I have taken for the purpose from my most recent practice, wherein the choice of the remedy was not difficult and at first seemed very easy, though through lack of attention a mistake might easily have been made. This case may serve for the beginner in homeopathy to try his own skill.

E. N., of L., a man of about 50 years, of a blooming, almost florid complexion, usually cheerful, but during his more violent paroxysms inclined to outbreaks of anger with decided nervous excitement, had suffered for a few months with a peculiar kind of violent pain in the right leg after the previous dispersion allopathically of a so called rheumatic pain in the right orbit by external remedies, which could not be found out; this last pain attacked the muscles of the posterior part of the leg, especially from the calf down to the heel, but did not involve the knee or ankle-joint. The pain itself he described as extremely acute, cramping, jerking, tearing, frequently interrupted by stitches extending from within outward; but in the morning hours, when the pain was generally more endurable, it was a dull burrowing with a bruised feeling. The pain became worse towards evening and during rest, especially after previous motion, while sitting and standing, particularly if he did it during a walk in the open air. While walking the pain often jumped suddenly from the right calf into the left upper arm if he put his hand into his coatpocket or his breast and kept the arm quiet, but it was relieved while moving the arm, and then the pain suddenly jumped back again into the right calf. The greatest relief was experienced while walking up and down the room and rubbing the affected part. The concomitant symptoms were sleeplessness before midnight, frequently recurring attacks in the evening of sudden flushes of heat with thirst without previous chill, a disagreeable fatty taste in the mouth with nausea in the throat, and an almost constant pressing pain in the lower part of the chest and pit of the stomach as if something there were forcing itself outward.

No skilful homeopath, who is perfectly familiar with the action of his remedies, will long remain in doubt as to the correct remedy in this case, with so complete and accurate a picture of the disease, for all these symptoms together correspond to a single one, which is thoroughly homeopathic; but the beginner will be obliged to look for nearly every symptom and only after long search will he find the one most fit among the concurrent remedies. Between these two extremes of knowing and not knowing, lie many degrees of partial knowledge, which require a more or less frequent consultation of the book.

One person, for example, knows that the pains repeatedly changing from place to place, worse towards evening and during rest, together with the fatty taste in the mouth, the sleeplessness before

midnight and others of the symptoms mentioned, belong especially to the action of pulsatilla, but he is not sure whether the remaining symptoms also belong to it, and he will not, if he acts conscientiously, spare the trouble to compare these latter; but he will soon see that pulsatilla is not the correct homeopathic remedy, because, in addition to the mental symptoms, there are others which are not similar, but, indeed, are directly, contradictory to it.

Another person who has studied more the peculiarities of the pains and distinctly remembers that china corresponds to the paralytic and bruised pains as well as to the jerking tearings and the stitches from within outward and to the pains jumping from place to place. In addition, he believes that also symptoms, like sleeplessness before midnight, the aggravation during rest, as well as the relief from motion and rubbing, together with the flushes of heat with thirst, correspond to this drug, but because he does not know he also must consult the books; so he will soon meet with contradictions, just as the previous one did, and he will see clearly the unfitness of china for the case.

Neither of these two, however, will think of administering to the patient a remedy whose curative power in this case is so improbable, but as conscientious homeopathic physicians, they will look farther and compare, and by the help of this handbook they will soon find, without great difficulty, the only really homeopathically indicated remedy.

But even a third homeopath, educated in homeopathy, one who recognizes the contra-indications of pulsatilla, china and other concurrent remedies, does not know sufficiently that valerian corresponds to the chief symptoms, and in order to be perfectly sure about this rather infrequently used remedy, he will quickly look up the few doubtful symptoms, and convince himself that this drug, among all the known medicines, is the best adapted to this case, as was proved in the result; for, after a single very small dose exhibited in a high potency in water, the whole trouble, with all the concomitant symptoms, was completely removed within three days. The half educated homeopath, however, who consults only the original sources and discards every sort of repertory will not easily think of looking for this drug, which is seldom used for similar complaints, in the second volume of the Archiv., and before doing it, he will expend much time and trouble, which might have been more usefully employed, in comparing other and more frequently used remedies; and if, at last, he should consult it, he will even here meet with difficulties and doubts, which are not easily overcome by the unskilled without other help, since most of the symptoms which must be considered here, must be more or less completed by the characteristics of the remedy, in

order to be found suitable, and besides many errors in the notes, many secondary effects which are not marked as such and hence are not easily recognized, increase the uncertainty.

It is by far more difficult for the inexperienced homeopath to cure patients even with a few symptoms without a repertory, because many remedies seem to correspond. For example, at present there is in this region a pernicious whoopingcough among children which, in the beginning, in only exceptional cases, presents the well known indications of Drosera, never those of the other remedies usually indicated in whooping cough. However, the sick children were characterized by a remarkable puffiness and swelling, not so much of the whole face as especially above the eyes, between the lids and the brows, which was frequently like a thick little sac, a symptom which, hitherto, has been observed only in kali-c., and in fact from the beginning of the epidemic, this has been the only quick and permanently curative medicine. Only in the latter period of the disease, there appeared another form characterized by cold sweat on the forehead during vomiting, which called for veratrum album.

This is not the place to say anything about the size and repetition of the dose, concerning which opinions do not yet coincide. However, I cannot refrain from calling attention to what I have already said in the New Archiv, for homeopathy, and from giving the assurance that my experience has been most pronounced for the high potencies, of long continued action and against the repetition of the dose, without intercurrent remedies, even in diseases of the bones, for example, in curvature of the spine and protrusion of the shoulders and hips. I have seen more cures follow in a much shorter time after the high than I had ever experienced before from the lower dynamizations. I can, therefore, from my own extended practice only reiterate what our true Hahnemannian adherents have communicated, and I am far better satisfied with my results of the past two years (in which I have used almost exclusively the high potencies) than formerly, although the far larger proportion of my patients have come from the hands of the allopaths.

In conclusion, I recommend this little work as the fruit of almost three years' labor to the thoroughly unprejudiced, yet friendly, criticism of all those who, like myself, wish only for what is best and who have made the firm resolution to devote the rest of their lives to homeopathy and to suffering humanity.