

HOMŒOPATHIC DIAGNOSIS

Hahnemann through Bönninghausen

PROLOGUE¹

It is remarkable, that Hahnemann has been criticised for his voluminous² and repetitive writings, with paragraph-long sentences frequently interrupted by parenthesised extensions which, although offered as clarifications, are too often received as confounding by the (casual) reader. Thus, it is said, Hahnemann is not reader-friendly and in consequence, largely misunderstood. Bönninghausen on the other hand, has been misunderstood in consequence of his brief, *terse*³ writing style making it difficult to fully uncover his intentions. It is true, Hahnemann's style is foreign to our age, unfamiliar, and requires an intense focus in reading, but the information is all there, and a careful study, over and over, will reveal all its treasures. It is also true, that Bönninghausen's brevity poses its own difficulties,⁴ but these too may be overcome by careful and penetrating study. Therefore, whilst there are indeed hurdles faced when attempting to comprehend the writings of a different era and often of a different tongue, *there is no option*; if we wish to comprehend these works ourselves, then we must focus and persevere, which continued effort will, as our own experience has shown, be rewarded both in our understanding and practice.

The importance of our nomenclature cannot be overstated, and we too often see the problems arising from improper, imprecise, and inconsistent use of words, both within and across languages, and the reader will notice our significant effort at clarifying existing terms, as well as introducing a number of new (defined) terms, which should however be readily comprehensible and useful in their purpose. In this connection, the reader will perhaps, at first, recoil from the numerous and extensive notes appended to the text. But apart from simple references to specific literature sources, these provide a means of expanding on the points discussed within the text, without greatly interrupting the flow of ideas therein, and this by way of added comment, illustrative examples, quotations, definitions, etc. Some readers will not find it necessary to study many of these notes, being already well familiar with their message, whilst others with less experience should find them a revealing repository for repeated reference with pointers to further studies, and which, to avoid losing the *train-of-thought*, may be better left until after a first reading of the text.

This work comprises two parts. The *first* aims to provide, without being overly expansive or brief, a thorough account of the orthodox⁵ homœopathic method of Hahnemann, its complete incorporation⁶ within Bönninghausen's *Therapeutisches Taschenbuch* (TT), and how it may be applied in every case of disease presented to the homœopath, without compromise, with certainty, and in the most effective manner, through *The Bönninghausen Repertory* (TBR)⁷. This first part also provides an opportunity to report our most recent findings as discussed (in part) in a number of my previous (published) articles⁸ on the subject. The *second* part demonstrates the application of TBR through a series of instructional case exercises, taken from my own practice (wherein TBR has been used exclusively now for over five years)⁹. Each presented case should be thoroughly studied and its essential elements identified *before* attempting a repertorial analysis. It is important to allow the necessary time to thoroughly comprehend a case, and to practice the process of *rubrication*¹⁰ whereby the symptom components are translated into their representative TBR rubric.¹¹

It should be here emphasised, that whilst a basic familiarity of the structure and content of TBR will suffice for entry level work, most effective clinical results require a thorough comprehension of the derivation and meaning of each rubric (and thus its applicability to a particular case), formed through reference to its specific sources.¹² This task, whilst both laborious and time-consuming, will reward the effort with speed in prescribing and unsurpassed clinical results.

But before the application of TBR can be properly described in unabridged detail (and further illustrated with workable case examples), we must carefully examine the foundation of its progenitor TT, from Hahnemann,¹³ through its sequential development via Bönninghausen's earlier repertorial works, and its relationship to other repertories, in order to grasp a proper perspective (*Repertory Lineage* chapter) of its place within, and significance for, our profession.

In this connection, Bönninghausen's title of *Therapeutisches Taschenbuch* is further noteworthy by its omission of the word 'repertory', which represents a significant and purposeful change from the titles of his previous (repertorial) works.¹⁴ In recognising the importance and purpose of this, we herein refer specifically to 'TT' whenever speaking of the design, structure, and development of this work, and to its English republication TBR whenever detailing its present day application.

In presenting this *instructional manual* to the profession, we hope to stimulate greater interest in this (TT) repertorial method of Bönninghausen, that it may be applied conscientiously and methodically in daily practice and the results reported to the larger homœopathic community.

It only remains for me to thank my close research colleagues at the *Hahnemann Institute Sydney*, in particular Bernhard Deutinger, for his invaluable input during various stages of this work; and to my wife Jacqueline, who, as well as her numerous contributions throughout this project, has moderated my tendency to prolixity and helped render this work more reader-friendly without losing anything of substance. Thanks also to M.Dinges of the *Institute for the History of Medicine of the Robert Bosch Foundation* (Stuttgart), for making available the (many) references which have proved central to our research, to K.Holzappel (Stuttgart), H.Heé (St.Gallen), and J.Winston (Wellington) for their contributions.

George Dimitriadis

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Notes to Prologue

- 1 *Prologue*, from the Greek, πρό, (pro = before, prior) + λόγος (logos = word) = first words (discourse, speech).
- 2 We marvel at Hahnemann's literary tirelessness (HHL 1, 32,48), when we consider that between 1785 to 1805, he had published more than 7,700 *printed* pages, including translations, original works, and essays in medical journals.
- 3 I use the word 'terse' in its true (*original*) sense, which, from CED we read to mean:
"Free from superfluities, neatly or elegantly concise."
- 4 Bönninghausen left no particular directions on the use of his TT, except for a single case example in his original foreword. Further, he left no especial instruction regarding the use of his concordances. But this too may be overcome, as we have overcome it, by understanding the construction of TT. On the other hand, A.H.Okie, in his 1847 English edition *Therapeutic Pocketbook* (TPO), was so ignorant and brazen, that he simply omitted the whole section therein stating:
"As this is a subject upon which, at the present, we have but little experience, and as the author's concordances seemed to offer nothing new or of a really practical nature upon this subject, I have omitted it..."
- 5 I use the term *orthodox*, from the Greek, ὀρθόδοξος (orthodoxos) in its strict sense, to mean *upright* or *correct*, and in reference to Homœopathy proper, *i.e.*, practised in strict accord with the observation of *Similia Similibus Curantur* as the immutable therapeutic law of nature. This definition thus sees allopathy labelled as *unorthodox*, with Homœopathy remaining the one true *orthodoxy* in medical practice.
- 6 The conceptual basis for Bönninghausen's TT stems directly from the teachings of Hahnemann, hence the 'method' of Bönninghausen is that of Hahnemann himself – Bönninghausen's genius was to conceive and construct a radical, exquisitely simple, and unique mechanism for its precise application, his TT.
- 7 Dimitriadis, G. (Ed.): THE BÖNNINGHAUSEN REPERTORY – *Therapeutic Pocketbook Method* (TBR), Hahnemann Institute Sydney, June 2000. TBR represents a rearranged English retranslation of Bönninghausen's *Therapeutisches Taschenbuch* (TT), and therefore assumes all its characteristics. The positive response to the release of TBR, and the subsequent seminar series delivered both in Australia and New Zealand, provided me with the opportunity of presenting our findings and demonstrating their application, and evidenced a significant resurgence of interest in applying this unique method of repertory, further highlighting the need for a supplementary instructional manual which can provide a thorough explanation and examination of the method. TBR Preface notes the specific changes made in the process of republication.
- 8 I refer the reader to the following articles:
 - An Introduction to The Bönninghausen Repertory, Therapeutic Pocketbook Method, AJHM 2003:96;2,152-163.
 - Case Studies using The Bönninghausen Repertory, Therapeutic Pocketbook Method, AJHM 2003:96;3,194-201.
 - Die Sicherheit der Methode des Therapeutischen Taschenbuchs von Bönninghausen [*The Certainty of the Bönninghausen Therapeutic Pocketbook Method*], ZKH 2001:45;3,96-115.
 - Bönninghausens Therapeutisches Taschenbuch, Eine Fundgrube seiner klinischen Erfahrungen [*Bönninghausen's Therapeutic Pocketbook, A Concise Repository of His Clinical Experiences*], ZKH 2001:45;6,223-237.
- 9 Since late 1998, whilst still in the (18 month clinical trial) manuscript form, I have used TBR exclusively.
- 10 I use this term to describe the process of representing a proving symptom by one or more rubrics (each consisting of one or more words). Those who have studied the MM sources, and their representation by rubrics in the various repertories, will be aware of the difficulties of this task, both for the compiler of the repertory, and for the user for whom the rubrics are intended.
- 11 As an example, let us look at the following symptom under *Arsenicum* (CD1228):
"Intermittent, unequal, small pulse which finally vanishes entirely."
Rubrication of this single symptom places it under the following *Pulse* entries in TBR:
TBR878 Intermittent; TBR879 Irregular; TBR882 Small; TBR877 Imperceptible.
- 12 By 'sources' I refer specifically to primary sources wherein we find listed the results of provings. With respect to Bönninghausen's TT, this necessitates an examination of original provings, from the following main works (among others):
Books:
Hahnemann: *Materia Medica Pura* (MMP); *Chronic Diseases* (CD)
Hartlaub & Trinks: *Reine Arzneimittellehre* (HTRA)
Journals:
Allgemeine Homöopathische Zeitung (AHZ)
Archiv für die homöopathische Heilkunst (AHH)
Practische Mittheilungen der homöopathischen Gesellschaft (PMG)
Annalen der homöopathischen Klinik (AHK)
On this very subject of reference to the sources, Hahnemann writes (*Organon*,* §148, footnote):
"But this laborious, sometimes very laborious, search for and selection of the homœopathic remedy most suitable in every respect to each morbid state, is an operation which, notwithstanding all the admirable books for facilitating it, still demands the study of the original sources themselves, and at the same time a great amount of circumspection and serious deliberation, which have their best reward in the consciousness of having faithfully discharged our duty."
* Unless otherwise specified, the 6th edition is always meant
Bönninghausen writes (*Three Precautionary Rules of Hahnemann*, NAHH 1844:1;1, in BLW194-195):

“With great *conscientiousness*, ...the homœopath ...should first note down the whole condition of the patient... and then endeavour to discover in the book of “Chronic Diseases” and in the “Materia Medica Pura” the medicine covering *all* these momenta, or *at least* the *most striking* and *peculiar*; for this purpose he should not content himself with the repertories that have been prepared, a very *frequent carelessness*, for these books contain only *slight hints* as to one or the other remedy that might be selected, but can never take the place of the careful reading up of the *fountain sources*.”

M.L.Tyler writes (BHJ 1927:17,123-24):

“I really want to know why we take everything from secondary and tertiary sources only? Why do we go back so little to the original sources? How many Homœopaths in our days have really studied the Materia Medica Pura of Hahnemann?”

13 Bönninghausen was Hahnemann’s best and most thoroughly accomplished disciple, as we may read from the following testimony from Hahnemann himself (reproduced in HHL 2,483):

“...Baron von Bönninghausen of Münster has studied and grasped my homœopathic system of treatment so thoroughly that as a homœopath he deserves to be fully trusted, and if I should fall ill and be unable to help myself I would not entrust myself to any other physician.”

Hahnemann again commends Bönninghausen (*Organon*, §235, footnote):

“Dr. von Bönninghausen, who has rendered more services to our beneficent system of medicine than any other of my disciples...”

Hahnemann’s view of Bönninghausen is made very clear in his following letter from Paris (Letter to Bönninghausen, 18 Sept.1836, in HHL 2,351):

“I only wish that you were here, but no one else; therefore do not speak of this wish of mine to any other homœopath, because only you would be in the right place here, others would only be a burden to me and to themselves, as has already happened with some Germans here in Paris...”

It was his thorough knowledge of Hahnemann’s teachings, coupled with his giftedness in taxonomic classification (through his occupations in Law and Botany) and his economy (brevity) with words (as is clear from his condensed writings), that provided the appropriate background for Bönninghausen to seek, and to develop, the repertory.

14 Bönninghausen was the first to publish a homœopathic work with ‘repertory’ in its title (SRA), which work set the ‘template’ so to speak. But the *deficiencies inherent* in its ‘form’ were noted by Bönninghausen (BLW217, 1844), who changed it radically for his TT, and hence his choice not to call it ‘repertory’, instead describing it as *Therapeutisches Taschenbuch* (Therapeutic Pocketbook), to indicate his clear intention that it was specifically conceived and constructed for the purpose of being an application tool for use at the bedside, *direct* and *efficient*. Unfortunately, the diminutive English term ‘pocketbook’ erroneously denotes something of lesser significance or value, certainly when compared to a large or voluminous desk-top reference work. The TT however, as well as completely reflecting the teachings of Hahnemann, represents, as Bönninghausen himself put it (BLW217, 1844), ‘*the result of all of my practice*’ and hence, the (English language) ‘pocketbook’ title does not properly reflect its true scope and utility.
