THE BÖNNINGHAUSEN REPERTORY

Therapeutic Pocketbook Method

Second Edition

The most accurate English re-translation of
Bönninghausen's *Therapeutisches Taschenbuch*
carefully corrected with reference to his original manuscript

Edited by

George Dimitriadis

ἐν τούτω νίκα
in this we conquer

SYDNEY

HAHNEMANN INSTITUTE

THE BÖNNINGHAUSEN REPERTORY
Therapeutic Pocketbook Method

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PROLOGUE

It is now a decade since the publication of our *The Bönninghausen Repertory* (TBR), and this second edition is the result of our continued application of this repertorial method with constant reference to primary sources for clarification of rubric terms, by which process we gain an understanding of Bönninghausen's *Therapeutisches Taschenbuch* (TT) and how it represents our primary, pure, pharmacography[1] for the purposes of homœopathic diagnosis.

In order to provide a contextual prelude for a more detailed introduction to this work, we offer the following historical overview which will reward its study with the necessary perspective of the origins and scope of TT, and of its most faithful English language successor, this second edition TBR. A more detailed account of repertorial lineage will be found in our *Homœopathic Diagnosis…* (DHD).[2]

Development of Repertory

1. *Beginnings*

Hahnemann's induction[3] of a *general* similars principle[4] governing the clinical effectiveness of medicines marked the birth of *Homœopathy* as a deliberate approach to medical therapy, and further established the need for a new, *pure materia medica*[5] to *methodically*[6] record substance effects upon the healthy organism (*provings*).[7] He soon realised this increasing volume of provings data required a way of referencing individual symptoms, and the first *alphabetic symptom index* was appended to his *Fragmenta…*(1805),[8] and he also compiled two further indices with which he was not satisfied, and which therefore remained unpublished.[9]

There followed a number of works, most notably by *Hartlaub*,[10] *Schweikert*,[11] *Weber*,[12] and *Rückert*,[13] each listing a single remedy alongside a single symptom, more or less as it appeared[14] in the provings records,[15] re-arranged[16] for easier reference.[17] But these works were bulky (e.g. Hartlaub's comprised over 6,700 pages), and whilst useful for study, too cumbersome in the clinical setting. It is important to note that none of these indices constituted what we now recognise as repertory.

2. *Bönninghausen & The First Repertory*

Having turned his attention to the study of Homœopathy in 1828,[18] Bönninghausen quickly realised the necessity of indexing the symptoms of our materia medica; as he writes it:[19]

> "… which fact caused me, even at the beginning of my study of this excellent and invaluable treatment, to think of expedients which would make the choice of suitable remedies easier and more certain, by this means bringing the symptoms of each one more clearly into view;"

Bönninghausen was trained in Law and Botany, skilled in brevity and taxonomy, and thus well placed for the task of symptom indexing.[20] Remarkably, the first fruits of his effort appeared very soon after his recovery, in 1829, with the title *Alphabetical table for ready reference to homœopathic medicines*,[21] and this was followed by a rapid succession of works,[22] through which, we observe,[23] Bönninghausen developed and shaped his work into what was termed *Repertory*.[24]

The first such work was his *Systematic Alphabetic Repertory of Antipsoric Remedies* (SRA, 1832),[25] wherein, for the first time, Bönninghausen had identified the consistent

elements of each symptom[26] and rendered them in *rubric* form,[27] arranged systematically[28] and alphabetically, and incorporated a consistent 4-tier[29] remedy grading system to indicate the frequency of clinical usefulness.[30] SRA quickly went into a second edition (1833), and two years later Bönninghausen published a similar work on the 'non-antipsoric' remedies (SRN, 1835). These two works together form a single repertorial model to which we now refer jointly as *The First Repertory* (TFR),[31] and upon which our modern repertories are based.[32]

3. *TFR Successors*

In 1834, *Georg H.G. Jahr* published his *Handbuch* (JH1), modelled on SRA, but lacking the consistency, accuracy, and succinctness of Bönninghausen's work.[33] The second edition of Jahr's *Handbuch* (JH2, 1835) was later translated into English,[34] under the editorship of *C.Hering*, and published in 1836 as the first English language Repertory. This work found its way via *C.Lippe*,[35] to *E.J.Lee*,[36] and onto *J.T.Kent,*[37] being wholly incorporated into his *Repertory* whose structure was consistent with that of its predecessors. Thus, it may be seen that even Kent's Repertory, wholly in structure and largely in content, derives from the 'systematic-alphabetic' model of TFR. But Kent's itself is full of significant errors,[38] not surprising given his inability to examine the original (German language) sources, and these errors are multiplied further by its emulates,[39] which later works have especially served to dilute any accurate information already present, and thereby reduce the *consistency* and *certainty* in our prescribing.

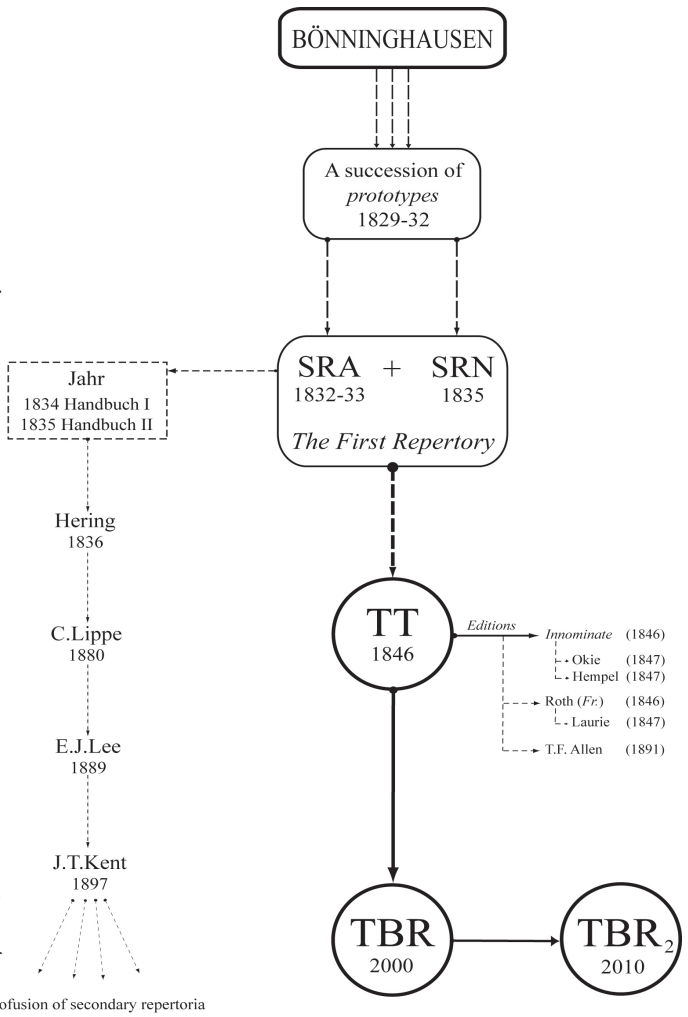
Repertory Lineage

The lineage of TBR is directly through TT which itself had seen a number of English language editions, beginning with the *innominate* (TPi) of 1846, and ending with the *TF Allen* edition of 1891. The *Laurie* edition was translated from the French of *Roth*, introducing further errors. *Hering* et al. poorly chose to translate the inferior work of Jahr (*Handbuch* II) into *Jahr's Manual*... (HJM, 1836), rather than Bönninghausen's SRA/SRN. Kent's Repertory received input from various (non-primary) sources, and was followed by a proliferation of emulates, all of which utilise Bönninghausen's TFR model.

4. *Bönninghausen's TT*

Bönninghausen soon recognised 'defects' inherent in the structure of TFR, and began his focus on a new, improved method of repertory,[40] and with Hahnemann's full approval,[41] his *Therapeutisches Taschenbuch* was published, simultaneously in German (TT),[42] French (MT),[43] and English (TPi),[44] in 1846.

Bönninghausen's TT became the most widely used and highly acclaimed repertory,[45] undergoing a number of English (and other) editions[46] before being translated *afresh*, revived as it were, for *The Bönninghausen Repertory* (TBR). The following diagram outlines the basic lineage of repertory initiated by Bönninghausen.

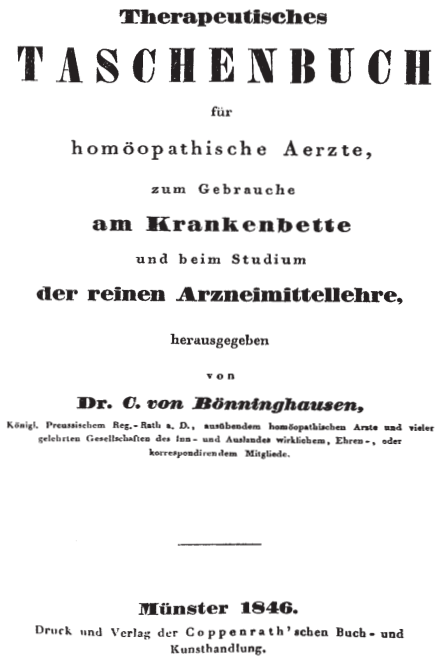


Therapeutisches Taschenbuch
(Therapeutic Pocketbook)

Bönninghausen's foresight and desire for transparency saw him list the provings source for each of the medicines contained in his TFR, thereby allowing comparison of each entry against its source proving.[47] So when it came to constructing TT from its immediate precursor TFR, Bönninghausen did not again consult the provings (already represented within TFR),[48] he only needed to convert the information contained in TFR for placement within the new structure of TT.[49] This is doubtless one reason why he gives no sources for the medicines in his TT, but the other reason, more importantly, is that the entries it contains cannot all be found *as is* within the provings – they are rather *representations* of *provings*, a distillation, Bönninghausen's understanding of each medicine's characteristics, completed by analogy, and further validated and *weighted* according to his extensive experience.[50] Indeed, at that time, Bönninghausen maintained one of the busiest practices in all Europe,[51] and we can therefore rightly understand why *Stuart Close* offered the following summation:[52]

> "The experience of nearly a century has verified the truth of Bönninghausen's idea and enabled us, in the use of his masterpiece, The Therapeutic Pocketbook, to overcome to a great extent the imperfections and limitations of our materia medica."

Bönninghausen's TT is an entirely new structural model which, more than any other, demands a secure grasp of Hahnemann's observations and teachings, and although we provide the following brief overview, the reader will do well to study our companion volume DHD wherein we detail this topic.



Therapeutisches

TASCHENBUCH

für

homöopathische Aerzte,

zum Gebrauche

am Krankenbette

und beim Studium

der reinen Arzneimittellehre,

herausgegeben

von

Dr. C. von Bönninghausen,

Königl. Preussischem Reg.-Rath u. D., ausübendem homöopathischen Arzte und vieler gelehrten Gesellschaften des In- und Auslandes wirklichem, Ehren-, oder korrespondirendem Mitgliede.

Münster 1846.

Druck und Verlag der Coppenrath'schen Buch- und Kunsthandlung.

1 *Abstraction & Recombination*

Homœopathic diagnosis is determined upon the *characteristics* of a case (*i.e.*, the *consistencies*), which, either alone, or, what is most often the case, in their *combination*, *sufficiently distinguish* both the disease, and its homœopathic remedy.[53] Furthermore, the characteristics of a specific disease (medicinal or otherwise) may be *abstracted* from their individual sufferer and *recombined* into a stand-alone, distinct disease entity, for the comparison and diagnosis of future cases, and this is precisely the practice in all medical diagnostics.[54]

This same process of *abstraction & recombination* of characteristics is used to complete symptoms by *analogy*, where the qualifying characteristics of one symptom may be used to define another symptom of the same type,[55] as well as those of a different type[56] and location,[57] and it is for this reason that the 65,000 or so symptoms in Hahnemann's own pharmacographies (RA/CK) are, mostly,

fragments of original symptom descriptions which have been *abstracted* (separated) and re-arranged,[58] according to his familiar head-to-foot-schema[59] – not only for easy reference, but more importantly, to allow for their ready re-combination into a case-specific variety,[60] which application is clearly evident in the published case analyses from Hahnemann himself.[61]

This process, thoroughly understood by Bönninghausen, formed the basis of his TT design and construction:[62]

> "…it was at first my intention to retain the form and arrangement of my original Repertory…at the same time I intended to compress it into one volume, to define every part of it with greater accuracy and to complete it as much as possible from analogy as well as from experience. Having, however, finished about half of the Manuscript, it had, contrary to my expectation, grown to such a size, that I the more willingly relinquished my plan, as I saw, that most likely the same object might be attained in a more simple and even more satisfactory manner, if, by showing the peculiarities and characteristics of the remedies according to their different relations, I opened a path hitherto untrodden into the extensive field of combination."

Bönninghausen thus abandoned the structure of his TFR, wherein each body system or region listed its attached qualifying characteristics (symptom descriptions & modalities), *abstracting* these characteristics to a single '*Sensations & Complaints in General*' chapter,[63] from where they could be retrieved,[64] and readily *recombined* into a *case-specific* variety (even if never before seen [in that combination] in the provings), thereby providing both a flexibility and scope unmatched in any other repertorial work by "…opening a path hitherto untrodden into the extensive field of combination". Bönninghausen writes:[65]

> "The increase of this medicinal power in proportion with the increased dynamisation is, however, so striking that it must force itself on every attentive observer. It manifests itself most frequently and most strikingly in symptoms which have not before been noticed in the provings, but with reference to their location and to their sensation have some analogy with what is already known. On this is mainly founded the arrangement of our "Therapeutical Manual" [TT], and its use for fourteen years has perfectly confirmed what has just been said."

This unique TT structure thus facilitates the re-combination of characteristics to a new case-specific variety, whilst still allowing the *accurate reconstruction* of the original proving symptoms, *without loss of meaning*, as may be seen with the following few examples using this TBR:

1. *Alum*.1043

> "Unbearable itching of the whole body, especially on getting warm, and in bed; he has to scratch until he bleeds and after scratching the skin is painful. [*Htb*]"

This above symptom is well represented within TBR in the following rubrics:

> Itching (pruritis), in general [1522] +
> Skin, Blood**,** drawing**,** *after* scratching [1316] +
> Skin, Painful**,** *after* scratching [1397] +
> *aggr*. Warm (& warmth) in general, from [1725] +
> *aggr*. Lying, bed, in (prolonged) [2025]

Alumina is one of six remedies coming through in all these rubrics, and whilst a prescription could not be made on this symptom alone, it is nevertheless able to be reconstructed through a summation of its TBR representative rubrics. Let us now look at the *leucorrhœa* of Alumina (708-717), which may be stated in summation (completed by analogy) as follows:

> Frequent acrid leucorrhœa: like bloody water; of yellow or transparent mucus, stiffening the underwear; with burning and itching in the genitalia and especially the rectum [perineum?], which parts, are inflamed and excoriated, making walking difficult; relieved by washing in cold water.

This composite symptom is well represented by the following TBR rubrics:

leucorrhœa, acrid [529] + bloody [531] + yellow [535] + itching [536] + Slimy [540] +
amel. Water (& washing) [2230] +
aggr. Walking, during [2220]

Alumina again comes through this repertorisation (with only two other remedies), demonstrating the reconstruction of an original symptom is quite straightforward.

2. Stram.63

"The skin on the forehead is wrinkled, the look staring, the whole face distorted and horrible (aft. 3h). [*Frz*]"

This single symptom can be reconstructed by combining the following rubrics:

Face, distortion [174] +
Furrows, forehead, on the [191] +
Eyes, staring [64]

Stramonium heads the list of remedies in this repertorisation, confirming that by re-combining the previously abstracted characteristics listed within this repertory, we can accurately reconstruct the original symptom record.

3. Stann.333

"When she attempted to sing, she must leave off every instant and breathe deeply on account of exhaustion and extreme emptiness in the chest, and she immediately became hoarse – a couple of weak cough impulses removed the hoarseness, but only momentarily. [*Gss*]"

This descriptive symptom may be reconstructed using the following rubrics:

Internal Chest [234] + Emptiness, sensation of [969] + Weakness [1157] +
Voice, hoarseness [549] + *aggr*. Singing [2143]

Stannum heads the list of remedies covering this combination.

The TT repertorial model is both unique and unmatched for accuracy, flexibility, and speed in forming a case-specific homœopathic diagnosis. Yet, whilst Hahnemann himself praised this work, others criticised it. Constantine Hering was perhaps the main antagonist, writing strongly against this 'separation of characteristics', which he described as a 'great mistake'[66] But it is now clear from our own success using TBR, that Hering's most erroneous view stemmed from his own bias and misconception, since he neither comprehended the genius behind its construction and its foundation in Hahnemann's own teachings, nor did he ever put it to the test.[67] But whilst there were others[68] equally guilty of the same preconceptions without attempting an objective trial of TT, those who did trial its use fully realised its value, as can be seen from the following comments:

T.F.Allen:[69]

"I submit that of all plans which have ever been adopted, that of Bönninghausen is the best. It consists essentially of considering all symptoms to consist of three elements, namely, *locality*, *sensation* and *condition* [of amelioration and aggravation]. In my daily work I am constantly in want of knowledge of a condition of aggravation or amelioration, I find it in a moment, and as my eye glances over the list of drugs, one or two impress me and I refer to the Materia Medica for confirmation; or, I turn to a locality or sensation, or endeavor to combine all three, and study a drug or drugs found under every heading. … The chief discussion hinges … on the possibility of taking the three elements … and … re-grouping a symptomatology to correspond to that of the patient. Such a method is simple, compact, and has, I am bound to say, stood the test of large experience. I have worn out four bindings to Bönninghausen's pocket book, purchased in 1861, and have always found it convenient and reliable; I could not work without it…"

C.Dunham:[70]

"… In the manner I have described, he has investigated this matter and embodied the results in his Repertory *Taschenbuch*. Again, every proving consists of a great collection of symptoms, very many of which are common to the whole Materia Medica. In the great mass of these, the characteristic symptoms, the real gems of the proving, are overwhelmed and well nigh lost. To discover and bring these up to view is the practitioners' and students' great difficulty, bemoaned for thirty years past in every periodical.

Yet Bönninghausen is almost the only one who has ever applied himself to the task of collecting and collating these characteristics. His little work on this subject although not recent, is still of great value to the student. It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen."

A.McNeil:[71]

"The repertory which is the most indispensable to the thorough study of a difficult case still remains *Bönninghausen's Pocket Book*. It has not been superseded nor do I think it ever will be, although a new edition is now sorely needed …"

P.P.Wells:[72]

"…between four or five hundred cases [of croup] without a loss is certainly a remarkably good record, and this was given to me by Bönninghausen himself in April 1858, as the result of his then experience with his method."

Our own continued study and practical experience using this method of repertory over the past 15 years agrees with these comments. What more need be provided in support of an objective and conscientious trial of this work?

2 *Remedy Grading*

Given the difficulties associated with provings,[73] and the consequent inaccuracies buried within many of our records, there is a need to somehow indicate the degree of certainty or reliability of these observations. Hahnemann was the first to realise this:

"A complete collection of such observations, with remarks on the degree of reliance to be placed on their reporters, would, if I mistake not, be the foundation stone of a materia medica, the sacred book of its revelation." [74]

"The more obvious and striking symptoms must be recorded in the list, those that are of a dubious character should be marked with the sign of dubiety, until they have frequently been confirmed." [75]

"A symptom, which has been printed in Capitals, I have observed more often, and the one printed in small letters more rarely. The ones put in brackets I published under reservation since they have been observed yet by myself only once, *i.e.*, in a case not quite clear and doubtful. Here and there I added the brackets when I did not see the true being of a person, or if a person was of slow comprehension or he/she committed errors in dietary intake." [76]

Bönninghausen well understood Hahnemann's intention to indicate a degree of certainty, and further realised that the only way to assess the reliability of proving symptoms was by their clinical verification, and he was first to include a system of remedy grading[77] within repertory, weighting each remedy according to clinical verification, even in his earliest repertorial prototypes. In his Preface to SRA (1832), Bönninghausen writes:

"Moreover, it has been my endeavour to constantly indicate symptoms that have been verified in practice, and I have sought to make this perspicuous by the use of a differentiating type;…"

Bönninghausen goes on to say that the first two grades (1-2) indicate the frequency of primary[78] symptoms in the provings,[79] whilst the highest two grades (3-4) further indicate the frequency of clinical verification. Bönninghausen enclosed the 'dubious' entries within parentheses as a mark of their *uncertainty*. But uncertain of what? we may ask – either the symptom was, or it was not produced by that remedy in provings, and thus the uncertainty to which Bönninghausen refers is not with respect to its actual *appearance* in the proving, but rather, to whether it is a *consistency* (*characteristic*) for that remedy. This 4-tier[80] grading system (1,2,3,4) of Bönninghausen was thus most carefully constructed and consistently applied, every such grade within TT, indicating a *characteristic* of that remedy.[81]

Bönninghausen sought to collect *only* the *consistent* components (characteristics) of a remedy proving, purposefully excluding everything 'superfluous' (*i.e.*, which could

not contribute towards the homœopathic diagnosis), and indicating any uncertainties for future verification. In summary, this process may be described as follows (we exclude the bracketed 'uncertain' entries):

- Medicines were initially listed at the 'entry-level' (grade 1), except those *repeatedly* displaying that characteristic (in their primary effect) within the provings which were placed in grade 2.[82]
- Bönninghausen's own increases of remedy grade were made in a stepwise (quantal) manner, in proportion to the number of clinical verifications.[83]

Regarding the specific clinical criteria for deciding the increase of remedy-grade, Bönninghausen only gives the following hint:[84]

> "It is evident, that the limits of these classes, to increase the number of which seemed neither agreeable to the purpose, nor easily to be accomplished, could not be fixed with anything like mathematical certainty: nay, I could not even intimate the greater or lesser inclination to the preceding or the following order and only thus much could I attain, that the mistake remained something less than half a degree. Without being presuming enough to maintain, that everywhere within the stated limits I have hit the mark, I may be allowed to say, that no assiduity, no care, no circumspection has been wanting on my part, to avoid errors as much as possible."

Bönninghausen spared no effort in applying the remedy gradings both methodically and consistently throughout his work, which, at a glance, afforded a readily visible confirmation of the provings.[85] But as pointed out earlier, this information was initially placed within TFR, then transferred and adapted to the structure of TT, without the need to review the original sources;[86] only the remedy grades were increased,[87] wherever necessary, to reflect the further experience[88] of Bönninghausen,[89] or decreased, to accommodate a consolidation of multiple listings into one.[90]

But we have discovered another significant benefit from this grading consistency being carried into TT whose structure incorporates the abstraction of characteristics, and whose use allows their case-specific re-combination. *Identical combinations* of characteristics successfully applied to a number of cases, would, according to the above guidelines, result in a stepwise grade increase, from ( )→1, 1→2, 2→3, or 3→4. Naturally, this would require a grade increase be made *simultaneously*, in *all the rubrics used within that combination*, and with more such cases, the grade would again increase, and so on. We have come to realise, in this way, that the consistency of grades across a group of rubrics in TT suggests a similar combination was used (repeatedly) by Bönninghausen himself,[91] adding a further degree of security in our selection. Of course, the remedy must first of all have all the rubrics carefully chosen for that case, but those which also show consistency in (even low) grade, must be given due consideration.[92]

3 *Remedy Concordances*

This most helpful chapter on the remedy *relationships* is as simple to use as it is brilliant in its concept and utility, but Bönninghausen left no particular instruction detailing its use,[93] it has therefore been largely misunderstood and ignored, a fact evidenced by, among others,[94] A.H. Okie's ignorant omission of these concordances in his 1847 English language edition *Pocketbook* (TPO).[95]

Bönninghausen's first published work on the remedy relationships appeared in 1836, with the title *Versuch über die Verwandschaften der homöopathischen Arzneien…* [BVE] (Relationships of Remedies), and this was followed by his *Concordances* (chapter VII) within TT (1846), wherein we read (Foreword):[96]

> "I may therefore hope, that nobody will consider this section as useless and superfluous, now, that it has been improved and cleared as much as possible from errors. To me, who for the last fifteen years have considered the Materia Medica

> Pura the head point of Homœopathy and made it my principal study, these Concordances have been of the most decided importance, as they not only led me to understand the Genius of the medicines, but also to secure the choice of the different remedies and to fix their order, particularly in chronic diseases."

Bönninghausen's last and most refined work on remedy relationships was his *Die Körperseiten und Verwandtschaften*, 1853 [BKV] (The Sides of the Body and Remedy Relationships), about which he writes:[97]

> "…contains the result of the examination to which I have subjected, for a number of years past, my former labours in reference to the same subject, and which has convinced me that an excessive number of remedies rendered their proper application in disease so much more difficult."

Bönninghausen did not leave sufficient directions for applying his concordances, but in his introductory comments to BVE (1836), he offers the following reasoning on this topic:[98]

> "If we have selected a remedy for the patient which best corresponds homœopathically to the group of symptoms (it consequently is *related* to the drug first taken), we will find as a rule that it has not only recently produced drug symptoms but it has also extinguished curatively all the complaints within its sphere of action. This experience appears to be the principal explanation of what doubtless has been observed by every attentive, homœopathic physician, viz., that *some remedies act far more curatively when they have been preceded by certain other* (related) *medicines*…[99] The importance of a knowledge of the relationship of the remedies early occurred to me, and caused me to institute comparisons, particularly in the last two years; and in my numerous cases to constantly direct my attention thereto. An excellent opportunity to increase my knowledge of this subject was afforded me in arranging my repertories, and a still better one in writing the *Summary of the Main Spheres-of-Action of Remedies*,[100] and this I have always kept in my mind. In this way, although difficult, I reached many unexpected results, which I further confirmed by experience."

Bönninghausen had realised that a remedy prescribed homœopathically for a particular disease, having effected a change in the totality of symptoms, 'paves the way' for the next most (homœopathically) indicated remedy, which, in its turn, works better as a result of the changes effected by the first. Remedies were thus seen, in various conditions of disease, to relate (sequentially) to each other, to follow well and to complete the action of the former, and these relationships, based on the *similarity* of provings-to-disease symptoms, and further refined via clinical confirmation, were painstakingly recorded by Bönninghausen, from very early in his career.

In the use of these concordances, we must remember that whenever the usefulness of a remedy in a particular case has ended, we must review the collection of remaining distinguishing symptoms,[101] including any new ones which may have since appeared, and to prescribe the next most indicated remedy.[102] But a re-examination of the entire collection of these symptoms from the very beginning, including those now present (both persisting and new), is easily accomplished by the use of these concordances, which already list remedies related through their similarity of symptoms, and further graded according to Bönninghausen's clinical experience. So when a case is at this point requiring a change of prescription, we need only consider the characteristics which remain unaccounted for, or which have now become so troublesome as to demand our particular focus of treatment, and at the same time consult the list of remedies given as relating to the previous *correctly prescribed* remedy, which therefore already cover, by virtue of their similarity, the first symptoms of the case. This procedure provides an accurate and speedy review of the entire collection of significant symptoms at any given moment, following a previous correct prescription.

But it must be emphasised that these

concordances reflect the experience of Bönninghausen which may not always concur with our own cases of a different time and country. Therefore, the concordances must be used in conjunction with, not in place of, a proper and careful consideration of the case before us, with reference each time, as far as is possible, to the provings themselves.

An overview on the use of this repertory has been given in our *Deuterologue*, and a more detailed account, including the use of the concordances chapter, in our *Homœopathic Diagnosis* (DHD).

4 *125 Remedies – limitation?*

The relatively small number of medicines represented within TT has too often been used as an excuse to dismiss its true value. But whilst more would have been welcomed, the fact remains that this repertory completely and accurately represents 125 medicines more than any other. But let us also not dismiss the number as being unusabley low, especially considering Hahnemann's own words:

> "Of medicines whose action has been accurately ascertained I possess now almost thirty, and of such as are pretty well known, about the same number, without reckoning those with which I am not entirely unacquainted." [103]
>
> "Our medical treasury is already large, very large, and we need not hanker after new remedies. I can see this from the second edition of Chronic Diseases…it will contain twice as much as the first." [104]

Furthermore, it is undeniable that many later provings are not as reliable as those of old, and it is a complete mistake to think that Homœopathy comprises many hundreds, let alone thousands, of *proved* medicines. Bönninghausen (1844) writes:[105]

> "A great part of the results gained in the later time shows an uncertainty and fluctuation in the selection of remedies, which we do not find at least in the same measure in the former time of the so-called childhood of Homœopathy… While leaving it to others to pronounce as to the uselessness of most of the later provings, and also the fragments of symptoms of medicines otherwise unknown in their medicinal effects, which fragments are published in various quarters and concerning the treatises as to the mode of action of the various medicines which are surcharged with hypotheses…"

A.R.Morgan gives the following view (*Professional Trials and Dangers* (1865):[106]

> "A pernicious disposition with some of us is that insatiable desire for change which allures us to wanderings after new remedies before we half know the old. …It is more important… to have a complete knowledge of the pathogenesis of the polychrest remedies alone than to possess smattering ideas of all the roots and herbs in the Eclectic wigwam."

And J.T.Kent, in his IHA presidential address (1887), states:[107]

> "… most of the modern provings are worthless, having been carelessly and improperly made. One is afraid to prescribe upon them; afraid to trust valuable lives to such careless work. How differently do we feel when we prescribe one of the old, reliable remedies."

Our desire for certainty in prescribing precludes the use of medicines which have not previously *evidenced* (in *provings*) their effects, and which may therefore not be compared with the disease to establish a definitive, *homœopathic* diagnosis.

Furthermore, TT does not stop us using other repertories (though best not intermixed),[108] nor from using other medicines; and it is also important to remember that there are cases which cannot be solved using any repertory, and these require a constant study of our pharmacography, and we may still prescribe, as always, by recognition of key symptoms at the time of consultation with a quick reference to MM if required for verification. In this way, remedies like *Gels*., *Kali-bich*., *Kali-mur*., *Lac-c*., *Med*., etc., may indeed be prescribed,

without recourse to any repertory. The point is that TT through this TBR is not to be seen as a limitation, but rather, an unmatched tool for the application of all remedies which it does list within its unique structure.

5 *The Bönninghausen Repertory – origins*

Our focus on TT began in 1995,[109] but the *Therapeutic Pocketbook* in our possession had itself been greatly changed from Bönninghausen's original,[110] and we soon obtained a photocopy of the 1846 English edition (TPi) from the *Iowa State University Library*, USA. But there again we found numerous problems, not only in that many of the terms were not clearly comprehensible in the modern English, but there were also numerous translation difficulties which were later found to be commonplace, and we thus realised the necessity for an accurate modern re-translation which itself posed no obstacle to a fluid practical use of this repertorial method.

This *Therapeutic Pocketbook Re-publication Project* commenced in Sydney, in June 1995,[111] but we quickly discovered the problems were more extensive than had been anticipated,[112] and turned our attention on improving the structure of the book whilst taking care to retain actual meaning. This necessitated a re-arrangement of rubrics both within & across chapters,[113] but moving rubrics from one chapter to another impacted on the application of the clinically significant *Concordances* chapter, which was therefore replaced with Bönninghausen's last published relationships listing, BKV (1853),[114] and this further provided the opportunity to trial a new arrangement.[115] Perusal of the *New General Structure* of this work will show the following sections:

I. *Regional* (Head, Trunk, Extremities)

Provides the location of complaints, but includes any symptomata[116] which relate more to a single region (e.g., Eyes/Vision; Ears/Hearing; Nose/Olfaction; Face/Expression).

II. *Systemic*

Provides a grouping according to *functional body systems*, the incentive for which came from an appreciation as to why both Hahnemann and Bönninghausen attached the symptoms of *Catarrhus narium* (coryza) to the beginning of respiratory symptoms, viz: the term *coryza* and its German counterpart *Schnupfen* literally means *head cold*. Thus, practically speaking, the symptoms listed under the *coryza* group are respiratory in context (not simply nasal), and are to be considered with symptoms of respiration (for this reason they are not regionalised under *Nose*). Such functional grouping reflects the process of patient assessment in practice, where symptoms are arranged in relation to one or more functional systems before making a diagnosis.

III. *General*

This section lists those symptoms which do not relate more to one particular region over another, and includes the chapter *Mind & Disposition,* which, by being placed first within this section, allows it to assume a lead over other symptoms in the section, whilst at the same time removing undue prominence attached to it by its former position at the front TT.[117]

IV. *Modifying Influences*

This section brings together the previously separate chapters of *Aggravations & Ameliorations* into a single *Modalities* chapter. In this way, at a glance, we may apprehend that whilst *Causticum*, consistently (characteristically),[118] in its provings, produces *both* an aggravation and an amelioration from bread, in the clinical situation, the amelioration from bread has been confirmed (for which reason it appears in grade 3), whilst such confirmation has not been seen for the aggravation from bread (for which rubric it appears in grade 1).[119]

V. *Remedy Relationships*

As mentioned above, the original TT Concordances chapter has been replaced with Bönninghausen's later and more succinct *Verwandtschaften*,[120] to which we have also attached the information on antidotal (and noxious) drug relationships found in the original TT Concordances.

Previously alphabetically dispersed but

related rubrics have been juxtaposed,[121] and the new subrubrics thus formed have been distinguished with a capital first letter in order for the repertorian to be kept aware of this rearrangement. For added clarity, subrubric titles (prefixed by a dash —) and their subjoined remedy lists are indented equally, and the subrubric dash represents precisely the text up to the comma of the preceding higher-order rubric. For example:

Photo-phobia (photosensitivity)
— **Dazzled** by the light (as from a flash of light)
Dryness, of **inner** parts usually moist
— **sensation** of, **inner** parts
— — **Dust**, **inner** parts

We have also introduced a number of changes to the contractions for the 125 medicines of TT; apart from simple alterations as with *Natr. mur*. to *Nat-m*., *N.vom*. to *Nux-v*., etc., we have also converted *Nitr*. to *Kali-n*. (Kali nitricum), *Mgs*. to *M-amb*. (Magnetis polus ambo), *Bor*. to *Borx*., *Tar*. to *Tarx*. (Taraxacum), etc. The spelling of *Sulphur* has herein been given as *Sulfur* (contraction *Sulf*.) in line both with its Latin root (the "ph" wrongly implies a Greek root), and in conformity with modern chemistry.[122] We have also used non-breaking hyphens for remedy abbreviations (e.g. Nux-v.), which removes the inconvenience of a single remedy being split over two lines, and we have kept all lines of a rubric remedy list together (this results in an irregular sized 'gap' at the bottom of each page), so that looking through a remedy list does not involve re-focusing onto another page (a most cumbersome feature of the original editions).

Typestyles used in TT for the distinction of remedy grades proved less than completely clear, and after trialing a variety of combinations, we settled on the following typestyles for TBR:

PULS. ..... 9 point, all capitals..... 4 grade (highest)
PULS. ..... 9 Point, small capitals ..... 3 grade
Puls. ..... 7 point, *Italics* ..... 2 grade
Puls. ..... 7 point, Roman..... 1 grade
(Puls.) ..... 7 point, (Roman) ..... 0 grade (lowest)

As an aid to retracing our steps and to future review and research, every single rubric is referenced to its *original* German TT counterpart, and clarifications of difficult rubrics, where they are known, have been placed in the corresponding endnote, where the user will find definitions, explanations, discussions & abundant contextual examples from our *primary* pharmacographic record,[123] for rubric clarification, and it is this constant task of checking the provings for contextual meaning of each rubric which has consumed much of our effort from the beginning of this project.

We have herein included the 1846 English translation (TPi) *Foreword* which differs somewhat from that found in the Indian edition reproductions.

The Bönninghausen Repertory finally emerged after four preliminary editions trialed over a period of 18 months, during which time our close colleagues at the *Hahnemann Institute Sydney* were able to adjust the arrangement before being satisfied with its release to the profession,[124] and we openly encourage and request the most careful scrutiny, and welcome any constructive criticism for the benefit of both our profession and of our patients.

Lastly, it must be pointed out that the repertorial method contained within this work is distinct from any other repertory, and requires more than a casual acquaintance for its proper use; the reader is encouraged to become thoroughly familiar with the structure of this repertory – to focus on understanding each rubric with constant reference to our provings record, and to carefully study the detailed account and case examples provided in our parallel work on *Homœopathic Diagnosis …* (DHD).

George Dimitriadis

20 February 2010
Sydney, Australia

Notes

1 *Pharmacography* (Gr. φάρμακο [pharmaco] = medicine, + γραφή [graphy] = writing). This term forms part of a series of terms which have been previously proposed (Sydney Seminar, July 2005) as part of a *standard nomenclature*, and itself may be used in two ways: *firstly*, to describe the *process* of *constructing a written record on medicines* (a materia medica), and *secondly*, in reference to such record (in this meaning it is synonymous with, but preferable to, the term two-word *materia medica*).

2 Dimitriadis, G.: Homœopathic Diagnosis, Hahnemann through Bönninghausen, 2004, Hahnemann Institute, Sydney.

3 The inductive method, as proposed by *Francis Bacon*, involves the generation of a general concept from a group of particular observations. Hahnemann's observation (1790 – translation of Cullen's MM) that *China bark* produced similar symptoms (on himself) to those it effectively removed in the treatment of *ague* (malarial fever) hinted at some 'similars principle' in play for that disease/remedy. His additional experiments examining a number of other drugs then in common use, provided sufficient evidence of a general principle of similars.

4 *In Search of* [Versuch] *a New Principle*… (1796), in HLW267:

> "In my additions to Cullen's Materia Medica, I have already observed that *bark*, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, *probably*, it overpowers, and thus cures the latter. Now after mature experience, I add, not only *probably*, but *quite certainly*."

Hahnemann goes on to communicate his findings with examples illustrating the similarity between the proving/clinical effects of over 60 medicines in support of his general similars principle.

5 Such a materia medica rightly forms the very basis of any medical therapy – whether that therapy is *homœopathic*, or otherwise, is not determined by the provings data, but by its application – for this reason, Hahnemann did not title his work the 'Homœopathic Materia Medica Pura', but simply 'Materia Medica Pura'. To re-iterate, it is important to realise that our provings record is itself *independent* of *similia* – an excellent example may be seen with *J.C.H. Jörg*, who had understood and accepted Hahnemann's position that only substance trials upon the healthy could accurately reveal their *health-altering power*. Jörg recruited 26 subjects, recording their state of health before the provings and the effects of each substance, and published these results in his *Materialien*… (JM, 1825). That these provings were well conducted is evidenced by the fact they were accepted by Hahnemann into his CK for *Digitalis* (55)*, Iodium* (68)*,* & *Kali-nit.*(96). But Jörg was, and remained, an *allopath* – he maintained the best way to use these provings was according to opposites (*contraria contrariis*), and he thus received the medical acclaim not afforded to Hahnemann, the homœopath.

6 In his *In Search of a New Principle*…, (refer HLW258 et seq.) Hahnemann correctly reasoned that the effects of a medicine could only be known by *experiment* upon the healthy organism, and that such trials should be conducted *methodically*.

7 Hahnemann writes (*In Search of a New Principle*…, in HLW265):

> "A complete collection of such observations, with remarks on the degree of reliance to be placed upon their reporters, would, if I mistake not, be the foundation stone of a materia medica, the sacred book of its revelation."

8 This work contains the provings (pathogeneses) of twenty seven (27) substances. Hering (HRM18) states:

> "It is true that Hahnemann added to his first collection (his 'Fragmenta' of 1805), an index where every word could be found; but it was altogether out of proportion … The text, in large type spaciously printed, filled 268 pages; the index, in small type condensedly printed, filled 469 pages."

9 1817: Hahnemann constructed his *Symptomen-Lexikon* (symptom register), which work he mentions in his correspondence to Bönninghausen:

> 25Nov.1833 (SHB92)
> "16 years ago [1817] I produced a symptom-lexicon of the then proven remedies…;"

1829-30: Hahnemann employed *E.F.Rückert* to produce a *Repertorium* of antipsoric remedies which would form volume five of his first edition (4 volumes) *Chronic Diseases* (CD), about which he says:

> 16Jan.1831 (SHB41)
> "My repertory was only an alphabetical register, which could at best provide service when looking for the particular remedy-symptoms. And my [repertory] does not provide this completeness yet."
> 25Nov.1833 (SHB92)
> "…but this register was not as complete as I wished it to be, since the symptoms according to circumstances [modalities] have been mostly missed out…"

10 *Systematische Darstellung der reinen Arzneiwirkungen*… [Systematic Presentation of pure Medicinal Effects…] (HSD).

11 *Materialien zu einer vergleichenden Heilmittellehre*... [Materials for a comparative materia medica...] (SMH).

12 1830: *Systematische Darstellung der antipsorischen Arzneimittel*... [Systematic Presentation of the Antipsoric Medicines...] (WAA).

1831: *Systematische Darstellung der reinen Arzneiwirkungen aller bisher geprüften Mittel*... [Systematic Presentation of the Pure Effects of all (so far) Proven Remedies...] (WAM). This work was an expansion of his first (1830), to include the non-antipsorics.

13 *Systematische Darstellung aller bis jetzt gekannten*

homöopathischen Arzneien... [Systematic Presentation of all Homœopathic Remedies known so far] (RSD)

14 E.F.Rückert (RSD) for example, listed each symptom *verbatim*, without alteration, whilst *Hartlaub* (HSD) truncates the symptoms.

15 We here refer to the published materia medicæ, such as Hahnemann's MMP or CD, as well to the records of provings published in the periodicals of the day, together which form our original sources – works including AHH, AHK, HTRA, etc.

16 According to various body regions or systems (Mind, Head, Abdomen, etc.), and alphabetically (symptom or remedy name).

17 Such re-arrangement where MM symptoms were listed under a specific heading (word or term) resulted in an extremely bulky work (with multiple repetitions, etc.), too unwieldy for the busy practice. Such a database is however much more readily suited to computer assistance, which can present the symptoms of every remedy which contain a key word or string of words.

18 Bönninghausen had been cured of an otherwise fatal *phthisis* (pulmonary tuberculosis), by his friend Dr.Weihe (refer HHL vol. 2, pp.394-398). Bönninghausen's writes his own account (BLW208):

> "Finally, in the year 1828, I was so fortunate not only to hear about the excellences and achievements of Homœopathy, but also to see myself, who had been given up by distinguished allopathic physicians, saved from death. … after repeated vain efforts to induce anyone of the former [allopathic] physicians to take up the study of the new curative method, nothing remained but to put my hand to the work and to devote all my leisure hours to the study of this difficult science, for which I was better fitted than most others who have not chosen the healing art for their profession, through my studies in natural history which I had pursued with preference from my youth, and by a pretty accurate knowledge of the Old School of medicine, as I had formerly visited most of the lectures in the University."

Bönninghausen later recalls (BAH, 1863, Bk7 p.477):

> "Permit me to once more mention my own person, which I do to honour both Homœopathy and my dear friend, Dr. Weihe of Herford, in grateful remembrance. In 1828, when the name of Homœopathy was hardly known to me, and at which time I had been given up by two prominent allopathic physicians (Drs. Bush and Tourtual sen.), it was he who cured me of *phthisis* with copious expectoration, and saved my life by prescribing *Pulsatilla* 30, and four weeks later one dose of *Sulfur* 30. Nothing more was necessary as proved by my present vigour and activity, in spite of the fact that my sickness had lasted more than nine months, and I had not been able to take a hundred steps without sufficient rest."

19 SRA Preface (1st ed., 1832), in BSRA, p.12.

20 Moreover, unlike his predecessors, Bönninghausen did not undertake a single proving, and faced with the already voluminous provings database before him, he had no choice but to apply himself fully to this task, and to create a system of indexing which could facilitate retrieval of this information.

21 Alphabetische Tafel zur leichteren Auffindung homöopathischer Arzneien, Münster, 1829.

22 The following prototype repertorial works (most of which remain in manuscript form, unpublished), among others, were compiled by Bönninghausen leading upto his SRA.

1829 Hülfs-Blätter für die homöopathische Heilkunst [*Aiding sheets for homœopathic practice*].

1830 Onogephyra homœopathica – Alphabetisches Verzeichnis der charakteristischen Symptome der sämtlichen bis jetzt ausgeprüften homöopathischen Arzneimitteln [*Onogephyra homœopathica* [?] – *Alphabetic index of characteristic symptoms of all homœopathic medicines so far fully proven*]. We have not been able to determine what Bönninghausen himself meant by the term *onogephyra*, as in modern usage, this term means *donkey-bridge*, *i.e.* as in the more familiar 'goat-track', or a path not easily manœuvrable, which is tricky and must be approached with care, and which must be used to gain access to an otherwise inaccessible site. Perhaps Bönninghausen used it to mean the only path of homœopathic practice is a difficult one, which interpretation is supported by his use of the term on the title-pages of his SRA (1832) and SRN (1835): ή δέ κρίσις χαλέπη (i de krisis halepi = *the decision is difficult*).

1830 Alphabetisches Verzeichniss der Characteristischen Symptome der antipsorischen Heilmittel [*Alphabetic index of the Characteristcis Symptoms of antipsoric Remedies*].

1830 Die wichtigsten Eigenthümlichkeiten der homöopathischen Arzneien, (mit Ausnahme der Antipsorischen) nebst einem vollständigen Inhaltsverzeichnis der aufgeführten Symptome [*The most outstanding singularities of homœopathic medicines (with the exception of the antipsorics) with a complete index of listed symptoms*].

1830 Systematische Übersicht der reinen Wirkung der antipsorischen Heilmittel, nach den vorhandenen Materialien zusammengetragen [*Systematic presentation of the pure effects of antipsoric remedies, compiled from existing sources*].

1830 Sämtliche ausgezeichneten Symptome der s. [sogenannten] antipsorischen Heilmittel in systematischer, alphabetischer Reihenfolge [*All characteristic symptoms of the so-called antipsoric remedies, in systematic and alphabetic order*].

1831 Ausgewählte Symptome zur näheren Vergleichung der antipsorischen Heilmittel, systematisch dargestellt [*Selected symptoms for a closer comparison of antipsoric remedies, systematically presented*].

1831 Übersicht des Verhaltens der Antipsorica nach Zeit und Umständen [*Overview of the Actions of Antipsorics according to Time and Circumstances*], Münster.

1831 Verhalten der homöopathischen Heilmittel nach Tageszeit Umständen, und Gemüthszuständen [*Action of homœopathic remedies according to the time of day, circumstances and states of mind*].

1831 Beiträge zur Kenntniß der Eigenthümlichkeiten aller bisher vollständiger geprüften homöopathischen Arzneien, in Betreff Erhöhung oder Linderung ihrer Beschwerden nach Tageszeit und Umständen, und der von ihnen erregten Gemüthsbeschaffenheiten, Regensberg, Münster, first edition 1831 [*Contributions towards a knowledge of the Peculiarities of all Homœopathic Remedies which have been thus far fully proved, in regard to Aggravation or*

Amelioration of their Complaints according to the Time of Day and Circumstances, and their state of Mind]. The 1833 second edition of this work was translated by C.T.Mieg in 1900. (MTM)

23 We have in our possession copies of numerous unpublished prototype repertorial manuscripts compiled by Bönninghausen prior to his SRA, and we are therefore in a position to state factually in these works.

24 The term *repertory* (*Repertorium*) did not appear in a published homœopathic work prior to Bönninghausen's SRA (1832). So far as we are aware, Hahnemann first used this term in his letter to Gersdorff (of 1828), and later to Bönninghausen on 20 June 1830 (SHB38). On 16 March 1831, Hahnemann writes to Bönninghausen (HHL vol.2, p.299; original German reproduced in SHB45):

> "In order to render the available material [provings] really useful to the physicians, your repertories [Repertorien], compiled with untold labour, would indeed be of great use to the world if you could make up your mind to issue it in print. You would render invaluable service to the homœopathic physicians, who have neither the time nor the intellect to compile anything similar for themselves. I would urge you not to let your great modesty deter you from this. I ask you in the name of suffering humanity…"

25 It is here important to realise that Bönninghausen's repertories were derived from *primary provings data*, and therefore form what may be termed primary repertorial works. This is in distinct contrast to works such as Kent's Repertory, which never sought access to the provings data, instead acting only to re-render, re-interpret, re-state, existing rubrics from precursor repertorial works – these are best termed secondary repertorial works.

26 Symptoms may consist of three essential components – their nature (*what* is it), their location (*where* is it), their modality/ies (*how* is it influenced or modified).

Bönninghausen's care to include only remedies with a thorough proving is evidenced when he writes (*Preface*, SRA, 1832, in BSRA, p.13):

> "Ammon.-mur. (sal.-ammoniac), another remedy taught by him [Hahnemann] as an antipsoric, has, alas as far as I know not yet been [fully] proven, and for this reason could not be accepted, altho' I dared not overlook it in the review;…"

Further he states (*Review of the Antipsoric Remedies*, SRA, 1833, in BSRA, p.34):

> "As the symptoms of Amm.mur. and Bor.ac. are not yet known, but are expected in the fifth volume of Hahnemann's Chronic Diseases, they will be added to the second part [SRN] of this repertory."

27 Bönninghausen was the first to represent the symptoms of provings in an abbreviated form, as a single word or term (rubric). Cassell *Encyclopædic Dictionary* gives the term *rubric* as stemming from the Latin *ruber* (= red), and refers to:

> "That portion of any work, which, in the early manuscripts and typography was coloured red, to distinguish it from other portions…"
>
> "To adorn with, or write in red; to rubricate."

Although not coloured red, *rubrics* within our repertories are listed distinctly as representative (of MM) titles or headings. Bönninghausen writes (TPi Foreword, p.v):

> "It is now more than fifteen years since I first introduced the form of a "Repertory" of the homœopathic remedies, which either through my original editions, or the Manuals of our indefatigable Jahr, by whom it has been adopted without any material alteration, has been widely spread and thereby proved its undoubted usefulness."

28 According to the various body regions and systems as per Hahnemann's *Materia Medica Pura* (MMP) and *Chronic Diseases* (CD).

29 As we have shown previously (ZKH 2001:45;3,96-115), the bracketed entries indicate 'uncertainty' as to whether or not the symptom (represented by that rubric) is *consistent* (i.e., characteristic) for that remedy – all other entries indicate characteristics (consistencies), and therefore, the grades of clinical frequency may only apply to the non-bracketed entries, from 1-grade (lowest) to 4-grade (highest). This 4-tier grading system is consistently maintained from his first repertory (SRA) to his last (TT).

30 SRA Preface (1st ed., 1832, in BSRA, p.14):

> "Moreover, it has been my endeavour to constantly indicate symptoms that have been verified in practice, and I have sought to make this perspicuous by the use of a differentiating type;…"

31 We have, over the past 10 years, commenced an examination of Bönninghausen's TFR, in order to locate errors of typography, language, duplication, etc., for the purpose of clarifying rubrics later incorporated into his TT, and this has already provided clarification for TT rubrics which were otherwise unable to be comprehended.

Hahnemann repeatedly encouraged Bönninghausen to combine the SRA/SRN into a single volume, as we read in the following letters to Bönninghausen:

> 08Feb.1835 (SHB116):
>
> …propose to combine … antipsoric and non-antipsoric…
>
> 23Oct.1840 (SHB136):
>
> I really want to see your repertory in one volume at some time in the future without discriminating the antipsorics from the others!"
>
> 27May1841 (SHB137):
>
> I beg you again, if it will be possible, to publish both volumes of your repertory, into one.
>
> 24Sept.1842 (SHB141):
>
> I notice with much delight that you are working so diligently on your repertory in order to finish it.

Bönninghausen did undertake this task, but stopped when he realised a better repertorial model (TT); we read (TPi Foreword, p.vii-viii):

> "… it was at first my intention to retain the form and arrangement of my original Repertory, which Hahnemann repeatedly assured me, he preferred to all others: at the same time I intended to compress it into one volume, to define every part of it with greater accuracy and to complete it as much as possible from analogy as well as from experience.

Having, however, finished about half of the Manuscript, it had, contrary to my expectation, grown to such a size, that I the more willingly relinquished my plan, as I saw, that most likely the same object might be attained in a more simple and even more satisfactory manner, if, by showing the peculiarities and characteristics of the remedies according to their different relations, I opened a path hitherto untrodden into the extensive field of combination."

32 Modern repertories (including Kent's, Synthesis, Synthetic, Complete, etc.), arranged systematically and alphabetically, using abbreviated rubrics to represent the symptoms of our materia medica, and incorporating a remedy grading system, are based upon this SRA/SRN (TFR) model.

33 In his letter to Bönninghausen of 26 Dec.1834 (in SHB111), Hahnemann writes:

"…and since I myself checked everything word for word, so his [Jahr's] hastiiness and drivel could not cause any damage…".

Bönninghausen also complains about Jahr's lack of accuracy (letter to Hahnemann 7 Aug. 1834 [SHB107-108]), and this characteristic of excessive hurriedness and chatter remaned through Jahr's later works, as evidenced in Hahnemann's letter to Bönninghausen (27 May 1841), wherein he states (SHB137):

"The new 'Manuel' by Jahr is overloaded with useless ambiguous things – but he does not accept any advice."

34 This translation was undertaken by several native speaking American, English and German contributors (of the *North American Academy of Homœopathic Medicine*), commissioned by J.G.Wesselhœft, appearing under the title: *G.H.G. Jahr's Manual of Homœopathic Medicine, Translated from the German, with improvements and additions by C.Hering,* Philadelphia, 1836 (HJM). The reasons that Jahr's *Handbuch* was selected for translation over Bönninghausen's SRA/SRN is not known to us, but the following comment from Carroll Dunham well expresses our own sentiment (PJH, November 1855:4;3):

"It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen."

35 *Repertory to the More Characteristic Symptoms…* (LRMC).

36 *Repertory of the Characteristic Symptoms…* (LRC). This work comprised chapters on Mind, Head, Vertigo only. Lee states this repertory should be considered as the second edition of C.Lippe's repertory, we read (Introductory Note):

"After the death of Dr. Constantine Lippe, all the MSS. [manuscripts] he had written for the second edition of his repertory were secured, and is included in this work. This repertory might, in fact, be considered as the second edition of Dr. Lippe's book, with such additions and corrections as the present editor has made. The works of Hahnemann, Bönninghausen, Hering, Lippe, Jahr, Dunham, etc. have been used… the celebrated repertory* of Bönninghausen has been translated especially for this work."

* Lee is here referring to SRA/SRN, since the TT was referred to as *Pocketbook* [Taschenbuch] or *Manual*.

37 It should be remembered that Kent neither spoke nor read German; his inability to examine the original German language sources meant his complete reliance upon the previous translations and works of others which he himself was unable to verify or correct. This fact, coupled with Kent's incorporation of conceptually differing works with divergent grading criteria and systems, stemming from various authors of unequal ability and language skills, all of which had also to be 'fitted' to his (inconsistent) grading schema, meant a necessarily discordant and inconsistent end result.

38 Inconsistencies, unverifiable entries, grading and remedy discrepancies. It should be remembered that, unlike the works of Hahnemann and Bönninghausen which drew directly from the source provings, Kent relied on existing repertorial works, simply accepting the information therein, without being able (or even attempting) to check it against the original source materia medica. Thus, when Kent writes, in his Repertory (Preface): "It has been built from all sources…", he should more accurately have written "It has been built from all non-primary sources…" This is clearly stated by his own student, F.E.Gladwin (Discussion on a paper presented by Julia M.Green, *Repertory Making, Repertory Uses*, THR 1932, 731):

"Dr. Kent held that all repertories were but compilations at best and the verified symptoms of a remedy were the property of all. This being the case, it would save much time if he began where the others left off. So to save time he asked his students to copy the symptoms and remedies already collected in other repertories."

39 By 'emulates' I refer to those works which have used Kent's Repertory as the very basis for an expanded 'improved' compilation – *e.g.*, Künzli's *Kent's Repertorium Generale*, *Synthesis*, *Synthetic*, *Complete*, etc. These works have not made any serious or methodical attempt at clarifying the meaning of rubrics contained in their predecessor through specific reference to primary sources, focusing instead on abundant additions from 'observations' or reports of various individuals, readily and eagerly sought and collected, with no defined standard or inclusion criteria, and for the purpose of increasing their volume and rendering something *new*!

40 Bönninghausen writes (NAHH 1844, in BLW217):

"…a book which is now going through the press, and which will presently appear under the title: 'Therapeutic Manual for Homœopathic Physicians, for use at the sick-bed and in studying the Materia Medica Pura.' Many years' use of the Repertory, which I introduced in the year 1832 and which others have since appropriated for themselves, has enabled me to fully recognise its defects, which seem inseparable from its present form. For several years I have therefore studied over an entirely new arrangement of it. Although I finally discovered a form which corresponded with my intentions and which found the fullest approval of the late Hahnemann, I first desired to

consult experience so as not to expose myself to the danger of increasing worthless homœopathic literature. This year of probation has turned out to my satisfaction, and I do not think that I have any more reason to hesitate about publishing the work. May my work which required almost three years' application, and which besides contains the result of all my practice, find a friendly reception and a just judgement."

41 TT Foreword, in TPi, p.viii:

"The result proved favourable beyond expectation and our late Master having pronounced my idea to be an excellent and eventful one, I did not hesitate any longer to finish the work, which I now present to the homœopathic public…"

42 Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der reinen Arzneimittellehre, Münster, 1846.

43 *Manuel Thérapeutique*…, Münster, 1846 (this translation was done by Bönninghausen himself).

44 Bönninghausen states that the English language translator preferred to remain anonymous. Hering (HRM, p.16) gives the translator as *J.E.Stapf*, but as there was no evidence provided in support of this, we herein avoid assumption and refer to this work simply as 'TPi' (*Therapeutic Pocketbook innominatum*).

45 Carroll Dunham, having visited Bönninghausen in 1851 and again in 1855, writes (PJH, Nov.1855:4;3):

":…In the manner I have described, he has investigated this matter and embodied the results in his Repertory *Taschenbuch*. Again, every proving consists of a great collection of symptoms, very many of which are common to the whole Materia Medica. In the great mass of these, the characteristic symptoms, the real gems of the proving, are overwhelmed and well nigh lost. To discover and bring these up to view is the practitioners' and students' great difficulty, bemoaned for thirty years past in every periodical. Yet Bönninghausen is almost the only one who has ever applied himself to the task of collecting and collating these characteristics. His little work on this subject although not recent, is still of great value to the student. It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen."

T.F.Allen states (*Indexes and Repertories*, in NAJH 1891:6;8,539):

"I submit that of all plans which have ever been adopted, that of Bönninghausen is the best … I have worn out four bindings to Bönninghausen's pocket book, purchased in 1861, and have always found it convenient and reliable; I could not work without it…"

In his editorial (*American Journal of Homœopathy* (AJH, 1850), 5:1;4), S.R.Kirkby writes:

"[Bönninghausen] …the father of Repertories and whose "Therapeutic Pocket-Book" is beyond all comparison superior to any thing that has yet appeared to aid in the selection of remedies, is almost a neglected book. … because it demands much labor, much close thinking, much study of the *materia medica,* together with a distinct enumeration of the symptoms of the sick; and a distinct conception of the symptoms of drugs, all of which require a mental discipline which few, comparatively, possess."

In his article *The Essentials for Prescribing Homœopathically* (THR, 1893, vol.8, p.116) S.A.Jones writes:

"The younger readers of this paper may not be aware that Dunham studied with Bönninghausen, and that he undoubtedly derived his *method* from that expert. To attempt to practice homœopathically without Bönninghausen's Therapeutic Pocketbook is as ridiculous as to attempt the Episcopalian service without the Ritual – and yet that travesty of Homœopathy is the rule rather than the exception."

46 A detailed account of this topic has been given in our article *The Bönninghausen Repertory, the reasons behind the new English translation and re-formation of Bönninghausen's Therapeutisches Taschenbuch*, AJHM 2005, 98:3;163-171 (available at www.hahnemanninstitute.com), but a brief outline may be given here. The various English editions of the TT, each with its own problems, as listed below, are represented by the abbreviation 'TP' (*Therapeutic Pocketbook*), with the suffix letter representing the surname initial of the editor, except in the case of the innominate edition, where a non-capital suffix letter 'i' is used.

1846 innominate (TPi)

Translator known to Bönninghausen but wishing to remain anonymous.

1847 H.Okie (TPO)

Okie knew so little about Bönninghausen's work, that he simply left out the remedy concordances!

1847 C.J.Hempel (TPH)

Poorly rendered using the TPi (omissions in TPi are also missing in TPH). Very poor work, from a notably poor editor.

1847 J. Laurie (TPL)

Translated from the 1846 French edition of D.Roth, and therefore adding to the errors of Roth's edition, and further compounding language differences without adding clarity.

1891 T.F. Allen (TPA)

This edition expanded upon its English language predecessor (whether TPi, TPH, or TPL remains unknown to us), adding new rubrics & remedies (using different inclusion criteria from Bönninghausen), and omitting the three magnets and Angustura. Whilst Allen had understood the application of Bönninghausen's TT, he failed to comprehend its development and construction, and how, piecemeal additions of remedies and rubrics could not work. Indeed, we have shown the 'characteristics mapping' method of TT construction, which we ourselves have realised, and have detailed in its place (refer DHD, p.56).

H.A.Roberts himself makes numerous mistakes when discussing the *Therapeutic Pocketbook*, as we find in his lengthy *Introduction*: he gives the original TT remedy count as 126 (instead of 125); he states that the first English translation was published a *couple of years after* the German TT, and that the *Hempel* edition was published *only a short time afterward* – whereas, in fact, the *innominate* first English translation (TPi) was *published in the same year* as the TT (1846), and the *Hempel* edition the following year (1847); he wrongly states that Bönninghausen's listing of the rubric '*aggr*.

Clear weather' (TBR1714, aggr. Fine weather) was much larger than that of Allen's, but in fact, both works contain only two remedies (Bry., Plb.); further, he misrepresents the criteria for remedy grading, saying the lowest (parenthesised) grades indicate either a rare occurrence in the provings, or pure clinical removal! This fabrication demonstrates Roberts' own failure to thoroughly comprehend the comments of Bönninghausen in this regard, since Bönninghausen's TT data comprised, first and foremost, provings-based characteristics, the bracketed being uncertain as to their 'characteristic' (consistent) status, with clinical verification forming the basis for an increase in remedy grade. Let me continue: on page 11 of his *Introduction*, Roberts imagines Bönninghausen used the terms *primary* and *secondary* in reference not to a time-sequence of symptoms, but to their "*relation to the case,*" *i.e.*, "*those symptoms which seem to have a direct bearing on the complaint, and those others of almost equal importance, the concomitant symptoms*", but Roberts gives no reference for his assertion, and that is because Bönninghausen *never* stated it – he in fact used the terms primary and secondary as per the definition of Hahnemann, *i.e.*, in reference to the time-sequence of symptoms, as for example, we read (*Experience and the High Potencies*, NAHH 1846:3;3,25, in BLW244):

> "Although Homœopathy has not fared so badly in this respect as allopathy, which has new and insurmountable difficulties from its practice of mixing together various medicines which causes an ignorance as to the primary effects and the after effects of remedies, nevertheless, even in Homœopathy, the difficulty of gaining *valid experience* must not be so easily surmounted when we see that one and the same proposition is decidedly affirmed by the one and altogether denied by the other."

Roberts' again shows his ignorance and readiness to indulge in misteachings of his own fancy. The only explanation for such numerous and significant errors, is that Roberts did not himself examine the originals, which may have been difficult to obtain at that time – indeed, he states this in his Introduction, saying (p.44):

> "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 any question, these have been compared with other available editions…"

Clearly, trusting in non-primary sources has not worked for Roberts, and, since he found it 'impossible' to obtain a German original, he should not have ventured to offer any opinion on matters where it was admittedly beyond his means to verify; he instead chose to perpetuate and extend such inaccuracies as stemmed from opinion and hearsay, and within a professional publication! Indeed, one has to wonder how it was that Roberts was given the task of introducing this edition of T.F.Allen, let alone commenting on its particular application, as if he had a masterly understanding and experience of the matter?

Regardless of perhaps praiseworthy intentions, our discontent with such inaccuracies must be stated, as it is evident in too many of our literary works, both past and present. Indeed, regarding the English translations, and excepting TPi, and TF Allen's edition where he perhaps honestly (yet mistakenly) thought a good service was being rendered for Homœopathy by expanding and including new remedies, etc., one wonders about the actual purpose of the other editions; after all, they did not *add* anything, but instead, diluted the original whilst hardly bothering to correct the mistakes it contained, and, as we see from the examples of Roberts' pen, superimposed their own inaccuracies.

Lastly, the following account was given by M.D.Wilson, in his article *A Response*…(MHR, Sept.1, 1863, vol.7, p.563):

> "The excellent *Taschenbuch*, or Vade-mecum expressly compiled by Bönninghausen as a guide to the study of the Materia Medica, has not even been faithfully rendered by Hempel. He has omitted several paragraphs of the original. Dr. Roth of Paris has likewise mangled Bönninghausen's work. In many instances the German is most *inaccurately* rendered into French: yet he is one of the *Revisers*!... Dr. Roth's erroneous version of Bönninghausen is, nevertheless, that which has been selected for translation into English under the Editorship of Dr. Laurie, and is much used by practitioners. In many instances this again has been very inaccurately rendered from the French!

47 This has not been done by any other repertory, except in piecemeal fashion whereby inadequate and hearsay reports are incorporated into the modern repertorial works, often not provings-based, often no more than mistaken interpretations.

48 Of course when new provings data became known post-TFR, it was also incorporated into TT.

49 This 'conversion' of form from TFR to TT was not at all a simple task, requiring several years from concept to completion, and it is also now evident that Bönninghausen's gradual and methodical progression through TFR to his final TT meant that TFR acted as a work-book, into which all his individual findings and clinical results could be annotated, and from there, converted directly to the TT format. Further, the TT construction itself, which represented a *functional unit*, did not allow *piecemeal* additions (apart from any corrections), whereas the TFR formed an ideal platform for such annotations, which, it seems, Bönninghausen continued to make in that work even after the publication of his TT.

50 Speaking on the TT, Bönninghausen states (NAHH 1844, in BLW217):

> "…May my work which required almost three years' application, and which besides contains the result of all my practice, find a friendly reception and a just judgement."

51 F. Kottwitz (KBL) writes:

"…in 1842, the AHZ [(1842:23,96) review of some articles of Bönninghausen by Hartmann] considers Bönninghausen's practice to be without doubt among the busiest that a homœopathic physician could have or maintain…"

Bönninghausen's first 'case-book' therefore must have extended from the time of this first patient (1828/29), and not, as reported in a letter from Carroll Dunham, from 1832 (PJH 1855:4,449-458, dated 6 September* 1855), we read:

"Every case of disease is systematically described, and every prescription noted in a journal, which now extends from the year 1832, through 92 large octave volumes."

* This date is incorrect, as it is only one month after a previous letter in the same journal (PJH, IV:309-311, 3 August 1855), in which he states: "I expect to leave Paris in a few days, for Northern Germany, and shall perhaps have some notes for you, in a few weeks, about the old pioneers of Homœopathy, Stapf and Bönninghausen." But Dunham writes, in his (6 September) letter, that he had spent six weeks with Bönninghausen. Allowing for the 'few days' before leaving Paris, and a further week (or longer) for travel, would bring the date closer to 2 months after his Paris letter, but before the publication date of the PJH (November 1855) in which it was printed. The true date was therefore most likely 6 October. [GD]

Bönninghausen's practice is described by Dunham, who writes (PJH, Nov.1855:4,449):

"A visit to Bönninghausen must be a matter of interest to every Homœopathic physician. He is the acknowledged master of Materia Medica, and one of the most acute and most uniformly successful practitioners of our school. Moreover, he was for thirty* years the intimate personal friend of Hahnemann, and he is the only German physician with whom Hahnemann continued on friendly terms after his removal to Paris. Living in the little city of Münster in patriarchal simplicity, he is occupied during more than half of every day by office patients; his correspondence with patients in different parts of Europe, keeps him busy for several hours more, and every day he receives letters of consultation from various European physicians, while hardly a season passes without bringing him as a visitor some Homœopath, young or old, seeking instruction in Homœopathy, or advice for some specially difficult case of disease. It were difficult to imagine a more hospitable reception than he accords to all. I have found in the course of my journeyings, that many of the best homœopaths of Europe are to a greater or less extent his pupils; and quite a number of the most brilliant discoveries and cures made in different countries by practitioners of our school were suggested by him in correspondence."

* This is clearly an error in the original publication, since Hahnemann died in 1843, only 15 years after Bönninghausen came into Homœopathy. It is most likely that "thirteen" years was meant. [GD]

Out of interest, Bönninghausen mentions his very first case in his *Aphorism of Hippocrates* (BAH), 8th book, note 29:

"One of the most pleasant recollections in our medical career we [deservedly] owe to the highly talented and much celebrated poetess Annette v. Droste-Hülshof. Being our very first patient in the winter 1828/29, referred to us by her previous and our former physician, Dr. B., who could not provide anymore assistance to her consumptive state - after we definitely contributed our own recovery to Homœopathy. After an extended, yet futile, decline, it took us two entire days of most intense study, to find the most fitting remedy (N.vom.); but the favourable success was so surprising that she remained faithful to Homœopathy ever since, until she passed away under someone else's attention in her villa near Constanz / Lake Constance from a not closer known disease in 1847."

52 CGH164. Close was clearly convinced of the brilliance of Bönninghausen and the value of his TT, as we can see from the following extracts from the same work:

CGH178:

"Bönninghausen, following and working with Hahnemann, is the fountain head for the analysis and classification of symptoms from which we all draw."

CGH264:

"In using repertories, notably "Bönninghausen", which all Hahnemannian prescribers use…"

It is interesting to note that Stuart Close was a student of P.P.Wells, who had received treatment and instruction from Bönninghausen, as Close states (CGH163):

"It was he [Wells] who taught me Bönninghausen's method … and I thought more of it because he had known Bönninghausen and had received instruction and treatment from the Grand Old Man personally, while travelling in Europe.*"

* this trip was in April 1858, refer HP 1889:9,215.

P.P.Wells was also the 'revered preceptor' of T.F.Allen (KLH217).

53 These characteristic elements, though their number be relatively small, may nevertheless be combined into a vast number of case-specific varieties, just as with our numbering system, where only a small number of digits (ten) may be combined in an almost limitless variety to uniquely identify evey single living person. Of course, effective use of the TT repertory method requires a clear comprehension of homœopathic diagnosis, which process is very well detailed throughout Hahnemann's writings, and which may be studied through our own work on *Homœopathic Diagnosis* (DHD), to which we point the reader. It is also important to realise that Hahnemann himself abstracted & re-combined symptoms listed within his own pharmacographies, and that this model is precisely reflected in Bönninghausen's TT structure.

54 This abstraction & re-combination of symptoms is an essential part of standard medical diagnosis. Not all patients with a particular disease will exhibit the same symptoms, and none will suffer the entire range of possible symptoms. For example, the diagnosis of *rheumatic fever* is made by satisfying a minimum number (2 major + 1 minor) of criteria, gathered from thousands of cases:

- *Major*
  arthritis, carditis, Sydenham's chorea, nodules, erythema marginatum
- *Minor*
  Fever, arthralgia (without swelling), evidence of group A Strep. Infection

But whilst such diseases take the form of a general name in allopathy (*hæmorrhoids*, *leucorrhœa*, *weakness*,

tonsillitis, etc.), for homœopathic purposes, they take the name of their specific remedy (*e.g.*, a *Sepia* hæmorrhoid, an *Alumina* leucorrhœa, a *Veratrum* weakness, a *Silicea* tonsillitis, etc.). Hahnemann writes (*Organon*, §81, footnote):

"If, however, it is deemed necessary sometimes to make use of the names of diseases, in order, when talking about a patient to ordinary persons, to render ourselves intelligible in few words, we ought only to employ them as collective names, and tell them, *e.g.*, the patient has a *kind* of St. Vitus's dance, *a kind* of dropsy, *a kind* of typhus, *a kind* of ague; but…we should never say he has *the* St. Vitus's dance, *the* typhus, *the* dropsy, *the* ague, as there are certainly no diseases of these and similar names of fixed unvarying character."

55 For example, under Alumina we find:

Alum.517 "Flatulent colic."

Alum.518 "Violent attacks of colic after dinner, during the afternoon, improved by a short nap, … [*Htb*]

The unqualified *Hahnemann* symptom under *Alum*.517 may be rendered more complete by the attachment of the modalities noted by *Hartlaub* under Alum.518.

56 For example, under Alumina we find:

Alum.205 "*Dimness of vision*, *as if looking through a mist*."

Alum.215 "After blowing the nose, little white stars glimmer before the eyes (4th d). [*Ng*]"

The dimness of vision (*Alum*.205), being of a different type of complaint to the glimmering before the eyes (*Alum*.215), can nevertheless be completed, so to speak, by the modality of the latter.

57 For example, under Alumina we find:

Alum.112 "*Headache*, *violent stitching pain in the brain*, with nausea."

Alum.215 "After blowing the nose, little white stars glimmer before the eyes (4th d). [*Ng*]"

The stitching headache under *Alum*.112, may be rendered more completely by the attachment of the modality abstracted from *Alum*.215.

58 In this way, a paragraph or even page-long description from the prover's day-book (proving diary) would be separated into multiple fragments, each placed in their appropriate position within Hahnemann's schema.

59 Alphonse Teste* criticises Hahnemann for such arrangement, which, as he states, results in a loss of the time-sequence of symptoms. But whilst the symptom time-course, from beginning to end, is *desirable* (not essential),** Teste fails to see, *firstly*, that Hahnemann's schema is imperative for ready reference, and *secondly*, that such *abstraction of symptom fragments* allows for their *re-combination*, either into an *original form* (*re-construction*), or into a completely new, *case-specific variety*, never before seen in the provings.

* Teste, A.: The Homœopathic MM [Tr.Hempel], 1854) *Introduction*, p.34, 46-61

** Refer Organon, §§130-132

60 The complete symptom picture of this disease is therefore compiled by the *combination of consistent elements abstracted from many cases*. From Hahnemann's *Organon* we read:

§101: "It may easily happen that in the first case of an epidemic disease that presents itself to the physician's notice he does not at once obtain a knowledge of its complete picture, as it is only by a close observation of several cases of every such collective disease that he can become conversant with the totality of its signs and symptoms."

§102: "All those affected with the disease prevailing at a given time have certainly contracted it from one and the same source and hence are suffering from the *same* disease; but the whole extent of such an epidemic disease and the totality of its symptoms (the knowledge whereof, which is essential for enabling us to choose the most suitable homœopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture) cannot be learned from one single patient, but is only to be perfectly deduced (abstracted) and ascertained from the sufferings of several patients of different constitutions."

The combination of symptom elements *abstracted* from a number of patients in forming a complete image of a *(natural) disease* is equally applicable to *medicinal diseases* (*Organon*, §135) – even though the symptoms have come from more than one subject, they are *the effects of a single stimulus* (natural or medicinal), and their *combination* reveals it's entire effects across a variety of physiologies, each with their own degree of reactivity (*Organon*, §116). Hence, the entire range of proving effects of each medicine can only be obtained by provings on numerous subjects.

61 We may here provide one excellent example (RA 3rd ed., 1833, vol.2 *Vorerinnerung*, pp.31-34 [MMP vol.1, *Preamble*, pp.20-22, also in HLW766]), wherefrom the attentive reader will glean precisely the thinking which Hahnemann reveals to us in his process of determining the homœopathic diagnosis:

"Sch., a washerwoman, somewhat above 40 years old, had been more than three weeks unable to pursue her work, when she consulted me on the 1st Sept. 1815

1 On any movement, especially at every step, and worst on making a false step, she gets a stitch in the scrobiculus cordis, that comes, as she affirms, every time from the left side.

2 When she lies she feels quite well, then she has no pain anywhere, neither in the side nor in the scrobiculus.

3 She cannot sleep after thee o'clock in the morning.

4 She relishes her food, but when she has eaten a little she feels sick.

5 Then the water collects in her mouth and runs out of it, like the waterbrash.

6 She has frequently empty eructations after every meal.

7 Her temper is passionate, disposed to anger – whenever the pain is severe she is covered with perspiration. – The catamenia were quite regular a fortnight since. In other respects her health is good.

"Now, as regards Symptom 1, *belladonna, china,* and *rhus toxicodendron* cause shootings in the scrobiculus, but none of them *only on motion,* as is the case here. *Pulsatilla* (386) certainly causes shootings in the scrobiculus on making a false step, but only as a rare alternating action, and has neither the

same digestive derangements as occur here at 4 compared with 5 and 6, nor the same state of the disposition.

Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains *from movement* and especially shooting pains, as also stitches beneath the sternum (in the scrobiculus) on raising the arm (448), and in making a false step it occasions shooting in other parts (520, 574).

"The negative symptom 2 met with here answers especially to *bryonia* (501) few medicines (with the exception, perhaps, of *nux vomica* and *rhus toxicodendron* in their alternating action – neither of which, however, are suitable for the other symptoms) show a complete relief to pains during rest and when lying; *bryonia* does, however, in an especial manner (501, and many other bryonia-symptoms [87,91,128,159,162,192,507,512, etc.]).

"Symptom 3 is met with in several medicines, and also in *bryonia* (695).

"Symptom 4 is certainly, as far as regards "sickness after eating," met with in several other medicines (ignatia, nux vomica, mercurius, ferrum, belladonna, pulsatilla, cantharis), but neither so constantly and usually, nor with relish for food, as in *bryonia* (279).

"As regards Symptom 5 several medicines certainly cause a flow of saliva like water-brash, just as well as *bryonia* (282); the others, however, do not produce the remaining symptoms in a very similar manner. Hence *bryonia* is to be preferred to them in this point.

"Empty eructation (of wind only) after eating (Symptom 6) is found in few medicines, and in none so constantly, so usually, and to such a great degree, as in *bryonia* (253, 259).

"To 7. – One of the chief symptoms in diseases (see *Organon,* §213) is the "state of the disposition," and as *bryonia* (778) causes this symptom also in an exactly similar manner – *bryonia* is for all these reasons to be preferred in this case to all other medicines as the homœopathic remedy."

From the preceding description, and from consulting the proving symptoms to which Hahnemann refers us, we see that he takes key components of the symptoms listed in his RA and re-combines them into his own case-specific variety. Tis is the process of homœopathic diagnosis.

62 TPi Foreword, p.vii-viii.

63 This itself served to reduce the number of rubrics substantially, eliminating the need for repetitions of headings under each system or region of the body. Furthermore, Bönninghausen compressed many of the specific TFR rubrics into broader rubrics for the TT, also serving to eliminate the bulk of the work.

64 The removal (abstraction) of rubrics from regional chapters and placement under a single general chapter does not, as has wrongly been supposed (by Hering, et al.), suggest that these symptoms are necessarily applicable generally – it simply allows a single place where they may be located and retrieved for re-combination with the other components of a symptom in order to specify their meaning. For example, Bry. is listed under *aggr. drinking* and *amel. drinking*, in equal weighting (grade 3), but for different reasons: Bry.186 "On drinking cool liquid a sore pain comes into the tooth."; Bry.203 "Sore-throat: dry and raw in the throat during empty swallowing; on drinking this sensation goes off for a short time, but soon recurs; it is worst in the warm room.". As we can see, the amelioration refers to the throat, whilst the aggravation refers to the tooth. Moreover, this placement (abstraction) of elements also allows their re-combination into a new, case-specific variety, even if never before observed (in that combination) within the provings.

65 *The Value of High Potencies*, AHZ (1860) vol.61, in BLW141.

66 Hering writes (HRM, p.16):

"It was a great mistake, of Bönninghausen, to separate the conditions, as if every one of them could have a general applicability."

But whilst Hering was so critical of TT, he nevertheless accepted Bönninghausen's clinical accuracy, to the point of using Bönninghausen's work as the sole basis for his *Analytical Therapeutics*! He writes (HRM15-16, 1873)

"Bönninghausen's works, especially his repertory, have been made free use of throughout, because he was the only practitioner who entered all his corroborations and all successfully cured symptoms in his case books; and that, too, during more than two scores of years. … Bönninghausen's repertory has been made, as it were, the basis of this Analytical Therapeutics, and all that could possibly be of any use has been given…"

Either Bönninghausen's method of repertory *did not* work, in which case his results would be poor and useless – *or it did*!

67 As Francis Bacon states it (Novum Organum, First Book, §73):

"Of all signs there is none more certain than that of the fruits produced, for the fruits and effects are sureties and vouchers, as it were, for the truth of philosophy."

68 R.E.Dudgeon (in DLH325-329) an otherwise reasonable and able homœopath, was so blinded by his arrogance and bias against the fact that Bönninghausen had received so much recognition for his clinical work, that he dismissed him as an unprofessional '*dilettante*'.

The resort to unfounded, slanderous personal attacks of this nature, as Hering himself was also known to have committed (*A Judgement of Bönninghausen* in ZHK, 1865:13,69) only attest to the deficiencies in the character of these men.

E.A.Farrington also criticises Bönninghausen for not heeding the advice of Hering during construction of his TT, devoting an essay to this topic (FLW59), wherein he states:

"When the book was being written, Dr. Hering urged its author to state just what symptoms or group of symptoms were affected by a given condition [of amelioration or aggravation] … But Bönninghausen refused to comply with this request as reasonable as it was; so his book was crippled, and we have lost, probably irreparably, the particulars of his vast clinical work."

Farrington's bias is here clear, since, as pointed out earlier, even Hahnemann was unaware of TT during the compilation stage, and Hering could not have known about that work until well after its publication (perhaps after the 1847 Hempel edition). As with Hering, Farrington was simply unable to fathom the application logic of Bönninghausen's TT.

Harvey Farrington adds his unfamiliarity into his 'Course in Homœopathic Prescribing' for graduate physicians, (in *Homœopathy and Homœopathic Prescribing*, published under the seal of American Institute of Homœopathy, 1955, under the chapter *Use of the Repertory*, p.239), with the following comment:

> "Bönninghausen's Repertory, used extensively by the earlier homœopaths, deals only with general symptoms and conditions, and is therefore not well suited to the needs of the student."

J.T.Kent supports this work of Bönninghausen, as we read (*How to study the Materia Medica*, in KMW277-8):

> "Why is it that *Bönninghausen's* [Pocket] book is out of print? Simply because Hahnemannian Homœopathy has not been taught. Nothing would please me more than to see the republication of this grand work. This book enables men who know how to study it, to cure the sick."

But whilst Kent appreciated that TT (one of the English editions), properly applied by one "who knows how to study it" could be used with success, yet, later, he admits having no success with it himself. We read (*The Development and Formation of the Repertory*, in KMW726):

> "The chief difficulty with Bönninghausen's Repertory was that the modalities of the parts and those of the patient himself were all mixed together,…I did not use it successfully."

Our own clinical success using TBR confirms Kent's lack of success stemmed from his own lack of comprehension of its mechanism – he himself did not "know how to study it".

69 *Indexes and Repertories*, in NAJH, 1891:6;8, 537-539.

70 PJH, Nov. 1855:4;8. Dunham had himself visited Bönninghausen in 1855.

71 *The Homœopathic Library*, TIHA, Philadelphia, June 24-25, 1896:17, 78-86.

72 HP 1889:9,215 (quotation courtesy A.Saine). P.P.Wells was himself held in high regard by Hering, as can be seen in the following comments from his *Treatment of Typhoid Fevers* (part of his *Analytical Therapeutics*, 1873), Preface to First Edition (reproduced on page 9 of the second edition, 1896):

> "Dr.P.P.Wells' Treatise on Typhoid Fevers, Am.Hom.Rev., vol.3, the best in our literature up to this day, has been included."

73 Provings have their own difficulties, particularly in errors of observation as well as inaccuracies and dialectic inconsistencies of expression, both by prover and observer. This point is made by Hahnemann in his letter to Bönninghausen, 16 March 1831 (in HHL 2,299):

> "…among the available symptoms so far recorded, there are still many obscure points which greatly need confirmation and revision. Who would wish to draw positive results from these in their present state? It is a marvel that so much that is true has been evolved through the few people whom I could, by an effort, induce to undertake provings, and who at the same time did not have equally good capacities for observation…"

74 *In Search of a New Principle…*, 1796, HLW265.

75 *The Medicine of Experience…*, 1805, HLW453 footnote.

76 *Fragmenta*, 1805, Praefatio, in Schmidt, J.M., & Kaiser, D.: *Gesammelte kleine Schriften von Samuel Hahnemann* [GKS]. Haug 2001, p.366.

77 This 'grading' of sorts is also seen in the various compilations of characteristics (materia medicæ) by Bönninghausen, primarily as a complement to the repertories, as a type of quick handy reference for the most significant characteristics of the remedies contained.

78 This subject regarding the concept of primary/secondary symptoms is one which continues to be largely misunderstood and ignored, yet its significance is striking. The reader is referred to our DHD for a detailed discussion on this topic.

79 It is doubtless that the more frequently seen in proving, and especially by different observers, then the more certain the tendency for the remedy to produce that symptom. This is an important point to keep in mind when studying the materia medica – a symptom repeated by the same observer (depending also on the observer) is less reliable than one repeated by different observers, since the latter case serves to remove the effects of individual observer bias in terms of their language of expression and their interpretation of the phenomena. We refer the reader to our article *Hahnemann's Pharmacography*, AJHM, 2007, 100:3;185-201, also available from our website at www.hahnemanninstitute.com.

80 It is incorrect to consider the bracketed entries as a grade in themselves, since they are placed into the repertory 'to be confirmed' by experience, and therefore do not form part of the grading system proper. Once confirmed, they would be assigned a grade, or if they remained unconfirmed, they would be removed from the list, as indeed did occur in Bönninghausen's BKV (1853), wherein he removed all the bracketed remedies contained in his earlier concordances.

81 Refer to our previous articles (ZKH 2001:45;3,96-115, and ZKH 2001:45;6,223-237), wherein this point has been established, and we must therefore ignore the erroneous view of K.H.Gypser, and others, that only the highest (3-4) grades indicate a characteristic.

82 An example of this may be seen under Mur-ac. MMP109-119 (especially no.111 which is emphasised by Hahnemann), together which impressed Bönninghausen with the emphasis necessary to add Mur-ac. under the

rubric "Harndrang, vergeblicher" (ineffectual urging to urinate, TBR454) as a 2-grade. This grading has not been increased with the subsequent experience of Bönninghausen.

83 Even in his first edition SRA (1832), with little clinical experience of his own, Bönninghausen had frequently listed remedies in 3 and 4 grade. We will recall that Bönninghausen's entry into Homœopathy was not until late 1828, which meant only 3-4 (theoretical, study) years until his publication of the SRA in 1832, which can only be seen as a collection of existing data, and therefore any emphases in the original, in terms of grade distinction could only have reflected the experiences of others. The following years however, would have seen him increasingly incorporate his own observations.

84 TPi Foreword, p. ix.

85 Bönninghausen's grading system was consistently applied throughout his other repertorial works, as we can see from his following words (BWF, Preface to second edition, 1863):

> "With great diligence and especial care the author has endeavoured, through different type and setting of the same, in the repertory, to mark the degrees of importance of each remedy. He has retained the distinguishing points, which were employed in his repertory (of 1833 and 1835) and in his therapeutic Pocket-book (of 1846); these having been recognised by competent judges, as conformable to the object in view."

86 We have already explained the reasons for this above, but, another contributor to Bönninghausen's reliance on his own experiences with the earlier (source) provings and his even greater distrust of the newer 'provings' may be appreciated from the following excerpt (*Three Precautionary Rules of Hahnemann*, NAHH 1844:1;1,69-, in BLW195-197):

> "Looking back over former years allows us to find without long search a period where the communications made about cases and cures offer a great difference from those of the present time. A great part of the results gained in the later time shows an uncertainty and fluctuation in the selection of remedies, which we do not find at least in the same measure in the former time of the so-called childhood of Homœopathy, and when we look at the matter more closely, we cannot deny the fact that the increase in the size and multitude of the doses kept equal pace with this…and I am convinced that the *size* and the condition of our Materia Medica has a considerable part in this fault while leaving it to others to pronounce as to the uselessness of most of the later provings, and also the fragments of symptoms of medicines otherwise unknown in their medicinal effects, which fragments are published in various quarters and concerning the treatises as to the mode of action of the various medicines which are surcharged with hypotheses, I would only desire to say a few words as to the arrangement of the Materia Medica Pura, which embody the results of a diligent study of the same as well as those of an extensive practice which has been blessed by Providence. Almost every incipient homœopath will have had a similar experience with myself and many of my acquaintances, namely, that he would think to find in almost every fully proved remedy the elements of almost every disease. This delusion, which, however, only in part deserves this name, will not disappear before by a comparison of the proving symptoms of two or more medicines we have found the differences which exist between them. These differences appear still more plainly when we come to their application, and only then we see the complete inadequacy and incompleteness of the former pathologies, which, even at best, only sketch a scanty outline of the *genus* of the disease, but never designate the varieties and the finer shadings with the individuals, according to which alone the correct selection of the remedy suitable for the genus of every disease can be made. What Allopathy means by an *indicated* remedy is quite different from what we call a *homœopathically suitable* remedy. Of the former there are mostly a great number for every concrete case, the latter can only be one, and even if there should be several under the former, which in various cases of disease, which are summarized under one generic name, which might be of use in a homœopathic, and not in an antipathic manner, this is no way true of every case of this kind, but the choice, if it should be homœopathically suitable, must be so made that the remedy not only corresponds in a general manner to the name of the disease, but also just as exactly to the accessory symptoms and circumstances."

87 The unavoidable indefiniteness of Bönninghausen's precise grade change criteria, means we cannot, with any degree of certainty, introduce our own grade changes within this work.

88 Speaking on Bönninghausen's practice, Dunham states (PJH 1855:4,451):

> "It is with this exactitude, trusting nothing to memory or to general impressions, that his investigations are made."

Later in the same letter, speaking on Bönninghausen's repertory, Dunham says:

> "…it is the very richness of the work with which they find fault — for the manner in which these original observations were made is a guarantee of their accuracy."

89 If Bönninghausen had no significant experience with a remedy in a particular rubric combination, then no increase of grade would occur, even though the provings themselves recorded a significant emphasis on the represented symptoms. For example:

> *Iodium* is listed at 1-grade under Respiration oppressed (TBR568), yet from Hahnemann's original source (*Iod*.CD 435-6, 447-459, 464-5) we find a significant action of Iodium in producing both oppression of the chest and asthma.
>
> *Clematis* only lists at 1-grade under Teeth, pain in general (TBR219), yet, from Hahnemann's original source (CD41-52) we find it has a strong affinity for toothache, with 12 symptoms out of 150 (8% of its entire pathogenesis) specifically referring to striking tooth pains.

90 For example, a remedy, say Acon. listed in three separate rubrics in SRN, in say, 1,2,3 grade, upon these being consolidated into a single rubric, would require their averaging into a 2 grade.

91 There can be no definite conclusion in this respect, since some grade variations may be explained by errors of typography and omission. Further, a modality or

other non-region-specific characteristics may be used a number of times in combination with other locations, and therefore, their increased grade is more likely when compared to the non-transportable, location specific characteristics. In general, we make some allowance for these facts by looking for no more than a single grade variance across the series of rubrics.

92 We have many examples where a remedy repertorising across 4 rubrics with consistent yet low grades, say 1,2,1,1 was given in preference to another repertorising with an inconsistent array of grades, say, 4,1,3,4, even though the latter had a higher numerical total. Remember always, that even the lowest grades (1, 2) indicate a consistency (characteristic), and must be given their proper consideration. Indeed, the numerical value derived from the *summation of grades* across rubrics as commonly done in case-analyses using other repertories (*e.g.*, 4+1+4+3 = 12), is most *subordinate* to a *consistency of grades* across rubrics, and this simply due to the process of construction used by Bönninghausen. Other repertories, themselves compiled from multiple, dissimilar, non-primary (repertorial) predecessors – each with their own distinct and often inconsistent grading criteria (both within and amongst themselves), fitted together into a new, even arbitrary grading structure (as is the case with Kent's) have lost the possibility of a meaningful consistency. On the other hand, the TT (and now TBR), having retained their structural and grading integrity, offer another great advantage for repertorial analysis. We refer the reader to our DHD second part for illustrative case examples.

93 Most probably because he saw it as straightforward, having indeed explained his concept of it elsewhere.

94 The following record of comment was made during the discussion on Lippe's paper *The Classification of Remedies*, Hahnemannian Monthly, 1867 (in THR (1983) 8:1;11-14):

> *Dr. JC Morgan*
>
> "I would again repeat the question I have asked Dr. Lippe. I do not know anything about the classification in any of Bönninghausen's observations. Dr. Okie's translation of the German edition of the Pocket Book, there is a part in which a remedy is divided under seven heads, [concordances] and which Dr. Okie considered of so little value that he has not translated it."
>
> *Dr. A Lippe*
>
> "Dr. Okie no doubt left this part out because he did not comprehend it…I have used Bönninghausen's concordance in this manner for a number of years, and have found it to be a very great help."
>
> *Dr.Jacob Jeanes*
>
> "I have examined Bönninghausen's method of classification and think it would be of little use to me, though it might be of great utility to others."
>
> *Dr.JC Morgan*
>
> "Bönninghausen's method requires a vast amount of knowledge of materia medica before it can be used understandingly… There is no sufficient explanation of the manner in which it is to be used, offered in the Introduction, which is a great fault, and the value of the book was appropriately expressed by Dr. Hering, who said of it "It is grains of gold in heaps of sand."… Bönninghausen's work is of great value to those who have previously become familiar with certain landmarks [of MM]."

We must ask how anyone (as with Morgan above), can on the one hand state that they know nothing of Bönninghausen's work, and at the same time assert this work is very valuable to those familiar with MM. And how can Jacob Jeanes state he has examined this work whilst in the same breath *think* it would be of little use to himself, but then suggest it may be of use to others? These comments show Jeans' lack of comprehension, simply sitting on the fence whilst wishing to appear as if he has anything of value to offer on this topic – especially following the support by Lippe for Bönninghausen's work.

95 Okie states the following (TPO, Preface):

> "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…"

96 TT Foreword, reproduced in TBR p.28.

97 BLW323.

98 *The Relationship of Remedies*, a translation of Bönninghausen's introductory comments in BVE, by A.McNeil, in TIHA, Wisconsin, June 6-9, 1893:14,200-205.

99 Bönninghausen here goes on to say:

> "For the first intimation of this (as of all other demonstrated truths in Homœopathy) we are indebted to the sagacious and observant founder of our school. See Organon, section 172 *et seq.,* on the method of treating one-sided or partial diseases. For example, we may mention the proved efficiency of *Calcarea carb*. after *Sulfur*; of *Causticum* after *Sepia*; of *Lycopodium* after *Calcarea*; *Nitric acid* after *Calcarea* and *Kali carb*.; of *Sulfur* after *Arsenicum* and *Mercurius*, and of *Sepia* after *Silicea*, *Nitric acid*, or *Sulfur*. What homœopath has not had the opportunity of demonstrating the truth of his observations, presuming that in so doing he has always scrupulously observed the fundamental principle of Homœopathy, Similia.
>
> "Some have claimed that it was essential that the order in which related remedies are administered should be observed, for example that A. must not be preceded by B. and so on. But if we carefully examine all the cases which seem to bear this out we will find that some contra-indications have been overlooked and that thus the fundamental principle of Homœopathy has not been strictly observed. This was asserted particularly of *Calcarea* and *Lycopodium*, but I can assure you that I have very often seen *Calcarea* accomplish good results after *Lycopodium*, when the symptom-complex was such at first that *Lycopodium* should be selected and after it had exhausted its action that *Calcarea* corresponded to the remnant of the case, which does not always occur."

100 Abgekürzte Uebersicht der Eigenthümlichkeiten und Hauptwirkungen der homöopathischen Arzneien [Brief

Overview of the Singularities and Main-Effects of homœopathic Remedies], Münster, 1835

101 After the first remedy in the (often required) series has exhausted its usefulness, the case must be re-assessed to determine the now dominant symptoms of the case – the original chief symptom having been perhaps subdued, with one or other of the original concomitants now becoming the more troublesome or chief focus of our attention, or perhaps a new symptom has been precipitated following the action of the first remedy.

102 *Organon* §170.

103 *Extract from a Letter to a Physician of High Standing on the Great Necessity of a Regeneration of Medicine*, 1808, in HLW520, footnote.

104 Letter to Bönninghausen, 30 June 1834, in HHL 2, p.174.

105 Three Precautionary Rules of Hahnemann, NAHH, (1844), 1:1, p.69, in BLW195-196

106 The American Homœopathist, Oct.1865, 2:4;95-96

107 President's address, *International Hahnemannian Association*, 7th annual meeting 1887.

108 TT represents a unique structure which sees it applicable as a single whole, and any admixture of other works considered together so as 'not to miss anything', which works are themselves constructed using very different inclusion criteria and with an uncertain lineage, would serve more to dilute and confuse rather than clarify and single out the required remedy.

109 It was K.H.Gypser (Sydney Seminar, April 1995) who first triggered our focus on Bönninghausen's TT.

110 My copy was an Indian reprint of the *New American Edition* of T.F.Allen (TPA), which itself had undergone numerous editions, and received many rubric, remedy, and grade changes – checking the *Concordance* list of remedies revealed 21 extra remedies; more importantly, there were four omissions: *Angustura*, and all three of the *magnets*. Such changes from the original (made using different inclusion criteria) coupled with the extremely poor quality of the available Indian reprint (remedy grades are often unclear), meant that the confidence required to use such a *condensed* repertorial system (reliant upon the selection of a small number of *characteristic* symptoms), the main attraction of which was accuracy and certainty, was lost.

111 Within eighteen months, having received our own computer database of the entire TT, K.H.Gypser commenced a similar project for a German republication of TT.

112 Bönninghausen (without the aid of any computers), had difficulty in retaining organisational consistency, and it was not uncommon to find duplications of symptoms under slightly different rubric headings yet with identical remedy entries; identical rubrics were also found in multiple placings (both within and across various sections), and there were even examples where these contained minor differences in their remedy lists, including inconsistencies in remedy grade — wherever such discrepancies existed, our policy was to accept the higher grade, since that errs in favour of repertorial notice and reference to the materia medica (specific changes from the original were in each case noted in the attached end-notes).

113 Considered imperative for a smooth use of this work in the contemporary clinical setting, e.g., *Mons veneris* and *Perinæum* were relocated from *External Belly*, and *Anus* respectively, to *Genitalia*; *Kidneys* from *Inner Belly* to *Urinary Viscera*; *Circulation of Blood* from *Fever* to *Cardiovascular*, etc.

114 Bönninghausen writes the following about this work (in BLW323):

> "… contains the result of the examination to which I have subjected, for a number of years past, my former labours in reference to the same subject, and which has convinced me that an excessive number of remedies rendered their proper application in disease so much more difficult."

The application of BKV is entirely unaffected by repertorial structure changes.

115 With the double object of maximising clinical practicality, whilst better reflecting Bönninghausen's 'complete symptom' *triad* of *Complaint*, *Location*, *Modalities* (*CoLoMo*) within the schema. A look at the general structure of TBR will reveal that the term *Symptomata* (Greek, *Symptoms*) has been used to head each section (*Regional*; *Systemic*; *General*), as a reminder that the rubrics contained within every section refer *only* to pathological (disordered, abnormal) alterations of structure or function.

116 *Symptomata*, from the Greek συμπτώματα (symptoms, indications) – both subjective and objective.

117 *Mind* is merely a conceptual organ, without a specific determinate location within the CNS or elsewhere, and it should be kept in mind that, whilst clearly marked mental alterations (indicating disorder) are a most important guide to the selection of the remedy (refer *Organon*, 6th ed. §§210-11), an excessive eagerness in seeking for a patient's mental subtleties often occurs at the expense of more obvious signs.

118 We have previously shown (DHD) that all entries in TT, from grades 1 – 4 (excluding the uncertain [bracketed] entries), are consistent and therefore characteristics observed in provings.

119 Moreover, this arrangement has also highlighted many duplications as in the following examples (the bracketed rubrics were identical in content and were removed): *Aggr.*:

> Clothing, pressure of the: (+ *amel*. loosening Clothes)
> Company, in: (+ *amel*. Alone, by being)
> Dry weather (+ cold dry air): (+ *amel*. Damp weather)

Fine (bright, clear) weather: (+ *amel*. Cloudy weather)
Ascending (climbing): (+ *amel*. Descending)
Covering (wrapping--up): (+ *amel*. Uncovering)

For similar reasons, we brought together the *Aversions & Desires* relating to food/drink, where again an advantage may be quickly appreciated by the example of *Sulfur*, found under *desire for meat* in grade 1, but under *aversion to meat* in grade 4 (clinically confirmed). The reader should keep in mind that, for the prescription to be successful, a medicinal characteristic must not be contradicted by a strong opposite in the patient (Organon, 6th ed., §213 footnote).

120 The perfect reciprocation of entries which we imposed on this *Concordances* in our first edition TBR has been reversed for this second edition – an explanation for this reversal will be found under our *Protologue*.

121 The cumbersomeness of prioritising a mere alphabetical arrangement of rubrics often leading to a distant and artificial separation of synonymous entries (refer Hering's HRM19) has been obviated by juxtaposing related rubrics. Examples include *Quivering*, now subrubricated to *Trembling* [1142]; *Throbbing*, and *Hammering*, to *Pulsation* [1059]; *Jarring* to *Blows* [917]; *Band*, *Ligature*, *Choking*, and *Retraction*, to *Constrictions* [939]. Rubrics dealing with the consequences of injury have been placed under *Aggravations*, rather than keeping them scattered regionally – Bönninghausen states (BLW40, footnote):

"It is in general … quite indifferent, whether we count overlifting and sprains among the traumatic ailments or not."

122 Bönninghausen himself used the "Sulfur" spelling in his own hand-written notes.

123 By *primary pharmacographic record* we refer to those works wherein original provings data was published, both in book form (Hahnemann's *Fragmenta*… (1805), *Reine Arzneimittellehre* (3 editions, 1811-33), *Die Chronischen Krankheiten*... [2 editions, 1828-39], Jörg's *Materialen*… [JM], Hartlaub & Trinks' *Reine Arzneimittellehre* [HTRA], Helbig's *Heraklides*... [HH]), as well as the many original provings published in the various periodicals of the day, especially Stapf's *Archiv*... [AHH], *Neues Archiv*… [NAHH]; Hartlaub & Trinks' *Annalen*…[AHK] and their *Practische Mittheilungen*… [PMG]; the *Allgemeine Homöpathische Zeitung* [AHZ]; and *Œsterreichische Zeitschrift für Homöopathie* [OZH] wherein the 'Austrian provings' were appended as monographs.

124 It should be mentioned that the title for this publication was initially conceived as *Bönninghausen's Therapeutic Pocketbook*, *English Language Edition 2000*, but the final distinctive title of *The Bönninghausen Repertory, Therapeutic Pocketbook Method*, was settled upon for the following reasons: *Firstly*, the present edition is no longer the size of a pocket-book. *Secondly*, the term "pocketbook" implies a less significant depth of information than in a more 'substantial' and bulky desktop reference, and such term is therefore inadequate for this work, which can be seen to embrace the therapeutic method of Bönninghausen (from Hahnemann) in its entirety, without compromise. *Thirdly*, the title should reflect the fact that this condensed work represents a clear *method* of prescribing, not a simple collection of scattered facts.

"For true unanimity is that which proceeds from a free judgment,
arriving at the same conclusion, after an examination of fact."

Francis Bacon
Novum Organum, first book, §77

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