

HAHNEMANN'S PHARMACOGRAPHY¹

an examination of our primary materia medica record

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Synopsis

Our written record of methodical substance effects (*provings*) originated with Samuel Hahnemann,² and whilst the value of his works on *materia medica* may be measured by the subsequent success and growth of Homœopathy which relies upon their accuracy, it is lamentable that much of this work is now largely unfamiliar to the present-day homœopath – teacher, student, and practitioner alike.³ This striking deficiency, coupled with a seeming profusion of more modern (*speculative*) *materia medicæ*, secondary works removed from ‘the rock of real provings’⁴ which themselves add considerable errors of omission, translation, interpretation, and extrapolation,⁵ are the reason for our present article to examine the pharmacography of Hahnemann and show its unsurpassed quality, even to this day.

Introduction

Hahnemann's work to develop a new *materia medica* containing pure (conjectureless)⁶ observations on the effects of medicines on the state of health (*provings*),⁷ began in 1790 during his translation of Cullen's *A Treatise of the Materia Medica* – he realised a possible *similars* principle at play in the case of *Cinchona* in the treatment of Malaria.⁸ He writes:⁹

“...Peruvian bark, which is used as a remedy for intermittent fever, acts because it can produce symptoms similar to those of intermittent fever in healthy people.”

As proper science demands, Hahnemann then looked further,¹⁰ and over the next six years systematically examined a number of other substances with known therapeutic effect,¹¹ before publishing his definitive findings in 1796,¹² in an article entitled: *In Search of a New Principle for Ascertaining the Curative Powers of Drugs, with a few glances at those hitherto employed*.¹³ Therein we read:¹⁴

“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*.”

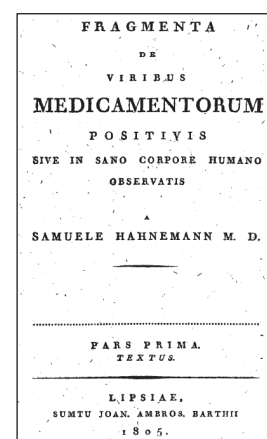
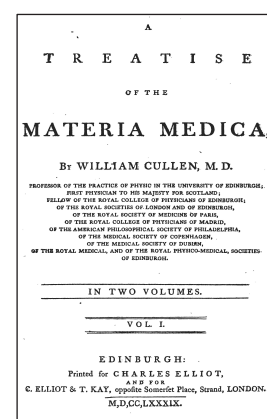
Hahnemann's realisation of this *general similars* principle¹⁵ marked the birth of Homœopathy as a *system of medicinal therapy* and necessitated a new, pure, *materia medica*, to *methodically*¹⁶ record the observed effects of substances upon the health, i.e., *provings*.¹⁷ His first such work, *Fragmenta...*,¹⁸ appeared nine years later (1805), followed by his *Reine Arzneimittellehre* (RA_{I-III}, 1811-1833),¹⁹ and lastly, *Die Chronischen Krankheiten...* (CK_{I-II}, 1828-1839):²⁰

“The first fruits of these labours, as perfect as they could be at that time, I recorded in the *Fragmenta...*, 1805 ...the more mature fruits in the *Reine Arzneimittellehre* ... and in... *Die chronischen Krankheiten* ...”²¹

Each of these records represents the thinking of Hahnemann at that particular period,²² and their careful comparison provides an insight into his furthering development of our *pharmacography*:

*Fragmenta...*²³

This was the first of Hahnemann's true pharmacographic works, published 1805 (Latin).²⁴ It contains the pathogeneses of twenty-seven medicines, twenty-two of which were incorporated into RA. Of the remaining five, *Cuprum* and *Mezereum* appeared later in the second edition of CK (vol.3 (1837) and vol.4 (1838) respectively).²⁵ A French translation appeared in 1855,²⁶ and more recently (2000) a German translation from the original Latin.²⁷ Regrettably, *Fragmenta* has never been translated into English.²⁸



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Reine Arzneimittellehre (RA) ²⁹

The first edition RA was published in six sequential volumes over ten years (1811-1821).³⁰ These went through to a second edition,³¹ with only the first two volumes taken to a third edition.³² In its final form, RA spanned 6 volumes, and contained the recorded effects of 65 medicines,³³ a number of whose 'medicinal virtues' had been discovered and therein described for the first time by Hahnemann, and with a total of almost 32,000 symptoms. RA was first translated into English by C.J.Hempel (1846), but this work was (rightly) strongly criticised,³⁴ and a new translation was finally undertaken by R.E.Dudgeon, appearing in 1880 under the title *Materia Medica Pura* (MMP).³⁵

Die Chronischen Krankheiten (CK) ³⁶

The first edition CK appeared in four consecutive volumes between 1828-30,³⁷ with a second enlarged edition,³⁸ in five volumes (the 1st vol. of each edition was a *theoretical* part), appearing between 1835-39,³⁹ with 47 medicines⁴⁰ and nearly 41,000 symptoms in total. Hempel's English translation (1845-46) was also widely criticised,⁴¹ and a new translation, by L.H.Tafel, published 1896 under the title *The Chronic Diseases ...* (CD).⁴²

The understandable organisational shortcomings and unavoidable errors in an era without computer assistance should not dissuade from a close study of this invaluable reference material.⁴³ Moreover it is important to keep in mind the symptoms listed there are (few or more) *abbreviated representations* of actual provings/toxicological phenomena as recorded in reports of the allopathic ('old-school'),⁴⁴ and in the long-hand of provers' day-books.⁴⁵

Hahnemann's pharmacography can therefore only be well understood by careful comparison of the symptoms as they appear there (abstracted and arranged into the familiar schema of Hahnemann) with their antecedents as recorded in the various periodicals of the day,⁴⁶ and also in close conjunction with the old-school (non-homœopathic) sources cited by Hahnemann (e.g. *Alston, Boerhaave, Cullen, Greding, Hunter, Matthiolus, Orfila, Störck, Tralles, Unzer*).⁴⁷ We have ourselves undertaken this (lengthy, but most revealing) process over more than 15 years, and herein offer some of the observations made so far:

Observations

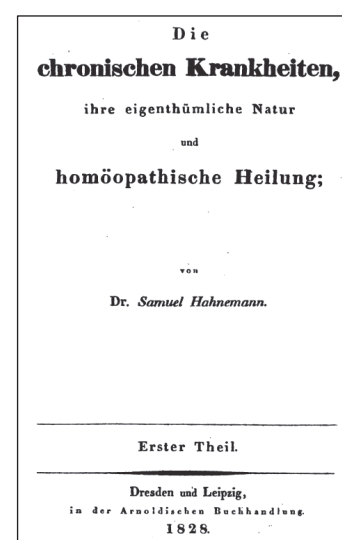
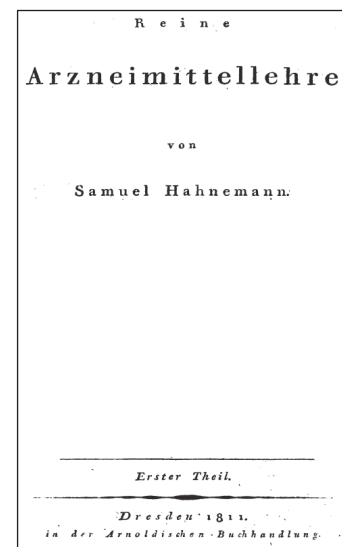
1 Overview

Whilst Hahnemann's *Fragmenta* forms our primordial record of medicinal *provings*, remarkably, an English language translation has never been undertaken. We can still however observe, with respect to its general schema, that Hahnemann:

- 1 numbered symptoms on each page ⁴⁸
- 2 recorded the (modifying) circumstances and times (of onset) of symptoms
- 3 used differentiating type to indicate degree of symptom *certainty* ⁴⁹
- 4 separately listed his own observations from the *observations of others* ⁵⁰

This same basic plan was continued through RA and into CK, except for the separate listing of the *observations of others*,⁵¹ which was abandoned by 1827,⁵² after which time he juxtaposed all symptoms into a single, contiguous list, arranged systematically according to the familiar schema of RA/CK.⁵³

It is here important to realise that Hahnemann's incorporation of the *observations of others*, be it from homœopathic sources or from the old school, was *only* done where they agreed with his own observations and understanding.⁵⁴ Moreover, for the (17 of the 65) remedies in RA which were incorporated into CK, Hahnemann increased their symptom number with additions from himself and others, but the original symptoms were re-used (original contributors *did not undertake re-provings* of those remedies).⁵⁵



We further note that *all symptoms* of those remedies in RA which went through to CK were *fully incorporated*, as seen with the adjacent example which traces all 32 symptoms contributed by *Adam*⁵⁶ into *Carbo animalis*, from their placement in RA through to CK. That this incorporation was done with particular diligence is revealed by the fact that Hahnemann (not infrequently) modified the wording or expression of the original symptom,⁵⁷ and even altered the placement (order) of symptoms,⁵⁸ that he may improve clarity and comprehensibility.⁵⁹

These findings evidence a most thoroughly considered approach by Hahnemann carried through his *pharmacographic record*,⁶⁰ which record remains unparalleled.

2 Hahnemann's co-contributors⁶¹

After his arrival in Leipzig (1811),⁶² Hahnemann formed a *Union of Provers of Medicine*,⁶³ recruited from amongst his students at the University. Initially there were ten, but only eight persisted:⁶⁴

Franz, Karl Gottlob (37 medicines, 1900 symptoms)

Gross, Gustav Wilhelm (42 meds., 2380 ss.)

Hartmann, Franz (28 meds., 880 ss.)

Hornburg, Christian Gottlob (24 meds., 750 ss.)

Langhammer, Christian Friedrich (47 meds., 1600 ss.)

Rückert, Ernst Ferdinand (8 meds., 100 ss.)

Stapf, Johann Ernst (43 meds., 1000 ss.)

Wislicenus, W.E. (25 meds., 840 ss.)

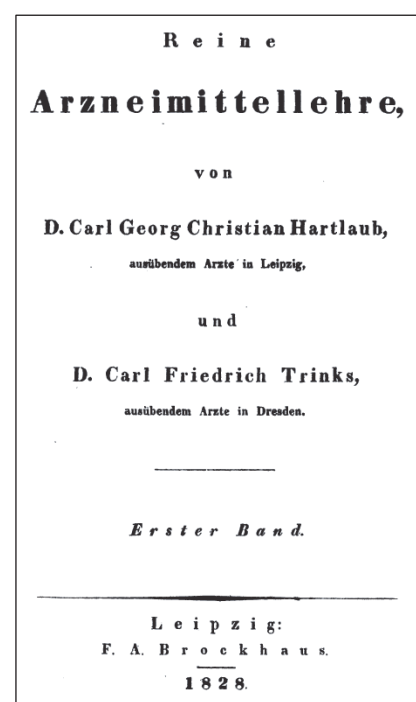
RA/CK record the human physiological effects of 95 medicines (some of which appear there for the first time, e.g. *Cocculus*, *Oleander*), with more than 5,500 ss. recruited from over 650 old-school sources,⁶⁵ and 26,000 ss. from 76 contributors of the homœopathic school, reported either directly to Hahnemann, or taken from various books & periodicals (AHH, AHK, AHZ, HTRA, etc.).⁶⁶

3 Multiple contributors to a single symptom

A number of remedies list individual symptoms ascribed to more than one contributor. Amongst this group we find, on the one hand, symptoms resulting from a collaboration in the proving and/or recording of the data for publication, as for example the many contributions of Hartlaub & Trinks' *Reine Arzneimittellehre* [HTRA] which rightly append their names as jointly responsible for the submission. On the other hand, and more revealingly, we also see (not uncommonly) *composite* symptoms, i.e., drawn from a number of separate (though similar) symptoms, from one⁶⁷ or more contributors (homœopathic,⁶⁸ allopathic,⁶⁹ or a mixture of both⁷⁰), and formed into a single *representative* symptom appending all contributor names and sources.⁷¹

When we study their final form, we begin to appreciate Hahnemann's desire to provide a clear and faithful summary of substance effects (being careful to avoid loss of meaning), and to thereby render a more *completed* form of symptom in as short a space as possible. This may be illustrated with the following examples (using our own translations from HTRA):

Carbo animalis [Adam] (32)		
no.	RA/MMP	CK/CD
1	6	49
2	7	54
3	9	61
4	12	67
5	13	76
6	23	100
7	36	152
8	37	122
9	38	121
10	71	247
11	77	255
12	82	274
13	84	281
14	85	282
15	95	310
16	96	321
17	97	322
18	98	323
19	101	324
20	102	327
21	104	331
22	108	350
23	119	376
24	123	404
25	128	420
26	161	576
27	163	586
28	176	693
29	177	694
30	189	26
31	190	23
32	191	28



1. *Alumina* CD119 ⁷² Stitching on individual spots of the head [*Tks, Ng*]

This single symptom from both *Trinks* and *Nenning* is actually found to be a *composite* of the following seven separate observations published in Hartlaub and Trinks' *Reine Arzneimittellehre* (HTRA2, 1829):

- Trinks*: HTRA62 ⁷³ Stitching on individual spots of the forehead
Nenning: HTRA57 ⁷⁴ Long-continued stitching in the occiput, in the evening
 HTRA58 ⁷⁵ Blunt stitching in the forehead above the right eye, in the forenoon
 HTRA59 ⁷⁶ Painful stitching and tearing in the left frontal eminence, in the evening
 HTRA64 ⁷⁷ Sudden, acute stitching in the left temple, in the afternoon, and again in the morning
 HTRA66 ⁷⁸ Painful stitching and tearing in the right side of the head, in the forenoon
 HTRA67 ⁷⁹ Stitching in the left side of the occiput

The summation of these seven symptoms into a single *representative* form given in CD119 does precisely what the homœopath themselves would need to do when surveying such a group of separate yet related symptoms, each one partly repetitious, partly new – we put them together, compose them into a meaningful, more 'complete' form, summary in order to *com-prehend* their overall meaning.⁸⁰

2. *Colocynthis* CD236 *The left foot goes to sleep*, also when resting. [*Hbg, Gtm*]

Colocynthis MMP202 Going to sleep of the left foot [*Hbg*] – when at rest. [*Gtm*]

This original *Colocynthis* symptom as found in RA(183) as shown here translated under MMP202, tells us that both *Hornburg* and *Gutmann* reported the first part of this *composite symptom*, the *going to sleep* of the left foot, and that *Gutmann* further reported its occurrence during rest (second part of symptom).

3. *Digitalis* CD230 *Stomach pains*. [*G₃₈*; *K₁₅*; *T₁₇*]

The single symptom from CK_{II} 230 is a combination of the following two HTRA symptoms:

- HTRA56 Magenschmerzen (*Guibert*, a.a.O.) [Stomach pains]
 HTRA57 Magenschmerz (*Kraus*;^{*} *Troschel*, a.a.O.) [Stomach pain]
 CK_{II} 230 Magenschmerzen (*Guibert* – *Kraus*^{*} – *Troschel*)

^{*} HTRA mistake copied into CK_{II} - should read *Knaus*.

As seen in the previous example of *Colocynthis*, this symptom provides a good example of how the confirmation by multiple authors of established symptoms may serve to add emphasis (indicating added multi-observer certainty) – CK_{II} 230 is able to contain the information into a single symptom, adding *Guibert* as a third authority, and adding emphasis. (CK_{II} used spaced text).

4 Indicating reliability (pharmacographic symptom grading)

Hahnemann knew that *not all observers are equal* in the quality or accuracy of their observations. In a letter to *Bönninghausen* (16 Mar 1831, in *Haehl* [HHL] vol.2, p.299) he writes:

"... 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..."

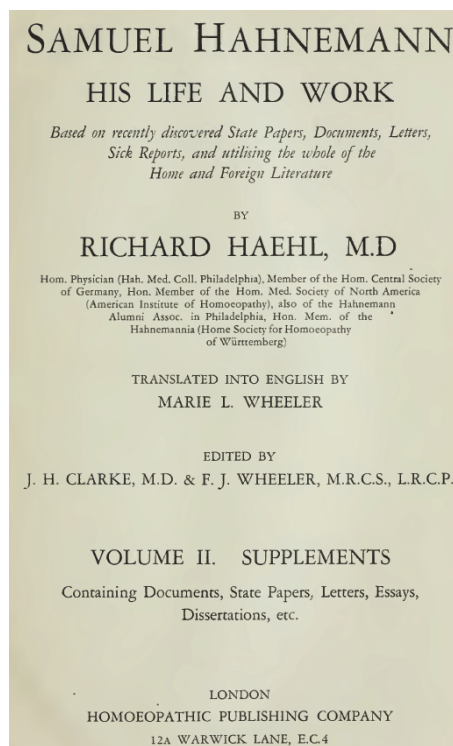
It is with this *apprehension*, from the very beginning, Hahnemann realised the need to indicate *observer reliability*, we read (1796):⁸¹

"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."

But what is meant by symptom reliance? Speaking on his *provings methodology*, Hahnemann writes:

"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."⁸²

"If some little circumstance happened during the experiment, which could hardly be expected to interfere with the effects of the medicinal action, the symptoms subsequently noticed were inclosed within brackets as not certainly pure."⁸³



As previously mentioned above, this concept was indeed applied in his *Fragmenta* (1805), wherein the *reliance (certainty)* was indicated via means of the following differentiating typography:

0. (Symptom enclosed in parentheses) ⁸⁴
1. Symptom in normal type
2. Symptom in CAPITALS ⁸⁵

This system of grading indicating symptom *certainty*⁸⁶ held two significant benefits: *firstly*, as a meaningful index, particularly for new medicines which had not received the confirmation of practice, and in which case their reliance for one or other complaint could be *weighted* according to such initial gradation of their proving symptoms; *secondly*, a symptom could be adjusted to accommodate future confirmation (upgraded), either from further provings, or from clinical success.⁸⁷

This is precisely what Hahnemann does, as we observe a number of symptoms given within parentheses (0-grade) are later listed *without parenthesis* (1-grade), as from *Fragmenta* to RA, or from RA to CK,⁸⁸ indicating Hahnemann's later developed *certainty* for that symptom. There is further evidence to show that this 'certaintising' of an uncertain symptom was made on the basis of clinical confirmation, whilst the upgrading of a 1 to 2 grade occurred at the provings level. Let us examine the following two sets of examples:

- Carb-a.108 (During the evacuation of the stool pains like needle-pricks in the anus) [Adm]
- Carb-a.350 During the evacuation, stitching in the anus as from needles. [Adm]
- Coloc.43 (A shooting throbbing pain in the right lower molars, as if struck with a metal wire) [Stf]
- Coloc.56 Shooting, throbbing pain in the right lower molars, as if struck with a metal wire. [Stf]

In both these examples, we see the RA (MMP) parentheses were subsequently removed when the symptom was transferred to the CK (CD). The contributor names appended to these symptoms did not change in either case, *i.e.* only *Adam* and *Stapf* respectively, and since, as we have shown already (see above) that *no contributor to an RA remedy undertook a re-proving* of that remedy for CK, then the only criterion left to Hahnemann upon which to remove the parentheses (uncertainty) was *clinical confirmation*,⁸⁹ which criterion was also applied to his own symptoms.⁹⁰

Now we move to the question of how Hahnemann determined a symptom (or part thereof) should receive *emphasis* (*i.e.*, 2-grade).⁹¹ Let us examine the following symptom examples which, fortunately, also record the *number of provers* (medicines named in *italics* are from CK/CD):⁹²

- Borx.7 Easily frightened, both he and she are startled by a shot at a distance. [Srt]
- “ 38 Aching in the whole head, with qualmishness, nausea, and trembling of the whole body at 10 a.m., with two female provers at the same time (2nd d). [Srt]
- “ 92 Stitches in the left ear, with two provers (aft. 14d). [Srt]
- “ 133 Toothache in hollow teeth, with dull griping, in wet, rainy weather, with five provers. [Srt]
- “ 308 Easy conception, during the use of borax, observed in five women. [Srt]
- “ 397 Stitches in the sole of the foot, with two persons in the same way (2nd d). [Srt]
- Amm-c.362 Retention of stool¹ during the first days, followed by soft stools; with all provers. [Ng]
- Mag-m.332 No stool for several days (with various provers). [Ng]

¹ Note the English CD mistakenly gave it as “urine”, but CK clearly writes “Stuhl”

ATROPA BELLADONNA L. (succus herbae totius solis calore inspissatus):

Vis per 58 horas ad minimum, per 72 horas, ut plurimum durat.

Frigiditas universalis, facie pallida, horror.

memoria imminuta *).

stupor mentis.

accessus vertiginis cum stupore mentis, aliquot minutis durans **).

obnubilatio capitis cum tumoribus glandularum in aucha ***).

inebriatio.

(a cibo capto statim inebriatio).

palpebrae diductae, latius apertae.

pupillae dilatatae.

diffidentia timida.

timiditas ploratoria †).

lacrymatio, ploratus, ejulatus, sine causa, maximus, cum meticulositate †).

desipientia meticulosa timens de cane atro, de patibulo etc. †).

*) Non certo scio, an inter vires primi ordinis sit referendum.

**) Circa decimam horam observatum.

***) Post sex horas observatum.

†) Semel post octavam partem horae, crebrius intra octi-

Fragmenta (1805): First page of symptoms listed under *Belladonna* (deadly nightshade)

Note Hahnemann's indication of *reliability* through differentiating typography, e.g. symptom 8 (intoxication immediately after eating) enclosed in parentheses to indicate it as *uncertain* it was the effect of the substance, whilst symptoms 12 and 13 (*italics*) indicate these were repeatedly reproduced effects.

This confirms *the criterion for assignment of emphasis for a proving symptom was the number of independent provers*; such grade assignment being made *during the pharmacographic process* (during construction of the materia medica). In the case of single prover symptoms, neither the repetition of a symptom event, nor the length of time it lasted would result in the assignment of emphasis, as we can observe in these following examples (medicines in plain text are from RA, those in *italics* from CK):

- Ant-c.215* Formication and burning in the varix of the anus, in the evening, in bed, until going to sleep (aft. 11d. and 5w). [*Csp*]
Aur.231 Every day very hard, knotted stool (the 1st days).⁹³
Aur.232 Every morning soft stool with some pinching.⁹⁴
Borx.312 Sneezing and fluent coryza (the first days). [*Srt*]
Calc.347 Impaired hearing (the first 3 days).
Cupr.186 Squeezing together of the intestines, and sensation of a heavy pressure from behind and above to the left and downwards; aggravated by walking and by external pressure; pain not relieved by stool and recurring every forenoon. [*Rkt*]
Graph.105 Throbbing in the right side of the head, in the afternoon; recurring for several days. [*Ng*]
Puls.420 Cutting pains in the abdomen, by day, and particularly in the evening, day after day (aft. 4,5,6d).⁹⁵

Whilst we observe an abundance of symptoms from *single contributors* which are given in emphasis, it must be remembered that the contributor of a symptom may not themselves have acted as prover, but as *proving master* conducting the proving,⁹⁶ and a single contributor name therefore does not suggest a single prover. Here are some examples of such symptoms:

- Meny.254* *Vivid unremembered dreams*. [*Lgh*]
Meny.184 *Obtuse boring stitching on the left scapula, over towards the spine*. [*Hbg*]
Meny.186 *Excessively painful tearing downwards betwixt the scapulæ, especially on breathing deep, going off when sitting, immediately returning when walking; when at rest a sore pain remained*. [*Hbg*]
Mur-ac.CD48 *Tearing in the right parietal bone*, at times with stitches extending to the forehead, and drawing at times to the border of the orbit, occasionally with tickling in the left ear, and burning in the concha. [*Ng*]
Mur-ac.266 *Itching in the anus*, with sore pain and formicating stinging.
Lyc.1363 *He feels urged to go into the open air*.
Lyc.1369 *When walking in the open air, anxiety and onset of vertigo*.

To recapitulate: the *sole criterion* used by Hahnemann for listing a symptom with emphasis was that it *derived from multiple provers*, whether from one or more ‘contributors’. To put it into perspective, there are close to 2600 emphasised symptoms in CK_{II} alone, which represents over 6% of the total symptom number – in other words, a significant proportion of symptoms are derived from multiple provers. Of these, over 300 symptoms append more than a single contributor name, as for example:

- Alum.298* *Chapped (dry) lips*. [*Ng,Tks,Srt*]
Anac.78 *Tearing pressure in the left temple*. [*Hrm,Gss*]
Ars.955 *Sinking of the strength*. [*Störk, Rau, and many others*]
Caust.1263 *Cold feet*. [*Frz,Hbg*]
Con.502 *Suppression of the menses*. [*Andry, Andrée, Greding*]
Iod.1 *Dejection*. [*Künzli, Matthey, Gairdner, Richter*]
Kali-n.225 *Pains in the stomach*. [*Falconer, Alexander, Richter*]
Lyc.833 *Much itching on the prepuce, on the inner surface*. [also *Gff*]
Mang.81 *Dilated pupils* (aft. 25h). [*Hbg,Lgh*]
Mez.457 *Twitching pain in the hip-joint, extending down into the knee*. [*Whl,Gss*]
Nat-c.70 *Dull in the head, as after a prolonged sleep*. [*Srt,Ng*]
Nit-ac.1249 *So weak that he had to lie down nearly all the time*. [also *Hg*]
Ph-ac.695 *Running all over the body as from ants, with some single fine stitches*. [*Hrm,Wsl*]
Sil.501 *Constipation for two days* [*Gss,Ng*]
Stann.338 *Pollution, without lascivious dreams*. [*Lgh,Gtm*]
Sulf.672 *Heartburn all the day*. [also *Ng*]
Zinc.866 *Burning in the right side of the chest* (2nd d.). [*Gff and Ng*]

We see Hahnemann was both *methodical* and *consistent* in his assignment of symptom grades, the benefits of which were realised by Bönninghausen who applied them to his own repertorial works.⁹⁷ But whilst the assignment of remedy grades is still, as it should be, considered important, this view is formed rather more on a theoretical than a practical basis, because this system of grading has been irrevocably compromised in successive 'modern' (both pharmacographic and repertorial) works, largely through the admixture of heterogeneous, non-primary, conjecture-full material, each with differing inclusion and grading criteria.⁹⁸

5 Discrepancies

The pharmacographic record of Hahnemann, zealous and meticulous as he was, is nevertheless not without discrepancy or error. These must be identified with reference to original literature and corrected wherever possible, or at least clearly marked for attention. It is noteworthy, that, whilst some of the errors we have found are significant, of themselves they do not prove critical to our application of *similars*.⁹⁹

Nevertheless, the mistakes evident either in the original German and passed onto the English, or introduced by the English translators (whose efforts must nevertheless be considered as invaluable), have most disappointingly since been continued from print to print, without proper or attempt at correction. The following few examples highlight this general neglect and need for rectification:

5.1 Mistakes in the original German

The simplest of these are what we could term *organisational* errors, where Hahnemann's typesetter was unable to keep an accurate tally on contributors and their input into various remedies. For example, we find eleven medicines listed in the original German with symptoms misnumbered: *

* China had omitted symptom RA(267) in the English translation MMP, with consequent mis-numbering

- Ambr. RA 39 given as 40, consequently, all subsequent symptoms were out by one, giving a total of 489 symptoms, not 490. This error reproduced in MMP.
- Arn. RA 534 given as 535, consequently, all subsequent symptoms were out by one, giving a total of 637 symptoms, not 638. This error reproduced in MMP.
- Bry. RA 530 should read 531, consequently, all subsequent symptoms were out by one, giving a total of 782 symptoms, not 781. This error reproduced in MMP.
- Ign. RA 414 was given as 415, consequently, the total symptom count is 794 not 795. This error reproduced in all other editions of RA and its English translation MMP
- M-arct. RA misnumbered in four ways: *firstly*, s.261 was given as 260; *secondly* s.398 (actually 399) given as 400; *thirdly*, s.424 (actually 425) given as 425; *fourthly*, symptom 439 was given as 440. These series of errors added together to mean the original number of symptoms was actually 458, not 459.¹⁰⁰
- Merc. RA 896 given as 895, and 1061 given as 1060, consequently, the total symptom number was 1266, not 1264. Added to this, s.1112 duplicated under s.1227, bringing the final number to 1265. These errors reproduced in all other editions of RA and its English translation MMP.
- Puls. RA 131 given as 130, and consequently, the total symptom count is actually 1154, not 1153
- Rhus-t. RA had three numbering errors: *firstly*, symptom 115 was repeated under 122; *secondly*, 134 was numbered as 135; *thirdly*, 396 was numbered as 395. Consequently, the total symptom count is actually 975, not 976
- Dig. CK 200 given as 300 (thus the total symptom number was 100 less); CK 319 given as 320, meaning all subsequent symptoms were out by one, giving a total count of 601, not 702 as shown in CD.
- Dulc. CK 154 being numbered as 155, consequently, all subsequent symptoms were out by one, giving a total of 408 symptoms, not 409. This error reproduced in CD
- Iod. CK omitted numbering 610-629, s.630 should therefore read 610, consequently, all subsequent symptoms were out by 20, giving a total of 704 symptoms, not 724. This error reproduced in CD

Another organisational error is seen with a number of remedies wherein Hahnemann names contributors (in the preambles) but no symptoms can be found ascribed to them in the subsequent list of symptoms, viz:

Agaricus (*Stapf*); Cuprum (*Franz*); Mag-carb. (*Schréter*); Manganum (*Wahle*);
Muriatic acid (*Rummel*); Sepia (*Wahle*); Silicea (*Hering*)

Conversely, we find a number of CK_{II} symptoms appending contributors who were *not named* by Hahnemann in the remedy preamble. These are:

Ars. *Wahle*, 18 symptoms
 Clem.....*Hartmann*, 10 symptoms; *Kummer*,¹⁰¹ 32 symptoms
 Iod.*Hartlaub*, 39 symptoms; *Trinks*, 27 symptoms
 Mag-m. *Hartlaub & Trinks*, 1 symptom
 Nat-c. . .*Hartlaub*, 3 symptoms; *Rummel*, 1 symptom
 Nit-ac. .*Foissac*, 5 symptoms; *Hering*, 3 symptoms; *Stapf*, 5 symptoms; *Hartmann*, 3 symptoms
 Petr.....*Foissac*, 1 symptom
 Phos.....*Rummel*, 2 symptoms
 Sepia ...*Rummel*, 1 symptom
 Sil.*Foissac*, 12 symptoms; *Hartlaub*, 6 symptoms; *Rummel*, 3 symptoms
 Sulf.....*Wahle*, 15 symptoms; *Walther*, 12 symptoms

5.2 Mistakes introduced into the English translations

1 First in this category we find mistakes of translation, e.g.:

Medicine	Symptom		
	presently reads	German original	should read
<i>Agar</i> .358	Scanty emission of urine, without increase in quantity. [Ap.]	Seltener Abgang des Urins, ohne vermehrte Menge desselben. (Ap.)	Infrequent emission of urine, without increase in quantity [Ap.]
<i>Ant-c</i> .97	Furuncles in the corners of the mouth...	Wund schmerzende Risse in den Mundwinkeln...	Painfully sore cracks (splits, rhagades) in the corners of the mouth...
Ars. preamble	Itching tetters on the knee	Jückende Flechten in der Kniekehle	Itching tetters in the popliteal fossa
<i>Con</i> .796	Nervous asthma [Schmucker]	Nerven-Schwäche (Schmucker)	Nervous weakness [Schmucker]
<i>Dig</i> .597	Feeling of great tightness in the body. [Fr.]	Grosses Leichtigkeits-Gefühl im Körper. (Fr.)	Feeling of great lightness in the body. [Fr.]
<i>Kali-c</i> .304	Loud ringing in one ear and burning in the other.	Starkes Klingen in dem einen Ohre und Sumsen in dem andern.	Loud ringing in one ear and humming in the other.
<i>Nat-m</i> .292	Swelling of the meatus auditorius and burning of the ear.	Geschwulst des Ohranges und Auslaufen des Ohres.	Swelling of the meatus auditorius and discharge of the ear.
<i>Nat-m</i> .408	Swelling of the gums, painful by day and by night, for three weeks.	Geschwür am Zahnfleische, Tag und Nacht schmerzend, drei Wochen lang.	Ulcer on the gums, painful by day and by night, for three weeks
<i>Nat-m</i> .1083	Tension of the calves when sitting, as if the muscles were too short.	Spannen der Waden im Gehen, als wären die Muskeln zu kurz.	Tension of the calves when walking, as if the muscles were too short.

2 Next in this category we note errors of omission, as for example:

Omission of symptoms [English translations provided here but symptom not present in respective English translations]

Agar.CK339 *Durchfall* [Diarrhoea]¹

Arn.RA438..... *Einzelne Stösse in den Hüften* [Single blows in the hips]¹

Carb-an.CK49 ... *Dämisch im Kopfe, mit Druck in der Stirn* [Stupid in the head, with pressure in the forehead]¹

Carb-an.CK348 . *Vor dem Stuhlgange, ein Ziehen vom After durch die Scham* [Before the stool, a drawing from the anus through to the pubis]¹

Chin.RA(267) *Blähungsaufreibung des Unterleibes (Stahl)* [Flatulent distension of the abdomen]²

¹ These errors did not impact on CD which continued numbering as if they were present

² This error affected MMP numbering – we have inserted it in the appropriate place as s.413

Omission of emphases (bold in CD)

Agar.CK328..... *Stuhlgang sehr festen Kothes. (Ap.)*

Agar.CD328..... *Stool of very hard faeces [Ap.]*

Alum.CK301 *Zahnfleisch-Geschwülste*

Alum.CD301 *Swelling of the gums.*

Omission of parentheses (uncertainty)

Amm-c.CK629.... (Ueber der rechten Ferse, Stechen)

Amm-c.CD629.... Above the right heel, stitches.

Omission of contributor name (symptoms hence misinterpreted as being from Hahnemann)

Bar-c.CK629..... —*Ziehschmerz das ganze linke Bein herab. (Gr.)*

Bar-c.CD629..... —*Drawing pain down the whole of the left lower limb.*

Euphr.RA(83) *Nachts öfteres Erwachen, wie von Schreck. (Langhammer)*

Euphr.MMP114. *At night frequent waking as if from fright.*

Guaj.CK7 *Schwaches Gedächtniss; er vergisst das eben Gelesene, und alter Namen erinnert er sich gar nicht mehr. (Th.)*

Guaj.CD7 *Weak memory; he forgets what he has just now read, and old names he does not remember at all.*

From this (albeit too brief) account, we can see that the above errors in Hahnemann's pharmacographies do not affect their clinical use, and whilst a number of mistakes introduced into the English language translations are less innocuous (and require correction), they are not insurmountable. In both cases, given the sheer volume of work, we can understand the difficulties faced by Hahnemann and his English translators who intended as faithful and accurate a work as possible, and accept such errors were, to some measure, unavoidable.¹⁰² What cannot be readily understood however, is why the profession itself, over the ensuing 170 years, had not detected them.¹⁰³

6. Closing comments

It is evident Hahnemann's pioneering work in developing an accurate and systematic pharmacography for use in practice according to the singular homœopathic principle (similars) was carefully and methodically conducted over a prolonged period. Aside from his fundamental realisation of similars as a general therapeutic approach, Hahnemann's pharmacography is remarkable in both concept and content, representing thousands of individual trials on the effects of drugs.

Even today, and despite their need for careful correction, when *studied*,¹⁰⁴ these works remain both *unmatched*,¹⁰⁵ and *irreplaceable*.¹⁰⁶ It would be a great and baseless mistake to consider them as either outdated,¹⁰⁷ either because they have lacked the attention required for their renewal and re-presentation, or that they are of little consequence given the number of medicines therein is in any case too limited to warrant our attention.¹⁰⁸

From our own work (*Hahnemann Institute*, Sydney) in very closely examining this material over the past (more than) two years, we continue to gain a clearer view of Hahnemann's pharmacography, an understanding of which allows us to better identify and correct such discrepancies and errors without compromising on the intentions of Hahnemann, and towards its complete revival.

Let us as a profession,¹⁰⁹ student, teacher, researcher and practitioner, seek to re-discover our sources, to stand upon the shoulders of those of our predecessors who, almost single-handedly, forged their way through the unknown into the world of objectivity and certainty in the field of evidence-based medicine.

* * *

Thomas Apperley

Observations in Physick, 1731, London, Preface, ix:

“And tho’ I know the antient Writers are by some Men superannuated; and modern and upstart Authors are only priz’d, yet certainly we employ our Time very well, when we consult the Fountains, and see what the first Instructors in Physick have discover’d to the World. It is the great Fault of the present Age, that they converse little with the old Writers;”

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- MMP .. *Materia Medica Pura*, RA translation by R.E.Dudgeon, 1880, Indian reprint, B.Jain, Delhi, 1990.
- CK *Die Chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung*, Leipzig, 2nd edition (5 volumes), 1835-1839, Arnold, Leipzig [vol.1-2], and Schaub, Düsseldorf [vol.3-5]; reprint, Haug, Heidelberg, 1979.
- CD *The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure*, CK translation by L.H.Tafel, 1895, Indian reprint, B.Jain, Delhi.

Others

- BB Boger, C.M. (1905): *Bönninghausen's Characteristics and Repertory*, Parkersburg.
- BLW Bönninghausen, CMF von (Transl. L.H.Tafel, 1908): *The Lesser Writings of CMF von Bönninghausen*, Philadelphia
- CDP R.Hughes & J.P.Dake (1886-91): *A Cyclopædia of Drug Pathogenesis*, London & New York (4 vols.)
- DHD Dimitriadis, G. (2004): *Homœopathic Diagnosis – Hahnemann through Bönninghausen*, Hahnemann Institute Sydney.
- HAT Hering, C. (1875): *Analytical Therapeutics* [Mind & Disposition only], New York & Philadelphia
- HGS Hering, C. (1879-91): *The Guiding Symptoms of our Materia Medica*, Philadelphia (10 vols.)
- HHL Haehl, Richard (1922): *Samuel Hahnemann, His Life and Work* (Transl. M.L.Wheeler), London (2 vols.).
- HLW Hahnemann, S. (Transl. R.E.Dudgeon, 1852): *Hahnemann's Lesser Writings*, New York.
- HMP Hughes, R. (1886): *A Manual of Pharmacodynamics*, London, 8th ed.
- HTRA Hartlaub, C.G.C., Trinks, C.F. (1828-31): *Reine Arzneimittellehre*, Leipzig (3 vols.)
- KR Kent, J.T.: *Repertory to the Homœopathic Materia Medica*, 1897, Lancaster Philadelphia.
- TBR Dimitriadis, G. (2000): *The Bönninghausen Repertory – Therapeutic Pocketbook Method*, Hahnemann Institute Sydney. This work represents a rearranged English retranslation of Bönninghausen's *Therapeutisches Taschenbuch* (TT 1846), and therefore assumes all its characteristics. Second edition, 2010 [TBR₂].
- TT Bönninghausen, C.M.F. von. (1846): *Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der reinen Arzneimittellehre* [Therapeutic Pocketbook for Homœopathic Physicians, for use at the Sickbed and in the Study of Pure Materia Medica], Münster.

Journals

- AAD Allgemeiner Anzeiger der Deutschen
- AHH Archiv für die Homöopathische Heilkunst
- AHK Annalen der Homöopathischen Klinik
- AHZ Allgemeine Homöopathische Zeitung
- AJHM American Journal of Homeopathic Medicine
- NAHH Neuves Archiv für die Homöopathische Heilkunst
- THR The Homœopathic Recorder

*

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*. The term *pharmacography* 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 the term *materia medica*).
- ² 10 April 1755 (Meissen, Germany) – 2 July 1843 (Paris, France).
- ³ We have been disturbed to learn that final-year Homœopathy students (after 4 or 5 years of study) have never even seen a copy of Hahnemann's *Materia Medica Pura* (MMP) or the *materia medica* section of his *Chronic Diseases* (CD), and further surprised to discover that practitioners of many years' experience, even those actively teaching, have hardly opened these volumes, let alone studied or *understood* their content. Yet these works, which are exceedingly more accurate and pure [conjectureless] than their modern successors, are the foundation-stone of all our knowledge of *materia medica*, and it is the responsibility of our teaching institutions to ensure they are made accessible, and are thoroughly studied.
- ⁴ R.Hughes & J.P.Dake (CDP) write:

"No one who has not analysed a number of pathogeneses, as now existing in Jahr or Allen, can have any idea of the number of errors there are to correct – errors resulting sometimes from haste or misapprehension, but most commonly from working with second-hand material. The fact is that all bookmakers have been copying one from another, and accumulating faults as they have gone on; so that our symptom-lists are made of shoddy instead of new cloth." (CDP (1886) vol.1, xiii)

"We have too long, authors and lecturers and student and practitioners, been working with second-hand material. That there must be manuals, epitomes, arrangements, analyses of our *Materia Medica*, we fully recognise. But we maintain that, to be trustworthy, they must be founded upon the rock of real provings and poisonings..." (CDP (1891) vol.4, vi)
- ⁵ A comparison of original provings in Hahnemann's pharmacographies with their rendering in various successive *materia medicæ* reveals how, without further *provings*, they have been altered and extended through a process of mis-interpretation, speculation, and theoretic extrapolation, to a point where their *actual meaning* is so changed as to lead the reader to a different impression altogether.
- ⁶ Hahnemann used the term *Pure* (Reine) to distinguish his pharmacography from the mainstream wherein the various medical authorities provided mostly hearsay accounts coupled with theoretical imaginings as to the action of a medicine. The following excerpt may be given as an example of such speculative "reasonings" (Swedjaur, F.: *Practical observations on venereal complaints*, London, 2nd ed., 1786, pp.141-144).

"The specific remedy now generally applied for all kinds of venereal disorders, is mercury in its different preparations. ... Several hypotheses have been advanced in order to explain the manner in which mercury produces those powerful effects. None of them are founded on real facts... Some say mercury acts by its metallic weight, others by its astringent quality, others by its power of promoting all kinds of excretions, and so on. If those writers had only considered, that sometimes two or three grains of mercury brought into the mass, make the most violent venereal symptoms disappear, I think they would have never had recourse to such an explication. Perhaps, if there was an opinion to be advanced about this matter, chemistry could afford us a more reasonable and satisfactory theory, by supposing that mercury has a peculiar attractive power, or what is commonly called a *chemical affinity*, to the venereal poison, by means of which, wherever it meets with that poison, it readily unites, and forms a kind of compound with it, which now has no longer any of the qualities which either of the substances had before the union; and therefore the effect produced by the poison must, in the moment that union takes place, unavoidably cease, and the patient find himself either relieved, or, if the poison has been saturated with a sufficient quantity of mercury, be radically cured. ... I must confess that this theory is as little as the former founded on any real fact, but on mere conjectures; and therefore, as long as it remains in this state, it is equally useless as all other hypotheses in the practice of physic, where it may be sufficient for us to know the specific remedy to cure the disorder, without being acquainted how it produces its effects, though such a knowledge, could it be attained, would lead undoubtedly to great improvements in curing those complaints."
- ⁷ This record of substance effects comprises both toxicological reports (accidental or otherwise), and *methodical substance trials upon the healthy* (*provings* [Prüfungen] as they are termed) – a form of drug-trial unique to Homœopathy. A detailed account of this term as used by Hahnemann will be found in *The Sources of our Materia Medica*, Appendix 1, DHD, pp.131-142.
- ⁸ In a footnote to his translation (into German) of Cullen's *A Treatise of Materia Medica*, Hahnemann describes the physiological effects of China taken by way of experiment instituted upon his own person – herein Hahnemann first realises a similar principle at play with respect to the effectiveness of cinchona bark against intermittent fever.
- ⁹ HHL, vol.1, pp36-37.
- ¹⁰ Hahnemann writes (*Extract from A Letter To A Physician Of High Standing on the Great Necessity of a Regeneration of Medicine*, AAD, 1808 (transl. in HLW516):

"I set myself diligently to work to test several medicinal substances on the healthy body,* and see, the carefully observed symptoms they produced corresponded wonderfully with the symptoms of the morbid states they could cure easily and permanently."

* The results ... will be found in my book: *Fragmenta de viribus*...
- ¹¹ These had been only discovered by way of *accident*, as Hahnemann writes (*In Search of a New Principle*..., 1796, in HLW258):

"The humiliating confession must be made, that most of the virtues of medicinal bodies were discovered by *accidental, empirical* experience, by *chance*; often first observed by non-medical persons. Bold, often over-bold, physicians, then gradually made trial of them."
- ¹² *Hufeland's Journal der praktischen Arzneikunde*, vol.2, part 3 pp.391-439, & part 4 pp.465-561, 1796; in HLW249-303.
- ¹³ *Versuch* [in search of] *über ein neues Prinzip zur Auffindung der Heilkräfte der Arzneisubstanzen*. Note the title of this work has been translated as "*Essay on...*", however, the term "*Versuch*" in this context is better represented with the title "*In search of...*", which indeed describes this work, wherein Hahnemann provides 'glimpses' to over 60 remedies, demonstrating their *homœopathicity* to the disease symptoms against which they had been serviceable. A more detailed account of this can be found in DHD, p.138, note 7.
- ¹⁴ HLW267

- ¹⁵ Hahnemann gives an interesting account of his reasoning in this regard, from which we read (*Extract from a Letter to a Physician of High Standing...* in HLW516):

“In a word, medicines must only have the power of curing diseases similar to those they produce in the healthy body... otherwise how was it that those violent tertian and quotidian fevers, which I completely cured four and six weeks ago without knowing how the cure was effected, by means of a few drops of cinchona tincture, should present almost exactly the same array of symptoms, which I observed in myself yesterday and to-day, after gradually taking, while in perfect health, four drachms of good cinchona bark, by way of experiment? I now commenced to make a collection of the morbid phenomena which different observers had from time to time noticed as produced by medicines introduced into the stomachs of healthy individuals, and which they had casually recorded in their works. But as the number of these was not great, I set myself diligently to work to test several medicinal substances on the healthy body...”

- ¹⁶ Hahnemann correctly reasoned (*In Search of a New Principle...* in HLW258-59) that the effects of a medicine could best be determined by *experiment* upon the healthy organism, and that such trials should be conducted *methodically*.

- ¹⁷ Hahnemann writes (*In Search of a New Principle...*, 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.”

- ¹⁸ Hahnemann, S.: *Fragmenta de viribus Medicamentorum Positivis Sive in Sano Humanis Corpore Observatis* [Fragmentary observations on the positive power of drugs on the healthy human body], J.A.Barth, Lipsiae, 1805, in 2 parts: 1st part, 268 pages (Materia Medica); 2nd part, 470 pages (word index).

Fragmenta was the first to list substance effects from *methodical trials* (provings), evidencing *these effects are similar* to those for which those same substances had long been used effectively (discovered by chance). *Fragmenta* was written with this purpose in mind – to show the medical world that his induction of the general similars principle reported in 1796 (*Versuch über ein neues Prinzip ...*) was supported by the practices of these same substances in common medical use.

RA on the other hand was written not to convince the medical world of the similars principle – but to provide those who sought to apply similars practically – i.e., it provided the information, in the detail necessary, for the homœopath – we can see this distinction in both the structure (layout of symptoms) as well the slight differences in the information given in the footnotes.

- ¹⁹ Hahnemann, S.: *Reine Arzneimittellehre*, Arnold, Dresden & Leipzig, 1811-1833 (RA). The first edition RA (RA_I) was published during Hahnemann's third (and last) Leipzig period – 6 volumes, over ten years:

1 (1811), 2 (1816), 3 (1817), 4 (1818), 5 (1819), 6 (1821)

These all went through to a 2nd edition (RA_{II} 1822-1827), but only the *first two volumes* underwent a 3rd edition (RA_{III} 1830 & 1833).

RA_{III} was first translated into English by C.J.Hempel (1846), but this work was (rightly) condemned,* and a new translation was finally undertaken by R.E.Dudgeon, appearing in 1880 under the title *Materia Medica Pura* (MMP). When we speak of MMP, we refer to this Dudgeon translation of RA.

* We recommend the discussions on this topic which appear in the *Monthly Homœopathic Review*, vols. 7 (1863) & 8 (1864)

- ²⁰ Hahnemann, S.: *Die Chronischen Krankheiten ihre eigenthümliche Natur und homöopathische Heilung* [The Chronic Diseases, their singular Nature and homœopathic Healing], Arnold, Dresden & Leipzig, 1828-30. This first edition CK (CK_I) appeared in four volumes:

1, 2, 3 (1828), 4 (1830)

The Second enlarged edition (CK_{II}) appeared in 5 volumes, 1835-1839:

1, 2 (1835), 3 (1837), 4 (1838), 5 (1839)

We now know that the second edition was completed by early October 1834 but the actual publication was delayed, the 1st & 2nd volumes published in 1835 by Arnold (Dresden & Leipzig), whilst the remaining three volumes published by Schaub, in Düsseldorf.

Hempel's English translation (1845-46), like his translation of RA, was also widely (& rightly) criticised, and a new translation, by L.H.Tafel, was published in 1896, under the title: *The Chronic Diseases, their Peculiar Nature and their Homœopathic Cure*. When we speak of the English translation of CK, it is this *Tafel* edition to which we refer [CD].

- ²¹ *Organon*, §109, footnote 2.

- ²² We approached this subject with the view that Hahnemann's latest editions were the way he intended them (typographic & other human error aside – inescapable in a work of such magnitude), and that any significant changes from previous editions, were, without evidence to the contrary, deliberate and purposeful.

- ²³ *Fragmenta* consists of two parts, the *first* (268 pp.) formed the materia medica proper – a list of symptoms for each of the remedies therein; the *second* (469 pp.), a word-index to the first part. Hering gives the following account (HAT18):

“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 spaciouly printed, filled 268 pages; the index, in small type condensedly printed, filled 469 pages.”

- ²⁴ A German edition, intended by Hahnemann, was not made due to the “badness of the times. Hahnemann writes (*Extract from A Letter To A Physician Of High Standing...* in HLW520, footnote):

“I would, ere this, have communicated to the world the large number of medicines whose properties I have investigated since 1804, and have published the whole in German, were it not that the publisher of the *Fragmenta* has begged me to delay doing so on account of the badness of the times.”

There were two later (Latin) editions: 1824 (Naples), and 1834 (London, of F.F.Quin) – each of which introduced their own errors.

- ²⁵ The other three medicine – *Cantharis*, *Copaiva*, and *Valeriana*, were not furthered by Hahnemann.

- ²⁶ *Fragments sur les effets positifs des médicaments observés chez l'homme sain*, translated by Champeaux & Milcent in 1855, and published in L'Art Medicale, Brussels. Reprinted 1958.

- ²⁷ Marion Wettelman, *Samuel Hahnemann's "Fragmenta de viribus medicamentorum" – the first homœopathic materia medica*, dissertation for Doctor of Medicine, Faculty of Medicine, Eberhard-Karls-University, Tübingen. This is a translation of the first part (materia medica) only.

- 28 Perhaps we need not wait another 200 years for such a translation of this foundation work. Who shall put up their hand to this needy and fundamental work?
- 29 Reine Arzneimittellehre, 1825-1833 [vols.1-2 3rd ed.; vols. 3-6 2nd ed.] Arnold, Leipzig. Reprint Haug, Ulm/Donau, 1955. The arrangement of RA differs from that of its English language counterpart (MMP), in that the *observations of others* [Beobachtungen Andrer] are listed separately from those of Hahnemann, and therefore, the symptom numbers in MMP mostly* do not correspond with those in RA.
- * The exception to this is volumes 1 and 2 which went through to a 3rd edition (1830 & 1833 respectively), as well as Ambra, Carb-an., and Carb-v. from the second edition of volume 6 (1827) – in these cases, the observations of others and those of Hahnemann have been placed together, and therefore correspond in number to those of MMP.
- 30 First edition (RA_I) – publication dates for each volume: 1⁽¹⁸¹¹⁾, 2⁽¹⁸¹⁶⁾, 3⁽¹⁸¹⁷⁾, 4⁽¹⁸¹⁸⁾, 5⁽¹⁸¹⁹⁾, 6⁽¹⁸²¹⁾
- 31 Second edition (RA_{II}) – publication dates for each volume: 1⁽¹⁸²²⁾, 2⁽¹⁸²⁴⁾, 3, 4⁽¹⁸²⁵⁾, 5⁽¹⁸²⁶⁾, 6⁽¹⁸²⁷⁾
- 32 Third edition (RA_{III}) – publication dates for each volume: 1⁽¹⁸³⁰⁾, 2⁽¹⁸³³⁾
- 33 The remedy number in RA is 65 when the magnets (M-amb., M-arct., M-aust.) are considered together.
- 34 D.Wilson detailed these serious faults in the unacceptable work of Hempel – we refer the reader to the series of articles and letters appeared on this very topic in the *Monthly Homœopathic Review*, vols.6,7,8 (1862-1864). Richard Hughes, with whose erroneous and often biased conclusions (in our own view to many matters homœopathic) we largely disagree, but who is nevertheless noteworthy in his literary efforts on homœopathic historical matters, in his *Sources of the Homœopathic Materia Medica* (HMP p.41), gives an overview of the serious faults to be found in Hempel's translation, summing up by saying:
- “I must regretfully say that I have long ceased to have any reliance on this translation, and never venture now to quote Hahnemann as given by Hempel lest I should misrepresent him.”
- It should also be noted that Hempel used the 2nd edition for his translation, even though volumes 1 and 2 had already gone through to a 3rd edition. We further refer the reader to the comments of various colleagues (THR, 1893, pp.323-329) which highlight the general consensus against Hempel's works.
- 35 *Materia Medica Pura* (1880) translation of RA by R.E.Dudgeon. As expected from a work of such volume, MMP introduced its own errors, both of typography, but also of translation. Our own examination of MMP and a comparison with RA over the past few years has revealed a regretful neglect of this material by our profession in general.
- 36 Hahnemann, S.: *Die Chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung* [The Chronic Diseases, Their Singular Nature and Homœopathic Cure], Leipzig, 2nd edition (5 volumes), 1835-1839, Arnold, Leipzig [vols.1-2], and Schaub, Düsseldorf [vols.3-5].
- 37 First edition (CK_I) – publication dates for each volume: 1, 2, 3⁽¹⁸²⁸⁾, 4⁽¹⁸³⁰⁾
- 38 Second edition (CK_{II}) – publication dates for each volume: 1, 2⁽¹⁸³⁵⁾, 3⁽¹⁸³⁷⁾, 4⁽¹⁸³⁸⁾, 5⁽¹⁸³⁹⁾. The following thirteen remedies appeared in this second edition for the first time: *Agar.*, *Alum.*, *Amm-m.*, *Anac.*, *Ant-c.*, *Borx.*, *Clem.*, *Cupr.*, *Euphor.*, *Kali-n.* [Nitrum], *Mez.*, *Plat.*, *Sulf-ac.*
- 39 It is important here to mention here that G.H.G. Jahr had been employed by Hahnemann (early February - late October 1834) to compile the manuscript for his CK_{II} intended for the printer. The entire work (all volumes) was completed by October 1834, and thus CK_{II} represents Hahnemann's position at end 1834.
- 40 Of these 47 medicines, 17 were incorporated from RA (with additions), which brings the total number of medicines contributed by Hahnemann to 95 (65RA + 47CK – 17RA), with a total symptom count of around 65,000 – over 1 million written words representing 34 years of continued observation in the application of a single therapeutic principle – *omoion*.
- 41 D.Wilson penned a critical review of Hempel's translation, appearing in the *Monthly Homœopathic Review* of 1862, and there appeared a series of discussions in volumes 6,7,8 of the same journal.
- 42 *The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure*, translation of CK by L.H.Tafel, 1896.
- 43 It is astonishing that our profession focuses much of its time in new medicinal ‘proving’ (of dubious quality at best) in the search for more certainty in prescribing, whilst simply accepting (rather ignoring!), *as is*, the provings record of our predecessors, without seeking to check, verify, falsify, etc. any such data inherited from the past – we find numerous discrepancies and even the most basic of errors merely carried over into our modern works. No science can hope to survive let alone develop without due regard and careful scrutiny over observations of the past.
- 44 Fortunately we have been able over many years to examine most of the old-school authorities cited by Hahnemann and have thus confirmed Hahnemann's meticulous labour in gathering and sifting through ‘mountains of trash’ to extract what was certain for inclusion into his pharmacographies.
- 45 These day-books are not available, although some works do describe the sequential effects of medicinal doses – one such work is that of *Hughes & Dake* (CDP), which work however was conceptually flawed in that these editors could not get past their own prejudice which limited their collection to provings with potencies no higher than the 6th centesimal (Introduction, p.xiv), referring to the ‘infinitesimals’ as mere ‘dilutions’ instead of their rightly termed *potency* (as described by Hahnemann himself). The resultant work, whilst worthy of an examination given it contains some nice sequential accounts of provings phenomena, is nevertheless so seriously defective as to render it mostly academic, without much clinical utility.
- 46 Hahnemann also derived many symptoms from proving fragments published within the various homœopathic-school books & periodicals, e.g., AHH, NAHH, AHZ, HTRA, AHK, etc., each of which he fully acknowledges.
- 47 Let us here provide one example of the value of such reports of the old-school cited by Hahnemann:
- B₄₅ Brera, Valeriano Luigi: Geschichte einer Vergiftung durch die Frucht des Stechapfels mit Symptomen einer völligen Wasserscheu [History of a poisoning from the fruit of Stramonium with symptoms of a full-blown hydrophobia], in Harles, C.F., *Ueber die Behandlung des Hundswuth* [On the treatment of hydrophobia], Frankfurt am Main, 1809, pp.72-73*
- * This case history of Stramonium toxicity of *Brera* is invaluable in illustrating the well-known (even in modern diagnostics) similarity between *Datura* toxicity and Rabies, so we herein provide the following translation for the reader (pp.72-73):
- “Domenic Mella, ein neunjähriger Knabe aus Pavia, war am Abend des 18 Septembers 1798 von seinen Schulkameraden mit zwei grünlichten herben Früchten beschenkt worden, welche sie hinter der Stadtmauer gepflückt hatten. Nachdem er von einer dieser

Früchte die Schale abgelösst hatte, so kaute und verschluckte er die Hälfte der Frucht. Eine Stunde darauf kam er ganz schläfrig und wankend nach Hause, stammelte oder lallte, war unruhig, und suchte sich zu erbrechen. Seine Eltern hielten ihn für betrunken, und brachten ihn zu Bette. Kaum lag er in diesem, als er von den heftigsten Convulsionen befallen wurde, die so arg wurden, dass er beinahe wüthend ward, und gebunden werden musste. Er blieb die ganze Nacht wachend, wälzte sich äusserst unruhig herum, und stiess kreischendes Geschrei aus. Am folgenden Morgen ... Wie der Knabe in unser Clinicum gebracht würde, fanden wir ihn *vollkommen wasserscheu*; denn er delirirte, war ohne Gedächtniss und Besinnungskraft, hatte Verdunkelung des Gesichts und äusserst erweiterte Pupillen, kalten Schweiß über den ganzen Körper, *hatte dabei eine grosse Neigung ja eine heftige Gierde zu beissen, und mit den Zähnen zu zerreißen, was ihm vor den Munde kam*, selbst seine eigenen Gliedmassen nicht ausgenommen; sein innerer Mund und rachen war äusserst trocken; er bekam schreckliche Convulsionen, so wie er Licht, oder den Spiegel, oder Wasser erblickte, und bezeugte besonders gegen *dieses letztere* einen unüberwindlichen *Abscheu, mit Zusammenschnürung und Convulsion des Schlundes, mit Geifer vor dem Munde, und häufigem Ausspucken*; der Puls was häufig, schnell, klein, und unregelmässig. ...”

[Domenic Mella, a nine year old boy from Pavia, on 18 September 1798, with a school friend, picked two greenish fruits from behind the city walls, after which he peeled, chewed, and swallowed half of one fruit. An hour later he became very sleepy and staggered home, stammering and incoherent, was restless, and tried to vomit. His parents thought he was drunk, and put him to bed, when soon he was seized with the most violent convulsions which were so severe that he was almost furious and had to be restrained. He remained awake the whole night, extremely restless rolling around, and screaming out. The following morning... as the boy was brought to our clinic, we found him to be in an *extreme hydrophobia*, for he was delirious, no recollection or ability to reason, with dimness of vision and extremely dilated pupils, cold sweat over the whole body, *and a great tendency, yes an intense craving to bite something, and with the teeth to tear whatever came near his mouth*, even his own limbs; his inner mouth and throat was extremely dry, he developed frightful convulsions from the glimpse of a light, mirror, or especially water which evinced an unconquerable *horror*, with *constriction and spasm of the throat, drooling at the mouth, and frequent spitting*; Pulse was accelerated, quick, small, and irregular.]

Harles then proceeds to thank his friend Brera for personally communicating this account to him (prior to 1809) before elaborating on his own theory why the effects of Stramonium, and those of Belladonna and Hyoscyamus, so closely resemble the hydrophobia. We also find Brera's own recount of this case in his *De' Contagi...* Padova, vol.1, 1819, wherein he adds (p.92):

“Assicurato dalle prese informazioni e in seguito di minuto esame della superficie esteriore del di lui corpo, che il fanciullo non era stato morsicato da verun animale, mi cadde tosto il sospetto, che avesse ingojata qualche sostanza-venefica. Visitato perciò il luogo ove furono colti i frutti ad esso regalati la sera precedente, vi trovai molte piante di datura stramonio. Amministratogli quindi un emetico egli rigettò tosto unitamente a grande quantità di materie saburrali la metà del frutto ingoiato divisa in diversi pezzi, e si trovò essere realmente quello della datura. Cessato il vomito cessarono altresì i sintomi tutti dell'affezione, e questo giovinetto ritornò tosto allo stato di salute. I sintomi i più decisi dell' idrofobia furono adunque provocati dall'azione di un tale vegetabile: questi svanirono subito che rimase dallo stomaco eliminata la metà del suo frut. to. Per la qual cosa se dietro tutti questi fatti palese è lo svolgimento spontaneo dell'idrofobia indipendentemente dalla comunicazione preventiva del contagio idrofobico, e perchè dovressi negare che indisposizioni contagiose d'altra natura sviluppare si possano spontaneamente nell'umano organismo”

[Assured ... also by a minute examination of the exterior surface of his body, that the boy had not been bitten by any animal, I suspected that he had swallowed some poisonous substance. I therefore visited the place where the fruits were picked ... I found many plants of datura stramonium. I Then administered an emetic which he spoon ejected together with large quantities of sand-like matter, half of the swallowed fruit divided into several pieces, actually found to be that of the datura. When the vomiting ceased, the symptoms of the affection also ceased, and this youth soon returned to health. The most decisive symptoms of hydrophobia were therefore provoked by the action of such a vegetable...]

Hahnemann derives the following 18 symptoms for Stramonium from this remarkable account of Brera as reported in Harles:

- 20 Intoxication. [B₃₃; B₄₅]
- 73 Extremely dilated pupils with obscuration of sight. [B₄₅]
- 148 He stammers and speaks imperfectly. [B₄₅]
- 162 Hydrophobia. [B₄₅]
- 171 Extreme dryness of the interior of the mouth. [B₄₅]
- 191 Constriction and spasm of the oesophagus. [B₄₅]
- 199 Frequent ejection of saliva. [B₄₅]
- 200 Slaver from the mouth. [B₄₅]
- 222 Inclination to vomit. [F_{18.1}; B₄₅]
- 384 Drowsy and staggering. [B₄₅]
- 410 Remained awake all night, turned about restlessly in bed, and shrieking cries. [B₄₅]
- 418 In bed the most violent convulsions, during which he was furious, so that he must be bound (aft. 1h). [B₄₅] *
- * The original account of Brera as reported in Harles indicated this occurred after 1 hour. RA_I [334] (1817, vol.3) correctly indicated this time, but RA_{II} (341) (1825), hence the English translation MMP, mistakenly gave it as after 6 hours
- 419 Horrible convulsions on seeing a light, a mirror, or water. [B₄₅]
- 439 Frequent, quick, small, irregular pulse. [B₄₅]
- 485 Cold sweat all over the body. [B₄₅]
- 497 Restlessness. [S₇₀; B₄₅]
- 516 He was delirious and destitute of memory and recollection. [B₄₅]
- 544 Great desire to bite and tear everything with his teeth that comes near his mouth, even his own limbs. [B₄₅]

⁴⁸ The numbering of page lines was already seen especially in voluminous works (e.g. Dioscoridis, P. (1549), *De Materia Medica Libri octo Graece et Latine*; Valentini L.J. (1567), *De peste*, Lugduni; Matthioli. P.A. (1570), *Commentarii Dioscoridis de Materia Medica*, Venetiis) – this allowed for easy and specific reference to the information. Hahnemann realised that numbering each symptom within his *Materia Medica* [MM] allows the practitioner to precisely cite single symptoms pertaining to the case at hand. It is remarkable therefore that we see republications of Hahnemann's MM works which have removed the numbering – and this could only have been done by those who do not actually use these works in the clinic.

⁴⁹ This *symptom grading* within a provings record indicates the *degree of certainty* that the symptom has been the result of the medicine not therefore due to one or more other circumstances co-incident during the course of the proving. What must be kept in mind here, is that this *symptom gradation* at the level of the materia medica itself, is a *measure of certainty* that the symptom was actually produced by the medicine in proving, whilst the '0' indicates a *level of uncertainty*. This differs essentially from the *remedy grading* within repertory developed by Bönninghausen (modelled on Hahnemann's symptom grading) and as seen in Bönninghausen's SRA, SRN, and TT (and our TBR (2000), now in its 2nd ed. [TBR₂ 2010]), which is a measure of *clinical success*.

⁵⁰ Hahnemann further grouped these '*observata aliorum*' according to their literature source, which he also clearly indicated.

⁵¹ '*Beobachtungen Andrer*'. These symptoms are also distinguished in that their numbers are enclosed in parentheses – whenever a symptom number in RA appears without parentheses (e.g. Cham.RA5), it is to be found listed amongst Hahnemann's observations, but if it appears within parentheses (e.g. Cham.RA(5)), it is to be found under the 'observations of others'.

⁵² We see this in his final (sixth) volume of the (second edition) RA (1827), wherein Ambra, Carb-an., and Carb-v. list symptoms of both Hahnemann and others, together.

⁵³ The significant point of distinction between RA/CK with respect to layout, is Hahnemann's decision to list the symptoms of mind at the beginning of the proving record in CK, as opposed to their place at the end in RA.

⁵⁴ Hahnemann's letter to *Stapf* dated 17th Dec.1816 (in *B.J.Hom.*, 1845, vol.3, no.3, p.140) provides a good description of his *meticulous* approach to provings:

"Whenever they [provers] present me with such a list [of symptoms], I go through the symptoms along with them, and question them right and left, so as to complete, from their recollection, whatever requires to be more explicit, such as the time, conditions, &c., in which the changes were prescribed."

Franz Hartmann's account of the *prover's union* proceedings illustrates Hahnemann's carefulness: * (HHL, 2, p.100)

The medicines which were to be proved he gave us himself; the vegetable in the form of essence or tincture – the others in the first or second trituration. He never concealed from us the names of the drugs which were to be proved, and his wish that we should in the future prepare all the remedies whose effects we had while students conscientiously tried... he for the most part had previously proved the drugs upon himself and his family, he was sufficiently acquainted with their strength and properties to prescribe for each prover according to his individuality, the number of drops or grains with which he might commence, without experiencing any injurious effects. ...He never took the symptoms which we gave him as true and faithful..."

* refer also Hahnemann's own account, HHL, 2, pp.102-104; *Organon*, §§105-145

We have many examples where Hahnemann *accepts* or *rejects* (based on the provings) the old-school use of a particular medicine. For example:

Scilla (note to MMP172):

Hahnemann labels its old-school use as an expectorant as being *palliative* – that, based on its power to produce an easy expectoration of thinned mucus in its primary action, it will rather prove curative in "too copious and too frequent mucous secretion"

Verbascum (preamble)

Hahnemann condemns the old-school *conjectural* employment of this remedy as "a demulcent, resolvent and laxative" based merely on "the sickly odour of its flowers when crushed with the fingers, and from the slimy character of its juice" He then goes on to say "The following pure symptoms and morbid states which have been produced by this plant on healthy persons will show how much mistaken the medical world was in its frivolous conjecture..."

Moschus (preamble)

Hahnemann cites the "very precise experiences of *Lentin*, *Zanetti*, *Morgenstern*, *Robol*, and others" of the old school as support for the use of "Moschus in various kinds of tetanus", such symptoms being supported in the provings

The only remedy in Hahnemann's pharmacographic writings (last editions) for which he does not himself contribute a single proving symptom, is *Taraxacum* (RA, vol.5, 1826). * His fellow-provers being:

Franz [36 symptoms]; *Gutmann* [106 symptoms]; *Kummer* [40 symptoms]; *Langhammer* [79 symptoms]; *Rosazewsky* [2 symptoms]

Hahnemann had nevertheless clinically confirmed these provings and provides recommendations for dosage (Tarax. Preamble).

⁵⁵ This fact is most readily seen by an examination of the provings of both *Baryta* and *Calcarea* whose RA proving symptoms were distinguished with a preceding dash (—)¹ when taken into CK.²

¹ The following symptoms mistakenly (typesetting error) failed to indicate their RA origin (via means of a preceding dash (—)):

Symptoms which omitted a preceding dash in German original (CK)

Calc.RA/CK = (76)/388; (81)/441, (92)/633, (113)/697; (130)/809, (174)/1211, (181)/1246; (182)/1247

Symptoms correctly marked in German CK but omitted preceding dash in English CD

Calc.RA/CK&CD = (235)/62; (78)/404

² We find no examples where a contributor to RA provides *new* symptoms to the same remedy for CK.

⁵⁶ *Adam* (of St.Petersburg) contributes to 96 symptoms in 3 remedies within a 2 year period:

Carb-an. RA_{II} vol.6, 1827 (32 symptoms)

Carb-v. RA_{II} vol.6, 1827 (41 symptoms)

Bar-c. CK_I 1828 (23 symptoms)

⁵⁷ He did not simply restate the symptoms as they appeared in the RA, for example, *Carb-an.RA128/CK420*; *Dulc.RA163/CK184*.

⁵⁸ For example, *Carb-an.RA37-38/CK122-121* respectively.

⁵⁹ Even so, in the transition from RA to CK we note symptoms which seem less full in their meaning than the original (sometimes lengthier) RA version, as the following sets of symptoms show:

Carb-a.RA/MMP123:..... "Nocturnal seminal emission – for the first time for a long period – with lecherous dreams, without stiffness of penis, and after waking a spasmodic pain along the urethra, especially at its back part. [*Ad.*]"

Carb-a.CK_{II}/CD404: "After a pollution, in the morning, on awaking, a cramp-like pain along the urethra, especially in its posterior part. [*Ad.*]"

Coloc.RA(32)/MMP33: “Deep in the ear an itching shooting pain which extends from the Eustachian tube to the membrana tympani, and is momentarily removed by boring in the finger (aft. 1½ h). [Stf.]”

Coloc.CK_{II}/CD42: “Itching shooting deep in the ear, extending from the eustachian tube to the membrana tympani, and going off on introducing the finger (aft. 1½ h.). [Stf.]”

Coloc.RA(189)/MMP208: “Tearing stitches lengthways on the whole body, on the forehead, temples, back, upper and lower extremities, side of the abdomen, and chest (aft. 6h). [Lr.]”

Coloc.CK_{II}/CD242: “Tearing stitches lengthways on the whole body, on the head, the back, the abdomen, and the limbs. [Lgh.]”

Looking at the first example of Carb-an., the CK_{II} (2nd edition) rendering omits to mention the seminal emission was unusual, occurred with flaccid penis, and was accompanied by sexual dreams – comprehension has been reduced, perhaps not crucially, but certainly the whole of the original symptom has been diminished. The evidence explaining this sacrifice of reader comprehension over brevity, involves G.H.G.Jahr, who was employed by Hahnemann (8 months [Feb.-Oct. 1834]) for the express purpose of assisting him towards the publication of CK_{II}. Hahnemann himself later complained to Bönninghausen¹ that Jahr's careless inexactitude necessitated constant supervision, and it is therefore not impossible that such alterations actually made by Jahr escaped the attention of Hahnemann.²

¹ We read from Hahnemann's correspondence to Bönninghausen:

26Dec.1834: “...Jahr had, after sorting the materials, only to copy them, and to abridge the longwinded symptoms of N-g, and others, and since I worked everything through with him word by word, his superficiality and twaddle could not create any damage; and he performed consequently quite well.” (in SHB110)

27May1841: “The new ‘Manuel’ by Jahr is overloaded with useless ambiguous things – but he does not accept any advice.” (in SHB137)

Bönninghausen himself also complains about Jahr's lack of accuracy (Letter to Hahnemann, 7 August 1834 [SHB107-108, transl. B.Deutinger]):

“It is a pity that Jahr's works (Handbuch and Repertory) do not correspond, not even in their outstanding characteristics, and there are so many print errors and mixing up of medicines with similar names.”

SRN Foreword, p.x (Bönninghausen is here answering Rummel's favourable view of Jahr's *Handbuch* of 1834):

“Despite his frequent use of this book, he [Rummel] did not seem to have detected the numerous –almost in every column– mixups (of *Cina* with *Cicuta*, of *Coffea* with *Cocculus*, of *Colchicum* with *Cyclamen*, of *Cannabis* with *Cantharis*, of *Chamomile* with *China*, of *Euphorbium* with *Euphrasia*, of *Ignatia* with *Ipecacuanha*, of *Magnesia* with *Manganum*, of *Oleander* with *Oleum animale*, of *Rheum* with *Rhus*, of *Secale cornutum* with *Selenium*, of *Taraxacum* with *Tartarus stibiatus*, etc.), the numerous omissions of most important remedies and the duplication of many remedies within one rubric.”

² This in itself was not the reason why Hahnemann did not later check for such problems and then at least make some comment, either by way of a letter to Bönninghausen with whom he remained in steady correspondence, or elsewhere in a periodical to which he had ready access (eg. *Archiv*), especially when considering that Hahnemann well knew of the difficulties with Jahr and the very real chance of error. Perhaps, keeping in mind Hahnemann's age (79 years) and opportunity to a new life with his new, very much younger bride (Melanie) – his move to Paris, and the subsequent enjoyment of more social activities such as the French theatre – these new circumstance provided sufficient distraction for him to review the entire work. In any case, until we have concrete evidence to the contrary, we must accept that what we have is as he intended it.

⁶⁰ Hahnemann expresses the earnestness of his efforts with the following remark (CK Preface, 1st ed., 1828):

“If I did not know for what purpose I was put here on earth – to become better myself as far as possible and to make better everything around me that is within my power to improve – I should have to consider myself as very much lacking in worldly prudence to make known for the common good, even before my death, an art which I alone possess, and which it is within my power to make as profitable as possible by simply keeping it secret.”

⁶¹ RA_I vol.1 (1811), lists *no* contributions from the homœopathic school (i.e. the Prover's union had not yet been formed). It is not until the second volume of RA_I. (1816), under Arsenicum, that we first find contributions from five members of the ‘Prover's Union’ (KG Franz, GW Gross, CG Hornburg, EF Rückert, JE Stapf).

⁶² Refer HHL, vol. 1, p.96, where, according to the record of Hahnemann's correspondence, we see he arrived in Leipzig at the end of August, 1811.

⁶³ Refer HHL, vol. 1, p.375

⁶⁴ We have indicated the number of remedies and the approximate symptom count for each of these eight provers, but we should mention the great majority of these symptoms were contributed to RA.

⁶⁵ These were distributed mostly amongst 55 of the 95 medicines, since 8 medicines only listed from one to a handful of such inclusions, and the following 23 listed *no entries at all from old-school sources* (types used below denote where provings appeared: RA [plain text]; CK [italics]; RA+CK [bold italics]):

Alum., *Ambr.*, *Amm-c.*, *Amm-m.*, *Ang.*, *Bism.*, *Borx.*, ***Calc.***, ***Carb-an.***, ***Carb-v.***, *Caust.*, *Graph.*, *Kali-c.*, *Petr.*, ***Ph-ac.***, *Plat.*, *Sep.*, *Sil.*, *Staph.*, *Tarx.*, *Thuj.* *Verba.*, *Zinc.*

⁶⁶ In terms of symptom number, aside from Hahnemann (around 33,000 ss), the following seven co-workers of the homœopathic school contribute the most:

Nenning4800 symptoms (20 medicines)
Gross2380 symptoms (42 medicines)
Franz1900 symptoms (37 medicines)
Langhammer ..1600 symptoms (47 medicines)
Gersdorff1450 symptoms (08 medicines)
Schréter1200 symptoms (14 medicines)
Stapf1000 symptoms (43 medicines)

Next to Hahnemann, Langhammer contributes to the greatest number of medicines (47), and despite the (baseless & mischievous) attacks on his objectivity and capacity as an observer (*prover*), we find overwhelming evidence that his contributions were consistent with those of other contributors, but thoroughly trusted and utilised by Hahnemann, and Richard Hughes' ignorant and mischievous

comments on this topic have no basis in fact (HMP, p.22). We ourselves prefer to call upon the evidence of the provings record and its success in clinical practice, as a measure of prover capacity or validation. Such misinformed criticism against Langhammer are even heard today, and it makes one wonder as to their purpose – regardless, their result is to brand these primary sources as unreliable and thereby neglected, whilst at the same time promoting the sales of *new, up-dated*, and so-called ‘scientific’ works on materia medica – as if a more scientific record than that of Hahnemann on the effects of medicines has ever been written!

There is here another misapprehension which needs be dispelled – that the similarity of a number of proving symptoms in a number of different medicines, from a single contributor, reveals more about the prover than the medicine.¹

¹ Franz Vermeulen's comments on this subject, as found in his Introduction to *Prisma Materia Medica*, provide one such mis-guided example. By extracting and collating all symptoms of each observer across a number of medicines we obtain a proper perspective of both their *similarities* and their *differences* – we ourselves have undertaken such process, and have thereby reached an evidence-based conclusion which does not support such views unfounded views as Vermeulen's.

But our first retort to this half-truth, is that, apart from the fact that *there are many more dissimilar symptoms* from individual contributors,² a single contributor does not necessarily mean a single prover – as for example, in the case of Hahnemann who often (or Nenning, who always)³ acted as *proving master*, overseeing the proving of one or more subjects.⁴

² For example, if we compare the symptoms contributed by Langhammer to Colocynth and Manganum (27 symptoms in each), we find far greater differences than similarities, and in addition we observe numerous instances where these supposedly too similar symptoms of a single contributor are indeed supported by the adjacent symptoms from other contributors.

³ Nenning declares he abstained from proving medicines on himself, given the paralytic condition [Lähmungsartig] of his right hand, in order to put his contributions beyond possible reproach (AHZ 3:14;105, December 1833).

⁴ A similarity of multiple symptoms from a single contributor could indeed indicate an input from more than one prover. Thus, Vermeulen wrongly concludes (Introduction, Prisma MM):

“Even Hahnemann himself...for, instance, produced five times the ‘delusion of being unfortunate’ in as many provings.”

Of the (3) symptoms we find contributed by Hahnemann wherein the prover reports feeling (not delusion) “unfortunate” (Chin.MMP1113, Ipec.MMP222, Phos.CD23), that in China is given in *italics*, which, as we demonstrate later in this article, likely indicates *multiple provers*. Furthermore, expressions such as ‘unfortunate’ themselves must not be taken further than the context in which they are given, for example, whilst the adjacent symptoms in Ipec.MMP222 do not use this term, they are clearly of a similar nature – just expressed somewhat differently by different contributors (e.g. Ip.MMP219,220,221,223,224). To draw a conclusion therefore, as done by Vermeulen, based on individual words or expressions, is to ignore the meaning of the whole, *in context*. It thus becomes clear that such concerns of prover bias, which have been readily promoted to the level of thesis, are without basis in fact.

Moreover, it is known that the actions of various medicines *can* and *do* approximate each other (in one or more groups of symptom),⁵ and that therefore, a prover reactive (sensitive) to one medicine may prove similarly reactive to another, and it should not be surprising to find some relationship, in a single prover, between the symptoms of one medicine, and another.⁶

⁵ It is precisely from their similarity of action that medicines are able to be grouped into a *concordance* or *relationship of remedies* (as first undertaken by Bönninghausen).

⁶ For example, Stapf, whose credentials as a prover and tireless contributor for our profession is unchallenged, contributes the following similar symptoms (medicines named in plain text are from RA, those in *italics* are from CK):

Acon.8 Vertiginous heaviness of the head, especially in the forehead and on stooping, with nausea, and qualmish feeling in the scrobiculus cordis (aft. 2h). [Stf]

Arn.2 Giddy whilst walking. [Stf]

Ars.110 Vertigo, with loss of thoughts when rising. [Stf]

Ars.111 Violent vertigo, with nausea, when lying down; he has to sit up to diminish it. [Stf]

Asar.1 Vertigo, as from slight intoxication, on rising from a seat and walking about (aft. 10m). [Stf]

Asar.9 In the morning, on rising, dizzy in the head, with headache in the left side of the forehead (aft. 22h). [Stf]

Here we have extracted only those vertiginous symptoms contributed by Stapf in the ‘A’ remedies, but this list could be easily extended, and with any contributor, including Hahnemann, as well those of the old (non-homœopathic, ‘allopathic’) school.

In addition, anyone sufficiently familiar with Hahnemann's comments on the subject of sensitivity, idiosyncrasy, and provings methodology,⁷ will know that, *in health*, whilst only sensitive or idiosyncratic persons⁸ may react sufficiently or uniquely to a medicinal proving dose, *in sickness*, *all persons* displaying similar symptoms will react to the homœopathically selected medicine.⁹ This is the very reason why such ‘sensitive’ subjects, i.e., *those readily predisposed to react*, are ideal candidates for proving.¹⁰

⁷ *Organon*, especially §§116-117, 121, 128-132.

⁸ That one subject may be disposed to react with urinary, or respiratory, or skin, or mind, etc. symptoms, means they will tend more towards such symptoms in a proving situation, and that their contributions will be greatest with medicines which have an affinity for evoking such effects.

⁹ It should here be mentioned that, a patient who, having never taken, say, arsenic, yet, in response to all variety of circumstances and stimuli to which they have been exposed, have, in summation over time, expressed a pure picture of arsenic symptoms, must themselves be *predisposed to react* in an arsenic way, even without taking arsenic – these same patients would, in health, make the best provers of Arsenicum – for what is more likely to produce an Arsenicum response than Arsenicum itself? Conversely, a subject who proves readily disposed to react to a particular medicine (in such ultra-attenuated doses as given in our provings), is the same person who would more readily develop a similar (natural) disease. Thus we see that sensitive or idiosyncratic subjects are best suited for provings, since they readily express a series of symptoms following exposure to the substance to which they are particularly susceptible. But this is no different to what is accepted in pharmacology, that is, that a substance is only able to effect a physiological response because there are already receptors present to which their molecules fit precisely – whilst the receptor-ligand hypothesis is itself flawed from our own point of view (as it does not explain the observable physiological effects at ultra-high dilutions), nevertheless it demonstrates that, even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.

¹⁰ The susceptibility of a person to a particular stimulus cannot be known or reasoned beforehand (*Organon*, §278) and Hahnemann provides clear instruction as to the approach to proving in order to bring out the ‘genius’ of a medicine (*Organon*, §130).

All that remains, is the *test of clinical success* in order to strengthen the standing of such observations,¹¹ and this is where, in turn, repertorial grading consistency becomes most beneficial.¹²

¹¹ For example, the lengthy symptoms 4 and 5 of Borax in CD, contributed by Schrëter, are themselves listed only in plain type, yet their clinical validity has been repeatedly verified, as well by Bönninghausen himself (*Something about Borax*, AHZ1856, vol.53, p.60, in BLW61) who cured with it a number of complaints in two separate women, each displaying this symptom.

¹² Bönninghausen's repertorial works, the latest of which was TT (and now our own English language counterpart, TBR thence TBR₂), are *the only repertorial works with a meaningful and consistent application of specific criteria in the assignment of grades*. This subject has been elaborated in our DHD.

⁶⁷ For example, *Dulc*.CK/CD397 [Ng] = HTRA48+49+50 [Ng]

⁶⁸ We have counted over 115 such symptoms across 17 medicines. The following few specific examples trace a composite symptom in CK to its multiple original symptoms:

Alum.CK/CD119 [Tks,Ng] = HTRA57,58,59,64,66,67 [Ng] + HTRA62 [Tks]

Alum.CK/CD196 [Srt,Ng] = HTRA115 [Srt] + HTRA116 [Ng]

Alum.CK/CD197 [Htb,Ng] = HTRA120 [Htb] + HTRA118,119 [Ng]

Alum.CK/CD202 [Ng,Htb] = HTRA121,124 [Ng] + HTRA125 [Htb]

Alum.CK/CD655 [Srt,Ng] = HTRA501 [Srt] + HTRA481,504,505 [Ng]

Amm-c.CK/CD244 [Srt,Ng] = HTRA25,26 [Srt] + HTRA115 [Ng]

Amm-c.CK/CD324 [Ng,Srt] = HTRA159 [Ng] + HTRA29 [Srt]

Phos.CK/CD887 [Ng,Bds] = HTRA352 [Ng] + HTRA353 [Bds]

⁶⁹ For example, *Iod*.CD11,32,44,102,115,126,175,185,188

⁷⁰ For example, *Iod*.CD7,157,195,225

⁷¹ As for example (old-school author citation codes used in our own *Materia Medica Hahnemannica* [MMH] work – these allow for simplification and save space) (medicines named in plain text are from RA, those in *italics* are from CK):

Alum.298 *Chapped (dry) lips*. [Ng,Tks,Srt]

Dig.37 *Vertigo*. [Q_{1,2}; M₂; J₁₂; P₇; L₂₂; W₃₈]

Mez.207 *Nausea*. [Gss,Gff,Htb, H_{45,1}]

Mez.313 *Fine prickling stitches in the penis, and on the tip of the glans*. [Csp,Gff,Gss,Htb]

Nit-ac.CK398 *Flow of saliva, without any trouble with the gums* [K₆; D₂₂; S₃]

⁷² *Alum*.CK_{II}119 Stechen an einzelnen Stellen des Kopfes. (Tks,Ng).

⁷³ HTRA62 Stechen an einzelnen Stellen des Vorderkopfes. (Ts).

⁷⁴ HTRA57 Lange anhaltendes Stechen in der Stirne, Abends. (d.2.T) (Ng)

⁷⁵ HTRA58 Stumpfes Stechen in der Stirne über dem rechten Auge, Vormittags. (d.3.T) (Ng)

⁷⁶ HTRA59 Schmerzhafte Stechen & Reißen im linken Stirnhügel, Abends 6 Uhr. (d.1.T) (Ng)

⁷⁷ HTRA64 Plötzliches, spitziges Stechen in der linken Schläfe, Nachmittags, auch einmal früh.(d.4.T) (Ng)

⁷⁸ HTRA66 Schmerzhafte Stechen & Reißen in der rechten Kopfseite, Vormittags 11 ½ Uhr (d.1.T) (Ng)

⁷⁹ HTRA67 Stechen in der linken Seite des Hinterhauptes, früh (d.3.T) (Ng)

⁸⁰ Similarly, the contributions recorded within our periodicals of that time from where Hahnemann derived some of these symptoms (e.g. AHH, NAHH, HTRA, AHK, etc.) were meaningfully summarised accounts collated from the masses of prover day-books. It is however regrettable we do not have many of these prover's day-books for the purpose of research (not as a ready-reference).

⁸¹ In Search of a New Principle..., 1796, in HLW265

⁸² The Medicine of Experience..., 1805, in HLW453, footnote.

⁸³ MMP, Preface, p.2

⁸⁴ We have assigned '0' to parenthesised symptoms to indicate a *degree of uncertainty*; numbers 1, 2 are assigned to indicate a *degree of certainty*.

⁸⁵ Whilst Hahnemann writes (*Praefatio*) that these symptoms are given in capitals, except in a couple of pages under Aconitum, the publisher used *italic* script (perhaps to save space) which Hahnemann then failed to note in his *Praefatio* prior to printing.

⁸⁶ This is what Hahnemann writes in his *Praefatio* to his *Fragmenta*:

"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 with 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 perceive the true being of a person, or if a person was of slow comprehension or committed errors in dietary intake."

Here we see any doubt regarding a proving symptom, whether due to some circumstance or to an inability to perceive the meaning or intention of the prover, was marked in that symptom by its enclosure in parentheses. This *symptom grading* system was continued by Hahnemann in both his RA and CK.

⁸⁷ By this is meant a positive clinical effect following a prescription based on similarity of the symptoms of the medicine with those the disease being treated, thus confirming the validity of the original provings data.

⁸⁸ For example, *Fragmenta* 28:9 Bell. → RA_{III}1012; Carb-an.RA_{II}108 → CK_{II}350, and RA_{II}99 → CK_{II}324; Mang.RA_{II}1 → CK_{II}18; Aur.RA_{II}8 → CK_{II}71, etc.

⁸⁹ Had Hahnemann himself confirmed these by way of re-proving, he would have added his own name to the symptoms. That our conclusion here is well founded is supported by the following statement of Hahnemann (*Medicine of Experience*, 1805, in HLW453, footnote):

"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."

⁹⁰ For example:

Dig.MMP426 ..(Secret mania with disobedience and obstinacy; he tries to run away).

Dig.CD27Secret insanity, with disobedience and obstinacy; he tries to run away.

Mang.MMP1 (Vertigo when sitting and standing; he must, lay hold on something; he tends to fall forwards)

Mang.CD18Vertigo, when sitting and standing; he must hold on to something, so as not to fall forward.

⁹¹ Such emphasis was indicated by s p a c i n g the text in RA and CK.

⁹² Note here these symptoms were appended with the name of a single observer – acting as “proving master”.

⁹³ The translation by Dudgeon wrongly gives “clotted” rather than knotted [knotiger] stool.

⁹⁴ The translation by Dudgeon wrongly gives “gripping” rather than pinching [Kneipen].

⁹⁵ The translation here is wrongly given by Dudgeon who misunderstood the colloquialism of Hahnemann's time. The correct translation has been given here by B. Deutinger of our Hahnemann Institute, Sydney.

⁹⁶ *Hahnemann* for example, as is well known, used not only himself, but recruited friends, family, students, and colleagues in his provings work. Similarly, *Nenning* recruited his wife's millinery factory workers. It is to be here noted for the profession to know, that not too long ago, I learned from a near graduate student, that their lecturer held a (hopefully uncommon) view to the following effect, that since “many of the female reproductive proving symptoms within Hahnemann's MM are appended with the names of male contributors (even Hahnemann), that therefore, these must be spurious and to be dismissed.” But how is it possible that a person in such position of authority, indeed, charged with instruction in the materia medica to the unsuspecting student, how can they be so ignorant – have they not read and understood the fact that the contributors are not always the provers themselves? And as a result of such mis-teachings, the student loses any hope of thoroughly examining these works for themselves, let alone do they have any real guidance to do so, and it is no wonder they look toward the nowadays abundance of so-called *new, modern, essential, thematic* (etc., etc.) works which promise both accuracy and excitement in the otherwise perceived tedium of materia medica study. I say by all means examine these works, but do not ignore the sources. This is, unfortunately the state of affairs in the teaching of materia medica.

⁹⁷ 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;...”

⁹⁸ The inconsistency and dilution of grading inclusion criteria is readily evidenced in (non-primary) works on both materia medica and repertory.

With respect to materia medica: we see that, unlike Hahnemann, authors (mostly being editors) may use differing typestyle to indicate either their own clinical (or other) support for a symptom (i.e. the emphasis is not based on actual proving number (reproducibility)), or where a symptom derives from a number of previous works – but the problem here is, that, often, these multiple secondary sources can be traced back to a single primary source, i.e. their extensive base is only apparent.

With respect to repertoria: we observe great confusion as to what the grades actually represent, and most repertories make no mention at all of their specific criteria for grade assignment. Kent himself only makes a loose mention of grades in his Repertory (KR) some years after its publication (*Lectures...* [1900], pp.213-214); here we must not forget that Kent's is a secondary (non-primary) repertory, a *composite* of previous repertorial works, each with (perhaps) their own grading integrity, yet mixed together in a heterogeneous manner, and that therefore, *devoid of specific grading criteria* – Kent simply *fitted* the existing grades of the various precursor works into his own schema, thereby losing their connection to both the provings and the decades of clinical successes before him (see DHD for more detailed account). Moreover, we find in KR many clear instances of purely clinical rubrics listing remedies in his highest (3) grade, even though this grade was supposedly reserved for those symptoms confirmed by multiple provings and verified by multiple clinical successes. But the situation is not at all improved with the advent of more modern repertorial works. *Synthesis*, for example, also does not provide their grading criteria, and again demonstrates a real inconsistency, when compared to its direct predecessor, KR, in its assignment of grades, not only in somehow (undisclosedly) converting the 3-tiered grades of Kent's Repertory into its own 4-tiered system (supposedly borrowed from Pierre Schmidt), but also in their assignment of grade to additions from contemporary sources. This is not the place to elaborate, however we have ourselves collected ample evidence, and invite our conscientious colleagues to make their own comparison. We also refer the reader to our previous writings on this topic – in DHD, as well as our articles *The First Repertory* and *'Bogus' Bönninghausen* as found in AJHM 2006, 99:4;9-19, and AJHM 2007, 100:1;50-57 respectively.

⁹⁹ Even the most significant errors, in themselves, are not critical, so long as the homœopath avoids prescribing on a single symptom or component, and, in all cases, seeks the remedy which fits a *syndrome* of symptom components. CK thus remains Hahnemann's final contribution to our store of knowledge as to the real effects of medicines; forged through many years of clear observation, methodical experiment, and long experience.

¹⁰⁰ However, we agree with *Hughes* (footnote to MMP400) that RA400 actually represents 2 symptoms which were incorrectly adjoined by the publisher, and list this into two separate symptoms (MMP400,401). *Hughes* also goes on to add two symptoms from the earlier (2nd edition) RA which were omitted in the 3rd edition of 1833 (i.e., MMP399,400), the first of which was listed as uncertain (parenthesised), and the second does not at all add anything new to the symptom list, being already well stated within MMP401 (RA400). In our own view therefore, we believe these were purposeful omissions by Hahnemann, and have removed them entirely, as he had intended. The final symptom count therefore is 458, not 459.

¹⁰¹ Refer C.Hering, *Uebersicht unserer Arzneiprüfungen nach den Prüfern geordnet*, AHZ31 (1846) pp.22-30, 38-42

¹⁰² Bear in mind the absence of any computer systems (as is today our fortune) to help identify and correct such discrepancies.

¹⁰³ How also can we explain the enormous number of errors, both persistent and newly added, in our *modern* works? Indeed, there are so many and varied errors in these works, that to even list them, would, in itself, be a mammoth undertaking – no less so because there is insufficient or no regard to proper referencing and explanation as to precisely how or why individual terms (symptom or rubric entries) have been changed or added. This serious negligence reflects poorly on our profession's capacity for (or interest in) proper research.

¹⁰⁴ From Bönninghausen we read (*Three Precautionary Rules of Hahnemann*, NAHH 1844:1;1,69, in BLW199)

“...the Materia Medica Pura ought to be not only read but also *studied*; and only *then* when the homœopath-to-be has faithfully and persistently passed through this study he will be able ... to find out in every case the suitable remedy with certainty.

- ¹⁰⁵ It must be pointed out that the very structure of Hahnemann's pharmacographic works presents the information in such a way as to readily allow the combination of the various symptoms (and their components). The homœopath, in studying these works, must apprehend and rejoin these fragments into a cohesive comprehensible overview – this is precisely the mechanism used in the clinical situation, wherein the homœopath must apprehend and rejoin the symptom fragments of the patient for the sake of reaching a (homœopathic) diagnosis. For this reason, the study and re-study of Hahnemann's pharmacography provides the best form of training for the homœopath, as it reinforces the same mechanism required in the clinical setting.
- ¹⁰⁶ Within these works to which we constantly refer even in our daily practice, we find symptoms nowhere else to be found, and there are many instances where pivotal symptoms upon which a prescription was based, were either removed in the newer compilations on MM, or else their descriptions so truncated or changed (not through their compilers' own clinical experiences, but from their 'comprehensions' at the desk) as to render them inapplicable. We have learnt from many such disappointments, over many years, that, for remedies which appear in Hahnemann's pharmacographic records, we trust that source primarily.
- ¹⁰⁷ The suggestion that these old provings are no longer applicable to our modern diseases is strongly refuted, not only by the results of their application in the clinical setting, but also in the knowledge that these provings are a record of basic expressions (symptoms) of disease (i.e. not of 'diseases' themselves), and that these basic symptoms may be re-combined in any manner of ways to *resemble* an almost infinite variety of 'diseases', even in our modern day.
- ¹⁰⁸ No doubt our profession would be better served if these works described double or triple the number of remedies (if only Hahnemann had lived another 80 or 100 years). However, the homœopath who seeks at all times the most similar remedy shall not at all be limited by this number, for there exist other works of good (but not better) quality to which they may readily refer.
- ¹⁰⁹ We welcome any support by way of resources, expertise, or skills, from those within our profession keen to assist in this work.

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