

SOCIAL AND HISTORICAL

No fear of ghosts in *Lycopodium*: a contribution to the discussion on repertory reliability

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Background: Repertory mistakes in modern homeopathy have been pointed out since the early years after the publication of the sixth edition of Kent's repertory. A structural error of many current repertories is the use of Kent's repertory as a basic information source. 'Fear of ghosts' is widely considered to be a symptom of *Lycopodium clavatum* by the homeopathic community.

Objectives: To demonstrate that the source of 'fear of ghosts' in *Lycopodium clavatum* was an inaccurate translation, that has been spread by secondary sources and to review Hahnemann's conception and efforts towards a reliable repertory.

Results: The symptom 'fear of ghosts' does not exist in the primary source, being the product of a misunderstanding of the English translation of Hahnemann's original record, 'fear of frightful imaginary images'. Hahnemann's efforts to compile a reliable and complete dictionary of *Materia Medica* were also briefly presented, as well as Rückert's repertory, which, in addition to collating and classifying symptoms in alphabetical rubrics and sub-rubrics, displayed them completely, as registered in primary sources.

Conclusion: The misunderstanding about 'fear of ghosts' in *Lycopodium clavatum* exemplifies how distant current homeopathic information is from its primary sources and from Hahnemann's ideal of a symptom-lexicon. In spite of its technical limitations, Rückert's repertory, which was strongly recommended by Hahnemann, can be considered as a template for new repertories based on primary sources. *Homeopathy* (2011) 100, 293–299.

Keywords: Homeopathy; Hahnemann; Repertory reliability; Rückert

"We know that the task of improving our Repertory and Materia Medica is immense and thereby the success of each homeopath will be improved".¹

Introduction

Improving the homeopathic *Materia Medica* is a continuous scientific task, starting with Hahnemann's work and integrating the most reliable symptoms of pathogenetic experiments.

Repertory mistakes have been pointed out since the publication of the sixth edition of Kent's repertory in 1956.² Even the digital revolution of our information era has not been able to solve these problems, since our information technology systems also seem to be unreliable.¹ Besides "omissions, inaccurate translation, misunderstanding of the context of symptoms, inconsistency over standards for additions and gradings",³ a structural error of many current repertories is the use of Kent's repertory as a source of basic information. Mistakes have been identified in Kent's repertory and then retrospectively corrected in *Synthesis*, for instance, instead of restructuring the repertory based on primary sources.⁴

'Fear of ghosts' is considered a symptom of *Lycopodium clavatum* in the homeopathic community.⁵ The objectives of this paper are:

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Table 1 Search for 'ghosts' in *Lycopodium* using Complete Dynamics (Source: Hahnemann's dictionary of *Materia Medica* vol. 1)

Related repertory symptom	Result	Grade	Source
Mind; delusions, imaginations; spectres, ghosts, spirits, sees	Lyc + 101	1	• Kent, James Tyler Repertory, 1899
Mind; fear; ghosts, spectres, of	Lyc + 56	3	• Clarke, John Henry. A Dictionary of practical <i>Materia Medica</i> , 1900 • Kent, James Tyler Repertory, 1899 • Knerr, Calvin B. Repertory of Hering's Guiding Symptoms, 1896 • Lilienthal, Samuel. Homoeopathic Therapeutics, Jain. B. (New Dehli), 1890
Mind; fear; ghosts, spectres, of; evening	Lyc + 3	3	• Knerr, Calvin B. Repertory of Hering's Guiding Symptoms, 1896
Mind; fear; ghosts, spectres, of; evening, anguish during	Lyc	3	• Knerr, Calvin B. Repertory of Hering's Guiding Symptoms, 1896
Mind; fear; ghosts, spectres, of; night	Lyc + 11	3	• Kent, James Tyler Repertory, 1899
Mirilli's themes; ghosts, spectres	Lyc + 368	4	• Allen, Timothy Field. Index of the Encyclopedia, 1876 • Hering, Constantine. The Guiding Symptoms of the <i>Materia Medica</i> , 1879 • Jahr, George Heinrich Gottlieb. New Manual of Homoeopathic Practice, fifth american edition, William Radde (New York), 1867 • Jahr, George Heinrich Gottlieb Systematisch-alphabetisches Repertorium der homöopatischen Arzneimittellehre, zwei Bände, Herrmann Bethman (Leipzig), 1848 • Kent, James Tyler Repertory, 1899 • Knerr, Calvin B. <i>Repertory of Hering's Guiding Symptoms</i> , 1896 • Lilienthal, Samuel Homoeopathic Therapeutics, Jain. B. (New Dehli), 1890 • Morrow, H.C. Miscellaneous on remedies, 1930

- To demonstrate that the source of 'fear of ghosts' in *Lycopodium clavatum* is due to inaccurate translation and has been widely spread by secondary sources.
- To review Hahnemann's conception and efforts towards a reliable repertory.

Analysis of original documents

'Ghosts' of *Lycopodium*: primary sources

The repertory "*Complete Dynamics – Browser Edition*"⁶ was chosen because it furnishes detailed information about the source of each record and can be downloaded free of charge. A search was carried out with the parameters: text 'ghosts'; medicine *Lycopodium* (Table 1).

As is seen from Table 1 there is no primary source to support 'fear of ghosts' in *Lycopodium*, but eight different secondary sources mention it. Analysis of the secondary sources give contradictory data:

1) In Jahr's repertory – V Chapter: Mind, Fear there is no fear of ghosts in *Lycopodium*.⁷ In his 'Overview of the

homeopathic medicines', Jahr does not mention fear of ghosts in the chapter *Lycopodium*, but outlines the fearful symptoms of the remedy, as described by Hahnemann in *The Chronic Diseases*.⁸

2) In the Index of "*The Encyclopedia of Pure Materia Medica*", Timothy Allen did not include *Lycopodium* in the rubrics 'Fear, ghosts'⁹ (Figure 1).

3) Fear of phantoms in evening, with anguish' appears in Hering's 'Guiding Symptoms'¹⁰ of *Lycopodium*, marked as a symptom verified by cures. "Guiding Symptoms" is principally a collection of 'CURED SYMPTOMS', and "a symptom only cured has never such an intrinsic value as one produced and cured, and, yet, such a one should not be ignored".¹¹

4) The rubric 'fear of ghosts' in Kent's repertory includes *Lycopodium*,¹² which is understandable considering the chapter Mind from Kent's repertory was mainly based on Allen's 'Encyclopedia', "Guiding Symptoms" and Hahnemann's works,¹³ and the English version of Hahnemann's *Chronic Diseases* contributed to a misunderstanding about ghosts in *Lycopodium* (Figure 1).

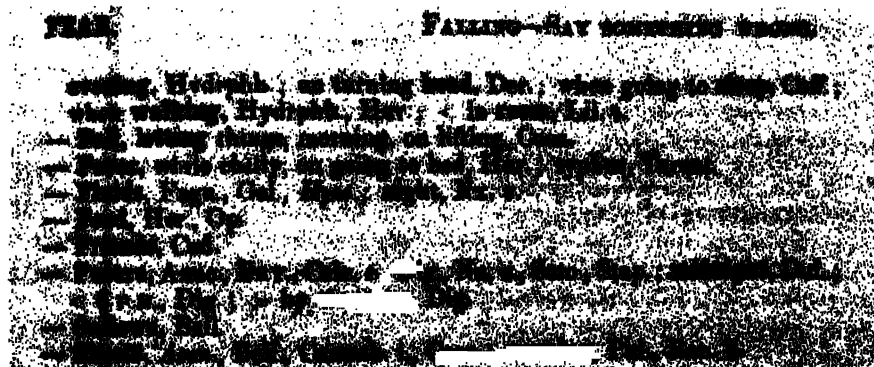


Figure 1 Rubrics for fear, ghosts in the Index of Allen's Encyclopedia.

The rubric 'Fear of ghosts' in *Lycopodium* probably originates from a misunderstanding of the following record of *Lycopodium* in the English versions of 'The Chronic Diseases': "She is very much afraid of phantoms, crowding upon her fancy in the evening, with weeping mood during the day".¹⁴

Tafel translated record 25 of *Lycopodium*, in a similar manner:

"Great fear of phantoms, which crowd upon her fancy in the evening; during the day she is disposed to weep."¹⁵

However, the use of 'phantoms' was unfortunate, since it is ambiguous: "that which has only an apparent existence; an apparition; a spectre; a phantasm; a sprite; an airy spirit; an ideal image" (Webster's Revised Unabridged Dictionary 1913). The original record, in the first German edition of "The Chronic Diseases" is:

(861) "Abends, große Furcht vor Schreckbildern, die sich ihrer Phantasie aufdrängten. (n. 31 Tagen)."¹⁶

This is amended to "Große Furcht vor Schreckbildern, abends, die sich ihrer Phantasie aufdrängten, und am Tage, weinerlich."¹⁷ in the second edition.

A more accurate translation is found in Allen's *Encyclopedia*:

(52) "Great fear of frightful images, which her fancy conjures up, in the evening, and lachrymose during the day."⁹

Thus, according to the original source – Hahnemann – there is no 'fear of ghosts' in *Lycopodium*, but rather frightful imaginary images in the evening. Hering knew the symptom in German, when he included it in the *Guiding Symptoms*, he was probably referring to a patient who had been cured of frightful visions in the evening, by *Lycopodium*.

Hahnemann's efforts towards a reliable repertory

According to Haehl, Hahnemann was compiling a dictionary of symptoms, but he did not publish it, as he found it incomplete. His student, Ernst Ferdinand Rückert, wrote a dictionary of antipsoric remedies during his stay in Köthen and later produced a repertory of his own.¹⁸ Thanks to the help of the Archivist at the Institute for the History of Medicine from the Robert Bosch Foundation, I was able to examine these repertories in detail. Hahnemann's dictionaries consist of four large volumes. The symptoms were assembled into alphabetical order in one column per page (Figures 2 and 3).

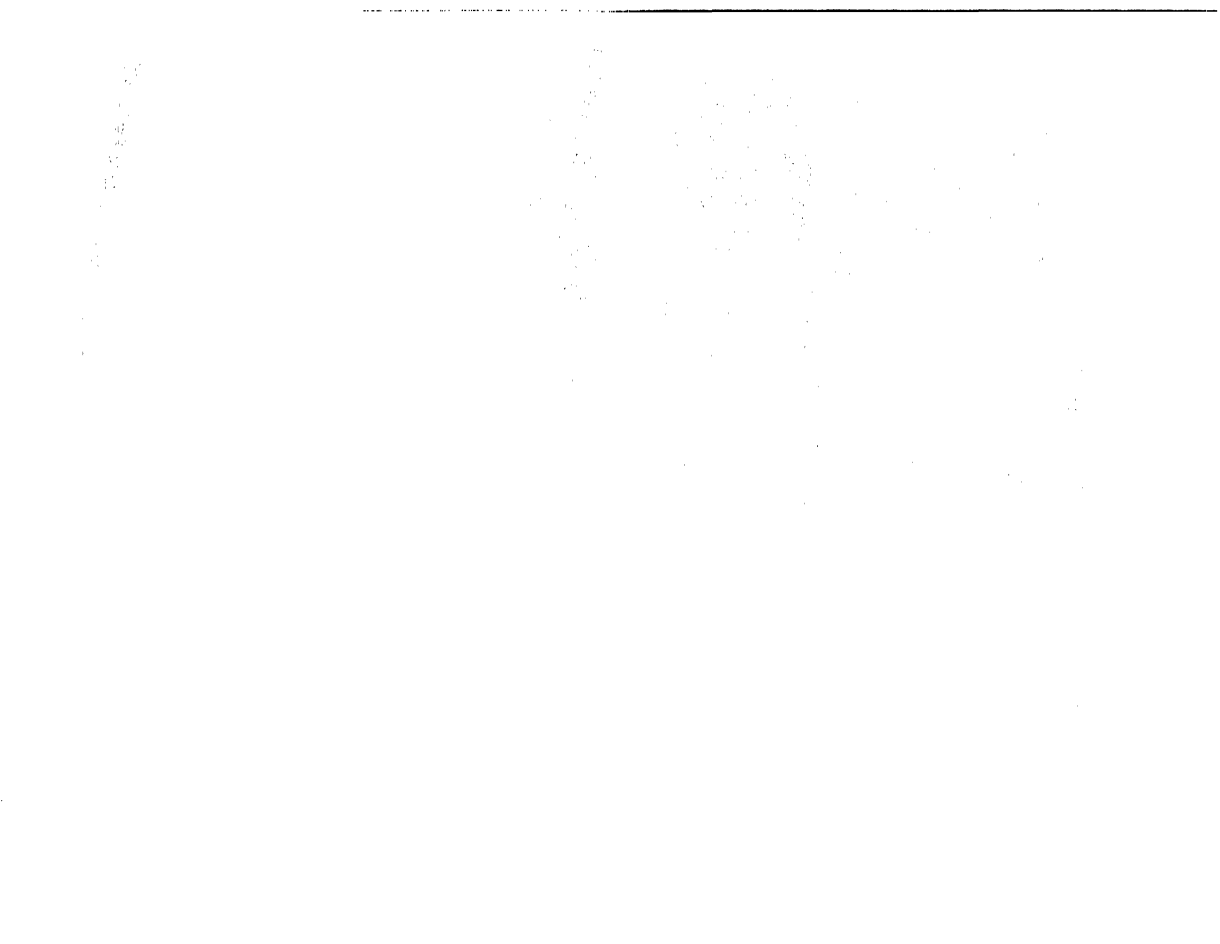


Figure 2 Large volumes, with a column of symptoms on each page.



Figure 3 Symptoms pasted on small sheets of paper in alphabetical order.

There are three volumes of general medicines and one of antipsorics. In the general medicines volumes, the symptoms were pasted on the page on small sheets of paper (Figure 3).

Two of these volumes were probably assembled simultaneously, since their pages were numbered sequentially (from 1 to 574, and from 575 to 1167) and the symptoms are alphabetically ordered. The third volume was probably written at a later time to include the medicines that appeared from the fourth volume of the *Materia Medica Pura* onward, but this point needs further analysis.

Rubrics were ordered alphabetically including daily times of occurrence, without sub-rubrics. For instance, the symptom exhaustion (Mattigkeit) in the evening (Abends), of *Mercurius solubilis*, can be found at:

- Abends große Mattigkeit. Merc sol. (p. 13)
- Mattigkeit, große, Abend. Merc sol. (p.713)

In the fourth volume the symptoms were written directly on the repertory, with numeric reference to the corresponding record in the freshly published '*The Chronic Diseases*'. For instance, the symptom of *Lycopodium* previously discussed, 'fearful imaginary images, in the evening' can easily be found.

Although Hahnemann and Rückert did not introduce sub-rubrics in the antipsorics dictionary, they did order similar entries according to a second, underlined word. For instance, the symptoms starting with reißen (tearing) would be sub-organized according to the time period of day or the locality of the pain, as can be observed on pages 905–906:

- Reißen, in der Achsel (axilla) bei Bewegung Silic. 364
- Reißen im linken Achsel-Gelenke (glenohumeral joint) Kali 591
- Reißen unterhalb der linken Achselgrube (underarm) Zinc 430
- Reißen, stumpf stechendes, in der rechten Achselhöhle (axillary cavity) Zinc 500

These symptoms can also be looked up using the main underlined word. For instance, on page 4, among the axilla (Achsel) symptoms the above mentioned symptom of *Silicea* can be found:

- Achsel, Reißen, bei Bewegung Silic. 364

Rückert's capacity for work is impressive. During his 6-month stay in Köthen (1829–30) he organized and wrote down Hahnemann's dictionary of antipsorics. In the following years (1830–31) he published his own repertory, producing a second, enlarged edition in 1835.¹⁹ This introduced a system of classification using sub-rubrics that eased searching, and allowed a condensed layout while maintaining full descriptions of the symptoms (Figure 4).

Results

The secondary and primary sources of a symptom of *Lycopodium* 'fear of ghosts' — were reviewed, showing that the symptom does not exist in the primary source, and revealing it as a product of a misunderstanding, disseminated by secondary sources, of the English translation of Hahnemann's original record. Hahnemann's efforts to compile

and, without distorting its meaning, configure the symptom in different sentence arrangements, placing the most important moments (words) in the beginning and in alphabetic order".²⁰ Ten years later, in another letter to Bönninghausen, he strongly recommended Rückert's repertory.¹⁹

This paper does not aim to demystify a misunderstood symptom. There are dozens of papers correcting the repertory, for instance.^{21–30} A similar misunderstanding has been documented for instance, with *Zincum*, where *Gestalten*¹⁶ (figure or form in German) has also been translated as 'phantoms', an error reproduced as 'ghosts' by secondary sources.⁶ This is not meant as criticism directed at any specific repertory. After all, most modern repertory include *Lycopodium* in the rubric fear of ghosts. This paper aims to draw the attention of the homeopathic community to what we have lost. Hahnemann and Rückert were on the track of a complete and reliable repertory. Can we say the same?

Rückert's repertory is not complete, but it is still reliable: a clinician can see the full description of the pathogenetic symptoms, quoted from the primary sources available at that time. Access to the symptoms is facilitated through the classification in sub-rubrics, rendering the search easier than it would have been in a dictionary, like the ones Hahnemann initially assembled. Of course, it could have been even more reliable had Rückert included references to the sources and provers. The search would also have been easier with more sub-rubrics, or extended levels of sub-rubrics, but he was working in 1835, and had to balance the limited space of a printed book with his aim to present symptoms with complete descriptions.

Developing a complete and reliable repertory is a big task, but technology is available. Hahnemann's *Materia Medica*, as a whole, is still the basis of our pathogenetic knowledge, in spite of possible biases.³¹ Since its publication, thousands of new medicines have been added to the repertories, but how many of them derive from good quality pathogenetic trials? The repertory can be comprehensive, but it must be able to filter through this inflated *Materia Medica* and indicate the best evidence available, with exact reference to its primary sources. As exemplified here by a single symptom of *Lycopodium*, this is often not the case.

Conclusion

The misunderstanding about 'fear of ghosts' in *Lycopodium clavatum* exemplifies how distant current homeopathic information is from its primary sources and from Hahnemann's ideal of a symptom-lexicon. In spite of its technical limitations, Rückert's repertory, which was strongly recommended by Hahnemann, can be considered as a template for new repertories based on primary sources.

Conflict of interest statement

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LETTER TO THE EDITOR

Clinical trial of homeopathy in rheumatoid arthritis

Sir,

I wish to comment on the paper "Homeopathy has clinical benefits in rheumatoid arthritis patients that are attributable to the consultation process but not the homeopathic remedy: a randomized controlled clinical trial" by Brien *et al.*¹

The purpose of this clinical trial was to assess whether any benefits from adjunctive homeopathic intervention in patients with RA are due to the homeopathic consultation, homeopathic remedies or both. It was a double-blind, randomized placebo-controlled trial in patients with active stable RA receiving conventional therapy. Eighty-three participants were randomized to 24 weeks of treatment with either homeopathic consultation (further randomized to individualized homeopathy, complex homeopathy or placebo) or non-homeopathic consultation (further randomized to complex homeopathy or placebo).

Fifty-six patients completed treatment. No significant differences were observed for either primary outcome. There was no clear effect due to remedy type. The conclusion was that homeopathic consultations but not homeopathic remedies are associated with clinically relevant benefits for patients with RA.

According to my clinical experience, in severe pathology such as rheumatoid arthritis of long standing, there is a need for a series of homeopathic remedies and long follow ups for 2 or 3 years^{2,3} in order to achieve substantial amelioration. Prolonged treatment is required to give the organism enough time to slowly decrease the intake of anti-inflammatory drugs replacing them with the correct homeopathic remedies as indicated by the altered symptomatology. In this study this parameter was ignored.

Unlimited use of anti-inflammatory drugs causes the following problems:

The homeopathic prescription of the indicated remedy is based on fine individual characteristic symptoms.⁴ When the organism is treated with strong chemical drugs the symptoms on which a homeopathic prescription is based are masked, changed or totally suppressed so the homeopath cannot find the 'totality' of the symptoms required in order to discover the indicated remedy.^{5,6}

Even if the correct remedy was found, daily anti-inflammatory drugs would nullify the beneficial effect of the homeopathic remedy. It is well known in homeopathy that even the daily use of coffee can nullify the effect of the treatment, that is why even one cup of coffee is not allowed during treatment though it contains a relatively small amount of caffeine.

In homeopathy only one remedy will act curatively. It acts like an allergen in a sensitive organism. But if the correct remedy was given there will be a prolong initial aggravation^{5,7}

which may lead to increased intake of drugs. Only if patients are informed about this aggravation can tolerate it. Initial aggravation indicates that the remedies prescribed were the correct ones. The lack of such an aggravation in the study proves that the remedies prescribed were mostly wrong and therefore ineffective.

Furthermore, the choice of the potency was unfortunate as the 50 millesimal potencies that were used in the experiment are the weakest in our armamentarium, to be used only in simple pathology cases and certainly not together with chemical drugs.^{2,8}

In deep chronic cases of rheumatoid arthritis where swellings of joints, deformities and pain are present, homeopathy cannot offer an immediate curative effect. If there is any possibility for a substantial amelioration-reduction of the deformities, swelling of joints and pains-such an amelioration will come gradually after a series of remedies over a period of 2–3 years.

The conclusion of the study that the effect was due to 'consultation' and not to the homeopathic remedy appears to be biased for two reasons:

There was no substantial amelioration of the pathology in any group to compare and on which to base conclusions.

The placebo effect in such deep pathology cases is superficial and transient as the patient remains in essence with the same frame of pathology.

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