

# The State of Our Materia medica

## Substance Trials and Effects for Homœopathic Application through the Study of Our Primary Sources

George Dimitriadis, BSc.(UNSW), DHom.(Syd), DHomMCCH(Eng), MBöAG(Ger), LIRF(HISyd)

Abstract: Our materia medica was born of Hahnemann's realisation of the only path to discovering the singular effects of therapeutic substances through a *methodical* and *deliberate* process of trials on the healthy, *provings*, as they are termed, and such trials undertaken by Hahnemann, and recorded *pure*, so to speak, form the very substance for our application of *similars*.

But even our pure materia medica is inclusive of data derived through other-than deliberate trials on the healthy, and this presentation will (briefly) review and discuss these sources in order to highlight their limitations and scope, both from a theoretical and practical perspective. We will also clarify what is meant by the term *proving* in relation to our materia medica – to define and therefrom limit this term to its originator's intention, itself forged upon an unprecedented, methodical pharmacologic experimentation and clinical verification. For this purpose, we must establish a clear definition of terms, which may best be done through careful examination of sources – in this case, Hahnemann, whose literary legacy, fortunately, includes unambiguous and extensive writings on this very matter.

Keywords: homeopathic material medica, the sources of; homeopathic proving, a definition

### From the Beginning

Hahnemann's discovery of a *general* similars principle was first announced to the world in 1796,(1) in his " *In Search of (2) a New Principle for Ascertaining the Curative Powers of Drugs...*", (3) wherein he provides evidence for over sixty drugs, then in common medical use, which, given experimentally to healthy subjects, evoked symptoms resembling those against which these same drugs had proven effective in disease. Hahnemann herein argues convincingly for *methodical* drug trials on (relatively) healthy subjects as the only true basis for a *pure* materia medica, (4) from which *alone* the therapeutic scope of a substance may be accurately revealed, and he was the first to conduct *deliberate* and *systematic* substance trials upon the healthy, (5) for which he assigned the term *Prüfungen* (6) (provings). From his *Organon* we read: (7)

"The first fruits of these labours, as perfect as they could be at that time, I recorded in the *Fragmenta* (8)... the more mature fruits in the *Reine Arzneimittellehre* [MMP]... and in... *Die chronischen Krankheiten* [CD]..."

Yet he never refers to any of these works as *homœopathic*. (9) The reason is simple – these *provings* are simply the recorded effects of substance trials; *how* they are applied to the treatment of disease is what determines their *homœopathicity* or *allopathicity*. (10)

An excellent example of this independence of the provings from their actual clinical application may be seen in the work of *J.C.H. Jörg*, who had understood and accepted Hahnemann's position that only substance trials upon the healthy could accurately reveal their *health-altering power*. Jörg recruited 26 volunteers for that purpose, accurately recording their state of health and disposition before the provings as well as the effects of each substance, and published these results in his *Materialien*. [JM, 1825] That these provings were well conducted is evidenced by the fact that they were accepted by Hahnemann (11) into his own *pharmacography*. (12) But Jörg was, and remained, an *allopath* (13) – he maintained the best way to use these provings was according to the principle of opposites (*contraria contrariis*), (14) and he thus received the

acclaim not afforded to Hahnemann, the homœopath. (15) We see from this that the information within our material medica is not, of itself, homœopathic, and may be applied, as by Jörg, in an allopathic manner, as with the prescribing of *Opium* for pain or diarrhœa. (16)

But for the homœopath, the object (17) is *homœopathic diagnosis*; (18) i.e., to determine which single substance (in its provings) (19) most closely resembles the symptoms of a particular case of illness. (20) But whilst this sounds simple enough, it requires both a knowledge of the observed (physiological) (21) effects of substances, (22) and of the processes of disease, (23) as also a mechanism (index, lexicon, repertory) (24) for their efficient comparison. (25)

Our provings record thus provides the very basis upon which we may test the *similars* principle in actual practice. (26) The process is simple and perfectly scientific: (27) Compare the *provings* to a particular case of illness, if the *similars* thesis (28) (formed by *induction*) holds true, then the remedy which *produces symptoms most similar* to that illness must, by *deduction*, prove efficacious – *testing this prediction* serves to verify both the original principle and the practitioner's ability to properly apprehend and match the symptoms of both illness and remedy.

We may readily apprehend that a faithful, pure (raw, uninterpreted) record of provings is fundamental to the application of Homœopathy (proper) (29) in the treatment of disease. (30)

## Our Pharmacography

Hahnemann's pharmacography was uniquely distinguished by its foundation upon *deliberate, methodical* drug trials (provings). (31) But such trials have one basic limitation – they cannot be continued to the point of serious or irreversible pathology. (32) We see therefore the importance of including corroborative data, both *toxicological*, (33) as well as noted *adverse effects* of drugs on patients under treatment for an existing condition (with development of new symptoms). (34) Another type of inclusion is seen in MMP and CD, where, in the remedy preambles, Hahnemann lists various complaints, either predominant in or attendant with the case at hand, and which were removed by the perfectly homœopathic remedy prescribed according to the totality of characteristics of that case. (35)

Yet all such inclusions, which themselves make up only a small fraction of the overall work, may *only* serve as support for what is recorded in the *provings*. Examples of such confirmatory information are seen throughout MMP and CD, especially from 'old school' authorities, appropriately listed adjacent the provings to which they add support, even providing hints at their suitability in more developed disease pathologies, (36) and these are always indicated with a reference as to their origin. Fully disclosed and properly considered,

such additions will not confound the knowledgeable user in their search to understand the symptom record. (37)

These works of Hahnemann, represent the first of our *primary* pharmacographies; i.e., those directly formed from *original provings*. (38) They were, and remain, the backbone of our science, and despite any errors of omission or translation, (39) their value is evidenced by the fact that Homœopathy continued to grow and to spread upon the clinical successes which these pharmacographies, well studied and properly applied, afforded the homœopath. It is therefore quite remarkable that our profession has, increasingly, neglected these irreplaceable sources in preference for the abundance of so-called 'modern' *non-primary* works; i.e., those compiled from one or more precursor works on materia medica – too often of previous non-primary compilations – translation upon translation and interpretation upon interpretation – the serious consequences of which are hardly, if at all, even considered. It is to these we now turn our attention.

## Non-Primary Pharmacographies

Unfortunately, by far the largest number of materia medicæ fall within this heading, themselves *deriving* from one or more of the following:

1. *primary* works – examples include Stapf's *Beiträge...* (SB), (40) and Bönninghausen's *Eigenthümlichkeiten...* (BEH)
2. *non-primary* works – examples include Kent's *Materia Medica* (KMM), Bœricke's *Materia Medica* (BMM), etc.
3. *mixed* works – formed from the admixture of both primary & non-primary works, as with Hale's *New Remedies...* (HNR), Allen's *Encyclopædia...* (AE), and even Hering's *Guiding Symptoms...* (HGS).

No doubt some of these non-primary works serve a necessary and useful purpose, especially in bringing together the growing number of (mostly partial, incomplete) provings otherwise scattered throughout an ever increasing number of periodicals (across many countries), thereby making it readily accessible. One excellent example is the work of Stapf (SB), which has been translated into English by Hempel (HSB). The addition of positive clinical results consequent to a homœopathic selection, (41) when clearly distinguished from symptoms of actual proving, as in the works of Hale (HNR), Hering (HGS), Metcalf (MHP), etc., may also provide support for homœopathic diagnosis, especially for those less experienced.

Increasingly however, non-primary pharmacographies derived from existing non-primary works, further adding their own interpretations to those of their predecessors, incrementally *changing the expression* of original provings, and too often unduly *expanding* (or *narrowing* (42)) their seeming applicability (43) and

giving the *illusion* of real growth and of great advancement, that our profession is moving forwards in leaps and bounds. In truth, however, rather than progressing and simplifying this most demanding of subjects, it especially dilutes the original data in a growing sea of excess interpretation, opinion and ‘insight’, which further removes us from the pure facts, and confounds the process of our comprehension. Let us examine this effect with the following few examples:

### 1. *Bismuth*

MMP104. Restless crossness; everything is repugnant to him – at one time he sits, at another he lies, sometimes he walks about, but remains only a very short time in one position, because it immediately becomes disagreeable to him. [*Hrm*] (44)

HGS Anguish; at times he sits, then walks, then lies down, never long in one place.

AE No mention of anguish or anxiety

BEH No mention of anguish or anxiety

CMM No mention of anguish or anxiety

LiMM No mention of anguish or anxiety

TMM No mention of anguish or anxiety

You will note that, aside from Hering, none of these authors mentions *anguish* or *anxiety*, and rightly so, since from the record of provings, (45) *Bismuth* only produces anxious dreams. (46) Indeed, Hering (HGS) wrongly translates this symptom from RA(93) [MMP104] which describes an *annoyed restlessness* – the prover could not sit still because he soon became *bothered* by it, and so moved around from place to place, but not because of *anguish* or *anxiety*. (47) This leads us to conclude that Hering was insufficiently familiar with English, and wrongly translated the *Unruhige Verdriesslichkeit* (restless crossness) as *Anguish*, (48) and we also find this mistake simply continued in subsequent non-primary works (*Boericke*, (49) *Phatak*, (50) *Vermeulen*, (51) etc.).

Furthermore, Hering adds a new symptom to his *Guiding Symptoms*:

HGS Desire for company; child holds on to its mother’s hand.

But the only proving symptom with any relation to company in *Bismuth* is seen in RA(97)/MMP108 – “*Solitude is intolerable to him.*”, (52) and Hering’s addition evidences a departure from actual provings, since *firstly*, the provings do not reveal a desire for company, but rather, an intolerable dissatisfaction which drives him from place to place, to the point that he cannot stand to be alone – that company affords some distraction from the solitude, and provides the opportunity to complain (RA(95)/MMP106); *secondly*, there is no mention in the provings of a child holding onto a mother’s hand, and Hering provides no indication that this was a purely clinical observation – moreover, the way he puts it suggests an anxiety state, rather than an intolerance to

solitude due to this well described restless crossness. Subsequently, Hering’s misrepresentation has become incorporated, modified, and even strengthened in successive non-primary works, both pharmacographic (*Agrawal*, (53) *Boericke*, (54) *Phatak*, (55) *Vermeulen* (56)) and repertorial (*Kent*, *Künzli*, *Synthesis*, etc.) – the end result of which is a weakening and even loss of true meaning.

### 2. *Magnesia muriatica*

CD407 After coitus in the evening, a burning pain in the back, in the morning, waking him from sleep; it becomes more violent during rest, is diminished during motion, and ceases after rising. (57)

HGS After an embrace, burning pain in the back. (58)

CDMM Burning in back after coitus. (59)

BMM no such symptom mentioned

Aside from the significant truncation of this original, sufficiently complete (60) symptom, Hering’s poor use of the term *embrace* in place of *coitus* could, especially today, be taken to mean a *hug* (cuddle) rather than the original *sexual intercourse*, and note how the actual comprehension of the original symptom has been lost by both Hering (HGS) and Clarke (CDMM), who entirely omit the most important of all characteristics; i.e., the *modalities*. Boericke (BMM) mentions no back symptoms at all, nor the aggravation following coition.

### 3. *Marum verum (Teucrium)* (61)

HSB185 Peevish at dinner and soon after, and so irritable that even the talking of other people excites his feeling, although he is not the subject of their conversation, with pressure in the forehead (probably an alternate effect of 184). (v. Gf.). (62)

HGS Irritable mood at and after dinner, with pressure in the forehead. (63)

VmC Irritability after dinner. Anger from voices of people. (64)

We see here how these non-primary works of both Hering and Vermeulen serve to reduce contextual meaning and thus the comprehensibility of the original symptom as it appeared in Stapf (SB) and as translated by Hempel (HSB p.210). Let us now look at the following two symptoms together, and how they have been given by the later works of Boericke, Hering, and Vermeulen:

HSB9 Upon stooping he immediately feels a painful pressure in the left frontal eminence, disappearing again when raising the body (Htn.). (65)

HSB16 Pressure in the forehead, over the eyes (Bn. – v.Gf.) (66)

HGS Pressing pain over eyes, < on stooping. (67)

VmC Frontal pain; < stooping. (68)

BMM Frontal pain; worse stooping. (69)

To the homœopath reliant upon accuracy of their

*pharmacographic record*, in its clarity, comprehensibility, integrity, and faithfulness in representing the *provings phenomena* from which our application of *similars* must depend, such alterations are neither useful nor welcomed.

#### 4. *Verbascum*

MMP1 *Attacks of vertigo when the head is supported by pressure on the left cheek.* [Gss] (70)

HGS Vertigo: on pressing l. cheek, while supporting the head.

VmC Attacks of vertigo on pressing the left cheek

VmS Vertigo from pressure on the left cheek

BMM *no such symptom mentioned*

Hahnemann's original (RA(1)) is clear, as is the translation of Dudgeon (MMP1); i.e., the vertigo occurs when the head is itself supported by pressure on the left cheek (the typical position with elbow on the desk, head rested via the cheek on the hand – this results in a slight twisting pressure on the neck, and hence the vertigo), but Hering's transformation of this symptom renders the meaning uncertain – it could be saying that, when the head is supported, *then* pressing on the left cheek induces vertigo – without the original version, a precise comprehension is not possible. Worse, Vermeulen, in both his compilations (VmC & VmS), having failed to examine the primary source (RA/MMP), simply spoils the meaning of this symptom and passes on his misunderstanding that simply pressing on the left cheek induces vertigo. (71) Then again, Boericke (BMM) completely omits any mention of vertigo under *Verbascum*, which may suggest that *Verbascum* does not produce vertigo at all, thus inappropriately *narrowing* the scope of this remedy to the unsuspecting prescriber.

These examples, which may be multiplied *in extenso*, (72) evidence the need for the conscientious homœopath to examine the primary sources of our science – that whilst non-primary works may and do serve a purpose, (73) ultimately, the most reliable provings data will be found within our *primary* pharmacographic sources.

### Study the Primary Sources

The lamentable truth is that most homœopaths do not use these primary pharmacographic works in considering their homœopathic diagnosis for a particular case. (74) No doubt this study is a most difficult occupation (75) – it demands a remarkable focus, continued reflection, and a constant calculation of the provings similarity to an actual case of illness – a daunting task, especially for the beginner, and one which tests the best of intentions to keep true to the method. Yet, remarkable results require remarkable effort, and in our own experience, there is no surrogate for these primary sources.

Moreover, in practice, there can be no reliance on the hearsay of others, the general diagnostic label, or even the reported usefulness of one or other remedy in cases of this type – we are alone, so to speak, matching *our* comprehension of the proving symptoms with *our* comprehension of the disease symptoms, and putting both our conclusion (homœopathic diagnosis), and *Similia*, to the clinical test.

For this is the way to proceed if we wish to *do* Homœopathy.

This is the *method*, the *process*, the *science of Homœopathy*.

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

Francis Bacon

*Novum Organum, First Book, §77*

1620

## Bibliography

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1828 (part 2) 10 pharmacographies (symp): Ammc.(163)\*, Barc.(286), Calc.(1090), Graph.(590), Iod.(133), Lyc.(891), Magc.(128), Magm.(69), Natc.(310)\*, Nitac.(803)

1828 (part 3) 5 pharmacographies (symp): Petr.(623),

Phos.(1025), Sep.(1242), Sil.(567), Zinc(743)\*  
1830 (part 4) 7 pharmacographies (symp): Carbv.(930), Carba.(191), Caust.(1014), Con.(700), Kalic.(938), Natm.(897), Sulf.(1041 + 2)

\* *Note:* Hughes (HMP, p.35) gives an erroneous count – our own figures come from the copies of these works which we have in our possession.

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1835 (part 1) theoretical part

1835 (part 2) 10 pharmacographies (symp): Agar.(715), Alum.(1161), Amm-c.(789), Amm-m.(397), Anac.(622), Antc.(471), Aur.(440), Barc.(794), Borx.(460), Calc.(1631)

1837 (part 3) 14 pharmacographies (symp): Carba.(728), Carbv.(1189), Caust.(1505), Clem.(150), Coloc.(283), Con.(912), Cupr.(387), Dig.(602), Dulc.(408), Eupho.(281), Graph.(1143), Guaj.(160), Hep.(661), Iod.(704)

1838 (part 4) 12 pharmacographies (symp): Kalic.(1650), Lyc.(1608), Magc.(890), Magm.(749), Mang.(469), Mez.(610), Murac.(574), Natc.(1082), Natm.(1349), Nitac.(1424), Nitrum [Kalin] (710), Petr.(776)

1839 (part 5) 11 pharmacographies (symp): Phos.(1915), Phos-ac.(818), Plat.(527), Sars.(561), Sep.(1655), Sil.(1193), Stann.(648), Sulf.(1969), Sulac.(521), Zinc(1375), Ars.(1231)

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AMM: Agrawal, M.L.: *Materia Medica of the Human Mind*, A compilation from the Chapter on Mind of Kent's Repertory, 3<sup>rd</sup> ed., Pankaj Publishers, Delhi, 1990.

BB: Boger, C.M. (Ed.): *Bönninghausen's Characteristics and Repertory*, Parkersburg, 1905.

BEH Bönninghausen, C. von: *Abgekürzte Uebersicht der Eigenthümlichkeiten und Hauptwirkungen der homöopathischen Arzneien* [Brief Overview of the Singularities and Main-Effects of homœopathic Remedies], Münster, 1835

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BMM: Boericke, W.: *Pocket Manual of Homœopathic Materia Medica*, 9<sup>th</sup> Edition, 1927. Indian reprint, B.Jain, 1989.

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 AHH: Archiv für die homöopathische Heilkunst  
 AHK: Annalen der homöopathischen Klinik  
 AHZ: Allgemeine Homöopathische Zeitung  
 AJHM: American Journal of Homeopathic Medicine  
 AJHMM: American Journal of Homœopathic Materia Medica  
 JHA: Journal für homöopathische Arzneimittellehre  
 OZH: Oesterreichische Zeitschrift für Homöopathie  
 PMG: Practische Mittheilungen der homöopathischen Gesellschaft

## Notes to Text

- (1) This appeared in *Hufeland's Journal der praktischen Arzneikunde*, vol.2, part 3, pp.391-439, & part 4, pp.465-561, 1796. It is reproduced in HLW249-303.
- (2) *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...". A more detailed account of this can be found in our DHD, p.138, note 7.
- (3) Whilst translating (from English to German) W. Cullen's *A Treatise of Materia Medica* [CTMM], Hahnemann could not accept that author's fanciful view that the effectiveness of Cinchona bark in the treatment of ague was due to its bitter and astringent ("tonic") qualities, and, as an experiment, decided to take regular doses of Cinchona in order to determine its precise effects, after which experiment, he realised, in the case of Cinchona at least, a 'similar' principle must be at work. He spent a further six years experimenting and testing a number of other drugs then in common use, and, in 1796, in his *Essay on a New Principle...*, released his finding to the world, and in which he writes (HLW267):  
 "In my additions to Cullen's *Materia Medica*, I have already observed that *bark*, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, *probably*, it overpowers, and thus cures the latter. Now after mature experience, I add, not only *probably*, but *quite certainly*."  
 This publication thus marks the birth of Homœopathy as a system of therapeutics. Hahnemann's reasoning is further clarified in the following words (*Extract from a Letter to a Physician of High Standing On the Great Necessity of a Regeneration of Medicine*, AAD (1808, no.343), 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,\* 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*...

(4) By "pure" Hahnemann means without speculation or conjecture, but solely the recorded effects of substance trials on the healthy physiology.

(5) In Hahnemann's own words we read (*Organon* §109)

"I was the first that opened up this path, which I have pursued with a perseverance that could only arise and be kept up by a perfect conviction of the great truth, fraught with such blessings to humanity, that it is only by the homœopathic employment of medicines that the certain cure of human maladies is possible."

(6) We see the term *Prüfung* (proving) was used by Hahnemann to refer specifically & only to substance trials on the healthy, which definition was established between 1810 and 1819. In fact, we believe the first instance where Hahnemann used this term definitively in this way, appeared in 1816, in the first edition of his RA, vol.2., *Vorerinnerung* (Preamble, MMP vol.1, p.18):

"... I shall only add, that as the experimenter cannot, any more than any other human being, be absolutely and perfectly healthy, he must, should slight ailments to which he was liable appear during these provings [Prüfungen] of the powers of medicines, place these between brackets, thereby indicating that they are not confirmed, or dubious."

(7) *Organon*, §109, footnote 2.

(8) Hahnemann's invaluable *Fragmenta*... (written in Latin) which marks the first pure materia medica, and which promises a most revealing treasury of pure data, whilst having been translated into the French language (Champeux & Milcent, 1855, Brussels; reprinted 1958), has never been translated into English (and only recently into German [WFH]).

(9) None of these works, from his *Fragmenta*... (1805) through *Reine Arzneimittellehre* (1811-33) [MMP], and onto his *Chronischen Krankheiten* (1826-39) [CD], make mention of *homœopathic* in their title.

(10) I use the term *allopathic* (Gr. ἄλλος (*allos*; other, other than) in its proper sense, as by Hahnemann, to refer to any therapeutic approach on a basis other than similars, i.e., which does not seek in every case to apply *Similia*, and which therefore includes mainstream (western) medical practice, naturopathy, herbal

medicine, vitamin or mineral therapies, etc.

(11) Hahnemann includes the following symptoms from Jörg: *Digitalis* (55 symptoms), *Iodium* (68 symptoms), and *Nitrum* [Kali-nitricum] (96 symptoms).

(12) *Pharmacography* (Gr. φάρμακο (*pharmaco*; medicine), + γραφή (*graphy*; writing) is one of a series of terms we have 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*).

(13) J.C.G. Jörg was professor of obstetrics at the university of Leipzig.

(14) More specifically, Hahnemann terms this approach *enantopathy* (Gr. ἐνάντιος (*enantios*; opposite), a subset of *allopathy*. Refer *Organon*, footnote to p.19 of the Introduction, also §§23,56,59.

(15) From the *British Journal of Homœopathy*, 1845, 3:9:44-50, we read:

"This work of Professor Jörg's has been much praised by writers on therapeutics in Germany, France, and England... it should not be forgotten, his experiments were made after those of Hahnemann, and therefore, he is not entitled to the praise of an inventor... only a successful immitator... had there been no Hahnemann, there would have been no Jörg, and yet the latter is deemed by medical writers as worthy of the highest praise, while the name of the former, if mentioned at all, serves but as a foil to Jörg's renown."

(16) On the contrary, the homœopath knows to prescribe Opium for a pathological state of painlessness, or constipation, according to the similarity of its proving symptoms with those of the particular case of illness.

(18) I use the term 'diagnosis' in its true sense (Greek, διά [dia = towards] + γνώση [gnosis = knowledge, understanding]), to mean a *distinct knowledge of*. The *homœopathic diagnosis*, in contrast to allopathy which attaches a name to the disease alone, names the disease after its specific homœopathic remedy – e.g., a *Nux vomica* gastritis, an *Aconite* cough, a *Cannabis* cystitis, an *Arsenicum* fever, or, in more general or multi-system conditions: an *Ignatia*, *Veratrum*, or *Lycopodium*, etc. disorder. General or non-remedy/case-specific classifications (e.g., asthma, depression, etc.) are inadequate for the purpose of homœopathic diagnosis.

(19) *Organon*, §25

"... pure experience ... teaches us that actually that medicine which, in its action on the healthy human body, has demonstrated its power of producing the greatest number of symptoms similar to those observable in the case of disease under treatment, does also, in doses of suitable potency and attenuation, rapidly, radically and permanently remove the totality of the symptoms of this morbid state, that is to say ..."

(20) *Organon*, §24

"There remains, therefore, no other mode of employing medicines in diseases that promises to be of service besides the homœopathic, by means of which we seek, for the totality of the symp-

- toms of the case of disease, a medicine which among all medicines (whose pathogenetic effects are known from having been tested in healthy individuals) has the power and the tendency to produce an artificial morbid state most similar to that of the case of disease in question.”
- (21) By ‘physiological’ I refer to the normal functions of the organism systematically studied and understood.
- (22) Homœopathy alone possesses such records of pure experiment upon healthy subjects (pharmacographies), purposefully conducted, methodically collected, and without addition or interpretation. These form our ‘pure’ materia medica, without which the application of *similia* is not possible.
- (23) Pathognosis (Gr. πάθος (pathos; suffering), + γνώση (gnosis; knowledge). i.e., knowledge of disease. By ‘disease’ I refer to any observable (detectable) morbid alterations of health, the symptoms of which form the basis of a patient’s complaint, and for which they seek treatment.
- (24) There is, in our experience, no better tool for this purpose than Bönninghausen’s *Therapeutisches Taschenbuch* [TT], and for the English language, our own TBR (*The Bönninghausen Repertory*). For over 16 years I too used primarily Kent’s Repertory (and its derivatives) in my practice, and, for a time, especially focused on symptoms of ‘mind’, appetite desires & aversions, etc., even directing my questioning towards those areas. Ultimately, it was my dissatisfaction with failures which could not be otherwise accounted for, the inconsistencies in my results which must have been due to my tools, which provided the interest in pursuing a different repertory. I am therefore in a position to compare and conclude the supremacy of TBR, having used it almost exclusively for over 9 years now.
- (25) *Organon*, §3  
 “If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (*knowledge of disease, indication*), if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (*knowledge of medicinal powers*), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient... then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art.”
- (26) That Homœopathy has withstood innumerable such tests raises it to the highest of scientific strata, regardless of those, be they ‘scientists’ or otherwise, who (ignorantly) oppose it.
- (27) This method is in strict accord with modern (post-Baconian) science, and has confirmed Hahnemann’s original induction of a *general similars principle* and raised it to the level of scientific law. We need here not waste our time in trying to support our position to those who, believing themselves scientific, fail to even realise that science revolves around trying to explain observable phenomena, and not in ignoring phenomena which cannot be comprehended according to one or other current view or paradigm. Indeed, it is not too difficult to show that there are many concepts within modern science which do not meet one most basic criterion of scientificity, namely, *testability*. But this is not the place to elaborate further.
- (28) By *thesis* (Gr. θέσις (*thesis*; seat, position, posture), I mean our actual position with respect to the therapeutic *principle of similars*, itself generated (inductive reasoning) following multiple (reproducible) experiments and observations. The homœopath holds an evidence-based, steadfast position, on the fact that, for reasons unknown to us, a substance removes symptoms of disease which it is capable of evoking in health. This is simple, pure science which is bound only by observation and unrestrained by mere logic (for it is not *logical* that two bodies, each with a mass, exert an attractive force [gravity], yet it is *fact*, and logic has no place in the matter).
- (29) I generally use the term *orthodox* Homœopathy (Gr. ορθόδοξος (*orthodoxos*; upright, correct, proper), to describe the methodology developed by Hahnemann and which defines Homœopathy proper.
- (30) *Examination of the Sources of the Common Materia Medica*, RA, 2nd ed., 1825, vol.3 (in HLW694):  
 “This improved healing art, i.e., the homœopathic ... administers *no* medicines to combat the diseases of mankind *before* testing their pure effects; that is, observing what changes they can produce in the health of a healthy man – this is pure *materia medica*.”  
*Contrast of the Old and New Systems of Medicine*, RA, 2nd ed., 1825, vol.4 (in HLW721):  
 “The most zealous efforts of one who devotes himself to the cure of diseases (a physician), must hence before all things, be directed to obtain a foreknowledge of those *properties* and actions of medicines by means of which **he may effect** the cure or amelioration of every individual **case** of disease with the greatest certainty, that is to say, he must, before commencing the practice of physic, have previously obtained a thorough knowledge of the peculiar alterations in the health of man the several medicines are capable of effecting, in order to be able to select, in every case of disease, the health-altering medicine most suitable for effecting a cure.”
- China*, MMP Preamble:  
 “They should first know the symptoms of china before attempting to determine for what collection of morbid symptoms, that is, for what case of disease it may be curative;...”
- Organon*, §106:  
 “The whole pathogenetic effects of the several medicines must be known; that is to say, all the morbid symptoms and alterations in the health that each of them is specially capable of developing in the healthy individual must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homœopathic remedies for most of the natural diseases.”
- (31) Hahnemann’s *primary pharmacographic record* comprises, in *Fragmenta*, RA, & CK, over 65,000 symptoms across 95 medicines – over 1 million written words representing over 34 years of continued and careful observation. I refer the conscientious reader to our detailed article *Hahnemann’s Pharmacography*, AJHM (2007) 100:3;185-201, also available at [www.hahnemann-institute.com](http://www.hahnemann-institute.com)
- (32) For this reason, in seeking to treat actual illness, especially more serious disease, we *ourselves\** must extrapolate the symptoms of provings, via inference, analogy, extension, etc., to a point where they would resemble the actual disease presented.

We must remember that the provings record are comprised of symptoms which resemble one or other natural diseases. Thus, an Arnica prover doesn't all of a sudden experience actual traumatic falls or other injuries during the proving – they do develop aching muscles, tenderness to pressure, and a sensation as if the bed upon which they lie is too hard, even perhaps spontaneous bruising, etc., as if injured. The homœopath extends this information to suggest that it may be used in cases of actual trauma, with similar symptoms – the deduction is tested, and *Similia* vindicated. In this way we also understand the inclusion of repertorial rubrics within TT/TBR\*\* such as *Alcoholics; Anthrax; Children (particularly), in; Females, particularly with; Glanders; Injuries, from; Insect stings*, etc. – in each case, the symptoms of disease or circumstance resemble those within the provings of the listed remedies.

\* But we may never rely on the inferences (upon inferences, upon inferences) of others, since each prescriber must themselves develop the process of drawing conclusions based on the evidences of the proving symptoms, and in similar fashion, on the evidences of disease symptoms – the one reinforcing the other. In this way, we may eliminate the effects of interpretation bias, which must remain consistent with each individual observer. Thus two (properly trained) homœopaths, will each prescribe Nat-m., but perhaps for slightly different reasons – each has studied and understood the provings of Nat-m. in a different way, and similarly, they have each studied and understood the particular case before them with their same bias or viewpoint, and this therefore offers no obstacle to the homœopathic diagnosis. The problem arises when we rely on the interpretations of data from others with different observer bias, and for this very reason, consistency of results in the clinical situation must and does suffer when we rely upon such non-primary sources.

\*\*It should however be noted that the same criterion of provings-only inclusion is not seen in most other repertorial works which list remedies under disease names yet with no basis in provings, but merely upon clinical removal, which, as Hahnemann points out in his *Organon* (§67, footnote), offers no guarantee of homœopathicity.

(33) Poisonings, accidental or otherwise, must be seen as crude (uncontrolled) proving effects, which nonetheless reveal something of the action of that substance.

(34) This applies equally to patients treated allopathically and homœopathically. The *production of new symptoms* in a patient whilst taking a remedy *perfectly homœopathic* for their presenting symptoms, all other variables (habits, circumstances, diet, social, etc.) being unchanged, may with certainty, be ascribed to the action of the medicine, and, if consistent (characteristic), may be carefully collected and recorded, marked with an indication as to their origins, for confirmation in further clinical trials with that remedy. But, this process is full of difficulty and can only be undertaken by 'masters' of observation, as Hahnemann states it (*Organon*, §142.)

(35) For example:

CD, Preamble to *Aurum*:

"Gold has especially proved itself useful in chronic diseases when the following ailments predominate, or at least were simultane-

ously present:"

CD, Preamble to *Manganum*

"...this metal has proved especially helpful where the following symptoms were present among others, or predominated:"

It has been incorrectly suggested that these reports from Hahnemann are mere *clinical indications*, without regard to the actual symptoms listed amongst the provings proper. But that these are indeed *provings-based confirmations* of clinical efficacy, may be readily seen in the following comments from Hahnemann, in a footnote to his CD preamble to *Alumina*:

"I am sorry to say the significance of the use of medicines as given in the preface to most of the remedies, and which have often been unreliably reported, has been now and then misunderstood, having been regarded as determining the choice of remedies in the treatment of diseases (as *indications*); this they cannot and should not be; they are not names of diseases healed, but only of separate symptoms which, in treating a disease with the specified medicine, were either diminished or removed—*ab usu*. To use them otherwise is a deceptive procedure which we leave now as before to our allopathic step-brothers. They are, on the contrary, only to serve to furnish occasionally a little confirmation of the correct choice of the homœopathic remedy, already found out from their peculiar medicinal effects, as *indicated* according to the similarity of the symptoms of disease of the special case under consideration."

Hahnemann is clear in stating these observations are offered as *confirmations*, not as *indications* for the homœopathic diagnosis.

(36) The following examples of the corroboration afforded by non-provings derived data (source authorities indicated within square brackets) evidence their usefulness:

*Hyos.MMP153*: The throat is so contracted and dry, that a mouthful of tea almost chokes him.\* [HAMILTON, I.C.]

*Hyos.MMP154*: In the throat a pressure as from a turn-out when swallowing and at other times. [Stf]

*Hyos.MMP155*: The throat feels constricted, which impeded deglutition. [BERNIGAU, I.C.]

*Hyos.MMP156*: Constriction of the throat. [SAUVAGES,-HUNTER-WOLF. I.C.]

*Hyos.MMP157*: Inability to swallow. [TOZZETTI, I.C.]

*Hyos.MMP158*: Inability to swallow, the fluids introduced into the mouth were twice spat out. [HAMILTON, I.C.]

*Hyos.MMP159*: Hydrophobia. [BARRERE, *Observat. d'Anatomie*, 1753]

*Hyos.MMP162*: Horror of drinks. [COSTA, I.C.]

*Hyos.MMP164*: After drinking tea he soon fell into convulsions, he did not know those about him. [HAMILTON, I.C.]

*Hyos.MMP165*: He wishes to drink, but cannot swallow. [HAMBERGER, I.C.]

\* "When we take together symptoms 140 to 146, 149 to 151 and 153, 155, to 162, 164, 165, 166, with the mental and emotional symptoms 513, 515, 520, 547 to 651, 569, 565 to 572, 575, 580, the convulsions 441, 475 480, and some others 101, 102. 427 to 429, we have a tolerably accurate picture of the ordinary hydrophobia caused by the bite of a mad dog, which therefore will and must be not unfrequently curable by henbane. The true histories of this frightful disease show us several varieties of this malady

in human beings, for each of which there will be a perfectly suitable remedy, among which henbane is one of the best. For the other cases either stramonium or belladonna is the suitable homœopathic remedy, according to the character of the totality of the symptoms.”

When considering these above symptoms, we see the support offered by these non-provings derived symptoms, which confirm Hahnemann’s conclusion that Hyoscyamus symptoms resemble those of *hydrophobia*. The same may be seen in the next example:

Stann.MMP573: Causes emaciation and consumption\* [STAHL, 1. c.]

\* Taking together symptoms 331, 332, 337 to 339, along with the above observations of STAHL’s, we can understand how kinds of ulcerative pulmonary phthisis have been cured homœopathically by means of tin; e.g. ...

This above symptom serves to support and extend the possible implications and therefore application of the proving symptoms referred to in the note by Hahnemann. But, I must re-emphasise that *only* where such non-proving data adds support to the pure proving symptoms, *only then*, are they able to be listed, and so identified, within our materia medica.

(37) We refer the reader to a more detailed account of this topic which appears in the appendix to our *Homœopathic Diagnosis* (DHD).

(38) It is not the place in this short account to detail the other primary works, however we may briefly mention Jörg’s *Materialien*... [JM], most of the data in Hartlaub & Trinks’ *Reine Arzneimittellehre* [HTRA], Helbig’s *Heraklides*... [HH], and the many original provings published in the various periodicals of the day, more especially Stapf’s *Archiv*... [AHH], Hartlaub & Trinks’ *Annalen*... [AHK] and their *Practische Mittheilungen*... [PMG], *Journal für homöopathische Arzneimittellehre* [JHA], *Allgemeine Homöopathische Zeitung* [AHZ] and *Österreichische Zeitschrift für Homöopathie* [OZH, vol.1 (1844), vol.2 (1845)] wherein most of the ‘Austrian provings’ were published. Then we may also mention the American provings: of Hering’s *Wirkungen des Schlangengiftes* [HWS], and, under his editorship, the *Materia Medica of American Provings* [MMAP], and the *American Journal of Homœopathic Materia Medica* [AJHMM].

(39) Through our work over the years we discover numerous examples of such errors, both in the original German, but many more in their English translations. Whilst these types of error are unavoidable in any work of this type and magnitude, it is remarkable and disturbing to observe that our profession has never before seen these (sometimes glaring) mistakes. Moreover, these same errors are found, simply transferred and reproduced into our modern works which have not ever bothered to investigate their actual source, preferring instead to include baseless extensions, theoretical and untestable, which serve especially to dilute the actual provings data.

(40) Stapf herein collected the provings data of the following ten remedies which had appeared in the first 15 volumes of his *Archiv* [AHH] (given in the order in which they appear): *Rhod.*, *Seneg.*, *Valer.*, *Coff.*, *Sabad.*, *Ran-b.*, *Ran-s.*, *Croc.*, *Sabin.*, *Mar.*

(41) The mere removal of symptoms following the administration of a remedy does not thereby ensure that remedy’s capacity to

produce similar symptoms. That this is clearly observed and taught by Hahnemann can be seen in his *Organon*, footnote to §67, wherein we read:

“It does not follow that a homœopathic medicine has been ill selected for a case of disease because some of the medicinal symptoms are only antipathic to some of the less important and minor symptoms of the disease; if only the others, the stronger, well-marked (characteristic), and peculiar symptoms of the disease are covered and matched by the same medicine with similarity of symptoms—that is to say, overpowered, destroyed and extinguished; the few opposite symptoms also disappear of themselves after the expiry of the term of action of the medication, without retarding the cure in the least.”

The fact that symptoms disappeared following the action of a remedy is therefore, of itself, not sufficient to conclude its homœopathicity, just as the removal of pain by morphine does also not indicate any homœopathic correlation.

(42) The association of pure proving symptoms with one or more named conditions, as with the addition of positive clinical outcomes in the treatment of named diseases, whilst perhaps affording some degree of confidence as to the action of that remedy in such conditions, can, unfortunately, have the unwanted side-effect of limiting the scope of a remedy to such conditions especially.

(43) The readiness to undertake such work was (and continues to be) most often seen in those with little familiarity and even less experience in the homœopathic\* application of these medicines which they nevertheless seek to elaborate, through fanciful abstraction, extrapolation, hypothetical proposition, postulation, conjecture, etc. – all finely finished with the mere stroke of their editorial pen.

\* We do not at all give consideration to non-homœopathic practitioners, such as those who seek to employ a remedy based upon their physical, chemical, or other (perceived or imagined) qualities (i.e., as per their ‘signature’) but without seeking to match the similarity of symptoms of a case with those actually produced in properly conducted, documented, provings.

(44) The original German reads:

RA(93) Unruhige Verdrüsslichkeit: es ist ihm alles zuwider – bald setzt, bald legt er sich, bald geht er herum, bleibt aber nur sehr kurze Zeit in der Lage, weil sie ihm sogleich lästig wird.

(45) The entire provings record of Bismuth comprises 142 symptoms (108 in Hahnemann’s MMP, plus 34 in Hartlaub & Trinks’ *Reine Arzneimittellehre* [HTRA]). It has never had a further proving. R.Hughes & J.P.Dake (CDP, vol.1, pp.579-584) provide a number of observations, mostly toxicological reports derived from large doses of the crude substance, many from effects on the sick (being applied on post-surgical dressings) – these consist largely of, not surprisingly, irritant stomato-gastro-enteritic effects. The absence of further provings for Bismuth was observed by Otto Leeser (LrMM, p553), wherein we read:

“Even Hahnemann considered the proving as unsuitable [incomplete] but it has not been enriched in the interval.”

(46) The only reference to ‘anxiety’ in Bismuth is seen in the following symptoms:

RA(87)/MMP98 *At night, frequent waking up out of sleep as from*

*fright.* [Lgh]

RA(88)/MMP99 At night, vivid anxious dreams. [Lgh]

It is a mistake to imagine (as many do), that by simple extension, Bismuth must also produce an anxious state during their waking hours. Indeed I recall one of my own cases successfully treated with Bismuth, prescribed especially upon the fact that they were exceedingly cross (to the point her employees kept resigning) and restless (could not sit and focus on her professional work); but at night, would wake with a sense of dread or anxiety, yet without any particular dreams – this symptom, as well as her presenting sleeplessness and physical lethargy, all responded well to Bismuth.

(47) That the term anguish was not used differently to its present use, is evidenced in CD, wherein, not uncommonly, Tafel translates the term *Angst* [anxiety] as *anguish*, as for example, *Dig. CD10,225; Dulc. CD134; Eupho. CD2, Graph. CD16*, etc.

(48) This well illustrates what is the generally accepted view amongst translators, that the *translator should be a native speaker of the target language*.

(49) BMM, p.122 *Anguish*.

(50) PMM, p.105 *Anguish*; never long in the same place or position.

(51) VmC, p.176 *Anguish*; never long in one place or position. VmS, p.143 *Anguish*.

(52) The original German reads:

RA(97) Die Einsamkeit ist ihm unerträglich. [Solitude is unbearable]

Jahr (JH2 (1835), p.65) gives this symptom as:

JH2 Scheu vor der Einsamkeit [Aversion to solitude]

Hering's initial translation (HJM, 1836, p.96), made from Jahr (JH2), introduces the *fearful*, but this was later changed to match more closely the original RA(97) symptom, as we see:

HJM Fearful of being alone.

HGS Solitude is unbearable.

(53) AMM, p.56 Company, desire for Agrawal brings to light an even more problematic phenomenon, that of "reverse repertography" i.e., of constructing a list of rubrics for a given remedy and thereby forming a "materia medica" as it has been wrongly termed – we prefer the term *Rubrica Medica*. Agrawal's work is precisely that – a listing of all rubrics from the Mind chapter in Kent's Repertory [KR], and it is no surprise therefore that this work is simply riddled with error, reflecting those same errors readily found throughout KR, and not at all representative of our materia medica proper.

(54) BMM, p.122 *Desire for company*.

(55) PMM, p.105 *Desire for company*; children hold on to mother's hand.

(56) VmC, p.176 ... *desire for company*; children hold on to mother's hand.

VmS, p.143 *Desire for company*.

(57) The original German reads:

CK407 Nach abendlichem Beischlafe, entsteht früh ein Brennschmerz im Rücken, der ihn aus dem Schläfe weckt, in der Ruhe immer heftiger wird, durch Bewegung sich mindert, und nach Aufstehen ganz vergeht.

Note that T.F.Allen (AE) gives a faithful translation of this entire

symptom, showing, unlike HGS, that Allen did go back to the primary source.

(58) Hering's failure here stems from his reliance upon the non-primary work of Jahr's *Handbuch...* of 1835 [JH2], wherein we read:

JH2 p.217: Nach Beischlaf, Brennen im Rücken. [After coition, burning in the back].

Jahr's truncation omits the most important descriptors of the entire symptom, and renders it barely useable. Hering translates word for word, without checking the primary sources, and further mis-gives the *Beischlaf* [coition] as *embrace* [German *Umarmung*], although we must here remember that Mag-m. only appears in volume 7 of HGS, published only after Hering's death (Hering died in 1880, prior to the third volume of HGS appearing), and we cannot say how much of this fault was attributable to Hering himself, or to his students after him (C.B.Raue, C.B.Knerr, C.Mohr) who carried on this work to its completion.

(59) Clarke here seems to have copied this symptom from Hering's HJM, wherein we read:

HJM, p.236 Burning in the back, after coition.

(60) The 'completeness' or sufficient definition (for the purpose of homœopathic diagnosis) of a symptom is afforded by its component triad *Location, Complaint, Modalities*. This subject has been thoroughly detailed in our book *Homœopathic Diagnosis...* [DHD] to which we refer the reader.

(61) This proving of Marum first appeared in AHH (1826), 5:2;148-69. As shown by the examples below, it was faithfully reproduced by Stapf (SB, 1836), and later translated by Hempel (HSB, 1846) into the English.

(62) The original symptom reads:

AHH185 Beim Mittagessen und bald nachher ärgerliche Gemüthss-timmung und dabei so reizbar, dass er durch ihn nicht betreffendes Sprechen Anderer empfindlich angegriffen wird, mit Druck in der Stirn (Wahrscheinlich Wechselwirkung mit Symp. 184.) (v.Gf.)

SB185 identical text to above

Note the German *Mittagessen* refers to the *midday-meal*, i.e. to what is in English today known as *lunch*, not dinner.

(63) HGS, vol.7, p.285

(64) VmC, p.952

(65) The original symptom reads:

AHH9 Beim Vorbeugen des Körpers entsteht sogleich ein schmerzhaftes Drücken im linken Stirnhügel, das beim Gerad-Stehen wieder verschwindet. (Htn.)

SB9 identical text to above

From these originals, this symptom should better read:

"On bending the body forwards he immediately feels a painful pressure in the left frontal eminence, which disappears when he straightens up again."

(66) The original symptom reads:

AHH16 Druck in der Stirn über den Augen (Bn. – v. Gf.)

SB16 identical text to above

(67) HGS, vol.7, p.285

(68) VmC, p.952

(69) BMM, p.638

(70) The original German reads:\*

RA(1) Schwindel-Anfälle, wenn die linke Backe gedrückt und so

der Kopf unterstützt wird (W. Gross, in einem Aufsatz).

\* Hahnemann uses spaced lettering in his pharmacographies, to emphasise this symptom has been confirmed by multiple observers in provings. We refer the conscientious reader to our article *Hahnemann's Pharmacography*, AJHM (2007) 100:3, also at [www.hahnemann-institute.com](http://www.hahnemann-institute.com)

(71) What must we make of such treacherous modifications to the symptoms of our materia medica, for it is incomprehensible that one should seek to change the actual provings record without even examining them as they were recorded at the source, and how could Vermeulen go on to publish such accounts, as in this case of *Verbascum*, when it is clear he has not used it clinically for the very symptoms (now changed beyond usefulness) which he seeks to offer to others? And what of the patients who place their health in the hands of homœopath who unknowingly relies upon such works which, increasingly, litter our profession.

(72) Hughes & Dake (CDP vol.1, xiii) remark:

"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."

And again (CDP vol.4, 1891, vi):

"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..."

(73) Let us be clear, no non-primary work can provide the fullness of meaning, the depth of perception, or the scope of application which may be derived from our primary sources – by studying,

say, Kent's work on materia medica, we can, at best, only approximate his understanding, and this applies to all such non-primary works. But by studying the provings directly, we may form our own judgments as to the (similia-based) applicability of a particular medicine even in a new disease never-before seen, or to one which has never before had a homœopathic prescription. In this way, Hahnemann deduced, tested, and confirmed by experiment, the homœopathicity of *Belladonna* for true scarlet fever, *Mercury* for the common autumnal dysentery, and *Thuja* for figwarts.

(74) Far too many colleagues, even well known and senior homœopathic physicians and teachers with whom I have come into contact, had hardly even opened a copy of Hahnemann's pharmacographies (MMP or CD), others still had never seen them. This serious flaw within our profession must stem from our teaching institutions – the enthusiastic, trusting, students can never be held to account for the deficiency of their teachers.

(75) But this is only relative, and surely becomes easier with familiarity and application. Through my teachings with *Organon*, I have heard students lament the difficulties of its language, and I of course assured them that its comprehension becomes easier the more often it is studied. Later, when these same students had begun their in-depth study of Hahnemann's MMP and CD, they soon realised and remarked something along the lines of "*Organon* is easy to read compared to MMP & CD!". And in their turn, these works also become easier and more user-friendly.

*About author: George Dimitriadis practices homeopathy in Sydney, Australis. He actively teaches there as well, at two homeopathic colleges and the Hahnemann Institute. He edited the Australian Journal of Homeopathic Medicine, and he has authored four homeopathic books and numerous journal articles. Most recently he edited "The Bönninghausen Repertory – Therapeutic Pocketbook Method" a republication of Bönninghausen's Therapeutic Pocketbook. AṬH*