

Hahnemann's Pharmacography (1)

An Examination of Our Primary Materia Medica Record

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Synopsis: Our written record of provings originated with Hahnemann, and whilst the value of his works on materia medica may be measured by the subsequent success and growth of homœopathy, which itself relied on their accuracy, (2) it is remarkable to observe much of this work is now largely unfamiliar to the present-day homœopath – teacher, student, and practitioner alike. (3) This striking deficiency, coupled with the seeming profusion of more modern (more or less speculative) materia medicæ, which themselves introduce considerable errors of omission, translation, interpretation, and extrapolation, (4) together provide the necessary stimulus for our present article wherein we examine the pharmacography of Hahnemann and show the unsurpassed quality, even to this day, of that work.

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Introduction

Hahnemann's work to develop a new materia medica containing pure (conjectureless) observations on the effects of medicines on the state of health, (5) began in 1790, with his realisation of a possible *similars* principle in the case of *Cinchona* in the treatment of Malaria. Over the next six years he systematically examined (6) a number of other substances with known therapeutic effect, (7) and published the results of his definitive findings (1796) in his article (8) *In Search of a New Principle for Ascertaining the Curative Powers of Drugs, with a few glances at those hitherto employed*, (9) wherein we read (10)

"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 discovery of this general *similars* principle (11) thus marked the birth of Homœopathy as a *system of medicinal therapy* and necessitated a new, pure, materia medica, to *methodically* (12) record the observed effects of substances upon the

health, i.e., *provings*. (13) His first such work, *Fragmenta...*, appeared nine years later (1805), followed by his *Reine Arzneimittellehre* (RA) [*Materia Medica Pura*], and lastly, *Die Chronischen Krankheiten...* (CK) [Τηε Χηρονιχ Δισσασσεσ...]. He recalls (14):

"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* ..."

Each of these records represents the thinking of Hahnemann at that particular period, (15) and their careful comparison provides an insight into his furthering development of our *pharmacography*. Let us look at these works more closely:

Fragmenta... (16)

This was the first of Hahnemann's true pharmacographic works, published 1805, in Latin. A German edition, intended by Hahnemann, was not made due to the "badness of the times." (17) The *Fragmenta* contains the pathogeneses of twenty-seven medicines, twenty-two of which were incorporated into RA. Of the remaining five, *Cuprum* and *Μεζερευμ* appeared later in the second edition of CK (vol.3 (1837) and vol.4 (1838) respectively), whilst *Can-*

tharis, Copaiva, and Valeriana, were not furthered by Hahnemann. Two later (Latin) editions, the 1824 (Naples), and 1834 (London, of FFQuin) appeared. A French translation was published in 1855,(18) and more recently (2000), a German translation of the original Latin.(19) Regrettably, *Fragmenta* has never been translated into English.(20)

Reine Arzneimittellehre (RA) (21)

The first edition RA was published in six sequential volumes over ten years (1811-1821).(22) These went through to a second edition,(23) with only the first two volumes taken to a third edition.(24) RA was first translated into English by C.J.Hempel (1846), but this work was strongly criticised,(25) and a new translation was finally undertaken by R.E.Dudgeon, appearing in 1880 under the title *Materia Medica Pura* (MMP).(26)

Die Chronischen Krankheiten (CK) (27)

The first edition CK appeared in four consecutive volumes between 1828-30,(28) with a second enlarged (29) edition, in five volumes, released between 1835-39.(30) Hempel's English translation (1845-46) was again widely criticised,(31) 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* (CD).(32)

In its final form, RA spanned 6 volumes, and contained the provings data 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. CK comprised 5 volumes, the materia medica spanning volumes 2-5 (volume 1 was a theoretical part), with 47 medicines and nearly 41,000 symptoms in total. 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 - *similars*. Considering this was an age long before computerisation, RA & CK can only be seen as works of a single-minded, relentless pursuit, and any shortcomings or individual errors we may uncover should not dissuade us from a close study of this invaluable reference material.(34) Moreover, when closely examining these works, it is important to keep in mind they are, more or less, *abbreviated representations* of actual provings phenomena as recorded in the long-hand of provers' day-books.(35)

Thus, even Hahnemann's pharmacography

can only be thoroughly understood by careful comparison of the symptoms as they appear in his RA & CK George Dimitriadis with their antecedents as recorded in the various periodicals (36) of the day. We have ourselves undertaken this (surely long but most revealing) process over the past 2 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
2. recorded the various times & circumstances in numerous footnotes to the symptoms
3. used differentiating type to indicate degree of symptom *certainty* (37)
4. separately listed his own observations from the *observations of others* (38)

Carbo animalis [Adam] (32)

This same basic plan was continued through RA and into CK, except for the separate listing of the *observations of others*,(39) which was abandoned around 1827,(40) after which time he juxtaposed all symptoms into a single, cohesive list, arranged systematically according to the now familiar schema of RA & CK.(41)

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.(42) Moreover, for the (17 of the 65) remedies in RA which were incorporated into CK, Hahnemann in-

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	172
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	322
20	102	322
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	28
32	191	28

creased their symptom number with additions from himself and others, but the original symptoms were re-used (*i.e.*, original contributors *did not undertake re-provings* of those remedies). This fact is most readily seen by an examination of the provings of both *Bar-c.* and *Calc.* whose RA proving symptoms were distinguished with a preceding dash (—) (43) when taken into CK.(44)

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 (45) into *Carbo animalis*, from their placement in RA, through to CK. Furthermore, 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,(46) and even altered the placement (order) of symptoms,(47) that he may improve clarity and comprehensibility.(48)

These findings evidence a most thoroughly considered approach by Hahnemann to CK,(49) the final chapter of his *pharmacographic record*, which still, today, remains unrivaled.

2 Hahnemann's Contributors

After his arrival in Leipzig (1811),(50) Hahnemann formed a *Union of Provers of Medicine*,(51) recruited from amongst his students at the University. Initially there were ten, but only eight (adjacent) persisted.

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

Hahnemann's Prover's Union

Franz, Karl Gottlob (37 medicines, 1900 symptoms)
Gross, Gustav Wilhelm (42 medicines, 2380 symptoms)
Hartmann, Franz (28 medicines, 880 symptoms)
Homburg, Christian Gottlob (24 medicines, 750 symptoms)
Langhammer, Christian Friedrich (47 medicines, 1600 symptoms)
Rückert, Ernst Ferdinand (8 medicines, 100 symptoms)
Stapf, Johann Ernst (43 medicines, 2000 symptoms)
Wialicenus, W.E. (25 medicines, 840 symptoms)

RA.

All in all, for the 95 medicines within RA and CK, besides Hahnemann, there are over 25,000 entries from 76 contributors of the homœopathic school, and over 15,000 inclusions from around 1,400 old-school sources.(52) In terms of symptom number, apart from Hahnemann, who alone contributes the most (around 24,000 symptoms), the seven most prolific contributors, in order, are:

Nenning	4800 symptoms (20 medicines) (53)
Gross	2380 symptoms (42 medicines) (54)

Franz	1900 symptoms (37 medicines) (55)
Langhammer	1600 symptoms (47 medicines) (56)
Gersdorf	1450 symptoms (8 medicines) (57)
Schréter	1200 symptoms (14 medicines) (58)
Stapf	1000 symptoms (43 medicines) (59)

Next to Hahnemann, you will note Langhammer as having contributed to the greatest number of individual remedies – 38 medicines in RA and a further 9 (new ones) in CK. Whilst Langhammer's objectivity and capacity as a prover has been (mischievously) attacked, we find overwhelming evidence that his contributions were not only valid and consistent with those of other contributors, but trusted and thoroughly utilised by Hahnemann.(60)

There is here another misapprehension which should be mentioned – 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.(61) But our first retort to this half-truth, is that, apart from the fact that *there are many more dissimilar symptoms* from individual contributors,(62) it fails to remember (see below) that a single contributor does not necessarily mean a single prover – as for example, in the case of Hahnemann who often (or Nenning, who always) (63) acted as *proving master*, overseeing the proving of one or more subjects.(64) Moreover, it is known that the actions of various medicines *can* and *do* approximate each other (in one or more groups of symptom), (65) 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.(66) In addition, anyone sufficiently familiar with Hahnemann's comments on the subject of sensitivity, idiosyncrasy, and provings methodology, (67) will know that, *in health*, whilst only sensitive or idiosyncratic persons (68) may react sufficiently or uniquely to a medicinal proving dose, *in sickness*, *all persons* displaying similar symptoms will react to the homœopathically selected medicine.(69) This is the very reason why such 'sensitive' subjects, *i.e.*, *those readily predisposed to react*, are ideal candidates for proving.(70) All that remains, is the *test of clinical success* in order to strengthen the standing of such observations, (71) and this is where, in turn, repertorial grading consistency becomes most beneficial.(72)

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 presented for publication, as for example the many contributions of *Hartlaub & Trinks*, (73) which rightly show the names of each contributor as jointly responsible for the submission. On the other hand, and more revealingly, we also see (not uncommonly) *composite* symptoms, i.e., those formed from a number of separate (yet similar) symptoms, from one (74) or more contributors (homœopathic, (75) allopathic, (76) or a mixture of both) (77), into a single, *representative* symptom. (78) When we study the final form of these symptoms thus rendered by Hahnemann, we indeed begin to appreciate his desire to provide a clear and faithful summary of such symptoms (being careful to avoid any loss of meaning), and to thereby render a more *completed* form of symptom in as short a space as possible. Let us provide a couple of specific examples (our translations of HTRA):

1. *Alumina* CD119 (709) 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* (HTRA vol.2, 1829):

- Trinks: HTRA62 (80) Stitching on individual spots of the forehead
- Nenning: HTRA57 (81) Long-continued stitching in the occiput, in the evening
- HTRA58 (82) Blunt stitching in the forehead above the right eye, in the forenoon
- HTRA59 (83) Painful stitching and tearing in the left frontal eminence, in the evening
- HTRA64 (84) Sudden, acute stitching in the left temple, in the afternoon, and again in the morning
- HTRA66 (85) Painful stitching and tearing in the right side of the head, in the forenoon
- HTRA67 (86) 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 comprehend their overall meaning. (87)

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), and translated in 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).

4 Hahnemann's symptom grading

Having recognised the necessity for a *systematic* (rather than *accidental*) approach to discovering the health-altering effects of medicines towards the construction of a pure materia medica, Hahnemann further conceived the idea of marking the *degree of reliance* of such data. In 1796, he writes (88):

"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." (89)

"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 enclosed within brackets as not certainly pure." (90)

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 (see above under *Overview*):

- 0. (Symptom enclosed in parentheses) (91)
- 1. Symptom in normal type
- 2. Symptom in CAPITALS (92)

This system of grading proving symptom *certainty* (93) 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. (94) This is precisely what Hahnemann does, as we ourselves observe a number of symptoms that are given within parentheses (0grade) are later listed *without parenthesis* (1grade), as from *Fragmenta* to RA, or from RA to CK, (95) 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:

- Carba.MMP108* (During the evacuation of the stool pains like needle-pricks in the anus) [Adm]
Carba.CD350 During the evacuation, stitching in the anus as from needles. [Adm]
Coloc.MMP43 (A shooting throbbing pain in the right lower molars, as if struck with a metal wire) [Stf]
Coloc.CD56 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*, (96) which criterion was also applied to his own symptoms, as we see in the following few examples:

- Aur.MMP11* (One sided headache like digging, boring, pecking, in the morning immediately after waking, increased by coughing and bending the head backwards).
Aur.CD71 Burrowing, boring and dull sound in one side of the head, early on awaking, aggravated by coughing and by bending the head back.
Aur.MMP49 (A sort of burning in the eyes.)
Aur.CD102 A sort of burning in the eyes.
Dig. MMP426 (Secret mania with disobedience and obstinacy; he tries to run away).
Dig. CD27 Secret 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. CD18 Vertigo, when sitting and standing; he must hold on to something, so as not to fall forward.

These few examples, which may be readily multiplied, evidence Hahnemann's relentless efforts to verify and improve his pharmacographic record.

Now we move to the question of how Hahnemann determined a symptom (or part thereof) should receive *emphasis* (i.e., 2-grade). (97) Let us examine

the following symptom examples which, fortunately, also record the *number of provers*:

- Borx. CD7* *Easily frightened*, both he and she are startled by a shot at a distance. [Srt]
 "CD38 *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]
 "CD92 *Stitches in the left ear, with two provers (aft. 14d).* [Srt]
 "CD133 *Toothache in hollow teeth, with dull griping, in wet, rainy weather, with five provers.* [Srt]
 "CD308 *Easy conception, during the use of borax, observed in five women.* [Srt]
 "CD397 *Stitches in the sole of the foot, with two persons in the same way (2nd d).* [Srt]

- Amm-c. CD362* *Retention of stool¹ during the first days, followed by soft stools; with all provers.* [Ng]
Mag-m. CD332 *No stool for several days (with various provers).* [Ng]

¹ Note the English CD gave it wrongly as "urine", but German CK clearly writes "Stuhl."

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, (98) as we observe in these few examples:

- Ant-c. CD215.* Formication and burning in the varix of the anus, in the evening, in bed, until going to sleep (aft. 11d. and 5w). [Csp]
Aur. CD231. Every day very hard, knotted stool (the 1st days). (99)
Aur. CD232. Every morning soft stool with some pinching. (100)
Borx. CD312 Sneezing and fluent coryza (the first days). [Srt]
Calc. CD347. Impaired hearing (the first 3 days).
Cupr. CD186. 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. CD105. Throbbing in the right side of the head, in the afternoon; recurring for several days. [Ng]
Puls. MMP420. Cutting pains in the abdomen, by day, and particularly in the evening, day after day (aft. 4, 5, 6d). (101)

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 rather, as *proving master* conducting the proving, (102) and a single contributor name therefore does not suggest a single prover. Here are some examples of such symptoms:

Meny.MMP254 Vivid unremembered dreams. [Lgh]

Meny.MMP184 Obtuse boring stitching on the left scapula, over towards the spine. [Hbg]

Meny.MMP186 Excessively painful tearing downwards betwixt the scapulae, 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. CD266 Itching in the anus, with sore pain and formicating stinging.

Lyc. CD1363 He feels urged to go into the open air.

Lyc. CD1369

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 alone, which represents over 6% of the total symptom number – in other words, a significant proportion of symptoms are derived from multiple provers. (103)¹ Of these, over 300 symptoms list more than a single contributor name, as for example:

Alum.CD298 Chapped (dry) lips. [Ng,Tks,Srt]

Anac.CD78 Tearing pressure in the left temple. [Hrm,Gss]

Ars. CD955 Sinking of the strength. [Störk,Rau, and many others]

Caust .CD1263 Cold feet. [Frz,Hbg]

Con. CD502 Suppression of the menses. [Andry, Andrée, Greding]

Iod.CD1 Dejection. [Künzli, Matthey, Gairdner, Richter]

Kali-n. CD225 Pains in the stomach. [Falconer, Alexander, Rihter]

Lyc. CD833 Much itching on the prepuce, on the inner surface. [also Gff]

Mang.CD81 Dilated pupils (aft. 25h). [Hbg,Lgh]

Mez.CD457 Twitching pain in the hip-joint, extending down into the knee. [Whl,Gss]

Nat-c. CD70 Dull in the head, as after a prolonged

sleep. [s]

Nit-ac.CD1249 So weak that he had to lie down nearly all the time. [also Hg]

Ph-ac. CD695 Running all over the body as from ants, with some single fine stitches. [Hrm,Wsl]

Sil.CD501 Constipation for two days [Gss,Ng]

Stann.CD338 Pollution, without lascivious dreams. [Lgh,Gtm]

Sulf.CD672 Heartburn all the day. [also Ng]

Zinc. CD866 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. (104) 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. (105)

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*. (106)

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), and which have since been continued, from print to print, without attempt at examination and correction – these do not reflect well on our profession. The following few examples highlight our neglect and need for the rectification of this resource:

5.1. Mistakes in the original German

The simplest of these are what we could term organisational errors, where Hahnemann was unable to keep an accurate tally on contributors and their input into various remedies. For example, a number of CK symptoms append contributors who were not named by Hahnemann in the remedy preamble. These are:

Ars. Wahle, 18 symptoms

Clem. Hartmann, 10 symptoms; Kummer, (107) 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

Also, a number of remedies actually name contributors (in their preamble) yet 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)

Another basic organisational error involves the mis-numbering of symptoms. There are seven remedies in the original German wherein symptoms were misnumbered:

Ambra RA misnumbered – symptom 39 was given as 40, consequently, all subsequent symptoms were out by one, giving a total of 489 symptoms, not 490. This error reproduced in MMP.
Arnica RA misnumbered – symptom 534 was given as 535, consequently, all subsequent symptoms were out by one, giving a total of 637 symptoms, not 638. This error reproduced in MMP.
Bryonia RA misnumbered – symptom 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.
M-arct. RA misnumbered in four ways: *firstly*, symptom 261 was given as 260; *secondly* symptom 398 (actually 399) was given as 400; *thirdly*, symptom 424 (actually 425) is 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 as listed in the RA. However, we agree with Hughes (foot-note 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 omission by Hahnemann, and have removed them entirely, as he had intended. The final symptom count therefore is 458, not 459.
Digitalis CK misnumbered in two ways: *firstly*, symptom 300 was actually number 200, which meant the total symptom number was 100 less; *secondly* symptom 319 was numbered 320, meaning that all subsequent symptoms were out by one, giving a total count of 601, not 702 as shown in CD.
Dulc. CK misnumbered – symptom 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
Iodium CK misnumbered, there being no symptoms marked with numbers 610-629 – symptom 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.

5.2 Mistakes introduced into the English translations

First in this category, we find errors of omission, as for example:

Omission of symptoms

Agar. CK339 Durchfall [Diarrhoea] †
Arn. RA438 Einzelne Stösse in den Hüften [Single blows in the hips] †
Carb-an. CD49 Dämisch im Kopfe, mit Druck in der Stirn [Stupid in the head, with pressure in the forehead] †
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] †
Chin. RA(267) Blähungsaufreibung des Unterleibes (Stahl) [Flatulent distension of the abdomen] †
 † These errors did not impact on CD numbering which continued numbering as if this symptom were present
 † This error affected MMP numbering – we have inserted it in the appropriate place at position *Chin.*MMP413.

Omission of emphases (Bold in CD)

Agar. CD328 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.

Then we find mistakes of translation itself, as with the following examples

From this (albeit very brief) account, we see that

Closing Comments

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

Even today, and even with the need for careful correction, when *studied*, (110) these works remain both *unmatched* (111) and *irreplaceable*. (112) It would therefore be a mistake to consider them as either outdated, (113) simply because they have so long lacked the attention required for renewal and now seem (in their current form) removed from the present, or of little consequence, because, as

<i>Medicine</i>	<i>Symptom</i>		
	<i>presently reads</i>	<i>German original</i>	<i>should read</i>
Agar.CD358	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.]
Ant-c.CD97	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.MMP intro.	Itching tetters on the knee	Jückende Flechten in der Kniekehle	Itching tetters in the popliteal fossa
Calc.CD1353	Large, dark-red itching tetter on the legs...	Grosse, dunkelrothe, jückende Flecke an den Unterschenkeln...	Large, dark-red itching spot on the legs (below the knees)...
Con.CD796	Nervous asthma [Schmucker]	Nerven-Schwäche (Schmucker)	Nervous weakness [Schmucker]
Dig.CD597	Feeling of great tightness in the body. [Fr.]	Grosses Leichtigkeits-Gefühl im Körper. (Fr.)	Feeling of great lightness in the body. [Fr.]
Kali-c.CD304	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.
Nat-m.CD292	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.
Nat-m.CD408	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
Natm.CD1083	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.

the above errors in Hahnemann's original pharmacographies do not affect their use, and whilst a number of mistakes introduced into the English language translations are less innocuous, 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. (108)

What cannot be readily understood however, is why the profession itself, over the ensuing 170 years, had not detected them. (109)

some would suppose it, the number of medicines therein is in any case too limited to warrant our attention. (114)

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, (115) 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 medicine.

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- RA *Reine Arzneimittellehre*, 1825-1833 [vol.1-2 3rd ed.; vol. 3-6 2nd ed.], Arnold, Leipzig. Reprint Haug, Ulm/Donau, 1955.
- 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. (Ed.): *Bönninghausen's Characteristics and Repertory*, Parkersburg, 1905.
- BLW Tafel, L.H. (Trans.): *The Lesser Writings of CMF von Bönninghausen*, compiled by T.L.Bradford, translated by L.H.Tafel, 1908, Jain Publishers, Delhi, 1979.
- CDP R.Hughes & J.P.Dake, *A Cyclopædia of Drug Pathogenesis*, 4 volumes, 1886-1891. First Indian reprint, World Homœopathic Links, New Delhi, 1979.
- CMM Cowperthwaite, A.C.: *A Textbook of Homœopathic Materia Medica*, 11th edition, 1909. Indian reprint, B.Jain, Delhi, 1980.
- DHD Dimitriadis, G.: *Homœopathic Diagnosis, Hahnemann through Bönninghausen*, Hahnemann Institute Sydney, 2004.
- HGS Hering, C.: *The Guiding Symptoms of our Materia Medica*, 10 vol., 1879-1891. Indian reprint, B.Jain, Delhi, 1974.
- HHL Haehl, Richard.: *Samuel Hahnemann, His Life and Work*, 2 volumes, Stuttgart, 1922. Indian reprint, B.Jain, Delhi, 1985.
- HLW Dudgeon, R.E. (Ed.): *Hahnemann's Lesser Writings*, collected and translated by R.E Dudgeon, 1851, Indian reprint, B.Jain, Delhi.
- HMP Hughes, R.: *A Manual of Pharmacodynamics*, eight edition, 1880; 2nd Indian ed., Ringer & Co., Calcutta.
- HRM Hering, C.: *Analytical Repertory of the Symp-*

toms of the Mind, second Edition, Philadelphia, 1881. Note: an earlier edition of this work was published in 1873 as vol. 1 of Hering's *Analytical Therapeutics (HAT)*.

- HTRA Hartlaub, C.G.C., Trinks, C.F: *Reine Arzneimittellehre*, 3 volumes, Brockhaus, Leipzig, 1828-1831, Reprint v. d. Lieth, Hamburg.
- KLP Kent, J.T.: *Lectures on Homœopathic Philosophy* (1900), paperback edition, Thorsons, 1979.
- TBR Dimitriadis, G. (Ed.): *The Bönninghausen Repertory – Therapeutic Pocketbook Method*, Hahnemann Institute Sydney, June 2000. This work represents a rearranged English retranslation of Bönninghausen's *Therapeutisches Taschenbuch (TT)*, of 1846, and therefore assumes all its characteristics.
- TMM Teste, A.: *The Homœopathic Materia Medica*, arranged systematically and practically, 1814, translated from the French, and edited by C.J.Hempel, 1854.
- TT Bönninghausen, C.M.F. von.: *Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der reinen Arzneimittellehre*, Münster, 1846. [Therapeutic Pocketbook for Homœopathic Physicians, for use at the Sickbed and in the Study of Pure Materia Medica]

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 *Neues Archiv für die Homöopathische Heilkunst*
- PMG *Practische Mittheilungen der Homöopathischen Gesellschaft*
- 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) We consider Hahnemann's RA/CK as our most scientific and accurate records of proving.
- 3) We have been greatly dismayed to learn that final-year students of Homœopathy (after 4 or 5 years of study) have

- never before 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 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 materia medica, and it is the responsibility of our teaching institutions to ensure they are made accessible, and studied, by our students.
- 4) A comparison of original provings in Hahnemann's pharmacographies with their rendering in various successive materia medicæ reveals how, without further proving, they have been altered and extended through a process of misinterpretation, speculation, and theoretic extrapolation, to a point where their actual meaning is so changed as to lead the reader to a different impression altogether. We will publish the results of such comparative study, as we have made so far, in a future article focusing on that subject.
 - 5) *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.
 - 6) Hahnemann writes (Extract from *A Letter To A Physician Of High Standing on the Great Necessity of a Regeneration of Medicine*, AAD, 1808, 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...*
 - 7) 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."
 - 8) Hufeland's *Journal der praktischen Arzneikunde*, vol.2, part 3 pp.391-439, & part 4 pp.465-561, 1796; in HLW249-303
 - 9) 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.
 - 10) HLW267
 - 11) 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..."
 - 12) Hahnemann correctly reasoned (*In Search of a New Principle...*, in HLW258-59) that the effects of a medicine could only be known by experiment upon the healthy organism, and that such trials should be conducted methodically.
 - 13) 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."
 - 14) *Organon*, §109, footnote 2.
 - 15) We approached this subject with the view that Hahnemann's latest editions of these work 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.
 - 16) *Fragmenta de viribus Medicamentorum Positivis Sive in Sano Humanis Corpore Observatis*, in 2 parts: 1st part, 269 pages (*Materia Medica*); 2nd part, 470 pages (word index), J.A.Barth, Lipsiae, 1805. This work 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 (HRM18):
 "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."
 - 17) 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."
 - 18) *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.

- 19) Marion Wetteman, *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.
- 20) Perhaps we will 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?
- 21) *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.
- 22) First edition RA – publication dates for each volume: 1 (1811), 2 (1816), 3 (1817), 4 (1818), 5 (1819), 6 (1821).
- 23) Second edition RA – publication dates for each volume: 1 (1822), 2 (1824), 3,4 (1825), 5 (1826), 6 (1827).
- 24) Third edition RA – publication dates for each volume: 1 (1830), 2 (1833).
- 25) Richard Hughes, with whose erroneous and often biased conclusions (with respect, 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.
- 26) *Materia Medica Pura*, translation of RA, by R.E.Dudgeon, reprint, B.Jain, Delhi, 1990. 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.
- 27) *Die Chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung*, Leipzig, 2nd edition (5 volumes), 1835-1839, Arnold, Leipzig [vols.1-2], and Schaub, Düsseldorf [vols.3-5]; reprint, Haug, Heidelberg, 1979.
- 28) First edition CK – publication dates for each volume: 1,2,3 (1828), 4 (1830)
- 29) 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.*
- 30) Second edition CK – publication dates for each volume: 1,2 (1835), 3 (1837), 4 (1838), 5 (1839)
- 31) 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.
- 32) *The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure*, translation of CK by L.H.Tafel, 1896.
- 33) The remedy number in RA is 65 when the magnets (M-amb., M-arct., M-aust.) are considered together.
- 34) It is astonishing that our profession focuses much of its time in new medicinal 'provings' (of dubious quality) 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.
- 35) 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 however was seriously flawed from its outset, in that these authors 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 or attenuation (as demanded by Hahnemann himself). The resultant work, whilst being worth an examination as it does contain some nice sequential accounts of provings phenomena, is nevertheless so seriously defective as to render it mostly academic in its actual utility.
- 36) There are a number of remedies which appeared for the first time in Hahnemann's works, e.g., *Arg., Aur., Cocc., Ole-and., Staph.* Hahnemann also derived many symptoms from proving fragments published within the various books & periodicals, e.g., *AHH, NAHH, AHZ, HTRA, AHK*, etc., each of which he fully acknowledges.
- 37) 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*), which is a

measure of clinical success.

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

39) '*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'.

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

41) 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.

42) 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 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*).

43) The following symptoms failed to indicate their origin as being RA (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

44) We have examined a number of remedies which went from RA into CK, and find no examples where a contributor to RA provides new symptoms to the same remedy for CK.

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

Barc. CK 1st edition, 1828 (23 symptoms)

Carb-an. RA 2nd edition, vol.6, 1827 (32 symptoms)

Carb-v. RA 2nd edition, vol.6, 1827 (41 symptoms)

46) He did not simply restate the symptoms as they appeared in the RA, for example, Carban.RA128/CK420; Dulc.RA163/CK184.

47) For example, Carban.RA37-38/CK122-121 respectively.

48) Even so, in their 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:

Carba.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.]"

Carba.CK/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/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/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 version omits to mention this emission was unusual, accompanied by sexual dreams, and occurred with flaccid penis – comprehension has been affected, perhaps not critically, but certainly the image of the original symptom has been, from our own perspective, unfortunately reduced. One possible explanation for this seeming sacrifice of reader comprehension for the sake of brevity, involves Jahr, who was employed by Hahnemann (February to October 1834) for the express purpose of assisting him towards the publication of the second edition CK. Hahnemann himself later complained to Bönnighausen¹ 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 This is nonetheless a topic worthy of much more attention.

† We read from Hahnemann's correspondence to Bönninghausen:

26Dec.1834 (SHB110): "...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."

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

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."

† This however, in itself, does not explain 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 change of lifestyle at that time – his move to Paris with a new (very much younger) bride, and the subsequent enjoyment of more social activities such as the French theatre – his 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.

49) 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."

50) 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.

51) Refer HHL, vol. 1, p.375

52) These were distributed mostly amongst 55 of the 95 medicines, since 8 only listed from 1 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.

53) Nening contributes to the following (20) medicines:

Agar., Alum., Ammc., Ammm., Barc., Caust., **Dulc.**, Graph., Kalic., Kalin., Magm., Mang., Murac., Natc., Phos., Sars., Sil., Sulf., Sulac., Zinc.

54) Gross contributes to the following (42) medicines:

Agar., Ammc., Anac., Ang., Arg., Arn., Aur., Barc., Bell., Calc., Canns., Chel., Chin., Cina, Cocc., Con., Dig., Dulc., Ferr., Ign., Iod., Mang., Merc., Mez., Mosch., Natc., Olnd., Phos., Phac., Plat., Rheum, Ruta, Samb., Sep., Sil., Spig., Stann., Staph., Sulac., Thuj., Verba., Zinc.

55) Franz contributes to the following (37) medicines:

Anac., Ang., Arg., Arn., Asar., Aur., Calc., Camph., Canns., Caust., Chin., Clem., Cocc., Con., Cycl., Dig., Hyos., Led., Marc., Maus., Mang., Meny, Mez., Olnd., Phac., Rhus., Ruta, Samb., Spig., Stann., Staph., Stram., Sulac., Tarx., Thuj., Verat., Zinc.

56) Langhammer contributes to the following (48) medicines:

Agar., Anac., Ang., Antc., Arg., Arn., Ars., Aur., Bell., Bism., Calc., Caust., Chel., Chin., Cic., Cina, Clem., Cocc., Coloc., Con., Cycl., Dig., Dros., Euphor., Euphr., Guaj., Hell., Hyos., Ip., Led., Marc., Mang., Meny, Merc., Murac., Natc., Olnd., Phac., Ruta, Samb., Spig., Spong., Stann., Staph., Sulac., Tarx., Thuj., Verba.

57) Gersdorff contributes to the following (8) medicines:

Ambra., **Carb-v.**, Iod., Kalic., Lyc., Mez., Sep., Zinc.

58) Schrëter contributes to the following (15) medicines:

Agar., Alum., Amm-c., Ars., Borx., Calc., Iod., Kalin., Lyc., Magm., Natc., Natm., Phos., Rhus, Sars.

59) Stapf contributes to the following (44) medicines:

Acon., Ammc., Anac., Arn., Ars., Asar., Barc., Bell., Bry., Calc., Camph., Canns., Caust., Cham., Chin., Cina, Clem., Coloc., Dig., Dulc., Hell., Hep., Hyos., Ip., Maus., Mang., Merc., Mosch., Murac., Nitac., Nuxv., Op., Phos., Phac., Puls., Rhus., Ruta, Scill., Sil., Spig., Spong., Staph., Verat., Zinc.

60) Richard Hughes' (HMP, p.22) ignorant and mischievous comments on this topic have no basis in fact. 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!

- 61) 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 begun such a process, and have thereby reached an evidence-based conclusion which does not support such views as Vermeulen's.
- 62) For example, if we compare the symptoms contributed by Langhammer to *Colocynthis* 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.
- 63) Nanning 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).
- 64) 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.
- 65) 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).
- 66) For example, Stapf, whose credentials as a prover and tireless contributor for our profession is beyond question, contributes the following similar symptoms:
Acon.MMP8 Vertiginous heaviness of the head, especially in the forehead and on stooping, with nausea, and qualmsish feeling in the scrobiculus cordis (aft. 2h). [Stf]
Arn.MMP2 Giddy whilst walking. [Stf]
Ars.CD110 Vertigo, with loss of thoughts when rising. [Stf]
Ars.CD111 Violent vertigo, with nausea, when lying down; he has to sit up to diminish it. [Stf]
Acop.MMP1 Vertigo, as from slight intoxication, on rising from a seat and walking about (aft. 10m). [Stf]
- Asar.MMP9* 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.
- 67) *Organon*, especially §§116-117, 121, 128-132.
- 68) 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.
- 69) 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 how ultra-attenuations produce physiological effect), 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.
- 70) 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).
- 71) 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.
- 72) Bönninghausen's repertorial works, the latest of which was TT (and now our own English language counterpart, TBR), 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.
- 73) Hartlaub & Trinks' joint contributions are found in the following remedies: *Ars.* (CD263,281,439,454, etc.) *Carb-an.*

Cocc. Dulc. Euphor. Ign. Iod. Mag-c. Phos. Rhus.*

* CK lists 650 symptoms of *Mag-c.* ascribed by Hahnemann to Hartlaub & Trinks. But Hahnemann therein suggests these symptoms are likely to have originated from Nenning (they were published in HTRA without any contributor name).

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

75) 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]+ HTRA 118,119 [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]

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

77) For example, *Iod.*CD7,157,195,225

78) These were indicated by affixing all the contributor names to such symptom.

79) German original: *Alum.*CK119 Stechen an einzelnen Stellen des Kopfes. (Tks,Ng).

80) German original: HTRA62 Stechen an einzelnen Stellen des Vorderkopfes. (Ts).

81) German original: HTRA57 Lange anhaltendes Stechen in der Stirne, Abends. (d.2.T) (Ng)

82) German original: HTRA58 Stumpfes Stechen in der Stirne über dem rechten Auge, Vormittags. (d.3.T) (Ng)

83) German original: HTRA59 Schmerzhaftes Stechen & Reissen im linken Stirnhügel, Abends 6 Uhr. (d.1.T) (Ng)

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

85) German original: HTRA66 Schmerzhaftes Stechen & Reissen in der rechten Kopfseite, Vormittags 11 ½ Uhr (d.1.T) (Ng)

86) German original: HTRA67 Stechen in der linken Seite des Hinterhauptes, früh (d.3.T) (Ng)

87) 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 also meaningfully summarised accounts collated from the masses of prover day-books. It is however, also regrettable we do not have many of these prover's day-books for the purpose of research (not as a ready-reference).

88) In Search of a New Principle..., 1796, HLW265

89) The Medicine of Experience..., 1805, HLW453, footnote.

90) MMR Preface, p.2

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

92) Whilst Hahnemann writes (*Praefatio*) that these symptoms are given in capitals, the publisher actually used *italic* script (perhaps to save space), and which Hahnemann, perhaps,

then failed to go back and note in his *Praefatio* prior to print.

93) This is what Hahnemann writes in his *Praefatio* to the *Fragmenta* (translated by B.Deutinger):

"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.

94) 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.

95) For example, *Bell. Fragmenta* p.28, sympt.9 (Wetteman)/RA1012; *Carban.*RA108/CK350, and again for *Carb-an.*RA99/CK325; *Mang.*RA1/CK18; *Aur.*RA8/CK71, etc.

96) 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."

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

98) These may however be used to remove any uncertainty.

99) The translation by Dudgeon wrongly gives "clotted" rather than knotted [knotiger] stool.

100) The translation by Dudgeon wrongly gives "gripping" rather than pinching [Kneipen].

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

102) 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.

103) We find twenty-seven of the medicines in Hahnemann's pharmacography contain a (variable) number of unemphasised multi-contributor symptoms; of these, thirteen remedies list only one such symptom, and only the following eight remedies list what we consider a significant number of such symptoms:

Remedy	no.	first published
Belladonna	(35)	1811, RA first ed., vol.1.
Camphor	(13)	1805, <i>Fragmenta</i>
China	(14)	1805, <i>Fragmenta</i>
Helleborus	(8)	1805, <i>Fragmenta</i>
Hyoscyamus	(32)	1805, <i>Fragmenta</i>
Moschus	(11)	1811, RA first ed., vol.1.
Opium	(36)	1805, <i>Fragmenta</i>
Veratrum	(12)	1805, <i>Fragmenta</i>

Whilst we are not (yet) able to explain (with sufficient certainty) this discrepancy from the general trend as reported in the text of this article, we do observe all these medicines are from the RA, and that their pathogeneses were amongst the first to be recorded, and it is plausible Hahnemann's multiple-prover criterion for symptom emphasis was not, at that earliest stage, quite formed. Remember this was a time prior to the formation of his provers-group (see HHL vol.1, p.375), when Hahnemann had only a handful of (family & friend) provers – he acted as both prover and proving master, and his own observer bias may have been a reason why he did not add emphasis to a symptom which he had derived from multiple sources. Later, as his experience confirmed and his confidence grew, he could, with certainty, add emphasis to highlight the symptom.

104) 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:..."

105) 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 medicæ, we see that, unlike Hahnemann, authors 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 prover number), 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 repertories, we observe great confusion as to what the grades actually represent, and it is a fact that most repertories do not at all mention their specific criteria for grade assignment. Kent himself only makes a mention of the grades in his Repertory (KR) some years after its publication (*Lectures...* [1900], pp.213-214); but here we must not forget that Kent's is a secondary (non-primary) repertory, a composite of previous repertorial works, each with 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.

106) 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.

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

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

109) 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.
- 110) 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.
- 111) 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.
- 112) 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.
- 113) The suggestion that these old provings are no longer ap-

plicable 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.

114) 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.

115) We welcome any support by way of resources, expertise, or skills, from those within our profession keen to assist in this work.

About the Author: George Dimitriadis practices homeopathy in Sydney, Australia. 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 Five homeopathic books and numerous journal articles. Most recently he edited "The Bönninghausen Repertory – Therapeutic Pocketbook Method" a republication of Bönninghausen's Therapeutic Pocketbook, and has written "Homœopathic Diagnosis."

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Card Quiz — What's the Remedy?

< Injury, surgery, overexertion, touch, sprains, chilled when hot
 > Continued motion

Deep tissue injuries of abdomen + pelvis esp. from surgery

No. 1 remedy for healing after Caesarian. Similar to *Arn.* but more swelling + particular affinity for abdomen, pelvis + breasts. Don't take too late in day or may cause patient to wake early a.m. [Lippe].

See page 213 for the answer.