A guide to

HOMŒOPATHIC DIAGNOSIS

using *The Bönninghausen Repertory, 2nd edition*

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Introduction

The aim of this work is to offer a clear and simple explanation of the concept of homœopathic diagnosis, both for the beginner homœopath and the more seasoned prescriber alike.

So often we become bogged down and lost in the process of case taking and remedy selection, until we are so swamped with information that it is difficult to see the wood for the trees. Following a methodical guideline greatly assists in finding a clear path to an accurate diagnosis and prescription. There is nothing new or revolutionary in this information, in fact similar directions were originally given in the *Organon of Medicine*[1] by *Samuel Hahnemann* and further developed in the writings of *Clemens von Bönninghausen.* When approached in a logical, step by step manner, the process of case taking and diagnosis becomes far less daunting a task. Applying these guidelines, even a beginner will soon become confident and adept at case taking and remedy selection.

This guide is an outline of the more comprehensive work on the same topic by *George Dimitriadis,* titled *Homœopathic Diagnosis, Hahnemann through Bönninghausen* (DHD),[2] wherein George has given extensive detail, backed up by many case studies which act by way of example and also includes comprehensive references to original sources.

All repertory/rubric references in this present article refer to *The Bönninghausen Repertory, Therapeutic Pocketbook Method,* 2nd edition (TBRII),[3] the re-translation of Bönninghausen's *Therapeutisches Taschenbuch* [*Therapeutic Pocketbook*]. The numbers correlate to the rubric numbers in that work.

The task of the homœopath

All health practitioners aim to relieve the suffering of each patient in as gentle and speedy a manner possible. In the case of a homœopath, this must be achieved by selecting and prescribing the medicine (known by provings) to be most similar in its effects to the symptoms of each individual case of disease. This process of *identifying the remedy for an individual case of disease* forms the *homœopathic diagnosis.*

In order to make an accurate homœopathic diagnosis, a careful, step by step procedure should be followed if the patient's treatment is to be successful and the goal of cure is to be reached. This process is not a difficult one, though it does, however, require a cool, calm, methodical approach on the part of the homœopath.

While this work is an introduction or guide to the art of homœopathic case taking and diagnosis, as already mentioned, the procedure was first clearly set down, by *Samuel Hahnemann*, in the *Organon.* I would encourage those with a serious interest in Homœopathy, to read these instructions, in Hahnemann's own words, so as to gain a firm understanding of this process. I have included in this work some quotations from the writings of Hahnemann and Bönninghausen, in order to give the reader an understanding of how relevent and instructive their words are even in the present day. With a little effort, you will be rewarded by the wealth of useful information contained within their writings.

The provings

The success of a homœopathic prescription requires an accurate matching of the patient's symptoms with the provings of a medicine. As it is difficult to retain in our memory detail of all the known and recorded provings, constant reference to the provings data is necessary.

The raw provings information, or the descriptions of day by day effects of substances administered in trials on healthy people must be carefully and accurately collected and recorded without interpretation or alteration. We are very fortunate to have access to the original provings of Hahnemann, he himself having co-ordinated and tabulated over ninety-five provings in his life time. The raw data which he amassed, including his own provings and those recorded by his contemporaries, were carefully arranged and published in his *Materia Medica Pura* (MMP)[4] and *The Chronic Diseases* (CD).[5] As well as these indispensable works of Hahnemann, valuable provings data and information relating to accidental poisonings, etc., are also available in journals of that era. These works are, to this day, the most accurate and complete primary provings data we have at our disposal.

To make our job easier still, Hahnemann's life-time of work was indexed by *Bönninghausen* in his *Therapeutic Pocketbook.* This skilfully designed repertory (based only on original provings data) assists the practitioner to narrow down the remedy selection in each case, leaving a small group of medicines to be further considered. Careful study of the reliable provings (source materia medica) of these indicated medicines will then allow the most accurate medicine to be selected (homœopathic diagnosis).

Gathering the information

Which symptoms are important?

Disease is a process with a beginning, a peak, and a decline (or chronic, long term effect). The homœopath needs to obtain an accurate description of this course of events from each patient, bearing in mind the type of information which will be found useful in making an accurate *homœopathic diagnosis*. General symptoms such as headache, fever, cough, etc., are of little assistance in this process. Care must be taken to obtain details which will paint an individualised picture of the patient's disease, and to do this, symptoms which *characterise* their disease condition, must carefully be determined.

Much has been written about the importance of 'characteristics' in case taking, but what did Hahnemann mean by the term *characteristic*? A good deal of confusion exists as to Hahnemann's intended meaning of this word, largely due to the term having been poorly understood and ill-defined in the past.

Characteristics – consistent & reliable symptoms

A *characteristic* is actually a feature which is consistent – an ongoing or recurring part of the patient's disease state, which helps to individualise each complaint or the provings of a medicine. The consistent indicators we require may be: the *nature* of the presenting complaint itself, e.g. *stitching pains*; the location affected, e.g. *left temple*; or a modality (aggravating and ameliorating influence), e.g. *worse on stooping*, or *better from swallowing*. The characteristic indicator may also be a second (concomitant, accessory) complaint also present in the patient, for example, *chill* with toothache, *irritability* during pain.

However, although it is characteristic (consistent) for human beings to have two legs (a feature allowing humans to be differentiated from other animal species), this is insufficient to identify one particular human from the next. Characteristics, though valuable in limiting the range of medicines under consideration, are not necessarily, on their own, sufficiently defining to make for an accurate homœopathic diagnosis. Thus, while it is characteristic for Belladonna to produce eruptions resembling insect stings, this alone is not sufficient to distinguish it from the other remedies also capable of producing similar eruptions (TBR2410 lists fourteen medicines indicated for this symptom).

Distinguishing characteristics

To be of real value these characteristics must be further distinguished, so they stand out clearly and further limit the remedy choice. Such *distinguishing characteristics* are of great importance. Characteristic symptoms may be, in themselves, distinguishing due to their rare occurrence in either disease or in medicinal provings , e.g.:

Quality of perspiration, Odourous, elder flowers, like, (TBR 731) in *Sepia*
Eyes, looking, downward, ameliorates, (TBR 1926) in *Sabadilla*

But usually, a distinguishing characteristic is the result of the combination of two or more symptoms/features to form an image rarely seen in disease/provings, e.g.:

Thyroid goitre (TBR 227), coupled with dry cough (TBR 583), in *Spongia*
Petechial spots (TBR 1379), and black vomit (TBR395), in *Arsenicum*

> Emaciation (TBR 964), with voracious hunger (TBR 309), and desire for fruit (TBR 353) of *Veratrum*.

Care should be taken as characteristics of the patient are not necessarily characteristics of their disease. Do not confuse personality traits with disease symptoms. All patients have their individual temperaments, likes and dislikes, etc; these however, are only useful for our purpose, when they are linked to a disorder. If it is noted that the patient's personality has altered since the onset of their illness or this change is consistently associated with their recurring symptoms; *only then* do these mental symptoms become significant. For example, if a patient who is normally mild and yielding in nature, should become irritable and hard to please in their disease, this altered emotional state, clearly a part of their suffering, becomes of marked importance in the remedy selection. It should be mentioned also that no symptom of the patient, no matter how unusual it may be, is of any help for our purpose, if it has never been produced in a medicinal proving.

Hahnemann is clear on this subject:[6]

> The unprejudiced observer…notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.

Bönninghausen, on the same topic:[7]

> …[we must] not be so easily led astray by personal and individual traits. For the individual personality is often very different from the individual genius of the disease, and although the former may frequently cause a variance in the choice of the remedy nevertheless this selection must always be so made as to lie within the sphere of action of the genius of the disease.

Therefore, the symptoms we require for our purpose are those defining characteristics (consistencies) of the patient's illness. Hahnemann's often quoted *totality of symptoms* actually means *totality of characteristic symptoms.*

The clearly defined symptom

Next we must understand how to put these characteristic symptoms to best use, in order to narrow down our choice of remedy. Each complaint of the patient, as well as being consistent (characteristic), should also be further qualified with respect to its precise *location*, and *modalities* (aggravating and ameliorating influences.) The characteristic symptom is thus more clearly defined by one or more of these qualifiers, taking care that these qualifying indications are themselves consistent. Some sources incorrectly refer to this more clearly defined symptom as a 'complete symptom.' Such completion is not always possible, due to lack of available information from the patient, and therefore the term is not accurate. The aim should be to *sufficiently define* (complete as far as is possible) each symptom so that the outcome is a clear and distinguishing signpost, leading to an accurate homœopathic diagnosis.

These components known as the *CoLoMo* schema, can summarised as follows:

> *Complaint*..What is the problem? e.g. headache.
> *Location*.....Where is it? e.g. behind the eyes.
> *Modality*.....How is it affected by various influences? e.g. worse from moving the eyes.

Bönninghausen expresses this idea as follows: [8]

> For every single symptom complete in all directions may be considered as a diagnosis in itself, which presents a characteristic of a remedy, such as a hundred general symptoms, which are common to many remedies, and are detached, can never afford us.

The following extract and case by George Dimitriadis further elaborates on the value and usefulness of the so called *complete symptom* in solving and curing a disease with only one complaint, affecting one system or region.[9]

> Cases which present only a single complaint (so-called *one-sided*), if thus sufficiently distinguished, offer no obstacle to the homœopathic diagnosis. Let me demonstrate with the following case example of remittent cough:
>
> CT, 3 years, female. Presented 13 March 2002 with history of remittent cough since a severe attack of acute bronchitis 2 years earlier which was associated with violent cough ending only after vomiting. The (now dry) cough, which is

associated with heat all over body, comes in episodes which increase in violence, yet even between episodes, she is never quite free of cough. She is particularly worse during the winter months and sleeps with head elevated which helps settle the cough. Pitiful when sick. Rubrics taken:

Cough, expectoration, without TBR583 + Generals, Spasms [10] TBR1097
Winter aggr.TBR1744 + Lying with head low aggr. TBR2029

The location was implicit in the complaint, and the first two rubrics combined to define the dry, spasmodic nature of the cough itself, whilst the last two rubrics defined its aggravating influences.

Rx: Puls.30 (L) o.m [11]

3 April 02: For first 4 days of taking medicine, coughed up lots of green mucous. Since then, has had no cough. No fever. Looks well. Lungs clear on examination.

Rx: Puls. 30 (L) o.m. to continue.

24 April 02: Remains well. No signs of any problems. Parents very happy.

Although this (chronic) case consisted of only a single symptom, the definition afforded via *CoLoMo* provided sufficient distinction to readily conclude the homœopathic diagnosis.

This simple concept of the *'complete symptom'* has sometimes been wrongly taught to include the *concomitants*, yet the addition of concomitants (associated symptoms) leads to the consideration of our next topic, the *'complete case',* or more correctly, *the clearly defined case.*

The clearly defined case

Concomitant symptoms

In Homœopathy, the concomitant symptoms or those symptoms experienced by the patient, along with the main complaint (though not necessarily at the same time precisely), are considered a part of the same disease. These secondary symptoms are perhaps better named accessory rather than concomitant as the the latter implies that they need to be present at the the same time (concurrent to the maim complaint). This is clearly not the case as secondary symptoms, though usually less bothersome at the time of consultation, may even have been present prior to the main complaint developing.

Hahnemann detailed the importance of concomitants (accessory) early in his writings, and from his *Organon* we read:[12]

…accessory symptoms, which are often very pregnant with meaning (characteristic) — often very useful in determining the choice of the remedy…

The consideration of the concomitant symptoms of a case makes for a more accurate diagnosis, and therefore more accurate prescription. Bönninghausen understood fully their importance and went a step further by creating a mechanism for their application. In the passage below he contrasts the usefulness of the concomitants in Homœopathy with their position in other medical systems:[13]

This same system of concomitant symptoms also gives to Homœopathy a much greater sureness in the treatment of diseases as compared with allopathy, which first constructs for itself a frequently deceptive diagnosis of the diseases, which at most only points out the genus of this disease, and where there are important attendant symptoms it endeavors to help itself by adding to the leading remedy given for the genus of the disease one or another additional remedy to cover the concomitant ailments.

So the best prescription will be the one which also covers the accessory symptoms – those symptoms related to the main complaint by the fact that they occur in the same patient. These may pre-date the main complaint, or may be present with, or perhaps alternate with, the main complaint.

Although a prescription made without modalities would usually be uncertain, sometimes the concomitant symptoms, though themselves 'incomplete' (due to a lack of clarifying modalities), can be successfully combined to form a clear homœopathic diagnosis, as seen in the following case of George Dimitriadis.[14]

CG, female, 27 years, secretary: Presented October 2000 with inability to conceive since last 2 years of trying. All tests show no reason, and now feels guilty for the two abortions she had as a teenager, when she had readily conceived. Within the past year or so, she has put on a significant amount of weight, yet her diet had not changed. Also, not infrequently woken with cramps in her legs. No other information could be ascertained. Rubrics taken:

Sexual ability inadequate TBR487 (*presenting complaint*)
Obesity TBR1042 (*concomitant*)
Cramping pains, outer parts TBR949 (*concomitant*)

Rx: Calc 30 (L) o.m.

15 Nov. 00 Phoned to cancel next appointment due to being pregnant. Very Happy – 'It's a miracle.'

Discussion: This case demonstrates two significant points: *firstly*, effective application of TBR requires a thorough comprehension of rubric meaning, their scope and applicability in the clinical situation; *secondly*, even in the absence of modalities, the precise *combination* of independently identifiable complaints (presenting & concomitant), may still provide sufficient distinction for the homœopathic diagnosis.

Although the above case was solved using only presenting complaint and concomitants, usually it is necessary to try to define each of the symptoms as far as possible.

Symptomatognosy- CoLoMo schema

To summarise so far : Chronic cases are often very complicated in nature, involving more than one body system, and these can easily overwhelm the homœopathic beginner. Methodical application of the *CoLoMo* schema assures that no important information is missed during the case taking process. The focus of the case taking and analysis should be based on the main or presenting symptom, usually the most bothersome symptom at the time of presentation. Once this has been clearly recorded, along with its location and characteristic (consistent) modalities, the accessory symptoms should be each recorded and likewise carefully individualised according to the *CoLoMo* schema. It is essential this procedure be carefully followed and the whole case clearly defined before reaching for a repertory.

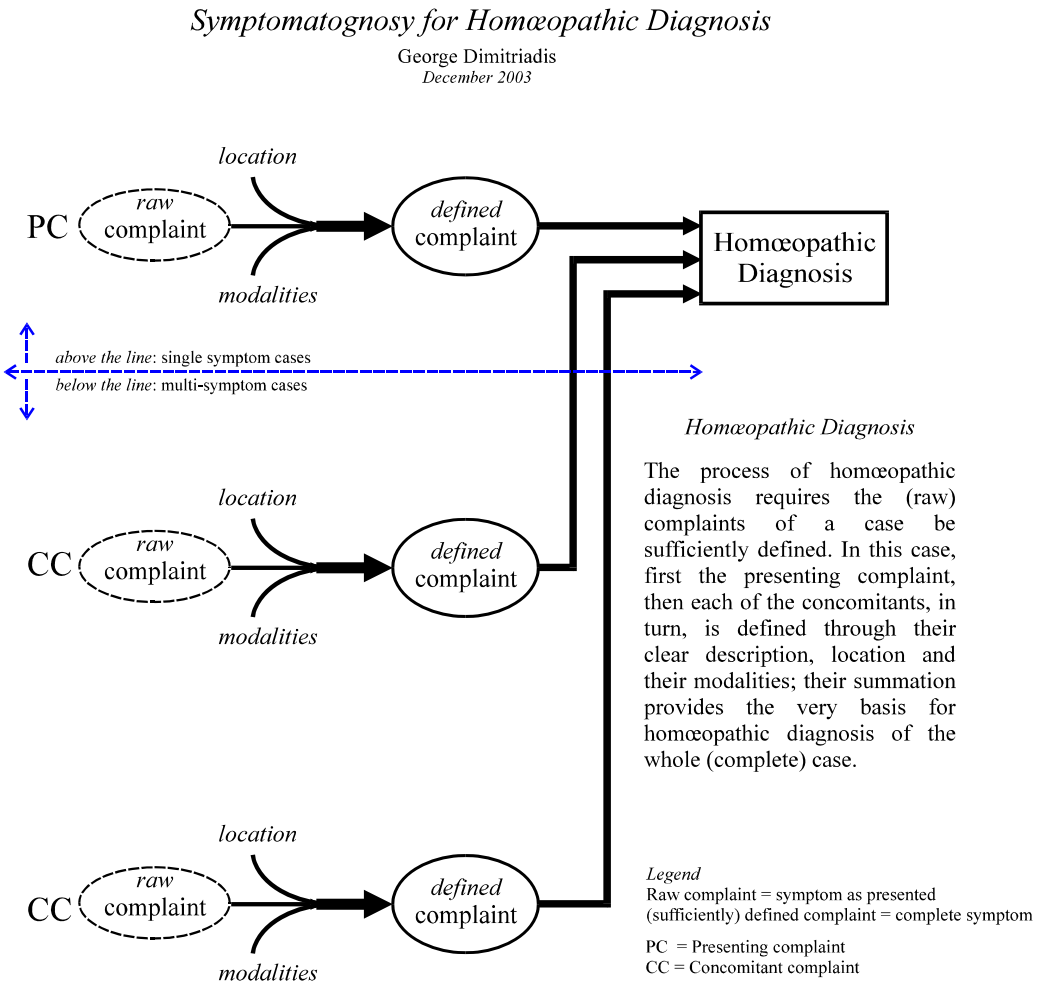

Figure 1

The components of 'the complete case' from George Dimitriadis, *Homœopathic Diagnosis*. Note the heading *symptomatognosy*, as defined in that work, to refer to a precise *knowledge of symptoms*, as defined by the *CoLoMo* triad.

Complete case example from my own clinic

Young girl, aged 7 years presented on 25 January 2000, with dry, bright red eczema eruption on face only. This condition had begun 7-8 months earlier with an eruption in the corners of the mouth, which spread to the cheeks, chin and under the eyes. Her face would become hot and burn and scalp would become very itchy on becoming overheated.

She also had a poor appetite, nausea, eructation, pain in the abdomen and frequent loose, watery stools. These symptoms became worse after drinking milk. In herself she was listless, restless and had poor concentration. When I encouraged her to talk about herself she readily and spontaneously spoke of a situation with friends, some months earlier which had upset and made her sad. This was obviously, from the way she spoke, still playing on her mind. Her history involved hospitalisation for rotavirus as age 2, and bouts of asthma treated allopathically. The following symptoms were selected from the TBR to sum up this patient:

Generals, Eruptions, dry TBR1457 (*presenting symptom*)
Face, Eruptions TBR176 (*presenting symptom*)
Modalities, Warm, heated, from being agg. TBR1736 (*presenting modality*)
Alimentary, Evacuation, Diarrhoea TBR421 (*concomitant*)
Modalities, Milk agg. TBR1810 (*concomitant modality*)

Only one medicine, *Sepia*, covered the above symptoms. In Hahnemann's *The Chronic Diseases…* (CD) we find the following confirmations:

CD349 ... Eruption in the face, like a red roughness of the skin
CD196 ... Much itching on the hairy scalp
CD1412 . After a walk, violent heat in the head and in the face
CD513 ... No appetite, nothing had any taste to her
CD563 ... Very frequent eructation
CD612 ... Spasmodic pain in the stomach and abdomen
CD613 ... Diarrhoea after partaking of milk
CD42 ..... The remembrance of past trouble puts him into extreme ill humor

Sepia 30, liquid preparation, was prescribed once a day until she returned one month later. On 22 Feb. 2000 she reported all symptoms to be improved. Her skin was good, stools normal and appetite much improved. She has stayed free of these symptoms to this day.

Not all cases resolve themselves as easily as this. However, this is a good example of how clear and concise presenting symptoms, carefully defined, lead directly to a clear choice of medicine.

Symptomarchy

the 'hierarchy' of symptoms

Once the symptoms of the case have been carefully gathered and clearly defined, the process of analysis begins. To this end, consideration needs to be given as to which symptoms may be of greater value in making a successful *homœopathic diagnosis*.

Emphasising the Importance of Modalities

The modalities have been found to be particularly reliable in discerning the best remedy choice. Bönninghausen observes the following : [15]

> "The increase of this medicinal power in proportion with the increased dynamization is, however, so striking that it must force itself on every attentive observer…Only with reference to aggravations and alleviations of symptoms…the higher and the lower potencies ever remain the same, and this constant uniformity [constante Gleichförmigkeit] ought to urge homœopaths to study these momenta with great industry, and to pay especial attention to the same when selecting a remedy."

This consistency even across a range of different medicinal potencies and doses makes these components most characteristic, and therefore *first in rank* according to our *symptomarchy*.

In some cases a modality may become even more significant, especially where its influence spreads beyond a single complaint to effect other parts of a case. For example, the amelioration of drinking in *Bryonia* has been seen with its dryness of mouth, constipation, even skin eruptions, and all within a single case.

Due to the modalities' ability to define how a disease reacts to various influences, both in time and circumstance, it becomes clear that these important indicators identify the distinctive character by reavealing the very nature of the medicinal substance and the disease alike. It is therefore never advisable to prescribe a medicine when one of it's well known modalities is contrary to that of your patient. e.g. *Bryonia* would not act favourably in an illness accompanied by thirstlessness, nor *Pulsatilla* where the patient's condition felt better in a warm, airless room.

Hahnemann was the first to speak of the significance of modalities, and Bönninghausen, understanding their great importance, incorporated them as a pivotal part of his method of repertory. He writes:[16]

> "Of almost greater importance than the variety in the sensations and external symptoms is the aggravation and amelioration of ailments according to time, position, and circumstances…without an accurate statement as to them the image of disease can never be said to be complete and sufficient for the selection of a remedy…"

The Nature of the Complaint

After modalities, in order of rank, comes the *nature* of the complaint itself, which may be grouped under a general category such as *anxiety, lethargy, migraine* etc. or may include a description of a sensation or type of pain experienced by the patient.

Location

Some conditions may, by their nature, render the location unnecessary (e.g. *obesity, weakness*), and in other cases be limited to a particular location (e.g. *diarrhœa*). The location need only be considered when there is a consistent affinity with the associated symptoms.

Hahnemann realised that a remedy capable of producing a symptom in one region of the body is capable of removing a similar symptom occurring in a completely different part of the body in disease if other clear indicators (eg.modalities) are consistent. That is to say the nature of the complaint and it's defining modalities take precedence over the specific location. This idea is discussed further in the section below on *Completion of Symptoms by Analogy*.

Although the practitioner must first ascertain the nature of the complaint itself during the case-taking, it must be remembered that the *symptomarchy*, as described above, for the purpose of *homœopathic diagnosis* is a follows:

Modality → Complaint → Location

Exception to this general ranking only occurs where one of the components (complaint or location) is sufficiently distinguishing (unique) for the purpose of homœopathic diagnosis, as for example with the following complaints: horny excrescences (*Ant-c.)*, fleshy excrescences (*Staph*.), jagged warts (*Thuja)*; and likewise with the following locations: conjunctiva (*Euphr*.), urethra (*Cann-s)*., thyroid (*Iod*.). In such cases the complaint and the location *may* take on an increased significance, especially when clear modalities are unavailable.

Abstaction of characteristics

The abstraction (separation) of characteristics from their original position in a case of disease/proving, and their subsequent re-grouping, is a practice common to main stream medicine as well as to Homœopathy. Let us examine this further.

In main stream medicine this approach is used to form a *composite* picture of a disease, and hence a general diagnosis. No single patient exhibits the entire range of symptoms of any recognised disease. Instead. symptoms from separate individual cases, sharing a common theme, are combined and labelled under a general diagnostic category name, e.g., *asthma*, *arthritis*, *epilepsy*, *diabetes*, etc. Even in Hahnemann's day this was common practice, especially when forming an image of epidemic disease. Hahnemann writes:[17]

> …the whole extent of such an epidemic disease and the totality of its symptoms…cannot be learned from one single patient, but is only to be perfectly deduced (abstracted) and ascertained from the sufferings of several patients of different constitutions.

While this style of diagnosis is important and gives the homœopath a general idea about a condition as well as useful information as to the urgency and, to some degree the prognosis of the case, a homœopath is far more concerned with the variants, the individualising symptoms (CoLoMo), than with the general diagnostic symptoms.

Homœopathy applies this same approach of abstraction and re-grouping when completing the image of a medicinal disease, i.e., provings. Hahnemann recognised that the entire picture or range of symptoms producible by any medicine can only be known when tested on a variety of subjects, and the recorded effects then combined, to form a single image of the effects of that substance (materia medica).

Once again from Hahnemann:[18]

> The whole of the elements of disease a medicine is capable of producing can only be brought to anything like completeness by numerous observations on suitable persons of both sexes and of various constitutions.

Combining the characteristic individual symptoms of a proving in this way, results in a composite medicinal image being formed, ready for recording in the source materia medica. This materia medica image is then itself separated into its basic representative components for placement in the relevant chapters/sections of a repertory. These separate parts of symptoms are then available for retrieval and re-combination as required, based on the specific symptoms of the patient. This is Homœopathy's greatest contrast to allopathic[19] medicine. In Homœopathy the diagnosis is always identical to the most similar medicine (based on its provings).

Hahnemann writes:[20]

> A fundamental principle of the homœopathic physician (which distinguishes him from every physician of all older schools) is this, that he never employs for any patient a medicine, whose effects on the healthy human has not previously been carefully proven and thus made known to him.

Completion of symptoms by analogy

Though provings form the very basis upon which a homœopathic medicine is prescribed, no method is perfect, and Hahnemann recognised early on that there were some shortfalls in this system. Firstly, errors exist in observation and in description of phenomena, both by the prover and the observer, leading to data sometimes being inaccurate or incomplete. The symptoms recorded from provings are not always fully qualified as in the *CoLoMo* schema. Bönninghausen was keenly aware of this deficiency:

> We need scarcely be reminded that in several remedies, and especially those only partially and imperfectly proved, many uncertainties exist, and doubtless mistakes have occurred…[21]
>
> …what is far worse, of very many remedies there is a lack, just where we need it most, of that part in the observation which would serve best as a control in the comparison [of disease/medicine]. [22]

Bönninghausen, through Hahnemann's teachings, realised this lack of clear definition could be dealt with by completing the symptoms using analogous (associated or related) symptoms within the same proving. This allowed several unclear (partially defined) symptoms to be combined into a more useful, clearly defined indication. The following example of this process is given by George Dimitriadis.[23]

> Let us provide a simple example using *Natrum muriaticum*, from Hahnemann's Chronic Diseases we find the following symptoms:
>
> *Nat-m.*CD218 Pressure in the eye
> *Nat-m.*CD219 Pressure in the right eye
>
> These two symptoms, as they stand, lack any qualification, and are thus wholly insufficient for our purpose. But they may be better understood, rendered more 'complete' so to speak, by looking at their analogues:
>
> *Nat-m.*CD216 Pressure above the right eye, as if from a swelling, aggravated by raising the eyebrows…
> *Nat-m.*CD217 Pressure in the eye, in twilight
> *Nat-m.*CD220 Pressure in the eye, when looking sharply [intently] at an object
>
> From these (related) symptoms, we may rightly *infer* that the previous (similar in kind) symptoms would, had the provings been more complete, have also revealed similar modalities, after all, they are all effects of the one substance (*Nat-m.*). Thus, we may, by analogy, complete the earlier symptoms, and provide a better defined, composite symptom description:
>
> Pressure in the eyes, as if from a swelling; aggravated from raising the eyebrows, from looking intensely at something, and in the twilight.

In Homœopathy this completion by analogy is very successfully taken a step further. There are some characteristics, qualifying indications, which do not belong solely to a single symptom but rather may attach to a

number of symptoms (in different locations) across the provings of a substance. These indicators, known as *generals*, include symptoms of mind, sleep, thermo-regulation (fever), modalities, pains, sensations, and all other non region-specific phenomena. Such generals are key indicators for remedy diagnosis, and even when a symptom within a proving is itself deficient in defining characteristics, it may be *completed by analogy* by taking into account such indicators from *elsewhere* in the provings, as long as no contra-indications exist within the proving. For example, where a remedy produces pain in the temple ameliorated by pressure, and a similar pain in the leg. The amelioration by pressure may also be inferred for, and applied to, the leg pain, so long as no contradictory modality is already there present.

That this is a commonplace experience in everyday homœopathic practice and may be illustrated with the following case example of sub-acute eczema taken from DHD:

> BH, 37 years, female, computer software engineer. Presented with subacute eczema since the last two months; behind ears, around the hairline of the scalp, around eyelids and lips, around the throat (like a band), and in the cuboidal fossa. The eruptions were very itchy but were aggravated after scratching, but especially worse if gets sweaty must wash off the perspiration which ameliorates (consequently having 34 showers per day since the onset of her condition). Also, over the past couple of months, has felt very "uptight" overly stressed and irritated at everything – feels claustrophobic and just wants be left alone. Feels better if they all leave her alone. The most important rubrics taken for this simple case were:
>
> Company aggr. TBR1881
> Wet, becoming, perspiration by aggr.TBR2239
>
> *Rx: Sep. 30 (L) b.d.*
>
> *1 wk. later* Report by telephone: skin started improving within 3 days after commencing the remedy, and now was much better, hardly irritating her at all, although still evident.
>
> *2 wks. later* Report by telephone: skin was 'back to normal'. This patient did not return to see me, but her husband (also my patient) later reported no recurrence of her eczema (also that she was not so 'uptight').
>
> The combination of these two definite modalities in this case provided sufficient distinction for the homœopathic diagnosis without a consideration of the complaint descriptors themselves. But an examination of *Sepia* in Hahnemann's CD, reveals it indeed produces a similar condition of the skin:[24] itching (erosive), humid, eruptions, and with a clear aggravation from scratching (rubbing),[25] but nowhere do we find a specific aggravation of these eruptive skin symptoms by becoming wet with perspiration. *Sepia* does however produce a striking tendency to easy perspiration,[26] but there is one symptom in particular which is worth noting for our purpose:
>
> *Sep.*CD1338 Profuse sweating of the feet with an unbearable smell; the toes become sore.
>
> This single symptom describes an aggravation of a part from exposure to perspiration on otherwise normal (without eruption) skin, and, through its representation in rubric TBR2683, has had its modality applied, by analogy, to eruptive skin conditions, on other parts of the body (the presenting complaint in this case), with very good success even in my own clinic.

Bönninghausen provides us with a further example of this process as applied to the provings of *Asafœtida*:[27]

> "But when the symptoms observed *in this remedy are closely compared*, then the pains which occur as well in the inner as in the external parts, lancinating *frequent* pains … all have the peculiar characteristic that they pass from within outward. Therefore, the symptoms 35, 47, 48,58, 85, 86, 88, 89, 91, etc., where this is not particularly noted, have to be completed and made more exact, as they speak merely of lancinations without any closer particularisation. Furthermore when under nose, ears, lips, chin, teeth, etc., no symptoms of *lancination* are noted and mentioned, we are by no means to conclude thence that in *lancinating* pains in these parts, *when they otherwise correspond to the peculiarities of this remedy and the other symptoms agree, Asafoetida* might *not* be the remedy and in fact I have brought quick and permanent relief by means of this remedy even in lancinating burning pains in the teeth, ear and face, which were intermittent, and which felt as if they came from within outward, and where otherwise the symptoms were in agreement or there was nothing contra-indicated."

This ability to complete by analogy an undefined and incomplete symptom is the true genius of Bönninghausen's Therapeutic Pocketbook method.

Bönninghausen realised that the number and range of disease symptoms possible was finite, restricted by the bounds of human physiology. The variations in disease pictures were merely the result of different combinations within that range. Bönninghausen further realised that the characteristic symptoms and the other indicators (modalities) did not need to be confined to one area alone but that they could be successfully applied across the entire spectrum of any one medicine. The unique structure of his repertory allows users to reference the characteristic symptoms and indicators of any one case and to recombine them as required.

Making the final diagnosis

So once the case taking is completed (CoLoMo determined for each symptom) and the most suitable rubrics have been selected, all that remains is to carefully study those medicines which best cover the range of symptoms. This study should be made by carefully consulting the source materia medica (MMP and CD). If the job has been carefully carried out one of the remedies covered by the chosen rubrics (not necessarily the highest scoring) will read well and clearly fit the case.The *Homœopathic Diagnosis* is now complete.

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

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4 Hahnemann, S.: Reine Arzneimittellehre, 1825-1833 (vol.1-2 3rd ed., vol.3-6 2nd ed.) Arnold, Leipzig. Reprint Karl F. Haug, Ulm/Donau, 1955. English translation by R.E.Dudgeon: *Materia Medica Pura* [MMP], 1880, Indian reprint, B.Jain, 1990.

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6 Hahnemann, Organon, §6

7 Bönninghausen, C. v.: Lesser Writings [BLW], collected by T.L.Bradford, translated by L.H.Tafel, 1979 B.Jain Indian edition, pp. 232-33

8 BLW, p.320 (from Atropa Belladona, AHZ 1864-68)

9 DHD, p.12

10 Note the rubric TBR1097 (Generals, Spasms) refers to spasmodic (episodic) phenomena, not simply to muscle spasms (which may be found under the section on *muscles*).

11 The following pharmaceutical Latin abbreviations are used throughout the cases:
o.m. (omne mane) = every morning
b.d. (bis in die) = twice a day
t.d. (ter in die) = thrice a day

12 Hahnemann, Organon, §95

13 BLW p.114, A Contribution to the Judgement Concerning the Characteristic Value of Symptoms (from AHZ 1860:60)

14 DHD, p.13

15 *The Value of High Potencies*, AHZ 1860:61, in BLW141.

16 Three Precautionary Rules of Hahnemann, NAHH 1844:1:1, in BLW 198

17 Hahnemann, Organon, §102

18 Hahnemann, Organon, §135 (also §134).

19 From the Greek άλλος (allos) meaning other than and implying all medicinal systems other than those based on similia

20 Hahnemann, Organon, §285 footnote

21 Mieg, C.T.: Contributions towards a knowledge of the Singularities of all Homœopathic Remedies which have been thus far fully proved, in regard to Aggravation or Amelioration of their Complaints according to the Time of Day and Circumstances, and their state of Mind, in JH, 1900. This was an English translation of Bönninghausen's *Beiträge zur Kenntniß…,* (1831)

22 BLW p.197, Three Precautionary Rules of Hahnemann (from NAHH 1844:1)

23 DHD, p.18

24 For the sake of brevity, I here offer my summation of the more relevant skin symptoms of Sepia, but encourage the reader to study the source themselves thoroughly:
Sep.CD196-208 itching, erosive, even to ulceration, on the hairy scalp, with scurf and exfoliation. Painful pimples.
Sep.CD222-45 itching, scurf, tettery spots, and peeling of eyelids.
Sep.CD315-17 pimples on and beside the nose
Sep.CD345-49 itching, and pimples on the face.
Sep.CD356-67 scurfy tetter, humid pimples, about the lips and mouth.
Sep.CD368-70 painful pimples, and scurf, on the chin.
Sep.CD714 ..... voluptuous itching in the left groin, in the evening in bed, intolerably aggravated by rubbing…
See also: CD1116, 1151-2, 1187, 1193-4, 1211-14, 1270, 1315-18, 1348, 1435-47.

25 Refer *Sepia* CD: 225-26, 346, 714, 1348.

26 Refer *Sepia* CD: 540, 550, 858, 868, 1418-22, 1433, 1456, 1622-23, 1628-30, 1634, 1641-1655.

27 *Three Precautionary Rules of Hahnemann*, NAHH 1844:1;1,p.69, in BLW198

Journal references

AHZ Allgemeine Homöopathische Zeitung
NAHH Neues Archiv für die Homöopathische Heilkunst