an introduction to

THE BÖNNINGHAUSEN REPERTORY

Therapeutic Pocketbook Method [1]

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Summary

This article outlines the development of repertory as we know it, demonstrating that even the most popular modern repertories are modelled on the first repertory (SRA/SRN) of *Bönninghausen*, who himself abandoned this form in preference to that of his latter *Therapeutisches Taschenbuch* (TT).

Our republication of Bönninghausen's *Therapeutisches Taschenbuch* (TT) as *The Bönninghausen Repertory* (TBR, July 2000), coupled with the very positive response to subsequent seminars on how to apply this unique work, have evidenced a striking resurgence of interest in this method of repertory. Our work over the last seven years examining Bönninghausen's unique conceptual TT model of repertory is herein discussed.

The First Repertories [1]

Hahnemann was first to compile a repertory, beginning with his alphabetical index to the *Fragmenta*[2] of 1805. The subsequent repertories of *C.G.C.Hartlaub*,[3] *G.A.B.Schweikert*,[4] *G.A.Weber*,[5] and *E.F.Rückert*[6] each listed a single remedy alongside a single symptom extracted from the Materia Medica. It was *Bönninghausen* who first separated the various components of each symptom (their nature, location, modality) and rendered them in *rubric* form, arranged systemically[7] and alphabetically. His first major work in this regard was published in two parts:[8] SRA & SRN,[9] to which we herein jointly refer as *The First Repertory* (TFR).[10]

Jahr's '*Handbuch*'[11] of 1834, which was modelled precisely on Bönninghausen's SRA, was translated into English under the editorship of *C.Hering*, and published in 1838 as the first English language Repertory. This work found its way via *C.Lippe*,[12] then *E.J.Lee*,[13] to *J.T.Kent*, where it was wholly incorporated into his *Repertory* whose structure was consistent with that of its predecessors.[14] Thus, it may be seen that Kent's Repertory is based completely upon the 'systematic-alphabetic' model of TFR.[15]

But Bönninghausen realised the practical limitations of his TFR,[16] and soon began his focus on a new and improved method of repertory.[17] That Bönninghausen did not mention this work to Hahnemann until quite late in its development,[18] coupled with his own admission of doubt as to its possible usefulness[19] clearly shows Bönninghausen himself was uncertain as to whether this model[20] of repertory could work in practice. Hahnemann's approval[21] of this new repertory concept removed any hesitation in Bönninghausen's mind for its completion,[22] but not without his characteristic carefulness evidenced in the subsequent year of clinical trial prior to its publication.

Bönninghausen's *Therapeutisches Taschenbuch* (TT)

Bönninghausen's TT first appeared in 1846 (Münster), and was quickly followed by its English translation *Therapeutic Pocketbook* (TPB) completed in the same year.[23] This became the most widely used and highly acclaimed[24] repertory of all, until it was overshadowed by the increasing popularity of Kent's.[25] But Kent's Repertory is riddled with errors, inconsistencies, and unverifiable entries;[26] and whilst the later repertories modelled on Kent's were greatly expanded and even computerised, only a small portion of these inherent errors were adequately addressed,[27] so that the increasing numbers of entries more especially served to dilute any accurate information present in the original. Not surprisingly then, a decided lack of certainty is not infrequently felt when relying on these works, especially in uncommon, serious, or urgent cases, where previous experience cannot be called upon for guidance.

Unlike the TFR model of repertory which provides a vehicle to piece-together separate fragments of symptoms and their circumstances,[28] Bönninghausen's TT method requires an identification of the *essential elements* (*distinguishing characteristics*) of a case, extruded from the mass of symptoms, *before* reaching for the repertory. By identifying and separating these distinguishing characteristics within its structure, the TT allows their *re-combination* into a case-specific (even new) variety, a unique feature which gives it flexibility far beyond the scope of its progenitor TFR.

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[1] A version of this article appeared in the Summer issue AJHM 2003

Bönninghausen's TT saw a number of English translations,[29] each with their own problems superimposed, and the copy in my possession was no exception.[30] I soon realised the necessity for the republication of an accurate modern translation which itself posed no obstacle to a fluid practical use of its method. This five year long *TT English Language Republication Project* was commenced in Sydney[31] and culminated in the publication of "THE BÖNNINGHAUSEN REPERTORY – *Therapeutic Pocketbook Method"* (TBR),[32] in July 2000, which carefully retains the integrity of the original whilst at the same time removing its many errors of omission, typography and language.[33]

THE BÖNNINGHAUSEN REPERTORY – *Therapeutic Pocketbook Method* [34]

Whilst the unique structure of the TT originated out of the insight and singular application of Bönninghausen,[35] it must be stated that the very principles upon which it is built, as shall be shown, came directly from Hahnemann. Bönninghausen's *method* of repertory is therefore Hahnemann's method – Bönninghausen's contribution is the TT itself, which provides a unique and still unsurpassed tool for applying that method, which we shall now examine in some detail.

Complete Symptom – Precisely Defined Complaint

In 1860[36] Bönninghausen provided a long answer to a question concerning the (characteristic) value of symptoms in the homœopathic diagnosis (selection of the most similar remedy), wherein he identifies seven parameters[37] which together provide the elements required in forming the 'complete image of a disease'. These seven were reduced to four[38] essential components: *complaint* (sensation),[39] *location*, *modality*, *concomitant*. With this *tetralogy* Bönninghausen described the *complete case* (complete image of an illness).[40]

Unfortunately, even to the present day, this is erroneously taught as referring to the *complete symptom*,[41] which however, Bönninghausen clearly defines as:[42]

> "…an enumeration of all the sensations and phenomena …every symptom should be given clearly and completely…With respect to completeness in every case the exact location…so also…the aggravation or amelioration …[are to be ascertained]"

So in relation to individual symptoms, "completeness" can indeed only make sense if formed upon the *trilogy* of *Complaint,*[43] *Location,*[44] *Modalities*,[45] with each of these being, as far as possible, clearly defined.[46,47] It should also be understood that the terms *symptom*[48] and *complaint* are synonymous,[49] and that a *complete symptom*[50] represents a *precisely defined complaint* (disease condition) – not necessarily fitting a pathologically diagnostic label, but one which is *consistent*[51] *and distinguished*[52] by its qualifying components.[53] Let me provide the following case example from my clinic:[54]

> M.B., Male, age 22 yrs, presented with a subacute, very itchy eczema, initially affecting only the dorsa of both hands and having spread up the forearms (to the elbows). The eruption became more inflamed and itching when he became hot and the affected areas became sweaty (better by washing and drying the areas). Immediately we have the location (dorsa of hands), complaint/sensation (eczema), and modalities of the presenting condition. There were no other symptoms (mental or physical).
>
> Using the TBR, it took only a few minutes to decide upon the remedy for this case. The symptoms taken were: [55]
>
> Tetter, Itching [1835]
> Hands, Dorsum [328]
> Wet, by perspiration, *aggr*. [2683]
>
> *Sepia 30* (liquid) in daily doses[56] was given. He reported noticing an improvement within the first 24 hours and within two weeks the skin was practically normal, with almost no evidence of previous eruptions — no relapse five months later. Prior to homœopathic treatment, topical steroids provided only minimal relief, whilst failing to arrest the spread of eruption.[57]

Note that this so-called *one-sided*[58] illness (*local malady*[59]) required three components (represented as rubrics) to precisely define its single complaint (single complete symptom), and that even a single complaint, when comprising the whole discernible illness of the patient, can provide sufficient clarity and distinction of the character[60] of the illness and therefore of its remedy.

Complete Case – Combination of Complete Symptoms

But most cases (especially the chronic) present a multi-faceted (multi-system) illness, with a number of definite complaints. For example: a patient is suffering from a severe chronic coryza, euthyroidic goitre, and chronic lower back pains (non-injury induced). These three identifiable *complaints* (when precisely defined) are each a "single complete symptom", able to be *recognised* (diagnosed, identified) *independently* of the other. These complaints, when they co-exist in the one patient, are treated as separate by the (unobservant) allopath, in piecemeal fashion. But the homœopath knows these must be viewed as parts of a *single syndrome*,[61] a *single process of disorder* — each part must be precisely defined (clearly and completely), and their combination forms the basis of the *homœopathic* diagnosis.[62]

Whilst a case of disease may be *individualised* through even a solitary *singular* feature,[63] most often it is the group of its complaints, in *unique combination*,[64] which provide the necessary distinction[65] to identify the homœopathic prescription.[66] In these cases, we must distinguish the *presenting complaint* which (most often) commands the focus of our attention and efforts

at treatment, from its associated or *concomitant complaint/s*.[67] This concept of concomitants and their role in disease which was mentioned by Hippocrates,[68] and thoroughly detailed by Hahnemann,[69] is pivotal in understanding the proper application of TBR to a case of disease.[70]

The Abstraction and Re-combination of Characteristics

Bönninghausen observed that individual symptoms recorded in our pure materia medica are often only fragmentary, and that their completion could be inferred (by analogy[71]) from related or associated symptoms in the provings.[72] Bönninghausen was able to identify each and every characteristic[73] feature of the remedies he studied,[74] confirmed through his extensive practice,[75,76] and increasingly focused on gathering only such characteristics during the process of case-taking.[77,78,79]

Having already well understood that whilst a single characteristic may itself be so peculiar as to point to the individual remedy, and that it was most often the specific *combination of* (individually insufficiently distinguishing) *characteristics* which determined the homœopathic diagnosis,[80] he further realised, again through the teachings of Hahnemann,[81] that such characteristics, even removed (*abstracted*) from their original location or position in the provings, could provide the means of identifying the remedy through their *case-specific re-combination*.[82]

From there it was a simple progression that he conceived a repertory in which he could identify and list each provings-derived characteristic separately, and which could then provide the mechanism for their *recombination into a new*, *case-specific variety*. But the TT also allows for an accurate reconstruction of the original materia medica symptoms, *without loss of original meaning*.

This fact can be illustrated, by way of example, by extracting some symptoms of Lycopodium from Hahnemann's CD, and effecting their *accurate reconstruction* using the TBR to recombine their characteristic components (features):

Lyc.CD1129: .. Worn-out feeling and sensation of paralysis of the arms; he must allow them to sink down when at rest; when at work and in motion they are strong.
Lyc.CD1453: .. She feels her weakness most when at rest.
Lyc.CD1454: .. The weakness increases when at rest.

The most striking characteristic features common to these Lyc. symptoms are represented as follows (TBR no. indicates rubric no.; superscript no. indicates the remedy grade[83]):

Weakness (TBR1467, LYC^4), + *amel*. Movement (TBR2478, LYC^4)

A patient presenting with this kind of weakness (i.e. more noticeable during rest) would quickly lead the repertorian to Lycopodium (among others), but a patient presenting symptoms of weakness made worse by movement would not bring our attention to Lycopodium, since Lyc. appears as only a 1-grade under '*aggr*. Movement' (TBR2477). Let us now add another component to the case:

Lyc.CD1115 ... Tearing in the joints of the shoulders and of the elbows, at rest, not in motion
Lyc.CD1116 ... Severe tearing in the shoulder-joint from the neck down, by day, in perfect rest, and at night when lying down, so that she cannot go to sleep; it may be relieved, however, by lying on the side affected; it becomes worse by day, if she gets cold in this part, and goes off by motion, even by merely sewing and knitting.

These symptoms again emphasise the relief from motion of the rheumatic pains of Lyc., which reveals that this modality is neither isolated nor localised, rather, it is a 'grand characteristic' (genius) feature of Lycopodium.

Joints, tearing (TBR1602, LYC^4) + *amel*. Movement (TBR2478, LYC^4)
Shoulder (TBR318, LYC^3) + Elbow (TBR322, LYC^3)

It may be seen from the indicated grades that the characteristic tearing pains in the joints are noted by Bönninghausen as being more frequently verified in practice than are the specific locations, which are nevertheless included here to demonstrate the symptom reconstruction through a combination of representative components (rubrics). These examples, which may be easily multiplied, should suffice to show that Bönninghausen's TT provides a unique mechanism for re-combining *significant* representative components (characteristics), and thereby reconstructing the original form of the symptom in question; moreover, this same mechanism could be used in cases presenting an unusual (or even unique) characteristic picture, *i.e.,* one which does not well resemble the existing composition or sequence of symptoms recorded in provings, thereby allowing a flexibility and scope beyond other (even substantially larger) repertorial works. Stuart Close so rightly made the following summation:[84]

> "The experience of nearly a century has verified the truth of Bönninghausen's idea and enabled us, in the use of his masterpiece, The Therapeutic Pocketbook, to overcome to a great extent the imperfections and limitations of our materia medica."

This brings us to the criticisms directed against the methodology Bönninghausen used in the construction of his TT. Constantine Hering was perhaps the main antagonist, writing very strongly against many aspects inherent in the design of the TT, not least against this "separation of characteristics" which he described as a "great mistake".[85] But Hering, amongst others,[86,87,88] had failed to comprehend that the rubrics found within any repertory are only a *representation* of the materia medica (they are not symptoms in themselves), and this is especially the case in the TT whose rubrics are simply isolated

pieces (abstracted characteristic bits) of real symptoms – alone, they are less meaningful than their equivalents in other repertories – it is only when combined with other rubrics that their real significance becomes apparent, that the meaning of the symptom they represent can be ascertained with clarity.[89] Hering, without understanding the true genius behind the construction of the TT, and more importantly, without having put the TT to the test,[90] completely failed to comprehend that the 'generalisation' subsequent to separating a characteristic from its natural position within a symptom, as long as the (TT) repertory is used in the way it was intended, *does not* result in a loss of information, as has been clearly demonstrated in the example above.

Effective use of TBR

Effective use of TBR, more than any other repertory, depends greatly upon a precise extraction of the symptoms (completely rendered) of a case, coupled with a thorough comprehension of rubric meaning (in representing MM). Most TT rubrics represent a more extensive range of meaning than in other repertories; their precise meaning becomes apparent after a combination of rubrics, and consultation of the MM, for which the repertory is only a representation.[91]

This repertory also requires a thorough comprehension of the basic structure, the inclusion criteria, the various relations of rubric groups,[92] as well as the system of remedy grading employed (consistently) by Bönninghausen, and its influence on prescribing effectively. In short, this entire work (TT) acts as an integrated functional unit whose basic concept and structure requires a strict attention to its unique method of application. The value of this work, whilst not properly understood,[93] was nevertheless highly regarded by Kent, who stated:[94]

> "Why is it that Bönninghausen's book is out of print? Simply because Hahnemannian homœopathy has not been taught. Nothing would please me more than to see the republication of this grand work. This book enables men who know how to study it, to cure the sick."

Concluding remarks

Bönninghausen's TT has been poorly understood and therefore largely ignored by practitioner, teacher, and student alike. Nevertheless, its unique structure and consistency of accurate provings-based yet clinically weighted content, stands it at the head of other repertorial works. A complete understanding of Bönninghausen's TT construction method, from beginning to end, may allow us to repeat the process in the construction of a parallel work, incorporating other, post-Bönninghausen (thorough) provings, which could then be trialled by the profession. In this connection, we have already begun to examine Bönninghausen's SRA/SRN (TFR), and it now seems likely that understanding their construction will greatly assist in our further understanding Bönninghausen's process of conception through construction of the TT.

Lastly, the English language re-formation and revival of Bönninghausen's TT into the new TBR has provided us with the opportunity to properly use this most efficient of repertorial systems, and to reveal, through careful application, its surprising effectiveness in the clinical situation.

Literature

ARM ....Hering, C.: Analytical Repertory of the Symptoms of the Mind. 2nd Edition. Philadelphia, 1881. Note an earlier edition of this work was published in 1873 as vol. 1 of Hering's Analytical Therapeutics.

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.

FLW .....Farrington, E.A.: Lesser Writings, (essays published between approx. 1869-1884), Jain Publishers, New Delhi, 1979 (first Indian edition).

KMW ...K-H.Gypser (Ed.): Kent's Minor Writings on Homœopathy, Indian Reprint, B.Jain., 1988.

LWH ....Haehl, Richard.: Samuel Hahnemann, His Life and Work, 1922, vol.2, pp.394-398

MMP ....Hahnemann, S.: Materia Medica Pura, English translation by R.E.Dudgeon of *Reine Arzneimittellehre* (RA).

CD .....Hahnemann, S.: The Chronic Diseases, English translation by L.H.Tafel of *Die Chronischen Krankheiten* (CK).

PJH.....Philadelphia Journal of Homœopathy, commenced 1852-3 (vol.1), edited by William A. Gardiner.

SRA.....Bönninghausen, C.v.: Systematisch-alphabetisches Repertorium der Homöopathischen Arzneien. Erster Theil enthaltend die antipsorischen, antisyphilitischen und antisykotischen Arzneien. 1. Auflage, Münster 1832. [*Systematic-Alphabetic Repertory of Homœopathic Medicines. Part 1, containing the antipsoric, antisyphilitic and antisycotic medicines. 1st Ed.*]

" .....Bönninghausen, C.v.: Systematisch-alphabetisches Repertorium der Homöopathischen Arzneien. Erster Theil enthaltend die antipsorischen, antisyphilitischen und antisykotischen Arzneien. 2. Auflage, Münster 1833. [*Systematic-Alphabetic Repertory of Homœopathic Medicines. Part 1, containing the antipsoric, antisyphilitic and antisycotic medicines. 2nd Ed.*]

SRN.....Bönninghausen, C.v.: Systematisch-alphabetisches Repertorium der Homöopathischen Arzneien. Zweiter Theil enthaltend die (sogenannten) nicht-antipsorischen Arzneien. 1. Auflage, Münster 1835. [*Systematic-Alphabetic Repertory of Homœopathic Medicines. Part 2, containing the (so-called) non-antipsoric medicines. 1st Ed.*]

TBR.....Dimitriadis, G. (Ed.).: The Bönninghausen Repertory - Therapeutic Pocketbook Method, Hahnemann Institute, Sydney, 2000

TGH .....Close, S.: The Genius of Homœopathy, being a compilation of lectures delivered at the New York Homœopathic Medical College, 1910-1913, revised 1917, 1990 Indian reprint edition, B.Jain Publishers, New Delhi.

TPB .....Therapeutic Pocketbook, English translation of *Therapeutisches Taschenbuch*, by J.E.Stapf, 1846.

TT.....Bönninghausen, C.v.: Therapeutisches Taschenbuch… Münster 1846.

ZKH .....Zeitschrift für Klassische Homöopathie, Karl F.Haug Verlag, Heidelberg

1 This brief historical account is based upon the research findings of my colleague Bernhard Deutinger over the past 12 months.

2 *Fragmenta de viribus Medicamentorum Positivis Sive in Sano Humanis Corpore Observatis*, 1805. Hahnemann compiled two further repertories, 1817-18, and 1828-30, but these were not published.

3 Carl G.C. Hartlaub (1826-1830): *Systematische Darstellung der reinen Arzneiwirkungen zum practischen Gebrauch für homöopathische Aerzte* [Systematic Presentation of Pure Medicinal Effects for the Practical use of homœopathic Physicians], Teil 1-2 (1826), Teil 3-6 (1827), Teil 7-8 (1829), Teil 9 (1830), [Teil 7-9, Hartlaub & Trinks, *Systematische Darstellung der Antipsorischen Arzneimittel…*], Leipzig, total 6,702pp.

4 Georg A.B. Schweikert (1828-30): *Materialien zu einer vergleichenden Heilmittellehre zum Gebrauch für homöopathisch heilende Aerzte nebst einem alphabetischen Register über die positiven Wirkungen der Heilmittel auf die verschiedenen einzelnen Organe des Körpers und auf die Functionenen derselben* [Materials for a comparative materia medica for the use of homœopathic physicians, together with an alphabetical register of the positive effects of the remedies on various single organs of the body and their functions], Leipzig, 2 vols. (1828 & 1830), 770 pp.

5 Georg A. Weber (1830): *Systematische Darstellung der antipsorischen Arzneimittel in ihren reinen Wirkungen – Nach Dr. S. Hahnemanns Werke: Ueber die chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung* [Systematic Presentation of the Antipsoric Remedies in their Pure Effects – according to Dr. S. Hahnemann's work: The Chronic Diseases, their Singular Nature and Homœopathic Cure], Braunschweig, 1 vol., 556 pp.

6 Ernst F. Rückert (1830-32): *Systematische Darstellung aller bis jetzt gekannten homöopathischen Arzneien, mit Inbegriff der antipsorischen, in ihren reinen Wirkungen auf den gesunden menschlichen Körper* [Systematic Presentation of all Homœopathic Remedies known so far, including the Antipsorics, in their Pure Effects on the Healthy Human Body], Leipzig, 3 vols., total 1,285pp.

7 According to the various body regions and systems as per Hahnemann's *Materia Medica Pura* (MMP) and *Chronic Diseases* (CD).

8 Bönninghausen states the following (SRA 2nd ed., Preface, last paragraph): "A similar elaboration on the remaining homœopathic remedies has already been begun, … therefore, the present repertory constituting half the entire work …"

9 *Systematisch-alphabetisches Repertorium der Homöopathischen Arzneien. Erster Theil, enthaltend die antipsorischen, antisyphilitischen und antisykotischen Arzneien* [**S**ystematic Alphabetic **R**epertory of **A**ntipsoric Remedies… {**SRA**}], 1st ed. 1832; 2nd ed. 1833; *Systematisch-alphabetisches Repertorium der Homöopathischen Arzneien. Zweiter Theil, enthaltend die (sogenannten) nicht-antipsorischen Arzneien* [**S**ystematic Alphabetic **R**epertory of the **N**on-Antipsoric Remedies {**SRN**}], 1835. Bönninghausen compiled five other repertorial works between 1829 and 1831, but the most complete works were his aforementioned SRA/SRN.

10 Our group at the Hahnemann Institute in Sydney has commenced a project to carefully examine Bönninghausen's TFR work, to locate errors of typography, language, duplication, etc.

11 Georg H.G. Jahr: *Handbuch der Haupt-Anzeigen für die richtige Wahl der Homöopathischen Heilmittel: oder: Sämmtliche zur Zeit näher gekannte Homöopathische Arzneien in ihren Haupt- und Eigenwirkungen; nach den bisherigen Erfahrungen am Krankenbette bearbeitet und mit einem systematisch-alphabetischen Repertorium versehen* [Handbook of the main indications for the selection of the correct homœopathic medicine, or: main and singular effects of all the presently well known homœopathic medicines; according to current experiences at the sick-bed, along with a systematic alphabetic repertory], 1st Ed., 1834; 2nd Ed., 1835. The second edition was translated into English by several native speaking American, English and German contributors (of the *North American Academy of Homœopathic Medicine*), commissioned by J.G.Wesselhœft, under the title: "*G.H.G. Jahr's Manual of Homœopathic Medicine, Translated from the German with improvements and additions by C.Hering.M.D.*" 1838.

12 Constantine Lippe: *Repertory to the More Characteristic Symptoms of the Materia Medica*, 1880.

13 Edmund J. Lee: *Repertory of the Characteristic Symptoms, Clinical and Pathogenetic, of the Homœopathic Materia Medica*, Philadelphia, 1889. Lee states this repertory should be considered as the second edition of C.Lippe's repertory.

14 A.G.Hull translated the third edition of Jahr's *Handbuch* [published in French only, as *Nouveau Manuelle…*, 1840] into English in 1841, which came to be known as *Hull's Jahr*, and which work went through numerous editions. It is likely this work was also used by Kent in compiling his Repertory.

15 By Kent's own admission (*Repertory of Homœopathic Materia Medica*, 1897, Foreword) his repertory includes information taken, *indirectly*, from Bönninghausen's *Therapeutisches Taschenbuch* (TT). I say indirectly, since it should be remembered that Kent neither spoke nor read German, so he relied solely upon English language works in compiling his repertory. With respect to Bönninghausen's TT, this could have meant any of the various editions (see note 29 below). The Stapf edition, which was the least likely available to Kent, was by far the best, even though it contained some errors with reference to the original German, however each of the other translations, for one reason or another (this is not the place to elaborate) were less than adequate.

16 This fact is also evidenced by a rapid succession of Bönninghausen's various repertorial works from 1829 to 1835, as well as his subsequent development of the TT.

17 In 1844 (*Neues Arch. der homœopath. Heilkunst*, in BLW217), he writes: "Many years' use of the Repertory, which I introduced in the year 1832 and which others have since appropriated for themselves, has enabled me to fully recognise its defects, which seem inseparable from its present form. For several years I have therefore studied over an entirely new arrangement of it. Although I finally discovered a form which corresponded with my intentions and which found the fullest approval of the late Hahnemann, I first desired to consult experience so as not to expose myself to the danger of increasing worthless Homœopathic literature. This year of probation has turned out to my satisfaction, and I do not think that I have any more reason to hesitate about publishing the work. May my work which required almost three years' application, and which besides contains the result of all my practice, find a friendly reception and a just judgement."

18 Hahnemann was seemingly unaware of Bönninghausen's TT development prior to late 1842, since records of correspondence show that he encouraged Bönninghausen to publish a composite SRA/SRN repertory volume in October 1840 and again in May 1841, and in September 1842 commended Bönninghausen on his progress in that regard, without at all mentioning the new TT concept in those letters. It is reasonable to conclude that Hahnemann only became aware of the TT repertory between September 1842 and his death in July 1843. This is corroborated by Bönninghausen's above statement (early 1844, and reiterated in his TT foreword) that he put aside any further hesitation to finish the work (which must already have been well under way) after receiving positive feedback from Hahnemann – if we allow a further six months (after Hahnemann's approval removed his hesitations) for Bönninghausen to finish the TT compilation stage, and add the twelve months probation period, this would likely mean that Bönninghausen received Hahnemann's approval somewhere around very late in the year 1842, perhaps even early 1843.

19 TT Foreword: "In order to avoid increasing the homœopathic literature with a useless work, experience was first to be consulted: I therefore made use of a work similarly arranged, but confined only to polychrest medicines."

20 By *model* I refer not to the *conceptual basis* of the TT, which was both sound and clearly apprehended through Hahnemann's teachings, but to a new *physical form* which could provide a mechanism for its efficient practical application.

21 TT Foreword: "The result proved favourable beyond expectation and our late Master having pronounced my idea to be an excellent and eventful one, I did not hesitate any longer to finish the work, which I now present to the homœopathic public…"

22 This means that Bönninghausen had already conceived and begun compiling the TT prior to Hahnemann having given his approval (which then removed any doubts he may have held regarding its worth), whilst still pursuing the republication of SRA/SRN into a new single volume.

23 Bönninghausen states that the English language translator preferred to remain anonymous, but K.-H. Gypser has given the translator as Johann

Ernst Stapf, Editor, *Archiv für die homöopathische Heilkunst* - this was the first homœopathic periodical, appearing 1822 and running until 1848.

24 Carroll Dunham, having visited Bönninghausen in 1855, writes (*Philadelphia Journal of Homœopathy* [PJH], Vol.IV, No.VIII, November 1855): ":… In the manner I have described, he has investigated this matter and embodied the results in his Repertory *Taschenbuch*. Again, every proving consists of a great collection of symptoms, very many of which are common to the whole Materia Medica. In the great mass of these, the characteristic symptoms, the real gems of the proving, are overwhelmed and well nigh lost. To discover and bring these up to view is the practitioners' and students' great difficulty, bemoaned for thirty years past in every periodical. Yet Bönninghausen is almost the only one who has ever applied himself to the task of collecting and collating these characteristics. His little work on this subject although not recent, is still of great value to the student. It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen."
T.F.Allen states (*Indexes and Repertories*, in North American Journal of Homeopathy, Vol.6, No.8, August 1891, p.539): "I submit that of all plans which have ever been adopted, that of Bönninghausen is the best … I have worn out four bindings to Bönninghausen's pocket book, purchased in 1861, and have always found it convenient and reliable; I could not work without it…"
A.McNeil of San Francisco, writes (*The Homœopathic Library*, pp.78-86, in Transactions of the 17th Annual Session of the International Hahnemannian Association, at Glen Summit, Philadelphia, June 24-25, 1896): "The repertory which is the most indispensable to the thorough study of a difficult case still remains *Bœnninghausen's Pocket Book*. It has not been superseded nor do I think it ever will be, although a new edition is now sorely needed …"

25 This was largely because the TT method of repertorisation requires a thorough understanding of both the repertory itself, and of the case at hand – a recognition of *distinguishing* characteristics *prior* to searching for the most appropriate remedy (The summary nature of rubrics in the TT necessitates their most thorough comprehension). On the other hand, Kent's Repertory could be readily applied to a collection of separate symptoms by even the newest beginner, a feature which ensured its popularity.

26 This is in no way surprising, given its compilation history from a vast number of *non-primary* sources, from various authors of differing backgrounds and understanding.

27 Indeed, more errors and misrepresentations, half-truths and even fantasies have been the trend in these latest works, a specific and thorough criticism of which is not afforded within the parameters of this present article.

28 I have already shown (Sydney Seminar, 7-8 September 2002) that the TFR repertorial listing of a remedy under a particular modality, be it aggravation or amelioration, most frequently indicates a *circumstance* at the time of appearance of that condition (symptom), without making any determination as to its *value* or *influence* on the condition itself. The liberal integration of such (indeterminate) entries within TFR repertory (and its successors) therefore requires its own approach for proper application.

29 Stapf 1846;); Okie 1847; Hempel 1847; Laurie 1847 (from the 1847 French of Roth); T.F.Allen 1891

30 Indian reprint of the "New American Edition" of T.F.Allen (edited by H.A.Roberts, 1935), which had been greatly enlarged, and had also received many rubric and remedy grade changes (checking the *Concordance* list of remedies revealed 21 extra remedies; more importantly, there were four omissions: *Angustura*, and all three of the *magnets*). Such changes from the original (made using different inclusion criteria from Bönninghausen), coupled with the extremely poor quality of the available Indian reprint (remedy grades are often unclear), meant that the confidence required to use such a *condensed* repertorial system (reliant upon the selection of a small number of *characteristic* symptoms), the main attraction of which was accuracy and certainty, was lost. I soon obtained a photocopy of the 1846 English (Stapf) translation from the Iowa State University Library, USA. There again I found too many problems, not only in the fact that many of the terms were not clearly comprehensible in the modern English, but there were also numerous translation difficulties which were later found to be commonplace – all of which seriously detracted from the utility of this work.

31 The *Therapeutisches Taschenbuch English Language Republication Project* was underway by June 1995, and within eighteen months, a similar project utilising our own computer database was underway in Germany, headed by K.-H. Gypser, to republish the *Therapeutisches Taschenbuch*.

32 The final distinctive title (TBR) was settled upon for the following reasons: *Firstly*, the present edition is no longer the size of a pocket-book. *Secondly*, the term "pocketbook" implies (in the English language) a less significant depth of information than in a more 'substantial' and bulky desktop reference, and such term is therefore inadequate for this work, which can be seen to embrace the therapeutic method of Bönninghausen in its entirety, without compromise. *Thirdly*, the title should reflect the fact that this condensed work represents a clear *method* of prescribing, not a simple collection of otherwise scattered facts. The structure of our TBR has been developed with the specific purpose of removing the inconsistencies, duplications, omissions, etc. found in the original, being most careful to retain the original meaning (refer TBR Foreword for precise details of all changes). Bönninghausen, without the aid of any computers, had difficulty in retaining organisational consistency throughout the composition of his TT, and it was not uncommon to find duplications of symptoms under slightly different rubric headings yet with identical remedy entries; identical rubrics were also found in multiple placings (both within and across various sections, e.g. the *Adern* [*blood vessels*] entries all duplicated in Sections III.1. and V. of the TT), and there were even examples where these contained minor differences in their remedy lists, including inconsistencies in remedy grade. These difficulties focused our attention on improving the structure of the book (whilst taking great care to retain actual meaning), which has resulted in a considerable re-arrangement of rubrics both within & across chapters, considered imperative for a smooth use of the Pocketbook in a contemporary clinical setting, eg.: M*ons veneris* and *Perinæum* have both been relocated from *External Belly*, and *Anus* respectively, to GENITALIA; *Kidneys* from *Inner Belly* to URINARY VISCERA; *Circulation of Blood* from *Fever* to CARDIOVASCULAR, etc.

33 Refer TBR Preface for a detailed summary of our finding during the process of republication.

34 Refer TBR Introduction on *How to Use this Repertory* for a more detailed account of the method.

35 The scope of this present article does not allow for further elaboration on the *process* of Bönninghausen's TT development, from its precursors to its publication. It can however be said that understanding this process does provide a useful insight into its more proficient use.

36 *A Contribution to the Judgement Concerning the Characteristic Value of Symptoms* (AHZ 60; 73-75, 81-83, 89-92, 99-100), in BLW105-121.

37 *Quis*, *Quid*, *Ubi*, *Quibius Auxiliis*, *Cur*, *Quamodo*, *Quando,* being respectively: *Who* (the patient; sex, constitution, etc.); *What* (presenting disorder, main complaint); *Where* (seat of the disease); *Concomitants* (accessory symptoms); *Why* (trigger, causation); Modifying influences (modalities); *When* (time of appearance, aggravation, amelioration).

38 *Quid* (complaint); *Ubi* (location), *Cur*, *Quamodo*, *Quando,* (all modalities); *Quibius Auxiliis* (concomitant). The *Quis* or "who" (age, sex, constitution, temperament, habit, occupation, religion, race, etc.) is of especial epidemiological significance.

39 The German original of "Empfindungen und Beschwerden" means "sensations and complaints" (subjective & objective; i.e., conditions of disease). The commonly used contraction "Sensations", gives the false impression this refers only to subjective symptoms.

40 The *complete case* refers to a completed case-taking for the purposes of the homœopathic diagnosis.

41 This continues from teachers of high influence around the world, who seem to have simply accepted the utterings of their predecessors without studying the words of Bönninghausen himself – after all, a single symptom could never be single if it required another (concomitant) symptom for completeness. I reasoned this way, and a search through Bönninghausen's writings confirmed this view. So how did it happen that so many have taught it so wrong for so long? K-H Gypser has made this same error (*Bönninghausens Therapeutisches Taschenbuch Revidierte Ausgabe 2000*, Einleitung I, XXIX; translated and reproduced in TBR, *Introduction to the New German Edition*). A later search through other authors has shown that P.P.Wells, T.F.Allen, S.Close, among others, have apprehended this *trilogy* concept correctly. Perhaps the errors of teaching began after the time of Close, in the 1920's or so?

42 *Brief Directions for Forming a Complete Image of a Disease for the Sake of Homœopathic Treatment*, BLW287

43 As with location, the complaint (or sensation) must also be as precisely determined with respect to its (less or more distinctive) nature. For example, the *anthrax-like* necrotic pustules of *Ars*., the *horny excrescences* of *Ant-c*., the *fleshy excrescences* of Staph., etc. From Bönninghausen we read (*A Contribution to the Judgement Concerning the Characteristic Value of Symptoms*, BLW109.):
"The only thing of which every Homœopath has to complain in this matter, is that things are conducted in too general a manner for his

doctrine, and that almost universally diseases are described and treated of under the same name, which differ essentially in their nature, and require for their cure very different medicines."
But Hahnemann said this first (*The Medicine of Experience*, 1805, HLW455):
"Equally astonishing is the truth that there is no medicinal substance which, when employed in a curative manner, is weaker than the disease for which it is adapted – no morbid irritation for which the medicinal irritation of a positive and extremely analogous nature is not more than a match." Refer also Organon, 6th ed., §§86, 94 footnote, 139.

44 There are many examples of greater or lesser *location specific* effects within our source literature, eg. the *conjunctiva* for *Euphr*., or the *urethra* for *Cann-s*., *thyroid* for *Spong*., etc. Bönninghausen has provided the following (refer also BLW64, last paragraph):
BLW79: "Since we possess only a few remedies which cause a moist eruption *only* on the forearms, and *Alumina* among these stands in the front rank…"
BLW110: "Every homœopath knows from experience how necessary it is. *e.g*., in treating toothache, to select a remedy which in accordance with its provings on healthy persons has shown its action on the especial tooth to be treated. Among the most striking and decisive phenomena in this respect we should especially number the sores on the upper side of the joints of fingers and toes, …Every homœopath knows the efficacy of *Sepia* in these ulcers of the joints, which have no otherwise distinguishable features - when this remedy is taken internally, without any external medication it will have a sure effect. Medicines which correspond to similar ulcers on other parts of the body in such cases are utterly useless."
But Hahnemann said this first (*The Medicine of Experience*, 1805, in HLW443-4):
"… he requests the patient to describe again his exact sensations, the exact course of the symptoms, the exact seat of his sufferings, and bids the attendants once more detail, in as accurate terms as they are able, the changes they have observed in the patient…"
Refer also *Contrast of the Old and New Systems of Medicine* (1825), HLW712; *The Medical Observer* (1825), HLW724.

45 The modalities of a symptom, when correctly and clearly determined, are most important for distinguishing the complete symptom towards reaching a homœopathic diagnosis. Notable examples include: *aggr*. from moonlight and in the Sun of *Ant-c*.; *aggr*. from the sound of scratching on linen of *Asar*.; *aggr*. from downward motion and the noise of a gunshot of *Borx*.; dryness, *amel*. from drinking and *aggr*. in Fine weather of *Bry*.; *amel*. from eating to satiety of *Iod*.; *aggr*. from 4-8 pm of *Lyc*., *Hell*.; *amel*. from physical exertion of *Sepia* and *Ignatia*. On this, Bönninghausen states (*Three Precautionary Rules of Hahnemann*, 1844, BLW198.):
"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 Value of High Potencies, 1860, BLW141: "…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 according to time, position and circumstances, the higher and the lower potencies ever remain the same, and this constant uniformity ought to urge homœopaths to study these momenta with great industry, and to pay especial attention to the same when selecting a remedy."
But Hahnemann said this first (*Two cases Illustrative of Homœopathic Practice*, HLW766-73):
"For the convenience of treatment, we require … also to bear in mind the circumstances under which they occur, that have a determining influence on our choice and in the same way with all the other symptoms…"
Organon, 6th ed., §133: "… it is useful, indeed necessary, in order to determine the exact character of the symptom, to assume various positions while it lasts, and to observe whether, by moving the part affected, by walking in the room or the open air, by standing, sitting or lying the symptom is increased, diminished or removed, and whether it returns on again assuming the position in which it was first observed,—whether it is altered by eating or drinking, or by any other condition, or by speaking, coughing, sneezing or any other action of the body, and at the same time to note at what time of the day or night it usually occurs in the most marked manner, whereby what is peculiar to and characteristic of each symptom will become apparent."

46 Hahnemann writes (*The Medical Observer*, 1825):
"In order to be able to observe well, the medical practitioner requires to possess … the capacity and habit of noticing carefully and correctly the phenomena that take place … and the ability to describe them in the most appropriate and natural expressions." (HLW724)
"The conscientious physician … will go much more carefully to work in his endeavour to distinguish what there is to be observed; language will scarcely suffice to enable him to express by appropriate words … he will endeavour to convey an idea of it in language by the most appropriate expression …" (HLW727)

47 Bönninghausen writes (*Brief Directions for Forming a Complete Image of a Disease for the Sake of Homœopathic Treatment*, in BLW285-299):
"With respect to *clearness* the usual conversational language in which the internal sensations of the patient may be expressed is at all times the best, and we need only take care that all indefinite and therefore inexpressive words, such as *pain* and *ache*, be omitted, and instead of them the *kind* of *pain* be described in the best known and most unequivocal expression"

48 A symptom refers specifically to a *finding* (objective symptom, eg. ulcers) or *sensation* (subjective symptom, eg. burning pains), which for purposes of the homœopathic diagnosis, must be recorded *clearly* (defined using normal expressions of language) and completely (specifically qualified by Location and Modalities).

49 The succinct term *complaint* is herein therefore used interchangeably with *complete symptom*.

50 So rendered through an accurate apprehension of its *nature* (character, type), its *regional affinity* (location), and its *influencors* (modalities – note that modalities and locations are not symptoms in themselves, but rather, defining components which may provide a complaint with the definition necessary to determine its *identity*).

51 The true definition of a *characteristic* is *consistency*, not necessarily uniqueness. For example, humans are characteristically biped, but this single characteristic (consistent feature) does not distinguish us from an Emu. I therefore separate a characteristic of this sort, with one which singularly identifies an individual disorder or remedy – the unique identifier.

52 The term "distinguishing" is used in preference to characteristic, in that it better describes a quality which adds a measure of uniqueness to a feature; it is much preferable to "strange, rare, peculiar" since these imply "oddity" rather than "distinctive", being particularly misleading when we recall that most often the distinction of a remedy is made from the *unique combination* of its individually significant (but in themselves not strange, rare, peculiar or uniquely identifying) features.

53 There are cases which present with only a single symptom which is unable to be completely described, but which may still offer sufficient definition in one or other components to allow for their correct homœopathic diagnosis. A complaint may thus be distinguished by its (*singular*) nature (of finding/sensation), its inordinate affinity for a specific location, or by its modalities.

54 Refer TBR Introduction.

55 Rubric numbers refer to TBR rubric number.

56 According to the directions of Hahnemann.

57 This simple case demonstrates the importance of knowing the meanings of each rubric, as well as showing the absolute superiority of the homœopathic over the allopathic approach in such, otherwise difficult, cases.

58 Organon, 6th ed., §§173-178.

59 Organon, 6th ed., §174.

60 The nature of this so-called "one-sided" illness was precisely identified by its specific *location* and *modalities*, and the absence of concomitants did not detract from the *completeness* of the discernable symptom picture, nor from the rapidity of the response, since the nature of the complete symptom was so characteristic (Organon §178). An accurate homœopathic diagnosis is thus still possible in such cases, so long as the symptom components (nature of complaint, location, modality) are, in themselves, or in their combination, distinguishing).

61 Unlike allopathy where a relatively small number of disease "syndromes" are actually identified, in Homœopathy, I use the term *syndrome* in its strict (Greek origins) sense to apply to every case of multi-faceted illness, whereby the seemingly separable and identifiable complaints can co-exist in unique combination, in syn-dromal relation (travelling along the same course). In this way, the *complete image of an illness* consisting of main and concomitant complaints is best defined as an identifiable and *homœopathically diagnosable syndrome* (of complete symptoms).

62 In such multi system cases, even most distinguishing are the non region-specific features which 'run through' multiple complaints or regions – these represent the *genius* of an illness (and remedy), and when present, readily form the core focus of our attention in the consideration of the remedy, and this is because even a single genius feature is truly representative of the whole — it implicates the totality,

and should be understood in relation to that totality. Within this *genius* category belong the non-regional symptoms, including those of the mind and disposition, generals, and the modalities.

63 Despite the seeming solitude of such a key distinguishing feature (component), it actually represents and reveals the totality.

64 Hahnemann states (Organon, §102): "… the more marked and special symptoms which are peculiar to but few diseases and of rarer occurrence, at least in the same combination, become prominent and constitute what is characteristic of this malady." Bönninghausen writes (BLW320): "…the individual differences between the different kinds of (medicinal) action are almost only indicated by the various combinations of the symptoms with each other …"

65 For the purpose of homœopathic diagnosis, *only distinguishing complaints* need be considered. Bönninghausen states (BLW71): "…we must, therefore, especially take care not to be misled by indications of no moment, but should always strenuously keep in view the characteristics of every individual case."

66 The *significance* of a complaint (complete symptom) cannot be determined in isolation, but is dependant upon its *significance* in determining the homœopathic diagnosis for the whole disease, i.e., *in relation to the collection of complaints* of that disease* — whilst such complaints are not necessarily singular, the more unusual or peculiar, then the more distinguishing they become. For example, *Arnica* typically produces extravasations with pains as if bruised, resembling those in soft-tissue compression trauma (contusions), but whilst these phenomena do characterise *Arnica* in its provings, they are not singular or unique, either to *Arnica* or to the type of traumatic injuries for which it is indicated.

* Bönninghausen stresses (BLW286): "…in one case a symptom else hardly considered may be characteristic, while in another case it may not have any particular value, and will deserve less consideration."

67 The focus of our attention falls mostly upon the complaint which is most troublesome to the patient – that for which he presents for treatment. However, there are cases where the practitioner sees another complaint as being more pressing or urgent for the survival or recovery of that patient, in which case *that* complaint is to be considered *main*. Further, it may happen that the concomitant is so unique or singular in its presentation, that it must be weighted more, even considered over and above the presenting complaint of the patient, and may alone lead to the correct homœopathic diagnosis. For example, from Hahnemann we read (Organon §95): "…accessory symptoms, which are often very pregnant with meaning (characteristic) — often very useful in determining the choice of the remedy…"

68 *The Book of Prognostics (400BC), §15*: "It is by balancing the concomitant symptoms whether good or bad, that one is to form a prognosis; for thus it will most probably prove to be a true one."

69 The following references from Hahnemann are very much worth careful study: *Instructions for Surgeons respecting Veneral Diseases, together with a new Mercurial Preparation* (1789), refer HLW141; *Essay on a New Principle …* (1796), refer HLW260 and footnotes; Organon (6th ed) §95, §163, §167, §180-1, especially §235 + footnote. This should not therefore be considered as stemming from Bönninghausen, who, as was the case with Hahnemann's other teachings, well apprehended their place and significance in the case analysis.

70 In the previous case example with three *identifiable complaints*, it may be the severe coryza is the presenting complaint, with concomitants of goitre and back pain – each of these complaints would need adequate definition via a specific location (already clear by the nature of the complaint in the case of goitre and coryza), and modalities.

71 BLW141 "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. It manifests itself most frequently and most strikingly in symptoms which have not before been noticed in the provings, but with reference to their location and to their sensation have some analogy with what is already known. On this is mainly founded the arrangement of our "Therapeutical Manual," and its use for fourteen years has perfectly confirmed what has just been said."

In other words, the range of proving symptoms of a medicine, whilst gradually expanding in proportion to their increased potentisation, nevertheless retained a semblance of continuity in their basic character, which could be *implied* from their defining qualities of location and sensation (complaint/sensation; signs & symptoms). In this way, the *completeness* of a symptom could even be inferred and extended by *analogy* — and this proved a most fundamental advance in understanding the often incomplete fragments of our materia medica provings. But even more importantly, the modalities remained entirely unaltered, regardless of the potency used or the resultant proving symptoms. In other words, the modalities, when clearly and completely defined, faithfully represented the constant character of a medicinal proving — they revealed its unchanging core, and it is for this reason that modalities often provide the most decisive distinction to the homœopathic diagnosis. From this we can readily see that the *Location* is (usually) subordinate to the *complaint* (nature of the signs & symptoms), which is in turn subordinate to its *Modalities*. This holds good to such an extent that (guided by experience) the higher order "momenta" can be used exclusive of the lower order in the determination of the homœopathic diagnosis – for example, in a case with modalities sufficiently distinguishing to enable the correct medicine selection, there is no need to consider the lower order location/complaint in the prescription when using the TBR. Another case may require both the modalities and complaint to be considered before the prescription can be ascertained with clarity, in which case the location can be ignored. However, in cases with unclear modalities and unclear complaints, then the lowest order, the precise location of the complaint, may still point to its effective remedy.

72 Every student of materia medica will know that the process of understanding a remedy image involves carefully piecing-together related symptoms recorded in the MMP and CD of Hahnemann, and to thereby draw a fuller image and understanding of the nature and progression of proving symptoms.

73 By the term *characteristic*, when applied in this sense, Bönninghausen meant a *consistent* symptom or feature (in provings and diseases), as for example the 'beaten' pains of Arnica and after a fall. However, in practice, we look for more than this, we seek to distinguish a single remedy from all other contenders, to find a unique identifier for the individual case before us – one which *distinguishes one specific disorder (and remedy) from another* — which helps to inividualise or uniquely identify the disease and its remedy.

74 Bönninghausen was not only a qualfied lawyer, but also a skilled botanist (appointed Director of Botanic Gardens at *Münster*) both occupations requiring a good clear mind with a keen aptitude for classification.

75 F. Kottwitz, "C.M.F. von Bönninghausen (1785-1864)" (medical thesis, Berlin, 1983): "...in 1842, the AHZ considers Bönninghausen's practice to be without doubt among the busiest that a homoeopathic physician could have or maintain..." (trans. B.Deutinger, Sydney)

76 BLW251 "These twelve cases which I copy from the first two volumes of my Records, which now [1846] amounts to 68 volumes,…". This number had increased to 80 volumes in 1852 (BLW172), 92 volumes by 1855 (Dunham, PJH, IV:450), and 115 volumes in 1863 (BLW218). If we keep in mind that Bönninghausen kept very concise patient records, recording only the characteristics of each presenting complaint, then one can appreciate the enormous size of his practice. Bönninghausen's practice is described by Dunham, who writes (PJH, IV:449, November 1855): "A visit to Bönninghausen must be a matter of interest to every Homœopathic physician. He is the acknowledged master of Materia Medica, and one of the most acute and most uniformly successful practitioners of our school. Moreover, he was for thirty* years the intimate personal friend of Hahnemann, and he is the only German physician with whom Hahnemann continued on friendly terms after his removal to Paris. Living in the little city of Münster in patriarchal simplicity, he is occupied during more than half of every day by office patients; his correspondence with patients in different parts of Europe, keeps him busy for several hours more, and every day he receives letters of consultation from various European physicians, while hardly a season passes without bringing him as a visitor some Homœopath, young or old, seeking instruction in Homœopathy, or advice for some specially difficult case of disease. It were difficult to imagine a more hospitable reception than he accords to all. I have found in the course of my journeyings, that many of the best Homœopaths of Europe are to a greater or less extent his pupils; and quite a number of the most brilliant discoveries and cures made in different countries by practitioners of our school were suggested by him in correspondence."

* This is clearly an error in the original publication, since Hahnemann died in 1843, only 15 years after Bönninghausen came into Homœopathy. It is most likely that "thirteen" years was meant

77 BLW235 "A complete image of the disease written down with all its essential and characteristic symptoms, but divested of everything superfluous, offers extraordinarily many and great advantages."

78 BLW172 "Now, as my practice happens to be very extensive, it will be readily perceived that, as I can scarcely have time to note down minutely every fact, symptom or indication, I am therefore obliged to confine myself to those symptoms and characteristic indications which bear more immediately upon the choice of the remedy, and which can only be acquired after a lengthened and constant study of the homœopathic *Materia Medica Pura*."

79 Dunham writes (PJH, IV:450): "By confining himself to these [characteristics], his description of the disease is very short, but at the same time it is very clear. It would be quite impossible for one conversant with Materia Medica, to read Bönninghausen's description of an ordinary case, and not see the necessity of giving just the remedy he gives, whereas, we can all remember reading in the periodicals whole pages of description, and being, at the end, utterly in the dark as to the author's reasons for giving what he gave … Short and clear descriptions of disease, such as Bönninghausen endeavors to present in his journals, are by no means easily written. They involve a profound and accurate knowledge of Materia Medica; for how can we seize, with certainty, on those symptoms in a patient's narrative, which are characteristic of the remedy to be given unless we are conversant with the characteristics of all remedies in the Materia Medica? Hence, such a knowledge of Materia Medica is the first *sine qua non* of the practitioner."

80 BLW320 "… almost every medicine acts on most of the parts of the living organism, frequently indeed in a very similar manner, and that the individual differences between the different kinds of actions are almost only indicated by the various combinations of the symptoms with each other, but most distinctly in their modifications which cause a difference in the time, the position, and the circumstances with respect to the alleviation or aggravation of the ailments caused."

81 Hahnemann himself speaks of the process of recombining characteristics *abstracted* from a number of patients to form a complete image of the epidemic disease, he states (Organon, §102): "All those affected with the disease prevailing at a given time have certainly contracted it from one and the same source and hence are suffering from the same disease; but the whole extent of such an epidemic disease and the totality of its symptoms (the knowledge whereof, which is essential for enabling us to choose the most suitable homœopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture) 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." This shows that Hahnemann had already understood that the individual characteristics of a single disease entity could be abstracted from the location (individual patient) in which they first appeared, and combined to provide a complete image of that individual disease. It is precisely this same process which Bönninghausen was able to capture in his TT, which listed characteristics abstracted from their original location, and allows their recombination to form an image of the individual disease (and thus its homœopathic remedy).

82 Bönninghausen saw that the characteristics (distinguishing features) of a remedy could be abstracted from their region of appearance in the provings, and successfully applied to cases where similar characteristic features were apparent in different areas. Examples include: *outward stitching* toothache cured by *Asafœtida*, which had never produced these, its characteristic pains, in the teeth (BLW198); and the cure described by Bönninghausen in his original foreword, using the characteristic < from *shaving* of *Carbo animalis* in a case of mucous slime on the teeth (which particular symptom it had never produced in its provings). Moreover, and most importantly, characteristics thus *abstracted* (separated) from their particular location, could be reconstituted in any combination – *recombined* to match the mixture of characteristics in a particular case – the results were tremendous

83 Bönninghausen's TT shows remarkable consistency in very accurately representing the materia medica (all medicines are listed from provings), and in its indication of the clinical weighting of each remedy within a rubric (remedy grading system). I have already demonstrated (*The Certainty of The Bönninghausen Therapeutic Pocketbook Method*, ZKH 2001, 45:96-115), that *every* grade value (from 1 to 4) within the TT indicates a *characteristic*, and that the higher values indicate frequency of clinical verification. It is not the place within this short article to detail precisely the observations which have lead to our present understanding with respect to this topic, but I refer the reader to my earlier articles on the subject (written in response to articles by K.Holzapfel in the same journal): *Die Sicherheirt der Methode des Therapeutisches Taschenbuchs von Bönninghausen* [The Certainty of The Bönninghausen Therapeutic Pocketbook Method], ZKH 2001, 45:96-115; and *Bönninghausens Therapeutisches Taschenbuch – Eine Fundgrube seiner klinischen Erfahrungen* [Bönninghausen's Therapeutic Pocketbook – A Concise Repository of His Clinical Experiences], ZKH 2001, 45:223-237.

84 TGH164. Close was clearly convinced of the brilliance of Bönninghausen and the value of his TT, as we can see from the following extracts from the same work: (TGH178) "Bönninghausen, following and working with Hahnemann, is the fountain head for the analysis and classification of symptoms from which we all draw."; (TGH264) "In using repertories, notably "Bönninghausen", which all Hahnemannian prescribers use…" It is interesting to note that Stuart Close was a student of P.P.Wells, who had received treatment and instruction from Bönninghausen, as Close states (TGH163): "It was he [Wells] who taught me Bönninghausen's method … and I thought more of it because he had known Bönninghausen and had received instruction and treatment from the Grand Old Man personally, while travelling in Europe." [April 1858, refer Homoeopathic Physician 1889, 9: 215]."

85 ARM16 "It was a great mistake, of Bönninghausen, to separate the conditions, as if every one of them could have a general applicability."

86 E.A.Farrington also, criticises Bönninghausen for not heeding the advice of Hering during construction of his TT, devoting an essay to this topic (FLW59-63), wherein he states: "When the book was being written, Dr. Hering urged its author to state just what symptoms or group of symptoms were affected by a given condition [of amelioration or aggravation].…But Bönninghausen refused to comply with this request as reasonable as it was; so his book was crippled, and we have lost, probably irreparably, the particulars of his vast clinical work." As with Hering, Farrington was simply unable to fathom the application logic of Bönninghausen's TT.

87 R.E.Dudgeon (DLH325-329) an otherwise reasonable and able homœopath, was so blinded by his arrogance and bias against the fact that Bönninghausen had received so much recognition for his clinical work, that he dismissed him as an unprofessional *'dilettante'*. The resort to unfounded, slanderous personal attacks of this nature, as Hering himself was also known to have committed ("A Judgement of Bönninghausen" in "*Zeitschrift für homöopathische Klinik*", vol.13, p.69 ff., 1865), only attest to the deficiencies in the character of these men, and we should not wish to commit our time further to their consideration on this matter.

88 Whilst Kent appreciated the fact that the TT (TPB), properly applied by one "who knows how to study it" could be used with success, yet he admits having no success with it himself. We read (KMW726): "The chief difficulty with Bönninghausen's Repertory was that the modalities of the parts and those of the patient himself were all mixed together,…I did not use it successfully." and again (KMW278): "This book enables men who know how to study it, to cure the sick." My own clinical experience using the TBR (with decided success) over the past few years confirms that Kent's lack of success stemmed from his own lack of comprehension of its mechanism – he himself did not "know how to study it".

89 In stark contrast to the baseless slander directed against Bönninghausen by Hering and Dudgeon, Dunham, having spent 6 weeks observing Bönninghausen in his practice, in his letter to the *Philadelphia Journal of Homœopathy*, states (PJH, IV:457, November 1855): "It has been said, also, that Bönninghausen, not having been educated for the medical profession, is ignorant, and makes mistakes in diagnosis, and hence his reports are not reliable. Who does not make occasional, even frequent errors in diagnosis? Certainly, whether he studied in youth, or in middle age, when his faculties were more mature, I have never conversed with a medical man more learned."

90 Those who put the TT to the clinical test did indeed realise its value. T.F.Allen was very clear when he stated (*Indexes and Repertories*, in North American J. Hom., 1891, vol. 6, pp.537-539): "I submit that of all plans which have ever been adopted, that of Bönninghausen is the best … Such a method is simple, compact, and has, I am bound to say, stood the test of large experience. I have worn out four bindings to Bönninghausen's pocket book, purchased in 1861, and have always found it convenient and reliable; I could not work without it…"

91 An example of this broad range of meaning can be seen with the rubric "Mistrust" (TBR1056), which is used in a broad sense, to describe more a doubt or uncertainty, of oneself (refer *Bar-c*.CK/CD4 which, in context, refers to a lack of self-confidence), or one's ability (*Anac*.CK/CD8; also *Lyc*.CK/CD32 "lack of confidence in his strength"), or of those around (*Anac*.CK/CD5,6; *Lyc*.CK/CD34-5).

92 On discussing the background to his compilation of the TT, Bönninghausen states (TPB Foreword): "… I saw, that most likely the same object might be attained in a more simple and even more satisfactory manner, if, by showing the peculiarities and characteristics of the remedies according to their different relations, I opened a path hitherto untrodden into the extensive field of combination."

93 Refer footnote 88 above (KMW726)

94 Kent, J.T.: "How to Study the Materia Medica", in KMW277-8.