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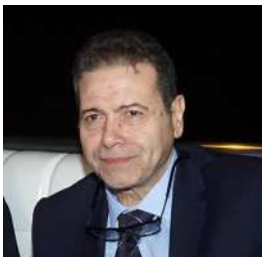
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Editor's Note

Dr. Andrea Flores Sánchez

Dear Colleagues,

In this first issue of The Homoeopathic Physician of the year 2023 you will find very interesting information regarding homeopathy. In the first article, Dr. Klaus-Henning Gypser reminds us to prescribe homeopathic treatment based only on symptoms proven in homeopathic provings and to be very careful in prescribing for "clinical symptoms" obtained through clinical experience; Hahnemann referred to them in "Chronic Diseases" as symptoms "improved or cured" in sick persons, without having been previously proven in an experiment on healthy individuals; and he clearly pointed out that they should not be used as an indication in the selection of a curative remedy. These clinical symptoms have been added to the *Materia Medica* and to the repertoires most commonly used by practitioners. This is serious because many of the symptoms that we believe to cure a patient are not reliable.

Dr. Renzo Galassi, past president of the LMHI and student of Master Proceso Sanchez Ortega, renowned Mexican homeopathic physician and great scholar of the Theory of Miasms, says that Dr. Ortega, in his more than 50 years of homeopathic practice, only confirmed, based on his clinical experience, eight clinical symptoms. However, nowadays, many clinical symptoms are added by homeopaths to the repertoires, which run the risk of being unreliable and thus compromising our *Materia Medica*. I always remind my students that a homeopathic remedy, to be called as such, must have been previously tested on healthy individuals and proven to that standard.

The second article, written by Dr. Ulrich Fischer, concerns the treatment of outstandingly improved acute and severe cases using Boenninghausen's method in his Therapeutic Pocket Book.

Dr. Bernhard Zauner, presents his historical and bibliographical article on Nenning, an Austrian homeopath contemporary of Hahnemann, who verified symptoms from provings, which were included by

Hahnemann in his *Materia Medica*. I invite you to learn about the life and work of this figure.

In the article on pharmacy, Dr. Heike Gypser writes about the importance of the quality and preparation of remedies. Let us remember that Hahnemann says in the *Organon* that the responsibility of the physician is to know in depth the remedy to be chosen and also its preparation. Nowadays, there is the valuable work of the homeopathic pharmacist, who must always work together with the physician and the manufacturer and thus provide the correct and reliable remedies to help the sick.

Last but not least, you will be able to solve the quiz corner developed by Dr. Pietro Gulia and will be able to test your knowledge of homeopathy by solving them and confirming the solutions of the previous issue of the magazine.

We invite you to the next congress to be held in Bogota, Colombia in October of this year.

Kind regards,



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President of LMHI's Remarks

Dr. Altunay Agaoglu

Dear Colleagues and Friends,

As the president of the LMHI, I would like to address the recent devastating earthquake that hit Türkiye a few weeks ago, affecting over 13 million people in 11 cities.

It is important to acknowledge the efforts of all the doctors and pharmacists who worked tirelessly to help the affected individuals during this crisis. In particular, I would like to recognize those homeopathic physicians who were able to offer much-needed relief to the victims through homeopathic treatment.

However, the chaos that ensued during the first few days of the disaster emphasized the need for us homeopaths to have a thorough knowledge of our Materia Medica, especially for acute cases. As Dr. Ulrich Fischer wrote in his article: "For safe and successful treatment of acute cases, we need both a good knowledge of Materia Medica and sufficient clinical experience. In highly acute cases, we usually have only a few seconds to make a suitable therapeutic decision, and repertorization is then no longer possible." Therefore, it is imperative that we homeopaths develop a deep understanding of our Materia Medica to be able to provide the best possible care for our patients in such situations.

We must also remember that even in acute diseases, we need to clearly perceive what we particularly should cure in every patient. This requires not only a good knowledge of our Materia Medica but also a keen ability to assess each patient's unique situation and individual symptoms. I encourage all of you to continue your education and learning of Materia Medica as it is crucial for our practice.

In this edition of our clinical journal, I am pleased to highlight an excellent article by Ulrich Fischer on the learning of Materia Medica, which I believe will be of great help to all homeopathic physicians. Additionally, there is a thought-provoking article on Clinical Symptoms and the Destruction of Our Materia Medica, which raises important questions on the use of clinical symptoms in our practice. Finally, our general secretary has contributed an insightful historical article on the reliability of the abbreviation "Ng" in the provings. These articles shed light on important issues that we face as homeopathic physicians.

In conclusion, let us take the lessons learned from the recent earthquake in Türkiye and continue to strive towards excellence in our practice. We owe it to our patients to be well-informed and well-prepared to provide the best possible care in any situation.

Sincerely,



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Clinical Symptoms and the Destruction of Our Materia Medica¹

Dr. Klaus-Henning Gypser MD

Introduction

The title of this paper seems to be a little bit provocative because it suggests, somehow, the possibility of the destruction of our Materia Medica by clinical symptoms. If this would prove to be true, the consequences for daily practice would be immense: When using our accustomed tools and among them, especially, the established repertories a cure would be a mere chance. Why? Because it is almost impossible to discern whether the repertorial entries are of pathogenetic, clinical, or combined origin. We know that definitions were made by the authors like Boenninghausen (1785 - 1864) or Kent (1849 - 1916) but their practical application, supposedly visible in the so-called grading system, can easily be proved wrong in many instances. But to this we should not pay further attention today. Let us analyze the whole subject step by step and see where it leads us to.

Before we take up this we should agree about some definitions:

1. The term “symptom” is derived from the Greek being composed of the parts “sym-“ or “syn-“, which means together, and “-ptom” originating from “pipto”, which translates as to fall. With other words can be said they are falling to a human being, and in the language, Hahnemann used they are phenomena of the sick. “Symptom” always means a diseased state of man. A symptom being a deviation from health can usually be cured if the patient did not drop into an incurable condition. There is one exception which we can call indicative symptoms. They might point to a remedy but cannot be cured, such as crumbling of teeth. If the dental substance is gone the body cannot replace it. But some remedies might show up which have caused that in provings or poisonings.

2. The term “Clinical symptom” refers exclusively to symptoms undoubtedly observed as cured or

improved in sick human beings. We are accustomed to speak of clinical symptoms as being identical with cured symptoms, but this omits the improved symptoms. Hahnemann mentions the latter, as well, as a result of the action of the proper remedy -compare “Chronic Diseases”, where he says for example under Carbo vegetabilis: “[...] the following symptoms were chiefly relieved or removed.”²

3. The term “Materia Medica” refers to the total treasure of the accumulated observations upon the healthy as well as the sick without reference to any specific publication.

Something Regarding Basics

A building must be founded upon a proper foundation. What was the true basis for Hahnemann when he discovered homoeopathy? He had in view the a priori certainty of cure, because all therapeutic endeavours of his age were completely uncertain in regard to the prediction of the outcome. Consequently, his definition of homoeopathy reads as follows:

“Homoeopathy [...] teaches [...] how we can with sure knowledge beforehand change diseases into health rapidly, gently, and permanently.”³

Here we are facing the real foundation of homoeopathy, and those who are interested more in these basics of our healing art could read the LMHI News of December 2018⁴ and will find there an outline of the very subject which had been delivered by this speaker in Cape Town on our annual conference.

What was necessary for Hahnemann to establish a certain cure? Which steps had to be made by him to arrive at this result? Conventional Medicine in his days primarily relied upon remedies as therapeutic instrument - surgical or dietary and other measures

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were of secondary importance, generally spoken. How did Conventional Medicine obtain knowledge of the curative action of the various remedies? It was from theories of every possible kind, supported by

- ✧ Chemical studies,
- ✧ Poisoning of animals,
- ✧ Botanical relationship,
- ✧ Appearance, smell, and taste of the drug.

These theories were later proven, or not, by clinical experience. That is, after the application of the remedy to the diseased human being it was demonstrated if and which symptoms were cured. This method of arriving at the sphere of action was very uncertain to Hahnemann. Contrary to this, he wanted to know about the real and exact range of action of each remedy before applying it to the sick. Therefore, it was a necessity to him to establish the proving of remedies upon human beings as healthy as possible.

To summarize what has been said: Hahnemann wanted to establish a certain cure beforehand which made it necessary to know exactly about the healing powers of remedies, and this was possible only by proving them upon healthy humans. Constantine Hering (1800 - 1880) remarked about that:

“Hahnemann always intended to point to the only safe way to explore the virtues of medicines.”⁵



Constantine Hering in his young days

The results of these provings were laid down in his “Materia Medica Pura” as well as the “Chronic Diseases.”

Clinical Symptoms

In the introductory remarks to most of the remedies contained in the “Chronic Diseases” we find another class of symptoms mentioned, namely those which have been cured by the very remedy. Hahnemann called them “Nutzangaben” or “Heilwirkungen” - which is wrongly translated in the English editions of the “Chronic Diseases”. There is no single term in English, but the meaning is “statements of successful application in sick people”. He separated them carefully from the symptoms obtained during provings. He referred to them as symptoms “improved or cured” in diseased people, and pointed out clearly, that no use of them should be made as an indication in the selection of a curative remedy. Here are his own words:

“This disgraceful love of ease [...] often induces such would-be homoeopaths to give their medicines merely from the (often problematic) statements of successful application in sick people [...] which are enumerated in the introductions to the medicines, a method which is altogether faulty and strongly savours of allopathy [...]. They should only serve as a confirmation of a choice made according to the pure actions of the medicines; but never to determine the selection of a remedy [...] There are [...] even authors who advise following this empiric pathway of error!”⁶

In a footnote to Alumina, Hahnemann says the same and expresses clearly that the remedy has to be selected in conformity with the symptoms obtained from the proving.⁷ And in a letter to Boenninghausen, dated 30th June 1834, while Hahnemann prepared the second and final edition of his “Chronic Diseases” he wrote lines of identical meaning.⁸ In his *Materia Medica Pura* Hahnemann spoke also very clear words:⁹

“No! Not the slightest useful addition can be either now or ever made to our knowledge of the powers of drugs, with regards to their ab usu in morbis, from observations on cases of disease [...]”

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When studying Hahnemann's writings carefully we meet the following remark in the footnote to Organon VI, section 67:

*"It does not follow that a homoeopathic medicine has been ill selected for a case of disease because some of the drug¹⁰ symptoms are only antipathic to some of the less important and minor symptoms of the disease; if only the others, the stronger, well-marked (characteristic), and peculiar symptoms of the disease are covered and matched by the same medicine with similarity of symptoms - that is to say, overpowered, destroyed and extinguished; the few opposite symptoms also disappear of themselves after the expiry of the term of action of the medicament, without retarding the cure in the least."*¹¹

Have you all realized the meaning of that in full and the consequences for daily practice? Hahnemann outlined that even *smaller opposite* symptoms - he also said "antipathic", that is symptoms with contradictory polarity like thirst and thirstlessness or diarrhoea and constipation - pass away if the remedy was properly selected according to the characteristics. That means these symptoms dissolve by "*themselves*" because of a formation of a general harmony and *not* because of a direct action of the applied remedy.

If smaller *opposite* symptoms disappear by themselves then those being smaller and not opposite will subside anyway.

If we do not understand this remark of Hahnemann properly what will be the result? *All* cured symptoms indiscriminately are added to the Materia Medica and the repertory! After some time, every remedy will have almost every symptom - *and this is the destruction of our Materia Medica*.

Furthermore, the practitioner will use them as indications in the selection of the remedy. While doing so he has a good chance that his prescriptions will fail, in spite of his belief of having acted correctly. It is not his fault that those who are responsible for our instruments - that is repertories like Kent's, Radar, MacRepertory, and perhaps others - are not aware of this basic fact.

We will now present some examples of the before said:

A coryza running at night can usually be regarded as an interesting symptom for the selection of a remedy. The corresponding rubrics in Kent's Repertory - "NOSE, Coryza, night", and "NOSE, Coryza, discharge with, night," - contain 25 different remedies. Among them are Euphrasia, Jodum and Sanguinaria. Checking their origin in the Materia Medica we find for Euphrasia no proving symptom in the Materia Medica Revisa Homoeopathiae (MMRH) which has recorded all of them but an entry in Hering's "Guiding Symptoms", Vol. V, p. 259, which reads:

"Profuse, bland, fluent coryza, with scalding tears and aversion to light; < evening and during night, while lying down."

It is marked as a clinical symptom taken off from some single case. The same is true for Jodum, which is mentioned in Vol. VI of the same publication on page 208. It says:

"Watery, fluent coryza in night, and with much sneezing."

Concerning Sanguinaria the entry can be traced back to an arrangement of symptoms of this remedy by A.K. Hills, published in the North American Journal of Homoeopathy in 1873.¹² It is a clinical observation made by Lippe, and it reads:

*"*Coryza, with diarrhoea, worse at night."*

We will not discuss now if, in that clinical symptom the coryza, diarrhoea or both are worse at night. Such questions always arise when doing fundamental research in our Materia Medica. But, it was demonstrated that at least 3 out of 25 remedies have at their basis only one single clinical observation each. So, if you consult these rubrics in your case and arrive at Euphrasia, Jodum, or Sanguinaria, you have a good chance to select the wrong remedy.

The practitioner can be excused sometimes but not in general for his manner to entrust the authorities: He

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employed the entries of the repertories accurately but he did not consult the Materia Medica afterwards. Certainly, if he had done this, he would have been successful sometimes but also at times he would not have located these symptoms in any Materia Medica at all. Why? Because in Kent's Repertory, and still more in its derivatives, these clinical symptoms were added directly from clinical cases spread over our extensive periodical literature or from the authors experience without intermediate Materia Medica.

For what purpose is this Materia Medica necessary? We will answer this question together with our next subject entitled:

Are Clinical Symptoms Useless?

A Materia Medica, in the name of a careful collection of all reliable original proving and all reliable clinical symptoms, is necessary among others for the following reason: Referring now to clinical symptoms exclusively, we are able to verify if certain symptoms or elements of symptoms like sensations or modalities have been cured repeatedly. If this is true, and especially if these cures have taken place under different circumstances, we can be sure that we have a genuine symptom at hand belonging to the very remedy and is not an accidental observation according to the meaning of the cited footnote of Organon section 67.

Here are some examples of pure clinical symptoms which have no proving symptoms as their basis:

- ✕ Bending head backward - Hep.: 10 symptoms in 5 different regions like mind, external head, eyes, respiration and sleep¹³;
- ✕ Aggravation after mental exertion - Agar.: 5 symptoms in 4 different regions like sensorium, eyes, face and generalities¹⁴;
- ✕ Anticipation - Arg-n.: 22 symptoms in 3 different regions like mind, diarrhoea, and heart¹⁵;
- ✕ Cough < change of temperature - Rumx.: 9 symptoms¹⁶;
- ✕ Cough ends in sneezing - Agar.: 5 symptoms¹⁷
- ✕ Palpitation on ascending stairs - Bov.: 4 symptoms¹⁸

We should never be deceived, concerning the frequency of enrichment of our Materia medica, by those purely clinical characteristics. This author made a study which covered the remedies Agaricus, Ambra, Bovista and Dulcamara. The source of these was the MMRH, which is an arranged collection in the above mentioned definition. It has been dealt with in LMHI conferences several times in the recent years and, therefore, requires no special statement here. In a study covering these four remedies a total of 514 characteristic symptoms were extracted. Out of these, there were only nine symptoms of pure clinical origin, and this is 1.75 per cent, or every 57th characteristic symptom.

It should be not forgotten here that some symptoms necessarily must be clinical ones, like "late learning to walk," etc.

Concluding this, we can say that after repeated careful observation, clinical symptoms can be added to the Materia Medica, and later to the repertory. In the MMRH all clinical symptoms are put into square brackets and by doing so the user can easily detect them.

The question whether clinical symptoms are useless has been answered: No, they are not useless, but one has to know how to make use of them. But we have not fully answered this question because, beside the discovery of new symptoms, there are two more aspects.

The second gain of clinical symptoms deals with the so-called polarities or alternative actions, as Hahnemann named and referred to them in provings as well as in the Organon. They were first introduced into practice by Boenninghausen in his "Aphorisms of Hippocrates" which, unfortunately, have never been translated into English. He did not use the term explicitly but did use the fact itself in the process of remedy selection. It was already outlined before that polarity allows the possibility of an opposite state, like an early or late menstrual period, or aggravation or amelioration from motion. This subject was dealt with extensively in this author's revised edition of "Boenninghausen's Therapeutic Pocket Book".

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*Boenninghausen's Therapeutic Pocket Book
Revised edition 2000*

In provings, we meet these polarities quite often, and it is sometimes hard, or even impossible, to decide which polarity is the determining one. A little example will clarify the matter: If we count, in Hahnemann's proving of Pulsatilla, the occurrence of thirst and thirstlessness, we will arrive at equal numbers. Are both of equal value? Then they would be useless for case-analysis. Or does one or the other take the lead? You all know that Pulsatilla has predominantly the thirstlessness. The same is true concerning numbers for the morning and evening aggravation of Pulsatilla. Thirstlessness, as well as evening aggravation, are the main polarities and they came from clinical experience. Therefore, the clarification of the leading polarity is the second value of clinical symptoms.



Clemens von Boenninghausen

The last aspect of usefulness of clinical symptoms has to do with a more detailed description of proving symptoms. Again, we can learn from Boenninghausen, who gave an example referring to symptom no. 156 in Hahnemann's proving of Thuja. It reads:

*"On blowing the nose a pressing pain
in a carious tooth (sideways)."*

The meaning of "sideways" remains unclear: Does it refer to the pain, which is felt sideways in the tooth, is the caries located in the side of the tooth, or are both true? Boenninghausen outlined that, by clinical experience, it was demonstrated that the caries in the side part of teeth is the real meaning of the symptom, and that this is even a characteristic indication for Thuja. Here we recall the beginning of the paper: It is an indicative symptom pointing strongly to Thuja but cannot be cured.

Did we not forget anything? We touched the threefold usefulness of clinical symptoms, that is:

- ✕ Addition,
- ✕ Polarity and
- ✕ Precision,

but what about confirmation? Generally speaking, our literature mentions that, clinically confirmed symptoms are of higher value than those originating from provings alone.¹⁹ But what was Hahnemann's position in regard to that? He made the following remark about the "statements of successful application in sick people" and confirmation:²⁰

*"They are, on the contrary, only to serve to furnish
occasionally a little confirmation of the correct choice of
the homoeopathic remedy, already found out from their
pure peculiar medicinal effects, as indicated according to
the similarity of the symptoms of disease of the special
case under consideration."*

He said "occasionally" and "little" concerning confirmation. That does not mean that proving symptoms must be confirmed by clinical verification on a regular basis. The selection of the proper remedy depended, for Hahnemann, exclusively upon the "pure, characteristic actions of a remedy" brought out in its proving.

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H.C. Allen

H.C. Allen (1836 - 1909) outlined that the Hahnemannian provings were not trusted by the so-called Austrian provers. Therefore, they took up the task of re-proving some of Hahnemann's remedies. What was their result? Generally speaking, they confirmed what he had already discovered.²¹ Why did they take the trouble of suffering from symptoms when they could have easily gone over their patients' files selecting the verifications?

In spite of this, we sometimes hear the opinion, that clinically confirmed symptoms are more reliable. We have to ask: Why? One believes that the prover's observation might be wrong. Was that the understanding of Hahnemann? If he doubted a proving symptom, he put it into brackets. Otherwise, he trusted the observation made by himself, his family, his disciples, and colleagues who were all not lacking in experience.

In both cases - in the prover as well as in the sick human being - there are symptoms. Why should an observation made by a comparatively inexperienced patient be of greater trustworthiness than by a learned prover? Does our daily experience with patients not demonstrate the contrary? In the beginning of a consultation, the patient describes his headache being of stitching character and asked again after half an hour he suddenly changes to pressing. How many patients have totally forgotten some parts of their complaints when questioned during the follow-up after some weeks saying: "Doctor, did I

really suffer from that?" Or they tell us, after months of treatment, that some pains vanished, they had never spoken of before. Should we really trust them more than our experienced provers, and is it necessary to prove the correctness of the proving symptom by clinical verification? We should keep in mind that our most frequently and successfully applied remedies have developed many symptoms only once, in one single prover, and despite this, served as characteristics in the selection of the remedy.

One can argue that clinical verifications would help to show which proving symptoms are frequently cured by a certain remedy. This would enable the physician to understand where the real strength of the remedy lies. This seems to be true, but it should not be forgotten that the percentage of occurrence of certain symptoms varies in a population by time. The prevalence of pulmonary tuberculosis with its specific symptoms was quite large in the 19th century and almost nobody had allergies. Today we are facing the reverse. Both so-called diseases show completely different symptoms, and therefore we get different percentages concerning the prevalence of symptoms.

Remarks in Literature

Several authorities have mentioned the subject of clinical symptoms in our literature. We should avoid weighing the amount of pro and contra by number of publications, because this is not the proper method to bring light into the matter. The only suitable way is by insight into the basics of homoeopathy, as outlined before. We do not have to simply take Hahnemann as highest authority, but by appropriate consideration of his insights, we will come to the same results as he did.

It was Hering who remarked in 1844:²²

"One must always be careful and not conclude from cured symptoms that the remedy is able to produce them."

In spite of this, Hering failed to establish, in his later works, a plain distinction between pathogenetic and clinical symptoms, which lead C.M. Boger (1861 - 1935) to the following remark:²³

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“His greatest error consisted in the admission of many clinical symptoms and failing to make a clear distinction between pathogenetic and clinical origins.”



Constantin Hering in his old days

Boger himself realized the meaning of the footnote to Organon section 67 and he said:²⁴

“An objection to clinical symptoms is this: Any symptom that a patient has, may be swept away by the action of the simillimum restoring order in the vital force. The said symptom may not occur in the pathogenesis of that remedy, but it cures it simply because it restores order at the center, and all external expressions of disease are swept away. Now, don’t you see, that such a symptom would be recorded as a clinical symptom belonging to that remedy and it would be incorrect.”



C.M. Boger

E.W. Berridge (1844 - 1920) made a quite clear remark about the subject in 1885 and almost identically in 1890:²⁵

“Clinical cases frequently show that the remedy has cured symptoms not as yet found in the provings. These cured symptoms are often of great value, but they require verification before they can be fully accepted. It is possible that the remedy may be capable of producing these very symptoms, and so has removed them by a true homoeopathic action; but, on the other hand, it is possible that the chain having been broken by the direct action of the remedy on those symptoms to which it is homoeopathic, the other symptoms may disappear of themselves by the unaided efforts of the now liberated vital process of the organism. Such clinical symptoms, before they can be implicitly relied on, must be cured on several occasions and in different combinations.”

W.J. Guernsey (1854 - 1935) wrote in 1889 the following and stuck to it in 1916:²⁶

“I protest against the too hasty recording of unproven but so-called “cured” symptoms. We should not forget that as resolution takes place, whether under medication, or unaided, that there should be a general and complete return to health, and a consequent disappearance of every ailment. It may be that revived nature is throwing off these “odd” symptoms along with the others, and not the medicine directly.”

And again, it was Hering who reminded us in 1851:²⁷

“The least importance has to be attached to cured symptoms [...] Contrary to that, many of the new homoeopaths paid the greatest importance to cured symptoms. They were even extracted as the core and essence of our Materia Medica and separately printed. This is a huge error [...] leading back the physician to the uncertainty of the Old School.”

It has to be said that our literature contains many more such comments about the subject, but this should be sufficient to elucidate the matter.

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Epilogue

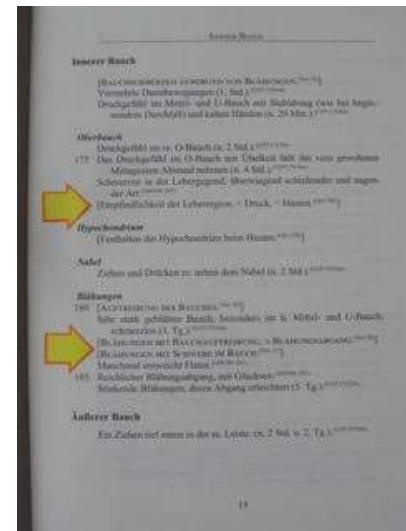
We have pointed out that a suitable understanding of the fundamentals of homoeopathy is necessary to deal with the subject of clinical symptoms properly. If our profession acts wrongly in this respect clinical symptoms will be included in our Materia Medica indiscriminately. This will lead to a destruction of it, for eventually every remedy will have almost any symptom and a certain cure will be doubtful.

Therefore, it is the duty of our profession worldwide - as it was already done with the MMRH project for the German language - to compile a basic Materia Medica including a repertory where pathogenetic and clinical symptoms are visibly separated. Then nobody will erroneously prescribe upon sporadic observed clinical symptoms.

The usefulness of clinical symptoms is threefold:

1. Addition of completely new symptoms, not yet developed in provings, if they have been observed repeatedly;
2. Determination of polarity;
3. More detailed preciseness of symptoms developed in provings.

If we include single clinical symptoms in brackets into our Materia Medica, they would be easily identifiable for further observations. After a sufficient observations made under different circumstances, one can be sure that the symptom truly belongs to the remedy; then, it should be added to the repertory. Can you imagine how safe and easy the selection of the remedy would be, when the repertorial rubrics shrink because of omitting these uncertain single clinical symptoms? It was demonstrated in the rubric of “nightly coryza” that at least three out of 25 remedies must be cancelled. If we analyze the remaining 22, very likely, more have to be crossed off. And what is true for this rubric is valid for the rest of the repertory.



MMRH - clinical symptoms in square brackets

Finally, whatever we do, concerning the incorporation of clinical symptoms into our Materia Medica, we should take notice of the words of Kent:²⁸

“The admission of clinical symptoms into our Materia Medica must be done with the greatest caution.”



Materia Medica Revisata Homoeopathiae
by Dr. Klaus-Henning Gypser

Clinical Symptoms and the Destruction of Our Materia Medica

My thanks go again to our colleague, Dr. Daniel Cook of Dallas/Texas who carefully read the manuscript and made valuable corrections of my English style.

Footnotes

1. Paper presented to the 75th LMHI congress in Istanbul on 10th September 2022
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4. Herings Medizinische Schriften. Ed. K.-H. Gypser. Vol. II. Goettingen 1988, p. 831.
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Treatment of acute diseases and severe conditions with Boenninghausen's Therapeutic Pocket Book

Dr. Ulrich Fischer

For safe and successful treatment of acute cases,

we need both, a good knowledge of Materia Medica and sufficient clinical experience. In highly acute cases we usually have only a few seconds to make a suitable therapeutic decision; repertorization is then no longer possible. I experienced this in my practice about 3 years ago.

A 73 years old patient, sitting next to my desk, while reporting her chronic complaints, suddenly lost her speech and developed paralysis of the left side of her face and left arm. At the same time, she had a flushed face.

“Those were the perceptible signs representing the disease...”

as Samuel Hahnemann writes in his Organon, 6. Ed. § 6“

It was obvious to think of an acute cerebral hemorrhage or insult, and my first impulse was to give the patient Arnica C 200. Her blood pressure was 200/100; pulse 110. After 1 minute, her symptoms worsened. We started the practice's emergency plan for such acute cases; at the same time, the patient received Lachesis C 200. The patient's condition improved immediately. When the ambulance arrived to transport the patient to the Freiburg Stroke Unit, the patient was already able to speak, the paralysis of face and arm had improved; her blood pressure then was 160/90. When she arrived at the stroke unit, she was almost symptom-free. The neurological examinations at the hospital finally revealed a massive front right cerebral embolic ischemia.

Fortunately, this is an exceptional situation. Usually, even in threatening acute situations, we have a moment to reflect and, perhaps, perform a short repertorization. The aim of this lecture is to show how this can be done, easily and fast, with the help of Boenninghausen's

Therapeutic Pocket Book (TPB) and Heiner Frei's (Switzerland), focussing, particularly, on polarity analysis and the exclusion of contradictions.

I will demonstrate this with some case studies.

We know that in acute diseases, as well, we should perceive clearly what we should cure in every patient particularly. This includes not only the totality of all alterations, since the beginning of the acute disease, but also the *causa occasionalis* of the diseases (Org. 6. Ed. § 5, 93), and all that is MOST STRIKING, SINGULAR, UNCOMMON and PECULIAR (Org. 6th Ed. § 153) in the present case. And those symptoms are found most often in the modalities of the case to be treated.

Hahnemann explains in the § 133

“in order to determine the exact character of the symptom, the modalities are essential ...because only through them it will be apparent what is peculiar to and characteristic of each symptom...”

This has been confirmed by Boenninghausen:

“...from this point of view the modalities of the case have a much higher meaning than we have thought before, because they never are related exclusively to one certain symptom alone. ... but they often draw themselves like a red thread through the symptoms of the case...The choice of remedy depends mainly on them.”
(CvB, Kleine medizinische Schriften)

By analogy and “combination“ it is possible to complete, so far incomplete, symptoms considering the modalities of the other symptoms of the case.

In today's presentation, I assume a basic knowledge of the Boenninghausen method. It is my intention to describe the approach with the Boenninghausen method for solving acute cases with special



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consideration of the polar symptoms as well as the exclusion of contradictions in case analysis and repertorisation.

The practical part of the polarity analysis considers especially 2 elements: the contradictions and the polarity difference.

To calculate the polarity difference, the grades of the patient's polar symptoms are added for each remedy available for selection. Then, from the resulting sum, we subtract the grades of the corresponding opposite polar symptoms. The higher the polarity difference, calculated from this, the more the remedy corresponds to the characteristic patient's symptomatology, provided that there are no contraindications. The application of these insights about the polarity of symptoms leads to a much higher quality in the precision with which we can determine the correct remedy.

In order to safeguard the choice of remedy, Boenninghausen recommended checking whether one or more components of the patient's symptoms are in contradiction with the genius (most characteristic) symptoms of the remedy. This contradiction can also concern polar symptoms; that means, symptoms that can also have an opposite pole. The polar symptoms of the homeopathic remedy to be chosen should be covered in high grades (3-5) if possible. If the opposite pole has a high grade (3-5), but the patient's symptom has a low grade (1-2), the genius of the remedy does not correspond to the patient's symptomatology and the remedy would be contraindicated (i.e: amelioration during movement excludes Bryonia).

Dr. S.A., 52 years, teacher

After years with a regular menstrual cycle, this patient developed, over night, an acute uterine hemorrhage. Ten years before, the gynecologist had diagnosed an uterine myoma. Regular yearly controls showed a continuous growth of the myoma. Repeated hormonal interventions to control the hemorrhage failed. The day of the consultation the gynecologist had transferred the patient to the hospital for uterus curettage. The patient showed

up in the evening shortly before closing the office. She came to ask for help as a last try to control the hemorrhage before going to the hospital the next day.

The metrorrhagia had persisted for 4 weeks. She described the hemorrhage as a strong, persistent, bleeding with dark, tenacious blood and clots. Every physical exertion and every movement, or lifting a light weight, aggravated the bleeding. The bleeding is also stronger in the evening and during the night. Resting, and fresh open air, improved her situation. She was tired and weak, anemic and breathless going upstairs and was unable to work. She had a Hemoglobin of 7,0. She required, a few days ago, an iron infusion, and another one was planned in the coming days.

Of course, we face in this case not a real acute disease, but *"...only a transient explosion of latent psora..."* as Hahnemann said. This means, an activation of her miasmatic disposition. The myoma had existed for many years, but hormonal changes, in the context of the menopause, with persisting anger and mobbing in her profession as teacher, might have made the myoma grow much faster and activated the hemorrhage.

We agreed to trying to control the acute situation to avoid hospitalization and to approach her chronic situation afterwards.

The repertorization of the acute situation is based on the following symptoms:

- Menstruation, bleeding, profuse P (P= Polar Symptom)
- Menstruation, long, too P
- Menstruation, blood dark P
- Menstruation, blood clotted (lumpy)
- < physical effort P
- < during movement P
- > open air P
- < in the evening
- < lifting weights, overlifting
- > resting P

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		24 Jan 2020	Croc.	Nux-v.	Bry.	Sep.	Chin.	Nit-ac.	Arn.	Plat.	Phos.	Lyc.	Sulph.	Merc.	Rhus.	Ferr.	Calc.	Sabin.	Canth.	Bell.	Caus.	Ign.
Hts		17	11	11	11	11	10	10	10	10	10	10	10	10	10	10	9	9	9	9	9	9
Sums			32	30	30	23	23	22	26	25	28	26	22	23	27	19	26	26	18	27	18	16
Polarity Difference			21	19	16	0	9	9	8	7	6	4	3	0	-2	-3	5	8	8	7	4	0
49	menstruation, too long duration	P	3	4	3	3	3			4	3	4	2	3	3	3	3	3	3	2	2	3
28	menstruation, blood, clotted (lumpy)	3	2	1	1	1	3	2	2	4				2	4	3		3	2	3	2	3
40	menstruation, blood, dark	P	4	4	2	3	2	3	2	2	1	2	2			1			2	2		2
80	menstruation, profuse	P	3	4	3	3	3	3	1	4	3	2	2	3	2	4	4	4	3	4	1	1
70	< physical effort [worse]	P	2	3	4	2	3	2	4	1	2	5	4	2	4	1	3	3			1	1
126	< movement [worse]	P	3	4	4	1	3	2	3	1	3	1	2	3	1	1	2	1	2	4	3	1
44	< lifting, overlifting [worse]	3	2	2	1	2	2	1	3	1	2	3	2	1	4	1	4					
83	> open air [better]	P	4	1	2	1		1	2	3	3	2	2	1	1		1	4	1	1	2	1
117	> resting (not moving) [better]	P	3	4	4	1	1	2	3	1	3	1	1	3	1	1	2	1	2	4	1	1
36	menstruation, bloody discharge between	3	2	2	2	2	2	2		4	2	2	2	4	2	4	4	2	3			
121	< evening [worse]	3	1	4	4	1	4	4	4	4	4	4	3	3	3	2	3	3	1	4	4	3
29	menstruation, too short duration									1	3	1	4/C	3								
41	menstruation, blood, bright				2	1	1		3/C		3/C	1	2	3/C	2	2	4/C	1	4/C			
66	menstruation, too weak	1	1	1	2				1	1	3	3/C	4/C	3	1	1	1	1		3/C	2	
6	> physical effort [better]				4/C														1		3/C	
102	> movement [better]				1	3/C	1	1	1	3/C	1	4/C	1	3	4/C	4/C	1	1		1	1	1
110	< open air [worse]		4/C	1	1	3/C	2	1	1	1	1	1	1	3/C	2	3/C	2	1	2	4/C	1	3/C
102	< resting (not moving) [worse]				1	3/C	1	1	1	3/C	1	4/C	1	1	4/C	4/C	1	1		1	1	1

The repertorization with the TPB indicates *Crocus sativus* as the most similar remedy.

Here you can see the polarity analysis and repertorization, based on Heiner Frei's software. In the first line, you see the number of symptoms found for each remedy. In the second line, the sum of the grades; and, in the third line the polarity difference, which is calculated by adding the grades of the polar symptoms of the case and subtracting the grades of the opposite polar symptoms.

Nux vomica, *Sepia* and *China*, for example, show clear contradictions to the characteristic symptoms of our case and are therefore excluded from the choice of remedy.

I gave her, in my office, 3 globuli *Crocus sativus* C 200 (Gudjons) on her tongue. She also got a few globuli to take home, with the instruction to dissolve the remedy in water and take every 2 hours, 1 spoon of the solution, as well as the following day. She reported, the next day, that the bleeding immediately decreased. The hospitalization was cancelled, and under the treatment of *Crocus sativus*, the metrorrhagia disappeared within 3 days and never returned.

The case taking of her chronic situation resulted, later on, in the prescription of *Calcarea carbonica*, which helped to reduce the size of the myoma significantly. I repeat, this case is not a pure acute case because we know that the metrorrhagia has a history concomitant

with the growing myoma. But the repertorisation and polarity analysis does not distinguish between acute and chronic diseases due to the fact that the currently existing symptoms always builds the foundation of the choice of remedy. According to Hahnemann:

"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."

S.H., Org. 6. Edit. § 6)

Materia Medica Revisa Homoeopathiae, *Crocus sativus*

"Persistent blood flow from the uterus; sometimes stronger, sometimes weaker blood flow; the outgoing blood was tenacious, stringy and blackish" (435)

"Constant loss of blood; the blood is dark, sometimes with clots, at night < than during the day; it is the worst with every movement" (444)

"The bleeding was irregular; the blood is dark, malodorous, lumpy and fibrous; the slightest movement aggravates" (450)

"She feels better in the open air than in a room..." (594)

"Incredible weariness, yawning, tiredness, she felt better in the morning when she came into the open air, but worse in the room." (583)

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C. T.-D., 57, teacher

After physical exertion, while skiing, she first started with an acute pain attack associated with the well-known coxarthrosis (right side). A week later (one week before coming to my office) she developed an acute attack of multiple sclerosis, for the second time in her life.

She is extremely challenged in her job as a teacher for mentally and physically disabled children. She is also very concerned about her sick parents, as well as stressed by the fear of a possible recurrence of her breast cancer (she had it 5 years before).

Her house physician, the neurologist, and all her family, put enormous pressure on her to undergo high - dose cortisone therapy in a hospital. She had the referral to a neurological clinic in her hands but refused such a treatment and wanted to try homeopathy before going to the clinic.

I took the complete medical and homeopathic case taking.

The last stage of her actual disease, meaning all symptoms the patient suffers from at this moment of her life, including, of course, the symptoms of the multiple sclerosis, are as follows:

- Burning heat and feeling of swelling in the right foot, > cold applications
- Tingling and numbness of the right leg.
- Vision dim and foggy; blurred vision; she has difficulties to see with clarity. It takes her a long time to focus clearly what she wants to see.
- Vertigo and balance disorder, as if she were drunk.
- Weakness, rapid exhaustion, everything quickly exhausts her.
- Drowsiness, thinking is tedious and difficult
- Headache at her occiput extending upwards.
- Concentration almost impossible.

Her main symptom is the strong and very disturbing vertigo, together with the drowsiness, dizziness, stupefaction, and general weakness. When walking she always has to hold on to something to avoid falling. Thinking is very difficult. She is sitting and lying almost all the time. She is unable to work, drive and take care of her household.

The modalities and polar symptoms related to the main symptom are as follows:

- < physical effort P
- < mental effort P
- > lying position P
- < turning head sideways P
- < movement of head
- < bending over, while P
- Concomitant: anxiety

	05 Feb 2020	Calc.	Nat-m.	Cocc.	Lyc.	Chin.	Bell.	Verat.	Staph.	Graph.	Sulph.	Sep.	Sil.	Stann.	Nat-c.	Bry.	Arn.	Nux-v.	Acon.	Kali-c.	Ip.
Hts	17	9	9	9	9	9	8	8	8	8	8	8	8	8	8	7	7	7	7	7	7
Sums		31	24	19	23	15	24	18	14	13	18	21	21	9	13	23	21	21	15	14	12
Polarity Difference		16	12	11	8	7	7	7	7	7	6	4	4	2	0	11	11	10	6	6	6
116. vertigo (dizziness)	O	4	3	2	2	1	4	3	2	2	3	3	3	1	2	3	3	4	3	2	2
67. sensorium, drowsiness (dazed)	O	3	2	3	1	1	4	3		1	1	2	3		1	4		3	1	3	1
59. vision, dim	O	4	3	1	3	2	3	1	2	1	4	2	4	2	2	1	2	1	2		1
106. > lying position [better]	P O	3	3	2	1	1	3	1	2	2	1	1	1	1	1	4	3	4	1	1	2
105. < bending over, while [worse]	P O	4	2	3	1	2	1	3	1	3	1	4	3	1	2	4	3	1	3	3	3
36. < movement, of head [worse]	O	3	1	1	3	2	3	1	1	1	1	3	1	1	2	3	3		2	1	1
13. < turning, sideways [worse]	P O	3	3	1	2	1	3		1					1					3		
70. < physical effort [worse]	P O	3	3	3	5	3		4	1	1	4	2	3	1	2	4	4	3	3		2
65. < mental effort [worse]	P O	4	4	3	5	2	3	2	4	2	3	4	3	1	1		3	5		1	
125. < lying position [worse]		1	1	1	4/C	1	1	2	1	1	2	3/C	4/C	2	3/C	1	1	1	1	2	1
44. > bending over, while [better]			1		2	1	2	1	1		1						1	2			
2. > turning, sideways [better]																					
6. > physical effort [better]			1									4/C	2	1							
3. > mental effort [better]															3/C						

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The patient received *Calcarea carbonica* Q 6, Gudjons, 5 drops dissolved in water, every 2 hours, 1 teaspoon. Two days later, all symptoms are slightly better. She continued taking the remedy as before. Four days after starting the homeopathic treatment, the vertigo and the leg symptoms have clearly improved. Two days later, she tells me that she still feels better, but the improvement is slower.

I changed the potency to *Calcarea carbonica* Q 18, dissolved in water, 2 spoons every day. Three days later, she feels again much better; the vertigo is significantly better. She is able to drive her car again. The legs are free of symptoms.

She continued with *Calcarea carbonica* Q 18, dissolved in water, 1 spoon every morning, and reports, 1 week later: her vision, the weakness, her intellectual skills, are about 90 % improved. She continued, for one more week, with the same remedy. Then, I changed the potency to *Calcarea carbonica* Q 24, because there was no further improvement. One week later, she is completely symptom-free, is back to work, and was able to hike 1 hour without any problem.

The following neurological control with MRI showed no actual focus of inflammation and no aggravation in comparison with her 1st. attack of multiple sclerosis, 12 years before.

In this case *Calcarea carbonica* was the fundamental and constitutional medicine which helped the patient in all aspects in the subsequent years.

S.Hahnemann, Chronic diseases, *Calcium carbonicum*, Vol 2, Page 308

He soon becomes very tired, during bodily exertion.

[65] Great weakness of the imaginative faculty; with a very slight exertion in speaking, he felt as if his brain was paralyzed, chiefly in the occiput; he could not think, nor recollect what was spoken of, with muddled feeling in the head.

- Stupefaction of the head, like vertigo, all the afternoon (aft. 24 d.).

- [90] [-] Fit of stupefying vertigo; the body bent forward to the left side, both when at rest and in motion (aft. $\frac{3}{4}$ h.). [Lgh.].

- [95] Vertigo, as if about to fall over, after stooping, while walking and standing; she has to hold to something; with exhaustion.

- Vertigo on walking out, as if about to stagger, especially in quickly turning the head.

- Dull, persistent numb feeling in the head.

- Dimness of the vision.

N. S., 15 years, student

Nele is a, 15 year old, student. She has suffered from hay fever since early childhood. Until this year, the hay fever was limited to the upper respiratory tract with a watery rhinitis, seizure-like sneezing, stuffy nose and eye itching. The hay fever symptoms are worst between February and April. During this time, she is also noticeably tired.

This year's hay fever occurrence is completely different. For the first time in her life, Nele suffers from hay fever-induced bronchial asthma.

She was able to compensate for the shortness of breath, in the past few days, so she could manage her daily life, to some extent. Since the night before, however, the overall condition and the shortness of breath had worsened significantly.

Recommended by a neighbor, she comes directly from the pediatrician to my practice for an emergency appointment. The pediatrician prescribed Nele a cortisone spray and bronchodilators and recommended to the mother to go to the pediatric clinic in Freiburg, if Nele's condition worsened.

She suffers from shortness of breath during the slightest physical exertion and fast walking outdoors. She has

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also noticed that she is now uncomfortable lying on her back, and breathing is also worse in a closed room, especially when it is warm. She likes to sit near an open window. Humid weather and rain worsen the shortness of breath as well. Talking is difficult. Only when she sits upright the shortness of breath is bearable.

Nele's mother, who accompanied her daughter to the consultation, also reported that Nele's general condition had changed in the last few days, i.e. since the onset of the bronchial asthma.

She is now in a bad mood, stubborn, fritters away her time, doesn't care to work or do her schoolwork, and doesn't want to see her friends. She is constantly distracted, can no longer concentrate, and tends to withdraw from the family. She makes a sad expression.

The following symptoms have been repertorized with the Therapeutic Pocket Book:

- Breathing difficult, shortness of breath
- < Physical effort P
- < Walking fast P
- < Weather, air wet – cold
- < In a room P
- < Lying on back P
- < Warmth, of room or stove P
- > Open air P
- > Sitting upright P
- < talking p

The repertorization shows us that the most indicated remedies in this case are Phosphor and Sulfur. Boenninghausen used, in such cases, the mind and mental symptoms of the patient (since the patient got sick) to differentiate the most similar remedies- at the end of the repertorization.

In this case I prescribed, with much success, Sulfur.

In the Materia Medica from Jahr, we find, under Sulfur, not only the main symptom and polar modalities of the patient:

Ausführlicher Symptomen Kodex/ Homöopathische Arzneimittellehre

G.H.G. Jahr, Leipzig 1848, Sulfur

“Short of breath when walking outdoors and in motion”

“Shortness of breath at night when lying on back, starts up with loud crying”

“He is unable to breath deeply, when he wants to breath deeply his chest feels contracted.”

“Asthma while speaking and walking. When she has walked 20 steps, her chest feels tight, she wants to stop to recover.”

But also, the changes in the state of mind the patient shows since the beginning of her acute disease:

		* Asthma bronchiale. Poltrosis																				
25 Jun 2022		Phos.	Sulph.	Rhus.	Bry.	Borr.	Spig.	Sep.	Nux-v.	Alum.	Puls.	Nat-m.	Caus.	Nat-c.	Merc.	Iod.	Acon.	Arn.	Ars.	Verat.	Spong.	
Hts		17	10	10	10	10	10	10	10	9	9	9	9	9	9	8	8	8	8	8	8	
Sums			28	30	29	25	16	19	20	22	21	25	20	17	14	16	21	20	19	22	20	15
Polarity Difference			20	16	14	13	7	5	4	3	18	13	13	9	6	0	18	12	12	11	9	9
122	breathing, difficult, shortness of breath	O	4	4	3	4	2	3	4	4	1	4	1	2	1	2	1	4	3	4	4	2
70	< physical effort [worse]	P O	2	4	4	4	1	1	2	3	2	1	3	1	2	2	2	3	4	4	4	2
54	< walking, fast [worse]	P O	2	4	3	4	2	3	2	3	1		3	3	1	3	4		3	4	1	1
55	< weather / air, wet-cold [worse]	O	1	3	4	1	2	2	1	1		2			2	3					3	
93	< room [worse]	P O	4	2	3	3	2	1	1	1	4	5	2	2	1	1	2	3	2	1	2	3
48	< lying, on back [worse]	P O	4	2	3	1	1	3	3	4	1	2	1	3	1	2	3	1	1	3		1
54	< warmth, of room or stove [worse]	P O	2	2	1	1	1	1	1	1	3	4	2	1	1	1	4	2	1		1	2
93	> open air [better]	P O	3	2	1	2	2	1	1	1	4	4	2	2	1	1	2	3	2	1	2	3
42	> sitting, erect [better]	P O	3	3	3	2	1	1	2	2	2	2	2	1			3		3		1	
77	< talking, speaking [worse]	P O	3	4	4	3	2	3	3	2	3	1	4	2	4	1	3	1	3	2	3	
6	> physical effort [better]								4/C				1									
6	> walking, fast [better]								4/C				1									
107	> room [better]		1	1	2	1	1	3/C	1	4/C	1	1	1	1	2	2	1		1	1	1	
50	> lying, on back [better]		1	2		4/C	1	1	1	2		3/C	2	1	1	3/C		3/C	2		1	1
35	> warmth, of room or stove [better]			2	3/C		1			3/C				2				1		4/C		
110	< open air [worse]		1	1	2	1	1	3/C	1	4/C	1	1	1	1	2	3/C	1		1	1	1	1
43	< sitting, erect [worse]			1	1	1	1	2		1		1		1		3/C				1	1	2
1	> talking, speaking [better]																					

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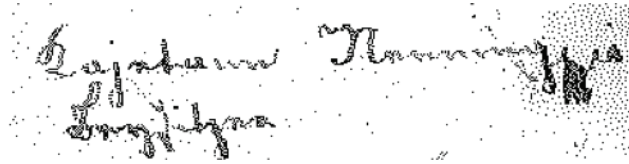
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"Ng." - or the reliability of symptoms

Dr. Bernhard Zauner M.D.



The abbreviation "Ng" is better known, to many homeopaths, than the name behind it, Cajetan Nenning: botanist, wound doctor, military doctor, abbey doctor and a not uncontroversial homeopath in the early days of homeopathy.

Born on 18 December 1769 in the Süßmühle, on the present-day Austrian-Czech border, in a house that still exists today.

Died on 13 March 1845 in Hohenfurth, today's Vyssi Brod, Czech Republic at the age of 75 from lung paralysis.

Life

From the baptismal and death registers, it can be inferred that he was born in the Süßmühle in the village of Stiftung, in the Austrian nation, in the parish of Rainbach im Mühlviertel, municipality of Reichenthal¹. Interestingly, there is no entry in the baptismal registers of the parish of Reichenthal, although he was baptised there. Due to the adverse weather conditions (*"since ... there were large snowdrifts, the child could not be brought to Rainbach for baptism, but was baptised by the cooperator Heinr. Anezeder in Reichenthal"*²) in December 1769. The baptism could not be carried out in the Catholic church of Rainbach, but in the church of the parish of Reichenthal. His father, Laurenz Nenning, probably lived with his wife, Justina, as a "free citizen," a shoemaker in an outbuilding of the Süßmühle, as the name Nenning cannot be found in the land register.

Apart from the years of his education, which was made possible by a benefactor³ (*"... the boy showed a desire to study."*) and the years as a military doctor, Nenning never

left his closer home. His birthplace, as well as Horni Dvoriste and Vyšší Brod are only a few kilometres apart. In 1774, compulsory education was introduced under Empress Maria Theresa. At the time, this applied to boys between the ages of 6 and 12. Therefore, it already applied to Nenning. At that time, however, he was not taken very seriously, but since he "showed a desire to study", he must have taken advantage of it.

Before the year 1802, when he came to Oberhaid, Nenning worked as a sub-surgeon in the Imperial and Royal Army of Austria from 1793⁴.



The Süßmühle in a historical and current view⁵

"Ng." - or the reliability of symptoms

Education

Nenning was not a doctor, he never held an academic title. He is always referred to as a wound doctor (military and obstetric).

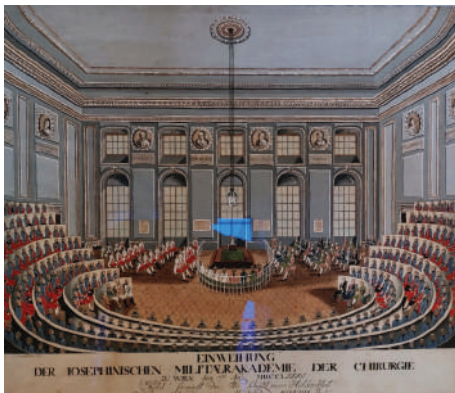
Under Empress Maria Theresa, institutions for the medical-surgical training of wound physicians were established, in what was then Austria, as there were not enough academic physicians. These schools were founded in larger towns, often where there was no medical faculty, and sometimes, where there were universities.

Previously, wound physicians had to learn as apprentices under a master for three years. After that, they were obliged to wander as journeymen. This regulation appears in all Austrian guild regulations for wound physicians and bathers. They were only allowed to take a master's examination when they had the prospect of a master's post - by purchase or, above all, by marrying a master's widow.

The doctor of medicine, Dr. med. univ., has only existed since 1872, before which there was this strict separation into medicine and surgery.

Military doctor

Looking through books of the Oberstfeldärztliche Direktion⁶, stored at the state archive in Vienna, we can see that Nenning was in the service of the Imperial Habsburg Army starting in 1793. Nenning completed his training in Vienna, at the Josephs Academy, the medical-surgical military academy. There, he was "examined" by the staff officer physician Gerhard Ritter von Vering. Nenning spoke Latin and French in addition to his mother tongue.



Lecture hall at the Josephs Academy



Wax preparation in the Josephinum, where students studied at that time

From the above-mentioned books, we learn that Nenning, who is always listed in these books as "Nenninger", was assigned as "sub-surgeon" in the "field hospitals of the main army in the Netherlands" from 1 April 1793, specifically, to Infantry Regiment No. 20, under the command of Count Franz Wenzel von Kaunitz-Rietberg. As commander of the allied forces against France, Kaunitz led warlike actions in 1794. In May 1797, the Austrian Netherlands were already occupied by France. On 17 October 1797, peace was accorded between France and the militarily defeated Austria, and the First Coalition War came to an end. In 1796, Kaunitz became commanding general in Galicia, and Infantry Regiment No. 20 moved with him.

In the "middle of May 1801" he was discharged from the army as a "sub-doctor" "on request".



Uniform Infantry Regiment No 20⁷

"Ng." - or the reliability of symptoms

The time after military service

However, his first wife is interesting in this context, as her father was a wound surgeon. From 1803 onwards, Nenning was a fully trained wound surgeon. In 1802, the year in which the wedding took place, he is still described as a trainee wound surgeon. Thus, he may have done part of his training with Thaddaei Stiger, wound surgeon in Ebensee, the father of his wife, at least in the period between May 1801 and the settlement in Oberhaid.

Nenning was married twice, his first wife Aloisia (1779-1808) was from Ebensee, with whom he had two daughters. Nenning married his first wife in Oberhaid in March 1802. At that time, he was still a "prospective wound- surgeon in the market." His first daughter, Rosalia, was born in 1803, at which time he was already sub-sergeon in Oberhaid". The first daughter died 30 days after birth "from weakness." The second daughter, Karolina, was born in 1804 and will play a role later, during the time when Nenning was testing medicines.

It would be interesting to know how Nenning met his first wife, as the distance between Nenning's home and Ebensee was great, by the standards of the time. One clue could have been the profession of Nenning's first wife's father. He was wound surgeon in Ebensee, Austria, as can be seen from the marriage register from Oberhaid.

Nenning's first wife died of "lung rot" in Hohenfurth in 1808 at the age of 27. Two and a half months after her death he married Eleonora Scheuchstuhl (1781-1868). Daughter Elisabeth was born in 1810.

During his time in Hohenfurth/Vyssi Brod, Nenning repeatedly bought and sold houses and properties and moved several times. From 1827 he lived in the house with the number 68, as can be seen from the land registers.



*House number 68 in Hohenfurth,
where Nenning lived from 1827 until his death*

The following information about Nenning can be found in the municipal archives of Hohenfurth⁸:

Kajetan Nenning, born 20 Dec. 1769 in the Süßmühle, parish of Reichenthal (Upper Austria), was one of the older, competent doctors, first a surgeon in Oberhaid in 1803 and 4; in 1808 he was already in Hohenfurth, here he died 13 March 1845, an excellent natural historian who also founded the natural history collection in the Abbey Museum and was also active as a writer. In an essay about Hohenfurth from 1820, he lists the dangerous diseases caused by the harsh weather and mentions that since the 12 years of his stay here, "smallpox" and "measles" were rampant every 4 years, "rubella" and "scarlet fever" once each in the 12 years, "whooping cough" twice and "dysentery" almost every year, most violently in 1808.

According to the records kept in the archives in Krumau, he was, in the opinion of the archivist there, a respectable and esteemed citizen in Hohenfurth, which is confirmed by his position as chairman of the market court.

Before I deal with the Nenning as a homeopath, I would like to mention his other fields of activity.

"Ng." - or the reliability of symptoms

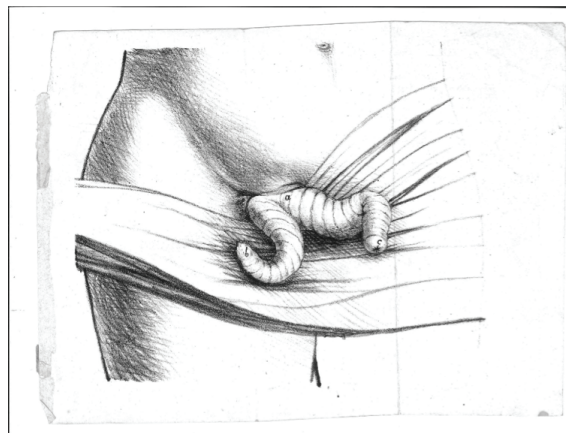
He dealt intensively with his immediate surroundings, especially as a botanist. He was actually the first botanist born in the Mühlviertel who botanised the immediate surroundings during his time in Hohenfurth. He was in close contact with the well-known Bohemian botanist Opiz. It is thanks to this contact that Nenning established a collection of plants. This collection was at Hohenfurth Monastery until the 1940s, after which the monastery herbarium went to the Upper Austrian State Museum, but by then, it had been largely destroyed by pests⁹.

His collections are rich in mosses and lichens, including those he was the first to discover and describe in Bohemia. After all, four plants have been named after him, so important must have been the discoveries. One example is *Carex teretiuscula* Good. (= *C. Nenningii* Opiz.)



*Carex teretiuscula*¹⁰

As can already be seen in the extract from the town chronicle of Hohenfurth, he was active as a writer not only in the field of homeopathy. In the Allgemeine Homöopathische Zeitung (General Homeopathic Newspaper) there are articles from the years 1833 to 1841. He was also active as an author with regard to his botanical interests, e.g. "Topographie einiger Gewächse



Drawing by Nenning from the
Upper Austrian Provincial Archives¹³

in der Gegend von Hohenfurth" (Topography of some plants in the area of Hohenfurth). Not without resistance, however, he succeeded in exhibiting the natural treasures and special features of his homeland in the Abbey Museum¹¹. The Abbey Museum is also said to have contained a human skeleton prepared by Nenning himself¹². Four letters to a friend from 1844 reveal that the two exchanged postal packages full of insects.

Nenning The Homeopath

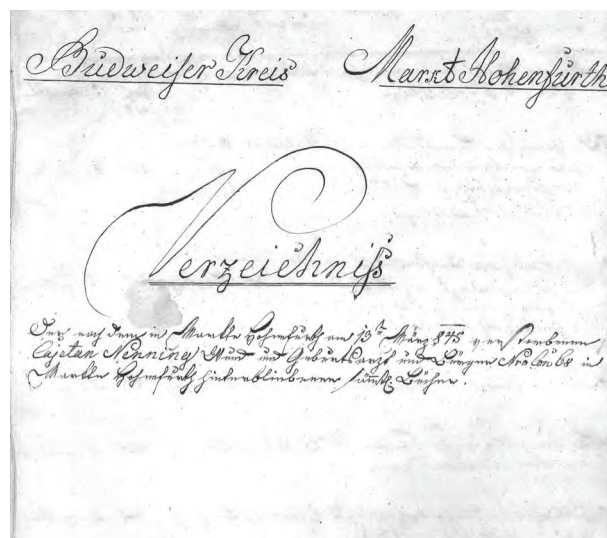
From the early 1820s onwards, Nenning is likely to have been involved with homeopathy. Unfortunately, I have not been able to find out exactly when and how he came to homeopathy, but it was during the time when homeopathy was banned in Austria. In this period from 1819 to 1837, those responsible, above all the imperial personal physician, Josef Andreas von Stifft, did not succeed in ensuring that the critical medical profession of the time continued to deal with homeopathy. One of the first Austrian homeopaths was Dr. Matthias Marenzeller, who lived practically at the same time as Nenning from 1765 to 1854. Like Nenning, Marenzeller was also a military doctor. At that time, homeopathy was particularly successful in the army. Marenzeller's popularity even went so far that he was punitively transferred to Prague by Stifft. On 13 October 1819, homeopathy was banned. Marenzeller was unaffected by the ban and began to train colleagues, including military doctors, and to supply them with remedies¹⁴.

"Ng." - or the reliability of symptoms

Nenning worked allopathically for almost 30 years before turning to homeopathy. According to Bradford¹⁵, Nenning was unable to practise his profession as a wound doctor, permanently, due to paralysis of the right arm. I would not regard this statement as valid, as there are no sources on this, at least in the AHZ¹⁶. Nenning himself mentions his paralysis-like weakness of the right hand, also in the AHZ of 1833, as a reason for not being able to participate in medical examinations himself. Whether he was able to carry out all wound-doctoring activities cannot be determined precisely.

He did not allow himself to be prevented from becoming intensively involved with homoeopathy, although, at that time, homoeopathy was already being criticised. How intensively Nenning was occupied with homeopathy is also shown by the 16-page list of books, compiled by the Hohenfurth municipality, immediately after his death. Besides various medical books, there are also many homeopathic writings, some of which are: Hahnemann's "Organon der Heilkunde", i.e. the first edition, his "Reine Arzneimittellehre" and the "Chronische Krankheiten", Boenninghausen's "Systematisch-alphabetisches Repertorium der antipsorischen Arzneien", as well as works by Jahr, Stapf, Hartlaub, Trinks, and Hartmann, and editions of the "AHZ" and the "Hygea".

Among the issues of the AHZ is also the very first issue of the newspaper. The works of Hartlaub probably had a special interest for Nenning since, from 1828 onwards, Nenning's provings were printed in it and he was in contact with him¹⁷. Nenning also commented in the AHZ in a discussion about himself, which will be discussed later, that it was only "the active support of Dr. Hartlaub" that enabled him to accomplish all this¹⁸.



Part of the list of books, in the holdings of the Upper Austrian Provincial Archives

In those days, information was exchanged by post. Nenning writes that he was able to learn a lot from these correspondences, but there was also partial criticism of his work. He heard, often enough, from his allopathic colleagues that: „at least in Prague, Linz etc., only flat-headed people turn to this medical doctrine, and not a single man of importance pays homage to it".

Many doctors of the time who turned to homoeopathy were critical of the "conventional medical therapy options of the time: "... but I know only too well what it was like for me when I had to treat a side stitch, or rheumatism etc., than when I was groping around in the fog, when bloodletting brought no relief, or it got even worse in spite of cataplasm [.....], [.....]. It is shuddering to me to think of how in the military hospitals, where I was a doctor, the most painful illness had its beneficial effect, and while the old school, [.....] plunged many even previously quite healthy and strong individuals into mortal danger, even to death, the new school restored all its sick quickly, easily and safely."¹⁹

Nenning was an unknown person in the early days, the reason being the ban on Austrian citizens to publish abroad. Nenning lived during the time when Franz II/I (re-titled during his reign) was emperor and Metternich ruled as state chancellor. Metternich's anti-liberal and

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anti-intellectual stance also corresponded to the emperor's basic attitude. The "Metternich system" was based on the suppression of democratic and liberal aspirations and was supported by censorship, police state and use of informers. Some of Nenning's provings were published anonymously in the works of Hartlaub and Trinks, which justifiably led to criticism, including from Hahnemann himself. The distrust was also justified because there were actual falsified provings, such as "Osmium". The proving symptoms had been freely invented by a certain Karl Wilhelm Ficke²⁰.

Thus, Hahnemann expresses himself as follows, in the preface to Magnesium carbonicum²¹: "The symptoms designated with (Htb. u. Tr.) are taken from the pure drug theory of DD. Hartlaub and Trs.; but they are not marked with any letter of the author; however, they have the character as if they came from the always ready symptom factory of Ng".

The following remedies were proved by Nenning²²:

Another remedy that was proved by him, and does not appear in this list, is Gummi gutti. Hering also mentions Paris quadrifolia.

The first proving that Nenning contributed to the homeopathic materia medica was Plumbum, in 1828. Nenning did not come into direct contact with Hahnemann, at least in the 1820s, but "unfortunately" with Hartlaub in Leipzig ²³. Why Bradford uses the phrase "unfortunately" that Nenning came into contact with Hartlaub is not comprehensible.

Anyone familiar with Hahnemann's "Chronic Diseases" and his "Pure Pharmacology" will inevitably come across the abbreviation "Ng." This is how Hahnemann abbreviated the symptoms that came from Cajetan Nenning's provings. Christian Lucae and Matthias Wischner, the editors of Hahnemann's Complete Pharmacology, took the trouble to calculate how many symptoms in Hahnemann's Materia Medicae come from Nenning: of the total 68120 symptoms, Nenning accounts for 5188, which is 7.6% of all symptoms in Hahnemann's Complete Pharmacology²⁴.

<i>Symptoms.</i>		<i>Symptoms</i>	
<i>Aethusa cynapium,</i>	143	<i>Ammonium carb.,</i>	465
<i>Agaricus muscarius,</i>	26	<i>Ammonium mur.,</i>	448
<i>Alumina,</i>	662	<i>Bovista,</i>	266
<i>Baryta carb.,</i>	309	<i>Niccolum,</i>	446
<i>Cantharis,</i>	489	<i>Nitrum,</i>	359
<i>Causticum,</i>	173	<i>Oleum animale,</i>	525
<i>Castoreum,</i>	276	<i>Phellandrium,</i>	369
<i>Chelidonium,</i>	138	<i>Phosphorus,</i>	531
<i>Dulcamara,</i>	51	<i>Plumbum acet.,</i>	287
<i>Graphites,</i>	178	<i>Sabadilla,</i>	18
<i>Helleborus niger,</i>	77	<i>Sarsaparilla,</i>	347
<i>Indigo,</i>	266	<i>Senega,</i>	19
<i>Kali carb.,</i>	365	<i>Strontiana,</i>	206
<i>Kali hyd.,</i>	303	<i>Sulphuric acid,</i>	249
<i>Lanrocerastus,</i>	739	<i>Tinctura acris,</i>	285
<i>Magnesia mur.,</i>	645	<i>Tongo,</i>	185
<i>Magnesia sulph.,</i>	355	<i>Tabacum,</i>	104
<i>Millefolium,</i>	77	<i>Zincum,</i>	456
<i>Natrum carb.,</i>	594		
<i>Natrum sulph.,</i>	340		
		† Total,	11,447

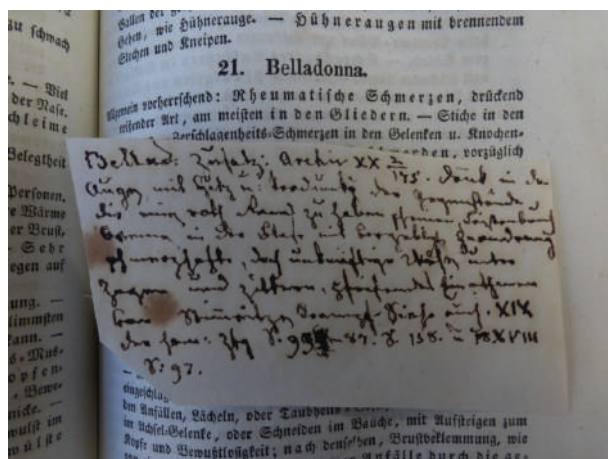
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Nenning never proved a remedy on himself, which he himself later remarked and criticised²⁵. The provings were carried out on relatives and friends, as well as on his family. The examiners were remunerated with food and payment. This was another point that was heavily criticised. Nenning, however, said that if one was convinced that "all probity" of the examinees could be relied upon, there was nothing objectionable about it. Bradford mentions that among the examiners were "pupils" of his wife. According to Bradford, she taught girls household activities.

I do not know Bradford's source. Also in the municipal book and in the books of school orders of Vyšší Brod there is no entry on this, or information that such a "school" existed and also no reference to Nenning's wife.

Library of Hohenfurth Abbey

In the Abbey's library there is a cupboard with medical and, especially, homeopathic books. Some of them were published after Nenning's death. From this it can be concluded that, even after Nenning, someone was still engaged in homeopathy. Whether this was a wound doctor or someone from the monastery's pharmacy could not be clarified. If one compares the books and the list of books, it can be assumed that these are Nenning's books. In some of the books there are also plants and mosses, as well as handwritten notes that come from Nenning. This can be confirmed by a written comparison of Nenning's letters from the Upper Austrian Provincial Archives and the notes in the books.



Notes by Nenning, to be found in
GHG Jahr's Handbuch der Hauptanzeigen, 1835.

The discussion about Nenning

„No one wishes more than I to know his faults; but I also know that there are two sides to every matter, and that one could speak pro and contra about each, ...“²⁶

C. Nenning

Nenning was, for a long time, a controversial subject in the discussion between the leading figures of homeopathy at that time. In addition to the above-mentioned passage from the preface to Magnesium carbonicum, Hahnemann was also critical of Nenning in the preface to Alumina: "Merely with these two letters [Ng.](a true anonymity!) Dr. Hartlaub and Dr. Trinks designate a man who supplied the largest number of remedy-testing symptoms for their annals, which often appear in very careless, prolix and indefinite expressions. I could only extract what was useful from them, and only on the assumption that he had proceeded in these observations as an honest, thoughtful man. But it is hardly excusable to expect the homoeopathic public to believe unconditionally in this most important, most precarious and great prudence, sharpness of the senses, fine gift of observation and strict criticism of their own feelings and perceptions, as well as the correct choice of expression (the most indispensable pillar of our healing art) of a stranger designated merely by the two letters N-g."

Nenning, on this, in the AHZ of 1839²⁷:

"Sincerity, openness, truthfulness, one should never be able to deny me. There must also be weak ones, so that the great spirits shine out all the better, whose duty it is not to despise and suppress the former, but to raise them up to themselves little by little with gentleness, with malicious rebuke, in order to serve science and mankind at the same time. In the 3rd and 4th volumes of his new edition of chronic diseases, Dr. Hahnemann likes to mock me by calling me the well-known unknown, but at other times the always-ready symptom manufacturer. For what reason he does this is not easy to understand, since I am aware that I have never offended him. Out of respect for the great man and his merits, it would be easy for me to [text missing]

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I would find it easy to disregard this ridicule, or irony, or whatever else it should be, if it were not to be feared that some readers of my medicinal experiments would be prompted by this to suspect false inventions in them, which is offensive to me and demands my defense. If Dr. Hahnemann has doubts about my honesty or any other reason to ridicule me, he is not acting consistently, since he himself spreads my errors by including them in his works; he is acting unfairly by remaining silent about them for such a long time, since he must have had the homoeopathic annals in his hands for a long time and added my symptoms of Dulcamara, which were sent to him, to his second edition of medicines without decency.

Have I perhaps made too many experiments, does it strike him to have recorded so many symptoms? In my opinion, I would have deserved more pity than ridicule. The Hahnemann's call not merely to enjoy, but to put one's own hand to work, revived my zeal, and the active support of Dr. Hartlaub made it possible for me to accomplish what is perhaps so striking to Dr. Hahnemann."

Another critic was David Roth, who not only gave a destructive verdict on Nenning, but also on Langhammer and Friedrich Hahnemann:

"This Materia Medica, called pure though it is not written by Hahnemann, is a mixture of the greatest errors, and the cause of the bickering among the homoeopaths, the end of which is unforeseeable and the sole cause of the halted further development and spread of homoeopathy."²⁸

In Roth's opinion, all of Nenning's symptoms must be removed from the Materia Medica. Two articles on Roth appeared in the ZKH in 2016. He was one of the representatives of natural scientific homeopathy. This direction held the opinion that all subjective symptoms should be deleted from the drug teachings and only those that can cause pathological tissue changes should be listed. C. Hering, on the other hand, was an opponent of Roth's views, opining,

"Sulphur was tested by nearly 50 persons, none presented with pleural exudate. We know, however, that

Sulphur cured this disease in countless cases. It is a mistake to think that a remedy which causes disease or organ damage will cure such a disease. This will only be the case if it is related to the symptoms, even if the remedy never produced such organ damage."²⁹

And Hering was also a defender of Nenning's tests:

"... When I read this [note: Roth's criticism of Nenning], I had just recovered a few days ago from a very painful ailment, and that, by the application of a Nenning symptom. Langhammer had been suspected only by Hahnemann's pupils, but his co-examiner Nenning by Hahnemann himself."

Like Hering, Andreas Wegener³⁰ also succeeded in verifying Nenning symptoms. For what reason did Hahnemann decide not to include certain symptoms of Nenning in his works, or to delete them again? Just as an example: Hahnemann included 359 alumina symptoms of Nenning in his works. In fact, he provided 662 Alumina symptoms. In total, there are over 11,000 Nenning symptoms, a good 5,000 of which we find in Hahnemann's works. In Hartlaub and Trink's *Materia Medica* we still find all the symptoms collected by Nenning.

As early as 1864, Nenning's provings were also written about in the USA in "The American Homoeopathic Review". In the article "A Comedy of Errors"³¹, probably written by Carroll Dunham, it is also about the discussion of the reliability of symptoms and the whole, partly arbitrary deletions of certain symptoms and also the errors in the translations into English, where certain symptoms were included and also deleted by Nenning. It should be mentioned in passing that in the *British Journal of Homeopathy* Nenning's remedy tests were called "garbage", as can be read in the above mentioned article.

In 1877, the discussion in the AHZ³² continues. In an article on Causticum, the then editor of the AHZ, A. Lorbacher, wrote:

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"In the case of the remedy described in the 3rd vol. of Chron. Krankheiten, edition of 1837, a new examiner joins the above-mentioned, under the code Ng. (Nenning). His examination was such a successful one that by the same the number of pathogenetic symptoms is increased to 1505. We can well put up with this enrichment, since it substantially increases our knowledge of the remedy and confirms the symptoms of the other examiners in many cases, if the examiner were not somewhat mythical in nature. One has never been able to know with certainty whether he was a physician or a layman. [...]and to give entire confidence only to those symptoms originating from him which agree with the other examiners."

From this time on I am not aware of any discussion about Nenning's reliability. It can certainly be traced back to Hahnemann himself, the reason probably being that, as mentioned above, Austrian citizens were not allowed to publish abroad at that time. As so often in homeopathic literature, a "prejudice" is readily perpetuated. This discussion about Nenning - he was definitely a disputatious spirit of the times, which can also be seen in his publications in the AHZ - may certainly have been due to his character.

Briefly, the assessment of other colleagues on Nenning's collected proving symptoms will be discussed³³:

Christian Lucae:

"Hahnemann's pharmacology is as it is, we build on it, have to verify the symptoms again and again. To question individual examiners afterwards is difficult - how should one proceed? What is left then? What about Langhammer, Friedrich Hahnemann, etc.?"

Anton Rohrer:

"I can also confirm the verification of examination symptoms that Nenning observed. Hahnemann does criticize Nenning, but he does include many of his symptoms in his pharmacology. He would not have done that if he did not trust his symptoms. There I trust Hahnemann again! And I am confident that Plate (Uwe Plate, German developer of software Repertory) will one

day also find out why Hahnemann did not include the remaining Nenning symptoms."

K. H. Gypser strikes in the same notch, that again and again symptoms communicated by "Ng." could be verified in his practice, so he has no doubt about their coherence.

Verification of Nenning's proving symptoms - A short case report - Epicondylitis lateralis:

In December 2019, the 41 year old female patient, calls me to see if anything can be done with homeopathy for her tennis elbow. The symptoms have been present since August. Previous therapy attempts were: a track for the elbow, a medicinal treatment for the pain, and physiotherapy. In the last four weeks, the pain has unfortunately become even worse, and baking biscuits in the run-up to Christmas is not doing her any good at all. The pain is in the lateral epicondylus.

The following symptoms are to be asked for:

Drawing pain in the right outer elbow, radiating into the forearm and agg. with movement. External pressure aggravates the symptoms. The more pressure she puts on the arm, the more severe the pain becomes. No other symptoms were observed.

The complete symptom and an important one is present in the patient: Drawing/pulling pain in the elbow, worse with movement and external pressure.

The prescribed and well working remedy was Kalium Nitricum C200 (Homeocur), 2x2 glob.

Materia medica comparison³⁴:

In the elbow joint, pulling, up the right upper arm, on the posterior surface. Ng
Tearing in the right forearm from the elbow to the ring and middle finger, with heaviness and numbness of the parts. Ng

"Ng." - or the reliability of symptoms

Dislocating pain in the fingers when holding a large object; when stretching them out, which he could not do at first, they seem too long, and if he wants to hold something with them, he must first bend them backwards. Ng

Dislocating pain in the joint of the right thumb, on moving it backwards, and pain on pressing on the joint in a small place. Ng.

Further course:

Telephone call on 20.12.2019: marked improvement, biscuit baking goes well, only slight pain persists with massive strain on the elbow. No further treatment.

Telephone call on 07.01.2020: The complaints are the same as in the last telephone call. Therefore the remedy is repeated again. The patient is now symptom-free.

Conclusion:

Hahnemann's *Materia medica* is what it is, we build on it and have to verify the symptoms again and again. It is difficult to question individual provers afterwards - how should one proceed? What is left then? What about Langhammer, Friedrich Hahnemann etc.?

The verification of proving symptoms observed by Nenning can be confirmed again and again by colleagues. Reputable colleagues confirm this. Although Hahnemann criticises Nenning, he nevertheless includes many of his symptoms in his *Materia medica*. He wouldn't have done that if he didn't trust his symptoms. I think we should trust Hahnemann on this! The discussion about the reliability of proving symptoms has existed since the early years of homeopathy and already concerns Hahnemann's *materia medica* and accompanies us up to the present day. Which source is of high quality, respectively which method is best suited, who is a good examiner? The *Deutscher Zentralverein homöopathischer Ärzte* (German Central Association of Homeopathic Physicians), for example, has published a consensus paper on this topic. Gerhard Bleul also thought about this. In the current situation, legal and

ethical aspects (contracts, ethics committee) play an important role in addition to the technically correct implementation.

There will probably never be a definitive guideline, but in the current tense situation of homeopathy, attempts should be made to carry out provings at the highest possible level and in an internationally uniform manner, to repeat them and also to prove known remedies again and again. An important aspect, which is also shown by Nenning, is the verification of proving symptoms. This could already be proven by Hering and continues to prevail up to present-day homeopaths.

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"Ng." - or the reliability of symptoms

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Homeopathic Treatment And The Quality Of Remedy

Dr. Heike Gypser

It is very well known that homeopathy began in 1796 when Samuel Friedrich Hahnemann (1755–1843) published, for the first time, the fundamentals of his discovery in: “Essay on a New Principle for Ascertaining the Curative Powers of Drugs and Some Examinations of the Previous Principles”¹. There he laid down the basis for an astonishing simple method to curing the sick, with an “apriori” certainty and the short formula: “Similia similibus curentur”. Of course, the practical application is more complex and needs lots of study. This starts, at best, with the fundamentals, given in the original sources but, of course, practical experience is necessary to become a successful practitioner.

When Hahnemann started practicing this new method, the time was ripe for a revolution in medicine. At these very first steps of homeopathy, he was already a very well-known scientist and doctor. He had a great knowledge about chemistry and pharmacy due to his scientific works and chemical experiments, such as the “Poisoning by Arsenic”, “Preparation of Mineral Alkaline Salt by Means of Potash and Kitchen Salt,” and many others.

Also, Hahnemann’s translations of the most important scientific works of his days improved his knowledge on pharmaceuticals. Among them was the French publication of Jean Baptiste van den Sande (1746–1820) of 1784 entitled “The Signs of the Purity and Adulteration of Drugs.” Van den Sande criticized the great problem of drug adulterations due to profit seeking on the side of drug importers, and the ignorance of badly educated pharmacists. It was a huge difficulty for pharmacists to avoid adulterations and/or the mix-up of drugs². Especially, the identification of dry substances, in powder form, was very tricky. This experience could have been a reason for Hahnemann to become very critical regarding drug-quality. An example here could be Lycopodium, which is a fine, soft, pale-yellow, a bit greasy, neutral in taste, and an odorless powder. If it was

not available, then pollen from fir, spruce, or hazel, were used. If there was not enough Lycopodium at disposal, cornstarch, colored with an infusion of turmeric, was added³. Finally, Hahnemann published in 1793 and 1798 – shortly before and after the discovery of the law of simile – an “Encyclopedia for Pharmacists” (“Apothecary’s Lexicon”) in two volumes, which was highly accepted by the scientific community. Therefore, we can assume that Hahnemann knew, exactly, what he was doing when he began to prepare the needed remedies by himself. It can be said, for sure, that he was better educated in pharmaceuticals than most pharmacists of that time.

From this background, he put down in aphorism 264 of Organon VI: “The true medical-art practitioner must have the most genuine, full-strength medicines on hand, in order to be able to rely on their curative power; he himself must know them according to their genuineness.” And he continues with the next aphorism 265: “It is a matter of conscience for the medical-art practitioner to be certain that each patient takes the right medicine every time. Therefore, the practitioner should give the patient the correctly selected medicine from his own hands, and he should also prepare the medicine himself.”

Probably this originated because Hahnemann complained of the untrustworthiness of pharmaceutical preparations, which no conscious doctor could prescribe, and asked “on what should we rely?” So, while practicing and getting more and more experienced in treating the patients, he developed a method of preparation, and the way to administer the properly selected similimum, which was not a potentized medicine yet.

During the first years of homeopathy, Hahnemann gave powders and tinctures in small doses, prepared according to general pharmaceutical techniques. Only with the experience gained did he start the potentizing

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process to minimize the dose. He found a very small quantity acted most gently upon the patients. So, it was important to develop a simple, reproducible, way to obtain an active medicine in a minimalized dose.

Hahnemann was always in favour of remedies prepared by the medical doctor himself, as outlined in *Organon*, aphorism 265. This incurred the protest of many pharmacists, and long discussions among homeopathic physicians arose, about who should be responsible for remedy-preparation.

One problem for the physicians was that the homeopathic remedies were prepared in regular pharmacies by non-homeopathic pharmacists. Because everything depends upon one single substance at a very small quantity, and since there is basically no way to control the quality of the tiny dose, the pharmacist must be very trustworthy.

Another problem was the preparation of a homeopathic medicine in the same room or laboratory where allopathic remedies were made. The air and atmosphere are full of evaporating liquids, and strong-smelling substances, such as camphor or valerian. One may still remember the smell when entering an old pharmacy, where many galenic formulas were being prepared. It was also a serious problem for homeopathic physicians not really knowing how correctly a pharmacist worked, because of the sensitive process of remedy-preparation and possible contamination with allopathic medicines. There was also a concern that pharmacists, not being involved in homeopathy, would not understand properly the importance of the delicate manner of remedy preparation.

So, it was clear for many physicians – the true followers of Hahnemann – that remedies have to be prepared exclusively by the physician. Others advocated for pharmacists, but even then, most were convinced that only a true homeopathic pharmacist would be able, reliable, and trustworthy in preparing these special remedies.

The question of responsibility concerning remedy production became a major point of argument in the homeopathic world, and it seemed to turn out to be a fundamental query for homeopathy. In Germany arose the so-called “conflict of dispensing” because Hahnemann did not stop preparing his own remedies, which was not tolerated by the pharmacists and ended up with Hahnemann’s move to Köthen in 1821. There, he was free with the permission of the Duke Ferdinand zu Anhalt Köthen (1769–1830), to prepare and dispense his remedies. One reaction to the “conflict of dispensing” was the opening of the first homeopathic pharmacy in Leipsic in 1836 (“Homöopathische Dispensieranstalt”) for the exclusive preparation of homeopathic medicines. This pharmacy was the foundation stone for the development of the homeopathic pharmaceutical business and industry of Schwabe. The question of dispensing was a hot topic within the homeopathic world and lasted for very many years, until the governments officially took over the responsibility for public healthcare.

Furthermore, it has to be considered that with growing number of patients, time for remedy-preparation became limited to a homeopathic physician. Additionally, the successful introduction of remedy kits, for use by colleagues and patients, made it almost impossible for a physician to take care of the time-consuming preparation. Hahnemann had to face this problem and asked several pharmacists, as Dr. Haubold of Leipsic, and in 1831, a certain Müller from Schöningen, to prepare such remedy kits. Finally, Hahnemann found with Theodor Lappe (1802–1882) a very reliable pharmacist, who became his pharmacist of confidence. Both, for example, corresponded also about the preparation of Causticum, and Hahnemann asked Lappe to publish a pharmacopeia⁴. He produced, in 1832, remedy kits following Hahnemann’s directions regarding preparation of the raw materials, as well as the number of remedies and the size of the boxes⁵.

Up to now it is clear that there were two ways to obtain a homeopathic remedy:

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- The homeopathic physician prepares the medicines by himself, as demanded by Hahnemann.
- Very carefully working pharmacists devoted to homeopathy can prepare homeopathic medicines.

But, with the growth and development of homeopathy, the remedy-manufacture underwent various changes. The number of proven remedies increased and, it is clear, that new remedies were introduced by homeopathic physicians. Therefore, questions regarding starting materials arose, and new pharmaceutical techniques were developed as well. Some of these were invented by the homeopathic medical doctors.

The most important step was done by Semen Nikolaevich Korsakov (1789–1853). His so-called one-glass-method was introduced in Germany 1832. Hahnemann knew about it and he regarded it as very advisable, because of the incredibly easy and simple operation. Constantine Hering (1800–1880) prepared remedies just with water, applied no succussions, carried out a “hyperpotentization”, Clemens von Bönninghausen (1785–1864) introduced the regular use of higher potencies more than Hahnemann did; and, Caspar Julius Jenichen (1787–1849) prepared Chamomilla 4.000, as well as Arsenicum 8.000. Benoît Mure (1809–1858) presented to Hahnemann a mechanical mortar, which was approved by him. Finally, these developments led to the preparation of high potencies by Bernhard Fincke (1821–1906), Thomas Skinner (1825–1906), James Tyler Kent (1849–1916), and others. These homeopathic physicians constructed special machines for the preparation of potencies up to several millions, around 1900.

In all these reforms, no pharmacists were involved at first because, at that time, no well-defined education for a homeopathic pharmacist was yet established. Still, the physicians considered it as their duty, to prepare the needed medicines, even differing from Hahnemann, while the preparation process got increasingly complex and labour intensive.

At the same time, more and more exclusive homeopathic pharmacies were established. The owners of the first homeopathic pharmacies worked very

successfully, and were able to build up world-wide trading companies, such as Schwabe in Germany and Boericke & Tafel in the United States. By the way, Hering gave his personal medicines to Boericke's first small pharmacy, and Hering's supplier, in Surinam and Philadelphia, was Lappe, Hahnemann's pharmacist. Therefore, it can be assumed that Boericke & Tafel started their business with remedies from Hahnemann's pharmacist of confidence. Consequently, those successful entrepreneurs tried to totally take over the manufacture of homeopathic medicines due to financial concerns, but also due to scientific progress such as chemical analytics. Nevertheless, Boericke still gave lessons at Hahnemann College of Philadelphia on remedy preparation for medical students only.

It is also the area of upcoming fields of specialization, and the border between physician and pharmacist became sharper. Today, the separation of the two clearly defined professions is regulated by governments. Finally, their fields of activity became clearly defined – and this is valid not only for homeopathy:

- The medical doctor is responsible for therapy – here can be pointed to Hahnemann again to Organon aphorism 3: knowledge of the disease, indication; knowledge of the medicinal powers; choice of the remedy; proper dosage; removing obstacles of cure.
- The pharmacist is responsible for the preparation and dispensing of medicines.

Another step in the development, leading to a sharp separation, was the introduction of the pharmacopeias. Since Hahnemann did not leave a work exclusively dedicated to remedy preparation, in 1825, the first homeopathic pharmacopeia was published and many more followed over the years. But again, homeopathic physicians were the first authors of homeopathic pharmacopeias, such as Carl Caspari (1798–1828), Franz Hartmann (1796–1853), Benedikt Buchner (1813–1879), Georg Heinrich Gottlieb Jahr (1801–1875).

Later on, the owners of the powerful companies, as Schwabe and Boericke & Tafel, published homeopathic pharmacopeias. In regard to Schwabe's work he managed that it was accepted by the government as the

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only official pharmacopeia in Germany. All medicines had to be prepared according to it. Over the years, many different pharmacopeias were published, and today the world has six⁶ officially approved homeopathic pharmacopeias, which are official rulebooks containing directions for the identification, preparation, qualification, and storage of medicines⁷. They are very similar to allopathic pharmacopeias, having adopted all chemical and analytical methods to classify the raw material and the content of active ingredients.

Nowadays, pharmacopeia commissions are responsible for their publication. Besides the instructions, given by the pharmacopeias, more legal provisions, such as guidelines for Good Manufacturing Practice (GMP), regulate the production of medicines for consistently high quality. Producers are obliged to follow those and are controlled by government officials. All this made it almost impossible for medical doctors to follow all the rules and to prepare remedies by themselves.

The homeopathic doctors are totally absorbed by the selection of the correct remedy. They have to know about indications, symptomatology, and must be able to distinguish between phenomena of health and disease. They do the physical exams to find pathological alterations, and finally give a proper prognosis and advice. All this defines medicine, and the field of action of a homeopathic doctor; these activities are not part of the pharmaceutical, chemical, profession.

Despite clearly defined professional duties, having at first glance nothing in common, both professions depend very much upon each other in homeopathy regarding of the quality of a homeopathic medicine:

Since homeopathy is not a therapy by diagnosis, it is extremely time-consuming for a homeopathic physician, and this is especially so with chronically diseased patients. There has to be a correct anamnesis, body-check and case-analysis, which takes, at least, one and a half hours for the first consultation. When all the work is done, and the similimum is found, finally we expect the cure – and the cure will happen because of the “apriori” healing certainty as explained in Organon,

aphorism 3 – depends upon one single substance and dose. So, all the success of the cure lays in a few tiny globules, consisting of a minimal quantity of one certain substance, and some milk sugar. Today, usually, the homeopathic physicians trust pharmaceutical producers to know about all the many legal regulations, which are given by national health services to secure a reliable drug-quality – and that is how it should be. Normally, the only problem is to find a pharmacy that provides the selected remedy quickly and at a reasonable price.

Another important point is that no qualitative and quantitative analysis can give certainty about the quality of the product. No absolute proof of effect, in the sense of allopathy and natural science, is possible for a homeopathic remedy. At this important point, pharmacists and homeopathic doctors have to come together. Pharmacists need and should depend upon physician's interest, feedback, and collaboration on homeopathic pharmaceuticals.

In daily practice it means: It is important to check carefully the case history. If no result occur, it does not mean, automatically, that the selected remedy was not the correct one. It can also mean that the quality of the remedy was not good. To discover that, it is very helpful to draw up statistics, as Dr. Klaus-Henning Gypser has done for many years, marking with a red cross every successful prescription. This permits a quick overview of the patient's file showing a perfect cure and remedy. It can be seen at once if a case is not developing well, even if the remedy seems for sure to be the similimum. In this case, the problem might be the homeopathic medicine. This situation happened, when a case was doing very well with Phosphorus Q 3, Q 6 and Q 9. But, Q 12 did not do anything and no other remedy was indicated. The physician contacted the manufacturer, and a new Phosphorus Q 12 was prepared, which was then applied successfully.

This example impressively demonstrates how important the collaboration between physician and pharmacist is, to secure high quality homeopathic medicines. Knowing the quality depends upon two factors:

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One is the way of preparation and second is the raw substance. It is quite obvious that the same substance that was used for the proving has to be taken as the medicine. Here, already big problems arise, because in many provings it is not clear which substance was used or how it was prepared, and now, it is difficult to retrace the original preparation. Provers often gave insufficient descriptions of the material used, leaving problems such as: botanical uncertainties, different nomenclatures, and finally, the added mistakes in translation.

Second, is the way of production with many variables: How many succussions are given, what about the strength of succussion, is the activity of a medicine prepared following Hahnemann's description exactly different from one prepared on industrial level?

Even though all these problems seem to be solved by experts and pharmacopeia commissions, a homeopathic pharmacopeia is no guarantee for a high-quality remedy.

Coming back to point one, to explain the problem of the starting material. Already the first pharmacopeia, of 1825, uses for *Sepia* the cuttlebone; but, Hahnemann proved the ink of *Sepia*.

Another example is *Phosphoricum acidum*: Hahnemann gives a very detailed description how to combine one pound of calcinated bones with sulphuric acid. The gained mass has to be thinned with two pounds of strong whiskey or rum. The obtained clear liquid must be boiled down and then melted at a red heat⁸. In the *Pharmacopea homoeopathica polyglottica*, by Willmar Schwabe, of 1872, one can read: "Phosphoric acid, purified and calcinated, for aqueous solution"⁹.

The American Homoeopathic Pharmacopeia, of 1882, dilutes the mixture of bones and sulphuric acid with water. This solution is then filtered, washed with water and neutralized with ammonia or carbonate of ammonium. The obtained ammonium phosphate is heated to redness¹⁰. In the *Pharmacopeia of the American Institute of Homoeopathy*, of 1897, only the chemical description of phosphoric acid and their

modifications can be found, saying "the officinal acid represents 85 per cent of the ortho modification"¹¹. The eight edition of this pharmacopeia, of 1979, uses exactly the same wording for the substance¹². The actual Indian homeopathic pharmacopeia describes "it may be obtained by the oxidation of phosphorus in contact with water. Contains not less than 88 per cent and not more than 90,0 per cent w/w of H₃PO₄ (phosphoric acid)"¹³.

The Brazilian gives the chemical formula saying, that the acid has to contain not less than 85% and not more than 90% of phosphoric acid¹⁴. The German homeopathic pharmacopeia, HAB 2005, refers to the *European Pharmacopeia*, notes the phosphoric acid concentrated, which has to have 84,0 per cent m/m to 90,0 per cent m/m and phosphoric acid, diluted containing 9,5 per cent m/m to 10,5 per cent m/m being a mixture of water and concentrated phosphoric acid¹⁵.

This example already demonstrates how a mother substance was reduced from a labour-intensive procedure to a simple chemical notation, and how it is produced differently on industrial level. The *acidum phosphoricum* as manufactured by Hahnemann (*acidum phosphoricum ex ossibus*) is not made any longer; it corresponds to pure phosphoric acid but has changing calcium and magnesia phosphate content¹⁶. Here, it is important to point out the difference between the various starting materials: pure phosphoric acid is definitely not the same substance as Hahnemann's phosphoric acid. The most outstanding point is that it is not proved! Therefore, it can't be ruled out that a cure may fail not because of a wrongly selected medicine but because of a wrong preparation.

The problem can be continued with *Stannum*, which had, at the times of Hahnemann, a content of 95%. Today it is demanded 99 to 100% pure tin¹⁷. Many more examples could be mentioned.

To sum up: The quality of a homeopathic medicine depends upon the starting material and the way of preparation. The homeopathic community today has to face the same problems in regard to quality as

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Hahnemann had. In this important matter, the pharmacist has to be active – it is the basis of the pharmaceutical profession.

In the case of homeopathy, it is necessary for both professions to collaborate, because the physicians have to rely upon the pharmacist, and the pharmacists have the duty to serve the sick and the physician; even though: the “separation of prescribing and dispensing, [also called dispensing separation] is a practice in medicine and pharmacy in which the physician who provides a medical prescription is independent from the pharmacist who provides the prescription drug. In the western world there are centuries of tradition for separating pharmacists from physicians”¹⁸.

Today, in daily practice, the pharmacists are often the first contact person for a patient under homeopathic treatment. They could investigate and check with other patients under the same homeopathic medicine how the cure is going. Then the pharmacist should contact the physician and the manufacturer to discuss about the medicine.

Therefore, the main aim of a homeopathic pharmacist should be: to provide correct and reliable remedies to help the sick in the spirit of Hahnemann. The pharmacists should not try to become practitioners of the homeopathic medical art, but they should try to become practitioners of the homeopathic pharmaceutical art and to support the physicians.

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QUIZ CORNER -

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Dr. Pietro Gulia, M.D.

... For our younger colleagues

1) Clinical case n.1

July 2019 – An acute tracheitis

Leading actors: a 54-yr old man, (in the past cured by Psorinum and Silicea from his spring allergy); an Italian hot summer; a train, frozen by its air-conditioned system, leaving to hotter Southern Italy. That man got on the train while in a profuse perspiration, travelled for six hours and in the very same evening he got throat pain and light cough. 48 hours later, when he called his homeopath, he was very troubled by a dry, tormenting, barking cough, < lying (and, of course, < by night), < eating (while and after) and, above all, < by cold air = air conditioned, which was practically everywhere, in the supermarkets, in every coffee-bar, even in his house where he was obliged to switch off the “damned system”. “Cold! the world itself, even the idea “cold”, makes me feel worse”: the weather is hot but he doesn’t dare to drink cold or only just fresh water! He feels a sort of tickling at the base of his neck (= throat- pit) which forces him to cough.

Which remedy?

2) According to Hahnemann,

in Aph. 4, the Physician: “He is likewise ... if he knows the things that derange health and cause disease, and how to remove them from persons in health.” Please, finish the sentence correctly

- a) A preserver of health.
- b) A true follower of Hippocrates.
- c) A true doctor .
- d) An expert diagnostician.

3) Clinical case n.2

May 2016 – Strange eyes movements

A 5-yr old child. When seven months old she was cured by a single dose of Sulphur from her relapsing fever attacks. Her parents now look very worried: “ A month ago, she had high fever (39° C = 102,2° F) which disappeared after a day without any treatment. We suspect her problem began after that fever. She moves her eyes in a strange way: she

rotates the eyeballs! It happens almost every day. When she makes so, in the same moment she very often moves her head, bending and turning it left or right”. Further information: she shrieks or weeps desperately even for a little scratch. She loves raw potatoes and cooked potatoes as well (actually, since she was a toddler). Examining her (she was very calm and collaborated during examination) I could not detect any neurological sign neither pathological signs. Suspecting epilepsy or MS, I prescribed examination by Neurologist, an EEG, a CT (with the Neurologist consent) and gave her

Which remedy?

4) Quoted from Hahnemann’s *Materia Medica Pura*

6 – All objects appear to him to move round in a circle, especially when he is seated – for many hours (after 2 h.) [Fr. H-n.]. 51 – First (after ½ , 2 ½ h.) contracted, then (after 8,9 h.) very dilated, pupils [Lra]. 173 – Feeling of cracking in the wrist, which is non audible. [Fr. H-n.]. 174 – Exanthematous elevations, the size of a lentil, on both hands, even on the balls of thumbs, which on their appearance cause a burning pain; then, they become confluent, of a dark color, and last nine days [Fr. H-n.]. 225 – Perspiration on the abdomen at night.

The remedy is ...

5) What do the strange abbreviations

we can read in brackets in Hahnemann’s M.M. *Pura* mean? An example of them is in Quiz n. 4: [Fr. H-n.] - [Lra].

6) According to Nash...

in his *Leaders in Homoeopathic Therapeutics*, many remedies have cough aggravated by breathing cold air. Among the following series, where is the right answer?

- a) Bryonia - Natrum carbonicum - Rumex
- b) Phosphorus – Rumex - Spongia
- c) Causticum – Coccus cacti – Kali sulphuricum
- d) Mercurius - Phosphorus - Thuja



QUIZ CORNER -

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Dr. Pietro Gulia, M.D.

7) Where is the mistake

- a) Thuja is Hahnemann's chief anti-sycotic
- b) Thuja: < cold damp air
- c) Thuja does not sweat on uncovered parts
- d) Thuja gets a great deal of rumbling in the abdomen

8) Clinical case n. 3

A case of acute painful congested hemorrhoids and proctitis December 30th 2022

A 66-yr old entrepreneur (cured homeopathically since she was 25-yr old) is suffering from violent rectal pain and hemorrhoids since 3 days: he took, by himself, Nux vomica first; Aesculus hippocastum second, without relief. Over the last two weeks (Christmas time), he ate a lot (very rich, heavy and spiced food, cheeses, cakes etc.etc.) and drank too much (delicious red wines) in Italy and France. Over the last two years, moreover, he changed his lifestyle: he leads a sedentary life, owing to his multiple commitments. Today he feels a lot of pain and feels very worried: he will have to hold a very important work meeting in four days. He feels burning pain at the anus and inside the rectum; above all, he feels stitching pain inside the rectum which never stops; when he is sitting; when he is standing; when he is lying; and, he occasionally feels terrible pangs; but if he walks on open air he feels better, and the pain seems to fade. So, he goes out and walks, even in the evening, for one or two hours, despite the cold weather. There is, moreover, an annoying watery, odorless, secretion from congested hemorrhoids. His feces are soft, but evacuating is painful, of course. His abdomen is swollen and hypertympanic. His tongue is white.

The informatic Repertory was fundamental to detect the right remedy (and T. F. Allen's Hand Book of Materia Medica and Homoeopathic Therapeutics confirmed it) which is ...

9) Aph. 90, note 1),

Hahnemann gives us a very useful recommendation. Which one?

- a) To observe patient's clothes
- b) To observe how long the patient takes to answer questions
- c) To observe how the patient behaves during the visit
- d) To take in account patient's vital indicators

10) In his Guiding Symptoms

Hering adopts four marks to distinguish the relative value of symptoms, that is



These marks correspond to the four degrees in... which Repertory?

- a) Kent's
- b) Boenninghausen's
- c) Jahr's
- d) Knerr's



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Solutions of the QUIZ CORNER

THP vol. 3, issue 3

Dr. Pietro Gulia, M.D.

1) Clinical case n. 1

A case of Acute Pharyngitis - PERSPIRATION, Odor, sulphur; FEVER – Continued; - MIND, Delirium, fever, during; STOMACH – Thirst, extreme, fever with – Thirst, small quantities, for, fever, during - often, and; GENERALS – Food & Drinks, cold drinks, cold water, desire, fever, during.

PHOSPHORUS 200 K, just a dose: after taking it, the child sweated profusely; the fever went down ; and in few hours, the burning pain in throat vanished. No repetition of the remedy was necessary.

2)

d) The comparison of the collective symptoms of the natural disease with the list of symptoms of proved medicines.

3) Clinical case n. 2

A case of Nausea in Pregnancy - STOMACH – Nausea, morning, rising after, agg – Nausea, pregnancy during – Vomiting, morning – Vomiting, pregnancy, during. – MIND – Company, aversion. GENERALS – Food & Drinks, food, aversion, smell, of. NOSE, Odors, imaginary and real, repulsive – RECTUM – Constipation, ineffectual and urging and straining; pregnancy agg, during STOOL, Scanty.

Nux vomica 30CH: plussing method, a teaspoon every 3-4 hours, but, if relieved, stop repeating. In three days, she improved a lot; no more nausea and vomiting in the following months of pregnancy.

Why Nux vomica and not Sepia (read the case in THP vol.3, n.3 – 2022, please).

4)

Quoted from Hahnemann's Materia Medica Pura: 126 – EYE – Pain, burning, salt, as from - Canthi. 253 – THROAT – Scraping - Scratching. 560 – URETHRA – Itching, urination,

during, agg. 722 – CHEST - Constriction, ascending, agg; walking, agg.

The remedy is **Nux vomica**

5)

c) Arsenicum – Phosphorus - Sulphur .

6)

The mistake is: c) Phosphorus: amelioration in the twilight and in the night.

7)

The mistake is: c) Nux vomica: aggravation in a warm room.

8) Clinical case n. 3

A case of Acute Sciatica - EXTREMITIES – Pain, Lower Limbs, Sciatic nerve, sitting amel; chair, in a, amel: lying, agg; accompanied by numbness

Gnaphalium 5 CH, plus method, every 2-3. Quick improvement: cured in two days.

9) N. 4

d) Localities – Sensations – Modalities - Concomitants

10)

c) Three.



Invitation to the LMHI World Congress of Homeopathy

October 24 to 28, 2023 in Bogota, Colombia



We look forward to seeing you all at the
Grand Hyatt Bogotá Hotel from October
24-28, 2023!

LMHI 2023, under the slogan Education for the professionalization and qualification of homeopathic medicine, arises from the need to link the knowledge of the Academy with the Colombian hospital service and show the world the advances of both the country and Homeopathy. For the first time in history, the LMHI Congress will be held in Colombia, where you can discover its cultural and gastronomic richness and enjoy this enriching experience in every way.

The topic areas that will be discussed are:

- Clinical Research in Homeopathy
- New methods and approaches in Homeopathy.
- Pre-clinical research in Homeopathy
- Homeopathy in Clinical Practice
- Historical development of Homeopathy
- Integration of Homeopathy in: Pharmacy, Veterinary, Agro-homeopathy, Health systems.
- Education of Homeopathy in universities
- Advances in primary health care policies in MATCA
- Evaluation of WHO MATC Strategies 2014-2023

