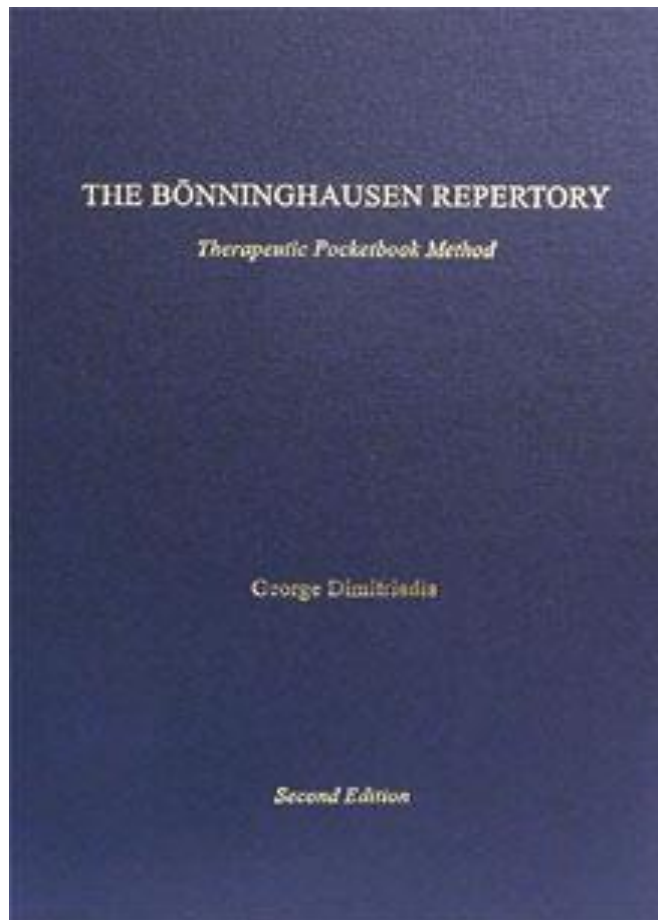


The Bönninghausen Repertory Therapeutic Pocketbook Method



Samuel Hahnemann

1813

Hahnemann achieves great success treating typhoid fever



The year of 1813 was one of triumph for Hahnemann. The contagious typhus fever, the typhus of the camps, prevailed throughout the length of Germany. Hahnemann attended cases of this terrible disease with a **success that silenced his critics**, and proved the superiority of the new method and of **the truth of his principle**. From Bradford's *Life and Letters of Hahnemann*

Constantine Hering



1800 - 1880

Hering wrote many articles, monographs and books. It is in the sphere of drug provings, however, that Hering's effort shines at its best. It has been remarked by Nash and others that if Hering had done nothing else for medicine but the proving of the single drug *Lachesis*, the world would owe him an everlasting debt of gratitude. Dr. Hering proved 72 drugs, out of which the following are the most well known: *Cantharis*, *Colchicum*, *Iodum*, *Mezereum*, *Sabadilla*, *Sabina*, *Psorinum*, *Nux moschata*, *Lachesis*, *Crotalus*, *Apis*, *Hydrophobinum*, *Phytolacca*, *Platina*, *Glonoïn*, *Gelsemium*, *Kalmia*, *Ferrum-met*, *Fluoric acid*, and *Phosphoric acid*.

Adolph Lippe



Adolph Graf zur Lippe-Weissenfield was born May 11, 1812 near Goerlitz, in Prussia, and died on January 23, 1888 in Pennsylvania. In the fall of 1838 Lippe registered in the first and only homœopathic medical college in the world, the North American Academy of the Homœopathic Healing Art in Allentown, Pennsylvania, also known as the Allentown Academy. Afterward Lippe moved from Reading to Pottsville, PA in 1841 where he practiced with success and growing ability until 1844 when moving to Carlisle, PA. During this time, Dr. Lippe made a name for himself with his treatment of epidemics in the Cumberland Valley.

1812-1888

Phineas Parkhurst Wells



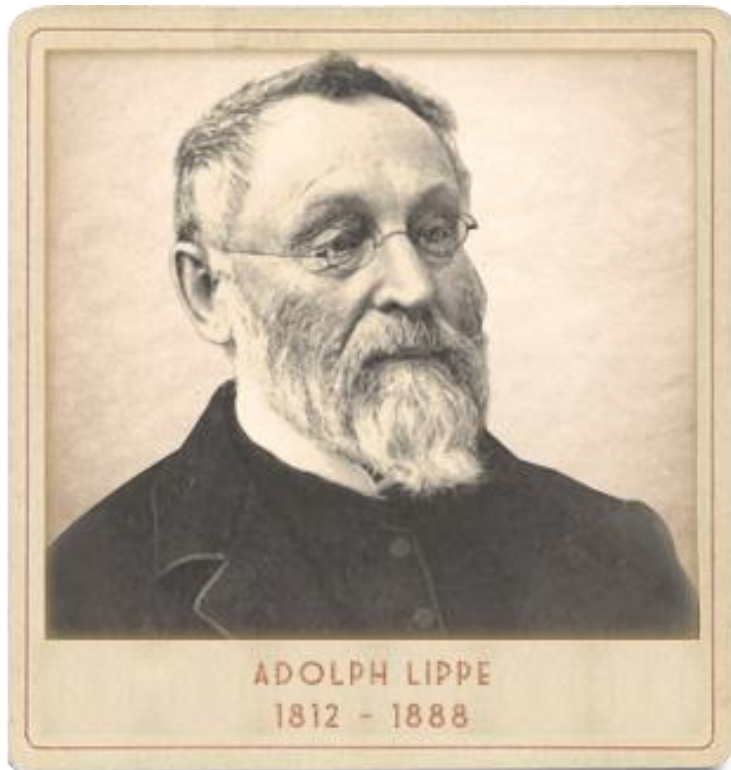
1808 - 1891

Dr. Wells was **one of the founders of the American Institute of Homœopathy** in 1844, and reluctantly a founder and **first president of The International Hahnemannian Association** in 1881. He was the co-editor of the *American Homœopathic Review* from 1862-66. **Dr. Wells' own cure by Bönninghausen in 1859 further galvanized his belief in Hahnemannian homœopathy.** As a result of this experience Wells, **next to Adolphe Lippe, became the most stalwart defender and elucidator of Hahnemann's principles.** Wells' lectures on homœopathic practice at the New York Homeopathic Medical College were highly esteemed, yet he **declined their publication** by his enthusiastic students.

Adolph Lippe

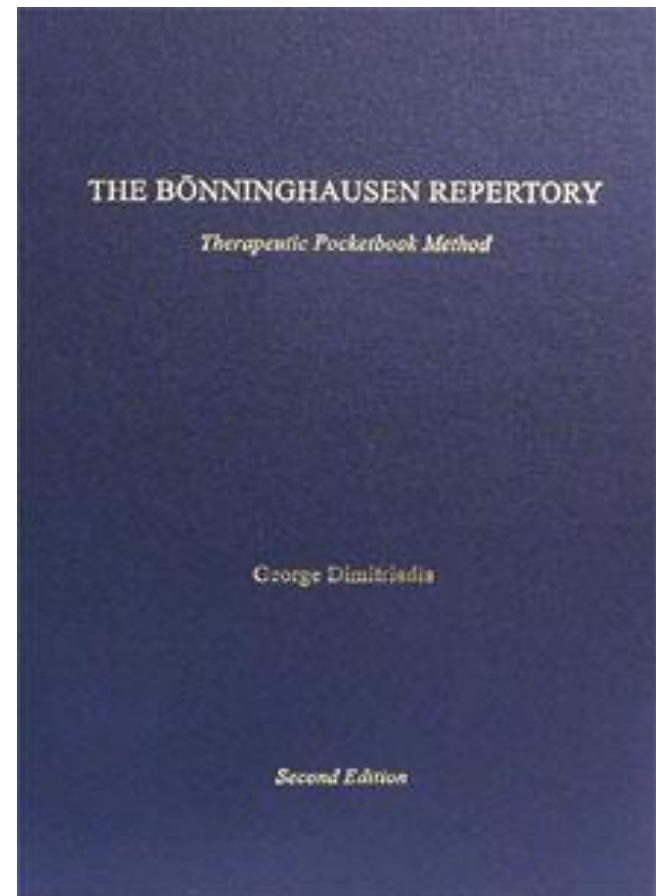
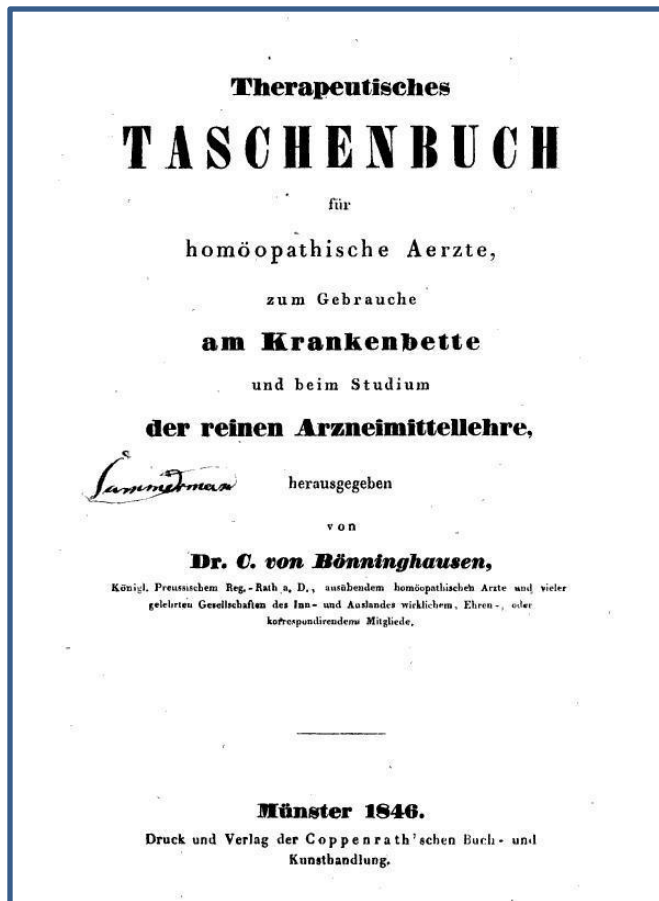
1864

Adolph Lippe becomes president of the Homœopathic Medical College of Pennsylvania. In 1867 Constantine Hering leaves.

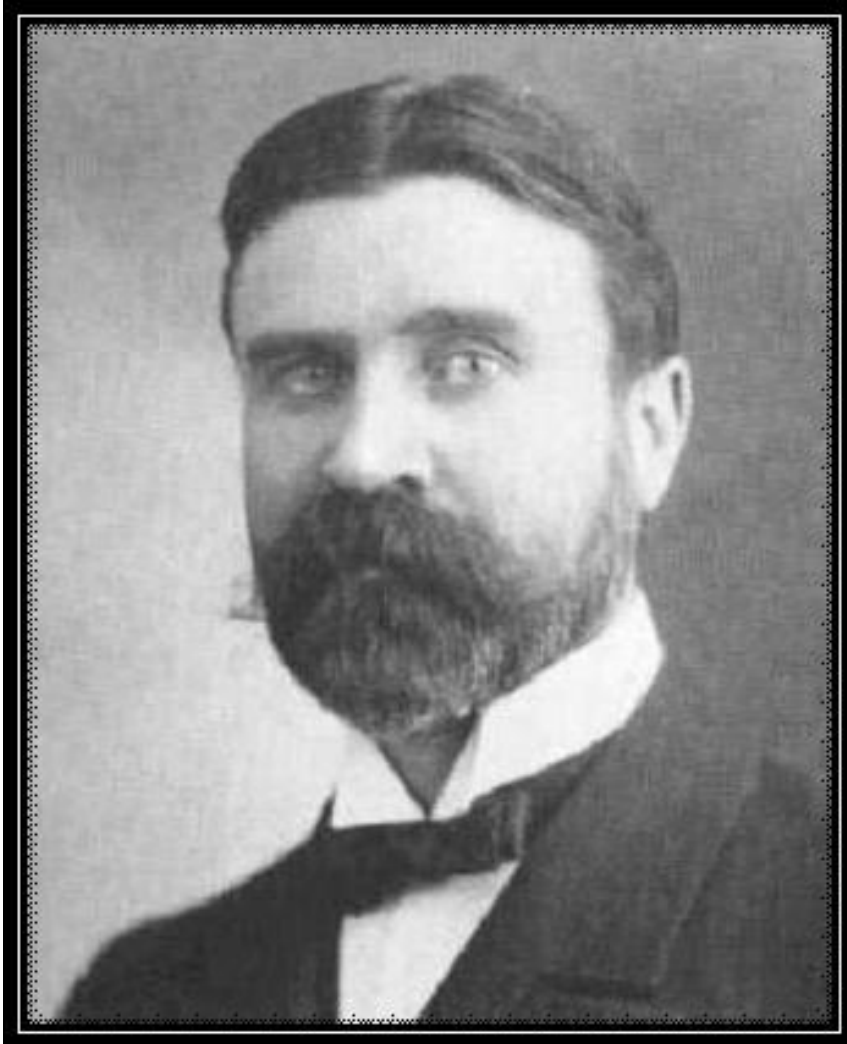


Homœopathic Medical College of Pennsylvania - 1848 - Philadelphia

The Therapeutic Pocketbook Repertory (Taschenbuch)



More than a Repertory!

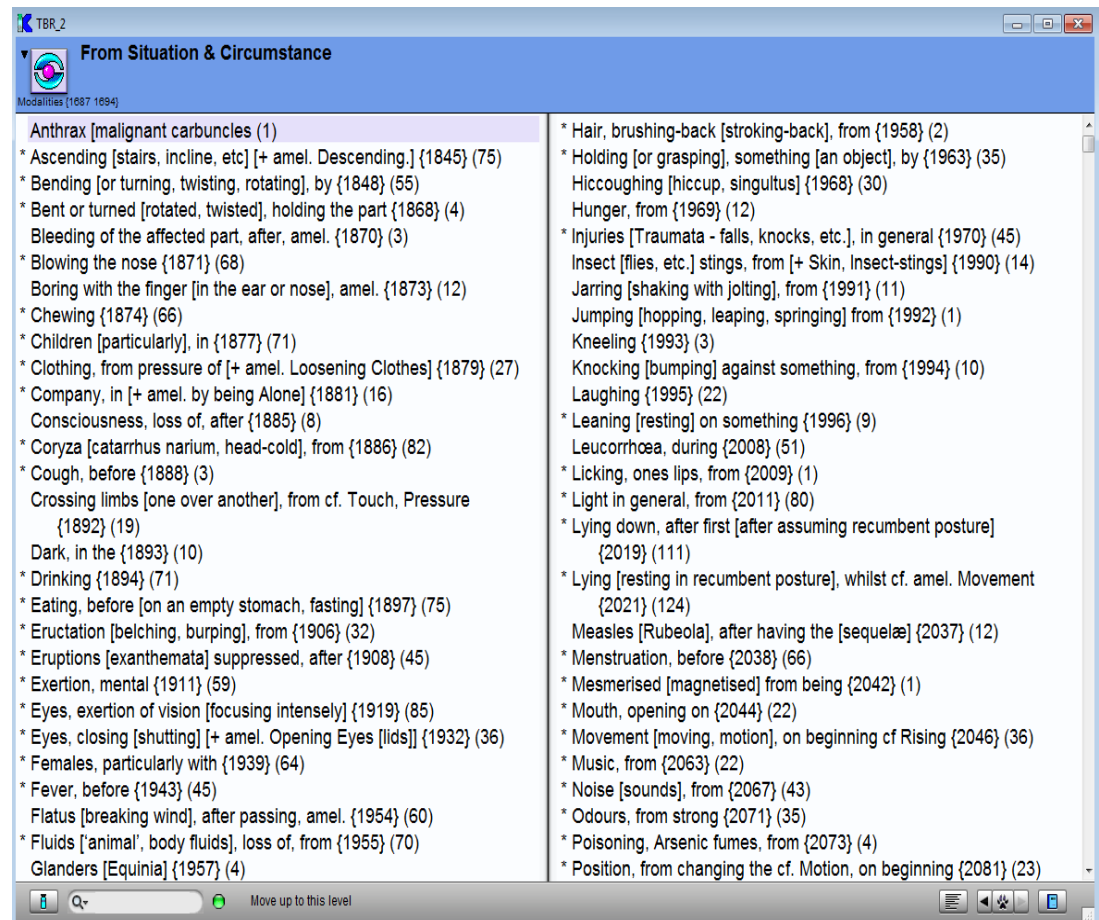
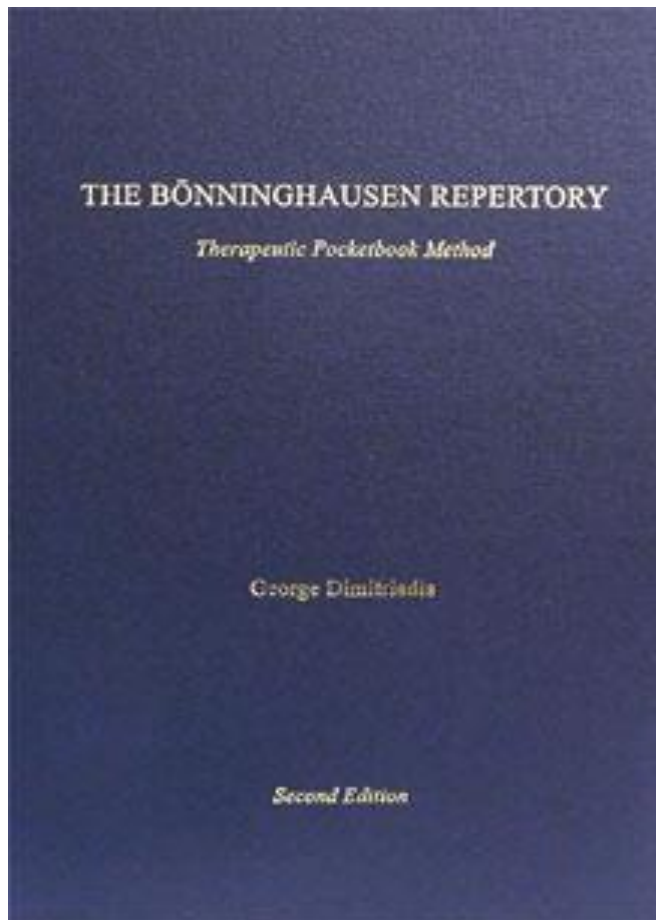


Stuart Close, MD 1860 – 1929

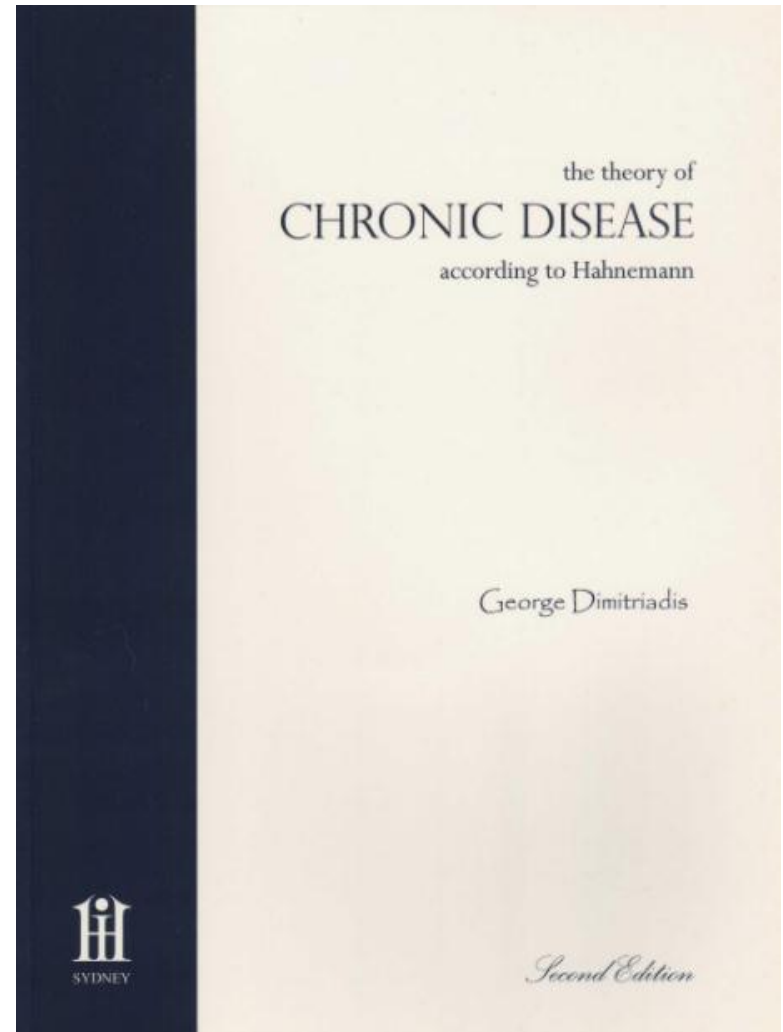
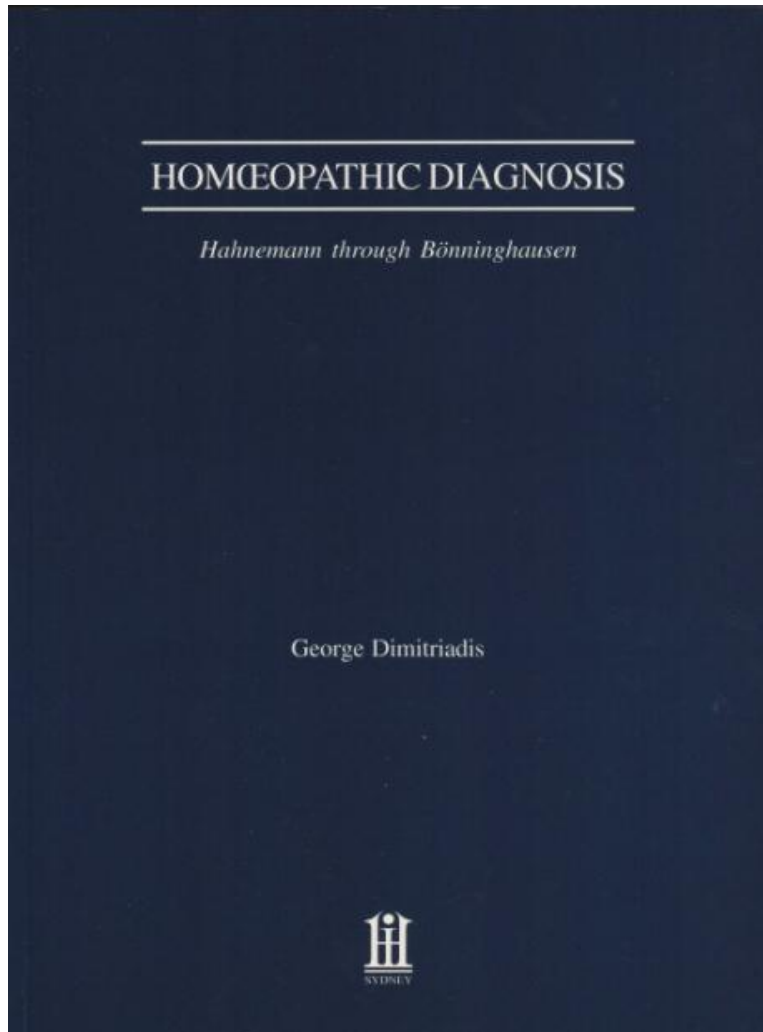
“The experience of nearly a century has verified the truth of Bönninghausen’s idea and enabled us, in the use of his **masterpiece, The Therapeutic Pocketbook**, to **overcome** to a great extent the **imperfections and limitations of our materia medica.**”

The Bönninghausen Repertory

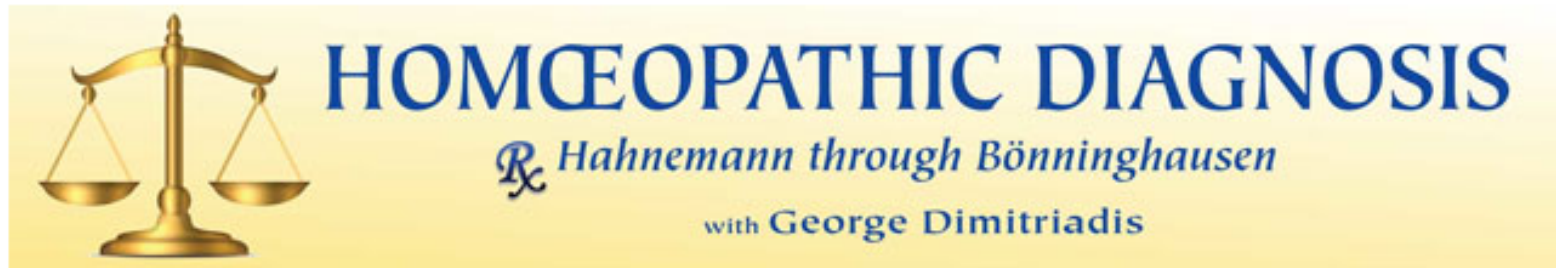
Therapeutic Pocketbook Method



Other Books by Dimitriadis



On-Line Course by Dimitriadis



A 10-week Course
with George Dimitriadis

*This course has a unique format - each session includes 90 minutes of lecture,
and 30 minutes of Questions & Answers



George Dimitriadis' work for homœopathy is of the greatest importance for our profession! In my estimation, his understanding and furthering of the work of Hahnemann and Bönninghausen is simply unparalleled. He is also a phenomenal teacher. I highly recommend this course to everyone, whether they are a beginning student or the most advanced practitioner. The results will speak for themselves.

- Kim Elia

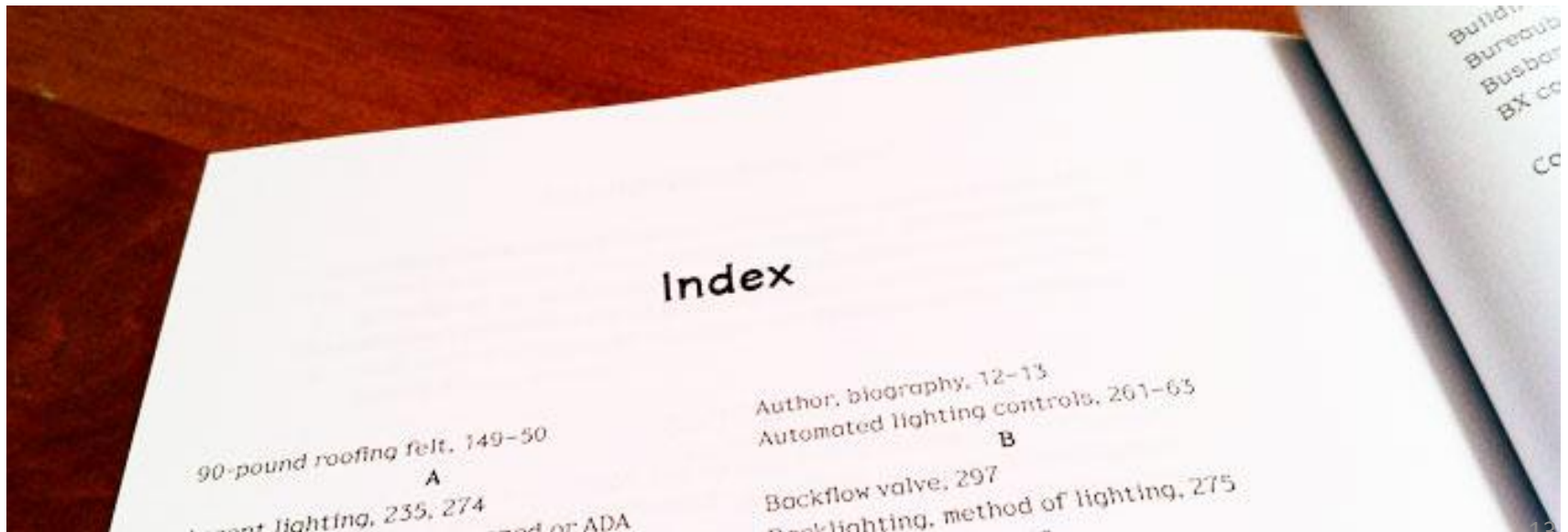
History of the Repertory

Development and Utilization



What is a Repertory?

The word 'repertory' is derived from the Latin *Repertorium*, and means a place (storehouse, treasury, repository) in which things are placed so they can be easily found, as an index of a book.



Is a Repertory necessary?

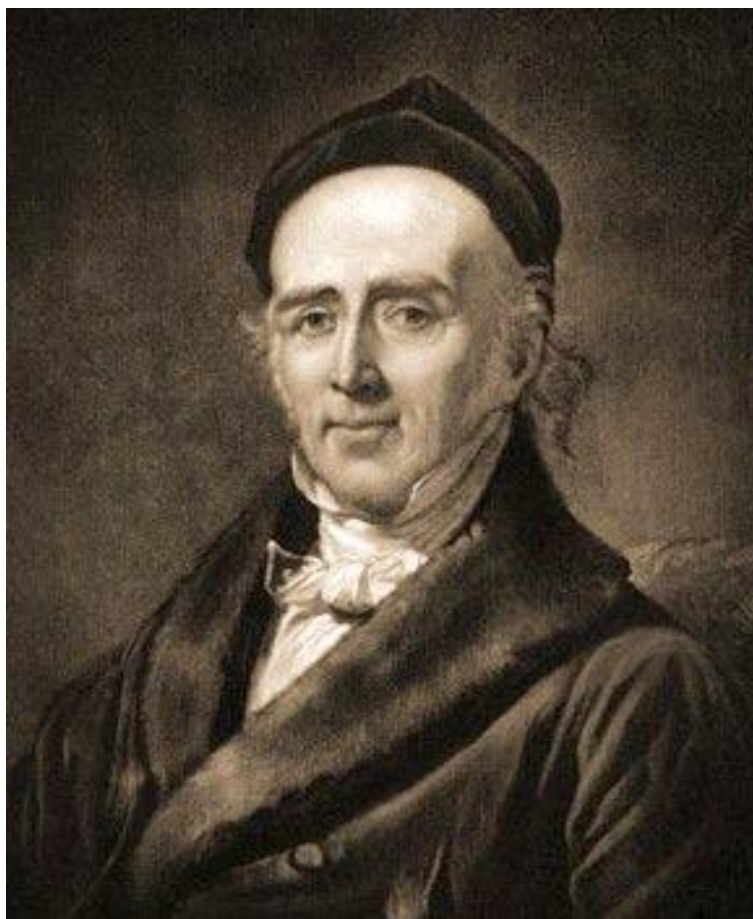


DR. KARL JULIUS AEGIDI.

“May the devil take all the repertories. They destroy that which belongs together and unites points, which are foreign to each other, only for the sake of adhering to the A, B, C of Children’s reading books.”

Julius Aegidi M.D.

Hahnemann - the Repertory



“For the convenience of treatment, we require, merely to jot down after each symptom all the medicines which can produce such a symptom with tolerable accuracy, expressing them by a few letters and also to bear in mind the circumstances under which they occur...”

Preamble to *Materia Medica Pura*

J. T. Kent – the Repertory



James Tyler Kent
1849 - 1916

“True, some men do some good work without the repertory, but they also do poor work, more than they would do with it.”

James Tyler Kent M.D

George Vithoulkas - Repertory

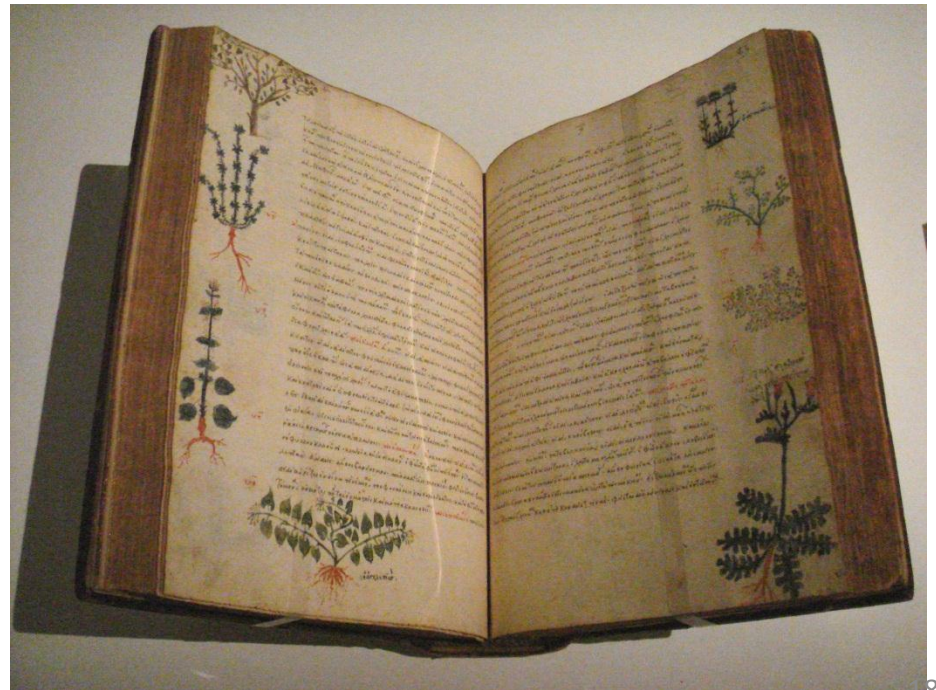


“The repertory has always been an indispensable tool in my practice. The absence of books on the desk may indicate experience and knowledge in many other professions. For a homeopath it only proves ignorance.”

Foreword to *Synthesis 7*,
George Vithoulkas

Limits of the Repertory

A repertory is never an end in itself. It is the duty of the physician to go back to the materia medica and establish an actual connection.

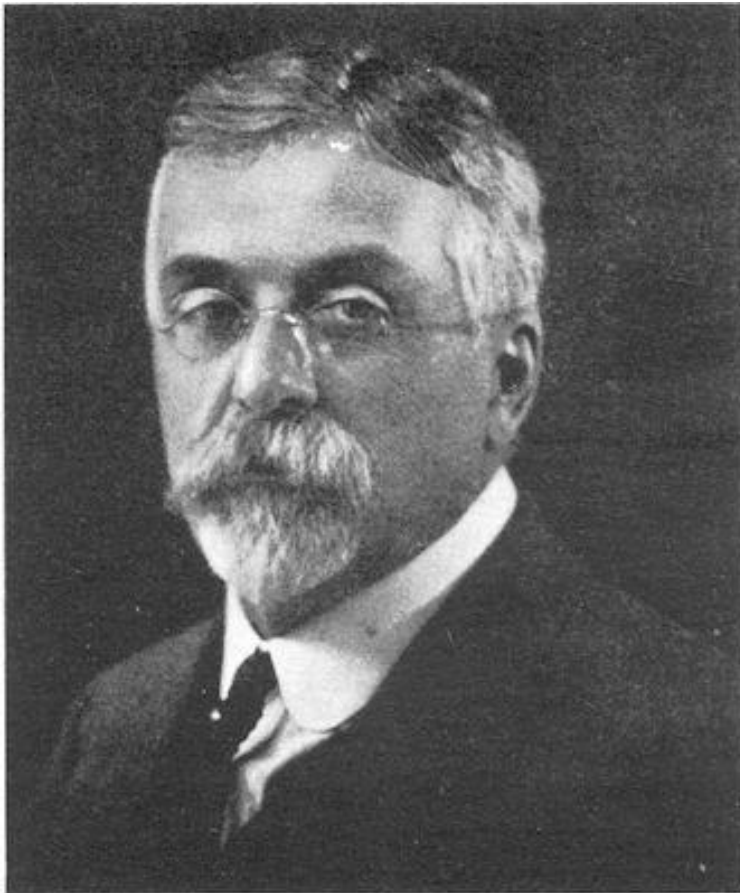


Limits of the Repertory

Different repertoires each provide a unique plan of construction. It is said that each one has its own scope and limitation. None are perfect!



Limits of the Repertory



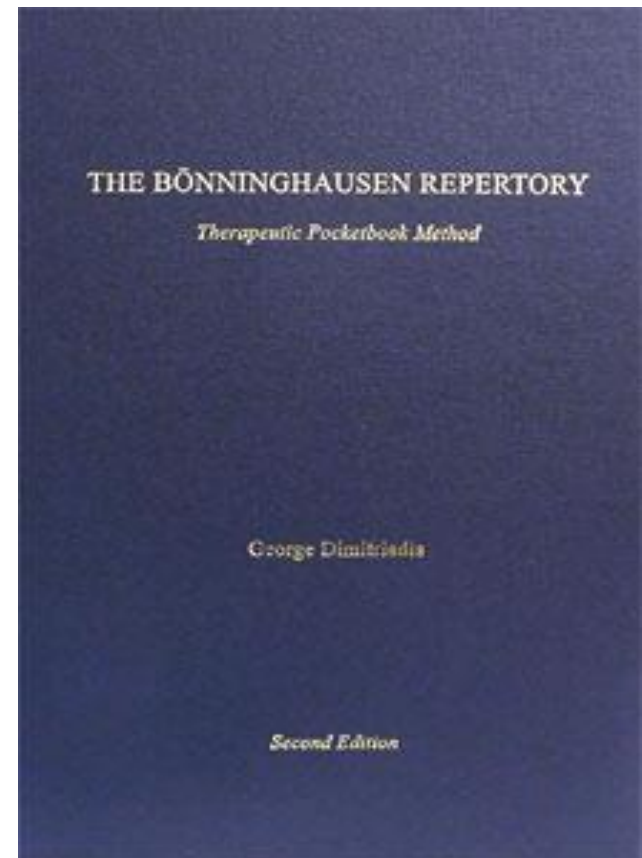
Docteur C.M. Boger (1861-1935)

Cyrus Boger pointed out that “Every repertory is useful, unfortunately no one is complete”. Materia medica is ever enlarging. Every day there are new clinical experiences and information from new provings being added.

Clemens Von Bönninghausen

1846

The Therapeutic Pocket Book - Clemens Von Bönninghausen



Clemens Von Bönninghausen



1785-1864

Dr. Bönninghausen was born to one of the oldest noble families of Westphalia, Germany. His full name was Clemens Maria Franz Baron Von Bönninghausen. He was Baron by inheritance, a lawyer by profession, and an agriculturist by natural inclination. He held respected and responsible posts in Germany including auditor and privy council of the King, general secretary of the taxes, Royal Librarian, treasurer of the pensions and head of the Topographical Institutes. As a Doctor of Law, Dr. Bönninghausen practiced as a lawyer for some time and later became a judge. Because of his interest in horticulture, he was made Director of Botanical Gardens at Munster. Here, he came to be known as the "Sage of Munster."

History of Repertories

FRAGMENTA
DE
VIRIBUS
MEDICAMENTORUM
POSITIVIS
SIVE IN SANO CORPORE HUMANO
OBSERVATIS
A
SAMUELE HAHNEMANN, M. D.

TEXTUS.

NEAPOLI
TYPIS OBSERVATORIS MEDICI, PER SOCIUM MIRANDAM DIRECTIS
1824.

Hahnemann first attempted to create a repertory, adding an alphabetical index to his *Fragmenta de viribus Medicamentorum Positivis Sive in Sano Humanis Corpore Observatis* published in 1805, and undertaking to further compilations – Hahnemann's *Symptomen-Lexikon* (symptom register) in 1817.

History of Repertories

Hahnemann mentions in a correspondence to Bönninghausen - “Sixteen years ago I produced a symptom-lexicon of the then proven remedies.”



History of Repertories



“My repertory was only an alphabetical register, which could at best provide service when looking for the particular remedy symptoms. And my [repertory] does not provide this completeness yet.”

“... but this register was not as complete as I wished it to be, since the symptoms according to circumstances [modalities] have been mostly missed out ...”

History of Repertories

Hahnemann was not satisfied with these works, all of which remained unpublished. The original Hahnemann manuscripts can be viewed at the Robert Bosch Museum in Stuttgart, Germany.



History of Repertories

Hahnemann employed E.F. Rückert to produce a Repertorium of antipsoric remedies to form volume 5 of his 1st edition of *Chronic Diseases*.



Samuel Hahnemann



HAHNEMANN's
Chronic Diseases

History of Repertories



DR. CARL G. C. HARTLAUB.

There followed a number of works by Hartlaub, Schweikert, Weber, and Rückert. Each **listing a single remedy alongside a single symptom**, more or less **as it appeared in the record**. These were **not really repertories** but a listing which would facilitate reference to the symptoms.

Carl G. C. **Hartlaub** (1826 – 1830)

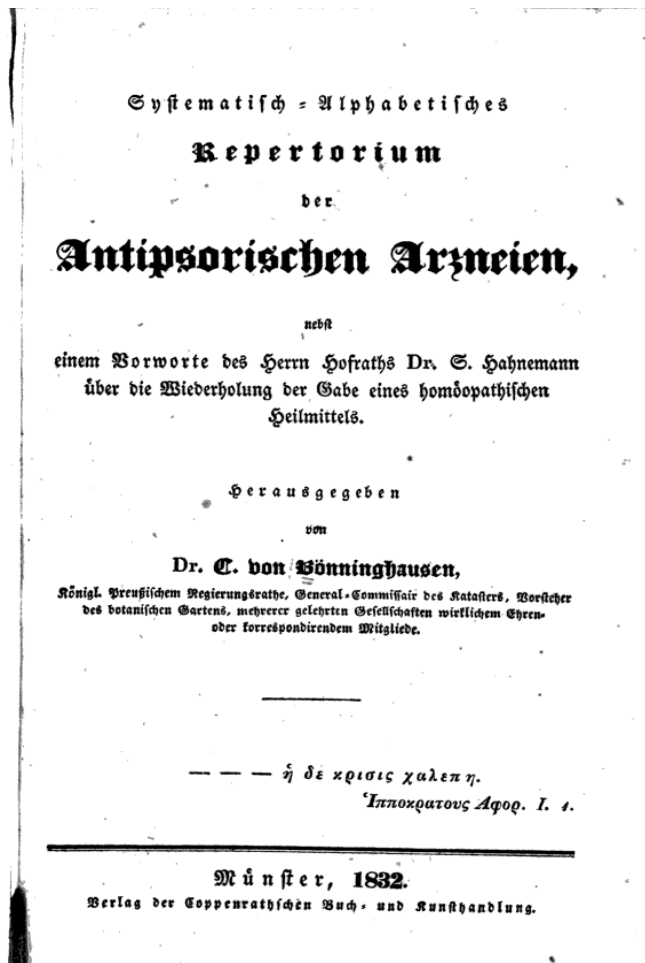
Georg A. B. **Schweikert** (1828 – 1830)

Georg A. **Weber** (1830)

Ernst F. **Rückert** (1830 – 1832)

History of Repertories

Bönninghausen began to study Homœopathy in 1928 and quickly realized the need to index the symptoms of our materia medica, producing a succession of works that were the direct precursors of his 1832 *Systematic Alphabetical Repertory of Antipsoric Remedies* (SRA).

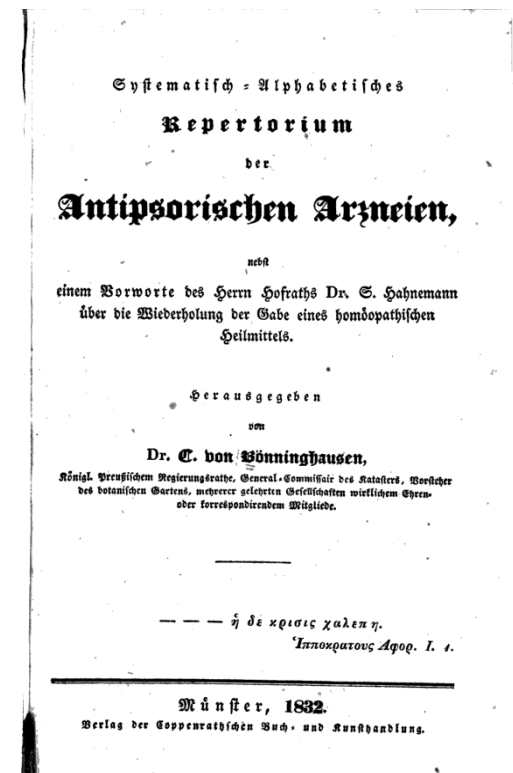


Clemens von Bönninghausen

1832

Systematic Alphabetical Repertory of Antipsoric Remedies

The first homœopathic repertory approved by Hahnemann.
Clemens von Bönninghausen



History of Repertories

Within this work, Bönninghausen **separated the consistent elements of each *proving* symptom** and rendered them in rubric form, **arranged systematically and also alphabetically**, and then incorporated a consistent **4-tier remedy grading system to indicate the frequency of clinical usefulness.**

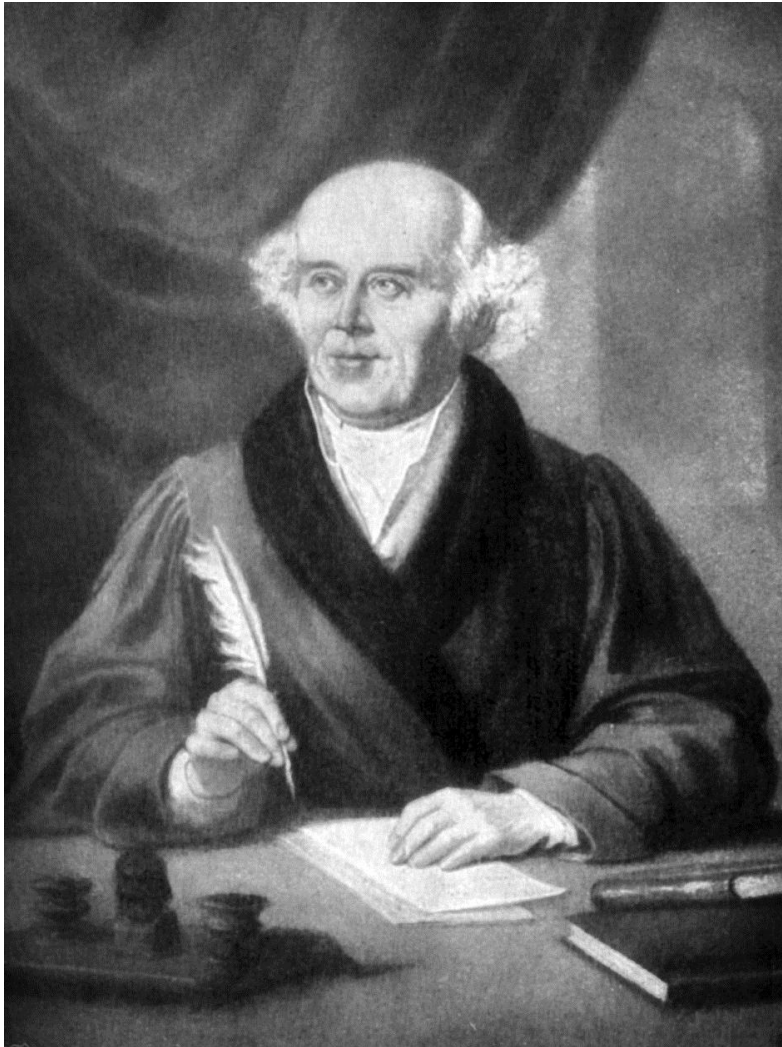
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Grading of Remedies



In the preface to the first edition of Bönninghausen's SRA, Bönninghausen writes "Moreover, it has been my endeavor to constantly **indicate symptoms that have been verified in practice**, and I have sought to make this perspicuous by use of a differentiating type; ..."

Grading of Remedies



The system of grading was taken directly from Hahnemann's designation of symptoms in the materia medica.

(doubtful)

Plain type

Bold type

Grading of Remedies

In Bönninghausen's repertories, **the bracketed entries indicate uncertainty as to whether or not the symptom** (represented by that rubric) **is characteristic for that remedy – all other entries indicate characteristics. Clinical frequency will apply to the grade 3 (lowest) to grade 4 (highest).** This 4-tier grading system is consistently maintained from Bönninghausen's first repertory to his last including the *Therapeutic Pocketbook Repertory*.

Grading of Remedies

() doubtful of being a characteristic

1 - characteristic but only seen in one or a very few provers

2- characteristic and seen in a few or many provers

3- verified in clinical practice

4- verified repeatedly in clinical practice

History of Repertories

Within this work, Bönninghausen **separated the consistent elements of each *proving* symptom** and rendered them in rubric form, **arranged systematically and also alphabetically**, and then incorporated a consistent **4-tier remedy grading system** to indicate the frequency of clinical usefulness.

[illegible]

Proving – the Foundation!



Bönninghausen's care to **include only remedies with a thorough proving** is evidenced when he writes in the preface to SRA: "Ammonium muriaticum, another remedy taught by Hahnemann as an antipsoric, has, alas as far as I know not yet been proven, and for this reason could not be accepted ..."

Aphorism 108

Therefore there is no other possible way to unerringly experience the peculiar actions of medicines upon the human condition-there is no single, surer, more natural arrangement for this intent than to administer each single medicine experimentally, in a moderate amount, to healthy persons in order to learn what alterations, symptoms and signs of its impinging action each medicine particularly brings forth in the condition of body and soul, that is, what disease elements each medicine is able to and tends to arouse. As has been shown (§24-§27), all of a medicine's curative power lies in its power to alter the human condition; this is illuminated from observation of the human condition.

History of Repertories

“In order to render the available material really useful to physicians, your repertory compiled with untold labor, would indeed be of great use to the world if you could make up your mind to issue it in print. You would render invaluable service to the homœopathic physicians, who have neither the time nor the intellect to compile anything similar for themselves. I would urge you not to let your great modesty deter you from this. I ask you in the name of suffering humanity ...”

Letter from Hahnemann to Bönninghausen - March 16, 1831

History of Repertories



The SRA was very well received by the profession, and a 2nd edition was published the very next year. In 1835 Bönninghausen published the *Systematic Alphabetical Repertory of Homeopathic Remedies, Part Two* (SRN) containing the “non-antipsoric” remedies.

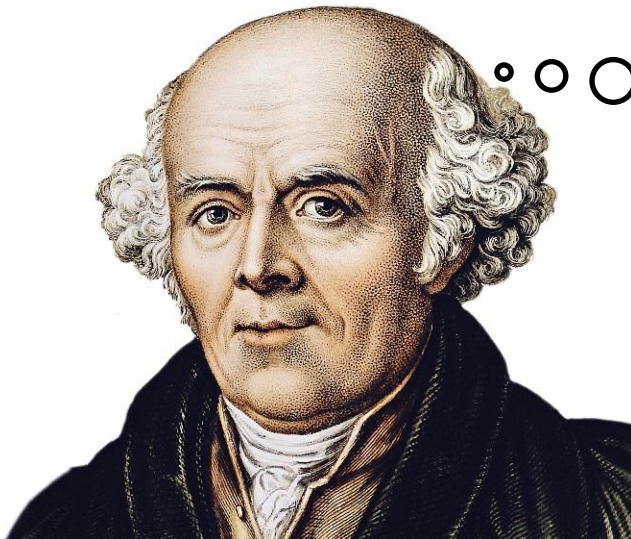
History of Repertories

The first edition of the SRA sold out within 6 months. Hahnemann considered the work of Bönninghausen in high regard, and, in a letter dated Nov. 25, 1833, praised Bönninghausen.



History of Repertories

In a letter to Bönninghausen dated May 22, 1835, Hahnemann writes “With pleasure and admiration for your diligence regarding the work of the apsorpic remedies I receive this second part of your repertory, and I thank you.”



Thank you so much, Clemens –
you are my best student!

History of Repertories

As we read in the footnote of Aphorism 235 from *The Organon der Heilkunst*:

“Dr. von Bönninghausen, who has rendered **more services to our beneficent system of medicine than any of my other disciples**, has **best elucidated this subject, which demands so much care**, and has facilitated the choice of the efficient remedy for the various epidemics of fever.”

History of Repertories

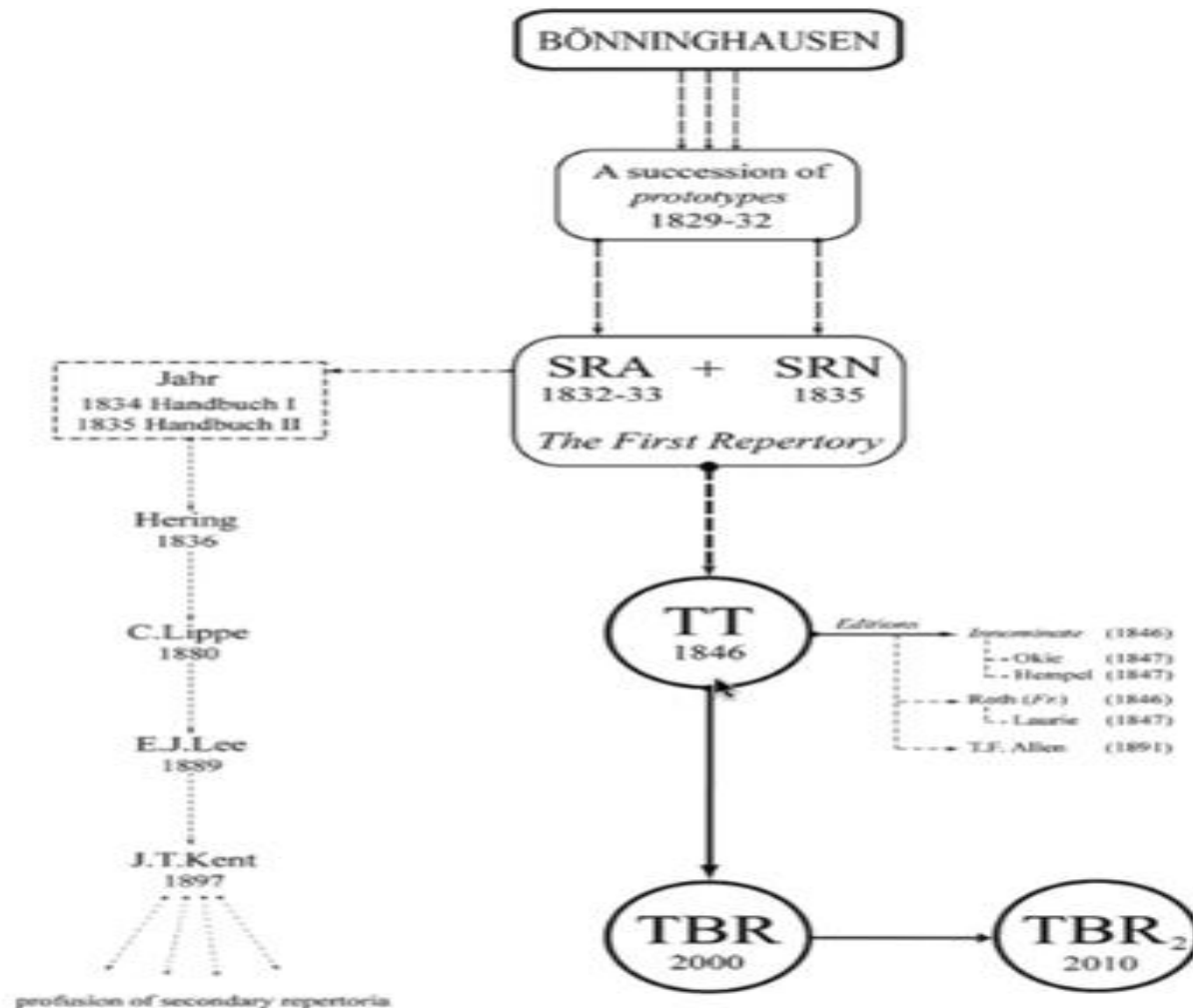
Hahnemann had repeatedly encouraged Bönninghausen to combine the SRA/SRN into a single volume, as we read in the following letters to Bönninghausen:

“I really want to see your repertory in one volume at some time in the future without discriminating the antipsorics from the others!” Letter from October 23, 1840

“I beg you again, if it would be possible, to publish both volumes of your repertory into one.” Letter from May 27, 1841

“I notice with much delight that you are working so diligently on your repertory in order to finish it.” Letter from September 24, 1842

Repertory Lineage Chart



History of Repertories



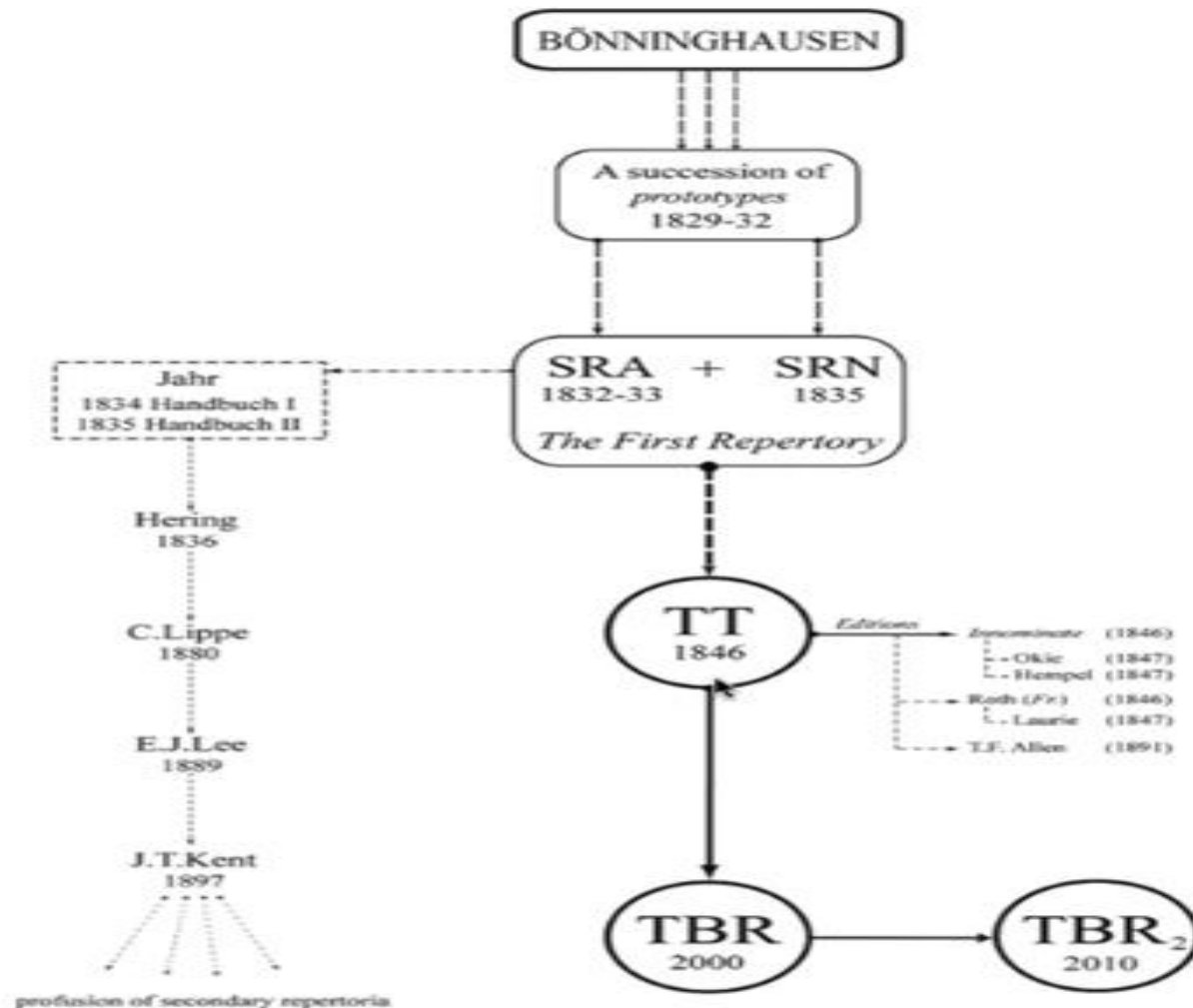
The origins of our modern day repertories stem from the original works of Bönninghausen. But this has not been previously known as evidenced even from C.M. Boger, himself a notable devotee of Bönninghausen's works, including the *Therapeutisches Taschenbuch*

History of Repertories

Bönninghausen did undertake this task, but stopped when he realized a better reportorial method, the *Therapeutic Pocketbook Repertory*.

“ ... it was at first my intention to retain the form and arrangement of my original repertory, which Hahnemann repeatedly assured me, he preferred to all others: at the same time I intended to compress it into one volume, to define every part of it with greater accuracy and to complete it as much as possible from analogy as well as from experience. Having, however, finished about half of the manuscript, it had, contrary to my expectation, grown to such a size, that I the more willingly relinquished my plan, as I saw, that most likely the same object might be attained in a more simple and even more satisfactory manner, if, by showing the peculiarities and characteristics of the remedies according to their different relations, **I opened a path hitherto untrodden into the extensive field of combination.**”

Repertory Lineage Chart

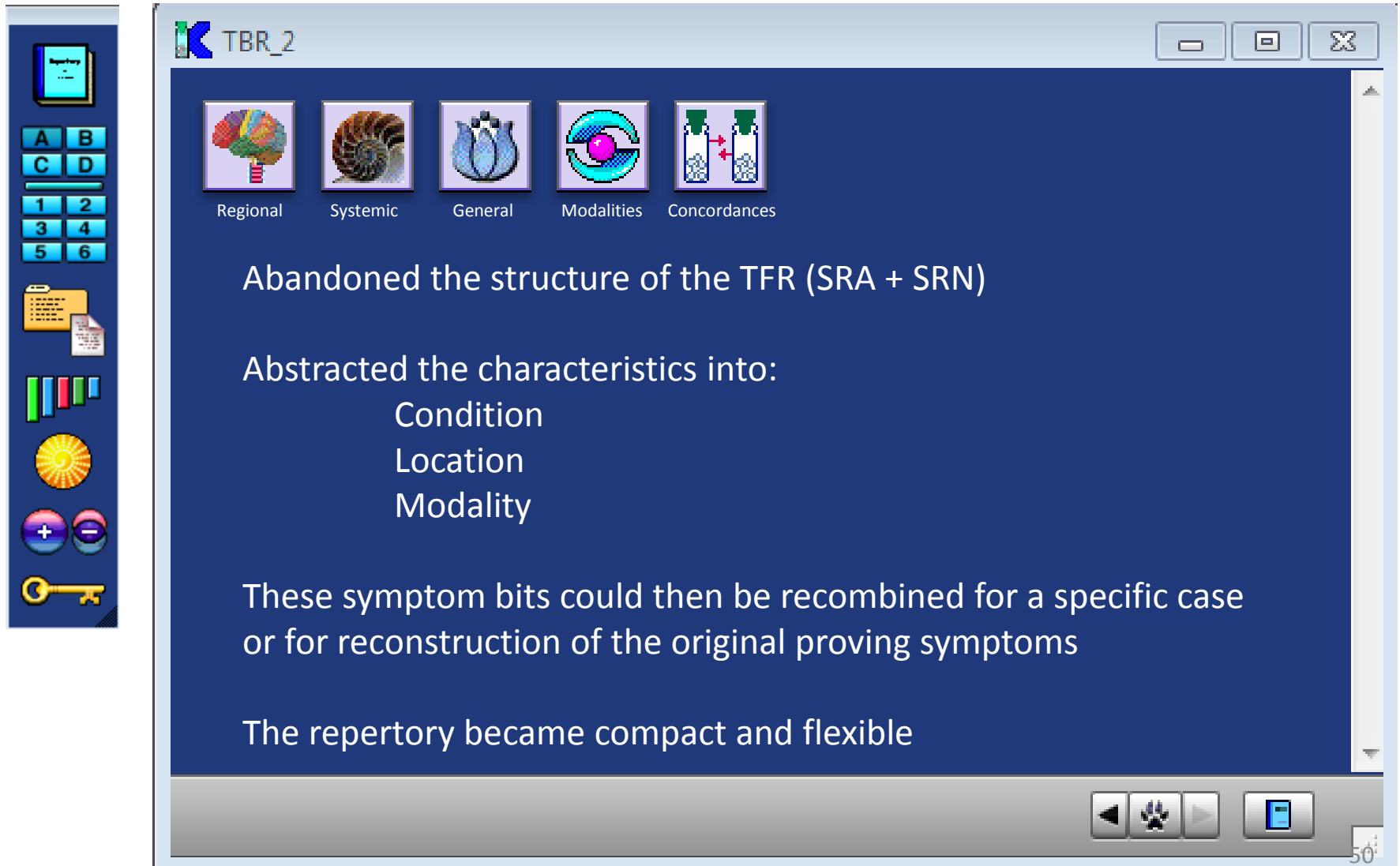


History of Repertories



In the preface to the 1st edition of the SRA, Bönninghausen writes: “ ... which fact caused me, even at the beginning of my study of this excellent and invaluable treatment, **to think of expedience which would make the choice of suitable remedies easier and more certain, by this means bringing the symptoms of each one more clearly into view ...**”

A Totally New Structure!



The screenshot shows a software window titled "TBR_2" with a dark blue background. On the left is a vertical toolbar with icons for a report, a 2x2 grid of letters (A, B, C, D), a 2x3 grid of numbers (1-6), a folder, a bar chart, a sun, two spheres with plus and minus signs, and a key. The main area features five icons with labels: "Regional" (brain), "Systemic" (nautilus shell), "General" (heart), "Modalities" (circular arrows), and "Concordances" (two bottles). Below these icons, the text reads: "Abandoned the structure of the TFR (SRA + SRN)", "Abstracted the characteristics into:", "Condition", "Location", "Modality", "These symptom bits could then be recombined for a specific case or for reconstruction of the original proving symptoms", and "The repertory became compact and flexible". The bottom of the window has navigation buttons (back, home, forward, search) and a status bar with the number 50.

TBR_2

Regional Systemic General Modalities Concordances

Abandoned the structure of the TFR (SRA + SRN)

Abstracted the characteristics into:

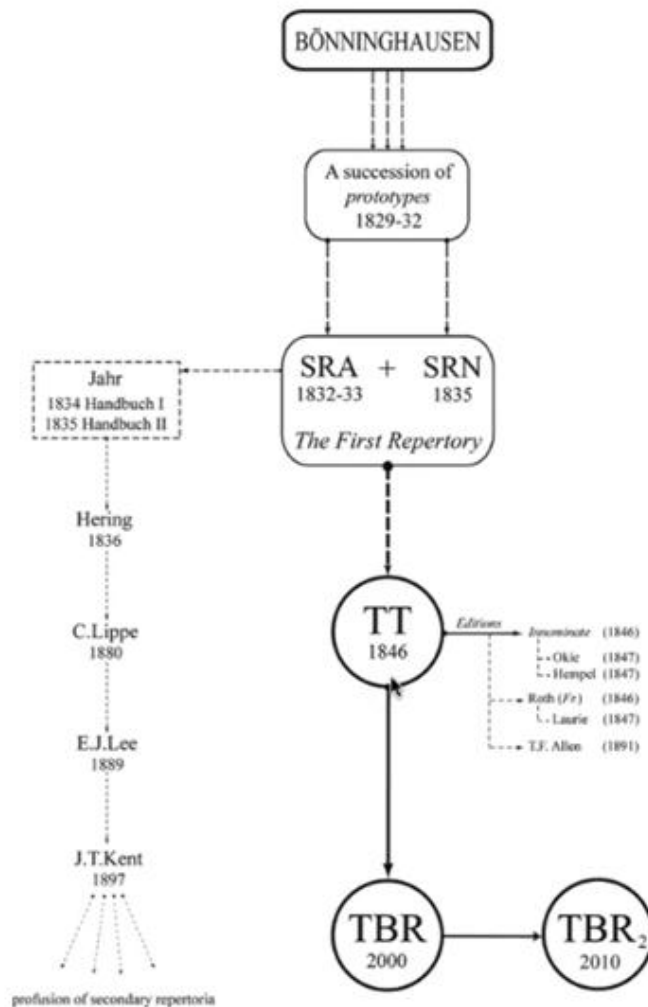
- Condition
- Location
- Modality

These symptom bits could then be recombined for a specific case or for reconstruction of the original proving symptoms

The repertory became compact and flexible

50

History of Repertories



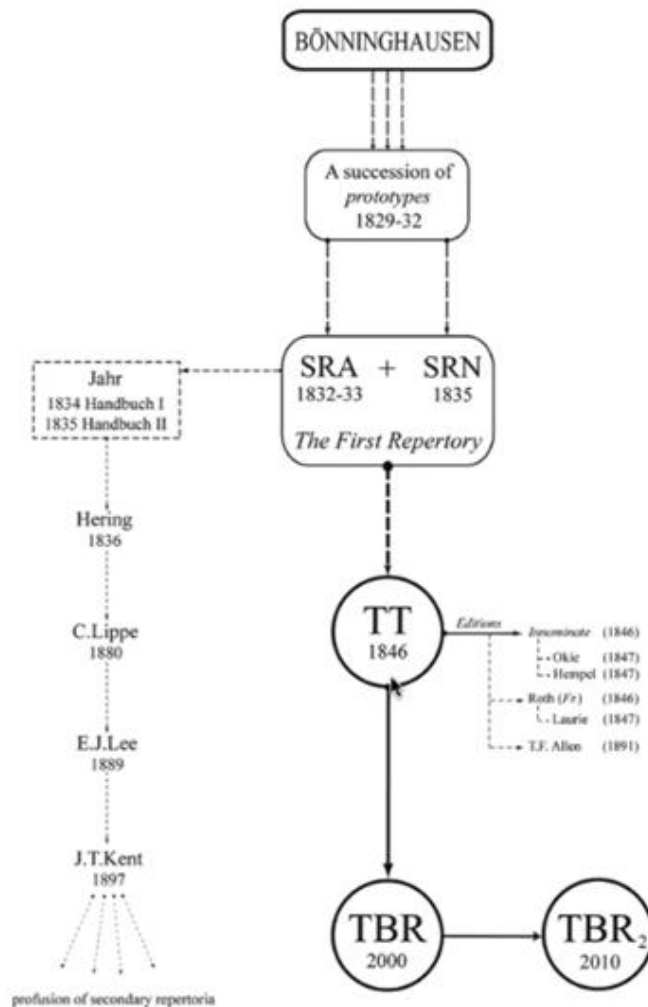
In 1834, Georg H.G. Jahr published his *Handbuch*, modeled precisely on SRA but lacking the consistency, accuracy, and succinctness of Bönninghausen's work. Jahr's *Handbuch* (2nd ed., 1835) was later translated into English under the editorship of C. Hering, and published in 1838 as the first English language Repertory.

History of Repertories



This work found its way via C. Lippe, to E.J. Lee, and onto J.T. Kent, being wholly incorporated into his repertory whose structure was consistent with that of its predecessors. Thus, it may be seen that Kent's repertory (and its successors), wholly in structure and largely in content, itself derives from the 'systematic-alphabetic' model of TFR.

History of Repertories



Hahnemann does provide the following remarks on Jahr's work (*Organon*, Aphorism 153, Footnote):
 “Dr. von Bönninghausen, by the publication of the characteristic symptoms of homœopathic medicines and his Repertory has rendered a great service to homeopathy as well as J.H.G. Jahr in his handbook of principle symptoms.”

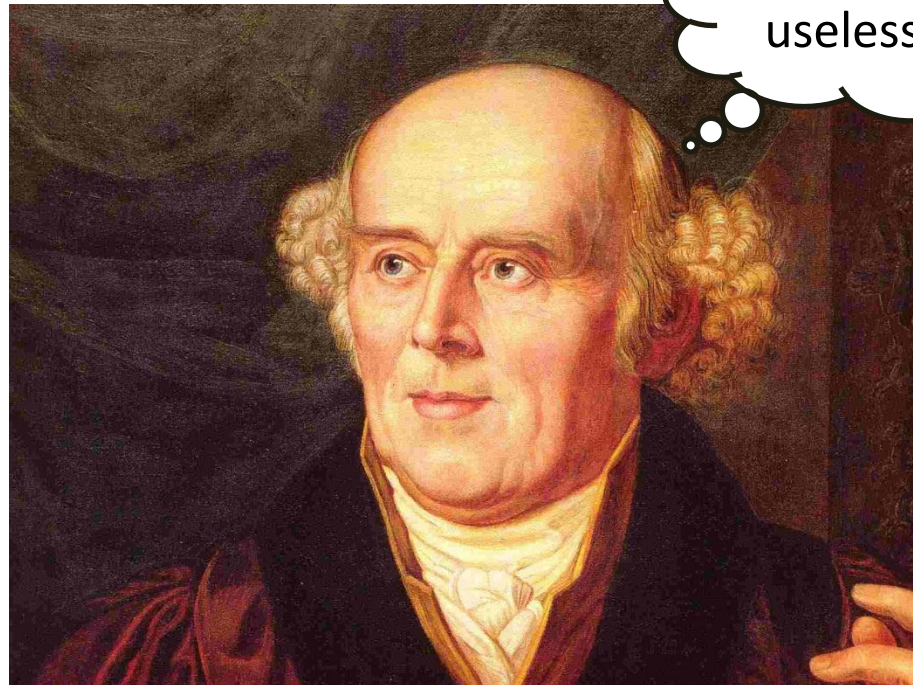
History of Repertories



“ ... Jahr had, after sorting the materials, only to copy them, and to abridge the longwinded symptoms of Nenning, and since I worked everything through with him word by word, his **superficiality and twaddle** could not create any damage; and he performed consequently quite well.”
December 26, 1834

History of Repertories

“The new ‘Manual’ by Jahr is overloaded with useless ambiguous things – but he does not accept any advice.” Hahnemann - May 27, 1841



History of Repertories



“It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen.”

Carroll Dunham,
November, 1855

History of Repertories

“The artificial symptoms produced on the healthy by medicines, are intermixed with those which have been removed by the medicine. These last should have been distinguished by some mark. They should always be considered totally distinct, the one from the other. This indiscriminate mixture, if it were allowed to remain, would operate against the progress of medical science. It was impossible to avoid this defect in our translation, as Jahr availed himself of the original contributions of many very respectable physicians. We hope however that Jahr himself will, for the sake of the science, undertake the task of revising this work. As far as we can, it will be done in the next edition.”

Constantine Hering

History of Repertories

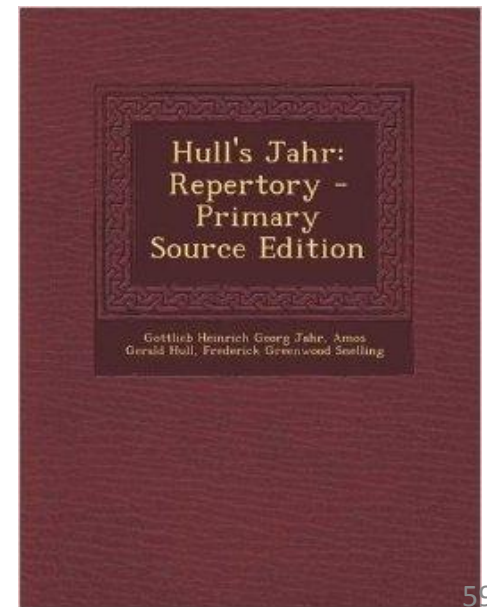
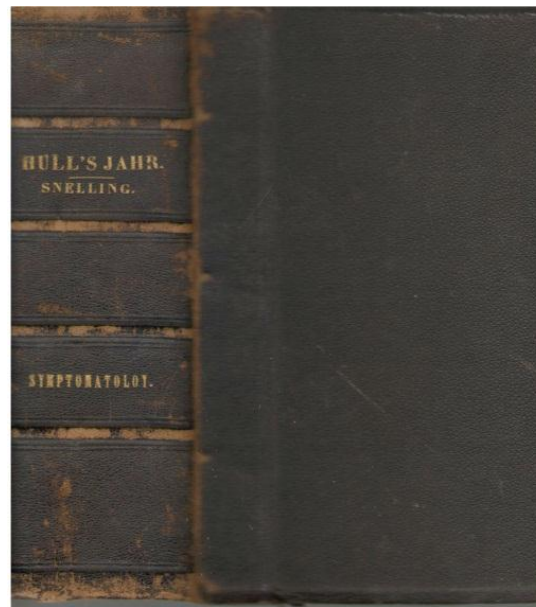
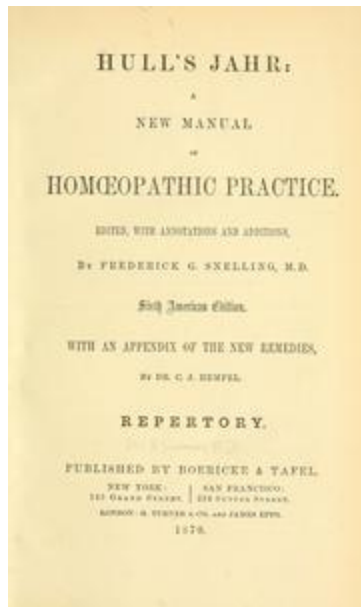
Of course!



Bönninghausen made no such mistake, **including only provings-derived entries and providing specific reference to their original sources,** for confirmation by the reader of his works.

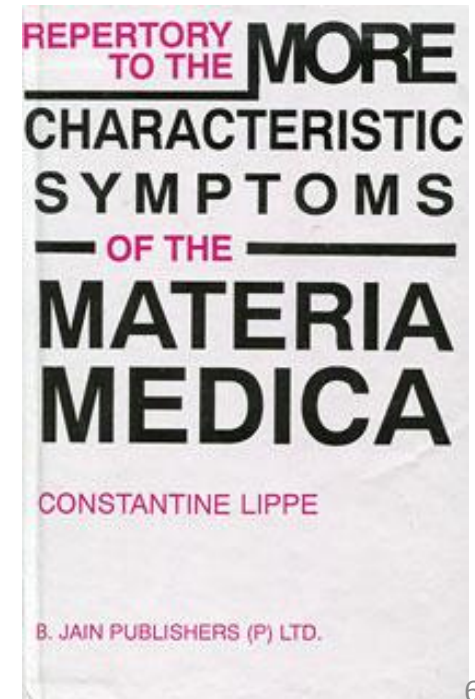
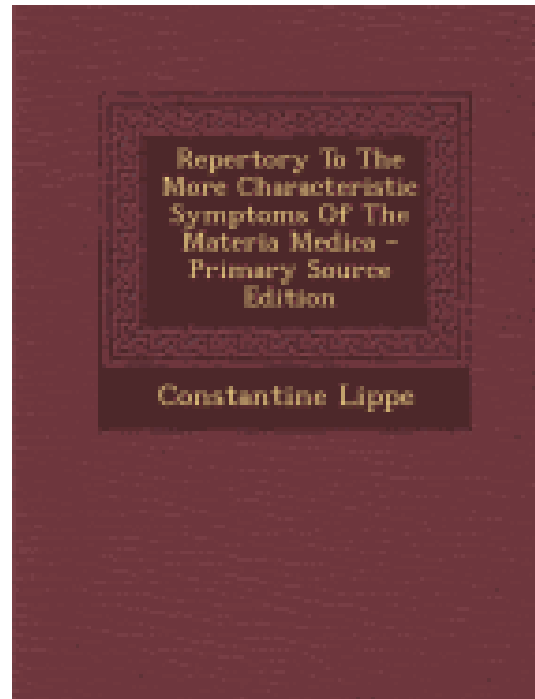
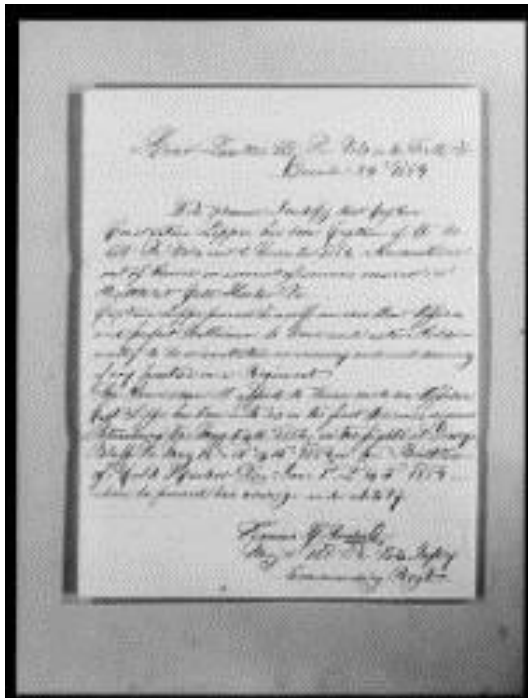
History of Repertories

A.G. Hull translated the 3rd edition of Jahr's *Handbuch* into English in 1841, which came to be known as *Hull's Jahr*. It is likely that this work was also used by Kent in compiling his repertory.



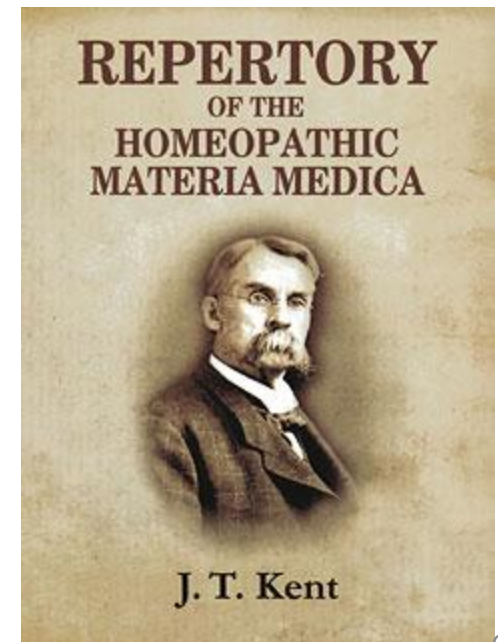
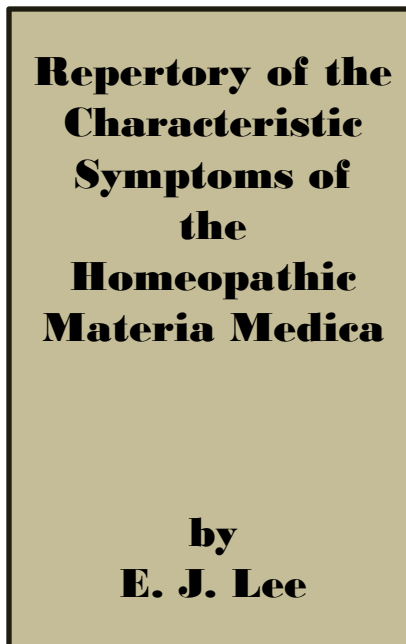
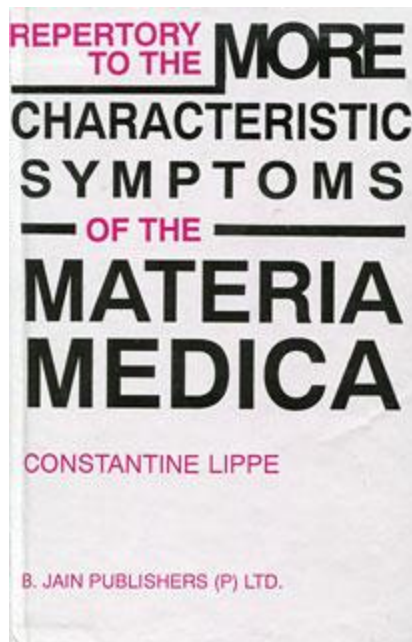
History of Repertories

The Repertory of the More Characteristic Symptoms of the Materia Medica by Constantine Lippe was published in 1879.



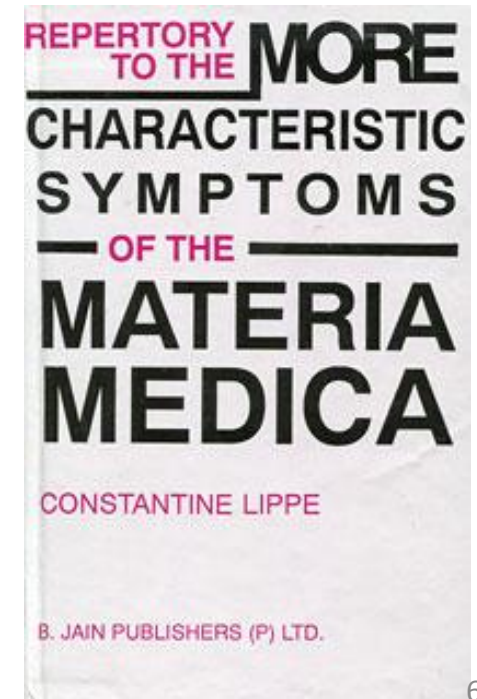
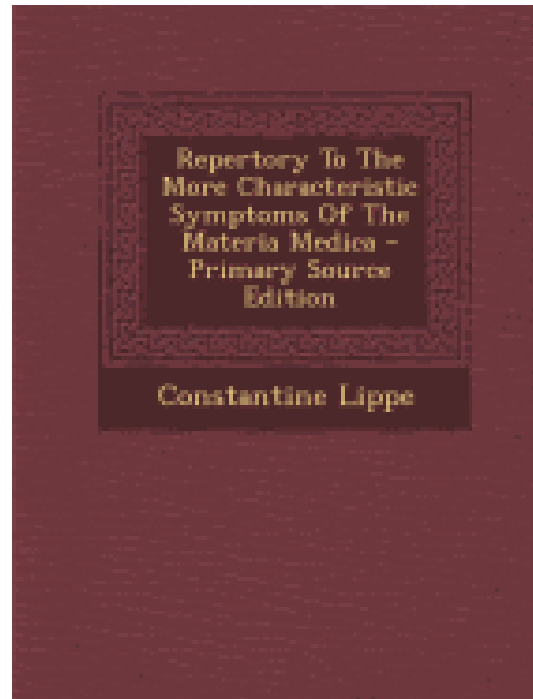
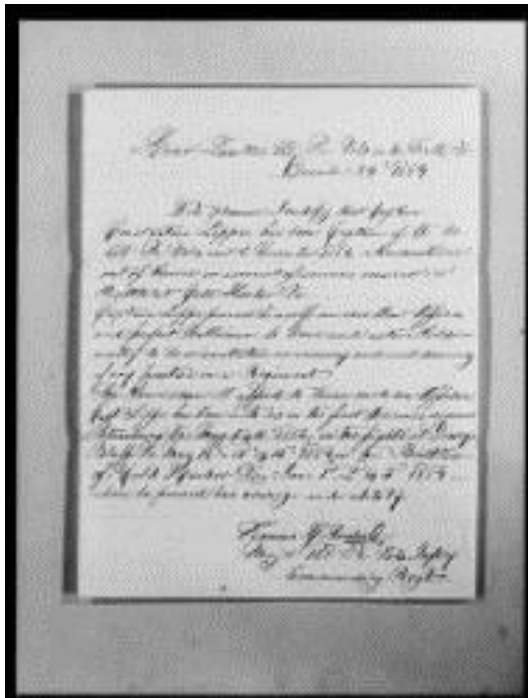
History of Repertories

Repertory of the Characteristic Symptoms of the Homeopathic Materia Medica by Edmund Jennings Lee was published in the year 1889.



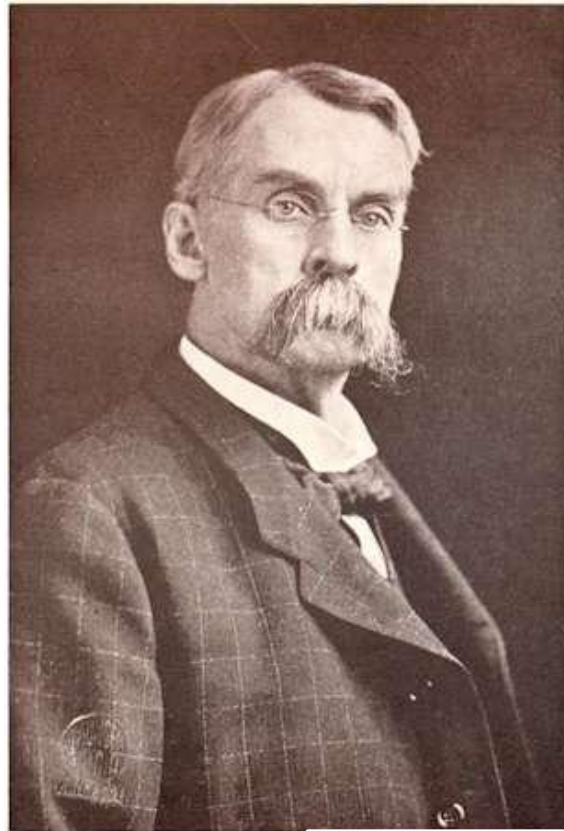
History of Repertories

Dr. Edmund Jennings Lee stated that his repertory should be considered as the 2nd edition of Constantine Lippe's repertory.

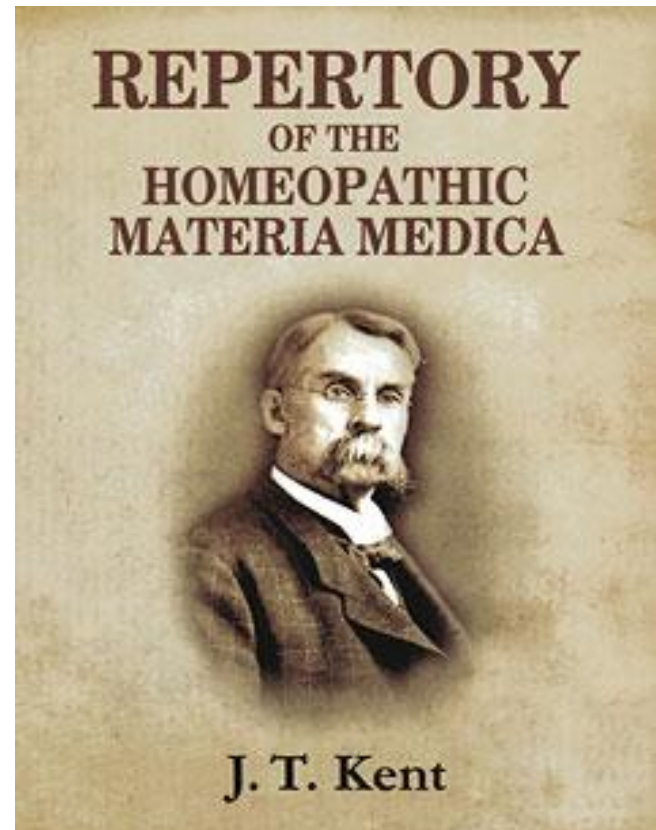


History of Repertories

Kent's Repertory was first published in 1897.



Docteur JAMES TYLER KENT
1849 - 1916



History of Repertories

“It should be remembered that Kent neither spoke nor read German; his inability to examine the original German language sources meant his complete reliance upon the previous translations and works of others which he himself was unable to verify or correct. This fact, coupled with Kent’s incorporation of conceptually differing works with divergent grading criteria and systems, stemming from various authors of unequal ability and language skills, all of which had to be fitted to his inconsistent grading schema, meant a necessarily discordant and inconsistent end result.”

History of Repertories

“Moreover, unlike the works of Hahnemann and Bönninghausen, which drew directly from the source provings, Kent used mostly (if not exclusively) existing reportorial works and indexes as a basis for his repertory, simply accepting the information therein, without being able (or even attempting) to check it against the original source materia medica. Thus, when Kent writes, in his Repertory (preface): “It has been built from all sources ...”, he should more accurately have written “It has been built from all non-primary sources ...”.

History of Repertories



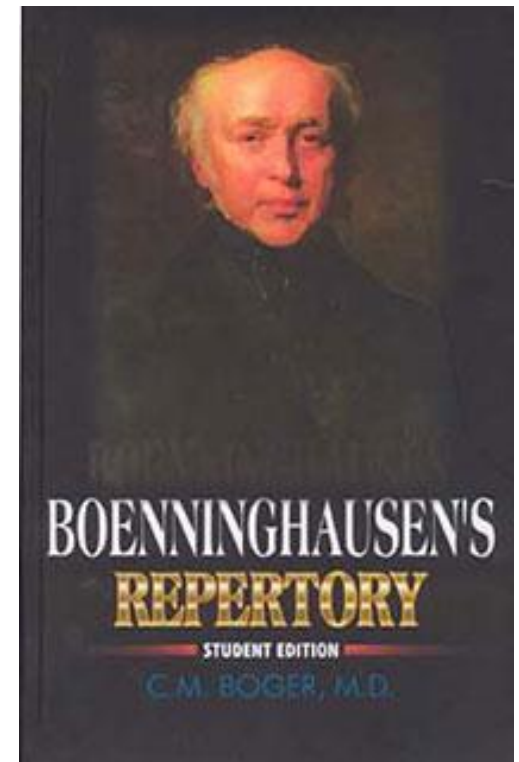
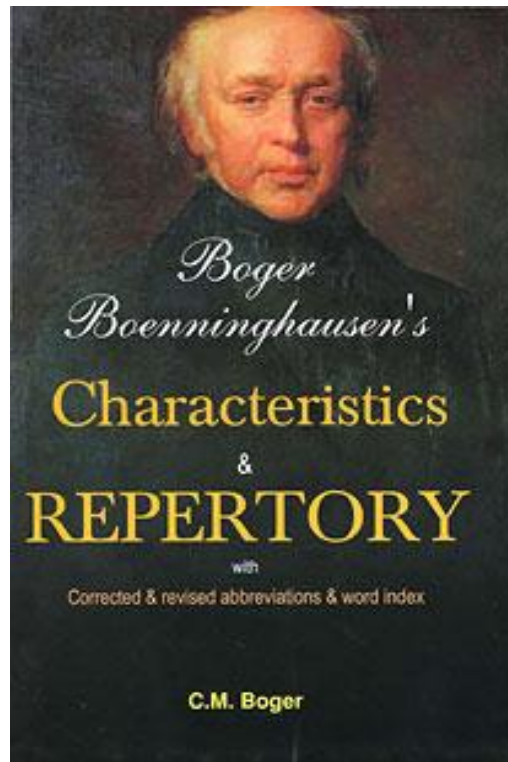
“Dr. Kent held that all repertories were but compilations at best and the verified symptoms of a remedy were the property of all. This being the case, it would save much time if he began where the others left off. So to save time he asked his students to copy the symptoms and remedies already collected in other repertories.” F.E. Gladwin, 1932 – *Uses of the Repertory*

History of Repertories

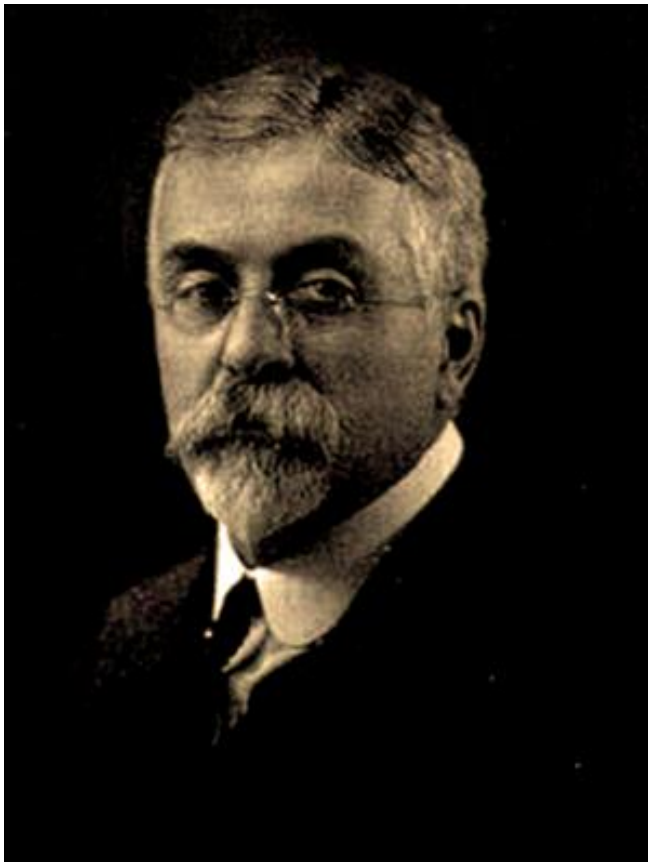
Characterestics and Repertory of Bönninghausen was published by Cyrus Boger in the year 1905.



Docteur C.M. Boger (1861-1935)



History of Repertories

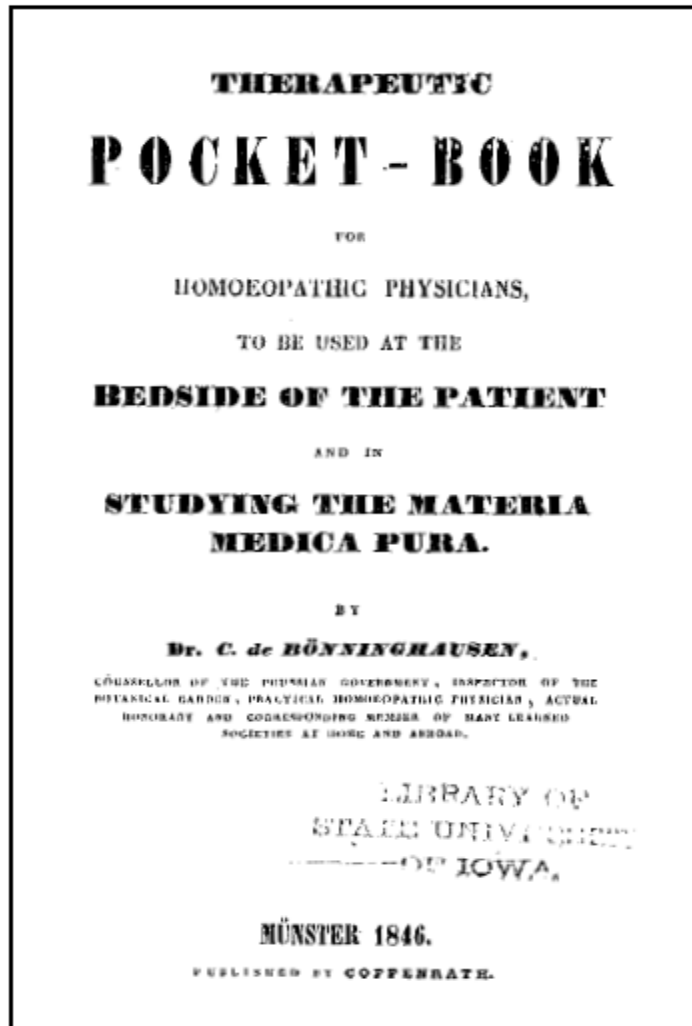


“The Post-Graduate School in Boston hopes to have me teach Bönninghausen and Kent principally. I am free to say that I can’t work their methods as well as I can work my own. ... I have never been able to follow Kent literally at all, but Kent less than Bönninghausen.” C.M. Boger

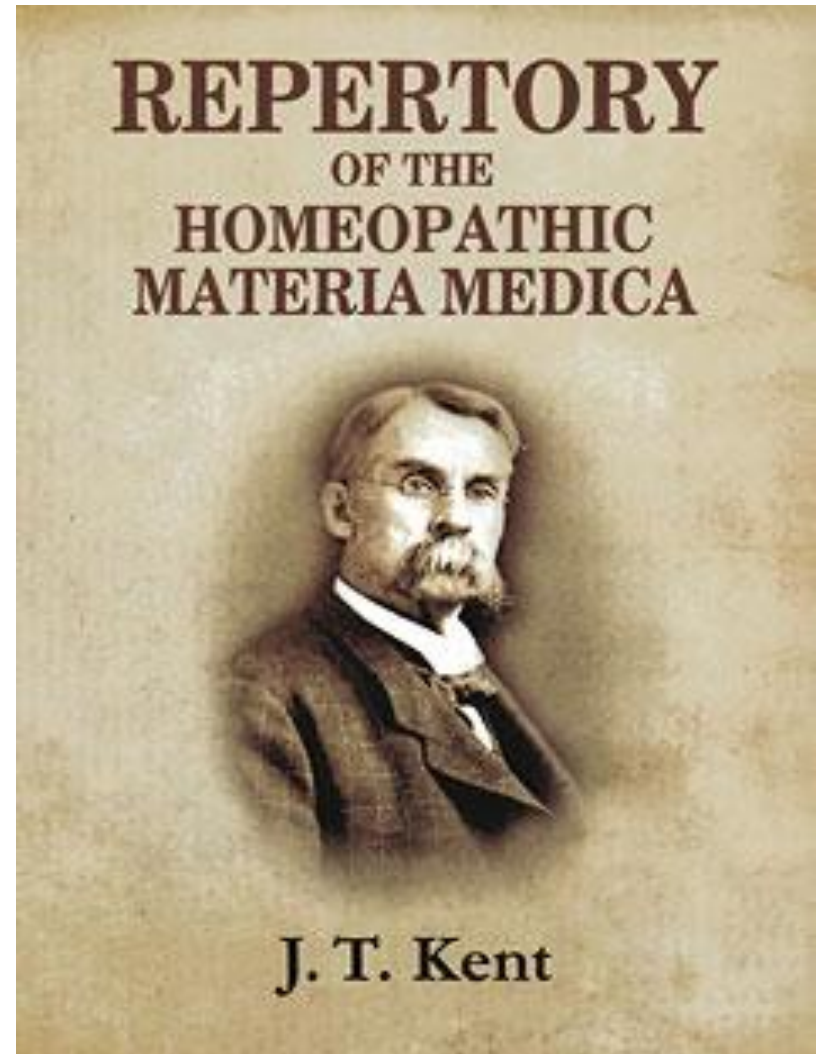
History of Repertories

Kent, Kunzli's *Kent's Repertorium Generale*, *Synthesis*, *Synthetic*, *The Complete*, etc. have not made any serious or methodical attempt at clarifying the meaning of rubrics through specific reference to primary sources, focusing instead on abundant additions from 'observations' or reports of various individuals, readily and eagerly sought and collected, with minimal defined standards or inclusion criteria, and for the primary purpose of increasing their volume and rendering something new.

History of Repertories



TPi copy courtesy Iowa State University Library



Praise for Bönninghausen

“I must be excused for thus dwelling upon the merits of Bönninghausen, because he also had to fight for the truth amongst the minorities; moreover, in my opinion, his works are the very best that can be put into the hands of the student who desires to study Homœopathy thoroughly, and to practice it in accordance with the strict rules of Hahnemann. ... His Therapeutic Pocket-book is an imperishable work of the greatest importance for practice, and could be prepared only by an eminent intellect, and by unwearied theoretical and practical studies.” ... We know that Hahnemann used Bönninghausen 's Repertory entirely, and that he considered it indispensable.”

D. Wilson – *The Homeopathic Physician* 1882 vol. II

Praise for Bönninghausen

“I submit that of all plans which have ever been adopted, that of Bönninghausen is the best. It consists essentially of considering all symptoms to consist of three elements, namely, locality, sensation and condition [of amelioration and aggravation]. In my daily work I am constantly in want of knowledge of a condition of aggravation or amelioration, I find it in a moment, and as my eye glances over the list of drugs, one or two impress me and I refer to the materia medica for confirmation; or, I turn to a locality or sensation, or endeavor to combine all three, and study a drug or drugs found under every heading. ... The chief discussion hinges ... on the possibility of taking the three elements ... and ... re-grouping a symptomatology to correspond to that of the patient. Such a method is simple, compact, and has, I am bound to say, stood the test of large experience. I have worn out four bindings to Bönninghausen’s Pocketbook, purchased in 1861, and have always found it convenient and reliable; I could not work without it ...”

T.F. Allen, NAJH 1891

Praise for Bönninghausen

“ ... In the manner I have described, he has investigated this matter and embodied the results in his Repertory *Taschenbuch*. Again, every proving consists of a great collection of symptoms, very many of which are common to the whole materia medica. In the great mass of these, the characteristic symptoms, the real gems of the proving, are overwhelmed and well nigh lost. To discover and bring these up to view is the practitioners' and students' great difficulty, bemoaned for 30 years past in every periodical. Yet Bönninghausen is almost the only one who has ever applied himself to the task of collecting and collating these characteristics. His little work on this subject, although not recent, is still of great value to the student. It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen.”

Carroll Dunham, PJH 1855

Praise for Bönninghausen

“The repertory which is the most indispensable to the thorough study of a difficult case still remains *Bönninghausen’s Pocketbook*. It has not been superseded nor do I think it ever will be, although a new edition is now sorely needed ...”

A. McNeil, 1896

“ ... Between four or five hundred cases (of croup) without a loss is certainly a remarkably good record, and this was given to me by Bönninghausen himself in April 1858, as the result of his then experience with his method.”

P.P. Wells, 1896

Criticism of Bönninghausen

“It was a great mistake, of Bönninghausen, to separate the conditions, as if ever one of them could have a general applicability.” C. Hering

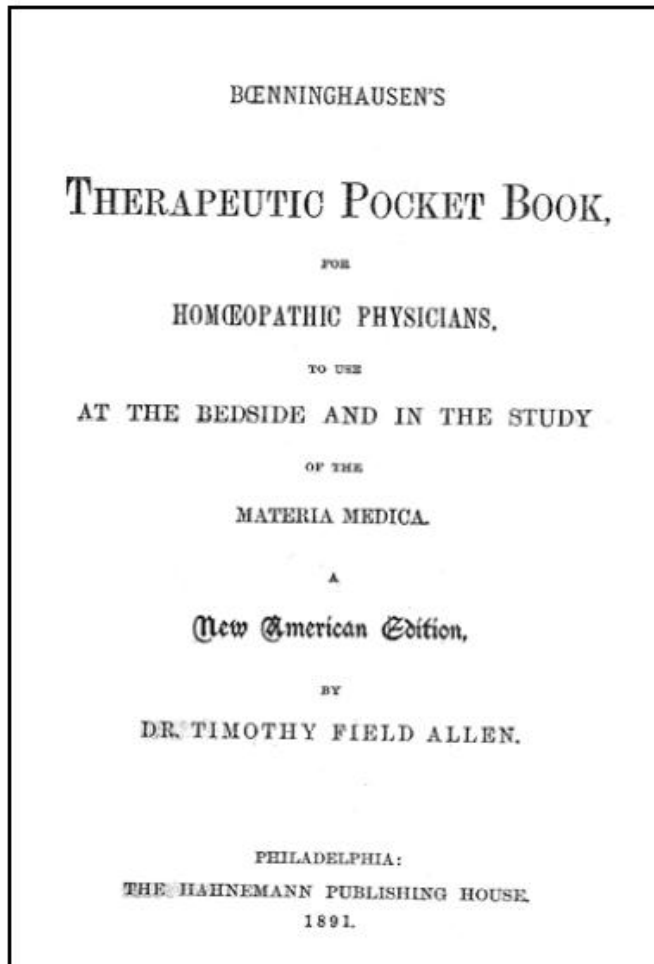
“When the book was being written, Dr. Hering urged the author to state just what symptoms or group of symptoms were affected by a given condition ... But Bönninghausen refused to comply with this request as reasonable as it was; so his book was crippled, and we have lost irreperably, the particulars of his vast clinical work.” E. A. Farrington

Criticism of Bönninghausen

“Bönninghausen’s Repertory, used extensively by the earlier homeopaths, deals only with general symptoms and conditions, and is therefore not well suited to the student.” H. Farrington from his *Course in Homœopathic Prescribing*

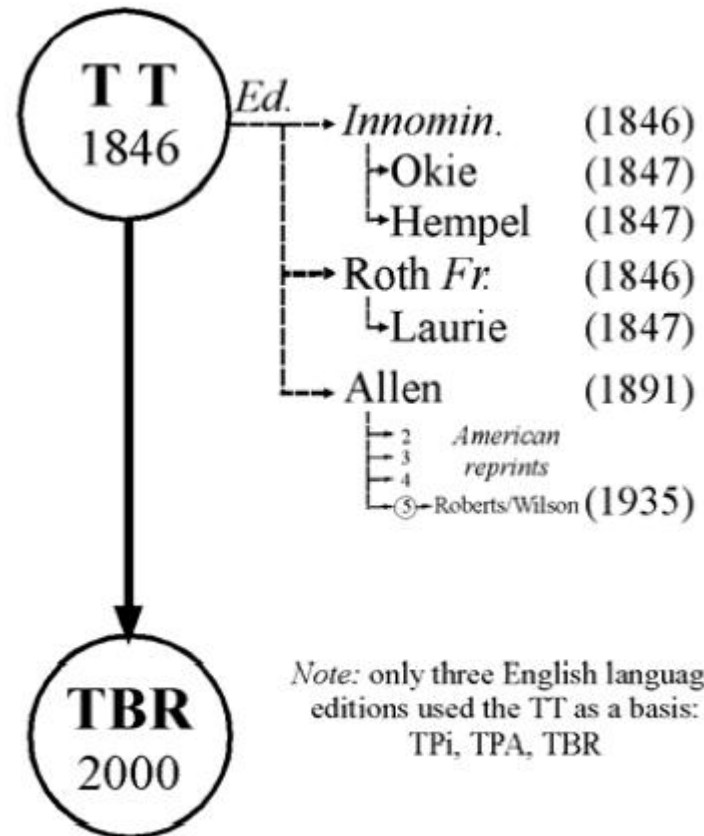
“The chief difficulty with Bönninghausen’s Repertory was that the modalities of the parts and those of the patient were all mixed together,... I did not use it successfully.” J. T. Kent

English Translations



TPA copy courtesy Robert Bosch IGM

Bönninghausen

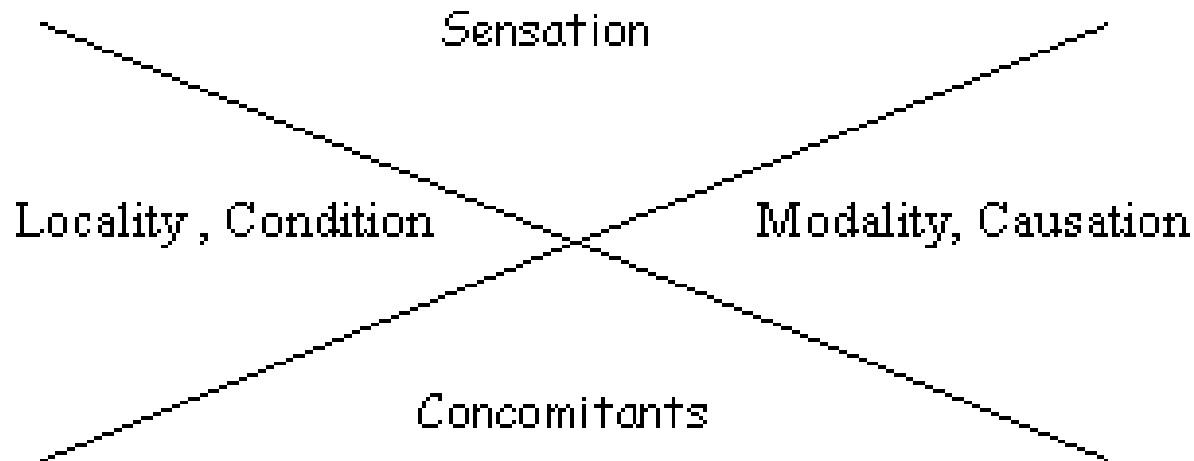


Note: only three English language editions used the TT as a basis:
TPi, TPA, TBR

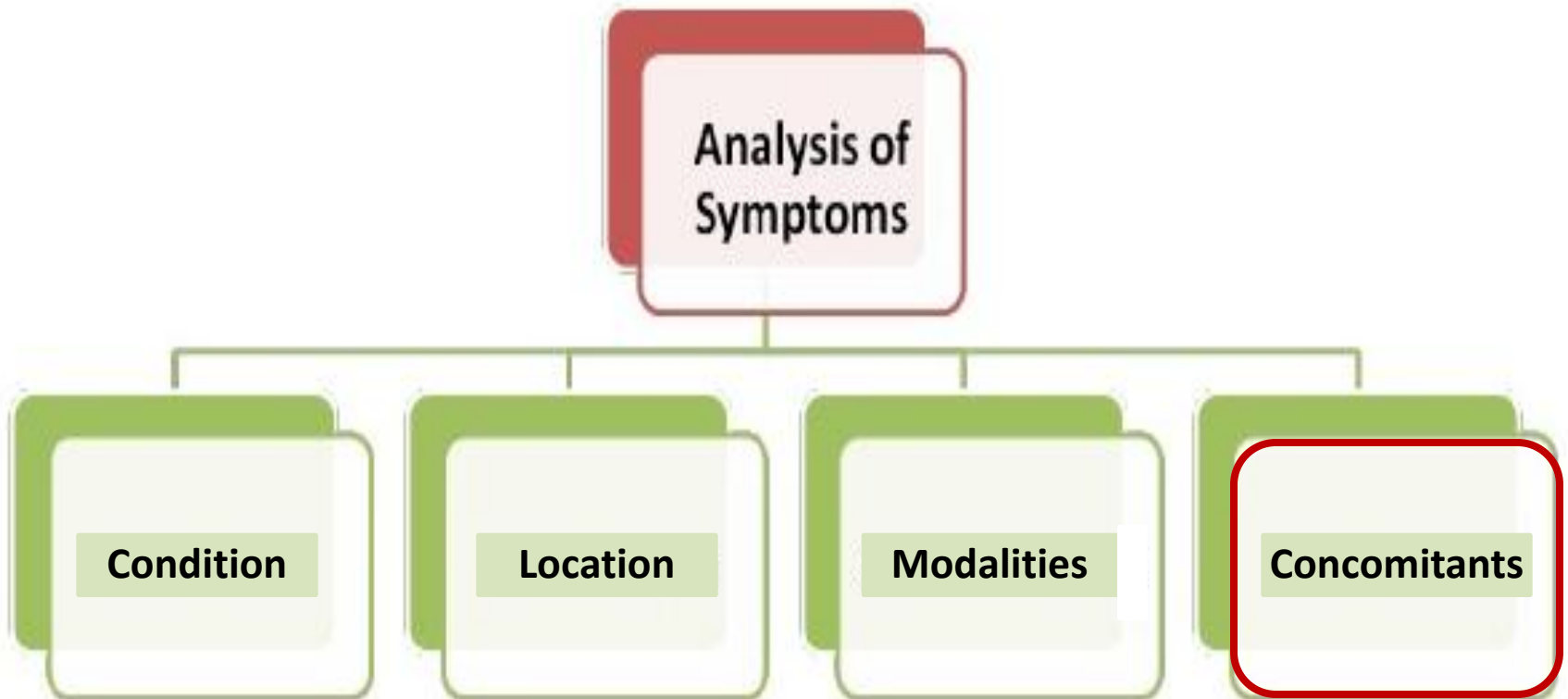
Dimitriadis

Type of Symptoms

Symptoms consist of 3 essential components – their nature (what is it), their location (where is it), their modalities (how is it influenced or modified). **Concomitants are other symptoms.**



Abstraction of Symptoms



Case from Hahnemann

Many persons of my acquaintance but half converted to homoeopathy have repeatedly begged me to publish still more exact directions as to how this doctrine may be actually applied in practice, and how we are to proceed. I am astonished that after the very particular directions contained in the Organon of Medicine more special instructions can be wished for.

I am also asked, "How are we to examine the disease in each particular case?" As if special enough directions were not to be found in the book just mentioned...

Now we can neither enumerate all the possible aggregates of symptoms of all cases of disease that may occur, nor indicate à priori the homoeopathic medicines for these (à priori indeterminable) possibilities.

First appeared in the preamble to the 1816 edition of the *Materia Medica Pura*

Case from Hahnemann

Case 85 - Sch

A washerwoman, somewhat above 40 years old, had been more than three weeks unable to pursue her avocations, when she consulted me on the 1st September, 1815.

- 1) On any movement, especially at every step, and worst on making a false step, she has a shoot (pain) in the scrobiculus cordis, that comes, as she avers, every time from the left side.**
- 2) When she lies she feels quite well, then she has no pain anywhere, neither in the side nor in the scrobiculus.**
- 3) She cannot sleep after three o'clock in the morning.**
- 4) She relishes her food, but when she has eaten a little she feels sick.**
- 5) Then the water collects in her mouth and runs out of it, like the water brash.**
- 6) She has frequently empty eructations after every meal.**
- 7) Her temper is passionate, disposed to anger.**
- 8) Whenever the pain is severe she is covered with perspiration. The catamenia were quite regular, a fortnight since.**

In other respects her health is good.

First appeared in the preamble to the 1816 edition of the *Materia Medica Pura*

Case from Hahnemann

Now, as regards symptom 1

Belladonna, *China*, and *Rhus toxicodendron* cause shootings in the scrobiculus, but none of them only on motion, as is the case here. *Pulsatilla* (see Symp. 387) certainly causes shootings in the scrobiculus on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here at 4 compared with 5 and 6, nor the same state of the disposition.

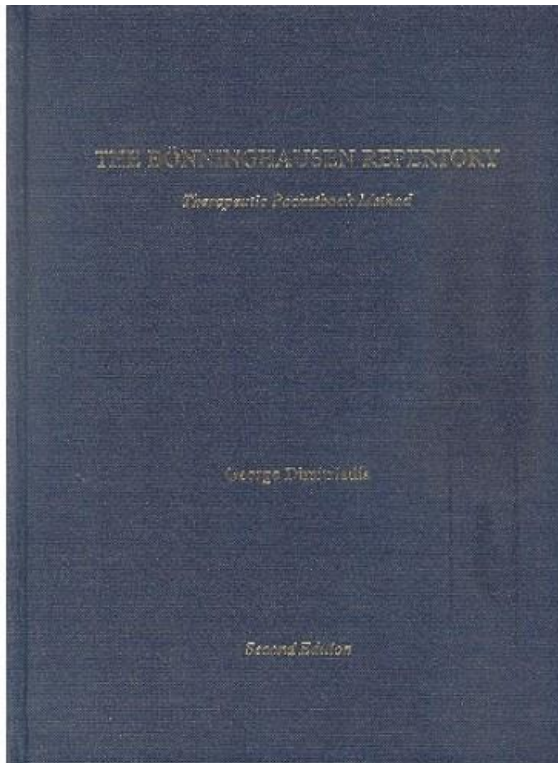
Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains from movement, and especially shooting pains, as also stitches beneath the sternum (in the scrobiculus) on raising the arm, (448) **and on making a false step it occasions shooting in other parts**, (520, 574.)...

Now, as this woman was very robust, and the force of the disease must accordingly have been very considerable, to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not consensually affected, I gave her one of the strongest Homeopathic doses, a full drop of the pure juice of *Bryonia* root,* to be taken immediately, and bade her come to me again in forty-eight hours.

First appeared in the preamble to the 1816 edition of the *Materia Medica Pura*

Bönninghausen TBR2 in MacRepertory

Examples and Exercises



Alumina - itching

“Unbearable itching of the whole body, especially on getting warm, and in bed; he has to scratch until he bleeds and after scratching the skin is painful. [Htb]”



Alumina - itching

“Unbearable itching of the whole body, especially on getting warm, and in bed; he has to scratch until he bleeds and after scratching the skin is painful. [Htb]”

	Sulph.	Calc.	Chin.	Alum.	Cocc.	M-p-a.	Puls.
Total	20	10	10	9	9	8	17
Rubrics	6	6	6	6	6	6	5
Kingdoms	Blue	Blue	Green	Blue	Green	Purple	Green
General [non regional]{776 1686}; Generals; Itching; Itching [pruritis], in general {1522} (122)	Black	Blue	Blue	Blue	Blue	Cyan	Black
General [non regional]{776 1686}; Generals; SKIN IN GENERAL; Blood, drawing, after scratching {1317} (19)	Black	Blue	Blue	Cyan	Cyan	Cyan	White
General [non regional]{776 1686}; Generals; SKIN IN GENERAL; Painful, after scratching {1398} (30)	Purple	Cyan	Blue	Blue	Cyan	Cyan	Blue
Modalities {1687 1694}; Temperature, Seasons, Weather; Warm [& warmth] in general, from [+ amel. Cold in general] {1725} (71)	Blue	Cyan	Cyan	Cyan	Cyan	Cyan	Black
Temperature, Seasons, Weather; Warm [& warmth] in general, from [+ amel. Cold in general] {1725}; becoming [+ amel. Cold, ... (65)	Black	Blue	Cyan	Cyan	Purple	Cyan	Purple
From Situation & Circumstance; Lying [resting in recumbent posture], whilst cf. amel. Movement {2021}; bed, in [prolonged] cf. ... (122)	Purple	Blue	Blue	Blue	Cyan	Purple	Black

Stramonium

“The skin on the forehead is wrinkled, the look staring, the whole face distorted and horrible.”



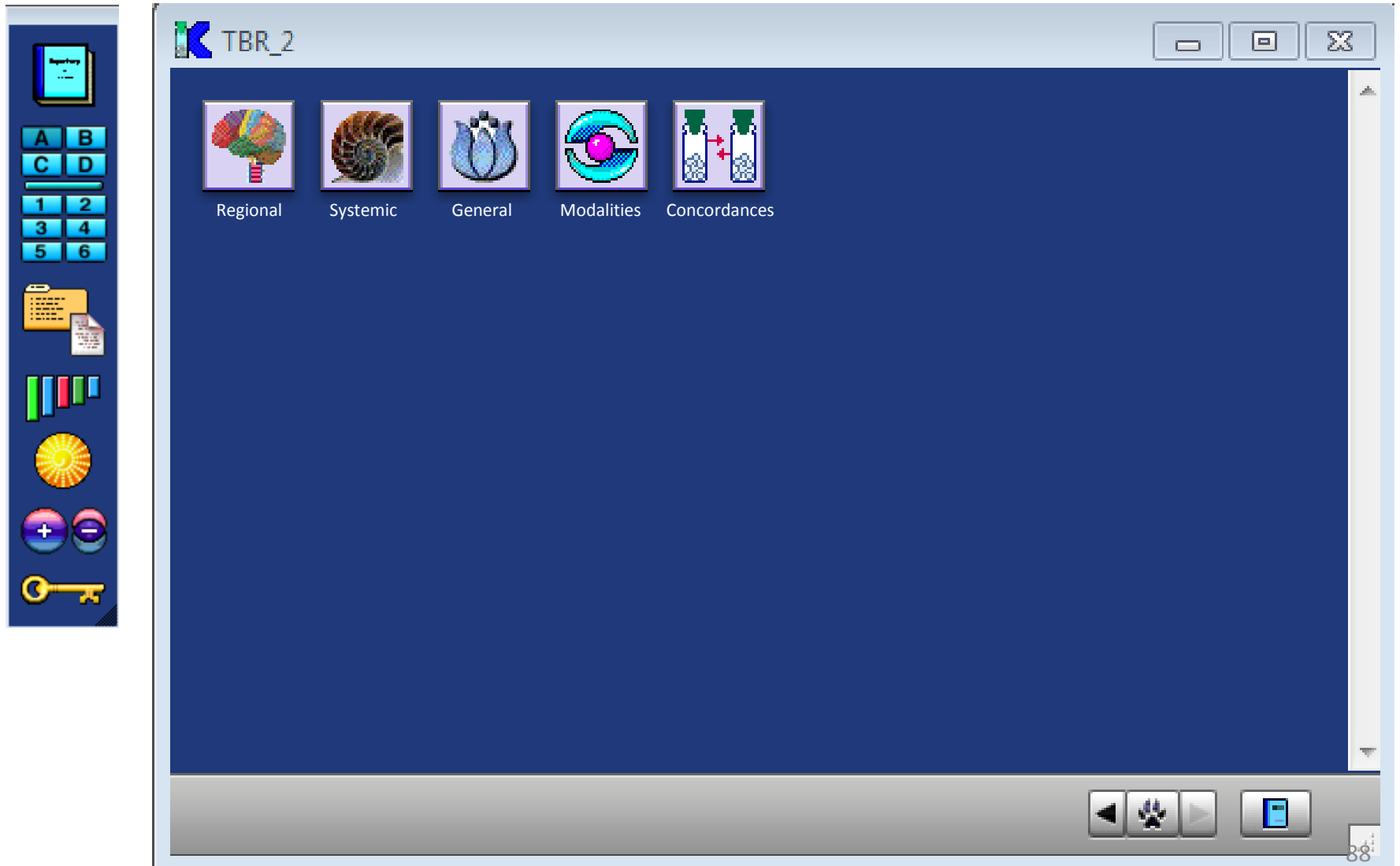
Stramonium

“The skin on the forehead is wrinkled, the look staring, the whole face distorted and horrible.”

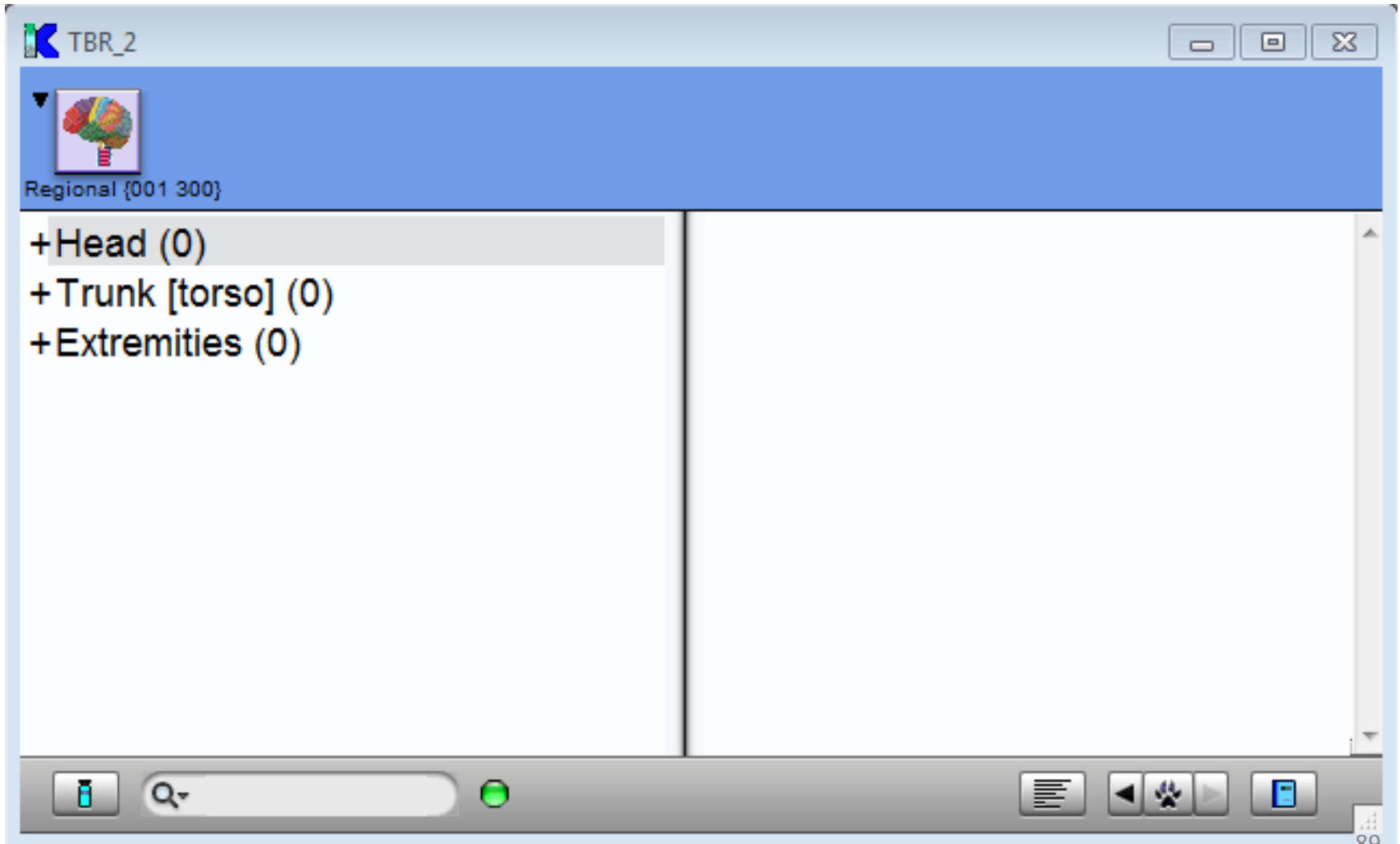
	Stram.	Sep.	Bell.
Total	10	6	8
Rubrics	3	3	2
Kingdoms	Green	Red	Green
Regional {001 300}; Head; APPEARANCE; Furrows [folds of skin, wrinkles], deep {190} (3)	Blue	Purple	White
Regional {001 300}; Head; VISION; Staring [fixed stare] {064} (44)	Black	Blue	Black
Regional {001 300}; Head; APPEARANCE; Distortion [contortion, screwing-up] of the face {174} (62)	Black	Cyan	Black



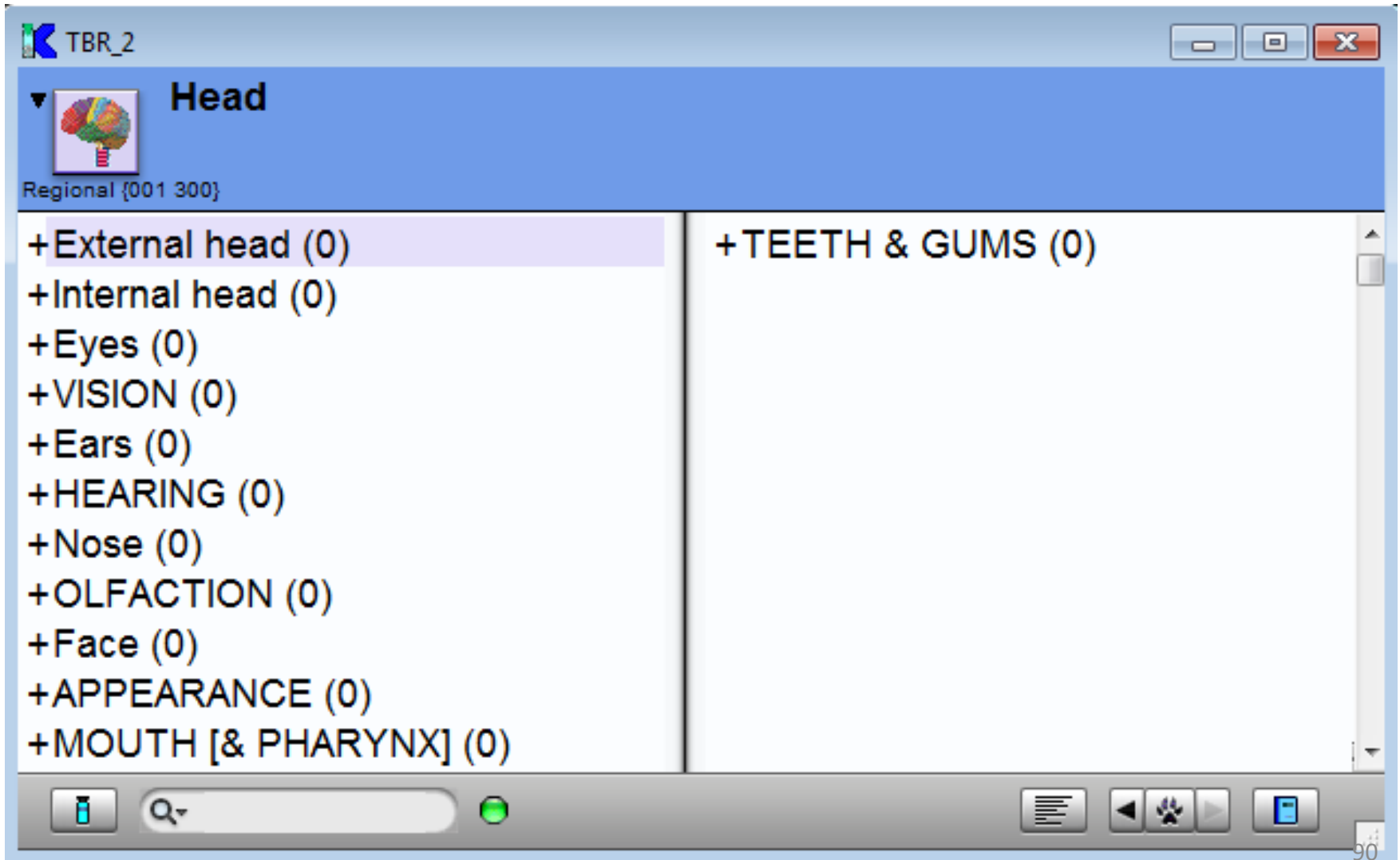
TBR2 in MacRepertory



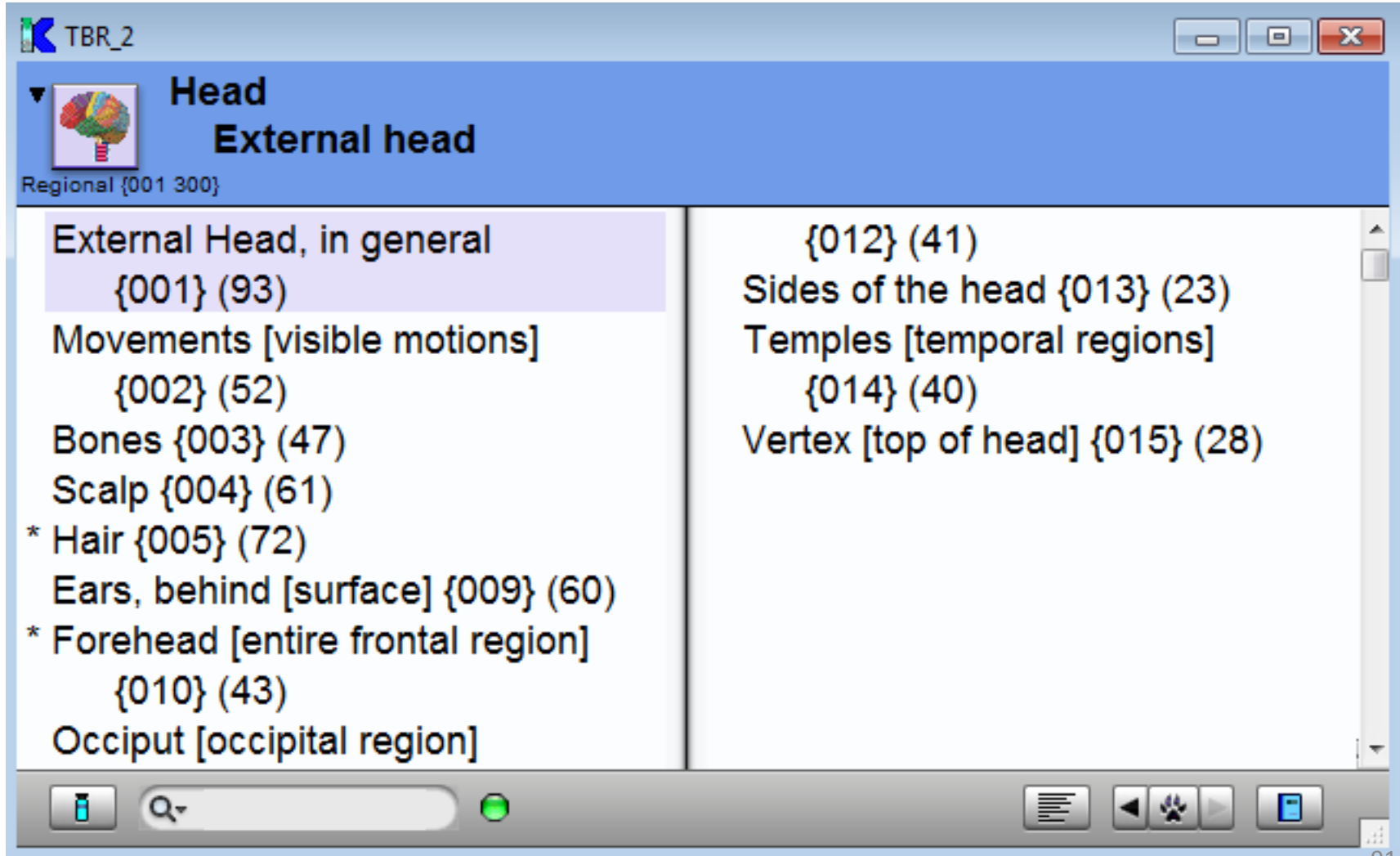
TBR2 in MacRepertory



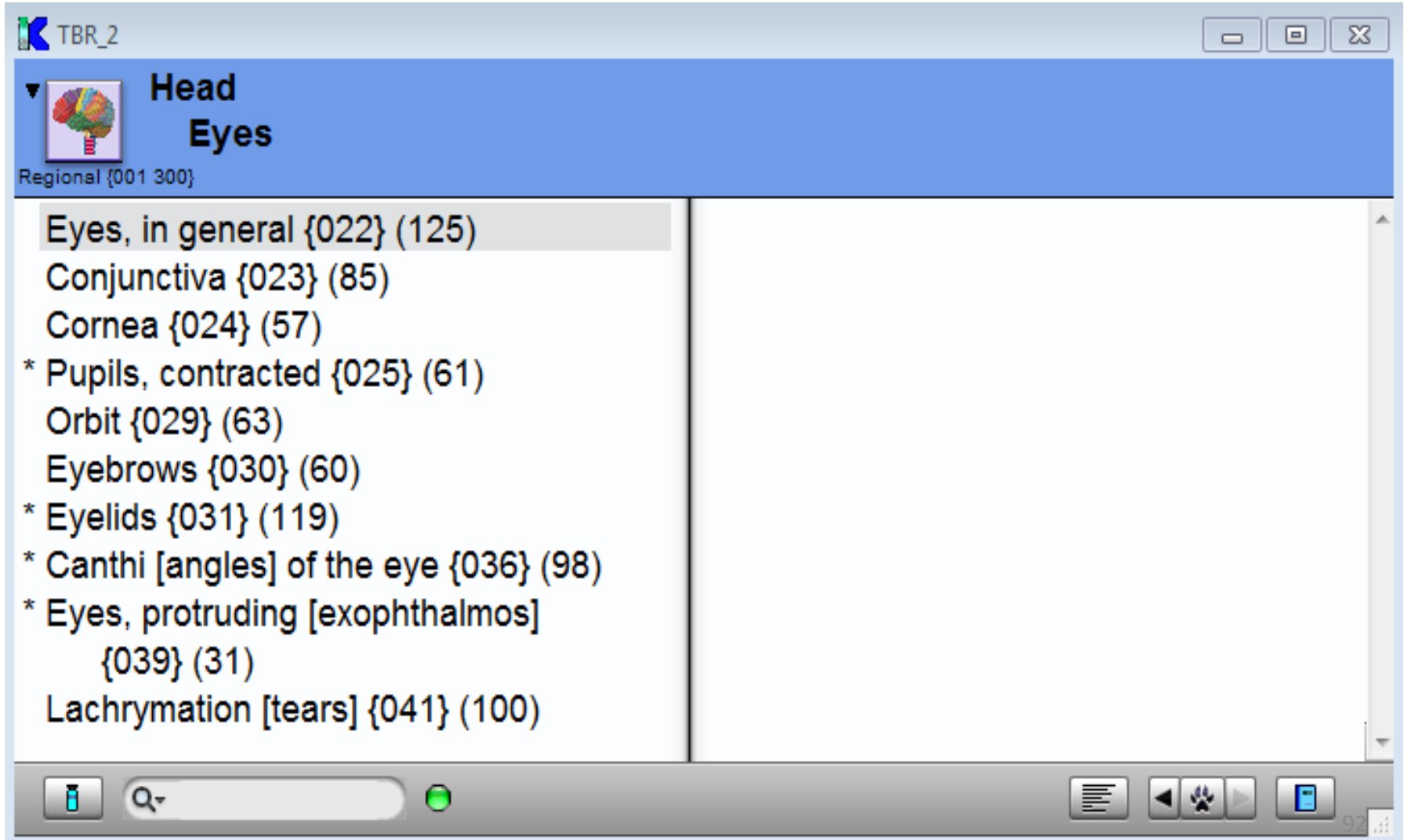
TBR2 in MacRepertory



TBR2 in MacRepertory



TBR2 in MacRepertory



TBR2 in MacRepertory

TBR_2

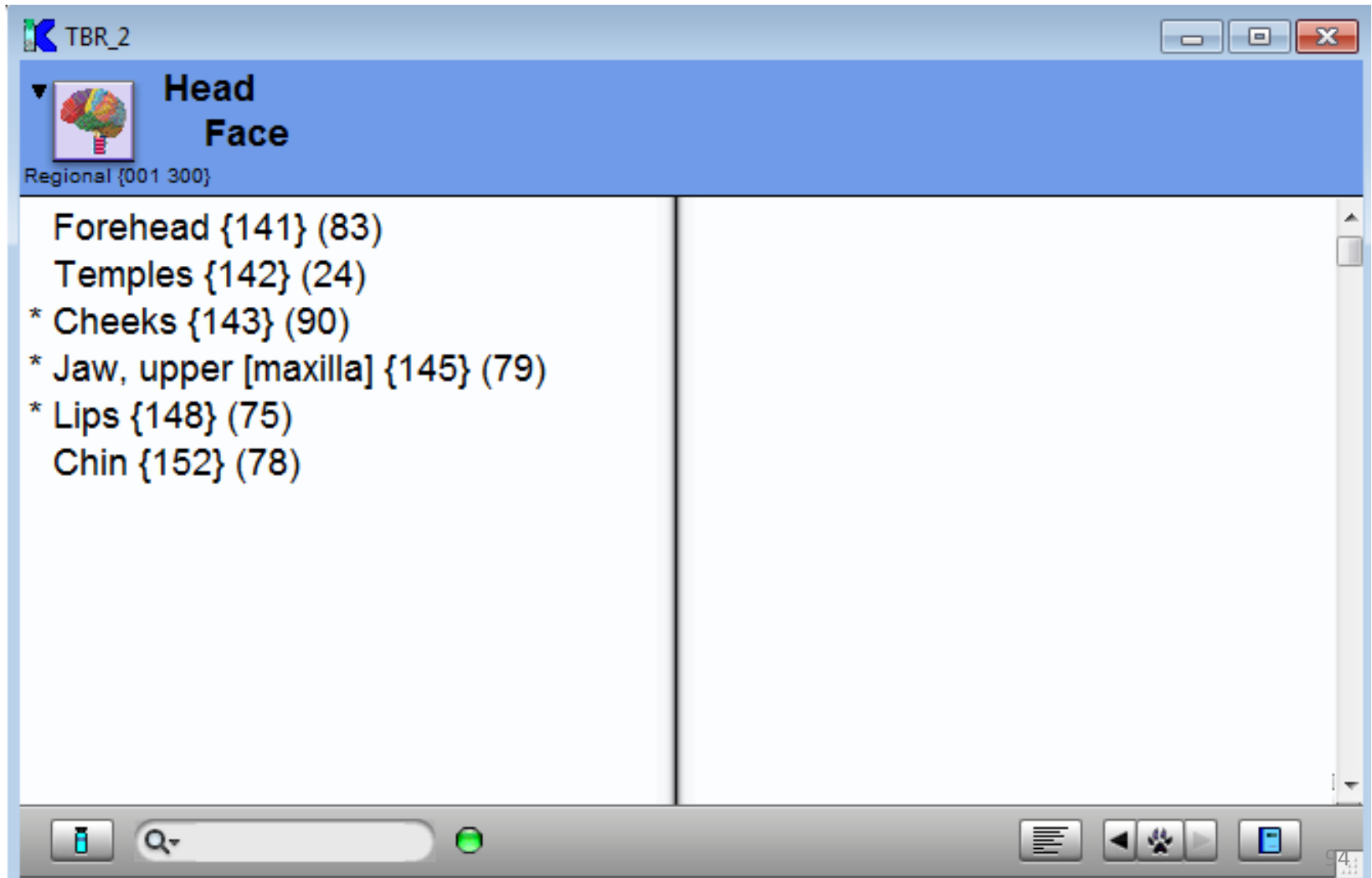
Head
VISION

Regional {001 300}


Affected in general [amaurosis, neurogenic deficit] {042} (85)	Hypermetropia [hyperopia, longsightedness] {059} (20)
* Blindness [loss of sight] {043} (64)	Myopia [shortsightedness] {060} (38)
Confused {046} (8)	* Photo-phobia [photosensitivity] {061} (64)
* Weakness of [feebleness, indistinct, unclear] vision {047} (71)	Staring [fixed stare] {064} (44)
* Cataract [grey, homogeneous lens changes] {050} (56)	* Illusions of colour, blue {065} (6)
* Diplopia {052} (28)	* Illusions of form, altered [distorted], objects appear {076} (7)
Glaucoma {055} (2)	* Illusions strange, figures [frightful, grotesque] {083} (22)
* Hemianopia [hemianopsia, hemiopia] {056} (6)	


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TBR2 in MacRepertory





TBR2 in MacRepertory






 TBR_2

 **Head**
APPEARANCE

Regional {001 300}

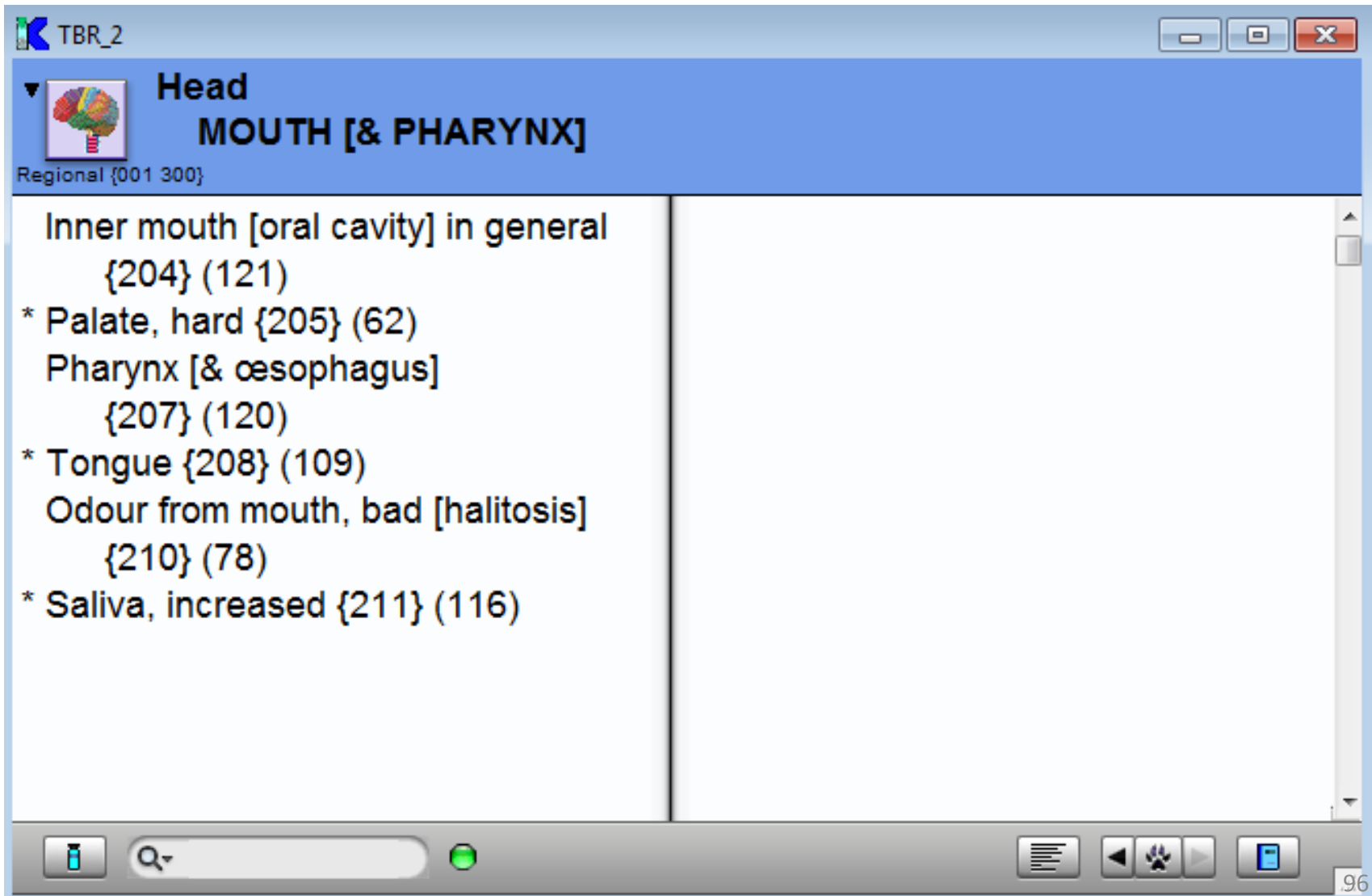
* Altered appearance [countenance] {153} (42) Distortion [contortion, screwing-up] of the face {174} (62) Emaciation of the face only {175} (3)	puffiness] {193} (80) Whiskers {203} (10)
* Eruptions [efflorescence, exanthema] {176} (78)	
* Furrows [folds of skin, wrinkles], deep {190} (3)	
Mouth, staying open [gaping] {192} (14)	
* Swelling [œdematous, bloatedness,	

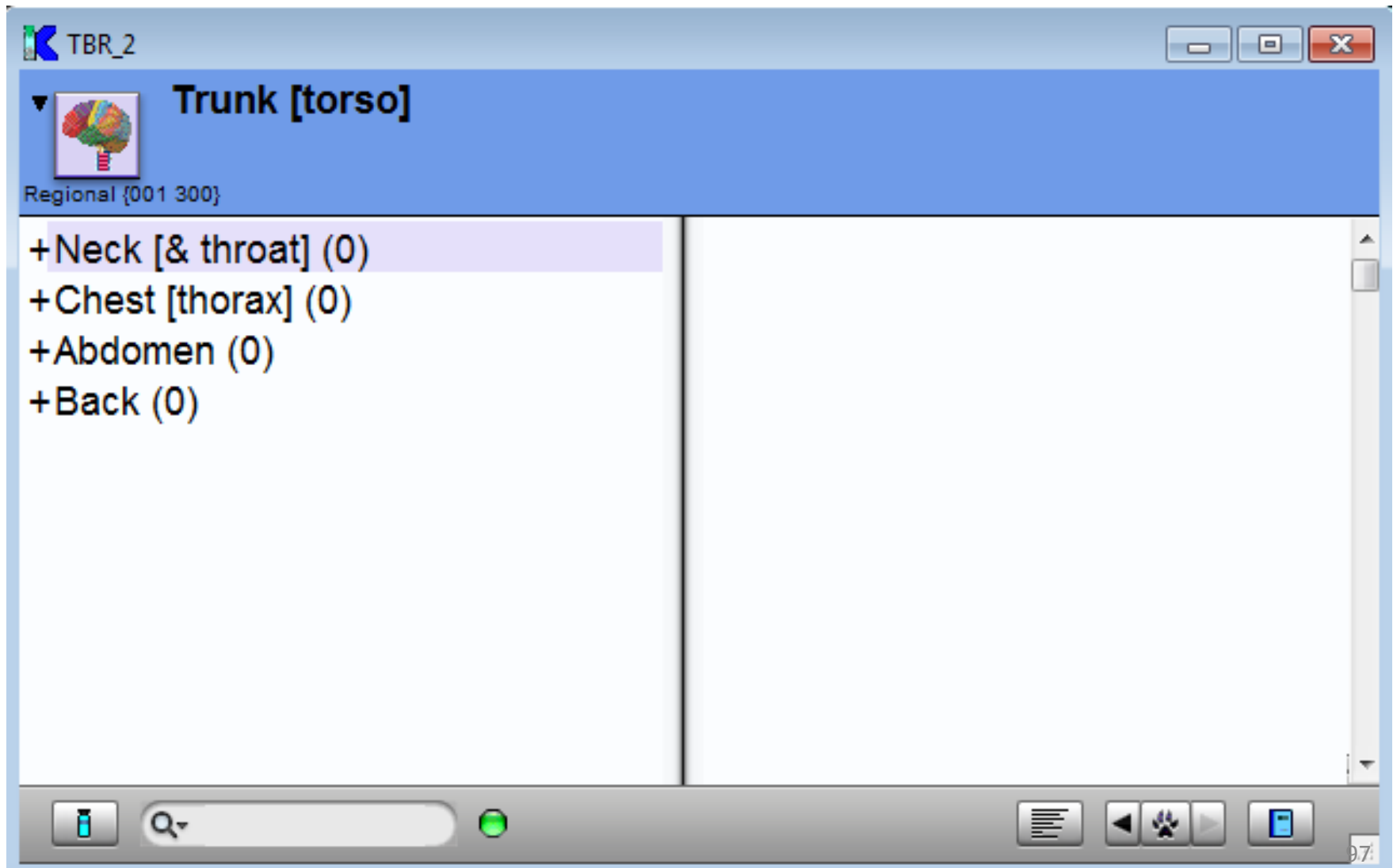
    

95

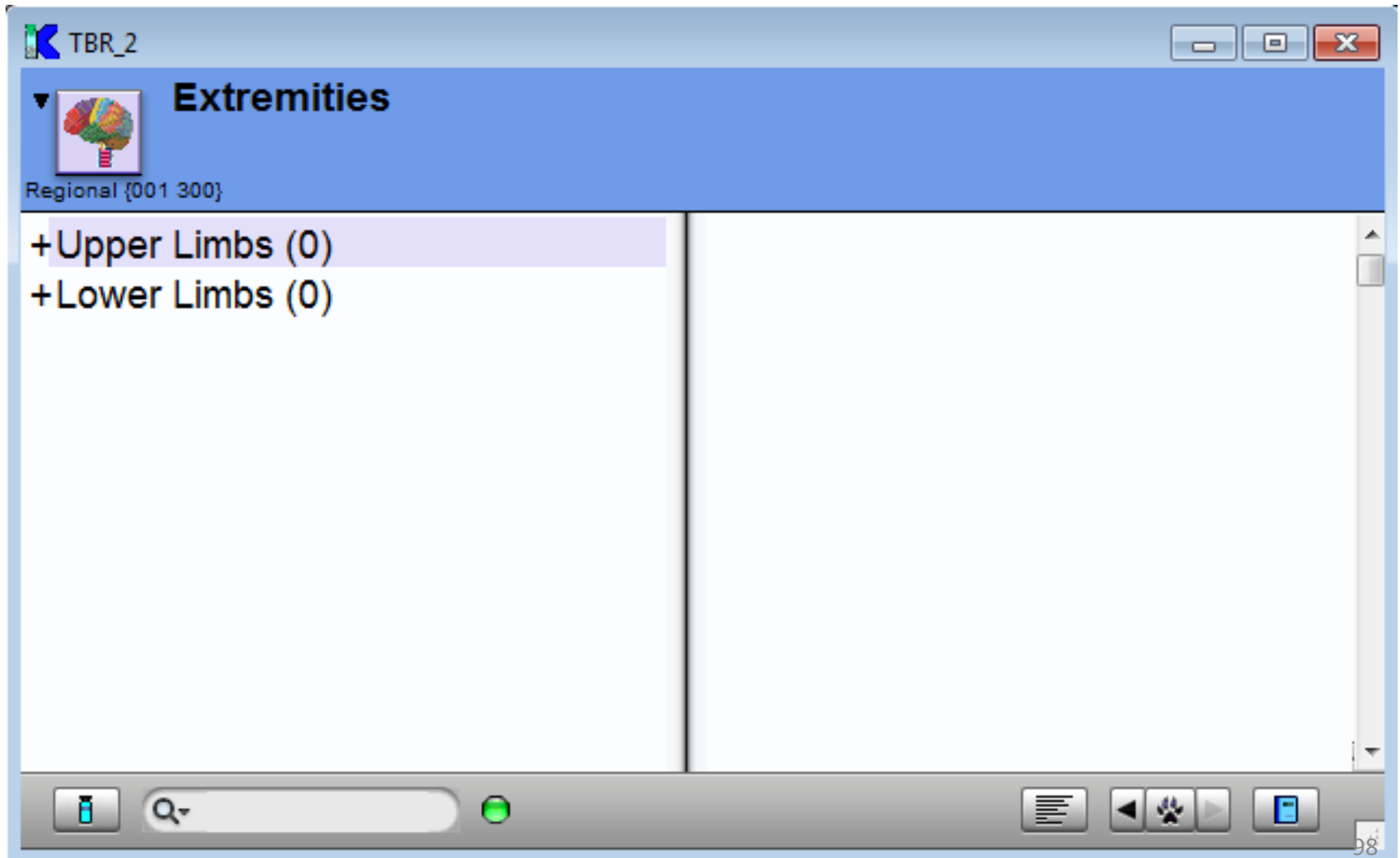
TBR2 in MacRepertory



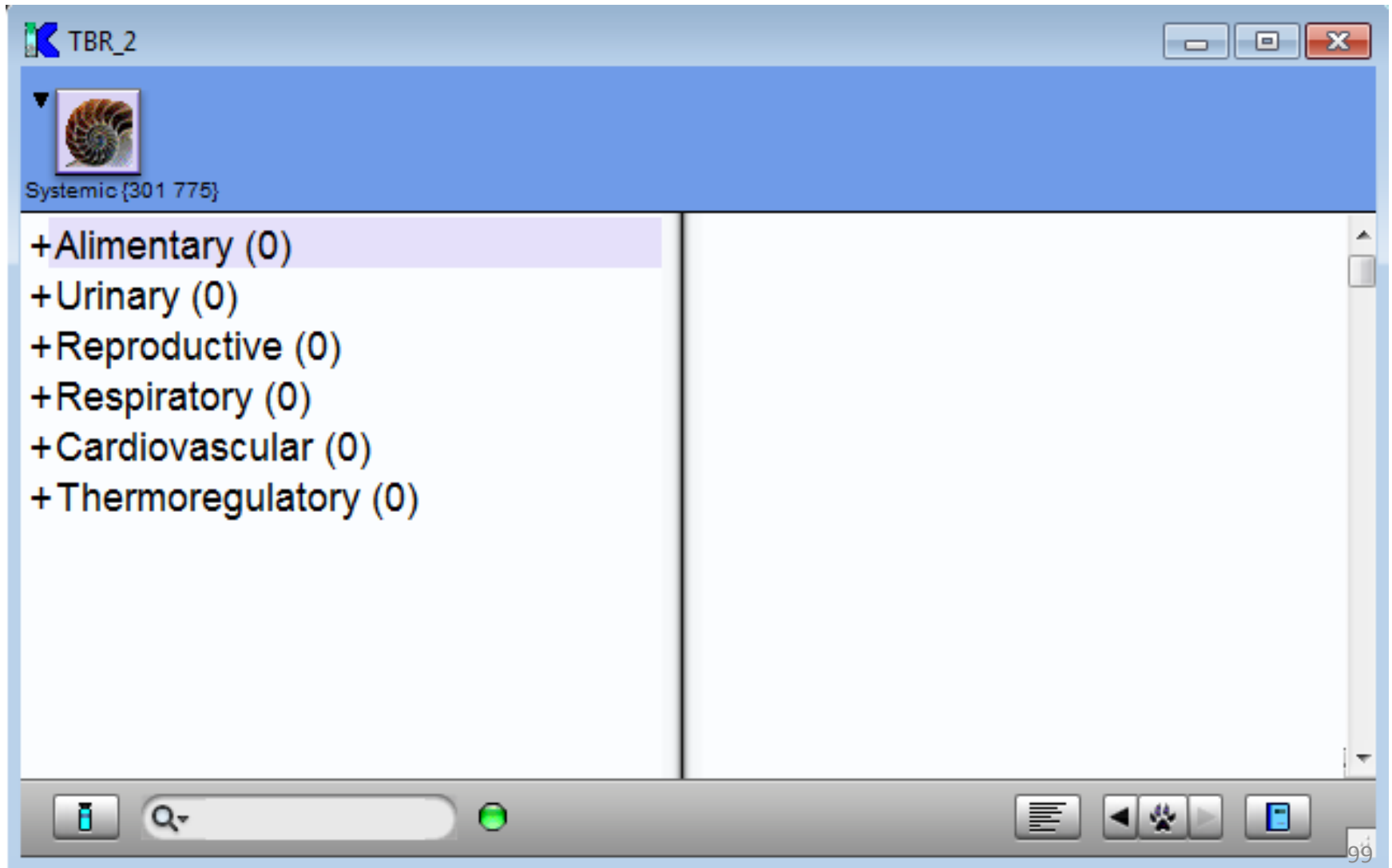
TBR2 in MacRepertory



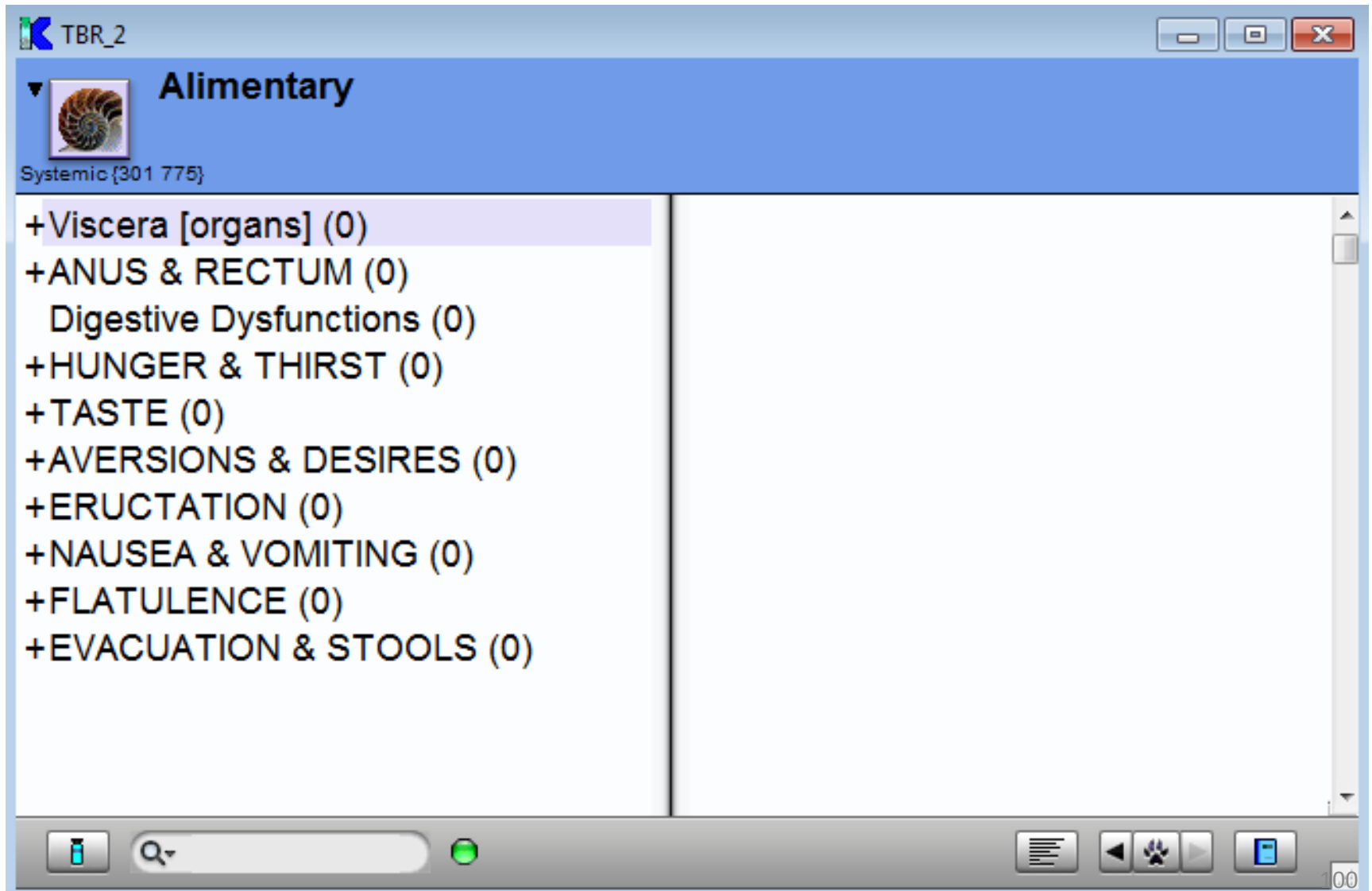
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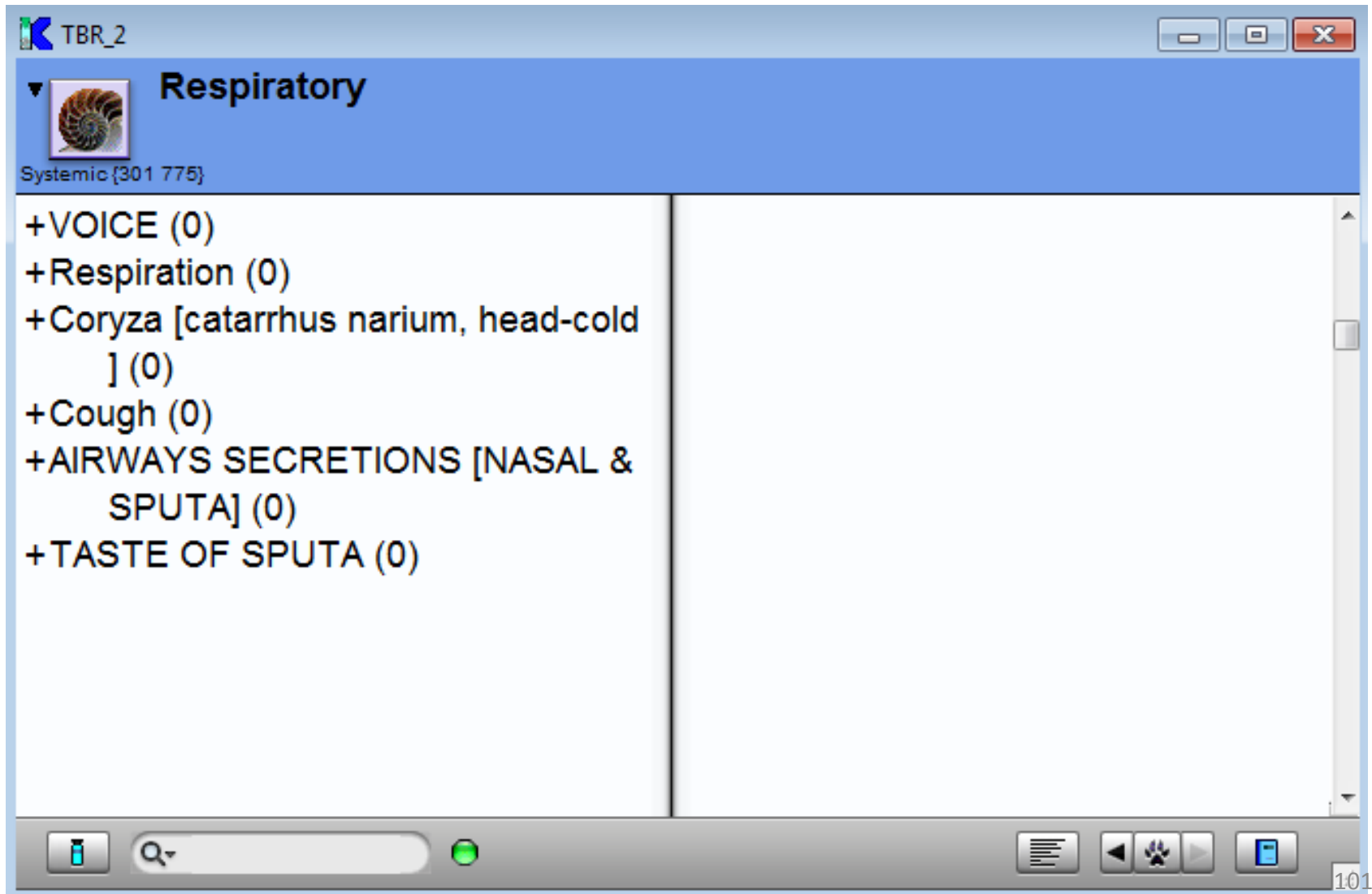
TBR2 in MacRepertory



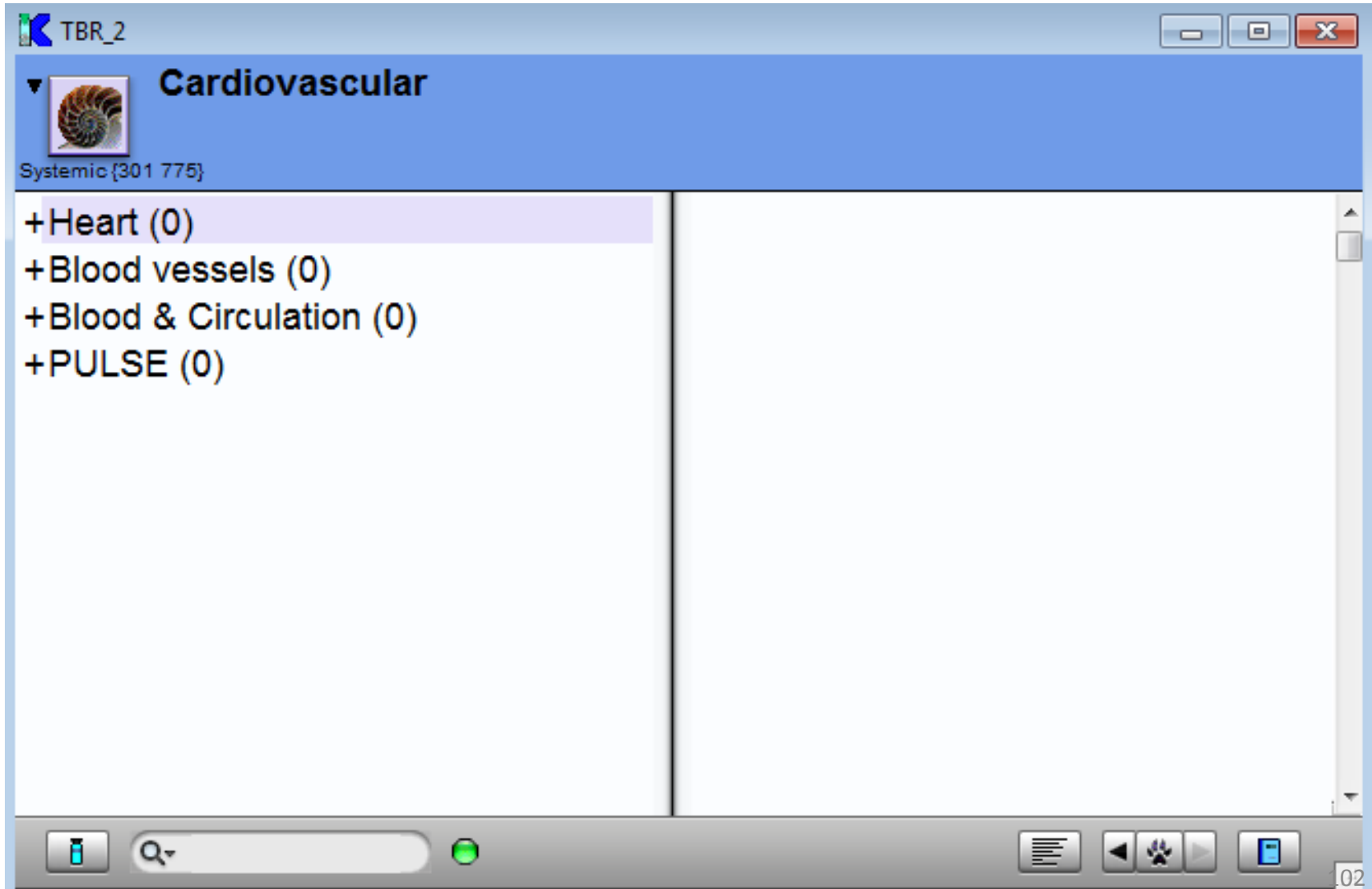
TBR2 in MacRepertory



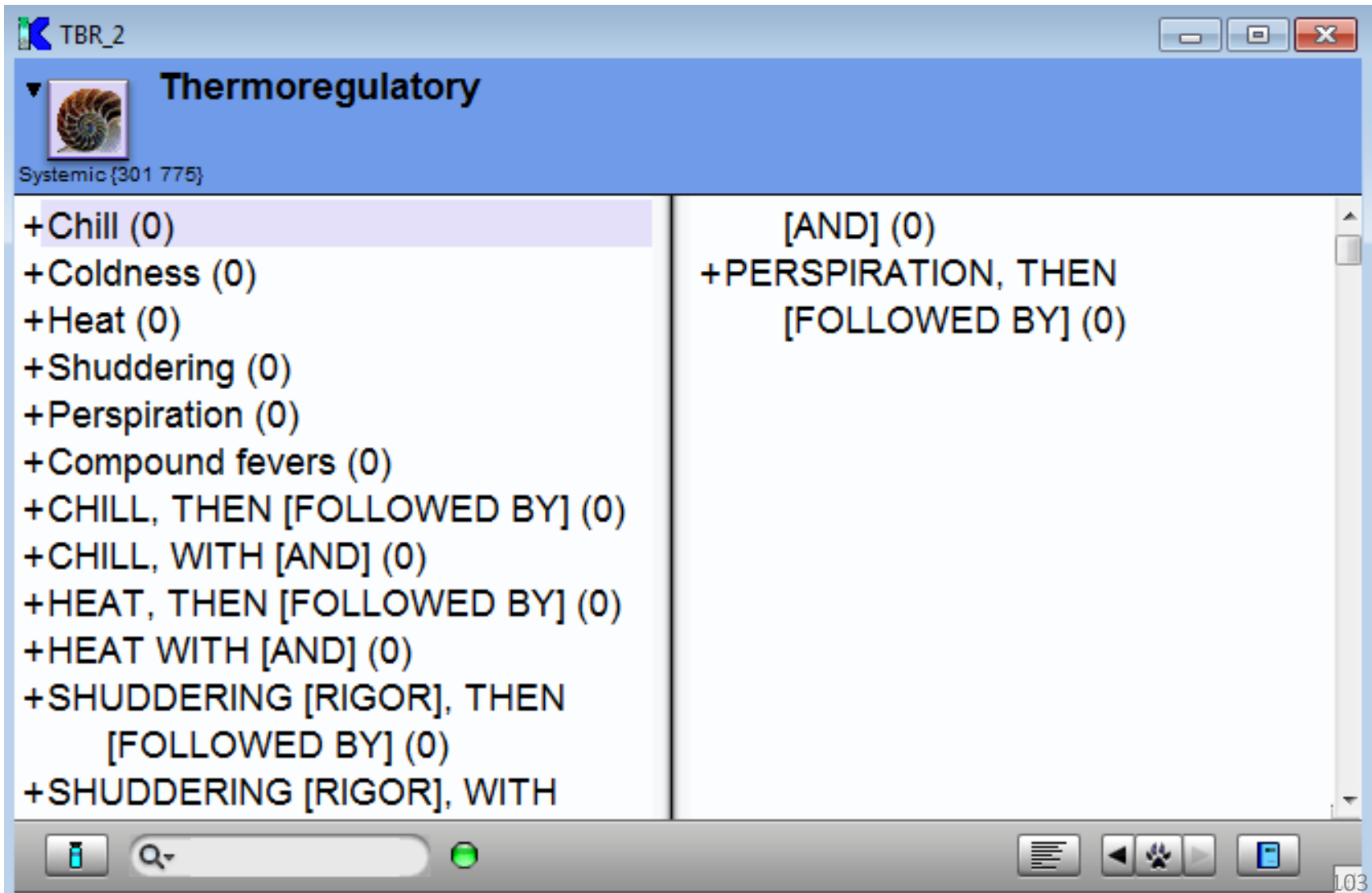
TBR2 in MacRepertory



TBR2 in MacRepertory



TBR2 in MacRepertory



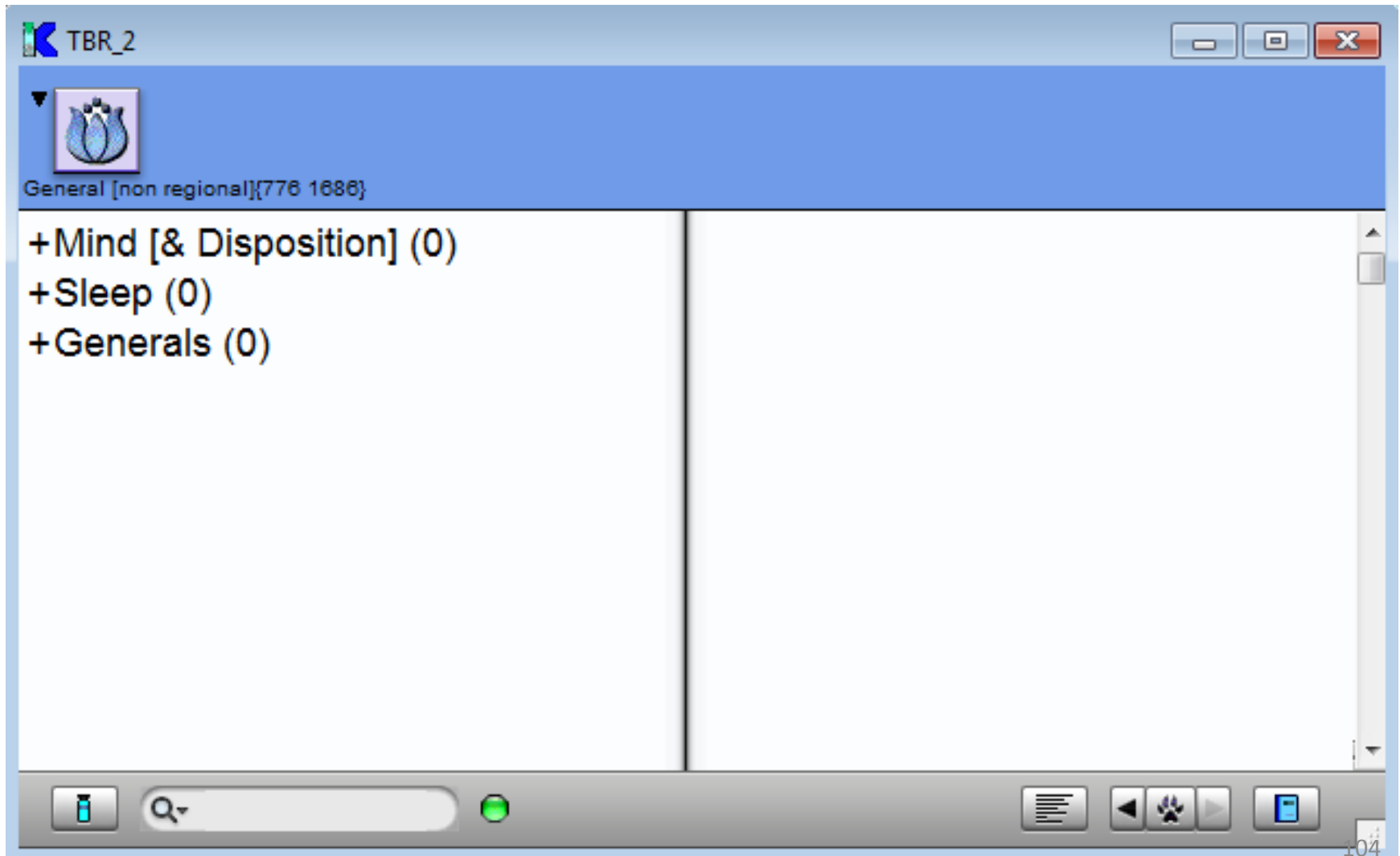
The screenshot shows a window titled "TBR_2" with a blue header bar. Below the header, there is a small icon of a nautilus shell and the text "Thermoregulatory". Underneath this, it says "Systemic {301 775}". The main area is divided into two columns. The left column contains a list of terms, each followed by "(0)". The right column contains a few terms, also followed by "(0)". At the bottom, there is a search bar and several icons.

Thermoregulatory
Systemic {301 775}

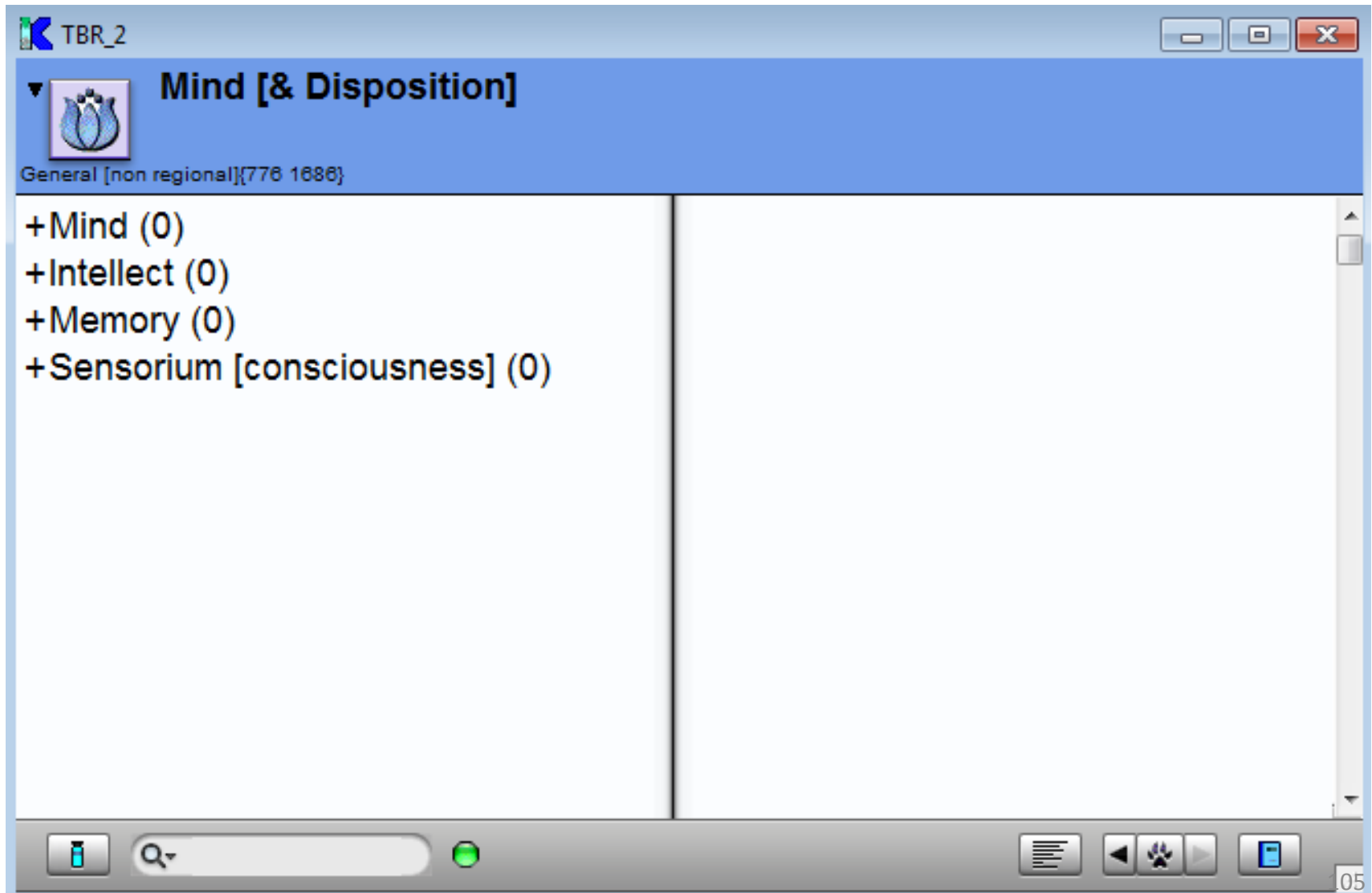
Left Column	Right Column
+Chill (0)	[AND] (0)
+Coldness (0)	+PERSPIRATION, THEN
+Heat (0)	[FOLLOWED BY] (0)
+Shuddering (0)	
+Perspiration (0)	
+Compound fevers (0)	
+CHILL, THEN [FOLLOWED BY] (0)	
+CHILL, WITH [AND] (0)	
+HEAT, THEN [FOLLOWED BY] (0)	
+HEAT WITH [AND] (0)	
+SHUDDERING [RIGOR], THEN	
[FOLLOWED BY] (0)	
+SHUDDERING [RIGOR], WITH	

Search bar: Q- [icon] [icon] [icon] [icon]

TBR2 in MacRepertory



TBR2 in MacRepertory



TBR2 in MacRepertory

TBR_2

Mind [& Disposition]
Mind

General [non regional]{776 1686}

Affection of, in general {776} (124)
Agitated [excited, nervous, on-edge] {777} (42)
Amorousness [adoration, affection, fancy for love]
{778} (45)
* Anxiety {779} (69)
Audaciousness [brazenness, boldness,
courageousness] {782} (13)
Avarice [greed] {783} (6)
Changeable [changeability] mood [disposition]
{784} (41)
Cheerfulness {785} (41)
Contentment, feeling of {786} (5)
Gentleness [mild mannered] {787} (37)
Haughtiness [arrogance, disdain, insolence, pride]
{788} (22)
Hopelessness [despair] {789} (46)
Hypochondriasis and hysteria {790} (84)
Indifference {791} (49)
Irritability [anger, aggressiveness, etc.] {792} (62)
Looked at [watched], cannot bear to be {793} (3)
Maliciousness [hurtful, malevolence] {794} (34)
Mistrust [suspicion, self-doubt. Timidity] {795} (27)
Peevishness [annoyance, ill-humour, moroseness]
{796} (87)
Sadness [melancholy] {797} (60)
Seriousness {798} (40)

Aphorisms 213 footnote

Thus aconite will seldom or never produce either a rapid or permanent cure if the patient's emotional state is quiet and uniformly calm.



Aphorisms 213 footnote

Nux vomica will not cure if the patient has a mild and phlegmatic emotional state.



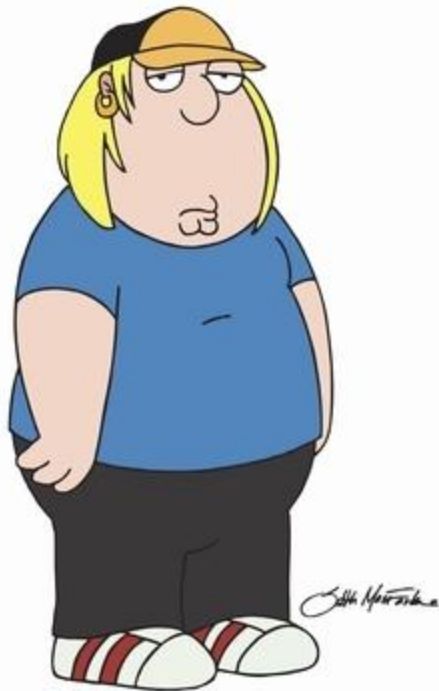
Aphorisms 213 footnote

Pulsatilla will not cure if the patient's emotional state is glad, cheerful and stubborn.



Aphorisms 213 footnote

Ignatia will not cure if the patient's emotional state is unchangeable and not inclined to fright or vexation.



TBR2 in MacRepertory

TBR_2

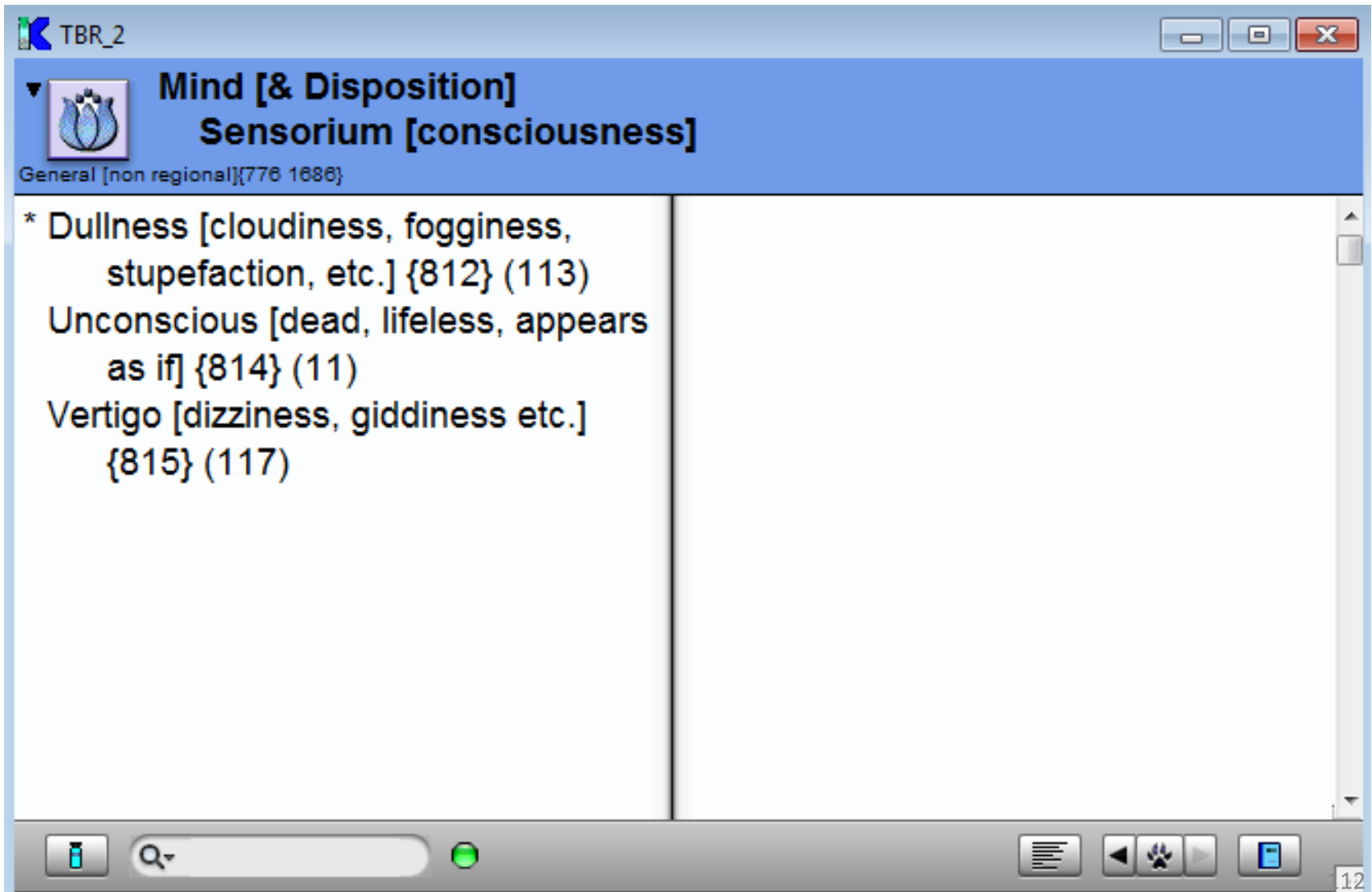
Mind [& Disposition]
Intellect

General [non regional]{776 1686}


Affection of, in general {799} (90)	Mania [ecstatic, exaltation, extreme excitement] {809} (19)
* Activity, excessive [intellectual hyperactivity] {800} (28)	
Awareness, lack of [absence, unawareness] {802} (70)	
* Comprehension, easy {803} (17)	
Delirium {805} (52)	
Delusions [illusions, hallucinations, imagination] {806} (59)	
Distractedness [absent-mindedness, inattention] {807} (62)	
Insanity [madness in general, Psychoses] {808} (40)	

11

TBR2 in MacRepertory



TBR_2

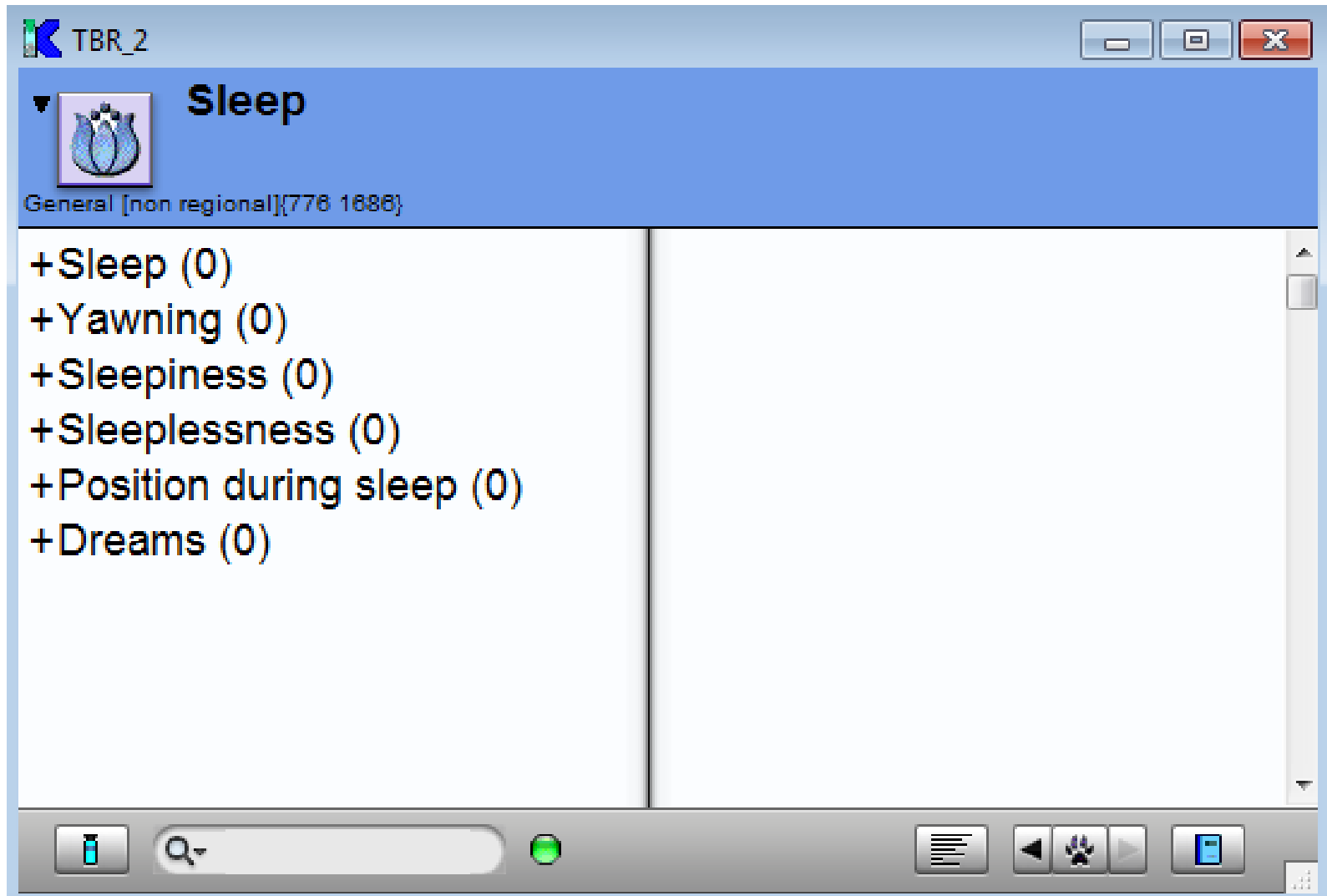
▼  **Mind [& Disposition]**
Sensorium [consciousness]

General [non regional]{776 1686}

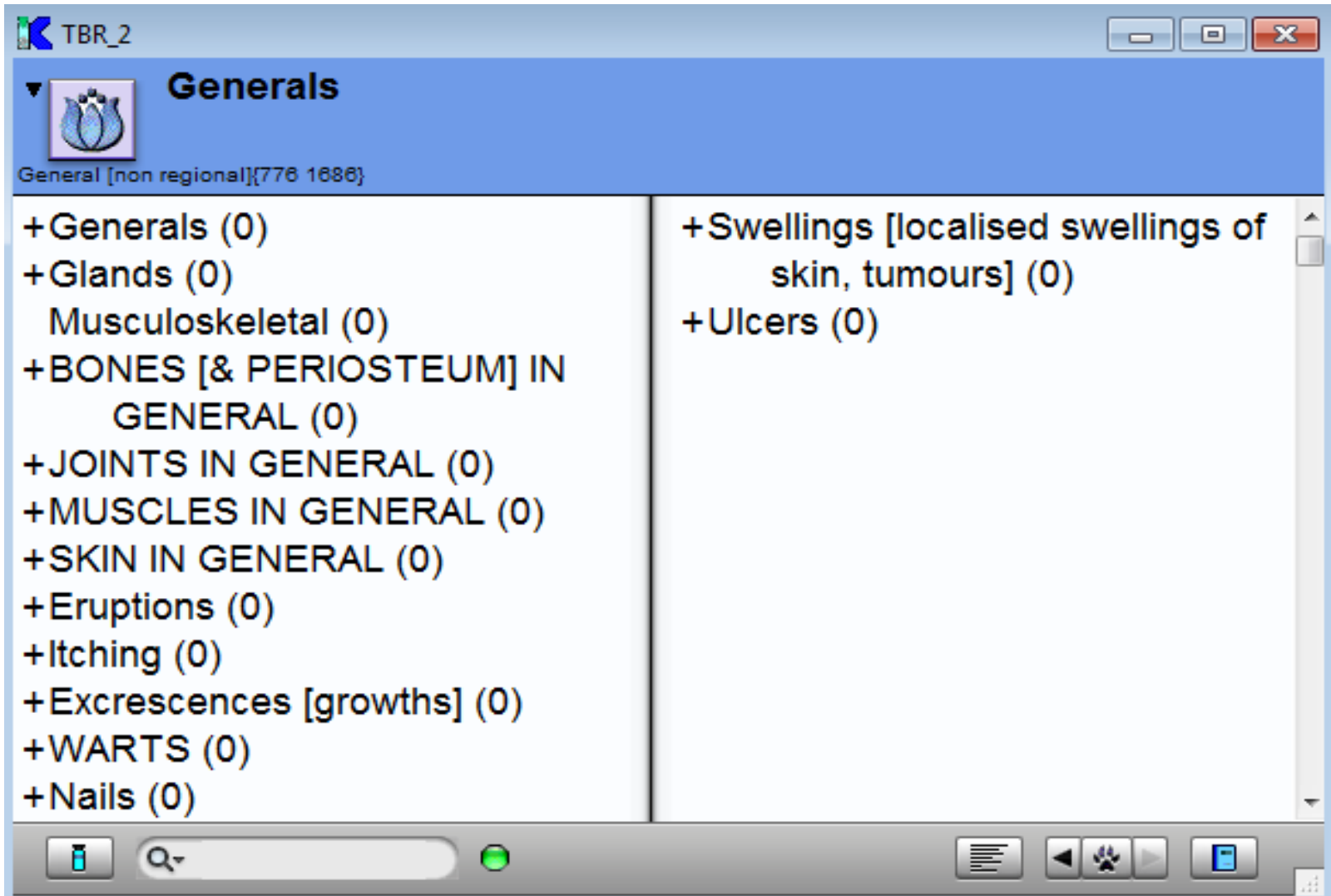
* Dullness [cloudiness, fogginess, stupefaction, etc.] {812} (113)
Unconscious [dead, lifeless, appears as if] {814} (11)
Vertigo [dizziness, giddiness etc.] {815} (117)

12

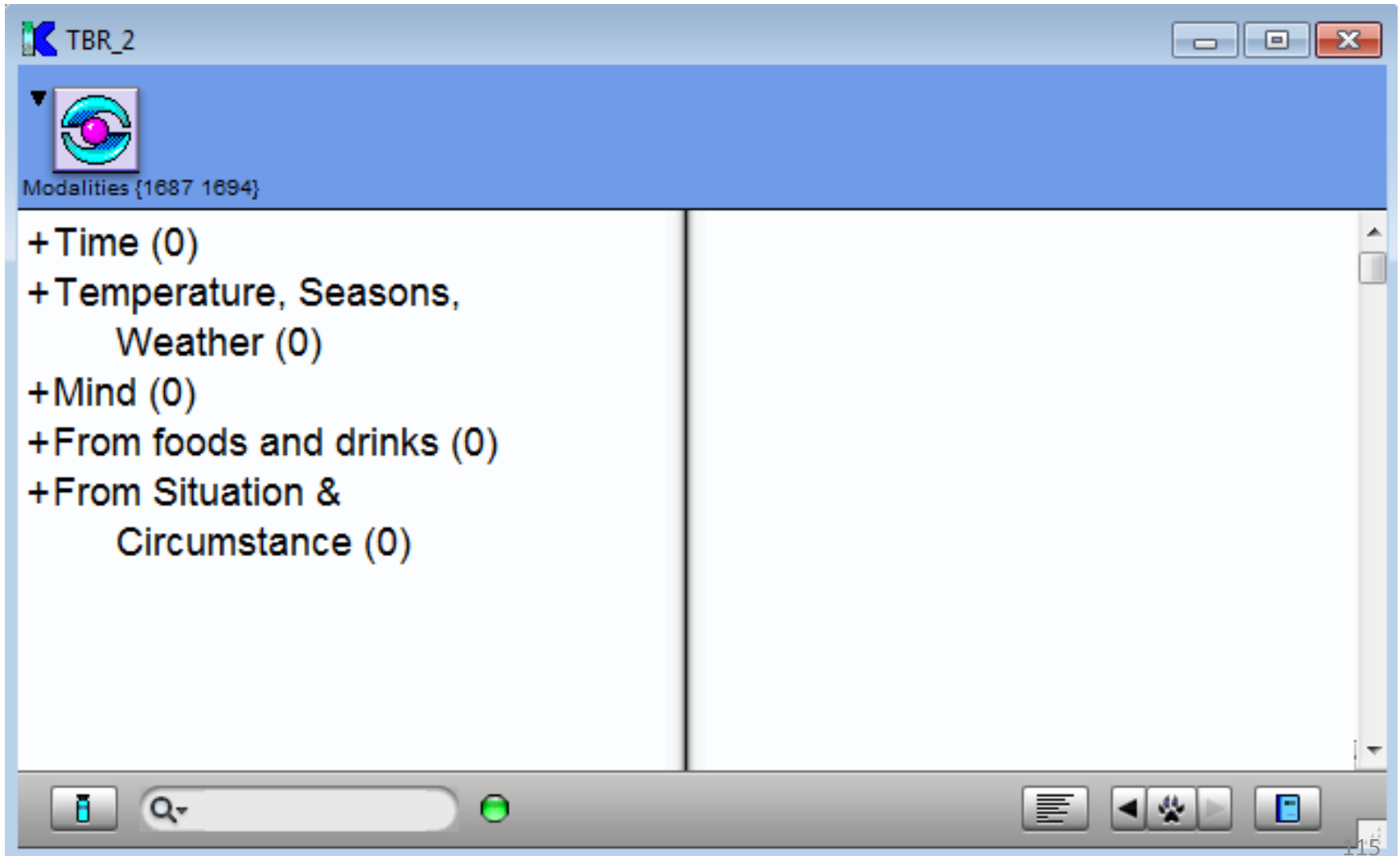
TBR2 in MacRepertory



TBR2 in MacRepertory



TBR2 in MacRepertory



TBR2 in MacRepertory

TBR_2

From Situation & Circumstance

Modalities {1687 1694}

Anthrax [malignant carbuncles (1)]

- * Ascending [stairs, incline, etc] [+ amel. Descending.] {1845} (75)
- * Bending [or turning, twisting, rotating], by {1848} (55)
- * Bent or turned [rotated, twisted], holding the part {1868} (4)
- Bleeding of the affected part, after, amel. {1870} (3)
- * Blowing the nose {1871} (68)
- Boring with the finger [in the ear or nose], amel. {1873} (12)
- * Chewing {1874} (66)
- * Children [particularly], in {1877} (71)
- * Clothing, from pressure of [+ amel. Loosening Clothes] {1879} (27)
- * Company, in [+ amel. by being Alone] {1881} (16)
- Consciousness, loss of, after {1885} (8)
- * Coryza [catarrhus narium, head-cold], from {1886} (82)
- * Cough, before {1888} (3)
- Crossing limbs [one over another], from cf. Touch, Pressure {1892} (19)
- Dark, in the {1893} (10)
- * Drinking {1894} (71)
- * Eating, before [on an empty stomach, fasting] {1897} (75)
- * Eructation [belching, burping], from {1906} (32)
- * Eruptions [exanthemata] suppressed, after {1908} (45)
- * Exertion, mental {1911} (59)
- * Eyes, exertion of vision [focusing intensely] {1919} (85)
- * Eyes, closing [shutting] [+ amel. Opening Eyes [lids]] {1932} (36)
- * Females, particularly with {1939} (64)
- * Fever, before {1943} (45)
- Flatus [breaking wind], after passing, amel. {1954} (60)
- * Fluids ['animal', body fluids], loss of, from {1955} (70)
- Glanders [Equinia] {1957} (4)
- * Hair, brushing-back [stroking-back], from {1958} (2)
- * Holding [or grasping], something [an object], by {1963} (35)
- Hiccoughing [hiccup, singultus] {1968} (30)
- Hunger, from {1969} (12)
- * Injuries [Traumata - falls, knocks, etc.], in general {1970} (45)
- Insect [flies, etc.] stings, from [+ Skin, Insect-stings] {1990} (14)
- Jarring [shaking with jolting], from {1991} (11)
- Jumping [hopping, leaping, springing] from {1992} (1)
- Kneeling {1993} (3)
- Knocking [bumping] against something, from {1994} (10)
- Laughing {1995} (22)
- * Leaning [resting] on something {1996} (9)
- Leucorrhoea, during {2008} (51)
- * Licking, ones lips, from {2009} (1)
- * Light in general, from {2011} (80)
- * Lying down, after first [after assuming recumbent posture] {2019} (111)
- * Lying [resting in recumbent posture], whilst cf. amel. Movement {2021} (124)
- Measles [Rubeola], after having the [sequelæ] {2037} (12)
- * Menstruation, before {2038} (66)
- * Mesmerised [magnetised] from being {2042} (1)
- * Mouth, opening on {2044} (22)
- * Movement [moving, motion], on beginning cf Rising

Aphorism 133

Upon becoming sensible [i.e. , upon feeling and becoming conscious] of this or that medicinal ailment, it is serviceable, indeed requisite for the exact determination of the symptom, to place oneself in different situations and to observe whether the befallment increases, lessens or passes away and whether, perhaps, the befallment returns when one is once again in the initial situation.

1. Does the befallment increase, lessen or pass away:

- by movement of the part in question?**
- by walking in a room or in the fresh air?**
- by standing, sitting or lying?**

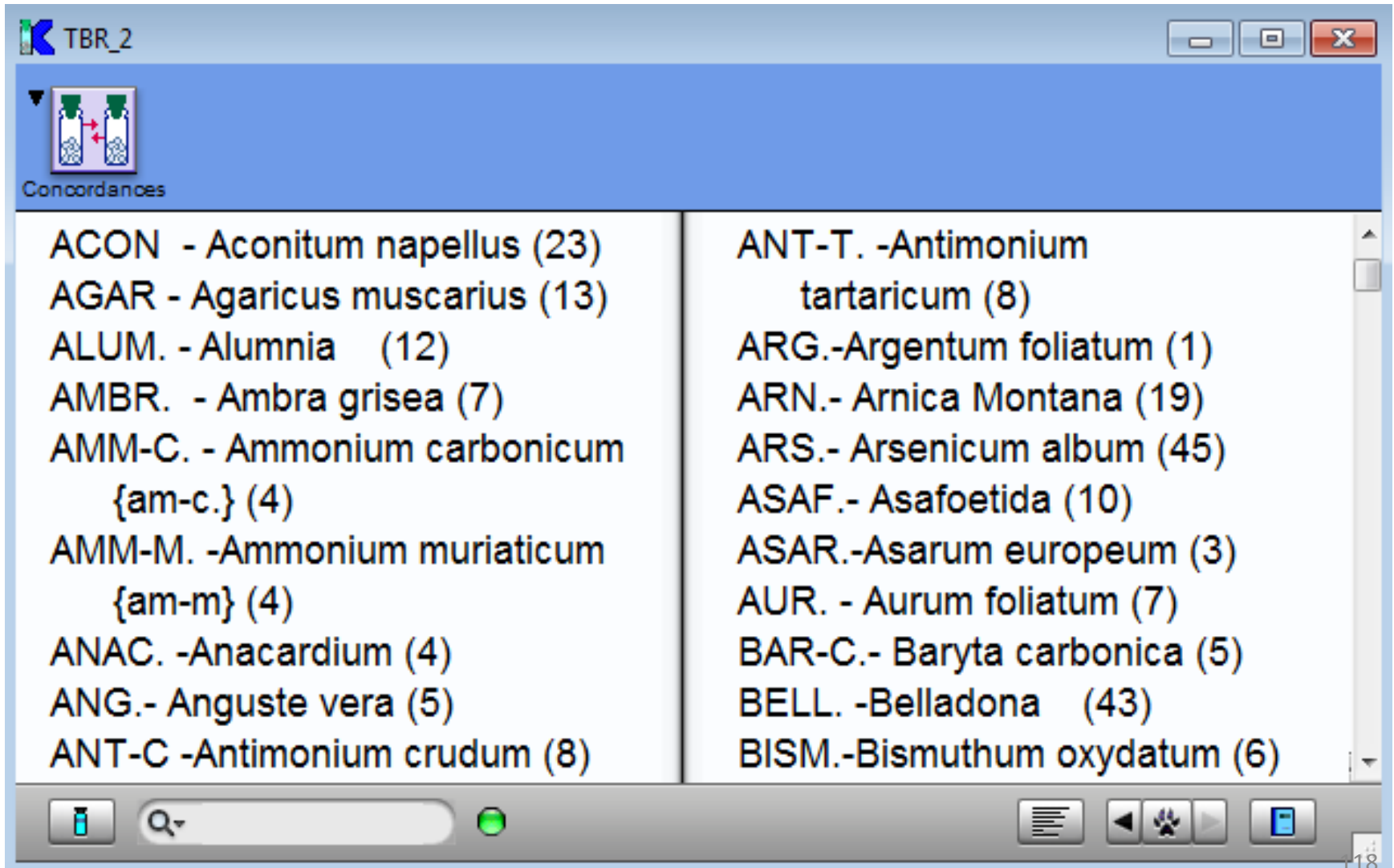
2. Does the symptom alter itself:

- by eating?**
- by drinking?**
- under some other condition?**
- by speaking, coughing, sneezing, or during another bodily function?**

3. What time of the day or night is the symptom especially wont to come?

In this way, what is peculiar and characteristic about each symptom becomes evident.


TBR2 in MacRepertory








TBR_2

Concordances

ACON - Aconitum napellus (23)	ANT-T. -Antimonium tartaricum (8)
AGAR - Agaricus muscarius (13)	ARG.-Argentum foliatum (1)
ALUM. - Alumnia (12)	ARN.- Arnica Montana (19)
AMBR. - Ambra grisea (7)	ARS.- Arsenicum album (45)
AMM-C. - Ammonium carbonicum {am-c.} (4)	ASAF.- Asafoetida (10)
AMM-M. -Ammonium muriaticum {am-m} (4)	ASAR.-Asarum europeum (3)
ANAC. -Anacardium (4)	AUR. - Aurum foliatum (7)
ANG.- Anguste vera (5)	BAR-C.- Baryta carbonica (5)
ANT-C -Antimonium crudum (8)	BELL. -Belladonna (43)
	BISM.-Bismuthum oxydatum (6)

Search: 

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Concordances

“I may therefore hope, that nobody will consider this section as useless and superfluous, now, that it has been improved and cleared as much as possible from errors. To me, who for the last fifteen years have considered the *Materia Medica Pura* the head point of Homeopathy and made it my principal study, these Concordances have been of the most decided importance, as they not only led me to understand the Genius of the medicines, but also to secure the choice of the different remedies and to fix their order, particularly in chronic diseases.”

From the Forward of the 1846 *Therapeutisches Taschenbuch*

Concordances

“If we have selected a remedy for the patient which best corresponds homeopathically to the group of symptoms (it consequently is *related* to the drug first taken), we will find as a rule that it has not only recently produced drug symptoms but it has also extinguished curatively all the complaints within its sphere of action. This experience appears to be the principal explanation of what doubtless has been observed by every attentive homeopathic physician, viz., that *some remedies act far more curatively when they have been preceded by certain other (related) medicines...* 60 The importance of a knowledge of the relationship of the remedies early occurred to me, and caused me to institute comparisons, particularly in the last two years; and in my numerous cases to constantly direct my attention thereto. An excellent opportunity to increase my knowledge of the subject was afforded me in arranging my repertories, and a still better one in writing the *Summary [Overview] of the Main Spheres-of-Action of Remedies*,⁶¹ and this I have always kept in my mind. In this way, although difficult, I reached many unexpected results, which I further confirmed by experience.”

From *Relationship of Remedies* by A. McNeil

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