

# THE FIRST REPERTORY

*Bönninghausen's model for our Profession*

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## Abstract

The form of the repertory as we know it for the most part has its antecedents in Bönninghausen's *Systematic Alphabetic Repertory of Homœopathic Medicines*. Our own research in this area has provided some insight into the process of *repertography* developed by Bönninghausen, and the ramifications on our modern-day repertorial derivatives whose lineage<sup>1</sup> is traced to this original work.

## From the Beginning

It was Hahnemann who first realised the need for some form of index to recalling the symptoms of our ever-increasing provings data, appending an *alphabetical index* to his *Fragmenta*<sup>2</sup> of 1805, and undertaking two further compilations which however were never published.<sup>3</sup> There followed a number of *indices* by various authors,<sup>4</sup> each listing a single remedy alongside a single symptom, more or less as it appeared<sup>5</sup> in the record.<sup>6</sup> These were not *repertories* as such, but rather, a re-organised<sup>7</sup> listing (for easier reference) of symptoms.<sup>8</sup>

## The First Repertory

Bönninghausen's own life-saving experience of Homœopathy in 1828,<sup>9</sup> and his subsequent failure to induce any of the allopathic physicians around him to take up its study,<sup>10</sup> moved him to pursue the study of this therapeutic method himself. His sharp mind being already trained in taxonomic definition was perfectly suited to this study,<sup>11</sup> and he quickly realised<sup>12</sup> the necessity of an accurate ready reference to our provings data, compiling a succession of precursors<sup>13</sup> before publishing his *Systematic Alphabetic Repertory of Homœopathic Medicines* (in two parts, *antipsoric* [SRA] and *non-antipsoric* [SRN] medicines). This was *the first repertory*<sup>14</sup> as we know it, wherein provings were, for the first time, *represented via rubrics*,<sup>15</sup> *graded* according to clinical verification,<sup>16</sup> arranged systematically<sup>17</sup> and alphabetically, and thereby allowing ready access<sup>18</sup> to our materia medica.

Repeatedly urged by Hahnemann,<sup>19</sup> Bönninghausen set about to bring out a single volume, combined edition of this work,<sup>20</sup> but ceased when he realised a different model of repertory (TT).<sup>21</sup> SRA/SRN have since remained largely unserviceable to the homœopathic profession – only the SRA has been (1899) translated into English, whilst the more voluminous SRN has not.<sup>22</sup> Yet SRA/SRN, to which we now refer jointly as *The First Repertory* (TFR),<sup>23</sup> both conceptually and structurally, represents Bönninghausen's *first method* of repertory, and forms the very model of our modern repertories<sup>24</sup> – descended (figure 1) firstly through Jahr in his *Handbuch* (JHR),<sup>25</sup> the second edition of which was translated into English and published as the *first English language repertory* (1838).<sup>26</sup> This then found its way via *C.Lippe* (LRMC), to *E.J.Lee* (LRC),<sup>27</sup> and onto

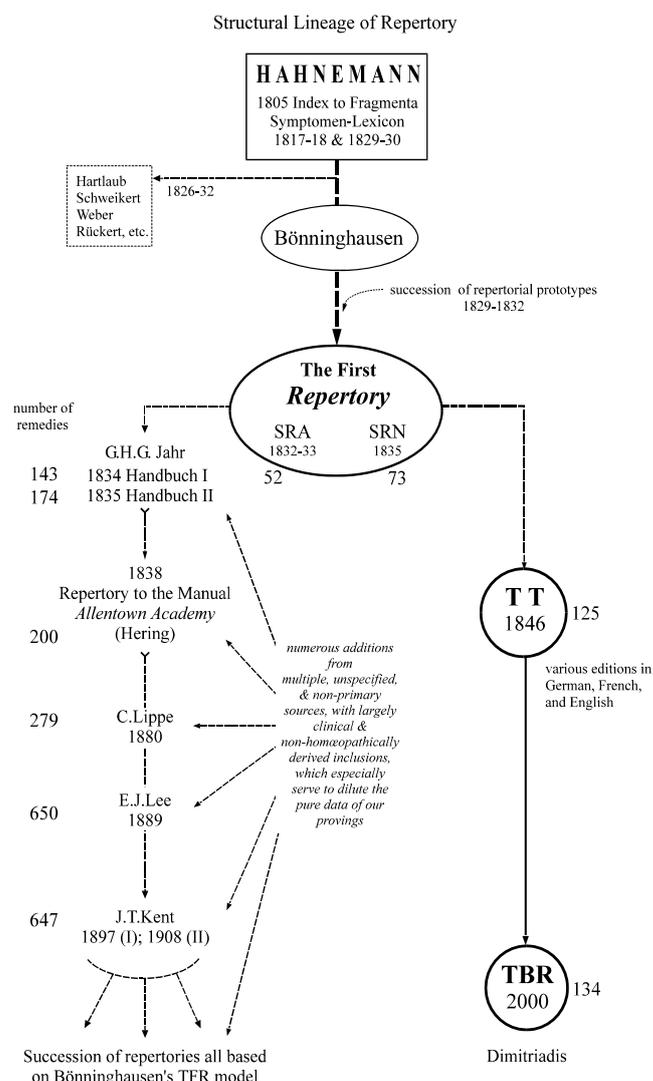


Figure 1

Repertorial lineage - all modern repertorial works (left side diagram) are modelled on The First Repertory of Bönninghausen - all that is, except TT (right side diagram) and its renewed, re-translated English language counterpart, TBR.

*J.T.Kent*, being incorporated into his *Repertory* (KR),<sup>28</sup> whose basic structure was consistent with that of its predecessors.<sup>29</sup> Thus, it may be seen that Kent's *Repertory*, and its emulates,<sup>30</sup> wholly in structure and initially in content,<sup>31</sup> itself derives from the systematic-alphabetic model of TFR<sup>32</sup> (figure 1).

### Republication

Whilst the content of subsequent repertories may have expanded considerably, adding new remedies and information, they are, nevertheless, based on Bönninghausen's TFR model, and it was for the dual purpose of preserving & making readily accessible this important literary legacy, as well in the hope that it could itself provide clarification of a number of rubric terms<sup>33</sup> used in Bönninghausen's TT, that *The First Repertory English Language Republication Project* was initiated (early 2001). This work required a re-translation of original terms through reference to their source provings<sup>34</sup> for contextual clarification of meaning, and although still unfinished, it has already proved most revealing with regard to Bönninghausen's (developing) approach to repertory construction, from his (pre-clinic) beginnings, through the first few years of his own experiences in homœopathic practice.

### Repertography<sup>35</sup>

The representation of symptom components via rubrics (*rubrication*) was thus first used by Bönninghausen in constructing his SRA (*repertography*), which process may be shown in the adjacent figure (2).

But, whilst this process was both revolutionary and resulted in a very popular repertorial model which was quite intuitive<sup>36</sup> in its application, it nonetheless introduced its own hazard – rubrics, being only summarised *representations* of symptoms (or components thereof), quite removed (abstracted) from their original place and context, now required a (lesser or greater) degree of *interpretation* by the repertorian.<sup>37</sup> The proliferation and expansion of subsequent repertorial works and their translation and re-translation<sup>38</sup> has served to further distance their *meaning* from the context within the original provings.

Understanding the repertography of Bönninghausen is essential to clarification of rubric meaning and key to accurate and effective use of repertory. Perhaps the most significant observation we have made so far, is that within TFR, the repertorial listing of a remedy under a particular modality, be it aggravation or amelioration, often merely indicates a *circumstance* at the time of appearance of that condition (symptom), without making any determination as to its value or influence on the condition itself.

For example, under “Vertigo, *aggr.* before Eating” (TFR37)<sup>39</sup> we find two remedies listed, Dulc. and Kali-c., whose original symptoms read:

Dulc.CK/CD19 “Vertigo while walking, at noon, before dinner, as if all objects stood still before him, and things turned black before his eyes.”

Kali-c.CK/CD77 “Vertigo while sitting, as if tottering to and fro (before a meal).”

Reading these symptoms does not impress us that “before eating” was the specific or primary aggravatory influence, rather, the observer is merely painting as full a picture as possible of the *circumstances* in which this symptom occurred, without offering a judgement as to their particular influence on the condition itself.

An even more revealing example can be seen in the rubric “Vertigo, *amel.* after Eating” (TFR39), which lists only Sabad., and for which remedy we find the following original symptom:

Sabad.AHH4 “The whole forenoon, until after eating, in an attempt to allay the vertigo, he had to lay his head on the table, which indeed did diminish it; with continued nausea, but not to the point of vomiting (aft. 2 d).”

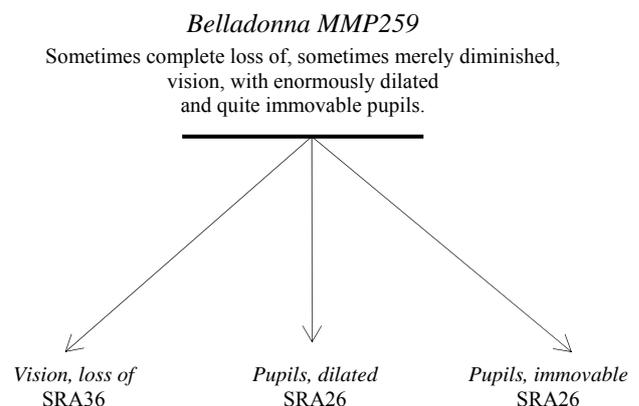


Figure 2

The rubrication of symptoms for repertography.

The component parts of this Belladonna symptom are shown separated (abstracted) and represented using rubrics (rubricated) within the SRA repertory, wherein they can be later re-combined.

This symptom does not describe an amelioration from eating *per se*, rather, an aggravation during the ‘whole forenoon’ which period ends following the (midday) meal. This vertigo of Sabadilla can thus be better represented as “*amel.* whilst resting the head upon the table” (TFR60), and “*aggr.* in the forenoon” (TFR23), wherein we find this remedy also (more meaningfully) listed.

### Application

The liberal integration of such (indeterminate) entries within this repertory (and its successors) requires its own approach for proper application; since the presenting illness must be matched to known provings, the significance or influence of the circumstances on the patient’s symptoms need not necessarily be determined before using this repertory – in the above example, the fact that the “at noon” and “before dinner” were *co-incident* to the vertigo of *Dulcamara*, may still be matched to the *co-incidents* of the patient’s presenting vertigo.<sup>40</sup> In the case of *Sabadilla*, that the vertigo (eventually) departed after eating lunch can still be utilised in cases reporting a similar circumstance, even when the lunch itself cannot be determined as having caused the amelioration.

In stark contrast with TT which first requires an accurate determination and then distillation of individual symptoms into a small number of determinative (characteristic) features, TFR may still be of service even when it is not possible to determine the influence of the circumstances on the presenting condition, relying instead upon the combination of a number of component rubrics to describe the *co-incident* circumstances of each symptom – the greater their number, the greater the probability of repertorial success.<sup>41</sup>

From this alone<sup>42</sup> it may be seen that the two methods of repertory represented by TFR and TT are worlds apart in both their construction and application. TFR, from its very conception through its (more or less piecemeal) construction, lends itself especially to cases similarly received, remaining of service even where the practitioner could do little more than simply gather the fragments of a case.<sup>43</sup> That the patient could only describe the symptoms and their circumstances without being able to determine the influence of those factors (*i.e.* aggravation or amelioration) itself presents no obstacle to the use of this repertory. In short, in using this TFR method, it is the simple summation of the numerous symptom components in a case which itself points the repertorian towards those medicines recording similar symptoms and circumstances. The TT method, on the other hand, requires an identification of the *essential elements*<sup>44</sup> of a case, extruded from the general mass of symptoms, *before* reaching for the repertory. These fundamental differences must be kept in mind when choosing one or other repertory method for the case in hand.

### Concluding remarks

Bönninghausen’s unrelenting efforts to create an efficient index to our provings database yielded *two distinct repertorial models*, the first of which (TFR) provided the blueprint upon which subsequent repertories have been modelled,<sup>45</sup> whilst the more succinct latter model (TT) is today largely misunderstood and neglected.<sup>46</sup> Regardless of which repertory is used, as we have shown above, apprehending its repertography is essential to understanding the meaning of each rubric term with respect to how it represents the materia medica from which it was derived, and proves key to its accurate and effective application.

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[*Systematic Presentation of the Antipsoric Remedies in their Pure Effects – according to Dr. S. Hahnemann’s work: The Chronic Diseases, their Singular Nature and Homœopathic Cure*], Braunschweig, 1830, 1 volume, 556 pp

WAM..... Georg A. Weber: Systematische Darstellung der reinen Arzneiwirkungen aller bisher geprüften Mittel; mit einem Vorwort von Samuel Hahnemann, [*Systematic Presentation of the Pure Effects of all (so far) Proven Remedies; with a foreword by Samuel Hahnemann*], Braunschweig, 1831, 1 volume, 1193 pp. This work was an expansion of WAA (1830), to include the non-antipsorics.

### Journals

AHH..... Archiv für die homöopathische Heilkunst  
 AHK..... Annalen der homöopathischen Klinik  
 AHZ..... Allgemeine Homöopathische Zeitung  
 AJHM..... American Journal of Homeopathic Medicine, journal of the American Institute of Homeopathy  
 JH..... Journal of Homœopathics  
 NAHH..... Neues Archiv für die homöopathische Heilkunst  
 PJH..... Philadelphia Journal of Homœopathy  
 PMG..... Practische Mittheilungen der homöopathischen Gesellschaft  
 THR..... The Homœopathic Recorder

### Notes

- <sup>1</sup> A detailed account of this subject can be found under the chapter *Repertory Lineage*, in DHD, pp.39-50, to which we refer the conscientious reader.
- <sup>2</sup> This work contains the provings of twenty seven (27) substances. Hering (HRM18) states:  
 “It is true that Hahnemann added to his first collection (his ‘Fragmenta’ of 1805), an index where every word could be found; but it was altogether out of proportion ... The text, in large type spaciouly printed, filled 268 pages; the index, in small type condensedly printed, filled 469 pages.”
- <sup>3</sup> 1817: Hahnemann constructed his *Symptomen-Lexikon*, which he mentions in his correspondence to Bönninghausen (25Nov.1833 (SHB92)):  
 “16 years ago [1817] I produced a symptom-lexicon of the then proven remedies...;”  
 1829-30: Hahnemann employed E.F.Rückert to produce a repertory of antipsoric remedies to form volume five of his first edition (4 volumes) *Chronic Diseases* (CD), about which he says (25Nov.1833 (SHB92)):  
 “...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...”  
 Hahnemann was thus unsatisfied with these works, all of which therefore remained unpublished.
- <sup>4</sup> The main such works are HSD, SMH, WAA, WAM, RSD.
- <sup>5</sup> E.F.Rückert (RSD), for example, listed each symptom *verbatim*, without alteration, whilst Hartlaub (HSD) truncated the original symptoms.
- <sup>6</sup> By ‘record’ I refer not only to a materia medica volume such as Hahnemann’s MMP or CD, but also to the records of provings published in the various periodicals at that time, and which form our original sources – works including AHH, NAHH, AHK, AHZ, HTRA, etc.
- <sup>7</sup> According to various body regions or systems (head, abdomen, extremities, etc.), and alphabetically (symptom or remedy name).
- <sup>8</sup> Such re-arrangement where materia medica symptoms were listed under a specific heading (word or term) resulted in a bulky work (with multiple repetitions, etc.), but whilst this is very useful for study, it is most cumbersome, and far too time-consuming for the busy practice. Such a database is however much more readily suited to computer assistance, which can present the symptoms of every remedy which contain a key word or string of words.
- <sup>9</sup> Bönninghausen had been cured of an otherwise fatal *phthisis* (pulmonary tuberculosis), by his friend Dr. Weihe (see HHL 2,394-398 for a more detailed account). Bönninghausen later recalls (BAH, 1863, Book VII, p.477):  
 “Permit me to once more mention my own person, which I do to honor both Homœopathy and my dear friend, Dr. Weihe of Herford, in grateful remembrance. In 1828, when the name of Homœopathy was hardly known to me, and at which time I had been given up by two prominent allopathic physicians (Drs. Bush and Tourtual sen.), it was he who cured me of *phthisis* with copious expectoration, and saved my life by prescribing *Pulsatilla* 30, and four weeks later one dose of *Sulfur* 30. Nothing more was necessary as proved by my present vigor and activity, in spite of the fact that my sickness had lasted more than nine months, and I had not been able to take a hundred steps without sufficient rest.”
- <sup>10</sup> Three Precautionary Rules of Hahnemann (NAHH, 1844:1;1,21, also in BLW208):  
 “Finally in the year 1828 I was so fortunate not only to hear about the excellences and achievements of Homœopathy, but able to see myself, who had been given up by distinguished allopathic physicians, saved from death. But there was a total lack of homœopaths, the allopaths showed a determined and obstinate opposition against Homœopathy, of which they did not understand anything, and after repeated vain efforts to induce anyone of the former physicians to take up the study of the new curative method, nothing remained but to put my hand to the work and to devote all my leisure hours to the study of this difficult science, for which I was better fitted than most others who have not chosen the healing art for their profession, through my studies in natural history which I pursued with preference from my youth, and by a pretty accurate knowledge of the Old School of medicine, as I had formerly visited most of the lectures in the University.”
- <sup>11</sup> Refer Bönninghausen’s *Idea of Systema Nosologicum*, in AHZ, XL:17-20 (1850), also in BLW20.
- <sup>12</sup> SRA Preface (1st ed., 1832):

“... which fact caused me, even at the beginning of my study of this excellent and invaluable treatment, to think of expedients 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;”

<sup>13</sup>The following are some of the prototypic works (most of which remain unpublished, and exist in manuscript form), compiled by Bönninghausen leading upto his SRA:

- 1829..... Alphabetische Tafel zur leichteren Auffindung homöopathischer Arzneien [*Alphabetic table for ready reference to homœopathic remedies*], Münster.
- 1829..... Hülf-Blätter für die homöopathische Heilkunst [*Aiding sheets for homœopathic practice*].
- 1830..... ‘Repertorium’ [exact title presently not known to us]. Copies of this work were given by Bönninghausen to “some homœopathic friends,” including Weihe.
- 1830..... Onogephyra homœopathica – Alphabetisches Verzeichnis der charakteristischen Symptome der sämtlichen bis jetzt ausgeprüften homöopathischen Arzneimitteln [*Onogephyra homœopathica* (?) – *Alphabetic index of characteristic symptoms of all homœopathic medicines so far fully proven*]. We have not been able to determine what Bönninghausen himself meant by the term *onogephyra*, as in the modern Greek usage, this term means *donkey-bridge*, i.e. as in the more familiar ‘goat-track’, or a path not easily manoeuvrable, which is tricky and must be approached with care, and which must be used to gain access to an otherwise inaccessible site. Perhaps Bönninghausen used it to mean the only path of homœopathic practice is a difficult one, which interpretation is supported by his use of the term on the title-pages of his SRA (1832) and SRN (1835): ἡ δὲ κρίσις χαλέπη (i de krisis halepi [*the decision is difficult*]).
- 1830..... Alphabetisches Verzeichniss der Characteristischen Symptome der antipsorischen Heilmittel [*Alphabetic index of the Characteristic Symptoms of antipsoric Remedies*].
- 1830..... Die wichtigsten Eigenthümlichkeiten der homöopathischen Arzneien, (mit Ausnahme der Antipsorischen) nebst einem vollständigen Inhaltsverzeichnis der aufgeführten Symptome [*The most outstanding singularities of homœopathic medicines (with the exception of the antipsorics) with a complete index of listed symptoms*].
- 1830..... Systematische Übersicht der reinen Wirkung der anti-psorischen Heilmittel, nach den vorhandenen Materialien zusammengetragen [*Systematic presentation of the pure effects of antipsoric remedies, compiled from existing sources*].
- 1830..... Sämtliche ausgezeichneten Symptome der s. [sogenannten] antipsorischen Heilmittel in systematischer, alphabetischer Reihenfolge [*All characteristic symptoms of the so-called antipsoric remedies, in systematic and alphabetic order*].
- 1831..... Ausgewählte Symptome zur näheren Vergleichung der anti-psorischen Heilmittel, systematisch dargestellt [*Selected symptoms for a closer comparison of antipsoric remedies, systematically presented*].
- 1831..... Übersicht des Verhaltens der Antipsorica nach Zeit und Umständen [*Overview of the Actions of Antipsorics according to Time and Circumstances*], Münster.
- 1831..... Verhalten der homöopathischen Heilmittel nach Tageszeit Umständen, und Gemüthszuständen [*Action of homœopathic remedies according to the time of day, circumstances and states of mind*].
- 1831..... Beiträge zur Kenntniß der Eigenthümlichkeiten aller bisher vollständiger geprüften homöopathischen Arzneien, in Betreff Erhöhung oder Linderung ihrer Beschwerden nach Tageszeit und Umständen, und der von ihnen erregten Gemüthsbeschaffenheiten, Regensburg, Münster, first edition 1831 [*Contributions towards a knowledge of the Peculiarities of all Homœopathic Remedies which have been thus far fully proved, in regard to Aggravation or Amelioration of their Complaints according to the Time of Day and Circumstances, and their state of Mind*]. The 1833 second edition of this work was translated by C.T.Mieg in 1900. (MTM)
- undated.. Erhöhung der Beschwerden nach der Tageszeit, Umständen und Gemüth [*Increase of complaints according to the time of day, circumstances and mind*].

By studying these prototypes we have been able to better understand Bönninghausen’s development from his very early recorded works (including his handwritten manuscripts), on this subject, upto his (final) TT.

<sup>14</sup>No previous published work used the term repertory in its title (*Repertorium* [L.]: a place (storehouse, repository) in which things are disposed so that they can be readily found, as an index of a book, etc.); no previous published work used abbreviated, more or less abstracted representations (*rubrics*) of the materia medica; no previous published work used a system of *grading* to indicate clinical verification.

<sup>15</sup>CED gives the term *rubric* as stemming from the Latin *ruber* (red), and refers to:

“That portion of any work, which, in the early manuscripts and typography was coloured red, to distinguish it from other portions...”

“In prayer-books and other liturgical works... still frequently printed in red...”

“To adorn with, or write in red; to rubricate.”

Although not coloured red, *rubrics* within our repertories are listed distinctly as representative (of materia medica) titles or headings.

<sup>16</sup>The *idea* of remedy grading stemmed directly from Hahnemann, as we read:

“A complete collection of such observations, with remarks on the degree of reliance to be placed on their reporters, would, if I mistake not, be the foundation stone of a materia medica...” (*Essay on a New Principle...*, 1796, in HLW265)

“The more obvious and striking symptoms must be recorded in the list, those that are of a dubious character should be marked with the sign of dubiety, until they have frequently been confirmed.” (*The Medicine of Experience...*, 1805, in HLW453 footnote)

“A symptom, which has been printed in Capitals, I have observed more often, and the one printed in small letters more rarely. The ones put in brackets I published under reservation since they have been observed yet by myself only once, i.e., in a case not quite clear and doubtful. Here and there I added the brackets when I did not see the true being of a person, or if a person was of slow comprehension or he/she committed errors in dietary intake.” (*Fragmenta*, 1805, Praefatio, in HGKS, p.366)

Bönninghausen well understood Hahnemann’s teachings, and was the first to incorporate a consistent *system of grading* into a working repertory. In his Preface to SRA (1832), Bönninghausen writes:

“Moreover, it has been my endeavour to constantly indicate symptoms that have been verified in practice, and I have sought to make this perspicuous by the use of a differentiating type;...”

- <sup>17</sup> According to the various body regions and systems as per Hahnemann's *Materia Medica Pura* (MMP) and *Chronic Diseases* (CD).
- <sup>18</sup> Since repertorial rubrics are themselves only (abbreviated, shorthand) *representations* of symptoms, often abstracted from their context (and less or more pregnant with meaning), familiarity with both language and composition of a particular repertory coupled with an understanding of its construction (which may only be known through specific reference to the source *materia medica*), is essential to its most effective use.
- <sup>19</sup> We read from Hahnemann's correspondence to Bönninghausen:
- 08Feb.1835 (SHB116): ...propose to combine ... antipsoric and non-antipsoric...
- 23Oct.1840 (SHB136): I really want to see your repertory in one volume at some time in the future without discriminating the antipsorics from the others!"
- 27May1841 (SHB137): I beg you again, if it will be possible, to publish both volumes of your repertory, into one.
- 24Sept.1842 (SHB141): I notice with much delight that you are working so diligently on your repertory in order to finish it.
- <sup>20</sup> TPi Foreword (reproduced in TBR page 26):
- "...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, ..."
- The prospect of locating this half-finished SRA/SRN compilation volume seems not to have been previously considered, but it would be a valuable undertaking for the profession, since as Bönninghausen himself indicated, it would represent a complete compilation (within the confines of half the book) of his experiences up until that time.
- <sup>21</sup> Bönninghausen's *Therapeutisches Taschenbuch* (TT), 1846. We will not herein detail the subject of TT but we would mention here that our own work to render an accurate and faithful English translation of Bönninghausen's TT and which took the final form of our TBR, suggested understanding the construction of Bönninghausen's first repertories may also help to define otherwise unclear entries in TT – this has indeed proven to be the case, but is outside the scope of this article to discuss further.
- <sup>22</sup> C.M.Boger translated the SRN only insofar as integrating it within his BB, thereby altering the structure, content, and intention of Bönninghausen.
- <sup>23</sup> Bönninghausen writes (NAHH, 1844, in BLW217):
- "Many years use of the Repertory, which I first introduced in the year 1832 and which others have since appropriated for themselves..."
- Previous works were symptom registers, not repertories. *The First Repertory* title was therefore specifically picked to announce the fact that it represents the first true repertory of our profession.
- <sup>24</sup> All repertories which utilise rubrics as abbreviated representations of *materia medica*, and which incorporate a remedy grading system (including Kent, Synthesis, Synthetic, Complete, Universalis, etc.), are based precisely upon this TFR model.
- <sup>25</sup> Hahnemann provides the following remarks on Jahr's work (*Organon*, §153, footnote):
- "Dr. von Bönninghausen, by the publication of the characteristic symptoms of homœopathic medicines and his Repertory has rendered a great service to Homœopathy as well as J.H.G. Jahr in his handbook of principal symptoms."
- But these comments were published in the fifth edition *Organon* (1833), given enthusiastically in anticipation of a good work in the later publication of Jahr's *Handbuch* (1834). But in 1834, Jahr was employed by Hahnemann (for the 8 months Feb.-Oct.), to prepare the second edition of his CK, during which time Hahnemann became increasingly displeased with the constant effort required to supervise Jahr, and later still, gave up on him as he would 'not accept any advice'. We read from his correspondence to Bönninghausen:**
- 26Dec.1834 (SHB110)
- "...Jahr had, after sorting the materials, only to copy them, and to abridge the longwinded symptoms of N—g [Nenning] and others, and since I worked everything through with him word by word, his superficiality and twaddle could not create any damage; and he performed consequently quite well."
- 27May1841 (in SHB137)
- "The new 'Manuel' by Jahr is overloaded with useless ambiguous things – but he does not accept any advice."
- Bönninghausen also complains about Jahr's lack of accuracy (refer letter to Hahnemann, 7 Aug. 1834 [SHB107-108]).
- <sup>26</sup> Jahr's 2<sup>nd</sup> edition (1835) *Handbuch* was translated into English by several native speaking American, English and German contributors (*North American Academy of Homœopathic Medicine*), under the editorship of C.Hering (HJM). The reasons that Jahr's *Handbuch* was selected for translation over Bönninghausen's SRA/SRN is not known to us, but the following comment from Carroll Dunham well expresses our own sentiment (PJH, November 1855:4;3):
- "It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen."
- This is even more perplexing given that Hering himself recognised the inherent faults within Jahr's work, amongst which he lists (HJM, Introduction, p.13):
- "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."

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

<sup>27</sup>This work comprised chapters on Mind, Head, Vertigo only. Lee states this repertory should be considered as the second edition of C.Lippe's repertory, we read (Introductory Note):

"After the death of Dr. Constantine Lippe, all the MSS. [manuscripts] he had written for the second edition of his repertory were secured, and is included in this work. This repertory might, in fact, be considered as the second edition of Dr. Lippe's book, with such additions and corrections as the present editor has made. The works of Hahnemann, Bönninghausen, Hering, Lippe, Jahr, Dunham, etc. have been used... the celebrated repertory of Bönninghausen has been translated especially for this work."

By 'celebrated repertory' Lee is most likely referring to SRA and/or SRN, since the TT was referred to as *Pocketbook*, or *Manual*, and besides, there were at least three TT English language translations available to Lee.

<sup>28</sup>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 (even apposing SRA/SRN with TT) with divergent grading criteria and systems, stemming from various authors of unequal ability and language skills, all of which had also to be 'fitted' to his (inconsistent) grading schema, meant a necessarily discordant and inconsistent end result. Moreover, unlike the works of Hahnemann and Bönninghausen which drew directly from the source provings, Kent used mostly (if not exclusively) existing repertorial 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..." This is clearly stated by his own student, F.E.Gladwin (Discussion on a paper presented by Julia M.Green, *Repertory Making, Repertory Uses*, THR 1932, 731):

"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."

<sup>29</sup>A.G.Hull translated the third edition of Jahr's *Handbuch* [published in French only, as *Nouveau Manuel...*, 1840] into English in 1841, which came to be known as *Hull's Jahr* (HJ), and which work went through numerous editions (in America). It is likely this work was also used by Kent in compiling his *Repertory*. We have already referred to Hahnemann's displeasure at the mistakes plaguing this work of Jahr, and have to conclude that Hull did not himself check the work of Jahr against their original source provings, and therefore did not see the numerous errors, otherwise he would not have perpetuated such a problematic work.

<sup>30</sup>By 'emulates' I refer to those works which have used Kent's *Repertory* as the very basis for an expanded 'improved' compilation – e.g., Künzli's *Kent's Repertorium Generale, Synthesis, Synthetic*, etc. These works have not made any serious or methodical attempt at clarifying the meaning of rubrics contained in their predecessor 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 no defined standard or inclusion criteria, and for the purpose of increasing their volume and rendering something *new!*

<sup>31</sup>Not only did these works add new remedies and rubrics from a variety of primary and non-primary sources, each using different inclusion criteria, they also changed the original gradings of Bönninghausen's SRA/SRN in an attempt to integrate such works (with serious consequences unforeseen by them) – all of which was done without disclosure as to their precise changes or general procedure.

<sup>32</sup>By Kent's own acknowledgment (KR, Foreword), his repertory includes information taken (indirectly) from Bönninghausen's *Therapeutisches Taschenbuch* (TT). I say indirectly, since Kent relied solely upon English language (non-primary) works in compiling his repertory – with respect to Bönninghausen's TT, this could have meant any of the various English language (*Therapeutic Pocketbook*) editions, each of which introduced its own errors (refer to our article *The Bönninghausen Repertory, the reasons behind the new English translation and re-formation of Bönninghausen's Therapeutisches Taschenbuch*, AJHM2005:98;3,163-171; also at [www.hahnemann-institute.com](http://www.hahnemann-institute.com)).

<sup>33</sup>For example, the rubric TBR61 *Inaccurate sight* (Unrichtigsehen) was not able to be precisely defined as this term does not appear 'as is' in the materia medica. Its meaning was however made clear by its equivalent entries in SRA and SRN.

<sup>34</sup>These include Hahnemann's *Fragmenta*, RA, CK; HTRA, PMG, AHK, AHZ, AHH, NAHH, etc.

<sup>35</sup>We have developed the following standard nomenclature with respect to the topic of repertory:

*Rubrication*..... The rendering of provings data (symptoms or their components) into an abbreviated, representative *rubric* form.

*Repertography*..... Repertorium (L.) + γραφή (Gr.) [*graphy* = writing] = the process of writing a repertory

*Reverse Repertography* . The reconstruction of original proving symptoms from their *rubric* elements; the recombination of rubric elements into new, case-specific symptoms.

<sup>36</sup>Bönninghausen left no instruction for use of his SRA or SRN, and yet their application was readily understood and they became so popular as to see them copied (both in structure and substance), even to this very day.

<sup>37</sup>The degree of interpretation required differs according to the rubrics themselves.

<sup>38</sup>It is regrettable to observe this is done largely without reference to original provings sources – simply at the desk, according to very different language use in a more modern era – for this reason such translations prove too often confusing, meaningless, or misleading.

<sup>39</sup>The rubric numbers here refer to those appearing in our unfinished working prototype TFR. We refer the reader to the original (German) rubrics in SRA.

<sup>40</sup>This single symptom of Dulcamara (CK/CD19) is represented in at least four separate rubrics:

Vertigo, with darkening of vision (TFR128)

Vertigo, *aggr.* walking (TFR105)

Vertigo, *aggr.* noon (forenoon, TFR23)

Vertigo, *aggr.* before dinner (TFR37)

<sup>41</sup>By “repertorial success” is meant an effective and speedy pointer to the materia medica wherein the remedy selection may be made with certainty.

<sup>42</sup>There are also a number of other significant differences between these two repertorial methods whose elaboration are not within the scope of this present article.

<sup>43</sup>It matters not whether an inability to discern the influence or significance of the co-incident circumstances upon the symptoms of the case is due to a failure on the part of the homœopath or the patient, or simply that the information could not be ascertained with more clarity. Cases without a clear history, or where symptoms have appeared for the first time, or without definite pattern, and in which therefore a consistency [characteristic nature] of symptoms (over time) cannot be established with certainty – such cases are well suited to TFR.

<sup>44</sup>By ‘essential elements’ we refer to the distillation of a number of symptom fragments into a single representative element, a small number of which may be used to represent the *complete case*. In this way also, a single TT rubric also represents multiple symptom fragments (which were recorded separately in TFR). This structure allows for a smaller work whose rubrics are now ‘pregnant with meaning’ and which may, once understood thoroughly, be re-combined into a case-specific (perhaps even new) variety, a feature which gives it flexibility far beyond the scope of its TFR progenitor.

<sup>45</sup>Whilst therefore the two models of repertory are commonly thought of as being that of Kent on the one hand, and of Bönnigshausen on the other, it can be seen that both actually derive from Bönnigshausen, and should be distinguished according to his *first* (TFR) or his *final* (TT) models.

<sup>46</sup>TT was at one stage most popular in America,\* with proponents such as P.P.Wells, T.F.Allen, Stuart Close, etc., but has declined in its usage especially since the advent of Kent’s Repertory, which itself is more forgiving to the first-time or unfamiliar user – TT has, by comparison, a very small number of rubrics which are so pregnant with meaning, that their proper application is very much reliant upon a thorough comprehension of their true meaning and scope.

\* In an article *Repertories and Dr. Boger’s Boenninghausen*, in *Homœopathy*, 1940, pp.261-264, H.A.Roberts writes:\*\*

“Probably the American homœopathic physicians have used most frequently the Pocketbook. Certainly this was true of the leaders in American Homœopathy whom it has been my good pleasure to meet, from the 90’s on, and many of these men were in later life then.”

\*\*Roberts otherwise makes a series of erroneous deductions when following the lineage of repertory in that article.

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