

PURE PHARMACOGRAPHY

*the study of substance effects from primary sources*¹

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Introduction

Our work towards a revival and renewal of Hahnemann's pharmacographies (MMH project)² continues slowly but surely,³ and we thought it time to report some more findings for the benefit of those preferring evidence over hearsay and mere opinion without a demonstrable basis in fact, and especially for those keen to review and study this material, to examine for themselves the *primary* sources and to join in this work to improve our information base, for the sake not only of the profession, but also of our patients.

We must preface this present article by rejecting the thoughtless criticisms of Hahnemann's use of symptoms collected on *patients*⁴ – had these objectors been less disposed to criticise they may have seen what is abundantly clear, that our foundation-stone for *most* medicines⁵ within the body of our *materia medica* stems from old-school sources – effects of medicines given in excessive dose or to oversensitive *patients*: *Acon.*, *Ant-c.*, *Ars.*, *Bell.*, *Con.*, *Euphorb.*, *Hyos.*, *Iod.*, *Merc.*, *Op.*, *Hyos.*, *Puls.*, *Spig.*, *Stann.*, *Stram.*, *Verat.*, etc. Whilst it is clear that, if one were to plan a series of experiments to determine the effects of a substance upon the living organism, *ideally*, these should be controlled and methodical, and with selected subjects being relatively healthy,⁶ and preferably sensitive,⁷ and this is precisely what Hahnemann did when he commenced on his difficult journey into *Prüfungen* (provings) – yet this did not see him rejecting *valid* information collected over the centuries (accidental or deliberate poisonings or over-dose effects),⁸ and these were carefully and fully incorporated into his pharmacography as is evident to any investigator.⁹

This paper briefly illustrates our process of retracing Hahnemann's steps in constructing his pharmacography, and highlights that the understanding of medicinal effects may, next to re-proving, best be gained by studying their effects within the *context* of the whole report, and in the *time-sequence* of their appearance as recorded in the source literature – we thereby apprehend their contextual meaning, and observe the onset, apex, and decline of the substance effects, and are able to distinguish what indeed is the paramount *primary* (medicinal) from the resultant (aftermath, secondary) reactions, a fundamental distinction in accurate prescribing.¹⁰

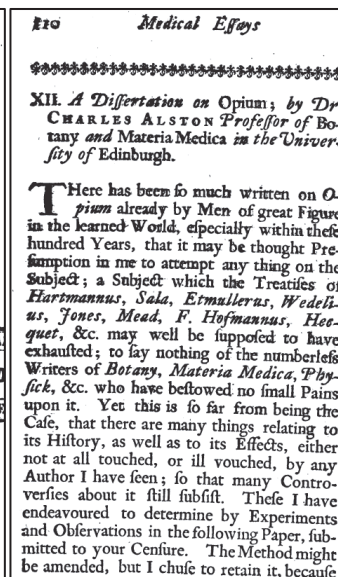
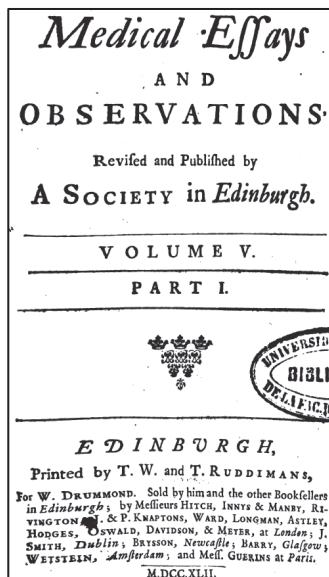
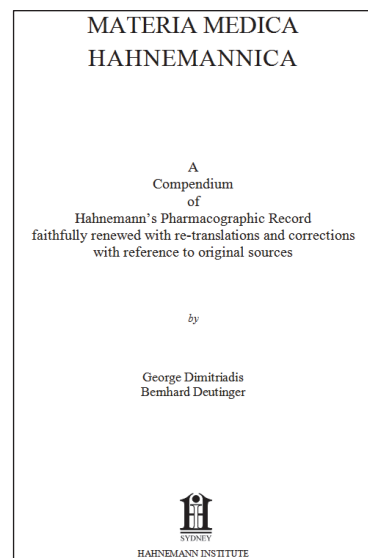
As a brief introduction to the value of the *study of sources*, we offer the following three examples which cohesively present the effects of these substances and offer a better understanding toward their *omoio-pathic*¹¹ application:

1. Charles Alston, *Opium* (reported 1742):¹²

“If one attentively tastes *Opium*, he will perceive, first, a nauseous and diffusive Bitterness; then, in half a Minute or so, a pungent Heat, affecting first and principally the Tongue, then the Palate, and last of all the Lips, in a lower Degree. The Heat continues more than fifteen Minutes; the Bitterness still longer, provoking a plentiful Discharge of the *Saliva*. It Heats and irritates also the Nose, and creates an Inclination to sneeze.” (p.135)

“I have also several times applied a solution of *Opium* in Water, to Parts excoriated, and superficial Wounds, and found it always hot and irritating like weak Spirits, the Pain continuing for some Minutes.” (p.159)

“A Woman about forty Years of Age, big and corpulent, was one Day liberally blooded, and ordered a purgative Bolus next Morning; instead of the Purgative, a Servant, by Mistake, gave her part of a Liniment she commonly applied for the Hæmorrhoids.



The Liniment was originally composed of *Myrrhæ Drach. ii. Opii Drach. i. Ol. Ros. coct. Unc. sem.* She had made use of two Thirds or more of it for the Piles, and took the remainder about seven in the Morning. The fatal Mistake being discovered, her Physician ordered a Vomit; but though it was no more than three Quarters of an Hour after she had got the Liniment, the Muscles were so paralytick that she could swallow nothing. In a Word, nothing that was done succeeded. Her Pulse, which was large, equal, and not very frequent, about half an Hour after eight, sunk, and began to intermit, and a Quarter of an Hour before Nine, she died, without any Convulsions. As her Physician told me, when he first saw her, her Face was very like one mortally drunk.” (pp.161-163)

2. John Linning, *Spigelia* (reported 1754):¹³

“When too great a dose of the powder or infusion is given, it has some strange effects, which appear very soon after the dose is taken. Children become vertiginous, complain of a pain in and over their eyes, and the *musculi adductores* and *abductores oculorum* seem to be greatly affected, from their irregular actions, while the other muscles of the eye, so far as I have had an opportunity of observing, remain unaffected.”

This fascinating account explains the reason why *Spigelia* also records, in provings (in potency), pains and difficulties in turning their eyes sideways to look askew via innervation of the *medial & lateral recti* muscles (Spig.RA_{II} (99)/MMH126):

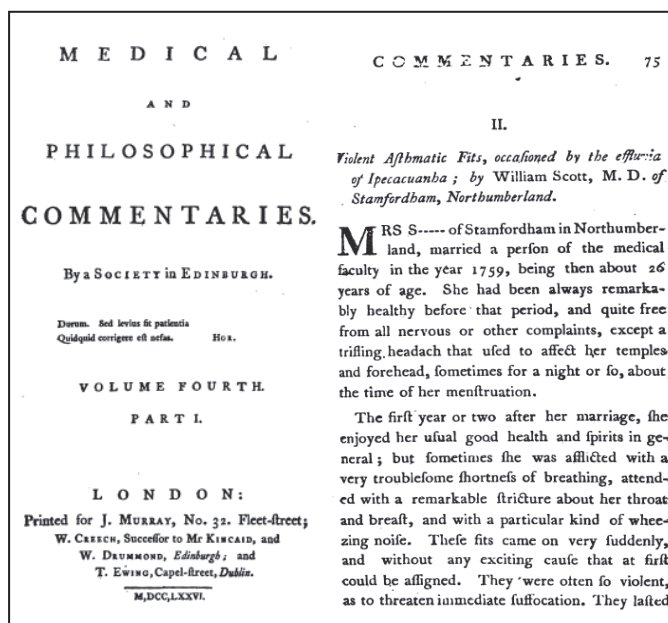
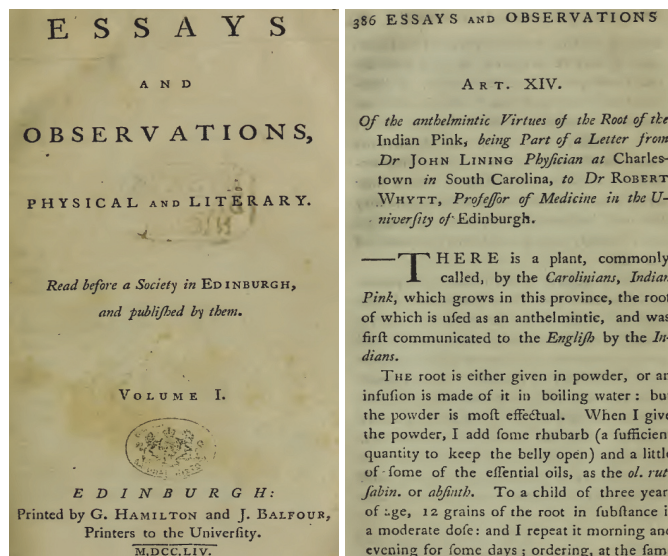
“Intolerable aching pain in the eyeballs, aggravated by turning the eyes; if he attempts to look with the eyes askance he becomes giddy; he must, consequently, when he wishes to look to the side turn the whole head. [Myr]”

3. William Scott, *Ipecacuanha* (reported 1776):¹⁴

Scott’s lengthy case history of an otherwise healthy woman inordinately affected whenever in close proximity to powdered *Ipecacuanha* provides both an excellent illustration of the respiratory effects of *Ipecac.*, and also illustrates the *idiosyncratic* sensitivity described by Hahnemann in *Organon*, §§116-117. From Scott’s most fascinating account we read (pp.75-81):

“Mrs. S... of Stramfordham in Northumberland, married a person of the medical faculty in the year 1759, being then about 26 years of age. She had been always remarkably healthy before that period... The first year or two after her marriage, she enjoyed her usual good health and spirits in general; but sometimes she was afflicted with a very troublesome shortness of breathing, attended with a remarkable stricture about her throat and breast, and with a particular kind of wheezing noise. These fits came on suddenly, and without any exciting cause that at first could be assigned. They were often so violent as to threaten immediate suffocation. They lasted sometimes for a shorter, and sometimes for a longer time, but, in general, went off in two or three days, and commonly with a spitting of a tough phlegm, which she said had a disagreeable metallic taste. When these fits were off, she enjoyed her usual good health and spirits. ...

About a year and a half, or two years after her marriage, she told her husband that she had observed these fits had always attacked her when any *ipecacuanha* was powdered in his shop, and that she was certain the effluvia of the medicine immediately brought them on. This was looked on at first as a fancy, and little regard paid to it for some time. However, frequently after this, when any of that medicine was powdering or putting up, she used immediately to call out, perhaps from a different room, that she found the *Ipecacuanha*, and that they would see her immediately affected by it. This I and several others saw frequently happen, as she said; so that we were at last convinced, to a demonstration, that the effluvia of the medicine, some how or other, so affected her nerves, as to bring on a very great and remarkable degree of spasm, all about her throat and breast. Having thus had several repeated proofs of the effects the medicine had upon her, great precaution was therefore taken for several years... By these means, she was kept pretty clear of it for seven or eight years together; during which time she enjoyed perfect good health.



Betwixt nine and ten o'clock in the evening June 3^d 1775, her husband happening to have a quantity of the pulv. ipecacuanha home, without considering, opened it out, and put it into a bottle: His wife was not far off at the time, and then in perfect health. Almost before it was got quite put into the bottle, she called out that she felt the ipecacuanha affect her throat, on which she was immediately seized with a stricture upon her breast, and a difficulty of breathing. She was advised to walk out into the air, to try if that would put it off, but it had little or no effect; she went to bed some little time afterwards, was exceedingly ill all night, and betwixt two and three o'clock next morning I saw her, when she was gasping for breath at a window, was as pale as death, her pulse scarce to be felt, and, in short, seemed evidently to be in the utmost immediate danger of suffocation. ... she continued much in the same way, with a few or no intervals of ease, till about nine o'clock that morning; when, being in a manner almost exhausted, she fell into a kind of disturbed sleep, the difficulty of breathing, with a wheezing noise, still continuing but little abated. ...

After she got up, she became easier towards the afternoon, and it was then supposed it would go off. ... Towards bed-time the same evening, the difficulty of breathing returned, and she was again exceedingly ill all night; ... She again fell upon some sleep about nine in the morning, and continued in bed till betwixt eleven and twelve; she got up, and was again a little easier during the day, but at night was as bad as ever. The same scene was continued for eight days and nights successively; that is, she was generally a little easier from about eleven o'clock in the forenoon, although still far from well, till towards ten or eleven o'clock at night, when the shortness of breathing always returned very violently. However, after eight days, she began to get some better rest at night; the asthmatic fits were neither so long nor so violent; and about fourteen days from the accident, they were almost entirely gone. Although she is now in very good health, she has not yet quite recovered her usual flesh, strength, and colour. ... She had a show of the menses four or five days after the accident, although it was then only the middle of the usual period; she coughed up at times some small quantities of blood, and had also some mixed with her stools and urine."

Who amongst us would read these descriptive accounts without readily gaining some real comprehension of (at least some of) the effects of these substances? And yet, the same amount of time spent studying Hahnemann's pharmacographies (RA/CK, or English counterparts MMP/CD) will not yield the same degree of comprehension – *this is not a fault* of these works, but rather a necessity of construct to accommodate the *abstraction of symptoms* from their original position within the provings record for re-placement into the familiar head-to-foot schema adjacent similar symptoms, thus allowing for their ready location, and practical *recombination*¹⁵ – the same concept which was uptaken by Bönninghausen in the construction of his TT,¹⁶ and which our TBR thence TBR2¹⁷ accurately reflect.

Nevertheless, this necessary re-structure (for a time-efficient practice) reveals Hahnemann's pharmacographies were not intended as a primary study source, rather, a place where those already well studied in substance effects (from the multitude of precursor sources) could readily locate the most important pieces of information, *distilled*, abstracted & grouped, to re-combine these into a *case-specific variety* in determining a homœopathic diagnosis.¹⁸ If we wish to comprehend the effects of a substance, then we need to examine its record of *sequential effects*.¹⁹ The reader may thus appreciate the need for a whole study which examines both the original reports and Hahnemann's *distilled & purified* pharmacographies which represent them. In practice, by using a repertory (pointer), we are lead to examine Hahnemann's works, to *recollect* our pre-comprehension, and thus complete our match upon the basis of similars.

The following account presents a few of our explorations and findings on the effects of *Digitalis purpurea*, and the reader will notice our inclusion of a number of tables showing their pharmacogenetic pathway through the various editions of Hahnemann's work – necessarily, we have included the original listings in RA/CK and invite any corrections or suggestions from those most proficient in the German, whilst we ask those unfamiliar with that language to forgive the visual imposition of a foreign tongue and to focus on the English renderings also provided. Our purpose for this present article is therefore manifold, especially:

1. to illustrate an approach in pursuing the examination of *primary* source information from which our pharmacographic records derive, with a singular focus on old school toxicologic records recruited by Hahnemann²⁰
2. to provide the reader with a sequential account of the effects of this substance as reported in the original, thereby providing a proper *sense* of the (primary) effects of the substance
3. to highlight the clear connection between the original account and the symptoms recruited by Hahnemann
4. to show thereby the *abstraction of symptom components from their position within the original report* for placement into the familiar schema of Hahnemann's pharmacography in order to facilitate their ready location & recombination
5. to evidence the various mistakes in our pharmacographic record as it stands, and to offer both explanation for (how these may have occurred) and rectification of these mistakes towards rendering our pharmacography as accurate as is possible

Digitalis purpurea

Whilst *Digitalis* does not figure prominently in ancient medicine,²¹ it was certainly not *introduced* into medical practice by *William Withering* in 1785,²² as has been sometimes reported;²³ we find it mentioned in the literature of the late 16th century in Fuchs' *De Historia Stirpium Commentarii*,²⁴ and later Lobel (*Plantarum*)²⁵ relays the opinion of its use as a drying and heating agent, and as vulnerary. And in the later literature there exist numerous pre-Withering authors recommending the use of *Digitalis*.²⁶

Our *pharmacogenesis*²⁷ for *Digitalis* is *Fragmenta* (1805),²⁸ → RA_{I-II}²⁹ (vol.4, 1818 & 1825), → CK_{II}³⁰ (vol.3, 1837).³¹ For *Digitalis*, Hahnemann recruits symptoms from a total of 36 old school sources, 17 of which were from English authors.³² We herein examine only a small number (six) of the *original* English accounts cited by Hahnemann:



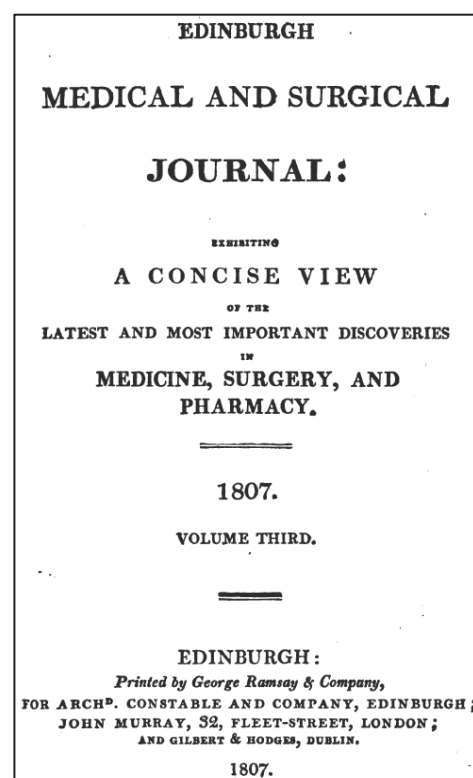
³³[B₅] Baildon, A.: Account of the Oc-cow, a Chinese Remedy for Complaints of the Breast; with Observations on the Use of *Digitalis*, in *The Edinburgh Medical and Surgical Journal*, 1807, vol.3, no.11, article 4, pp.270-272.

From this original report of *Baildon* we read:

“When surgeon of the East India Company's ship *Alfred*, in 1803, I was attacked on the passage home from China with phthisis pulmonalis, which came on after the rupture of a bloodvessel in my lungs. A box of the *Oc-kow* was given me by a medical friend, who had it from M. Perron. I took about one half of the contents, and certainly recovered completely.

But I confess I do not attribute my recovery entirely to the *Oc-kow*, but rather to the *digitalis purpurea*, which I took at the same time, and of which I am disposed to think very favourably. The following observations on that medicine, may, perhaps, be of use to some of your readers. I used it in the form of pills, beginning with half a grain daily, and gradually increasing, till I took eleven grains a-day; by this my pulse, which, when I began the *digitalis*, was about 110, was reduced to 40, and, by taking five grains a-day, was kept at that rate for nearly three weeks; my pulse then sinking to 36, and intermitting, the pills were entirely left off. It was nearly a month before my pulse recovered its natural standard, about 72. No sickness at stomach was ever induced, and only once or twice I saw objects double. The only troublesome effect was great costiveness, and a heaviness in my head, that always inclined me to lie down. ... I observed, and repeated the experiment a great many times, that after the *digitalis* had taken effect, *my pulse was not lessened in frequency when I stood erect*; it was then upwards of 100. When I sat down, it fell considerably; when lying on my back, it fell much more. Thus, during the time it was at 40 when lying, it was about 75 when sitting, and above 100 when standing. This was invariably the case. When I turned on either side, it fell two or three, and intermitted. I have found the pulse to vary in this manner, in all the patients to whom I have given the *digitalis* to any extent. ...”

Hahnemann recruits the following single symptom from *Baildon* which we can follow through its pharmacography from RA onwards:



RA _I 1818 (vol.4)	RA _{II} 1825	CK _{II} 1837 (vol.3) (<i>Jahr</i> compiled manuscript 1834)	MMH
[325] Die Menge der Pulsschläge mindern sich fast nicht beim stehen, wenig beim sitzen, am meisten beim liegen, wo die Zahl bis auf 60 herabsinkt, während sie im Stehen 100 ist. [Baildon, in Edinb. med. and surg. Journal, III. Band, 11tes Heft, no.IV.]	(326) same as RA _I	576 Der Puls verlangsamt sich wenig beim Stehen und Sitzen, am meisten beim Liegen, wo er bis auf 60 Schläge herabsinkt, während er im Stehen 100 zählt (Baildon, im Edinb. med. Journ. III. 11. Nr. 4.).	575 The pulse of 100 was not slowed when standing, but was significantly slowed to 75 when sitting, and especially when lying when it sank down to 40. [B ₅]

By comparing the original report with the listings in RA et seq., we note the following errors:

1. The name of the author was misspelt as *Baidon* instead of *Baildon* from RA_I [326] onwards. Corrected for MMH.
2. The symptom mistakenly writes the pulse was reduced from 100 to 60 beats per minute, whereas *Baildon* reports it fell to 40 (i.e. it fell by (not to) 60 beats per minute) – corrected for MMH.
3. In CK_{II} the original wording was changed (by G.H.G. *Jahr*, unauthorised),³⁴ serving to further spoil the meaning of the original account given by *Baildon*. This symptom has been re-worded for MMH to correctly reflect the original.

[B₆] Baker, Sir George: Appendix to Erasmus Darwin's "An Account of the successful use of Foxglove, in some Dropsies and in the Pulmonary Consumption", in *Medical Transactions by the College of Physicians*, London, 1785, vol.3, pp.287-308. Baker's contributions to our Digitalis pharmacogenesis commenced with a single symptom in *Fragmenta* which went through into RA and into CK as follows:

Fr.126:3 Pulsus multo lentior, ad dimidium fere. [BAKER, medical transact. Vol. III, p.292]

RA_I [323] Pulszahl fast bis zur Hälfte Schläge vermindert. [Baker, a.a.O.]

RA_{II} (323) Pulszahl fast bis zur Hälfte Schläge vermindert (*Baker*, a.a.O.).

[Pulse slowed to almost half]

CK_{II} 574 Verlangsamung des Pulses bis fast zur Hälfte der Schläge (*Baker*).

Baker describes his use of Digitalis in a case of cardiac insufficiency with much œdema & dyspnœa, from which account Hahnemann adds a further seven symptoms into RA, bringing the total number of symptoms recruited from Baker to eight. Let us read from Baker himself (pp.287-296):

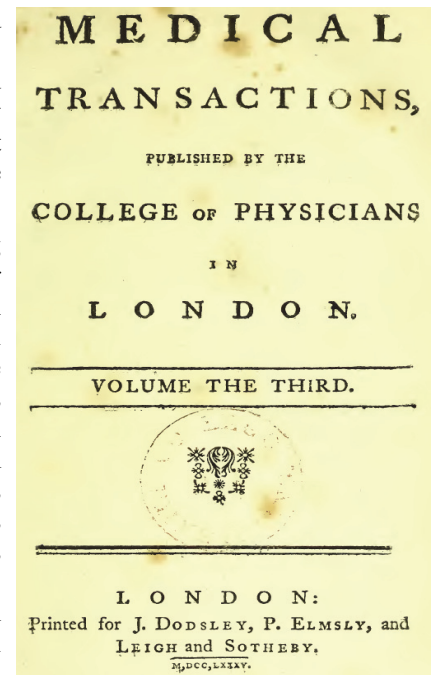
"A Gentleman, aged about sixty years, had, for several winters, seldom escaped a catarrh, which generally aggravated if ever he went abroad in an evening. During the hottest weather of two or three of the last summers, his ankles had become œdematous towards night. He was first attacked by a sudden difficulty of respiration towards the autumn of the year 1782. In the ensuing winter, that difficulty was particularly oppressive to him on his ascending two or three flights of stairs; and it greatly increased as the spring advanced.

His ankles likewise were more œdematous towards night; but in the morning were quite free from swelling. In this situation he took, every second night for two weeks, a bolus compounded of purified quicksilver, and fresh squill, each five grains, and ten grains of the conserve of red roses, ground together until perfectly incorporated. This medicine almost intirely removed both the *dyspnœa* and the swelling; but, in six or seven weeks, both these symptoms returned. The difficulty of going up stairs now increased on him gradually. On such occasions he used first to feel an unusual heaviness from hip to hip; then in the middle of his thighs; his neckcloth then became too tight; and it was necessary for him to stop, until his breath was relieved. And, after all, he has frequently been obliged to rest for some time, before that it has been in his power to enter into conversation. Such was nearly his state during two years... In February last, a recent catarrh was so violent, as to make the use of opium adviseable. By this the secretion of urine was very much lessened; which is an effect of opium, that he has always experienced, whenever obliged to take it.

His legs and thighs now became œdematous; and his *abdomen* seemed fuller; but there was no perceptible fluctuation. The *dyspnœa* on every motion, and particularly at night, was most oppressive. He had a perpetual drowsiness; but was no sooner asleep, than he was immediately awakened by a sense of suffocation, attended with the utmost anguish and anxiety, affecting principally the region of the stomach, and the abdomen. His stools had been natural; but, for many days, the urine had not exceeded six ounces each day.

Being now in the greatest distress, and most imminent danger, he was encouraged by Dr. Darwin's experience to make a trial of a decoction of foxglove... of this medicine he took a large spoonful, together with an equal quantity of simple pepper-mint-water, in-the morning of the 27th of February; and repeated the same does thrice, at an interval of one hour between each dose. ... In the afternoon he sometimes felt a *nausea*... at ten o'clock that night he voided three quarts of urine. At eleven, he vomited very much.... at nine the next morning he had voided (viz. in 24 hours) he had voided six quarts. This day, February 28th, his nausea and sickness increased. His pulse, which had for some time been from 90 to 120, was now from 54 to 60 strokes in a minute, and was so very irregular, that hardly two successive pulsations of the artery corresponded.

... 16th March: A constant *nausea*, excited by the decoction, had continued for three or four days... In the mean time, his urine had been very red, turbid, and in small quantity; and his legs and thighs more swollen than ever. And now weakness, languor, difficult respiration, and *præcordium anxietas* had made up such a compound of miserable sensations, as was inexpressible. Being therefore almost in a state of despair, he was inclined to repete the decoction... To a large spoonful of the decoction, he now added the same quantity of simple peppermint-water, and as much brandy, hoping that by this means less *nausea* might be excited; but, soon after he had taken the fourth dose, (which he took about four hours after the first) he became very sick, and vomited large quantities of yellow bile. This experiment was attended with consequences disagreeable, and even alarming. A constant nausea and excessive vomitings, accompanied by coldness of the extremities, and cold sweats, continues two days;... The pulse, in the mean time, was remarkably irregular and slow; being generally from 48 to 56 strokes in a minute. The effect of this medicine, on the optic nerve, was singular. Everything was seen as through a fog. Whenever he attempted to look at a distant object, numberless *muscae volitantes* obstructed his view: and, if he covered his eyes with a handkerchief, and pressed them gently, as many luminous objects presented themselves, dancing before them. The flame of a candle appeared much larger than usual, and was particularly white. The face of every one, who entered the room, seemed to him like that of a dead person. Such were the virulent effects of the medicine; but no one symptom of the disease was at all alleviated by it."



Let us now trace these symptoms as they were rendered from their initial pharmacogenesis in Hahnemann through to his CK_{II} with the following table:

RA _I 1818 (vol.4)	RA _{II} 1825	CK _{II} 1837 (vol.3) (<i>Jahr</i> compiled manuscript 1834)	MMH
[51] Wenn er entfernte Gegenstände betrachten will, so schweben vor seinen Augen dunkle Körper, wie Fliegen [Baker, in <i>Arzneikund. Abh. des Kollegiums der Aerzte in London. III. Th.</i>].	(51) same as RA _I	51 same as RA _I & RA _{II}	119 Black objects, like flies float before his eyes, whenever he attempts to look at a distant object. [B ₆]
[54] Wenn er die Augen verdeckt, so scheinen leuchtende Körper vor seinen Augen zu hüpfen [Baker, a.a.O.]	(54) same as RA _I	120 Leuchtende Körper scheinen vor seinen Augen zu hüpfen, wenn er dieselben verdeckt (<i>Baker.</i>).	120 Bright bodies seem to dance before his eyes, when he covers and gently presses his eyes. [B ₆]
[56] Die Lichtflamme scheint ihm grösser, als natürlich und glänzender. [Baker, a.a.O.]	(56) same as RA _I	126 same as RA _I & RA _{II}	126 The flame of the candle appears to him larger and brighter than usual. [B ₆]
[58] Das Gesicht der in die Stube tretenden Personen schien ihm leichenblass zu sein [Baker, a.a.O.]	(58) same as RA _I	122 Das Gesicht der in die Stube tretenden Personen schien ihm leichenblass (<i>Baker.</i>).	122 The face of persons coming into the room seemed to him deathly pale. [B ₆] *
[112] Ungeheure, brecherliche Uebelkeit mit übermässigem Erbrechen, Kälte der Gliedmassen und kalten Schweissen, zwei Tage lang [Baker, a.a.O.]	(112) same as RA _I	224 Uebermässiges Erbrechen mit ungeheurer Brech- Uebelkeit, Kälte der Glieder und kalten Schweissen, zwei Tage lang (<i>Baker.</i>).	224 Excessive vomiting, with inordinate nausea, coldness of the limbs and cold sweat, for two days. [B ₆]
[113] Mit ungeheurer Uebelkeit, Erbrechen grüner Galle [Baker, a.a.O.]	(113) same as RA _I	228 Erbrechen grüner Galle, unter ungeheurer Uebelkeit (<i>Baker.</i>).	228 Vomiting of yellow bile, with inordinate nausea. [B ₆] **
[323] Pulszahl fast bis zur Hälfte Schläge vermindert [Baker, a.a.O.]	(323) same as RA _I	574 Verlangsamung des Pulses bis fast zur Hälfte der Schläge (<i>Baker.</i>).	573 Retardation of the pulse beats to almost half their number. [B ₆]
[325] Ungleicher Puls zu 40 bis 58 Schlägen. [Baker, a.a.O.]	(325) same as RA _I	565 Langsamer, ungleicher Puls, von 40 bis 58 Schlägen (<i>Baker.</i>).	564 Slow, irregular pulse, from 48 - 56 beats per minute. [B ₆] ***

Notes to table:

* RA_I [58] (MMH122) It is interesting here to note Hahnemann correctly interprets this statement to mean *deathly-pale*, not frightful, evidencing his excellent English comprehension, and this places the problems sometimes seen elsewhere firmly with the other translators upon whom Hahnemann had to rely whenever there was a lack of accessibility of the original, as is seen in the example we have given (MMH) of Alderson under *Rhus toxicodendron*.

** RA_I [113] (et seq.) mistakenly gave it as green bile - the original description of Baker (see case description reproduced in footnote 13) clearly reports yellow bile – corrected for our MMH228.

*** RA_I [325] (et seq.) mistakenly gave it as “von 40 bis 58 Schlägen” [from 40-58 beats] – Baker reports the pulse was slowed to between 48 and 56 beats per minute – corrected for our MMH564.

The reader will further note, for *Fragmenta*, Hahnemann cites the original English account of Baker, whereas for RA_I [51] he seemingly refers to a *German* title, although we have been unable to find a German translation of the *Medical Transactions by the College of Physicians*, and it is therefore possible that only the title itself was translated for RA (perhaps by a copyist), for the German readership.³⁵

Now we must also understand *why* Hahnemann recruited only a *single* symptom into *Fragmenta* but *added seven* more for RA. It is from looking closely at this material over the past many years that we ourselves have come to realise the distinct difference of purpose between these two works,³⁶ and this essential difference may be summarised as follows:

1 *Fragmenta* was constructed as an extension of Hahnemann's *Versuch...* (1796), both works being intended only to evidence (to the existing medical profession) that the medicines already used successfully (discovered by chance) actually had their basis in *omoion* (similars)

2 From RA (onwards) however, Hahnemann's intention was not merely to show the *existence* of similars *in fact*,³⁷ but rather, to provide further and sufficiently detailed information which could be utilised by physicians seeking to apply *similars* in actual clinical practise, untethered to mere previous experience or conjecture, and this is the reason he termed this materia medica “pure” (conjecture-free).

[D₁₃] Drake, Nathan (1766-1836): A further letter on the use of Foxglove in pulmonary consumption, in *The Medical and Physical Journal*, London, 1800, vol.4, pp.521-539. Hahnemann lists seven symptoms from this author, first in RA_I, into RA_{II} and thence CK_{II},³⁸ as follows:

RA _I 1818 (vol.4)	RA _{II} 1825	CK _{II} 1837 (vol.3) (Jahr compiled manuscript 1834)	MMH
[3] Schwindel und Zittern [Drake, im phys. med. Journ. 1802. Febr.]	(3) same as RA _I	40 Schwindel und Zittern (Drake, im phys. med. Journ. Leipz. 1802.).	40 Vertigo and trembling. [D ₁₃]
[136] Empfindung in den Därmen, als wenn sie zusammengedreht und die Magengegend hineingezogen würde [Drake, a.a.O.]	(136) same as RA _I	255 Zusammendrehende Empfindung in den Därmen, und als wenn die Magengegend hinein gezogen würde (Drake.).	255 Sensation of twisting in the bowels and of much sinking at the pit of his stomach. [D ₁₃]*
[286] Starker Grad von Mattigkeit und Schwindel, mit aussetzendem Pulse [Drake, a.a.O.S. 132.]	(286) same as RA _I	506 Starker Grad von Mattigkeit mit Schwindel und aussetzendem Pulse (Drake.).*	505 Considerable degree of languor, with vertigo and intermitting pulse. [D ₁₃]
[287] Mattigkeit und Schwäche, die der Kranke, ohne zu sterben, nicht ertragen zu können glaubt [Drake, a.a.O. S. 136.]	(287) same as RA _I	513 Aeusserste Schwäche und Mattigkeit, die der Kranke, ohne zu sterben, nicht ertragen zu können glaubt (Drake.).*	512 Extreme weakness and lassitude; the patient refused to take more medicine saying he would rather die. [D ₁₃]
[293] Heftige Neigung zu Ohnmachten [Drake, a.a.O.S. 126.]	(293) same as RA _I	519 Heftige Neigung zu Ohnmachten (Drake.).*	518 Great tendency to syncope. [D ₁₃]
[294] Neigung zu Ohnmachten und Abspannung der Lebenskraft (Drake, a.a.O. S. 124.).	(294) same as RA _I	517 Abspannung der Lebens-Kraft und Neigung zu Ohnmachten (Drake.).*	516 Relaxation of the vital powers and tendency to fainting. [D ₁₃]
[300] Häufige Schläfrigkeit [Drake, a.a.O.S. 128.]	(300) same as RA _I	527 Häufige Schläfrigkeit (Drake.).*	526 Frequent drowsiness. [D ₁₃]

* Notes: 1. CK_{II} removed the *specific page numbers* provided in RA_{I-II} making it more difficult to check their sources.

2. For the second half of (RA_I [136]) Hahnemann (through the German translation of Kühn) gave "... die Magengegend hineingezogen würde" [the stomach region was dragged or drawn-in], but Drake reports (case 7) "... much sinking at the pit of the stomach" which describes a weakness or sinking (downwards) not an *inward* (dorsally) "sinking-in" – here re-worded.

But this citation given by Hahnemann referred to the *Physisch-medicinisches Journal*, edited by K.G. Kühn, which was a German translation of *The Medical and Physical Journal* (London) – it was commonplace at that time for whole publications (books & journals) to subsequently appear in a different language,³⁹ and Kühn's turned out to be a summary of Drake's initial communication.

As is our standard practice, we wanted the original English account upon which to compare Hahnemann's (German) rendering of symptoms, and their re-translation into the English (MMP & CD), and found Drake's "A Letter to Dr. Beddoes, Containing observations on the use of Digitalis in Pulmonary consumption, with two Cases in which it proved permanently successful,"⁴⁰ appearing in Thomas Beddoes' *Contributions to Physical & Medical Knowledge, principally from the West of England*, London, 1799, pp.473-499. Drake discusses the effectiveness of a new preparation of Digitalis in the treatment of phthisis pulmonalis:

"I now communicate to you two cases of phthisis, in which the digitalis purpurea of Linnæus has been employed with permanent success. Though the exhibition of digitalis in consumption be not absolutely new, yet I trust the mode in which I have administered it has a claim to that appellation, and the facts brought forward prove, what assuredly is of vast importance, that by the use of this medicine the pulse may be lowered to forty strokes in a minute, without any previous sickness, and the depression continued for weeks together with the happiest consequences." (p.474)

Drake here explains his reasoning for wanting a mild dose (*saturated tincture*: 1 part coarsely powdered leaves to 5 parts proof spirit) of digitalis to avoid the feared deleterious effects (extreme debilitating sickness & collapse)⁴¹ whilst retaining the beneficial therapeutic effect,⁴² and goes on to detail its use in two cases of *phthisis* [Pulmonary TB], highlighting its effects on the pulse.⁴³ Yet here we find no mention of the symptoms listed by Hahnemann.

We next checked the adjacent accounts referring to Digitalis within this volume of Beddoes, thinking perhaps these symptoms were mistakenly cited to Drake, but neither the letter from R. Fowler (pp.500-520)⁴⁴ nor its appended "*Additions ...*" by Beddoes himself (pp.520-539)⁴⁵ reported the symptoms we sought.

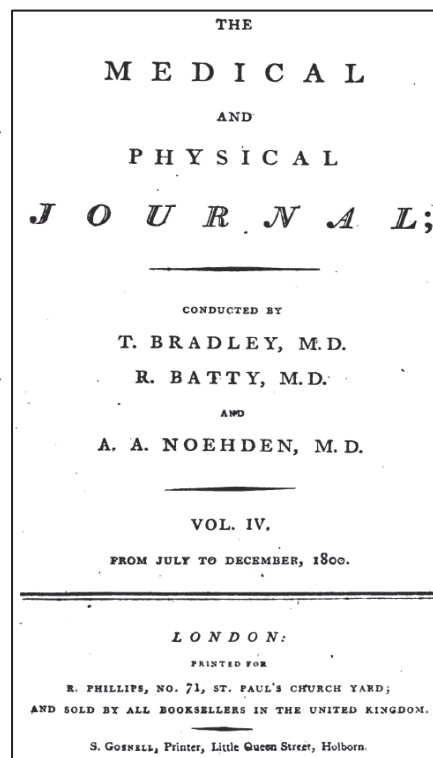
This meant the German translation (Kühn's *Physisch-medicinisches Journal*) cited by Hahnemann must have been of a *later* volume of *The Medical and Physical Journal* (i.e. between 1799 [Beddoes] and 1802 [cited by Hahnemann]), and our further search located a *subsequent* letter from Drake, in vol.4 (1800) of that journal (pp.521-539). The following excerpts from 8 cases evidence the symptoms recruited by Hahnemann (via the German translation in Kühn):

Case 1, *Martha Howlett*, of Dedham, Essex, aged 28 (p.524):

“... subject to a violent cough for two years, and has now, March 29, 1800, when she applied to me, a pulse beating 120 in the minute. Her expectoration amounts to about a tea-cup full in twenty-four hours, but has no purulent appearance; her breathing is very difficult; her cough is almost perpetual, and her emaciation is very great... I ordered her ten drops of the tincture of Digitalis twice a day... a tendency to syncope, however, and some depression of animal power, rendered necessary a retrograde dose...” [MMH 516]

Case 2, *Miss Bridgman*, aged 27 (p.525):

“... has for several years been subject to a very great, constant, and almost singular rapidity of circulation, her pulse usually beating from 120 to 130 strokes in the minute; she has likewise had for several years a most troublesome and very frequent cough, attended with great difficulty of breathing upon motion. There has never been any expectoration, but the prostration of strength and the emaciation are extreme; the nightly perspirations are also frequent, but not very copious... Shortly after her arrival at Hadleigh she was placed under my care, and I ordered her, on April 19, 1800, ten drops of the tincture of Digitalis twice a day... cautiously increased until the quantity taken in twenty-four hours amounted to fifty-two drops, and the pulse gradually, during this period, fell to 80. Under the exhibition of the Digitalis, languor and occasional nausea were felt; and, at length, when the pulse had dropped to 80, so much tendency to syncope took place immediately after each dose, that I thought it necessary to discontinue the tincture.” [MMH 518]



Case 3, *Sarah Hammond*, aged 17 (p.527):

“... complains, June 13, 1800, of great difficulty of breathing, great stricture across the chest, and of pain in her left side; pulse near 120, skin hot, thirst not considerable; has cold shivering twice a day, and copious colliquative perspirations toward morning; has little appetite; her strength is much impaired, and the emaciation considerable... seven drops of the tincture of Digitalis thrice a day... gradually increased to sixteen thrice a day, and she was under the influence of the medicine for a month. During this period her symptoms gradually disappeared, and her pulse sunk the standard of health. She experienced no sickness, nausea, or giddiness of the head, but complained of being frequently very sleepy. [MMH 526]

Case 4, *Mrs Salmon*, of St. Osyth (p.527):

“... came to Hadleigh on October 2, 1800... She has been subject for several months to a violent and frequent cough, with considerable difficulty of breathing and profuse colliquative perspirations; has frequent shivering fits. There are much emaciation and great debility present. Pulse 124, and weak; skin hot; body regular; urine natural; appetite nearly gone; no expectoration. ...ten drops of the tincture of Digitalis twice a day... to be gradually increased to twenty, morning and evening. October 21st. Though only nineteen days have elapsed, nearly all her symptoms have disappeared, and her countenance has the appearance of health... Has felt some giddiness and tremor after taking each dose of the medicine...” [MMH 40]

Case 5, *Anne Bush*, of Dedham, aged 28 (p.528):

“May 14th, 1800; has been ill for six months, and during that period, gradually getting worse; she complains now of great difficulty of breathing, of violent cough, and of acute darting pain in her left side; her pulse is weak, and beats 110 strokes in the minute; she has had for several weeks a heavy purulent expectoration, amounting to about half a pint in twenty-four hours; has frequent shivering fits, and copious colliquative perspirations: the least exertion exhausts her, and she is reduced to a mere shadow; thirst considerable; appetite nearly gone; skin dry and hot; and she is much flushed in an evening; her menses have been for some time suppressed. I ordered her eight drops of the saturated tincture twice a day, and these were soon increased to twenty per day. ... She was under the influence of the Digitalis for seven weeks... She is now, August 30th, 1800, perfectly well ... She experienced, though the quantity of tincture was ever small, a considerable degree of languor and much giddiness, and had usually an intermitting pulse.” [MMH 505]

Case 7, *Mr. Hollick*, of Stratford, aged 22 (p.529-531):

“... labours under a frequent and very troublesome cough, attended with an expectoration evidently purulent, and amounting to about a tea-cup full in twenty-four hours. Pulse near 100; great emaciation; much debility; colliquative perspirations towards morning; ... July 25, 1800, when I ordered him ten drops of the saturated tincture of Digitalis night and morning... 20th [September]... complains of sinking and languor... October 9th... the tincture was again increased, the dose being now 88 drops, pulse 48, and intermitting... now complains of a sensation of twisting in his bowels after each dose of his medicine, and of much sinking at the pit of his stomach...” [MMH 255]

Case 8, *Mr. Smith*, of Semer, aged 50 (pp.532-533):

“September, 1799, has a very copious purulent expectoration, a violent cough, and profuse colliquative perspirations; strength so much diminished as to be confined to his bed; ... he has taken the tincture of Digitalis... and reached 90 drops per day... pulse had sunk from 100 to 50... he continued Digitalis for three weeks... his expectoration... was much decreased, and his cough greatly better; his perspirations less copious, and he acquired so much strength, as to get down the stairs and take some exercise; at this period he left off the medicine, complaining greatly of the languor it produced. In four weeks after, however, his former symptoms returned... resumed the tincture... which I ordered to be increased gradually... By the commencement of October, 1799, the pulse was again reduced to 50, accompanied by much languor and sense of faintness... In this state he refused any longer to continue the medicine, notwithstanding our repeated and earnest solicitations, affirming he would rather die than endure again the languor he had experienced: I visited him thrice, solely with the view of inducing him to persevere, but in vain.” [MMH 512]

Note this last case (*Mr. Smith*) shows the slight misinterpretation by the German translators of the English original – it is not, as given in CK_{II} 512, that the weakness and lassitude were so severe that the patient thought “he cannot bear the medicine without dying” – but that he would rather die than suffer the extreme languor and faintness caused by it. For this reason, we have re-worded this symptom at MMH 512.

[H₃₂] Henry, William: Effects of an excessive dose of Foxglove, in *Edinburgh Medical and Surgical Journal*, 1811, vol.7, p.148. The following original account from William Henry is here given in full (pp.148-149):

“On the 17th of October, 1809, I was called to visit ALICE GRICE, aged about 60, as a home-patient of the Manchester Infirmary. She had laboured under ascites for some months, and ... had yielded; at the persuasion of a neighbour, to have recourse to a strong decoction of foxglove. It was prepared by boiling two handfuls of the leaves in a quart of water, during half an hour, and then pressing the mass, so as to expel the whole of the liquor. Of this, about seven o'clock on the morning of Sunday the 15th, she drank two tea cupsful, amounting, in the whole, as I afterwards ascertained, to not less than ten ounce measures. Before eight o'clock, she began to be sick, and discharged part of the contents of the stomach. Enough, however, was retained to excite violent retching and vomiting throughout the whole of that and the following day, during which, every thing that was taken was instantly rejected. In the intervals of sickness, she was excessively faint, and her skin was covered with a cold sweat. The tongue and lips swelled, and there was a constant flow of viscid saliva from the mouth. Very little urine was voided on Sunday; and, on the two following days, the action of the kidneys was entirely suspended. When I saw her on Tuesday, the sickness had somewhat abated, though it was still extremely distressing. The tongue was covered with a white fur; the ptyalism continued, though in a less degree; and the breath was fetid. The pulse was low, irregular, (not exceeding forty) and after every third or fourth pulsation, an intermission occurred for some seconds. She complained, also, of general pains in the limbs, and of cramps in the legs.

Though the danger appeared to me to be greatly diminished, yet something was absolutely necessary to abate the harassing sickness. I directed, therefore, effervescing draughts, prepared with infusion of columbo and carbonate of ammonia, with the addition of ten drops of laudanum to each, to be taken every three hours. In the intervals, thirty drops of a mixture of aether and the compound spirit of ammonia, were given occasionally; and she was supplied freely with wine from the hospital. Under this treatment, the sickness and vomiting soon abated, and she gradually returned to her former state of imperfect health. The pulse, however, did not completely regain its regularity before the commencement of the following week.

It may be proper to state that the ptyalism, which occurred in this case, was entirely an effect of the digitalis; for no mercurial, as I afterwards learned from Dr Bardsley, had been given to the patient while under his care; and she assured me that she had not deviated from the directions of her physician, in any respect, except in taking the foxglove....”

From this account Hahnemann derives the following four symptoms for his Digitalis pharmacography (CK_{II}):

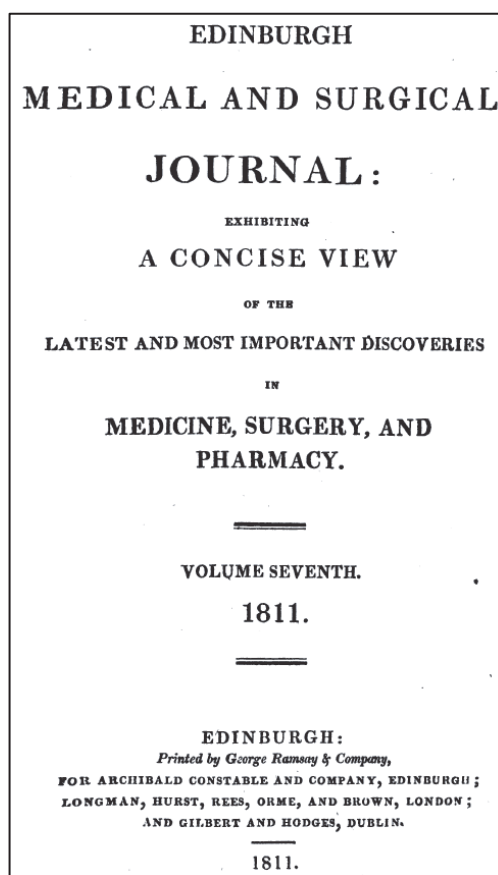
151 Swelling of the lips. [H₃₂] *

157 Swelling of the tongue. [H₃₂] *

166 Copious flow of viscid saliva. [H₃₂] ‡

‡ RA_I [89] mistakenly wrote stinking salivation - the original reported viscid saliva

315 Suppression of urine. [H₃₂]



* These two symptoms (151,157) were listed as a single symptom in RA_{II} (79), with the following note (omitted CK_{II}):

“Bei einer Frau von einer Unze Decoct,[†] wo dann die Lippen- und Zungengeschwulst in Verbindung mit stinkendem Speichelflüsse und Harnunterdrückung erschien.” [In a woman from ten ounces of the decoction,[†] in whom the swelling of the lips and tongue was accompanied by viscid salivation[‡] and suppression of urine.]

[†] note the German mistakenly gave it as *one* ounce

[‡] CK_{II}166 first appeared in RA_I [89] as:

“Heftiger Speichelfluss von stinkendem Geruche.” [Copious flow of stinking saliva].

But Henry reports “constant flow of viscid saliva”, and we have corrected this symptom for our MMH to reflect the actual meaning given in the original report of Henry. This mistake indicates Hahnemann did not access the *original* report of Henry, as further suggested by his citing “med. and chir. Journal” instead of “med. and surg. journal”, as well in mistaking the *ten ounces* dosage stated in the original report with one ounce in the footnote for symptoms RA_{II} (79 footnote, 89).

[L₂₂] Lettsom, John Coakley: Of the Digitalis Purpurea, in hydropic diseases, in *Memoirs of the Medical Society of London*, 1789, vol.2, art.16, pp.145-176. Lettsom reviews his results in cases of œdema, finding in his use no real benefit from Digitalis (used without sufficient discrimination as required by the homœopath), and in his cases records the main & significant unwanted effects observed – from Lettsom we read:

Case 1, *R. Gill*, age 30 (pp.146-149):

“... he began to complain of giddiness of the head, and confused vision; objects appearing as if enveloped in a red blaze of fire. ... during the use of the medicine, the patient's strength sunk in a degree, never before experienced; and such jactitation and restlessness ensued, as compelled me to relinquish this vegetable, after it had been persevered in for the space of ten days. The confusion of the head and perverted vision, nevertheless continued, with the restlessness and jactitation ...” The prostration of strength could not be surmounted by the use of cordials, and the whole train of unpleasant symptoms subsided with his death, which happened a week after the digitalis purpurea was relinquished.”

Case 2, *E. Wycherly*, age 48 (pp.149-152):

“... since he took it he found a dimness, and diminution of his sight, with a slight vertigo. ...The nausea and occasional vomiting from the digitalis had weakened him so much, that I did not wish to try it longer. The dimness of sight, and vertigo, continued about fourteen days after leaving off this vegetable...”

Case 3, *J. Ogden*, age about 54 (pp.152-153):

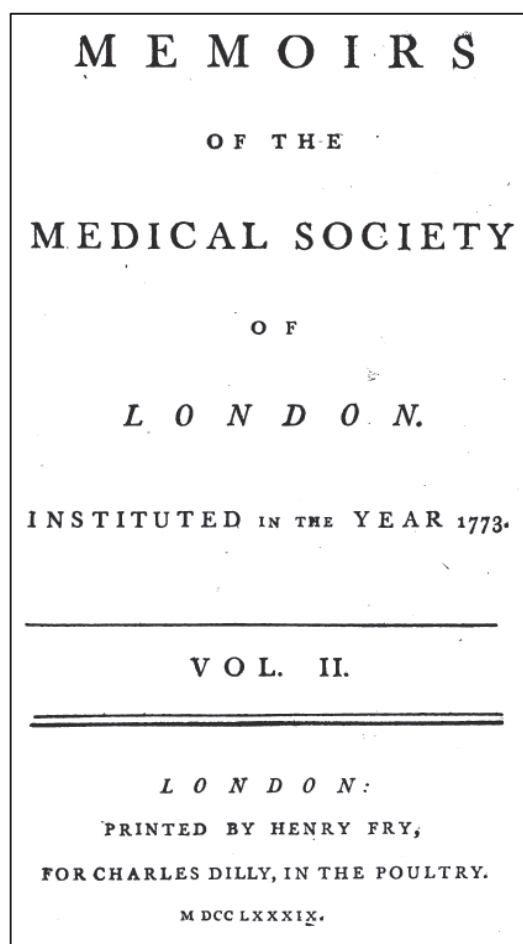
“... I then ordered him to take a decoction of the digitalis... a considerable degree of vomiting ensued ... he was much weaker... complained of giddiness and confusion of the head, and was reduced to the necessity of keeping his bed for several days... he sunk under the debility about fifteen days after taking the digitalis.”

Case 6, *J. Poyner*, age about 46 (pp.157-160):

“... ordered the usual decoction of the fox-glove, but rather in a diminished dose... he complained of great vertigo, and almost a total loss of vision, with immense prostration of strength... the debility and vertigo augmented, and I was reluctantly compelled to relinquish the medicine... but it was full two months after leaving off the digitalis, before his vision clearly returned, or the vertigo ceased.”

Overview of Digitalis toxicity (pp.172-175):

“In the exhibition of the digitalis purpurea, the first effect I have observed, is rendering the pulse slower than in the natural state of the patient, thus persons whose usual standard may be 70, have had the pulsations reduced to 56, or even less, in a minute: this has occurred within 24 hours after the use of this vegetable; but if the same dose be continued, in a day or two the pulse acquires its usual quickness, or even exceeds it, but at the same time it generally becomes depressed, and a languor is diffused over the whole system; the extremities, the hands particularly, acquire a moist clamminess, and feel cold to the touch. If the dose be increased till nausea or sickness is excited, the strength of the patient is still more weakened, and the slowness of the pulse returns as at the first exhibition of the medicine; the sickness resembles sea-sickness, accompanied with a confused aching and heaviness of the head. The patient at this period remarks that he perceives flashes of fire frequently pass across his eyes, and sometimes balls of fire in the room.



An increase of the dose after this produces vomiting, and sometimes purging also: he complains of increased head-ach, or rather of confusion and giddiness; instead of flashes of light, almost all objects he views appear brilliant, and his friends who visit him seem to be surrounded with a blaze of fire; his memory is imperfect, and upon attempting to walk, he reels and staggers like a person intoxicated, The dose that brings on these effects, gradually produce confused vision, and at length almost total blindness, which I have known to continue in some instances upwards of a month after the medicine had been omitted: During this time he complains in a particular manner of a throbbing pain in the balls of the eyes, and a sense of fulness and enlargement of them, as if the globes had become too big for the sockets, and were grown out of their natural scite. In two cases that I heard of, the limbs, particularly the lower extremities, were seized with tremors; and from some cause or other both these patients died suddenly, in a manner most resembling apoplexy. The symptoms I have described do not happen to every patient, even where large doses of the digitalis have been administered; the sense of objects appearing in a blaze of light occurred but in one instance; few, however, escape some degree of the other symptoms; and all experience an alarming prostration of strength; the vital powers are some times so suddenly and excessively sunk, that life seems almost extinguished, and the slow feeble pulse is but just perceptible; at the same time such horrors of mind and jactitation of body ensue, as render the patient under the pressure of these painful sensations, even solicitous of death.”

From this account Hahnemann derives the following eight symptoms for his Digitalis pharmacography:

- 28 Weakness of memory. [L₂₂]
- 37 Vertigo. [Q_{1,2}; M₂; J₁₂; P₇; L₂₂]
- 41 Headache. [Q_{1,2}; L₂₂]
- 113 Blindness. [L₂₂]
- 117 Various appearances before the eyes. [L₂₂]
- 508 General weakness. [T₁₆; L₂₂]
- 510 Great weakness. [N_{4,1}; L₂₂]
- 566 Extremely slow pulse the first forty-eight hours; but then the more accelerated and depressed. [L₂₂]*

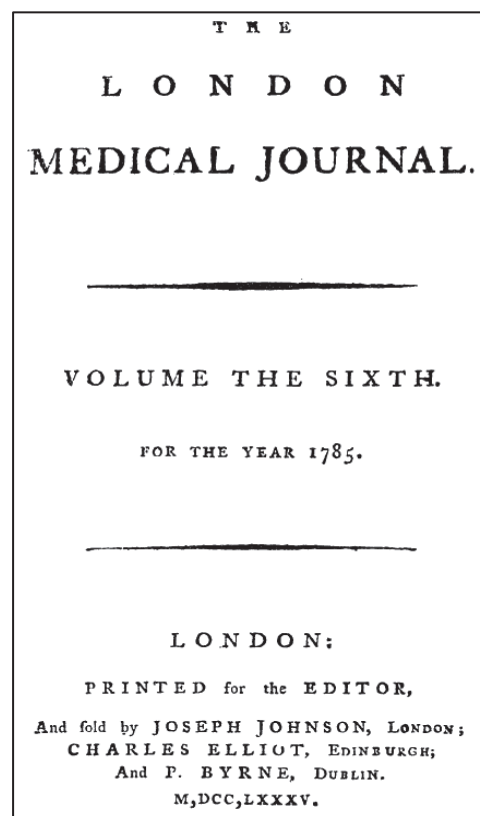
* The most usual and assured phenomenon from foxglove is, that after the preliminary slowness of the pulse (primary action), after some days the reverse (reaction or secondary action), a much quicker and smaller pulse, is permanently induced by the vital force. This shows how much the physicians of the old school are at fault, who endeavour to produce a permanently slower pulse by foxglove, and thus frequently kill.

[W₈] Warren, John: An Account of the great Efficacy of the Digitalis Purpurea in Dropsies, in *The London Medical Journal*, 1785, vol.6, no.2, p.145. CK cites a German report in *Sammlung auserlesener Abhandlungen zum Gebrauche praktischer Aerzte*, vol.11, no.1, p.123. We have preferred to cite the original account of John Warren, being communicated in a letter to Dr. Simmons and published in volume 6 of *The London Medical Journal*, 1785.

In his account of Digitalis in treating various dropsies (hydrothorax, Ascites, Anasarca, & Ovarian dropsies), Warren cites a case related by an apothecary who describes the effects of Digitalis given in a particular case of dropsy (pp.154-155):

“In the month of March last, I was desired to visit a lad, about nine years of age, who was dropsical to the greatest degree. His trunk was become three times its natural size, the scrotum was nearly as big as his head, which was likewise much enlarged, and his extremities were swollen in proportion. He had been ill, and increasing in size for two months before I saw him; during which time a variety of medicines had been given, but without the least effect. I immediately directed half an ounce of the decoctum mirabile [*Decoet. Digital purpur.*], (for so I must call it) to be given him twice daily. The first two days a little alteration was discovered; but on the third, he began to bring off water in immense quantities; for in forty-eight hours he made twenty-seven pints, which were measured; and his mother informed me, she believed many pints more had been passed during that time, which could not be saved.

The medicine was continued for some days longer, during which the urine was measured, until it amounted in the whole to twenty-four quarts, when the child appeared to be reduced to his natural size; and he has perfectly recovered his health and strength. Had the boy taken larger doses, there is no doubt but it would have operated much sooner; for in every case where I have given it, the desired effect has been soon produced: I say, every case, and I have administered it to great numbers of both sexes, and of all ages, not only in anasarca but ascites, and have not failed in any one of curing, or affording considerable relief. I have only one remark, that this patient was not made sick by the medicine; which is the only instance of the kind that has occurred in my practice, for in general the sickness produced by it is almost to death.”



Hahnemann derives the following single symptom from this account for his *Digitalis* pharmacography:

209 Deathly nausea. [W₈]

This case evidencing the remarkable diuretic effect of *Digitalis* (27 pints in 48 hours) is especially interesting in that there was *not* seen the well known dreaded sickness (nausea “almost to death”) which Warren describes as being generally produced by *Digitalis*.

What is remarkable, *Richard Hughes* adds a footnote to this symptom [at CD309] saying “Effects of overdose.” But as we see from the words of Warren reproduced above, the dose used *was not considered excessive*, and the reporter even adds that larger doses would “no doubt” have yielded a quicker response. Moreover, *Digitalis did not produce* the expected deathly nausea in this case (the only symptom recruited from this report), which means Hughes did not even bother read the case, merely assuming from the severity of the symptom recruited by Hahnemann that it must have been a severe overdose which produced it. And how must we view this pretence to having examined the original? ⁴⁶

Reflection

It is a sad fact that the reader will search in vain for this level of exegesis and correction elsewhere, a fact which so acutely separates us from the visible rigour in the mainstream *scientific* literature,⁴⁷ and which our profession needs to redress should we wish to survive as a science of medical therapeutics into the future. We hope this short illustration of our work may help to highlight the need for a careful attention to the *facts* when examining our pharmacographic basis for prescribing. It is not enough to trust everything given to us is OK, and it is a sign of an ailing corpus when its fundamental building blocks down to the smallest components are indefinite, mistaken, or even *unfamiliar* to the too often cursory mind seeking a quick overview through an imagined revelation into the nature of substance effects as a substitute to a serious & continued labour of study. Contrast the work and exactitude of Hahnemann with the general and increasing poverty of rigour in our professional literature evident at least over the past century, and especially at this present time when we see so many works published without so much as a thought of *tethering to evidence*.⁴⁸

Our hope in presenting this article is especially to encourage those similarly-minded colleagues to take up this work of revisiting the sources and retracing the process of recording our pure pharmacography, to identify and tabulate their findings, offer corrections or factual and modern re-interpretations, and to publish their findings for the sake of growing the certainty within our profession.⁴⁹

*

Μακρόν τό προοίμιον

The preamble is long

said of those who wish to come to the main subject at once
and are therefore impatient under a load of introductory matter

A. Negris, A Dictionary of Modern Greek Proverbs, Edinburgh, 1831



HAHNEMANN INSTITUTE

Notes

- ¹ Pharmacography (Gr. φάρμακο (*pharmaco*) = medicine, + γραφή (*graphy*) = writing) may be used in two ways: *firstly*, to describe the *process of constructing a written record on medicines* (a *materia medica*), and *secondly*, in reference to such record (in this meaning it is synonymous with the term *materia medica*).
- This article follows on from our earlier paper *Some Observations, Pharmacographic & Repertographic* (February 2014), available at www.hahnemanninstitute.com, wherein we provided observations on (and corrections to) our basic literature and evidenced the general inattention of our profession to closely examining our literature sources. We recommend the reader studies this earlier paper and its notes in preparation for this present paper.
- ² *Materia Medica Hahnemannica* – this is the provisional title for the future publication of our ongoing work.
- ³ It is only our small group at the *Hahnemann Institute Sydney* [HIS] who have been strictly examining the *primary* old-school sources recruited by Hahnemann in compiling his pharmacographies. And we are herein happy to report a new (international) fledgling group (*Readers in Pure Pharmacography* [RiPP]) comprising a small number of (experienced) homœopathic physicians (& educators) has recently been initiated, under our own guidance, into a similar work.
- ⁴ *Hughes, Langheinz, Reil, Roth, Trinks*, etc. who declare their desire to rid the MM of much of these observations of the old school which Hahnemann had himself assessed and accepted as valid. I leave the interested reader to find these author's comments readily available in our periodic and other literature.
- ⁵ Notable exceptions where Hahnemann draws no symptoms from the old-school, either because those reports were too unreliable, or because the substance had not been employed medicinally to any great extent (if at all) – e.g. Alum., Bism., Calc., Caust., Lyc., Nat-m., Plat., etc.
- ⁶ Hahnemann himself writes (*Cases illustrative of homœopathic practice*, HLW768):
- “I shall only add, that as the experimenter cannot, any more than any other human being, be absolutely and perfectly healthy, he must, should slight ailments to which he was liable appear during these provings of the powers of medicine, place these between brackets, thereby indicating that they are not confirmed, or dubious.”
- ⁷ Hahnemann writes:
- “In proving medicines to ascertain their effects on the healthy body, it must be borne in mind that the strong, heroic substances, as they are termed, are liable even in small doses to produce changes in the health even of robust persons. Those of milder power must be given for these experiments in more considerable quantities; in order to observe the action of the very weakest, however, the subjects of experiment should be persons free from disease, and who are delicate, irritable and sensitive.” (*Organon*, §121)
- “... A very moderate dose, even, often suffices for the experiment, provided only the experimenter is endowed with sufficiently delicate sensitiveness, and is very attentive to his sensations. ...” (*Organon*, §130)
- ⁸ We may mention here the efforts of *individual* observers, before Hahnemann, in determining effects of single substances on their own person, as for example William Alexander's *Experimental Essays* (1768) wherefrom Hahnemann recruits symptoms into our pharmacographies of *Camphor* and *Kali nitricum*.
- ⁹ The literature is replete with overdose effects of a medicine given in a patient (i.e. in disease) produces untoward effects which were not before seen in the original disease being treated, and which are consistent across many patients treated with the same drug, and disappear when that substance is stopped. On this very point Hahnemann writes:
- “But how some symptoms of the simple medicine employed for a curative purpose can be distinguished amongst the symptoms of the original malady, even in diseases, especially in those of a chronic character that usually remain unaltered, is a subject appertaining to the higher art of judgement, and must be left exclusively to masters in observation.” (*Organon*, §142)
- ¹⁰ It is remarkable that this fundamental subject has been (and continues to be) so thoroughly misunderstood, and yet it is a cornerstone in our *comprehension of substance effects over time* in a biological organism, without which it is impossible to explain the observed (over the longer or shorter term) contradictory effects. We refer the reader to our paper *Primary & Secondary Reactions* appended to our *Homœopathic Diagnosis...* (DHD), *Hahnemann Institute Sydney*, 2004, pp.135-146
- ¹¹ We take here the liberty of dropping the “H” introduced through the Low German into the English, thus revealing *omoion* (similar) as the base for our title (Latin equivalent *similia*).
- ¹² A Dissertation on Opium, in *Medical Essays and Observations*, Edinburgh, 1742, vol.5, part 1, article 12, pp.110-176. Hahnemann derives the following three symptoms from Alston into our Opium pharmacography:
- 147 Profuse flow of saliva. [A₁₅]
- 562 Strong, very quick pulse, which at last (aft. 1½ h) * becomes weak and intermittent (shortly before death). [A₁₅] (From a scruple)
- * Hahnemann had mistaken the original to mean ‘after 8½ h.’, instead of 8:30 a.m., i.e., 1½ hours after the dose of Opium (taken at 7am).
- 656 Burning pain and irritation. [A₁₅]
- ¹³ Of the anthelmintic Virtues of the Root of the Indian Pink [*Spigelia*], in *Essays and Observations, Physical and Literary*, Edinburgh, 1754, vol.1, p.388. The following three symptoms for *Spigelia* were drawn from Linning:
- 1 Vertigo. [L₂₉] (He employed *spigelia Marylandica*.)
- 118 Pain in and above the eyes. [L₂₉]
- 133 The eyes move involuntarily left and right, from irregular actions of the ocular muscles that draw the eye inwards and outwards. [L₂₉]

¹⁴ Violent Asthmatic Fits, occasioned by the effluvia of Ipecacuanha, in *Edinburgh Medical and Philosophical Commentaries*, Edinburgh, 1776, vol.4, pp.75-81.

From this account we may well apprehend the following 14 symptoms extracted by Hahnemann for placement into his pharmacography of Ipecacuanha, and understand the actual series of effects of even a very small dose, via accidental olfaction, precipitated by this substance on a sufficiently predisposed individual:

- 29 Red, inflamed eyes. [S₃₂]
- 51 Spasmodic contractive sensation in the throat and on the chest. [S₃₂]
- 108 Bloody stool. [S₃₂]
- 115 Bloody urine. [S₃₂]
- 122 Metrorrhagia – recurrence of the catamenia that had ceased fourteen days previously. [S₃₂]
- 134 Spasmodic asthma with great contraction in the throat and chest, during which a peculiar kind of wheezing noise was heard. [S₃₂]
(In two women from the exhalation from the powder in a distant room; the illness lasted fourteen days.)
- 135 Sudden attacks of troublesome dyspnoea, with a wheezing noise in the air-tubes. [S₃₂]
- 136 Contraction in the chest, with dyspnoea and wheezing respiration: she must go to the open window and gasp for air, with paleness of face, scarcely perceptible pulse, and danger of suffocation from the evening until 9 a.m. [S₃₂]
- 137 Recurrence of the tightness of chest after twenty-four hours, from 10 p.m. until 10 a.m., for eight days. [S₃₂]
- 138 Attack of suffocation for two or three days. [S₃₂]
- 152 Cough with expectoration of a thick, disagreeably metallic tasting mucus. [S₃₂]
- 153 Hæmoptysis. [G_{12.1}; M_{47.2}; S₃₂]
- 170 Debility. [S₃₂]
- 175 Restless sleep. [S₃₂]

¹⁵ Those who have studied Hahnemann thoroughly will already know this idea of abstraction & recombination of symptoms was taught by Hahnemann – it did not originate with Bönninghausen as is largely mistaught. We recommend the reader to study our writings on this subject (DHD).

¹⁶ No other repertorial method utilises this fundamental structural design – Bönninghausen’s TT repertorial method remains *unique*, unbettered, and unmatched in its brevity and its fullness of meaning (each rubric fully pregnant with meaning).

¹⁷ Dimitriadis, G.: *The Bönninghausen Repertory, Therapeutic Pocketbook Method*, HISydney, 2nd ed. 2010.

¹⁸ Thus *Alphonse Teste* (The Homœopathic MM, 1854, *Introduction*) misapprehends the *purpose* of Hahnemann’s works when he criticises Hahnemann for this pharmacographic arrangement, which results in a *loss of the time-sequence* of symptoms.

¹⁹ Hahnemann writes (*Organon*, §130):

“If, at the very commencement, the first dose administered shall have been sufficiently strong, this advantage is gained, that the experimenter learns the order of succession of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine, for then the order of the primary actions, as also that of the alternating actions, is observed in the most unambiguous manner. ...”

²⁰ With few exceptions (e.g. Jörg’s *Materialien...*, or Hughes & Dake’s *Cyclopædia...*) we have no longer available the prover’s day-books, and so have focused our work solely on the old-school sources which are still (for the most part) available & accessible. The fundamental importance of such records may be readily seen in that our methodical provings may never be (intentionally) extended to the point of serious pathology, hence these toxicologies (whether accidental or otherwise) provide a whole view or completion of effects otherwise unavailable from regular provings in potency.

²¹ The Welsh *Meddygon myddfai* (*The Physicians of Myddvai* [circa mid 13th century]; *trans.* by John Pughe, London, 1841) recommends *leaves of foxglove* [dail ffrion] in a mixed poultice for a variety of conditions (headache §§208-209; tumours, swellings, abscesses §§53,74,229,230,468,747; paralysis §274).

²² Withering, W.: *An Account of the Foxglove, & some of its medicinal uses, &c.*, London, 1785. We have completed our examination of Withering’s 200 page monograph for our MMH, but it is beyond the scope of this present paper.

²³ This mistake is seen restated even into the modern era:

Roddes, L.H., *William Withering and the Introduction of Digitalis into Medical Practice*, Journal of the American Pharmaceutical Association, 1936, vol.25, no.1, p.39:

“Withering’s fame, however, really rests upon his discovery of the use of digitalis in medicine.”

Shahbudin H. Bahimtoola, Editorial, *Digitalis and William Withering, the Clinical Investigator*, Circulation, 1975 December, vol.52, no.6, p.969:

“*William Withering* began to use digitalis for dropsical cases during 1775. The first recorded use of digitalis was on December 8 of that year when he administered a “decoction of fol. digital.” to a man about 50 years of age who complained “of an asthma.”

We may easily refute these claims (see below), and provide here a single account of its medical use long before Withering:

Culpeper, N., *The English Physitian Enlarged ...* London, 1652, p.98:

“This Herb is familiarly and frequently used by the Italians to heal any fresh or green Wound, the Leaves being but bruised and bound there on; and the Juice thereof is also used in old sores, to cleanse, dry, and heal them. The Decoction herof made up with some Sugar or Honey is available to cleanse and purge the body, both upwards and downwards sometimes tough flegm & clammy Humours, and to open obstructions of the Liver and Spleen; it hath been found by experience to be available tor the Kings evil, the Herb bruised and applied, or an Ointment made with the Juice thereof, and so used: and a Decoction of two handfulls therof with four Ounces of Polipody in Ale, hath been found by late experience to cure divers of the Falling-sickness, that have been troubled with it above twenty years. My self am confident that an Ointment of it is one of the best Remedies for a Scabby Head that is.”

- ²⁴ Fuchs, Leonhard (1501-1566):* *De Historia Stirpium Commentarii*, Basileae, 1542. We read (p.892):
 “Hæc herba haud dubie quum opus est extenuatione, abstersione, purgatione, & obstructionis liberatione, efficac admodu esse solet. Nam, ut testatur Galenus libro iiii. de simpl. med. facul. cap. xvij. amari sapes abstergunt, expurgant, & quæ in uenis est crassitiem incidunt.”
 * It seems Fuchs first Latinicised the German *Fingerhut* [finger-cap] as *Digitalis*
- ²⁵ Lobel, Matthiæ de: *Plantarum, seu Stirpium Historia*, Antverpiæ, 1576, *Stirpium Adversaria Nova* [new plants] (p.245):
 “... Bacharim dicebant, opinione refellete gustu ingrato, exsiccante, aliquantum calido, & vulnerario: quare plurimi fit ad omnia vulnera sananda.”
- ²⁶ We find for example:
 Shipton, J.: *Pharmacopoeia Bateana* [i.e. according to George Bates], Amstelodami, 1688, p.32: recommends a decoction of *Digitalis purpurea* to induce vomiting in Epilepsy:
 “Fol. rec. *Digitalis* ... *Pro vomitorio Epilepsia, &c.*”
 Quincy, J.: *Pharmacopoeia Officinalis Et Extemporanea: Or a Compleat English Dispensatory*, London, 1722, p.131:
 “*Digitalis*, Fox-glove, – *Purpurea folio aspero*, of *C. Bauhine*, is the kind referred to by the new Catalogue of the *College*; but altho this is said to be both Vulnerary and Emetick, which does not seem very consistent, yet the present Practice takes no notice of it in either Intention.”
 James, R.: *Pharmacopoeia universalis: or, A new universal English Dispensatory*, London, 1747, p.309:
 “*Digitalis*, Offic. *Digitalis purpurea* ... This Plant is emetic and vulnerary and agrees in Virtues with the *Pilewort*. The Ointment of Fox Glove is very resolvent, and the Decoction of it purges very powerfully both upwards and downwards.”
- ²⁷ By *pharmacogenesis* (Gr. φάρμακο (*pharmaco*), medicine + γένεσις (*genesis*), birth, origin) I mean the origin of our pharmacography proper for that specific substance, from whence it was first written of for our purpose (pharmacography).
- ²⁸ Hahnemann, S.: *Fragmenta de viribus medicamentorum positivis, sive in sano copore humano observatis*, Lipsiae, 1805. This invaluable work marks the first pure materia medica, and provides a most revealing treasury of pure (theory-devoid) data, whilst having been translated into the French language (*Champeux & Milcent*, 1855, Brussels), and more recently German (*Wettemann*, 2000) has, regretfully, *never* been translated into English. It is our view that this stems from a general ignorance of the place of this work within our profession, and a failure to apprehend it’s value towards a full comprehension of the development of our pure pharmacography.
- ²⁹ Hahnemann, S.: *Reine Arzneimittellehre* [RA]. RA_I (first edition) published in 6 sequential volumes over the ten year period between 1811-1821; RA_{II} (second edition) 1822-1827; RA_{III} (third edition) 1830 (vol.1) & 1833 (vol.2) only.
- ³⁰ Hahnemann, S.: *Die chronischen Krankheiten* [CK]. CK_I (first edition) comprising four volumes, appeared between 1828-1830; CK_{II} (second edition) appeared between 1835-1839 in five volumes.
- ³¹ It is important to note that the compilation of all volumes of CK_{II} was completed in 1834 (G.H.G. Jahr was employed by Hahnemann for that purpose), so the publication date for each volume does not indicate the true date the information was completed in the mind of Hahnemann.
- ³² 98 sx. from 17 English authors: Baildon (1), Baker (8), Baylies (4), Beddoes (1), Drake (7), Duncan (1), Henry (4), Kinglake (1), Lettsom (8), Maclean (14), Monro (1), Mossman (5), Penkivil (13), Percival (1), Sherwen (1), Warren (1), Withering (27).
- ³³ For MMH we have replaced the citation with a specific code which is then indexed at the end of the work. This improves readability of the actual symptoms by removing the clutter of often lengthy citations interfering with the view of the reader, and it further allows us to provide sufficiently detailed citations to the original literature, as well further append any notes and excerpts thereby affording a true reference work for the clinician to study at their leisure.
- ³⁴ Jahr stayed with Hahnemann for 8 months (early February – early October 1834) where he was employed to faithfully compile the second edition of Hahnemann’s CK. Unfortunately, Jahr’s temperament did not allow him to *refrain* from taking unauthorised liberties in making changes to our pharmacographies painstakingly collected by Hahnemann – we have ample evidence of mistakes introduced into CK_{II} which were not present beforehand (missing author names, transposition of sides, mistaking anatomical position, missing times, re-wordings which confuse or spoil meaning, etc.). It is from the too numerous inconsistencies and errors superadded to CK_{II} that we have had the most trouble, having too often to prefer the earlier RA precursor renderings in re-working our MMH to better reflect our original provings record.
- ³⁵ We note that at the time of his *Fragmenta*, Hahnemann was in Torgau (1805-1811), 50km NE of Leipzig, where he stayed until his departure for Leipzig [3rd and final visit, 1811-1821]), and it is possible that the original English of Baker available in Torgau was later unavailable in Leipzig (1811, for RA_I) – but this is unlikely since Leipzig itself was known as the ‘centre of medical knowledge.’
- ³⁶ We observe numerous instances where symptoms recruited into *Fragmenta* were elaborated for RA:
 Fr.26:2 (*Digitalis*) – the salivation was described in more detail, adding “sweet” for RA_I [87]
 Or where more symptoms were added from the same source to RA than were recruited for *Fragmenta* (e.g. for *Digitalis*, *Fragmenta* listed only a single symptom each for Baker and Scott, but increased to 4 and 14 ss. respectively in RA_I. We also find symptoms or notes in *Fragmenta* but of no consequence for a homœopathic application omitted in RA, e.g.:
 Fr.11:3 (*Aconite*) the following footnote to this symptom was omitted for RA:
 “Quæ sequuntur deleteria symptomata, omisi, utpote magis ab antidoto quodam ignoto, hic propinato, acerrimo, quam ab actomiro profecta.” [I have left out the subsequent destructive symptoms produced by the antidote given for the violent effects of *Aconite*]

³⁷ In the case of Digitalis he looked especially to the effects on the cardiovascular system, being one of the main uses of Digitalis by the old-school.

³⁸ Digitalis was not included amongst the antipsorics for CK₁ (1828-1830).

³⁹ The time between publication of the original and its appearance in a different language varied.

⁴⁰ This account was summarised in Duncan's, *Annals of medicine* for 1799, vol.4, pp.123-144, and again given (very briefly) in *The Medical and Physical Journal*, 1799, vol.1, pp.290-294.

⁴¹ From Drake we read (pp.478-479):

“Such was the debility of the two patients whose cases are subjoined to these remarks, that I was not willing to risque the consequences of sickness, and became desirous of introducing the digitalis in so guarded a manner as to preclude, if possible, all tendency toward an affection of the stomach, and yet at the same time of powerfully retarding the circulation, and of promoting absorption from the lungs, and I the more readily conceived these to be attainable, as I had frequently, in the course of practice in anasarca, observed a depression of the pulse and strong diuretic effects from this herb, without any previous sickness.”

⁴² From Drake we read:

“It has therefore been usually attempted to promote pulmonary absorption, through the medium of this affection on the stomach, whence the preparation of emetics, of sailing at sea, and of swinging, to induce vertigo and sickness; and the digitalis has been hitherto exhibited with this view. The cases annexed, however, will prove that the circulation may be safely, powerfully, and perhaps more permanently retarded independent of any affection of the stomach... The preparation of digitalis best adapted to my purpose, appeared to be the *saturated tincture*; and in the first case I commenced with but fifteen drops twice a day, in the second twenty...” (p.482)

“I may, I think, without hesitation affirm that an early exhibition of the saturated tincture in consumption, will, in general prove successful, and even when the disease is far advanced...” (p.486)

⁴³ On these two cases we read:

Case 1, *James Marris*, aged 16, June 22, 1797 (pp.487-493):

... complains of considerable difficulty of breathing upon motion, and of pain in the right side. He has a frequent short cough, attended with a copious expectoration of pus, dense, fetid and occasionally mixed with blood. Pulse 120, and the morning and evening exacerbations, especially the latter, strongly marked. Great emaciation and prostration of strength. Tongue clean. Thirst not considerable. Appetite not much impaired. Belly regular. Sleep interrupted, and he cannot lie with ease on his left side. Slight perspiration toward morning. Skin hot and dry. Shivering sits every two or three days. Urine high-coloured. He has ever been of a delicate constitution, and for two years or more liable to dyspnoea and pain in his chest on using exercise, accompanied by a spitting of blood, and slight purulent expectoration. An hereditary tendency to phthisis exists in the family, his mother, aunt, and uncle having perished under that complaint. ... July 17, Pulse 44 ... much intermission of the pulse... July 28, Pulse varying from 44 to 48, and still intermitting... August 4, Pulse 48 and sometimes 50; intermits every sixth or seventh stroke... August 29 [after stopping the digitalis], Pulse 70 and free from intermission...”

Case 2, *George Grimes*, aged 19, September 10, 1797 (pp.493-499):

... complains of very acute pain in his right side, which is increased by inspiration; he has incessant cough, and great difficulty of breathing, accompanied with frequent expectoration, which is evidently purulent, and very foetid. Pulse 120, and hard. Complexion very florid; tongue foul; thirst great; appetite much impaired; body regular; urine high-coloured, and depositing a copious sediment; little or no rest; has frequent shivering fits, and his health is rapidly declining. He has been liable for many months to slight pulmonary complaints, as cough, hectic flushings, and occasional expectoration; and has been for some weeks taking cicuta under medical direction in town. ... It is necessary also to observe, that his father, mother, and sister, all died of phthisis ... [October 8th] Continued well until yesterday, when remaining stationary in the garden for about two hours during the middle of the day, he caught cold... 19th, Continued well, and with a pulse varying from forty-eight to sixty; and taking the draught every morning until to day, when he was attacked with purging, and has had five loose motions. In other respects well. ...”

⁴⁴ Fowler relates (mostly from memory) a number of cases which had well responded to digitalis (though he used other medicines at the same time or in close proximity), giving no information on the effects of digitalis overdose or toxicity.

⁴⁵ Beddoes' *additions* make interesting reading, supporting Drake's findings on the superiority of the Digitalis *tincture* over the decoction, as well showing how Beddoes had to reduce the dosage to avoid the severe sickness & languor – we read:

“A lady with light hair and eyes, in the beginning of the last stage of consumption, that is, with cough, hectic fever, purulent expectoration, her feet just beginning to swell at night... For a month she took the decoction [of digitalis] in doses of one, two, or four drachms, twice or thrice in 24 hours. ... The general state of the patient was oppressive languor; and I often questioned myself whether she suffered greatly less from this languor than from the violent cough and strong expectoration, which it had superseded. ... She expired placidly, after complaining greatly for a few days before of shortness of breath. She survived the first administration of digitalis nearly two months. ... Under the use of digitalis... slept much more than before without any increase of opium.” (pp.523-525)

“A lady with light hair and eyes had expectoration of purulent matter and mucus, pulse 108-120. ... Early in Jan.1799, she began to take a decoction of digitalis... seventh dose produced bilious vomiting... [it] was continued in doses so regulated as not to produce vomiting. Loss of appetite, with great languor, and almost constant sleep followed, and continued for a fortnight... She was sometimes nauseated, and then always complained of pain in the bowels; ... after a week's interval I ordered it again in a dose one drachm at the interval of eight hours; but the nausea was twice distinctly produced ... After an interval of about a fortnight... A letter from Dr. Drake put me in possession of his method... On Saturday the 16th February, ten drops of the tincture were prescribed; and the medicine was raised by cautious steps to 34 drops twice a day, the laudanum being continued as before. ... The second dose of 34 drops produces bilious vomiting, though no nausea (and hardly any languor) had preceded its administration. There was much more than usual sleep all this time... The sickness lasted two days, and the tincture was recommenced in the dose of eight drops twice a day. (pp.525-528)

“More than 20 [drops of the tincture] cannot be taken without considerable nausea, vertigo, or indistinctness of vision. Great sleepiness ... The patient observed that it was “the most sleepy thing she had ever taken.” (p.528)

⁴⁶ It is such instances from supposedly credible sources that we have come to a position of taking nothing upon faith, and reserve any acceptance until we are able to independently confirm the facts. On the matter of *pharmacography*, the very backbone of our ability to *apply omoion*, the following sentiment, arrived at separately, is precisely our view:

“... I am bound to add that it has impressed me more strongly than ever with the necessity of taking nothing upon trust, but to examine every man’s literary work most carefully before venturing to accept it as truth. I have adopted this course for many years, and considerable experience has justified my caution.

D. Wilson, *The Monthly Homœopathic Review*,
London, vol.7, June 1, 1863, p.330

⁴⁷ Our own profession has gone from *leading the way* in methodical research at the time of Hahnemann, who revealed to the world a methodical approach to the discovery of substance effects (*provings* – this was itself well received and copied by other, e.g. J.C.G. Jörg in his *Materialien...*), but also in causing a significant change in the medical mindset in posology – he pioneered the significant reduction of the massive doses which plagued the medical world at the time.

⁴⁸ We do not here refer to hearsay accounts or mere recollections which have themselves no demonstrable basis in *similars* – without an established *similarity of effect* between disease and substance, there can be no claim of *homœopathicity*.

⁴⁹ It must be said that the advantage of the scientific* mainstream is funding – yet despite the constraints of finances and time, we can and must work to improve our profession continually, and such work needs to be communicated to our colleagues for review and discussion. When a person reports their thoughts and findings in the written form, they ask it be subjected to scrutiny and either it will then need adjustment, or it withstands the test of falsifiability at the hands of experts in the field, and thus stands as a work of learning.

* we refer to the *basic medical sciences*,
not to the *practice* (art) of medicine

On this topic of exercising the mind through literary work, Hahnemann writes:

“... nothing educates our mind so much as (improving conversation and) the representation of our thoughts in published writing. This gradually induces a wonderful correctness in thinking, and gives distinctness of expression, so as to enable us to communicate our thoughts in such a way that others may read our very soul, and build themselves upon it. We are thus enabled to bring about in others a conviction of that which they ought to know. It is by our convictions and our doctrines that we sway our age.”

Letter to Stapf, Sept. 1813
in *British Journal of Homœopathy*,
1845, vol.3, pp.137-138)

“... I have made it an invariable rule never to quote at second-hand, nor to make any reference to the opinions of an author whose works I have not myself carefully examined.”

————— Francis Adams —————

The Seven Books of Paulus Ægineta
tr. from the Greek, London, vol.1, 1844
Advertisement, p. viii

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