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Dernnier E-mail du Dr Benveniste au Dr Vanden Eynde, envoyé le 04 juin 2004

Cher ami,

Je répons un peu tardivement à votre lettre du 9 avril. Pour ce qui concerne la publication, je pourrai écrire un texte "ce que devrait être la recherche fondamentale en homéopathie" en donnant quelques résultats in vitro sur des produits homéopathiques, tels qu'Arnica. Le tout est que je trouve le temps de le faire. Je suis tellement déçu par l'atonie des homéopathes. Je pars pour 8 jours aux USA et je suppose qu'à mon retour j'aurai votre réponse et que cela me rappellera à mon devoir.

Bien cordialement.

J. Beenveniste

Evidence Based Homoeopathy:

Clinical verification of Homoeopathic Methodology of Boenninghausen

Dr Ulrich Fischer

Freiburg im Breisgau – Germany

09 octobre 2004

Before we begin our verification of proving Boenninghausen, it is elements of his particular, his concept J.u.W., Deutsches Leipzig 1897: protecting “everything has its spirit,



discussion of the symptoms according to wise to consider some methodology and, in of “Genius” (Grimm, Wörterbuch, IV. Bd., spirit, creative genius, genius”).

The Genius of a Remedy

The concept, “Genius”, appears in various places in Boenninghausen’s work in connection with a particular group of remedy symptoms. Boenninghausen uses the term in conjunction with the “particular” of a remedy. The particular (characteristic) symptoms of a remedy are peculiar to it in such a way that, when they disappear, the remedy itself actually ceases to exist.

In Hahnemann’s work, the concept “Genius” appears as early as 1819 in the 2nd edition of the Organon in § 136: “If right at the onset, a properly strong medical dose has been administered, then one has the advantage of being able to record the exact sequence of symptoms the prover experiences, and the time when each appears. This is very instructive for the knowledge of the medicine’s Genius because the order of the initial actions, and also the reciprocal actions, come to light most unambiguously.”

Hahnemann retains this concept of the Genius until the 5th edition of the Organon and substitutes it then by the term “character”.

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In 1835 von Boenninghausen mentions the concept “Genius” for the first time in his repertory of the “Non – Antipsoric Remedies”: “Some remedies that Herr Jahr includes are missing from the two volumes of my repertory. On this matter I can only say that they are only ones whose characteristics I tried in vain to determine. I will not place the blame on the insufficient amount of observable symptoms and the great inaccuracy and uncertainty of them but will rather admit that I am unable to recognize their true Genius and have never administered any of them. Whoever has penetrated their spirit more deeply than I was able, he should go to every extent to bring their information up to date and in so doing experience what circumspection and effort this work requires.”

These words are initial and clear testimony to Boenninghausen’s methodology; remedies were only included in his repertories and the Therapeutic Pocketbook if the characteristic, (Genius) of a remedy was known and its therapeutic action, in application, proven.

Determining of the Remedy Genius According to Boenninghausen

Genius symptoms are determined by studying a remedy in its original provings (that is, Hahnemann’s Works, “Chronic Illnesses” or “Pure Materia Medica”). The particular symptom must present frequently, in different body segments and be clearly manifested. The symptoms gain importance if they are ascertained by different examiners. Because it is how a component of a complete symptom travels through different body segments that is the prerequisite for designating Genius symptoms, only sensations, modalities and concomitants are recorded as Genius symptoms; locations can not be repeated. (complete symptom – main complaint of the patient).

Boenninghausen illustrates his procedure using *Asa foetida* as an example. In the remedy proving conducted by Noah and Trinks, he found the significant symptom: “stitching pains, traveling from inside outward and being possibly dull or burning” to be missing. He examined the individual components of this symptom and recorded, in 326 composite symptoms, the following based on their frequency:

- pain from inside moving outward (28 x)
- stitching pain from inside moving outward (15 x)
- dull stitching pain (11 x)
- burning stitching pain (10 x)

Boenninghausen therefore observed what was moving through *different* body segments and what was *clearly* manifesting. In this he sees the “recognizable” Genius of a remedy, which can develop when the *entire* symptoms of a remedy are examined.

Boenninghausen makes a considerable and new advancement when he connects such a Genius symptom (such as modality or sensation) with a body segment to which the particular symptom element has not yet, according to the drug proving, been associated. In the case of Asa foetida this meant that the types of pain described above now applied to the regions teeth, ears and face- although these had not been described in this form in the remedy proving.

“...and to be sure, when I had stitching – burning pains in the teeth, ears and face, which presented in intervals and was experienced only as moving from the inside outward, even I experienced quick and long-lasting help with this remedy.”

“If a stitching pain from inside moving outward is characteristic for Asa foetida, that is because it occurs in the proving symptoms in *different* organs. The term different can be relative, which is why Boenninghausen began to characterize (see designation of grades below) the cured symptoms. “ If a shooting pain from inside moving outward was cured by one remedy and, if the remedy has listed in his index this pain in different organs, we can consider this to be a certain verification of possible characteristic proving symptoms. If this pain has been cured repeatedly by one remedy, we can be certain that the proving symptoms are indeed characteristic.” (U. Plate, Hahnemanns Arbeitsweise mit dem Symptomenlexikon, 2003, p. 82).

This is the quintessential idea in Boenninghausen’s Symptom Verification.

The “Genius” can naturally not be understood as an empirical term; it is instead a supposition or hypothesis that must be reaffirmed in practical treatment.

Verification of Proving Symptoms

The following quote indicates that Boenninghausen was not satisfied at all by using only the remedy provings to describe and define Genius - Symptoms:

“Whenever here, albeit often impractical, the characteristic of an illness is listed as relevant and the choice of remedy depended on unclear symptoms or on the questionable predominance of one condition over another, then it is worthwhile recording even one prior observation for subsequent confirmation or consideration. Several such [observations] however, reveal the true Genius of the remedy, something that could never have been achieved by mere theoretical study and reasoning.”

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Thus we see that clinical experience is important to determine the Genius of a remedy. This means that, based on the basic concepts in the Therapeutic Pocketbook, clinical verification of the Genius symptoms is required in the treatment. In the Therapeutic Pocketbook of 1846, the third and fourth grade (drug proving and clinical verification) represent the Genius of a remedy.

This fact is not only useful for case analysis but also for studying Materia Medica. Boenninghausen suggests studying the remedy provings symptom by symptom and then looking up each symptom in the Therapeutic Pocketbook. If we then encounter grade 3 or 4, we can highlight that particular symptom element in Materia Medica.

“In this manner we gain not only a basic knowledge of the most important indications and of the Genius of a remedy, but we also have a permanent written collection of the most important facts, which by this process, we can commit to memory. Later and in the most complex cases we can refer to this and thereby more often than not arrive at the proper selection.” (Boenninghausen, C.v., “Therapeutisches Taschenbuch”, 1846, preface XVIII)

The Genius of the remedy must correspond in all regards to the Genius of the total illness, “as it is revealed by its characteristic symptoms.”

Boenninghausen, however, was not always consistent in strictly delineating the concept of Genius. As headings he used -characteristic symptoms, which can be further differentiated into

- o a) the actual characteristic symptoms (that is, those that are peculiar to only one or a few remedies), for example, “headache as if a nail is being driven into the temples”, and
- o b) the Genius symptoms

Unfortunately Boenninghausen left us no concrete criteria for determining whether symptoms were characteristic to a remedy.

According to Boenninghausen, we can understand “characteristic” as being discernible and determinable. Characteristic symptoms are those which examiners can minutely classify, observe and record. A stitching pain is characteristic for Bryonia, because in the drug proving this symptom travels through Bryonia’s organs and body segments. Basis for the characteristic of remedies is the “different.”

For example “stitching pain from inside moving outward, at different locations or different types of pain on movement. A symptom is characteristic of a particular remedy because the healing confirmed what is found in the drug picture. It is not characteristic merely because it healed. (U. Plate, Hahnemanns Arbeitsweise mit dem Symptomenlexikon, 2003, pages 12 - 28)

Classification of Grades in the Therapeutic Pocketbook

There are conflicting views regarding to what extent all 4 grades used by Boenninghausen in the Therapeutic Pocketbook refer to the characteristic symptoms of a remedy.

But Boenninghausen’s existing works allow us to conclude that each grade in the Therapeutic Ppcketbook represents a characteristic of a remedy. This implies that these are basically drug proving symptoms. Therefore, we can classify even grades 1 and 2 as characteristics which are then, before bedside observation, solely differentiated on the basis of the frequency of their primary action.

Boenninghausen divided remedies in the individual rubrics into 4 grades and wrote in his preface of the Therapeutic Pocketbook:

“Furthermore I tried to always indicate where a symptom proved itself in practical application and attempted to identify this by using various types of print.” Of his grade classification Boenninghausen writes in the Therapeutic Pocketbook, revised edition 2000:

“Terms written in italics with spaces in-between (*P u l s*) are the upper, most distinguished and most frequently relevant (4. grade)”. In his work, “Homöopathische Behandlung der Wechselfieber –und anderer Fieber”, Dynamis Verlag, Preface p. VII/VIII: “the uppermost grade, printed in spaced italics, is reserved for those remedies which are most frequently administered and have been most frequently proven effective (in various cases).”

Then terms printed in simple italics follow in descending order (*Ars.* and *Lyc.*). These are less superior but have nevertheless been proven to be effective either by the remedy characteristic and in practical application. (3rd grade).

Boenninghausen says:

“If experience has determined the value of a symptom by truly successful healing owing conclusively to the remedy, then we choose italics, using italics with spaces in - between where these successful healings occurred each time in repeated frequent application”.

Words written in spaced antique have subordinate ranking *N a t r.* and *S e p.* (2nd grade, that is, symptoms observed in different occasions by different examiners) ,and, on the lowest level of value, we find *Calc.* (1st grade), written in non-spaced antique.

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“In the fifth and lowest position we find questionable remedies, those requiring more validation or those rarely found. These are written in parenthesis, such as on p. 86 (Arg).”

In his Foreword to “Übersicht der Hauptwirkungssphäre der antipsorischen Arzneien, sowie der antisiphilitischen und antisykotischen”, Münster, 1833), it is clear that Boenninghausen bases his work on Hahnemann’s. He writes: “The first sentences of this work are taken from Forewords of our Hahnemann (Heilanzeigen in den “Chronischen Krankheiten”) to which I have continued to add what has proven reliable in practical application. These are almost entirely the results of my own careful experience and that of others. I believed only compelled to include something [when it was] completely particular, characteristic, or until now occurring infrequently with other remedies or something never before observed, and then only as soon as there was no doubt as to the legitimacy.” The latter surely refers to observed proving symptoms, that is those that he ranked in the first or second grade in his repertories, whereas the former refers to symptoms that had already been verified to which he applied grades 3 and 4). (K. Holzapfel, Zeitschrift für Klassische Homöopathie 3/2001, p. 116).

If we consider that Boenninghausen did not turn to homeopathy until 1828 and required 3-4 years of study prior to publishing the “Systematisch – Alphabetisches Repertorium der antipsorischen Arzneien”, 1832, there is much to indicate that Boenninghausen initially included all classified remedies under grade 1 except in those cases in which drug provings had made it clear that the value, even at the onset, would be grade 2, that is in cases where Hahnemann, in the reference literature, had placed special value on a validated symptom (such as Mur-ac. in “Reine Arzneimittellehre” 22/88-97). In subsequent years he would refer more and more to his own experience and systematically upgraded the remedies, that is, from 1 to 2, 2 to 3, 3 to 4.

How extensive Boenninghausen viewed his work is evident in the line in “Die homöopathische Behandlung des Keuchhustens”, p. XVI: “...one can appreciate how many endless trials with healthy subjects, observations and experience at bedside were necessary to determine and classify the characteristic elements of each remedy.”

This is surely why Boenninghausen requested Hahnemann’s assistance in verifying the proving symptoms. But Hahnemann had to respond: “But my current condition prevents me in all regards. Perhaps, were I forty years younger, I could come up with something similar. But then I would only be able if I had a homeopathic hospital at my disposal in order to verify the matters in question by my own trials on many subjects.

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There are indeed still many obscure and only partially correct items in the current list of symptoms which are in desperate need of verification or correction. Who would want to conclude positive results already? It is amazing that so many positive effects of remedies could be already proven with the few drug provers who required so much effort to bring together and who demonstrated varying competencies in the observation of the provings. Pity this young great art.

It is impossible for one person to put this all together. We need thousands and a well-equipped hospital ; it is, to this end, absolutely indispensable, without which the Pure Materia Medica cannot be ascertained." (see Hahnemann's letter to Boenninghausen of 3/16/1831, M. Stahl, Letters between Samuel Hahnemann and Clemens v. Boenninghausen, Haug Verlag, 1997).

Conclusion

The definition of the "Genius" of a remedy using proving symptoms, even the case analysis in Boenninghausen's methodology and especially the free combination of Genius-symptoms, that is, the requirement that a proving symptom observed in different parts of the body can be repeatedly cured, all these are indispensable elements of the clinical verification process, even though Boenninghausen, as nearly all significant homeopathic researchers in the history of homeopathy, left us with no clear criteria for their concrete application. In treatment, a very high success rate has been achieved with those remedies described in the Therapeutic Pocketbook under grades 3 and 4.

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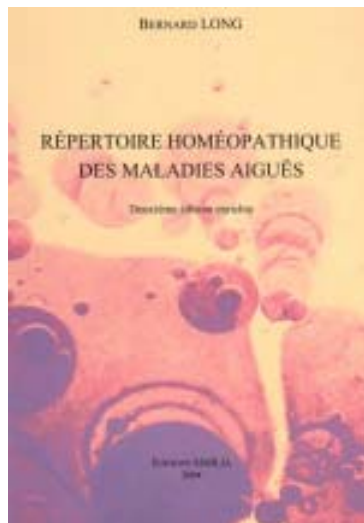
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Dr Ulrich Fischer.

Répertoire Homéopathique des maladies aiguës

deuxième édition enrichie

Bernard Long



“Il s’ensuit de là, que le remède , qui a anéanti la totalité des signes perceptibles de la maladie, doit avoir rétabli le dérangement dans l’intérieur de l’organisme...”

Samuel Hahnemann

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