

Frans Vermeulen Concordant Materia Medica

Leseprobe

[Concordant Materia Medica](#)

von [Frans Vermeulen](#)



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PREFACE TO MILLENIUM EDITION EDITION

This millenium edition of the Concordant embraces both an extension and a revision of the second English edition. Phatak's additions have been replaced by the original ones, mainly coming from the texts of Hering, Clarke, Kent and Pulford. Yet the general idea behind the Concordant has remained unchanged. What I wrote in 1994 as an introduction therefore still applies:

"This book contains the maximum number of reliable Materia Medica facts in the minimum space," Boericke writes in the foreword of his celebrated Materia Medica.

Given the number of good Materia Medicas available, I feel it is time that the maximum number of reliable symptoms was extended, without resulting in an extra metre of book space on every homoeopath's bookshelf.

With this aim – the compilation of a complete but portable Materia Medica – I began by asking myself which authors I should include. The information and the sources they used would have to be reliable and should not be just a duplicate of the work of others. Experience shows that many Materia Medicas are almost identical, although there is no objection to this as long as they complement each other and provide nuances and complete symptoms.

This is how I arrived at my plan to compare the writings of a large number of authors in order to gain a more complete symptom picture. Completeness is not a question of quantity, of more symptoms per remedy, but of quality, of a detailed examination of each symptom. Preferably, therefore, with a clear description of localization, sensation, modalities, pains extending and concomitant phenomena. Taken separately, not one of the authors satisfies this criterion, with the exception, of course, of Hering's ten-volume Materia Medica. If, however, one uses a single basic text – in this case Boericke – and then supplements it with the observations of other authors, thousands of pages of symptoms can be reduced to a handy format, which is the aim of this book.

After painstakingly comparing numerous Materia Medicas to discover which ones complement each other, I arrived at seven which met this requirement. By omitting repetitions, I was able, as it were, to paste the various descriptions together. Having gone through 3807 pages of text written by the seven authors below, as well as Clarke's Dictionary and Kent's Repertory, I was finally left with the repetition-free symptoms that are contained in the pages of this Concordant Materia Medica.

The authors I decided on are T.F. Allen, Boericke, Boger, Clarke, Cowperthwaite, Lippe, and Pulford. I have used the following Materia Medicas:
I include a brief biography of each of the authors I opted for:

[Sources: Harald C. Gaier – Thorsons Encyclopaedic Dictionary of Homoeopathy, 1991
Jay Yagur – A Dictionary of Homoeopathic Medical Terminology, 2nd ed., 1992]

Timothy Field Allen [1837-1902]

Eminent U.S. homoeopath, born in Westminster, Vermont. Son of a physician. Also renowned as an organist and composer. Ran his homoeopathic practice in Brooklyn, New York. In 1867 he became professor of Anatomy at the New York Homoeopathic Medical College. Four years later [1871] he was appointed professor of Therapeutics and Materia Medica. He was also Director of a Homoeopathic Insane Asylum in Middletown, New York, which for decades was a centre for the research and treatment of mental disease according to scientific homoeopathic principles.

Major writings:

The Encyclopedia of Pure Materia Medica, 12 Vols. [1874-79]

A General Symptom Register of Homoeopathic Materia Medica [1880]

A Handbook of Materia Medica and Homoeopathic Therapeutics [1889].

William Boericke [1849-1929]

Eminent U.S. homoeopath. Born in Austria. Studied for one year at the Vienna Medical School, before settling in Ohio. Graduated from the Philadelphia Medical College in 1876. Soon afterwards he moved to San Francisco where he worked as a homoeopath for more than fifty years. He was co-founder of the Pacific Homoeopathic Medical College and Hahnemann Hospital in 1881. This was incorporated into the University of California, where he became the first professor of Homoeopathic Materia Medica and Therapeutics, a post he held for thirty years.

Major writings:

The Twelve Tissue Remedies of Schüssler [1888]

Pocket Manual of Homoeopathic Materia Medica [Ninth Edition-1927].

Cyrus Maxwell Boger [1861-1935]

U.S. homoeopath. Student of von Boenninghausen; worked ceaselessly from early 1933 to his death in September 1935 on the translation, compilation and augmentation of Boenninghausen's Characteristics and Repertory. His outstanding contribution to the homoeopathic system was the coordination and compilation of significant features of seemingly dissociated symptom groups in his A Synoptic Key of the Materia Medica. He sought out the so-called genius of the drug by focusing on differentiation.

Major writings:

Additions to Kent's Repertory

Time of the Remedies and the Moon Phases

A Synoptic Key of the Materia Medica [Fourth Edition -1931].

Allen Corson Cowperthwaite [1848-1915]

U.S. author and minor poet as well as homoeopath, born in New Jersey and graduated as MD in 1869 from the Hahnemann Medical College in Philadelphia. For eleven years he was professor of Materia Medica and Gynaecology in the Homoeopathic Medical Department of the State University of Iowa. As a Doctor of Law he made a significant contribution to homoeopathy's position in fundamental medico-legal issues.

Major writings:

Elementary Text-Book of Materia Medica [1880]

Disorders of Menstruation [1888]

Text-Book of Gynaecology [1888]

Text-Book of Materia Medica and Therapeutics [1891].

Adolphus Graf zur Lippe-Weissenfeld [1812-1888]

After Constantin Hering, this nobleman was the most outstanding homoeopath in the U.S. He was born on the family's estate near the old town of Görlitz, lower Silesia, Electorate

of Saxony and studied Law in Berlin. He then emigrated to the USA and studied medicine at the Allentown Homoeopathic Academy, Pennsylvania. After graduating he joined the Hahnemann Medical College, Philadelphia, where he was made professor of *Materia Medica* in 1886]. Lippe was the most forceful polemicist of the period on the advantages of high-potency prescribing.

Major writings:

What is Homoeopathy?

Key Notes [the section Red Line Symptoms is a supplement compiled in the 1970s from Lippe's writings in homoeopathic journals worldwide during the third quarter of the nineteenth century – now also incorporated in his book by the publishers].

Text-Book of *Materia Medica*.

Alfred & Dayton Pulford [c. 1920]

U.S. homoeopaths, father and son.

Little is known of the Pulfords, except for the fact that they carried out provings with new remedies and added interesting new symptoms to existing remedy pictures.

Constantin Hering [1800-1880]

At the very moment Karl Gottlob Hering played the organ of the church of Oschatz, Saxony, to usher in the new century, his son Constantin was born shortly after midnight. "On the following day, when there was snow on the ground, the parents believing in the hardening process, the child was carried out of doors. My grandmother told me that the child was blue when he was brought into the house. My father, who had lost his first-born son, said: 'This one must live! The other one was weakened by too much coddling!'" Blue at the outset, but live he shall.

Hering's ancestors were Moravians who spelled their name Hring. After a flourishing period the Moravian kingdom had been subdued to the Bohemian dynasty in the Middle Ages and from 1526 onwards had been ruled by the Habsburgers. In the 19th century the territory merged into Czechoslovakia.

Following a three years' study at the Surgical Academy of Dresden, Hering studied medicine from 1820 to 1826 at Leipzig University. He attended Hahnemann's lectures, but didn't join the exclusive group of students surrounding Hahnemann.

It was Hering's opinion that to make a thing ridiculous is the nearest way to killing it. In his student days he wrote a satire, "Allopathy versus Homoeopathy," against Hahnemann. Hahnemann was never confronted with it because the theatrical manager of the town couldn't get his company to play it. They were all confirmed believers in homoeopathy! Wisely, Hering never told Hahnemann about this.

The very fact that he wrote a stage play reveals much of Hering's nature. He was passionately fond of music and the theatre, and wrote several libretto's and fairy tales. With the exception of one short novel, none of this work was ever printed or put on stage. Not much of a success, the short novel "went for waste paper." "While at this period of his life he had a strong inclination to adopt literature as a profession, he was providentially moved to vary his course and devote his talents to medical authorship in the service of Hahnemann and homoeopathy", as his son-in-law Calvin B. Knerr revealed later.

Hering, nicknamed "Buffalo" by his friends and "the damned Dutch" by his allopathic enemies, started his homoeopathic career in Germany. Being initially very sceptical about homoeopathy – "I almost came to the conclusion that the whole business was nothing but a swindle" – he became "mad to discover the boundaries between the true and the false in homoeopathy."

His enthusiasm grew. "I became a fanatic. I went about the country, visited Inns, where I got up on tables and benches to harangue whoever might be present to listen to

my enthusiastic speeches on homoeopathy. I told the people that they were in the hands of cut-throats and murderers. I made many cures. Success came everywhere. I almost thought I could raise the dead."

For someone who, shortly before, wrote an article entitled *Homoeopathy is dead!* this transformation was almost like a death-bed repentance. He had come to a dead-end when making a post mortem upon the exhumed body of a suicide. An infection, received when making the dissection, threatened to end his life prematurely. A few drops of *Arsenicum* - the revival remedy - "in ridiculously small doses" saved him. "I still have the finger; it is the same with which I write this, and more than all I have devoted my entire hand, body and soul, to the cause which Hahnemann gave to suffering humanity. His teachings had not only restored my bodily health but gave me a new purpose in life."

In 1827 Hering was sent to Suriname, to make zoological and botanical researches and collections for the museum of the King of Saxony. In Suriname he made collections for one year and then devoted himself to the practice of homoeopathy. His famous monography on *Lachesis* was one of the results of this six years' stay in the tropics.

Hering returned in 1833 for a short while to Saxony, and then set off for North America to settle in Philadelphia.

In due time Hering's house became a meeting place of homoeopaths and artists. This "Round Table Group" gathered on Sundays in the back room, with Hering in the centre of the circle. Here, over coffee and cigars, lively conversations about various subjects were held. [Hence that regularly recurring proving symptom "aversion to smoking his accustomed cigar."]

In Philadelphia Hering developed into the "Father of American Homoeopathy." "It was very largely on account of his imperturbable equanimity and steady dynamism that homoeopathy experienced an extraordinary flourishing period on that country for about seventy years [until about 1910]. Yet Hering contributed above all to homoeopathy's permanent foundations in a way that quite transcends national boundaries or linguistic groupings." [Gaier, p. 235]

Quotes: Calvin B. Knerr - *Life of Hering*.

Hering's Condensed Materia Medica and Guiding Symptoms

The Condensed Materia Medica was published at about the same time as the first volumes of the Guiding Symptoms. The title reflects the purpose of the book: "to give in a condensed form, to the student of Homoeopathy, such absolutely necessary material as would enable him, in a comparatively short time, to gain knowledge of such important leading symptoms and conditions as are characteristic of each remedy."

The arrangement of the Condensed hardly differs from that of the Guiding Symptoms. Both have 48 chapters. Regarding the gradations, however, there is a great difference. Guiding Symptoms almost swarms with symptoms indicated with **I** or **II**, while in the Condensed these are used sparingly. In the Guiding Symptoms **I** or **II** designate symptoms verified by cures, while in the Condensed they indicate characteristics which in Guiding Symptoms are marked with **I I**.

Structure of Guiding Symptoms

The repertory relates directly to the Materia Medica. Following Bönninghausen, Hering used "four marks of distinction" in Guiding Symptoms. They were meant to facilitate

the study of the relative value of symptoms.

While inserting Hering's symptoms into the Concordant I wondered if I should keep the gradations the way Kent did. Was there any need to put in italics all those "symptoms verified by cures", indicated with **I**?

After turning the matter over in my mind and again studying the symptoms very carefully, I decided to put them in roman type. My reasons are the following:

- As the text shows, a symptom with **I** indicates *one* symptom of *one* patient that disappeared after the administration of the proper remedy. As far as I could ascertain, **I**-symptoms are hardly ever proving symptoms which were cured in clinical situations.
- Symptoms with **I** belong solely to one person.

Hering was in the habit of recording every cured symptom on a single slip of paper. In compiling the chapters of his Guiding Symptoms he simply classified the slips and then copied them. A striking feature is the repetition of very similar symptoms in rubrics. Take for example Hydrastis, under "Smell and Nose." [Volume 6, page 57]. With regard to the kind of nasal discharge the word "thick" appears eight times, together with two different colours: white or yellow. At the end of the rubric "Heart, Pulse and Circulation" in Kalmia one finds five times separately the mention of a slow pulse. The throat symptoms of Lachesis show the same notation system. The symptom "Loses his way in well-known streets" is mentioned four times in Glonoinum. And so on.

In various rubrics Hering regularly includes summarized cured cases. Usually they are placed at the end of the rubric, and are marked with an **II** or **I**. From these cases symptoms were taken which are mentioned elsewhere separately. The phrasing is exactly the same. Likewise with any references with a "theta", used to indicate pathological conditions or physiological general states. A third possibility is to look under "Stages of Life, Constitution" [chapter 47]. Here some brief details about the patient in question are to be found. Rarely if ever symptoms are generalized, i.e. they are not mentioned as related to more than one patient. They belong to one person only.

- The selection of the specific remedy was based on general characteristics, such as sensations, modalities, concomitants, disposition, etc. The cases offer us plenty of examples on this. The symptoms mentioned at the beginning of the case contain the complaint[s] for which the patient came. These, for the remedy selection, "secondary symptoms" were cured by the similimum and thus got an **I**.

Symptoms without any mark of distinction as well as those with **I**, **II** or **I** are put in *plain type* in the Concordant. Symptoms with **III** are printed in *italics*.

I followed another procedure regarding remedies mentioned only in Guiding Symptoms [and not in the Condensed]. Here the *clinical symptoms* [symptoms with one **I**] are printed in *italics*, while symptoms with **III** are in small capitals. Hering's marks of distinction indicate the *origin* of symptoms rather than their gradation!

Proving symptoms

Hering undertook quite a lot of provings. He also used the provings en clinical observations of others. Proving symptoms in Guiding Symptoms may be distinguished by the combination of two things: the phrasing [see for instance Lyssinum, in particular the mind section, or Arsenicum hydrogenisatum, Castor equi, and Palladium] and often the absence of any marks of distinction.

Hering worked scientifically. "It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science," he declares in the preface of the Guiding Symptoms.

The usefulness of proving symptoms first had to be tested in practice. Unless mentioned repeatedly, proving symptoms in Guiding Symptoms had been observed only

once. Consequently the difference between a proving symptom and a cured symptom [symptoms with one ¶] seems to be insufficient to justify distinctions in gradations in the repertory.

Collective rubrics in Guiding Symptoms

Collective rubrics appear frequently in Guiding Symptoms. They can be recognized by the colon behind the symptom. The colon is followed by an enumeration of causes, modalities and concomitants related to the symptom.

The mark of distinction before the symptom refers, in my opinion, to the symptom itself and not to everything following the colon. The mark may be connected with the *extent* of the enumeration. In Natrum muriaticum, for example, the symptom Vertigo as such is of second or third grade [depending on the interpretation of symptoms with ¶], but the separate symptoms following the colon are not. This seems to me the only explanation why here and there after the colon in collective rubrics a different mark is given to a single symptom. The reasoning that such cases indicate a lesser grade than the main one, seems illogical. The reverse is more obvious: Hering wanted to emphasize such symptoms and therefore gave them a different mark.

Kent based his repertory gradations on the main mark of collective rubrics and usually [yet not consistently] included all symptoms following the colon, with the result that problems arise when ranking the vertigo symptoms of Nat-m. as most of them are in the third grade.

Intermezzo: Stages of Life, Constitution

Rubric 47 of Hering's 48 chapters is called "Stages of Life, Constitution," being a faithful representation of the cured cases.

In the first two volumes, for which Hering himself was responsible, rubric 47 is less detailed than in the next eight volumes. Hering was engaged in collating the materials of Calcareo carbonica when destiny came and he "suddenly and unexpectedly" died of an acute heart attack on the late evening of July 23, 1880.

The material of the next volumes was carefully selected and compiled by Raue, Mohr and Hering's son-in-law Knerr, scrupulously based upon Hering's manuscripts. The unchanged general framework was supplemented by the three men with a rubric called "Clinical authorities", furnishing all sources from homoeopathic literature. In addition, they extended rubric 47.

By way of variety I took a day off and started counting. It yielded some interesting data, though slightly biased by the incompleteness of rubric 47 in the first three volumes. Therefore polychrests such as Arsenicum, Belladonna and Calcareo carbonica are missing in the "statistics" given below.

The total amount of cured cases numbers about 5350 patients. Thirty or more cures were achieved with the following remedies:

Nux vomica [326 patients], Sulphur [285], Pulsatilla [197], Phosphorus [180], Lachesis [160], Lycopodium [135], Mercurius [123], Rhus tox. [119], Kali bichromicum [114], Silicea [108], Sepia [105], Natrum muriaticum [88], Ignatia [70], Chelidonium [68], Hepar sulphuris [66], Stramonium [59], Kali carbonicum [58], Opium [57], Nitricum acidum [55], Thuja [54], Veratrum album [53], Ipecacuanha [51], Tarentula [50], China [45], Causticum [43], Apis [42], Iodum [41], Conium [38], Secale [38], Chininum sulphuricum [36], Colocynthis [36], Gelsemium [36], Phosphoricum acidum [36], Plumbum [36], Hydrastis [35], Mercurius corrosivus [34], Psorinum [34], Coccus [33], Crotalus horridus [33], Mezereum [33], Phytolacca [33], Graphites [32], Hyoscyamus [31], Stannum [31], Chamomilla [30], Cuprum [30], Platina [30].

So-called “men’s remedies” were hard to find. A ratio of two males [boys included] to every three patients could be observed with *Cicuta*, *Hepar sulphuris*, *Nitricum acidum*, *Phosphoricum acidum*, and *Syphilinum*. Seven out of eight *Fluoricum acidum*-patients were males.

“Women’s remedies” were easier to find:

Carbo animalis [11 females out of 11 patients], *Conium* [30 to 38], *Ignatia* [52 to 70], *Iris versicolor* [13 to 18], *Kali bromatum* [12 to 14], *Lac defloratum* [11 to 13], *Lilium tigrinum* [12 to 14], *Magnesium muriaticum* [19 to 23], *Magnesium phosphoricum* [19 to 25], *Murex* [8 to 8], *Naja* [7 to 9], *Nux moschata* [21 to 23], *Physostigma* [the same remedy as *Calabar*] [10 to 12], *Platina* [29 to 30], *Pulsatilla* [140 to 197], *Sabina* [23 to 24], *Sepia* [77 to 105], *Tarentula* [37 to 50], *Ustilago* [24 to 26], *Viburnum* [12 to 12; of whom ten suffered from dysmenorrhoea].

A ratio of two females [girls included] to every three patients could be observed with *Apis*, *Cactus*, *Causticum*, *Chamomilla*, *China*, *Cocculus*, *Cuprum*, *Digitalis*, *Gelsemium*, *Glonoinum*, *Graphites*, *Ipecacuanha*, *Kali carbonicum*, *Kreosotum*, *Lac caninum*, *Lachesis*, *Mercurius cyanatus*, *Mercurius iodatus flavus*, *Moschus*, *Natrum sulphuricum*, *Sanguinaria*, *Secale*, *Silicea*, *Spongia*, *Veratrum album*, *Veratrum viride*, and *Zincum*.

In some remedies the ratios were almost equal: *Crotalus horridus* [16 males, 17 females], *Ferrum metallicum* [10/8], *Lycopodium* [57/78], *Mercurius* [59/64], *Mercurius corrosivus* [18/16], *Natrum muriaticum* [46/42], *Nux vomica* [171/155], *Phosphorus* [93/87], *Stramonium* [32/27], *Sulphur* [147/138], *Thuja* [26/28].

Apart from a few exceptions, all this seems to be a reasonable reflection of the average contemporary practice.



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