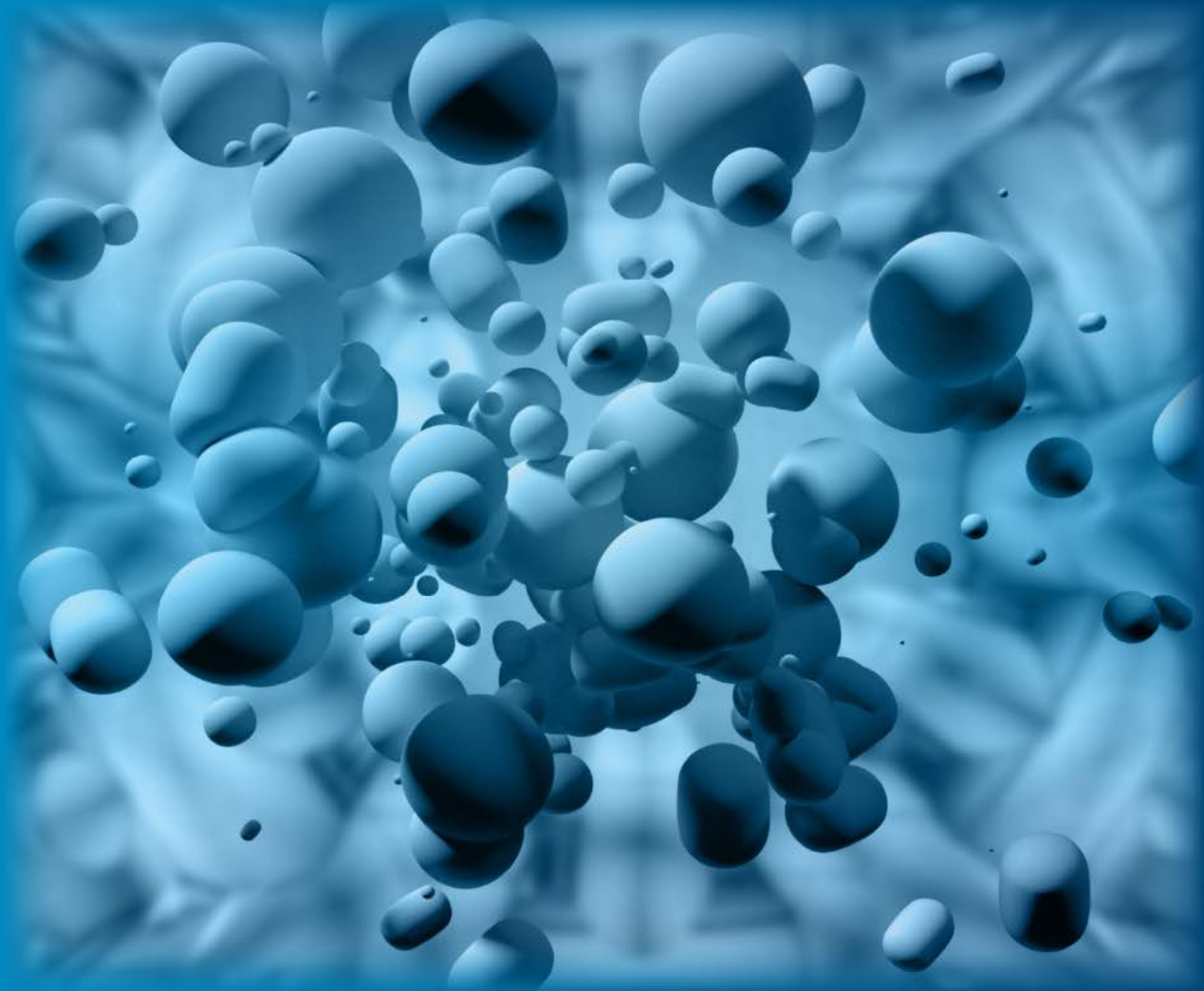


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# Something on Moschus

*a pure pharmacography*<sup>1</sup>

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**Abstract:** *Moschus moschiferus* was originally proved by Hahnemann and its pathogenesis is explored in reference to original proving sources. Formative substance trials (provings) reveal spasmodic, “hysterical”, convulsive and ataxic affects with characteristic concomitants and specific organ affinity. A case that was finally cured by this remedy is presented in detail with case analysis and case management discussion. Discussion also includes non-homœopathic old-school sources which further elucidate the pathogenesis. Hahnemann’s pharmacographies are unmatched in their accuracy of recording and reporting the consistent effects (characteristics) of substances, with remarkable fidelity to the original sources cited.

**Keywords:** *Moschus moschiferus*, pharmacogenesis, primary source materia medica, case of “tantrums”, ammoniacal odour of urine, impotency.

## Proem [προοίμιο]

This short discourse presents some of the known pure (conjectureless) effects of *Moschus moschiferus* Linn. (Musk-deer) recorded by Hahnemann in his *Reine Arzneimittellehre* (RA),<sup>2</sup> and present a case history to illustrate its use in behavioural disorders of the *Moschus* type. As with our monograph on *Digitalis*,<sup>3</sup> we show some of our ongoing research and findings towards the *Materia Medica Hahnemannica* (MMH) project.<sup>4</sup> It is much hoped to encourage others to a careful examination of our MM sources and report their findings to consolidate and grow our knowledge-base, with certainty.

## Moschus

Despite its long historical use as fragrance and medicine, we find a relative paucity of distinctive information on its *specific effects*, hence an uncertainty in prescribing with much variance in therapeutic outcome; yet it was highly regarded in *spasmodic* and *ataxia* (nervous hyper-excitation) conditions, especially by earlier writers of the old-school,<sup>5</sup> even used as a remedy against insanity. But this invaluable medicine gradually fell into disuse, in large part due to its great demand and expense, and given the large amounts employed. This led to frequent adulteration (therefrom its noted unreliability), and to the use of *artificial musk* substitutes (*Moschus artificialis*; even so-called *vegetable musks*).

For these reasons Hahnemann could only recruit a few fragments from existing accounts – only 40 symptoms from 31 old-school authors. Yet *Moschus*’ therapeutic potential was evident by the striking nature and violence of its effects, especially on sensitive subjects prone to hysteria (*Boerhaave, Cartheuser, Fuller*, etc.), and by the numerous accounts of serious effects (even fatalities) arising from exposure to the mere odour (*Bartholin, Boyle, Hoffmann*, etc.). So Hahnemann well apprehended its value & included *Moschus* in his first edition RA (RA<sub>I</sub> vol.1, 1811), even before he had the opportunity to conduct *methodical substance trials* (provings), and by 1822 (for RA<sub>II</sub>), he had added his provings to better *define* the effects of this substance.



## Pharmacogenesis<sup>6</sup>

Our pharmacogenetic pathway for *Moschus* as it appears within Hahnemann’s RA is as follows:

RA<sub>I</sub> (39 ss) 0 Hahnemann (H); 39 from old school (o.s.) sources (some ss. multiple authorities)

RA<sub>II</sub> (152 ss) 2 H; 40 o.s. ([6+7] = (12); (126,136) added) + 111 homœopathic school [Stf 28; Gss 74; FrH 9]<sup>7</sup>

RA<sub>III</sub> (152 ss) 2 H; 40 o.s. + 111 homœopathic school [Stf 28; Gss 74; FrH 9]

It is important to note these provings for *Moschus* from Hahnemann and his three fellow observers of the homœopathic school were conducted between 1811–1822 (RA<sub>I</sub> – RA<sub>III</sub>), and whilst Hahnemann continually experimented with ever-smaller medicinal doses *in prescribing*, he did not generally recommend the advantages of potentised substances *in provings* until the 5<sup>th</sup> edition *Organon* (1833), long after he had left *Leipzig* and the immediate contact with his *Prover’s Union*. It should therefore not come as a surprise to learn these symptoms contributed by *G.W.Gross* and *J.E.Stapf* were observed from *two grains of Musk* (i.e. *not from potency*),<sup>8</sup> and whilst not stated there, it is not likely Hahnemann and his son Friedrich used very different preparations given Hahnemann set the dosages for these trials.

Indeed the *formative substance trials* (provings) for our materia medica were made using regular preparations in non-infinitesimal doses, as may readily be seen by looking at Hahnemann’s contributions in *Fragmenta*, where he states the

preparation used, as for example:

- Aconitum* Fr.1 succus herbae totius in sole inspissatus [juice of the whole plant thickened in the sun]
- Arnica* Fr.17 spirituosa pulveris radices, radices pulvis [spirited powdered root, root powder]
- Belladonna* Fr.25 succus herbae totius in solis calore inspissatus [juice of the whole plant thickened in heat of the sun]
- Camphor* Fr.47 Camphorae pulvis et solutio in spiritu vini [camphor powder dissolved in wine]
- Cantharis* Fr.57 pulveris tincture [tincture of the powder]

We should keep in mind Hahnemann's intention was to verify (or falsify) the various (often conflicting) reports of substance effects – to record only *valid* and *reliable* information; and this required using similar preparations and dosages whilst carefully controlling other variables to allow direct comparison and extension from what was then known. This fact alone evidences the distinct separation between the foundational *omoion* (similars) which *solely defines* and distinguishes *what is* (and *is not*) Homœopathy, and the subsequent (though necessary)<sup>9</sup> development of *potentisation* (so-called 'ultra-dilutions'), and this demands our attention when seeking to design trials of proof and efficacy.

**Homœopathic school**<sup>10</sup>

Most of the symptoms our in *Moschus* pharmacography derive from observers of the homœopathic school, as seen in table 1.

prover / proving master	ss
[H] Samuel Hahnemann (1755-1843)	2
[FrH] Friedrich Hahnemann (1786 - ??)	9
[Stf] Johann Ernst Stapf (1788-1860)	28
[Gss] Gustav Wilhelm Gross (1794-1847)	74

Table 1: *Homœopathic school contributors to Moschus.*

By *prover* is meant either conducting trials on themselves, or supervising trials on others (i.e. 'proving master') – hence we see the numerous female symptoms reported by male 'provers'.

Lost to the allopath is the detail provided in these contributions, made by those seeking to observe closely and express clearly the effects of this substance, without the confines of generalised classification, and thereby supply the distinguishing information *not available outside such methodical provings*. In the case of *Moschus*, whereas the old-school (*Cartheuser*,) reports merely *vertigo*, the homœopathic school adds definition with *modalities* (slightest movement of head<sub>3</sub> & stooping<sub>4</sub> [Stf]) and *concomitant* nausea<sub>5</sub>

[FrH]; and whilst the old-school (*Morgenstern*<sub>49</sub>) reports merely *stomach pain*, the homœopathic completes this symptom, adding the nature of pain (tense-pressing<sub>53</sub> [Stf]; tight burning<sub>48</sub> [FrH]), the concomitant (anxiety at chest<sub>52</sub> [Gss]), and modalities (inspiration<sub>52</sub> [Gss]; after the midday meal<sub>48</sub> [FrH]).

**Old-School (allopathic)**

Of the 31 old-school authorities cited by Hahnemann, only *Cullen* and *Wall* were in English. The following table lists all old-school authors cited by Hahnemann, along with the total number of their symptoms recruited:

cited source	ss	cited source	Ss	cited source	ss	cited source	ss
[B10] Bartholin	1	[F28] Fuller	1	[P6.1.9] Pelargus	1	[S76] Sylvius	1
[B31] Boecler	1	[H26] Hemman	1	[P14] Piderit	4	[T16.1] Tralles	6
[B32.1.1] Boerhaave	1	[H42.1.5] Hoffmann	4	[R8] Reil	1	[V6.1] Vogel	2
[B43] Boyle	1	[L33] Löseke	1	[R19.3] Riedlin	1	[W4] Wall	1
[C10] Cartheuser	4	[M22] Mead	1	[R25] Rolfinck	1	[W13.3.1] Wedel	2
[C34.1] Crantz	1	[M23] Medicus	1	[S4] Sanctorii *	1	[W17.2] Weikard	1
[C36] Crell	1	[M27] Mercurialis	1	[S22] Schröck	6	[W29] Whytt	1
[C40.4] Cullen	2	[M45] Morgenstern	5	[S36.1] Sennert	1	* unavailable directly	

Table 2.

Except for *Sanctorius* for whom we have only obtained secondary reports, we have directly examined each of the remaining authorities, as well (preferentially) their original precursors (e.g., Boyle) where Hahnemann had access only to a later translation – it was not at that time uncommon for publications in one language to later appear in another, and Hahnemann cites the original wherever possible (depending on his location). Thus, for Baylies, he cites the original English in *Bell., Con., Dig.*; but for *Ars.* only a German review in *Sammlung Auserlesener Abhandlungen...* For *Moschus*, he cites the Latin translation of Boyle, and German of Whytt, for which we were able to access the originals.

Such effects observed from excessive or cumulative doses help to extend and complete our knowledge beyond the normal ethical constraints of methodical human trials. We mention for example the extreme mobilisation of blood (*Sanctorius*<sub>26</sub>, *Piderit*<sub>144</sub>) with precipitation of menses (*Bartholin*<sub>70</sub>, *Schröck*<sub>69</sub>, *Vogel*<sub>37</sub>), violent (even fatal) hæmorrhages (*Piderit*<sub>117</sub>, *Boecler*<sub>36</sub>, *Mercurialis*<sub>37</sub>, *Schröck*<sub>36</sub>); and hysterias (*Riedlin*<sub>81</sub>, *Sennert*<sub>80</sub>, *Wedel*<sub>80,82</sub>). Amongst the old-school authorities we here include the observations of Jörg in his *Materialien*<sup>11</sup> from which 46 symptoms were recruited into *Moschus* by *Hartlaub & Trinks* (HTRA).<sup>12</sup>

**Case of 'Tantrums' in a Child**

MD, female child, aged 2½ years: Presented 2<sup>nd</sup> February 2001 with allergic reactions to dairy products (especially milk) – there appears a fiery-red 'angry' rash on the face, especially about the mouth, and the child "chucks a tantrum", kicks, screams, and is just uncontrollable – settles by eating (not dairy). I took the following TBR<sub>2</sub> rubrics:<sup>13</sup>

Tantrums dairy allergy - initial	Rep 2	Rep 3	Rep 4	Rep 5	Rep 6	Rep 7	The Bönninghausen Repertory 2.1		
	Rubrics						Nat-c.	Sep.	Calc.
1810 Modalities - From Foods & Drinks - Milk							3	4	4
183 Regional - Head - Face - Appearance - Eruptions (efflorescence, exanthema) - mouth, about the							3	4	3
1901 Modalities - From Situation & Circumstance - Eating - after - amel.							4	2	2

A quick check of *Natrum carbonicum* in Hahnemann's *Chronic Diseases* (CD) revealed support in the facial eruptions about



the mouth (ss.220, 231, 233), as well ill-humour and even furor (ss.38, 42, 46, 52, 53):

02 Feb.2001 (initial) *Rx: Nat-c. 30 (L) o.m. (every morning)*

01 Dec. 01 (10 months later) *Worse* (hence their hesitation to return) – within 2-3 weeks of starting remedy child became very aggressive, even without taking any dairy – started biting people, and other children.

Could this be an aggravation (too much too soon)? ... or did it indicate this was not the correct remedy? I again examined *Nat-c.*, and realised the following *significant contradiction*, reported by the reliable *Schréter*, to the child's condition which was *settled by eating*:

362 After the midday meal [Mittag-Essen], peevish, cross, ill humoured, neither satisfied in the room, nor in the open air; this diminished toward evening. [Srt]

363 After meals, at noon and in the evening, very cross, for several days. [Srt]

364 After the evening meal [Abend-Essen], especially after drinking copiously [reichlichem Trinken], very ill humoured, with pressure in the scrobiculus cordis, the liver and splenic region. [Srt]

365 After breakfast [Frühstücke], when he had hardly eaten a sufficiency, pressure in the stomach and ill-humour (26th d). [Srt]

Natrum carbonicum Eating << + >>	Rep 2	Rep 3	Rep 4	Rep 5	Rep 6	Rep 7	The Bönninghausen Repertory 2.1						
	Rubrics						Nat-c.	Phos.	Calc.	Iod.	Sep.	Bry.	Ca
1901 Modalities - From Situation & Circumstance - Eating - after - amel.							4	3	2	4	2	1	
1900 Modalities - From Situation & Circumstance - Eating - after							3	4	4	2	4	4	

Whilst we see *Nat-c.* is listed under both *amel.* & *aggr. after eating* (in high grade), the improvement is with respect to symptoms of digestion and languor, whilst these above noted symptoms of aggravation after eating pertain directly to disturbances of mood – the exact opposite of the patient whose mood settles after eating (non-dairy). It became clear *Nat-c.* was not homœopathic to this case and I needed to re-evaluate.

The mother also reported the child has developed almost constant snuffles without real discharge (TBR<sub>2</sub> 578).

*Rx: Bell 30 (L) o.m. (every morning)*

05 Jan. 02 Better. Tantrums less. Rash only slight. *Rx: Bell 30 (L) alt.d. (every second day)*

02 Feb. 02 All good. Behaviour is much better. *Rx: Bell 30 (L) alt.d. to continue.*

16 Mar. 02 Going well. *Rx: Bell 30 (L) alt.d. to continue.*

20 Apr. 02 Going well. *Rx: Bell 30 (L) alt.d. to continue.*

01 June 02 Behaviour the problem: aggressive & very stubborn – won't be influenced to do other's suggestions. Also, mother has noticed urine is very sharp and offensive over the past few weeks, smells just like ammonia; this symptom, together with the episodes of such uncontrollable

even violent behaviour, and on the back of the extended relief from *Belladonna*, lead to the repertorisation appearing at the bottom of this page.

*Rx: Mosch. 30 (L) o.m.*

06 July 02 'Temperament is fantastic'. Child is responsive, nice, and now even listening to the suggestions of others.

*Rx: Mosch. 30 (L) alt. d.*

This patient was continued on the same remedy & potency, in gradually diminishing frequency, until early 2003; by the end of that year the parents (also my patients) reported she continued well – mood was good and allergies had not returned. This patient again returned to see me in March 2017 (aged 17 years), accompanied by the parents, for her social anxiety when meeting new people; neither the tantrums or allergies had returned. She is still under treatment (but not with *Moschus*).

## Case Discussion

It is always important to try and verify a repertorial inclusion through reference to original sources. The ammoniacal urine superadded to the original behavioural disorder pointed out only five likely remedies. I was already aware that Hahnemann did not observe ammoniacal urine under *Moschus*, but we do find this symptom reported in Jörg's *Materialien* (observed by

*Otto*, pp.293-294):

"Around 8 am, July 16th, upped the dose to 8 grains, and he soon developed a moderate dullness

of the head which went into a slight headache after 1 hour. In the forenoon hours, this condition was accompanied by such a distraction that prevented working ... The excretions were normal, but the sweat did not smell of musk and just as little the urine, but the latter had a penetrating and very pungent ammoniacal odour. Also, the fæces of the alimentary canal again smelled sweet insipid, but not of musk." (An image of the *Materialin* appears on the following page.)

The next thing to explain is my use of rubric 1101 *hysterical convulsions*, which could only have been made as a result of having closely investigated its meaning at the time of Hahnemann & Bönninghausen – in short, the terms *hysteria* (in the female) & *hypochondriasis* (in the male) were seen as synonymous, and 'hysterical spasms' were severe erratic (ataxic) *fits* (spasms, convulsions) otherwise inexplicable (at that time). The behaviour of this child during their worst episodes of uncontrollable violent outbursts, with mobilisation of blood to the head & inflammatory eruption of the skin of the face, resembled this description.

Now Hahnemann's pharmacography for *Moschus* lists

Tantrums - review at 2nd consult.	Rep 2	Rep 3	Rep 4	Rep 5	Rep 6	Rep 7	The Bönninghausen Repertory 2.1					
	Rubrics						Mosch.	Iod.	Nit-ac.	Calc.	Dig.	/
474 Systemic - Urinary - Urination (micturition) - Urine - Odour - ammoniacal							3	1	3	1	1	
1101 General - Generals - Spasms (cramps, convulsions) - hysterical (convulsions)							3	3	1	1	1	
2285 Concordances - BELL.							4	3	3	4	2	

only two symptoms mentioning hysteria, viz.:

- 123 Hysterical sufferings. [S<sub>22</sub>; S<sub>36,1</sub>; W<sub>13,3,1</sub>; S<sub>76</sub>]
- 125 Hysterical affections, even in males. [R<sub>19,3</sub>]

But these summary terms, easy for the casual eye to pass over, are *pregnant with meaning*. Thus we learn that such brevity was never intended to *teach* the effects of a medicine, rather, to remind us of the effects produced by this substance – and it remains for the practitioner to study more widely to understand the full meaning and significance of such summaries.

Many writers mention the wonderful effects of Musk in the treatment of *ataxia* (Gr. αταξία: without order, irregular) or *ataxic phenomena*, meant in conditions of excessive neuronal activity (hyper-excitation states, hysteria, etc.), beyond what is normally expected in similar conditions. The following accounts, *unknowingly homœopathic*, provide a nice overview of such neuronal hyperactivity, which shows itself out of proportion to other symptoms present:

Trousseau, A. (Tr. Cormack, J.R.), *Lectures on Clinical Medicine*, Philadelphia, 1870, vol.3, A Treatment Of Pneumonia Complicated With Delirium, By Preparations Of Musk, pp.355-360):

“In the first place, Gentlemen, let me remark that musk is a medicine which I seldom employ in the treatment of pneumonia. ... It is in the forms of pneumonia accompanied by delirium which were called *ataxic* and *malignant* by the old writers, that this treatment takes an important part. ... What ought we to understand by the expression *ataxic pneumonia*; or, to speak more accurately, what is *ataxia in pneumonia*? ... Nervous disorders, delirium in particular, supervening in the course of diseases are insufficient to constitute ataxia. ... there is a species of low delirium, attended by a want of harmony between the different symptoms, and a predominance of nervous phenomena bearing no evident relation to the inflammation of the lung. Under the influence of antiphlogistics or antimonials, this ataxic state increases. Were we to judge only by the diagnostic signs derived from stethoscopic and plessimetric examination, we should say that the pneumonia is not serious, and yet the vital power, prostrate and disorganised, collapses suddenly, and the patient dies. This is ataxia—this is malignity. ... What occurred in the case of our patient of bed 24 St. Bernard’s ward? From the second day of her pneumonia, this woman was delirious, though the local affection remained very limited in situation, and did not pass beyond the second degree. The respirations rose to 88 in the minute, although the pulse was only 84. The ataxia was evident: the indication for giving musk was precise. ...”

Stille, A., *Therapeutics and Materia Medica*, Philadelphia, 1860, vol.2, p.125-126:

“In *febrile affections*, distinguished by *ataxic* rather than typhoid symptoms ... when the nervous is more deranged than the vascular system, in *febris nervosa versatilis* rather than in *febris stupida*, musk is indicated; ... It usually presents itself after the more active and open symptoms that mark the invasion of the attack, while the pulse is moderately strong and full, the countenance animated, and the vitality of the skin unimpaired. The eye is then observed to grow dull, the hearing becomes impaired, the breathing more anxious and sighing, the speech feeble and stammering; there is a mild muttering delirium rather gay than sombre, floccitation, muscæ volitantes, and hiccup; the tongue is tremulous, and may be brown and dry, smooth and polished, or uneven and pasty; there is subsultus tendinum and twitching of the facial muscles and of the lower limbs; the skin is hot, dull, dirty, dry, and harsh, or else covered with a profuse sweat; and the pulse is small, frequent, tremulous, and irregular. This

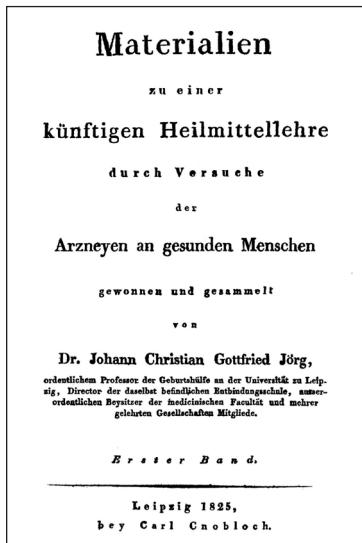
state tends to pass into coma or collapse, in either of which musk would be as unavailing as improper; but to counteract the symptoms which have been described, nothing acts with more promptness or certainty. This is doubtless the state which Cullen had in view in the following passage:

“... wherever the symptoms of *strong spasms* appear, where there is a *delirium, subsultus tendinum, and convulsive motions* without the irritation being remarkable, and where we presume the disease to be in the nervous system, there musk has been of considerable service.”

Let us read some of the reports on the wonderful (*unknowingly homœopathic*) efficacy of musk in ‘nervous’ disorders:

Dickson, S., *Fallacies of the Faculty*, London, 1839, Lecture 9, pp.279-280):

“For myself, I place it in the same rank with quinine and arsenic in the treatment of what are termed the purely nervous affections. It is generally recommended in books to begin with ten grains; – in my hands a much smaller dose has been attended with the best effects in numerous cases. But a great deal depends upon the purity of the drug. I lately succeeded with Musk in a case of intermittent Squint, which successively resisted quinine, arsenic, prussic acid, and iron. A married lady who always became the subject of Epilepsy when pregnant, but had no fits under other circumstances, consulted me in her case: I tried every remedy I could think of without any advantage whatever; I then gave her Musk, which at once stopped the fits. The dose in this case was four grains.”



## Recapitulation

This child's response to our initial incorrect prescription (*Nat-c.*) was to aggravate the violent behaviour independent of dairy intake, thus subordinating that modality. The next remedy prescribed (*Bell.*), produced an initial (5 month) improvement, but itself became tolerated and unable to effect a complete removal of the troublesome symptoms; its continued use resulted in a new symptom (ammoniacal odour of urine), one unknown in the effects of *Belladonna*, and this new symptom,<sup>14</sup> considered together with the episodes of uncontrollable violent behaviour, revealed the final remedy in the series to be *Moschus*.

There is a *process* which must be adhered to in the practice of Homœopathy, from the initial case taking, to the homœopathic diagnosis (prescription), and through the case management with each follow-up prescription, right to the end when either a 'cure' or at least an improved steady-state may be declared.

## The things we discover when only we look

The study of old texts, of a by-gone era in medicine, does bring to light remarkable accounts which require careful scrutiny, but can also be very entertaining, as for example we translate the following old-school account from *Dictionnaire des sciences médicales* (Paris, 1813, vol.4) which confirms *Moschus*' reputation as a stimulant of sexual performance (p.177):

"*Borelli* (centuria 2), says that he knew a man who rubbed his penis with musk before coitus; he engaged and remained united to his wife as dogs are with their females. It was necessary to give him a large number of enemas, in order to soften the part and to obtain separation of the two individuals. *Diemerbroeck* confirms this singular property of musk by an observation analogous to this: here it was necessary, in order to separate the spouses, that a great deal of cold water be thrown onto them. *Schurigius* mentions a similar case."

And this account is entirely consistent with the known effects of *Moschus*, as we see in the following report from *Weikard* evidencing the action of *Moschus* in producing a striking vasodilation and blood flow to engorge the penis and increase *sexual power* in an 80 year old man whose penis had gradually shrunken over the previous 3 years with an inability to perform any sexual intercourse (*Vermischte Medizinische Schriften*, 1778, pp.44-45):

"A cheerful gentleman, nearly 80 years of age, finally developed a weakness in his eyes and ears. I suggested these were due to old age, and hence made no great promises. ... Internally he took *Moschus* mixed with sugar. What a happy joyful smile emerged from the old face when he saw me again. He told me, with delight, one effect of the *Moschus*, which he had not again expected in his life. He had not had intercourse for three years, and since then the male member had become so small, or so retracted, that he really believed it to be lost. Now, with the use of *Moschus*, the member once again had grown to a normal size. ..."

## Closing remarks

Some have severely criticised Hahnemann's pharmacographies, most notably *D.D.Roth* (Paris) & *F.Langhein* (Darmstadt) – self-inflated pseudo-experts who vigorously promoted the *wholesale purging* of what they deemed useless symptoms.<sup>15</sup> But the closeness of our own examination of this material, especially over the past dozen years, has provided the evidence for an unshakeable foundation upon which to pronounce Hahnemann's pharmacographies, to this day, remain unmatched in their accuracy of recording & reporting the *consistent effects* (characteristics) of substances, with remarkable fidelity to the original sources cited.

Hahnemann possessed a singular ability to *sift* through volumes of material (in their original language), often unclear, conflicting, verbose with irrelevancies and clouded with imagined hypothesis; to then extract and organise the *certain pure effects* of a substance, as further confirmed by his own close observations and provings trials.

## Notes

1. Pharmacography (Gr. φάρμακο [pharmaco], medicine, + γραφή [graphy], writing) – one of a series of terms proposed (Sydney Seminar, July 2005) as part of a standard nomenclature, and is in preference a single word synonymous with materia medica). Due to limitations of space here, our copious notes providing literature evidence and further exegesis have been largely removed, but the full article will be made available at our website address [www.hahnemanninstitute.com](http://www.hahnemanninstitute.com) in due course.
2. Hahnemann, S.: *Reine Arzneimittellehre* [RA]. RAI (first edition) published in 6 sequential volumes over the ten years 1811-1821; RAI (2nd edition) 1822-1827; RAIII (3rd edition) 1830 (vol.1) & 1833 (vol.2) only. *Moschus* did not appear in *Fragmenta* (1805). R.E. Dudgeon's *Materia Medica Pura* (MMP) is the English language edition of Hahnemann's RA.
3. Dimitriadis, G.: *Digitalis purpurea, a pure pharmacography*, 2017, Hahnemann Institute Sydney. This monograph reflects the singular work of our MMH in tracing each symptom to its original (old-school) source, and providing those original accounts, English translated for the first time where necessary, so that the reader may apprehend the contextual meaning of the recorded symptoms.
4. *Materia Medica Hahnemannica* [MMH] is the preliminary title for our (as yet unpublished) pharmacographic work to correct and revive Hahnemann's RA & CK for the English language.
5. "Old-school" is the term used by Hahnemann in referring to the existing mainstream (allopathic) medical practice, in contrast to the emergent new (homœopathic) school. Once Hahnemann had coined the term Homœopathy (Gr. ὁμοιον [omoion], similar), he then coined the term allopathy (Gr. ἄλλος [allos], other than) to refer to all practices other than the homœopathic.
6. Pharmacogenesis (Gr. φάρμακο (pharmaco), medicine + γένεσις (genesis), birth, origin) refers to the origin of our pharmacography proper for that specific substance, from whence it was first written for our purpose. We refer the reader here to our earlier article *Pure Pharmacography* (HISydney) which illustrates our study of substance effects from primary sources by way of brief example with *Digitalis*.
7. Symptom count: RAI [6 + 7] were combined into RAI (12), reducing the old-school number from 39 to 38; RAI also added 2 symptoms from the old-school (from Schröck (126), and Crell (136)), bringing the final number of symptoms to 152 (one of 9 FrH symptoms being shared with one from the old-school).
8. The preparations of *Moschus* used by Gross and Stapf are noted on the first of their symptoms contributed:
  - 2 He has a feeling in the head like vertigo. [Gss] †



- † From 2 grains in powder
- 3 On the slightest movement of the head, giddy swaying before the eyes, as if something moved rapidly up and down (immediately, merely from smelling). [Stf] ‡
- ‡ From 2 grains rubbed up with sugar, and water, given in three doses in two days
9. As Hahnemann's accuracy in prescribing the most similar medicine (similimum) increased, so did the tendency for aggravation from too large a dose, and this drove his experimentation further and further into the ever-diminishing dose.
10. Note: subscript numbers appending a named authority refer to the MMP symptom number.
11. J.C.G., Jörg's Materialien zu einer künftigen heilmittellehre durch Versuche der Arzneien an gesunden Menschen [Materials for a future Materia Medica through experiments with medicines on healthy people], Leipzig, 1825, pp.285-307. Jörg (who remained a staunch allopath) intended to observe the effects of drugs "nach Hahnemann" (i.e., through methodical experiment on the healthy), but his work is generally made inadequate especially by his confounding dosage regimes (timing & repetition), and by his use of mixtures (e.g., Moschus-Magnesia, Digitalis-Magnesia). For Moschus, Jörg recruits himself and 8 others for this substance trial [Güntz, Kneschke, Martini, Otto, Siebenhaar, Frau Ch., (45 year old female) kleine Th. (12 year old girl), Theodor Jörg (his 14 year old son)], all experimented using the crude substance mixed with water, with magnesia and water, or with sugar.
12. Hartlaub C.G.C. & Trinks C.F., Reine Arzneimittellehre [Pure Materia Medica] Leipzig, 1831, vol.3, pp.285-307.
13. Dimitriadis, G., The Bönninghausen Repertory – therapeutic pocketbook method, 2010, HlSydney.
14. Hahnemann himself guides us in this circumstance (§170): "Hence in this as in any other case where a change of the morbid state has occurred, the remaining set of symptoms now present must be inquired into ... another homœopathic medicine, as appropriate as possible to the new state now before us, must be selected."
15. We do not here wish to burden the reader with too much material, but its importance, even today, warrants some input from our learned colleagues of past, sufficient to provide a historical context and dispose of this matter properly: David Wilson, Fragmentary Remarks, The Monthly Homœopathic Review, London, 1863, vol.7, p.502:

"I am quite aware that Dr. Roth of Paris and others are trying to purge the Materia Medica of supposed errors; but I also know that Dr. Constantine Hering of Philadelphia does not agree with these gentlemen in their labours, and I would rather defer to the solid judgment of a mind like Hering's than to that of critics destitute of his vast knowledge both as a prover of drugs and immense experience as a physician. Dr. Roth, in his list of remedies from which he would expunge so many thousands of symptoms, omits Gratiola and Paris Quadrifolia, to which Ng. contributed respectively 514 and 79 symptoms. In fact, were Dr. Roth's demolition accepted, the Materia Medica would be in a nutshell. I can answer him by numerous cures effected through the remedies to the selection of which I was led by the very symptoms he expunges! ..."

Carroll Dunham, An address delivered before the Cayuga County Homœopathic Medical Society, in Transactions of the Homœopathic Medical Society of New York, 1866, vol.4, pp.174-178:

"Hahnemann gave us a Materia Medica Pura, in which the slightest effects of drugs, not merely those which could be observed by a looker-on, but also modifications of sensation, thought and emotion, perceptible only to the prover, were carefully recorded in such a way as to make the effects of each drug most clearly distinguishable from those of every other. A cry went up at once from the ranks of the old school, against the puerility of these alleged provings, and the absurdity of prescribing for serious diseases on the strength of such "trivial" symptoms. It was affirmed that subjective symptoms of which the majority of each proving consists, are almost valueless to the prescriber as an indication for treatment. A great many homœopaths were

deeply moved by these allegations and proceeded in various ways to expurgate the Materia Medica, striking out the subjective symptoms and seeking the characteristics only in the few objective symptoms which the provings contain. The injurious influence thus exerted on the practice of homœopathy throughout the world has been almost inexpressibly great!

"The disposition early shown to expurgate the Materia Medica, as it was called, and to exclude from it most of the subjective symptoms, reducing each proving to a collection of objective phenomena, led to the re-provings of drugs by the Austrian Society. This labor was unquestionably undertaken for the purpose of showing that Hahnemann had been very loose and unguarded in compiling his Materia Medica, and that many symptoms therein contained were untrustworthy. By the admission of the Austrian provers themselves, the result was a complete vindication of Hahnemann. The effect on the school at large was an increased respect for Hahnemann, and a greater confidence in his teachings and provings.

"The studies of Materia Medica by Dr. Roth, which are now appearing in the Vierteljahrschrift, have a similar object; they are monuments of industry, and will certainly do much good; chiefly, however, in a direction the very opposite of that in which their author intends them to operate. Dr. Hering has already exposed the inaccuracy of many of Roth's criticisms on Hahnemann's provings; but the very barrenness of the state to which he would reduce the Materia Medica, making it a mere collection of objective symptoms of results of pathological actions, deprived of all the characteristic individuality which subjective symptoms give, shows to the intelligent student, that such a Materia Medica can never meet the needs of the prescriber. A similar result attended the labors of the compilers of the so-called "American Materia Medica," which appeared in the North American Journal, but came to an end, we believe, at the time of the secession of its chief fabricator, Dr. Peters. The revulsion from these attempts to eviscerate Hahnemann's Materia Medica has been a powerful agent in the reaction we speak of."

Constantine Hering, Materia Medica with Pathological Index, Philadelphia, 1873, vol.1, pp.39-40:

"In the history of our school, the so-called criticisms of Materia Medica take up a large space, and it is of importance that our younger colleagues should know all about them. ... Hahnemann's Materia Medica was attacked by the old school from 1805 up to the time when our enemies commenced to try to kill us by silence. The Anti-Hahnemannians, beginning among the Homœopathic school, in 1830 repeated nearly all objections made by the old school, adding but a few equally absurd. In Vienna, the old school doctors commenced a series of provings on the healthy, in order to refute Homœopathy. They failed and had to give up. In Vienna the homœopaths commenced a long and very valuable series of re-provings, in order to refute Hahnemann. They failed and had to give up.

"Watzke, a very learned and gifted man, was forced to acknowledge the greater effect of the so-called smaller doses. The re-proving of Colocynthis and Aconite in 1844, of Argentum and Thuya in 1846, of Bryonia in 1847, and Nat. muriaticum in 1848, had corroborated nearly every symptom in Hahnemann's provings, it being the same when the famous provings of Sulphur were published in 1857, the same with Clematis, the same with Cyclamen, the same with Lycopodium and Opium in 1862, and the same with Agaricus in 1863. Watzke was forced by facts to acknowledge already, in 1848, that the potencies caused more symptoms on the healthy and made more cures of the sick, and exclaimed, "Alas! I am sorry, but so it is! ..."

"In the year 1839 the silence was interrupted in the tenth volume of Clotar Muller's Quarterly [Homœopathische Vierteljahrschrift], by the "Studies" of Dr. Roth in Paris. They were received with great clapping of hands. Assuming an apparent intimacy with even the minutiae of our Materia Medica, and



feigning the greatest carefulness, he filled sheet after sheet with reprinted symptoms, drawing the most absurd conclusions, and showing in every way his ignorance and want of a truly scientific education. He adopted all the tricks of the French novelists, imitated the manner of Feuilletonists, straining the attention of readers by sudden stops, and by giving a host of promises as if the most wonderful results for science would surely follow."

Τέλος



About the author: George Dimitriadis was founding Vice-President and later President, Society of Classical Homeopathy (SCH, 1985-1995), also Chief Editor, Australian Journal of Homeopathic Medicine during its publication life (1992-95), and founder (1993) of the Hahnemann Institute (Sydney). George and his wife Jacqueline practice at the Hahnemann Homeopathic Medicine Centre, located in the Sydney suburb of Parramatta.

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