

Two Tuberculinim cases

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Summary

Case reports of two boys suffering from chronic effects after BCG-vaccination and tuberculosis in the family. The article describes how the patients were cured with *Tuberculinum*. The materia medica sources of this remedy are investigated. Other themes are the heredity of infectious diseases and the significance of an infectious diathesis for the choice of a remedy.

Keywords

Tuberculinum, Bacillinum, nosodes, tuberculous diathesis, BCG-vaccination, heredity.

Chronic effects from BCG-vaccination

On the 9th of March 2001 8 year old Tobias comes into my practice with marked hyperactive behaviour. The first symptoms started when he was three years old. The parents report that he is very restless, has always something in his hands to play with and cannot sit still. Nervous, un-concentrated, changeable. He is very enthusiastic about one thing one minute and then he forgets it as quickly. Often he seems absent-minded as if somewhere else.

He is very sensitive, takes many things to heart, as for example a report on TV about a murdered child. He regresses into childish antics and behaviour like a baby. Or he plays the clown and has a big mouth. The mother thinks, he is lacking in self-confidence, and he tries to hide it.

He has lively fantasies of monsters and spooky stories. Nightmares: Sees people as corpses. He kills a robber. Things disappear in the distance and return. A murderer, who becomes bigger. His head is being squeezed together. Out of fear he doesn't get up in the morning and calls for his parents.

Constant movements with the tongue, bites on his lips. Disturbance of the finer motor skills when writing, making or building things. Difficulties with co-ordination when doing gymnastics.

Great desire for sweets. Sweats a lot on exertion, especially on hairy scalp. Cold damp hands. The skin on the upper arms feels as if slightly raised. Remarkably red lips with a pale face.

At the age of six weeks he had a urinary tract infection, which was treated with antibiotics. Because of that the mother stopped breast-feeding the child. Unsupported walking with 19 months. Once or twice a year cough or spasmodic bronchitis. According to the paediatrician the child had three times scarlet fever without skin eruption at the age of 3, 4 and 7.

Vaccinations: BCG-vaccination four days after birth, Merieux-test¹ three months later. Between the third month and seventh year vaccinations against Polio, Diph., Tet., Pert., Hib., HepB and MMR.

Family history: Both sisters of father – neurodermatitis.

The paediatrician diagnosed an ADHD syndrome.² Other therapies (Ergo-therapy and physiotherapy) have so far been unsuccessful. Tobias is supposed to be transferred to a specialised neurological clinic.

Choice of remedy

Because of the marked physical and mental restlessness and the red lips after the BCG-vaccination I suspect an infection with tuberculosis. Not only tuberculosis itself (TBC), but also the weakened pathogen of the vaccination is apparently capable of triggering chronic disturbances, which I ascribe to a tuberculous infection.³ For the analysis I used the repertories by Murphy and Pennekamp [25, 28], which contain clinical *Tuberculinum* symptoms.⁴ *Tuberculinum* can be found in the following rubrics:

Restlessness, in children (MMR 239): Tub. (2).
Hyperactive, hyper-motoric children (PKR 85): Tub. (3).
Sensitive children (MMR 240): Tub. (2).
Childish behaviour (MMR 1011): Tub. (1).
Rush of ideas, fantasy (PKR 86): Tub. (3).
Thoughts, deep in, daydreaming (PKR 79): Tub. (2).
Nightmares (PKR 433): Tub. (2).
Discolouration, lips, red (MMR 1126): Tub. (2).
Head sweat (PKR 155): Tub. (1).
Sweets, desire (SR II 274) [3]: Tub. (2).

Materia Medica

- A very **restless feeling**, not able to read with profit (Boocock, *Bac.*). Very weak and **nervous**, full of anxiety... (Boocock, *Bac.*). Nervous and irritable (Burnett, BCC 97, *Bac.*). (Intense restlessness; and inward restlessness. Comprehension and concentration almost impossible (Allen, AN 502).
- Very **sensitive** mentally and physically (Phatak, PMM 602). Night very restless; ... full of dreams (Boocock, *Bac.*). (**Terrible dreams** ... CNC 6051, Nebel). Dreams ... frightful. **Awakes in horror** (PMM 605).
- **Craves** cold milk, or **sweets** (Boger, SK 325).⁵

The remedy *Tuberculinum* is not only chosen on the basis of symptom similarity, but also because of the specific infection, which followed vaccination. To proceed in this way is justified by the fact, backed up by experience, that *Tuberculinum* is a verified remedy in the tubercular diathesis.⁶

Reaction

12.03.01 *Tuberculinum* C1000 (Gudjons) 2 glob. dissolved in a bit of water, taken for two evenings. No sugar allowed.⁷

29.03. The boy is much calmer. At school and while playing much more endurance and motivation. No nightmares. Hardly any desire for sweets. On examination: Lips less red, face more rosy.

9.04. Relapse after eating a bag full of sweets. The next day extremely restless, unconcentrated and again red lips. Pale. State nearly as before giving the dose.

12.04. Still restless. He demands again more sweet things. *Tuberculinum* C1000 (Gudjons) 1 glob. under the tongue.

8.05. Immediately after taking the remedy he becomes again calmer and more concentrated, , like after the first dose. Less pale.

Two weeks ago he ate a lot of sweets when he visited a friend. After that again restless for two days. No sweaty hands anymore. The parents cancel the follow-up appointment.

6.06. He is fine. Not hyperactive anymore. Concentration and performance in school have improved markedly. No childish behaviour anymore. No nightmares anymore. His confidence has improved. He now often takes the initiative when playing with friends. The sensitivity is

the same, e.g. when something bad happens to other people. Now and again he asks for something sweet. Colour of face normal, no red lips.

21.12.01 Slight bronchitis, no remedy.

17.04.03 In the last two years Tobias has developed normally. He has still slight concentration problems, but no restlessness anymore. Nightmares, sweaty hands and the susceptibility to infections are all gone. The physical state is normal.

It would have been desirable to continue treatment, but the parents were happy with the cure of the most urgent symptoms.

Even if I would not want to speak of a deep cure (we would have to observe for longer time and treat the rest of the symptoms to claim that), I was impressed by the deep and lasting effect of *Tuberculinum*.

Tuberculous diathesis

TBC has the power to leave the organism with a lasting disturbance of its vital force. Homoeopaths in the past (e.g. Boger and E.A. Farrington) observed that a conventionally cured TBC, which seems to be cured, is not really cured. It might become dormant, but it is not eliminated, which can be seen by the subsequent diseases and susceptibilities. [31].

The acute infection with tuberculous bacteria has become rare due to the improved socio-economic conditions in the industrialised countries.⁸ These days the infections happen mostly in three ways:

1. TBC and ancestors.
2. TBC in patient's history
3. Infection through BCG vaccination or Tuberculin test.

By infection I mean the transmission of disease in the wider sense. That means the person might not be infected with an evident pathogen, but might be chronically ill through a dynamically inherited diathesis (TBC in the family) or a smouldering infection (earlier TBC or BCG vaccination). This tubercular diathesis has a lasting effect on the organism and has to be taken into consideration when choosing the remedy.

Tuberculinum is a remedy, which is often indicated in the chronic effects of TBC infection.

Chronic effects of TBC in the family and BCG vaccination

On the 16.08. 5 year old Peter comes to the practice with a recurring irritating cough. He had this cough for the first time in summer 2000 when he slept over in a damp mountain hut. From November 2000 until April 2001 he had a constantly recurring irritating cough, often triggered by damp or foggy weather. Dry cough < at night. After an interval where he had no complaints in June he again started to suffer from a dry cough after he slept overnight in a mountain hut.

University clinic Tübingen diagnosed: Hyper-reactive bronchial system. So far all therapies have been unsuccessful. Therapeutic plan: Cortisone inhalations.

Sweats easily on physical exertion. Inclination to sweat on hairy forehead, also at night, and on upper lip and soles of feet. Permanently damp warm hands and feet. Feet are often unpleasantly hot. Always feeling unwell and tired in warm rooms, feels good in the open air. He is never cold and always wants to go into the cold. Aversion against heat of sun. Only drinks cold drinks. Refuses warm food. Particular desire for sour, salty and spicy food, for example sour salad sauce, salty pretzel, olives. Likes to eat eggs and pasta.

Irritability before thunder and storm. Also irritable and very restless sleep at time of full moon. Emotions otherwise fine.

Pale face. Two warts on the left hand. During the irritable cough lips and rims of lips are remarkably red. He had also red lips during teething, furthermore fiery red cheeks covered in paulae.

Normal physical development. As an infant he had marked cradle cap. Susceptible to infections in autumn and spring: He has had three times bronchitis and otitis, and last time several severe stomach and gastric infections.

Vaccinations:

BCG vaccination six weeks after birth, after that small local purulent infection without fever. Tuberculin test (PPD)⁹, several times negative. Five-fold vaccinations against Diph., Tet., Pert., Hib., Polio. Vaccinations against HepB and MMR in first and second year, two-fold FSME (meningitis) vaccination in fourth year. Each time after the five-fold and the first HepB vaccination he had increased temperature for half a day, exhaustion and hypotensive muscles.

Family history:

Repeated occurrence of TBC in mother’s family: Grandmother, great aunt, uncle, cousin. The mother of the child was vaccinated as an infant against TBC. The father has hay-fever, asthma and takes cortisone.

The tubercular influence is two-fold: TBC in the family and BCG vaccination. D.M. Borland writes about cases of this kind: ‘...It is appropriate to make a few comments on *Tuberculinum*. When tuberculosis occurred in the family history of a child, based on long experience it is recommended to give sooner or later *Tuberculinum* or *Bacillinum* (C30, C100, C200, C500 and C1000), independent of the specific remedy indicated in the case of disease, as an intercurrent in four-weekly intervals. I would like to qualify that by saying that often a single dose of the nosode in 6 or 12 months does a lot to later the case.’

Repertorisation

In a case of tubercular diathesis I take, like in any other case, the totality of symptoms, and pay particular attention to the *Tuberculinum* symptoms. Some are immediately conspicuous: allergic cough, susceptibility to infections, < change of weather, sweaty hands, red lips. Even if the remedy has been chosen, in this case *Tuberculinum*, I repertorise after the first consultation. Now the characteristic symptoms are present, and the repertorisation done at the beginning gives important hints for follow-up and intermediate remedies.

	1 Phos.	2 Calc.	3 Sulph.	4 Tub.	5 Bry.	6 Ars.	7 Nat- m.	8 Puls.	9 Sep.	10 Vert.	11 Rhus.- t.	12 Bell.
Rubrics/grades	8/19	7/11	7/11	6/12	6/9	5/10	5/10	5/10	5/10	5/9	5/8	5/7
Salt desire PKR 572	3	1	1	1	-	-	3	-	-	2	-	-
Sour desire PKR 573	1	1	1	-	-	1	2	1	3	2	-	1
Desire cold drinks PKR 569	3	-	-	-	2	2	-	-	-	3	1	-
Aversion to hot food and drinks PKR 568	2	2	-	-	1	-	-	2	-	-	-	-
Weather change of weather < PKR 557	3	3	1	3	2	-	-	-	1	-	1	2

Moon Full moon < PKR 528	3	2	2	1	1	3	2	3	2	-	2	2
Colour red lips PKR 244	-	-	3	2	1	-	-	1	-	1	1	2
Extremities, palms of hands, sweat PKR 421	2	1	1	2	-	1	1	-	2	-	-	-
Fresh air, open air > PKR 526	2	1	2	3	2	3	2	3	2	1	3	1

The repertorisation points clearly to *Phosphorus* as the follow-up remedy. With a sufficient degree of certainty of cure we can choose the following sequence of remedies: 1. Tuberculinum and 2. Phosphorus (if necessary).

Materia Medica

- Anaemic, sickly, **pale** (BBC 39, *Bac.*)
- Hard, **dry cough** ... more during sleep (GS X 352, Boardman) [16]. Bad cough < at night; wakened by it (BBC 111, 172, *Bac.*). (Dry cough at night. CNC 6045, Nebel). Bad cough of about twelve months' duration (BBC 116, *Bac.*).
- Perspired profusely (GS X 353, Burnett, *Bac.*). (**Profuse sweat** after little exertion. CNC 6051, Nebel). **Sweat**; easy; ... **on hands** (SK 326). Perspiration **on head** (GS X 353, Burnett, *Bac.*). (Profuse sweat, esp. on head, at night. CNC 6051). Heat (SK 326).
- **Air Hunger**. < close room. > open air. < **weather: damp** (cold) (SK 325).
- Constant **disposition to take cold** (PMM86, *Bac.*). Takes cold easily; **ends in diarrhoea** (SK 325). Great susceptibility to taking cold (GSX 353, Burnett, *Bac.*).

Reaction

Most of the consultations are on the phone, since the family comes from outside.

17.08/01 *Tuberculinum* C1000 (Gudjons) 2 glob. in 3 dessert spoons of water on two consecutive evenings. After that amelioration of the tendency to sweat: Sweating on exertion gone. Hands are not sweaty anymore. Sweating at night >.

14.09. Cold with fluent coryza and severe hoarseness after getting cold. *Phosphorus* 30C (Spagyros) 1 glob. dry, then dissolved in water for a few days.¹⁰

20.09. Hoarseness went quickly, still a bit of cough. Wait.

8.10. The cough after the cold did not disappear completely. After collecting mushrooms in the forest on 3.10. again dry, tickling cough. < 10pm until midnight and 6am until 7.30am, rarely during the day. Cough and general state clearly > in open air; in warm rooms he is really tired and weak. Much thirst. Likes to eat fruit and juicy things. Again sweaty hands.

Shortly after that he develops an obstructive bronchitis, the mother gives him Sultanol without consulting me first.

Repertorisation

Air open >, in room <, air hunger SK 19 *Tub* (3)¹¹

Desire for fruit SR II

Materia medica

Slight hacking cough, continuing all day, < at bedtime and on rising (GSX 352, Burnett, Bac.). (Thirst: extreme, day and night. Dry cough; at night. Irritating cough, < night. CNC 6045, Nebel).

Reaction

15.10. *Tuberculinum C1000* (Gudjons) 2 glob. in 5 dessert spoons of water.

24.10. He reacted quickly to the remedy: The obstructive bronchitis which was already getting better, disappeared already the next day.

On 31.10. again suddenly dry, barking cough and coryza. The mother gives Peter on her own initiative 1 glob. *Tuberculinum C1000* (Gudjons).

6.11. The cough gets more loose. Face pale, feverish eyes, very red cheeks, lips fiery red. Stomach pain > warmth. Stopped coryza with thick, greenish secretion since yesterday evening. Very tearful, fearful, wants that somebody stays with him.

Pulsatilla 30C (Spagyros) 1 glob., then dissolved.

12.11. All complaints went within two days, including the cough.

26.11. A Tuberculin test (PPD) is carried out without asking the mother for her consent. The test is negative for the third time.¹² The following day fluent coryza, a day after again a dry, irritating cough.

Tuberculinum C1000 (Gudjons) 1 glob. in one dessert spoon of water, one half to be taken in the evening, the other the next day.

3.12. Cough is better after the first dose of *Tuberculinum*: The cough resolves and occurs only in the evening between 9 and 10 pm, and in the morning from 7 to 8. Now stopped coryza with formation of crusts and grass-green secretion.

Repertorisation

Nose, discharge, greenish-yellow MMR 1190 Tub. (3)

Nose, discharge, crusts MMR 1189, KD III 169 Tub. (3)

Materia medica

Hint: Secretion of mucous from nose, ... yellow-green (CNC 6041).

Reaction

Tuberculinum LM6 (Rosegger), 5 drops in 100ml water, one teaspoon in morning and evening.

10.12. Within two days all complaints have disappeared after two doses of the LM6.

9.01.02 After the irritating cough disappeared Peter's mood has improved significantly: Sings a lot, is more friendly and open towards others. In December had an irritating cough for a very short time, which disappeared after one dose of *Tuberculinum LM6*. Normal thirst, drinks also warm drinks. Less desire for sour things, no desire for salt anymore. Sweats less, sweat on hands, feet and head are gone.

Dry, sometimes red eruption between middle- and ring finger on the side and in the fold. Started mid-December, first left, now on both sides. Redness < after sweating. Warts the same.

Repertorisation¹³

DD Sulph., Sep., Calc., (Psor.).

Reaction

Sulphur C30 (Spagyros) 2 glob. under the tongue.

15.10. Next day, after *Sulphur* stomach pain and diarrhoea without any reason. The eruption between the fingers went after two days.

31.01. Stopped coryza and cough without any trigger, < morning, clearly > in fresh air, < in a warm room. Also generally > in open air. Dry lips. From today cough loose.

Pulsatilla 30C (Spagyros) 1 glob. evening. Next day cough was worse, after that all symptoms disappeared completely.

22.02. *Sulphur* 200C (Spagyros) 1 glob.

4.03. A cold with fluent coryza, barking cough < at night, palpitation, restlessness and heat of the skin without fever is cured within a few days by *Aconite* 30C and 'Emser salt inhalations'. A week later the skin of inner hands and soles feet peels off: it was scarlet fever.

14.03. New symptom: two bald patches on scalp, on occiput (1,5 cm diameter), and on the right side of scalp (0,5cm diameter). Diagnosis of general practitioner: alopecia areata. Still some cough and weakness after scarlet fever. Lips red, very dry. Dreams a lot and vividly like never before. Sleep restless.

I inquire after the chronic symptoms: desire for salty, sour, aversion against warm food, desire for cold water, warts the same.

Although there is some clinical evidence for *Tuberculinum* in cases of alopecia areata, I go for *Phosphorus* after the repertorisation, which has often cured this disturbance, and we can expect more of it after we have already given repeated doses of *Tuberculinum*.¹⁴

Phosphorus C1000 (Gudjons) 2 glob.

11.04. Hair unchanged. For the last few days very red cheeks with some spots on dry skin – an old symptom, he had during teething. Mood markedly >, he sings in bed in the mornings and during the whole day.

17.05. Since beginning of May the hair has grown back. Again eruption between the fingers for the last week. Rejects sweets. One wart is changing, it becomes hard with black spots. Wait.

27.05. Eczema between the fingers is gone.

The mother reports again in April and in August 2003, and says that Peter is very well: No cough and no infections anymore. Stayed in mountain huts during two summer holidays without any problems. The hair has grown back completely. No sweats anymore. No hot feet, is not intolerant to warm and rooms and heat of sun anymore. Both warts have disappeared a few weeks after the last appointment. Colour of lips normal. He eats sweets again, also warm food.

What remains: Peter still only drinks cold drinks. Desire for salt and sour things is still there. Slight irritability before thunderstorms.

Origin of the nosode

The effects of *Tuberculinum Koch* and *Bacillinum* seem to be identical.¹⁵

Proving and clinical symptoms of *Bacillinum* can therefore be used as indications for the prescription of *Tuberculinum* and the other way round, but they should be characterised as such.

S.Swan was the first to produce a preparation from tuberculous sputum, and called it *Tuberculinum*. J.C.Burnett, who used the nosode therapeutically and made it well-known, called Swan's preparation *Bacillinum*. He produced his own *Bacillinum*, consisting of the content of a tuberculous cavern and neighbouring lung tissue, and called it also *Bacillinum*.¹⁶

The Old-Tuberculin, which was produced by R. Koch from a culture of human tubercular bacteria, was homeopathically prepared and introduced as *Tuberculinum Koch*. Finally, Kent prepared the nosode from tubercular lung tissue of a cow, called *Tuberculinum bovinum*.

Materia Medica

Provings

Only four usable provings of *Tuberculinum* by homeopathic physicians are known. 1890 J.C.Burnett and J.H.Clarke proved *Bacillinum*, R.Boocock did an involuntary proving [6] of *Bacillinum* while potentising it, and 1895 H.Straten proved *Tuberculinum*. [30]. The provings were done once and over a period of several days, and resulted in only a small number of symptoms.¹⁷ A greater significance for the present-day materia medica has the proving by A. Nebel from 1900, conducted on 50 provers. [26] Nebel writes that it was impossible for him to prove *Tuberculinum* on the healthy. One can see from this the great fear of infection at the time. The provers were tuberculous in the initial stage with very slight disease manifestations, who received every 6 to 8 days *Tuberculinum* 30C. Nebel explained the value of his proving by stating that patients in the initial phases of TBC are sensitised through the disease to develop proving symptoms of the nosode: 'The Tuberculin ... has already taken its effect on them in the womb, and over the years the bacilli secreted in small amounts, and have penetrated and changed the whole bodily constitution, so that these patients reacted to even small amounts (one dose of C30, the author) with ... considerable diseases symptoms.'¹⁸ Clarke included Nebel's provings into his materia medica [11], and in this way it could be used for many successful prescriptions.¹⁹ Since the provers were not healthy, this proving does not completely meet the requirements of a homeopathic proving. Nebel's provings symptoms can therefore not be the basis but only hints for a prescription.

Tuberculin-injections

Nebel also collected symptoms, which R.Koch produced between 1890-1891 by giving injections to TBC patients of Old-Tuberculin [27]. These symptoms were not included in the materia medica.

Clarke introduced into his materia medica numerous symptoms, side-effects and curative effects, which were observed in TBC patients after the injections. He collected these symptoms for the medical journals of his day.²⁰ Injections with material doses of Old-Tuberculin are comparable with a poisoning, whose symptoms Hahnemann included as 'hints as to their homeopathic curative effects' in his materia medica.²¹ In this case Tuberculin was given parenterally. Since he was dealing with patients, we cannot exclude that diseases symptoms are mixed up with proving symptoms. It is debatable whether these symptoms belong into a materia medica or not. We have not used them for comparison in this article.

I could not document that real disease symptoms of TBC were included in the materia medica, as is often reported.²² The materia medica symptoms of *Tuberculin* can either be traced back to proving symptoms, symptoms after tuberculin injections or to cured cases.

Clinical symptoms

In more than 100 years numerous clinical experiences have been collected of *Tuberculin*. Over the decades most of the *Tuberculin* symptoms have been handed down as clinical knowledge. Many have been confirmed in practice. Selected *Tuberculin* symptoms are: Recurrent infections and bronchitis, also in the form of long-standing cough phases (Burnett, BCC; Boger, SK), tendency to emaciation (H.C. Allen) [1], desire for fresh air (Boger), inclination to sweat (Burnett), sweaty hands, outbursts of anger (Boger), hits his head against the wall, easily offended (P.Schmidt, SR), headache (Burnett, Straten), swelling of glands, especially of the neck, raspberry tongue, gnashing of teeth (Burnett), chronically enlarged tonsils, enuresis (Boger), eczema (Clarke, BCC), chronic effects of influenza (Clarke, CNC).

Within the framework of a materia medica revision the clinical symptoms of *Tuberculinum* have to be traced back to its primary sources, i.e. case reports. Only then do they rest on a scientific basis and the remedy can be prescribed with certainty according to homeopathic rules.

One could argue that it doesn't matter where the reference comes from, as long as it works. If homeopathy is to last, it has to conform to its own rules, and that means the tracing back of the symptoms to its primary sources, respectively a comprehensible prescription on the basis of a certain material medica.

Until that has happened I advocate to proceed pragmatically.

Materia Medica Literature

The **Guiding Symptoms** (GS) contain nearly exclusively clinical *Tuberculinum* symptoms. Most of Burnett's cases from 'The New Cure For Consumption' [9] have been integrated here, including his *Bacillinum* proving. Hints of other authors, a.o. Rose, Boardman, Swan and Kent have been adopted. The provings of Clarke, Boocock and Straten are missing.

Clarke's Materia Medica lists the remedies *Tuberculinum* and *Bacillinum* separately. The former contains mainly proving symptoms by Nebel, followed by symptoms after a Tuberculin injection. Under *Bacillinum* the provings by Burnett, Clarke and (incomplete) by Boocock are compiled, as well as clinical symptoms by Burnett and Clarke.

The works by Clarke and Hering (GS) form the basis of the present-day materia medica. In Allen's *Encyclopaedia Tuberculinum* and *Bacillinum* are not included.

The *Tuberculinum* materia medica by H.C.Allen, published in 1910 under the title ***The Materia Medica of the Nosodes***, is largely a compilation of the symptoms from GS and Clarke's materia medica. Beyond that a series of new symptoms from a proving on students by Allen can be found [13].²³

By far more clinical symptoms and additions (taking as its starting point Allen's *Materia Medica*) can be found in a *Tuberculinum* compilation by M.Burgess-Webster from 1933 [8]. The author even mentions sources at the end of her work.²⁴

***Tuberculinum* as an intercurrent**

Tuberculinum can cure the effects of a TBC infection, as a rule the rest of the disease remains.²⁵ Also the blocking of the effects of indicated remedies can be the consequence of a chronic infection. C.Hering writes about nosodes: 'All potentised nosodes may not be considered as absolute specifics, but as chronic intercurrents. The remedies given after these will produce permanent reactions, the ones given before will only now develop their full effect.'²⁶

Here is an example:

On 9.05.2001 the 2 year old Joshua was brought to my clinic with a chronic eczema of the cheek since he has been 7 months old. Also behind the ears and on the lower rim of the eyebrow dry, red skin. Milk crust. Frequent twisting of ankle-joint. Likes to eat egg and especially butter. Lips red. Sleep position on abdomen. Reserved towards new things. Four times bronchitis. According to the mother no severe diseases in the family.

Calcium Carbonicum C200.²⁷ Eczema first >, then again <. No twisting of ankle-joint anymore. Repeat remedy. After change of symptomatology – stool excoriating, eczematous eruption on left hip – *Sulphur* 30C and later 200C.²⁸ After that eruption on hip disappears and less soreness, but < eczema of cheeks. Also *Rhus Tox* does not ameliorate the eczema or the milk-crust.²⁹ A few weeks later new symptoms: angry, beyond himself with anger, throws things to the floor, hits out at his mum and provokes other children. Every night comes into the bed of the parents and looks for physical contact, which he only did before when he was ill. Likes to listen to classical music, which is marked. These symptoms have been there for two months.

It is unusual that a chronic eczema does not cure despite well-indicated remedies, especially in the case of a child. Obviously the effect of the remedy is blocked in this case.³⁰ I inquire again into TBC in the family, since the boy has *Tuberculinum* symptoms like anger, red lips

and desire for butter. The mother asks her parents and now finds out that the maternal great-grandmother, the grandmother and two great-aunts had TBC. Now I include the chronic effects of a TBC infection as a clinical fact (Burnett) into the choice of a remedy, and prescribe after repertorisation and materia medica comparison *Tuberculinum* 200C (Spagyros).³¹

Next day Josuha joins in the singing in the kindergarten which he hadn't done for a long time. Less angry. Growth spurt. Eczema on the cheeks first >, then again <. Two months later: very clingy, stool changeable. *Pulsatilla C1000*. After one month: Is looking for physical contact again at night. Stool >, but again excoriating. The gnashing of the teeth – which I have been told about for the first time – is again more frequent, it was better in-between. Gnashing of teeth is a clinically confirmed *Tuberculinum* symptom.³² *Tuberculinum C1000* (Gudjons).

The remedy had the following effect: Eczema on the cheeks had disappeared completely after three weeks. Mood balanced und happy. Sleeps again on his own. Interestingly, he doesn't prefer classical music anymore, but children's music. No recurring colds anymore, rarely desire for butter, colour of lips normal, gnashing of teeth gone.

The following original symptoms have not changed: The dry, slightly red skin behind the ears and in the eyebrows and the milk-crust. The treatment continues.

Inheritance

What is the connection between the child and the TBC of his grandmother?

Hahnemann thinks it is possible that a disease is transferred through inheritance.³³

The phenomenon of an inheritance of infectious diseases like TBC and gonorrhoea, which goes beyond an infection at birth, has been observed by a series of well-known homeopaths like A. Nebel, J.T.Kent, L.Vannier, D.M. Foubister and M.Tyler. M.Tyler speaks of an infection, which has been 'filtered' through many generations.³⁴ What the exact mechanism of the inheritance is, whether dynamic or genetic, is not possible to say. One can speak of the inheritance of a diathesis, whereby I understand by diathesis a real chronic disease in contrast to a susceptibility or disposition.³⁵

TBC can obviously be inherited for generations. Until the middle of the 20th century it was a frequent occurrence in western Europe. Therefore, it is not surprising that many people have ancestors who suffered from TBC.³⁶

Specific infection and choice of remedy

Infections can cause damage which can go far beyond the acute event. In the presented cases we are dealing with the chronic effects of a TBC infection, which is the condition for a tubercular diathesis.³⁷

Other viral and bacterial infections, including the children's diseases, are among these, if they take a severe turn, the patient doesn't recover properly for a long time or if he was completely healthy before the infectious disease.

The example TBC shows that not only the totality of the chronic symptoms have to be inquired into, but also the real and historic infections in the family. I close with a quotation by Klunker, who expresses an important thesis of this article very clearly:³⁸

'It is not a hypothesis that the infectious substance stands in a conditional, not necessarily symptomatic relationship of similarity to the chronic disease. Neither is it a hypothesis that it stands in a conditional relationship to certain specific local symptoms (he means condylomata, nevi, changes of nails – the author). That means: In a scientific homeopathic treatment of the chronic diseases next to the similia based on symptomatology the specific infectious substances, the nosodes, can also be used.'

¹ The multi-test Murieux is a stamp-test to measure the cellular immunological defence against seven antigens, a.o. Old-Tuberculin, s. footnote 9.

² Attention Deficit Hyperactivity Disorder.

³ The BCG vaccination (TBC vaccine Bacille-Calmette-Guérin) contains a live, apathogenic stem of tubercle bacteria from cattle. The vaccination was developed in 1907 by Calmette and Guérin. In West Germany it was recommended since 1955. From 1951 there was a regular vaccination programme in the former GDR, and since 1962 there was a duty to vaccinate against TBC. Since 1998 this vaccination is not being recommended anymore by the STIKO, because of vaccination complications, and because it cannot be shown to be definitely effective.

⁴ The additions in the children's repertory by Pennekamp are in the majority clinical experiences of the Indian homeopaths P.Vakil and P. Prahlad (Mumbai) and of the author, supplemented with a Materia medica by M.Burgess-Webster (see chapter 'Materia medica') (H.Pennekamp, personal communication).

⁵ The quotes sources are explained in the chapter 'Materia medica'. A list of the used abbreviations can be found at the end of the article.

Those symptoms which were observed in *Bacillinum* have been additionally marked. Symptoms from the Nebel's proving with TBC patients [26] were put as a hint in brackets (in the wording of Clarke's Materia medica). The same goes for information from Clarke [11] and Allen [2], where the sources are not clear. In the case of the clinical symptoms by Burnett the primary source was given, if I could find it.

Information by C.M.Boger (*Synoptic Key*) [5] and S.R.Phatak (*Materia Medica*) [29] were included.

⁶ There is a huge amount of literature relating to this topic. Burnett, for example, presents in his book 'The New Cure for Consumption by its own Virus' cases which show how he cured chronic cases of incipient TBC and TBC in the family with *Bacillinum*. [9]

⁷ Giving up white sugar, sweets and sweeteners supports homeopathic treatment in my experience. A change to a wholesome diet and the addition of supplements rich in minerals (e.g. wheat grass) leads in some cases to a weakening of the symptoms. Bad diet, has according to current scientific thinking, no influence of the development or progress of ADHD.

⁸ The exceptions are people who are immune compromised. The incidence in Germany with TBC is 7000 to 8000 cases per year, only a tenth compared to 1960. Most of the affected are elderly people, who got infected in the second world war, and where the TBC broke out in old age, and foreigners.

⁹ The PPD test is an intra-cutaneous test with purified protein derivative of tuberculin, which provokes a delayed reaction in the infected body with local redness and swelling. A positive test says, that the organism has been demonstrably infected with tubercle bacteria. Purified tuberculin is being produced by precipitation and ultra-filtration from Old-Tuberculin.

Old-Tuberculin is a concentrated (to 1/10th) filtrate of a glycerine-Bouillon culture of human tubercle bacteria, which contains the metabolic and decomposition products and the soluble extracts of the tubercle bacteria, and which has been sterilised in steam. Mixed into this is 0.5% Phenol.

¹⁰ 'I have never found, that it interfered with its (*Tub* – the author) action to give intercurrent doses of other remedies, that might seem indicated by the symptoms.' (Burnett, BCC 311).

¹¹ The *Synoptic Key* by Boger contains according to its own conception only characteristic symptoms. These are distinguished in three grades (normal, bold and capitals underlined). In Boenninghausen (TB) [4] and Boger (*Boenninghausen's Characteristics and Repertory* characteristic symptoms are indicated by the 3rd and higher grades. In the SK normal script is grade 3, bold 4 and capital underlined 5.

¹² The following does not apply here, but it is interesting that H. Imhaeuser writes about the Tuberculin test: 'If a tuberculin test, which was initially negative, turned recently positive, a treatment with *Tuberculinum* **in German Tuberculin??** is indicated in any case, regardless of the symptoms. It is always surprising to see in what short time a single dose of *Tuberculinum* turns things around for the better, especially when it comes to mood, sleep and appetite.'

¹³ Lichen (TB 237): Calc. (4), Sep. (4), Sulph. (4)

Fingers, between (TB 139): Sep. (2)

< sweating, while (TB365): Calc. (2), Sep. (4), Sulph. (4).

Warts (TB 274): Calc. (4), Sep. (3), Sulph. (4).

Hands, eruption, fingers, between (MMR 649): Calc. (4), Psor. (2), Sep. (1), Sulph (2).

Hands, warts (MMR 674): calc. (3), Sep. (2), Sulph. (3), Psor. (2).

¹⁴ Indication for *Tuberculinum*: Alopecia areata (Clarke CNC 582-583, *Bac.*). Hair, loss of, in young people (MMR 573): Tub. (1).

Repertorisation: Hair, loss of, in spots and Hair, loss of, in patches (MMR 573): Phos. (3), Psor. (2).

Salt, desire for (SR II 266): Phos. (3).

Sour, desire for (SR II 271): Phos. (2)

Warm food, aversion (SR II 279): Phos. (3). Cold drinks, cold water, desire (SRII 233): Phos. (3).

¹⁵ Clarke writes: ‘I do not find any appreciable difference between the action of *Tub.* and that of *Bac.* My own impression is that they are practically identical, and that the one will answer to the indications of the other. Nebel has used *Tub.* in exactly the same way as Burnett and others have used *Bac.*, on the indications Burnett laid down and with Burnett’s results.’ (Clarke: *A Dictionary of Practical Materia Medica*, vol III, p.1461. Raue, Mohr and Knerr have conflated both remedies in GS under *Tub.* (GS X 350-356) [16], the same Allen in his Keynotes [1].

¹⁶ Burnett, BCC 139-140 and XIII.

¹⁷ Proving Burnett: BCG 16-18, Proving Clarke: BCC 278-280. The only person who repeated the proving a few days after he finished his first proving was Straten..

¹⁸ Nebel 1900. 296.

¹⁹ Correspondences of the proving with the cases of this article are, among others: Excitably nervous. Sleep with heavy dreams. Irritating cough at night, profuse perspiration. (Nebel 1900. 296, 297, 298, 301).

Clarke writes that the unmarked symptoms in his materia medica originate in Nebel’s proving (CNC 6035), which is confirmed when comparing the two. A few deviations from Nebel’s original German are noticeable, possibly due to erroneous translation: The meaning of some symptoms is changed; several symptoms of individual provers are conflated to symptom complexes and, rarely, symptoms are added whose origin is unclear (compare in this context the chapter ‘sleep’ and ‘male genitalia’).

Some unmarked symptoms in Clarke cannot be found in Nebel’s proving, for example the symptom ‘profuse sweat, especially on head, at night’ (CNC 6051); the source for these symptoms is unclear.

²⁰ Clarke, CNC 6034. The symptoms marked with a name or an abbreviation do not come from homoeopaths, but from physicians, who carried out Tuberculin injections. They are partly symptoms, which should not be in any materia medica, for example side of injection slightly painful and red (2nd edition). Injections were carried out with different material concentrations of Old Tuberculin (Burnett BCC XIV; Nebel 1902.88).

²¹ ORG §110 [15]; see for example Arsenicum, **Chronic Diseases**. [14] Burnett tested Koch’s Tuberculin, prepared as a homeopathic remedy, and found that it was a good remedy against tuberculosis (BCC 142).

²² It seems that authors copy from each other. S. Swan equated disease symptoms of TBC with proving symptoms. He was of the opinion, *Tub.* has been fully proven by patients suffering from TBC: ‘Collect the symptoms – and you know enough about the pathogenetic effect of each of these infectious substances...’ (quoted from Genneper, Wegener 2001. 220) [12]. Swan is responsible for some clinically cured symptoms in GS, but no TBC symptoms.

Clarke included in his materia medica a pathogenesis of Mersch, which might include symptoms of this kind (CNC 6035). We cannot totally exclude that additions by Allen include some specific TBC symptoms, but it is improbable if we inspect the symptoms closely.

²³ I consider the latter to be probable. In an article by M.Burgess-Webster (see below) we find the following clinical indication: ‘A student proved *Tub.* to the point of several haemorrhages; *Nux vom.* was the antidote (H.C.Allen)’ (Burgess-Webster 1933. 192). The sequence of the listings of the *Tub.* symptoms in Allen’s materia medica is always the same: at the beginning of each chapter the symptoms from Clarke’s materia medica are listed, which is followed by Allen’s own symptoms and at the end the clinical symptoms from the GS with naming of the sources. Only in three places does Allen add a clinical symptom at the end of the article and gives the name of the author: Jackson (p. 506), E.Pugh (p. 521) and Scholes (p. 522).

We can notice some imprecision: In the case of the symptoms after the tuberculin injections the origin of the sources is left out, however the names which Clarke writes out are given (compare the chapters ‘chest’ and ‘upper limbs’). Some symptoms are listed by Allen under *Bac.* as well as *Tub.*, for example: ‘taciturn, sulky, snappish...’ is given under *Bac.* with the source, under *Tub.* without the source (p. 34, 503). Individual symptoms from Clarke’s materia medica are not included.

²⁴ ‘Dr. H.C. Allen’s ... Materia Medica ... has been followed closely with additional date and verified symptoms as published from time to time in the Transactions of the International Hahnemannian Association and other sources by Drs. J.M. Green, N.Campbell, C.M.Boger, G.H.Thacher, H.A.Roberts, R.E.S. Hayes, Underhill, Waring, J.T.Kent and others’. (Burgess-Webster 1933. 193).

It is interesting to note that the author also mentions clinical information by Allen, which is not in his Materia Medica.

Criticisms: 1. Additions are only sporadically marked with names of authors. 2. The inaccuracies in Allen’s Materia Medica are adopted by the author. 3. Burgess-Webster combines individual symptoms arbitrarily to symptom complexes, so that the impression arises that one reads the symptoms complex of a prover or a clinical case.

In this compilation we find the following symptom, which appeared in the second case in a milder form and which was cured by *Tub.*: ‘Hands and feet hot, must bathe them in cold water.’ (Burgess-Webster 1933. 182).
Verstehe die Bedeutung nicht.

²⁵ With reference to vaccinosis we find in Burnett the concept of a disease with a double nature, by which he means two independent pathologies. Such a disease cannot be cured by a single remedy, which is only homoeopathic for one of the pathologies (Burnett 1991). [9]

²⁶ Hering, 'Stapf's Archiv' 1834; vol. 14, issue 2: 99 (quoted from v. Keller [2]).

²⁷ Face, skin eruption, cheeks (TBP 51): Calc. (3), Rhus-t. (4), Sil. (3).

Lichen, dry (TPB 342): Calc. (3), Rhus-T. (2), Sil. (4), Sulph. (2).

External head, ears, behind (TPB 17): Calc. (3), Rhus-t. (2), Sil. (4), Sulph. (3).

Head, skin eruption, crusts and scabs (KDI 187): Calc. (2), Rhus-t. (2), Sil. (2), Sulph. (3).

Joints, powerlessness (weakness) (TPB 217): Calc. (4), Rhus-t. (4), Sil. (3), Sulph. (4).

Complaints of children (TPB 342): Calc. (5), Rhus-t. (1), Sil. (4), Sulph. (3).

Tendency to colds (TPB 161): Calc. (3), Rhus-t. (3), Sil. (2), Sulph. (3).

Face, red colour, lips (KDII 90): Rhus-t. (1); Sulph. (3).

Eggs, desire for (SRII 239): Calc. (3).

Butter, desire (PKR 564): Calc. (1).

Materia medica: Itching and eruption in face (CD...) ... **Bluethchen** on both cheeks (CD...). Scrophulous eruptions. Milk crust (JHA 80) [19]. Susceptibility to get cold (CD...). Difficulty learning to walk, in children (JSK 197) [18]. Marked desire for eggs (CNC 858). Pain in right ankle, ... as if the foot wanted to sprain (CD...).

²⁸ Stool excoriating (TPB 88): Calc. (1), Sulph. (3).

Hip area (TPB 140): Calc. (3), Rhus-t. (3), Sulph. (4).

Legs, left (TPB 140): Calc. (4), Rhus-t. (4), Sulph. (4).

Materia medica: Long-standing eruption on face. Itching ... lichen over whole face. Red roughness of skin of face. Milk-crust ... (JSK 635). During stool, burning sensation in rectum, which was as if red and inflamed... (CD...). Sore pain between buttocks (CD...).

²⁹ **Materia medica:** Eruptions on face: longstanding ...; lichen type milk-crust, also in thick crusts (JSK 458).

³⁰ Burnett writes that in cases where well-indicated remedies do not help, often a blockage prevents the complete cure. When the case does not progress, he would look for the cause of the disease as a clue for further treatment. (Burnett 1991. 36)

³¹ Rage, fits of temper (PKR 145): Tub. (2).

Anger, attacks of (PKR 142): Tub. (3).

Listen to music, constant desire for (PKR 97): Tub. (2)

Butter, desire for (PKR 564): Tub. (3).

Colour red, lips (PKR) 244): Tub. (1).

Eczema, general (PKR 478).

Eczema, in winter < (PKR 480): Tub. (1)

Face, eczema (PKR 241): Tub. (2).

Sleep position, abdomen, on the (SRIII 54): Tub. (2).

Materia medica: '... peevish, annoyed, snappy, fretful, **irritable, grumpy** ... and melancholic, even to insanity.' (BCC 69, 103). **Bad temper** (BCC 117). Fits of **violent temper**; ... throws anything at any one; even without a cause (PMM 603).

Skin, dry, harsh. **Chronic eczema** (PMM 604). Eczematous conditions of the eyelids (BCC 288, Clarke).

Well selected remedy fails to improve (PMM 602).

³² Grinding of teeth at night; grinds teeth (BCC97, 99 and GSX 353, Burnett, *Bac.*).

³³ '... as if the disease, implanted in them through infection or heredity, were completely vanished.' (ORG §78 footnote). '... that also these cases in which the patient remembered no infection of this kind were of necessity caused by a *Psora* with which he had been infected, perhaps even in his cradle, or in some other way that had escaped his memory; and this often received corroboration on a more careful inquiry with the parents or aged relatives.' (CD, vol. I, p.7). It is possible that Hahnemann means by 'inheritance' an infection during pregnancy/birth. The word 'inheritance' was only in the beginning of the 20th century coined as a medical term, and means the passing on of property. In this way a contagious disease like syphilis or scabies could be 'passed on' from partner to partner, from the mother to the child. [23].

³⁴ M.L.Tyler: Homeopathic drug pictures, available as Indian reprint from Jain publishers.

³⁵ Greek **diathesis**: quality, state; the inherited or acquired weakness of an organ or an organ system; in contrast to **disposition**, Latin: **disposition**: arrangement according to a plan; the susceptibility of an organism to react to pathogenic influences in a pathological way. In medical nomenclature both terms are often used synonymously, however diathesis indicates more the inherited traits and disposition the acquired weak points of the organism, respectively the susceptibility to disease.

³⁶ In 1900 216 per 100 000 people died in Germany, in 1880 315 per 100 000 inhabitants of TBC. In the years before the figures were even higher. Patients are often not aware of TBC in their ancestors. It is recommended to

make precise inquiries into a tubercular diathesis if there is any suspicion for it. I am always surprised about the information which are uncovered in this way.

³⁷ The expression 'conditional' substitutes the term 'aetiological', which is these days easily misunderstood as cause. The tubercle bacteria are not the cause for TBC, although the *conditio qua non*, the necessary condition of a tubercular disease (Klunker 1990. 236).

In this article I write about tubercular diathesis. The term **tuberculinic** or **tubercular line**, which is often used these days (L.Vannier, *etat tuberculique*) suggests, that we do not mean the specific infection with TBC, but a disposition which is similar to TBC. This formulation reserves the right to subsume similar symptoms under TBC and the remedy *Tuberculinum*, for example under the umbrella of a tubercular miasm. Hahnemann considered his miasms real contagious diseases, which he observed in his practice (Klunker, foreword to the German edition of *Chronic Diseases* in the Haug publishing house (VII-XVIII) [12, 23]. What else is a 'tubercular miasm' than the chronic effect or direct or inherited infection with TBC?

Furthermore, **tubercuklinic** refers to the remedy, not the infection, but the latter one is after all tubercular. In the older literature in Burnett, Allen [1], Straten [30], etc. we still find the terms 'tubercular', 'tuberculous' and 'tuberculous diathesis'. The translation of tubercular diathesis into **'tuberkulinische Diathese' in Allen's keynotes is wrong**. Verstehe ich nicht.

³⁸ Klunker 1990. 234.

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Abbreviations

(Detailed information is in the literature list)

AN	=	Allen, Nosodes
BCC	=	Burnett, Cure for Consumption
CK	=	Hahnemann, Die chronischen Krankheiten
CNC	=	Clarke, Der Neue Clarke
GS	=	Hering, Guiding Symptoms
JSK	=	Jahr, Symptomen-Kodex
JHA	=	Jahr, Haupt-Anzeigen
KD	=	Kent, Repertorium deutsch, Keller-Künzli
MMR	=	Murphy, Medical Repertory
ORG	=	Hahnemann, Organon
PKR	=	Pennekamp, Kinder-Repertorium
PMM	=	Phatak, Materia Medica
SK	=	Boger, Synoptic Key
SR	=	Barthel/Klunker, Synthetisches Repertorium
TB	=	Bönninghausen, Therapeutisches Taschenbuch