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## Dr. Lokanath Behera

Lecturer and Head of the Department, Case Taking and Repertory, National Institute of Homoeopathy, Block-GE, Sector – III, Salt Lake, Kolkata, West Bengal, India

## Corresponding Author:

### Dr. Lokanath Behera

Lecturer and Head of the Department, Case Taking and Repertory, National Institute of Homoeopathy, Block-GE, Sector – III, Salt Lake, Kolkata, West Bengal, India

## *Quibus combitus*: The epiphenomenon of concomitants

### Dr. Lokanath Behera

#### Abstract

Boenninghausen was the advocate of Doctrine of Concomitants. He had several doctrines to his credit; mostly based on inductive logic. Symptoms that appear and disappear with the main complaint, symptom that does not have any pathological relationship with the main complaint, symptoms from a different sphere of the disease than the main complaint and those symptoms which individualise the patient and drug from other patients or drugs are termed as concomitant symptoms. It is the simplest narration of the doctrine. Each part of the doctrine has an underlying philosophy intricately bounded to the other. Thorough understanding of concomitants is crucial for making a scientific prescription.

**Keywords:** Concomitant symptom, vital force, materia medica pura, chronic disease, characteristic symptom, aphorism, organon of medicine

#### Introduction

Boennighuasen's Doctrine of Concomitants is much illusive. No doubt there shall be many speakers on either side of this doctrine - for & against; while the stalwarts have their success stories to claim in favour of the doctrine, at the same time neophytes demand for scientific explanation to accept it. And the Master's instructions stand silently at the middle of the debate. For a beginner in Homoeopathy, the doctrine of concomitants is quite simple i.e. 1. symptoms that appear and disappear with the main complaint, 2. symptom that does not have any pathological relationship with the main complaint, 3. symptom from a different sphere of the disease than the main complaint and 4. those symptoms which individualise the patient and drug from other patients or drugs.

The simple doctrine unhides the complex underlying philosophy. One needs higher pathological knowledge to corroborate the pathology between two symptoms. Then only he can affirm the coexistence of two pathologically unrelated symptoms. Timely appearance and disappearance of two co-complaints requires a much attentive case taking. Sufficient knowledge of Medicine can only ascertain the chief complaint and sphere of the disease along with its signs and symptoms. This will strain out symptoms from outside the disease sphere. Materia medica knowledge shall be instrumental to differentiate the drugs. When a patient complaint of arthritis, urethritis and conjunctivitis – pathologists diagnose it as a pathological process having three 'itis' together. Knowledge of medicine diagnose it as Reiter's syndrome. Wholistic school finds it to be a patient of arthritis with two other comorbidities. To accept and apply this multi-faceted doctrine, one needs to be the master of all of these subjects. Medical world is moving forward from evidence-based medicine to individualised medicine. Pathological advancements have threatened to defunct the doctrine of concomitants of past years, unless the concept is scientifically accessible by our next generation. Not only recitation but also revision of our fundamental principle is the need of the time. Any attempt to change the basic tenets of homoeopathy in view of pathological advances will be futile.

#### Patient's Perception

Disease perception is a variable phenomenon. The art of healing and the sciences of Medicine would be erroneous if the local symptom of the disease is conceived as the guide to the simillimum. Patient; the victim of an adverse environment <sup>[1]</sup>, comes to the physician with two kinds of symptoms. The first kind of symptom which is the presenting complaint or the most painful, most annoying, persistent and tormenting symptom which disturbs him so much requiring the help of the physician. These are the leading symptoms, may be with clear pathological foundation, or the symptoms that are most prominent and clearly recognisable <sup>[2]</sup>. The other group of symptoms that appeared along with the main complaints. This second group of symptoms are often forgotten or unnoticed by the patient as of a past history and

mostly because of self-learned myth that it does not have any bearing or relation to the presenting complaint. In few instances those symptoms were not much painful to be remembered by the patient. Paragraph 95 in the Organon (O'Reilly edition) <sup>[3]</sup> beautifully describes: "Chronically ill patients become so accustomed to their long sufferings that they pay little or no attention to the smaller, often characteristic accompanying befallments which are so decisive in singling out the remedy. It hardly occurs to them to believe that these accompanying symptoms, these remaining smaller or greater deviations from the healthy state, could have a connection with their main malady. The chief complaints have a psychological value out of all proportion to its value in homoeopathic prescribing" <sup>[4]</sup>.

### **“The Physician” as it termed**

In sickness the patient's nature changes. It brings the patient to the physician. Now he seeks help of the Physician; who not only deals with the physique but also deals with the five 'D's of Health, viz. Discomfort, Dissatisfaction, Disease, Disability and Death <sup>[5]</sup>. To help the patient out of his suffering the physician studies the stages of the disease or the adverse event. Successful prescription to the case is much dependant on the proper analysis of these symptoms. Younger physicians tempted to prescribe for the chief complaints that first attracts their attention like the patient. Many physicians enjoy the pleasure of prescribing for the characteristic symptoms (keynotes). A true Master's follower, considers the totality of the symptoms. While depicting the totality, he gives due importance to both group of symptoms and explores the relationship among them. Many a times the chief complaint of the patient is lower evaluated by the physician while portraying the totality of the symptoms. This usually happens when the chief complaint found to be pathological in nature viz. pathological state, pathological effect, pathological product indicating the seat of the disease, the underlying pathological process; most of the times functional derangements. Even at times the effect has well trailed attributable cause. Sensations are more frequently expressed the by the patient, but very often the concomitance of circumstance is of greater importance to the whole case than the expressed sensation.

The other group of symptoms are seldom described by the patient and usually disregarded as accidental or meaningless or vague symptoms. When they occur every time in the same patient with definite relationship to the appearance of the chief complaints at a specific time, these group of symptoms have a greater value than the chief complaint. These auxiliary or concomitant symptoms unerringly indicate to simillimum. Chief complaints give morass of remedies, of which one or two might give temporary relief to the patient; but concomitant symptoms taken in conjunction with the chief complaint directs to the correct remedy which effects the 'cure' as it is termed. The chief complaints form the background upon which the concomitant symptoms develop indicating the personality and individuality of the person. Occasionally the chief complaint and the concomitant symptoms seen contradicting each other. In a true totality chief complaint lies at the general level while the concomitant symptom lies at individual level <sup>[6]</sup>.

### **Master's advice**

Since its inception, millions of homoeopaths practise this

wholistic ritual, endless times in their search for simillimum to effect cure. Starting from the founder physician Master Hahnemann till today his followers, believers study this multi-stage, multi-phase dynamic disease phenomena. In pursuance of the scientific art they analyse the chief complaint visa-vis concomitant symptoms, enquire their time of their appearance, look for the pathological relation amongst them, investigate the sphere of the disease and finally portray the totality of symptom collating all of them. And the cycle goes on. The success of cure lies in this patience for observation. Off late the modern school of medicine has also accepting the wholistic approach with the new name 'individualised medicine'. Unlike Homoeopathic physicians, the allopathic physicians require further orientation to observe and understand the phenomenon of concomitant symptoms. It is the finer action of the drugs on the living organism producing such peculiar symptoms in the dynamic level and the only indication for the requisite individualised remedy <sup>[7]</sup>.

### **The Lineage**

History of homeopathy is witness to many physicians from various schools of medicines, professionals and patients of serious health conditions. They were relieved of their suffering by the wholistic approach of homoeopathy and became the greatest protagonists of homoeopathic system of medicine. C.M.F.B.V. Boenninghausen was the greatest proponent of wholistic approach of homoeopathy. A Dutch citizen by birth with his formal education in botany and law and a passionate criminal lawyer by profession was no exception to this fact. He became the staunch follower of Master Hahnemann after he was miraculously treated out of deadly purulent phthisis by the Master and advice of his botanical friend Dr. August Weihe <sup>[8]</sup>.

Boenninghausen started studying *Materia Medica Pura* and *Chronic Disease*; both authored by the Master. His formal education in botany and his reason gifted logical lawyer's mind gave him a deeper insight into the Master's writings.

He was convinced that the cause of disease is either external or internal in nature. The internal cause refers to the general and natural disposition (proximate cause) of the person. This natural disposition is inherited and modified by the environment (external cause) and known to the individual from his past sufferings (past history). This natural disposition can also be the remnant of repeated acute diseases of the past. It may be modified consequent to disease conditions. That apart, this natural disposition may in some cases be of higher degree of hypersensitiveness what is termed as idiosyncrasy <sup>[9]</sup>. Believers of Master conceive the phenomenon as the miasm. Idiosyncrasies of the patient manifest themselves by way of producing concomitant symptoms where as the diagnostic signs and symptoms remain same for all the patient suffering from the nosological name of the disease <sup>[10]</sup>. The bodily constitution changes value of symptoms and act as the therapeutic guide.

'*Chronic Disease*' the epitome of Masters experiments and experience narrates the disease phenomena and anti-miasmatic therapeutics for such disease conditions. But the aftermath authorship of two volumes of symptom indexes by Boenninghausen, one being the '*Antipsorics*' (containing fifty antipsoric, one anti-sycotic and one anti-syphilitic drug) and the other '*Non-Antipsorics*' (containing total seventy-three drugs) is a much debatable topic. The authenticity of antipsorics has withstood the test of time in

the treatment of chronic disease and it is based upon the directions and experience of the Master in doing so. But the reality and reliability of non-antipsorics commands further verification in its practicality. For the first time ample no. of concomitant symptoms were prominently placed in these two repertories. Both these repertories are the precursors to many more later repertories. On a closer relook into these two symptom indexes together, puts forward a bigger question. As far as the underlying *similia similibus curentur* principle is concerned, the totality of symptom is the indisputable direction for the choice of the remedy. So, whether the homoeopathic physician have the option to chose from antipsorics or non-antipsorics <sup>[11]</sup>.

In aphorism 6 and 25 Hahnemann converses about the totality of symptom which is numerical totality. In aphorism 153 again he deliberates the practical aspect of the totality of symptom i.e. characteristic totality. *"In seeking for the specific homoeopathic remedy, i.e., in this juxtaposition of the phenomena of the natural disease and the list of symptoms of the medicines, in order to discover a morbid potency corresponding in similitude to the evil to be cured, the more striking, particular, unusual and peculiar (characteristic) signs and symptoms of the case should especially and almost solely be kept in view; for there must especially be some symptoms in the list of the medicine sought for corresponding to this, if the remedy should be the one most suitable to effect the cure. The more general and indefinite symptoms, such as lack of appetite, headache, weariness, disturbed sleep, uncomfortableness, etc., in their generalness and undefinedness deserve but little attention, unless they are more especially pronounced, as something of such a general nature is seen in almost every disease and in almost every medicine."* Master solely left it to the knowledge and wisdom of the physician to decide upon regarding what is striking, particular, unusual and peculiar (characteristic) signs and symptoms of the case, according to his comparative knowledge of Medicine to that of disease.

A Contribution to the Judgement Concerning-The Characteristic Value of Symptoms (*Allgemeine Homoeopathische Zeitung*), Vol. 60, p. 73 Translation by L.H. Tafel, 1908 <sup>[12]</sup> one of the land mark authorship of Boenninghausen. This reiterates the resolution made in the World Homoeopathic Congress. The most prized essay on *"Treatise concerning the greater or lesser (characteristic) value of the symptoms occurring in a disease, to aid as a norm or basis in the therapeutical selection of the remedy"* <sup>[13]</sup> is pivotal in this regard.

Threadbare analysis of the treaty unfolds the underlined meaning. The treaty contains two distinct parts; one being 'greater or lesser (characteristic) value of the symptoms occurring in a disease' and the remaining part is 'to aid as a norm or basis in the therapeutical selection of the remedy'. In the first part Boenninghausen identifies the characteristic symptoms into two categories. One having greater value and the other having lesser value. He advised to use the greater value characteristics symptoms as the basis for selection of remedy. It is quite evident that Boenninghausen successfully cleared off the dubious portion of the aphorism 153 that was left by Master to the discrete knowledge of the physicians. He defined the greater valued characteristics symptoms as concomitant symptoms. Till that time practitioners used to prescribe basing upon the chief complaint of the patient. The 'unreasonable attending symptoms' were left out as

suggestive from the name itself. First generation homoeopaths from old school of medicine continued the inherited legacy of using the common symptoms of the disease, the pathological end products or even the nosology as the basics of prescription. Neither they realized nor did they utilize the value of characteristic symptoms, as because the characteristic symptoms are hardly explainable pathologically. For the first time Boenninghausen explained that those unreasonable attendants of the chief complaint are of grater value in making the prescription while the chief complaints of the patients are of lesser value. He advised the practitioners to use these unreasonable attendants which he latter termed as concomitant symptoms as the basis of their prescription. Master's concept of the PQRS in the Organon of Medicine were thus beautifully explained by Boenninghausen as the greater valued characteristic symptoms; clearly stating that it shall form the basis of selection of remedy. It is inconceivable that Hahnemann ever did keynote prescription or eliminated the chief complaints of the patient while portraying the totality of symptom. In those days, it was indeed a nail-biting moment and rebellious decision to put forth the idea among the medical fraternity to ignore the chief complaint of the patient as well as the undelaying pathology and to use those seemingly vague symptoms as the basis of drug selection. Even today, pathology-oriented minds frown at this concept.

### Forebearers

In his attempt to extricate the value of characteristic symptoms, Boenninghausen borrowed the philosophy of *Theological Scholastics*; a 12<sup>th</sup> century philosophy used to explain spiritual and moral diseases. Like physician deals with physique or bodily deformity, monks deal with moral and spiritual aberrations. Theologian Monks believe that God has equally created all humans. Nobody is a criminal nor drug addict nor thief since birth. But it is his circumstance which deviates him from moral and spiritual obligations, distracts him from social commitments; thus, making him a drug addict, a thief or a criminal or an antisocial. Monks used a *Hexameter* (meaning six questions in series or lines or verses) to diagnose such moral or spiritual diseases. Boenninghausen used the same hexameter to describe the disease and its characteristic symptoms. The Hexameter <sup>[14]</sup> is 1. Quis, 2. Quid, 3. Ubi, 4. Cur, 5. Quamodo, 6. Quando. It is important to mention here that Boenninghausen was a criminal lawyer by profession (Defended his inaugural dissertation *De Jure venandi* on 30/08/1806 and received the *Diploma of Utrinsque juris* and appointed as the lawyer at the Supreme Court of *Deneventer* <sup>[15]</sup> on 01/10/1806). The Hexameter was equally applicable by him to understand any crime scene i.e.

1. Who-(Quis) has done the crime – who is diseased?
2. What-(Quid) is the crime, - what is the disease?
3. Where-(Ubi) did the crime happened – where is the disease located?
4. Why-(Cur) cause of the crime – cause of the disease?
5. What-influenced (Quamodo) the crime – what factors influenced the disease?
6. When-(Quando) did the crime happened <sup>[16]</sup>. – When they did the disease happened?

Quest for knowledge directed Boenninghausen to follow the philosophy of the father of medicine - *The Hippocrates of Kos*. Hippocrates believed "not the disease but individual"

and thus he recognized symptom of the individual, and changes from his normal course but not the individual symptoms. He considers it right to see the person as a whole. Hippocrates used concomitant symptoms to forecast the prognosis of the disease<sup>[17]</sup>. Example- when a delirious patient goes in to sleep it is a good symptom. The balance between the chief complaint and the concomitant symptoms form the prognosis of the case<sup>[18]</sup>. Boenninghausen transformed this prognostic criterion (concomitant symptoms) of father of the medicine Hippocrates, into his vital instrument to identify the characteristic symptoms. He transformed the Theologian Hexameter (six axioms) into his new *Decameter* (seven axioms) keeping the Concomitant Symptom at the middle (fourth place), meaning what else. It was Boenninghausen who perfectly amalgamated the Hippocratic philosophy with Theologian philosophy.

### Derivations

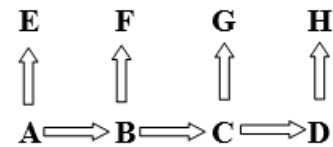
The word concomitant (*quibus auxiliis*) have similar meaning as that of *quibus sociis* and *quibus comibus*<sup>[19]</sup>. Concomitant had its derivation from late Latin word *Concomitari* = *Con* (together) + *Comitari* (with). English literature mentions several synonyms for the word concomitant viz. accessory or ancillary etc. The Oxford English Dictionary defines the word Concomitant both as noun and as an adjective meaning "naturally associated with"<sup>[20]</sup>.

It is quite interesting to see that fundamentalists had their own explanation for concomitant symptoms. The earliest authority Father of Medicine, Hippocrates used the term to forecast the disease prognosis. While Master hardly used the nomenclature in his writings rather, he used peculiar, queer, rare and strange symptoms to describe such symptoms. Boenninghausen used the concomitant in its purest form i.e. for individualization of the drug and the patient.

### Contemporaries

As far as concomitant symptom is concerned Herring had ideological disagreements with Boenninghausen for obvious reasons (death of Lachesis prover known to Boenninghausen...). Herring envisages, sometimes symptoms appear in a group thence it is the characteristics of the drug. It is ingenuine to expect that concomitant symptoms will appear in the patients in the same order as observed in provers. Often it is seen that drugs cure group of symptoms that were fragmentary observations in different provers. In his credence for *Essential Concomitants* Herring mentions; quite contrastingly two symptoms are essential concomitants if one is the cause of the other; viz. myalgia due to fever, where fever is the cause and myalgia is the effect. Cause and effect relationship are vital for essential concomitant. Let us see one example<sup>[21]</sup>: Following eight symptoms are observed in a patient with order of their appearance. Symptom 'A' caused 'B' and 'B' caused 'C' and 'C' caused 'D'. According to Herring 'D' cannot happen in the absence of 'C', 'C' can not happen in the absence of 'B' and B can not happen in the absence of 'A'. In this linear relationship 'A' is the cause and 'B' is the

effect and so on. In cause and effect linear relationship, cause is the Essential Concomitant of effect, as effect alone cannot happen without the cause and effect is the expression of the underlying cause.



Boenninghausen had different view. When symptom 'A' appears with that, symptom 'E' also appears and so on. If symptom 'A' does not appear then symptom 'E' also does not appear. They do not have linear cause and effect relationship among them. In this instance 'A' is the chief symptom and 'E' is the concomitant symptom.

In this example the appearance of symptom A>B>C>D is the sequential series, whereas E, F, G, H is the concomitant series. Meticulous analysis of both the series reveals 'timing' is the crucial factor in their relationship. Replace symptom 'B' with 'E' and the relationship is lost. So, it is 'Time' that converts the causative relationship to concomitant relationship<sup>[22]</sup>. Between the chief complaint and the concomitant symptom time is the most important factor<sup>[23]</sup>. Eventually when two symptoms appear together and they are not the cause and effect of each other, then the relationship among them may be concomitant. Like two drugs have different relations viz. complementary, cognet, inimical, antidote similarly two symptoms may have different relations like alternating, cause-effect, concomitant, etc. Concomitant symptoms alone do not have much significance as far as their peculiarity is concerned. Until and unless they remain associated with the chief complaint with regards to the time of appearance and different from *locus morbi*.

### Proving & Practice

Concomitant symptoms have no explanation for their association; other than they represent the patient's vital reaction to the disease and appear at the same time<sup>[24]</sup>. Much has been discussed regarding how to extract, analyse and utilise concomitant symptom form the patient. It is equally important to discuss how to extract concomitant symptoms in drug proving. During the drug proving we need to record the exact order of appearance of the symptom and then analyse each of them. In the process of analysis, we need to record the location, sensation, modalities as well as the apparently unrelated symptoms appearing together with the chief complaint. Recording the order of appearance of the symptoms and concomitants, their relation i.e. timely association but without any pathological relation is of vital importance. The value of symptom records is largely based upon the order of their appearance and associates i.e. concomitant symptoms. One such example of order of appearance of the symptoms<sup>[25]</sup> and their significance is given below for the purpose of demonstration.

**Table 1:** Three persons were given with Arsenic Alb. The Order of appearance of their symptoms are shown in the following table (reproduced) [26].

Name of the Patient	1 <sup>st</sup> Symptom	2 <sup>nd</sup> Symptom	3 <sup>rd</sup> Symptom
M. Vardit	Loss of appetite	Sweats	Stiffness of limbs
A.W.W.	Nausea	Neuralgia & Numbness	Weariness
A.H.W.	Burning in Stomach	Perspiration	Aching in Ulnar Nerve
W.J. Martin (1 <sup>st</sup> Experi)	Colic and Nausea	Ulcerated lips	Desire to keep quite
W.J. Martin (2 <sup>nd</sup> Experi)	Flatus	Skin hot and dry	Weak and tired
Totality	Digestive Organs	Skin & sensory organs	Motor & Spinal Nerve

So as per the above table, the totality of symptom of Arsenic shall be: -  
 Digestive organ- loss of appetite, nausea, burning in stomach, colic  
 Skin & sensory system – sweating, neuralgia and numbness, weariness

Motor & spinal nerve – stiffness of limbs, weariness, aching in ulnar nerve, desire to keep quiet, weak and tired.

So, when a patient complaint of these symptoms then he may indicate to Arsenic. But the order of appearance of the symptoms must be the same as observed in any of the provers (table) i.e. first symptom should appear in the digestive system followed by skin and sensory system and lastly in the nervous system. If this order of appearance of the symptom is changed then the drug will no more Arsenic but something else.

Likewise, a patient presents with loss of appetite, neuralgia & numbness, desires to keep quiet. The order of affection of the systems shall indicate to Arsenic as per the above theory. But in this case also the Arsenic is contraindicated; why! because none of the above provers have expressed such order of appearance of symptoms, rather these are the three different symptoms of three different provers- 1<sup>st</sup> symptom of 1<sup>st</sup> prover, 2<sup>nd</sup> symptom of 2<sup>nd</sup> prover, 3<sup>rd</sup> symptom of 3<sup>rd</sup> prover. Therefore, the order of appearance of symptoms is quite essential for choosing the simillimum.

### Miasmatic cognizance

From the miasmatic prospective, psora gives the most valuable concomitant symptoms. Once the morbid agent affects the inner core of the vital force, functional changes start taking place followed by structural changes and pathological outcomes. Concomitant symptoms appear with the functional deviations as characteristic expression. The veracity of concomitant symptoms is responsible for disease expression. As soon as the pathological chain of events start progressing, concomitant symptoms gradually regress. Hence in nature, most of the concomitant symptoms are visible in the psoric phase of the disease than sycotic or syphilitic phases.

### Successors

Hahnemann rarely recommended ‘concomitants of local parts’ for selection of the simillimum. Concomitant symptoms alone cannot be the indication for the simillimum as they are constantly changeable in their character and location. James Tylor Kent, one of the few philosophical opponents of Boenninghausen, could not prevent himself from using concomitant symptoms in designing his master piece – the *Kent's Repertory. Minor Writings* by Kent is the evidence to use of concomitant symptom by Kent in his clinical practice [27]. Master's self-denial to concomitants, restrained Kent from using the word concomitant otherwise he followed the doctrine in its true sense and spirit.

Many of the Boenninghausen literatures are the valuable records of concomitant symptoms. Apart from the two earlier mentioned authorships viz. antipsorics & non-

antipsorics, Therapeutic Pocket Book (TPB) worth mentioning. Several Boenninghausen's doctrines were culminated in the TPB. Boenninghausen's Characteristics & Repertory by C.M. Boger (BBCR), the best successor to BTPB carried forward the Boenninghausen's concomitants legacy for certain time. Erroneous translations, unreasonable additions and alternations, infrequent editions put the Boenninghausen's literatures into back stage. Frank Bodman advises mental concomitants in physical disease and physical concomitants in mental disease shall govern the choice of the prescription [28].

### Conclusion:

Concomitance are of highest value in prescribing. They individualise the case and outline treatment modality. Without concomitants medicine will be palliative. Farther they are away from the sphere of the disease, the grater their value. Judicious use of concomitants is the basis of scientific selection of simillimum which shall eventually effect the ‘cure’ as it is termed. Beginners should master the art of observing concomitant symptoms in the patients.

“That which is out of the common is usually a guide rather than hinderance, that which seemingly confuses the case is the very thing that furnishes the clue to its solution.”- Sherlock Holmes.

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