

# Clarifying Vexation, A Historically Misunderstood Concept

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## Abstract

An examination is made of the “vexation” concept. Vexation is accurately clarified with examples from provings records in the *materia medicæ*. The vexation repertory rubrics will be traced to their origins in Bönninghausen’s *Therapeutic Pocketbook*, through George Dimitriadis’ most accurate English translation [TBR<sub>2</sub>].<sup>1</sup> Comparison is made to James Tyler Kent’s *Repertory of the Homœopathic Materia Medica* [Kent’s *Repertory*].<sup>2</sup> Cases included draw from the authors’ Arizona practices, and the authors illustrate the practical advantages of Bönninghausen’s reportorial placement of the rubrics in the *Therapeutic Pocketbook*.

## Introduction – History

Many symptoms in the primary text homœopathic<sup>3</sup> *materia medicæ*<sup>4,5</sup> are aggravated from vexation. As such, vexation first made its way into our repertories from Bönninghausen.<sup>6</sup> The vexation rubric and subrubrics are important and clinically useful. They are located in the Mind subsection of the Modalities chapter of the Bönninghausen *Therapeutic Pocketbook* repertory [TPi].<sup>7</sup> However, the term vexation was mistranslated as “anger” when it was introduced into Kent’s *Repertory* and, thereafter, it has been historically misplaced in the modern post-Kentian repertories. The German term for vexation is *Ärger*, which looks similar to the English word *anger*, so it is understandable how it was mistranslated by Kent, a non-German speaker. As explained in the footnote for the TBR<sub>2</sub> Vexation rubric (1762), *Ärger* means,

“... a disturbance or annoyance of any sort, perhaps by bad news, or by fright, etc. – as when one is involved in or occupied with something, minding one’s own business so to speak, and their normal course is *disturbed* by some occurrence, the nature of the subsequently evoked feeling is then specified in each of the subrubrics...”

Vexation, therefore, is a disturbance or annoyance, and is not synonymous with anger. When someone becomes vexed, they are disturbed or troubled by an unexpected upsetting event or circumstance. The person’s response to that vexation may follow with an emotional state (i.e. fear, anxiety, anger, indignation, or silent disappointment with grief), and/or an aggravation/triggering of mental/emotional or physical symptoms.

To use these rubrics accurately in a clinical case, the vexation must be a modality that affects or triggers the symptoms; i.e. the vexation is an aggravation. The symptoms produced after the disturbance (vexation) may be emotional or physical. This concept can be illustrated by reviewing the context for vexation within proving symptoms.

Here are examples of vexation (*Ärger*) from the *materia medica* in Hahnemann’s *Chronic Diseases* [CD], taken from footnote 1762 of TBR<sub>2</sub>:

- *Arsenicum album*  
259 “Violent flow of blood from the nose, owing to vexation [Aergerlichkeit] (aft. 3d).”
- *Lycopodium clavatum*  
1416 “When vexed [Aergerniss], he is suddenly affected in the scrobiculus cordis, and then there is heaviness like lead in the lower limbs.”
- *Natrum muriaticum*  
673 “Constant burning at the anus, especially after annoyance [nach Aerger].”  
1178 “After a slight annoyance [Verdrusse], she weeps all night, and coughs much, with ineffectual retching.”

**KENT, BEING AN ENGLISH  
(ONLY) SPEAKER,  
MISTRANSLATED ÄRGER  
TO MEAN ANGER.  
SUBSEQUENTLY, KENT  
MISPLACED THE VEXATION  
RUBRIC AND ITS SUBRUBRICS  
BY MOVING THEM TO THE  
“AILMENTS AFTER ANGER”  
SECTION OF THE MIND  
CHAPTER OF HIS REPERTORY**

As seen by these examples, the susceptibility to vexation during a homœopathic proving to trigger other symptoms (i.e. as a modality) indicates that Bönninghausen correctly placed the vexation rubric and subrubrics in the Mind subsection of the Modalities chapter of the *Therapeutic Pocketbook*. Therefore, the remedies added to the vexation rubrics by Bönninghausen were modalities in the primary text provings and the clinical use of those rubrics must be limited to the scenarios in which the vexation in the case of disease was a modality to the health complaints (physical or mental/emotional).

It should be noted that both provers and patients may experience a state of *vexability* without it affecting (aggravating) their disease. Despite a prover's disposition to a state of vexability, this does not warrant inclusion of that medicine in the vexation rubrics unless its effect was to produce an aggravation (or amelioration) of its symptoms in the provings or toxicological reports. This can be easily seen by the following examples of *Lycopodium*, *Ammonium carbonicum*, and *Natrum carbonicum*, from Hahnemann's CD:<sup>5i</sup>

- Lyc.* 55 She cannot bear the least contradiction, and at once gets beside herself for vexation.
- Amm-c.* 23 Can bear no contradiction.
- Nat-c.* 52 Passionate; disposed to quarrel and fight, and cannot bear any contradiction (11th d). [*Ng*]

These medicines produce symptoms with a striking sensitivity to contradiction, yet Bönninghausen did not include them in the following rubric (TBR<sub>2</sub>) because they were not modalities in the proving symptoms:

1752 Modalities, Mind, Contradiction (opposition, conflict), after: AUR., Ign., Nux-v., *Olnd.*

In comparison to Bönninghausen's *Therapeutic Pocketbook*, Kent, being an English (only) speaker, mistranslated *Ärger* to mean *anger*. Subsequently, Kent misplaced the vexation rubric and its subrubrics by moving them to the “ailments after anger” section of the Mind chapter of his repertory. However, all of the original remedies in the vexation rubric were successfully carried over by Kent, with a few additions (see Figure 1).

Figure 1: Vexation Rubric (mistranslated as “Ailments from Anger”), Bönninghausen vs. Kent

Bönninghausen's <i>Therapeutic Pocketbook</i> (TBR <sub>2</sub> )	Kent's <i>Repertory</i>
1762 Modalities, Mind, Vexation (disturbed, put-out, troubled), from [47]	Mind; ANGER; ailments after anger [54]
ACON. Alum. Ant-t. Ars. <i>Aur.</i> Bell. Bry. Calc. CHAM. Chin. <i>Cocc.</i> Coff. COLOC. Croc. <i>Cupr.</i> Hyos. IGN. Ip. Lyc. M-amb. <i>M-arc.</i> M-aus. Mag-c. Mag-m. Nat-c. <i>Nat-m.</i> Nux-m. NUX-V. Op. Petr. <i>Ph-ac.</i> Phos. PLAT. Puls. Ran-b. Rhus. Samb. Sec-c. Selen. Sep. Sil. Stann. STAPH. Stram. Sulf. <i>Verat.</i> Zinc.	Acon. Agar. Alum. Am-c. <i>Ant-t.</i> Arn. <i>Ars.</i> <i>Aur.</i> Bell. Bry. Calc. <i>Calc-p.</i> Cadm. Caust. Cham. Chin. Cimic. <i>Cocc.</i> <i>Coff.</i> Coloc. Croc. <i>Cupr.</i> Ferr. Hyos. Ign. <i>Ip.</i> Lyc. Mag-c. Mag-m. Manc. Mez. Nat-c. <i>Nat-m.</i> Nux-m. Nux-v. Op. Petr. <i>Ph-ac.</i> <i>Phos.</i> Plat. <i>Puls.</i> Ran-b. Rhus. Samb. Sec-c. Selen. Sep. Sil. Stann. Staph. Stram. Sulf. Verat. Zinc.

Similarly, the remedies included in the vexation subrubrics are nearly identical in Kent's Repertory as compared to Bönninghausen's *Therapeutic Pocketbook*. Therefore, it appears that Kent simply copied and pasted<sup>8</sup> Bönninghausen's rubrics into his repertory and then added a small number of remedies to a few of the rubrics and also condensed the grading down from 4 to 3 grades.<sup>1</sup> However, understanding the correct meaning of vexation allows for a better comprehension of the subrubrics. Kent's language (i.e. “anger with fright,” “anger with anxiety,” “anger with silent grief,” “anger with vehemence,” and “anger with indignation”) is confusing and reflective of his mistranslation (see Figures 2 to 6). In Figures 2 through 6 we give a side-by-side comparison of the rubrics in the *Therapeutic Pocketbook* with Kent's Repertory so that the reader may appreciate this discussion.

I For ease of comparison, we have herein modified the grading type-styles of Kent's Repertory to match that used in the written version of TBR<sub>2</sub>. The grading type-styles are as follows:  
Grade 1: Regular Text  
Grade 2: *Italics*  
Grade 3: SMALL CAPS  
Grade 4: ALL CAPS

Figure 2: Vexation with Vehement Reaction (i.e. with an outburst of anger) Subrubric, Bönninghausen vs. Kent

Bönninghausen's <i>Therapeutic Pocketbook</i> (TBR <sub>2</sub> )	Kent's <i>Repertory</i>
1763 Modalities, Mind, Vexation (disturbed, put-out, troubled), from, anger (outburst of), with [15]	Mind; ANGER; ailments after anger; with vehemence [24]
ACON. <i>Aur. Bell. Bry. CHAM. Coff. Hyos. Lyc. Nat-m. NUX-V. Phos. Sep. Sulf. Verat. Zinc.</i>	<i>Acon. Anac. Apis. Ars. Aur. Bell. Bry. Cain. Cham. Coff. Grat. Hep. Hyos. Ign. Lyc. Nat-m. Nux-v. Pallad. Petr. Phos. Sep. Sulf. Verat. Zinc.</i>

Figure 3: Vexation with Anxiety Subrubric, Bönninghausen vs. Kent

Bönninghausen's <i>Therapeutic Pocketbook</i> (TBR <sub>2</sub> )	Kent's <i>Repertory</i>
1764 Modalities, Mind, Vexation (disturbed, put-out, troubled), from, anxiety, with [29]	Mind; ANGER; ailments after anger; with anxiety [29]
ACON. Alum. ARS. Aur. Bell. Bry. Calc. Cham. Cocc. Coff. Cupr. Hyos. IGN. Lyc. Nat-c. Nat-m. NUX-V. Op. Petr. Phos. Plat. Puls. Rhus. Samb. Sep. Stann. Stram. Sulf. Verat.	<i>Acon. Alum. Ars. Aur. Bell. Bry. Calc. Cham. Cocc. Coff. Cupr. Hyos. Ign. Lyc. Nat-c. Nat-m. Nux-v. Op. Petr. Phos. Plat. Puls. Rhus. Samb. Sep. Stann. Stram. Sulf. Verat.</i>

Figure 4: Vexation with Fright Subrubric, Bönninghausen vs. Kent

Bönninghausen's <i>Therapeutic Pocketbook</i> (TBR <sub>2</sub> )	Kent's <i>Repertory</i>
1765 Modalities, Mind, Vexation (disturbed, put-out, troubled), from, fright, with [17]	Mind; ANGER; ailments after anger; with fright [17]
ACON. Bell. Calc. Cocc. Cupr. IGN. <i>Nat-c. Nux-v. Op. Petr. Phos. Plat. Puls. Samb. Sep. Sulf. Zinc.</i>	<i>Acon. Bell. Calc. Cocc. Cupr. Ign. Nat-c. Nux-v. Op. Petr. Phos. Plat. Puls. Samb. Sep. Sulf. Zinc.</i>

Figure 5: Vexation with Indignation Subrubric, Bönninghausen vs. Kent

Bönninghausen's <i>Therapeutic Pocketbook</i> (TBR <sub>2</sub> )	Kent's <i>Repertory</i>
1766 Modalities, Mind, Vexation (disturbed, put-out, troubled), from, indignation, with [5]	Mind; ANGER; ailments after anger; with indignation [9]
COLOC. Ip. Nux-v. Plat. STAPH.	<i>Coloc. Ip. Lyc. Merc. Murac. Nat-m. Nux-v. Plat. Staph.</i>

Figure 6: Vexation with Silent Grief Subrubric, Bönninghausen vs. Kent

Bönninghausen's <i>Therapeutic Pocketbook</i> (TBR <sub>2</sub> )	Kent's <i>Repertory</i>
1767 Modalities, Mind, Vexation (disturbed, put-out, troubled), from, silent disappointment with grief [18]	Mind; ANGER; ailments after anger; with silent grief [18]
Alum. <i>Ars. Aur. Bell. Cocc. Coloc. Hyos. IGN. Lyc. Nat-c. Nat-m. Nux-v. Ph-ac. Phos. Plat. Puls. Staph. Verat.</i>	<i>Alum. Ars. Aur. Bell. Cocc. Coloc. Hyos. Ign. Lyc. Nat-c. Nat-m. Nux-v. Ph-ac. Phos. Plat. Puls. Staph. Verat.</i>

For the sake of comparison to the primary text, we provide the reader with a facsimile of the vexation rubrics on page 318 of the 1846 printing of Bönninghausen's *Therapeutisches Taschenbuch* in the original German. (See below)

Figure 7: Original German vexation (Ärger) rubrics in Bönninghausen's TT, p. 318: 6



— **Ärger:** *Acon. Alum. Ant. tart. Ars. Aur. Bell. Bry. Calc. Cham. Chin. Cocc. Coff. Coloc. Croc. Cupr. Hyosc. Ignat. Ipec. Lyc. Mgs. M. arct. M. austr. Magn. Magn. mur. Natr. Natr. mur. N. mosch. N. vom. Op. Petr. Phosph. Ph. ac. Plat. Puls. Ran. bulb. Rhus. Samb. Sec. corn. Selen. Sep. Sil. Stann. Staph. Stram. Sulph. Veratr. Zinc.*

— — mit **Angst:** *Acon. Alum. Ars. Aur. Bell. Bry. Calc. Cham. Cocc. Coff. Cupr. Hyosc. Ignat. Lyc. Natr. Natr. mur. N. vom. Op. Petr. Phosph. Plat. Puls. Rhus. Samb. Sep. Stann. Stram. Sulph. Veratr.*

— — mit **Heftigkeit:** *Acon. Aur. Bell. Bry. Cham. Coff. Hyosc. Lyc. Natr. mur. N. vom. Phosph. Sep. Sulph. Veratr. Zinc.*

— — mit **Indignation:** *Coloc. Ipec. N. vom. Plat. Staph.*

— — mit **Schreck:** *Acon. Bell. Calc. Cocc. Cupr. Ignat. Natr. N. vom. Op. Petr. Phosph. Plat. Puls. Samb. Sep. Sulph. Zinc.*

— — mit stillem **Verdross und Gram:** *Alum. Ars. Aur. Bell. Cocc. Coloc. Hyosc. Ignat. Lyc. Natr. Natr. mur. N. vom. Phosph. Ph. ac. Plat. Puls. Staph. Veratr.*

We include cases from the authors' practices to illustrate using the vexation rubrics in TBR<sub>2</sub>:

### Case I

**December 2012:** A 21-month-old male was brought to the clinic because of frequent spells in which he would turn blue and lose consciousness. These episodes occurred several times per day, and followed events in which he would get upset, such as when a toy was taken from him. He would stop breathing, arch his back and become rigid, his face would turn blue, and the boy would then pass out. His parents also noted that he perspired on his head during sleep and ate eggs daily. Physical exam revealed a large head for his age and a

mild developmental delay in speech. After consulting with a pediatric neurologist, it was learned that these episodes were breath-holding spells, not seizures, and were due to the emotional etiology of each episode.

Using Schroyen's *Synthesis Treasure Edition 2009V* in *RadarOpus*, a Kentian-based repertory, *Calcarea carbonica* 30c, daily dosing 3 dry pellets, was initially prescribed (see Figure 8). Unfortunately, after the first follow up visit, it was clear that the patient did not respond to this medicine because the symptoms were unchanged.

When we make incorrect prescriptions it is important to be reflective to understand why the patient did not respond so that we can continually refine our craft. This case was a good lesson for the author because upon reviewing the primary text homœopathic literature it was clear that the original analysis included normal traits without focusing the case analysis on the symptoms relating directly to the deviations from health. Hahnemann discussed the subject in the *Organon*,<sup>9</sup> §6:

“The unprejudiced observer... notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.”

Bönninghausen, on the same topic, wrote (BLW,<sup>10</sup> pp. 232-33):

Figure 8: Synthesis Repertorization (*Calcarea carbonica*)

		calc.	phos.	ars.	lyc.	nat-m.	verat.	sulph.	
		1	2	3	4	5	6	7	8
		14701	2901	1351	1301	0901	0701	0201	0051
▼ 4. Clipboard 4	X								
▶ 1. GENERALS - CONVULSIONS - anger; after etc...	(36) 1	3	2	1	2		1	1	3
▶ 2. MIND - AILMENTS FROM - anger	(146) 1	1	2	2	2	2	1	1	2
▶ 3. GENERALS - FOOD and DRINKS - eggs - desire	(63) 1	2	1		1			1	2
▶ 4. GENERALS - FOOD and DRINKS - fruit - desire - sour	(26) 1	1	1	2	1	1	3		
▶ 5. GENERALS - FOOD and DRINKS - ice - desire	(28) 1	2	1	1			3		1
▶ 6. GENERALS - FOOD and DRINKS - coffee - desire	(119) 1	1		2		1		1	1
▶ 7. GENERALS - FOOD and DRINKS - pastry - desire	(34) 1	2						1	1
▶ 8. GENERALS - FOOD and DRINKS - sour food, acids - desire	(185) 1	2	2	2	1	2	3	2	2
▶ 9. GENERALS - FOOD and DRINKS - cold drink, cold water - desire	(276) 1	2	3	3	2	1	3	1	1
▶ 10. FACE - DISCOLORATION - bluish - Lips	(99) 1	1	2	2	3	2	1		
11. BACK - OPISTHOTONOS etc...	(109) 1		1	2	2	2			
▶ 12. HEAD - LARGE SIZE	(25) 1	3	1		1			1	
13. MIND - CONTRADICTION - intolerant of contradiction etc...	(158) 1		1	1	3	2	2	1	1
▶ 14. MIND - TALKING - slow learning to talk	(22) 1	1	1			3		1	

ID	Symptom name (Desktop 1)	Nux-v.	Ip.	Op.
562	Respiration, Arrested (impeded, stopped), suffocative attacks (asphyxiation, choking) [73]	3	4	3
936	Generals, Colour, blueness (cyanosis) [66]	2	1	4
1104	Generals, Spasms (cramps, convulsions), tetanic (tetanus), opisthotonos, with [17]	2	2	2
1766	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, indignation, with [5]	3	1	
	<b>Symptom count [4]</b>	<b>4</b>	<b>4</b>	<b>3</b>

Figure 9: TBR<sub>2</sub> Repertorization

“...[we must] not be so easily led astray by personal and individual traits. For the individual personality is often very different from the individual *genius of the disease*, and although the former may frequently cause a variance in the choice of the remedy nevertheless this selection must always be so made as to lie within the sphere of action of the genius of the disease.”

Therefore, the case was re-examined focusing solely on the symptoms of the disease state; the case was re-analyzed using the computerized version of Bönninghausen’s *Therapeutic Pocketbook*, through its most accurate English translation, TBR<sub>2</sub> (see Figure 9).

This repertorization pointed only to *Nux vomica* and *Ipecacuanha*, as covering all the symptom components necessary for the selection, and the uncommonness of *Ipecacuanha* being brought forward so clearly to our attention lead the author to examine its primary provings record:

*Ipecac*, Hahnemann’s *Materia Medica Pura* [MMP]:<sup>4i</sup>

*Ipecacuanha* preamble: “...spasmodic dyspnoea and suffocative spasms, ...”

- 138 Attack of suffocation for two or three days. [Scott, l.c.]
- 142 Suffocative cough, during which the child becomes quite stiff and blue in the face (aft. 10 h.).
- 183 Symptoms of emprostotonos and opisthotonos (aft. 10 h.).
- 184 **The body of the child is stretched out stiffly.**
- 185 Stiff extension of the whole body, followed by a spasmodic clapping together of the arms (after a quarter hour).
- 215 He has pleasure in nothing, nothing is agreeable to him.
- 224 He is morose and vexed that his business is not performed quick enough.
- 226 **Extreme impatience.**
- 227 He lets his courage sink, and is greatly given to be vexed and to get angry.
- 228 His disposition is full of wishes and longing he knows not for what.
- 229 He very often gets angry about the merest trifle, and can just as easily and quickly become calm (aft. 5 h.).
- 231 He is much inclined to become cross and angry.

*Ipecac*, from Allen’s *Encyclopædia of Pure Materia Medica* [AE]:<sup>11</sup>

“Instead of the ordinary wheezing, the muscles of respiration seemed tetanically convulsed, producing a condition not unlike what is denominated “holding the breath,” with slight sighs or catches at intervals barely sufficient to keep the wheels of life from ceasing altogether (in two instances)...<sup>22c</sup>

<sup>22c</sup> Turner, *Boston Medical & Surgical Journal*, 1843, p.229<sup>11</sup>

*Ipecac*, from Hering’s *The Guiding Symptoms of our Materia Medica* [GS]:<sup>12</sup>

- I After chagrin, constant pressing pain in pit of stomach, loss of appetite, frequent nausea, eight days after this, in consequence of anger, sudden vomiting, first of clotted, then of fluid blood, amounting to about two pounds, deathly pale almost pulseless, faintness.
- II Ailments from vexation and reserved displeasure.

*Ipecacuanha* (*Ipecac*) 30c, three dry pellets dissolved in the mouth per day, was then prescribed based on the most characteristic symptoms of the case including: the episodes being triggered following vexation with indignation,<sup>11</sup> turning blue (cyanotic), arrested respiration, and opisthotonos (rigid arching of the back).

At the patient’s next follow up visit, the parents reported that he had not had any episodes of breath-holding spells in the past 10 weeks. They explained that when he became upset, he would look like he typically does during a spell, but the symptoms did not progress to a breath holding spell. Since the patient was continuing to react positively to *Ipecac* 30c, the remedy was continued for another 10 weeks. At the next follow up visit, the parents reported he had one breath-hold-

II This citation in AE is incorrect - the article appears on p.229 of vol.29, 1844 of the *Boston Medical & Surgical Journal* (actual “holding the breath” symptom is at the end of p.231-232).

III While we cannot trace this precise symptom of “vexation with indignation” to the primary text homœopathic literature, Bönninghausen’s inclusion in the rubric along with supporting evidence from later authors (e.g. Hering) provides sufficient grounds for *Ipecac*’s inclusion under the “aggr. vexation” (TBR<sub>2</sub> 1762) and “aggr. vexation with indignation” (TBR<sub>2</sub> 1766) rubrics. It further illustrates the accuracy and dependability of information listed by Bönninghausen.

ID	Symptom name (Desktop 1)	Phos.	Acon.
913	Generals, Apoplexy (stroke, unconsciousness) [50]	1	4
1046	Generals, Paralysis (palsy), one-sided (unilateral) [55]	2	1
1765	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, fright, with [17]	3	4
1882	Modalities, From Situation & Circumstance, Company in, amel. (+ aggr. by being Alone) [11]	3	
	<b>Symptom count [4]</b>	<b>4</b>	<b>3</b>

Figure 10: TBR<sub>2</sub> Repertorization (Phosphorus)

ing episode. So the potency of *Ipecac* was increased to 200c, three pellets dissolved in mouth daily. The patient continued to react positively to the medicine, the breath-holding spells became extremely rare, and the family did not follow-up again. The author has since seen the father who reported that the boy's breath holding spells remain resolved.

## Case 2

May 2015: A 32-year-old male had a stroke and was rushed to the hospital. A colleague went to visit the patient in the hospital. She noted the following symptoms: the patient had complete left hemiparesis (face and limbs), he was quite anxious about being alone and did not want her to leave the hospital room, he felt better while she was there, and since the stroke, he was extraordinarily thirsty for ice cold drinks.

This case was examined using the computerised version of TBR<sub>2</sub>. In this case, vexation with fright was a characterizing symptom, and the following rubric was used:

1765 Modalities, Mind, Vexation (disturbed, put-out, troubled), from, fright, with

This modality, along with the totality of symptoms pointed to *Phosphorus* (see Figure 10).

*Phosphorus*, from Hahnemann's CD: <sup>5,i</sup>

- 23 Anxiously solicitous, about the unfortunate issue of her disease.
- 30 Fearfulness and horror, in the evening.
- 32 Great anxiety and irritability on being alone.
- 51 Great annoyance [Aerger], before dinner, at the least trifle, then sensation of heat, followed by pressure in the stomach; then nausea with much heat in the face, and an entire loss of appetite.
- 52 Great annoyance [Aerger] at the least provocation, with cold hands, heat in the face and palpitation.
- 61 Disagreeable occurrences cause anguish, mixed with fear and vexation, and she becomes disposed to weep.
- 633 Constant thirst.
- 634 Much thirst for water.
- 1420 The one hand is at times as if paralysed, for several hours.
- 1446 Paralysis of the fingers, so that although they can feel, they can hardly be moved. [Gll.]
- 1700 He feels paralyzed and ill, all over the body.

1701 Lack of strength in all the limbs, especially in the joints, as if paralyzed, with good appetite.

1702 The whole right side feels paralysed, with nausea.

*Phosphorus*, from AE: 11

1238 Excessive thirst, only momentarily relieved by copious draughts of cold water (first night).

3186 Symptoms of paresis of the right side of the face and right arm, followed by complete paralysis of the facial and hypoglossal nerves (second day).

Note that both Hahnemann [CD s.1702] and Allen [AE] report a right-sided hemiparesis (the patient's being on the left side), yet, essentially, we note a very similar pathological appearance<sup>IV</sup> in both remedy and patient (i.e. a middle cerebral artery [MCA] stroke [cerebrovascular accident, CVA]).<sup>V</sup> In other words, the complaint<sup>VI</sup> of the patient (TBR<sub>2</sub> 913 stroke + TBR<sub>2</sub> 1046 one-sided paralysis) was itself well matched to the effects produced by *Phosphorus* in the provings record.

The distinctive characteristics in this case helped narrow the selection to a single remedy, *Phosphorus* – the key elements being identified as the stroke and subsequent paralysis, accompanied by a strong thirst for ice-cold drinks, as well as a fear of being left alone (TBR<sub>2</sub> 1882 → CD 32). This patient had a sudden CVA event and there followed fright (TBR<sub>2</sub> 1765 → CD 61), marked by an amelioration in company.

*Phosphorus* 1M was prescribed, dosed three dry pellets dissolved in mouth every one to two hours. Within 1 hour

IV It is here important to remember the actual pathological tissue lesion need not be present in the provings (which are purposefully not extended to such pathology), so long as the symptoms are consistent with, and resemble such lesion.

V This is the most common type of CVA affecting about two-thirds of stroke patients, and it affects the corticospinal tract. An MCA stroke is in contrast with a localized paralysis due to a CVA localized to a specific location in the cerebral cortex, which are experienced by a much smaller proportion of stroke victims:  
[americannursetoday.com/identify-the-vessel-recognize-the-stroke](http://americannursetoday.com/identify-the-vessel-recognize-the-stroke)  
[medlink.com/medlinkcontent.asp](http://medlink.com/medlinkcontent.asp)

VI The complaint satisfies the "Co" of the "CoLoMo" complete symptom triad and the "MoCoLo" in the *Therapeutic Pocketbook* reportorial case analysis strategy. Refer Dimitriadis, George. *Homœopathic Diagnosis, Hahnemann through Bönninghausen*. Sydney: Hahnemann Institut; 2004, pp. 14, 16.

of taking the *Phosphorus* 1M, the young man began to lift his left leg. Within one week, the patient was discharged from the hospital to go home and the paralysis was fully resolved. The hospital physician changed the patient's discharge plans and canceled his stroke rehabilitation services because he recovered so quickly that they deemed the rehabilitation program not necessary. The patient was later diagnosed with an autoimmune clotting disorder predisposing him to the CVA at such a young age.

### Case 3, from Dr Stephen Messer

December 2015: A 62-year-old male, who had been treated chronically for an unspecified conduct disorder and metabolic syndrome returned to the clinic with a chief concern of increased irritability. He explained that ever since a verbal altercation with his son the week prior, he has been short-tempered. The patient's son initiated a verbal argument between the two, so the patient went to his bedroom in an attempt to escape and calm down. However, his son followed him to the bedroom to continue the argument. At this point, the patient "lost it" and became extremely mad. He was surprised by how quickly he erupted in anger, and the next day he felt very remorseful for having yelled at his son. The patient, who was abused as a child by his mother, felt anger towards his son but was also indignant. He explained that he was envious of his son's ability to harass him, as this type of behavior would have resulted in abuse during his own childhood. Since the incident with his son, the patient struggled to cope with his feelings of anger and indignation, was getting in frequent arguments with his wife and his other children, and was easily moved to tears. He also experienced disturbed sleep in which he dreamt his son was trying to kill him since the altercation.

The characteristic symptoms of this case were the vexation with indignation, the vexation with silent (suppressed) feelings, combined with the upsetting dreams and the disposition to cry (see Figure 11). *Staphisagria* was prescribed at a potency of 50M (the patient had previously taken lower potencies over the course of treatment), dosed three dry pellets dissolved in his mouth, once daily.

*Staphisagria*, from Hering's GS: 12

- Suffering from pride, envy or chagrin.
- Very sensitive to least impression; least word that seems wrong hurts her very much.

- Great indignation about things done by others or by himself; grieves about consequences.
- Ailments from indignation and vexation, or reserved displeasure; sleeplessness.

*Staphisagria*, from Hahnemann's MMP: 4.i

- 656 Dream of murder.
- 657 Dreams of murder, the second night. [*Hnl.*]
- 691 Serious, silent, occupied with himself, he speaks but little. [*Lr.*]
- 711 Peevish and Lachrymose. [*Stf.*]
- 712 She will not hear about anybody or anything; she covers up her face and weeps aloud, without cause.
- 713 Every word annoys her; she weeps if any one speaks to her.
- 714 Sulky; she weeps often about nothing at all.
- 716 She was full of grief all days; he grieved over her condition and wept; nothing in the world pleased her (aft. 50 h.)
- 718 Disposition quarrelsome and yet at the same time gay. [*Trn.*]

Three weeks later, the patient called to report that he was doing much better and his anger had significantly improved. He has not needed to follow-up in over six months, which is further evidence that he reacted positively to *Staphisagria*, as this was a longtime patient whose wife always scheduled visits for him when he was doing poorly.

### Case 4

April 2014: A 10-year-old male was brought to the clinic for treatment of emotional trauma following a canoeing accident with his father when the boat overturned. This had occurred one month prior in March 2014. The patient and his father were in the cold water for two and a half hours until another boat found them and brought them to shore. During the time in the water, the boy was very afraid he was going to die of hypothermia and exhaustion. This event resulted in insomnia for the boy, in which frightening images of the canoeing incident were recalled at night preventing sleep. He also had dreams where he was reliving the event. The patient also felt very sad since the incident, thinking that he could have died and would have missed out on so much in life. He would not talk to anyone about his feelings of being sad and avoided consolation, as it made him feel worse and caused flashbacks.

Figure 11: TBR<sub>2</sub> Repertorization (*Staphisagria*)

ID	Symptom name (Desktop 2)	Staph.	Nux-v.	Plat.	Coloc.
1766	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, indignation, with [5]	4	3	2	4
1767	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, silent disappointment with grief [18]	3	1	1	3
895	Sleep, Dreams, Troublesome (annoying, irritating, vexatious) [60]	3	3	1	
41	Eyes, Lachrymation (tears) [100]	4	3	1	3
	Symptom count [4]	4	4	4	3

ID	Symptom name (Desktop 3)	Ign.	Cocc.
1765	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, fright, with [17]	4	1
1767	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, silent disappointment with grief [18]	4	3
1751	Modalities, Mind, Consolation, from [8]	3	
895	Sleep, Dreams, Troublesome (annoying, irritating, vexatious) [60]	3	1
573	Respiration, Sighing [22]	2	3
	<b>Symptom count [5]</b>	<b>5</b>	<b>4</b>

Figure 12: TBR<sub>2</sub> Repertorization (*Ignatia amara*)

The event also affected his ability to focus during school due to flashbacks. He frequently sighed and cried.

The case was examined using the computerized version of TBR<sub>2</sub> (see Figure 12).

*Ignatia amara*, from Hahnemann's MMP:<sup>4,i</sup>

*Ignatia* preamble: "...ignatia is a main remedy in cases of vexation in subjects who have no tendency to break out violently or to revenge themselves, but who keep their annoyance to themselves; in whom, in a word, the remembrance of the vexatious occurrence is wont to dwell in the mind, and so also especially in morbid states which are produced by occurrences that cause grief. So also attacks of even chronic epilepsy, which only occur after mortification or some similar vexation (and not from any other cause), may always be prevented by the timely administration of ignatia. Epileptic attacks that come on in young persons after some great fright, before they become they very numerous, may also be cured by a few doses of ignatia."

- 467 Feeling of anxiety and oppression of the chest wakes him at 12 o'clock at night from sleep; he had to breathe often and deeply, and could only get to sleep after an hour. [*Hb. Ts.*]
- 665 Startings in affright, when about to go to sleep, on account of monstrous visions which present themselves to him; and hover before him after waking.
- 667 Starting in affright, in the morning, on waking out of a sleep so light that he hears every stroke of the clock.
- 668 Dreams full of frightful things.
- 674 Awakes on account of horrible dreams (e. g. of drowning) from the afternoon sleep (aft. 24 h.).
- 761 **Uncommon tendency to be frightened.**
- 762 Fears every trifle, is especially afraid of objects coming near him (aft. 1 h.).
- 775 When one hesitates in the least to do what she wishes, or remonstrates much with her, though in a mild and friendly manner, or endeavors to persuade her, or wishes differently from what she wishes, she weeps about (aft. 1 h.).
- 780 Loss of the usual cheerfulness (2nd d.). [*Hb. Ts.*]
- 786 Quiet, serious melancholy; cannot be induced to converse or be cheerful, with flat, watery taste of all food and small appetite (aft. 24 h.).

- 787 Quiet reserve, internally disposed to anger and irritable (aft. ½ h.).
- 791 Thinks against his will of annoying, vexatious things, and dwells on them (aft. ½ h.).
- 794 Sad (towards evening).

Initially, *Ignatia* 200c was prescribed at a dosage of three pellets dissolved in his mouth, once daily. For the first two weeks, the boy was less sad, and then he experienced a slight relapse. The potency was increased to 1M, three pellets dissolved in mouth, once daily. One week later he reported that he was feeling better. He was no longer having flashbacks and was able to recall the incident without getting as sad. The dream-disturbed sleep had resolved. Overall, his mood was lightened, and he was more easily reassured by his parents.

About a month later, he was continuing to improve and only felt sad about once a week. He continued to not experience vexatious dreams and was also brooding less. However, his chronic eczema symptoms had begun to relapse so he returned to his chronic remedy of *Lycopodium clavatum* at a potency of 200c, three pellets dissolved in the mouth, once daily. Five days later, his mom left a message saying they had returned to *Ignatia* due to worsening PTSD symptoms (they had *Ignatia* 10M on hand already in case of a relapse).

At his next follow-up six weeks later, his PTSD symptoms from the canoeing incident had fully resolved. His chronic eczema had again begun to relapse so *Lycopodium* 200c was re-prescribed. He has not experienced a return of any PTSD symptoms since this time.

## Conclusion

Accurately understanding the vexation rubrics as modalities is important to enable homœopathic practitioners to use these rubrics precisely in clinical practice. The repertory is simply a tool that can help guide practitioners to the best-matched remedy in the case, yet the most effective use of the repertory hinges on a foundational knowledge of materia medicæ.<sup>vii</sup> This is evidenced by examples of vexation symptoms in provings records in the materia medicæ that

VII Bönninghausen reminds us in the Preface to his *Therapeutic Pocket-book* [TT] that:

"Beyond doubt, the diligent and careful study of the 'Materia Medica Pura' cannot be fully supplied by any Repertory whatever; nor have I ever had the intention of making the former superfluous, on the con-

were illustrated in this article. The term vexation (*Ärger*) was mistranslated as “anger” in *Kent’s Repertory* and, thereafter, it has been historically misplaced in the modern post-Kentian repertories. The vexation rubrics and subrubrics are clinically useful, and the most accurate English translation of these rubrics is found in TBR<sub>2</sub>.

## Acknowledgements

A special thank you to thank George Dimitriadis (Hahnemann Institute Sydney, Australia) for helping clarify the vexation rubrics for the homœopathic community in the publication of TBR<sub>2</sub>. Additionally, we would like to thank George and Jacqueline Dimitriadis for helping review a draft and providing valuable suggestions for improvement of this article.

## Notes to text

- 1 Dimitriadis, George: *The Bönninghausen Repertory, Therapeutic Pocketbook Method, Second Edition, The most accurate English re-translation of Bönninghausen’s Therapeutisches Taschenbuch carefully corrected with reference to his original manuscript* [TBR<sub>2</sub>], Hahnemann Institute, Sydney, 2010.
- 2 Kent, James Tyler: *Repertory of the Homœopathic Materia Medica*, Philadelphia, 1897.
- 3 By *homœopathic* we herein refer to its intended use; our primary source MM comprise *conjectureless* (i.e. *pure*) *observed effects* on the living organism, which may be applied homœopathically or otherwise – but the application does not alter the quality of information.
- 4 Hahnemann, Samuel: *Reine Arzneimittellehre* [RA], Arnold, Dresden & Leipzig, 1825-1833 [3rd ed. vols. 1-2; 2nd ed. vols. 3-6]. Also available in facsimile reprint, Haug, Ulm/Donau, 1955.
  - 4.i Dudgeon, R.E.: *Materia Medica Pura*, [MMP], RA English translation, 1880. Reprint, B.Jain, Delhi, 1990.
- 5 Hahnemann, Samuel: *Die Chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung*, [CK], Leipzig, 2nd edition (5 volumes), 1835-1839, Arnold, Leipzig [vols. 1-2], and Schaub, Düsseldorf [vols. 3-5]. Facsimile reprint, Haug, Heidelberg, 1979.
  - 5.i Tafel, L.H.: *The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure*, [CD], CK English translation, 1896. Reprint, B.Jain, Delhi.
- 6 Clemens Maria Frans von Bönninghausen constructed numerous repertories and precursor works (many of which remain unpublished), but we here refer the

reader to only his main repertories, for which he is well known:

SRA *Systematisch Alphabetisches Repertory der Antipsorischen Arzneien* [Systematic Alphabetical Repertory of Antipsoric Remedies] Münster, 1833.

SRN *Systematisch Alphabetisches Repertory der nicht-antipsorischen Arzneien* [Systematic Alphabetical Repertory of the non-antipsoric Remedies], Münster, 1835. SRA & SRN were each to form parts 1 & 2 (respectively) of an intended *Systematic Alphabetical Repertory of Homœopathic Medicines*, which work was used by Bönninghausen as the immediate precursor for his TT.

TT *Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der reinen Arzneimittellehre* [Therapeutic Pocketbook for the use of homœopathic physicians at the sickbed and as an aid to the study of pure materia medica], Münster 1846.

7 When referring to Bönninghausen’s *Therapeutic Pocketbook* herein we refer to the English translation, published at the same time as the German (& French) original, the translator being a close friend of Bönninghausen but wishing to remain anonymous, hence it is abbreviated as TPi (*Therapeutic Pocketbook innominate*).

8 It should be noted that Kent did not speak or read German. Therefore, he was at a loss to examine the German primary texts. Kent relied on previous translations and secondary texts that he was not able to verify or correct for himself. By contrast, Hahnemann and Bönninghausen’s publications were primary texts that drew directly from source proving and toxicological data. As such, Kent relied mostly on existing repertorial works as the foundation for his Repertory. In the preface to Kent’s Repertory he writes,

“This work is offered to the profession as a general repertory of the Homœopathic Materia Medica. It is not calculated to take the place of the repertories on special subjects, such as Boenninghausen’s “Therapeutic Pocket Book,” Guernsey on “Hæmorrhoids,” Allen’s “Intermittent Fever,” Lee and Clark’s “Cough Repertory,” and Bell on “Diarrhœa,” but rather to be a connecting link between these special works, answering the requirements of the physician in a general practice of acute and chronic diseases.

The Repertory has been built from all sources, and is a compilation of all the useful symptoms recorded in the fundamental works...”

Kent’s own student, F.E. Gladwin stated the following (quote taken from a discussion on a paper presented by

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trary I am of opinion, that all works, having such a tendency, unquestionably do a great deal of harm.”

Julia M. Green, *Repertory Making, Repertory Uses*, The Homœopathic Recorder, 1932, p. 731):

“Dr. Kent held that all repertories were but compilations at best and the verified symptoms of a remedy were the property of all. This being the case, it would save much time if he began where the others left off. So to save time he asked his students to copy the symptoms and remedies already collected in other repertories.”

The authors of this paper have examined Constantine Hering’s English translation of G.H.G. Jahr’s *Manual of Homœopathic Medicine* from 1838, C. Lippe’s *Repertory to the More Characteristic Symptoms of the Materia Medica* from 1879, and E.J. Lee/Clarke’s *Cough and Expectoration, A Repertorial Index of Their Symptoms* from 1884 because these are the texts from which Kent primarily gleaned information. There are no rubrics in any of the above repertories that correspond to the “vexation” or “ailments after anger” rubrics that are discussed in this paper. Additionally, it is with striking resemblance that Kent’s “ailments after anger” rubrics correspond to the “vexation” rubrics in Bönninghausen’s TT of 1846. Given Kent’s statement in the Preface and Julia Green’s summary, the authors of this paper suspect that Kent copied and pasted the rubrics from Bönninghausen’s TT. Since the sources of these rubrics have not been traced to any other prominent English repertory available to Kent, the authors suspect that the error in translation was introduced into Kent’s Repertory. If the authors of this paper have made an error in this examination, they would be more than happy to stand corrected as their only aim is for the homœopathic community to have access to the most accurate information.

- 9 Hahnemann, Samuel: *Organon of Medicine*, Arnold, Dresden & Leipzig, 1833, 5th ed. Translated by Dudgeon, R.E., London, 1849. Reprint, B. Jain Publishers, New Delhi, 1996.
- 10 Bönninghausen, CMF von: *The Lesser Writings of CMF von Boenninghausen*, compiled by Thomas Lindsley Bradford, translated from the original German by by L.H. Tafel, Philadelphia, 1908, pp.232-233. Reprint B. Jain Publishers, Delhi, 2005 [BLW].
- 11 Allen, T.F. *Encyclopædia of Pure Materia Medica, A Record of the Positive Effects of Drugs Upon the Healthy Human Organism* [1874] [AE]. Indian Reprint, New Delhi: B. Jain Publishers; 2000.
- 12 Hering, C.: *The Guiding Symptoms of Our Materia Medica*, Philadelphia, 1891, vol.10. Reprint, B. Jain Publishers, New Delhi, 1997.

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