

Boenninghausen Repertory in My Practice

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Dr HA Roberts in his foreword on *Boenninghausen's Repertory* mentions that Boenninghausen was first to evaluate the remedies in relation to the individual symptoms and it was he who introduced various relationship of any given remedy to the individual case. This repertory is based on the original repertory of the *Antipsoric Remedies of Boenninghausen*.

Comment [m1]: Therapeutic Pocket Book

Before understanding Boenninghausen's repertory it is very essential to read an article by TL Bradford, MD on life history of Dr C Von Boenninghausen.

Comment [m2]: Therapeutic Pocket Book

Some Historical Facts to be Understood before Using the Repertory

During Dr CM Boger's time both the Boenninghausen and Kentian schools were popular. Boger made a study of both but accepted Boenninghausen's way of working out of a case. He tried to translate Repertory of Antipsoric Remedies. In the course of his translation work, he was further convinced that Boenninghausen's basic principles, plan and construction were sound and that the book was comprehensible and hence practicable. He was also aware of the difficulties faced by the practitioners while using the Therapeutic Pocket Book and the criticisms leveled against its principles and the methodology. He undertook the major work of rewriting the Therapeutic Pocket Book, by adding aggravations, ameliorations and concomitants at the end of each chapter. This leads to the development of a new repertory- *Boenninghausen's Characteristics and Repertory*.

Comment [m3]: Boger

This Repertory is Based on the Following Principles

1. Doctrine of complete symptom and concomitant
2. Doctrine of pathological generals
3. Doctrine of causation and time
4. Clinical rubrics
5. Evaluation of remedies
6. Fever totality
7. Concordances

1. Doctrine of Complete Symptom and Concomitants

A symptom is said to be complete when the following elements are present:

- a) Location
- b) Sensation
- c) Modality and
- d) Concomitant

Concomitants are the symptoms accompanying the main complaint without any pathological relation to the main complaint. They are known as the 'unreasonable attendants'.

He tried to make every symptom as far as complete and he included concomitants at the end of each chapter.

2. Doctrine of Pathological Generals

These are the general changes in the tissues and parts of the body. They reveal the state of the whole body and its changes in the relation to the constitution. The chapter 'sensations and complaint in general' is full of examples of pathological generals, which include discharges, structural alterations, constitutions, diathesis, etc.

3. Doctrine of Causation and Time

Boger has given adequate importance to causative modality and time modality. Each chapter in this book is followed by a separate sub chapter of time aggravation.

4. Clinical Rubrics

In the absence of characteristic symptoms, clinical conditions are very useful in grouping medicines, which can be further narrowed down with the help of modalities and concomitants and finally selecting one among them. They help the physician in case of advanced pathology.

5. Evaluation of Remedies

Boger used the same five grading of medicines as Boenninghausen followed in his Therapeutic Pocket Book. The grading is based on the frequency of appearance of symptoms in the provers. He used five different typography to represent these grades:

Capital (5)

Bold (4)

Italic (3)

Roman (2)

(Roman) in parenthesis (1)

6. Fever totality

This is the unique contribution of Boger. The three stages of fever are followed by time, aggravation, amelioration and concomitants. They help to repertorise any simple as well as complicated cases of fevers.

7. Concordances

Concordances or relationship of remedies helps in the second prescription.

"The Boenninghausen method is the easiest method, Hahnemann himself approved of Boenninghausen's repertory and used it.

"What kind of diseases can you use this method on? Some people think Boenninghausen's method is only good for acute diseases this is not true. I have solved many chronic cases using this repertory.

Some situation for which I use Boenninghausen repertory

1) Very useful tool for a one sided disease. For example a case of vitiligo.

2) Acute infections of upper and lower respiratory tract

3) When there are many physical symptoms and paucity of mental symptoms.

4) Boenninghausen's method is useful when patients make no connection between their physical and emotional symptoms. These are down to earth patients with no time to investigate their feelings. They are goal oriented and do not introspect..

Some Hints in Repertorising.

"The Boger Boenninghausen Repertory is based on aphorism 95 of the Organon. 'Chronic patients become so accustomed to prolonged suffering that they no longer pay much attention to their symptoms. They have nearly forgotten how health really feels. It hardly occurs to them that these less troublesome symptoms which are greater or lesser deviations from health are the key to choosing the remedy.' In the Boger Boenninghausen method mental and emotional changes are the last to be taken into account. In the Boger Boenninghausen method when you

have narrowed it down to one or two remedies you use the mental and emotional symptoms to differentiate.

, "When repertorising the chief complaint comes first. In other methods of case analysis, you don't use the chief complaint. If there is more than one complaint, ask which is worst. The modalities of the chief complaint are the most important. It is such a decisive factor that if you have a remedy with the concomitants, sensations, and dreams of the patient but not the modality, you must reject it. A remedy that ranks very high in the modalities is the one you choose. If there is a recognizable never well since or etiology it comes first among the modalities. Concomitant symptoms are symptoms that go together with the chief complaint. The less often it typically goes with the complaint, the more important it is. For example, diarrhea with headache is a concomitant. The concomitant also has modalities. For example, asthma with increased urination. If there is an aggravation of the concomitant that is the same as of the chief complaint, it has increased value. For example, eczema on the head and white stools where both are aggravated by milk. This is extremely important.

Structure of the Repertory

"The first part of the Boger Boenninghausen repertory is a materia medica. Its okay, but you won't need it. The repertory starts with the mind section on page 191. It's limited, but has good information. You go here for never well since symptoms like jealousy. When using the Boger Boenninghausen Repertory we like big rubrics. The small sub rubrics are used for differentiating remedies. There are four grades. Black type is three. Large caps are a four. Italics are a two and plain type is a one. Four means a remedy is found in most of the provers and clinically confirmed. One means the rubric is only clinical. Page 203 has the important rubric 'grief, sorrow, and care'. Page 210 has Love, unfortunate, a 'never well since' rubric. Page 213 has 'persecuted feels' (paranoia). Page 221 is 'vexation', another never well since symptom. On page 222 are the time modalities and on page 223 is the start of the aggravations. The particular aggravations were added by Boger. On page 230 there is a cross reference. 'Head, internal' means headaches. First Boger gives the location. Then he follows with sides (left and right). On page 281 there are the conditions of aggravation and amelioration. Page 302 is hair. At the beginning of each section Boger gives abbreviations for each of the principal symptoms. Food cravings are under appetite, on page 472. The first sticker should go on page 678, concomitants before menses. Put the next sticker at page 805, the start of the extremities section."

"Page 885 has the rubric 'gait', which is useful. Page 881 has sensations and complaints in general. This should get a sticker and is an important section. It contains pathological

symptoms, like apoplexy. 'Carpology' means picking at the clothes. Page 890 has convulsive movements, spasms. Page 892 has direction of pain, which is not in the other repertories. It should get a sticker. Page 902 has 'Infants, affections of' along with sub rubrics. It deserves a sticker. Infant means below two years old. On page 907 you have 'lassitude, physical', which contains remedies for fatigue. On page 919 is the rubric, side, symptoms on one on page 935 is the rubric 'weakness, exhaustion, prostration, infirmity'. On page 1020 you have 'chill and fever'. The most important section starts on page 1105, and is deserving a sticker. It is conditions of aggravation and amelioration in general. It is the very first section you go to when repertorising a case. Page 1103 has time modalities. It takes precedence over the modalities in the various sections. Page 1116 is totally hidden and deserves a sticker. 'Emotions aggravate'. It is the same as stress. Page 1119 has the food and drink aggravations. Page 1126 has 'lifting and over lifting aggravates'. Page 1154 has the concordances. When you are successful with a remedy and you need another remedy to complete the case, you look at this section. Remedy Relationships by Thomas Blasig and Peter Vint is useful as well. Page 1132 has a rubric not in Kent: 'aggravations by phases of the moon'. Page 358 has various causes of deafness."

Tips for using Boenninghausen repertory:

- Choose big rubrics over the small.
- The modality the patient gives first is probably the most important.
- If two remedies are close, the past medical history will give you the choice. Ask about symptoms during puberty or pregnancy.
- If a remedy comes first in the repertorization and the remedy doesn't work, try a higher potency.
- Often a remedy for an acute condition also helps the chronic complaint. Remedies 2, 3, 4, and 5 are probably remedies that patient will need later.

Case 1

A known case of epilepsy in 14 year old child on allopathic drugs presented in my clinic with epileptic attacks not under control since past 6 years. The frequency of attacks were 1-2 attacks every week. There was no modality or cause for this epilepsy, the family history was positive for epilepsy. The epilepsy is characterised by unconsciousness with tonic-clonic convulsions more on the face with involuntary stool and urination during the episode. She desires sour food and her thirst was insatiable.

Comment [m4]: To be deleted as content same as Dr Luc's article which is also considered for this issue of HH

Opium 30C was selected as the remedy in this case on the following symptoms.

1. MIND - Care free
2. MIND - Deceit, cunning, cryptomania
3. FACE - Convulsions of
4. LOWER EXTREMITIES - Convulsions, clonic
5. SENSATIONS AND COMPLAINTS IN GENERAL - Epilepsy - stiffness, rigidity; with
6. SENSATIONS AND COMPLAINTS IN GENERAL - Epilepsy - unconsciousness, with
7. SWEAT - Partial sweat - partial sweat - upper part of body
8. UPPER EXTREMITIES - Convulsions, clonic spasms

In the next six months the frequency, duration and intensity of the epileptic attacks was reduced to a substantial extent.

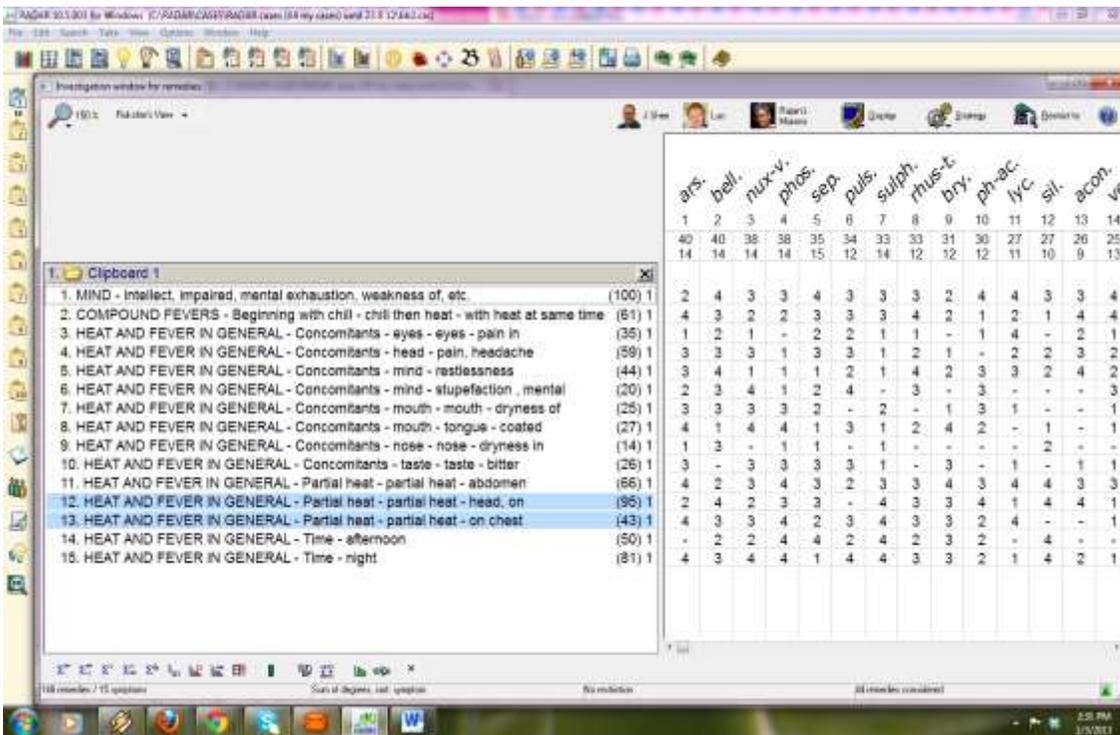
Case 2 (Acute Case)

Now let me give you the example of a recent case of Dengue. A male child of 16 years with Dengue IgM positive complained with fever with rigors worse in the afternoon and night. The fever would begin with a chill and quickly result in rise of temperature. The heat was most on the head, abdomen and chest and was accompanied by headache and pain in the eyes. There was dryness of the nose and mouth along with bitter taste in the mouth. The tongue was coated. On a mental plane there was exhaustion and dullness to a degree of stupefaction although he was restless.

The rubrics taken based on the above information were:

- 1) MIND - Intellect, impaired, mental exhaustion, weakness of, etc.
- 2) COMPOUND FEVERS - Beginning with chill - chill then heat - with heat at same time
- 3) HEAT AND FEVER IN GENERAL - Concomitants - eyes - eyes - pain in
- 4) HEAT AND FEVER IN GENERAL - Concomitants - head - pain, headache
- 5) HEAT AND FEVER IN GENERAL - Concomitants - mind - restlessness
- 6) HEAT AND FEVER IN GENERAL - Concomitants - mind - stupefaction , mental
- 7) HEAT AND FEVER IN GENERAL - Concomitants - mouth - mouth - dryness of
- 8) HEAT AND FEVER IN GENERAL - Concomitants - mouth - tongue - coated
- 9) HEAT AND FEVER IN GENERAL - Concomitants - nose - nose - dryness in
- 10) HEAT AND FEVER IN GENERAL - Concomitants - taste - taste - bitter
- 11) HEAT AND FEVER IN GENERAL - Partial heat - partial heat - abdomen
- 12) HEAT AND FEVER IN GENERAL - Partial heat - partial heat - head, on
- 13) HEAT AND FEVER IN GENERAL - Partial heat - partial heat - on chest
- 14) HEAT AND FEVER IN GENERAL - Time - afternoon
- 15) HEAT AND FEVER IN GENERAL - Time - night

Comment [m5]: Please explain reason why opium was selected over other remedies in repertorisation.



Based on the above totality *Veratrum album* 30 C was selected, every 2 hours. In the next few days the fever and headache was getting better but the platelet count had substantially dropped to 19,000. At this stage *Veratrum album* 200 was given to the patient. On the 7th day the platelet count started increasing but the report showed malaria falciparum. Since the condition was improving the same medicine was continued. After 15 days the platelet count was normal and malaria and dengue tests were negative.

Comment [m6]: Please provide reason of selection of remedy

In the past 35 years I have been using Boenninghaus's repertory in acute cases especially of malaria and dengue with very good results using remedies which are totally unheard of in the above conditions like *Sabadilla*, *Veratrum album*, *Agaricus muscarius* etc.

Comment [m7]: Please provide the reports