

# Boenninghausen's Repertory

by D.P. Rastogi

Although Hahnemann was the first person who felt the need for a repertory, the credit for creating the first repertory goes to Boenninghausen. The *Repertory of the Antipsoric Remedies* was created by Boenninghausen in 1833 and was the repertory that Hahnemann used in his practice. (It was translated into French by Rapou in 1834 and the 1846 edition in my possession includes an essay on *The Repetition of the Dose* by Hering. Even before Homeo-Net homœopathy had an international character; Ed.)

Boenninghausen worked on making a small concise pocket book of his major work and, in 1846, came out with the *Therapeutic Pocketbook*. The *Therapeutic Pocketbook* became the standard reference work used by most American homœopaths including Stuart Close, Carroll Dunham, H. N. Guernsey, and T.F. Allen.

In 1900 Cyrus Boger made a new translation of the *Repertory of the Antipsoric Remedies* into English. It contained 232 pages. He continued to enhance it until his death in 1935. He made so many additions and new rubrics that its final size was 1040 pages: an almost five fold increase. (This vast compendium was first published by Roy & Co in Bombay in 1936; Ed.) It is probably more correct to call this Boger's Repertory than Boenninghausen's.

Homœopaths, such as Kent, Farrington and Boger, criticized Boenninghausen for not differentiating between general and particular modalities. It is important to realize that these criticisms were based on the earlier concise Therapeutic Pocket Book. Boger, in his new work based on Boenninghausen, was quite careful to keep the modalities and concomitants with their local symptoms. Each section has its own set of aggravations, ameliora-

tions and concomitants.

Dr. Boger, had an excellent knowledge of the German language and also a knowledge of Kent's *Repertory*. (Boger's additions to Kent's *Repertory* are recognized as most valuable and are the basis of many of George Vithoulkas' additions, Ed.). Also Boger had further improved the Boenninghausen repertory by making additions and correcting errors, mostly due to faulty translation. Dr. Boger was a man who was very precise, and had a great talent for expression.

This wonderful work, Boger-Boenninghausen's *Characteristics & Repertory*, however fell in to comparative disuse because it had long lists of remedies in various rubrics and thus required a long time to write down the remedies during repertorization. It has been my belief that if computerization is deemed necessary for the use of any repertory, the Boger-Boenninghausen's *Repertory* needs it the most. A user of Kent's *Repertory* is aware that one meets several cases in practice where there is a lack of marked generals and mentals and only symptoms relating to location, sensation, modalities and possibly a concomitant symptom are presented. Such cases can usefully be repertorized using the Boger-Boenninghausen *Repertory*. The repertory is divided into six distinct chapters. Each chapter gives one part of the symptom. The remaining parts of the symptoms are to be traced out and the symptoms completed by reference to one or more of the remaining chapters. Boenninghausen arrived at this arrangement as one of the best and most practical after trying out different plans and not being satisfied with them.

I can present an example of a case of bronchitis which lacked mental symptoms

and presented only the modalities. I was able to pick up the curative remedy by using the Boger-Boenninghausen *Repertory*. I used the following rubrics:

1. worse breathing
2. worse by breeze of a fan or wind
3. worse before eating
4. worse from change of weather
5. nose obstructed on the side lain on
6. worse at night
7. heaviness and pressure in vertex
8. bronchitis

I came to the remedy *Calcarea carbonica* after using the Boger-Boenninghausen's *Repertory*. Had I not used this repertory, I would not have arrived at this remedy and not cured the case.

Users of Kent's *Repertory* will find the Boger-Boenninghausen *Repertory* of great use because it contains many rubrics not included in Kent. Let me

quote from the preface of the Boenninghausen *Pocketbook*:

'It is not our purpose to set forth the superiority to any one general repertory over another; but it is our desire to demonstrate the sound philosophy and practical application of this work to such states as the physician meets in everyday practice. Let us utilize all the means at our disposal to insure to each patient the Simillimum which is his only hope of cure.'

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There is an excellent guide by Dr Bhanu Desai: *How to find the Simillimum with the Boger-Boenninghausen Repertory*. 1983, Jain, New Delhi.

Acknowledgements to Julian Winston for permission to reproduce this work, and transmission via HomeoNet.

## Together Again

### The Society of Homœopaths Conference 1990

Preparing for the Journey *David Taylor-Reilly*  
The Value of Anecdotal Evidence *Denis MacEoin*  
Drug Dependency and its Homœopathic Management *Jatinder Bakshi*  
Healing into Life or Death *Felicity Lee*  
Folliculinum: Mist or Miasm *Melissa Assilem*  
Different Personality Types in Migraine *Guy Kokelenberg*

Jaws *Jack Levenson*  
Hyoscyamus *Hennie Heudens-Mast*  
A Question of Ethics – Sex in the Consulting Room *Miranda Castro*  
Of Myths and Mores *Misha Norland*  
The Tree of Life: Thuja *Jeremy Sherr*  
Epidemics *Jeremy Sherr*

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In 1915 Dr Weir read a paper on homœopathic philosophy and its importance in the treatment of chronic diseases. He deliberately restricted his quotations to those of Hahnemann, and stressed the importance of individualization, the resistance of the patient. But in the discussion the Old Guard were critical. Dr Byres Moir's criticism was beside the point; Dr Neatby claimed that Dr Weir's methods would lead to an absurdity, and Dr Goldsborough thought Dr Weir paid too much attention to the drug and forgot the patient. Main support for Dr Weir came from my father, Hervey Bodman, who had been testing this method for more than three years and could claim that he had observed marked improvement in his results, and he gave seven reasons why this was so.

The wind of change was now a stiff breeze. John Weir was Compton Burnett Professor, lecturing every week in the autumn term; and he has been elected Honorary Secretary of the British Homœopathic Society, replacing an elderly doctor of more than sixty

years of age. Young and vigorous, he set about recruiting for the Society, and at the next meeting he proposed six new names as members. But the Old Guard of pathological prescribers did not give way at once. As late as 1924 the Senior Fellow recommended, from the last ditch, they should learn their drugs from Hughes' *Pharmacodynamics*, and he finished by claiming that the *Repertory* was a skeleton that ought to be kept in a cupboard; but at the end of the discussion he had ruefully to admit that he was in a very small minority, a minority of one.

It was in 1924 that Dr Margery Blackie first appeared as a visitor to the Society. Throughout her professional life she has supported the Hahnemann ideals.

#### References

Files of *The British Homœopathic Journal*, 1902–1924. Reprinted from *The British Homœopathic Journal* 1980; 69:1, with the kind permission of the Editor, Dr Peter Fisher.