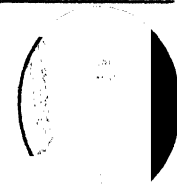




Boenninghausen: Still relevant for a Homoeopath in 21st century

ABSTRACT: Boenninghausen brought with him a rare combination of work experience to Homoeopathy. Before his conversion to Homoeopathy he had worked as a Lawyer, a Civil servant, Commissioner of registration of lands, Director of Botanical gardens and as Royal Librarian; all disciplines needing strong Analysis / Classification.



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Boenninghausen's immense contributions to Homoeopathy include:

- Strong defense of Homoeopathy as an authentic, scientific system.
- Conceptual leap in Homoeopathic Philosophy.
- Creation of Homoeopathic Repertories.
- Pioneer in Homoeopathic Rural and Veterinary Practice.

BOENNINGHAUSEN: THE STRONG DEFENDER OF HOMOEOPATHY

Boenninghausen's lesser writings bring out many battles that he fought for Homoeopathy. He hit upon a novel idea of publishing all the cases from his patient registers (bound ones) during a particular month and challenging anybody to examine them in the original. The cases contained treatment of many farmers and their animals. 'If Homoeopathy works on animals can you call it a placebo effect?' Boenninghausen contended. One is touched by the integrity and devotion of the man to lay himself bare for any scrutiny for the sake of Homoeopathy.

BOENNINGHAUSEN: THE GREAT PHILOSOPHER: He made some of the most influential contributions to Homoeopathic philosophy. We are indebted to him for introducing following concepts in Homoeopathy

- Concept of Gradation of remedies
- Concept of Analogy

- Concept of Concomitants
- Concept of Complete Symptom
- Concept of Concordance

HIS CONCEPT OF TOTALITY HAS FOLLOWING FACETS

1. Principle of Generalization on a grand scale.
2. Prime Importance of Modalities.
3. Doctrine of Concomitance – higher evaluation of Concomitants.
4. Importance of the Physical Generals.
5. Doctrine of Analogy.
6. Concept of Totality as a Grand Symptom: comprising of the 3 Elements: Location, Sensation and Modality, to which is added the 4th dimension of Time – the Concomitants.
7. The Mental State at the stage of final differentiation.

SITUATIONS IN PRACTICE DEMANDING BOENNINGHAUSEN'S APPROACH: All cases with predominance of Modalities should be considered for use of Boenninghausen's Approach. Cases presenting with complete symptom in their chief complaint and lacking in other generals or mentals are suitable for Boenninghausen's Approach. Cases with common symptoms, one sided diseases or with plethora of symptom may need Boenninghausen's Approach. I am reproducing some of my clinical experiences where Boenninghausen proved very useful.

Mrs LD 10th Passed. HW, Hindu, Veg.

ON EXAMINATION: Temp: 98.6^o F, Pulse: 80,



CASE 1 CHIEF COMPLAINT

LOCATION	SENSATION	MODALITIES	CONCOMITANTS
Retrosternal region F: Once or twice a week Since many years	Burning pain	< NSAID < Fried Food ² < Spicy Food ² > Cold Water ² > Cold Milk ² > Antacid	Palpitation ²

RR: 16, BP: 120/80. Chest: Clear. CVS: S₁S₂ (N). P/A: NAD.

LIFE SPACE: Patient hails from Nagpur. Her father was teacher yet soft by nature. Mother was irritable and extremely fastidious by nature. Patient had no problems with parents.

Patient wants extreme cleanliness in work. She does not like a thing to be displaced by an inch from its place. She wants to fill drinking water by herself only, otherwise she does not drink water. She is extremely fastidious and if any person does not follow her cleanliness, she reacts on the face, but in such a way that other person does not get hurt. She loves everybody and loves to be with people.

THERMAL STATE: Chilly Patient.

APPROACH: Boenninghausen's Approach selected as case has complete symptom. All the modalities are apparently common modalities of hyperacidity. The accompaniment of palpitation with Hyperacidity is characteristic. BBCR under Stomach concomitant Palpitation gives Nux vom as the only remedy.

SUMMARY OF FOLLOW UP: *Nux-vomica* 200 1PHS. FU: 1st week > 70-80%. 2nd week: No complaints. 4th week: Well. Was told to report SOS.

CASE 2: Mr VNB, 85 years. Married, Hindu, Brahmin, veg, Farmer (hard work)– retired 2 years. Smokes more than 25 bidis a day. Tea twice or thrice in a day.

FAMILY BACKGROUND

Wi - 80 years. Son - 42 years, service (in New Mumbai-Vasai), Son's wife - 41 years, HW, Gr=son -12 studying. Gr-da - 6 yrs, MR with convulsions. Two married daughters.

CHIEF COMPLAIN:

SKIN: Nape of Neck Since 40 yrs Tinea Cruris
Skin whole body Since 10 yrs Neurodermatitis
Since : Aug 99 Tinea Cruis Swelling³ Face, Abdomen, Back.

SENSATION: Itching², Scaling, Redness³, Blackish discoloration

MODALITIES: A/F Local application of veg extract
< On rising of Sun, < Exposure to sun, > Cold bathing. No > Allopathic Rx.

OTHER COMPLAINS

- 1) Does not feel Hungry², Weakness
- 2) Deafness
- 3) Vision decreased²
- 4) Unsatisfactory stool²

PATIENT AS A PERSON

CRAVING: Bananas, Tasty Food. **SLEEP:** Deep

LIFE SPACE

Patient 85 years, Gujarati. He did not know Hindi or English. Was accompanied by his son, who brought him for treatment to Bombay as complaints did not improve despite allopathic Rx. All information was gathered from his son as patient was not able to hear properly, nor can see properly. Physician and observer found it difficult to understand-patient's answers in Gujarati with rural dialect.

INFORMATION GIVEN BY HIS SON

Patient is the eldest in family. Shouldered responsibility of seven brothers and six sisters with respect to marriage and other things. Patient is very hard working. He likes to stay in the village. Remains worried about the family members at village



including brothers and sisters. He wants to go back. He is of irritable temperament. He is a respected elder in the village.

REACTION PHYSICAL FACTOR

Sun < Skin complaint

Thermal: C3H2

DIAGNOSIS: Allergic exfoliative dermatitis.

TREATMENT GIVEN: Inj Dexta, Avil, Tab Avil, Cap Ampoxin, Stomela gel, Ciplox eye drop. Next time given Gelora gel, Sofradex cream, Neosporin H Ointment, Tab Betnesol Forte, Avil, Metrogyl, Zincovit, Furys DT, Cap Ampoxin 500 mg. Further additions in medicine were Cap Bioster, Inj Decaneurabal, Kenacort 40mg, Synlar ointment, Tab Rantac 300 mg, Cap Omepraz 20, Monodoxy etc.

PHYSICAL EXAMINATION: BP 140/80

Abdomen, Legs - Extensive Thickened Patches with Scaling, Black discoloration all over. Nape Of The Neck: Lichenified Patch. RS, CVS: -NAD

INVESTIGATIONS:

1/12/99 WBC: 6,500, N: 64, E: 5, L: 31. RBS: 110.8

DISCUSSION: This old man suffering from Contact Exfoliative Dermatitis came from Gujarat to Bombay as long allopathic treatment had failed to relieve him. This case was taken in a situation, where neither physician nor observer could understand the language of the patient. So inquiry was not in depth. The patient did not have any illnesses in the past. There were no qualified mentals or strong generals. Thus this was a one-sided disease. Fortunately the skin complaints showed three characteristic modalities < With Rising Of Sun, < Exposure To Sun, > Cold Bathing. Hence Boenninghausen's approach was the need of the case.

Repertorisation gave following result

1:KT: GENERALITIS: SUN, from exposure to

2:BN: COND GEN:IN GENERAL - AGG: SUN, rising and falling with

3:BN: COND GEN: IN GEN - AGG: BATHING and washing in cold water amel.

4:KT: GENERALITIS: BATHING cold amel.

REMEDY: *Nat-mur* fitted the case well.

MARKS/RUBRIC

		1	2	3	4
<i>Nat-m</i>	7 / 3 :	3	2	-	2
<i>Arg-n</i>	5 / 3 :	-	2	1	2
<i>Puls:</i>	6 / 2 :	3	-	3	-
<i>Glonoine:</i>	4 / 2 :	3	1	-	-
<i>Asar:</i>	3 / 2 :	-	-	2	1
<i>Bry:</i>	3 / 2 :	2	1	-	-
<i>Fluor-ac:</i>	3 / 2 :	-	-	1	2

This case demanded cautious approach because:

- Strong and long lasting allergic reaction to a single application of vegetable extract, not responding to various allopathic medicines.
- Old age of the patient, where vitality and regenerative mechanisms are on the lower side
- One sided nature of complaints.
- Tubercular miasm with its unpredictability.
- Correspondence at the level of Complaints but only probable at the level of disposition.
- Hence avoiding homoeopathic aggravation was the first priority. Thirty is a safe Medium—potency in this situation, to be given in infrequent repetition.

SUMMARY OF THE FOLLOW UPS

Nat-m 30 1P HS given on 17/2/00. During next follow up skin complaints and generals were slightly better, physician gave *Tub* 1P HS and *Nat-m* 30 1P HS. Still improvement was slow. Hence *Nat-m* 200 1P HS was given. Subsequent follow ups showed 25% > in next week and 75% > in 1 month.

CONCLUSION: Boenninghausen's Therapeutic pocket book ruled for almost 50 yrs. Boger considerably improved on it's value through BCCR. With advent of Kent's repertory, Boenninghausen's repertory started getting less attention. Due to our increasing fascination with Mind we neglect Approach of Boenninghausen. Modern repertories like Synthesis and Complete have incorporated rubrics from Kent as well as Boenninghausen. So a Homoeopath of today do not find the need to refer to BTPB or BCCR in his day to day practice. But we must keep in mind that Philosophical approach of Boenninghausen remains as relevant today as it was during his time.