

# Boenninghausen Therapeutic Pocket

## Introduction:

- History of Boenninghausen

Full Name = Baron Clemens Maria Frey Von Boenninghausen

Born - 12 March 1785 Died - 26 January 1864

Adolph Lippe says it is 1787.

- He got serious derangement of Puerperal Tuberculosis, and was cured by Putatilla in 1828. Then converted to Homoeopathy in 1830.

- He published

1832 - Repository of Antiphlogistic Remedies

1836 - Repository of ~~the~~ Medicines which are not antiphlogistic

1836 - Attempt <sup>at</sup> showing Relative Kinship

Journal of Homoeopathic Medicine

1846 - Therapeutic Pocket book from the

Homoeopathic physicians to use at the bedside and in their study of

Materia Medica.

- Translations →

was written in German, and was translated into English by anonymous, and criticized by Hempel and again criticized.

Then J. F. Allen was accepted.

He kept Total remedies in - 126.

Original BTBP

J. F. Allen - Removed 4 and added 220 remedies

Finally - 342.

In 1925 M.A. Robert brought out a new edition with few minor changes, and an elaborate introduction. As per him 362 remedies → Dr. Clarke says it is the parent of all the repertorium, and analysis of the M.M.

### Philosophic Background:

- While studying symptomatology in M.M., he found many symptoms were recorded incomplete and mainly modalities, so he thought of completing the symptoms.

A complete symptom according to him is locations - Symptoms related to the part.

Organ, tissue, system, direction & extension

Sensation - It is felt by the patient first.

Included pain, type of suffering, function and organic changes.

Modalities - Factors which modify the symptoms

Including, Ceasing, Exciting, Aggravating,

Ameliorating factors.

Concomitant - It is not essential component but presence will be much helpful.

The unexplainable attendant of any case which help to differentiate one case from another. One remedy to other is called concomitant.

Boenighausen found difficult to complete the symptom in practice so he evolved a concept "what is true to a part is also true to the whole of person".

The following fundamental concept forms the bed rock of the JPB.

### 1) Doctrine of analogy:

→ Boenigk has this analogical mind carried to the conclusion that to complete the symptom, the local modality and naturatioris pertaining to one part should be applied to other parts.  
→ Thus, the natural, local symptom is to a general level, which could be used for the whole person. It is also called as "Doctrine of Generalization".

→ He considered, sickness, one expression of the whole man and not of the part. Thus all the modalities noticed in one part link similarly in other parts causing Makri or the expression of whole person. This helped in solving the correspondence.

→ This helped in solving the correspondence symptom. It was followed subsequently even to day it is followed.

→ This is difficult if different modalities expressed different modalities.

### a) Doctrine of concomitancy:

→ He identified group of symptoms which accompanied the main complaints often overlooked by the physician. These were obtained by the physician. It will mislead due to lack of observation.

→ It is quite useful in individualizing the case. Masters Naturmann has stated the importance of this most obscure, singular, more and characteristic symptom which Boenninghausen described as concordant symptom.  
→ In fact it comes from Naturmann individual as cases taking to ask before, during and after the complaints.

### 2) Evaluation of Kerradios:

→ We have to divide according to severity.  
→ Many drugs produce same symptoms but there is difference in frequency and intensity.

→ The grades are five scales depending

on hypersensitivity differently.

CAPITAL → 5 marks (Grade I).

Bold → 4 marks (Grade II)

italic → 3 marks (Grade III)

Roman → 2 marks (Grade IV)

Normal (Craman) → 1 mark (Grade V).

Supplements

5 signs (frequently, continuous, verified,

repeated - Doubtful)

### 3) Concordances:

→ The oldest and truest relationship

existing among the medicines, so

incorporated them in the era.

- Allen categorized the remedies into the three
- Relationship of medicine wherein the skin, mind, localities of various parts, taste, condition and irritability are divided.

Plan and Combinations:

The whole book can be divided into three i) location ii) situation iii)

i) Modality

and also Concomitants follow the following structure

- The book has the following Allergy section modified by H.A. Reckitt

## 1) MIND AND INTELLECT

### 2) PARTS OF THE BODY

- |         |             |             |           |         |         |                   |          |          |            |              |             |                     |                     |             |            |             |                    |            |              |
|---------|-------------|-------------|-----------|---------|---------|-------------------|----------|----------|------------|--------------|-------------|---------------------|---------------------|-------------|------------|-------------|--------------------|------------|--------------|
| 1) Head | 2) External | 3) Internal | 4) Joints | 5) Hair | 6) Skin | 7) Nervous system | 8) Heart | 9) Liver | 10) Spleen | 11) Pancreas | 12) Stomach | 13) Small intestine | 14) Large intestine | 15) Bladder | 16) Uterus | 17) Ovaries | 18) Uterine organs | 19) Vagina | 20) Clitoris |
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- 2.5) Respiration
- 2.6) Cough
- 2.7) Air passage.
- 2.8) External Throat & Neck.
- 2.9) Chest - External  
External
- 2.10) Back

2.1) Upper Extremities

2.2) Lower Extremities

- sides of the parts are given as separate chapters at the main part, but majority are the last two sides, left and right

### III. SENSATION and COMPLAINTS (General)

Sensations

- Cutaneous

- Ocular

- Auricular

- Bone

- Skin

Waking, SLEEP AND DREAMS

### V. FEVER

- Circulation

- Colic

- Diarrhoea

- Head

- Perspiration

- Compound fevers

- Concomitant complaints

- Concomitant complaints

Adaptation

Beyond

### VI. MODALITIES

- Aggravation

- Amelioration

## (8) Adaptability of BTPB

- ① Cases with complete symptoms.
- ② Where prominent sensation and modality, in some parts but vagus in other parts.
- ③ Prominent concomitants.
- ④ Paucity of symptoms with no characteristic and scattered modality.
- ⑤ Where curers are lacking.
- ⑥ Owing to get related remedies with least chapter.

## Methods of Report Organization

- H-A Robert, has given sample cases with location, sensation, modality and concomitant. It was criticized by Kent. for the starting the case with list of remedies that affect the part (location).

- M-L Dhawla without changing the Boenninghausen principle arrived a new method for working out -

### Robert's Method.

Location,

Sensation

Conditions of aggravation & Amelioration  
Concomitants,

Four method:

- 1) Causative modality
- 2) General aggravation - Mental & Physical
- 3) General amelioration - Mental & Physical
- 4) Physical General
- 5) Concomitant
- 6) Mental - For reference and differentiation

Uses:

- Easy for L.S.M.
- Study of MM.
- Relationship of remedies.
- Hahnemann used himself.
- Mind rubric is mind and modality.
- Orderly of symptom.

Criticism:

- No. of medicines.
- No. of Rubric.
- Veratrum album was repeating.
- Only 18 medicine are in mind & Intellect.
- Concomitant not given separately.
- No Tradesmen.
- No fixed arrangement.
- Rubric Misplaced. → Abortion, Menstruation, Women for Modality. Haemorrhoids, Anus, Rectum is stool. Vulva & Testes.
- Many similar rubric.
- No sarcochdu and Notochdu.

## User of Relationship of Remedies

- ① First named as Concordance of Remedies but Allen changed it into Relationship of Remedies.  
→ Boenninghausen kept Observeing mind.  
found there are relationship between remedies  
so he incorporated it into merely  
→ He was the first person to do it  
→ H.A Robert about relationship writes  
Some remedies are in harmony with each  
others, some neutral, some incompatible  
most similar are as a rule to complement.  
They antidote each other, follow each other  
and after make up for deficiency of others.  
→ Kent although criticized Boenninghausen for  
the method of repertorization he advocated  
to use the particular section  
→ It is least used and understood by the  
negligence of the physician

User:  
① Studying Relationship of remedies at  
various levels. → Mind, parts, sensation  
too Modalities etc.

- ② Help in find a close running remedy  
for the future follow-up if picture changes.  
③ To find the second medicine, if the  
first one (allopathic indicated) does not  
produce any desired effect.

- (4) Sometimes deep acting remedy should not be given although indicated because it might cause serious problems, so we can find analogue
- (5) Kent suggest to study of sub heading and remedy. A remedy with higher matte, bears a definite relationship with a remedy like Aconite with Sulphur, Pilla with Silicea Kali Sulph.

### Method of Working

- When the indicated medicine helped, but no further improvement, so then it is used.
- Under the medicine (First prescription), never the subheading which main complaint of the patient present and use it as the first rubric (eliminating subrub) and follow by mind and other subheadings one after other.
- Only remedies which contain in the first rubric are taken further.