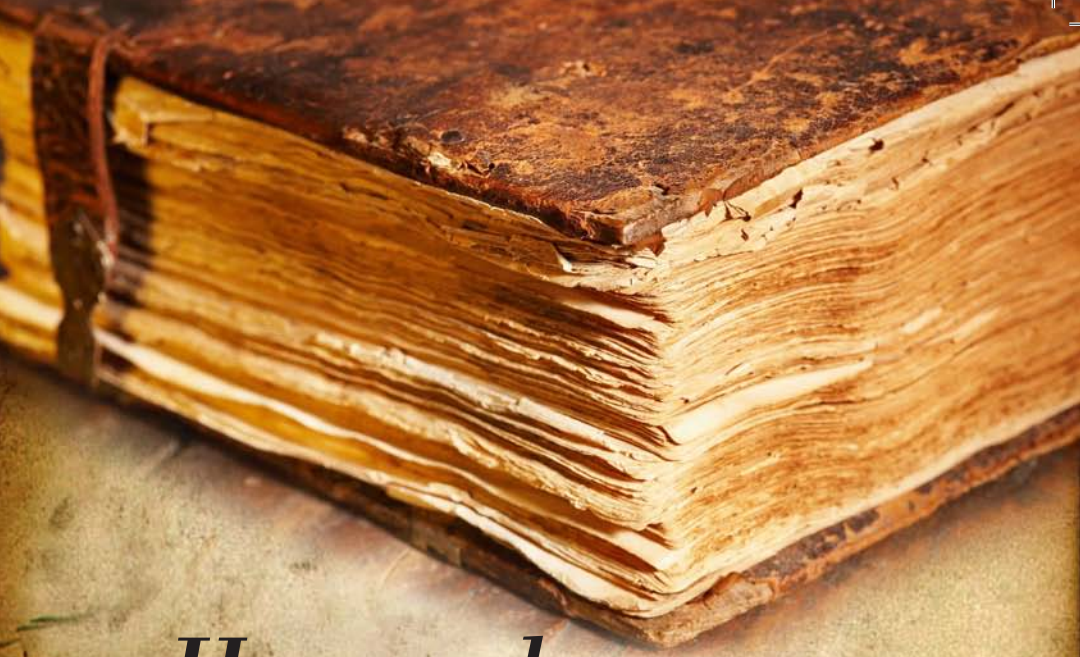


How to best use

BOGER *and* BOENNINGHAUSEN REPERTORY

Farokh J. Master

How to Best Use Boger and Boenninghausen Repertory

By
Dr Farokh J. Master

B. Jain Publishers (P) Ltd.
USA — Europe — India

How to Best Use Boger and Boenninghausen Repertory

First Edition: 2013
1st Impression: 2013

Published by Kuldeep Jain for

B. JAIN PUBLISHERS (P) LTD.
1921/10, Chuna Mandi, Paharganj, New Delhi 110 055 (INDIA)
Tel.: +91-11-4567 1000 • *Fax:* +91-11-4567 1010
Email: info@bjain.com • *Website:* **www.bjain.com**

Printed in India by
J.J. Imprints Pvt. Ltd.

ISBN: 978-81-319-3209-4

Preface

Boenninghausen's contribution to homoeopathy will always be remembered till the Principles of Homoeopathy and the Law of Similar are engraved in our mind.

Most of the contributions by Dr Boenninghausen, to the field of Homoeopathy, were between the years 1930-1940.

During my initial years in 1970's when I was studying homoeopathy, the various articles published by Dr Boenninghausen in the journals impressed me.

The ones that impressed me the most are the following:

- Use of high attenuations.
- Three precautionary rules of Hahnemann.
- Smallness of dose.
- Selection of right remedy.

I wanted to master his repertory and use it in my practice but unfortunately I never came across any article written by Boenninghausen on repertorization. "A Contribution to the Judgement Concerning the Characteristic Value of Symptoms." (Allg.hom.Zeit.Vol.60.p.73 ff.), was the only article that was quite near to the topic. So the only option left for me was to read the "Introduction to Boger Boenninghausen's characteristics and Repertory" by Dr H. A. Roberts, not once or twice but many times and gradually try to understand the structure and philosophy of the book.

As I started using the Repertory, I found it very useful for following situations:

- In the Homoeopathic Out Patient Department especially when there is constant struggle for time one has to rely on totality, which is based on location, general modality and a

concomitant. Such a method has been very successful for e.g.

- A patient comes with allergic rhinitis, which is worse draft of air, and he feels quiet dull, drowsy and sleepy. The medicine peculiar for the above totality is *Nux vomica*.
- A patient comes with sebaceous cyst where any touch locally would excite pain in the cyst. In the above situation considering the rubrics head external, head external tumour and head external touch aggravates *Calc carb* is the best prescription for the above totality.

- Slowly I also started using the repertory in cases of fever where a chance of getting many concomitants is always possible. This practically changed my life as I could see so many senior physicians struggling in their practice to cure a case of malaria or pneumonia but for me it was a smooth walk in treating such complicated cases purely due to my experience and understanding of using Boger-Boenninghausen's Repertory especially the chapter of Circulation, Fever, Partial chill, Partial coldness, Sense of partial coldness, Chill, Heat, Sweat, etc.

So many of my assistants about 100's, who had the opportunity to work with me in the last 24 years of my practice have had the glimpse to see me working with the help of Boger-Boenninghausen Repertory. But due to my busy practice, I could not teach them the use of this repertory in a systematic manner. Hence, the best option for me was to write a book in order to put forth my experiences with this repertory. Much could have been written but what is most practical has been emphasized in simple english.

I hope the reader will enjoy reading this work, especially the young generation. May this small effort of mine be of help in enhancing ones knowledge of Homoeopathy by understanding this most valuable work by the Dr Boenninghausen.

Dr Farokh Master, M. D. (Hom.)
India, 21st October 2012

Foreword

A new book introducing Bogers Boenninghausen´s Characteristics and Repertory, is in itself a very important thing for the homoeopathic community. A book written by an eminent practitioner Dr Farokh Master is a present to homoeopaths. So being invited to write a foreword is a big honour and I am very much pleased to do so.

When C.M. Boger died in 1935, homoeopathy was on the decline in most parts of the world. He was one of the last great homoeopaths with a vast experience and was able to condensate all the homoeopathic experiences of his time in his repertories. In most parts of the world it took about 50 years, until homoeopathy came to life again. When the renaissance of homoeopathy started, there were hardly any teachers with practical experience. So it was not easy to comprehend the value of these old books and to find the proper way of using them, thus making it hard to make use of all the former experiences.

India was one of the rare places with a continued homoeopathic tradition and thus practical experience from there played a very important role in the revival of homoeopathy. In Europe, practitioners quite often had to learn from Indian colleagues how to use the old repertories. And so, finally, the value of those can be revealed more and more now.

In doing so, the only way to avoid misinterpretations is to get acquainted with the philosophy of the repertory and then use those books in practice. This is the present, Dr Farokh Master has given us, to share his experiences and to give us a tool at hand to make our own experiences. This tool comprises the genius of both C.M. V. Boenninghausen and C.M. Boger, who updated the books of Boenninghausen in order to face the needs of the 20th century and up to now.

It is a book written in the spirit of practical usability. Dr Master's vast experience with homoeopathic practice and with this repertory opens the way to get familiar with this approach to case analysis. It is an approach characterized by clearness and reliability. And, what is of great importance is that, it is teachable. So this enables us to unearth a real treasure for homoeopathy.

Norbert Winter
Karlsruhe, September 2013

Acknowledgements

I would here like to take the opportunity to express my gratitude to late Dr Bhanu Desai, Dr D.P. Rastogi and Dr Jugal Kishore. Their contributions and cases explaining the Boenninghausen's method have been like a catalyst in my understanding of this repertory.

I also thank Reinhard Rose from Greifenberg and Peter Vint from Augsburg who encouraged me to write this book.

My special thanks to Dr Fredrich Schroyens who has helped me to incorporate many good and extremely useful rubrics from the Boger Boenninghausen repertory into the Synthesis Repertory and Radar Software.

All the above has laid a foundation stone in the making of this book.

However, the entire project of writing this book has been a hard effort by Dr Vanmala Shroff and Dr Jeenal Shah whose dedication helped to attain the completion of this work. They actually wrote the book as if it were their own. I have only played the role of giving them the guidance and helping them to edit the chapters.

I have no words to thank them but my blessings are with them forever.

Publisher's Note

It is a privilege to publish Dr Farokh Master's work. The work which details the way to use Boger and Boenninghausen Repertory, shall revive the techniques of Dr Boenninghausen and Dr Boger.

Boger Boenninghausen's method came at a time when people were finding it difficult to practice homeopathy because of the vast data and its usage. It gave all the literature a practical format making homeopathy more logical and easy to use. Boger Boenninghausen's method brought a revolution in homeopathic practice. Then came Kent and these techniques were put a backseat. Few practitioners still continued using Boger and Boenninghausen's method. Today when people complain of busy schedule and give that as an excuse for not using repertory, this book of Dr Farokh Master shall give them a solution to go the right way with lesser time. Boger and Boenninghausen's method is a practical tool for day to day busy practice. We wish all practitioners more success with the use of this book and Boger and Boenninghausen Repertory.

Kuldeep Jain
C.E.O., B. Jain Publishers (P) Ltd.

Contents

3 Proper Case Taking – Half the Battle Won

Case Synthesis

Case synthesis comprises of the following:

- Recording and interpretation
- Analysis, evaluation and classification of symptoms
- Repertorial totality

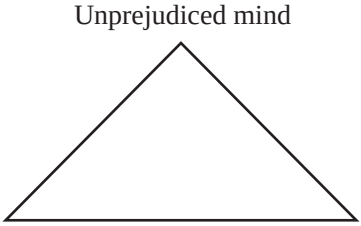
As stated in the Organon of Medicine, Aphorism 1 -"The high and only mission of the physician is to restore the sick to health, to cure as it is termed."

'Mission', here, refers to the duty of the physician to help the suffering humanity and not to weave empty speculations and hypotheses, hence physicians should begin, instead, to act for once, that is to really help and cure.

The basis of any reportorial analysis is the thoroughness of case taking. Any repertory will be useless if the case is improperly taken.

Case Taking is an art as well as science. It is an art because it depends on the physician's skills and creativity to get the authentic information from the patient. The application of the knowledge of science is required to understand the state of health and disease, the diagnosis and the prognosis of the case. Sound knowledge of science helps one to assess the course of treatment and the scope of the method of treatment employed.

Dr Samuel Hahnemann laid down the trinity for case taking.



Case taking sets up a rapport between the doctor and the patient thereby setting up a trail whereby the patient with can confide in the doctor, narrate his problems in depth with all details, thus realizing his own problems and receiving a definite treatment for the same.

For case taking to be complete, the physician must possess the sound knowledge of health, knowledge of disease and knowledge of obstacles to recovery. Once this is achieved, as well quoted by Elizabeth Wright " A well taken case is half cured."

A case is not merely a maze of symptoms, but an aggregation of facts concerning the instance of disease/ indisposition and a change in the whole of the person from health to illness. It is not a mere array of symptoms which the patient narrates but it is the logical reasoning and correlation of all the expressions of the patient on the mental and physical plane along with the existing modalities of life (as stated in §5 and §94), to form the portrait of disease.

A well-taken case must also be supported with laboratory investigations that confirm our disease diagnosis. It has been emphasized that disease diagnosis is an integral part of our case taking.

The diagnosis helps us in:

- Observing the course of disease and its prognosis.
- Removing the obstruction to cure.
- Choosing suitable potencies, as in cases of advanced pathology.
- Eliciting our scope and limitations as practitioners of homoeopathy in dealing with the case.

E.g., There are numerous conditions, which are due to mechanical causes, which fall beyond the scope of homoeopathy. For example, a fracture (which requires initial reduction and alignment); a large vesical calculi; a foreign body in the eye. In all the above-mentioned cases, the mechanical cause has to be removed and the homoeopathic remedy plays only a secondary role.

A physician should be a keen observer to even notice the expressions and changes in the patient which are untold by the patient or which the patient may himself be unaware of. The physician must avoid direct questioning or thrusting of his ideas and symptoms. At the same time, the physician using his five sound senses must verify reliability and authenticity of the data provided.

Dr Hahnemann has given detailed directions to case taking and investigating the symptoms in §83 to §104.

§83 - "*This individualizing examination of a case of disease, for which I shall only give in this place general directions, of which the practitioner will bear in mind only what is applicable for each individual case, demands of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease*."

As seen in the above aphorism, it is understood that one cannot have a rigid pattern of case taking. Every physician has his/her own individual way to elicit the data. Some physicians who are good enough in eliciting the mental state of the patient in a case will further deal the case by Kent's approach where the physical generals and mental symptoms are given higher importance. On the other hand, some practitioners would find the particulars and pathology of a case to be important and hence the prescription will be based accordingly. It depends on how one perceives and formulates the case, while being unbiased and free from prejudice and possessing sound senses.

§84, §85 and §86 gives instructions regarding the clinical interview, data collection and sources of case recording, analysis and evaluation of the case.

§94 – "*While inquiring into the state of chronic diseases, the particular circumstances of the patient with regard to his ordinary occupations, his usual mode of living and diet, his domestic situation, and so forth, must be well considered and scrutinized, to ascertain*

what there is in them that may tend to produce or to maintain disease, in order that by their removal the recovery may be provided."

This aphorism deals with the information a physician must enquire into in chronic cases viz. occupation, mode of living, diet, domestic situation, etc. This is important in understanding the exciting cause and maintaining cause of the disease; thus eliminating these causes if possible and treating the disease, thereby promoting health.

Thus, case taking involves:

- Listening Earnestly
- Keenly Observing – where the physician makes observations regarding the patient's behaviour and mannerisms, perceiving his fears, anxieties, tensions or anger and irritability to any situation, the attitude with which the patient enters the clinic, his position and posture. All of the above will reveal, to a perceiving and understanding physician, the numerous mental symptoms, which the patient need not even say. For e.g. timidity, cheerfulness, loquacity, anxiety, pride (haughty), embarrassment, hurry, restlessness, weeping when narrating symptoms, etc. You as an interrogator can never ask directly to a patient that, "Are you proud or hurried?" These are the observations to be made and studied.

  The information so gathered boosts up the confidence of the patient and also helps the physician in discovering the signs and symptoms useful for repertorial analysis.
- Evaluating the data judiciously
- Recording the data
- Repertorization
- Finally, we deduce the diagnosis; hence the prognosis and auxiliary measures like the diet and regime, hygiene and sanitation and environment can be adviced to the patient.

Obstacles to Case Taking

- In cases, where the patient is an infant or an old person, mentally unsound, unconscious or people who are unintelligent and non-co-operative or there is a language barrier.

- Modesty, which hides the facts especially when the doctor and the patient are of opposite sex or when complaints are related to sexual problems viz. habitual masturbation, premature ejaculation, impotency, sexually transmitted diseases etc.
- In chronic diseases, when the patient gets habituated to his sufferings and considers it to be a part of his day to day routine and will not mention it during case taking. E.g. post nasal discharge early in the morning on rising or a longstanding inadequacy to pass stools efficiently.
- Self-medication by the patient as a result of which the original picture of the disease gets modified and poses an obstacle to cure.
- On the part of the physician- he is prejudiced, non-observant and not devoted to his profession.

Doctor-Patient Relationship

From the very beginning of a patient-physician relationship, it is important to recognize that every patient has his own individual attitude and personality. The patient has the authority to gain the kindness and humane consideration as well as the sincerity and professional competence of an alert physician.

Dr Pierre Schmidt once said, " If you are able to make the patient weep or laugh during the first consultation, you have won him and he will stay with you as a very faithful patient."

According to Dr Dhawle, Case Taking is essentially a social intercourse between a physician and a patient under certain predetermined conditions.

Outline of Case Taking

- Preliminary Data: Includes –
  - Name
  - Age
  - Sex
  - Religion

- Address
- Tel no
- Occupation
- Marital status

- Chief Complaint
  - Details of the main complaint with respect to its onset i.e., when did it start? E.g. if the patient comes with the chief complaint of recurrent respiratory tract infections, a vigilant physician will probe into the following data–

    What brings on the cold-is it a nose block or discharge from the nose- co lour and consistency of discharge?

    What increases the cold/ cough/throat pain/breathlessness/ watering and redness of eyes/ear pain/fever?

    Any dust/smoke allergy/ reaction to strong odors.

    Decrease/Increase of complaint in hot/cold weather/ with intake of hot or cold food and drinks/fruits/chocolates/ sweets/ice creams.

    Does the complaint increase/decrease in any position/ any time of the day.

    Is there any change of appetite/thirst with respect to the main complaint.

- Any other associated complaint and mention in detail the onset/cause/factors that tend to increase or decrease the complaint.
- What are the medicines taken so far?
- Physcial Generals:
  - How is the patient's appetite and thirst in general- prefers the intake of hot /cold water/ food /drinks?
  - Cravings with respect to food (what does he love to eat?)
  - Aversions (What does he dislike eating?)
  - Any difficulty in urine and stool- any problems of worms/ blood/ mucus in stool/ bad odor from stool?
  - Sweat- location –part of the body that he perspires the most viz. scalp, back, chest, palms, soles etc.