BOGER-BOENNINGHAUSEN'S REPERTORY

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It is heart-warming to observe that, in recent years, there is a great ferment in the homoeopathie world in India, what with conferences, discussions and a burgeoning of publications of the old classics. The Boger-Boenninghausen's *Repertory* which was published in India way back in 1936 was out of print, and it is now available freely thanks to an enterprising firm of publishers of homoeopathic literature. As one who has benefited immensely during thirty-five years of practice, from this masterly work from the pen of two giants of the homoeopathic art, I wish to share with the profession the secrets of enjoying the fruits of this *Kalpataru* (the divine tree which readily rewards one's desires), both for the benefit of the prescriber and the patient. What impels me to this effort is the almost total neglect of this great work, or at best a superficial reference to it, in most of the works where repertorisation is discussed, barring *The Principles and Practice of Homoeopathy* by Dr. M. L. Dhawale, M.D. In many places *The Therapeutic Pocket Book* of Boenninghausen is equated with the Boger-Boenninghausen's *Repertory*, although the latter is an entirely different work. Though the latter takes its origin in and follows the pattern of the former, it is a very much enlarged work in which the lacunae (?) of the former have been removed. A deep student of Boenninghausen, Boger has enlarged this work to 963 pages (235 mm × 175 mm) of repertorial rubrics from the 466 smaller-sized pages (115 mm × 180 mm) of the *Pocket Book*. I can only attribute this woeful neglect to ignorance of its incomparable worth. Let me take this opportunity to assure my professional brethren (as I was assured in my early days of practice by my mentor, Dr. A. C. Das, well-known in those years as a master prescriber), that if only they familiarise themselves well with this repertory, they will get rich dividends of satisfaction and success.

The proof of the pudding is in the eating. In commending this work for constant use, not only by the experienced veteran, but even more so by the young, hopeful new entrant in the profession, I draw inspiration not only from my own experience but that of a few friends as well. During the past few years I have been guiding a group of such colleagues and I am touched by the spontaneous enthusiasm with which they narrate cases of cures effected by them with the help of this *Repertory*, an achievement which, they aver, had eluded them earlier.

Need for Repertorisation: The importance of using a repertory hardly needs reiteration, when we remember that even the old masters down from Hahnemann, whose knowledge of the remedies was beyond question, felt the need for such an aid in finding the most suitable remedy. We may re-

call the high praise showered by Hahnemann on Boenninghausen for compiling the first ever repertory. Without a repertory the prescriber will be at sea without a compass because the art of successful prescribing calls for a peculiar combination of faculties: (1) A thorough *knowledge* of the detailed symptomatology of the large number of remedies, (2) a knowledge of the remedies having similar symptoms, (3) a knowledge of the *differentiating* characteristics of remedies, though they may have points of contact, (4) the faculty of making a *quick enough* assessment of all these points in relation to the characteristic symptoms of a given case and (5) to arrive at the curative remedy. Only a well-constructed repertory can fulfil these needs of the prescriber.

If we judge the Boger-Boenninghausen's *Repertory* from the viewpoint of these five criteria, we shall find that it amply meets all of them. As for the first requirement, the need to refer to any other repertory has arisen seldom or never in my long practice during which I have treated all kinds of acute, chronic and complicated cases. I have never found the repertory wanting even in the minute symptoms of remedies. It naturally follows from this that the second requirement is also duly met by the repertory, remedies having similar symptoms being grouped in the relative rubrics, the *degrees* of similarity also being shown by the four grades into which the remedies are classified in each rubric. The third of the above criteria is probably the most crucial of the requisites of a good repertory, because it is through a repertory alone (and not even from a study of remedies in materia medica) that we can quickly and accurately arrive at a differentiation of remedies to select one out of many. This differentiation may arise under different heads. The differentiating point may be a sensation, a modality, a location or a concomitant, or a well-marked mental symptom—one or more of these. The arrangement of the rubrics of *local sensations* alphabetically in respect of each location according to the schema, giving also separately groups of remedies covering each location (irrespective of sensation or modality) lends itself admirably for a quick and accurate work of differentiation. Add to this the features of (a) modalities and concomitants given at the end of each chapter on Location, (b) a special chapter on Sensations and Complaints *in general*, (c) a special chapter on Aggravations and Ameliorations *in general*, and it will be readily seen that (given a fair degree of familiarity with this arrangement), it does not take much time or effort (the fourth requisite) to draw up a chart of all the remedies having varying degrees of correspondence to a given case and arrive at the single curative remedy, which is the fifth and the final hallmark of a dependable repertory.

Process of repertorisation: Now, let us go into a little more detail of this process. Finding the curative remedy through a repertory is a five-step process. The prescriber has to (1) take the case well, in all possible details, (2) select the most characteristic symptoms of the case to cover the totality (ignoring the common symptoms of the disease which have no role in select-

ing the remedy), (3) translate those symptoms from the patient's language into the repertorial rubrics, (4) note down the repertorial values of the remedies in the selected rubrics in the repertorisation chart, and finally (5) take a decision about the similimum out of the two or three remedies which may emerge prominently, by a reference to materia medica in respect of factors which may not have entered into the repertorial analysis. The Boger-Boenninghausen's *Repertory* provides guidance on all these five aspects. In his brief but brilliant Preface, and also in the inimitable Introduction, Drs. Boger and H. A. Roberts respectively have dealt with the principles and philosophy of what constitutes guiding or characteristic symptoms of the totality (and *ipso facto* provides hints on case-taking). One will also know how to 'take the case well' if he heeds the guidance given in aphorisms 84 to 99 of the *Organon*. Boger's observations on the 'Repetition of the Dose' (p. ix), 'Homoeopathic Prognosis' on the basis of known powers of the remedy vis-à-vis the patient's response (p. xi), 'Duration of the Action of Remedies' and 'Important Hints' (p. 185) on management of the disease given in this *Repertory, bear repeated study and translation into practice*. This work, thus provides necessary guidance not only as regards case-taking, but the management of the case as well.

The second task of selecting the characteristic symptoms for repertorial study is indistinguishable from a mastery of the principles and philosophy referred to in the preceding paragraph and dealt with in detail in the Preface under heading 'Choosing the Remedy' (p. vi). Persistence and practice in putting these principles into action will help one to master this art soon. In short, to constitute the totality of the case, the symptoms elicited from the patient and selected for repertorial analysis should cover the following five considerations (condensed from Boenninghausen's 'Critical Review' of the Value of Symptoms quoted by Boger) (1) the Changes of Personality (i.e., mentals), (2) Peculiarities of the Disease (i.e., peculiar sensations and complaints), (3) Seat of Disease (i.e., location), (4) Concomitant Symptoms (those rarely combined with the main affection, or those symptoms that belong to another sphere of the disease) and (5) Modalities, which include causations, time of aggravation or amelioration, etc. All these together give us a full picture of the suffering individual.

Plan of the Repertory: The third need of the prescriber, viz., to locate the rubrics in the *Repertory* corresponding to the selected symptoms, naturally needs familiarity with the plan of the *Repertory*. The *Repertory* is divided into six main chapters (excluding the chapter on Concordances), viz. I. Mind and Intellect (including sub-sections on sensorium and vertigo); II. Parts of the Body and Organs with their sensations, functions, aggravations, ameliorations, concomitants and cross-references from head to foot according to Hahnemannian Schema; III. Sensations and Complaints in general (including subsections on glands, bones, skin and external body); IV. Sleep and Dreams; V. Fever (including subsections on circulation, palpitation, pulse

with their aggravation); chill, partial chill; coldness, partial coldness; shivering (with their detailed location-wise aggravations and concomitants); heat and fever in general; partial heat (location-wise) and their aggravations (also location-wise) and concomitants (also location-wise); sweat and partial sweat (location-wise) with their conditions of aggravations and location-wise concomitants; compound fever beginning with chill, with shivering and with heat and with sweat; VI. Conditions of Aggravations and Ameliorations in general; VII. Concordances (Relationship) of Drugs. It is obvious that it cannot be a difficult task to locate the desired rubrics in these very limited number of chapters and sub-sections. On top of it the ease provided by this arrangement, there are special long rubrics (with short sub-sections) on Infants (902), Pregnancy (663), Pneumonia (759), Tuberculosis (763), Illusions of mind (205), Illusions of vision (340), Food aversions (473) and Desires (475), Vomiting (502), Semen (671), Menses (675), Thyroid (747), Milk affected (770), Gait (855), Eruptions (949), to cite a few instances. Ample cross-references to allied rubrics are also given wherever necessary.

A feature which contributes to the ease of reference is that the modalities *in general* are all grouped in one chapter (pp. 1103-1153), while the *local* modalities are also given at the end of the respective sections. The various sensations and complaints in *general* (pp. 881-1153) are also similarly given in alphabetical order in the chapter bearing this name. Reliance on the generalities of sensations and modalities, in my experience, is more fruitful of accurate results than being lured by small and specific rubrics (under the localities) which tempt one with quick (but inaccurate) work. Yet, the local rubrics given in the *Repertory* have sometimes helped quick work, needing only a reference to the general rubrics for confirmation. Further, if a remedy is present in generalities but not in the local rubrics, one has to sacrifice the local and not the general rubric.

Yet another attractive feature of this *Repertory* is its emphasis on concomitants, which are given at the end of most of the regional chapters. As H. A. Roberts says in his Introduction, "To Boenninghausen (as it no doubt did to Hahnemann) the totality of the case was a matter of concomitants—a group of related symptoms, not expressing the disease so much as expressing the individual who suffered". Roberts further says that if the sections on concomitants do not provide the right answer for our problems, we have always the sections corresponding to the various groups of symptoms for necessary reference. He has tersely stressed the role of concomitants by saying, "The concomitant symptom is to the totality what the condition of aggravation or amelioration is to the single symptom."

Patients many times are not able to describe the exact nature of sensations felt, e.g., whether the pain is pressing, drawing, tearing, etc. In such cases, I have many times succeeded by merely taking the remedies which have action on the localities in question. The grouping of all the remedies

acting on each of the regions, such as forehead, occiput, right side, thighs, feet, etc., makes for a great ease of reference.

Space forbids going into more details about the plan of this *Repertory*, but it can be asserted, without any fear of exaggeration, that it is like the store-room of a factory, in which the parts are stored in a perfect order in their respective shelves with readily accessible tags. The parts, in *this* Store-room, are not scattered over too many shelves holding out misleading temptations, and the workman who knows how to construct a machine can easily select the parts necessary to assemble his machine.

The prescriber now comes to the fourth step, viz., recording the analysis in the chart (assembly). The begin with, against the first three or four outstanding rubrics selected, the values of the remedies will be entered in the chart (4 for capital, 3 for bold, 2 for italics and 1 for small type). When this is done, the prescriber will get a few remedies common to all the rubrics. Now, in the second stage, in respect of the remaining rubrics, he will enter the values of only those remedies which are common to the first three rubrics. When all the rubrics are run through in this manner, the total marks for each remedy will be shown as the numerator and the number of rubrics it covers as the denominator. Preference will be given to the remedy covering all or the largest number of rubrics and having the highest marks. If it is found that two or three remedies rank equally, then step (5), viz., reference to materia medica, will be necessary for final differentiation. To facilitate this task, Boger has given a pen-portrait of the characteristics of as many as 139 leading remedies in the Schema form, as the first part of the work. These characteristics from the pen of the master are indeed very valuable. At the end of these efforts, the prescriber is certain to arrive at the curative remedy.

Concordances: One more incomparable feature of this *Repertory* is the last chapter on Concordances (relationship) of Remedies. This chapter helps in the choice of the remedy for the 'second prescription', when the first remedy has helped the case some way, but not fully.

Time factor: The time involved in carrying out such a repertorial study will be less and less, the more one becomes familiar with it through constant practice. On the other hand, how much time will be taken to cure the patient without the aid of such a study, that is, by relying on one's 'hunch', or being guided by one or two leading 'key-notes', or by following the hit or miss method? And does such a procedure enhance one's knowledge and ability, or one's reputation as a prescriber, or contribute to the satisfaction of his patients? Is it not wise to invest, say, half an hour in taking the case and another half an hour in repertorial study (much less time will be required with practice), to get the really curative remedy in chronic cases and build a name for one's self, earn the patient's gratitude and also further the reputation of Homoeopathy? All this holds true for acute cases as well, the

only difference being that the case taking in acute cases is much simpler and the repertorial study much shorter.

An example: Let me illustrate these thoughts by an example out of numerous cases I could cite. Mrs. S., married, multipara, aged 40, presented herself with a chronic complaint of bronchial asthma, with tightness in chest and shortness of breath. The attacks were aggravated during menses and also during new moon and full moon; they were somewhat relieved by sitting in the knee-chest position. Her case was repertorised with the following rubrics (page numbers shown in brackets):

1. Agg. during menses—respiration (684; 701)
2. Agg. new moon (1132)
3. Agg. full moon (1132)
4. Amel. knee-chest position (1129)
5. Asthma, bronchial (690)

The repertorial analysis, with the marks obtained by the more prominent remedies is shown below:—

SYMPTOMS ACCORDING TO THE NUMBER GIVEN ABOVE

	1	2	3	4	5	Total
Bor.	3	—	—	—	—	
Cact.	2	—	—	—	—	
Calc.c.	2	1	2	—	3	8/4
Chin.	2	—	—	—	—	
Cocc.	3	—	—	—	—	
Colo.	2	—	—	—	—	
Cup.	4	3	—	—	3	
Graph.	3	—	2	—	3	
Ipec.	2	—	—	—	—	
Lach.	2	—	—	—	—	
Lyco.	2	2	2	—	—	
Puls.	4	—	—	—	4	
Sep.	4	3	2	2	4	15/5
Spo.	2	—	—	—	—	
Sulph.	2	—	3	—	3	

The procedure followed was: all the remedies with 2 or more marks in rubric No. I were taken first. Thereafter, only the remedies common to rubric No. I, found in the remaining rubrics were entered, regardless of other high ranking remedies in them. It will be seen that the total number of entries were 31. On the basis of 6 entries per minute, this analysis could

take a maximum of six minutes. (There are shorter methods of carrying out this analysis, but a detailed method has been taken here for purposes of demonstration.) Now, is this work too much of a price to pay for getting the curative remedy and indeed Sepia, the remedy with the highest marks and covering all the rubrics, cured the patient of the harassing asthma gently, smoothly and rapidly. (The Editor permitting, more such case records could be given.)

Let me conclude by expressing Dr. Boger's hope (in his Preface) that this work "will be found an ever ready aid in finding the most similar remedy," by a growing number of homoeopaths. Boger affirms: "Such I have found it to be.....that it is a help of no mean value I am certain."

An offer: With a view to creating confidence in the valuable help which this *Repertory* can give, and to encourage homoeopaths to develop the habit of using it more and more, I hereby offer to supply repertorial analysis in respect of the first fifty cases referred to me, free of charge. Those interested may please write to me asking for the questionnaire in which details of the case should be furnished. It goes without saying that the case must be taken well. If there is sufficient demand for this service, but not too much to overwhelm me, I may continue it over a period of six months regardless of the number. As this is intended to serve as a guide, not more than one such analysis will be furnished to the same practitioner.

Improvement of the Repertory: The Boger-Boenninghausen's *Repertory* is a posthumous publication. Had Dr. Boger been spared for some more years, he would undoubtedly have removed many a lacuna, and perfected the work. Dr. Boger's *Additions to Kent's Repertory*, running into 105 closely printed pages shows his authority and genius. The great masters of old corresponded with each other and kept a close watch on every new material that could be added to our armamentarium, and thus they have left us a rich legacy. It behoves us to continue this work which can only be done with the co-operation of all the professional brethren. In order to give a concrete shape to this idea (and confining our attention for the time being to the limited work of improving the Boger-Boenninghausen's *Repertory*), I place the following plan before the profession and the enlightened Editor of THE HAHNEMANNIAN GLEANINGS. Whenever a homoeopath feels the need to (1) make an *addition* of a new rubric, (2) *addition* of a remedy or remedies against existing rubrics, (3) *deletion* of a rubric or remedy, (4) *consolidation* of existing rubrics, or (5) *upgrading* or downgrading in rank of any remedies in the present work, let him write to me conveying the suggestion in the following form. The suggestion will be examined carefully and submitted to the Editor of THE HAHNEMANNIAN GLEANINGS, for scrutiny if felt necessary, and publication in THE HAHNEMANNIAN GLEANINGS. The literature which thus gets built up over a period of time can be given effect to straightaway in private copies of the *Repertory* (if the owners think fit), and issued as a booklet in due course. Meanwhile, as and when any such improvements are published

in THE HAHNEMANNIAN GLEANINGS, the profession, as a whole, shares immediately the benefit of this service. The form referred to above:

Page No. of Repertory.	*Nature of improvement: Add/Delete/ Consolidate, etc.*	*Actual suggestion Rubric*	*Remedy*	*Authority relied on*	*Suggestion made by*

I earnestly hope that this offer will meet with positive response and lead to some concrete beneficial results. Instead of pursuing new-fangled ideas for "simplifying the methods of selecting the similimum", let us delve deep into the heritage bequeathed to us by the old masters, take full advantage of it in our own practice, enrich it further by our own labours and thus leave a worthy legacy for the coming generations.

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Editorial comment: The author deserves congratulations for bringing out the concept, methods and techniques of using Boger-Boenninghausen *Repertory* for selecting a remedy for a given case. The exposition is lucid and will benefit particularly, to those who are introduced to it for the first time. The author's offer to guide the profession in its use by employing the case material supplied to him reflects his keenness to help those that are eager to know how to work with it, but are likely to get lost in its plan of organization. However, a word of caution: all repertories are only the means to an end and not the end themselves. Like in computers, they return a judgment in favour of what data is fed into them, which in turn is purely an individualistic phenomenon, directly related to the appreciation of the problem in the case in its totality as perceived by the person choosing to employ it.