

BOENNINGHAUSEN'S CONTRIBUTION TO THE HOMŒOPATHIC REPERTORY

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The Doctrine of Analogy

I feel that Boenninghausen's greatest contribution was the doctrine of "Analogy". If you knock away this pillar from any sound repertory, it rests on most unsteady foundation. In repertory-making it is not merely indexing of symptoms; then it would be simply presenting wooden skeletons without their dynamic or virile qualities. In the evolution of repertories the highest contribution was bound to lead to generalisations deduced from study of provings vast clinical confirmations. Of course he carried the idea of analogy to an extent unpalatable for many workers in this line. Boenninghausen said that analogy is extremely important in the selection of remedy. This analogy confirmed by experience without number resulted in the growth of characteristic Materia Medicas. For example let us study the "Left sidedness of Lachesis". The provings and materia medica cannot say that almost any ailment can occur predominantly on the left side. In practice some of these symptoms were discovered and added. Even in Hering's Guiding Symptoms the odds in favour of left sided symptoms are not heavier than that for the right sided symptoms. In Boenninghausen's repertory, "Lach" was given the highest evolution for the "Side Left". One does not have to go to the Materia Medica to see if a particular symptom occurred in the left side. One can predict and can utilise this knowledge for prescribing the remedy. These generalisations based on analogy are accepted today like our morning tea but it took a genius like Boenninghausen to have these things crystallised. Hering was however, against Boenninghausen's way of extending drug action to ridiculous limits by unwarranted analogy, hence in his Guiding Symptoms even under Lachesis, he has given in the sides affected both right and left all the symptoms that affected sides or organs or limbs of that particular side.

The Concomitants

The introduction of Concomitant complaints under various rubrics was indeed a masterly piece of logical brevity and yet covering all that was desired. The symptoms that occurred together or in a definite association were considered to be more valuable for prescribing and more characteristic of the individual. They are of the same class as the rare, strange and peculiar symptoms. The doctrine of concomitant plus the idea that groups of more importance than the single symptom, no matter how peculiar the symptom may be, led Boenninghausen to pay special attention to this aspect of his research. He like Hahnemann, accepted fully that totality must govern. But

Boenninghausen found the number of such symptoms increasing so rapidly that he adduced certain generalisations based on analogy. From his study and experience it became certain that some remedies, more than others, incline to concomitant symptoms and that these do not consist exclusively of peculiar symptoms. He wrote, "This discovery tested by long experience led me to place the concomitant symptoms together under each section in which I have again pointed out the varying values of remedies by means of different types."

Boenninghausen planned such a book after intensive observations and study because

1. Cases taken may be incomplete.

2. *Materia Medica* and provings are also not complete. Modalities and locations may be incomplete. He found that he could complete some of these things by analogy, by observing conditions or modalities in other parts. Hence his later generalisations. He constructed his book in such a way that study of one part could complete the deficiency of the symptom in the other part. He did the splitting up or breaking up of the symptoms for the purpose of classification. Later a case could be worked out by combining the parts of the divided symptoms. His was a work "much in little". He held that a symptom could be considered complete if the following elements of location, sensation, modalities, and concomitants were present. Boenninghausen knew that there may be contradictory modalities in two different parts of the body in a particular drug but if the case is well taken these contradictions or apparently opposite symptoms do not interfere in the final results. The advantages according to him were too great compared to certain anomalies which normally would not vitiate the results.

On studying the whole thing deeply I have come to the conclusion that Kent's work is only the desirable extension of Boenninghausen and complementary to it. He has absorbed almost all of Boenninghausen except generalisations on locations and concomitants. He has particularised them as Boenninghausen had done in his earlier works. Kent lifted bodily Boenninghausen's sensations and incorporated in his *Generalities*. Most of Boenninghausen's modalities were also included here excepting those pertaining to particular organs or parts. This is Kent's most precious part.

Recently Dr. Hubbard had pleaded that we should use best of both the methods that of Kent as well as of Boenninghausen. "There is no denying the fact that Kent's repertory is the most complete and reliable book but Boenninghausen's method still shines in cases without many mental symptoms; without rare, strange and peculiar symptoms; with few particulars; in cases where modalities predominate and concomitants are marked; cases showing pathological symptoms and objective symptoms. Some of the features of Boenninghausen's are unique, such as the use of sides of the body throughout, rubrics of trouble associated with stools, urination etc....Dr.

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well. As long as he feels 'well in himself' the medicine must not be repeated even if it be months since the last date. But in acute cases like Cholera, or Metrorrhagia and Pneumonia medicines should be repeated even at three or five minutes interval even in high or highest potencies according to Dr. Ghatak.

4. *Time of administration of Doses*:—Best time to administer high and highest potencies of deep and very deep acting medicines is between meals never at night or early morning empty stomach.*

In paroxysmal diseases the dose should be given before the paroxysms and not during and after.* In cases of dysmenorrhoea and amenorrhoea it should be within a week before the date.*

5. Last of all we have to regard that some particular cases requires some particular medicines:—

Regarding this point I have to say that Homœopathic system of treatment, the true method of curing diseases, is based on the Law of Individualisation. Doctor must observe this in each particular medicine and particular patient.

In the last I have to advise and caution you all that the result may be excellent or on the contrary negative or even replaced by violent aggravations if you have forgotten the above points. A wrongly prescribed medicine may be antidoted and the one best indicated by the present condition should be selected. Often however a very high and some time lower potency of the same drug has the effect of an antidote.

* There are also diagonally opposite views on these points. By the time advocated by the writer, the time of aggravation of the remedy may synchronize with the period of aggravation of the disease; and thus too serious increase of troubles is likely to be produced. And so in our opinion the time of administration of a remedy should be just after the acme of any periodical disorder.—Ed.

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Hubbard made a plea for looking up Boenninghausen if one had a difficulty with Kent in certain rubrics. She has listed a number of rubrics which could be referred to at times.

Boenninghausen's was the first to introduce evolution of drug for particular symptoms. This was an extremely valuable contribution and was adopted by every worker in repertory. One can imagine that Kent's repertory without these evolutions would be a very ineffective instrument in our hands. The homœopathic repertory will always bear the impress of Boenninghausen's genius.

—*Souvenir, W.B. State Homœo. Practitioners' Convention (5th Session)*