



# ***Bönninghausen***

*Introduction*

*RadarcClassic & RadarOpus Module  
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*Dimitrialis – “The Bönninghausen Repertory”  
A Completely revised Pocketbook*

Door René Otter

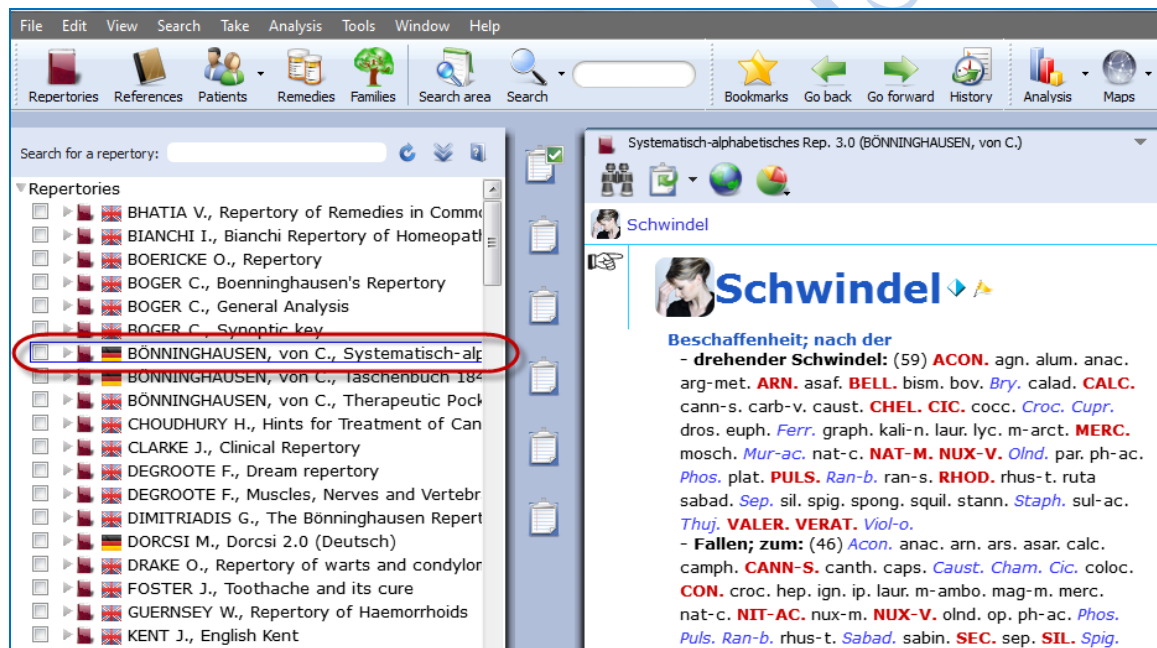
# Introduction

When Hahnemann started to collect materia medica via his remedy provings, the need for a searchable index (repertory) grew. Hahnemann published the first repertory himself, in Latin<sup>1</sup>. It was however not very efficient in its structure, with long symptoms organized alphabetically. Hahnemann attempted a few more times to improve on it, but these efforts were never published.

After Bönninghausen<sup>2</sup> (1785-1864) was cured homeopathically from tuberculosis by Pulsatilla, he became a friend of Hahnemann, and started to make a more practical repertory. One of his first repertories was the ‘[Systematisch-Alphabetisches Repertorium der Homöopathische Arzneien \(Part I, 1832 and part II, 1835\)](#)’.<sup>3</sup>

This small repertory has a structure (and approach) which can be considered as a precursor of Kent’s repertory. It is according to Hahnemann’s anatomical materia medica schema<sup>4</sup>. It is still a very small repertory of 230 pages.

This Systematisch-Alphabetisches Repertorium der Homöopathische Arzneien is available in RadarClassic and RadarOpus. (See screen print of RadarOpus, also available in RadarClassic)



<sup>1</sup> Fragmenta de viribus medicamentorum positivus (1805), consisting of a MM and a Repertory part.

<sup>2</sup> The Dutch Von Boenninghausen has done a lot for homeopathy. You can read more about him in the detailed biography: ‘[Biography of Clemens Maria Franz von Boenninghausen](#)’. See also the book ‘[The Lesser Writings of C.M.F. Von Boenninghausen](#)’, Compiled by Bradford, available as a B-Jain print.

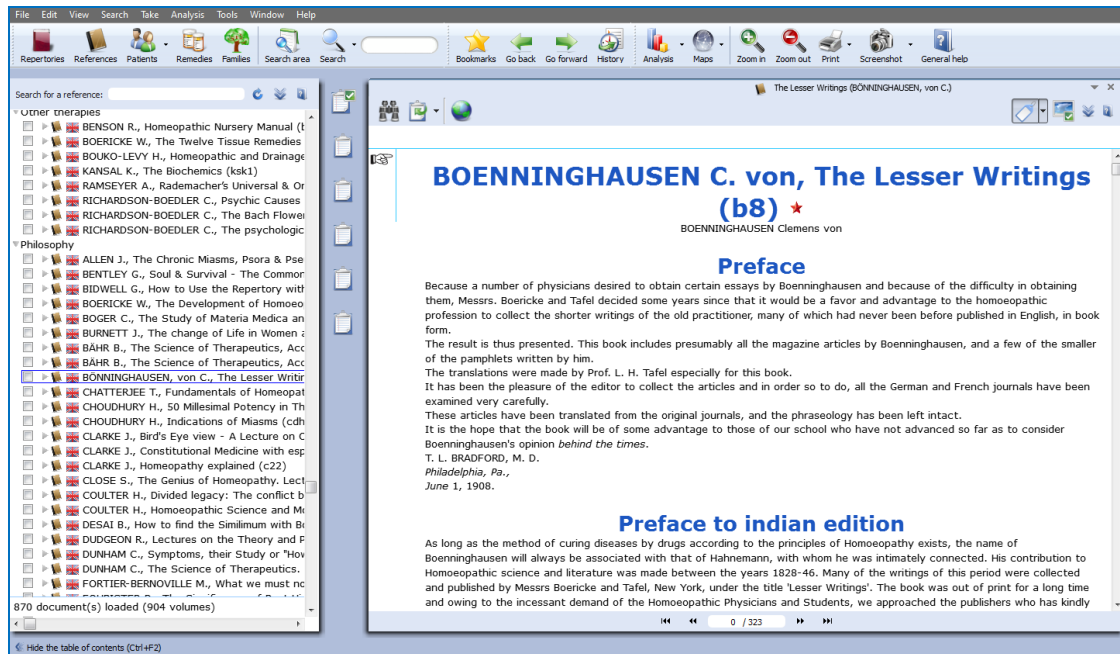
<sup>3</sup> In English still available as a B-Jain print: [A Systematic Alphabetic Repertory of Homoeopathic Remedies](#)’ (Part I based on the 2nd edition 1833) (Part II: The Antipsoric, Antisyphilitic and the Antisyctic remedies and a part II: the Non-Antipsoric remedies, 1835). It contains a foreword of Hahnemann about the dose, from 1833. About the dose and potency use of Hahnemann there seems to be a lot of contradicting information, but if you place all articles in chronologic order, all becomes clear. See the clarifying book about dosage ‘[Achieving and Maintaining the Simillimum](#)’, by Luc de Schepper.

<sup>4</sup> In Hahnemann’s Materia Medica Pura the Mind symptoms were still placed at the end of the anatomical/functional list, after the Generals. In Chronic Diseases Hahnemann had placed them at the beginning.





In 1842 at a congress in Brussels, Boenninghausen offered a prize: ‘Who is able to describe a method to determine the relative value of symptoms for finding the Simillimum? And how to describe a case completely’. Because nobody came up with an answer, three years later Boenninghausen then tried to give the answer himself in the article: ‘[A Contribution to the Judgment Concerning the Characteristic Value of Symptoms](#)’.<sup>7</sup> (See screen from RadarOpus, also available in RadarClassic)



In this article the famous Latin 7 aspects were mentioned (adopted from theology):

- |                      |  |
|----------------------|--|
| 1. Quis?             | Who is this person, personality, age, miasmatic influence etc. |
| 2. Quid?             | What, disease: its nature and peculiarities                    |
| 3. Ubi?              | Where, is disease located.                                     |
| 4. Quibus Auxilliis? | With what, Concomitants  |
| 5. Cur?              | Why, is the NWS or causality                                   |
| 6. Quomodo?          | How, the modalities  |
| 7. Quando?           | When, when did it start.                                       |

With the explanation about “Quis” Boenninghausen mentions also clearly that mind symptoms are very important (the state of mind), especially the more characteristic and rare ones. But also the pathology itself should be taken into account, provided that it is characteristic, during the selection of the remedy (although of lesser value compared to the other symptoms).

It will be interesting to read this article carefully yourself. From this it clearly shows that Von Boenninghausen did use the whole case, and not only used the physical symptoms.

He also finds the intensity of symptoms important.

Within each of the seven above mentioned aspects you can again see a hierarchy of importance (how characteristic is it).

<sup>7</sup> See Lesser Writing von Boenninghausen (still available as a B-Jain print). This article has also been clarified in the foreword of the Boger-Boenninghausen repertory, the chapter ‘Choosing the remedy’ (still available as a B-Jain print).



## The Four aspects of a symptom by Hering: The schema of Hering

In the foreword of the Encyclopedia of Hering you find a simplified version of the seven aspects of Boenninghausen's, which is known as **four qualities of a full symptom**<sup>8</sup>, or the schema of Hering.

- **Modalities**
- **Concomitants**
- **Sensations**
- **Localization**

Of course also the general §153 from the Organon should be applied to all symptoms, that more value should be given to the more **Characteristic** symptoms.

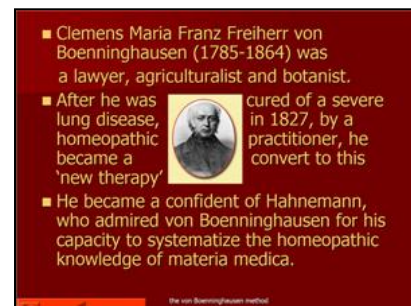
## The philosophy behind the Pocketbook Repertory of Boenninghausen

The structure and philosophy behind the Pocketbook repertory is clearly different compared to his Systematic Alphabetic Repertory.

- He started from the idea that the **materia medica** at that time was still very incomplete and that the (characteristic) features of remedies had not yet completely come to light. But also from the **patient** often an incomplete picture would arise: from many symptoms in the material medica or from the patient not all 4 qualities would be known.
- Boenninghausen supposed that a **modality** that was expressed at one specific **local** complaint [during provings or from the patient], for example a pain in the abdomen > with hard pressure, would apply through the **whole** remedy picture, for example a headache that would also > from hard pressure.

*See also the interesting  
PowerPoint  
about the  
Boenninghausen method*

*By Marc van Wijk, Belgium.*



- Another assumption was, as Hahnemann had said, that a whole body was sick (that no local diseases exist) and that this 'invisible' disease only showed itself through the different 'local' symptoms.

## The Grand Generalization

This basic assumption was, like Hahnemann said, that the whole body is sick (and that there are no local illnesses). That the local symptoms are just expressions of the whole disease. The assumption from Von Boenninghausen that the local modality can also be applied to the totality has been called the principle of the '**Grand Generalization**'.

*Quote from Luc de Schepper: 'He lifted the modalities of the Local complaint to the General level: the whole person'.*

<sup>8</sup> Jacqueline Dimitriadis mentions that Boenninghausen only needed three aspects to have a complete symptom: "Sensation, Modality, Location". And that adding the "concomitant" will result in describing a full case. See the article: A guide to Homeopathic Diagnosis, using the Boenninghausen repertory.

Later on a lot of criticism was given on this principle, because it was not (fully) correct. There are remedies that can have a contradiction in their general modality compared to more local modalities. Often the example of Arsenicum is then mentioned here, who has a general > by heat, but some local symptoms < from heat.

If you study the Pocketbook repertory, then you will see quickly that the local modalities are not mentioned at the corresponding symptoms, but they are moved to more 'generalized' chapters: The general chapters '**Sensations**' and the chapter '**Modalities**'.

**Boger** tried to solve the short-comings<sup>9</sup> of the Pocketbook by adding more remedies and also more local chapters with local modalities in his '**Boger-Boenninghausen repertory**'. But still the most important chapters in this Boger-Boenninghausen repertory remain:

- **Conditions in General** (BG2 page 1103) (Aggravation and Amelioration in General) (In the Pocketbook, the Roberts edition, page 142. Everything has been added in Synthesis also)
- **Sensations and Complaints in General** (BG2 page 881) (In the Pocketbook, the Roberts edition, page 268. Everything has been added in Synthesis)

Although Boenninghausen generalized in his repertory, it was also considered not to be such a big problem because the materia medica remained correct (unchanged). And the repertory should be a means to come up with the most probable remedies, which finally have to be studied in the materia medica.

### The later repertories: Kent and Synthesis

Other homeopaths later have tried to make a more precise repertory, with a more logical structure and applied more consistently throughout the whole repertory, and also brought up to date with the newly proved remedies available. But nobody really managed to create a new and better all encompassing repertory.

Finally **Kent** took over these trials (partially combined them) and came to his great '**Kent's repertory**'<sup>10</sup>. But Kent had not incorporated all sources from Boenninghausen.

This repertory of Kent has later on been perfected and updated in the **Synthesis Repertory of Frederik Schroyens**. This Synthesis repertory, which is currently the most reliable and complete repertory available, includes many thousands of corrections to Kent and an innumerable amount of remedy additions and author references from other sources.

*Paul Albers:  
From account of school study trip to India*

*Farokh Master uses the VB-method when selecting symptoms and analyzing one sided cases with severe pathology (for example: sx in cases with ascites in advanced lever-cirrhosis), and also for fever problems.  
Initially the Boger-Boenninghausen repertory was used, but lately more and more the Synthesis is used because now all the BB-rubrics have been added, often under the section: 'accompanied by'. These refer to the important concomitant sx.*

*The totality of characteristic symptoms of a disease can consist of symptoms which individually are not so typical: 'Diarrhea with fevers', 'Cough after rising', 'Pain in abdomen < lying down', etc.  
One of the opportunities as Homeopaths we often miss, is if we ignore these symptoms, and focus too much on constitutional treatment, always searching for the 'Kantian totality'.*

<sup>9</sup> Shortcomings.: Local chapters and modalities are missing. The general structure is not yet very streamlined. Some rubrics are difficult to find, often the First word of the rubric is not the most logic one to search on. The Boger-Boenhausen went from about 125 remedies to 145.

<sup>10</sup> Information can be found in an article in Kent's 'Minor Writings'.

Several Synthesis editions have been printed in several languages. The most recent two paper editions in English are the complete Synthesis 9.1 and the **Essential Synthesis**<sup>11</sup>. In electronic form two later editions were released: the 2007 and 2009 edition.

Although some homeopaths prefer to use Boger-Boenninghausen repertory (or the Pocketbook repertory), if you want to apply the Boenninghausen method of repertorising, on suitable cases, it is also possible to use the full Synthesis edition.

### **Synthesis – Several repertories in one**

Kent did not include yet all of Boenninghausen's work because he had started fully again, and used his 'anatomical' arrangement. In Synthesis 9.1 and higher almost all still missing rubrics from Boenninghausen have been incorporated. In following editions a few still missing rubrics and will be included.

Although some homeopaths think that Boenninghausen worked only in a generalized way, and Kent only in a very specific way, this is not correct:

- The Boenninghausen Pocketbook repertory does include very specific rubrics.
- And in Kent's repertory you can also find many generalized rubrics.

### **How are Boenninghausen sources included in Synthesis**

All the rubrics from Boenninghausen which have a very generalized character have been included in Synthesis as separate, easily identifiable, rubrics. Only the more specific rubrics were merged with existing rubrics (if already present). You can read the introduction in the Synthesis book for more information how Boenninghausen's work was exactly included into Synthesis.

### **Synthesis – The Source repertory**

From Synthesis 8 and later editions not only very precise **author references**<sup>12</sup> are added to all remedy editions, but also the original *materia medica* source. This allows for the highest level of accuracy and verifiability. This is why Synthesis is called the **Source Repertory!**

RadarClassic and RadarOpus with Synthesis is the only repertory that has added additions with this high quality of precision. You can also fully control which sources you want to work with, which may be shown in Synthesis, with the feature 'Repertory Views'.

In Synthesis also many **corrections** have been made to information coming from the old repertories (e.g. by checking in the original *materia medica*'s). One of the most striking examples of corrections and additions are coming from Kent's personal copy of his repertory which recently was rediscovered, called 'The Treasure'<sup>13</sup>.

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<sup>11</sup> The 'Essential Synthesis' is based on the Synthesis TE-edition (9.2, only available as computer edition). The mediation- and dream-provings, unproven remedies and the most recent proven remedies are not included. Also the lesser useful rubrics (too generalized) from Boger-Boenninghausen are not included.

<sup>12</sup> In the Radar program you can switch 'Show Authors' On/Off with the key's Ctrl+Shift+F3.

<sup>13</sup> Read the article about 'Kent's Lost Treasure', by Dr. Ahmed Currim.



## Concordances and Polarities

Von Boenninghausen also started to describe ‘relationships’ of remedies (called **Concordances** or **Remedy Relationships**). This is a list for each remedy with the related remedies given per section as Mind, Localities, Sensations, Glands, Bones, or in general.

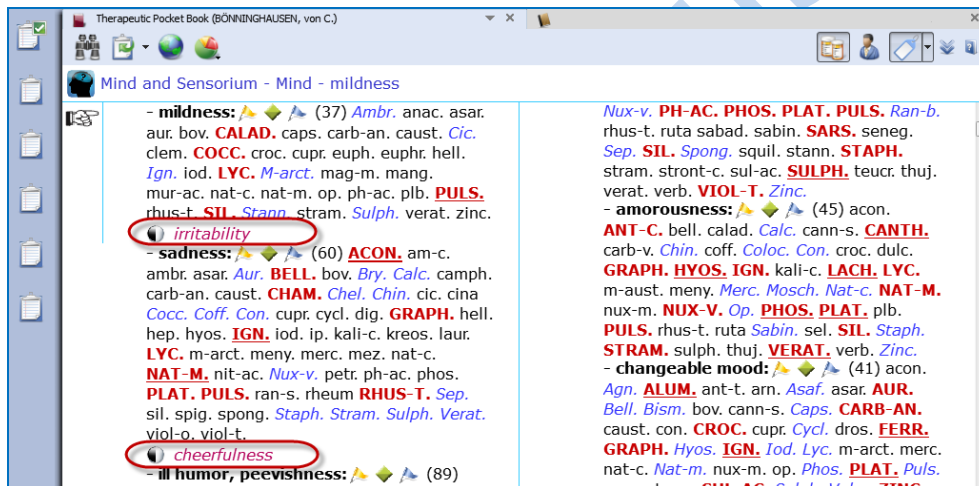
*Luc de Schepper: ‘Now a day’s most often we use still the **Acute – Chronic** relationship. If you know the chronic remedy for someone, then often a particular acute remedy is associated with this, or vice versa’.*

## Polarities

When selecting the most correct remedy for a case, Von Bönninghausen probably also considered the fact if a remedy was known to have “only one side of the modality”, or if it also is present in the opposite (polar) rubric.

In the original Pocketbook these polarities where not mentioned. This principle of Polarities was expanded on by later homeopaths

In the Pocketbook in the Radar software these polar rubrics have been added. They can be recognized with a small polar icon. (The polar rubrics are available both in RadarClassic and RadarOpus).



## Polar calculation (Boenninghausen module)

In RadarClassic and RadarOpus there is a module available which can add automatically the polar rubrics to a clipboard. But only in RadarOpus the specific Polar calculation is available. This option calculates the “**Polar difference**”

De ‘Polar difference’ is an additional score in the analysis window.

	croc.	cic.	cupr.	iod.	nat-c
Sum of symptoms	3	3	3	3	3
Sum of degrees	8	6	6	6	6
Polar symptoms	2	2	2	3	3
Polar difference	6	4	4	3	3

Clipboard 1	
1. Mind and Sensorium - Mind - cheer... (41) 1	4 2 2 2 4
2. Mind and Sensorium - Mind - sadness (60) 1	1 1 1 1 1
3. Mind and Sensorium - Mind - mildne... (37) 1	1 2 1 1 1
4. Mind and Sensorium - Mind - irritabi... (62) 1	1 1 1 1 1
5. Parts of the body and organs - Int... (112) 1	3 2 3 3 1
6. Parts of the body and organs - Int... (107) 1	1 1 1 1 1

In the Polar Analysis the calculation is as follows:

1. The first row indicates the **Sum of symptoms**: this is the Total number of rubrics where the remedy is present.
2. Secondly the **Sum of degrees**: By default only those rubrics are used which also have an opposite Polar rubric. From these rubrics the degrees of the remedy in these rubrics are added.
3. The next row indicates the sum of the degrees of the remedies present in the opposite **Polar rubrics**.
4. The fourth row is the **Polar difference**: the score van de degrees of the polar rubrics is deducted from the sum of degrees of the patient's symptoms (row 2).  
The higher the value of the Polar difference, the better this is for the remedy: the more likely that this remedy is the correct simillimum  
If a remedy is strongly present in an opposite Polar rubric, this can be considered as a contra indication.

RadarOpus

# Seminar ‘Boenninghausen method’

## Luc de Schepper (Seminar Brussel)

The Boenninghausen method is a fantastic method and if applied to **suitable cases**, it will never disappoint you. The patient (the nature of the case) determines the method you need to select to analyze the case.

It is an ideal method for most acute cases, for animals, but also for some chronic cases with few M/E symptoms. But I do not teach my students this method as first. First comes Kent’s method (the Mind → to Body method, based on the totality of the most characteristic symptoms)<sup>14</sup>.

Normally I only teach this ‘Von Boenninghausen method’ (using the Boger-Boenninghausen repertory) a little later during their training. Because this method of analysis is so simple and attractive, that I don’t want to teach them this immediately. First they need to master the hierarchy of symptoms based on the totality of the most characteristic symptoms. The Boenninghausen method is sometimes also called ‘the Body → to Mind method’.

The Boenninghausen method has some risk with seemingly ‘Acute’ complaints, which actually are ‘Acute-Miasmatic’ (chronic), that you prescribe too much on the superficial symptoms. Then we would do with homeopathy nothing more than **Suppression!** So the nature of the case determines which method you should use.

The Von Boenninghausen method is also important in relation to the Organon aphorism §95, where Hahnemann mentions that in chronic diseases the patient has become so accustomed to his complaints, that it is often difficult to get more specific symptoms: ‘**They have forgotten smaller concomitants and modalities**’. By thorough questioning following the below complete symptom schema, often it is still possible to find the suitable remedy.

The structure of the Pocketbook (and also the Boger-Boenninghausen repertory) is completely different compared to an ‘anatomical’ repertory. You also need to look up the symptoms of the patient in a different way. But after you do some exercises it will quickly become clear how it is done. The below schema offers you a simple tool.

Paul Albers

There are also arguments to teach the VB-method to students first. It can give the students confidence in the totality-principle.

Often you will see that the remedy you find on the complete chief complaint also will be confirmed by the M/E picture. Students then learn that there is no great difference between the VB-method and the Kent-method, because there is one ‘One Totality’.

The patient is in a ‘state’, and does not have a ‘selected’ set of symptoms!

(Of course you need to take into account possible layers).

I find it important that students learn to observe symptoms accurately and completely, and to give them confidence in the powers of homeopathy in with severe pathology or acute cases.

Recently there has been a tendency to ignore the clinical symptoms as being not so important, and to immediately go to the Delusions, Vital-sensation idea or Thematic-thinking. But it is a balloon which needs to stay connected to the rest of the physical picture or else it will fly away from the reality and results will be disappointing!!

Luc de Schepper

I teach to my students several different methods, e.g. The VB-method, the Totality, the Core Delusion, but if you do it properly, they all should come to the same remedy. Although some cases are more suitable to one of the methods.

<sup>14</sup> See the book ‘Hahnemann Revisited’, by Luc de Schepper. Also see the Luc de Schepper module in the Radar program.

### ***The hierarchy of the complete symptom***

You need to go through the case and sort all the symptoms, whereby the **Modalities** and the **Concomitants** are the most important.

Step 1: You start at the Chief Complaint (CC) and search first for **Modalities** (and from these first check if there is a Causation: NWS or Ailments from).

Step 2: Then search if there are **Concomitants**.

Step 3: Then search for **Sensations**.

Step 4: Then note down all **Location**.

Step 5: Then note down the **Pathology**.

Step 6: After doing the analysis you differentiate the remedies scoring highest for the **M/E** symptoms (if present in the case). So you consider the Mind symptoms last.

Of the Chief Complaint look up:

#### **The Modalities**

Modality 1 The most important modality is the **NWS/Ailments from**.

Modality 2 Everything which gives aggravations or ameliorations.

Modality 3

It is important to look up the modalities as **Generals !!**

But note that real General symptoms in a case have more value than the more local symptoms, which are looked up as general.

#### **The Concomitant symptoms**

The symptoms which go together with the CC. But note that also here there are more and lesser important: Unexplainable symptoms are more important. If they belong to a different organ system they are also more important. If they come and go with the CC they are more important. Also consider if they are characteristic or more common!?

A concomitant can itself also have modalities and a location.

**The Sensations** The type of suffering, the type of pain.

Also these are important to look up as **Generals!**

**The Location** This is least important.

**The Pathology** This still can be important, for example to differentiate.

In the Boger-Boenninghausen repertory, the pathology rubrics can often be found in the chapter: 'Sensations and Complaints in General'.

#### **The Mental/Emotional symptoms**

With the Von Boenninghausen method the Mind will be used last (often only few, and less characteristic symptoms) to differentiate the highest scoring remedies. Important are the symptoms which changed after the CC appeared: e.g. 'the question 'what has changed in your behavior'?) Recently Jeremy Sherr has created a repertory applying the Boenninghausen philosophy to the Mind chapter, his Repertory of Mental Qualities.

Note that a M/E symptom could be a Modality. The NWS or Causation probably is the most important modality, so then it is used first.

## VB-Method: Schema

Chief Complaint (I)

**Modalities (I):** Main Modality 1  
Main Modality 2  
Main Modality 3

**Concomitant Symptoms (I)**

Modality 1 of the Concomitant Symptom.  
Modality 2 of the Concomitant Symptom.  
Modality 3 of the Concomitant Symptom.

CC (I): **Sensations**

CC (I): *Generals (dreams)*

CC (I): **Location**

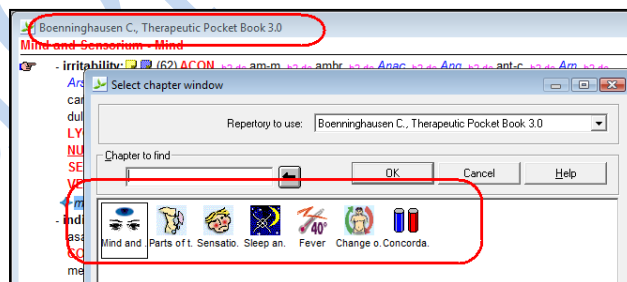
CC (I): **Pathology**

CC (I): **Mental** Emotional Changes

Possibly there is more than one Chief Complaint, so you can give a number II or III

### Structure of the Boennighausen Pocketbook (B2)

Probably the easiest way to get to know the structure of the Pocketbook repertory is by browsing through the book. The most important chapters are ‘Sensations’ and the chapter ‘Change of General State’: the Aggravations and Ameliorations. These are all generalized rubrics. This repertory only contains 125 remedies.

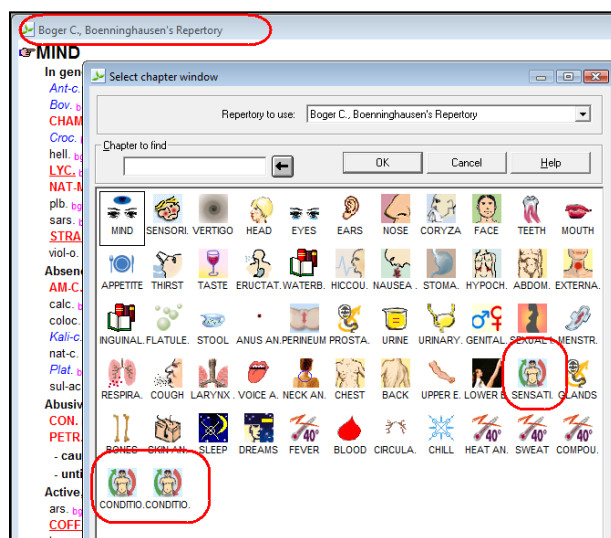


### Structure of the Boger Boennighausen repertory (BG2)

Here the easiest method is to glance through the book and add a few note-papers (thumb indexes) at the most important chapters. This repertory only has 140 remedies.

Also here the most important chapters are ‘Sensations and Complaints in General’, the small chapter ‘General -Time’ and the chapter ‘Aggravations and Ameliorations’.

In the back of the book there one useful page with a ‘Chapters-index’ with page numbers.





The Boger-Boenninghausen book does have its own peculiarities, which you have get accustomed to. Here follows a list of sections:

- Page 191 Mind. But see also page 1116 '**Emotions**' in the Generals.
- Page 230 - Cross References of the Mind.
- Page 358 Hearing (deafness, illusions of hearing).
- Page 473 Food-aversions/desires. But important is page 1119 Agg/Amel.
- Page 675 Menstruation.  
The menses modalities are not in General Agg/Amel, but here!!
- Page 678 -The Concomitants of the Menstruation
- Page 855 Gait
- **Page 881** **Sensations and Complaints in general (IMPORTANT)**  
Also contains many '**Pathology**' rubrics
- Page 892 Direction of pain.
- Page 902 Special section about children: '**Infants**'
- Page 919 Sides of the body.
- Page 938 Sycosis / Syphilis remedies.
- Page 980 Sleep
- Page 997 Dreams
- Page 1002 Fever (p.1020 Chill, p.1004 Heat & Fever in gen., p.1099 Comp Fever)
- Page 1134 Pack – cold , hot, wet (= cold, warm, wet **Applications** in general)
- Page 1132 Moon phases
- **Page 1103** **Condition in General: Time (IMPORTANT)**
- **Page 1105** **Condition of Aggrav. and Amelior. in General (IMPORTANT)**
- Page 1141 Sleep: before / at beginning / during / after.
- Page 1155 Concordances. Relationships between remedies. Divided per section of in general: '**Related Remedies**'.

### General tips for the VB-method

- Only use symptoms you are sure of.
- Of course the general rule is also valid: 'the Most Characteristic Symptoms are most important.
- Also the more general-symptoms of the patient are more important than the more local symptoms. So a general-modality has more importance than a local modality, even if it is looked up in the General-chapters of the repertory.
- With very large rubrics you can take only the 4<sup>th</sup> and 3<sup>rd</sup> degree remedies (if they need to be written down by hand).

The degrees in the Boger-Boenninghausen Rep, and Pocketbook, have been converted according to a fixed rule, when adding them into Synthesis. (You can read more about it in the foreword of Synthesis 9.1).

*Luc de Schepper prefers to use the original degrees in the Boger-Boenninghausen repertory if it really is a case that would only be solved with the VB-method.*

- If something can be found under 'General' then it always has preference above the local rubric. So first look in the General chapters.
- Step 1: A 'Ailments from or Causation' is always the most important modality! The majority of causations can be found in the Mind, and in the General Agg/Amel chapters. (If you write down by hand, be sure to include all remedies in all degrees.)
- Step 2: After the causation start with the most important modality, which is spontaneously expressed / strongly present. Then the lesser important modalities.

- Step 3: then search for Concomitants, then the Sensations, then Location, then pathology.
- The **local** sensation of a complaint should also be looked up as a **Generals**-sensation. But a remedy which covers the real generals of the patient has preference above a remedy which fits better on the local symptoms.
- If a main-rubric has smaller sub-rubrics which fit also more in detail, then the preference is still for the more general rubric. Use the smaller rubrics more as DD at the end if needed.
- Sometimes a 'Pathology' rubric is needed if there is not much else to prescribe on, but be sure to use all remedies if you write down by hand.
- If a certain symptom is VERY PROMINENT, you could consider focusing only on the stronger remedies in that rubric (e.g. only use the 4<sup>th</sup>, or only the 4<sup>th</sup> and 3<sup>rd</sup> degree remedies).
- Modalities and Concomitants are the most important symptoms to find the simillimum. The Location is the least reliable. Never use a location to eliminate a remedy on.
- The score of the number of rubrics is more important than the number of degrees. It is also important to write down the symptoms in order of importance. When there are remedies with an equal score it will be easy to see which covers the most important Modalities/Generals and which covers primarily the local symptoms.
- If you DD between remedies, the personal history can be important. With women also consider the symptoms during pregnancy.
- If a remedy that has been given already, also scores high with the VB-method, it can be an indication that the remedy was good, but the potency or dose was not strong enough. Read the book 'Achieving and Maintaining the Simillimum' (De Schepper)
- If you do a VB-method with an acute complaint, often the remedy later on will work constitutionally. Or you can see often that the corresponding Chronic remedy and its Acute remedy will both score highly. Keep all acutely high scoring remedies in mind, later on for this reason. Check later on if a Concordant remedy might be indicated.
- This method teaches you to be thorough and complete in questioning: you always need to be very precise when taking the case. The more you use this method the more you learn comparative material medica. The only way to find the simillimum is by constant comparing remedies.
- If a lesser known remedy comes up in a few rubrics, then go and study it in the MM. The remedy might not have been proven enough.

You will be amazed that with a minimum of modalities and general symptoms, you often still can find the remedy with this VB-method.

## RadarClassic and the Boger Boenninghausen Module

- The Polar-analysis is not available in RadarClassic, but there is a Boenninghausen module.
- For more details about the Boenninghausen module in RadarClassic, please the separate manual.

Below a few cases from the practice of Luc de Schepper.

### Example Case 1 'Malaria case in Kenya' (PowerPoint)

Below follows a short case. First try find as many rubrics as you can, and sort them according to the VB-Schema.

#### **This is a case of malaria in Kenya.**

The most remarkable sign was the extreme physical restlessness while the patient suffered from high temperature and chills.

He was thirsty during the chill, which always came at 7 p.m. (19.00h)

He felt the chill in the back and in his scapula.

He could not stand to be not covered and he told me he felt as if someone threw cold water over him.

During the chilliness he was also yawning and felt pain in upper and lower extremities during the chill.

He felt numbness in general in his limbs. *You will find the analysis in the PowerPoint of Marc van Wijk.*

### Example Case 2 'Limping of the dog of Luc de Schepper'

One day my dog woke up and started limping.

She never touched the ground with her Right foot.

She has trouble getting up from a lying position, after resting.

She always lies down on her left side.

Initially when getting up, she would not put her right foot down, but would hop around. But after a few minutes of her walk, she would put her foot down and trot, and even a little bit running.

One could see that there was some lameness and stiffness in her right leg.

At the end of her walk, she would always slow down, obviously in distress.

Pushing on her right knee-joint would elicit pain.

Climbing stairs is difficult, as well as shifting position.

(Later my wife observed that 'cold damp weather' gave some amelioration).

#### **Steps to work out the case:**

Step 1: First note down all **Modalities** (search for a NWS/Ailments from). Look these up as much as possible in the chapter '**General-modalities**'. In the Boger-Boenninghausen repertory this is from page 1103 onward.

Step 2: Then search for **Concomitants**. (accompanying, simultaneous occurring symptom). (in this case not present).

Step 3: Then search for **Sensations**. First search in the chapter '**General- sensations**'. In the Boger-Boenninghausen repertory from page 881 onwards. (In this case of a dog, we have to interpret ourselves!)

Step 4: Search for a location, but also here the emphasis should be to search as much as possible for general symptoms and rubrics. (In this case the general rubric ‘knee-complaints’ has been taken first.

Analysis of the case: The description of the Chief Complaint (CC) is: **Limping**.

In this example we tried to give as many rubrics as possible, in total 13 Modalities are mentioned, a few sensations and a location.

The rubrics are mentioned from the Pocketbook, the Boger-Boen repertory and the Synthesis to show that a case could be worked out with all repertories.

The rubric ‘**Cold damp weather**’ cannot be found, as a solution you can take the opposite: ‘**Air cold dry agg**’.

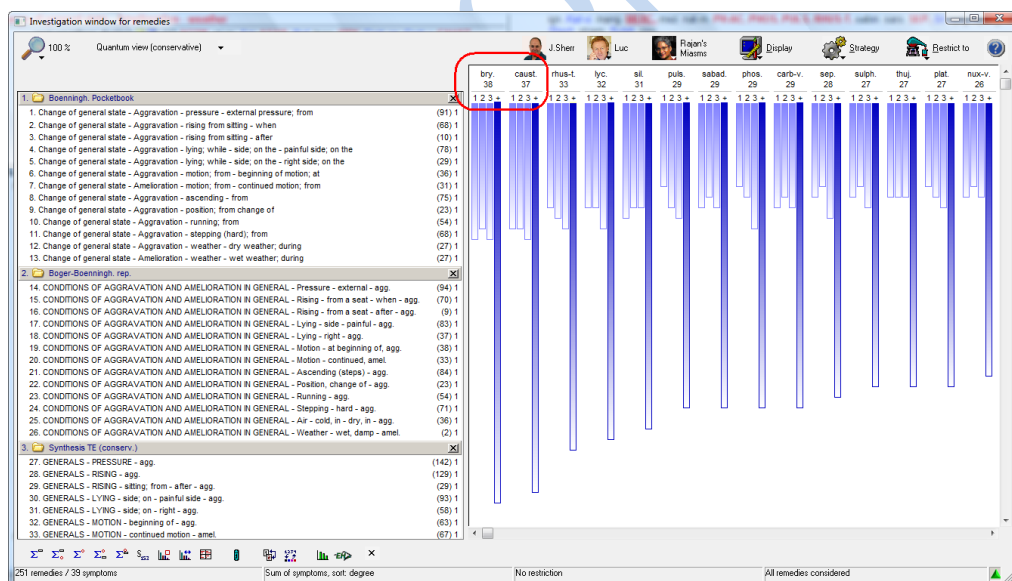
There is a rubric: ‘Wet weather amel., but not ‘Cold wet weather’.

	In Pocketbook	In Boger-Boen. rep	In Synthesis
M1	Change of general state - Aggravation - pressure - external pressure; from	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Pressure - external - agg.	GENERALS - PRESSURE - agg.
M2	Change of general state - Aggravation - rising from sitting - when	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Rising - from a seat - when - agg.	GENERALS - RISING - agg.
M3	Change of general state - Aggravation - rising from sitting - after	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Rising - from a seat - after - agg.	GENERALS - RISING - sitting; from - after - agg.
M4	Change of general state - Aggravation - lying; while - side; on the - painful side; on the	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Lying - side - painful - agg.	GENERALS - LYING - side; on - painful side - agg.
M5	Change of general state - Aggravation - lying; while - side; on the - right side; on the	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Lying - right - agg.	GENERALS - LYING - side; on - right - agg.
M6	Change of general state - Aggravation - motion; from - beginning of motion; at	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Motion - at beginning of, agg.	GENERALS - MOTION - beginning of - agg.
M7	Change of general state - Amelioration - motion; from - continued motion; from	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Motion - continued, amel.	GENERALS - MOTION - continued motion - amel.
M8	Change of general state - Aggravation - ascending - from	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Ascending (steps) - agg.	GENERALS - ASCENDING - stairs - agg.
M9	Change of general state - Aggravation - position; from change of	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Position, change of - agg.	GENERALS - CHANGE - position - agg.
M10	Change of general state - Aggravation - running; from	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Running - agg.	GENERALS - RUNNING - agg.
M11	Change of general state - Aggravation - stepping (hard); from	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Stepping - hard - agg.	GENERALS - JAR, stepping - agg.
M12	Change of general state - Aggravation - weather - dry weather; during	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Air - cold, in - dry, in - agg.	GENERALS - WEATHER - cold weather - dry - agg.
M13	Change of general state - Amelioration - weather - wet	CONDITIONS OF AGGRAVATION AND AMELIORATION IN	GENERALS - WEATHER - wet weather - amel.

	weather; during	GENERAL - Weather - wet, damp - amel.	
S1	Sensations and complaints - External parts of body and internal organs in general - paralytic, laming pain	SENSATIONS AND COMPLAINTS IN GENERAL - Lameness, and sense of	GENERALS - PAIN - paralyzed; as if
S2	Sensations and complaints - External parts of body and internal organs in general - torpidity, stiffness (or) Sensations and complaints - External parts of body and internal organs in general - torpidity, stiffness; sensation of	SENSATIONS AND COMPLAINTS IN GENERAL - Stiffness and want of suppleness in (joints and extremities)	GENERALS - STIFFNESS (or) EXTREMITIES - STIFFNESS
L1	Parts of the body and organs - Lower limbs - Joints - Knee joint	LOWER EXTREMITIES - Knee - joint	EXTREMITIES - KNEES; complaints of

In the below example the rubrics from the **Pocketbook** are taken in clipboard 1, the corresponding rubrics in the **Boger-Boenninghausen repertory** in clipboard 2, and the rubrics from **Synthesis** in clipboard 3. There is only a small difference in the result.

If you use in this case the rubrics from the Boger-Boenninghausen repertory, you get the best result, and the remedy that was given with success, Causticum, comes in place one. Both other repertories gave Causticum at place two. (In Synthesis it is best to use 'Quantum-repertory view' for the more conservative VB-approach).



Here again the same case, with in detail many of the Boger-Boenninghausen rubrics mentioned in the text itself:

One day my dog woke up and started limping: (*Limping is the CC*)

She never touched the ground with her Right foot.

*You could interpret that it is pressure which aggravate*)

She has trouble getting up from a lying position, after resting.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Rising - from a seat - when - agg.)*

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Rising - from a seat - after - agg.)*

She always lies down on her left side.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Lying - side - painful - agg.*



*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Lying - right - agg*

Initially when getting up, she would not put her right foot down, but would hop around.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Motion - at beginning of, agg.*

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Stepping - hard - agg.*

But after a few minutes of her walk, she would put her foot down and trot, and even a little bit running.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Motion - continued, amel.*

*AGGRAVATION AND AMELIORATION IN GENERAL - Running - agg.*

One could see that there was some lameness and stiffness in her right leg.

*SENSATIONS AND COMPLAINTS IN GENERAL - Lameness, and sense of*

*SENSATIONS AND COMPLAINTS IN GENERAL - Stiffness and want of suppleness in (joints and extremities)*

At the end of her walk, she would always slow down, obviously in distress.

Pushing on her right knee-joint would elicit pain.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Pressure - external - agg.*

Climbing stairs is difficult, as well as shifting position.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Ascending (steps) - agg.*

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Position, change of - agg.*

Later my wife observed that 'cold damp weather' gave some amelioration.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Air - cold, in - dry, in - agg. (This rubric is not present, so you can search if the opposite is present).*

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Weather - wet, damp - amel.*

### **Example Case 3 'Discharge from the Nose'**

A 14 year old girl has had a discharge from one nostril ever since she had measles five years ago.

Now since her menses she is worse before menses.

The discharge is thick, yellowish or bland (clear) and offensive.

The discharge is most in the morning upon waking.

She feels better when going outside rather than staying in a warm room.

Whenever she gets upset the discharge is worse.

She is shirtless with dryness of the lips and has no appetite.

Below the same case but now with rubrics added from the Boger-Boenninghausen (BG2) repertory:

A 14 year old girl has had a discharge from one nostril ever since she had measles five years ago.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Measles, after, agg.*

Now since her menses she is worse before menses.

*MENSTRUATION - Concomitants before menses - before menses*

The discharge is thick, yellowish or bland (clear) and offensive.

*NOSE - Discharges - thick*

*NOSE - Discharges - yellow*

The discharge is most in the morning upon waking.

*CONDITIONS IN GENERAL - Time - morning*

She feels better when going outside rather than staying in a warm room.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Air - open, in - amel.*

Whenever she gets upset the discharge is worse.

*CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Emotions - agg.*

She is shirtless with dryness of the lips and has no appetite.

*THIRST - Thirstlessness*

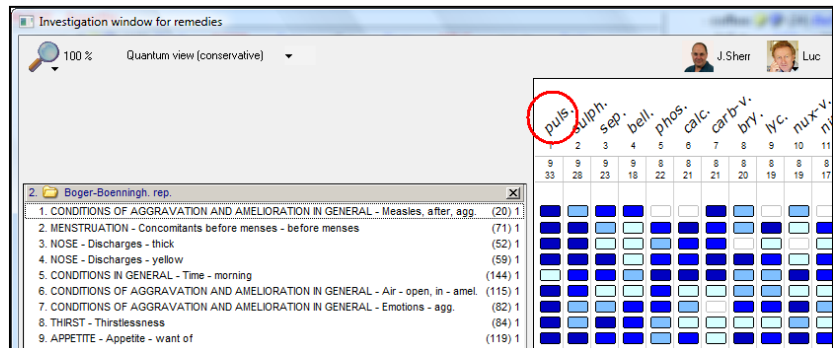
*APPETITE - Appetite - want of*

When you work out a case, it is important to write down the rubrics in the correct order of importance. When differentiating it is important that the remedy you select fits the most important rubrics.

In this example the rubrics were taken from the Boger-Boenninghausen repertory, and the remedy that was given with success came in first position: **Pulsatilla**.

You can try out yourself what the result will be if you take the rubrics from the Pocketbook or from Synthesis.

You can try out yourself what the result will be if you take the rubrics from the Pocketbook or from Synthesis.



René Otter – summary: Several authors mention:

The method to analyze a case bases on the 4 aspects of the full symptoms is useful especially in the following cases:

- Acute,
- One-sided diseases,
- Incidents,
- Strong flare ups of the constitution,
- Palliative with incurable cases.

And sometimes it can also be helpful to find a constitutional prescription.

It teaches us to ask carefully all details of the ‘normal’ chief complaint, because sometimes it is so characteristic that it points us also to a constitutional remedy.

Hering said: as soon as all 4 aspects are repeat the complaint is characteristic enough that it can result in a successful prescription.

Sometimes it helps to clear up a case, after which a “Kent method” can be applied: e.g. to prescribe on the totality of the most characteristic symptoms (except when more layers are present which also should then be taken into consideration).

There is however one danger:

- Although you can use this method also for chronic cases, if you come to a remedy based on the local chief complaint, you must check if the remedy also fits to the constitutional symptoms (case). If the remedy does not match also the constitutional symptoms, you run the risk to case suppression.
- The other way around is not so: With a constitutional prescription the remedy does not need to cover the, hierarchical lower value symptoms of the, local complaint.

**In a chronic case, with a constitutional prescription, you should always prefer to prescribe on the most characteristic constitutional symptoms.**

Coming soon in RadarOpus (v 1.42)

# The Boenninghausen Repertory

Therapeutic Pocketbook Method (Second Edition)

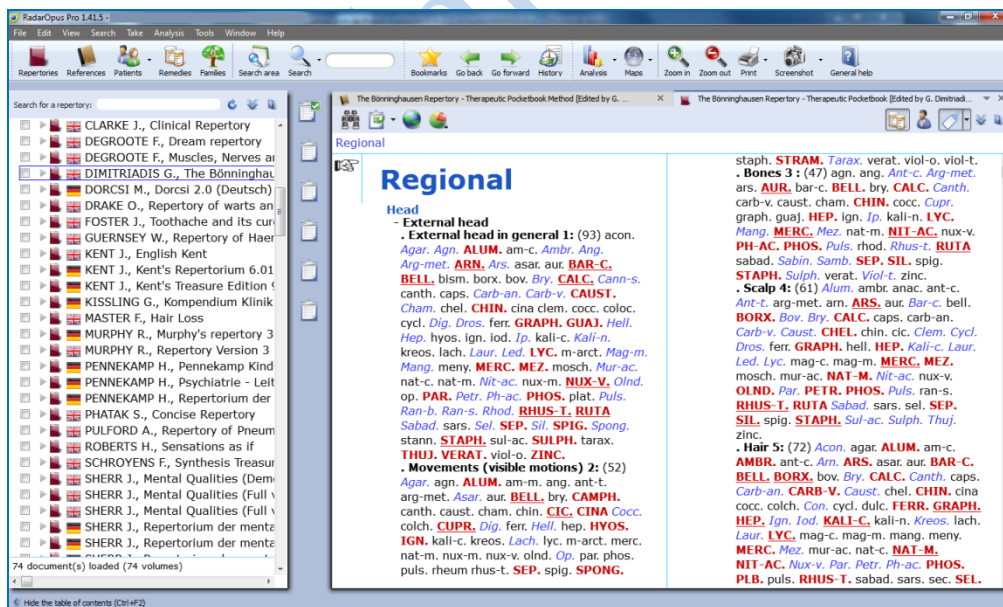
George Dimitriadis, Editor



The most accurate English re-translation of Bönninghausen's Therapeutisches Taschenbuch, carefully corrected with reference to his original manuscript.

## Available in RadarOpus

Available to the Homeopathic community as electronic version in RadarOpus (v.1.42 and higher). Now you can use this unique edition of the Pocketbook repertory to work out your most complex cases. (Note that in this edition the polarity rubrics are not indicated with links, and automatic polar analysis is not available with this repertory)



Besides the repertory in the RadarOpus repertory section, in the section of References, you can also find a document with an extensive description of the development of this unique edition, all footnotes and all rubric explanations<sup>15</sup>. Also a practical chapter with case examples how to use this book and the Boenninghausen method.

<sup>15</sup> The rubric explanations (the meaning of the rubrics) will be added in the next RadarOpus version 1.42

The amount of time, thoroughness and desire for accuracy which went into the creation of this new version of the Boenninghausen Repertory (Pocket Book) is really amazing. Your cases analyzed according to the Boenninghausen method using this repertory will bring you the highest result possible for your patients.

If you consider purchasing this repertory, but you like to read more, you could first the following articles by George Dimitriadis:

- The Boenninghausen Repertory. The reasons behind the new English translation and re-formation of Boenninghausen's Therapeutic Tashenbuch.
- The First Repertory. Boenninghausen's model for our profession.
- An introduction to The Boenninghausen Repertory. Therapeutic Pocketbook method.
- A guide to Homeopathic Diagnosis using the Boenninghausen Repertory, 2<sup>nd</sup> ed.

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- Every entry checked against Bönninghausen's own TT manuscript and corrections made only after careful reference to source provings.
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- Each rubric referenced to its original German TT counterpart
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