A stack of old, weathered, and torn papers is shown on the left side of the image. The papers are yellowed and have frayed edges, suggesting they are antique or historical documents. They are resting on a wooden surface. The background is a blurred wooden texture.

History of TPB

Dr SHALINI G UNNITHAN MD(Hom.)

Prof. & HOD

Dept of Repertory

SVRHMC, Nemom

Netherlands – 1785
March 12th

Lippe – 1777



Lawyer turned homoeopath.
very much interested in flora

Purulent TB – Dr Weihe –
Puls – 1828



1830 – contacted Dr
Hahnemann



Biography

- H A Robert
 - Lippe - 1777
- T.L.BRADFORD
 - In BOCR


1830 he came close to Hahnemann



Hahnemann was feeling acutely the need of a guiding index or repertory



Ruckert/ Gross/ Jahr / Boenninghausen
were asked by master to prepare Repertory



Homoeopathy Hand written Guide was prepared for repertory in 1830 by Boenninghausen.

Literary Contribution By BOENNINGHAUSEN:

- The cure of cholera and its preventions. – 1831.
- Repertory of the Anti-psoric medicines with a Preface By Hahnemann (regarding the Repetition of the Dose of the Remedy) – 1832.
- Summary View of the Chief Sphere of operation of the Anti-psoric remedies and their characteristics peculiarities, as an appendix to their Repertory. – 1833.
- An attempt at a Homoeopathic Therapy of Intermittent Fever. – 1833.
- Contributions to knowledge of the peculiarities of Homoeopathic Remedies. – 1833.

➤ Repertory of the Antipsoric Medicines (1832)

- 2nd Edition 1833

➤ Alphabetical / Systemic arrangement / Logical

➤ Introduced gradation

➤ Hahnemann used this literature till his death \$ 153 FN

➤ Preface by Dr Hahnemann

➤ Expiry date – 18 YRS shelf life

➤ 52 medicines (50+1+1)

➤ Systematic Alphabetical Repertory – Boger



- Homoeopathic Diet and a complete image of disease. – 1833
- Homoeopathy, a manual for the Non-medical public. – 1834.
- Repertory of the Medicines, which are not Anti-psoric. – 1835.
- Attempt at showing the Relative Kinship of Homoeopathic Medicines. – 1836.
- ❖ Therapeutic Manual for Homoeopathic Physicians, for use at the sick-bed and in the study of the Materia Medica Pura. (where in he incorporated all the relevant information from his earlier works) – 1846. (p. 510)

- Brief instructions for Non-physicians as to the Prevention and Cure of Cholera. – 1849.
- The two sides of Human Body and Relationship Homoeopathic Studies. –1853.
- The Homoeopathic Domestic physician in Brief Therapeutic Diagnosis An Attempt. – 1853.
- The Homoeopathic Treatment of Whooping Cough in its various forms. – 1860.
- The Aphorisms of Hippocrates, with Notes by a Homoeopath. – 1863.
- Attempt at a Homoeopathic Therapy of Intermittent and other fevers, especially for would be homoeopaths. – 1864.

- Repertory of the Antipsoric Medicines (1832)
- Summary View of the Chief Sphere of operation of the Anti-psoric remedies - 1833
- Repertory of Medicines which are not Antipsoric (1835)
- Attempt at showing the Relative Kinship of Hom. Med. (1836)
 - MMP & Chronic Disease
- TPB-1846
- The two sides of Human Body and Relationship Homoeopathic Studies.
-1853 – added by T F Allen - 1864

Translations

- Original – German
- English – Boenninghausen
- French – Boenninghausen – 1846
- English – ? Stapf – many typographical errors and obsolete phrasing – 1848
- Hempel – criticized for faulty translations
- Okie



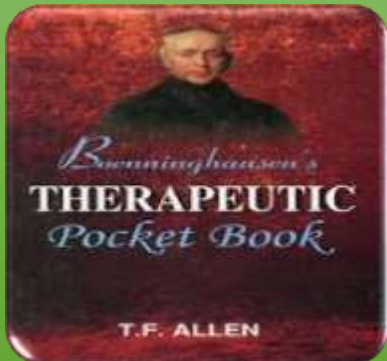
- Allen – added many eye s/m + sides of body
 - faulty translation
 - his rearrangement of the headings
- H A Roberts & Annie C Wilson



ORIGINAL – Therapeutic Manual for Homoeopathic Physicians, for use at the sick-bed and in the study of the Materia Medica Pura



T. F ALLEN – Same as Okie – Boenninghausen's Therapeutic Pocket Book for Homoeopaths; to be used at the Bedside of the Patient and in the study of the Materia Medica



H A ROBERT – The Principles and Practicability of Boenninghausen's Therapeutic Pocket Book for Homoeopathic Physicians to use at the Bedside and in the study of the Materia Medica



H A ROBERT - The Principles and Practicability of Boenninghausen's Therapeutic Pocket Book for Homoeopathic Physicians to use at the Bedside and in the study of the Materia Medica

❖ Introduction by H A ROBERTS & ANNIE C WILSON

❖ French - 1846

❖ T F ALLEN - 1931

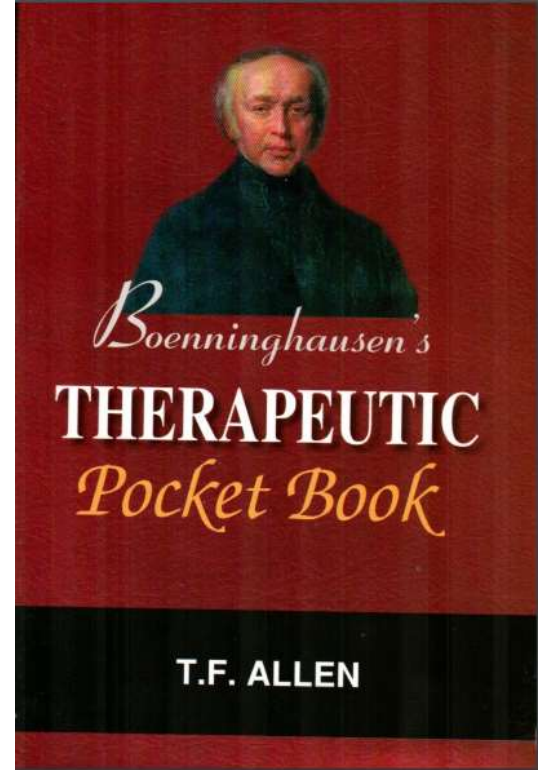
❖ H A Robert - 1935

- 1843 – 11th of July, 1843
 - he was granted authority to practice medicine by order of the Cabinet of King Friedrich Wilhelm IV, without undergoing a medical examination.
- The favourite and most intimate disciple of Hahnemann
- Dr Carl Von Boenninghausen
- Sophie Bohrel
- **DARUP TREASURE – 1920**

- Hahnemann's casebooks, his repertories, his original provings of medicines, a considerable number of letters, and, of course the unpublished manuscript of the sixth edition of the *Organon*
 - Published in 1921

Philosophy

- Logico Utilitarian repertory
- Inductive logic
 - Particulars to generals
- Based on Analogy & Concomitants



3 preface

- H A Robert
 - At Derby, Conn
 - 1935
- Preface to New American Edition
 - T F Allen
- Boenninghausen's Original preface

PREFACE

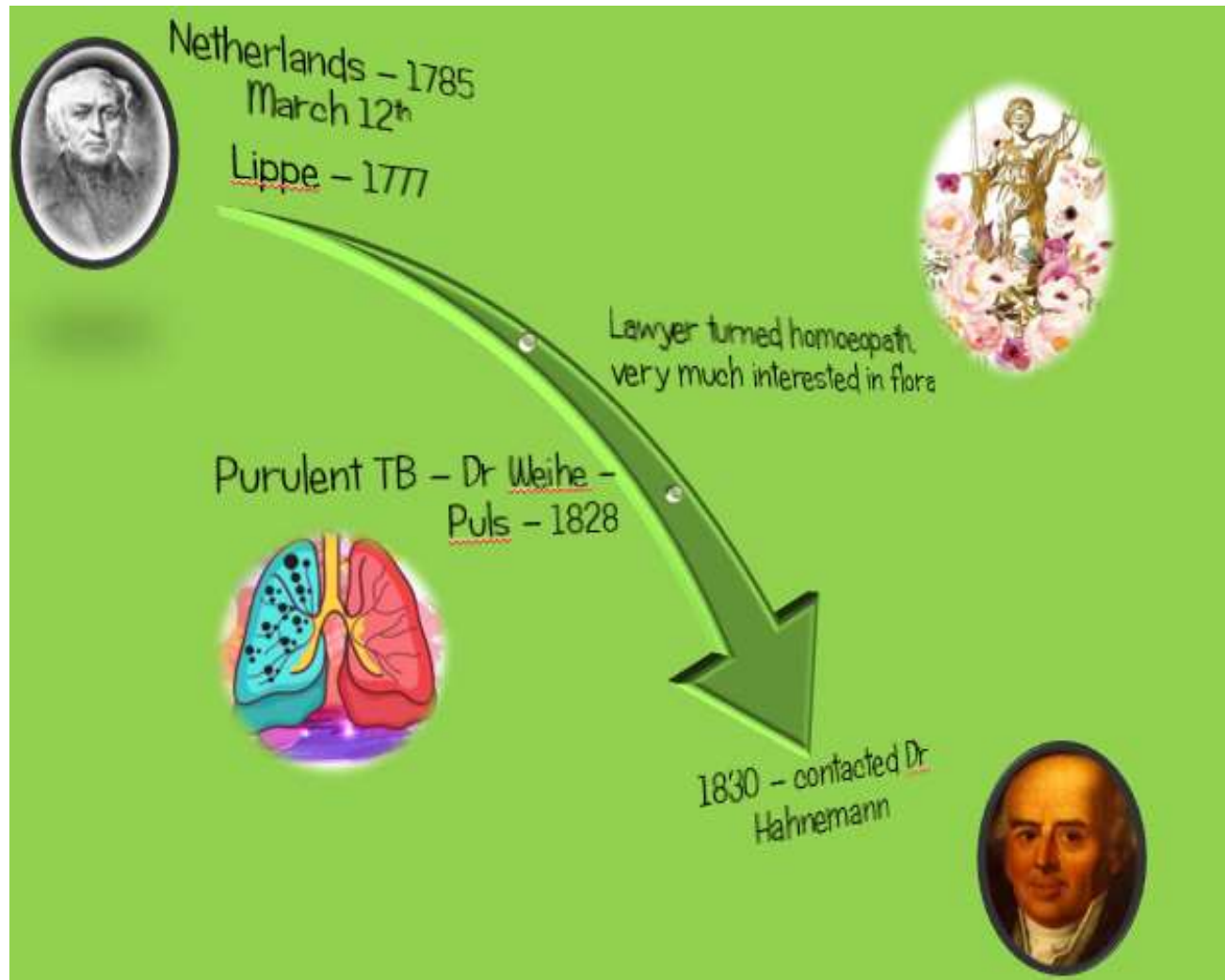
Boenninghausen's *Therapeutic Pocket Book* has been used for more than a century by many masters of homœopathic practice. If it has fallen into comparative disuse during the past few years it is because few of the younger generation of homœopathic physicians have had a knowledge of its philosophic background and practical principles. It is not our purpose to set forth the superiority of any one general repertory over another; but it is our desire to demonstrate the sound philosophy and practical application of this work to such states as the physician meets in everyday practice. It is as nearly fool-proof as any repertory can be, once its principles are assimilated. In the following pages the statement is made that the book is not perfected; it has not grown to its full possibilities of usefulness; but the principles upon which it is based are sound and will allow further development and expansion without endangering those basic principles or distorting their balanced importance.

Let us utilize all the means at our disposal to insure to each patient the *simillimum*, which is his only hope of cure, and let us do so with the fullest possible comprehension of natural laws, and the application of those laws in practical form as they appear in our homœopathic literature. Let us not forget that every man who has labored constructively for homœopathy has built upon some law or definite guiding principle; if we will utilize these works we shall see the wisdom of the past flowering in the healing of the present.
Derby, Conn.
August, 1935.

Preface – H A Robert

- It has been used more than 100 years
- And not being used by the younger generation in past few years
 - Don't have the knowledge of its philosophical background & practical principles
- Every man (homoeopath) who has worked hard has built up some law or definite guiding principles
- If we utilize these works, we shall see the wisdom of the past, flowering in the healing of the present.

- Biography of Boenninghausen
 - Literary contributions



Introduction

H A Robert & Annie C Wilson

Repertory uses

Art of physician in taking the case

Philosophic Background

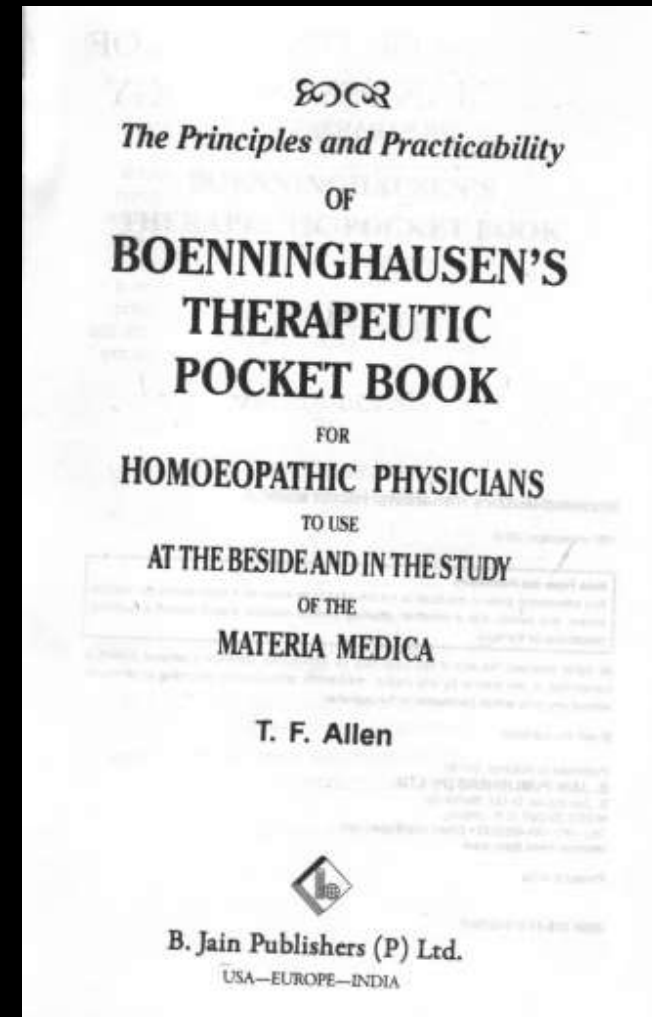
Construction of the Repertory

Limitations

Adaptability

Use of the Analysis

Repertory Proper



Repertory uses

- Purpose of repertory

1. Reference & Guide to find similimum

- By looking into a particular s/m
- Make necessary distinction b/w 2 similar remedies

2. For careful study of all the s/m that may appear in a c/c case

Repertory uses

Value of any repertory depends upon :-

1. The art of the physician in taking the case.
2. The knowledge of the repertory one attempts to use
 - a) Philosophical background
 - b) Its construction
 - c) Its limitations
 - d) Its adaptability
3. Intelligent use of resulting analysis

Art of physician in taking the case

- Subjective symp. + Objective symp. = Totality
- Recorded s/m -> Translated intelligently into rubrics
- Modalities (agg. & Amel.)- important to unlock the similimum
- Every symp. should be completed in itself [L S M C]
- ❖ Complete the incomplete symp. by THEORY OF ANALOGY

- Every symptom that refers to the part may be predicted to the whole man
- Boenninghausen also discovered that, condition of aggravation or amelioration are not confined to a particular symptom, but they are like the Red Thread In The Cordage Of The British Navy, are applicable to all symptoms of the case



- < & > form general characteristics

- So he raised them (i.e. Particulars) to the level of Generals
- So termed as **DOCTRINE OF GRAND GENERALISATION**
- It is the patient who is sick, not his head, nor his eyes nor his heart.
- Every symptom that refers to a part may be predicated of the whole man
- Scattered s/m in different parts of a patient must be found and brought together in harmonious relation to a **typical form / Complete form =>** that will give the **TOTALITY.**

- Criticized by Hering

- Too broad application of principles of concomitants

- Boenninghausen said

- “ A WAY INTO THE WIDE FIELD OF COMBINATIONS”

- Serve as an index to the similar remedies & trained mind of physician can find among these remedies the most similar

- The totality is to the disease, what the man is to the ego
 - Complete picture of disease (LSMC) will give the Individuality & Personality
 - COMPLETE S/m - \$ 86
- Classification of symptom
 - PRIMARY - PARTICULAR
 - SECONDARY - CONCOMITANT
 - TYPICAL - DISEASE S/m
 - ATYPICAL - CONCOMITANT

- Symptoms appear in greatly varying conditions in proving and in sickness
- The symptoms of the remedy must correspond perfectly to the symptoms of the disease
- It is the business of the physician accurately to observe, faithfully record & scientifically clarify the phenomena of disease for the purpose of discovering and applying the curative remedy.

- Boenninghausen's Wish : All the world's physicians (homoeopaths) will understand each other and also prescribe with safety, one and the same remedy for identical morbid symptoms and not for the identical names of disease

- “ TRUTH RISES MORE CLEARLY FROM ERROR THAN FROM HALF-TRUTH”

- One who knows a little, it is often difficult to teach the full comprehension

- HISTORY & KNOWLEDGE OF REPERTORY

PHILOSOPHIC BACKGROUND

❖ Doctrine of ANALOGY AND DOCTRINE OF GRAND GENERALISATION

- raised local symptoms to a general level
- sickness as expression of the whole man

❖ Doctrine of CONCOMITANT

- Hahnemann's before, during, after s/m
- crucial in individualizing patient
- Attendant circumstance/ Unreasonable Attendants

- The CONCOMITANT s/m is to Totality what the condition of AGGRAVATION & AMELIORATION is to the single s/m
- DIFFERENTIATING FACTOR

❖ EVALUATION of Remedies - 5

OLD EDITIONS

Spaced italics

Puls

Simple italics

Puls

Spaced Roman

Puls

Simple Roman

Puls

Simple Roman in
parenthesis

(Puls)

ALLEN'S EDITION

CAPITAL

Bold

Italics

Roman

(Roman) - doubtful
remedies.

- **CAPITAL** – 5 marks
 - Proved, Reproved, Clinically verified
- **Bold** – 4 marks
 - Proved (less than the 1st grade), Reproved (Confirmed) occasionally verified
- *Italics* – 3 marks
 - Now and then a prover brings out symptom, Not confirmed, But verified Clinically
- **Roman** – 2 marks
 - Only clinically verified
- **(Roman)** – 1 mark
 - Not confirmed , Not verified, But proved.
 - doubtful remedies.

❖ CONCORDANCES

H A Robert ` s writes “To the majority of homoeopathic physicians the last chapter in the TPB –relationships has been a complete mystery. Even though the physician has a fair knowledge of the general use of the book, this section was practically useless to him, except for occasional reference at the bedside.”

- **RELATIONSHIP OF REMEDIES** means the similarity or dissimilarity between the remedies. Similarity can occur at general level or local / specific level.
- **JOSLIN** has illustrated the concentric circles of similarity.
 - Nearer the centre - Smaller the circle - Higher the ratio of similarity. As the circles widens the complementary qualities of the remedies lessens until their similarity to the similimum is very slight.

2. AGARICUS MUSCARIUS.

I. Ant-crud. BELL. bry. cann. hyosc. lach. n-vom. OP.
PHOSPH. STRAM. veratr.

II. Alum. aur. BELL. bry. CALC. canth. carb-veg. caust.
CHIN. con. hep. ignat. kali. inang. MERC. mezer. natr-mur.
PHOSPH. PH-AC. PULS. RHUS. sabin. sassap. SEP. sil. spig. ~~spong.~~
staph. stram. sulph. zinc.

III. 1. Acon. ars. bar. BELL. bry. CALC. canth. caust.
cham. chin. cocc. con. cupr. hyosc. ignat. kali. lyc. merc. natr-
mur. n-vom. phosph. ph-ac. puls. sep. sil. stann. sulph. zinc.

III. 2. Vacat.

III. 3. Amm-mur. bell. caust. cocc. hep. merc. phosph.
puls. ruta.

III. 4. Ant-crud. bry. CALC. chin. lach. led. lyc. magn. merc.
natr-mur. nitr-ac. petr. phosph. ph-ac. puls. RHUS. selen. sep. sil.
sulph. veratr.

IV. Acon. anac. ant-crud. cycl. lach. n-vom. phosph.
sulph.

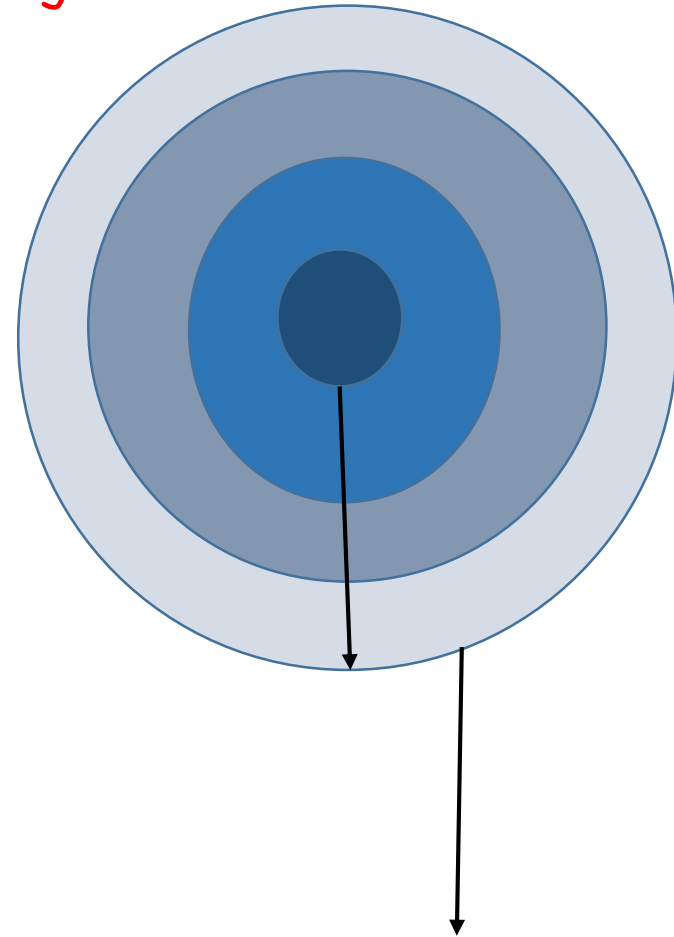
V. Bell. bry. CHIN. graph. hep. lach. merc. NATR-MUR. rhus.
samb. selen. sep. STRAM. sulph.

VI. 1. Chel. nitr. n-vom.

VI. 2. Ars. bar. bov. calc. cann. caps. carb-veg. chel. chin.
con. kali. LACH. lyc. natr. n-mosch. n-vom. PULS. ran-bulb.
rhodod. RHUS. ruta. SELEN. sep. SIL. spig. stram. VALER. zinc.

VII. Ant-crud. ars. BELL. bry. CALC. carb-veg. caust. CHIN.
cocc. con. hep. ignat. kali. LACH. lyc. MERC. natr-mur. n-vom. op.
PHOSPH. ph-ac. PULS. RHUS. selen. SEP. SIL. stram. sulph. valer.
zinc.

Nearer the centre -> Higher the
similarity -> Higher the
Complementary character -> Most
Similimum



- Concept of totality as a **GRAND SYMPTOM**
 - S/M of patient with LSM
- **LEADING S/M – WARP OF THE FABRIC**
 - Clear pathological foundation
 - Most prominent, clearly recognisable
 - First attract the attention of pt/ physician
 - Represent the seat & nature of morbid process
 - Not for INDIVIDUALIZATION

Classification of S/m according to Boenninghausen

- Primary symptoms: disease s/m
- Secondary symptoms : Concomitant
- Typical symptom : disease s/m
- Atypical symptoms : concomitant

THE HEXAMETER

- "A Contribution to the Judgement Concerning the Characteristic Value of Symptoms," The Lesser Writings of C.M.F. Bönninghausen
 - He came across some verses in the form of a hexameter dating to the beginning of the twelfth century attributable to theological scholastics
 - It was used by the monks to judge "a moral disease."
 - Bönninghausen's idea was that it contained "all the essential momenta which are required in the list of the complete image of a disease."

- The verse is: “
- *Quis? Quid? Ubi? Quibus auxiliis? Cur? Quomodo? Quando?”*
- These seven are translated:
- *“Who? What? Where? What else? Why? What modifies? When?”*

Totality of Symptoms

- ❖ **QUIS** – Personality, the individuality
- ❖ **QUID** – Disease, its nature and peculiarity
- ❖ **UBI** – Seat of the disease
- ❖ **QUIBUS AUXILIS** – Auxillary/ Accompanying symptoms
- ❖ **CUR** – Cause of disease
- ❖ **QUOMODO** – Modification, agg. and amel
- ❖ **QUANDO** – Time

- In 1853 – Testimony given by Samuel Hahnemann –
“Bönninghausen of Münster has studied and grasped my homeopathic system of treatment so thoroughly that as a homeopath he deserves to be fully trusted, and if I should be ill myself and unable to help myself I would not entrust myself to any other physician.”

Kent's repertory

- THROAT INTERNAL - INFLAMMATION – Tonsils
 - cold weather, every spell of: (2) *Dulc. hep.*

TPB

- Throat Internal – Tonsils
- S & C Glands – Inflammation
- Aggravation – Wet weather

	merc.	bell.	lach.	lyc.	phos.	puls.	sulph.	nit-ac.	nux-v.	staph.	calc.	canth.	cham.	hep.	ba'
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
11	9	8	8	8	8	8	7	7	7	6	6	6	6	5	

3. Clipboard 3 x

- ▶ 1. MOUTH - Throat (and gullet) - tonsils - affected (21) 1
- ▶ 2. Sensations and complaints - Glands - inflammation (41) 1
- ▶ 3. Change of general state - Aggravation - weather - wet weat... (54) 1

4	4	4	3	3	3	2	3	3	3	1	3	3	3	1
4	4	1	2	4	3	3	2	3	2	1	2	2	2	3
3	1	3	3	1	2	3	2	1	2	4	1	1	1	1

- Idea was symptoms could be **taken apart, separated into categories, and then reconstituted** to form new symptoms.
- A sensation or modality, he found, affects not only a single part of the body, but any part in the same way.
- So one proving symptom could easily be broken into three or four parts and catalogued in three or four different sections of the repertory
- Kent tried to present fairly complete symptoms catalogued under various parts of the body. Kent tied the complaint to the location plus a circumstance

- A 55 year old man with inflammation of the scrotum, inguinal areas and part of the upper medial thighs. These areas were bright red and "burned." Occasionally there was "uncontrollable itching." The lesion worsened during sweating and was considerably better with air circulating or loose clothing

- Sexual organs - Male genitalia - Sepia 3
- Aggr - Wet, with sweat - Sepia 3
- Aggr - pressure of, clothes agg. - Sepia 3

	sep.	calc.	nux-v.	lyc.	rhus-t.	arn.	caps
1	2	3	4	5	6	7	
3	3	2	2	2	2	2	
9	8	8	7	7	5	5	

4. Clipboard 4

- ▶ 1. Parts of the body and organs - Sexual organs - Male sexual organs - general; in (118) 1
- ▶ 2. Change of general state - Aggravation - wet; from getting (soaking) - perspirati... (5) 1
- ▶ 3. Change of general state - Aggravation - pressure - clothes; from pressure of (22) 1

3	2	4	3	3	4	2	
3	2			4			
3	4	4	4		1	3	

“LoCoMoCo”

- A complete symptom then has four aspects:
 - *Location*: the part of the body affected.
 - *Complaint: (Sensation/Description)*: how the problem feels subjectively and/or looks objectively.
 - *Modalities*: what makes the complaint better or worse.
 - *Concomitants*: associated complaints, e.g., with the menses there is headache and dizziness.