Rediscovering the Relevance of Boenninghausen and Boger's Concepts – Part I

Munjal Thakar, India

Boenninghausen's work is nearly forgotten from the collective psyche of modern day homeopaths. This is largely due to *Kent*'s influence on present day practice in terms of the great importance he gave to the mental state of the person and also his criticism on the process of Generalization. This essay is an attempt to revive Boenninghausen's central philosophy and its practical application exactly as was done by the Master himself. I believe that an unbiased restudy of this area will take us to greater depths of the science.

Life Sketch

Baron Clemens Maria Franz von Boenninghausen was born in 1785 in The Netherlands. He had a doctorate in civil and criminal law. During his tenure in the Dutch civil services he developed the state agriculturally. This got him interested in the studies of agriculture and allied sciences especially Botany. He was the Director of the botanical garden at Munster. His expertise in botany lead the most prominent European botanists – *C. Sprengel (Syst. veg. III, p. 245*), and *Reichenbach (Übers des Gewächsreichs, p. 197*) – to name a genus of plants after him. The two genera were, viz: "*Boenninghausenia"* in the family *Rutaceae* and the *"Zannichellia major Boenninghausen*" in the family *Potamogetonaceae*. The highest honour endowed upon a Botanist! (Figs. 1 and 2)

The above-mentioned facts are more important than mere historical documentation. They implicitly speak about Boenninghausen's perspective of looking at various worldly phenomena. A lawyer, a civil servant and a scientist all are compelled to have a pragmatic phenomenological standpoint to comprehend various issues encountered. In the ongoing essay we shall see how these work profiles have influenced Boenninghausen's work in homeopathy.

Boenninghausen's literary contribution to homeopathy is as follows:

1. The Cure of Cholera and Its Preventatives (according to *Hahnemann*'s latest communication to the author). 1831.
2. Repertory of the Antipsoric Medicines, with a Preface by Hahnemann. 1832.
3. Summary View of the Chief Sphere of Operation of the Anti-psoric Remedies and of Their Characteristic Peculiarities, as an Appendix to Their Repertory. 1833.
4. An Attempt at a Homoeopathic Therapy of Intermittent Fever. 1833.
5. Contributions to a Knowledge of the Peculiarities of Homoeopathic Remedies. 1833.
6. Homoeopathic Diet and a Complete Image of a Disease. (For the nonprofessional public.). 1833.
7. Homoeopathy, a Manual for the Non-Medical Public. 1834.
8. Repertory of the Medicines Which Are Not Antipsoric. 1835.
9. Attempt at Showing the Relative Kinship of Homoeopathic Medicines. 1836.
10. Therapeutic Manual for Homoeopathic Physicians, for Use at the Sickbed and in the Study of the Materia Medica Pura. 1846.
11. Brief Instructions for Non-Physicians as to the Prevention and Cure of Cholera. 1849.
12. The Two Sides of the Human Body and Relationships. Homoeopathic Studies. 1853.
13. The Hom. Domestic Physician in Brief Therapeutic Diagnoses. An Attempt. 1853.
14. The Homoeopathic Treatment of Whooping Cough in Its Various Forms. 1860.
15. The Aphorisms of Hippocrates, with Notes by a Homoeopath. 1863.
16. Attempt at a Homoeopathic Therapy of Intermittent and Other Fevers, Especially for Would-be Homoeopaths. Second augmented and revised edition. Part I. The Pyrexy. 1864.

Boenninghausen's Concept of Disease

Aphorism 153, the understanding of what is the **"most striking, particular, unusual, peculiar"** symptom is left to the physician to judge. Thereby leaving a rather ill defined, ambiguous area upon which all the prescriptions would be based. Driven by this ambiguity Boenninghausen began his search through all homeopathic literature and medical literature at that time and yet failed to find a clear practical definition of the same. He then found a solution to this question from theology. In theology when a moral disease is to be judged as to its peculiarity and grievousness the following questions are asked viz[1]:

- Quiz? (Who?)
- Quid? (What?)
- Ubi? (Where?)
- Qubilis Auxillis? (Accompanying factors?)
- Cur? (Why?)

[1] p. 111, *The Lesser Writings of Boenninghausen*, B. Jain Publishers, reprint 1991

SUMMARY

This article discusses a retrospective analysis of some of the actual cases from *Boenninghausen*'s practice. Cases were solved to see a pattern in which he did the case taking, erected a portrait and ultimately arrived at a remedy. This brings a real-time insight into the concepts and the thought process of this great mind. The literature reading was done only after the analysis from the cases was concluded; therefore it was more with an intention to confirm the findings of the author. Besides, this approach made up for the gaps, if any, between the practiced and the written.

KEYWORDS **Boenninghausen, Characteristics, Portrait, Concomitants, Complete symptom, Generalization, Form-pattern**

Fig. 1 Boenninghausenia.

Fig. 2 Zannichellia major Boenninghausen.

- Quomondo? (What factors influence it?)
- Quando? (When?)

These seven questions were originally used to investigate a crime that had taken place. This same model is used to do reporting of any event/happening by the media. Boenninghausen interestingly uses the same model to investigate the disease phenomenon. He says – "The seven questions designated in its maxim contain all the essential momenta which I required in the list of complete image of a disease."

The fact that Boenninghausen could draw analogy between parameters to examine and judge crime to the examination and evaluation of disease depicts his ability to observe universal patterns across varied disciplines. Further it also reflects a need in him to base his working on proven universal truth. Such a solution to a problem requires a well-developed synthetic as well as an analytical faculty of the mind. It is here at the very onset that one can observe the influence of his above-mentioned distinguished career profiles on homeopathy.

Keeping this framework at the very center we will observe how his literary work and clinical work are synchronous with this concept.

The answer to the above-mentioned heptameters (i.e., seven questions) brings the portrait of a patient's illness as well as the remedy into sharp focus.

The Portrait and Totality of a Case

Boeninghausen says – "When the symptoms of the case have been gathered and the totality has been found we have all that can be known of the disease. It exists then in a form to which other different general names have been applied. The symptom picture, the case, the individuality of case…

…The totality in homeopathic practice is the true diagnosis of the disease and at the same time the diagnosis of the remedy. The totality eliminates all the theoretical elements and speculations of traditional medicines and deals only with the actually manifested facts. These facts it assembles, not according to some arbitrary or imaginary form but according to natural order."

Practical Guidelines Given by Boenninghausen to Create the Portrait

Who (Quiz)?

The personality, individuality of the patient must stand at the image of the head of the disease for the natural disposition rests on it.

"This includes ***bodily constitution and temperament*** – both if possible *separated according to his sick and his well days, i.e., in so far as an appreciable difference has appeared in them.*

In all these peculiarities whatever differs little or not at all from the usual natural state needs little attention but everything that dif-

fers in a striking or a rare way deserves a proportionate notice.

The greatest and most important variations are here found mostly in states of the mind and spirit which *must be scanned all the more carefully, if they are not only sharply distinct, but also of rare occurrence and therefore correspond to only few remedies.* In all such cases we have all the more cause to fathom the states with all possible exactness, as in them frequently the bodily ailments recede to the background and for this very reason offer but a few points for our grasp. So that we may be able to make a sure selection among the remedies which compete." (Italics mine).

"As every man presents an individual nature different from every other one and as every medicine must be exactly adapted to this individuality in agreement with the symptom which it is able to produce in the total man. Thus a great number of medicines are thrust aside just because they do not correspond to the personality of the patient."[2]

The above quotation hopefully will put to rest any and all the doubts in the mind of the readers regarding the importance of mental disposition/symptom from Boenninghausen's viewpoint.

Quid? (What?)

The Master says, "The diagnosis as we know offers little help to the homeopath to make a selection of a remedy. It may though not always serve to exclude all those remedies from the competition which do not correspond with the common genus of the disease." (Italics mine).

This certainly implies that though the individualizing features of the illness are of supreme importance to select the similimum, it is best to find a remedy that would also cover the remedy that covers even the common symptoms of the disease. *Boger* discusses this point even more vividly, which we will see in Part II of this article.

Ubi? (Where?)

The seat of a disease frequently furnishes a characteristic symptom since almost every medicine acts fairly pointedly on certain specific parts/organs/systems of the organism. The exact individualization, the seat of a disease, is most important in every case but especially so in local ailments. In this respect Boenninghausen draws our attention to the limitation faced by Hahnemann in more accurately defining the sphere of action than what is so far done. He urges the newer generation to take up this important aspect in completing the records of the newer proving.

The importance of this concept is seen to be translated in his repertory- (*Therapeutic Pocket Book*) and cases.

In the *Therapeutic Pocket Book* the chapter belonging to a particular part begins with the detailed enlisting of the various locations.

Example:

CHAPTER: INTERNAL HEAD

RUBRICS:

- **Internal Head**: *Abrot*, ACON, *Aconin* … etc.
- **Forehead:** ACON, Aconin, Aesc, … etc.
- Temples: *Abrot, Acon, Aconin*, Agn, … etc.

CHAPTER: EYES

RUBRICS:

- **Aqueous Humour**: *Colch*, **Crotal**, *Merc, Pb*
- **Choroid: Ars**, Gel, Merc, Pso.
- Optic Nerve: Bell, Carb.sul, *Dig*, Lach, … etc.
- **Vitreous Humour**: Carb.sul, Gel, Pru, Seneg.

From the above examples, it will be amply clear that the seat of action of the remedy is given importance to the level of studying it minutely. This would imply that in a disease condition the seat of the disease also needs to be studied minutely without any degree of casualness.

This detailing of the seat of action was a pioneering work of Boenninghausen, which was further carried on by Boger in all his literary work, both the materia medica and the repertory. Kent's work makes no such detailed study, which I believe could be an important lacuna.

Qubilis auxillis? (Accompanying circumstances)?

This question investigates the accompanying phenomena that occur alongside the main pathogenic symptoms of the illness. This therefore is the famous concept of **CONCOMITANTS.** Thus, concomitants can be said to be an "existing together". If symptom groups occur together, i.e. coexist or if they appear sometime in relation to the chief symptoms then these could be considered as Concomitants.

The Concomitants do not share a common pathogenic process with the Chief symptoms and belong to a different sphere, e.g. appearance of skin symptoms and joint symptoms in a patient with SLE would not amount to these being called as Concomitant because it is the same pathogenic process that connects both these symptom groups in spite of them being in different spheres.

Consider another example of "Fainting with abdominal pain." In this situation "Fainting" and abdominal pain are concomitant to each other, as they coexist. The cause of fainting with pain can be explained through physiological mechanisms yet can be called Concomitants.

To summarize, it is important that two/more symptom groups occurring in different spheres must not be related through a common pathogenic mechanism; they may or may not be explained through physiological mechanisms but must occur in a time relation of each other to be called Concomitants.

Cur? (Why?)

This question refers to various causative factors behind the occurrence of an illness. These are:

1. The natural disposition of the patient is the most important causative factor. It was discussed in the point Quis. Here it becomes relevant to speak about this aspect again especially in a clinical setting in which a former disease or an earlier disease may have modified the original natural disposition.
2. Occasional cause the Miasm.
3. Iatrogenic diseases are poisonings.

Quomodo? (Influencing factors)

This question refers to the examination of the factors that influence the disease phenomenon, i.e., the modalities. Here he draws special attention to "Negative modality." He says these represent the most decisive point in individualizing the illness.

[2] p. 107, Characteristic value of symptoms, *The Lesser Writings of Boenninghausen*, B. Jain Publishers, reprint 1991

Quando? (When?)

The question refers to the *Time modality and periodicity* of the appearance and occurrence of the illness.

Complete Symptom

It is through this model that Boenninghausen says that it requires at least four factors namely *Location, Sensation, Modality and Concomitant* to complete a symptom.

He says that the totality is not only the sum total of symptoms but in itself **"one grand symptom"** of the patient. This Grand Symptom" consists of *Location, Sensation, Modality and Concomitants*. It represents the pattern of the illness of the individual as a whole and also of his individual organs.

The same concept can be safely extrapolated to study remedy portraits from the proving.

The following points are noteworthy:

1. In the year 1832, Boenninghausen wrote the repertory of anti-psoric medicines and in 1833 he wrote on the characteristic peculiarities of the remedy.
   In both of the above works the arrangements of the symptoms is according to anatomical locations which includes sensation and modalities limited to that particular location. The general sensations/concomitants and the modalities are discussed separately.
2. In the year 1846, he wrote the *Therapeutic Pocket Book* in which the modalities and the sensations are grouped as distinct chapters and excluded from the particular location. This implies that the sensations and modalities listed in those chapters run through the remedy and are valid for each and every individual anatomical location. This change in Boenninghausen's literary work reflects the change of his mindset.

In the preface to the *Therapeutic Pocket Book*, Boenninghausen discusses the concept of a **"Complete Symptom"**.

To him this Complete Symptom consisted of four pieces as mentioned above. This *complete symptom* according to Boenninghausen depicted the *form-pattern of the patient's illness.* This pattern of a patient's illness can equate to a song or a melody. Each component of this complete symptom is like a single isolated musical note. Each individual note (component) is essential in creating a complete "melody." Not only their presence is essential but the way in which they come together determines the individuality of the melody. It is to this "song" of the individual's disease Boenninghausen gives the name "Grand Symptom of the Patient." Even when he uses the word "symptom" here, he implies portrait.

Further, in practical reality there are hurdles in obtaining this Grand Symptom. To overcome this hurdle Boenninghausen took fragments of incomplete symptoms expressed in different anatomical regions and puts them together to complete the symptom. This would be like picking the musical notes partly played by different musicians in a large symphony, integrating them to form the whole song. This song/melody is the **form-pattern** of the individual sickness.

This process was criticized by *Hering*, Kent and many others, accusing Boenninghausen of too broad of an application of analogy (i.e., overgeneralization). On prima facie, the criticism seems valid but a deeper look at the issue reveals the opposite. The application of analogy appears flawed if one looks at the process from the point of discrete fragmentary symptoms, but if one were to look at this process from the point of looking for a pattern then it appears very logical. Pattern of individual disease remains constant whether it is expressed through the limb or the stomach! *The limb and the stomach in an individual will not express the same symptoms but certainly will express the same individual pattern of illness.* This is similar to saying that in a symphony of music, a violin and a tabla can bring out the same essential piece of music, but their individual notes will be different from each other due their basic structural and functional differences!

It is the unique ability of Boenninghausen's mind to balance between ideal truths and pragmatic difficulties.

Let us now examine this point from a purely practical point of view.

Take an example:

It can be observed that the use of analogy, i.e., generalization:

- Casts a wider net to fish out the similimum in the case.
- It expands through extrapolation the current knowledge of the remedies. This further validates the method.

Original Cases of Boenninghausen

Case 1 – Mr. M.

- Cold while travelling.
- Since 3–4 wks: Hollow dry cough + hoarseness + toughness in larynx < night.
- Chest: constriction. Stitches (left) < lying on it.
- Concomitant: Internal heat without thirst. Exhausting perspiration.
  - Great drowsiness + restless sleep. Wakes up frequently.
  - Face: Pale collapse + circumscribed redness of cheeks.
  - Pressure in stomach < eating < milk; with vomiting. Vomit of ingesta (gall.
  - Augmented watery urine.
  - Mentals: Striking timidity. Internal anxiety prevents him to fall to sleep again.
  - Extraordinary emaciation. Prefers warmth. ++
- Modalities: > Moderate motion.
- Past history: Never been unwell.
- Drug history: Unknown.

Remedy: *Phosphorus*
Response: no improvement
Action: retook case

- Symptoms noted in retake of case: Dry burning heat < while sleeping; which on waking – profuse perspiration which continued uninterrupted while he was awake, until falling asleep. On falling asleep – dry heat reappears.

Remedy: *Sambucus*
Result: patient cured

Discussion

1. As can be observed the case taking is very minute and detailed.
2. The case is considered from the onset of the last illness, i.e., present illness. Nevertheless the past history is also investigated before making a complete portrait of the case.
3. Only those mental symptoms/state are considered which have appeared *since the onset* of the illness. This is very unlike the way we record mental symptoms/state today.
4. The case taking includes the past history and the history of the drugs consumed by the patient.
5. Note the effort to reinvestigate the symptomatology in case of a failure.

Case 2: Toothache

- Throbbing toothache. Pulsating, digging through right jaw < evening; < rest.
- Concomitant:
  - Involuntary weeping.

Remedy: *Pulsatilla*
Follow-up: No response
Action: Reconsider case

- New symptoms on reevaluation: Boenninghausen at this juncture says, "I asked for the accompanying symptoms."
  - Throbbing followed by clammy numbness.
  - Menses early and profuse.
  - Pride, conceited and contempt of all about her. Never before seen.

Remedy: *Platina*
Response: Cured toothache, menses and mental state

Discussion

1. This case further clarifies Boenninghausen's viewpoint as regards to the mental symptoms/state/disposition. In this case the change in the disposition since the illness was considered at the highest level to select the remedy. In fact, when he failed to consider this changed disposition his prescription failed.
2. Let us examine the phrase "accompanying symptoms" – these were as follows:
   a) The changed mental state.
   b) The change in the menstrual pattern.

Now we can clearly see that Boenninghausen not only considered the latest expressions of the sickness (i.e., the presenting complaint) but he takes into consideration those expressions of illness since the patient has lost his health. This implies that the true and complete portrait encompasses the present as well as the past expressions of sickness. These expressions may have been given a variety of nosological names at different times in the life of the patient, but for the homeopath the complete portrait of sickness includes all these expressions regardless of their names. It is as if an archeologist discovers small parts of the total hidden structure at varying time periods. To see the whole he has to integrate these seemingly separate parts. Boger brings out this point more succinctly (see article Part II).

Case 3: Mr. E. M.

- M/50 yr. Blooming, florid complexion.
- Usually cheerful, but during his more violent paroxysms inclined to outbreaks of anger with decided nervous excitement.
- Since a few months: Violent pain in the right leg after previous allopathic drugs for rheumatic pain in right orbit.
- Pain right leg: muscles of posterior part of leg, esp. calf down to heel. Pain: extremely acute, cramping, jerking, tearing, frequently interrupted by stitches extending from within outwards. Dull burrowing, bruised.
- While walking: Pain jumped from right leg to the left arm, if he kept his hand in the breast pocket/coat pocket, i.e., kept the arm still. > Moving the arm: Pain jumped back to the right leg.
- > Morning, > walking down the room, > rubbing the affected part.
- < Evening, < during rest, esp. after previous motion, < sitting & standing, esp. if during walking in open air.
- Concomitants:
  - Sleeplessness before midnight.
  - Sudden flushes of heat with thirst without previous chill < evening.
  - Disagreeable fatty taste in the mouth with nausea in throat.
  - Constant pressing pain: lower part of chest and pit of stomach – as if something were forcing itself outwards.

Remedy: *Valeriana*

Discussion

1. The usual state of mind and the changed state of mind is noted.
2. The precipitating cause, i.e., the history of suppression by allopathic drugs, is noted. In most cases Boenninghausen has attempted to ask for drug history and wherever relevant is considered into the disease portrait.

References

[1] von Boenninghausen CMF. Lesser Writings. Reprint. New Delhi: B. Jain Publishers Pvt Ltd; 1991
[2] von Boenninghausen CMF. Therapeutic Pocket Book. Translated by T. F. Allen. Reprint. New Delhi: B. Jain Publishers Pvt Ltd; 1993

Dr. Munjal Thakar, M. D. (Hom)
413, Sunrise Mall, Above Gwalia Sweets
Vastrapur, Ahmedabad-15
India
E-mail: munjalthakar@gmail.com