**Case Solved using The Bonninghausen Repertory (TBR2.1 computer program)**

It has been twenty two years since *Hahnemann Institute Sydney* published the first edition of *The* *Bönninghausen Repertory (TBR)[[1]](#endnote-1)*, a corrected and re-arranged version of Bönninghausen’s succinct repertorial masterwork, *Therapeutic Pocketbook*. This work continues to be the most accurate representation of our original provings available; the reliability of its therapeutic indications being unsurpassed. Here at HISydney we are still using this repertory almost exclusively.

Next to reliability, TBR’s most appealing feature is its simplicity, making it ideal even for new practitioners just starting out. Whereas, other repertorial systems aim to become more comprehensive and inclusive (to the detriment of their accuracy), the TBR2 (our 2nd edition)[[2]](#endnote-2) will always remain a consistent representation of *Bönninghausen*’s original intention and his own clinical experience. Although the number of rubrics are limited, each entry is pregnant with meaning and can be completely trusted for its accuracy.[[3]](#endnote-3) As result this requires the practitioner to carefully consider what it is that is truly important (characteristic) in each case before selecting symptoms to repertorise. The expression garbage in, garbage out is easily applicable to shoddy repertorisation. Entering twenty or thirty rubrics into TBR2 is unlikely to result in an accurate prescription, whereas half a dozen carefully chosen rubrics are frequently the key to finding the very remedy the patient is most needing.

To be successful in applying TBR as a stand alone reference tool, it is essential to fully comprehend and become familiar with the rubrics. We need to remember that the rubrics *Bönninghausen* chose to include were those which he believed best represent the most characteristic indications of our Materia Medica. These rubrics serve as the link back to our provings. The explanatory endnotes in TBR2 are helpful in tracing the materia medica source of the rubric, thereby understanding its exact meaning and allowing the practitioner to more easily select those which best represent the key symptoms of the case.

As a reminder of the simplicity and uncomplicated nature of this method case analysis I give below some cases solved using the TBR2, and verified with direct reference to our source Materia Medica.

**Case 1 – Reoccuring attacks of acute severe abdominal pain**

14th June 2018

AR, Male, aged 43 years, financial analyst, working in IT.

Since 2013 re-occurring episodes of acute abdominal pain (IBS). Attacks initially occuring once a year, then twice a year, increasing until the present with an attack occurring every 2-3 weeks. While describing his attacks AR appeared greatly agitated and distressed.

Typically, attacks occured in the evening, one hour after eating and began with sudden, acute pain, seemingly due to trapped wind around navel area. Intense sharp pain in waves, accompanied by much bloating. During episodes the patient was unable to sleep, sweating profusely and would be compelled to move continuously, even rolling around on the floor. Burping, belching or passing wind temporarily relieved. Episode lasted approximately eight hours, until early morning, when he would pass dark brown, watery, loose stool which relieved. As a habit he would avoid certain foods eg. legumes, cauliflower, also chilli and spices as they seemed to make an attack more likely.

Asked more about himself AR mentioned having separated from his wife recently, lots of tension and arguments, sadness regarding the situation, now seeing his daughter on the weekends only. Avoiding company, tending not to socialise, staying home alone when not at work. Stopped going to the gym. So between the gastric distress and his marriage situation his whole life had virtually come to a standstill.

History - Weeping excema on arms, back of hands and tops of feet, aggravated wearing cheap untreated leather products. Asthma and hayfever as a teenager.

The accuracy of any repertorisation is dependent on the care taken in the selection of rubrics. Too many rubrics will bring up too many medicines while poorly selected rubrics will lead you astray. The art of repertorisation is in selecting the key rubrics, the ones which best define the characteristic features of the case.

We are reminded of Hahnemann’s frequently quoted aphorism 153[[4]](#endnote-4)

*…in order to find among those an artificial morbific agent corresponding by similarity to the disease to be cured, the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view;*

Much has been made of Hahnemann’s choice of the word *peculiar* in this aphorism. By placing the word *characteristic* in brackets Hahnemann makes it clear that the meaning of peculiar in this context is *unique, individual, typifying* and not *strange or queer* as some have suggested. In the footnote to this aphorism (see below), Hahnemann states that the symptoms selected by Bönninghausen for his repertorial work were indeed those he considered to be *characteristic*. ***[[5]](#endnote-5)***

###### *Dr von Bönninghausen, by the publication of the characteristic symptoms of homœopathic medicines and his repertory has rendered a great service to Homœopathy.*

Bönninghausen left us a clearly defined model to follow in each and every case, based on the instructions laid out by Hahnemann in his Organon.

The following rubrics cover the presenting complaint, qualified by modaltities and also included the concomitant excema, from the patient’s history.



Rx: Lyc 30, 1/day.[[6]](#endnote-6)

On examining our *Materia Medica Hahnemannica[[7]](#endnote-7)* we find plenty of evidence supporting the choice of *Lycopodium,*. including the following symptoms:

1 Hypochondriacal, tormented mood [Hypochondrische, quälende Stimmung]; he feels unhappy (the first two days). [H]

2 Exceeding melancholy [Höchst melancholisch], dejected, joyless. [H]

3 Sad, hypochondriac (peevish) mood [Traurig hypochondrische (ärgerliche) Stimmung]. [H]

4 Depressed mood [Gedrücktes Gemüth] (aft. 17d). [H]

6 Seeks for solitude. [H]

7*Dread* *of* *people* [Leute-Scheu] (1st d). [H]

16 Extremely sad and disheartened. [H]

670 Distension of the abdomen, toward evening, and incarcerated flatus. [H]

677 Cramps in the abdomen which is very much distended. [H]

678 Cramps in the abdomen. [H]

679 Spasmodic contraction in the abdomen. [H]

681 Griping and pinching about the navel, at once in the morning, in bed. [H]

682 Pinching in the abdomen, relieved by emission of flatus (aft. 4h). [H]

684 Cutting pain in the abdomen, before the stool (aft. 17d). [H]

685 Cutting colic, at night, in short paroxysms. [H]

689 Much flatus seems to excite tension and clucking, now here, now there, in the abdomen, the hypochondria, and even in the back, the costal region and the chest; relieved by empty eructation. [H]

721 Severe colic, in the evening, like incarceration of flatus, then rumbling in the abdomen, and discharge of flatus (aft. 10d). [H]

722 Much motion of flatus, toward evening, and some pain in the abdomen thence, with a subdued discharge of odourless flatus, while the abdomen is distended. [Gff]

1550 Nightly cramp of the abdominal muscles; they are quite hard and painful, so as to cause him to scream. [H]

30th June 2018

AR had experienced two mild attacks and one bad attack which woke him at 4 am and was unable to sleep again. Volunteered that his libido had improved (though he hadn’t mentioned a problem previously) and stools were better formed since last 3 days (less powdery).

Rx: Lyc 30, 1/day

28th July 2018

No pain though has been eating a wide range of foods. Wind passing easily.

Feeling of constipation lately ,stools hard and dry, drinking 2-3 litres water/day.

Sleepy and tired afternoons. Yawning a lot and feeling exhausted 3-5 pm daily.

Vertigo on straightening after bending down or squatting.

Rx.: Lyc 30 1 x day

25th August 2018

No bad attacks but feels he needs to avoid large meals and meat. Some rumbling and constipation. I decided on a change of potency as progress slightly stagnating.

Rx: Lyc 200 /day

29th September 2018

No painful episodes even though he had been eating takeaway. Much less lethargy and tiredness. Constipation occassionally only, vertigo on rising only slight.

12th January 2019

All had been going well until a bad attack the week before. Very stressed presently as his wife is preventing him seeing his daughter. Also, had been looking for a new job after being laid off. Presented with an acute gastic fever, feeling sleepy and weak.

Rx: Nux-v 30 for acute, then Lyc 200 to continue.

22nd August 2019

Mild attack after eating a meal of scrambled eggs and veggies. Woke 1am, 5 hours after meal (much later than usual). Passed stool at 6 am which ameliorated.

Rx: Stop and wait

4th Sepetember 2019

Gastric pain only occassional and now comes 8-12 hours after eating, pain is now centred lower in hypogastrium and much less severe than previously. Constipation stool is hard and dry.

Rx: Lyc 200 2/week

23rd October 2019

Has been doing well on the whole, taking a dose of Lycopodium occassionally only. Ongoing issues with ex-wife regarding visitation rights with daughter but doesn’t voluntarily wish to discuss it.

Mentioned for the first time that he has always suffered from attacks of hayfever/sneezing in the Spring especially when his body becomes cold. Aggravared cold air, wind chill, airconditioning, ameliorated for getting warm, always wears a hat in cool weather.

New symptom – Increased appetite, craving interesting foods, tasty foods. No amount of food satisfies, although now eating twice the usual amount. Feels cold and chilly if he doesn’t eat regularly.

Due to concern over the quantity of food he was consuming, AR decided to attempt a ‘water only’ fast. While on the fast, passed a stool which was loose/liquid and very dark ‘almost black’ which stained the toilet bowl. A week later on breaking the fast AR ate a bread stuffed with spiced veggies resulting in intense abdominal pain. He decided to induce vommiting to try to relieve his discomfort. This instead greatly aggravated the pain. He described feeling extremely anxious due to the intensity of the pain, even a sip of water making it unbearable. He admitted himself to hospital where he underwent many tests to no avail. They couldn’t find anything wrong.

I selected the following rubrics:



I prescribed Arsenicum 30, especially with consideration of the black stool, aggravation vomiting and on sipping water. Here are the confirming symptoms from *our MMH*

7 Piteous wailings, that a most violent constriction of the chest was taking away his breath, attended with an extremely disagreeable sensation in the abdomen; this compelled him to double up, rolling here and there, then again to rise up and walk about. [M44.5]

42 Her desires exceed her wants; she eats and drinks more than agrees with her; she walks farther than is necessary and is good for her. [H

407 Before eating, nausea, and after eating or drinking, distension or pressure and cutting in the abdomen. [H]

427 Nausea, with anguish. [A7]

449 Vomiting of brownish, dark matter, sometimes thick, sometimes thin, with violent efforts and increased stomach-ache, without subsequent relief. [K1]

517 Violent pains in the abdomen, with so great anguish that he had no rest anywhere, rolled about on the ground, and gave up all hope of living. [P29.3]

537 Twisting together of the intestines [Zusammen Drehen der Därme], and cutting in the belly, after previous rumbling there; then three diarrhœic stools. [H]

538 Contortion together of the intestines [Zusammen Drehen der Därme], with squeezing and rumbling in the abdomen, before and during the liquid stool. [Myr]

587 Black, acrid, putrid stools. [B15]

590. Bloody discharge with the stool, almost every moment, with vomiting and excessive colicky pains. [G34]

Follow-up

No attacks since beginning Ars. Digestion much better, bowels softer not dry, slightly reduced appetite, still doesn’t feel satisfied after eating bread or rice. Sleep more refreshing and not feeling tired in the afternoon as before. No hayfever this Spring whereas last year was bad.

Analysis - Homœopathy can be forgiving

The question has to be asked; would this patient have responded to Arsenicum from the beginning? Possibly, but we will never know for sure. In retrospect the Lycopodium failed to cover the intensity of the pain and the anguish the patient felt. Gladly, Homoeopathy is forgiving. The Lycopodium relieved sufficiently for him to continue treatment and finally the Arsenicum symptom picture became undeniable.

At times after taking a complicated new chronic case the practitioner can be left wondering where to begin. Fortunately, where it may be true there exists an ideal medicine at any point in time, the road to cure is not set in stone. When Homoeopathy is prescribed carefully, according to Hahnemann’s directions, it is very reassuring to realise that we really can’t go too wrong.

1. Dimitriadis, George, The Bönninghausen Repertory-therapeutic pocket book method [↑](#endnote-ref-1)
2. Dimitriadis, George*: The Bönninghausen Repertory – Therapeutic pocket book method,* Hahnemann Institute Sydney, 2nd ed., 2010 [TBR2] [↑](#endnote-ref-2)
3. Each and every entry, rubric and medicine, has been checked against original sources and the few mistakes found noted and corrected. [↑](#endnote-ref-3)
4. Hahnemann, Samuel, Organon of Medicine 6th ed., translated R.E. Dudgeon, Aph.153 [↑](#endnote-ref-4)
5. Ibid., Footnote [↑](#endnote-ref-5)
6. Unless otherwise stated medicine is prescribed 5 drops in ¼ cup of water, one teaspoon per dose. [↑](#endnote-ref-6)
7. Dimitriadis, George, Materia Medica Hahnemannica - A Compendium of Hahnemann’s Pharmacographic Record faithfully renewed with re-translations and corrections with reference to original sources. This ongoing work remains unpublished. [↑](#endnote-ref-7)