

International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 266-269
Received: 21-11-2024
Accepted: 25-12-2024

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Unlocking the potential of boenninghausen's therapeutic pocket book: A study in acute fever management

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DOI: https://doi.org/10.33545/26164485.2025.v9.i1.D.1364

Abstract
Acute fevers are widespread in clinical practice, requiring appropriate treatment options. Boenninghausen's Therapeutic Pocket Book (BTPB) is a well-known homoeopathic repertory, although its practical application in acute diseases remains unexplored. This study assesses the effectiveness of BTPB in treating acute fever episodes. A prospective interventional non-randomized study of 40 individuals with acute fevers was carried out over a 12-month period. Individualised homoeopathic treatments were chosen using BTPB. The results showed considerable clinical improvement in the majority of cases, confirming BTPB's practical value in efficiently controlling acute fever. This study emphasises the importance of repertorial analysis in acute case management and recommends additional research to broaden its application.

Keywords: Acute fever, boenninghausen's therapeutic pocket book (BTPB), repertory, homoeopathy, individualized treatment

Introduction

- Since the beginning of clinical medicine, fever has been a concern for doctors. In the last few decades, it has come under examination. More recent research indicates that fever is a complex physiological response involving the innate immune system and should not be defined as merely a temperature above this threshold. Conventional wisdom has generally determined that 37.0°C (98.6°F) should be considered normal body temperature[1].
- It has been a prominent aspect of sickness since ancient times. The central nervous system controls the febrile response via endocrine, neurological, immunological, and behavioural pathways.
- In addition to a regulated rise in body temperature, fever is often associated with altered immune responses, altered disease behaviours, and modifications in the metabolic and physiological composition of many body systems [2].
- Repertory is an index, a catalogue of symptoms of Materia Medica, neatly arranged in a practical form and also indicating the relative gradation of drugs, and it greatly facilitates for quick selection of the indicated remedy [3].
- C.M von Boenninghausen's Therapeutic Pocket Book (BTPB) is still considered a classic and well-known homoeopathic repertory. BTPB, which was originally created to simplify repertorization, offers a structured approach to analysing cases based on symptom totality, including location, sensation, modalities, and concomitants. Despite its long-standing importance, the use of BTPB in acute disorders, notably fevers, has received little attention in clinical studies.
- The therapeutic pocket book by Dr. Boenninghausen is the best work and a priceless gift to the homoeopathic community. It is clear from the Therapeutic Pocket Book's design and philosophy that the following kinds of cases can be repertorized using the book [4]:

- Cases with complete symptoms
- Cases with prominent sensations and modalities in some parts but vague in other parts.
- Cases with prominent concomitants

- Cases with paucity of symptoms with scattered modality and no characteristics
- Cases where generals are lacking
- It is also useful to get related remedies by working on the last chapter [4].

- Boenninghausen's therapeutic pocket book includes sections on all stages and conditions of fever, as well as related symptoms. This makes it a valuable tool for treating fever with homeopathy.
- While direct studies on fever cases treated exclusively using BTPB are limited, the general advantages of BTPB include its emphasis on complete symptoms (location, sensation, modality, and concomitants) and practical applications in cases with marked physical symptoms.
- Its goal is to show how this work can be applied to states that doctors encounter in their daily practice while maintaining a sound philosophical foundation [5] .
- For a homoeopath in order to reduce effectively a patient's fever in the quickest, safest, and gentlest manner possible, they need to have a complete understanding of both the pathophysiology of fevers and the pathogenesis of homoeopathic medications [6].
- This study aims to evaluate the effectiveness of Boenninghausen's therapeutic pocket book in treating acute fever cases, and to understand scope of Homoeopathy in acute fever cases.

Hahnemann's view about fever

- **Hahnemann says, in his Organon, § 236:** "Medicine is most effective when administered shortly after a paroxysm ends, as it allows the body to recover and the medicine to work without causing additional stress or danger. Administering it just before the next paroxysm can be harmful " [7, 8].
- **§ 237:** "If the feverless interval is very brief, as in some severe fevers, or if it is disturbed by the after-effects of the preceding paroxysm, the dose of homeopathic medicine should be administered when the perspiration diminishes, or when the subsequent stages of the paroxysm decline" [7, 8].
- **§ 238:** "One dose of the appropriate remedy may prevent several attacks, and may actually have restored health; nevertheless, we may perceive threatening indications of a new attack, and in this case only, the same medicine should be repeated, provided the complex of symptoms continues to be the same." The action of the remedy should not be tampered with if, following the demonstration of the appropriate cure, the subsequent paroxysm is earlier and more severe or later and milder than the prior one. Instead, wait for the subsequent paroxysm, which may be even milder or not return at all [7, 8].
- **§245:** When an acute or chronic disease shows noticeable and ongoing improvement, it is a condition that, for the duration of its duration, always suggests taking the same medication again because the beneficial effects are getting closer to their peak. In these conditions, using any new medication would impede the healing process, even if it was the last one that worked." For a long time, Hahnemann found this to be one of the most confusing practical issues. Those who have tried it are persuaded not just by the validity of Hahnemann's teachings but also by its greater effectiveness in real-world situations. One can never know until they give it a try [7, 8]

How to proceed in cases of fever

- The state of the sick and their suffering should always be the first thing to watch out for in any disease. Similar to this, in order to determine how a patient feels prior to, during, and following a paroxysm, it is necessary to identify both the typical symptoms of the illness and the specific symptoms that the patient is experiencing.
- Was there a stimulating element, like emotions or travel to a new place, which set off the immunological reaction that resulted in fever?
- Together with the patient's overall fever symptoms, all of these can fairly suggest a small number of remedies that can be compared to obtain the most similar case possible with the aid of materia medica and repertory.
- A doctor treating a patient with an intense fever should be quick to assess the patient's appearance, decubitus, and liveliness. He needs to note down the important details, such as:

1. Pattern of fever.
2. System involvement through physical examination.
3. Concomitants and modalities.
4. Patient's expressions, alertness, eye contact while talking, clinging to attendant, suspicious or trustful or submissive, whether disorganised or structured, wanting attention, or being irritated, shy, embarrassed or uncomfortable.
5. Vital parameters.

- The obstacles in a case are frequently revealed by a strong history. An underlying, long-lasting chronic illness may occasionally experience an acute exacerbation of fever. To clear the obstruction that might be impeding the cure in the event of a recurrence, an intercurrent remedy can be administered.
- It is important to consider the peculiar symptoms of the case when assessing the overall symptoms, as they play a significant role in the remedy selection process according to the homoeopathic principle of individualization.
- Goal of homoeopathic fever management is elevating the patient's vital force to combat the pyrogens causing fever. After that is finished, the fever and discomfort both disappear. As the vital force recovers there is no sign of lingering weakness following the fever.
- Therefore, mastering the identification of the clinical condition, the patient's state of illness, and the most similar reflection of his suffering in the materia medica of well-proven drugs is necessary for the successful application of "nature's law of cure" in such cases [6].

Materials and Methodology

1. **Source of data:** Jawaharlal Nehru Homeopathic Hospital OPD, Waghodia, Vadodara
2. **Study design:** Prospective Interventional Non-Randomized Single Blind Study.
3. **Medicines:** Homeopathic remedies will be administered based on the similarity of symptoms, following repertorization using Boenninghausen's Therapeutic Pocket Book and validation with materia medica.

4. **Case selection criteria**

- **Inclusion criteria**
- Cases will be selected from age group above 18 Years and Irrespective of any sex & socio-economical condition.
- Patients present with the complaint of rise in temperature since less than 7 days.
- Patients who are willing to continue the treatment and follow up according to protocol.
- **Exclusion criteria**
- Cases with advanced and irreversible pathological conditions.
- Cases which require Intensive Care Unit.
- Patient with irregular follow ups
- Acute Surgical emergencies. Immunocompromised patients.
- Pregnant women and lactating mothers.

5. Investigations: Investigations will be done as per the need of the individual case.
6. **Sample size:** 40 cases.
7. **Methodology**

- Case taking will be done in case format of acute febrile conditions.
- After proper analysis and evaluation of symptoms of the case, totality of symptoms will be formed. Repertorization will be done from Boenninghausen's therapeutic pocket book.
- The remedies will be used in various potencies as per the requirement.
- Follow up of each case will be taken as per requirement of the case.

8. **Response of the treatment**

- **Marked Improvement:** Sensation of well-being physically and mentally with disappearance of all the symptoms of acute fever for which patient approached, without recurrence within period of study.
- **Improvement:** Decrease in intensity and/or frequency of presenting complaints with feeling of well-being.
- **No Improvement:** No change in the presenting complaints.

9. **Statistical analysis:** Paired t-test is done using Microsoft Excel.

Results

The study was conducted to know the Efficacy of Boenninghausen's therapeutic pocket book in acute fever cases. Study was conducted among 40 patients. This study was confined to both male and females who were above 18 years of age.

Patients were selected based on the inclusion and exclusion criteria. Comprehensive case-taking was conducted using a structured case proforma. Following the diagnosis, symptoms were evaluated and analyzed. Repertorization was performed using the Boenninghausen's Therapeutic Pocket Book (BTPB), and the remedy was chosen based on the totality of symptoms. The selection of potency and repetition of the medicine adhered to the principles of homeopathy. Proper follow-ups were conducted for all cases, and results were assessed by scoring the severity and intensity of symptoms.

The study shows that out of a total of 40 cases, 22 (55%) are males, while 18 (45%) are females.

The dataset of 40 cases highlights the distribution across various age groups. The 24-28 age group accounts for the largest share with 12 cases (30%), followed by the 29-33 age group with 9 cases (22.5%) and the 39-43 age group with 8 cases (20%). The 19-23 age group includes 6 cases (15%), while the 34-38 age group has the least with 5 cases (12.5%). Notably, the 24-28 and 29-33 age groups together constitute over half (52.5%) of the total cases.

Out of the studied cases, Pyrexia of Unknown Origin (PUO) and Viral Fever each have 3 cases (7.5%); Acute Tonsillitis has 4 cases (10%); the most common diagnosis is Acute Nasopharyngitis with 6 cases (15%); Urinary Tract Infection (UTI), Acute Bronchitis, Influenza, and Gastroenteritis each have 4 cases (10% each); Malaria and Dengue Fever also have 3 cases each (7.5%). The least common diagnosis is Heat Stroke, with 2 cases (5%). This overview highlights Acute Nasopharyngitis as the most frequent condition, with other diagnoses having fewer cases.

The temperature trends before and after the intervention of the homoeopathic medicine concludes by showing the decrease in temperature after treatment. This suggests that the treatment led to an improvement in febrile (fever-related) conditions. In simpler terms, it seems that the homeopathic treatment helped reduce fever in these cases.

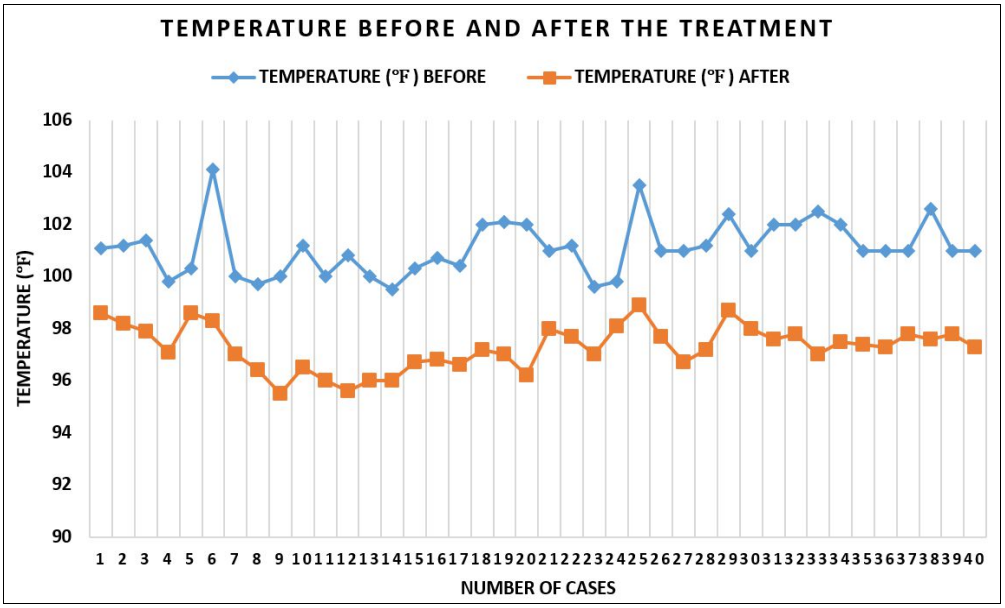


Fig 1: Temperature trends before and after the treatment

In order to decide, if individualized Homoeopathic medicine prescribed through BTPB has an effect on acute fever, a paired t-test will be performed. This is appropriate because we have the paired data, and body temperature is usually normally distributed. Results will be considered significant for p value below 0.05.

Table 1: t-test: Paired two sample for means

	Temperature before	Temperature After
Mean	101.11	97.2825
Variance	1.100923077	0.736352564
Observations	40	40
Pearson Correlation	0.48489995	
Hypothesized Mean Difference	0	
df	39	
t Stat	24.65386536	
P(T<=t) one-tail	1.07398E-25	
t Critical one-tail	1.684875122	
P(T<=t) two-tail	2.14795E-25	
t Critical two-tail	2.02269092	

The mean temperature reduced from 101.11 (before) to 97.28 (after), with variances of 1.1009 and 0.7364, respectively. The Pearson correlation is 0.4849, and the degrees of freedom (df) is 39. The calculated t-statistic is 24.65, with extremely low p-values for both one-tailed (1.0739E-25) and two-tailed tests (2.1479E-25), indicating strong statistical significance. The critical t-values for one-tailed and two-tailed tests are 1.6849 and 2.0227, respectively. This analysis demonstrates a significant reduction in temperature post-treatment.

Among all the studied 40 cases, 27 patients (67.5%) showed marked improvement, indicating a strong positive response to the treatment. 13 patients (32.5%) demonstrated improvement, suggesting they also benefited, albeit to a lesser degree. Importantly, there were no instances where patients showed no improvement, underscoring that every treated case resulted in some level of positive outcome.

Conclusion

The study found that, regardless of the kind of fever or clinical condition, using medicines chosen based on BTPB resulted in the desired effect within the expected time frame for each occurrence of fever. It was observed that completing a symptom was relatively easy due to the concept of grand generalization, as discussed in the literature review. This concept implies that what is true for one part of the organism applies to the whole. The rapid response obtained in situations of fever clinically demonstrates that Boenninghausen's therapeutic pocket book can be successfully employed in cases of acute fever, with quick results expected.

Conflict of Interest

Not available.

Financial Support

Not available.

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How to Cite This Article

Isarani RM, Thakor H, Desai P, Desai K. Unlocking the potential of boenninghausen's therapeutic pocket book: A study in acute fever management. International Journal of Homoeopathic Sciences. 2025;9(1):266-269.

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