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Page: 01-06

"CLINICAL VERIFICATION OF BOENNINGHAUSEN'S THERAPEUTIC POCKET BOOK IN MANAGEMENT OF ALLERGIC RHINITIS": AN OBSERVATIONAL APPROACH

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ABSTRACT

Background: Boenninghausen's Therapeutic Pocket Book (BTPB) is a general repertory based on doctrine of analogy and complete symptom. Its utility in allergic disorders remains under-evaluated. Allergic rhinitis (AR) is a global health issue causing significant morbidity and reducing quality of life. Boenninghausen's Therapeutic Pocket Book (BTPB) is a foundational homeopathic repertory renowned for its unique philosophy of complete symptoms (location, sensation, modality, and concomitance). However, contemporary clinical validation of its efficacy in specific pathological conditions like AR remains limited.

Objectives: To assess the effectiveness of individualized homoeopathic prescriptions based on BTPB in allergic rhinitis using Total Nasal Symptom Score (TNSS). Methods: Prospective, single-arm, observational study. 50 patients with chronic allergic rhinitis were enrolled. Remedy selection was done exclusively using BTPB [Allen's edition] after case taking. TNSS [0-12] and RQLQ-S [Rhinoconjunctivitis Quality of Life Questionnaire] assessed at baseline and 12 weeks. Paired t-test used.

KEYWORDS: Boenninghausen, Therapeutic Pocket Book, Allergic rhinitis, Repertorisation, TNSS, Paired t-test.

Abbreviations

a) A.R- Allergic Rhinitis

b) BTPB- Boenninghausen's Therapeutic Pocket Book

1. INTRODUCTION

Allergic Rhinitis (AR) is a chronic, immunoglobulin E (IgE)-mediated inflammatory disease of the nasal mucous membranes triggered by environmental allergens like dust mites, pollens, and animal dander [1]. Characterized by hallmark symptoms including paroxysmal sneezing, anterior or posterior rhinorrhoea, nasal pruritus, and nasal congestion, AR presents a massive global public health challenge [1,2]. It is estimated to affect between 10% and 40% of the worldwide population, severely disrupting sleep patterns, cognitive functions, emotional stability, and overall quality of life [2]. Furthermore, its high correlation with secondary comorbidities like asthma, sinusitis, and conjunctivitis highlights the clinical necessity for safe, sustainable therapeutic interventions [1,3]. While conventional medicine manages AR primarily through systemic antihistamines, mast-cell stabilisers, and intranasal corticosteroids, these treatments frequently deliver only transient symptomatic relief and carry a burden of secondary adverse effects such as sedation, localized mucosal dryness, or rebound congestion [4]. Consequently, there is an escalating clinical demand for holistic, individualized medical paradigms that can provide long-term resolution.

Homoeopathy addresses systemic hypersensitivity by focusing on the individual rather than the isolated pathological presentation [2]. In managing multi-symptomatic syndromes like AR, selection of the appropriate simillimum requires highly systematic case analysis and synthesis. This is effectively achieved via specialized reference texts such as **Boenninghausen's Therapeutic Pocket Book (BTPB)** [5]. Compiled originally by Dr. Clemens von Boenninghausen and later refined by Dr. T.F. Allen, BTPB is a foundational homoeopathic repertory structured specifically around the "Doctrine of Complete Symptoms" (comprising Location, Sensation, Modality, and Concomitance) and the "Doctrine of Analogy" [5,6]. Unlike later repertories that prioritize mental attributes or specific pathognomonic symptoms, Boenninghausen's paradigm excels when a case presents with highly distinctive environmental modalities and prominent, seemingly unrelated **concomitant symptoms** [6,7]. The methodology uses a five-grade remedy evaluation system to

mathematicalize and elevate environmental stressors—such as changes in weather or thermal exposure—into prime indicators for remedy differentiation [5,6].

Despite BTPB's historic reputation for resolving complex physical ailments, there is a scarcity of contemporary, data-driven research explicitly verifying its mathematical model against standardized, objective clinical outcome metrics for upper respiratory allergies [2,7]. While modern clinical practice frequently defaults to later, mind-centric repertorial structures, evaluating the therapeutic efficacy of Boenninghausen's distinct approach to physical particulars offers a vital pathway to validate traditional homoeopathic methodology. This clinical study utilizes a prospective, open-label, observational approach to systematically verify the efficacy of homoeopathic remedies selected via Boenninghausen's Therapeutic Pocket Book in patients suffering from Allergic Rhinitis, explicitly tracking therapeutic outcomes via the **Total Nasal Symptom Score (TNSS)** and the **Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ)**.

2. MATERIALS AND METHODS

Study design: An observational study conducted at OPD of PPHMC, Pune, Maharashtra from Jan. 2026 to June 2026.

Sample Size: 50 patients aged 18-60 years with clinical diagnosis of chronic allergic rhinitis ≥1 year,

Case taking & Repertorisation: Detailed case taking emphasized locations, sensations, modalities, concomitants as per BTPB structure. No Kent rubrics used. Repertorisation done manually using _BTPB, Allen's edition_[7]. Minimum 5 rubrics including ≥1 modality + ≥1 general. Final remedy selection after Materia Medica differentiation.

Intervention: Single individualized remedy in 30C/200C potency, infrequent repetition as per §247-248 Organon. Placebo given in follow-ups if patient improving. Adjuvant: Avoidance of known allergens advised.

Outcome measures

Primary: Total Nasal Symptom Score [TNSS]: Sum of 4 symptoms - nasal congestion, rhinorrhoea, sneezing, itching. Each 0-3. Total 0-12[8].

Secondary: Mini RQLQ-S [14 items, 0-6 scale] [9]. Assessed at baseline [Day 0] and 12 weeks.

Statistical analysis: SPSS v26.0. Normality by Shapiro-Wilk. Paired t-test for pre-post TNSS & RQLQ. $p<0.05$ significant. Cohen's d for effect size.

3. RESULTS

Table 1: Comparison of pre and post treatment scores. [n=46]

Variable	Baseline Mean ± SD	Weak 12 Mean ± SD	Mean Diff	T-value	p-value	Cohen's d
TNSS	8.9 ± 1.8	3.2 ± 2.1	5.7 ± 2.1	18.24	<0.001	2.69
RQLQ-S	3.8 ± 0.7	1.4 ± 0.9	2.4 ± 0.96	16.92	<0.001	2.49

46 patients completed study. Mean TNSS reduced from 8.9 ± 1.8 to 3.2 ± 2.1 [t=18.24, df=45, p<0.001]. Mean RQLQ-S improved from 3.8 ± 0.7 to 1.4 ± 0.9 [t=16.92, df=45, p<0.001]. 78.3% patients showed ≥50% TNSS reduction. Most frequently indicated rubrics: "Nose – coryza – air – cold – agg.", "Generalities – weather – wet – agg.", "Modalities – morning – agg.". Arsenicum album, Nux vomica, Pulsatilla were commonly prescribed. No adverse events.

4. DISCUSSION

Most used BTPB rubrics:

1. Nose – Discharge – watery [pg. 89] – 39/46 cases
2. Generalities – Air – cold – agg. [pg. 271] – 34/46
3. Modalities – Morning – agg. [pg. 302] – 31/46
4. Nose – Sneezing – frequent [pg. 92] – 29/46
5. Generalities – Weather – wet – agg. [pg. 294] – 27/46

This study demonstrates statistically and clinically significant improvement in allergic rhinitis with BTPB-based prescriptions. Mean TNSS reduction of 5.7 points exceeds MCID of 1.0 for TNSS[8], indicating real clinical benefit. Effect size d=2.69 is "huge" as per Cohen's criteria, suggesting strong treatment effect.

The success validates Boenninghausen's concept of "complete symptom" – location, sensation, modality, concomitant[3]. AR cases are modality-rich: "coryza < cold air", "sneezing < morning", "< damp weather". These are located in "Generalities" and "Modalities" chapters of BTPB, not under "Nose" alone. Kent's repertory often disperses modalities across particulars, making totality difficult in AR. BTPB's structure allowed direct use of "Generalities – Air – cold – agg." which covered 73.9% cases.

BTPB is often called “outdated” due to fewer drugs vs Synthesis. But this study shows its clinical relevance remains intact for conditions with prominent generals and modalities like allergies. The doctrine of analogy allows lesser-known drugs to surface when totality matches.

Arsenicum album emerged as top remedy, correlating with BTPB rubrics “Generalities – Air – cold – agg.” + “Nose – Discharge – watery” + “Modalities – after midnight – agg.” This matches classical AR picture of watery coryza, <1-2 am, <cold. Similarly, _Nux vomica* covered “Nose – coryza – morning – agg.” + “Generalities – Air – cold – agg.” + “irritable”.

1. Arsenicum album

- **Location:** Primarily affects the mucous membranes of the nose, upper respiratory tract, and eyes.
- **Sensations:** Intense, burning sensation in the nose and eyes. Thin, watery, excoriating, and acrid nasal discharge that corrodes the upper lip.
- **Modalities:** Marked aggravation from cold air, draft of air, and post-midnight (1 AM to 2 AM). Temporary amelioration from warm applications, warm drinks, and wrapping up the head.
- **Concomitants:** Accompanied by severe paroxysmal sneezing, prominent anxiety, restlessness, unquenchable thirst for small sips of cold water, and acrid, burning lacrimation.

2. Nux vomica

- **Location:** Respiratory tract, nervous system, and gastrointestinal tract.
- **Sensations:** Feeling of internal dryness and painful obstruction in the nasal passages.
- **Modalities:** Characterized by alternating symptoms; the nose is stuffed up and dry outdoors or at night, but fluent indoors and during the day. Aggravation from cold air, open air, and in the morning. Amelioration in a warm room and from rest.
- **Concomitants:** Frequent, violent fits of sneezing (especially upon waking or rising from bed). Often associated with high irritability, chilliness, and gastric disturbances like dyspepsia or constipation.

3. Pulsatilla pratensis

- **Location:** Nasal mucous membranes, eyes, and venous system.
- **Sensations:** Thick, bland, yellowish-green, or muco-purulent nasal discharge. Soreness of the nostrils.

- **Modalities:** Striking aggravation in a warm, close room, and in the evening. Marked amelioration in the open air, from cool air, and from continuous motion.
- **Concomitants:** Complete absence of thirst (thirstlessness) despite a dry mouth. Frequently associated with bland, thick lacrimation, itching of the inner canthi, a highly mild or yielding disposition, and symptoms that are highly changeable in character.

5. CONCLUSION

Individualized homoeopathic treatment based exclusively on Boenninghausen's Therapeutic Pocket Book was associated with significant reduction in nasal symptoms and improvement in quality of life in chronic allergic rhinitis over 12 weeks. The study re-establishes clinical utility of BTPB in allergic disorders where modalities are marked. Randomized controlled trials comparing BTPB vs Kent vs Standard care are recommended.

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