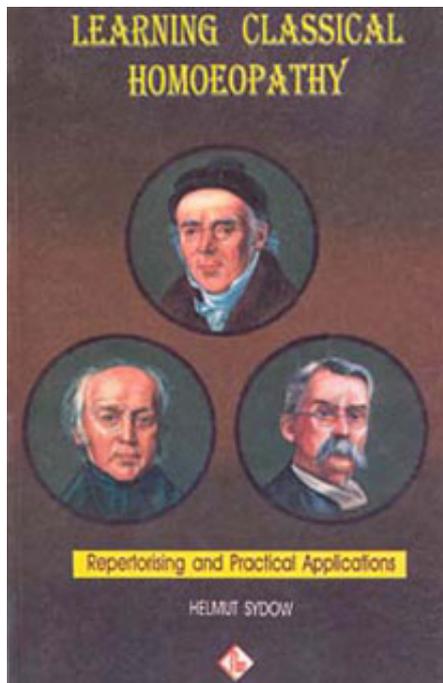


Helmut Sydow

Learning Classical Homoeopathy

Reading excerpt
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CASE 15

Mother came with child to me. Child had influenza. Child is 5 years old. The symptoms were: cough dry, no expectoration, coughing seems to hurt, child then shows discomfort. Coryza, nasal discharge greenish, does not irritate skin or nostrils.

Mood has changed with disease, child is weepy now, otherwise not. Coryza and cough worse in evening and better outside, worse when in room.

Child has raised temperature of 38.2 Celsius.

Physical examination showed no rales on chest, pulse normal. No more symptoms.

I carried my finding to Sankaran to narrow down the eligible drugs.

1. Cough, page 11
2. Cough dry, my addition from Phatak
3. Coughing agg., page 12
4. Air open betters. In room agg., air hunger, etc., page 2
5. Greenish, page 25
(Discharge green)

6. Children, Infants, etc., page 8
7. Heat, Fever, Burning, etc., page 27
8. Time, Evening, page 65

Two remedies emerged from these symptoms taken, Puls and Sulf. Out of these two remedies I gave Puls. Puls has special affinity to children and is worse in a room and better outside. Puls has three outstanding characteristics, namely, worse in rest and better with motion, i.e., worse in inactivity and better with activity, worse inside, better outside and the discharges are thick, bland and greenish. And it is weepy and craves sympathy. Although Hahnemann has given Thuj and Nit-ac for Sycosis, Puls is a pre-eminently sycotic remedy.

Assuming you would not be able to choose between these two remedies Puls or Sulf, let us go to our friend Boenninghausen to find the final answer.

1. Cough dry, page 115
2. Troubles Associated with cough, page 120
(Cough agg., seems to hurt child. It is a very good rubric, especially when the child cannot express the problems while coughing, but you can see something is distressing the child.)
3. Nasal discharge Green, page 47
4. Evening agg., page 270
5. House, in the agg., page 286
(Worse inside, better outside)
6. Heat, page 256
(Raised temperature)
7. Heat Associated Symptoms, page 259
(With the raised temperature, coryza and cough)
8. Children, Especially, Remedies For, page 274

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	
puls	4	4	4	4	4	4	4	2	30/8
sulf	3	3	1	4	2	3	2	3	20/8

We clearly see, that Puls is the remedy to be given. As always, in each and every case, collect the facts of the patient, get everything that goes with a complaint and translate the statements into the language of the repertory. Then follow the remedies through the rubrics, comparing and contrasting them and write it out.

In using the Boenninghausen approach you do not need to feel nervous or lose your self-confidence. Just do the required work, then give your remedy with confidence. Boenninghausen is easy to use and going over the main headings, you cannot do mistakes.

With this case, I like to show you, how to use Boger-Boenninghausen and the working with febrile cases. Here we have raised temperature. In cases like this, with fever, I always use BB and the rubrics given under Heat and Fever in General, concomitants, beginning in BB on page 1063. I have learned to completely trust Boger in cases with raised temperature. The concomitants given are almost sufficient in most cases and I rarely need symptoms outside this section. Boger has given main headings, e.g., Vertigo on page 1065, and Coryza on page 1066 without giving particulars to them. It makes it very easy to find the rubrics. If you need more rubrics for symptoms not covered by this section, then you find them elsewhere in this repertory. Please read through this section with great care and use it when you have a case with fever. I have found Boger here more reliable than Kent and so much easier to use.

Boenninghausen has the rubric Fever, Heat Associated Symptoms on page 259 of his repertory without defining the associated symptoms. Boger has given definitions of the associated symptoms going with fever, in grouping the remedies under : Mind, Head, Eyes, etc. And Boger did a wonderful work here that can be trusted and relied upon.

1. Tearful disposition, BB 1065
(Since febrile state, the child is weepy, normally not)
2. Coryza, fluent, BB 1066
(Nasal discharge)
3. Cough, expectoration without, BB 1071
(Cough dry)

For the rest of the symptoms, we go to different sections to find more information.

4. Nose, Discharges, greenish, page 370
5. Evening, agg., page 1104
6. Room in agg., page 1138
(Inside agg., outside amel.)
7. Cough, Concomitants, page 720
(I take this general rubric because I do not know what is distressing the child while coughing. The child cannot tell me)
8. Children in agg., page 1110

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	
puls	4	4	3	4	4	3	4	3	29/8
sulf	1	1	3	2	3	4	3	4	21/8

Please see also the rubric "Cold after becoming (chilled, taking cold)" on page 1111 in BB. It probably

is what has happened here, but the mother did not mention it. However, when clearly stated, this is a very good rubric to take.

The section Fever and Concomitants in BB you should check up, when you read in a newspaper or hear from colds with fever. Often the papers report of colds and with it there are troubles with stomach or diarrhoea, etc. Of course, the reporter does not know how to make a homoeopathic anamnesis and yet the looking up of these symptoms helps you to understand the section better and gives you an opportunity to try your skills while learning. Avail yourself of every opportunity to learn.

If you have a case with fever in your family, collect the symptoms, observe keenly the expression of the sickness within this patient, then go to this section. This chapter of the BB Repertory is a masterpiece. I heavily rely on it when I need it.

Of course, Boenninghausen helps, too. And that is why Dr. John Clarke tells us that he takes the Boenninghausen Pocket Book, the Boenninghausen Repertory, with him when he visits patients. Especially then he needs to rely on trustworthy informations. For only very sick patients are visited by doctors.

I like you to go through Kent, too, taking the main headings as usual :

1. Cough dry, page 786
2. Nose, Discharge, greenish, page 331
3. Evening agg., page 1342
4. Air, open amel., page 1344
(Inside agg., outside amel.)
5. Heat in general, page 1278
(Raised temperature)

	1	2	3	4	5	
puls	3	3	3	3	3	15/5
sulf	3	1	3	2	2	11/5

Working like this with Kent, Puls emerges as the correct remedy again. However, we have taken main rubrics. And in these, Kent is mostly reliable. Using smaller rubrics, the particulars, he can leave us stranded, Experienced Homoeopaths talk of choosing the wrong rubrics when the correct remedy does not show through. And how are we to know when we begin the work towards the search of the curative remedy?

I ask you, therefore, to keep to the main headings to work out your remedy and to use smaller, more defined rubrics, for verification of the remedies in question. They are then the icing of the cake.

Experienced Homoeopaths take the main headings when working with Kent and know that the remedy that is highest in number in the generalities probably is the right remedy. The smaller rubrics can leave you wanting.

Here in this case Coryza with fever, page 328, does not hold Puls, please compare BB, page 1066. Coughing agg., page 785 does not show Puls, please compare cough, concomitants in BB, page 720 arid coughing, agg. In BB, page 1112.

Cough during fever in Kent, page 791 does hold Puls, coryza, evening, page 326, too, so do the rubrics in room, page 802 and cough evening, page 779. The rubric remedies for Children, and remedies for, is missing in Kent.

BB and Boenninghausen Repertories are more

practical books. Well understood, they will help you to find the correct remedy time after time. It is sufficient to take Kent as an addition to rubrics which are not given in these books or to take the remedies under Kent's rubrics in addition to those that are in BB and Boenninghausen to find your remedy.

I advise to write beside the rubrics of Boenninghausen the page references of BB and Kent. It can help enormously. Please compare in Boenninghausen Nasal Discharge Acrid, page 47 with Discharge acrid in BB, page 369 arid in BB Nostrils eroded, page 389 (both rubrics belong together), with Kent Discharge excoriating, page 331 in Kent. When you need this symptom consult all three repertories, you will find your required remedy.

Please remember, we do not have one complete repertory. The cry is there to clean up the repertories but it will not come. Therefore, do look into different repertories and their respective rubrics to find the curative remedy.

I suggest to you to take Boenninghausen seriously and the working method with it, namely, using the main rubrics. Write beside rubrics the reference pages of BB and Kent. Then work out your cases with the Boenninghausen method and you will have fine results.

If applicable, go to Sankaran, Phatak or Boger Synoptic Key to eliminate those remedies that have no bearing to the case, then take the rubrics according to the symptoms of the patients, considering the information given by these three repertories. You thereby will become a successful prescriber.

The most important symptoms for us are the physiological ones, i.e., discharge green, stool yellow, etc., and the modalities. Begin to write next to your

Boenninghausen, say, under the main heading Nose all references of BB and Kent. I will give you an example here :

1. Nasal Catarrh, Boenninghausen, page 46, from now on B, page 46.
(Means also "tendency to have coryza") BB, page 368.
Kent, page 324
2. Stopped Coryza, B, page 47, BB page 385, Kent, page 327 (discharge, without, dry).
3. Nasal Discharge Acrid, B, page 47, BB 369 and Nostrils eroded, page 389, Kent 331 excoriating and burning, page 330, and icherous (meaning serous, sharp), page 331.
4. Bloody, B, page 47, BB, page 369, Kent 329.
5. Burning, B 47, BB 370, Kent 330 and excoriating, 331 and icherous 331.
6. Flocculent, B. 47, BB 372 Wheyey, Kent 331.
7. Gray, B 47, BB 370, Kent 331.
8. Green, B, page 47, BB 370, Kent, 331.
9. Hardened, B, page 47, BB 370, Kent, page 331 (hard, dry).
10. Offensive, B, page 47, BB 370, Kent 331 and Odours fetid 342, and fetid, 332.
11. Purulent, B, page 48, BB 371, Kent, page 332,
12. Slimy B, page 48, BB 371.
13. Tenacious, B, page 48, BB 371, Kent 332 (viscid, tough).
14. Thick, B, 48, BB 371, Kent 332.
15. Watery, B, page 48, BB 371, Kent 333 and 327 Coryza, discharge with (fluent).
16. Yellow, B, page 49, BB 372, Kent 333.
17. Sneezing, B, page 49, BB 384, Kent 349.

18. Ineffectual Effort to Sneeze, B, page 49, BB 385, Kent 350.

You should write out every reference next to Boenninghausen. Where more than one reference is given in Kent, write into Kent the page references next to those rubrics, e.g., symptom 15, write next to page 333 in Kent 327 and next to page 327 you write 333 watery, etc.

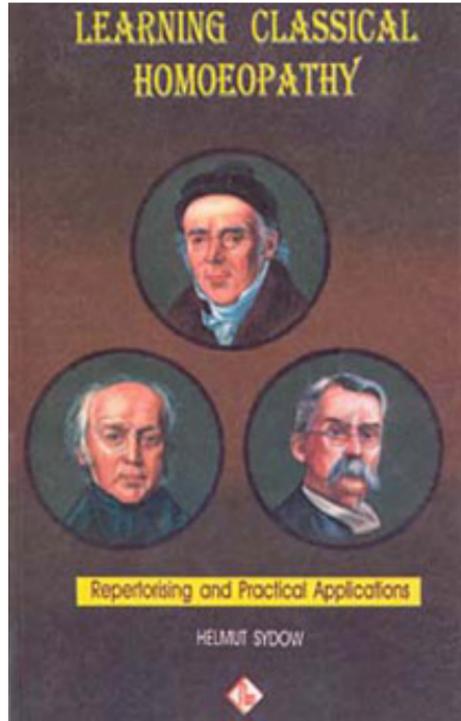
Please compare closely the rubrics. You will find that the different authors have given different gradings to the remedies under the headings and that they have different remedies, too. In a given case, we take them all into consideration. If the coryza in a chronic or acute case is markedly green, we go to Boenninghausen on page 47 and to BB on page 370 and to Kent on page 331 and take all remedies given.

In an approach like this, that is when you take all remedies from different authors there is the question of grading. Kent has three of them, Boenninghausen and Boger have 4 of them, I then take one author, say Kent, and give the grading value that is there, namely 1, 2 or 3, for the remedies under scrutiny, even though I had worked with BB before. My reasoning is, that all remedies are concerned in an equal way, the symptom matters to me more than grading.

Being on the chapter of Nose, please add "Picking nose and eats removed plugs" : Calc, Bufo, in Kent on page 348, in BB on page 375.

We can find our remedy with Phatak as well, please check up on the pages :

Cough, 68, cough, dry, 70, coughing agg., 47, Air open amel., in room agg. Air hunger, etc., 10. Coryza, 67, Green, Greenish (Skin, Discharges, etc.) 153. Children, Infants, 52,



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