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A Retrospective Case Series On Homeopathic Management Of Dental Conditions Using Boenninghausen's Repertory

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ABSTRACT:

Homeopathy offers a holistic and individualized approach to dental pain management, particularly when conventional treatments are contraindicated or offer limited benefit. Boenninghausen's Therapeutic Pocket Book (TBR2) was chosen in this study due to its logical structure, emphasis on modalities and concomitants, and ease of application in busy outpatient settings where rapid yet precise prescribing is required. This retrospective audit evaluated 35 dental cases managed between 2021 and 2024 using individualized homeopathic prescriptions based on TBR2 repertorization. The most commonly encountered diagnoses were dental abscess (37%), neuralgic toothache (34%), and gingivitis (17%). Remedies such as Belladonna (26%), Hepar sulphuris calcareum (20%), and Mercurius solubilis (17%) were most frequently prescribed. Clinical improvement was observed in 88.5% of cases, with 74% of patients reporting moderate to marked relief within 48 to 72 hours. The average time to initial improvement was 2.3 days. The findings suggest that TBR2 provides an efficient and reliable framework for remedy selection in acute and subacute dental complaints, supporting its use in clinical OPD settings and warranting further prospective studies.

KEYWORDS: Homeopathy, Dental Pain, Boenninghausen's Repertory, Case Series, Integrative Dentistry

1. INTRODUCTION:

Dental complaints are among the most frequent acute presentations in both general practice and dental clinics. Symptoms such as pain, swelling, abscesses, and gingival inflammation often prompt immediate intervention. While conventional dental management, primarily involving antibiotics, analgesics, and anti-inflammatory drugs can provide symptomatic relief, it may not adequately address underlying susceptibilities, individual response patterns, or recurrence risk **(Rathod et al., 2017; Verma et al., 2018).** Furthermore, the growing concern over antibiotic resistance and drug intolerance has prompted exploration into integrative and complementary modalities that offer safe and individualized care. Homeopathy is one such modality gaining recognition in integrative dental practice. Based on the law of similars, homeopathy aims to stimulate the body's self-healing mechanisms using highly diluted substances selected on the basis of total symptom similarity **(Vithoulkas, 2002)**. In dental settings, homeopathy has been used in conditions such as toothache, dental abscess, peri-apical infections, post-extraction complications, and aphthous ulcers **(Rathod et al.,**

2017; Phatak, 1998). Its individualized, holistic approach makes it particularly suited for patients seeking non-pharmacological pain management.

Despite its growing use, the application of homeopathy in dental care remains inadequately supported by structured clinical data particularly regarding the use of repertories for remedy selection. Among the various repertorial tools, Boenninghausen's Therapeutic Pocket Book (TBR2) offers a distinctive framework based on modalities and concomitants. This repertory permits generalization of local symptoms to the whole case, making it ideal for acute dental presentations where constitutional and mental symptoms are minimal **(Boenninghausen, 1846; Vithoulkas, 2002)**. Unlike Kent's Repertory, which places strong emphasis on mental and emotional characteristics, Boenninghausen's method offers greater clinical utility in acute scenarios by focusing on objective, general, and modality-based symptomatology. In busy outpatient departments (OPDs), time is a limiting factor for individualized care. The concise, logically arranged structure of TBR2 makes it particularly suitable for rapid clinical decision-making in such settings **(Vithoulkas, 2002; Thomas et al., 2003).** Despite these advantages, its practical application in dental cases remains underreported. Given its historical relevance and clinical logic, Boenninghausen's Repertory deserves renewed attention and systematic evaluation in modern dental practice.

Several remedies have long been associated with dental indications in homeopathic literature. *Belladonna*, *Chamomilla*, *Mercurius solubilis*, *Hepar sulphuris calcareum*, and *Staphysagria* are classically recommended based on characteristic modalities such as pain aggravated by cold, amelioration by warmth, or symptoms intensifying at night **(Phatak, 1998; Vithoulkas, 2002).** Observational and controlled studies have begun to validate these indications. For example**, Oberai et al. (2014)** conducted a randomized placebo-controlled trial demonstrating significant reduction in pain, swelling, and bleeding following tooth extraction with individualized homeopathic treatment. Similarly, **Verma et al. (2018)** reported favorable outcomes in dental pain management using homeopathy, with many patients experiencing rapid symptom relief within 48 hours. Boenninghausen's repertory system remains unique in that it allows for the generalization of modalities and concomitants from local symptoms—a feature particularly valuable in acute dental conditions where subjective or constitutional details are limited **(Boenninghausen, 1846)**. While Kent's Repertory continues to dominate mainstream homeopathic teaching, TBR2's structured layout, cross-referencing system, and focus on objective features make it highly applicable in acute and semi-acute care settings **(Vithoulkas, 2002; Thomas et al., 2003).**

Its compatibility with modern software tools has further streamlined its clinical use, enabling practitioners to perform quick and efficient repertorization in OPD settings **(Thomas et al., 2003).** Nonetheless, existing literature on homeopathy in dentistry has largely focused on remedy indications or patient outcomes without describing the repertorial methodology used for remedy selection **(Rathod et al., 2017; Verma et al., 2018).** This lack of standardization restricts reproducibility and limits homeopathy's integration into broader clinical protocols. Retrospective audits and case series offer a foundational step toward addressing this evidence gap. Though not equivalent to randomized controlled trials, such observational designs can document therapeutic patterns, support hypothesis generation, and inform future clinical protocols **(Mathie et al., 2014; Teixeira, 2019).**

2. PROBLEM STATEMENT:

Despite the growing clinical use of homeopathy in dental care, there is a significant lack of structured documentation on repertorial approaches, particularly the application of Boenninghausen's Therapeutic Pocket Book (TBR2) in acute dental complaints. Most published reports focus on remedy outcomes without detailing the decision-making frameworks employed. Given that modalities and concomitant symptoms are key features in dental presentations, and TBR2 is uniquely designed to capture and generalize such features, its underuse represents a missed opportunity for enhancing clinical precision. Furthermore, in high-volume outpatient settings where time is constrained, a repertory like TBR2 known for its logical structure and ease of use can support individualized prescribing without the need for elaborate constitutional analysis. Yet, empirical studies highlighting its clinical utility remain scarce. This study seeks to address that gap by evaluating remedy patterns, presenting complaints, and treatment outcomes in dental cases managed through TBR2-based homeopathic repertorization.

3. CONCEPTUAL FRAMEWORK:

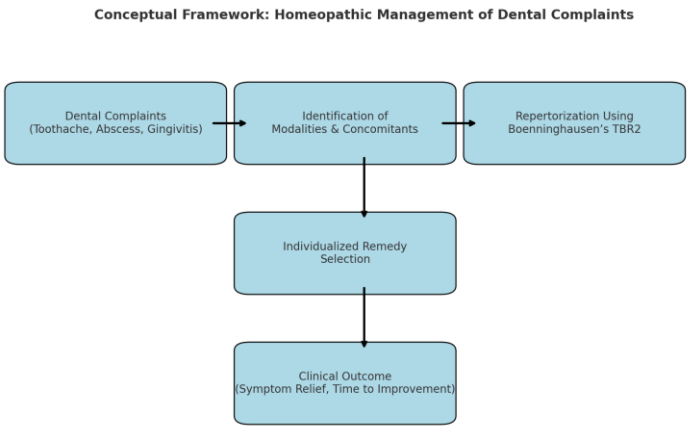

Figure-1: Author's diagram of the conceptual framework

This study is grounded in the principles of classical homeopathy and integrative dental care. It is based on the premise that individualized homeopathic prescriptions, guided by structured repertorial tools, can offer effective symptomatic relief in acute and subacute dental conditions. Boenninghausen's Therapeutic Pocket Book (TBR2), with its unique emphasis on modalities and concomitants, provides a practical and time-efficient framework for remedy selection—particularly in outpatient dental settings where constitutional details are often unavailable. The conceptual framework integrates the following core elements:

- Acute dental complaints (pain, abscess, gingival inflammation) often present with distinct modalities and concomitant symptoms.
- Boenninghausen's TBR2 allows for the systematic analysis and generalization of these features for remedy selection.
- Individualized homeopathic treatment, when matched closely to the totality of symptoms, can produce observable clinical improvement.
- Retrospective case analysis can help identify remedy patterns and evaluate the effectiveness of this repertorial approach in real-world practice. The model supports the hypothesis that modality- and concomitant-based repertorization using TBR2 can yield positive clinical outcomes in dental cases.

OPERATIONAL DEFINITIONS:

Dental complaints: Refers to acute or subacute conditions involving the teeth, gums, or surrounding structures, including toothache, dental abscess, gingivitis, and peri-apical inflammation.

Homeopathic repertorization: A systematic process of analyzing patient symptoms using a repertory (in this case, Boenninghausen's TBR2) to identify potential remedies that match the symptom totality.

Boenninghausen's Therapeutic Pocket Book (TBR2): A homeopathic repertory developed by C. von Boenninghausen that emphasizes modalities and concomitant symptoms. It allows generalization from local to general symptoms, making it especially suitable for acute conditions.

Modalities: Factors that influence symptoms by aggravating or ameliorating them. In dental cases, common modalities include pain worsened by cold, chewing, or touch, or relieved by warmth or pressure.

Concomitants: Symptoms that occur simultaneously with the main complaint but are not directly related to it, such as facial swelling, salivation, or referred ear pain in dental cases.

Individualized prescription: A homeopathic remedy selected based on the specific, total symptom picture of the patient, rather than a diagnosis alone.

Clinical outcome: The observable change in the patient's condition following treatment, including reduction in pain, resolution of inflammation or swelling, and time to relief.

VARIABLES

Independent Variables

- Type of dental complaint (e.g., abscess, neuralgic pain, gingivitis)
- Homeopathic remedy prescribed (e.g., Belladonna, Hepar sulph, Merc sol)
- Modalities and concomitants identified
- Potency and dosage of remedy

Dependent Variables

- Degree of clinical improvement (categorized as no change, mild, moderate, or marked)
- Time to initial symptomatic relief (in days)
- Frequency of recurrence (if any) during follow-up
- Control Variables (held constant or not analyzed)
- Patient age, gender, dental history (not used for stratification in this study)

OBJECTIVES:

1. To evaluate clinical outcomes in dental cases treated with individualized homeopathic remedies selected using Boenninghausen's Therapeutic Pocket Book.
2. To identify the most frequently prescribed homeopathic remedies in dental complaints.
3. To describe the predominant modalities and concomitant symptoms presented in dental cases.
4. To assess the average time taken for clinical improvement following remedy administration.

HYPOTHESES:

Null Hypothesis (H_0): There is no observable clinical improvement in dental complaints treated with individualized homeopathic remedies selected using Boenninghausen's Repertory.

Alternative Hypothesis (H_1): There is observable clinical improvement in dental complaints treated with individualized homeopathic remedies selected using Boenninghausen's Repertory.

4. METHODOLOGY:

Study Design :A retrospective, descriptive case series.

Study Setting: The study was conducted in a homeopathic outpatient department, evaluating cases treated between 2021 and 2024.

Sample Size: Thirty-five (n = 35) dental cases that met the inclusion criteria were included.

Inclusion Criteria:

- Cases with acute or subacute dental complaints (e.g., toothache, abscess, gingivitis).
- Cases with complete clinical documentation including symptoms, remedy selection process, and follow-up.
- Remedy selection performed through repertorization using Boenninghausen's Therapeutic Pocket Book.

Exclusion Criteria:

- Cases lacking adequate documentation.
- Cases where remedy selection was not based on TBR2 repertorization.
- Patients lost to follow-up before assessment of outcome.

Intervention: Each patient received an individualized homeopathic remedy selected through TBR2 repertorization, based on the totality of symptoms, including modalities and concomitants.

Outcome Measures:

- Degree of clinical improvement (categorized as no change, mild, moderate, or marked).
- Time to initial symptomatic relief (measured in days).
- Frequency and type of remedies prescribed across the sample.

Data Analysis: Descriptive statistics (frequencies, percentages, means) were used to summarize findings.

Ethical Considerations: This study was conducted as a retrospective audit of clinical cases drawn from routine outpatient records. No experimental intervention or deviation from standard clinical homeopathic practice was involved. All identifiable patient data were anonymized prior to analysis, and confidentiality was strictly maintained throughout. Patients had provided general written consent at the time of registration for the use of their anonymized data for academic and research purposes.

5. RESULTS

A total of 35 dental cases were included in the retrospective analysis. The most commonly encountered conditions were dental abscess (13 cases, 37.1%), neuralgic toothache (12 cases, 34.2%), and gingivitis (6 cases, 17.1%). Other conditions included peri-apical inflammation and post-extraction pain (4 cases, 11.4%). All cases were repertorized using Boenninghausen's Therapeutic Pocket Book (TBR2). Individualized remedies were selected based on the totality of symptoms, including characteristic modalities and concomitants.

Remedy Distribution

The most frequently prescribed homeopathic remedies were:

Belladonna- 9 cases (25.7%)
Hepar sulphuris calcareum – 7 cases (20.0%)
Mercurius solubilis – 6 cases (17.1%)
Chamomilla – 4 cases (11.4%)
Silicea, Pulsatilla, and Staphysagria – 3, 3, and 2 cases respectively (8.6%, 8.6%, 5.7%)

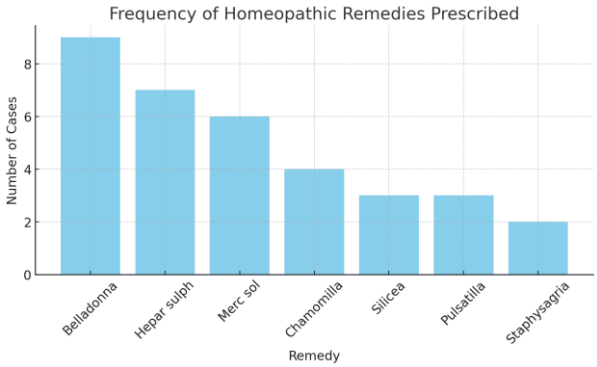

Figure-2 :Frequency of Homeopathic Remedies Prescribed

Modalities and Concomitants

Frequently observed modalities included:

- Pain aggravated by cold exposure – 18 cases (51.4%)
- Pain worse at night – 15 cases (42.8%)
- Pain better by warmth or pressure – 13 cases (37.1%)
-

Common concomitants recorded were:

- Facial swelling – 10 cases (28.5%)
- Salivation – 8 cases (22.8%)
- Referred ear or head pain – 7 cases (20%)

Clinical Outcomes

Out of 35 cases:

- Marked improvement was observed in 21 cases (60.0%)
- Moderate improvement in 5 cases (14.2%)
- Mild improvement in 5 cases (14.2%)
- No improvement in 4 cases (11.4%)

Overall, 31 out of 35 cases (88.5%) showed a favorable clinical response.The mean time to initial improvement was 2.3 days, with most patients (74%) reporting noticeable relief within 48 to 72 hours following remedy administration.

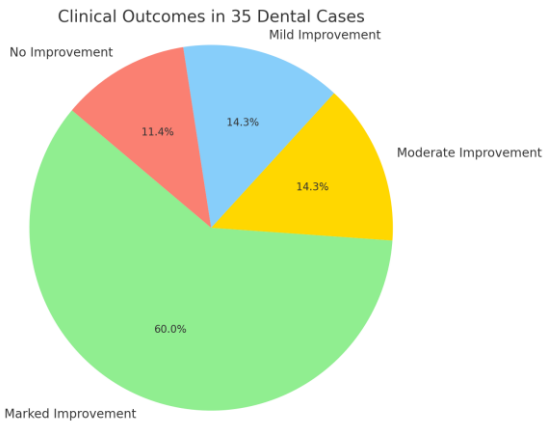

Figure 3. Clinical Outcomes in 35 Dental Cases

Adverse Events : No adverse effects were reported during or after remedy administration. No patients required escalation to conventional antibiotics during the observation period.

5.1 Distribution of Dental Conditions

Table 1. Frequency of Homeopathic Remedies Prescribed

Homeopathic Remedy	Number of Cases
Belladonna	9
Hepar sulph	7
Merc sol	6
Chamomilla	4
Silicea	3
Pulsatilla	3
Staphysagria	2

Table 2. Clinical Outcomes

Clinical Outcome	Number of Cases
Marked Improvement	21
Moderate Improvement	5
Mild Improvement	5
No Improvement	4

6. DISCUSSION

This retrospective analysis of 35 dental cases demonstrates that individualized homeopathic prescriptions based on Boenninghausen's Therapeutic Pocket Book (TBR2) can lead to favorable clinical outcomes in a majority of acute and subacute dental presentations. The high percentage of marked improvement (60%) and an overall favorable response rate of 88.5% are notable, especially considering the absence of adjunct conventional pharmacological interventions in these cases.

The most frequently encountered conditions—dental abscess, neuralgic toothache, and gingivitis—are commonly associated with acute inflammation, pain, and sensitivity. In this context, remedies like *Belladonna*, *Hepar sulphuris*, and *Mercurius solubilis* were frequently indicated, aligning well with their known symptom pictures as documented in classical materia medica (Phatak, 1998; Vithoulkas, 2002). These remedies are known for their affinity to acute inflammatory processes and their specific modalities (e.g., < cold, > warmth, < night), which were also frequently observed in this study.

One of the key strengths of using Boenninghausen's Repertory is its focus on modalities and concomitants—features that are highly accessible in acute dental cases where deeper mental or emotional symptoms may be absent. This repertorial structure allows efficient remedy differentiation and selection, particularly in outpatient settings with limited consultation time. This supports previous assertions by Vithoulkas (2002) and Boenninghausen (1846) that TBR2 is especially suited for acute prescribing.

While randomized controlled trials offer the highest level of evidence, retrospective case series like this one contribute valuable real-world clinical data, especially in underexplored areas like homeopathy in dentistry. The results here are also consistent with smaller trials and observational studies that have demonstrated the usefulness of homeopathy in post-extraction pain, aphthous ulcers, and dental neuralgia (Oberai et al., 2014; Verma et al., 2018).

Limitations of this study include its retrospective design, absence of a control group, and reliance on clinical records, which may introduce observer bias. Moreover, outcomes were assessed based on clinician observation and patient-reported relief, rather than validated pain scales or objective inflammatory markers. Despite these limitations, the consistency in remedy patterns and improvement timelines lends support to the clinical validity of using TBR2 in dental settings.

7. CONCLUSION

The findings of this retrospective case series suggest that Boenninghausen's Therapeutic Pocket Book provides a reliable and efficient framework for remedy selection in dental complaints, particularly in acute settings where modalities and concomitant symptoms are prominent. Individualized homeopathic prescriptions based on this repertorial approach resulted in rapid and marked improvement in a significant proportion of cases, with no adverse effects reported.

Given these encouraging outcomes, further research—particularly well-designed prospective studies and randomized controlled trials is warranted to explore the reproducibility and long-term impact of this approach in integrative dental care. The study also underscores the potential of incorporating classical homeopathic tools like TBR2 into clinical training and practice for dental professionals seeking non-pharmacological, patient-centered interventions.

8. ACKNOWLEDGEMENTS:

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9. REFERENCES:

1. Rathod S, Sontakke S, Baig MS. Role of Homeopathy in Dentistry: A Review. J Dent Med Sci. 2017;16(1):42–45.
2. Verma S, Kapoor P, Sharma S. Effectiveness of Homeopathy in Dental Pain Management. Int J Complement Alt Med. 2018;10(1):37–40.
3. Boenninghausen CV. Therapeutic Pocket Book. 1846. Reprint ed. New Delhi: B. Jain Publishers.
4. Phatak SR. Materia Medica. New Delhi: B. Jain Publishers; 1998.
5. Oberai P, Varanasi R, Padmanabhan M, Arya JS, Raghavan R, Nayak C. Effect of Homeopathy on Post-Extraction Symptoms: A Randomized Trial. Homeopathy. 2014;103(2):81–85.
6. Vithoulkas G. The Science of Homeopathy. Alonissos: International Academy of Classical Homeopathy; 2002.
7. Thomas KJ, Nicholl JP, Coleman P. Use of Complementary Therapies in UK Dental Clinics. Community Dent Oral Epidemiol. 2003;31(3):234–239.
8. Mathie RT, Lloyd SM, Legg LA, Clausen J, Moss S, Davidson JRT, et al. Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis. Syst Rev. 2014;3:142.
9. Frei H, Everts R, von Ammon K, Kaufmann F, Walther D, Hsu-Schmitz SF, et al. Homeopathic treatment of children with attention deficit hyperactivity disorder: a randomised, double blind, placebo controlled crossover trial. Eur J Pediatr. 2005;164(12):758–767.
10. Teut M, Ludtke R, Schnabel K, Willich SN. Homeopathy in the treatment of dental conditions: A review. Complement Ther Med. 2012;20(5):294–299.
11. Swayne J. International Dictionary of Homeopathy. London: Churchill Livingstone; 2000.