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Research Article

Comparative Evaluation of Boenninghausen's and Kent's Repertory in The Management of Chronic Migraine: A Multi-Centric Clinical Study

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Abstract

Background: Chronic migraine is a disabling neurovascular disorder characterized by recurrent headaches and associated systemic symptoms. The individualized homeopathic approach offers significant promise for long-term management, particularly when prescriptions are guided by systematic repertorization. This study compares the clinical outcomes obtained using Boenninghausen's Therapeutic Pocket Book (T.P.B.) and Kent's Repertory in patients with chronic migraine.

Objective: To evaluate and compare the therapeutic outcomes of Boenninghausen's and Kent's Repertory-based prescriptions in chronic migraine through a multi-centric clinical trial.

Methods: A prospective comparative clinical study was conducted at two centers in Maharashtra—Nashik and Aurangabad—from January to June 2025. A total of 60 patients (30 per group) were enrolled based on ICHD-3 criteria for migraine.

Group A: Boenninghausen's repertory used for case analysis and prescription.

Group B: Kent's repertory used for case analysis. Selection of remedies was confirmed through Materia Medica correlation. The primary outcomes included frequency of attacks, intensity (VAS), and Migraine Disability Assessment (MIDAS) score. Data were analyzed using paired t-tests, with $p < 0.05$ considered statistically significant.

Results: Both groups showed a significant reduction in migraine frequency and intensity after 12 weeks. Mean attack frequency reduced from 6.3 ± 1.2 to 2.8 ± 0.9 in Group A and from 6.1 ± 1.0 to 3.6 ± 1.1 in Group B. MIDAS scores improved by 65% in Group A and 48% in Group B. Remedies frequently indicated were *Belladonna, Gelsemium, Natrum muriaticum,* and *Sanguinaria canadensis.*

Conclusion: Boenninghausen's Repertory proved more effective due to its emphasis on modalities and concomitant symptoms, yielding better individualized prescriptions for chronic migraine management.

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KEYWORDS: Chronic Migraine, Boenninghausen's Repertory, Kent's Repertory, Homoeopathy, Repertorization

1. INTRODUCTION

Migraine is a prevalent neurological disorder affecting nearly 12% of the global population (WHO, 2023). It causes significant socioeconomic and functional impairment due to its recurrent and disabling nature. In Homoeopathy, migraine represents a chronic miasmatic disorder influenced by genetic and environmental triggers. Individualization of treatment—central to Hahnemannian philosophy—remains crucial for successful outcomes.

Two principal repertorial approaches dominate classical Homoeopathy:

1. **Boenninghausen's Therapeutic Pocket Book (T.P.B.)**, which emphasizes modalities and concomitants, focusing on the totality of symptoms rather than isolated particulars.
2. **Kent's Repertory**, a hierarchically structured repertory emphasizing mental generals, then physical generals, and particulars.

While both approaches have distinct advantages, their comparative effectiveness in clinical migraine management has not been systematically studied in a multicenter setting.

2. METHODOLOGY

Study Design

A prospective, comparative, multicenter clinical study was undertaken at two homeopathic teaching hospitals. Sixty patients fulfilling the inclusion criteria were randomized into two groups of thirty each.

Inclusion Criteria

- Age 18–55 years
- Diagnosed with chronic migraine (≥15 headache days/month for >3 months)
- No concurrent allopathic prophylaxis

Exclusion Criteria

- Secondary headaches or intracranial pathology
- Hormonal disorders, psychiatric illness
- Pregnancy or lactation

Intervention

Each case underwent detailed case taking per §83–104 of the *Organon of Medicine (6th Edition)*.

Group A (Boenninghausen): Repertorization done using T.P.B., emphasizing modalities and concomitants.

Group B (Kent): Repertorization done using Kent's Repertory, emphasizing generals and mentals.

Prescriptions were individualized; most remedies were used in 200C or LM potencies with follow-ups every two weeks.

Assessment Tools

- **VAS (0–10):** Pain intensity
- **MIDAS Score:** Disability quantification
- **Attack Frequency:** Mean monthly count

Baseline and post-12-week values were compared using paired t-test analysis.

3. RESULTS

Table 1: Comparison of Mean Improvement in Clinical Parameters

Parameter	Boenninghausen (n=30)	Kent (n=30)
Mean Attack Frequency (baseline)	6.3 ± 1.2	6.1 ± 1.0
Mean Attack Frequency (12 weeks)	2.8 ± 0.9	3.6 ± 1.1
Pain VAS Reduction (%)	61%	47%
MIDAS Score Improvement (%)	65%	48%
p-value (between groups)	0.032	—

Statistical significance was achieved for attack frequency and MIDAS improvement ($p < 0.05$).

Common Remedies: *Belladonna 200C*, *Natrum muriaticum 200C*, *Sanguinaria canadensis 30C*, *Gelsemium sempervirens LM1*.

REPRESENTATIVE CASE 1

Female, 29 years, chronic right-sided throbbing headache for 5 years, < noise, > pressure; associated with nausea and photophobia.

Boenninghausen analysis → *Sanguinaria canadensis 30C* once daily for 7 days.

Outcome: Attacks reduced from 8/month to 3/month in 6 weeks; MIDAS improved by 70%.

REPRESENTATIVE CASE 2

Male, 35 years, left-sided headache, < sunlight, < emotional stress; marked irritability and aversion to company. Kent repertorization → *Natrum muriaticum 200C*, single dose, followed by placebo.

Outcome: Attack frequency decreased from 6 to 4/month in 3 months; moderate reduction in intensity (VAS 8 → 5).

4. DISCUSSION

Results indicate that Boenninghausen's Repertory provided more individualized prescriptions and better clinical improvement than Kent's. The inclusion of concomitant symptoms and modalities allowed a broader, more flexible symptom totality. Kent's approach, though systematic, relies heavily on mental symptoms, which may not be prominent in all migraine patients.

This aligns with previous findings by Oberai (2015) and Koley (2018), who emphasized repertorial precision in chronic conditions. The remedies identified reflect the miasmatic background (Psora-Sycotic predominance) and constitutional tendencies, confirming the holistic applicability of Homoeopathic philosophy.

5. CONCLUSION

Both repertorial approaches demonstrated clinical value in chronic migraine. However, Boenninghausen's T.P.B. was more effective for individualized prescriptions, particularly in cases with well-marked modalities and concomitants. It offers a reliable, reproducible framework for Homoeopathic clinical decision-making. Further large-scale trials with longer follow-up are recommended.

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