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REDEFINING REPERTORY PEDAGOGY: EVALUATING THE EFFICACY OF CASE-BASED LEARNING (CBL) IN TEACHING BOENNINGHAUSEN'S VS. KENT'S METHODOLOGIES

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ABSTRACT

Background: Teaching homoeopathic repertory has traditionally relied on didactic instruction focused on the mechanical structure of books. Evaluating how different philosophical methodologies—such as Boenninghausen's macro-reconstructive approach (combining fragments into a complete symptom) and Kent's deductive approach (general symptoms down to particulars)—are taught using modern interactive methods is essential for clinical competence.

Objectives: To evaluate the educational efficacy of Case-Based Learning (CBL) in teaching Boenninghausen's versus Kent's repertorial methodologies to third-year Bachelor of Homoeopathic Medicine and Surgery (BHMS) students.

Methods: A prospective, comparative educational trial was conducted with 100 third-year BHMS students randomized into two parallel arms: Group K (Kentian CBL framework, n = 50) and Group B (Boenninghausen CBL framework, n = 50). Both groups received identical clinical case profiles over an 8-week period but processed them using their respective methodology via structured group workshops. Academic output was evaluated using a blind-

vetted multi-component clinical assessment (0–100 marks) and a Repertorial Confidence Survey (1–5 Likert scale).

Results: Group K demonstrated significantly higher proficiency in initial case synthesis and hierarchical ranking of symptoms (82.4 ± 6.8 vs. 74.1 ± 8.2; \(p < 0.001\)). Conversely, Group B excelled significantly in extracting pathological generals and managing complex, structurally incomplete chronic cases (79.8 ± 7.1 vs. 68.5 ± 9.4; \(p < 0.001\)). Subjective confidence in cross-repertorisation advanced by two Likert steps in both cohorts.

Conclusion: Case-Based Learning effectively bridges classical repertorial philosophy and clinical practice. While Kentian methodology taught via CBL enhances deductive logic, Boenninghausen's framework adapts better to challenging cases lacking clear mental characteristics. Both should be integrated into interactive BHMS curricula.

KEYWORDS: Homoeopathy, Repertory, CBL, Dr. J.T. Kent's & Dr. Boenninghausen's Approach Pedagogy, Evaluation.

INTRODUCTION

The study of Homoeopathic Repertory serves as the primary diagnostic bridge between clinical case-taking and the selection of a matching medicine. Within the undergraduate Bachelor of Homoeopathic Medicine and Surgery (BHMS) curriculum, students must master divergent philosophical systems of repertorisation. The two most prominent are the deductive methodology of Dr. J.T. Kent, which moves from general mental symptoms down to physical particulars, and the inductive, synoptic approach of Dr. C. von Boenninghausen, which uses the doctrine of analogies and concomitant symptoms to rebuild incomplete clinical pictures.

Traditionally, these methodologies are taught via didactic, book-centric lectures. Students focus heavily on structural sub-divisions, historical editions, and mechanical rubric counts. This passive approach often leaves undergraduate scholars struggling to decide which repertorial strategy fits a real-world patient scenario. To remedy this, modern medical pedagogy recommends transitioning to **Case-Based Learning (CBL)**. CBL utilizes authentic clinical narratives to stimulate structured problem-solving, group synthesis, and context-driven data retention.

While regulatory updates like those from the National Commission for Homoeopathy (NCH) advocate for interactive, competency-driven learning, there is a lack of comparative data showing how different repertorial philosophies respond to case-based methods. This study directly addresses that gap. By employing a prospective trial design, we evaluated the

educational impact of a structured CBL framework on students learning Kentian versus Boenninghausen methodologies.

METHODOLOGY

Research Design & Cohort Allocation

This prospective, parallel-group, comparative educational study was conducted over an 8-week academic cycle. The study population comprised 100 third-year BHMS students who had completed their pre-requisite training in pathology and homoeopathic pharmacy. Simple randomisation allocated participants into two parallel arms: Group K (Kentian CBL, n = 50) and Group B (Boenninghausen CBL, n = 50).

Pedagogical Interventions

Both groups met for 6 hours per week in identical interactive smart classrooms. The curriculum comprised 12 complex chronic case profiles (spanning respiratory, musculoskeletal, and psychosomatic pathologies).

- **Group K (Kentian CBL Framework):** Students analyzed cases using a top-down deductive framework. They extracted core mental generals, physical generals, and qualified particulars. They then applied *Kent's Repertory* to determine the final remedy prescription.
- **Group B (Boenninghausen CBL Framework):** Students evaluated the same 12 case profiles using a bottom-up reconstructive method. They applied the grand generalization principle, analyzing complete symptoms through four pillars: Location, Sensation, Modality, and Concomitant (LSMC). They then processed these using *Boenninghausen's Therapeutic Pocket Book (TPB)*.

Outcome Measures

At week 9, a blind academic panel assessed all participants using two primary evaluation tools:

1. **Integrated Repertorial Competency Assessment (IRCA):** A 100-mark clinical evaluation consisting of a 50-mark written protocol analysis (scoring rubric analysis and software execution) and a 50-mark practical station test evaluating bedside symptom synthesis.
2. **Repertorial Confidence Scale (RCS):** A 5-point Likert scale (1 = Poor confidence, 5 = High confidence) mapping self-reported competency in 3 specific clinical execution categories.

Data Analysis

Statistical processing was completed via SPSS Version 28.0. Continuous metric distributions are expressed as Mean ± Standard Deviation (SD) and compared using an **independent samples t-test**. Group Likert medians were evaluated using the non-parametric **Mann-Whitney U test**, with a significance threshold of ($p < 0.05$).

RESULTS

Out of 100 randomized students, 96 completed all testing sequences (Group K: n = 48; Group B: n = 48), yielding a 96% completion rate.

Assessment Dimension	Specific Technical Competency Evaluated	Group K: Kentian CBL (n = 48)	Group B: Boenninghausen CBL (n = 48)	Mean Delta / Difference	Statistical Significance (\(p\)-value)
Exam Score (0–100)	Total Integrated Assessment (IRCA)	78.4 ± 6.5	76.2 ± 7.3	+2.2 points	0.124 (Non-Sig)
Exam Sub-scale	Mental Symptom Hierarchy Synthesis	**82.4 ± 6.8**	74.1 ± 8.2	+8.3 points	(<0.001)
Exam Sub-scale	Pathological General Extraction / LSMC	68.5 ± 9.4	**79.8 ± 7.1**	-11.3 points	(<0.001)*
Exam Sub-scale	Software Rubric Cross-Matching	74.3 ± 8.1	75.6 ± 7.9	-1.3 points	0.428 (Non-Sig)
Likert Scale (1–5)	Confidence in Rubric Selection	4.0 (Median)	4.0 (Median)	0.0 Ranks	0.612 (Non-Sig)
Likert Scale (1–5)	Confidence in One-Sided / Deficient Cases	2.0 (Median)	**4.0 (Median)**	-2.0 Ranks	(<0.001)

**Independent samples t-test significant at ($p < 0.05$); (dag) Mann-Whitney U test significant at ($p<0.05$)*

DISCUSSION

The statistical analysis demonstrates that while Case-Based Learning yields high overall exam scores in both cohorts (78.4 vs 76.2), it uncovers distinct differences in how students apply specific repertorial philosophies.

The significant superiority of Group K in **Mental Symptom Hierarchy Synthesis (+8.3 points, (p<0.001)** shows that Kent's deductive structure fits well with the linear problem-solving style of modern medical students. When presented with clear patient histories, students readily grasp the concept of organizing a case around prominent emotional and mental characteristics.

Conversely, Group B excelled at managing **Pathological Generals and LSMC compilation (+11.3 points, (p < 0.001)**. This advantage is particularly valuable for complex clinical scenarios where clear mental traits are absent. This finding is further supported by the subjective confidence scores, where Group B showed significantly higher confidence (Median: 4.0 vs 2.0) in managing one-sided or symptom-deficient cases.

Using Boenninghausen's doctrine of analogies within a CBL format teaches students to synthesize a complete clinical picture from localized, fragmented information. This helps shift student focus away from searching for rare, dramatic symptoms, directing them instead toward analyzing structural relationships and concomitant symptom patterns.

Curricular Implications

These findings suggest that a balanced repertory curriculum should avoid teaching these methodologies in isolation. Instead, institutions can deploy a unified CBL approach: using Kentian modules to develop structural logic in clear, symptom-rich cases, and Boenninghausen modules to build clinical reasoning for complex, one-sided pathology.

CONCLUSION

Using Case-Based Learning to teach homoeopathic repertory improves undergraduate technical skills and helps bridge the gap between theory and clinical practice. Kent's deductive approach matches well with student problem-solving for symptom-rich cases, while Boenninghausen's method provides superior utility for analyzing complex or localized pathologies. To build well-rounded clinical reasoning, homoeopathic institutions should incorporate integrated, case-driven models that teach students how to select the best repertorial framework for each patient's unique symptom profile.

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