

The Utility Of Boger Boenninghausen's Characteristics And Repertory In Cases Of Upper Respiratory Tract Infection

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Abstract: **Background:** In today's era cases of Upper Respiratory Tract Infection are increasing all over the world. The present study shows the efficacy of BCR in cases of upper respiratory tract infection **Objective:** To ascertain the role of BCR Management of Upper respiratory tract infections. **Material And Methods:** Purposive Sampling for research purpose will be done. Selection of the medicine will be according to concept of Method of Repertorisation given by Dr. Boger. Selection of the potency and repetition was based on laws of Homeopathic Posology which is described in Organon of medicine. **Result:** In study mostly adults are more affected and acute cases are more present. Mostly higher potency was used. **Conclusion:** Our study has concluded the Great utility of BCR in finding the indicated medicines for cases of URTI. [Shah A Natl J Integr Res Med, 2021; 12(5): 58-61]

Key Words: Upper Respiratory Tract Infection, Boger Boenninghausen's Characteristics & Repertory

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Introduction: Nowadays, the cases of respiratory infection are increased and the infections of upper respiratory tract are having tremendous effect on public health. The upper respiratory tract infection can occur in any individual irrespective of age and sex. They are the most common cause for visits to primary care providers and although the illness are typically mild, their incidence and transmission rates place them among the leading cause of time lost from work or school.

The term Upper Respiratory Tract Infection includes all inflammatory conditions related to organs of upper respiratory tract such as nose, pharynx, tonsils, paranasal sinuses and ear. The term includes some most common infectious disease like allergic rhinitis, pharyngitis, tonsillitis, sinusitis, otitis media, etc^{2,4}.

Incidences of upper respiratory tract infections are increasing in the present era. Air pollution esp. chemical fumes, sudden changes of atmosphere, improper sanitation or sunlight or inadequate ventilation and unhealthy lifestyle, resort to fast food and junk food, which by no means is a balance diet, can be the contributory factors. A study on prevalence of acute respiratory tract infections in under five children in urban and rural communities of Ahmedabad District, Gujarat conducted by Bipin Prajapati, Nitiben Talsania and Sonaliya K. According to

their study About 13 Million under 5 children dies every year in the world, 95% of them in developing countries, one third of total deaths are due to upper respiratory tract infection. Prevalence of upper respiratory tract infection was lower in urban area 17%, as compare to rural areas 26%¹⁰.

Infections of the upper respiratory tract are perhaps the most common human ailment. While they are a source of discomfort, disability, and loss of time for most adults, they are a substantial cause of morbidity and mortality in young children and elderly. These infections run their natural course in adults without complications. However in young infants, small children it increases the morbidity and mortality rates⁹.

The goal of treatment should be to give relief and also to prevent recurrence. Homoeopathy has the ability to treat such kind of acute infections and it also prevents the disease by strengthening the vitality of an individual.

Hahnemann clearly perceived holistic concept of organism and placed it before the medical profession through a rational therapeutic system i.e. Homoeopathy. Homoeopathic physician does not prescribe on the diagnosis of the disease. He prescribes medicine for the individual suffering from the disease.

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The Homoeopathic Materia medica, which records multitudinous symptoms of drugs, is like an ocean. The complexities of the number of symptoms and the wide varieties of polychrest medicine to exhibits its action on the every part of the body one must need an index which arrange all these symptoms in an elaborated and systematic manner. Repertory serves these purposes³.

Dr. Boger was a pioneer in handling cases with complex pathologies. He laid down a formal approach to manage cases with this dimension. Repertory has always been a bridge to help in treating different variety of cases. Out of all the repertories Boger Boenninghausen’s Characteristics and Repertory (BBCR) is considered as a pioneering repertory in terms of its content, philosophy and structure. Dr. Boger in this repertory has tried to bridge the gap between Boenninghausen’s repertory and Kent’s repertory^{5,6,7}.

The remedies indicated for the upper respiratory infections from our Materia medica are mostly Anti-Psorics. Boger Boenninghausen’s Characteristic and Repertory has been constructed utilizing the Boenninghausen’s antipsoric repertory with additions of modalities and concomitants. The upper respiratory tract infections are presented with predominantly common symptoms of disease. The characteristic modalities and concomitants are the important features which can be used for the Individualisation of a case.

Material & Methods: The study was performed in following ways: Type Of Study: Prospective qualitative. Method Of Sampling: Random sampling.

50 cases were randomly selected for the study from the patients suffering from upper respiratory tract infection attending the OPD.

1. Case taking was done according to guidelines mentioned by Hahnemann in aphorism 83-104.
2. Totality of symptoms was formed on basis Boger’s concept of totality.
3. Repertorization was done in Hompath software using Boger Boenninghausen’s Characteristics and Repertory.
4. The remedies were used in various potencies as per the requirement with necessary repetition.
5. Follow-up of each case was taken at interval of 7 or 15 days up to 6-8 months.
6. Response was analysed into 3 criteria:

- Cured: Sensation of well-being mentally and physically with disappearance of all the symptoms for which the patient approached with-in period of study without recurrence.
- Improved: Decrease in intensity and / or frequency of presenting complaints with feeling of wellbeing.
- Status quo: No change in presenting complaints.

Results: Results are as follows:

Table 1: Distribution According To Types Of Disease

Type Of Diseased	Number Of Patient	Percentage
Acute	33	66
Chronic	17	34
Total	50	100

Table 2: Distribution Of Cases According To Diagnosis And Result

Diagnosis	Number Of Patient	Percentage	Result		
			Cured	Improved	Status Quo
Pharyngitis	09	18	05	04	00
Tonsillitis	10	20	08	00	02
Sinusitis	04	08	00	04	00
Common Cold	08	16	04	03	01
Allergic Rhinitis	13	26	00	08	05
Otitis Media	03	06	01	01	01
Laryngitis	03	06	00	03	00
Total	50	100	18	23	09

Table 3: Distribution Of Cases According To Result

Result	Number Of Patient	Percentage
Cured	18	36
Improved	23	46
Status Quo	09	18
Total	50	100

Table 4: Remedies According To Result

Remedies	Number Of Patient	Result		
		Cured	Improved	Status Quo
Arsenic Album	02		01	01
Belladonna	08	06	02	
CalcareaCarbonica	01		01	
CarboVegetabilis	01			01
Chamomila	01		01	
China	01			01
Causticum	03		01	02
Conium	01			01
Kali Bichromicum	01		01	
Kali Carbonicum	02	01	01	
Lachesis	02	02		
Lycopodium	02	01	01	
Mercurius	05	03	01	01
Nux Vomica	06	01	04	01
Phosphorus	04	01	03	
Pulsatilla	07	03	04	
Rhustoxicodendron	01		01	
Silicea	01		01	
Sulphur	01			01
Total	50	18	23	09

Discussion: From the total number of cases most of the cases were cured or shows improvement so it shows the utility of Boger Boenninghausen’s Characteristics and repertory in treatment of upper respiratory tract infection¹.

There are more number of cases of allergic rhinitis (13 cases) and tonsillitis (10 cases) in the study as compared to other conditions of upper respiratory tract infection so this shows both of these conditions are more frequently affecting the patients.

As the totality was formed according to Boger’s concept Concomitant symptoms, modalities and physical particular symptoms were frequently used followed by physical generals for the Repertorisation. So the most commonly used rubrics were as follows:

In the study following concomitant symptoms are maximum used.

- Coryza, Concomitant, feverishness. (Used in 4 cases)
- Coryza, concomitant, limbs pain in. (used in 4 cases)
- Coryza, concomitant, appetite loss of. (Used in 3 cases)
- Coryza, concomitant, head beaten, bruised as if. (Used in 3 cases)
- In the Repertorisation frequently used modalities are as follows:
- Coryza, time, morning. (It has been used in 8 cases)
- Coryza, aggravation, changes of weather. (It has been used in 7 cases)
- Cough, time night. (It has been used in 5 cases)
- Mouth and throat, aggravation, swallowing. (It has been used in 4 cases)
- Cough, aggravated by, cold food and drink. (It has been used in 3 cases)

- Most frequently used physical particular rubrics are:
- Nose, discharge, watery. (It has been used in 14 cases)
- Cough expectoration without. (It has been used in 8 cases)
- Coryza, sneezing. (It has been used in 8 cases)
- Throat and gullet, painful. (It has been used in 7 cases).

Out of 50 cases common group of remedies found to be indicated were Belladonna, Pulsatilla, Phosphorus, Mercurius and Nux Vomica. So finally, it can be concluded that Boger Boenninghausen’s Characteristics and repertory is useful in cases of upper respiratory tract infection where there are marked concomitants and modalities.

This was small endeavour to explore the utility of Boger Boenninghausen’s Characteristics and repertory in cases of upper respiratory tract infection. I present this work to homeopathic fraternity for and hope this will provide motivation to new aspirants to explore further the utility of Boger Boenninghausen’s Characteristics and repertory for the practitioner.

Conclusion: After the research work it was concluded that homoeopathic medicine has shown the efficacy in the treatment of URTI. BCCR contains many good rubrics which are helpful in cases of URTI. But for all this Good case taking, correct totality of symptoms, Selection of medicine and Selection of Proper potency is required. However, further randomized controlled trials with a larger sample size and longer follow up duration are required to conclusively establish these findings.

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