

Welcome to the delegates of
world Homoeopathic congress
LHMI



DR Shashi kant Tiwari

Dr Tiwari Homoe Clinic

(Treatment, Training and Research Centre)

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Boger's

Methodology



in Treating

Acute ,
Pathological
and
Chronic cases

**Boger(1861-1935) has unique
contribution to
homoeopathic materia
medica, philosophy and
repertory**

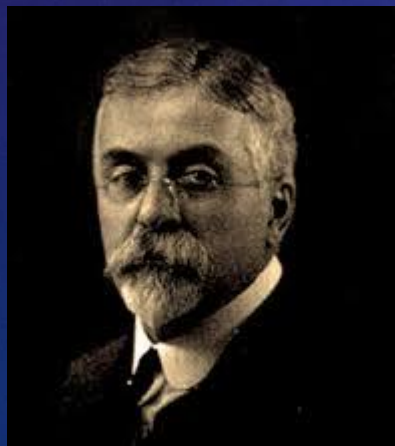
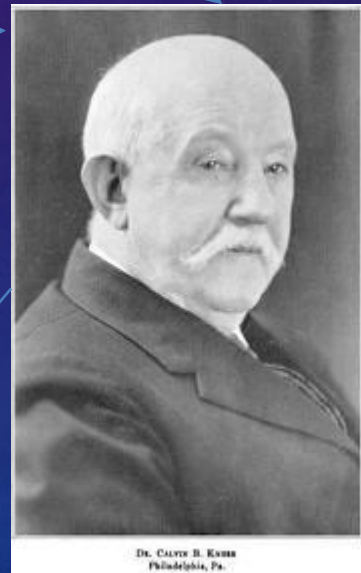
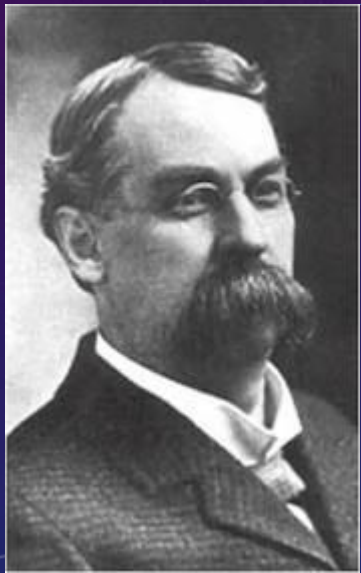


Clinical practice

Contributions as author

- Translation to English (antipsoric remedies by Boenninghausen), 1900
- BBCR, 1905, 1935 (second edition, posthumously)
- Synoptic key, 1915
- Moon phases, 1931
- Times of remedies, 1931
- Card index repertory and General analysis, 1924
- Additions to Kent's repertory (Suggested 3302 additions)
- Studies in philosophy of Healing, 1931

- He had a thorough knowledge of Master Hahnemann's Organon of Medicine, Boenninghausen's rich contributions through his repertories and materia medica as well as Kent's repertory, his other writings and Philosophy.
- Being a very practical man he amalgamated the principles of Hahnemann, Boenninghausen as well as Kent and evolved comprehensive methodologies to understand the totality and selection of simillimum



- *Boger favored the understanding--
of the whole phenomenon of the disease- at the levels of
Constitution, Diagnosis
and on ongoing Pathology.*
- *Boger's appreciation of time-dimension, causative
modalities, tissue affinities and pathological generals gave a
new vista in understanding the case.*

- *In his article “Some Thoughts on Prescribing” he instructs a physician to **first** try to elicit the evident cause and course of the sickness down to the latest symptom and effect of such influences, time temperature, open air, posture, being alone, motion, sleep eating; drinking, touch, pressure, discharges, etc.*

- **Second** comes the modalities and consideration of mental state in order of importance
- **Third** entire objective aspect or expression of the sickness including the state of secretions (sensations).

Lastly, the part affected must be determined which also brings the investigation in touch with diagnosis.

- *He further states that by going over the above rubrics in the order named, the contour of the disease picture would be pretty clearly outlined and would point fairly, well towards the simillimum and the prescriber has only to keep in mind that the actual differentiating factor may belong to any rubric*

METHODS OF REPERTORIZATION

(Depending on the availability of data in a case)

- ∞ Using causative modalities in the first place
- ∞ Using Modalities in the first place
- ∞ Using concomitant in the first place
- ∞ Using pathological generals
- ∞ Using diagnostic rubrics
- ∞ Complet symptom in order of L S M
- ∞ Fever totality

- **CASE -I**

- (Case taken on 13/9/2011. Reference no. IF 511)

- A lady of 31 years reported for treatment of infertility. She is married for more than three years, staying with husband having regular and normal family life. But she could not deliver a baby though she was conceived once. All the reports are showing normalcy. She has undergone USG and routine hormonal investigations. Her husband's sperm count is 29 lakh. Her details are mentioned below-

- **Gynecological history;** she is moderately built and nourished lady
- Menarche; 14years
- L M P-12-9-2011
- Cycle regular; 24-28 days
- Duration; 4-5 days

Concomitants of menstruation;

- Before menses; body ache-one day before. Does not pass motion before 3 days of menses
- During menses; severe pain felt in lower abdomen and lower extremities, and giddiness. Takes Meftal spas tab each time. Becomes emotional
- After menses; 5 days after menses-white, watery leucorrhoea, pain in both hips
- **Obstetrical history;**
- G1, P0, A1, D0
- Underwent spontaneous abortion in the month of January 2011. It was after 2 weeks of missing period.

- **Other complaints;**
- Migraines headache; 5-6 years, taken allopathic medication. Left sided pain, aggravated and caused by tension. Irritability and anger with the headache.
- Extremities; on and off pain in the joint.
- Skin; urticarial rashes since a few months, severe itching. Aggravated by taking oily food and perfumes.

PHYSICALS;

- After abortion- she feels that her lower abdomen is relaxed and the muscles around abdomen is loose, she also told that the whole body has become loose. The face looks like old person and the breast are sagging. All these happened after the abortion. She hates herself when she observes herself. She showed by pulling her fat and muscles here and there, the elasticity and the looseness of her body.

- Appetite; reduced
- Desires; spicy food
- Aversion; no particular food
- Perspiration; all over, earlier, especially during examinations- increased palms and soles. Now not much

- Bowels; constipated mostly, previously-once in 3 days, now once a day or alternate days. Stool –hard and painful, difficult to pass.
- Thermal; extremes don't like, prefers cold weather, can tolerate a little heat. Does not like summer
- Sleep; no difficulty experienced, though she gets some vague dreams.

Mind;

- Generally anxious person, fearful, gets angry fast- cannot forget easily-does not talk to the person. Weeping by herself while thinking of incidents and feels bad that she could not get a baby.
- **Past history;** no significant past illness

- **Family history**-mother Diabetic, father no health problems.
- **Physical examination;**
- No pallor, BP 130/80
- Per abdomen NAD, flabby muscles

CASE II

(Husband's case)

- Name O R P
- Age 35years, male
- Occupation-AC machine mechanic
- Married since 3 years
- Moderately nourished and built
- “Wife suffered a miscarriage in Jan 2011, want to father a child. Doctors have told that I have less sperms in my semen.”

Semen analysis-dated 12/9/11

- Quantity-2.5 ml
- Colour whitish
- PH-8.0
- Liquefaction 30 minutes
- Sperm count 25 ml
- Actively motile-70%
- Sluggishly motile-20%
- Non motile-10%
- Pus cells-3 to 4
- RBC-1to 2

- Feels weak and relaxed organs while having sex. Does not feel satisfied after emission- Feels it comes out in weak spells.
- Past history – Herpes at 5 years age-could not tell any details, renal stone before marriage. Came out with pain. No medication done.
- On further inquiry a few symptoms were obtained-
- Desires –KHARA, spicy, no aversion likes all the food

- Perspiration-slight on forehead and around neck
- Sleep good, occasional fearful dreams.
- Does not like heat
- Likes driving
- Anxious and short tempered person
- Father –DM and Hypertension

CASE I WORKING OUT RUBRICS SELECTED-

- Relaxation physical-----pathological general
- Muscle, relaxed, flabby, weak-----Pathological general
- Menses before-constipation-----concomitant
- Menses during-
- Mind, abdomen, vertigo, limb-lower---concomitant
- Menses after-leucorrhoea-watery, white---concomitant
- Skin-eruptions-Urticarial eruption-----concomitant



- Investigation window for remedies
- 125%
- Clipboard 1
1. Boger C., Boenninghausen's Repertory - SENSATIONS AND COMPLAINTS IN GENERAL - Relaxation, phys... (71) 1
 2. Boger C., Boenninghausen's Repertory - SENSATIONS AND COMPLAINTS IN GENERAL - Muscles - relaxe... (68) 1
 3. Boger C., Boenninghausen's Repertory - MENSTRUATION - Concomitants before menses - constipation (13) 1
 4. Boger C., Boenninghausen's Repertory - MENSTRUATION - Concomitants during menses - mind (79) 1
 5. Boger C., Boenninghausen's Repertory - MENSTRUATION - Concomitants during menses - abdomen (111) 1
 6. Boger C., Boenninghausen's Repertory - MENSTRUATION - Concomitants during menses - vertigo (65) 1
 7. Boger C., Boenninghausen's Repertory - MENSTRUATION - Concomitants during menses - limbs - lower (76) 1
 8. Boger C., Boenninghausen's Repertory - MENSTRUATION - Concomitants after menses - leucorrhoea (51) 1
 9. Boger C., Boenninghausen's Repertory - MENSTRUATION - Leucorrhoea - leucorrhoea - white (18) 1
 10. Boger C., Boenninghausen's Repertory - SKIN AND EXTERIOR BODY - Eruptions - urticarious (nettle-rash) (75) 1

J.Sherr Display Strategy Restrict to

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	10	10	9	9	9	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8
	25	23	20	19	17	17	16	16	28	25	20	18	18	18	17	15	14	14	11	
1	1	2	1	-	2	1	1	-	2	-	-	-	1	2	2	1	1	1	1	1
2	3	2	3	1	2	1	2	2	-	4	2	3	1	4	-	-	2	1	3	1
3	1	3	-	1	1	-	1	1	-	-	-	-	-	-	1	-	-	1	-	1
4	2	3	3	3	2	2	2	3	3	3	2	3	3	3	3	2	2	2	2	2
5	4	2	4	4	4	3	4	3	2	4	4	3	3	4	4	3	2	2	2	1
6	4	1	1	2	2	3	2	1	1	4	3	4	3	2	2	2	1	-	1	1
7	4	3	2	4	2	3	1	3	1	3	3	2	2	1	3	2	4	3	-	1
8	2	2	2	2	1	2	2	2	2	2	3	2	1	1	1	2	2	1	2	3
9	1	3	1	1	-	1	-	1	1	4	4	1	-	-	-	1	-	-	1	-
10	3	2	3	1	1	1	1	1	3	4	3	3	4	1	2	3	1	3	2	-

180 remedies / 10 symptoms Sum of symptoms, sort: degree No restriction All remedies considered

CAN BE TAKEN FOR DIFFERENTIATION/FINALIZATION OF PRESCRIPTION-

- 1. Frequent attack of Migraine with irritability
- 2. History of sweating of palm and soles
- 3. Thermal not marked

13/9/11

- She was given Sil-30/ once a week to start on 5th day
- Rubrum pills 4-4 daily
- She was also given folliculinum 1m /one dose to start with.
- She got her menses on time 28 days. There was not much discomfort with the menses.
- She was not happy because she could not conceive.

CASE II WORKING OUT

- Genitalia male organs-----Location
Weakness-----Sensation
Semen feeble too-----Sensation
Coition agg. -----Modality
- Patient is anxious and short tempered. Patient does not like heat.



Investigation window for remedies

125 %

J.Sherr Display Strategy Restrict to

Clipboard 1

- 1. Boger C., Boenninghausen's Repertory - GENITALIA - Male organs - in general (45) 1
- 2. Boger C., Boenninghausen's Repertory - GENITALIA - Male organs - weakness (21) 1
- 3. Boger C., Boenninghausen's Repertory - SEXUAL IMPULSE - Semen - emission of - feeble, too (10) 1
- 4. Boger C., Boenninghausen's Repertory - GENITALIA - Conditions - coition - agg. (22) 1

	phos.	nat-m.	sulph.	sep.	agn.	canth.	ign.	lyc	calc.	am.	merc	nit-ac	con.	ferr.	kali-c	alum.	dlem.	graph.	rhus-t	caust.	hep.	nat-c
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
4	4	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2
7	6	7	5	4	4	4	4	3	5	5	5	4	4	4	3	3	3	3	2	2	2	2
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1	2	2	1	1	1	1	1	-	1	-	-	-	-	-	2	-	-	-	-	1	-	-
3	1	-	-	1	1	1	-	1	-	-	-	3	-	-	-	-	-	-	-	-	-	-
2	2	1	2	-	-	-	1	1	-	1	1	-	2	2	-	1	1	1	1	-	1	-

Husband was prescribed Nat mur-30/once a week along with some nihilinum

10/10/11

- on 5th day again she was prescribed Sil-200/once a week along with rubrum pills
- She reported over the phone that her menses was late by 2 weeks. she was suggested to go urine checkup for pregnancy.

On 25th Nov 2011,

- she came with the report that pregnancy test was positive.
- She was asked to stop the medicines.

IF 511



DREAMSIA
DIAGNOSTIC & RESEARCH CENTRE LTD.

(1.5 T MRI, SPIRAL CT SCAN, DIGITAL X-RAY & CLINICAL LABORATORY CENTRE)

Lab No : 18948/11 Date : 25-Nov-11
Patient Name : MRS. CLARA PAIS Age / Sex : 28 Yrs/F
Ref by Dr : TIWARI

Test Name **Result** **Normal Range**

GENERAL


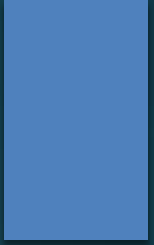
URINE EXAMINATION

URINE PREGNANCY TEST (UPT) POSITIVE

Signature

LEFT SIDED CHEST PAIN





▶ **Mr Ibrahim, 64 yrs reported in Homoeo OPD with chest pain on 2/7/2007. He was admitted to our IPD for evaluation of chest pain and treatment.**

▶ **The details of the case is as follows**

Location	Sensation	Modality	Concomitant
<p>Chest Left side to left scapula</p> <p>Since morning <</p>	<p>Constricting pain Pain as if something heavy is pressed, Radiating type, Uneasiness and Restless feeling</p>	<p><exertion² <walking² > Lying on³ right side</p>	<p>Weakness Headache² Giddiness</p>

HISTORY OF PRESENTING COMPLAINTS

- ▶ Patient also had distention of abdomen with flatulence for the past 4-5 months which is more after eating. He used to get chest discomfort on and off and was treated for the same. Hence he decided to take Homoeo medicine. Now the pain is severe.



PAST ILLNESS

- ▶ Twelve years ago he had a severe pain in chest and was admitted in Intensive Care Unit for 3 days. He used to get some mild pain occasionally but continued his activities. Three years ago he had once again severe pain and was admitted in ICU for one day. After that he was advised to avoid strenuous work. He is known hypertensive for last 3 months and is on medication.

General physical examination

PALLOR	Absent
ICTERUS	Absent
CYANOSIS	Absent
CLUBBING	Absent
LYMPHADENOPATHY	Absent
OEDEMA	Absent
P.R.	75/ minute
TEMPERATURE	Afebrile
B.P.	150/90 mm of Hg
R.R.	22/ minute



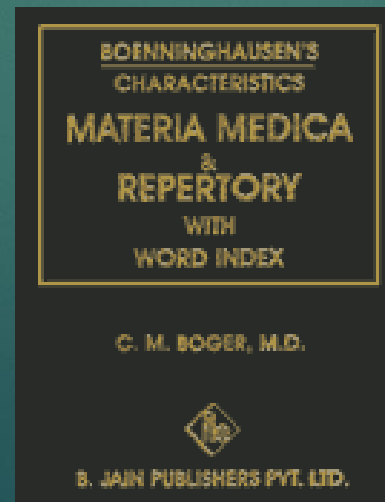
- ▶ Chest –
 - Inspection -Shape – barrel, no engorgement of veins
 - Visible pulsation, 2 cm. lateral to mid clavicular line
- ▶ Palpation – No tenderness
 - Apex beat shifted lateral to mid clavicular line
 - Tapping apex beat.
- ▶ Auscultation -S1 S2 heard, S3 at Apex.
 - Some abnormal sound - Can't be specified

ACUTE TOTALITY

Chest pain with headache and giddiness	Concomitant
Chest pain better lying on right side	Modality
Chest pain – Constricting	Sensation
Chest pain as if heavy pressure	Sensation
Chest pain radiating to left Scapula	Sensation
Chest pain with uneasiness	Sensation
Chest Abnormal sound	Sensation & Pathology

REPERTORY SELECTION

- ▶ Since the case has Concomitant, Modality and Characteristic sensations, BBCR is selected for repertorization

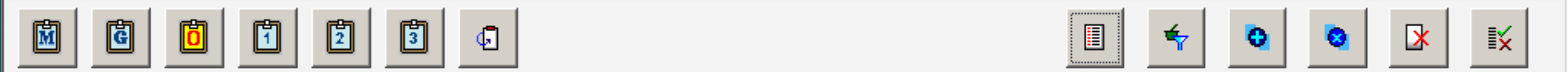


REPERTORIAL TOTALITY

RUBRIC	CHAPTER	Page NO
Head Internal – Heart Symptoms with	Head internal <	Pg:285
Constriction	Chest Inner	Pg:755
Pressure; Load or weight	Chest Inner	Pg:759
Uneasiness	Heart region of	Pg:777
Scapula pains extend to	Heart region of	Pg:775
Sounds Abnormal	Heart region of	Pg:776



Repertorisation: Normal



0 0 6 0 0 0

Remedy Name	Cact	Spig	Phos	Naja	Dig	Ars	Nux-v	Puls	Sulph	Ant-t	Samb	Acon	Aur	Kali-c
Totality	12	10	9	8	7	7	7	6	6	6	6	5	5	5
Symptom Covered	4	5	4	6	4	3	2	3	3	2	2	3	3	2
[BN] [Head]Internal:Aggravation:Heart symptoms, with:	2	2	1	2	2									
[BN] [Chest]Inner:Constriction:	4	3	3	1	2	4	4	3	2	2	3	2	2	3
[BN] [Chest]Inner:Pressure, oppression, etc.:Load or weight:	4	1	4	1		1	3	1	1	4	3		1	
[BN] [Chest]Heart and region of:Uneasiness:				1	1							1		
[BN] [Chest]Heart and region of:Scapula, pains extend to:		2		1					3					
[BN] [Chest]Heart and region of:Sounds:Abnormal:	2	2	1	2	2	2		2				2	2	2

Symptoms 6

Remedies 118

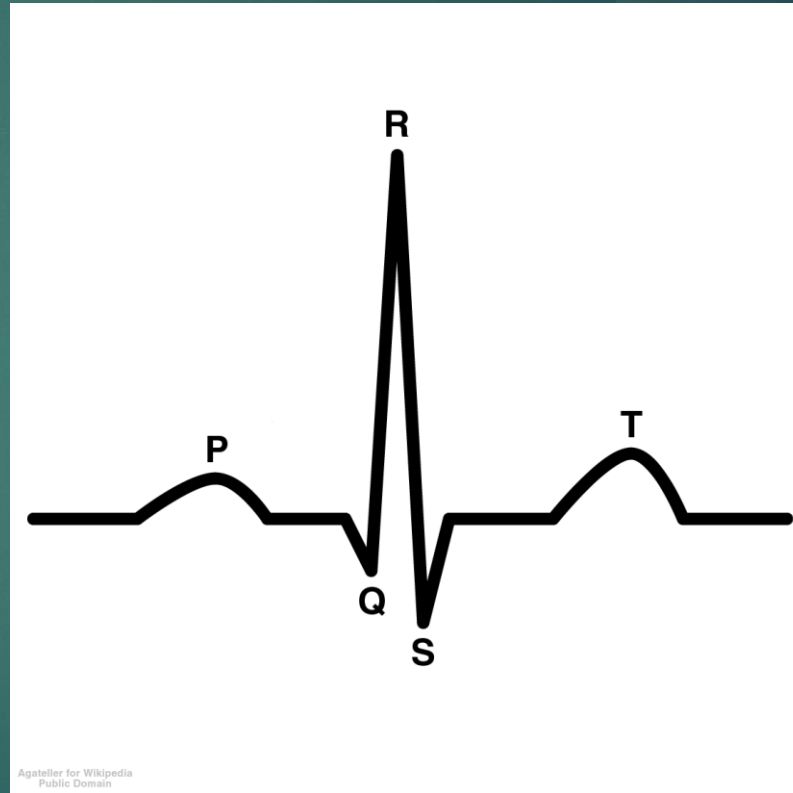
MANAGEMENT & TREATMENT

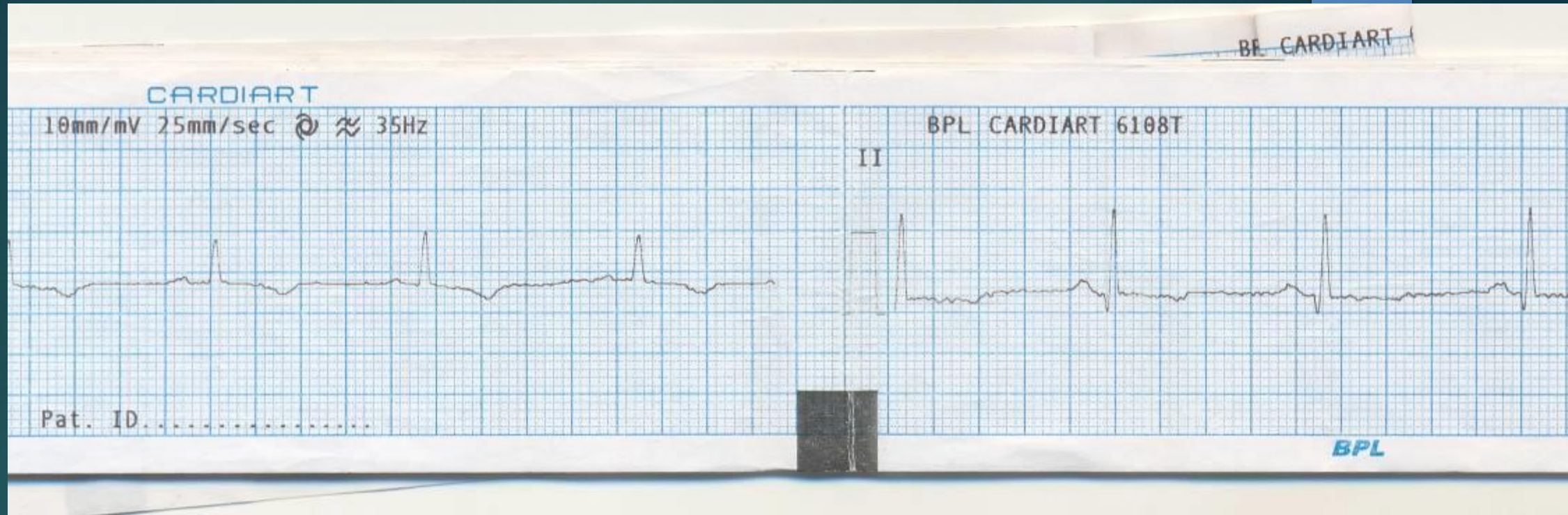
- ▶ Patient was advised complete bed rest and was prescribed

NAJA 30
3-3-3



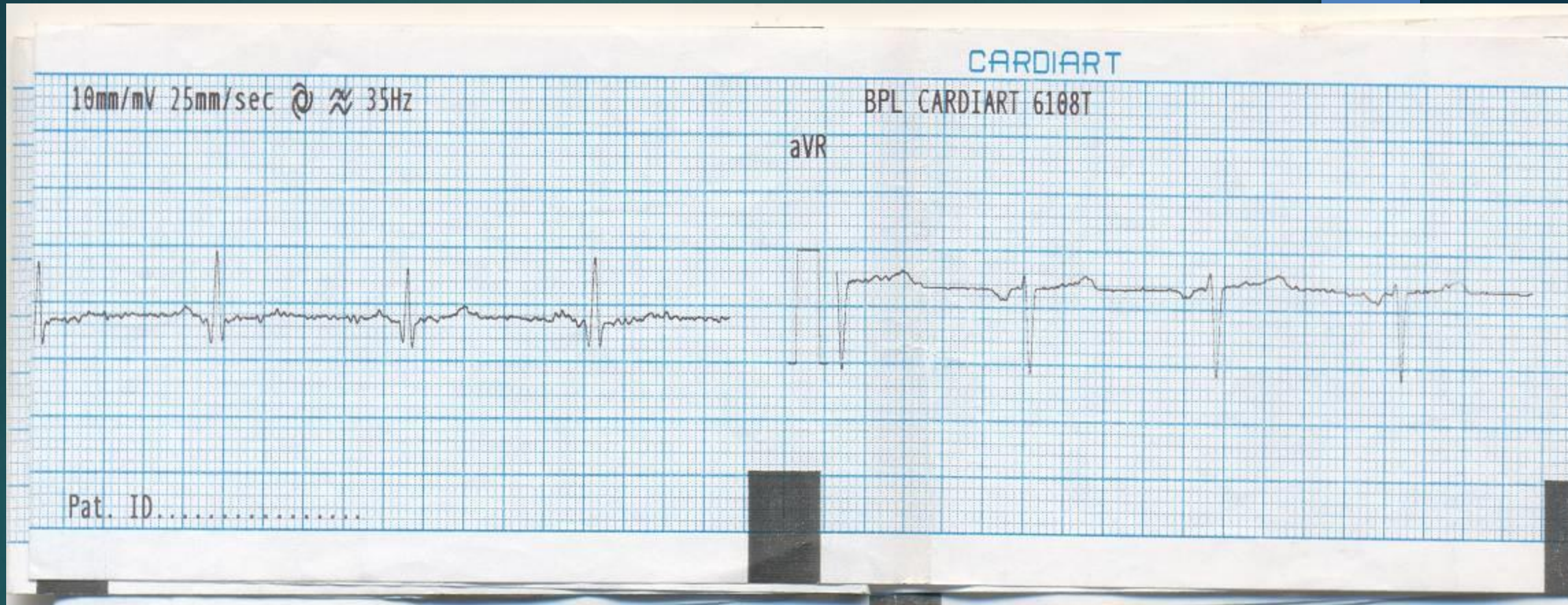
E.C.G





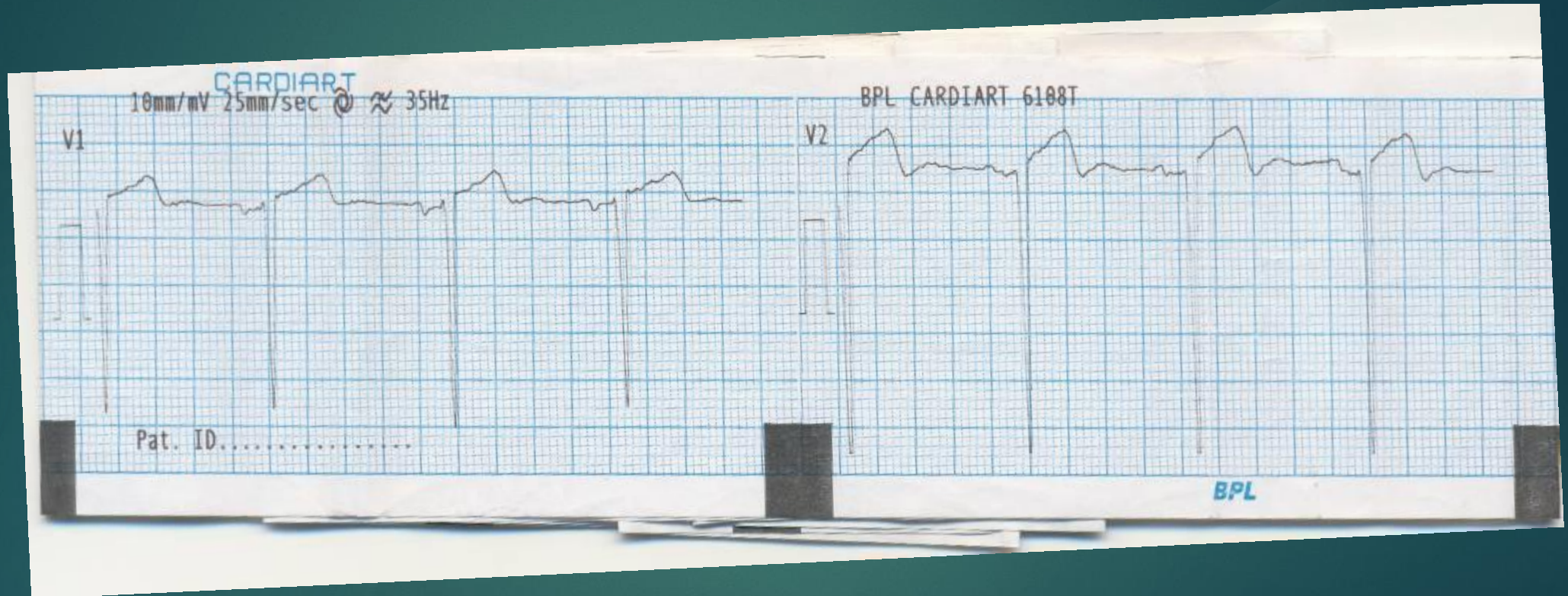
LI, t wave inversion

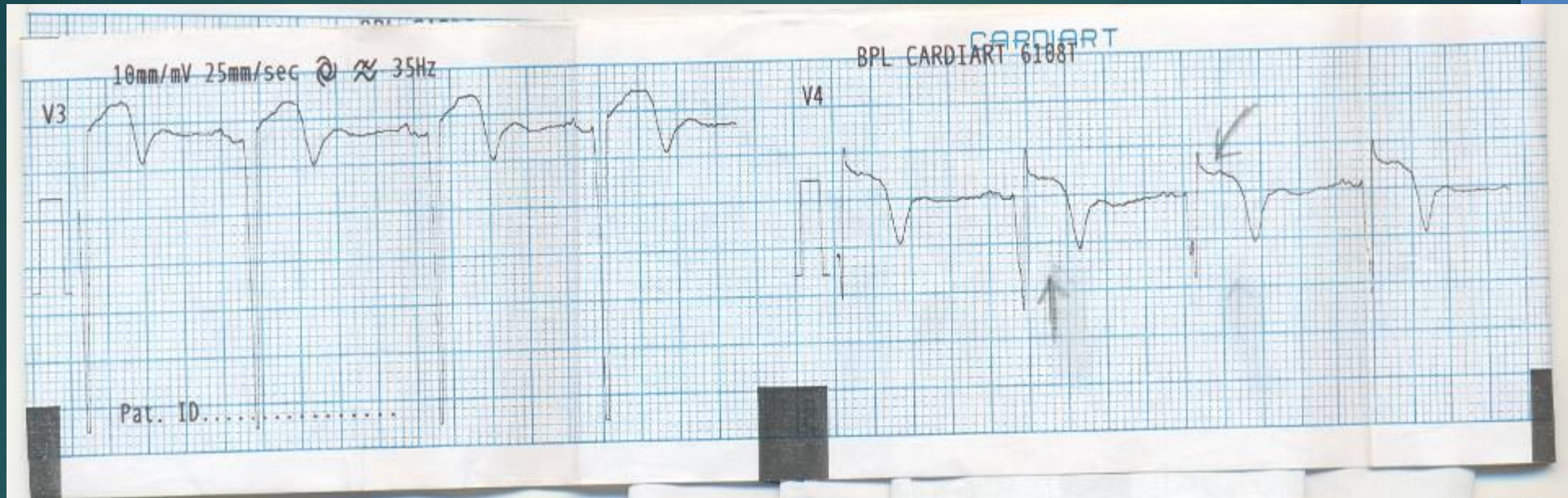
LI: pathological q wave, t
wave inversion



LIII: pathological q waves,

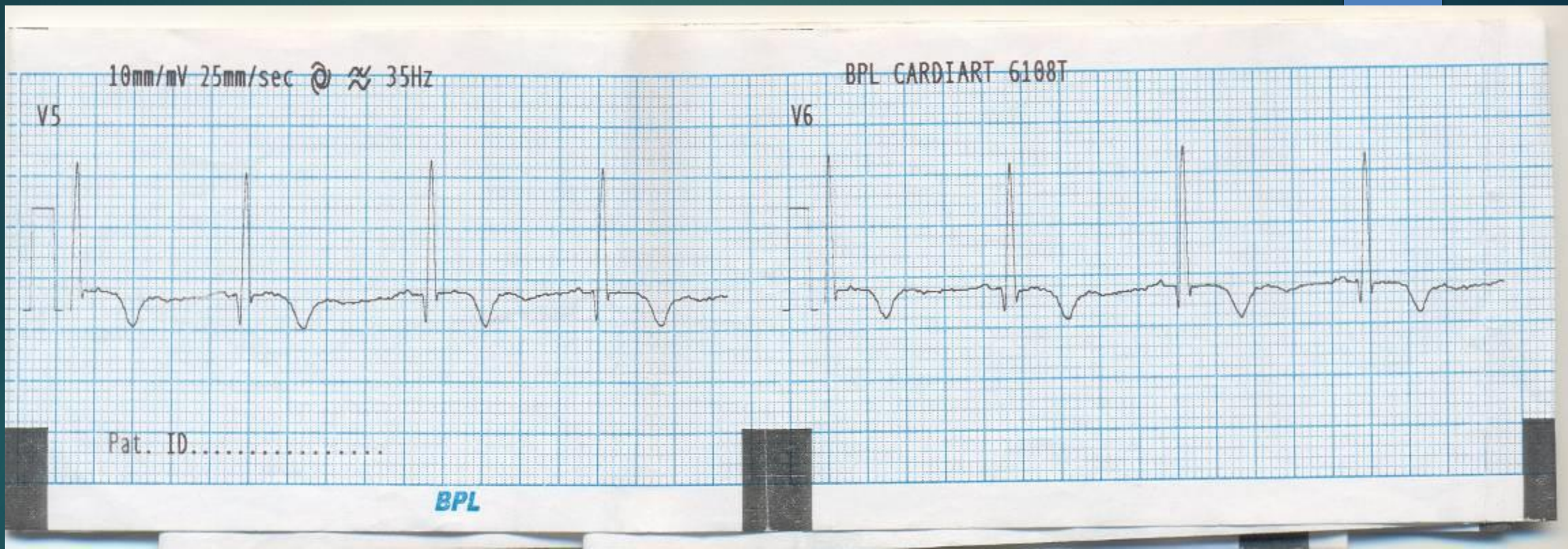
V₂ :st segment elevation, t wave inversion





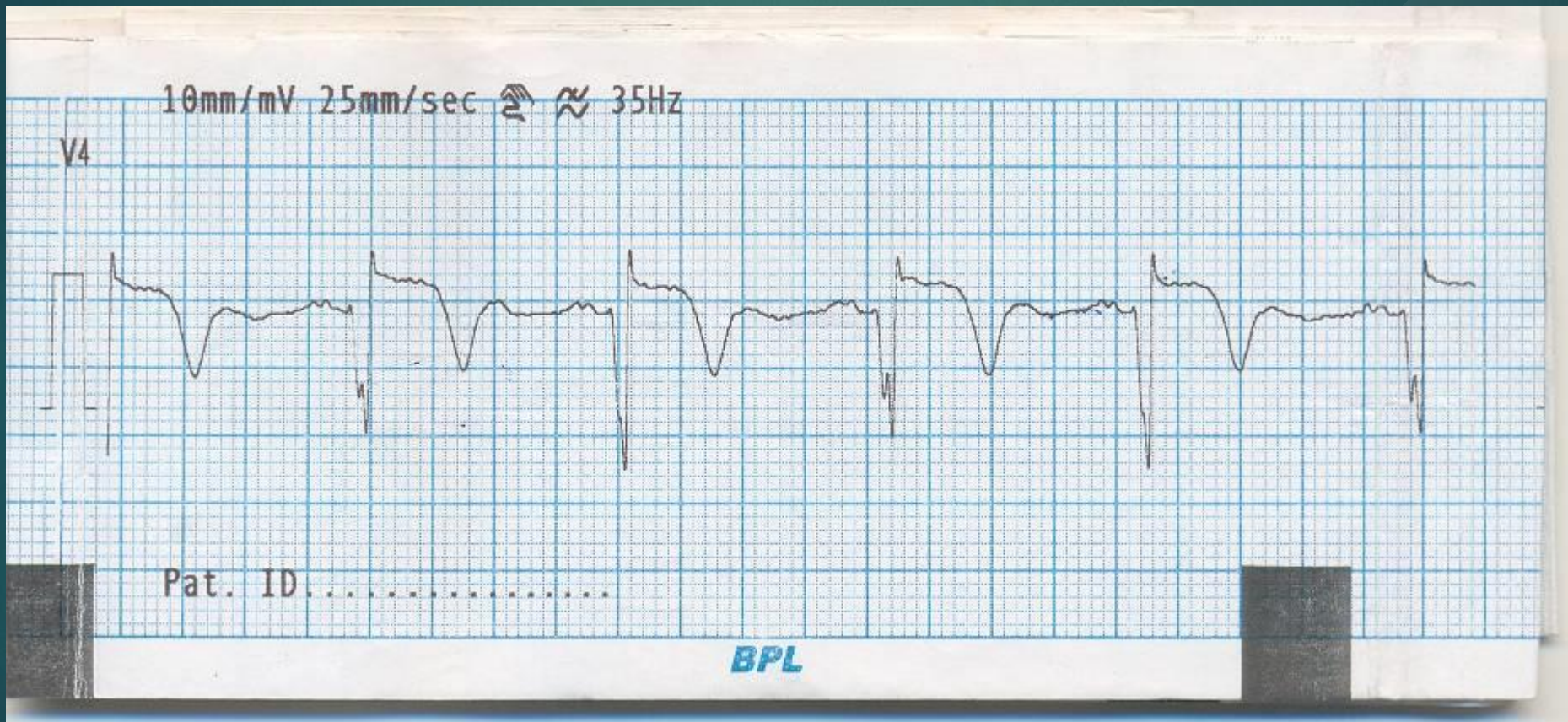
V_3 st segment elevation, t wave inversion

V_4 st segment elevation, t wave inversion



V_5 t wave inversion
 V_6 t wave inversion

V₄ SEPTAL INFARCT



ECG SUMMARY

PATHOLOGICAL 'q' WAVES	LII, LIII.
't' WAVE INVERSION	LI, LIII, V ₂ V ₃ V ₄ V ₅ V ₆
's t' SEGMENT ELEVATION	V ₂ V ₃ V ₄

ISCHAEMIC HEART DISEASE **MYOCARDIAL**
&
MYOCARDIAL INFARCTION **INFARCTION**

ECHO CARDIOGRAM



FATHER MULLER MEDICAL COLLEGE HOSPITAL

(A Unit of Father Muller Charitable Institutions)

Kankanady, Mangalore - 2, India

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Web : www.fathermuller.com

DEPT. OF CARDIOVASCULAR SCIENCES

ECHOCARDIOGRAPHY REPORT

Name: MR. IBRAHIM

Age: 64 yrs Sex: Male IP No: 1262

Ward: HOMEO

Ref. Doctor: S.K.THIWARI

Date : 04-07-2007

Chambers

Left Ventricle

Regional Wall Motion: HYPIKINESIA OF IVS, ANTERIOR AND APICAL, MID LATERAL WALL

Size: Normal

Thickness: Normal

Ejection Fraction: REDUCED

LV Clot: Absent

Left Atrium: Normal

Right Atrium: Normal

Right Ventricle: Normal

Heart Valves

Mitral Valve: Normal

Tricuspid Valve: Normal

Aortic Valve: Normal

Pulmonary Valve: Normal

Septas

Interatrial Septum: Intact

Inter Ventricular Septum: Intact



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DEPT. OF CARDIOVASCULAR SCIENCES

Great Vessels

Aorta: Normal

Pulmonary Artery: Normal

Pulmonary Veins: Normal

SVC & IVC: Normal

Situs & Position : Normal

Others:

Doppler Study

Mitral Valve: TRIVIAL MR

Aortic Valve: Normal

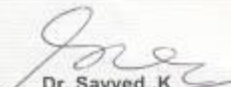
Tricuspid Valve: TRIVIAL TR


Pulmonary Valve: Normal

Measurements

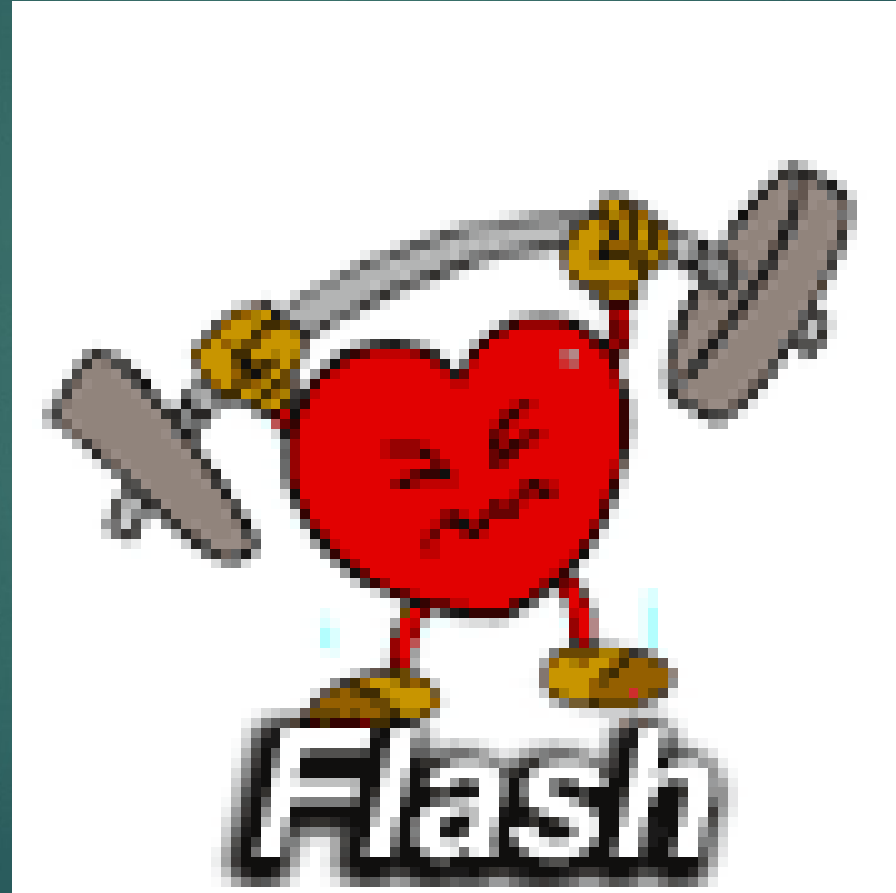
	Values	Normal
Aorta:	27	20 - 37 mm
Lt Atrium:	30	19 - 35 mm
RVID:	18	9 - 19 mm
LVIVS:	11	6 - 11 mm
LVPW:	11	6 - 11 mm
LVESD:	40	23 - 38 mm
LVEDD:	50	34 - 52 mm
LVEF:	36	50 - 75 %

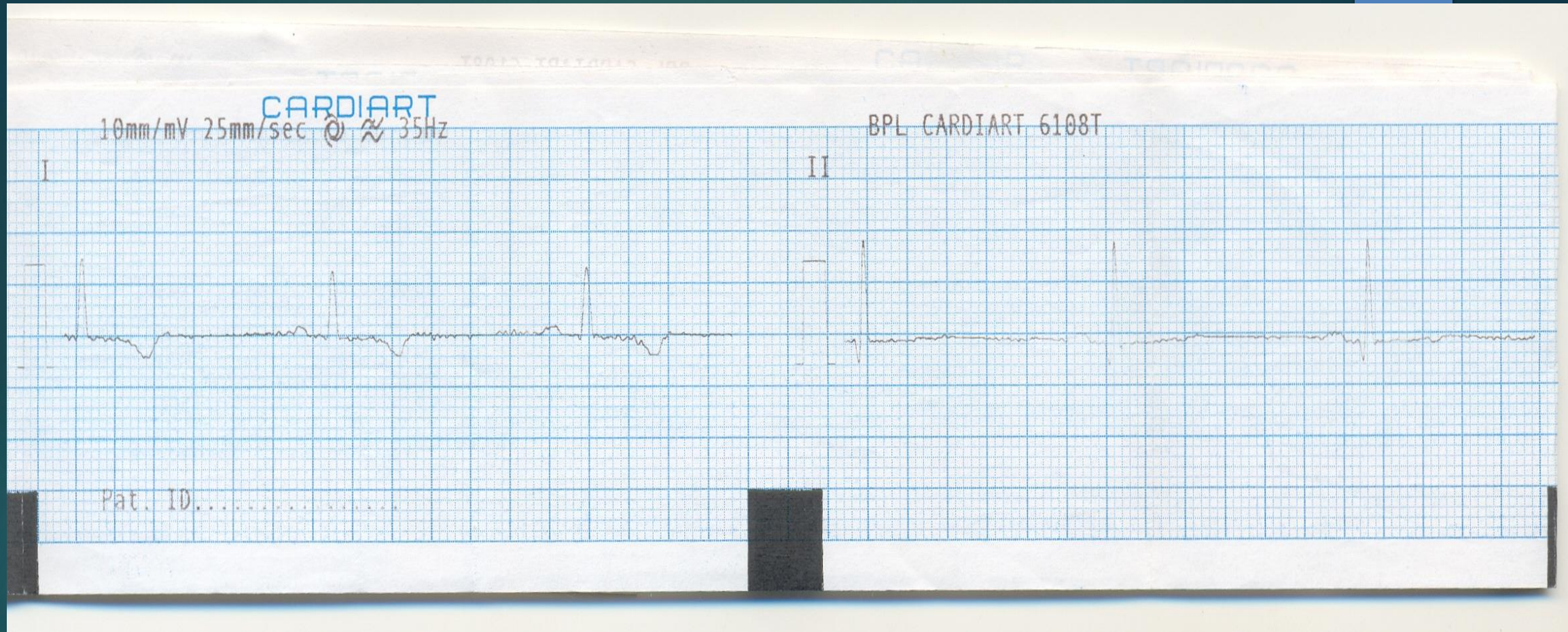
Final Diagnosis: ISCHEMIC HEART DISEASE
NORMAL VALVES
NO LV CLOT
MODERATE LV SYSTOLIC DYSFUNCTION


Dr. Sayyed .K
Interventional Cardiologist


Dr. H Prabhakar, MD DM
Chief Interventional Cardiologist
Head of Dept. of Cardiovascular Sciences

ECG BEFORE DISCHARGE

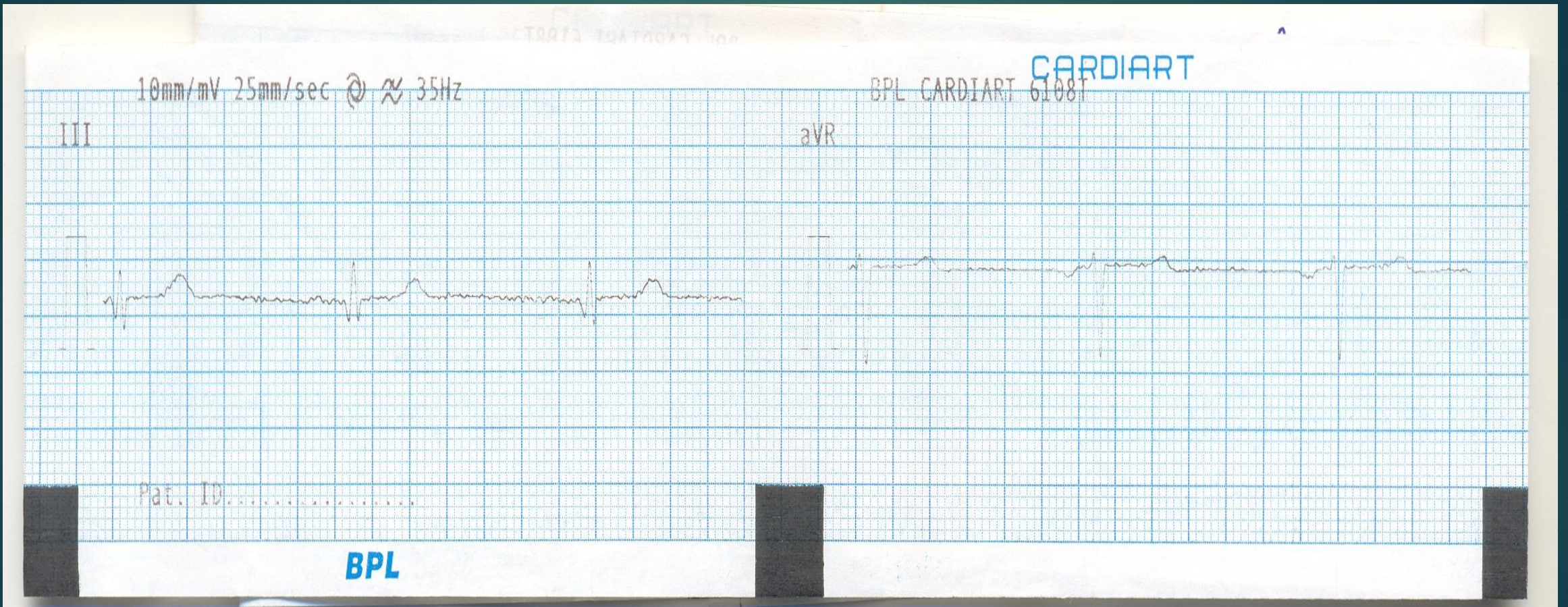




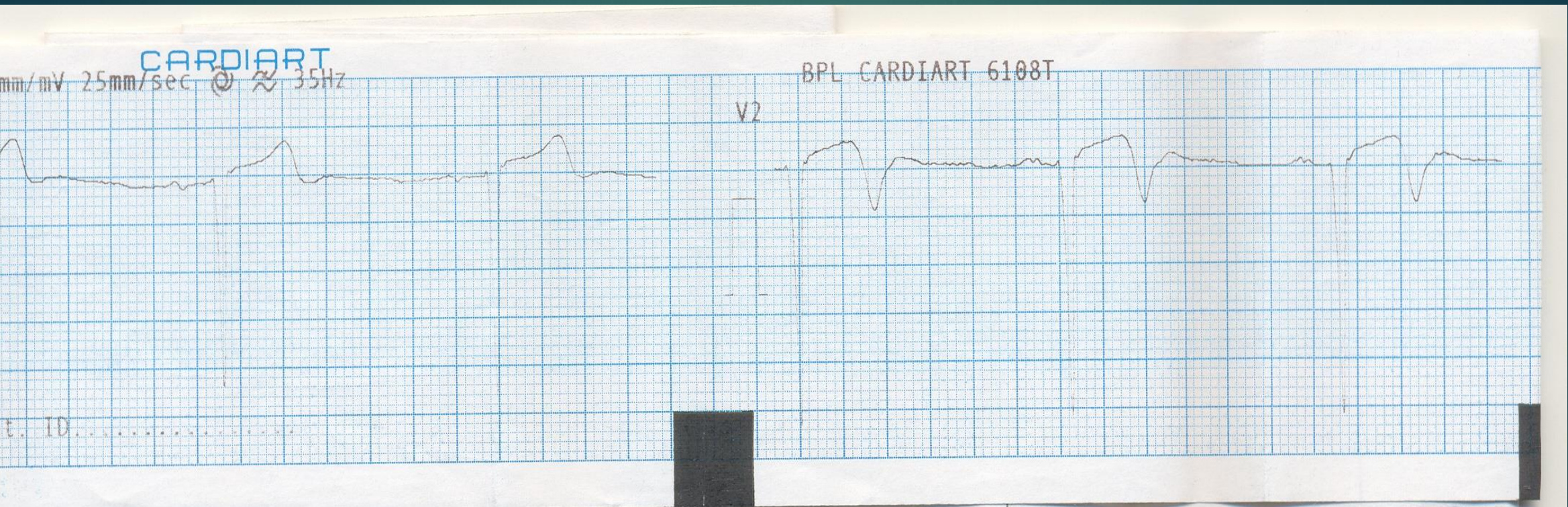
I: t wave inversion

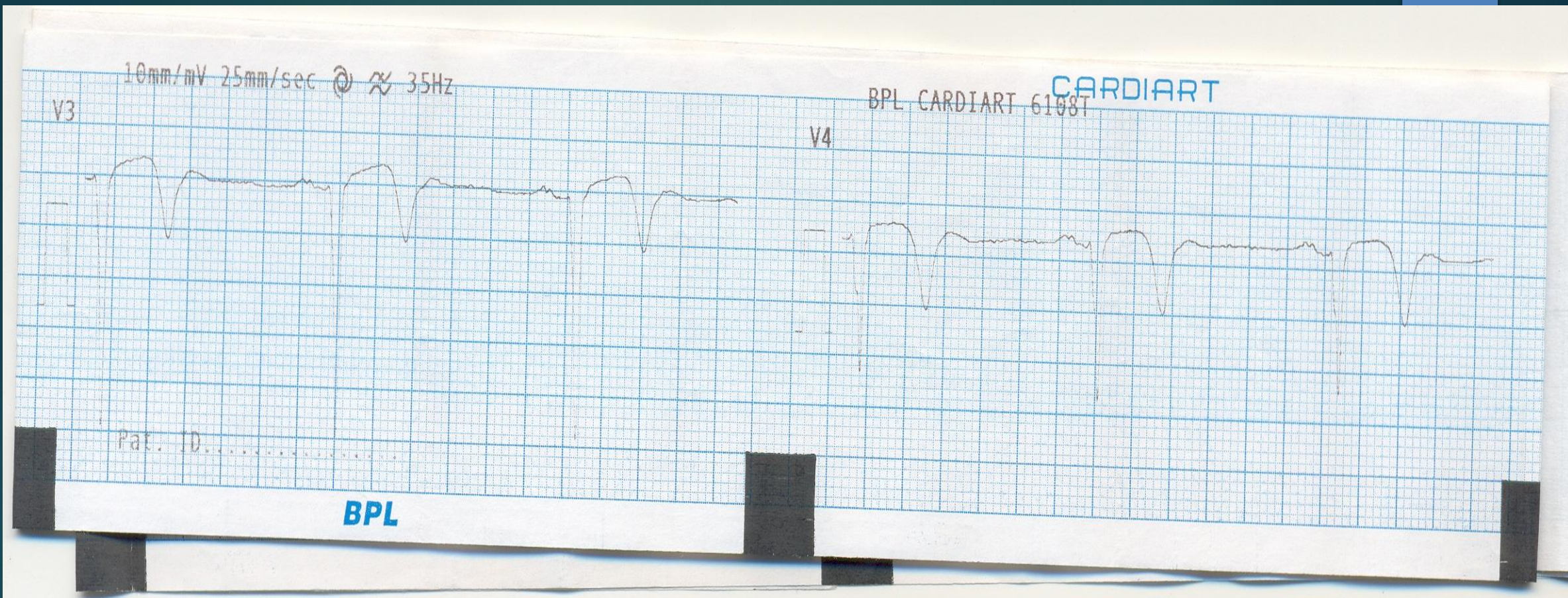
II: Pathological q waves, t wave inversion

III: Pathological q waves



V₂: st segment normal, t wave inversion





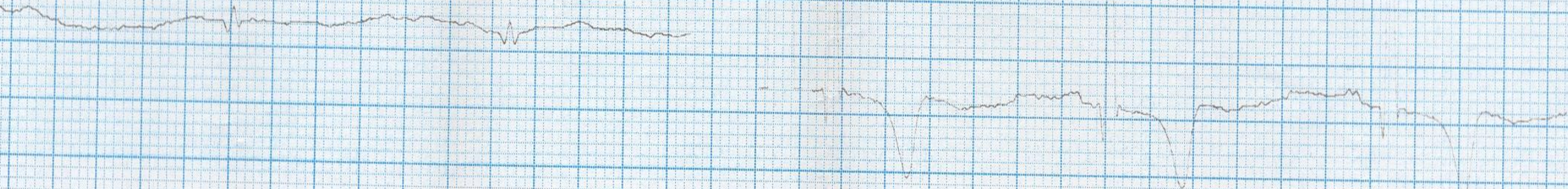
V_3 st segment normal, t wave inversion

V_4 st segment normal, t wave inversion

0mm/mV 25mm/sec @ 35Hz

BPL CARDIART 6108T

V6



BPL

V₅ t wave inversion

V₆ t wave inversion

ECG SUMMARY

PATHOLOGICAL 'q' WAVES	LII, LIII.
't' WAVE INVERSION	LI, LIII, V ₂ V ₃ V ₄ V ₅ V ₆
's t' SEGMENT ELEVATION	ABSENT

MYOCARDIAL INFARCTION RESOLVED