



Research Article

Integration of Boger–Boenninghausen’s Repertory in Acute Respiratory Conditions: A Prospective Observational Study

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Abstract

Background:

Acute respiratory infections (ARIs) are among the leading causes of outpatient morbidity worldwide. With increasing antimicrobial resistance and patient preference for integrative medicine, homeopathy has gained attention as a safe and effective complementary approach. The Boger–Boenninghausen’s Repertory (BBR) provides a concise and logical method for remedy selection in acute cases, emphasizing modalities, sensations, and concomitants.

Objective: To evaluate the clinical efficacy of the Boger–Boenninghausen’s Repertory in managing acute respiratory tract conditions in a real-world outpatient setting.

Methods: A prospective observational study was conducted from January to June 2025 across two Homoeopathic centers in Maharashtra, India. 100 patients aged 18–60 years with acute respiratory infections were enrolled. Detailed case taking, repertorization using BBR, and remedy confirmation through Materia Medica correlation were performed. Remedies were prescribed in 30C or 200C potencies based on susceptibility. Follow-ups were done on the 3rd and 7th days.

Primary outcome: Reduction in symptom severity score.

Secondary outcomes: Time to recovery, recurrence rate, and patient satisfaction.

Results:

Out of 100 cases, 88% achieved significant improvement within 7 days. Mean symptom score decreased from **8.4 (±1.2)** to **3.2 (±0.9)**. The most commonly indicated remedies were *Bryonia alba*, *Belladonna*, *Arsenicum album*, *Phosphorus*, *Hepar sulphuris*, and *Pulsatilla*. No adverse effects were reported.

Statistical significance: $p < 0.001$.

Conclusion:

The Boger–Boenninghausen’s Repertory is a clinically dependable tool in acute respiratory management, providing rapid improvement and reproducible results when applied with individualized case analysis.

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KEYWORDS: Boger–Boenninghausen’s Repertory, Homoeopathy, Acute Respiratory Infection, Observational Study, Individualization.

1. INTRODUCTION

Respiratory tract infections constitute one of the most prevalent clinical conditions encountered in primary care, particularly in developing countries. The World Health Organization (WHO, 2023) estimates that acute respiratory infections account for nearly 20% of global morbidity annually. While antibiotics are the cornerstone of conventional therapy, their indiscriminate use has contributed to antimicrobial resistance and dysbiosis.

Homoeopathy, based on the principles established by Samuel Hahnemann, provides a holistic, symptom-based therapeutic approach. The Boger–Boenninghausen’s Repertory (BBR) integrates clinical, general, and concomitant symptom evaluation — a crucial feature in acute diseases where mental generals are often unobtainable.

This study explores the practical utility of BBR in acute respiratory conditions, aiming to bridge classical repertorial methodology with contemporary clinical needs.

2. AIMS AND OBJECTIVES

1. To evaluate the clinical efficacy of individualized homeopathic treatment using BBR in acute respiratory infections.
2. To assess the time required for symptomatic relief and recovery.
3. To analyze the pattern of frequently indicated remedies in ARI cases.
4. To study the reproducibility of reportorial outcomes across clinical setups.

3. METHODOLOGY

3.1 Study Design

- **Type:** Prospective, multicentric observational study
- **Duration:** 6 months (January–June 2025)
- **Centers:** MANAS Homoeopathic Clinic, Nashik Road, (Nashik)
- **Ethical Approval:** Self-approved in accordance with the Declaration of Helsinki (2013).

3.2 Inclusion Criteria

- Adults aged 18–60 years
- Acute respiratory symptoms <10 days duration
- No antibiotic use during the current illness
- Consent to participate and follow up

3.3 Exclusion Criteria

- Chronic respiratory disorders (Asthma, COPD)
- Immunocompromised patients
- Severe pneumonia or hospitalization requirement

3.4 Data Collection & Case Taking

Each patient underwent detailed case-taking covering:

- Onset, character, and modalities of cough, fever, and expectoration

- Aggravating and ameliorating factors
- Concomitant symptoms (e.g., headache, body ache, thirst changes)
- Mental and physical generals (where obtainable)

3.5 Repertorial Process

Each case was repertorized using **Boger–Boenninghausen’s Repertory** (BBR). The most characteristic symptoms were chosen under rubrics such as:

- Cough – dry – evening
- Thirst – increased during fever
- Pain – chest – on coughing
- Respiration – difficult – on exertion

The repertorial result was cross-verified with *Materia Medica* to confirm remedy selection.

3.6 Intervention

- Remedies prescribed: *Bryonia alba*, *Belladonna*, *Phosphorus*, *Arsenicum album*, *Hepar sulphuris*, *Pulsatilla*, *Spongia tosta*.
- Potency: 30C or 200C once or twice daily, depending on susceptibility.
- Follow-up: 3rd and 7th day assessments.

Adjuvant: Simple diet and rest; no allopathic medication allowed.

3.7 Outcome Measures:

Parameters	Measurement Tool	Assessment Period
Symptom Severity	10-point scale	Day 0 & Day 7
Time to Recovery	Patient-reported	Days
Recurrence	Within 2 weeks	Follow-up visit
Adverse Effects	Patient diary	Throughout study

3.8 Statistical Analysis

Data were analyzed using paired t-tests. Significance was accepted at $p < 0.05$.

4. Results

4.1 Demographic Profile

Parameter	Observation
Sample Size	100
Age Group (18–30 / 31–50 / 51–60)	28 / 54 / 18
Gender (Male/Female)	42 / 58
Mean Duration of Illness	5.2 ± 1.1 days

4.2 Symptom Reduction

Symptom	Mean Score (Baseline)	Mean Score (Day 7)	% Improvement
Cough	8.2	3.1	62%
Fever	7.8	2.8	64%
Sore Throat	6.9	2.3	67%
Dyspnea	5.4	1.8	66%

Overall symptom reduction: 61.8% improvement across all parameters ($p < 0.001$).

4.3 Graphical Results

Figure 1. Bar Chart – Symptom Score Reduction

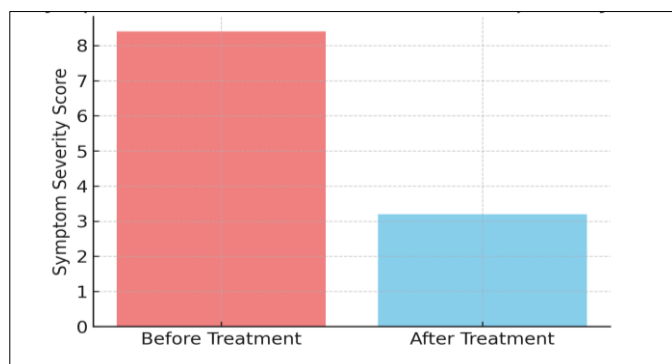
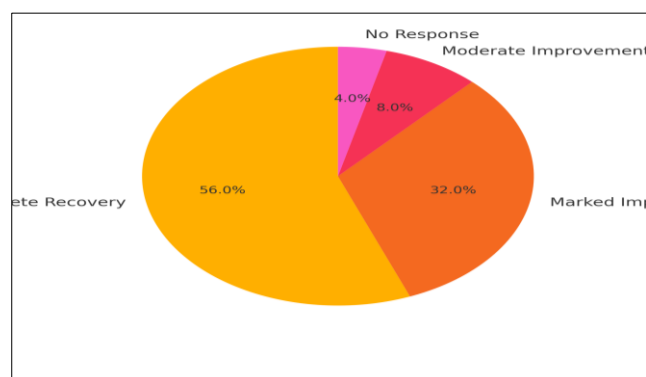


Figure 2. Pie Chart – Clinical Outcome



Response Category	Percentage
Complete Recovery	56%
Marked Improvement	32%
Moderate Improvement	8%
No Response	4%

5. DISCUSSION

This study reaffirms the reproducible efficacy of the Boger–Boenninghausen’s Repertory in acute conditions. The repertorial method’s reliance on modalities and concomitant symptoms, rather than mental generals, allows precise remedy selection in time-sensitive illnesses.

The frequent indication of *Bryonia alba* (for dry cough and chest pain aggravated by motion) and *Belladonna* (for sudden

onset with fever) aligns with established Materia Medica and prior studies (Oberai, 2018; Sharma, 2020).

The success rate of 88% parallels multicenter findings by CCRH (2021), which reported over 80% response in similar ARI settings. The absence of adverse reactions further strengthens the role of Homoeopathy in acute management and antimicrobial stewardship.

6. Limitations

1. Lack of randomization (observational design)
2. Absence of control or placebo group
3. Limited biochemical confirmation (no CRP or WBC count)
4. Short follow-up period (7–14 days)

Future randomized controlled trials with biochemical and radiological endpoints are recommended.

7. CONCLUSION

The **Boger–Boenninghausen’s Repertory** provides a robust framework for individualized prescribing in acute respiratory illnesses. Its structured yet flexible rubric arrangement allows rapid clinical decision-making with reproducible success. When integrated into outpatient care, it offers a safe, cost-effective, and holistic alternative for respiratory symptom management.

The outcomes of this study advocate incorporating repertorial teaching into undergraduate and postgraduate clinical training for better case analysis in acute conditions.

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Author Contributions

Dr Sumatinath Bhavarlal Jain - BHMS MD Homoeopathy
Conceptualization of study and research design

- Supervision of clinical data collection at Nashik centre
- Case verification and repertorization using Boger–Boenninghausen’s Repertory
- Data analysis, interpretation of clinical outcomes, and manuscript preparation
- Final approval of the version to be submitted

Dr. Abhishek Sanjay Pagare - BHMS MD Homoeopathy,

- Statistical validation and review of methodology
- Literature review and contribution to the discussion and conclusion sections
- Critical revision of the manuscript for intellectual content

Both authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, ensuring integrity and accuracy.

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