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Research Article

Assessment of utility of Dr. Boenninghausen's approach using synthesis repertory for the cases of Irritable Bowel Syndrome

Sayli S. Kelkar
Assistant Professor
Department of Practice of Medicine
D. S. Homoeopathic Medical College, Pune

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***Corresponding Author:** *Dr. Sayli S. Kelkar*, **E-mail:** saylikelkar@gmail.com

ABSTRACT:

Background: Irritable bowel syndrome (IBS) is a functional bowel disorder. For case taking in such cases, it requires lot of skill to extract mental symptoms for prescribing. Boenninghausen gives importance to physical general symptoms which are most remarkably felt by the patient and thereby easy to elicit. Thus, this was an attempt to assess the utility of application of this approach. Synthesis includes information on nearly all new medicines, clinical information from a variety of established sources

Materials and Methods: This study was conducted in N M R M Homoeopathic Hospital by collecting a sample of 30 cases. Cases included were fulfilling Manning's & Rome's criteria & showed absence of any red flag symptoms. Case taking was done in prescribed format. Analysis and Evaluation of case was done using Boenninghausen's method &case was reportorise using Synthesis repertory (RADAR 10)

Result: Data collected was subjected to statistical analysis using 't' test. The statistical analysis proves that the Boenninghausen's approach while using synthesis repertory is significantly useful in these 30 cases of IBS.

Observations: Age incidence (31-40), Female predominance,
IBS: with diarrhea–16, with constipation–10, alternate diarrhea & constipation – 4
Entry point for case: Concomitant - 10, Sensation - 4 & Modality - 16

Analysis: Out of 30 cases 24 cases i.e.80% showed marked improvement in symptoms as well as reduction in duration and frequency of attack

Discussion: Even though IBS is a psycho – somatic disease, many times exact mental cause can't be elicited as most of these personalities are over anxious. They tend to misguide the intensity of their suffering and cause

KEY WORDS: Boenninghausen's approach, Synthesis - kent based repertory, IBS

INTRODUCTION:

The repertory is an index of Materia Medica. Critical issue is - how to index a symptom without losing the features which made it characteristic of the remedy.

Boenninghausen realized that for any one remedy there were certain qualities or aspects of symptoms – their characterizing dimensions – that were not confined to single symptoms but ran right through the remedy expression (e.g. burning in Arsenicum album). Complete symptoms can be constructed from the sum of their parts to match the case in hand. It's less precise and produces a larger number of potential remedies to differentiate between, but is enormously flexible and less likely to miss an appropriate remedy.

Synthesis has dominated and continued to develop along Kentian lines. The strengths of various different methodological approaches have traditionally led to a prevailing wisdom which stipulates that, certain types of case are best suited to certain methods and repertories. The information in a Kentian-style repertory has the quality of uniqueness, but is more or less limited to complete symptoms drawn from proving, while the information in a Boenninghausen-style repertory is more generalized and not constrained to complete proving symptoms. Prevailing dogma dictates that one should use either one method or the other, but in practical terms there seems little reason why that should be the case or why both approaches – and many others – shouldn't be incorporated into a single repertory, doing away with the artificial polarizations evident in the perception of different methods.

The topic was selected as IBS is a functional disorder i.e. affections and reflections of mind on body. Also social behavior is affected by IBS and by reducing intensity and duration of attack Homoeopathy helps people in this crucial part.

Dr Boenninghausen was of the opinion that mental symptoms are difficult to find out and moreover it is difficult to break them in language of repertory. He advised to focus on Physicals & advised to refer MM for Mind. Not that mind is less important but he preferred to enter through body a fact which does not change with physicians. He found out that modalities are of prime importance in prescribing and worked on logic that what applies to part [particulars] applies to patient as a whole. This was his logic of analogy which made prescriptions relatively easy especially for novice.

Hence this is an attempt to study the utility of this approach.

While working with cases of irritable bowel syndrome, the physical general symptoms are most remarkably felt by the patient and thereby easy to elicit. Besides the concomitant and the emotional causative modality is also present in most of the cases with IBS. Hence Boenninghausen approach that gives importance to physical generals, concomitant and causative modality, was considered.

Review of Literature:

Boenninghausen's Lesser Writings, p.298

Mind, being a complex entity, is the most difficult to understand and the reference to the Materia Medica the best way to understand the fineness and subtlety of the mental state according to Boenninghausen. He placed the symptoms of the mind at the end and used them as confirmatory symptoms and for final differentiation.

Irritable bowel syndrome (IBS) is important because of its high prevalence, substantial morbidity and enormous costs. IBS is characterized by the presence of abdominal discomfort or pain associated with disturbed defecation.

Following are the diagnostic criteria for IBS.

Manning Criteria, Rome I Criteria & Rome II Criteria

Diagnosis:

In patients who present with IBS like symptoms, there are a number of "alarm" features (or "red flags") that clearly warrant prompt investigation. Patients who meet the Rome criteria for IBS who have no alarm features are unlikely to have another cause for their presentation other than IBS.

Aims and Objectives:

Aim:

To assess utility Dr. Boenninghausen's approach using Synthesis repertory for the cases of IBS

Objective:

To study utility of Synthesis Repertory to reduce the of cases of IBS.

- Frequency
- Intensity
- Duration
- Recurrence

Table No. 1: Alarm Features Considered Potentially Relevant in the Diagnosis of Organic Disease as opposed to IBS

History	Physical Examination
New onset after age 50 years	Occult or overt blood on rectal examination
Weight loss	Signs of anemia
Blood in the stool	Abdominal mass
Fever	Signs of bowel obstruction
Nighttime symptoms (waking the patient	Signs of Malabsorption
from sleep)	Signs of thyroid dysfunction
Persistent diarrhea	Arthritis (active)
Severe chronic constipation	Dermatitis herpetiformis or pyoderma
Recurrent vomiting	Gangrenosum
Progressive dysphagia	
Travel history to location with endemic	
parasitic diseases	
Family history of colon cancer, IBD, or	
celiac sprue	

MATERIALS AND METHODS:

This study was conducted on patients coming to N M R M Homoeopathic Hospital OPD. A sample of 30 cases was taken. Diagnosis was mostly done clinically by using Manning's, Rome I and Rome II criteria. Patients from all ages and both the sexes were studied. The data has been collected by a structured interview session.

Case definition

Irritable Bowel Syndrome is clinically defined as consisting of altered bowel habit, abdominal pain, and the absence of detectable organic pathology.

Inclusion Criteria

All cases which fit into Manning's criteria and Rome's criteria.

Exclusion Criteria

- Cases which doesn't fit into Manning's and Rome's criteria
- Cases with symptoms for less than 12weeks
- Cases with abnormalities in lab investigations

MATERIALS:

All the data was recorded in case format attached in appendix. Cases were analyzed and evaluated with Dr. Boenninghausen's method and repertorised with Synthesis Repertory in Radar 10. Follow up chart was maintained to evaluate improvement in each case and is thus data of all cases is maintained.

Selection of Drug

Selection of drug was based on the principles of homoeopathy. After detailed case taking Dr. Boenninghausen's approach was used and then by using synthesis repertory drug was selected.

Administration of Drug

The potency and repetition were strictly individualistic Medicines were administered orally

Criteria for Assessment

Relief of symptoms
Patient in general
Reduction in duration of attack
Relief from reoccurrence

For an effective evaluation and assessment, disease intensity was graded in every patient based on their presentation observed during case taking. After completion of the study, the post treatment disease scores were compared with the pre-treatment disease intensity scores and statistically evaluated.

Table No. 2: Before treatment scoring is done as follows

Observable characters of stool (type, character, colour and consistency)	**3**
Symptoms (sensation of incomplete evacuation, pain as regards stools)	**2**
Mind (if directly available and prominent)	**4**

Table No. 3: After treatment scoring is done as follows

Amelioration in Observable characters of stool (type, character, colour and consistency)	**2**
Amelioration of Symptoms (sensation of incomplete evacuation, pain as regards stools)	**1**
Amelioration in Mind symptoms (if directly available and prominent)	**3**

The evaluation of cases of IBS is based on the disease intensity scores before treatment and after treatment. The cases with intensity scores 0 (after treatment) are considered as IMPROVED and the cases with 'Same' or 'Increased' intensity scores after treatment are considered as NOT IMPROVED

Observation and Statistical Analysis

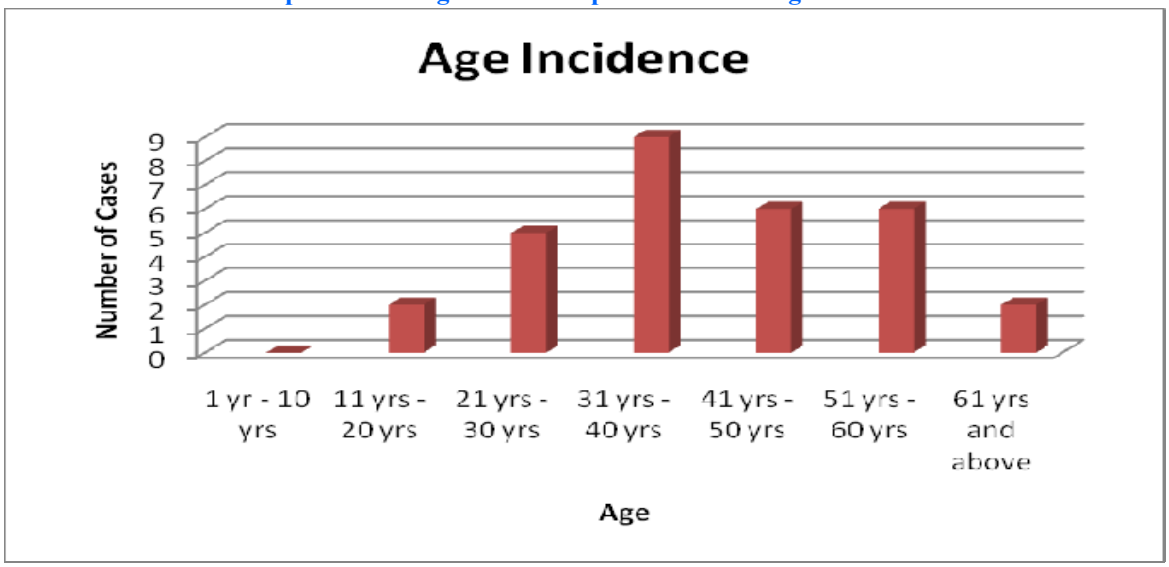
A sample of thirty cases from patients attended the Out Patient Department, of N. M. Ranade Memorial Homoeopathic Hospital and its other centers attached to college was taken for this study. All the thirty cases were followed up for a period of six months.

These cases were subjected to statistical study. The following tables reveal the observation and result of this study.

Distribution of cases according to their age

The age of the sample varies from 16 – 65 years. Among this maximum number of cases 9 patients (30%) were noted in the age group of 31-40 years. In the age group of 41-50 and 51 – 60 years 6 (20%) cases. The next incidence of age group is in 21-30 years with 5 patients (16.66%). This is followed by the age group 11-10 years and 61 years and above with 2 patients (6.66%)

Graph No. 1: Diagrammatic representation of Age Incidence



Distribution of cases according to their Sex-

In these thirty cases 10 patients were males with a percentage of 33.33% and 20 patients were females with a percentage of 66.67%. The male and female ratio is 1:2. This again shows the female predominance in cases of IBS.

Distribution of cases according to their Occupation-

Surprising finding was that 11 out of 30 (36.66%) are housewives. Out of remaining patients, 9 have sedentary life style because of job. 3 are students and 2 are engineers.

Distribution of cases according to predominant stool type-

Out of 30 patients 16 (54%) showed predominant diarrhea, 10 (33%) showed predominant constipation and remaining 4 (13%) showed alternate diarrhea and constipation.

To assess the utility of Boenninghausen's approach scoring was done for the symptoms shown before and after treatment. Paired 'T' test was applied.

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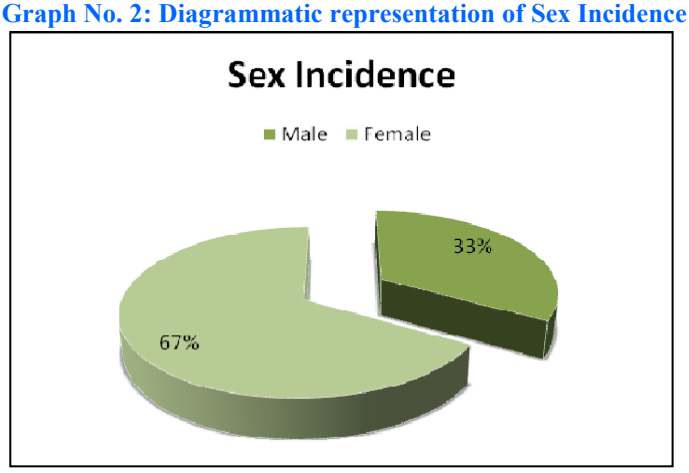
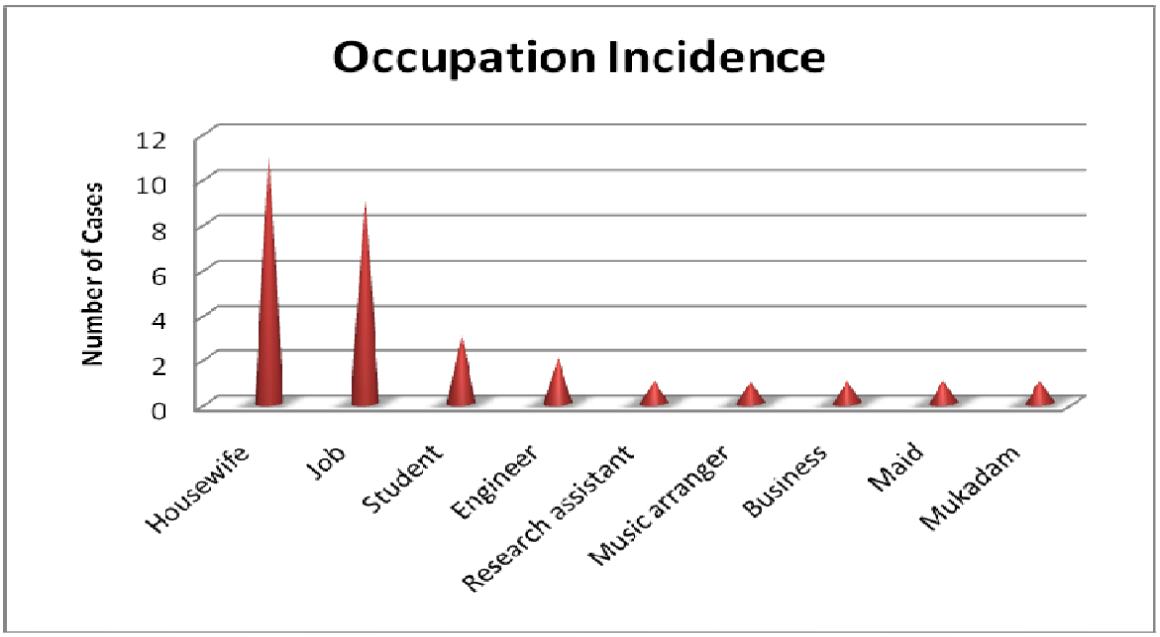
Graph No. 2: Diagrammatic representation of Sex Incidence



Graph No. 3: Diagrammatic representation of Occupational Incidence



Graph No. 4: Diagrammatic representation of predominant stool type

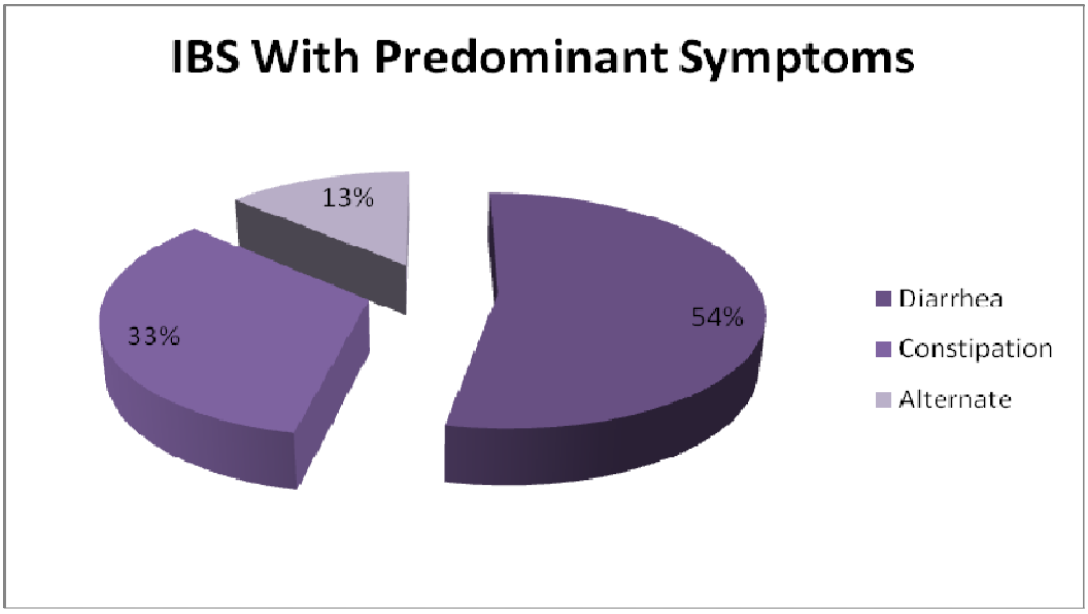
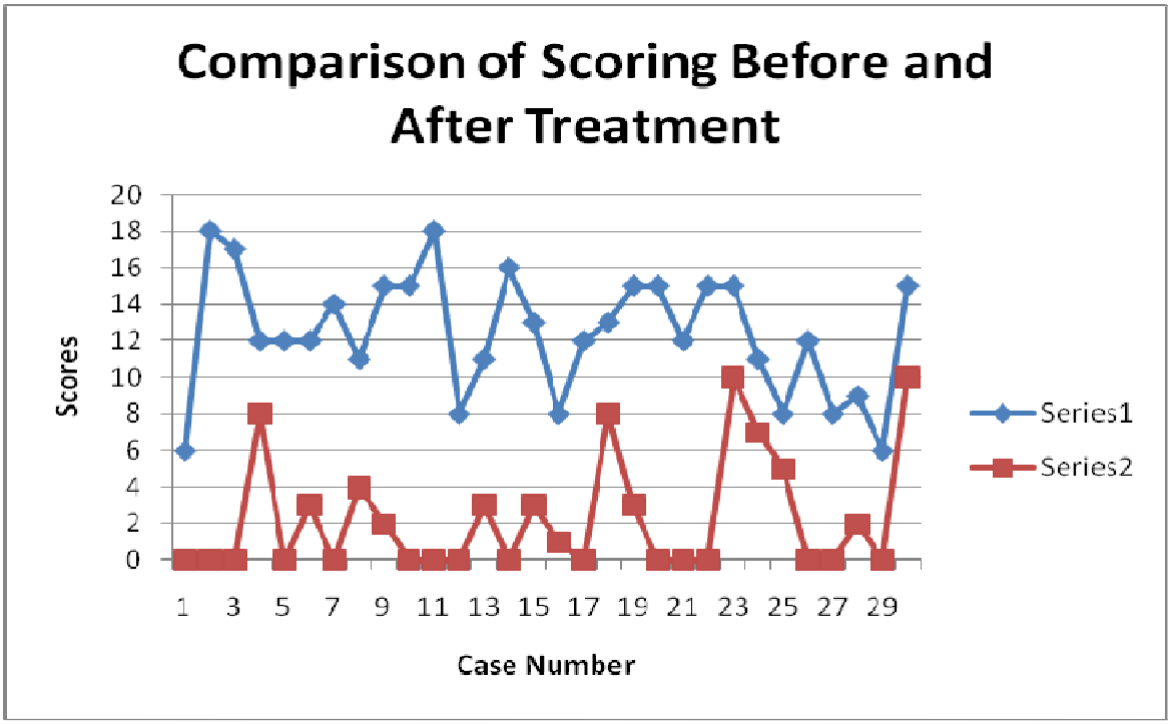


Table No. 4: Comparison of scoring before and after treatment

Case No.	Before score (X)	After score (Y)
1	6	0
2	18	0
3	17	0
4	12	8
5	12	0
6	12	3
7	14	0
8	11	4
9	15	2
10	15	0
11	18	0
12	8	0
13	11	3
14	16	0
15	13	3
16	8	1
17	12	0
18	13	8
19	15	3
20	15	0
21	12	0
22	15	0
23	15	10
24	11	7
25	8	5
26	12	0
27	8	0
28	9	2
29	6	0
30	15	10

Graph No. 5: Diagrammatic representation of comparison of scores before and after treatment



While considering the totality in cases entry point for prescribing totality was either modality, concomitant or sensation.

Graph No. 6: Diagrammatic representation comparison of entry point for prescribing totality

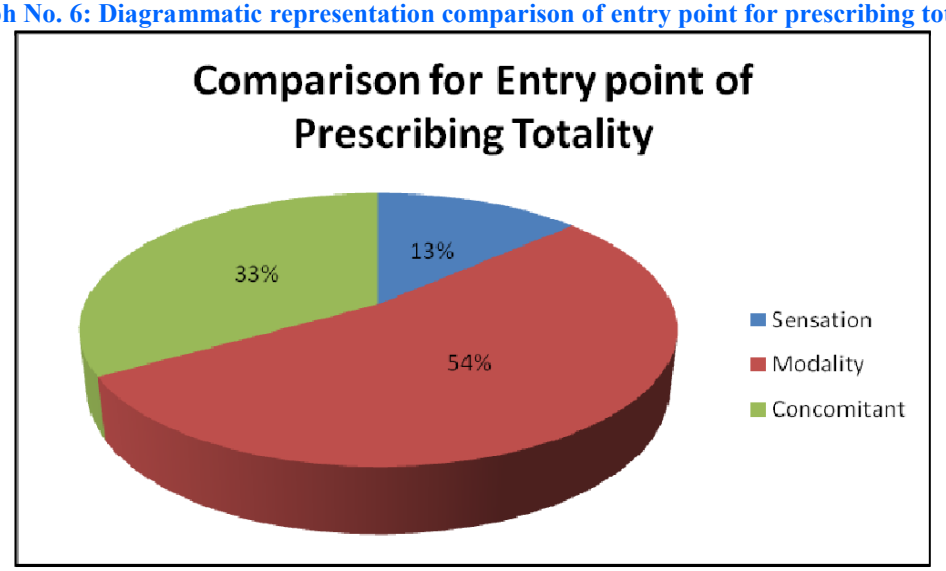


Table No. 5: List of remedies indicated is as follows

Name of Remedy	No. of cases
Sulphur	3
Nux – V	3
Pulsatilla	3
Sepia	2
Silicea	2
Nat – M	2
Colo	2

Table No. 6: Scores before and after Homoeopathic treatment

Case No.	X score	Y score	Z = X - Y	$Z - \bar{Z}$	$(Z - \bar{Z})^2$
1	6	0	6	-4.1	16.81
2	18	0	18	7.9	62.41
3	17	0	17	6.9	47.61
4	12	8	4	-6.1	37.21
5	12	0	12	1.9	3.61
6	12	3	9	-1.1	1.21
7	14	0	14	3.9	15.21
8	11	4	7	-3.1	9.61
9	15	2	13	2.9	8.41
10	15	0	15	4.9	24.01
11	18	0	18	7.9	62.41
12	8	0	8	-2.1	4.41
13	11	3	8	-2.1	4.41
14	16	0	16	5.9	34.81
15	13	3	10	-0.1	0.01
16	8	1	7	-3.1	9.61
17	12	0	12	1.9	3.61
18	13	8	5	-5.1	26.01
19	15	3	12	1.9	3.61
20	15	0	15	4.9	24.01
21	12	0	12	1.9	3.61
22	15	0	15	4.9	24.01
23	15	10	5	-5.1	26.01
24	11	7	4	-6.1	37.21
25	8	5	3	-7.1	50.41
26	12	0	12	1.9	3.61
27	8	0	8	-2.1	4.41
28	9	2	7	-3.1	9.61
29	6	0	6	-4.1	16.81
30	15	10	5	-5.1	26.01
Total	372	69	303		600.7

X = Score before treatment
Y = Score aftertreatment

$\bar{Z}$ = Standard error of the mean difference

Now the question is, 'Is there any difference between scoring before and after treatment?' **Null hypothesis**: It appears that there is no difference in score in these cases after treatment

Standard error of mean differences –

$$\bar{Z} = \frac{\sum z}{n} = 303 / 30 = 10.1$$

$$S_z = \frac{\sqrt{\sum (z - \bar{z})^2}}{n-1} = 24.5092 / 29 = 5.91$$

$$t = \frac{\bar{z}}{S_{z/\sqrt{n}}} = 10.1 \times 5.4772 / 5.91 = 65.5$$

Comparison with tabled value

This critical ratio, t, follows a distribution with n-1 degrees of freedom. The table value at 5% level is 2.00 for 29 degree of freedom and the 1% level 2.60. The calculated value is

65.5. It is greater than the table value at 5% and 1% level. This means the probability (P) is greater than the table value. Therefore, the null hypothesis is rejected in this study

DISCUSSION:

Cases of IBS were studied for the effectiveness of Boenninghausen's approach while using Synthesis repertory. Even though IBS is a psycho – somatic disease, many times exact mental cause can't be elicited as most of these personalities are over anxious. They tend to misguide the intensity of their suffering and cause.

Physical generals, modalities and concomitants are more dependable and easy to elicit. These symptoms seem to form the symptom complex of patients with IBS. As Boenninghausen gave prime importance to concomitants modalities and physical generals using of his approach was considered. Synthesis is the most updated repertory and now from 9th version onwards they have added the Boger – Boenninghausen Module and hence more general symptoms are also added. Hence even though synthesis follows kentian structure it helps in arriving at a similimum by using the Boenninghausen's approach

During this study following things are prominently noticed

Female predominance is known but out of these 20 females 11 were housewife.

This again needs further statistical analysis.

Considering the age, in these 30 cases, youngest was 16 years and oldest was 65 years. As proved many times middle age group showed maximum number of patients.

Remedy indicated first time after case working improved patients in 80% of cases proving the utility of this approach with Synthesis Repertory.

Discussion on cases -

In many cases remedy indicated was confirmed by mental symptoms as well as physical symptoms. Concomitants gave a great clue in selection of remedies in 3 cases. Also counseling plays an important role. In case number 7 (R. S.), girl afterwards gave a history of recent disappointment in love and along with medicine counseling and meditation helped her in accepting the situation. For very anxious patients Yoga also played a great role in relieving **the stress** bloating and dyspepsia and sometimes constipation too. But patient needed a convincing to follow such therapy. Exclusion of certain diet food was advised to 2 patients for few days but after treatment they could eat those food articles which actually used to precipitate the complaints. These things played an adjuvant role.

Summary and Conclusion

Total 30 cases were studied and followed for a minimum of 6 months. Data collected was subjected to statistical analysis. 't' test is applied for statistical analysis as n was less than 30.

The statistical analysis proves that the Boenninghausen's approach while using synthesis repertory is significantly useful in these 30 cases of IBS. Out of 30 cases 24 cases

i.e. 80% showed marked improvement in symptoms as well as reduction in duration and frequency of attack. Along with medicine counseling, meditation, yoga and certain dietary regulations played an adjuvant and efficient role in management of patients.

Synthesis has increasing number of rubrics and remedy list. Finding out a appropriate rubric is easy as the structure of repertory has a kentian dominance. This repertory is very user friendly. Also the option of index on word makes it easier for a beginner to get acquainted easily with the repertory.

Boenninghausen's approach helps in understanding the case with a different perspective and also gives confidence that with whatever factual data available can be utilized to give good results. The result helps in gaining patient's confidence and patient opens up which helps in selection of constitutional remedy. Boenninghausen never advised to ignore mind but he gave a different way to enter the core of patient.

Boenninghausen's approach is easy as it is based on observable facts and not the interpretation. Interpretation can differ from person to person but modalities or observable concomitant can't be changed.

There are very few limitations of repertory, Most important is that it's very expensive. Difficulty faced was only finding the generalized sensations. Modalities when generalized were easily found.

Otherwise Synthesis is very user friendly repertory with constant up-gradations which are available online.

No matter what approach you use, what repertory you use when your understanding of the core of patient is clear, you are bound to reach a Similimum

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