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ORIGINAL ARTICLE

UTILITY OF CLINICAL REPERTORIES ESPECIALLY OSCAR BOERICKE REPERTORY IN BED-SIDE CASES

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Abstract

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Key Word- Homoeopathic, Repertory, Clinical Repertory, Rubrics

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Background: Acute cases especially bed-side cases are often observed in day to day practice. **Objective:** The objective of the study was to evaluate the efficacy of homoeopathic medicine and to enlighten the efficacy and utility of clinical repertories like Oscar boericke repertory in clinical as well as bed-side cases. **Materials & Method:** Type of study: Prospective and case-series. The cases were evaluated after day, next day, 3 days, after 7 days, 21 days, etc. as per the intensity of case until end of the research. **Results:** Over a period of time, there was a significant improvement of homoeopathic medicine in acute as well as bed-side cases. **Conclusion:** There is a significant improvement after the selected homoeopathic medicine after proper case taking, proper reportorial totality and proper clinical rubrics from the clinical repertories.

INTRODUCTION

T.F. Allen Says that “a good clinical repertory is certainly a desideratum that is something always wanted and needed.” In spite of emphasis on individualization and prescription based

on characteristic expressions, the emergence of clinical repertories could not be prevented in homoeopathic practice as early as Hahnemannian’s time.

The grouping of medicines according to the name of diseases, though

discouraged by many stalwarts has given birth to clinical repertories. The greatest modern exponent of this practice is the late Dr. J. Crompton Burnett, who has brought once more to light the vast therapeutic treasures which had been allowed to lie forgotten in the works of the great masters.

The use of nosologically correspondence is one method by means of which a similar, if not the most similar, remedy may be discovered. All ways of finding indications are open to practitioners and the clinical avenue is one of them.

J.H. Clarke has described it like this, "Certain diseases come to have certain remedies assigned to them and all the patients who are found to be suffering from any given disease must be dosed with one of the remedies credited to it".

Master Hahnemann was certainly not happy with such kind of practice; he described it as, "Treating the names of the diseases with names of therapeutic actions." Such a kind of practice was favored by Dr. J. Crompton Burnett. He expresses it as, "The fact is, we need any and every way of finding the right remedy; the simple simile, the simple symptomatic similimum and the furthest reach of all – the pathological similimum, and I maintain that we are still within the lines of homoeopathy that is, an expensive, progressive science.

Clinical repertories or Regional Repertories are those repertories, which contain clinical symptoms along with the related symptoms of that condition with their indicated remedies. Majority of the clinical repertories are constructed by compiling from different source books with an addition of author's own clinical experiences.

Classification of Clinical Repertories:

They are classified into following headings

1. General Clinical Repertories.
2. Clinical Repertories covering the parts or organs.
3. Clinical Repertories according to diseases.

For a quick bedside prescription these repertories are of very helpful especially in case of acute cases. Searching in big repertories and finding out the rubrics will be very difficult. Also, to get the complete symptom of that particular condition different repertories have to be searched in order to get the exact expressions. So, these short repertories give you the similimum in finger tips.

Though many clinical repertories are available these days, two of them are well known as 'general clinical repertory'. They are – A Clinical Repertory by J. H. Clarke and *Materia Medica with Repertory* by O. E. Boericke. There are many useful

regional clinical repertories which help the practitioners to find a similar remedy.

Oscar E. Boericke states that- the study of the repertory alone will give the indicated remedy. But throughout this work are found numerous suggestions for remedies based on clinical observations or deductions from partial proving, all of which may prove most valuable additions to our materia medica of further verified at the bedside.

OBJECTIVE

The objective of the study was to evaluate the efficacy of homoeopathic medicine and to enlighten the efficacy and utility of clinical repertories like Oscar boericke repertory in clinical as well as bed-side cases.

MATERIALS AND METHODS

Period of study - The study was conducted on the cases available from December 2019 to June 2022.

Place of study- The work will be done at Sri Ganganagar Homoeopathic Medical College, Hospital and Research Center, Sri Ganganagar, Rajasthan, India, Outpatient department (OPD), In patient department (IPD) and peripheral center.

Sample siz- 100 cases will be selected.

Exclusion criteria:

- Purely surgical cases were excluded from the study.

- Pregnant lady and patients with serious complications was excluded from the study.
- Terminally ill or cases with gross pathological changes or advanced systemic diseases was excluded from the study.

Inclusion Criteria

- Pre diagnosed cases or clinical cases were selected with irrespective of age and sex.
- Patients of both sexes with irrespective of socioeconomic status were selected.

Methods

- Case taking was done as per guidelines given by Hahnemann in Organon of Medicine.
- Totality of symptoms was formed after complete analysis and evaluation of the case.
- The remedies were selected on repertorisation based on evaluation of the cases.

Remedy Used

- The below data shows the indicated medicines was used during the study of 100 cases.
- Out of 100 cases the maximum used, 11% (11 cases) of indicated medicine was Arsenic Alb.
- 9% (9 cases) of Pulsatilla was used.
- 6% (6 cases) of Sepia was used.

- 5% (5 cases) of Bryonia, Nux. Vomica, Calcarea Carb was used.
- 3% (3 cases) of Podophyllum, Pulsatilla, Sulphur and Gelsemium was used.
- 3% (3 cases) of Phosphorus, Sulphur, Lycopodium, Aconite, Apis Mel. was used.
- 2% (2 cases) of Kali. Bich, Mercurius, Rhus Tox, Spongia T., Causticum, Cantharis was used.
- Minimum used 1% (1 case) of Veratrum Album, Antim Tart, Gelsemium, Graphitis, Belladonna, Kali Carb, Psorinum, Cimicifuga, Conium, Baryta Carb., Opium, Iodum, Natrum Mur, Aesculus, Dulcamara, Kali Iod, Alumina, Causticum, Coculus, Abis Nigra, Mezereum, Allium Cepa, Lachesis, Borax, Coll, Euphrasia, Ratahnia, Mag. Phos was used.

Follow Up and Symptomatic Assessment

The cases will be evaluated after 3days, 7days, 21 days, etc. until end of the research. Response was analyzed into 3 criteria:

- a) **Significant Improvement:** More than 50% relief of presenting complaints
- b) **Moderate Improvement:** Less than 50% or decrease in

intensity and frequency of presenting complaints.

- c) **Status Quo:** No change in intensity and frequency of presenting complaints.

Research Hypothesis

- **Null Hypothesis (H0):** There is no statistically significant relationship between the efficacies of homoeopathic medicines in bed-side cases.
- **Alternative Hypothesis (H1):** There is significant relationship between the efficacies of homoeopathic medicines in bed-side cases.

RESULT

- It is solely based on the different observations and their findings during the study like: As shown in the table out of 100 selected cases, maximum incidence i.e. 30% (30 cases) was observed in the age group of 31-40 years followed by the age groups of 51-60 years 16% (16 cases), 21-30 years 15% (15 cases), 11-20 years and 41-50 years each 13% (13 cases), 00-10 years 09% (09 cases).
- The minimum incidence of clinical bed-side cases was observed in age group of 61-70 years 04% (04 cases). Observation of sex ratio in 100 cases, 50 cases (50%) were male and 50 cases (50%) were

female. observation of sex ratio in 100 cases, 61 cases (50%) were chronic type and 39 cases (39%) were acute type. the distribution of the 100 Cases observed with their System Affection.

- Maximum cases 19 cases (19%) were Respiratory.
- 17 cases (17%) were Integumentary.
- 13 cases (13%) were Nervous.
- 09 cases (09%) were Reproductive.
- 08 cases (08%) were Musculo Skeletal.
- 07 cases (07%) were Urinary.
- 07 cases (07%) were Urinary.
- 05 cases (05%) were Excretory.
- 03 cases (03%) were Skeletal, Endocrine, and Female sexual.
- 02 cases (02%) were Lymphatic.
- Minimum cases 01 cases (01%) were CVS.

And the whole conclusion of the study observed in table -1.

Table-1:-

Result	Acute (39 Cases)		Chronic (61 Cases)		(Total)
	Total No. of Cases	%	Total No. of Cases	%	
Significant Improved	30	76.92%	21	34.42%	51
Mild Improved	09	23.08%	37	60.66%	46
Status-quo	00	00%	03	04.92%	03
Total	39	100%	61	100%	100

During the study the 100 Cases (39 for the acute disease and 61 for the chronic disease) observed,

In case of acute disease, out of 39 cases, 30 cases (76.92%) was observed in relation to Significant Improvement, 09 cases (23.08%) was observed in relation to moderate improvement.

In case of Chronic disease, out of 61 cases, 21 cases (34.42%) was observed in relation to Significant Improvement, 37 cases (60.66%) was observed in relation to mild Improvement, 3 cases (04.92%) was observed in relation to Status-quo, **Total** indicates that out of 100 cases of clinical bed-side, 51 cases (51%) was observed as significant improvement, 46 cases (46%) was observed as mild improvement and 03 cases (3%) was observed as Status-quo.

DISCUSSION

It was observed that along with best selected homoeopathic medicine on the basis of totality of symptoms with irrespective of age and sex, occupation, prescribed to the individuals along with the follow ups criteria after 3 days, 7 days, 21 days,etc. as per the severity of the case, we observed significant improvement not only the chief complaints of the patient but also the associated complaints and also the mental status of the patients. The reviews also recommended that further pragmatic trails including clinical trials and observational studies been conducted.

CONCLUSION

The result of study conducted obviously highlights the understanding of clinical repertory and also enhance the knowledge of acute condition in clinical practice and its utility in acute homoeopathic management.

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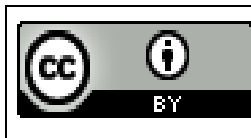
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