

**TO ASSESS THE EFFICACY OF HOMOEOPATHIC MEDICINE IN  
THE CASES OF LOW BACK PAIN WITH THE HELP OF BOGER'S  
WORK BOENNINGHAUSEN'S CHARACTERISTICS AND  
REPERTORY (BBCR)**

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### ABSTRACT

**Introduction:** Low back pain is a silent epidemic and a major health problem of modern society. Homoeopathy can provide both curative and palliative treatment whichever is necessary. **Methodology:** Prospective observational case series carried out with consecutive patients taking homeopathic treatment in OPD. Subjects recruited in the age group of 10 to 60 years and above having chronic low back pain were assessed for pain with Numerical Pain rating Scale over two years. **Results:** VAS scale before and after where Statistically significant results were observed ( $P < 0.05$ , at 95% CI). **Conclusion:** Homeopathic medicines have potential to improve Low back pain by reducing pain and disability and can safely be employed as a comprehensive health care therapeutics.

**KEYWORD:** Low Back Pain, Vas Score, BBCR, Homoeopathic Medicine, Miasm.

### INTRODUCTION

LBP is considered as a hypo kinetic disease that means inactivity and sedentary lifestyle are major factors contributing to it. Besides injury, infections and degenerative changes, LBP most commonly result from bad posture i.e., placing too much stress on the back as in lifting a heavy weight, bending wrongly and sitting, standing, sleeping in faulty postures. Therefore, injury to the structures important for weight bearing, such as the bony spine, muscles,

tendons, and ligaments, often can be detected when the body is upright or can be assessed in various movements.<sup>[1]</sup>

Clinically back pain is of two types - Acute and Chronic. Acute Back pain is defined as pain of less than 12 weeks duration. Most of these patients exhibit "mechanical" symptoms. Such pain is mostly aggravated by motion and relieved by rest. Chronic back pain is defined as pain of more than 12 weeks duration.<sup>[2]</sup>

Boenninghausen's based his grouping of symptoms on Hahnemann's teachings that it is imperative to prescribe on the totality of the case, and that all the changes in the sensations and functions are noted down as fully as possible and Boger followed this. He stated that the physician needs to be completely informed of all aspects of the patient in order to find the remedy which corresponds with the greatest similitude to all its perceptible symptoms and to cure rapid, gentle and permanently.<sup>[3]</sup>

BBCR follows the holistic approach viz., treating the patient on the basis of totality of symptoms which include Generals especially the pathological generals and particulars with its four ramifications i.e., Location, Sensation, Modalities (Conditions of aggravations and ameliorations), Concomitants.

Concomitants are those symptoms that seemingly have no relation of the leading symptoms from the stand point of theoretical pathology.

Boger's Repertory is used for discovering particular symptoms as well as for grouping remedies containing similar combinations in their pathogenesis. Boger has given greater importance to causation, dimensions, time- modalities and generals<sup>[3]</sup> (pathological, physical and mental).

Boger was amongst the pioneers in homeopathy stressed and mentioned several clinical and pathological conditions in his repertory which are useful for day to day practice. According to him mental states should be used as differentiating factor for the final selection of the medicines.<sup>[4]</sup>

In my study, I have made an attempt to 'Assess the efficacy of homocopathic medicines in the cases of low back pain with the help of Boenninghausen's Characteristic Materia Medica and Repertory by C.M. BOGER". A holistic approach has been taken in account while finding

and selecting the similimum in order to attain recovery and prevent any relapses and consequent disability.<sup>[5]</sup>

## AIMS AND OBJECTIVES

1. To assess the efficacy of Homeopathic Medicines in the treatment of the cases of Low Back Pain.
2. To assess the utility of BBCR in the treatment of the cases of Low Back Pain.
3. To evaluate the miasmatic influence in the cases in which Low Back Pain.

## MATERIALS AND METHODOLOGY

### MATERIALS

**Project site:** Proposed study was undertaken at O.P.D/I.P. D/Peripheral O.P. D's. of Dr. M.P.K. Homeopathic Medical College & Hospital, Station Road, Jaipur.

**Number of cases:** 30 cases were included in the study.

**Duration of study:** The Study was undertaken for the period of one year, w.e.f 1/1/2008 to 31/12/2008.

**Procuring of medicines:** Medicines were dispensed from the dispensing unit of Dr. M.P.K. Homeopathic Medical College, Hospital and Research centre, Jaipur.

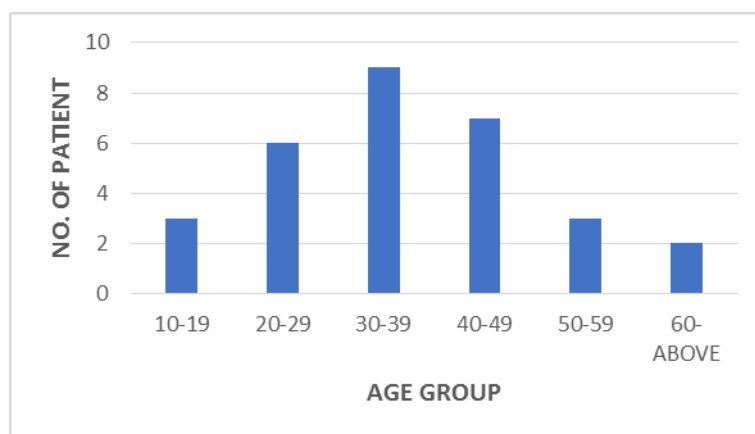
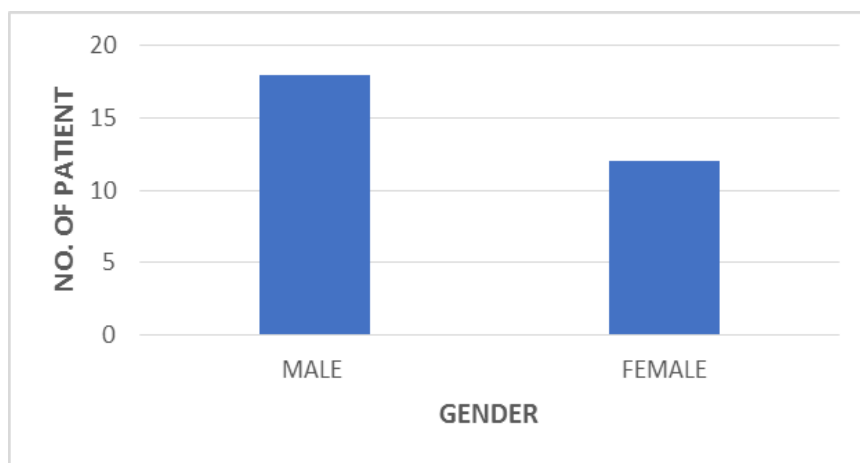
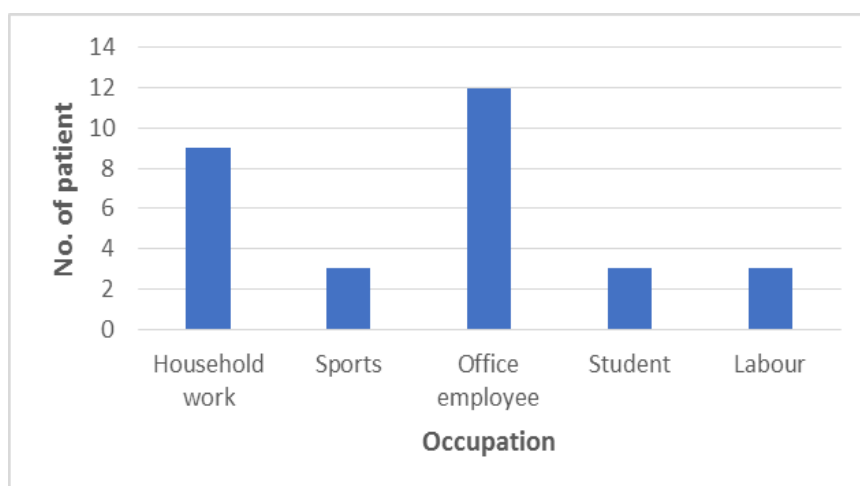
### METHODOLOGY

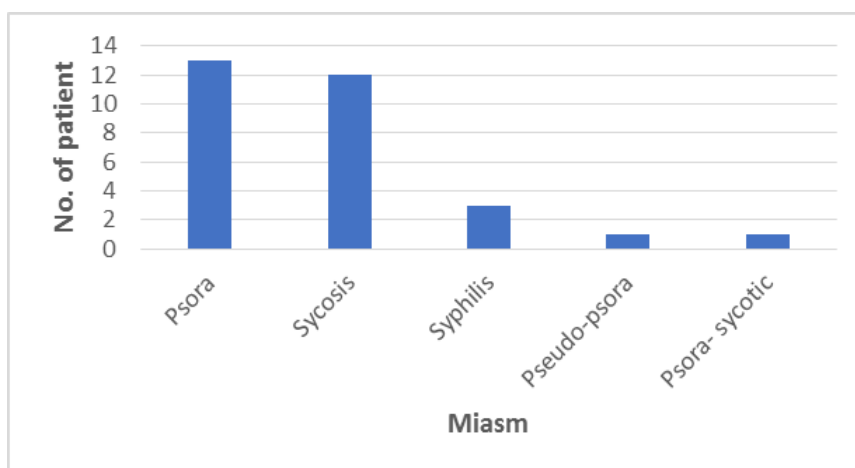
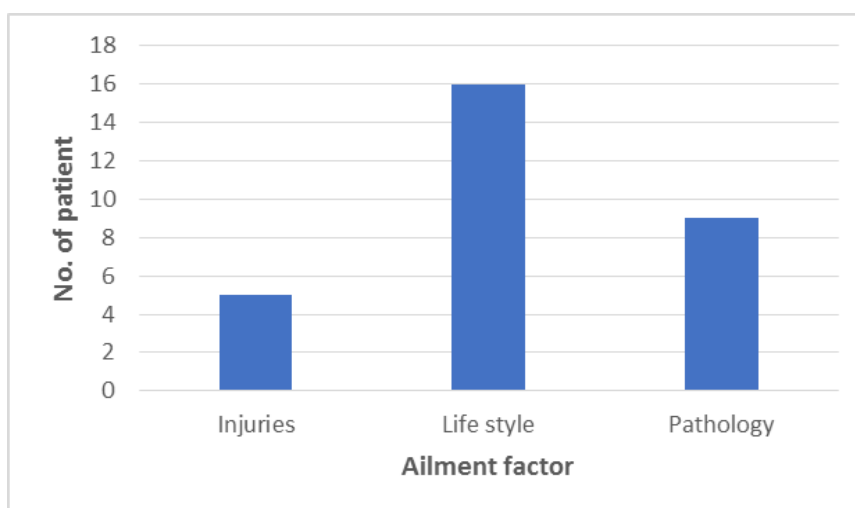
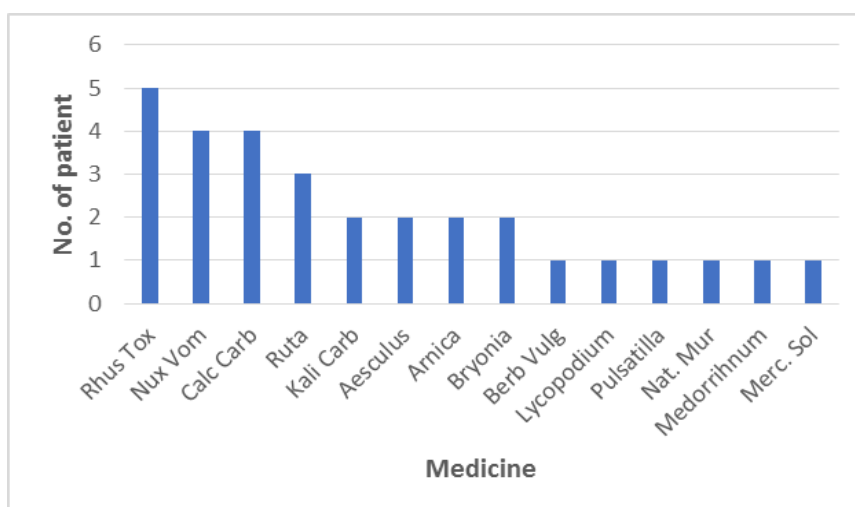
1. **Case selection:** Cases were selected
2. **Inclusion criteria:** Cases having LBP as a prominent symptom were included, irrespective of their age, sex, caste, religion & duration of pain.
3. **Exclusion criteria:** Cases without proper follow-up were excluded from the study.
4. **Diagnostic criteria:** Clinical history, physical examination, Lab and Radiological investigations if required.
5. **Case taking:** Detailed case taking was done following Homeopathic principles.
6. **Analysis & Evaluation:** Was done according to Boenninghausen's philosophy by using BBCR.
7. **Repertorization:** Was done with the help of BBCR.
8. **Selection of medicine:** Was done on the basis of Repertorial analysis.
9. **Study design (Type of Study):** A Prospective observational study.  
Outcome Assessment Criteria: - VAS SCORE before and after treatment.
10. **Follow up:** Of the cases was done weekly, fortnightly & monthly as per the severity of illness at least for a period of threemonths.

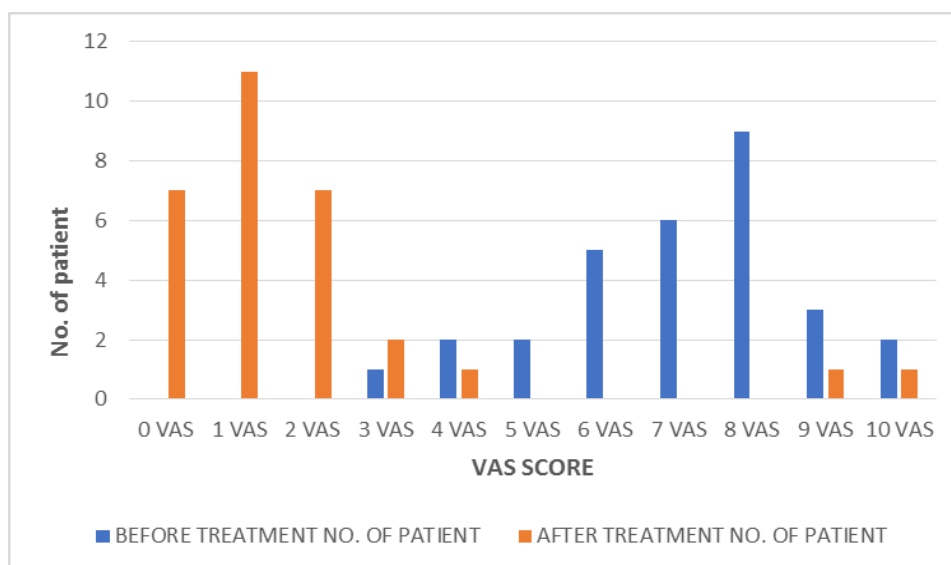
**11. Records:** Was maintained to draw the conclusions.

## RESULTS AND DISCUSSION

1. As shown in the table 1, maximum incidence was observed in the Age group 30-39 yrs i.e., 9 cases (30.00%), followed by 7 cases (23.33%) in age group of 40-49 yrs, 6 cases (20.00%) in 20-29 yrs whereas minimum incidence i.e., 2case (6.66%) was in the age group of 60 years and above.
2. As shown in the table-2, maximum incidence of Low Back Pain was observed more in Male i.e., 18 cases, as compared to females 12 cases were observed.
3. As shown in table -3, Out of 30 cases, 9 cases (30.00%) were influenced due to household work, whereas 12 cases (40.00%) were found to be in office employees, 3 cases (10.00%) were seen in both students and labors, followed by 3 cases due to sports injury.
4. As shown in table - 6, Lifestyle was observed as a dominant ailing factor in maximum no. of cases i.e., 16 (53.33%), followed by 5 cases due to injuries (16.66%), 3 cases each due to Hemorrhoids (10.00%) & PID and only one case was influenced due to dysmenorrhea i.e., 3.33%.
5. As shown in table - 7, Out of 30 cases, 13 cases (43.33%) were influenced from Psoric miasm whereas 12 cases (40.00%) were found to be Sycotic, 3 cases (10.00%) were syphilitic, followed by 1 case each of (3.33%) of Pseudo Psora and Psora-sycotic miasm.
6. As shown in the table-8, out of 30 cases, Rhus-fox. was prescribed in maximum no. of cases i.e., 5 cases (16.66%) followed by Nux-vom in 4 (13.3%) cases, Ruta in 3 cases (10.00%), Kali-carb, Aesculus, Arnica, & Bryonia each in 2 (6.66%) cases each whereas Berb-v, Lyco, puls, Nat Mur, Medo, Merc sol were prescribed in minimum no. of cases i.e., 1 case (3.33 %) each.
7. As shown in table-9, 21 cases (70.00%) showed improvement, while 3 cases (23.33%) were cured, 2 cases (6.66%) cases remained status quo and no case were worsened.

**Table 1: Age Group Distribution.****Table 2: Gender Profile Of Patients With Chronic Low Back Pain.****Table 3: Base of Occupation for Chronic Low Back Pain.**

**Table 4: Miasmatic Influence For Chronic Low Back Pain.****Table 5: Ailment Factor for Chronic Low Back Pain.****Table 6: Medicines Used In Patients With Chronic Low Back Pain.**

**Table 7: VAS Numerical Rating Scale Before/ After Treatment.**

## CONCLUSION

1. Maximum patients of low back pain were observed in the age group of 30-39 years.
2. Males were more afflicted with LBP in comparison to females so the ratio came out to be 2:1.3: 0.1.
3. Maximum number of cases reported from middle income group i.e., 16 cases (53.33%), followed by 8 cases in higher income group i.e., 8 cases (26.66%) & 6 cases (20.00) were observed in lower class income group.
4. Lifestyle (posture & obesity) being the most important causative factor was observed in 16 cases (53.33%), 9 cases (29.33%) were influenced with pathology (hemorrhoids, Renal Calculi, PDI, Dysmenorrhea) & 5 cases (16.66%) came up as a result of injuries (sprain & strain).

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