

FEVER TOTALITY AS REFERRED BY BOGER

INTRODUCTION :

Dr. C.M. Boger, a leading practitioner of the U.S.A., a man of dynamic nature with perceptive mind. He was a German physician, discovered that in spite of plethora of literature and rich clinical experience and with two popular schools of thoughts of Repertorisation, Boenninghausen & Kentian there is further more to be added into the field of repertory. Boger made a study of both but accepted Boenninghausen's basic principles, plan of construction, the book is comprehensible and hence practical.

Boger also undertook another major work of Rewriting Boenninghausen's Repertory. This he did by adding aggravation, amelioration and concomitant in an exhaustive manner at the end of every chapter. As a result of which the literature was enriched with new chapters, new rubrics & more medicines. Thereafter Boger continued to work on the repertory however death snatched him away before its completion. Posthumously his manuscript were published in 1905 by his wife.

BOGER'S CONCEPT OF TOTALITY :

To understand the Boger's concept of totality in acute fever, we should know "Boger's Concept of Totality" in general first.

Probably there has never been a more through student of Boenninghausen that the late C.M. Boger. Boger's Repertory is the observations & logic of Boenninghausen and wide and wise observations generated by Dr. Boger from long years of study & practice.

To appreciate the whole picture of the disease he has over emphasised the following seven points, such as :

1. Change of personality
2. Peculiarities of disease
3. The seat of disease
4. Concomitants
5. The cause & time
6. Modalities
7. Time

Boger's appreciation of time dimension gave a new vista in understanding the case. In his article "Some Thoughts on Prescribing", his instruction to physician was to elicit.

- 1st the evident cause and course of the sickness down to the latest symptoms and effect of such influence (causative modalities).
- 2nd the modalities

- 3rd the general sensation & pathology
- Lastly to location

Adequate importance should be given to mind in selecting a drug it becomes imperative and the remedy selected is always in agreement with mind.

PHILOSOPHICAL BACKGROUND :

Boger's work Boenninghausen's Characteristics and Repertory is based on the following fundamental principles such as :

1. Doctrine of complete systems
2. Doctrine of pathological general
3. Doctrine of causation & time
4. Clinical rubrics
5. Evaluation of remedies
6. Concordance

Now question comes to our mind how he perceived / formulated the **fever totality** philosophical background (fever totality)

This is the unique contribution of Boger . The arrangement of the chapter on fever is self explanatory. Each stage of fever is followed by

- Time
- Aggravation
- Amelioration
- Concomitant

Thus they help to repertorise any simple as well as complicated cases of fever. It has got many subdivisions. Concomitant in relation to chill, heat & sweat under different headings are there. This is a unique work of Boger. From above point of view this chapter is of immense use.

PLAN / CONSTRUCTION OF FEVER CHAPTER IN B.C.R.:

Unlike Boenninghausen, he made several sections for different parts of the body and he added sub-rubrics. But the chapter fever has been entirely changed in its arrangements as well as in its contents for easy reference. However, he used the same gradation as that of Boenninghausen.

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Details are delineated below:

Fever

- Pathological types
- Blood
- Circulation
- Palpitation
- Time
- Heartbeat
- Pulse
- Time
- Aggravation

Chill

- Partial Chill
- Coldness
- Shivering
- Time
- Aggravation
- Amelioration
- Concomitants

Mind

- Head
- Ext. Head
- Eyes
- Vision
- Ear
- Nose
- Coryza
- Face
- Lips

- Teeth
- Mouth & Appetite
- Thirst
- Taste
- Eructation, Nausea
- Qualmishness & Vomiting
- Stomach & Hypochondria
- Abdomen
- Stool
- Urine
- Cough
- Larynx
- Chest
- Back & Lumbar Region
- Upper Extermities
- Skin
- Sleep

Heat & Fever in General

- Partial Heat
- Time
- Aggravation
- Amelioration
- Concomitants

Mind

- Head
- Ext. Head
- Eyes
- Ear

- Nose
- Coryza
- Face
- Lips
- Lower Jaw
- Teeth & Gum
- Mouth
- Throat
- Appetite
- Taste
- Eructation & Water Brash
- Nausea & Vomiting
- Stomach
- Hypochondria
- Abdomen
- Flatus
- Stool
- Urine
- Respiration
- Cough
- Larynx
- Ext. Throat & Neck
- Chest
- Back
- Upper Extremities
- Lower Extremities
- Glands
- Bones

- Skin
- Sleep
- Sweat
 - Partial Sweat
 - Time
 - Aggravation
 - Concomitants
- Mind
 - Head
 - Eyes
 - Ear
 - Nose
 - Coryza
 - Face
 - Lips
 - Lower Jaw
 - Teeth & Gum
 - Mouth
 - Throat
 - Appetite
 - Thirst
 - Taste
 - Eructation & Water Brash
 - Nausea & Vomiting
 - Stomach
 - Hypochondria
 - Abdomen
 - Stool

- Urine
- Respiration
- Cough
- Larynx
- Ext. Throat & Neck
- Chest
- Back
- Upper Extermities
- Lower Extermities
- Glands
- Skin
- Bones
- Sleep

Compound Fever

- Beginning with Chill
- Beginning with Shivering
- Beginning with Heat
- Beginning Sweat

METHODS OF REPERTORISATION :

In a fever case if the stages are distinct, the following order would be preferable. If some stage is not available in the case only the next stage should be used for repertorisation.

Chill

- Type / Partial Chill / Coldness - Partial / Shivering
- Time
- Aggravation
- Amelioration
- Concomitant

Heat

- Type / Partial
- Time
- Aggravation
- Amelioration
- Concomitant

Sweat

- Type / Partial
- Time
- Aggravation
- Amelioration
- Concomitant

Pathological types of fever mentioned in the repertory can be used for reference and for finding selection of the drug. But more importance should be given to the repertorial results obtained by following the above order.

Section on Blood Circulation (congestion, palpitation, heart beat, pulse) should be used if symptoms are prominent during any of the stages of fever.

CONCLUSION :

From above exposition it is envisaged that the study made by Boger on fever totality is

- Unique
- Exhaustive
- Was imperative for homoeopathic practice.
- Has made the practice more easier at bed side of the fever case.