

**Clinical Utility of Fever Chapter of Boger's
Repertory in the treatment of eruptive fevers in
Comparison to Kent's Repertory**
An extensive study on Fever

Dr. Sunila. S B. H. M. S.

Email : babusunila@gmail.com

Govt. Homeopathic Medical College. Calicut

(C) www.similima.com. Ali. No part of these thesis/research papers may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopy, recording or any information storage and retrieval system, without permission in writing from Chief Editor. Reproduction of content in any form without permission of author and publisher is illegal and violates the individual right of the contributor

ACKNOWLEDGEMENT

"My utmost and heartfelt thanks to the Almighty for his grace throughout this humble work of mine"

*I would like to express my sincere & heartfelt thanks to my guide, **Dr. Renu Mathew, Lecturer, Department of Case Taking & Repertorisation, Thiruvananthapuram** for the able & valuable guidance & constant encouragement given to throughout my post graduate course & necessary directions in the preparation of this thesis.*

*I am deeply indebted to **Dr. T. Abdu Rehman, Principal, Govt. Homoeopathic Medical College, Calicut** for the valuable guidance & constant encouragement given to me throughout my postgraduate course & necessary directions in the preparation of thesis.*

*I am very grateful to **Dr. G. Sadanandan, Professor & H. O. D, Department of case taking & Repertorisation, Govt. Homoeopathic Medical College, Calicut** , for inspiring me to take up this clinical study & for valuable suggestions, which helped me to complete this work.*

*I am deeply indebted to my teachers; **Dr. B. P. Sekharan, Dr. B. J. Maya & Dr. Mansoor Ali. K. R, Department of Case taking & Repertorisation, Govt. Homoeopathic Medical College, Calicut,** for giving me support, encouragement & valuable suggestions to conduct the study.*

*My sincere thanks to **Prof. P. I. Narayanan, MSc. D. H. S, Rtd. Associate Prof. Dept. of Biostatistics, Medical College** for his valuable guidance & suggestions in the analysis of this work.*

*I am very grateful to Registered Medical Practitioner **Dr. Anand. V. K, M. B. B. S,** for giving me information regarding eruptive fevers.*

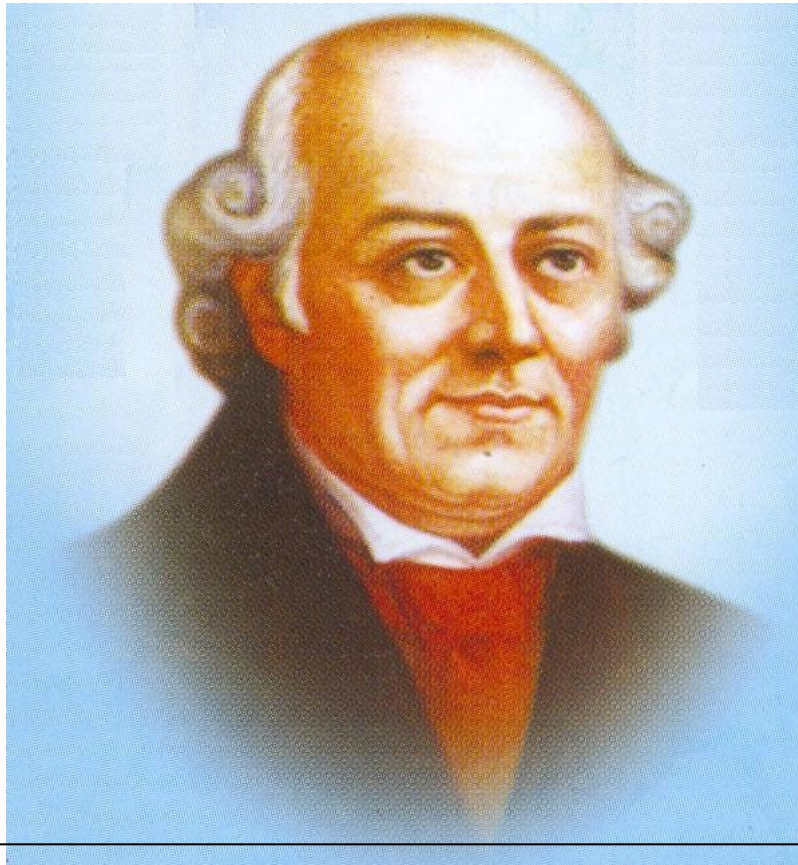
*I express my sincere thanks to the **staff & students** of Govt. Homoeopathic Medical College, Calicut for their wholehearted support rendered to me all through this study. I also extend my gratitude to my **colleagues & family members** whose co- operation & timely help considerably eased my job.*

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Finally I owe my unlimited indebtedness to all the **patients** involved in this study for their co-operation, without which this study would not have been possible.

Dr. SAMUEL HAHNEMANN

***"The physician's high and only mission
is to restore the sick to health, to cure,***



as it is termed. "

CONTENTS

SL.NO.	TITLE	PAGE NO.
1.	INTRODUCTION	10
2.	AIMS AND OBJECTIVES	14
3.	MATERIALS AND METHODS USED	16

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

4.	REVIEW OF LITERATURE	21
5.	RESULTS AND ANALYSIS	189
6.	STATISTICAL ANALYSIS	202
7.	DISCUSSION	206
8.	SUMMARY AND CONCLUSION	208
9.	BIBLIOGRAPHY	211
10.	APPENDIX: PROFORMA FOR CASE TAKING	216

LIST OF TABLES

1. DISTRIBUTION OF CASES ACCORDING TO AGE- 192
2. DISTRIBUTION OF CASES ACCORDING TO SEX- 193
3. DISTRIBUTION OF CASES ACCORDING TO HEALTH STATUS- 194
4. DISTRIBUTION OF CASES ACCORDING TO SOCIOECONOMIC STATUS- 195
5. DISTRIBUTION OF CASES ACCORDING TO AREA OF RESIDENCE- 196
6. DISTRIBUTION OF RESULTS ACCORDING TO BOGER'S METHOD- 197
7. DISTRIBUTION OF RESULTS ACCORDING TO KENT'S METHOD- 198
8. DISTRIBUTION OF RESULTS ACCORDING TO CURE RATE- 199
9. DISTRIBUTION OF RESULTS ACCORDING TO COMPARISON OF RESULTS OBTAINED-
200
10. DISTRIBUTION OF RESULTS ACCORDING TO MEDICINES- 201

LIST OF DIAGRAMS

1. DISTRIBUTION OF CASES ACCORDING TO AGE- 192
2. DISTRIBUTION OF CASES ACCORDING TO SEX- 193
3. DISTRIBUTION OF CASES ACCORDING TO HEALTH STATUS-194
4. DISTRIBUTION OF CASES ACCORDING TO SOCIOECONOMIC STATUS- 195
5. DISTRIBUTION OF CASES ACCORDING TO AREA OF RESIDENCE- 196
6. DISTRIBUTION OF RESULTS ACCORDING TO BOGER'S METHOD- 197
7. DISTRIBUTION OF RESULTS ACCORDING TO KENT'S METHOD- 198
8. DISTRIBUTION OF RESULTS ACCORDING TO CURE RATE- 199
9. DISTRIBUTION OF RESULTS ACCORDING TO COMPARISON OF RESULTS OBTAINED- 200
10. DISTRIBUTION OF RESULTS ACCORDING TO MEDICINES- 201

INTRODUCTION

***Boenninghausen's characteristics Materia Medica and Repertory* by Dr. Cyrus. M. Boger**

is one of the greatest pieces of homoeopathic literature; based on the original *Repertory of the Antipsoric Remedies*. It was published by *Boericke & Tafel* in 1905. Its second edition was published in 1937 and it contains characteristics of medicines in the first part and repertory proper in the second. Mainly there are 7 chapters in this repertory. The work is an attempt to bridge Boenninghausen and Kent. In Boenninghausen's *Therapeutic Pocket Book*, there is no differentiation between general and particular modalities. But this fault is absent in *Boenninghausen's characteristics Materia Medica and Repertory*. In this, the modalities for each part are assembled at the end of the section of the repertory devoted to the part, as well as a section toward the end of the book devoted to general modalities.

The term **fever** is defined as a raised central temperature. **Fever** is perhaps the most common manifestation of ill health from the minor cold to the major AIDS or carcinoma. It is an early and nonspecific body response to many harmful agents. *Normal body temperature* remains almost constant around *36.1-37.2 degree Celsius*. Body temperature between *37.2-40.5 degree Celsius* and onwards is called *Pyrexia*; while rise of temperature above *41.66 degree Celsius* is called *Hyperpyrexia*.

Fever is also known as **pyrexia** from the Greek word **pyretos** meaning fire, or a **febrile response** from the Latin word **febris**, meaning fever, and archaically known as **ague**.

Fever is most accurately characterized as a temporary elevation in the body's thermoregulatory set-point, usually by about 1–2°C. Fever differs from hyperthermia, which is an increase in body temperature over the body's thermoregulatory set-point (due to excessive heat production or insufficient thermoregulation, or both).

Eruptive fevers are fevers characterized by eruption like Measles, Rubella, Chickenpox, Herpes zoster etc. *Eruption* means a visible breaking out, especially of a skin lesion or rash

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

accompanying a disease such as measles or scarlet fever. Homoeopathic medicines are found to be effective in controlling eruptive fever.

Fever totality is the unique contribution of Boger. There are 6 sub sections for fever. **Each stage of fever is followed by Time, Aggravation, Amelioration and Concomitant.** Thus they help to repertorise any simple as well as complicated cases of fever.

The 6 subsections are:

1. **Fever Pathological Types**
2. **Blood:** This chapter includes **Circulation, Palpitation, Time, Heart Beat, Pulse, Time and Aggravation.**
3. **Chill, Partial Chill, Coldness, Shivering, Time, Aggravation, Amelioration and Concomitants** in all regions from mind to sleep.
4. **Heat & Fever in General:** This chapter includes **Partial Heat, Time, Aggravation, Amelioration and Concomitants** in all regions from mind to sleep.
5. **Sweat:** This chapter includes **Partial Sweat, Time, Aggravation, Amelioration and Concomitants** in all regions from mind to sleep.
6. **Compound Fever:** This chapter includes **Beginning with Chill, Beginning with Shivering, Beginning with Heat and Sweat.**

There are several rubrics related to eruptive fevers which are very helpful in the treatment of eruptive fevers.

Under the guidance of Dr. Renu Mathew this topic was selected to study the scope and limitations of "**Fever**" chapter of Boenninghausen's characteristics Materia Medica and Repertory and to study its clinical utility in the treatment of eruptive fevers in comparison to Repertory of Homoeopathic Materia Medica by Dr. James Tyler Kent. I will try my level best to explore the utility of the glorious work of Boger.

AIM OF STUDY

AIMS & OBJECTIVES:

- ❖ To study the scope and limitations of "**Fever**" chapter of Boenninghausen's characteristics Materia Medica and Repertory and
- ❖ To study its clinical utility in the treatment of eruptive fevers in comparison to Repertory of Homoeopathic Materia Medica by Dr. James Tyler Kent.

MATERIALS & METHODS

STUDY POPULATION

Patients attending the out patient and in patient sections under the Department of Case taking and Repertorisation, GHMC, Calicut, were studied with reference to Boenninghausen's Characteristics Materia Medica by Dr. C. M. Boger and Repertory to the Homoeopathic Materia Medica by J T Kent. Age, sex, socioeconomic and occupational histories were considered as attributes.

SAMPLE

A sample of 32 cases was selected randomly from the in and out patient unit of Department of Case Taking and Repertorisation at Govt. Homoeopathic Medical College Hospital, Calicut.

INCLUSION AND EXCLUSION CRITERIA

- The study was done on both sexes.
- The study was done in acute eruptive fevers such as measles, rubella, scarlet fever, chickenpox etc.
- The age group under study: 5-55 years.
- Study was not conducted in fevers of longer duration.
- Study was not conducted in age group below 5 years & above 55 years

NATURE OF STUDY

Clinical study was done in comparison to Repertory of Homoeopathic Materia Medica by Dr. James Tyler Kent. After taking a case, it was analyzed and rubrics were selected using Boger's Repertory. Medicine was given after final reference to the Materia Medica. The patients were followed up for a period of 2 weeks. Repetition and Change of potency was done according to the principles of Homoeopathy. If there is no improvement after 2 days or 48hrs, the medicine which came in the first position in Kent's Repertory is considered. Effectiveness of the treatment was statistically analyzed at the end of the study.

COLLECTION AND RECORDING OF THE DATA

Data regarding general characteristics, totality of symptoms, and outcome of variables were collected as per the principles of Homoeopathy. Clinical history was elicited from all patients according to the Homoeopathic method of case taking. Systemic examination was done in all cases. Recording of data will be done in standard case taking proforma in which the complete symptomatology of the patient and investigation reports are recorded.

SELECTION AND ADMINISTRATION OF REMEDIES

Remedies were selected strictly on the basis of totality of symptoms. In all cases, both Boger's and Kent's method of repertorisation was done. As fever is an acute disease and totality is based on three or four accompanying features, only that medicine which comes in the first place of repertorisation was considered. In all cases, firstly the medicine from Boger's totality was given. While repertorising according to Boger's method, rubrics was selected only from the Fever

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

section. If there is no improvement from this medicine after 2 days, the medicine according to Kent's method of totality is considered. Then again the patients were followed up for 2 weeks. Potencies ranging from 30-1M will be used for this study. Selection of dose and repetition of the remedy was done according to our principles. Medicine was administered only through mouth.

DIET AND REGIMEN

All patients were directed to take easily digestible food, to avoid all stimulants and obstacles to medicine & to stop the use of all the medicines prior to the start of this treatment.

FOLLOW UP

All cases were followed up for 2 weeks. Decrease of temperature, relief of accompanying symptoms and general well being were the follow up criteria.

ASSESSMENT OF EFFECTIVENESS

Effectiveness of the treatment was assessed on the basis of decrease of temperature, relief of accompanying symptoms and general well being.

STATISTICAL ANALYSIS

Statistical analysis was done by using test for significance of equality in proportion and Microsoft Excel. General characteristics were analyzed, though they are considered as attributes. The cure rate was compared. The outcome of variables was analyzed to see any significant difference.

REVIEW OF LITERATURE



Fever

FEVER

Alternative names: **Elevated temperature; Hyperthermia; Pyrexia**



Fever (also known as **pyrexia** from the Greek word *pyretos* meaning fire, or a **febrile response** from the Latin word *febris*, meaning fever, and archaically known as **ague**) is a frequent medical symptom that describes an increase in internal body temperature to levels that are above normal (*the common oral measurement* of normal human body temperature is **36.8±0.7 °C or 98.2±1.3 °F**).

Fever is most accurately characterized as a temporary elevation in the body's thermoregulatory set-point, usually by about 1–2°C. Fever differs from hyperthermia, which is an increase in body temperature over the body's thermoregulatory set-point (due to excessive heat production or insufficient thermoregulation, or both).

If you're an adult, a fever may be uncomfortable, but it usually isn't dangerous unless it measures 103 degree F or higher. For very young children and infants, however, even slightly elevated temperatures may indicate a serious infection.

Many parents fear that fevers will cause brain damage. *Brain damage* from a fever generally will not occur unless the fever is over **107.6°F (42°C)**. Many parents also fear that untreated fevers will keep going higher and higher. Untreated fevers caused by infection will seldom go over 105°F unless the child is overdressed or trapped in a hot place.

Carl Wunderlich discovered that fever is not a disease but a symptom of disease. A fever isn't an illness itself, but it's usually a sign that something out of the ordinary is going on in your body. Fevers aren't necessarily bad. In fact, fevers seem to play a key role in helping your body fight off a number of infections.

The person who is developing the fever has a cold sensation, and an increase in heart rate, muscle tone and shivering attempt to counteract the perceived hypothermia, thereby reaching the new thermoregulatory set-point.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

When a patient has or is suspected of having a fever, that person's body temperature is measured using a thermometer. At a first glance, fever is present if:

- temperature in the anus (rectum/rectal) or in the ear (otic) is at or over 38.0°C (100.4°F)
- temperature in the mouth (oral) is at or over 37.5°C (99.5°F)
- temperature under the arm (axillary) is at or over 37.2°C (99.0°F)

Febrile seizures

Seizures associated with fevers only occur in about 3 to 5 percent of the population and these are called febrile seizures. They are generally harmless. These are usually harmless and occur most often from 5 months to 5 years of age, although they may occur after 6 years of age. There is often a family member who had febrile seizures as a child. Typically, the seizure occurs when the fever is rapidly increasing. They are typically brief, lasting only three to five minutes. They may happen with any type of infection that causes a fever. These brief febrile seizures do not cause brain damage. Any first febrile seizure should be evaluated by a physician to rule out the possibility of meningitis or other serious illness. Because a child has a history of febrile seizures does not mean he or she will have epilepsy as an adult. The treatment involves controlling the fever. Some children with complicated, frequent or prolonged febrile seizures require prescription of anti-seizure medicines.

Measurement of temperature

The body is hypothetically divided into core and shell. The core temperature is the temperature of intra abdominal, intra thoracic and intra cranial contents which is maintained at a constant temperature. Rectal and esophageal temperature represents core temperature. Temperature examination in the rectum is the traditional gold standard measurement used to estimate core temperature (oral temperature is affected by hot or cold drinks and mouth-breathing). Rectal temperature is expected to be one Fahrenheit degree higher than an oral temperature taken on the same person at the same time. The recent introduction of ear temperature measurement may also accurately reflect core body temperature particularly since the eardrum shares blood supply with the temperature control center in the brain, the hypothalamus. Shell temperature is the temperature of limbs and the surface layer of the trunk which exhibits wide variation of temperature.

There are several ways to take a child's temperature:

- ❖ rectal method (by the rectum or 'bum')
- ❖ oral method (by the mouth)
- ❖ axillary method (under the armpit)
- ❖ temporal artery method (forehead)
- ❖ tympanic method (in the ear)

The right method depends on the child's age. The following chart will help to decide which method to use.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Age	Recommended technique	
Birth to 2 years	1st choice: 2nd choice:	Rectum (for an accurate reading) Armpit
Between 2 and 5 years	1st choice: 2nd choice:	Rectum (for an accurate reading) Ear, armpit
Older than 5 years	1st choice: 2nd choice:	Mouth (for an accurate reading) Ear, armpit

Temperature-taking tips

- ♦ Do not use a mercury thermometer. If it breaks, you might be exposed to this toxic substance.
- ♦ Do not use an oral thermometer to take a rectal temperature, or a rectal thermometer for oral temperature taking.
- ♦ A digital thermometer can be used for both rectal and oral temperature taking. It is made of unbreakable plastic, is easy to read and measures temperature quickly.
- ♦ Ear thermometers are expensive and can be complicated to use.
- ♦ Fever strips are not recommended because they do not give accurate readings.

Rectum

This method is the most reliable way to ensure a fever is not missed.

Clean the thermometer with cool, soapy water and rinse. Cover the silver tip with petroleum jelly (such as Vaseline). Place the baby on his back with his knees bent. Gently insert the thermometer in the rectum, about 2.5 cm (1 inch), holding it in place with your fingers. After about 1 minute, you will hear the "beep." Remove the thermometer and read the temperature. Clean the thermometer.

Mouth

The mouth (oral) method is not recommended for children younger than 5 years old, because it is hard for them to hold the thermometer still under their tongue for long enough.

Clean the thermometer with cool, soapy water and rinse. Carefully place the tip of the thermometer under the child's tongue. With the child's mouth closed, leave the thermometer in place for about

1 minute, until you hear the "beep." Remove the thermometer and read the temperature. Clean the thermometer.

Armpit

The armpit (axillary) method is usually used to check for fever in newborns and young children but is not as accurate as a rectal temperature. If an axillary temperature does not identify a fever but the child feels warm and seems unwell, confirm the temperature with a rectal measurement.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Use a rectal or oral thermometer. Clean the thermometer with cool, soapy water and rinse. Place the tip of the thermometer in the centre of the armpit. Make sure the child's arm is tucked snugly against body. Leave the thermometer in place for about 1 minute, until you hear the "beep." Remove the thermometer and read the temperature. Clean the thermometer.

Ear

Though quick to use, the ear (tympanic) method can produce temperature readings that are too low, even when manufacturer's directions are followed. It is not considered to be as reliable or accurate as rectal temperature taking.

Use a clean probe tip each time, and follow the manufacturer's instructions carefully. Gently tug on the ear, pulling it back. This will help straighten the ear canal, and make a clear path inside the ear to the ear drum. Gently insert the thermometer until the ear canal is fully sealed off. Squeeze and hold down the button for one second. Remove the thermometer and read the temperature.

The normal temperature range varies, depending on what method you use.

Measurement method	Normal temperature range
Rectum	36.6°C to 38°C (97.9°F to 100.4°F)
Mouth	35.5°C to 37.5°C (95.9°F to 99.5°F)
Armpit	34.7°C to 37.3°C (94.5°F to 99.1°F)
Ear	35.8°C to 38°C (96.4°F to 100.4°F)

TEMPERATURE EQUIVALENTS

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

CELSIUS	FAHRENHEIT
36.6	97.8
37.0 Normal	98.6 Normal
37.6	99.6
38.0	100.4
38.6	101.4
39.0	102.2
39.6	103.2
40.0	104.0
40.6	105.1
41.0	105.8

VARIATIONS IN NORMAL BODY TEMPERATURE

However, there are **many variations in normal body temperature**, and this needs to be considered when measuring fever. The values given are for an otherwise healthy, non-fasting adult, dressed comfortably, indoors, in a room that is kept at a normal room temperature, during the morning, but not shortly after arising from sleep. Furthermore, for oral temperatures, the subject must not have eaten, drunk, or smoked anything in at least the previous fifteen minutes.

Body temperature normally fluctuates over the day, with the *lowest levels at 4 a.m.* and the *highest at 6 p.m.* Therefore, an oral temperature of 37.5°C (99.5°F) would strictly be a fever in the morning, but not in the afternoon. Normal body temperature may differ as much as 0.4°C (0.7°F) between individuals or from day to day.

In women, temperature differs at various points in the menstrual cycle, and this can be used for family planning (although it is only one of the variables of temperature). Temperature is increased after meals, and psychological factors (like the first day in the hospital) also influence body temperature.

There are different locations where temperature can be measured, and these differ in temperature variability. Tympanic membrane thermometers measure radiant heat energy from the tympanic membrane (infrared). These may be very convenient, but may also show more variability.

Children develop higher temperatures with activities like playing, but this is not fever because their set-point is normal. Normal body temperature varies:

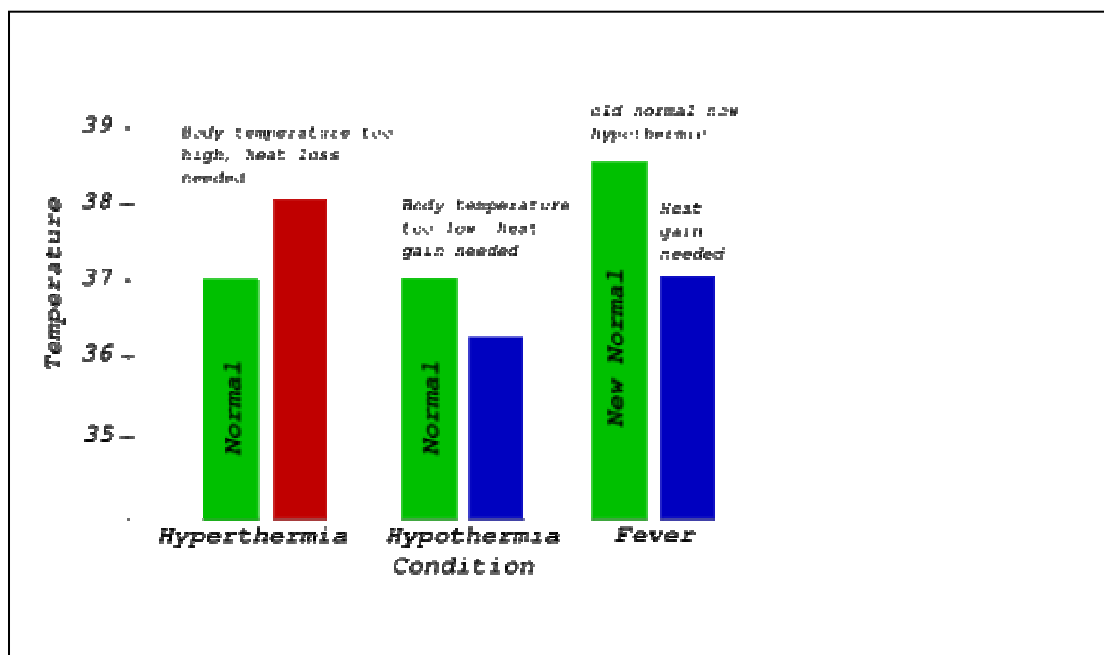
Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- In children younger than 6 months of age, the daily variation is small.
- In children 6 months to 2 years old, the daily variation is about 1 degree.
- Daily variations gradually increase to 2 degrees per day by age 6.

Elderly patients may have a decreased ability to generate body heat during a fever, so even a low-grade fever can have serious underlying causes in geriatrics.

MECHANISM OF FEVER

Temperature is regulated in the hypothalamus, in response to PGE2. PGE2 release, in turn, comes from a trigger, a pyrogen. The hypothalamus generates a response back to the rest of the body, making it increase the temperature set-point.



Hyperthermia: Normal body temperature (thermoregulatory set-point) is shown in green, while the hyperthermic temperature is shown in red. As can be seen, hyperthermia can be conceptualized as an increase above the thermoregulatory set-point.

Hypothermia: Normal body temperature is shown in green, while the hypothermic temperature is shown in blue. As can be seen, hypothermia can be conceptualized as a decrease below the thermoregulatory set-point.

Fever: Normal body temperature is shown in green. It reads "New Normal" because the thermoregulatory set-point has risen. This has caused what was the normal body temperature (in blue) to be considered hypothermic.

🚩 **Pyrogens**

A pyrogen is a substance that induces fever. These can be either internal (endogenous) or external (exogenous). The bacterial substance lipopolysaccharide (LPS) is an example of an exogenous pyrogen.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Endogenous

- ✓ The cytokines (such as interleukin 1) are a part of the innate immune system, produced by phagocytic cells, and cause the increase in the thermoregulatory set-point in the hypothalamus.
- ✓ Other examples of endogenous pyrogens are interleukin 6 (IL-6)
- ✓ And the tumor necrosis factor- α .

These cytokine factors are released into general circulation where they migrate to the circum-ventricular organs of the brain, where the blood-brain barrier is reduced. The cytokine factors bind with endothelial receptors on vessel walls, or interact with local microglial cells. When these cytokine factors bind, they activate the arachidonic acid pathway.

Exogenous

One model for the mechanism of fever caused by exogenous pyrogens includes LPS, which is a cell wall component of gram-negative bacteria. An immunological protein called lipopolysaccharide-binding protein (LBP) binds to LPS. The LBP-LPS complex then binds to the CD14 receptor of a nearby macrophage. This binding results in the synthesis and release of various endogenous cytokine factors. This includes interleukin 1 (IL-1), interleukin 6 (IL-6) and the tumor necrosis factor- α etc. In other words, exogenous factors cause release of endogenous factors, which, in turn, activate the arachidonic acid pathway.

PGE2 release

PGE2 release comes from the arachidonic acid pathway. This pathway (as it relates to fever), is mediated by the enzymes phospholipase A2 (PLA2), cyclooxygenase-2 (COX-2), and prostaglandin E2 synthase. These enzymes ultimately mediate the synthesis and release of PGE2.

PGE2 is the ultimate mediator of the febrile response. The set-point temperature of the body will remain elevated until PGE2 is no longer present. PGE2 acts on neurons in the preoptic area (POA) through the EP3 subtype of PGE receptors and the EP3-expressing neurons in the POA innervate the dorsomedial hypothalamus (DMH), the rostral raphe pallidus nucleus in the medulla oblongata (rRPa) and the paraventricular nucleus of the hypothalamus (PVN). Fever signals sent to the DMH and rRPa lead to stimulation of the sympathetic output system, which evokes non-shivering thermogenesis to produce body heat and skin vasoconstriction to decrease heat loss from the body surface. It is presumed that the innervation from the POA to the PVN mediates the neuroendocrine effects of fever through the pathway involving pituitary gland and various endocrine organs.

Hypothalamus response

The brain ultimately orchestrates **heat effector mechanisms**.

These may be

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Increased heat production by increased muscle tone, shivering and hormones like epinephrine.
- Prevention of heat loss, such as vasoconstriction.

The autonomic nervous system may also activate brown adipose tissue to produce heat (non-exercise-associated thermogenesis, also known as non-shivering thermogenesis), but this seems mostly important for babies. Increased heart rate and vasoconstriction contribute to increased blood pressure in fever.

PROGRESS OF FEVER & ITS ACCOMPANYING SYMPTOMS

Typical fever runs in certain stages that may be called *phases*. As first phase is entitled **prodromal phase or pre-report phase** that occurs for about 15 to 90 minutes. In this stage, the release of endogenic pyrogen occurs on the basis of exogenic pyrogen's effect. Endogenic pyrogen mediated through PGE2 affects the thermo sensitive neurons of thermoregulatory center in hypothalamus. In this stage, the resetting of thermoregulatory center for a different temperature takes place.

The second stage is called the **phase of increase (stadium incrementi)**. It is thought that in this stage the thermoregulatory center is reset. The thermoregulatory center has probably two compartments. The impulses from the sympathetic compartment that are sent by sympathetic fibers to the whole organism are operating in this stage. In cutaneous and subcutaneous vessels, they cause vasoconstriction, thus they decrease the heat outcome. On the other hand, muscles, liver, and heart, under the influence of sympathetic compartment, increase production of heat that forms, together with decreased outcome of heat, the optimal situation for heat accumulation in an organism. Body temperature increases, but the sick person has a feeling of cold. Thermo genesis participates in this process through thyroxin and tri-iodo thyronine. In consequence of thyroxin thermogenesis and the activation of sympathetics, the effect of cardiovascular and respiratory systems increases together the basal metabolism. These changes may be measured by increased utilization of oxygen in the organism.

The third stage is called the **climax phase (stadium acme)**. Climax means that the body temperature culminates. At culmination of fever, such a temperature is achieved to which the thermoregulatory center is reset. The center is washed by blood that has the temperature originally adjusted. Because of this, the activation of sympathetic compartments stops. However, the parasympathetic compartment of the thermoregulatory center is activated. Subsequently, the impulses cause vasodilatation of skin vessels and the decrease in peripheral vascular resistance. These changes are the reason of decreased blood pressure and increased pressure in the pulmonary artery. The pressure in the pulmonary artery increases because of vasoconstriction of pulmonary arterioles. The patient has warm and red skin; he sweats, and loses heat by conduction, radiation, and evaporation.

The fourth stage is called the **descent stage (stadium decrementi)**. This stage starts from the peak of fever and is characterized by the decrease of the body temperature. The decrease of fever may be litycal or critical. Critical decrease means the situation when the fever decreases to normal temperature in 1 or 2 hours. With the decrease of fever, also the frequency of pulse and respiration is decreased. Sudden decrease especially of long lasting fever may cause temperature crisis. Expressive decrease of fever, decreased pulse, and decrease in peripheral vascular resistance may cause the

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

failure of circulation. This is especially dangerous for persons with cardiovascular disease and for old persons.

In fever, important changes occur in the function of organism. As a direct consequence, tachycardia is observed. Increased frequency in heart beats by 10 to 15 beats means the increased in the body temperature by 1°C . Except tachycardia, extrasystols may also occur during fever. These may have toxic or infectious origin or may be the sign of myocardial degeneration at long lasting fever. The blood pressure increases in the period of increasing fever. In the period of decreasing fever, the blood pressure decreases because of the decrease of peripheral vascular resistance and the simultaneously present bradycardia.

Oligemia, caused by evaporation and sweating, may participate in worsening of cardiovascular functions. In initial stages of fever, up to its culmination, the frequency of breathing increases. During the fever, or after its finish, pathological components- proteins, hyaline casts, and creatinine are present in the urine. Probably, this is caused by the direct damage to the kidneys by the fever itself. Experimentally it was observed that warm water bath of 40°C lasting for several hours does not cause similar changes in urine and general condition as fever. Fever has unfavorable influence on the function of the digestive tract. The defect in secretion of digestive juices is observed. This is associated with motor disorder and the disorder of absorption. Such changed functions of GIT may cause the constipation with catastrophic effects especially in old people. Hypoptyalism is the part of decreased secretory function of the gastrointestinal tract. At hypoptyalism, inflammation of buccal mucosa and the tongue is present as well. In general, the patient loses appetite what is caused by direct activity of TNF- α but also by functional changes in the digestive tract.

Oxidative processes speed up during the fever what may be demonstrated by the increased utilization of oxygen. During the fever or after its finish, hyperglycemia may be ascertained. In general, the catabolism of proteins with negative nitrogen balance increases leading to the losses of protein that may reach 300 to 400grams per day. Decreased diuresis associated with increased protein catabolism often leads to the rise in metabolic acidosis. These metabolic changes may be improved in the phase of polyuria that starts after the decrease of fever.

When the body temperature increases by 6°C a situation not compatible with life is formed. Subjective feeling of fever is highly variable. Some persons perceive already a small increase in body temperature; others don't feel even the increase of temperature to high values. This occurs in persons with long-lasting increase of body temperature. A patient with tuberculosis sometimes doesn't even feel the temperature of 39°C . In most cases, the fever is associated with subjective discomfort such as uncertain headache, arthralgia, and pain in muscles and in the back. The cause of these symptoms is not completely clear.

Chills may accompany any fever. It is typical for pyogenic infections associated with bacteremia. It may also occur in noninfectious diseases such as vasculitis or lymphoma. Chills may be provoked by antipyretics that cause sudden decrease of body temperature. This effect of antipyretics is seen especially if they are given in the phase of increasing temperature.

Diffuse sweating usually occurs in culmination of fever. It may be very unpleasant for some persons. However, it is the natural reaction at the process of fever.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Changes in mental condition are present in very young and very old persons. They may be very mild or may develop into delirium state. Expressive changes in mental condition may be sometimes observed in alcohol drinkers, cardiovascular patients, and senile persons. TNF- α and IL-1 causes the release of β -endorphins in the brain that may participate on changed mental condition.

Spasms are present in children to 5 years of age. Most often they develop in the phase of increasing body temperature.

Increased body temperature may activate latent virus of herpes simplex resulting in Herpes labialis. From unclear reasons, it often occurs in pyogenic bacterial infections (pneumococcal, streptococcal, and meningococcal), in malaria, and in rickettsioses. Herpes labialis to some extent is a sign of suppressed cellular immunity. **Presence of herpes labialis is a point against typhoid fever.**

SIGNS AND SYMPTOMS

Depending on what causing the fever, additional fever symptoms may include:

- | | |
|----------------|--------------------|
| ✚ Sweating | ✚ Lack of appetite |
| ✚ Shivering | ✚ Dehydration |
| ✚ Headache | ✚ General weakness |
| ✚ Muscle aches | |

Very high fevers, between 103 and 106 F, may cause:

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- 🚩 Hallucinations
- 🚩 Confusion
- 🚩 Irritability
- 🚩 Convulsion

TYPES OF FEVER

According to one common rule of thumb, pyrexia (fever) is generally classified for convenience as:

- low grade: 38–39°C (100.4–102.2°F)
- moderate: 39–40°C (102.2–104.0°F)
- high-grade: 40–42°C (104.0–107.6°F)
- hyperpyrexia: over 42°C (107.6°F)

The last is a medical emergency because it approaches the upper limit compatible with human life.

Some diseases are characterized by certain stereotypic consequence of temperature changes. According to the temperature curve, we may distinguish several types of fever. To make out periodicity distinctly, it is necessary to record temperature 4 hourly.

Most of the time fever types can not be used to find the underlying cause. However, there are specific fever patterns that may occasionally hint the diagnosis:

- **Pel-Ebstein fever:** A specific kind of fever associated with Hodgkin's lymphoma, being high for one week and low for the next week and so on. However, there is some debate as to whether this pattern truly exists.
- **Continuous fever:** Temperature remains above normal throughout the day and does not fluctuate more than 1°C in 24 hours, e.g. lobar pneumonia, typhoid, urinary tract infection, brucellosis, or typhus. Typhoid fever may show a specific fever pattern, with a slow stepwise increase and a high plateau.
- **Intermittent fever:** Elevated temperature is present only for some hours of the day and becomes normal for remaining hours, e.g. malaria, kala-azar, pyaemia, or septicemia. In malaria, there may be a fever with a periodicity of 24 hours (*quotidian*), 48 hours (*tertian fever*), or 72 hours (*quartan fever*, indicating *Plasmodium vivax*). These patterns may be less clear in travelers.
- **Remittent fever:** Temperature remains above normal throughout the day and fluctuates more than 1°C in 24 hours, e.g. infective endocarditis.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Febricula is a mild fever of short duration, of indefinite origin, and without any distinctive pathology.

CAUSES OF FEVER

Fever is a common symptom of many medical conditions:

- **Infectious diseases:** e.g. influenza, common cold, HIV, malaria, infectious mononucleosis, or gastroenteritis.
- **Animal exposure fevers:** Certain people who work with animals can be exposed to rare bacteria that can cause fevers.
- **Traveler's fever:** When traveling, consumption of contaminated water, uncooked vegetables, or non pasteurized dairy products can cause a low-grade fever and traveler's diarrhea.
- Various **skin inflammations:** e.g. boils, pimples, acne, or abscess.
- **Immunological diseases:** e.g. lupus erythematosus, sarcoidosis, inflammatory bowel diseases.
- **Tissue destruction,** which can occur in hemolysis, surgery, infarction, crush syndrome, rhabdomyolysis, cerebral hemorrhage, etc.
- **Drug fever:** It may be directly caused by the drug, e.g. progesterone, or chemotherapeutics causing tumor necrosis or as an adverse reaction to drugs, e.g. antibiotics or sulfa drugs or it can occur after drug discontinuation, e.g. heroin withdrawal.
- **Tumour fever: Cancers** e.g. Hodgkin disease can produce fever.
- **Metabolic disorders,** e.g. gout or porphyria.
- **Thrombo-embolic processes,** e.g. pulmonary embolism or deep venous thrombosis.
- **Environmental fever:** Occasionally a very high body temperature can be reached when the body becomes overheated. This condition is called hyperthermia. This often occurs with strenuous exercise or when the body is exposed to hot or humid weather.

PYREXIA OF UNKNOWN ORIGIN (PUO)

When the temperature is raised **above 38.3°C** for more than 2 weeks without the cause being detected by physical examination or laboratory tests → PUO (**FUO**)

Etiology

- a) *Occult tuberculosis*
- b) *Chronic suppurative lesions of the liver, pelvic organs, urinary tract, peritoneum, gall bladder, brain, lungs, bones & joints & dental sepsis (occasionally).*
- c) *Viral infections:*
 - **Viral hepatitis**
 - **Infectious mononucleosis**

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- **Cytomegalovirus infection**
- **Aids**

d) *Connective tissue disorders:*

- **Giant cell arteritis.**
- **RA**
- **Rheumatic fever**
- **SLE**
- **PAN (polyarteritis nodosa)**

e) *Chronic infections:*

- Syphilis
- Hepatic amoebiasis
- Cirrhosis liver
- Malaria
- Filariasis
- Leprosy
- Brucellosis
- Sarcoidosis

f) *Haematological malignancies*

- Leukemia
- Lymphoma
- Multiple myeloma

g) *Other malignant lesions:* Tumours of lungs, kidney etc.

h) *Allergic conditions*

i) *Miscellaneous conditions:* Hemolytic anaemia, dehydration in infants etc.

j) *Factitious fever:* Self induced fever in patients with psychological abnormalities.

DIAGNOSIS OF FEVER

History

History should include the details of the place of residence, recent visit to epidemic areas, the pattern of onset and course of fever, and the accompanying clinical phenomena.

General examination

General examination is very important. Jaundice, cyanosis, clubbing, arthritis, coating of the tongue with the pattern of coating, generalized lymphadenopathy, lymphangitis or swelling of one or more

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

legs, splinter haemorrhages in nails, and tenderness over sinuses should be looked for. Special care should be taken to detect rashes, eruptions or eschar. If rashes are present, the day of their appearance, the type and distribution should be noted. The eruptions may be macular, popular, maculopaular, vesicular, pustular or haemorrhagic. Examination of the mouth for evidence of Koplik's spots which is an early sign of measles is important. Elicitation of neck rigidity, Kernig's sign, evidence of any middle ear discharge and mastoid tenderness are of great help to diagnose meningitis early.

The pulse should be counted for 1 minute and recorded. Relative *bradycardia* is characteristic of *typhoid*, meningitis and many *viral infections* (slow pulse fevers) while relative tachycardia is seen in rheumatic fever, tuberculosis and pneumonia (rapid pulse fevers). The heart should be examined for the presence of abnormalities which, if present, suggest the possibility of infective endocarditis. Pericardial effusion should be ruled out by physical examination.

Since respiratory infections account for many of the fevers, the respiratory system should be examined with a view to detect infections such as bronchitis, pneumonia, tuberculosis, bronchiectasis, lung abscess and pleural effusion.

Careful examination of the abdomen may reveal hepatosplenomegaly and gurgling in the right iliac fossa which is a common sign in enteric fevers. Pelvic structures should be examined in females. Examination of internal genitalia is essential to rule out infections and malignancies.

Recording of all the findings should be made periodically since additional findings might appear in the course of the illness and this may be helpful in the final diagnosis.

The clinical examination should be followed up by investigations. A general pattern of investigations may be adopted for all types of fever. In addition, special investigations have to be carried out when necessary.

Blood examination

- ✚ Total leucocyte count & differential leucocyte count.
- ✚ Blood smear & Night blood examination
- ✚ Erythrocyte sedimentation rate
- ✚ Blood culture, and
- ✚ Appropriate serological tests such as Widal test, Weil Felix reaction ASO titre, HBs Ag etc should be noted according to the type.

Urine examination

Routine biochemistry such as albumin, sugar, acetone, bile pigments, urobilinogen, Bence-Jones proteins, urine culture etc should be noted if necessary.

Other tests

- ✚ Feces microscopy and culture
- ✚ Sputum culture
- ✚ CSF and bone marrow examination
- ✚ Biochemical examination of serum

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- ✚ Appropriate radiological studies
- ✚ Ultrasonography
- ✚ Antinuclear antibody (ANA) titers
- ✚ Rheumatologic factor.
- ✚ CT scans
- ✚ Intravenous pyelography may be more sensitive than the CT scan in detecting processes involving the descending urinary tract, but the CT scan is preferred for most other processes of the retroperitoneal space.
- ✚ Magnetic resonance imaging (MRI) can be very useful in cases where osteomyelitis is suspected.
- ✚ Endoscopic examination - Perform an endoscopic examination of the upper and lower gastrointestinal tract, including retrograde cholangiography when indicated or when searching for Crohn's disease, Whipple's disease, biliary tract disease, and gastrointestinal tumors. Occasionally, complementing endoscopic studies with barium enemas or upper gastrointestinal series is necessary.
- ✚ Radio nucleotide studies - Perform ventilation and perfusion radio nucleotide studies to document pulmonary emboli.
- ✚ Obtain a pulmonary angiography when suspecting pulmonary emboli, despite negative scanning studies.
- ✚ A technetium bone scan may be a more sensitive method for documenting skeletal involvement when suspecting osteomyelitis in a patient without compatible changes in conventional radiography.
- ✚ Consider radionucleotide studies using gallium citrate or granulocytes labeled with indium In 111 for diagnosis of occult abscesses, neoplasms, or soft tissue lymphomas.
- ✚ Positron emission tomography (PET) scanning has enhanced the detection of occult neoplasms, lymphomas in patients with FUO.
- ✚ Echocardiography: This technique is highly sensitive in diagnosing endocarditis, particularly when transesophageal echocardiography is available.
- ✚ Biopsy: The final diagnosis is obtained during direct biopsy examination of involved tissue. Biopsies are easily performed in enlarged accessible lymph nodes, other peripheral tissues, and bone marrow.

GENERAL MANAGEMENT

Fever should not necessarily be treated. Fever is an important signal that there's something wrong in the body, and it can be used for follow-up. Moreover, not all fevers are of infectious origin.

If the fever is mild and no other problems are present, no medical treatment is required. Drink fluids and rest. If a child is playful, comfortable, drinking plenty of fluids and able to sleep no treatment is needed. Take steps to lower a fever if the patient is uncomfortable, vomiting, dehydrated, or having difficulty in sleeping. The goal is to lower, not eliminate, the fever.

When trying to reduce a fever:

✚ **Less clothing:**

Children should not be over-bundled when they have a fever, as this tends to raise their temperature. Dress infants in a minimum of clothes and use a light blanket if they have chills. Sometimes, an over

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

bundled infant may have a slight elevation of temperature. If you suspect this, undress and retake their temperature in about one hour.

Sponging:

Sponge baths are usually not necessary for low-grade fevers. Sponging may cause shivering and may be uncomfortable. Sponge baths may be useful with heatstroke, confusion associated with high fevers, or in children who are prone to febrile seizures. Never use alcohol or ice in the bath. Stop or raise the water temperature if the child is shivering. A lukewarm bath or sponge bath may help cool someone with a fever.

Promote liquids and rest:

We all need to sleep more whenever our bodies fight an infection. The patient should be put to bed. Adequate nourishment and fluid and electrolytes should be provided during the acute phase. Since fever accelerates metabolism leading to breakdown of tissues, 2000-2500 Cal should be provided in the form of palatable, easily digestible food. Fluid intake should be 2-3 liters a day. During fevers, there is a general tendency to develop constipation. This can be reduced by giving adequate food and fluids. Dryness of mouth and presence of food particles cause infection of the mouth, gums, and parotid glands. Proper oral hygiene and frequent sips of fluids serve to prevent this complication. Liquids are important because we sweat more when we have fevers. Children are more prone to dehydration compared to adults.

Signs of dehydration in children include

- | | |
|--|---|
|  No urine output in 8 to 12 hours |  Dry cracked lips and/or mouth |
|  Listlessness |  No tears when crying |

If someone has heat exhaustion or heat stroke, remove the person from the warm area. Sponge the person with tepid water. Place ice packs in the armpits, behind the neck, and in the groin. Give fluids if the person is alert. Seek medical attention. If heat illness is causing the fever, medicines may not lower the body temperature and may even be harmful.

UTILITY OF FEVER

"Give me a fever, and I can cure any illness." – Hippocrates

Fever slightly increases immune reactions, increases chemotactic, phagocytic, and bactericidal activity of polymorphonuclear leucocytes. Up to certain value, it stimulates the processes of antibody production. Concomitantly, it slows down the proliferation of microorganisms. Increased body temperature causes a decrease in the amount of plasma iron, zinc, and copper. This decrease is not favorable for the growth of microbes. High temperature causes destruction of lysosomes and the whole cells. This is a way by which the body defends itself against microbes but also against replication of viruses. The increased production of interferon also acts against viruses.

Research has demonstrated that fever has several important functions in the healing process:

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- ◆ Increased mobility of leukocytes
- ◆ Enhanced leukocytes phagocytosis
- ◆ Endotoxin effects decreased
- ◆ Increased proliferation of T Cells
 - ◆ Enhanced activity of interferon

HARMFUL EFFECTS OF FEVER

They may come into consideration at high temperatures, if fever lasts too long, and especially if the patients are suffering from an additional disease, too. Increased basal metabolism, minute heart volume, and water and salt losses may complicate other basic illnesses. Very high temperature suppresses immune mechanisms. Long lasting fever causes dysfunctions of parenchymal organs. It is so in malignant (extreme) fever, febrile spasms, epilepsy, cardiac problems, and the disease of the central nervous system. Fast decrease of fever may endanger the patient by fast lowering of the blood pressure.



HOMOEOPATHIC THERAPEUTICS

 **Abies canadensis:**

- Cold shivering as if blood were ice-water.
- Chills run down back. Cold water feeling between shoulders.
- Skin clammy and sticky. Night-sweat.

 **Acetanilidum (Anti-febrinum):**

- Depresses heart, respiration and blood pressure & lowers temperature.
- Cyanosis and collapse & Increased susceptibility to cold.

 **Acetic acid:**

- Hectic, with drenching night-sweats.
- Red spot on left cheek.
- No thirst in fever.
- Sweat profuse, cold.

 **Aconite:**

- Cold stage most marked. Cold sweat and icy coldness of face. Coldness and heat alternate. Evening chilliness occurs soon after going to bed. Cold waves pass through him.
- Thirst and restlessness always present.
- Chilly if uncovered or touched.
- Dry heat, red face.
- Most valuable febrifuge with mental anguish, restlessness, etc. Sweat drenching, on parts lain on; relieving all symptoms.

 **Aethusa:**

- Great heat; no thirst.
- Profuse, cold sweat. Must be covered during sweat.

 **Aesculus:**

- Chill at 4 p.m. Chilliness up and down back.
- Fever 7 to 12 p.m. Evening fever, skin hot and dry.
- Sweat profuse and hot with the fever.

 **Antim Tart:**

- Coldness, trembling, and chilliness.
- Intense heat.
- Copious perspiration. Cold, clammy sweat, with great faintness.
- Intermittent fever with lethargic condition.

 **Amyl nitrosum:**

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Much flushing of heat; sometimes followed by cold and clammy skin and profuse sweat.
- Throbbing throughout whole body.
- Abnormal sweat after influenza.

Apis:

- Afternoon chill, with thirst; worse on motion and heat.
- External heat, with smothering feeling.
- Sweat slight, with sleepiness. Perspiration breaks out and dries up frequently.
- Sleeps after the fever paroxysm.

Arnica:

- Febrile symptoms closely related to typhoid.
- Shivering over whole body.
- Heat and redness of head, with coolness of rest of body. Internal heat; feet and hands cold.
- Nightly sour sweats.

Arg nit:

- Chills with nausea.
- Chilly when uncovered, yet feels smothered if wrapped up.

Ars iod:

- Recurrent fever and sweats. Drenching night-sweats.
- Pulse rapid, feeble, weak, and irregular.
- Chilly, cannot endure cold.

Ars alb:

- High temperature. Periodicity marked with adynamia.
- Intermittent fevers. Paroxysms incomplete, with marked exhaustion.
- Hay-fever. Septic fever.
- Cold sweats. Complete exhaustion.
- Delirium; worse after midnight. Great restlessness. Great heat about 3 a.m.

Astacus fluviatilis- cancer astacus:

- Inward chilliness; very sensitive to air, worse uncovering.
- Violent fever with headache.

Baptisia:

- Chill, with rheumatic pains and soreness all over body.
- Heat all over, with occasional chills. Chill about 11 a.m.
- Adynamic fevers. Typhus fever. Shipboard fever.

 **Belladonna:**

- A high feverish state with comparative absence of toxaemia.
- Burning, pungent, steaming, heat. Feet icy cold.
- Superficial blood-vessels, distended.
- Perspiration dry; only on head.



➤ **Bryonia:**

- Pulse full, hard, tense, and quick.
- Chill with external coldness.
- Dry cough, stitches.
- Internal heat. Sour sweat after slight exertion.
- Easy, profuse perspiration.
- Rheumatic and typhoid marked by gastro-hepatic complications.

 **Cactus**

- Fever every day at same hour.
- Coldness in back and icy-cold hands.
- Intermittent; paroxysms about midday (11 a.m.) incomplete in their stages, accompanied by hemorrhages. Coldness predominates; cold sweat, with great anguish.
- Persistent subnormal temperature.

 **Calc.carb:**

- Chill at 2 p.m. begins internally in stomach region.
- Fever with sweat. Pulse full and frequent. Chilliness and heat.
- Partial sweats. Night sweats, especially on head, neck and chest. Sweat over head in children, so that pillow becomes wet.
- Hectic fever. Heat at night during menstruation, with restless sleep.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

➤ **Calc. sulph:**

- Hectic fever, caused by formation of pus.
- With cough and burning in soles.

🌈 **Cantharis:**

- Fever associated with bladder irritation.
- Cold hands and feet; cold sweat. Soles burn. Chill, as if water were poured over him.

🌈 **Capsicum**

- Coldness, with ill-humor. Shivering after drinking. Chill begins in back; better, heat. Must have something hot to back. Thirst before chill.

🌈 **Cedron:**

- Chilliness towards evening.
- Frontal headache extending into parietal region. Red eyes. Heat, with itching of eyes, tearing & numbness of limbs.
- Periodicity is the most marked characteristic of this drug.
- It is particularly useful in tropical or in damp, warm, marshy countries.

🌈 **China:**

- Intermittent, paroxysms anticipate; return every week. All stages well marked. Chill generally in forenoon, commencing in breast; thirst before chill, and little and often. Debilitating night-sweats. Free perspiration caused by every little exertion, especially on single parts.
- Hay fever, watery coryza, pain in temples.

🌈 **Chininum sulph:**

- Chill daily at 3 p.m. Painful swelling of varicose veins during a chill. Shivering even in a warm room. Anguish. Subnormal temperature.

🌈 **Cina:**

- Light chill. Much fever, associated with clean tongue. Much hunger; colicky pains; chilliness, with thirst. Cold sweat on forehead, nose, and hands. In Cina fever, face is cold and hands warm.
- Children's remedy.
- Fever from intestinal irritation due to worms.

🌈 **Corallorhiza odontorhiza:**

- Hectic fever, coming on 9 to 10 a.m., and lasting till midnight.
- Intensely nervous and restless.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Burning of palms and soles; no thirst, chill or perspiration. Can bear only slightest covering.

Convallaria:

- Chilly in back and down spine, followed by fever, little sweat. Thirst and headache during chill.
- Dyspnoea during fever.

Crotalus horridus:

- Malignant fevers of a haemorrhagic or putrescent character.
- Low bilious remittents.
- Yellow fever. Bloody sweat.
- Cerebro-spinal meningitis. Cold sweats.

Dulcamara:

- Dry burning heat all over. Chilliness towards evening, mostly in back. Icy coldness, with pains. Dry heat and burning of skin. Chilliness with thirst.

Echinacea:

- Chilliness, with nausea. Cold flashes all over back.
- Malarial fever.

Eucalyptus:

- Elevation of temperature.
- Continued and typhoid fevers. Scarlet fever (protective and curative).
- Discharges show a tendency to foulness, high temperature, accelerated but not strong pulse.

Eupatorium perfoliatum:

- Perspiration relieves all symptoms except headache.
- Chill between 7 and 9 a.m., preceded by thirst with great soreness and aching of bones.
- Nausea, vomiting of bile at close of chill or hot stage; throbbing headache. Knows chill is coming on because he cannot drink enough.

Eupatorium purpureum:

- No thirst during chill, but much frontal ache. Chill commences in back. Violent shaking, with comparatively little coldness.
- Bone-pains.

Euphorbia lathyris:

- Temperature increased. Body bathed in profuse perspiration, standing out like beads on forehead; later, cold, clammy perspiration on forehead.

 **Euphrasia :**

- Chilly & cold. Sweat mostly on chest, at night during sleep.
- Fever due to catarrhal affections of mucous membranes especially of eyes & nose.

 **Ferrum met:**

- General coldness of extremities; head and face hot. Chill at 4 a.m. Heat in palms and soles. Profuse, debilitating sweat.

 **Ferrum phos:**

- Chill daily at 1 p.m. All catarrhal and inflammatory fevers; first stage.

 **Formalinum:**

- Chills in forenoon, followed by long fever. Bones ache during whole paroxysm.
- During fever forgets where he was.

 **Gelsemium:**

- Wants to be held, because he shakes so.
- Pulse slow, full, soft, compressible. Chilliness up and down back. Heat and sweat stages, long and exhausting.
- Dumb-ague, with much muscular soreness, great prostration, and violent headache. Nervous chills.
- Bilious remittent fever, with stupor, dizziness, faintness; thirstless, prostrated. Chill, without thirst, along spine; wave-like, extending upward from sacrum to occiput.

 **Heloderma:**

- Internal coldness, as if frozen to death. Cold rings around body. Cold waves. Cold spots. Arctic coldness. Temperature subnormal-96°0.

 **Hepar sulph:**

- Chilly in open air or from slightest draught. Dry heat at night. Profuse sweat; sour, sticky, offensive.

 **Ignatia:**

- Chill, with thirst; not relieved by external heat.
- During fever, itching; nettle-rash all over body.

 **Iodum:**

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Flushes of heat all over body. Marked fever, restlessness, red cheeks, apathetic. Profuse sweat.

Ipecacuanha:

- Intermittent fever, irregular cases, after Quinine. Slightest chill with much heat, nausea, vomiting, and dyspnoea.
- Relapses from improper diet.

Kali sulph:

- Rise of temperature at night. Intermittent fever, with yellow, slimy tongue.

Lachesis:

- Chilly in back; feet icy cold; hot flushes and hot perspiration.
- Paroxysm returns after acids. Intermittent fever every spring.
- Aggravation after sleep.

Lycopodium:

- Chill between 3 and 4 p.m., followed by sweat. Icy coldness. Feels as if lying on ice. One chill is followed by another.

Medorrhinum:

- Wants to be fanned all the time. Chills up and down back; coldness of legs, hands, and forearms. Flashes of heat in face and neck. Night-sweat and hectic.

Menyanthes:

- Coldness predominates; felt most acutely in abdomen and legs and tip of nose.

Mercurius sol.:

- Generally gastric or bilious, with profuse nightly perspiration; debility, slow and lingering.
- Heat and shuddering alternately. Yellow perspiration. Profuse perspiration without relief. Creeping chilliness, worse in the evening and into night. Alternate flashes of heat in single parts.

Muriatic acid:

- Cold extremities. Heat without thirst.
- Typhoid types, stupid. Haemorrhages. Restlessness. Involuntary discharges. Bed-sores. Pulse rapid and feeble. Excessive prostration.

Natrum mur:

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Chill between 9 and 11 a.m. Heat; violent thirst, increases with fever.
- Fever-blisters.
- Coldness of the body, and continued chilliness very marked. Hydraemia in chronic malarial states with weakness, constipation, loss of appetite, etc. Sweats on every exertion.

Nux vom:

- Cold stage predominates. Paroxysms anticipate in morning. Excessive rigor, with blueness of finger-nails. Aching in limbs and back, and gastric symptoms.
- Chilly; must be covered in every stage of fever. Perspiration sour; only one side of body. Chilliness on being uncovered, yet he does not allow being covered. Dry heat of the body.

Oleum jecoris aselli:

- Constantly chilly towards evening. Hectic fever. Night-sweats.

Opium:

- Pulse full and slow. Heat extending over body. Hot perspiration.
- Fever characterized by stupor, snoring respiration, twitching of limbs, intense thirst and sleepiness.
- General Low temperature with inclination to stupor.

Phosphoric acid:

- Chilliness. Profuse sweat during night and morning. Low types of fever, with dull comprehension and stupor.

Phosphorus:

- Chilly every evening. Cold knees at night. Adynamic with lack of thirst, but unnatural hunger.
- Hectic, with small, quick pulse; viscid night-sweats. Stupid delirium. Profuse perspiration.

Phytolacca:

- High fever, alternating with chilliness and great prostration.

Podophyllum:

- Chill at 7 a.m., with pain in hypochondria, and knees, ankles, wrists.
- Great loquacity during fever. Profuse sweat.

Polyporus pinicola:

- Great lassitude, congestion of head, with vertigo, face hot and flushed, prickling sensation all over; restless at night from pain in wrists and knee; rheumatic pains; profuse perspiration.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Headache about 10 a.m., with pain in back, ankles and legs increasing until 3 p.m., then gradually become better.

Pulsatilla:

- Chilliness, even in warm room, without thirst. Chilly with pains, in spots, worse evening. Chill about 4 p.m. Intolerable burning heat at night, with distended veins; heat in parts of body, coldness in other.
- One-sided sweat; pains during sweat. External heat is intolerable, veins are distended.
- During apyrexia, headache, diarrhoea, loss of appetite, nausea.

Pyrogen:

- Coldness and chilliness. Septic fevers. Latent pyrogenic condition.
- Chill begins in back. Temperature rises rapidly. Great heat with profuse hot sweat, but sweating does not cause a fall in temperature.

Rhustox:

- Adynamic; restless, trembling. Typhoid; tongue dry and brown; sordes; bowels loose; great restlessness. Intermittent; chill, with dry cough and restlessness.
- During heat, urticaria.
- Chilly, as if cold water was poured over him, followed by heat and inclination to stretch the limbs.

Sabadilla:

- Chill predominates; from below upwards. Heat in head and face; hands and feet icy cold, with chill. Lachrymation during paroxysm.
- Thirstless.

Sambucus nigra:

- Dry heat while sleeping. Dreads uncovering. Profuse sweat over entire body during waking hours.
- Dry, deep cough precedes the fever paroxysm.

Secale cor.:

- Coldness; cold, dry skin; cold, clammy sweat; excessive thirst. Sense of internal heat.

Sepia:

- Frequent flushes of heat; sweat from least motion. General lack of warmth of body. Feet cold and wet. Shivering, with thirst; worse, towards evening.

Stramonium:

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Profuse sweat, which does not relieve. Violent fever.

Silicia:

- Chilliness; very sensitive to cold air. Creeping, shivering over the whole body. Cold extremities, even in a warm room. Sweat at night; worse towards morning. Suffering parts feel cold.

Strychinum:

- Cold chills down spine. Perspiration in a stream down head and chest. Lower extremities cold.

Sulphur:

- Frequent flashes of heat. Violent ebullitions of heat throughout entire body. Dry skin and great thirst. Night sweat, on nape and occiput. Perspiration of single parts. Disgusting sweats.
- Remittent type.

Tabaccum:

- Chills, with cold sweat.

Taraxacum:

- Chilliness after eating, worse drinking; finger tips cold. Bitter taste. Heat without thirst, in face, in toes. Sweat on falling asleep.

Terebinthina:

- Heat, with violent thirst, dry tongue, profuse cold, clammy sweat.
- Typhoid with tympanites, haemorrhages, stupor, delirium. Prostration.

Thuja:

- Chill, beginning in thighs. Sweat only on uncovered parts, or all over except head, when sleeping; profuse, sour, smelling like honey. Orgasm of blood in the evening, with throbbing in the blood-vessels

Urtica urens:

- General heat in bed with soreness over abdomen.
- Fever of gout and tropical fever.

Variolinum:

- Intense fever, with radiating heat. Profuse, bad-smelling sweat.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Veratrum alb:

- Chill, with extreme coldness and thirst.

Veratrum virid:

- Hyperthermia in the evening and hypothermia in the morning.
- Suppurative fevers with great variation of temperature.

Zinc met:

- Frequent, febrile shivering down back. Cold extremities. Night-sweat. Profuse sweat on feet.



CONCEPT OF FEVER ACCORDING TO AYURVEDA

Causes

Fever is caused due to the aggravation of any one or all the three doshas of the body. Fever can occur as a result of infection, because of external injury, insect bite or poisoning. It must be kept in mind that fever can also be a symptom of many conditions, like bronchitis, pleurisy, tuberculosis, jaundice, malaria, measles or influenza.

The **signs** that indicate the presence of fever according to Ayurveda:

- * High temperature
- * Headache
- * Muscle ache
- * Burning eyes
- * Loss of appetite
- * Coated tongue
- * Excessive production of saliva
- * Feeling of heaviness and nausea

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Remedies

- ♣ Mild sweating: This helps to digest the toxins. Lie on a bed covered with a blanket, for 15 to 20 minutes. Drinking a hot liquid also helps.
- ♣ Take 10 grams (one-tablespoon) raisins and 10 grams (one tablespoon) fresh ginger. Crush and put in 200-ml. water for one hour. Boil this decoction till the water reduces to 50 ml. Strain and drink while warm. Dosage: This preparation can be taken twice a day.

Dos and don'ts

- ♣ Easily digestible diet such as boiled or steamed vegetables, vegetable soup, fruit and fruit juices must be taken.
- ♣ Small quantities of cow milk can be taken two to three times a day
- ♣ Khichadi is very good with spices like cumin seeds, coriander, turmeric, ginger and salt can be also be added to it.
- ♣ Egg plant, bitter gourd and cooked radish and barley water are good.
- ♣ Small amounts of whole grain bread or biscuits can be taken with milk. Heavy foods that are difficult to digest like fried foods, fast foods, meat, chicken, fish, and raw foods should be completely avoided.
- ♣ The patient should take ample rest.
- ♣ Exposure to extreme cold or heat, exertion, exercise, mental stress, sexual activity and any other type of physical activity should be avoided until the patient regains strength.



DR. SAMUEL HAHNEMANN'S VIEW REGARDING FEVER

DR. SAMUEL HAHNEMANN'S VIEW REGARDING FEVER

Hahnemann tells about fever in his **fifth edition of Organon of Medicine** in the **§ 235-244**.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Here he first mentioned about the ***intermittent fevers prevailing sporadically or epidemically***. Here the whole febrile paroxysms (consisting of two three alternating stages e.g. - chill, heat and sweat) is to be taken into account as a unit. During the active phase of the disease, homoeopathic medicine is to be selected which has either the power of producing a similar series of alternating state or the most prominent stage(either to the cold stage or to the hot stage or to the sweat stage) each with its alternating symptoms , according as the one or other alternating state is the strongest and most peculiar. The remedy selected to stop the paroxysms must be from the general class of proved (common, not antipsoric) medicines. The most appropriate remedy would be that which is homoeopathic to the symptoms of the patient's health during interval between successive paroxysmal attacks.

The most appropriate and efficacious time for administration of medicine in these cases is immediately or very soon after the termination of paroxysm. If the stage of apyrexia is very short, the medicine may be administered during the declining period of the paroxysms.

Sometimes a single dose of the best selected remedy stops the paroxysms and cures the patient. In some cases, after some time indications of a new paroxysm appear, then the same medicine is given again, provided always the totality of the symptoms is still the same.

There are, at times cases where the attacks return after several days well being. This return of the same fever after a period of healthy interval indicates that the previous morbid agent is still acting upon the convalescent, as is the case in marshy regions. Change of place to a healthier and drier climate brings about permanent cure. But if the apparently indicated remedy fails to cure the patient when there is no adverse climate influence, some latent psoric infection is to be suspected and antipsoric treatment should be started.

Another class of fever is ***epidemics of intermittent fever in situations where none are endemic***. They are of the nature of chronic diseases. They are composed of single acute paroxysms. Here, after observation of a good many sufferers of this type of disease, a genus epidemicus may be discovered and that single remedy will cure all patients who were healthy before the appearance of the epidemic, indicating, there by, that they were not psoric. If , however, in such an epidemic intermittent fever the first paroxysms have been left uncured, or if the patients have been weakened by improper allopathic treatment , then the inherent psora that exists; so that the medicine , which would have been useful in the first paroxysms, is now no longer suitable and cannot be of any service. Here *treat the case as psoric intermittent fever –subdued by minute and rarely repeated doses of Sulphur or Hepar sulphuris in a high potency.*

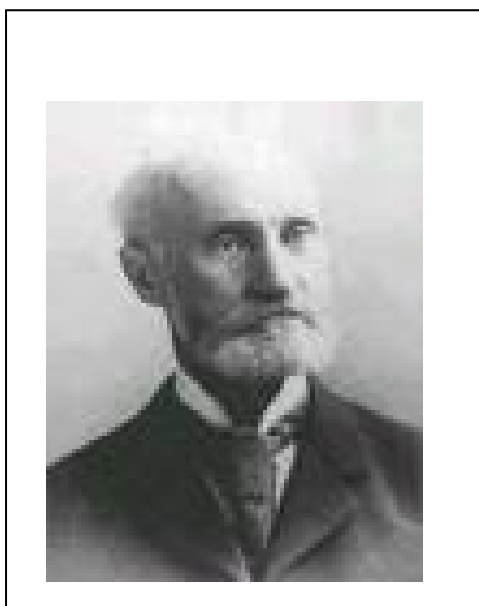
Next class of fever is very ***pernicious types of intermittent fevers attacking individuals not residing in marshy district***. These cases are to be treated with ordinary homoeopathic remedies as are done in cases of ordinary acute cases. If the apparently indicated remedy fails, previous psoric infection is to be suspected and *antipsoric drugs are to be employed as they are cases with psora on the point of its development.*

Last class of fever is ***intermittent fever endemic in marshy district*** and tracts of country frequently exposed to inundations. Regarding the treatment- a perfectly healthy man, observing scrupulously all the hygienic and dietetic rules may escape attack with this type of disease and become immune to the particular infection. Even if he catches the infection on his first arrival, *one or two doses of potentised China would speedily cure him.* But the infection of marsh intermittent fever

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

can not be gets rid of by one or a few of such doses of China. In such persons, *psoric affection is at the background and they need antipsoric treatment for cure*. Apparently recovery takes place by change of climate and psora, if not well developed returns to its previous latent state and the febrile paroxysms stop; but in cases of developed psora, antipsoric treatment is indispensable.

DR. H. C. ALLEN'S VIEW REGARDING FEVER



H. C. ALLEN'S VIEW

Dr. H.C. Allen is following Dr. Hahnemann's view regarding fever. As per the teachings of Hahnemann it has been verified in chronic intermittents that the most obstinate and intractable cases are of psoric or tubercular type, the more deep the dyscrasia, the more protracted the fever. Massive doses of Peruvian bark or any of its alkaloids suppresses the symptoms and thus increase the sufferings of the patient.

In the Organon, Hahnemann affirms that acute diseases "are generally only a transitory outbreak, an explosion of latent psoric affection", the symptomatic expression of this or any other dyscrasia must be included in the anamnesis and the remedy must be selected based on the totality thus obtained.

Irrespective of the type of fevers the same law of cure applies to each patient. It is the individual patient with his peculiar idiosyncrasies and constitutional inheritances, not the fever that is chiefly to be considered. Family history is much more suggestive of the curative remedy than the rapid pulse and high temperature and must be carefully studied. The constitutional miasm – psora, sycosis, syphilis and tubercular miasm must be specially noted and they are the key with which to unlock the secret of the severity of the attack of the relapsing tendency of the fever.

If the patient is treated according to the objective, subjective and miasmatic symptoms, the patient may be cured in any stage of fever. Microscopes, chemical and spectral analyses are unable to find the internal cause; the miasm and we can't antidote it without finding the cause.

The Psoric Diathesis

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Another cause for intermittents, and especially of the most obstinate types – a cause most universally neglected or overlooked by the Homoeopathic physicians is found in the inherited dyscrasia of the patient, the psoric or tubercular diathesis. This is clearly stated in Hahnemann's Chronic Diseases (Page 75) and more deeply psoric the more malignant the attack.

When to Administer the Remedy

This is a question of much controversy and Hahnemann had given the instructions about what to be done in his Organon.

In Aphorism 236 he says about administration of the remedy after the termination of the paroxysm. There are proofs that when the medicine given during the cold stage of fever quickly deprived him of life.

In aphorism 237 he says about if the interval is too short give the medicine when perspiration diminishes or when the subsequent stages of the paroxysm decline.

In aphorism 238 he says that one dose of the properly indicated remedy may prevent several attacks but if there is threatening indication of anew attack the same medicine must be repeated provided the complex of symptoms is the same. If after remedy given if the paroxysm is earlier and more severe or later and milder than preceding one the action of the remedy must not be interfered with then wait for the next paroxysm and it may be lighter or not come at all.

In aphorism 245 during improvement never repeat the medicine as the beneficial effects of the medicine is rapidly approaching perfection.

Similia is a Never Failing Guide

If we stick on it the case will never fail. Hale comments that if the attack is due to miasmatic poisoning he must wait till the disease shows its true character.

The Similimum

The more perfect the simillimum, the quicker and surer the cure. Hahnemann teaches from the first to last pages of Organon that it is quality and not the quantity that cures; that the proper selection of the remedy is of much moment than the quantity to be given. To cure an intermittent fever we must study the patient during the apyrexia, to form an exact idea of the functional action, regular or otherwise of all the organs. Particularly if the stage is absent this among them is most marked. Expressly depend upon the bizarre, singular, exceptional phenomena as they are characteristic and first grade symptoms in order of cure.

The Potency

We must use all potencies and failures must be published to the world as Hahnemann did. Hahnemann decreased the dose as he increased the knowledge of the Materia Medica.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

"Every case of Intermittent fever, can and must be cured with the potentised remedies, under the law of similars homoeopathically" – Lippe.

Characteristic Symptoms

General symptoms and constitutional action of the remedy are to be given importance than local manifestations of the disease and the drug. Thus the totality of symptoms both subjective and objective is apt to be in treating the patient rather than his disease. In masked intermittents our only guide is the constitutional symptoms of the patient.

In treating the large class of chronic intermittent the psora of Hahnemann – the constitutional dyscrasia of the German pathologists is important.

In aphorism 153 Hahnemann describes about the characteristic symptom. Our most characteristic indications for the drug are based on the general constitutional symptoms and their conditions and their concomitants.

The Name: Its Use and Abuse

Typhoid (low, stupor) fever is designated by groups of symptoms which appear sporadically, endemically and epidemically and sometimes annually. Typhus, a more severe form, more contagious and more malignant due to bad sanitation where persons already exhausted by exposure, ill-treatment or live in crowded atmosphere or when chronic febrile diseases assumes a more febrile type. These are diagnostic terms and we select a remedy on therapeutic terms. The diagnostic is based on pathology and therapeutics on the basis of characteristics of the patient.

Hahnemann in note to **Aphorism 73** says that the names are irrelevant. No specifics in Homoeopathy and only importance to the individuality of the patient. Genus epidemicus may be called for in epidemics. Pathology is needed for prognosis, sanitation, dietetics and quarantine. So Allen suggests giving importance to the constitutional miasms as all diseases have their own miasmatic expression.

Sanitation –The Sick Room

The sanitary surroundings of the fever patient must be carefully guarded. The temperature must be adapted to that of the comfort of the sick, the room freely ventilated in the day time especially when the sun shines and abundance of fresh pure air maintained. Disinfectants should be avoided and other than pure air the similar dynamic remedy meets every requirement of science. Bathing is essential in every stage of typhoid especially during the fever exacerbation. The warm or tepid bath is most beneficial. The bath cloth or wet towel should be used. Never use the cold or ice bath to reduce the temperature as it is harmful. Bedding should be well aired and frequently changed as quietly and gently as possible. Never waken a sleeping patient and never forget that the stupor of delirium is not sleep.

The Diet

Absolute rest to the digestive organs is necessary for safe and speedy recovery in continued fevers. Pure water, ad libitum is the best and safest diet for the fever patient till the tongue is clean, appetite returns and pulse and temperature are nearly normal. The best results are with hot water. Ice water is not used internally or externally in typhoid, typhus or yellow fever.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Diet if monotonous can be varied by adding fruit juices but not lemon or vinegar. As the tongue cleans and appetite returns rice water, unseasoned dried apple water or toast water is allowed. Stale bread well toasted is put in boiling water while hot and allowed to cool in an earthen vessel. Barley, cracked wheat or oatmeal gruel well cooked may be allowed later. Dr. Woodruff fed his fever patients on codfish water. Alcoholic stimulants are rarely advisable though Hering recommends American or Hungarian wine during convalescence but prohibits port. The abnormal cravings noted down and suitable remedy selected than by the indulgence in it.

W. A. ALLEN'S VIEW REGARDING FEVER

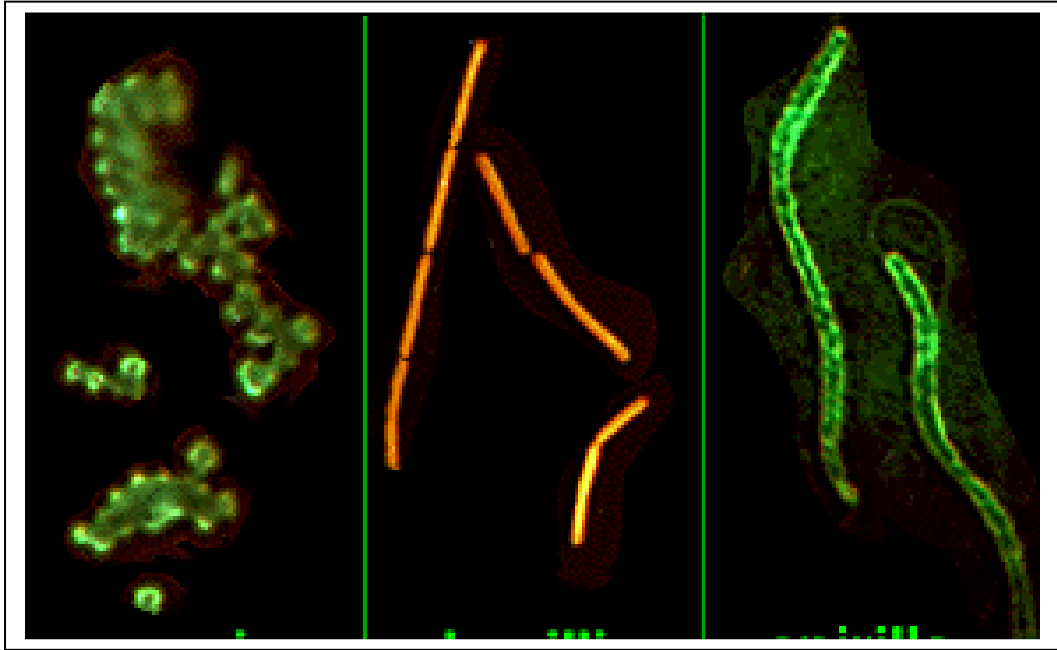
Dr. Allen had a large experience in the treatment of intermittents, and his own observations are entitled to great extent in his book "*Repertory to the Symptoms of Intermittent Fever*". The physician obtain as many symptoms from the patient as possible, writing them down at the bedside; then taking the repertory, that he look up the symptoms, see what remedies are indicated by each of them, and select that drug which is more frequently mentioned. He had cured cases with the tincture and with the hundred thousandths, but he considered the most successful and best adapted potency as from the two hundredth upwards. The best time to administer the remedy is after the height of the paroxysm has been passed. This is particularly true of Natrum mur. Regarding the dose, single dose is effective in many cases. But he had continued the medicine for several days after the paroxysm had ceased in some cases.

ERUPTIVE

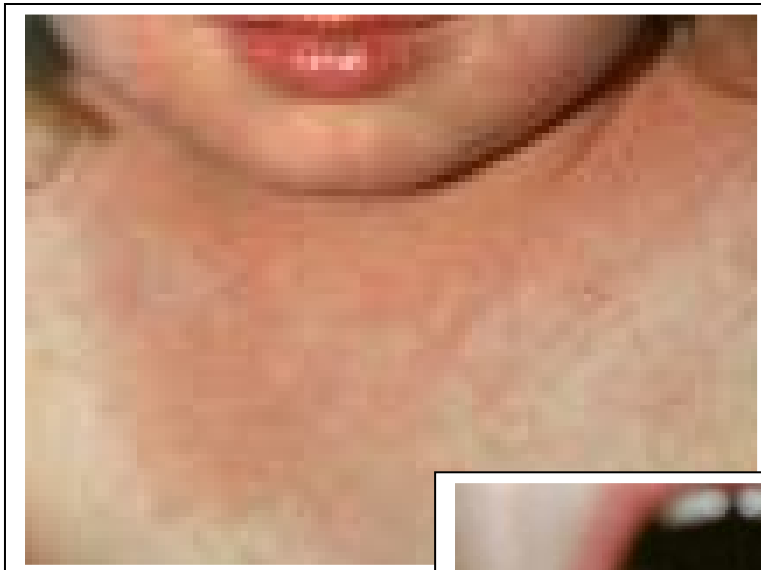


FEVERS

Eruptive fevers are fevers characterized by eruptions like Measles, Rubella, Chickenpox, Herpes zoster etc. **Eruption** means a visible breaking out, especially of a skin lesion or rash accompanying a disease such as measles or scarlet fever. Homoeopathic medicines are found to be effective in controlling eruptive fever.



A. CAUSED BY BACTERIA



Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

It is an infection caused by toxin-producing group **A beta hemolytic streptococci** (GABHS) found in secretions and discharge from the nose, ears, throat, and skin. It may follow streptococcal wound infections or burns, as well as upper respiratory tract infections.

Pathophysiology:

As the name implies, it is an erythematous eruption is associated with a febrile illness. The circulating toxin, often referred to as erythemogenic toxin, causes the rash as a consequence of local production of inflammatory mediators and alteration of the cutaneous cytokine milieu. This results in a sparse inflammatory response and dilatation of blood vessels leading to the characteristic scarlet color of the rash.

Mortality/Morbidity:

Historically, scarlet fever resulted in death in 15-20% of those affected. Since the advent of antibiotic therapy, the mortality rate is less than 1%. Morbidity and mortality is usually minimal.

Race: No racial or ethnic predilection is reported for group A streptococcal infection.

Age: The infection usually occurs in children, with peak age incidence from 1-10 years. However, it can occur in older children and adults.

Clinical

History: The cutaneous eruption of scarlet fever accompanies a streptococcal infection at another anatomic site, usually the tonsillopharynx. Abrupt onset of fever, headache, vomiting, malaise, chills, and sore throat occurs. Rash appears 1-4 days after the onset.

Physical:

The mucous membranes usually are bright red, and scattered petechiae and small red papular lesions on the soft palate are often present.

- During the first days of infection, the tongue is heavily coated with a white membrane through which edematous red papillae protrude (classic appearance of white strawberry tongue).
- By day 4 or 5, the white membrane sloughs off, revealing a shiny red tongue with prominent papillae (red, strawberry tongue).
- Red, edematous, exudative tonsils are typically observed if the infection originates there (see Image 1).
- The characteristic exanthem consists of a fine erythematous punctate eruption that appears within 1-4 days following the onset of the illness. It first appears on the upper trunk and axillae and then becomes generalized, although it is usually more prominent in flexural areas, such as the axillae, popliteal fossae, and inguinal folds. It may also appear more intense at dependent sites and sites of pressure, such as the buttocks.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Capillary fragility is increased, and often, transverse areas of hyperpigmentation with petechiae in the axillary, antecubital, and inguinal areas (Pastia lines) can be observed.
- The face is usually flushed, and circumoral pallor is observed.
- The eruption imparts a dry rough texture to the skin that is reported to resemble the feel of sandpaper.
- The cutaneous rash lasts for 4-5 days, followed by fine desquamation, the extent and duration of which is directly related to the severity of the eruption.

Differential diagnosis

- The cutaneous eruption of **fifth disease** may be confused with that of scarlet fever, but the affected child is usually well and afebrile.
- **Rubella and Rubeola** may appear similar, but the presence of conjunctivitis, purulent rhinitis, and cough are helpful clues to the diagnosis of rubeola. In addition, the eruption of rubeola usually begins behind the ears and on the scalp and forehead, not on the torso. Rubella typically begins on the head and face.
- Other viral exanthemata, such as those caused by Epstein-Barr virus (infectious mononucleosis), enterovirus, hepatitis B infection, HIV, and *Streptobacillus moniliformis* infection (rat bite fever) may also need to be considered.
- Other bacteria-associated syndromes with cutaneous eruptions (eg, toxic shock syndrome, secondary syphilis) may appear similar to scarlet fever, but the presence of vasomotor instability and ischemic necrosis of digits in the former and palmoplantar involvement with positive serology in the latter should allow for distinction.
- Noninfectious diseases that should be considered include Kawasaki disease, acute lupus erythematosus, morbilliform drug eruption, and juvenile rheumatoid arthritis.

Lab Studies:

- Cultures of the infected oropharynx or other infected areas should be obtained.
- CBC count commonly reveals a leukocytosis. Urine analysis and liver function tests may reveal changes associated with complications of scarlet fever. Said tests are part of a complete medical workup.
- An increase in antistreptolysin O titers can be observed but is a late finding and usually of value only in retrospect.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Patients whose bacterial source may suggest another process (eg, a patient with a suppurative leg wound who may have osteomyelitis) should be evaluated accordingly.

Histologic Findings:

The microscopic findings of the eruption of scarlet fever are nonspecific and have an appearance similar to that of other exanthematous eruptions. A sparse perivascular infiltrate usually consisting of lymphocytes primarily with a slight amount of spongiosis in the epidermis is present. Slight parakeratosis may be present, which probably correlates with the sandpaper like texture of the skin.

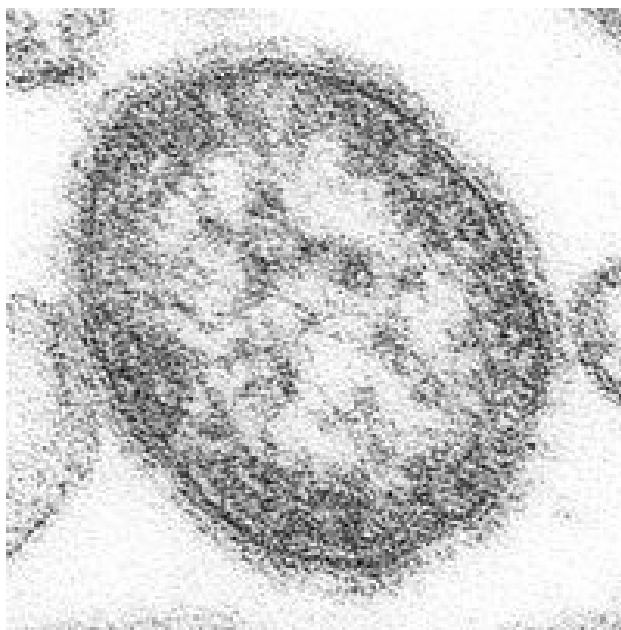
Complications:

A number of serious complications may develop as a consequence of streptococcal infection.

- Otitis media
- Pneumonia
- Septicemia
- Osteomyelitis
- rheumatic fever
- And acute glomerulonephritis are the most common.

Prognosis:

- When identified in a timely fashion, the prognosis is excellent. Most patients recover after 4-5 days, with resolution of skin symptoms over several weeks.



Measles virus

B. EXANTHEMES & ENANTHEMES CAUSED BY Viruses



Causative organism: Paramyxovirus (RNA)

Pathology

- ❖ Droplet infection.
- ❖ Portal of entry: respiratory mucous membrane & conjunctiva.
- ❖ *Koplik's spots* in cheeks consists of *vesicles & necrotic epithelium*.
- ❖ Multinucleated giant cells with **Warthin Finkelday cells** (cytoplasmic inclusion bodies) found in the hyperplastic lymphoid tissues of lymph nodes, tonsils etc.

Clinical features

- ❖ ***I. P: 9-11 days.***
- ❖ High fever, excessive lachrymation, hacking cough & nasal discharge.
- ❖ *Koplik's spots: 1-2 days before the rash.*
- ❖ Red, maculopapular rash *first appearing on forehead & behind the pinna & then spreading down to face, neck trunk & limbs.*

Complications

- ❖ ***Respiratory:***
 - ❖ Croup.
 - ❖ Bronchitis., Bronchiolitis and Pneumonia

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

❖ **Eye:**

- ❖ Corneal ulceration.
- ❖ Keratitis.
- ❖ Blindness.

❖ **Ear:**

- ❖ *Otitis media: most common complication.*

❖ **Heart:**

- ❖ Myocarditis.

❖ **GIT:**

- ❖ Diarrhoea.

❖ **CNS:**

- ❖ SSPE (Sub acute Sclerosing Panencephalitis: progressive dementia & motor weakness); late complication.

- ❖ *Secondary bacterial infection.*

Diagnosis

- ❖ **Leucopenia in early stages.**

- ❖ **Leucocytosis with secondary bacterial infection.**

- ❖ **CSF: raised protein & lymphocytosis in encephalitis.**

- ❖ **Immunofluorescence: virus antigen can be detected.**

- ❖ Multinucleated giant cells in Giemsa stained smears of nasal secretions.



SMALL POX

SMALL POX

AGENT: Variola virus

PATHOLOGY

Cytoplasmic inclusion bodies: **Guarnieri bodies**; these are aggregates of the virus particles are called **Paschen bodies**.

CLINICAL FEATURES

- **I. P: 12 days.**
- Severe constitutional illness associated with a peripherally distributed rash.
- Rash appears on 3rd or 4th day
- *Rash is centrifugal*; more on face & extremities.
- *Axilla* is usually *free*.
- Rash comes out as a single crop during 1-2 days.
- Rash is in the *same stage all over*.
- Multilocular & umblicated vesicles.
- Deep permanent scarring.

COMPLICATIONS

- Secondary bacterial infection causes pneumonia, osteomyelitis, septicemia etc.
- CNS: Encephalitis
- Laryngeal oedema.

DIAGNOSIS

- Clinical features
- Identification of **guarnieri bodies** from the vesicular material.
- Isolation of the virus.

CHICKENPOX



CHICKENPOX (Varicella)

Agent: Varicella-zoster virus (V-Z virus)- alpha herpes virus.

PATHOLOGY

- Vesicles contain serum, polymorphs & multinucleated giant cells.
- **Reye's syndrome** may develop during acute phase especially in children and infants.

CLINICAL FEATURES

- I. P: 14- 16 days.
- Constitutional symptoms are usually brief & mild in children but can be severe in adults.
- Skin rashes (exanthema) come *in crops* during the *first day of fever*.
- *Polymorphism*: rashes of different stages may be present simultaneously.

- Rashes are *centripetal*.
- *Vesicles*: *unilocular, superficial, elliptical & clear fluid in the beginning (tear drop vesicles)*.

COMPLICATIONS

- Thrombocytopenia →hemorrhage.
- Superadded staphylococcal infection.
- Bullous lesions in children with impetigo.
- *Varicella gangrenosa*: superinfection by hemolytic streptococci.
- Primary varicella pneumonia.
- CNS: meningitis, encephalitis.
- Congenital malformations: if it occurs during *1st & 2nd trimester* of pregnancy.

DIAGNOSIS

- Clinical diagnosis
- **Tzanck smear:** examination of material scraped from vesicles reveals *intranuclear inclusion bodies & multinucleated giant cells*.
- Isolation of virus.
- PCR: presence of virus in blood vessels can be detected.

HERPES ZOSTER



HERPES ZOSTER (shingles)

Agent: Varicella zoster virus.

PATHOLOGY

After chickenpox, V-Z virus becomes latent in ganglia along the entire neuraxis, particularly in trigeminal ganglia & the dorsal root ganglia, & remaining mainly in the cytoplasm of the neurons. Attacks are precipitated by immunodeficiency states.

CLINICAL FEATURES

- Unbearable lancinating, deep-boring or burning pain.
- Sites of eruption: *ophthalmic & maxillary divisions of trigeminal nerve, geniculate ganglion of facial nerve & thoracic & abdominal nerve roots*.
- Rash may involve a whole dermatome or a part of it.
- *The eruptions seldom cross the midline.*

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Pain may persist for months or even years especially in elder patients: **post-herpetic neuralgia**.

COMPLICATIONS

- Secondary infection.
- Ophthalmic herpes.
- Herpes of *geniculate ganglion* presents as facial nerve palsy & vesicles over ipsilateral auditory meatus (**Ramsay –Hunt syndrome**)
- *Cervical herpes zoster* →weakness of arm.
- Generalized herpes
- Congenital malformation of fetus in pregnancy.
- Post herpetic neuralgia

DIAGNOSIS :Mainly by clinical features.



GERMAN MEASLES

GERMAN MEASLES (Three days measles/ Rubella)

PATHOLOGY

Lymph nodes are moderately enlarged (*occipital, posterior auricular & posterior cervical lymph nodes*), showing oedema & hyperplasia.

CLINICAL FEATURES

- **I. P: 2-3 weeks.**
- **Congenital Rubella:** fetal defects include retardation of growth, eye defects like cataract, glaucoma or retinopathy, heart lesions, deafness, mental retardation, hepatosplenomegaly & skeletal abnormalities.
- **Compared to measles, constitutional symptoms are mild in children.**

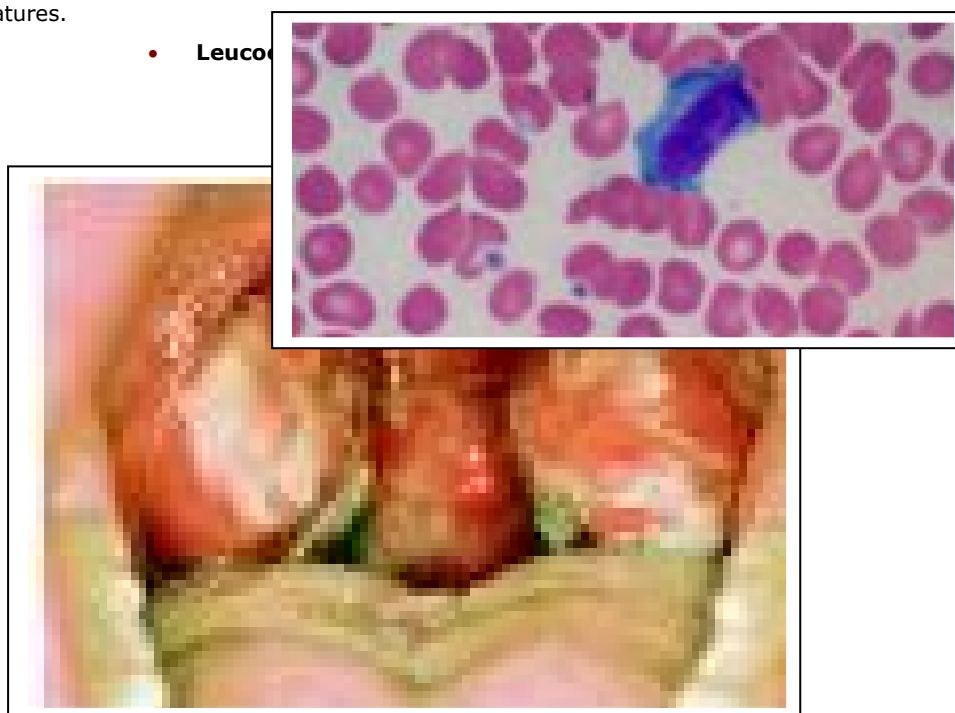
COMPLICATIONS

- ❖ **Neurological complications** occur rarely.

DIAGNOSIS

- Clinical features.

- Leucocytosis



Atypical lymphocytosis

INFECTIOUS MONONUCLEOSIS **INFECTIOUS MONONUCLEOSIS (Glandular fever)**

- ❖ It is an acute infectious disease caused by primary infection with **Epstein-Barr virus**.
- ❖ It principally occurs in teenagers & young adults.
- ❖ The virus infects, & replicates primarily in B- lymphocytes & is shed in the throat following the acute disease & is shed in the throat following the acute disease.
- ❖ Transmission is, therefore, usually by oral contact, with exchange of saliva.
- ❖ Incubation period: **7-10 days**.
- ❖ **Clinical features:** infection usually presents with malaise, tiredness, headache, abdominal discomfort, anorexia & fever. There may be exudative tonsillitis, petechial rash on palate, lymphadenopathy, splenomegaly & maculopapular rash all over the body.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

❖ *Abnormal Laboratory tests: **Atypical lymphocytosis, positive Monospot test or Paul-Bunnell test & raised liver enzymes.***

❖ *Complications: **chronic fatigue** (common), hepatitis, haemolytic anaemia, thrombocytopenia, rupture of spleen & meningoencephalitis.*

ARBOVIRAL INFECTIONS WITH ERUPTIONS



❖

❖

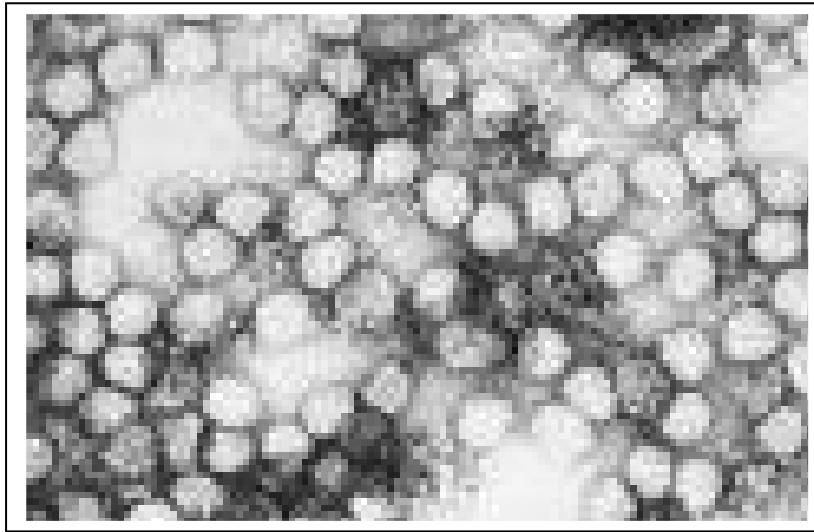
❖ Of all the arthropod- borne viral diseases, Dengue fever is the *most common*.

❖ *Group B arbovirus.*

❖ Main vector is *Aedes aegypti* mosquito.

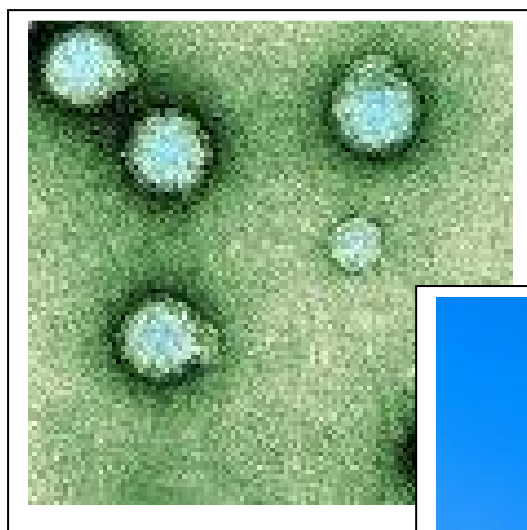
❖ **Clinical features:**

- 3 types:
 - Classical Dengue Fever
 - Dengue Haemorrhagic fever without shock
 - Dengue Haemorrhagic fever with shock
- *Incubation period 3 to 10 days.*
- The onset is sudden with chills and high fever, intense headache, muscle and joint or bone pains which prevent all movement.
- Mottling, or fleeting pin point eruptions on face, neck, chest and limbs *sparing palms and soles* during the first half of the febrile period and a conspicuous rash that may be maculopapular or scarlatiform on 3rd or 4th day.
- The fever may rise again producing a *saddle-back fever curve*.
- *Dengue haemorrhagic fever* is confined exclusively to children less than 15 yrs of age. There may be plasma leakage and abnormal haemostasis, as manifested by a rising haematocrit value and moderate to marked thrombocytopenia.
- In dengue shock syndrome shock is present along with all the above criteria.



YELLOW FEVER

- ❖ *Group B arbovirus.*
- ❖ Transmitted by *aedes mosquitoes*
- ❖ *I.P: 3-6 Days*
- ❖ It is a zoonotic disease affecting principally *monkeys and other vertebrates.*
- ❖ It shares clinical features of *dengue fever* but is characterized by more severe *hepatic and renal involvement.*
- ❖ *3 stages: first stage; most of death occur at this stage; second stage; third stage: intoxication follows within hours to days in severe cases.*
- ❖ *Vaccination : live attenuated vaccine (17D strain)*



CHIKUNGUNYA



CHIKUNGUNYA (*Chicken Guinea*)

- ❖ Form of viral fever *resembling dengue fever*
- ❖ *Chikungunya virus; Alphavirus (group A arbovirus).*
- ❖ Transmitted by *Aedes aegypti mosquito*, though recent research by the Pasteur Institute in Paris claims the virus has suffered a mutation that enables it to be transmitted by *Aedes Albopictus* (Tiger mosquito).
- ❖ The name is derived from the word *Makonde* meaning "*that which bends up*" in reference to the stooped posture developed as a result of the arthritic symptoms of the disease.
- ❖ **Clinical features:**
 - *Incubation period 3-12 days.*

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Sudden onset of *flu-like* symptoms including a severe headache, chills, fever ($>40^{\circ}\text{C}$, 104°F), joint pain (especially on the 4th day), backache, nausea, vomiting, *petechial or maculopapular rash usually involving the limbs and trunks. Migratory polyarthritis mainly affects the small joints of the hands, wrists, ankles and feet with lesser involvement of the larger joints. Joints of the extremities in particular become swollen and painful to touch.*
- The disease has a *biphasic* course also. Following 1-6 days of fever, the temperature returns to normal for 1-3 days and then there is a second period of fever for a few days.



C. RICKETTSIAL DISEASES

SOME IMPORTANT HOMOEOPATHIC MEDICINES FOR ERUPTIVE FEVER

SOME IMPORTANT HOMOEOPATHIC MEDICINES FOR ERUPTIVE FEVER

✚ **Aconite:**

- Aconite is one of the first remedies for measles
- Symptoms such as fever, restlessness, photophobia, coryza & a hard croupy cough are present.

✚ **Antimonium crudum:**

- Honey like discharge or thick, hard, honey coloured scabs.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- Tongue is coated white.
- Doesn't want to be looked at or touched.

✚ **Ferrum phosphoricum:**

- It is similar to aconite in many respects & it will take in its place where restlessness & anxiety are wanting.
- Ferrum phos will be the better remedy if there be chest involvement together with catarrhal symptoms especially in the first stage.

✚ **Gelsemium:**

- Gelsemium is amore useful remedy in commencing measles than aconite.
- There is much chilliness. Fever is a prominent symptom.
- There is an itching & redness of skin, & a decidedly measly eruption.

✚ **Belladonna:**

- Indicated in measles when sore throat is present & the cerebral excitement indicating the remedy.
- It corresponds more closely to scarlet fever.

✚ **Euphrasia:**

- When the catarrhal symptoms predominate euhrasia may be used.
- Acrid tears stream out of the eyes, with a red & swollen conjunctiva.
- Cough is dry & hoarse & there is intense throbbing headache which is relieved on the appearance of eruption.
- Photophobia is worse in artificial light.

✚ **Pulsatilla:**

- Coryza & profuse lachrymation.
- Cough is dry at night, but loosens a little in the day time.
- There is much predisposition to earache & some times sickness in the stomach.
- There may be catarrha of the digestive canal & diarrhea.
- Eyes agglutinate & the discharge is purulent.

✚ **Apis:**

- Afternoon chill, with thirst; worse on motion and heat.
- External heat, with smothering feeling.
- Sweat slight, with sleepiness. Perspiration breaks out and dries up frequently.
- Sleeps after the fever paroxysm.

✚ **Kali bichromicum:**

- It produces an eruption which closely resembles measles.
- Throat is swollen & there may be catarrhal deafness.
- Measles associated with ear symptoms & swollen glands.

✚ **Sulphur:**

- Great remedy for eruptive fevers.
- Skin is dusky & the rash does not come out or purplish when it does appear.
- Skin complaints aggravated from washing.

✚ **Arsenicum:**

- Malignant types or black or haemorrhagic measles.
- Sinking of strength & diarrhoea.
- It is a prophylactic & curative & removes all sequelae of the disease.

✚ **Crotalus:**

- Black measles.

✚ **Baptisia:**

- Black measles with its foeter & prostration.

✚ **Lachesis:**

- Black measles.

✚ **Stramonium:**

- Eruptions do not come out properly or it disappears suddenly.
- Child is hot & restless & on falling asleep cries out as if frightened.
- Convulsive movements & the face is red.

✚ **Cuprum:**

- Convulsions due to recession of eruption.
- Face is bluish.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

✚ **Antmonium tartaricum:**

- Retarded or repelled eruption.
- There may be difficulty in breathing, rattling of mucus, bluish or purplish face, and drowsiness & twitching.

✚ **Bryonia:**

- Rash appears late & inflammatory diseases of the chest accompany.
- Cough is dry & painful.
- Spasms from suppressed measles.

✚ **Rhus toxicodendron:**

- Vesicular eruption. Important remedy in chickenpox & herpes zoster.
- Right sided zoster accompanied by rheumatic pains.

✚ **Ranunculus bulbosus:**

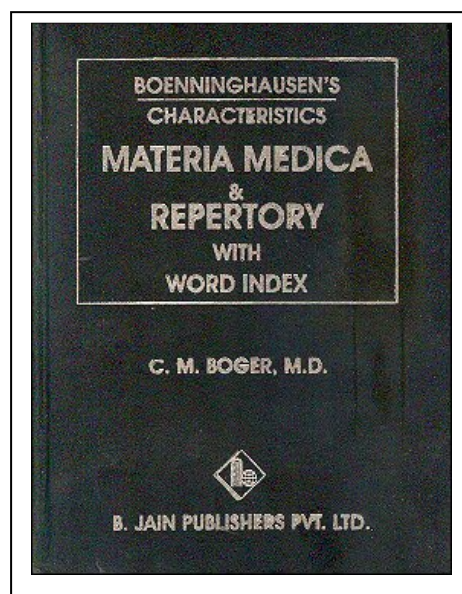
- Vesicular eruptions along the course of nerves, vesicles filled with serum & burn greatly.
- Herpes zoster.

✚ **Mezerium:**

- Herpes zoster with neuralgic pains along the course of nerves.

✚ **Thuja:**

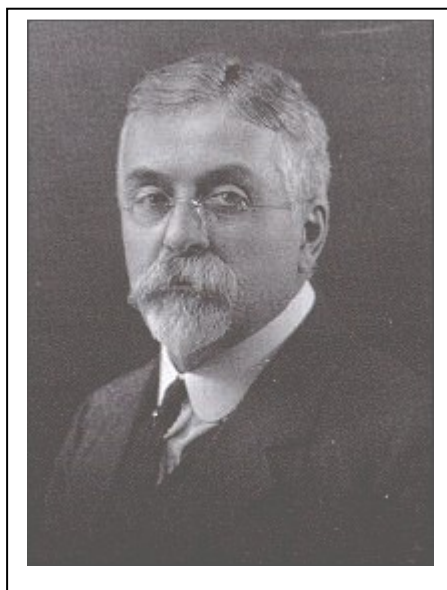
- To prevent herpes zoster.



BOENNINGHAUSEN'S CHARACTERISTICS MATERIA MEDICA AND REPERTORY

By

DR. CYRUS. M. BOGER



Dr. CYRUS. M. BOGER'S LIFE, Works & his views

Dr. Cyrus. Maxwell. Boger, MD was a leading & prominent homoeopathic physician of U. S. A. He was born in 1861 in Annville, Western Pennsylvania. He was the son of Professor Cyrus & Isabelle Maxwell Boger. He came to U. S. A. at a quite a young age. He graduated in Pharmacy from the Philadelphia College of Medicine & later graduated from Philadelphia **College of Medicine**. He studied later at **Hahnemann Homoeopathic Medical College, Philadelphia** & qualified himself as a homoeopath.

He came to **Prakersburg**, U. S.A. in 1888 & had since been engaged in the practice of medicine. It is said that patients reported to him from various parts of U. S. A. because of his ability to prescribe the right medicine even in incurable cases marked with common symptoms.

He was married three times. A daughter of the first marriage died quite young. Second marriage brought him four sons & five daughters. His third wife, Anna M Boger was his secretary & constant helper.

Dr. Boger was in correspondence with Dr. L. D. Dhawale who incorporated his views about **pathological generals** & strongly advocated their use in treating the patients.

Dr. Boger passed away on September 2, 1935 at the age of 74. He seems to have been an extraordinary man, extremely industrious & ingenious.

His proving of **Samarskite** is also a valuable contribution to the profession. Chemical Formula of **Samarskite**: Tantalum — Columbate of Cerium and Yttrium.

BOOKS AUTHORED BY DR. CYRUS .M. BOGER

- ❖ **A systematic alphabetic Repertory of Homoeopathic Remedies- Boenninghausen (Translation).**
- ❖ **Boenninghausen's characteristic Repertory: 1905.**
- ❖ **Card index repertory & General Analysis: 1928.**
- ❖ **Synoptic key: 1931** (4th & final edition. 1st edition was published in 1915).
- ❖ **The times of remedies & moon phases: 1931**
- ❖ **Studies in philosophy of healing.**

His articles are published as "**C M Boger – Collected writings**" by *Robert Bannan* in 1993.

He has worked with:

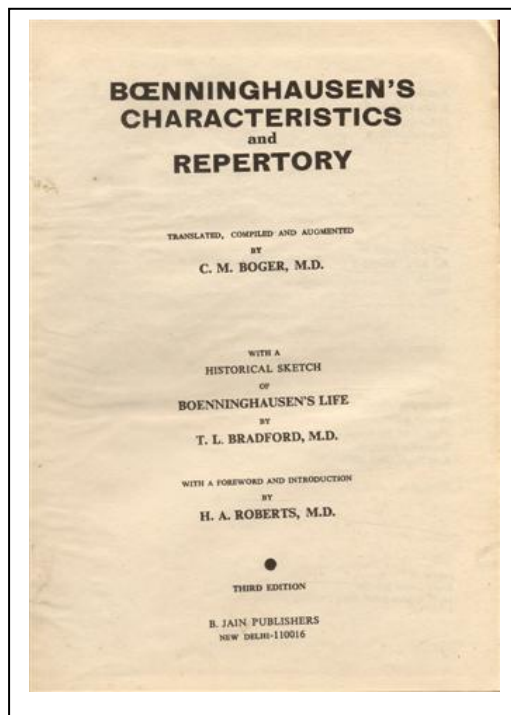
- ✓ **186** medicines in ***Moon phases.***
- ✓ **420** medicines in ***Times of Remedies.***
- ✓ **489** medicines in ***Synoptic key.***
- ✓ **250** medicines in ***Card Repertory.***
- ✓ **464** medicines in ***Boenninghausen's Characteristic & Repertory.***
- ✓

BOGER'S CONCEPT OF TOTALITY

Dr. Boger emphasized the following seven points to appreciate the whole picture of the disease.

- ❖ Changes of personality & temperament.
- ❖ Peculiarities of the disease.
- ❖ The seat of disease.
- ❖ Concomitants.
- ❖ The cause.
- ❖ Modalities
- ❖ Time.

Dr. Boger favoured the understanding of the whole phenomenon at the levels of Constitution, diagnosis & on ongoing pathology. In his article "***Some Thoughts on Prescribing***" he instructs the physician to ***first*** elicit the evident cause & course of sickness down to latest symptom & effect of such influences, time, temperature, open air, posture, etc. ***Second*** consider the modalities & consideration of mental state in order of importance. ***Third*** consider the entire objective aspect or expression of the sickness including the state of secretions (sensations). ***Lastly***, the part affected must be determined which also brings the investigation in touch with the diagnosis.



BOENNINGHAUSEN'S CHARACTERISTICS AND REPERTORY (BBCR)

Boenninghausen's characteristics Materia Medica and Repertory by **Dr. Cyrus. M. Boger** is one of the greatest pieces of homoeopathic literature; based on the original *Repertory of the Antipsoric Remedies*. *Dr. Dario Spinedi* who wrote a foreword to *Complete Repertory* writes, "I discovered that Boger's Boenninghausen's repertory is a real mine for all kinds of symptoms. Dr. Boger had rewritten the Boenninghausen's Repertory by adding aggravations, ameliorations & concomitants in a detailed manner at the end of every chapter. The total number of medicines used in this repertory comes to **464**."

It was published by *Boericke & Tafel* in 1905. Its second edition was published in 1937 and it contains characteristics of medicines in the first part and repertory proper in the second. Mainly there are 7 chapters in this repertory.

This second edition, proved very useful in successfully working out cases.

The *Materia Medica* part consists of the "Characteristics", the "Whooping Cough", the "Domestic Physician", therapeutic hints gleaned from the "Aphorisms of Hippocrates", and the symptom text of the "Intermittent Fever". For purposes of comparison, the "Allied Remedies" are added at the end of each remedy; they were the result of long years of observation on the part of Boenninghausen and largely supplemented the "Concordances".

The repertory proper is in the second part; hence the title - Boenninghausen's Characteristics and Repertory.

The work is an attempt to bridge Boenninghausen and Kent. In Boenninghausen's *Therapeutic Pocket Book*, there is no differentiation between general and particular modalities. But this fault is absent in *Boenninghausen's characteristics Materia Medica and Repertory*. In this, the modalities for each part

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

are assembled at the end of the section of the repertory devoted to the part, as well as a section toward the end of the book devoted to general modalities. The repertory embraces the "Pocket book", the "Apsoric" and the "Antipsoric" repertories, the "Sides of the Body", the repertory part of "Intermittent Fever" and of "Whooping Cough" as well as a large number of paragraphs from the "Aphorisms of Hippocrates".

PHILOSOPHIC BACKGROUND

Boger's work, Boenninghausen's repertory is based on the following fundamental concepts:

- ❖ Doctrine of complete symptom & concomitant.
- ❖ Doctrine of pathological general.
- ❖ Doctrine of causation & time.
- ❖ Clinical rubrics.
- ❖ Evaluation of remedies.
- ❖ Fever totality.
- ❖ Concordances.

1. Doctrine of complete symptom & concomitants:

A complete symptom is that which consist of location, sensation & modalities. During the interview unreasonable attendants of main symptoms are also noticed in relation to the time (before, during & after), which are called concomitants. Boger borrowed the idea of complete symptom from Boenninghausen's method of erecting totality, but he improved over it by relating sensation & modalities to specific parts.

2. Doctrine of pathological generals:

Today, with our advanced knowledge of medicine, it is not difficult to understand the importance of pathological generals mentioned by Boger in the Repertory. Pathological generals tell the state of the whole body & its changes in relation to the constitution. They help us to concentrate on more concrete changes to select the similimum.

3. Doctrine of causation & time:

Boger has given an adequate place and importance to causation and time of the expressions. Each chapter in this book is followed by time aggravation. The section on aggravation also contains many causative factors. From his point of view, causation and time factors are more definite and reliable in cases as well as in medicines.

4. Clinical rubrics:

Boger was the first one who appreciated and mentioned several clinical conditions, which came across in day to day practice. Though they should be put to a limited use, they help the physician in cases of advanced pathology i.e. gross tissue changes where he is left without a clear picture because of poor susceptibility. These rubrics are useful to arrive at a group of medicines, which can be further narrowed down, with the help of modalities and concomitants to select finally the most similar remedy.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

5. Evaluation of remedies:

Boger introduced the grading of symptoms into **five ranks** by the use of different typographical, to represent, such as:

CAPITALS	5 marks (I grade)
Bold	4 marks (II grade)
<i>Italics</i>	3 marks (III grade)
Roman	2 marks (IV grade)
(Roman) in parenthesis	1 mark (V grade) [rarely used]

The gradation is based on frequency and intensity of the appearance of the symptom in provers. Five marks suggest the symptom to be frequent, confirmed and verified; whereas one mark suggests that the symptom is not verified and not confirmed. Hence its importance is doubtful in practice.

6. 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 and concomitant. Thus they help to repertories any simple as well as complicated cases of fever.

7. Concordances:

By including a chapter on concordance, Boger has made the philosophy clearer and practical, though it deals with relationship of medicines of 125 remedies only.

PLAN AND CONSTRUCTION

While compiling the repertory, Boger followed the basic plan and construction of Boenninghausens's Repertory of Antipsoric Medicines, which could overcome many difficulties faced in using Therapeutic Pocket Book.

There are seven main sections in Boger's Repertory. They are:

1. MIND , SENSORIUM & VERTIGO
2. PARTS OF BODY AND ORGANS
3. SENSATIONS AND COMPLAINTS IN GENERAL

Glands
Bones
Skin & Exterior body

4. SLEEP AND DREAMS

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

5. BLOOD, CIRCULATION & FEVER

6. CONDITIONS IN GENERAL

Time

Aggravations & Ameliorations

7. CONCORDANCES

ARRANGEMENT

Most of the sections in the book start with the rubric - **In general**. This rubric groups those prominent medicines, which are capable of producing different types of symptoms in relation to that organ/location. Clinically these medicines have an affinity towards those particular organs. Location rubrics are followed by further subdivisions of parts, with each part having rubrics like **side** and **extending to**. After the location, different sensations are arranged in an alphabetical order. Each sensation is a general rubric, which is followed by a group of medicines. The rubrics for location and sensation are mixed and there are no separate headings given for them, but it is easy to understand because there is an order, i.e., after location, sensations are arranged in an alphabetical order. This is followed by time, aggravation, amelioration, concomitant and cross reference.

FEVER CHAPTER IN BOCR



Fever totality is the unique contribution of Boger. There are 6 sub sections for fever. **Each stage of fever is followed by Time, Aggravation, Amelioration and Concomitant**. Thus they help to repertoires any simple as well as complicated cases of fever.

The 6 subsections are:

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

🚩 **Fever Pathological Types**

🚩 **Blood:** This chapter includes:

- **Circulation**
- **Palpitation**
- **Time**
- **Heart Beat**
- **Pulse**
- **Time and**
- **Aggravation.**

🚩 **Chill**

- **Partial Chill**
- **Coldness, Shivering**
- **Time**
- **Aggravation**
- **Amelioration and**
- **Concomitants** in all regions from mind to sleep.

🚩 **Heat & Fever in General:** This chapter includes:

- **Partial Heat**
- **Time**
- **Aggravation**
- **Amelioration and**
- **Concomitants** in all regions from mind to sleep.

🚩 **Sweat:** This chapter includes:

- **Partial Sweat**
- **Time**
- **Aggravation**
- **Amelioration and**
- **Concomitants** in all regions from mind to sleep.

🚩 **Compound Fever:** This chapter includes:

- **Beginning with Chill**
- **Beginning with Shivering**
- **Beginning with Heat and Sweat.**

Dr. Boger dedicated 111 pages (reprint edition 2000) for fever rubrics. There are 882 main rubrics for fever. There are so many subrubrics that will help in finding a similimum for any fever cases. There are several rubrics related to eruptive fevers which are very much helpful in the treatment of eruptive fevers.

Section "Pathological types" is full of clinically important rubrics.

IMPORTANT CLINICAL RUBRICS IN 'PATHOLOGICAL TYPES' ARE:

- ✚ **Infectious grippal, exanthematous typhus:** BAP, Gel, Rhus-t
- ✚ **Measles:** ACO, PULS, Bell, Bry, Euphr, Ip, Kali-bi, Pho, Rhus-t
- ✚ **Milk (lactation) fever:** CALC-C, PUL, SEP, Aco, Bry, Cham, Lach, Pho-ac, Sil
- ✚ **Puerperal fever:** ACO, BELL, BRY, CHAM, NUX-V, PUL, RHUS-T
- ✚ **Rheumatic fever:** ACO, BELL, BRY, CHAM, RHUS-T
- ✚ **Scarlet fever (true, smooth) :** AM-C, BELL
 - **Irregular:** AM-C, BELL, Aco, Ap, Ars, Bry, Croc, Hyo, Lach, Merc, Sul, Zin
- ✚ **Smallpox:** THU, Ant-t, Merc, Rhus-t, Variol
- ✚ **Typhoid fever:** BRY, MUR-AC, RHUS-T, Bap, Bell, Hyo, Lach, Nux-v, Op, Pho-ac, Stra, Sul
- ✚ **Typhus fever:** BRY, RHUS-T, Ars, Lach, Mur-ac, Pho-ac, Sul
- ✚ **Worm fever:** ACO, CINA, SABA, SUL
- ✚ **Yellow fever:** ARS, BELL, LACH, NUX-V, Aco, Ap, Arn, Cam, Crot-h, Sep, Sul-ac

RUBRICS RELATED WITH ERUPTIVE FEVERS IN FEVER CHAPTER

- ✚ **PATHOLOGICAL TYPES Infectious *grippal, exanthematous typhus*:** BAP, Gel, Rhus-t
- ✚ **PATHOLOGICAL TYPES Measles:** ACO, PULS, Bell, Bry, Euphr, Ip, Kali-bi, Pho, Rhus-t
- ✚ **PATHOLOGICAL TYPES Scarlet fever (true, smooth) :** AM-C, BELL
 - Irregular: AM-C, BELL, Aco, Ap, Ars, Bry, Croc, Hyo, Lach, Merc, Sul, Zin
- ✚ **PATHOLOGICAL TYPES Smallpox:** THU, Ant-t, Merc, Rhus-t, Variol
- ✚ **PATHOLOGICAL TYPES Typhoid fever:** BRY, MUR-AC, RHUS-T, Bap, Bell, Hyo, Lach, Nux-v, Op, Pho-ac, Stra, Sul
- ✚ **PATHOLOGICAL TYPES Typhus fever:** BRY, RHUS-T, Ars, Lach, Mur-ac, Pho-ac, Sul
- ✚ **PATHOLOGICAL TYPES Yellow fever:** ARS, BELL, LACH, NUX-V, Aco, Ap, Arn, Cam, Croc-h, Sep, Sul-ac
- ✚ **HEAT & FEVER IN GENERAL CONCOMITANTS Skin eruption:** RHUS-T, Con, Ars, calc, lyc, sep

But the rubrics related with Chickenpox, Smallpox and Rubella are in the Chapter SKIN & EXTERIOR BODY.

- ✚ **SKIN & EXTERIOR BODY Varicella:** Led, Rhus-t.
- ✚ **SKIN & EXTERIOR BODY Rotheln, rubella:** ACO, BRY, PUL
- ✚ **SKIN & EXTERIOR BODY Smallpox, variola:** ANT-T, RHUS-T

FEVER CHAPTERS IN SOME OF THE OTHER REPERTORIES

In **Kent's Repertory** there are 3 *chapters* for fever: Chill, Heat & Perspiration. So many rubrics related with fever are scattered in other chapters.

There are so many rubrics related with eruptive fever in "**Fever**" chapter:

- ✚ **FEVER EXANTHEMATIC** fevers, measles: **Acon, Apis, Bry, Euphr, Puls, Sulph**
 - scarlatina: **Ail, Am-c, Apis, Bell, Echi, Lach, Lyc, Merc, Nit- ac, Rhus-t, Ter**

But rubrics related with *Chickenpox, Smallpox & Herpes Zoster* (rubrics related with *Herpes Zoster* are also seen *Back & Chest* chapters) are in SKIN chapter.

- ✚ **SKIN ERUPTIONS** chickenpox: **Ant-c, Puls, Sulph.**
- ✚ **SKIN ERUPTIONS** smallpox: **Ant-t, Mec, Rhus-t**
- ✚ **SKIN ERUPTIONS** herpetic zoster, zona: **Iris, Merc, Mez, Ran-b, Rhust**

In **Homoeopathic Medical Repertory** by **Robin Murphy**, there is a *fever chapter*. Total number of rubrics in this chapter is 148. Rubrics on infections, stages of fever along with modalities & accompaniments can be found in this chapter. So many rubrics related with eruptive fever are also seen in Disease chapter & Skin chapter.

Rubrics related with eruptive fever in **Homoeopathic Medical Repertory** by **Robin Murphy** are:

- ✚ **CHICKENPOX**, infection: **ANT-C, PULS, RHUS-T, SULPH.**
- ✚ **DENGUE**, fever: **EUP-PER**
- ✚ **EXANTHEMATIC**, fevers: **ACON, APIS, BRY, EUPHR, MORBILL, PULS, SULPH**
- ✚ **MEASLES**, infection: **ACON, APIS, BRY, EUPHR, MORBILL, PULS, SULPH**
- ✚ **MONONUCLEOSIS**, infection: **CALC, CARC, GELS, MERC.**
- ✚ **SCARLET**, fever, scarlatina: **AIL, AM-C, APIS, BELL, ECHI, LACH, LYC, MERC, NIT-AC, RHUS-T.**
- ✚ **SMALLPOX**, infection: (see Disease)

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

✚ **TYPHOID**, fever: **AGAR, ARN, ARS, ARUM-T, BAPT, BELL, BRY, CALC, CARB-V, CHLOR, COLCH, CROT-H, ECHI, FERR, GELS, HYOS, LACH, LYC, MERC-CY, MUR-AC, NIT-AC, PHOS, OP, PH-AC, RHUS-T, STRAM, SULPH, TER, VALER, VERAT, ZINC.**

✚ **YELLOW**, fever: **ARS, CADM-S, CANTH, CARB-V, CROT-H, LACH, MERC.**

In **Synthesis Repertory** there are 3 chapters for fever: Chill, Heat & Perspiration. So many rubrics related with fever are scattered in other chapters.

There are so many rubrics related with eruptive fever in "**Fever**" chapter:

✚ **Fever ERUPTIVE** fevers:

- **measles: Acon, Apis, Bry, Euphr, Puls, Sulph**

- **scarlatina: Ail, Am-c, Apis, Bell, Echi, Lach, Lyc, Merc, Nit- ac, Rhus-t, Ter**

But rubrics related with *Chickenpox, Smallpox & Herpes zoster* are in SKIN chapter.

✚ **SKIN Eruptions** chickenpox: **Ant-c, Puls, Sulph.**

✚ **Skin Eruptions herpes** zoster: **Iris, Merc, Mez, Ran-b, Rhust**

✚ **SKIN Eruptions smallpox: Ant-t, Mec, Rhus-t**

In "**Boenninghausen's Therapeutic Pocket Book**" the FEVER section includes:

- Circulation
- Chilliness
- Chill accompaniments of
- Heat
- Accompaniments of
- Coldness
- Shivering
- Sweat
- Sweat with associated symptoms
- Compound fever in general

But most of the **rubrics** related with **eruptive fevers** are seen in **SKIN** chapter in therapeutic pocket book.

✚ SKIN Eruptions **Chickenpox**: **ANT-CR, PULS**

✚ SKIN Eruptions **Measles**: **ACON, PULS, Bell, Bry, Chloral, Ip, Nux-v, Rhus**

✚ SKIN Eruptions **Scarlatina**: **AM-CARB, BELL, MERC**

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

🚩 SKIN Eruptions **Smallpox:** ANT-T, MERC, RHUS

🚩 SKIN Eruptions **Zoster (Zona):** MERC, RHUS

"**The Therapeutics of Fevers**" by **H. C. Allen** can be divided into 3 sections. The *first section* deals with the *principles* while the *second section* with the *indication of remedies* & **third** with the **repertory**.

The entire book **Repertory of the Symptoms of Intermittent Fever** can be divided into 4 main sections though there are no such separate sections.

- ❖ Chill
- ❖ Heat
- ❖ Sweat
- ❖ Apyrexia.

THERE ARE 307 MEDICINES IN THE FEVER SECTION.

<u>Name of medicine</u>	<u>Abbreviation</u>
1. Abrotanum	Abro
2. Abies Canadensis	Ab-c
3. Abies nigra	Ab-n
4. Acetic acid	Acet-ac
5. Aconitum napellus	Aco
6. Actea racemosa	Cimi
7. Actea spicata	Act-sp
8. Adonis vernalis	Adon
9. Aesculus hippocastanum	Aesc
10. Aethusa cyanapium	Aeth
11. Agaricus muscarius	Agar
12. Agnus castus	Agn
13. Ailanthus glandulosa	Ail
14. Allium cepa	Cepa
15. Aloe socotrina	Alo
16. Alumina	Alu
17. Ambra grisea	Amb
18. Ammonium carbonicum	Am c
19. Ammonium muriaticum	Am m
20. Amylenum nitrosum	Amy-n
21. Anacardium orientale	Anac
22. Angustra vera	Ang
23. Antimonium crudum	Ant-c
24. Antimonium tartaricum	Ant-t
25. Apis mellifica	Ap

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

26.	Apocyanum cannabinum	Apoc
27.	Aralia racemosa	Aral, Aral-r
28.	Aranea diadema	Aran, Aran-d
29.	Argentum metallicum	Arg
30.	Argentum nitricum	Arg-n
31.	Arnica Montana	Arn
32.	Arsenicum album	Ars
33.	Arsenicum iodatum	Ars-i
34.	Artemesia vulgaris	Artem
35.	Arum dracontium	Aru-d
36.	Arum triphillum	Aru-t
37.	Asafoetida	Asaf
38.	Asarum europeum	Asar
39.	Asteria rubens	Astr
40.	Aurum metallicum	Aur
41.	Badiaga	Bad
42.	Baptisia tinctoria	Bap
43.	Baryta carbonica	Bar-c
44.	Baryta muriatica	Bar-m
45.	Belladonna	Bell
46.	Bellis perennis	Bels
47.	Benzoicum acidum	Ben-ac
48.	Berberis vulgaris	Ber
49.	Bismuthum	Bis
50.	Borax venata	Bor
51.	Bovista lycoperdon	Bov
52.	Bromium	Brom
53.	Bryonia alba	Bry
54.	Bufo rana	Buf
55.	Bursa pastoris	Bur-p
56.	Cactus grandiflorus	Cact
57.	Caladium seguinum	Calad
58.	Calacrea arsenica	Calc-ar
59.	Calcareo carbonica	Calc-c
60.	Calcareo flourica	Calc-flu, calc-f
61.	Calcareo hypophosphorosa	Calc-hyp
62.	Calacrea phosphorica	Calc-p
63.	Camphora officinalis	Cam
64.	Cannabis indica	Can
65.	Cantharis vesicatoria	Canth
66.	Capsicum annum	Caps
67.	Carbolicum acidum	Carb-ac
68.	Carbonium oxygenisatum	Carb-o
69.	Carbo animalis	Carbo-a
70.	Carbo vegetabilis	Carb-v
71.	Cardus marianus	Card-m
72.	Castoreum canadense	Cast-c
73.	Caster equi	Cast-eq

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

74.	<i>Caulophyllum thalictroides</i>	Caul, Caun	
75.	Causticum		Caus
76.	Cedron	Ced	
77.	Chamomilla		Cham
78.	<i>Chellidonium majus</i>	Chel	
79.	<i>Cinchona officinalis</i>	Chin	
80.	<i>Chininum arsenicosum</i>	Chi-ar	
81.	<i>Chininum sulphuricum</i>	Chi-s	
82.	<i>Chionanthus virginica</i>	Chio	
83.	<i>Cicuta virosa</i>	Cic	
84.	Cimex	Cim	
85.	<i>Cina maritima</i>	Cina	
86.	Cinnabaris		Cinb, Cinnab
87.	<i>Cistus canadensis</i>	Cist	
88.	<i>Clematis erecta</i>	Clem	
89.	<i>Cocculus indica</i>	Cocl	
90.	<i>Coccus cacti</i>		Coc-c
91.	<i>Coffea cruda</i>	Cof	
92.	<i>Colchicum autumnale</i>	Colch	
93.	<i>Collinsonia canadensis</i>	Coll	
94.	<i>Colocynthis</i>		Colo
95.	<i>Comocladia dentata</i>	Como	
96.	<i>Conium maculatum</i>	Con	
97.	<i>Convallaria maculatum</i>	Conv	
98.	<i>Copaiva officinalis</i>		Cop
99.	<i>Coriaria ruscifolia</i>	Cor-r	
100.	<i>Crocus sativa</i>	Croc	
101.	<i>Crotalus cascavella</i>	Crot-c	
102.	<i>Crotalus horridus</i>	Crot-h	
103.	<i>Croton tiglium</i>	Crot-t	
104.	<i>Cubeba officinalis</i>	Cub	
105.	<i>Cuprum arsenicosum</i>	Cup-ar	
106.	<i>Cuprum metallicum</i>	Cup	
107.	<i>Cyclamen europium</i>	Cyc	
108.	<i>Daphne indica</i>		Daph
109.	<i>Digitalis purpurea</i>	Dig	
110.	<i>Dioscorea villosa</i>	Dio	
111.	<i>Drosera rotundifolia</i>	Dro	
112.	Dulcamara		Dul
113.	<i>Echinacea angustifolia</i>	Echi	
114.	<i>Elaps corallinus</i>	Elap	
115.	<i>Erigeron canadense</i>	Erig n	
116.	<i>Eryngium aquaticum</i>	Eryn-aq	
117.	<i>Euclea natalensis</i>	Eucl	
118.	<i>Eucalyptus globules</i>	Eucal, Eucalyp	
119.	<i>Eupatorium perfoliatum</i>	Eup-p	
120.	<i>Euphorbium officinarum</i>	Euphor	
121.	<i>Euphrasia officinalis</i>	Euphr	

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

122.	Eupionum		Eupion
123.	Fagopyrum esculentum	Fag	
124.	Ferrum metallicum		Fer
125.	Ferrum phosphoricum	Fer-p	
126.	Flouricum acidum	Flu-ac	
127.	Formicum acidum	Form-ac, For-ac	
128.	Formica rufa	Form	
129.	Gambogia		Gam
130.	Gelsemium sempervirens	Gel	
131.	Ginseng	Gin	
132.	Glonoine	Glo	
133.	Granatum punica	Gran	
134.	Graphitis		Grap
135.	Gratiola officinalis	Grat	
136.	Guaiacum		Guai
137.	Hamamelis virginica	Ham	
138.	Helleborus niger	Hell	
139.	Helonias dioica	Helo	
140.	Heloderma		Helod
141.	Hepar sulphuris calcareum	Hep	
142.	Hura brasiliensis	Hura	
143.	Hydrastis Canadensis	Hydrs, Hyds	
144.	Hydrocyanicum acidum	Hys-ac	
145.	Hypericum perforatum	Hypr	
146.	Hyoscyamus niger		Hyo
147.	Iberis amara		Iber, Iberis
148.	Ignatia amara	Ign	
149.	Indigo tinctoria	Indg	
150.	Iodium	Iod	
151.	Ipecacuanha		Ip
152.	Iris versicolor	Iris	
153.	Jaborandi		Jab
154.	Jatropha curcas	Jat	
155.	Juglandin		Jug
156.	Kali bichromicum	Kali bi	
157.	Kali bromatum	Kali br	
158.	Kali carbonicum	Kali c	
159.	Kali chloricum	Kali chl, kali cl	
160.	Kali iodatum	Kali io	
161.	Kali muriaticum	Kali m	
162.	Kali nitricum	Kali n	
163.	Kali oxydatum	Kali o	
164.	Kali phosphoricum		Kali p
165.	Kali sulphuricum	Kali s	
166.	Kalmia latifolia	Kal	
167.	Kreosotum		Kre
168.	Lachesis mutus	Lach	
169.	Lac caninum	Lac c	

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

170.	Lac defloratum	Lac def
171.	Lactic acid	Lact ac
172.	Laurocerasus	Lau
173.	Ledum palustre	Led
174.	Leptandra virginica	Lept
175.	Lilium tigrinum	Lil t
176.	Lithium carbonicum	Lith, Lith c
177.	Lobelia inflata	Lob
178.	Lycopodium clavatum	Lyc
179.	Lycopus virginicum	Lycps, Lyc-v
180.	Lysinum	Lys
181.	Magnesium carbonicum	Mag c
182.	Magnesium muriaticum	Mag m
183.	Magnesium nitricum	Mag n
184.	Magnesium phosphoricum	Mag p
185.	Magnesium sulphuricum	Mag s
186.	Magnetis poli umbo	Mgs
187.	Magnetis polus arcticus	M- arct
188.	Magnetis polus australis	M-aust, Mag-p-au
189.	Marrubium album	Mar
190.	Mancinella	Manc
191.	Manganum metallicum	Mang
192.	Medorrhinum	Med
193.	Melilotus officinalis	Mel
194.	Menyanthes trifoliata	Men
195.	Mephitis putorius	Meph
196.	Mercurius corrosivus	Merc-c, Merc-cor
197.	Mercurius cyananatum	Mec cy
198.	Mercurius iodatus flavus	Merc-i-f
199.	Mercurius iodatus ruber	Merc-i-r
200.	Mercurius sloubilis	Merc
201.	Mezerium	Mez
202.	Millifolium	Mil, Mill
203.	Moschus	Mos
204.	Murex purpura	Mrx
205.	Muriaticum acidum	Mur ac
206.	Mygale lasidora	Myg
207.	Myrtus communis	Myr
208.	Naja tripundians	Naj
209.	Natrum carbonicum	Nat c
210.	Natrum muriaticum	Nat m
211.	Natrium phosphoricum	Nat p
212.	Natrium sulphuricum	Nat s
213.	Niccolum metallicum	Nic
214.	Nitricum acidum	Nit ac
215.	Nux moschata	Nux m
216.	Nux vomica	Nux v
217.	Oleander	Old

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

218.	Oleum animale aethereum	Ol-an	
219.	Oleum jecoris aselli		Ol-jec
220.	Onosmodium virginianum	Onos	
221.	Opium		Op
222.	Osmium metallicum		Osm
223.	Oxallicum acidum		Ox ac
224.	Paris quadrifolia	Par	
225.	Petroleum		Petr
226.	Phellandrium aquaticum	Phel	
227.	Phosphorus		Pho
228.	Phosphoricum acidum	Pho ac	
229.	Physostigma venenosum	Phys	
230.	Phytolacca decandra	Phyt	
231.	Picricum acidum	Pic ac	
232.	Piper nigrum	Pipo-n	
233.	Plantago major	Plant	
234.	Platinum metallicum	Plat	
235.	Plumbum metallicum	Plb	
236.	Polygonum hydropiperides	Polyg	
237.	Podophyllum peltatum	Pod	
238.	Polyporum officinalis	Polyp-o	
239.	Prunus spinosa	Pru-sp	
240.	Psorinum		Pso
241.	Ptelia trifoliata	Ptel	
242.	Pulsatilla nigricans		Pul
243.	Pyrogenicum	Pyro	
244.	Ranunculus bulbosus	Ran b	
245.	Ranunculus scleratus	Ran s,Ran sc	
246.	Ratanhia peruviana	Rat	
247.	Rheum palmatum	Rhe	
248.	Rhododendron	Rho	
249.	Rhus toxicodendron	Rhus t	
250.	Rhus venenata	Rhus v	
251.	Rumex crispus	Rum	
252.	Ruta graveolens	Rut	
253.	Sabadilla		Saba
254.	Sabina	Sabi	
255.	Sambucus nigra	Samb	
256.	Sanguinaria Canadensis	Sang	
257.	Sanicula aqua	Sanic	
258.	Sarsaparilla officinalis	Sars	
259.	Secale cornutum	Sec-c	
260.	Seleniim metallicum	Sele	
261.	Senecio aureus	Senec	
262.	Senega	Seng	
263.	Sepia officinalis	Sep	
264.	Silicea terra		Sil
265.	Sinapsis nigra	Sinap	

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

266.	<i>Solanum tuberosum aegrotans</i>	Sol-t-aeg
267.	<i>Spigelia anthelmintica</i>	Spi
268.	<i>Spiranthes autumnalis</i>	Spire
269.	<i>Spongia tosta</i>	Spo
270.	<i>Squilla bifolia</i>	Squil
271.	<i>Squilla matrima</i>	Scil
272.	<i>Stannum metallicum</i>	Stan
273.	<i>Staphisagria</i>	Stap
274.	<i>Stramonium</i>	Stra
275.	<i>Strontium carbonicum</i>	Stro
276.	<i>Strychninum purum</i>	Stry
277.	<i>Sulphur</i>	Sul
278.	<i>Sulphuricum acidum</i>	Sul ac
279.	<i>Sulphuricum iodatum</i>	Sul io
280.	<i>Sumbulus moschatus</i>	Sumb
281.	<i>Syphillinum</i>	Syph
282.	<i>Tabaccum</i>	Tab
283.	<i>Taraxacum officinale</i>	Tarx
284.	<i>Tarentula</i>	Tarn
285.	<i>Tellurium metallicum</i>	Tell, Tel
286.	<i>Terebinthinae oleum</i>	Terb
287.	<i>Theredion curassavicum</i>	Ther
288.	<i>Thuja occidentalis</i>	Thu
289.	<i>Thyroidinum</i>	Thyr
290.	<i>Trillium pendulum</i>	Tril
291.	<i>Tuberculinum</i>	Tub
292.	<i>Urtica urens</i>	Urt-u
293.	<i>Ustilago maydis</i>	Ust
294.	<i>Valeriana officinalis</i>	Val
295.	<i>Variolinum</i>	Variol
296.	<i>Veratrum album</i>	Ver a
297.	<i>Veratrum viride</i>	Ver v
298.	<i>Verbascum thapsus</i>	Verb
299.	<i>Viburnum opulus</i>	Vibur
300.	<i>Vinca minor</i>	Vinc
301.	<i>Viola odorata</i>	Vio o
302.	<i>Viola tricolor</i>	Vio t
303.	<i>Vipera berus</i>	Vip
304.	<i>Viscum album</i>	Visc a
305.	<i>Xanthoxylum fraxineum</i>	Xanth
306.	<i>Zincum metallicum</i>	Zin
307.	<i>Zincum sulphuricum</i>	Zin s

DR JAMES TYLER KENT



Dr James Tyler Kent was born in Woodhul, New York. He graduated from the Eclectic Medical Institute of Cincinnati, and started practice in St Louis as an Eclectic physician. He became interested in homoeopathy in 1878, when his wife's illness failed to respond either to eclectic or allopathic treatment and was cured by a homoeopath. This converted him to homoeopathy, and he took up his study. He accepted the philosophy and principles of the system and thus turned out to be a true student of Hahnemann's Organon. Consequently, within a short space of time he became a famous teacher and practitioner through keen interest, hard work and unceasing enthusiasm.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Kent emphasized a detailed study of the expressions of the whole person who is sick. He gave importance to the study of all the symptoms in order to understand the disorders which take place from centre to periphery, from inward to outward. A man consists of his body, mind and spirit and he is known to us by his total behavior. There is a 'common' existing in all, but there also exists something uncommon which makes an individual different from every other. This individual expression remains with him in health and in disease. It should be the endeavor of the physician to know the person in health and to notice the deviations in the diseased condition. The whole of a person is unique and hence it requires individualized attention of the physician with clear objectives. The image of the person should be formed in totality. Thus the person should be individualized because his symptoms are unique.

Kent has classified symptoms into general, particular and common to understand the person, part and disease respectively. Kent gives more emphasis on the generals and uncommon particulars which characterize a person and his disease.

KENT'S TOTALITY IS ERECTED BY FOLLOWING THE HIERARCHY GIVEN BELOW:

❖ **Mental Generals**

1. Will- Anger, irritability, love, hates, fear, grief, anxiety, indifference, loquacity etc.
2. Perversions of understanding- Hallucination, illusion, absorbed, clairvoyance, confusion, dullness, comprehension, imbecility, mental activity etc.
3. Perversions of memory- Absent minded, forgetful, mistakes in writing, speech, disorders of speech etc.

❖ **Physical Generals**

1. Perversions of sexual sphere including menstrual symptoms; general aggravations - before, during, after menses; effects of coition.
2. Symptoms of pertaining to appetite, food desires and aversions and thirst.
3. Things affecting the entire body - Weather and temperature, Food, Positions, Motions etc.
4. Symptoms of special senses

❖ **Particulars**

1. Symptoms that cannot be explained (characteristic symptoms)

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

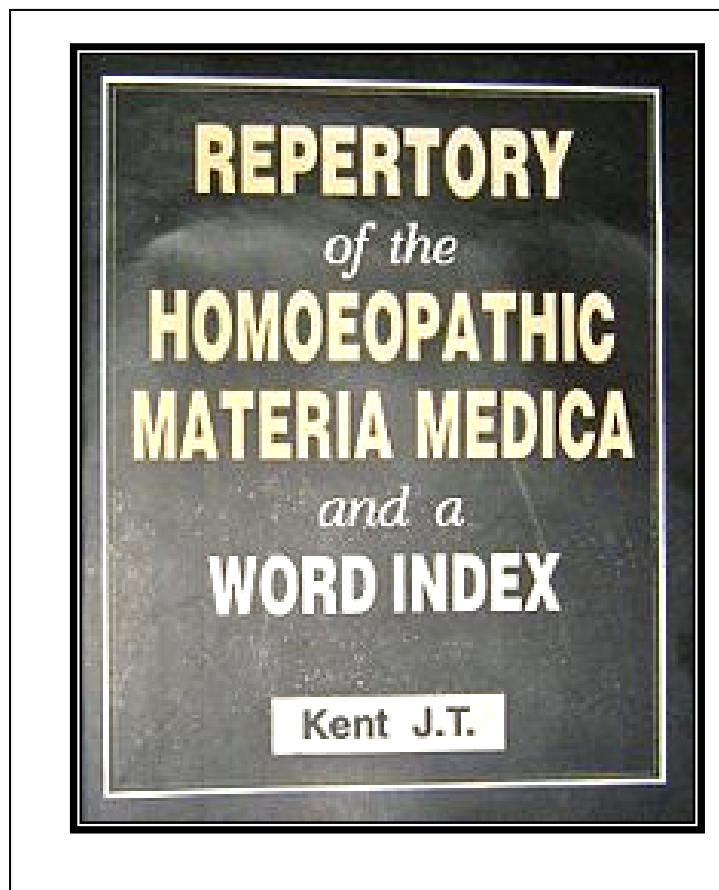
2. Symptoms with clear modalities.
3. Symptoms without modalities.

❖ **Common symptom**

Common symptoms have been given the least importance in selection of a drug, but if they are qualified or absent they become important. The intensity and association also helps in finding out the remedy in a few cases, in the absence of generals.

CONTRIBUTIONS:

- ✚ Repertory of the Homoeopathic Materia Medica – 1897.
- ✚ Lectures on Homoeopathic Philosophy – 1900.
- ✚ Lectures on Homoeopathic Materia medica with new remedies – 1905.
- ✚ Use of Repertory.
- ✚ What the doctor needs to know in order to make a successful prescription.



**KENT'S REPERTORY OF HOMOEOPATHIC
MATERIA MEDICA**

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

History:

During Kent's time, repertories of Boenninghausen and Lippe were commonly used for working out cases. He carefully went through both of them and also Biegler's Diary, Minton's Diseases of women and Jahr's Repertory. He liked the form and characteristics in Lippe's Repertory. He noticed his own observations and experience not only on the margins but also in between the lines. In order to compile a comprehensive repertory, Kent got hold the manuscripts of most of the other repertories. He talked to Lee of Philadelphia as Lippe's abridged form of a new repertory was with Lee. Lippe had desired that Dr Kent should work jointly with Lee in producing a comprehensive repertory. At that time, Dr Kent had completed a repertory of the urinary organs, chill, fever and sweat, with other sections partly done.

Taking help from Dr Kent, Lee started working and compiled the Mind and Head sections. But the compilation was not upto the expectations of Dr Kent. Later, when Lee became blind, Dr Kent took it up, revised and arranged it according to his own plan. The plan that Dr Kent followed was chiefly that of Lippe which was outlined in ***Lippe's Hand book of Characteristics***. Dr Kent also added his clinical notes, especially those, which did not contradict proving. After completion of the work, Dr Kent started using it for his own purpose. This work was published part by part with the help of Dr Kimball, Thurston and Beigler. It was in 1897- the first edition of Kent's Repertory. His work became very popular and its second edition was extensively used. Dr Ethrhart, with the assistance of Dr. F.E. Gladwin and Dr. J. S. Pugh, published the third edition in 1924. The third edition was again revised, compared and corrected with the handwritten corrected copy of Kent. The successive fourth and fifth editions were published with the help of Dr. Gladwin, Dr Clare Loise Kent and Dr Pierre Schmidt in 1935 and 1945. The sixth American edition was published in 1957 while the Indian edition came out in 1961. The latter edition became most popular and was circulated widely. At present most of the practitioners possess this particular edition.

PHILOSOPHICAL BACKGROUND

Kent's repertory is based on the philosophy of deductive logic i.e., from generals to particulars. Generals are dealt with in depth followed by particulars and minor particulars. This repertory contains 648 drugs. He has used three varieties of typography to indicate the gradation of remedies.

Bold Letter	- 3 marks	First grade
<i>Italics</i>	- 2 marks	Second grade
Ordinary	- 1 mark	Third grade

First grade symptoms are felt strongly by all the provers or majority of provers. They have been recorded, confirmed and verified. Second grade symptoms have been brought out by a few provers, which are not confirmed but occasionally verified. Third grade symptoms are brought out by provers now and then and are not confirmed by reprovings. But they have been verified by curing patients and hence accepted as clinical symptoms.

PLAN AND CONSTRUCTION

In Kent's Repertory, the plan throughout is from generals to particulars. It starts with Mind chapter, which has been given prime importance. The last chapter is Generalities which contains physical modalities. The rest of the chapters are based on anatomical divisions followed by function or discharges. There are altogether **37 chapters**.

Chapters

- | | |
|------------------------------|------------------------|
| 1. Mind | 20. Prostate gland |
| 2. Vertigo | 21. Urethra |
| 3. Head | 22. Urine |
| 4. Eye | 23. Genitalia-Male |
| 5. Vision | 24. Genitalia- Female |
| 6. Ear | 25. Larynx and trachea |
| 7. Hearing | 26. Respiration |
| 8. Nose | 27. Cough |
| 9. Face | 28. Expectoration |
| 10. Mouth | 29. Chest |
| 11. Teeth | 30. Back |
| 12. Throat | 31. Extremities |
| 13. External throat | 32. Sleep |
| 14. Stomach | 33. Chill |
| 15. Abdomen | 34. Fever |
| 16. Rectum | 35. Perspiration |
| 17. Stool | 36. Skin |
| 18. Urinary organs – Bladder | 37. Generalities |
| 19. Kidney | |

ARRANGEMENT OF RUBRICS

All rubrics are arranged alphabetically in all chapters except Vertigo, Cough, Expectoration, Chill, Fever, Perspiration and Generalities. Rubrics are arranged from generals to particulars. A rubric starts with a general symptom or a state with a list of a large group of medicines. This is followed by side, time, modalities and extension. This arrangement is not strictly followed in all chapters. A general rubric is again followed by sub rubrics.

Most of the fever rubrics are found in Fever Chill and Perspiration. Many rubrics are found scattered in the other chapters from Mind to Generalities.

IMPORTANT RUBRICS RELATED TO FEVER IN KENT'S REPERTORY OTHER THAN IN CHAPTER FEVER

IMPORTANT RUBRICS RELATED TO FEVER IN KENT'S REPERTORY OTHER THAN CHAPTER FEVER

- ❖ MIND ANGUISH Heat during
- ❖ MIND ANXIETY, Fever, during
- ❖ MIND ANXIETY, Fever, prodrome, during
- ❖ MIND CHEERFUL heat during
- ❖ MIND FEAR, chill during
- ❖ MIND INDIFFERENCE, fever, during
- ❖ MIND LOQUACITY, chill, during
- ❖ MIND LOQUACITY, heat ,during
- ❖ MIND SINGING, fever, during
- ❖ MIND UNCONSCIOUSNESS, fever, during
- ❖ MIND WHISTLING, fever, during
- ❖ VERTIGO FALL, tendency to, fever, during
- ❖ HEAD ENLARGED sensation, fever, with intermittent
- ❖ HEAD PAIN occiput, fever during
- ❖ HEAD PAIN bursting, fever, with
- ❖ HEAD PAIN pressing, fever, during
- ❖ HEAD PAIN pressing, forehead, fever, during
- ❖ HEAD PAIN pressing, oociput, fever, during
- ❖ HEAD PAIN pressing, temples, fever, during
- ❖ HEAD PERSPIRATION forehead, fever
- ❖ HEAD PULSATING fever, during the
- ❖ EYE GLASSY appearance, chill, during
- ❖ EYE GLASSY appearance, fever, during
- ❖ EYE HEAT, fever, during
- ❖ EYE LACHRIMATION, fever, during
- ❖ EYE PAIN, fever, during
- ❖ EYE TURNED upwards, fever, during
- ❖ VISION FOGGY, fever
- ❖ EAR NOISES, chill, during
- ❖ EAR NOISES fever, during
- ❖ EAR NOISES roaring fever, during

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- ❖ NOSE CORYZA, chill, during
- ❖ NOSE CORYZA fever, with
- ❖ NOSE EPISTAXIS fever, during
- ❖ NOSE EPISTAXIS typhoid, during
- ❖ FACE DISCOLOURATION red, fever, during
- ❖ FACE DISCOLOURATION red, without fever
- ❖ STOMACH APPETITE increased, fever, during
- ❖ STOMACH APPETITE increased, fever, after
- ❖ STOMACH DESIRES warm drinks fever during
- ❖ STOMACH EMPTINESS fever, during
- ❖ STOMACH ERUCTATIONS fever, during
- ❖ STOMACH ERUCTATIONS acrid fever, during
- ❖ STOMACH HICCOUGH fever, during
- ❖ STOMACH HICCOUGH fever, during, at the hour when the fever ought to come
- ❖ STOMACH NAUSEA fever, during
- ❖ STOMACH NAUSEA fever after
- ❖ STOMACH VOMITING bile fever, during
- ❖ STOMACH VOMITING sour fever, during
- ❖ ABDOMEN HEAT fever, during
- ❖ ABDOMEN PAIN cramping fever, during
- ❖ ABDOMEN PAIN dragging fever during
- ❖ RECTUM DIARRHOEA hectic during
- ❖ RECTUM DIARRHOEA intermittent during
- ❖ RECTUM DIARRHOEA pernicious during
- ❖ RECTUM DIARRHOEA puerperal fever during
- ❖ RECTUM DIARRHOEA typhoid during
- ❖ BLADDER URGING constant fever, during
- ❖ BLADDER URGING ineffectual, fever, during
- ❖ BLADDER URINATION dysuria fever, during
- ❖ BLADDER URINATION frequent fever, during
- ❖ BLADDER URINATION involuntary, typhoid during
- ❖ KIDNEYS SUPPRESSION of urine with fever
- ❖ URINE ALBUMINOUS scarlet fever after
- ❖ URINE CLOUDY with fever
- ❖ URINE COLOUR brown fever, during
- ❖ URINE COLOUR pale fever, during

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- ❖ URINE COLOUR red fever, during
- ❖ URINECOPIOUS fever, during
- ❖ URINE ODOUR offensive fever, during
- ❖ URINE ODOUR putrid fever, during
- ❖ URINE SCANTY fever, during
- ❖ URINE SEDIMENT red fever, during
- ❖ URINE SEDIMENT white fever, during
- ❖ LARYNX &TRACHEA TICKLING larynx fever, during
- ❖ RESPIRATION ARRESTED coughing fever, during
- ❖ RESPIRATION CATCHING fever, during
- ❖ RESPIRATION HOT breath fever, during
- ❖ COUGH DRY fever, during
- ❖ COUGH FEVER, during
- ❖ COUGH LOOSE fever, during
- ❖ CHEST OPPRESSION fever, during
- ❖ CHEST PAIN stitching fever, during
- ❖ CHEST PALPITATION heart fever, during
- ❖ BACK PAIN fever, during
- ❖ BACK PAIN aching fever, during
- ❖ BACK PAIN sore, pain fever, during
- ❖ BACK PULSATING lumbar region fever, during
- ❖ BACK TREMBLING fever, during
- ❖ BACK WEAKNESS lumbar region fever, during
- ❖ EXTREMITIES COLDNESS fever, during
- ❖ EXTREMITIES COLDNESS upper limbs after fever
- ❖ EXTREMITIES COLDNESS hand fever, during
- ❖ EXTREMITIES COLDNESS leg fever, during
- ❖ EXTREMITIES COLDNESS foot fever, during
- ❖ EXTREMITIES FULLNESS hand, veins of fever, during
- ❖ EXTREMITIES FULLNESS leg fever, during
- ❖ EXTREMITIES HEAT sole fever, during
- ❖ EXTREMITIES HEAVINESS fever, during
- ❖ EXTREMITIES LAMENESS fever, during
- ❖ EXTREMITIES LAMENESS joints fever, during
- ❖ EXTREMITIES NUMBNESS lower limbs fever, during
- ❖ EXTREMITIES PAIN fever, during

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- ❖ EXTREMITIES PAIN leg, with fever
- ❖ EXTREMITIES PAIN aching fever, during
- ❖ EXTREMITIES PAIN aching, thigh fever, during
- ❖ EXTREMITIES PAIN leg fever, during
- ❖ EXTREMITIES PAIN burning, hand fever, during
- ❖ EXTREMITIES PAIN stitching fever, during
- ❖ EXTREMITIES PAIN stitching fever, during
- ❖ EXTREMITIES PAIN tearing fever, during
- ❖ EXTREMITIES PAIN tearing, joints fever, during
- ❖ EXTREMITIES PARALYSIS sensation of after fever
- ❖ EXTREMITIES WEAKNESS foot after fever
- ❖ SLEEP DREAMS disease
- ❖ SKIN COLDNESS eating, fever, during
- ❖ SKIN ERUPTIOND herpetic in fever
- ❖ SKIN ERUPTIONS urticaria fever, during
- ❖ SKIN ITCHING fever, during
- ❖ GENERALITIES CHILL feels better before
- ❖ GENERALITIES DISTENSION blood vessels fever, during
- ❖ GENERALITIES FAINTNESS fever, during
- ❖ GENERALITIES STRETCHING fever, during
- ❖ GENERALITIES TREMBLING fever, during
- ❖ GENERALITIES WEAKNESS fever, during
- ❖ GENERALITIES WEAKNESS after fever
- ❖ GENERALITIES WEAKNESS following prolonged fever

RESULTS AND ANALYSIS

CASES CURED BY BOGER'S METHOD

SI No	Name	Age/Sex	Diagnosis	Medicine
01.	Devika	5/C	Measles	Rhustox
02.	Shamna	6/C	Measles	Bryonia
03.	Anamika	8/C	Measles	Belladonna
04.	Rayihanath	26/F	?Scarlet fever	Belladonna
05.	Farhana	5/C	Chickenpox	Rhustox
06.	Avanthika vijay	6/C	Measles	Pulsatilla
07.	Remya	14/F	Chickenpox	Sulphur
08.	Binsha	18/F	Chickenpox	Rhustox
09.	Ashique	7/C	Measles	Pulsatilla
10.	Saifudeen	50/M	Eruptive fever; ?Chikungunya fever	Rhustox
11.	Sulfiker	16/M	Chickenpox	Rhustox
12.	Sharath	8/C	Measles	Bryonia
13.	Niyas rehman	11/C	Measles	Bryonia
14.	Mohammed Salli	24/M	Chickenpox	Pulsatilla
15.	Jyothika	10/C	Chickenpox	Sulphur
16.	Nithin Krishna	5/C	Measles	Rhustox
17.	Mujeeb	6/C	Measles	Bryonia
18.	Fathima	5/C	Measles	Belladonna
19.	Anoop	7/C	Measles	Bryonia
20.	Anju	6/C	Measles	Belladonna

CASES CURED BY KENT'S METHOD

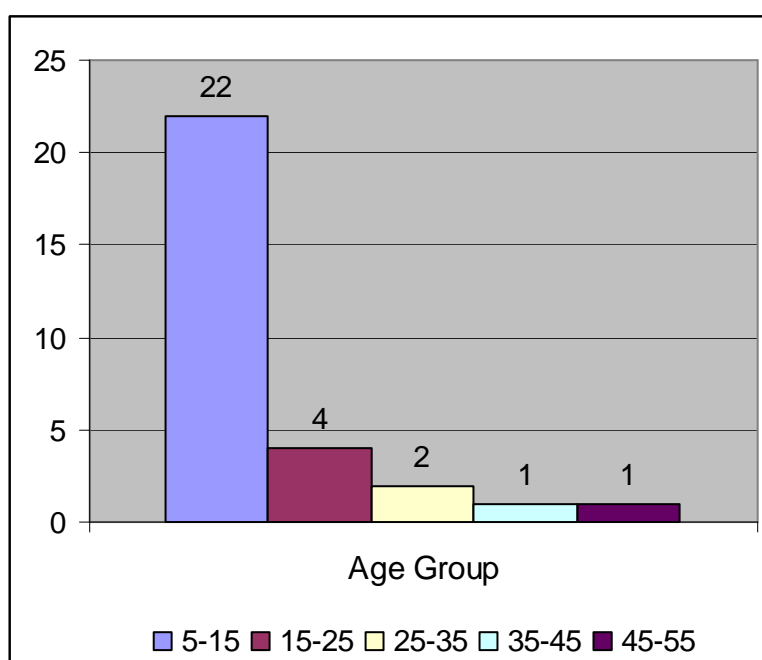
SI No	Name	Age/Sex	Diagnosis	Medicine
01	Mohanan	40/M	Chickenpox	Rhustox
02	Hridya	6/C	Measles	Belladonna
03	Adheena	6/C	Measles	Belladonna
04	Navas	26/M	Chickenpox	Bryonia
05	Athira	5/C	Measles	Bryonia
06	Avanthika vijay	6/C	Measles	Pulsatilla
07	Aswathi	14/F	Chickenpox	Sulphur
08	Soumya	18/F	Chickenpox	Rhustox

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

09	Sanoop	7/C	Measles	Pulsatilla
----	--------	-----	---------	------------

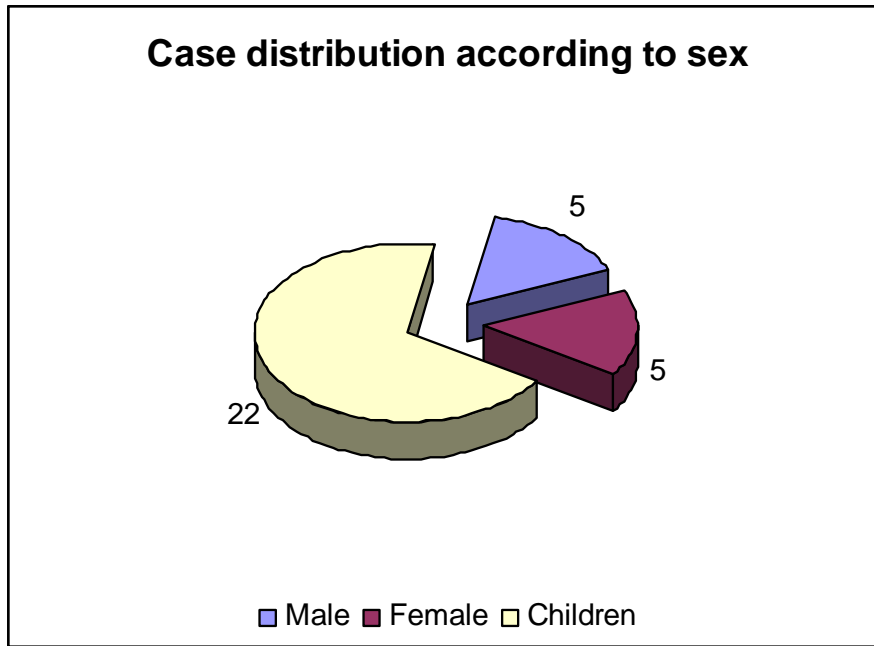
1. DISTRIBUTION OF CASES ACCORDING TO AGE

Age group	No. of cases
5-15	22
15-25	4
25-35	2
35-45	1
45-55	1



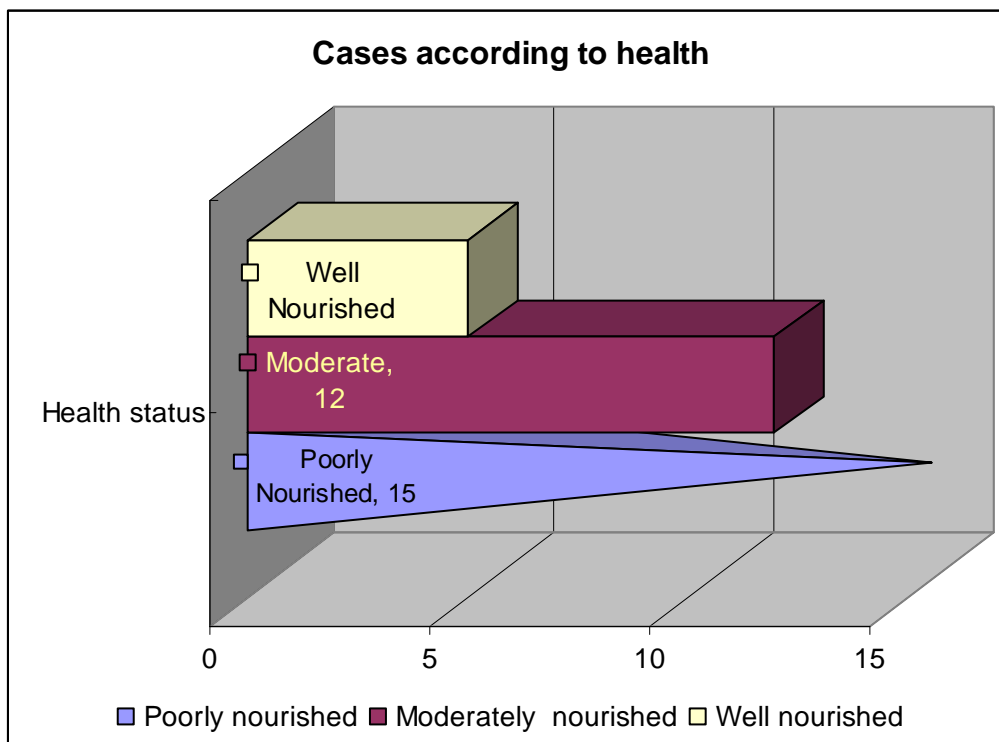
2. DISTRIBUTION OF CASES ACCORDING TO SEX

Sex	No. of cases
Male	5
Female	5
Children	22



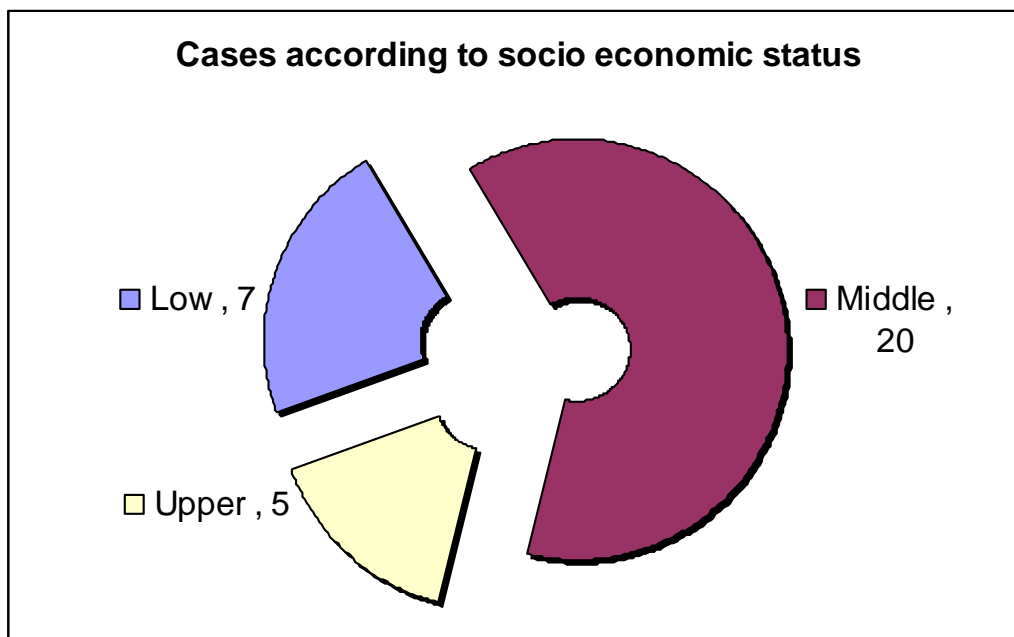
3. CASES ACCORDING TO HEALTH STATUS

Health status	No. of cases
Poorly nourished	15
Moderately nourished	12
Well nourished	5



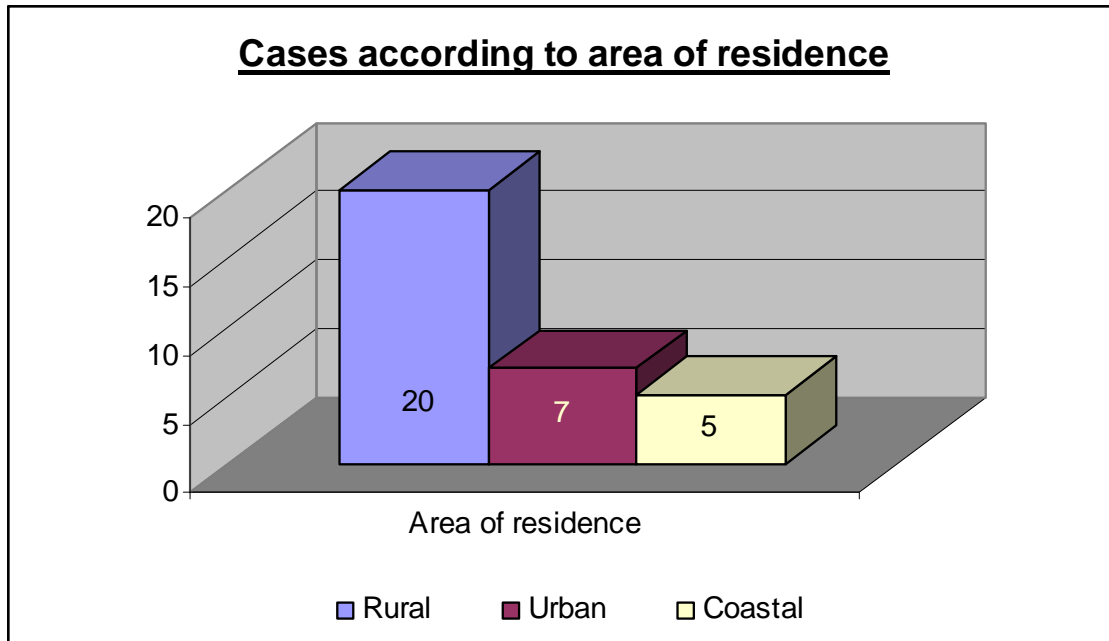
4. CASES ACCORDING TO SOCIOECONOMIC STATUS

Socioeconomic status	No. of cases
Low	7
Middle	20
Upper	5



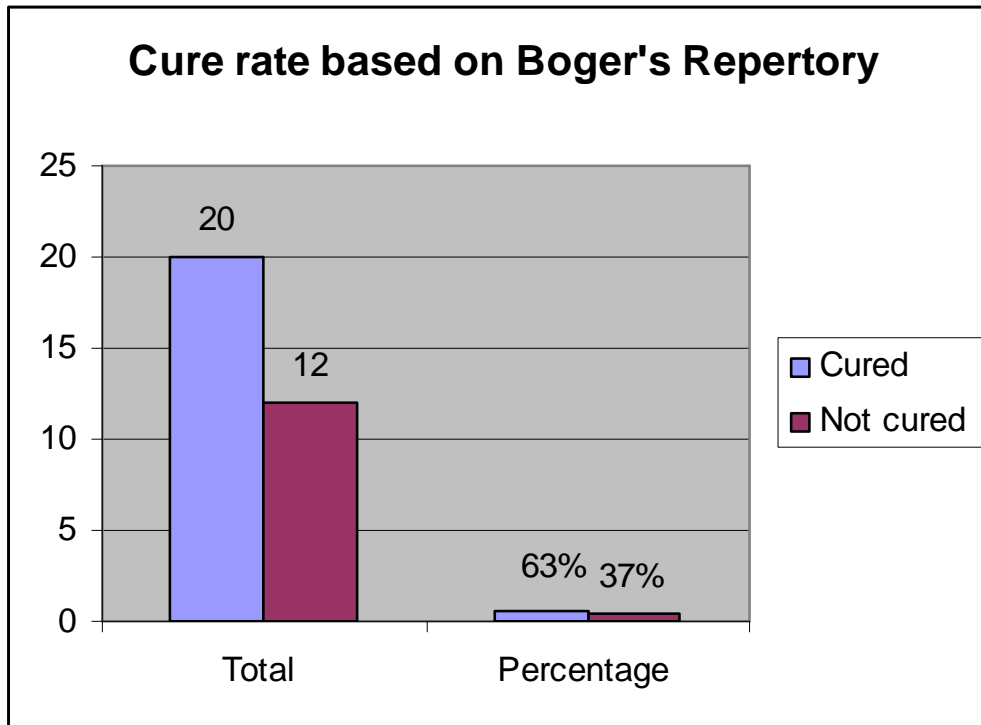
5. CASES ACCORDING TO AREA OF RESIDENCE

Area of residence	No. of cases
Rural	20
Urban	7
Coastal	5



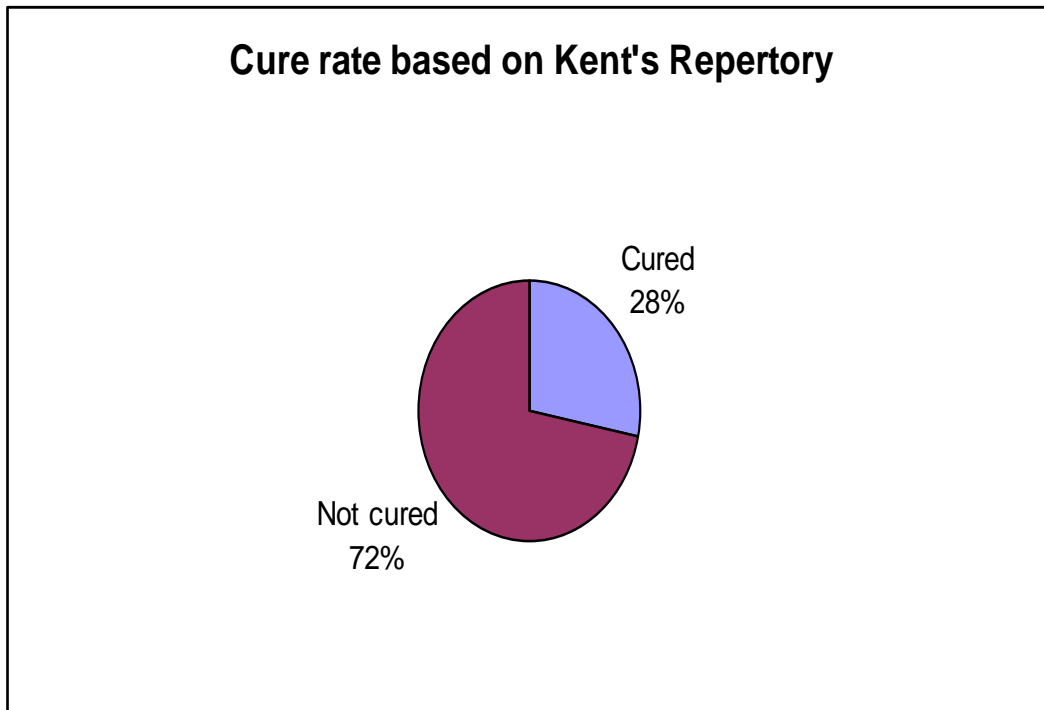
6. CURE RATE BASED ON BOGER'S REPERTORY

	Total	Percentage
Cured	20	63%
Not cured	12	37%



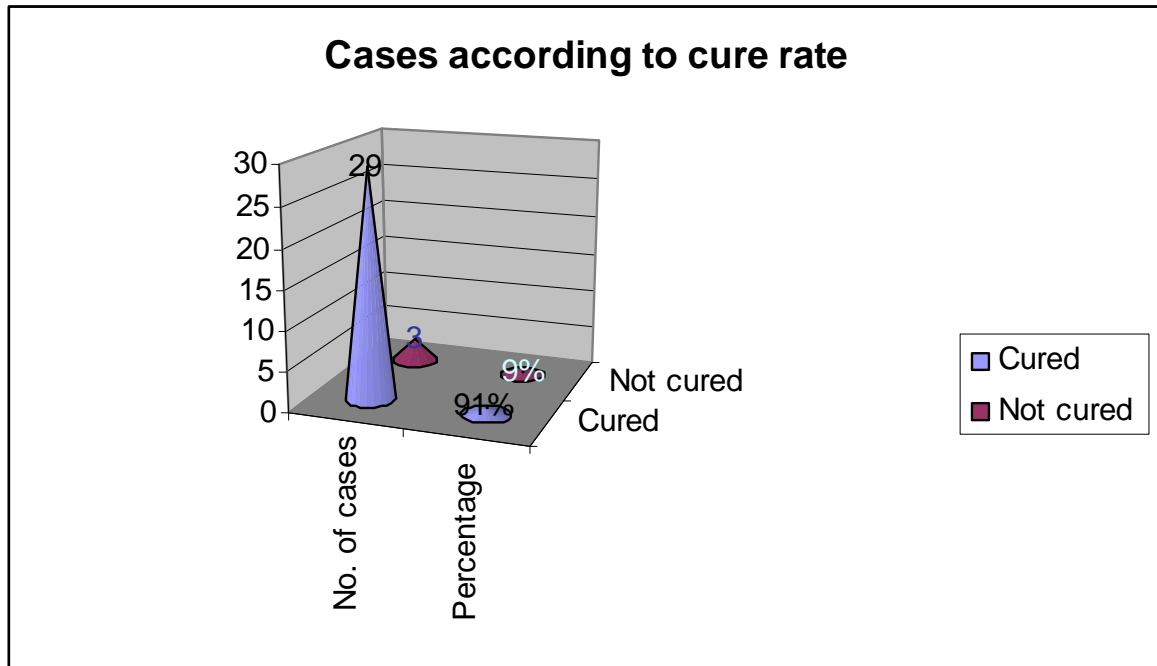
7. CURE RATE BASED ON KENT'S REPERTORY

	Total	Percentage
Cured	9	28%
Not cured	23	72%



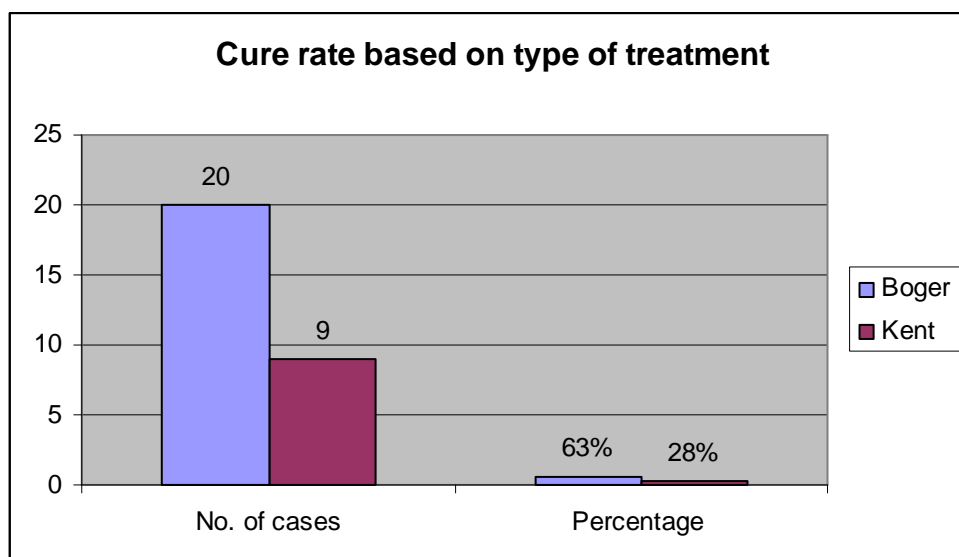
8. CASES ACCORDING TO CURE RATE

Cure Rate	No. of cases	Percentage
Cured	29	91%
Not cured	3	9%



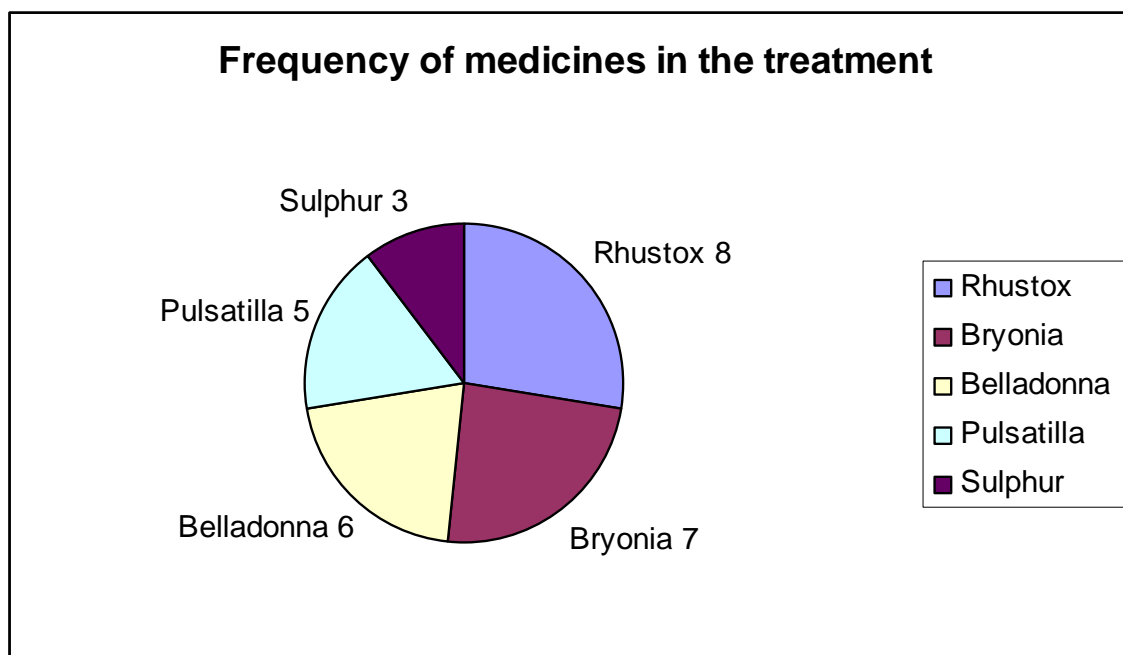
9. CURE REATE BASED ON TYPE OF TREATMENT

Type of treatment	No. of cases	Percentage
Boger	20	63%
Kent	9	28%



10. FREQUENCY OF MEDICINES IN THE TREATMENT

Medicines	No. of cases
Rhustox	8
Bryonia	7
Belladonna	6
Pulsatilla	5
Sulphur	3



STATISTICAL ANALYSIS

Statistical analysis was done using **test for significance of difference in proportion.**

➤ **Test for equality of proportion**

Let P1 be the proportion of success of cases By Boger's method from the population N and let P2 be the proportion of success of cases by Kent's method from the same population N.

Total number of cases: 32

Cases cured by Boger's method: 20

Cases cured by Kent's method: 9

Hypothesis

H0: There is no significant difference between the two methods of treatment; (H0:P1=P2)

H1: There is significant difference between the two methods of treatment. The treatment based on Boger's method is more effective than that on Kent's method; (H1: P1≠P2)

N=32

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

$$P_1 = 20/32 \times 100 = 63$$

$$Q_1 = 100 - P_1 = 37$$

$$P_2 = 9/32 \times 100 = 28$$

$$Q_2 = 100 - P_2 = 72$$

$$SE = \frac{P_1 Q_1 + P_2 Q_2}{N}$$

$$= \frac{63 \times 37 + 28 \times 72}{32}$$

$$= \frac{4337}{32}$$

$$= 5.65$$

$$Z = \frac{P_1 - P_2}{SE}$$

$$= \frac{63 - 28}{5.65}$$

$$= \frac{35}{5.65}$$

$$= \underline{\underline{6.1}}$$

as we know, that approximately, 95% observations in a normal distribution may lie in the interval, Mean \pm 2 S. E. & Z (calculated= 6.1) $>$ 2, the test is significant at the 5% level. Then it is denoted as P $<$ 0.05. In this case the calculated Z is even more than 3. So we can go for a higher level of Probability. I.e. the test is significant at 1% level (highly significant) & then it can be denoted as $<$ 0.01.

So the Null Hypothesis H_0 is rejected and the alternate Hypothesis H_1 is accepted. Hence the treatment based on Boger's method is more effective than treatment based on Kent's method.

DISCUSSION

The sample included patients from different age groups, sexes, different socioeconomic status and educational status. Out of 32 cases, 22 were children, 5 females and 5 males. Based on the status of health, patients were classified into three groups such as poorly nourished, moderately nourished and well nourished. Out of 32 cases, 15 were poorly nourished, 12 moderately nourished and 5 well nourished. According to the area of residence the patients were classified as from rural areas, urban areas and coastal areas. Based on socioeconomic status, middle socioeconomic status occupied the maximum number of cases- 20. Among the 32 cases, 20 were cured by Boger's method and 9 were cured by Kent's method and 3 were not cured by both type of treatment.

Statistical analysis was done by the use of **Test for equality of proportion.**

H_0 was: There is no significant difference between the two methods of treatment; ($H_0: P_1 = P_2$)

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

H1 was: There is significant difference between the two methods of treatment. The treatment based on Boger's method is more effective than that on Kent's method; (H1: P1P≠2)

After analyses it was found that the treatment based on Boger's method is more effective than Kent's method.

SUMMARY AND CONCLUSION

DISCUSSION ABOUT THE STUDY IN FINDING OUT THE CLINICAL UTILITY OF FEVER CHAPTER IN THE TREATMENT OF ERUPTIVE FEVERS IN COMPARISON TO REPERTORY OF HOMOEOPATHIC MATERIA MEDICA BY DR. JAMES TYLER KENT.

The study was undertaken *to find out the "Clinical utility of chapter "fever" of Boeninghausen's Characteristics Materia Medica and Repertory by Dr. C. M. Boger, especially in the treatment of eruptive fevers in comparison to Repertory of Homoeopathic Materia Medica by Dr. James Tyler Kent.*

After statistical analysis it was found that the treatment based on *Boger's Fever chapter* is more effective. This study shows the importance of Fever chapter of Boger's repertory in treating cases of fevers & found out that even in the treatment of eruptive fevers its efficacy is wonderful. We can find out medicines for fever cases with the help of FEVER chapter alone in Boger's Repertory & that is its significance.

The medicines which occupy in the top of Boger's repertorisation is found within five positions in Kent's repertorisation and medicine which occupy the top position in Kent's repertorisation is found within five positions in Boger's repertorisation also. This study gives only the medicines in the top position only.

A study of 32 patients is too small to comment upon the effectiveness of Homoeopathic medicines selected through Boger's Repertory Fever chapter. To confirm the effectiveness, a larger study with more patients should be conducted.

SCOPE & LIMITATIONS OF FEVER CHAPTER

Fever totality is the unique contribution of Boger. Fever is not represented well in any other Repertories like those in Boger's Repertory. There are 6 chapters for fever & each stage is followed by time, aggravation, amelioration & concomitant. Thus they help to repertorise any simple as well as complicated cases of fever.

Though it is claimed that Boger's Repertory is Boger's improved Therapeutic Pocket Book, many difficulties have been noticed while using Boger's Repertory.

- ❖ Construction: there are 6 chapters for fever. But a definite order is not followed.
- ❖ Arrangement: a definite order of arrangement is not found. Practitioner finds it difficult for searching the rubrics.
- ❖ Many rubrics have only few medicines. It doesn't represent many medicines even if it is the latest one among the three Repertories.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- ❖ Even though the section "Pathological types" includes so many important clinical rubrics, some of the important clinical rubrics related with eruptive fevers such as Chickenpox, German measles, Dengue fever are not included in this section.

In spite of, the above mentioned shortcomings, the **FEVER chapter in Boenninghasen's Characteristic Repertory** is well equipped with rubrics & a number of medicines & is a worthy companion of the practitioners of the healing art by the law of similia.

BIBLIOGRAPHY

- ❖ **CONCISE OXFORD TEXTBOOK OF MEDICINE.**
Edited by: J.G. G. Ledingham & David A. Warrell
Page numbers: 1502, 1504- 1520 &1534-1535.
- ❖ **HARRISON'S PRINCIPLES OF INTERNAL MEDICINE**
Volume 1; 15th edition
Page numbers: 1065-1070, 1106-1111, 1115, 1117, 1143-1148, 1160-1168.
- ❖ **DAVIDSON'S PRINCIPLE & PRACTICE OF MEDICINE**
Page numbers: 69-139.
- ❖ **A.P.I. TEXTBOOK OF MEDICINE**
Page numbers: 13-118 & 123-125.
- ❖ **TEXT BOOK OF MEDICINE by K. V. KRIHNADAS**
Page numbers: 123-243.
- ❖ **LECTURE NOTES ON CLINICAL MEDICINE**
By David Rubenstein, David Wayne & John Bradley
Page number: 445-446.
- ❖ **COLOUR ATLAS & TEXTBOOK OF CLINICAL MEDICINE**
By Forbes & Jackson
Page numbers: 19-29, 31, 36 & 37.
- ❖ **THE THERAPEUTICS OF FEVERS by H.C. ALLEN.**
Page numbers: 5, 6, 10, 11, 18-41.
- ❖ **ESSENTIALS OF REPERTORIZATION; fourth edition.**
By Prof. Dr. Shahi Kant Tiwari
Page numbers: 209-364 & 633-634.
- ❖ **THE CHRONIC DISEASES by DR. SAMUEL HAHNEMANN.**
Page number: 75.
- ❖ **ORGANON OF MEDICINE by DR. SAMUEL HAHNEMANN**
Sixth edition; Translated by WILLIAM BOERICKE. M. D.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Page numbers: 261-270.

- ❖ **BOENNINGHAUEN'S CHARACTERISTICS MATERIA MEDICA & REPERTORY** by Dr. C. M. Boger.
- ❖ **REPERTORY OF HOMOEOPATHIC MATERIA MEDICA**
By Dr. James Tyler Kent
- ❖ **LECTURES OF HOMOEOPATHIC MATERIA MEDICA, B.JAIN PUBLISHERS (P) LTD, NEW DELHI**
By Dr. James Tyler Kent
- ❖ **WHAT THE DOCTOR NEEDS TO KNOW IN ORDER TO MAKE A SUCCESSFUL PRESCRIPTION**
By Dr. James Tyler Kent
- ❖ **ORGANON OF MEDICINE 5TH EDITION (TRANSLATION)**
By Dr. R .E .Dudgeon
- ❖ **ORGANON OF MEDICINE (5TH &6TH EDITION) BY SAMUEL HAHNEMANN WITH AN INTRODUCTION AND COMMENTARY ON THE TEXT**
By Dr. B. K. Sarkar
- ❖ **HUMAN PHYSIOLOGY-VOLUME II**
By C. C. Chatterjee
- ❖ **CONCISE MEDICAL PHYSIOLOGY-3RD EDITION**
By Choudhari
- ❖ **TEXT BOOK OF MEDICAL PHYSIOLOGY**
By Guyton & Hall
- ❖ **METHODS IN BIostatISTICS FOR MEDICAL STUDENTS AND RESEARCH WORKERS – SIXTH EDITION**
By B.K Mahajan

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

❖ **STATISTICS IN MEDICINE; GLOBAL EDUCATION BUREAU-TRIVANDRUM** By Dr. K. SYAMALAN

❖ **INTERNET**

- ✓ www.similima.com
- ✓ www.yahoo.com
- ✓ www.wikipedia.com
- ✓ www.hpathy.com
- ✓ www.google.com
- ✓ MICROSOFT EXCEL
- ✓ Progress of the fever and accompanying symptoms.htm, hulin@fmed.uniba.sk
- ✓ Pathogenesis of fever.htm, hulin@fmed.uniba.sk
- ✓ Fever Household Remedies,Fever Medication,Home Remedy for Fever, Ayurvedic Medicines for Fev.htm

APPENDIX

PROFORMA FOR CASE TAKING

Government Homoeopathic medical College Hospital Kozhikkode

DEPARTMENT OFCASE TAKING ANDREPERTORISATION

CASE RECORD

Name of patient: Age: Sex: Religion:
.....
Occupation: Income:
Address.....O.P.
No: Unit: Ward: I.P.No:
Date of admission: Date of Discharge:
Final Diagnosis.....

RESULT

Cured	Relieved	Otherwise

DR. SUNILA.S
M.D. (Hom) Repertory
G.H.M.C
CALICUT

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

1. PRESENTING COMPLAINTS

2. HISTORY OF PRESENTING COMPLAINTS

3. HISTORY OF PAST ILLNESS

No	Age/Year	Illness	Treatment Adopted

4. FAMILY HISTORY

5. PERSONAL HISTORY

1. Life situation

Place of birth:

Religion:

Education:

Occupation:

Marital status:

Economic status:

Nutritional status:

Social status:

2. Habits/Addictions/Hobbies.

3. Domestic Relations.

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

4. Sexual Relations.
5. Mile stones of Development.
6. Vaccination.

6. PHYSICAL GENERALS

Appetite:

Bowels:

Thirst:

Urine:

Sleep:

Sweat:

Dreams:

Menses:

Sex:

Other discharges:

Reaction to:

	Aversion	Desires	Intolerance	Agg:	Amel:
Time Thermal Season Meteorological Places Air/Fanning Clothing Covering Bathing Food/Drinks Touch Pressure Posture Motion Sleep Sex Special senses Eliminations					

Constitution:

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Physical makeup	Temperament	Tendencies/ Diathesis/ Disposition	Thermal	Side affinity

7. MENSTRUAL HISTORY

8. OBSTETRIC HISTORY

9. REGIONALS

10. PSYCHIC FEATURES

11. PHYSICAL EXAMINATIONS:

GENERAL:

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

Built:
Complexion:
Pulse:
Temperature:
Anaemia:
Cyanosis:
Clubbing:
Oedema:
Swelling:
Tongue:
Respiratory rate:
B.P:
Jaundice:
Rashes:
Lymphadenopathy

SYSTEMIC:

11. INVESTIGATIONS:

13. ANALYSIS OF SYMPTOMS

1. Symptoms of Disease (Diagnostic Totality)

Provisional Diagnosis

Differential Diagnosis

Final Diagnosis

2. Symptoms of the Patient

Generals Particulars

14. EVALUATION OF SYMPTOMS

By BOGER

❖ Causative modality

❖ Modalities

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

- ❖ Mind
- ❖ Sensations
- ❖ Objective aspects
- ❖ Part affected

By KENT

- ❖ Mental generals
- ❖ Physical generals
- ❖ Particulars
- ❖ Common

16. REPERTORIAL TOTALITY

By Boger's method

Symptom	Rubric	Page No
---------	--------	---------

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

--	--	--

By Kent's method

Symptom	Rubric	Page No

17. REPERTRIAL RESULT

BOGER	KENT
-------	------

Clinical Utility of fever chapter in Boger's repertory with Kent's Repertory

--	--

18. MANGEMENT

Medicinal

Accessory management

19. FOLLOW UP

(C) www.similima.com. . No part of these thesis/research papers may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopy, recording or any information storage and retrieval system, without permission in writing from Chief Editor. Reproduction of content in any form without permission of author and publisher is illegal and violates the individual right of the contributor.