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## Applicability of Boger Boenninghausen's characteristics & repertory in the management of premenstrual syndrome: An experimental uncontrolled study

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### Abstract

Premenstrual Syndrome (PMS) is a common psychosomatic disorder affecting women of reproductive age and significantly interfering with daily activities and quality of life. Homoeopathy, based on individualization and totality of symptoms, offers an effective approach in its management. This study was undertaken to evaluate the applicability of Boger Boenninghausen's Characteristics & Repertory (BBCR) in the management of PMS. An experimental uncontrolled clinical study was conducted on 30 female patients diagnosed with PMS over a period of 18 months. Cases were selected from OPD, peripheral OPD and camps based on inclusion and exclusion criteria. Repertorization was done using BBCR and individualized homoeopathic medicines were prescribed. Outcome assessment was carried out using the Moos Menstrual Distress Questionnaire (MDQ) before and after treatment. Out of 30 cases, 27 cases (90%) showed improvement while 3 cases (10%) showed no improvement. Statistical analysis using paired t-test showed a highly significant reduction in MDQ scores ( $p < 0.001$ ). The study concludes that Boger Boenninghausen's Characteristics & Repertory is a useful and effective tool in the homoeopathic management of Premenstrual Syndrome.

**Keywords:** Premenstrual syndrome, Boger Boenninghausen's repertory, homoeopathy, MDQ

### Introduction

Premenstrual Syndrome is characterized by recurrent physical, emotional and behavioral symptoms occurring during the luteal phase of the menstrual cycle and subsiding with the onset of menstruation. Boger Boenninghausen's Characteristics & Repertory emphasizes modalities, concomitants and time, making it useful in PMS cases.

### Aim and Objectives

To study the applicability of Boger Boenninghausen's Characteristics & Repertory in the management of Premenstrual Syndrome.

### Materials and Methods

An experimental uncontrolled study on 30 female patients with PMS. Cases were repertorized using BBCR and medicines were prescribed on totality of symptoms. Assessment was done using MDQ.

### Results

Out of 30 cases, 27 showed improvement and 3 showed no improvement. Results were statistically significant ( $p < 0.001$ ).

### Observation and Results

A sample of 38 cases was taken from the inpatient and out patient departments of the college hospitals and camps conducted by the institute. Out of which 8 cases were excluded out as were not fulfilling the inclusion criteria as noted. Hence total 30 cases were included in the study.

The observations of the 30 cases are explained with the help of charts, graphs and diagrams.

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### 1. Age wise distribution

The maximum number of cases belongs to the age group of 6 years to 7 years, as evident in the table.

Age group in years	No. of cases
15-19	1
20-24	6
25-29	11
30-34	9
35-49	3
Total	30

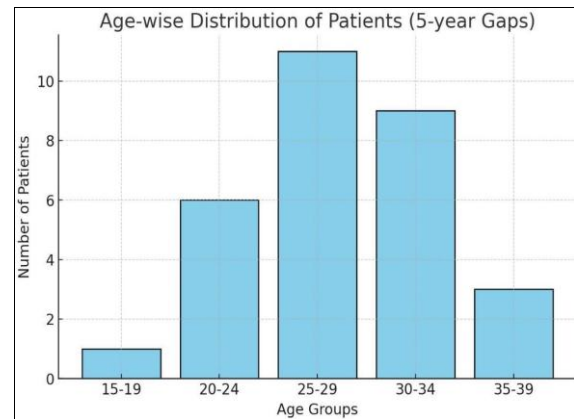


Fig 1: Age wise distribution of cases

### 2. Distribution of cases according to remedies

Sr. No.	Remedies	No. of cases	Percentage (%)
1.	Calc carb	3	10%
2.	Nat mur	10	33.3 %
3.	Lycopodium	2	6.7 %
4.	Sepia	4	13.3 %
5.	Pulsatilla	3	10 %
6.	Ars Alb	1	3.3 %
7.	Phosphorus	4	13.3 %
8.	Nux vom	1	3.3 %
9.	Graphitis	1	3.3 %
10.	Belladonna	1	3.3%
Total		30	100 %

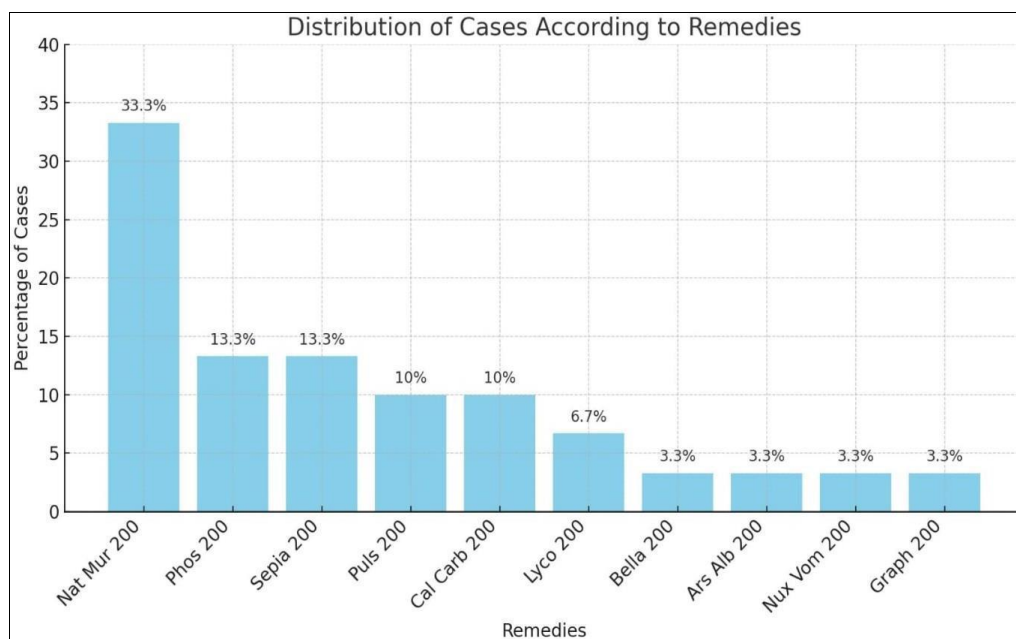


Fig 2: Distribution of cases according to remedies

### 3. Distribution of cases as per the results obtained

Results	No. of cases	Percentage (%)
Improvement	27	907%
Not Improvement	3	10%
Total	30	100%

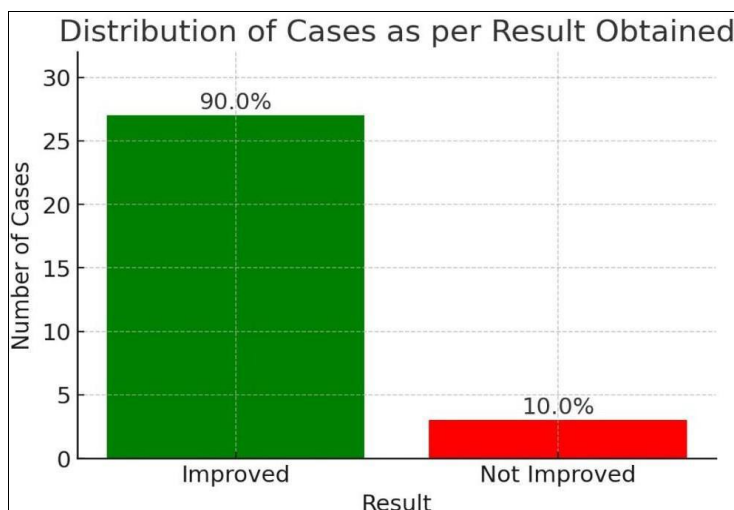


Fig 3: Distribution of cases as per the results obtained

#### 4. Distribution of data according to comparison of score before and after treatment

Sr. No.	Before	After
1	64	44
2	77	51
3	73	51
4	56	50
5	85	50
6	89	58
7	84	57
8	89	58
9	74	51
10	74	62
11	93	60
12	100	63
13	89	59
14	107	69
15	82	58
16	77	49
17	106	59
18	101	63
19	91	65
20	89	61
21	87	79
22	87	62
23	101	88
24	116	70
25	93	66
26	88	62
27	85	58
28	96	62
29	70	52
30	92	62

#### Statistical analysis

To determine whether the data is normally distributed or not, Shapiro-Wilk test was used. The test showed that the data is normally distributed.

**Ho:** Boger Boenninghausen's Characteristics & Repertory is not applicable in management of Pre- Menstrual Syndrome.

**H1:** Boger Boenninghausen's Characteristics & Repertory is applicable in management of Pre-Menstrual Syndrome.

Let  $X_1$  = Score After treatment  $X_2$  = Score before treatment  
 $N$  = Total no. of Observations  
 $d$  = Mean difference between 2 scores  
 $S.D$  = Standard Deviation  
 $S.E$  = Standard error of mean

#### Statistical analysis of data

Sr. No.	Before (X1)	After (X2)	$d=(X_2-X_1)$	$(d-d^-)$	$(d-d^-)^2$
1	64	44	20	-7.2	51.84
2	77	51	26	-1.2	1.44
3	73	51	22	-5.2	27.04
4	56	50	6	-21.2	449.44
5	85	50	35	7.8	60.84
6	89	58	31	3.8	14.44
7	84	57	27	-0.2	0.04
8	89	58	31	3.8	14.44
9	74	51	23	-4.2	17.64
10	74	62	12	-15.2	231.04
11	93	60	33	5.8	33.64
12	100	63	37	9.8	96.04
13	89	59	30	2.8	7.84
14	107	69	38	10.8	116.64
15	82	58	24	-3.2	10.24
16	77	49	28	0.8	0.64
17	106	59	47	19.8	392.04
18	101	63	38	10.8	116.64
19	91	65	26	-1.2	1.44
20	89	61	28	0.8	0.64
21	87	79	8	-19.2	368.64
22	87	62	25	-2.2	4.84
23	101	88	13	-14.2	201.64
24	116	70	46	18.8	353.44
25	93	66	27	-0.2	0.04
26	88	62	26	-1.2	1.44
27	85	58	27	-0.2	0.04
28	96	62	34	6.8	46.24
29	70	52	18	-9.2	84.64
30	92	62	30	2.8	7.84
Total	2615	1799	816		2712.8

N = 30

1.  $\Sigma d = 816$

2. Therefore, mean of that difference  $d^- = \Sigma d \div N$  Hence,  $d^- = 816 \div 30 = 27.2$

3. Degree of freedom =  $Df = N - 1 = 30 - 1 = 29$

4. Variance  $S^2 = \Sigma(d - d^-)^2 \div (N - 1)$

$S^2 = (2712.8 \div 29) = 93.54$

Variance ( $S^2$ ) is 93.54

5. To find Standard deviation (S.D.)

$S.D. = \sqrt{\text{Variance}}$

$= \sqrt{93.54} = 9.67$

6. To find Standard Error (S.E.)

$S.E. = S.D. \div \sqrt{N}$

$= 9.67 \div \sqrt{30}$

$= 9.67 \div 5.47$

$= 1.76$

The given data is quantitative and normally distributed. The sample size is 30. Owing to these reasons, paired t test is used to determine whether the difference between the means is Significant or not. To find the t value, following steps are followed.

1) Calculate the value of t statistics

$t_{\text{stat}} = d^- \div S.E. = 27.2 \div 1.76$

$= 15.45$

2) Now for critical value of t – refer to the value ( $t_{\text{critical}}$ ) in t table at df 29 at level of significance (p) that is  $\alpha$  0.05 for Two-tailed test.

Here t critical is 2.045

3) If  $t_{\text{stat}} > t_{\text{critical}}$  then the null hypothesis is rejected.

If  $t_{\text{stat}} < t_{\text{critical}}$  then the null hypothesis is not rejected.

4) Here, from above calculations,

$t_{\text{stat}} > t_{\text{critical}}$

$15.45 > 2.045$

Hence the null hypothesis is rejected i.e. Boger Boenninghausen's Characteristics & Repertory is not applicable in management of Pre-Menstrual Syndrome.

5) The value of  $p < 0.001$ . Hence the result is significant at  $p < 0.05$ .

## Conclusion

Homoeopathic management of Pre-menstrual Syndrome with the help of homoeopathic medicines given on the basis of totality of symptoms repertorized with the help of Boenninghausens Characteristics and Repertory by Boger helped to reduce the intensity of symptoms of PMS such as pain, tenderness, irritability, mood swings, appetite changes etc.

In this study, indicated remedies – Natrum muriaticum, Sepia, Phosphorus, Pulsatilla, Calcarea carb, Lycopodium, Belladonna, Arsenic album, Nux vomica, Graphitise showed significant improvement in the general condition of the patient along with the presenting complaints narrated by patients.

The statistical analysis showed the results to be significant showing that the homoeopathic intervention actually helped the patients of PMS.

Thus, this study shows that Boenninghausens Characteristics and Repertory By Boger is applicable in management of Pre-Menstrual Syndrome. Also, Homoeopathy has a good scope in the management of Premenstrual syndrome.

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