

Optimising Patient Care through Causative Modality: An Exploration of BBCR and the Elimination Method in Clinical Settings

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ABSTRACT

Background & Objective: Every cause in the universe has an effect. In a similar vein, a contributing factor must exist for a patient to develop any illness. These are the causes of an individual's illness. The presence of an external morbid agent and the patient's susceptibility are the two conditions that must be satisfied for disease to manifest in the body. These outside variables may be chemical, physical, or environmental in nature. Emotions have a significant role in the causal process. The purpose of this study was to assess the significance of causal mode in homoeopathy utilising the elimination technique and BBCR.

Methods: 10 patients with the causative modality of all the age groups and both sexes are carefully selected from the OPD, IPD, and peripheral centres of MNR Homoeopathic Medical College and Hospital, ensuring they meet the inclusion and exclusion criteria. The status of improvement of the patients is assessed using a self-structured questionnaire.

Results: Patients showed an effective improvement in their conditions after receiving remedies selected through the elimination method using causative rubrics.

Conclusion: The study found that causative modalities help identify the similimum

through the elimination method, with patients showing marked improvement. This supports the hypothesis that causative modalities can play a vital role in identifying the similimum through the elimination method.

Keywords: Causation, Aetiology, Causative modality, Elimination method.

INTRODUCTION

It should be evident that when we thoroughly comprehend the specific function that each of the several factors that contribute to a phenomenon's occurrence and persistence plays, we can effectively handle it. The cause-and-effect phenomenon exists everywhere, including in the medical field. Therefore, a thorough examination of the fundamental causes—the source of suffering—is crucial for managing and eliminating sickness.^[1]

Hahnemann, a brilliant physician, created a precise way to find and use remedies for human illness. He also looked deeper, trying to find the root cause, the ultimate cause of all sickness, i.e., Causa-Causorum. He believed this primary cause, which he called the miasm, was a demonstrable and recognisable source of suffering and destruction within us. He says to remove the

cause, and the disease will be cured, i.e., Tolle causm. [2,3]

In reality, different illnesses in one individual were connected by a shared underlying cause, which Hahnemann referred to as a miasm or chronic illness. This miasm is thought to be the "ultimate cause" of a person's chronic illnesses and represents a basic predisposition to particular disorders. According to this perspective, acute disease is merely a continuation of the individual's constitutional status, which is dictated by the miasm. [2,3]

Definition of Aetiology

The study of the causes of any illness is known as aetiology, and it is the culmination of all known causes. Finding and identifying the causes of a disease is not the primary focus of aetiology. It appropriately focuses on taking into account causative variables in a disease's pathogenesis so that the physician may provide a complete picture of the disease's progression throughout all of its stages. [1]

Causative factors can be classified as:

I. Precipitating factors → It is an acute, immediate event or exposure that triggers the onset of a disease condition. These are related to causation in acute prescriptions.

II. Predisposing factors → these are the fundamental factors, continuing flaws that render an individual susceptible to a disease condition. These are related to constitutional and anti-miasmatic prescriptions.

III. Maintaining factors → these are the factors that, when avoided, will restore health. These are to be carefully considered for constitutional prescription, along with the avoidance of harmful factors. [1]

Hahnemann's View of Causation

For a patient to acquire any illness, a cause must exist. These causes are the factors responsible for the disease occurring in an individual. [1,4] Disease occurs in the body only when two conditions are fulfilled: the presence of an external morbid agent and the patient's susceptibility. If a person's

susceptibility is good, even when the external morbid agent is present, it would not affect the person. If the person's susceptibility is low, only then can the external morbid agent influence the person and cause the disease.

According to Hahnemann's Theory of Chronic Diseases, a person's vulnerable constitution makes inherited influences and predispositions a significant factor in the illness. [1] He determined the significance of an individual's vulnerability and the conditional impact of causative organisms on it. He was against both treatments and the materialistic notion of causality.

Causation of disease and vital principle

Master Hahnemann introduced the concept of vital force in Aphorisms 9-17 in the 5th edition of Organon of Medicine. It is changed to vital principle in the 6th edition of the Organon of Medicine.

Cell theory, gene theory, evolution, homeostasis, and thermodynamics are the five basic biological processes that combine to form life, according to Hahnemann's "vital principle" theory.

A living organism is created when these processes cooperate with one another. However, the organism's equilibrium is upset and sickness results if any of them are disturbed, such as by a viral infection, poor habits, or external circumstances. These external influences disturb the body's basic functions, which leads to illness rather than directly causing the disease. The elimination of these causes or the reversal of their effects may be the first step toward the restoration of health. [5]

Types of Causes

Master Hahnemann addresses in Aphorism 4 that the physician is a preserver of health if he is aware of the factors that are causing an illness and also how to eliminate it from healthy people. [2,6]

He explains in Aphorism 5 that to cure an acute disease, the particulars of the relevant exciting cause should be picked up. For a cure of chronic disease, the most important

points in the whole history should be considered to discover the fundamental cause, which is generally due to a chronic miasm.

In Aphorism 7, Hahnemann makes a twofold classification of diseases according to one group associated with a manifest exciting or maintaining cause (*causa occasionalis*) and the other not associated with such perceptible causative factors. With regards to the former group of diseases, he explains in the footnote attached to this section that in the case of Indisposition, an exciting cause must be removed so that it ceases spontaneously. In the cases of diseases due to a maintaining cause, it must be regarded as having the possibility of miasm in the disease, and attention should be paid to the accessory circumstances. [2,6]

In Aphorism 225, he discusses that while many emotional disorders originate from physical conditions, some emotional diseases (such as persistent worry, anxiety, wrath, or excessive fear) originate solely in the mind. Long-term emotional stress is the main cause of these situations, even while the body is initially well or only mildly ill. The body's physical health will eventually suffer significant harm due to these strong mental illnesses. [2,6]

Boger's View of Causation

Boger has given the expressions' time and causality a proper place and significance. He believes that in both cases and medicine, causation and time variables are more certain and trustworthy. He places greater emphasis on causation because causes are the factors that either initiate or modify the disease state and are crucial indicators when selecting a course of treatment. [7] They are followed by general modalities (mental and physical), general sensations (pathological generals and physical generals), which hold the key to the remedy as well as in the person. [8-10]

About the causation, he comments, "Whether the causation comes from without or arises from within, the homoeopathic

similimum cannot be chosen with safety without taking them into account" And about modalities, he states, "They individualize and define every sickness as well as every drug, hence the most suitable medicine cannot be chosen while they remain unknown." [8-10]

According to Boger, the best way to record the essence of clinical symptoms is to invite the patient, if possible, to share his own narrative. This can be more precisely described by the observer, who should first attempt to elicit the obvious cause and course of the illness as well as the modalities that are interfering with the patient's comfort. [7,9,10]

So, according to him, the causative factors and the general modalities, especially in relation to the period of occurrence, are of most importance. [9,10]

Ideology of Dr Boger in relation to →

Cause:

He says diseases can arise from internal factors or external factors. Diseases of internal cause are due to natural disposition, and diseases of external cause are due to external influences that excite the disease when there is already a natural predisposition in man. This predisposition makes the person more susceptible to certain kinds of illnesses. [7,9]

Modalities:

He says, the modalities are the appropriate and most important modifiers of the characteristics; none of them, not even the negative ones, are completely useless. They have evolved in conjunction with the expansion of homoeopathy. They help in a better differentiation of remedies to arrive at the similimum. [10,11]

Methods of Repertorization using BCCR

Boger gives more importance to causation and general modalities followed by general sensations. He says it is the case that decides the method to be applied to select the similimum, not the physician.

The selection of the method is entirely based on the availability of data in a case.

Totality to be considered while using Causative Modalities in the First Place

If the case has clear causative modalities and other expressions, which are listed below in accordance with the hierarchy, this approach would be helpful.

Causative Modalities (A.F) - Mental and physical, i.e., Fear, excitement, getting wet, etc.

- Other Modalities - Agg. - Mental and physical Amel. - Mental and physical
- Physical generals
- Concomitants
- Location and Sensations. [7,8,11]

Eliminating Method

Dr M. L. Tyler introduced these symptoms in repertorization. [8,12] The elimination technique is giving the patient only the necessary medications and removing any that are not required. [13] When choosing an eliminating symptom, we must make sure that the patient's most noticeable symptom - without which the case cannot be considered—is chosen. [12] It should take into account the individual as a whole rather than just their external expressions. [14] During repertorizing, the eliminating symptom is placed above each of the subsequent symptoms. As a result, the drugs for the additional symptoms that are not related to the initial illness will be ceased immediately. [13,14]

Eliminating symptoms is always chosen from symptoms of man, and when a patient does not exhibit symptoms, there are generic physical symptoms taken into consideration. It must be the keynote symptom. [11,13] By this, many remedies get eliminated at once, and one can easily arrive at the similimum. For a skilled homoeopathic physician, these symptoms are the best to start when repertorizing a case and are among the safest shortcuts because it saves time by separating the treatments by eliminating them. [14,1] One should be very careful in selecting a

symptom to be used as an eliminative symptom. Eliminating symptoms should be an important general symptom.

According to Boger, the cause should be prioritised the most, and when using an elimination method, the symptom that is given the most importance should be used as an eliminating symptom. So, in this study, causative modality is taken as eliminating symptom.

MATERIALS & METHODS

- **Study Setting, Participants, and Design:** The study was a prospective interventional study conducted at the OPD, IPD, and peripheral centres of MNR Homoeopathic Medical College and Hospital. It included 10 participants from all age groups and both sexes.
- **Inclusive Criteria:**
 - Patients presenting with causative modalities of all age groups and both sexes.
 - Patients who are willing to give consent for continuous follow-up throughout the study period.
- **Exclusion Criteria:**
 - Patients who have systemic complications.
 - Patients who require emergency medical treatment.
- **Data Collection:** Patients were given a thorough explanation of the study before it started, and formal informed consent was acquired. They were educated about the questionnaire before the study. Information was gathered through a standard case-taking format, clinical examinations, and diagnosis was done through clinical findings and diagnostic criteria. After forming totality, repertorization is done for all 10 cases by considering causative modality as the most important symptom, eliminating symptom and final similimum was given. The choice of dosage and repetition is determined by the patient's susceptibility and individual response to treatment. Regular follow-up of the

cases is conducted - 1 week for acute cases and 15 days for chronic cases.

A self-structured questionnaire was created especially for this study in order to monitor patient development and evaluate the clinical usefulness of various modalities. The tool was created to assess progress in five important domains: the severity of symptoms, the frequency of symptoms, the appearance of related symptoms, alterations in the patient's overall health, and objective physical examination results. The instrument was subjected to content and face validation by a group of subject matter experts in the field to guarantee its dependability and applicability to homoeopathic therapeutic practice. This questionnaire served as the primary metric for comparing the status of improvement before and after treatment using BBCR through the elimination method.

This questionnaire was given to the patients in the first visit before the treatment and after the first follow-up of the study. The primary object of this study is to determine whether there has been any improvement following the prescription that was given based on the causative modality. Before and after the treatment, three marks indicate severe, two marks indicate moderate, and one mark indicates mild symptoms, whereas improvement in the symptoms is marked as zero. After adding the score, the total score between 0-9 post-treatment indicates marked improvement of the patient's symptoms; 10-18 implies moderate improvement, and 19-27 indicates mild improvement.

- **Sample Size:** The study involved a sample size of 10 patients using a simple random sampling method.

Self-Structured Questionnaire: Before / After

Table 1. Self-structured questionnaire for assessing the status of improvement in the patient

S. No	Domains	Severe 3	Moderate 2	Mild 1	Not at all / Improved 0
1.	Intensity of symptoms				
2.	Frequency and appearance of symptoms				
3.	Appearance of associated symptoms				
4.	General condition				
	Appetite				
	Thirst				
	Bowels				
	Micturition				
5.	Sleep				
	Physical examination				
	Total Score				

Statistical Analysis

Data analysis was performed using a paired t-test using SPSS software to compare pre- and post-treatment scores. The mean difference ($d = 7.1$) and standard error ($SE = 1.954$) were calculated to determine the t-value (3.634) and p-value.

RESULT

P-value was found to be statistically significant ($p < 0.0055$). Patients showed

marked improvement in their conditions after receiving remedies selected through the elimination method using causative rubrics. This shows that causative modalities are a very effective and reliable method for finding out the similitum through the elimination method.

Nature of Disease:

Table 2. Nature of Disease

Nature of Disease	No. of Patients	Percentage
Acute	6	60
Chronic	3	30
Acute Exacerbation of Chronic	1	10

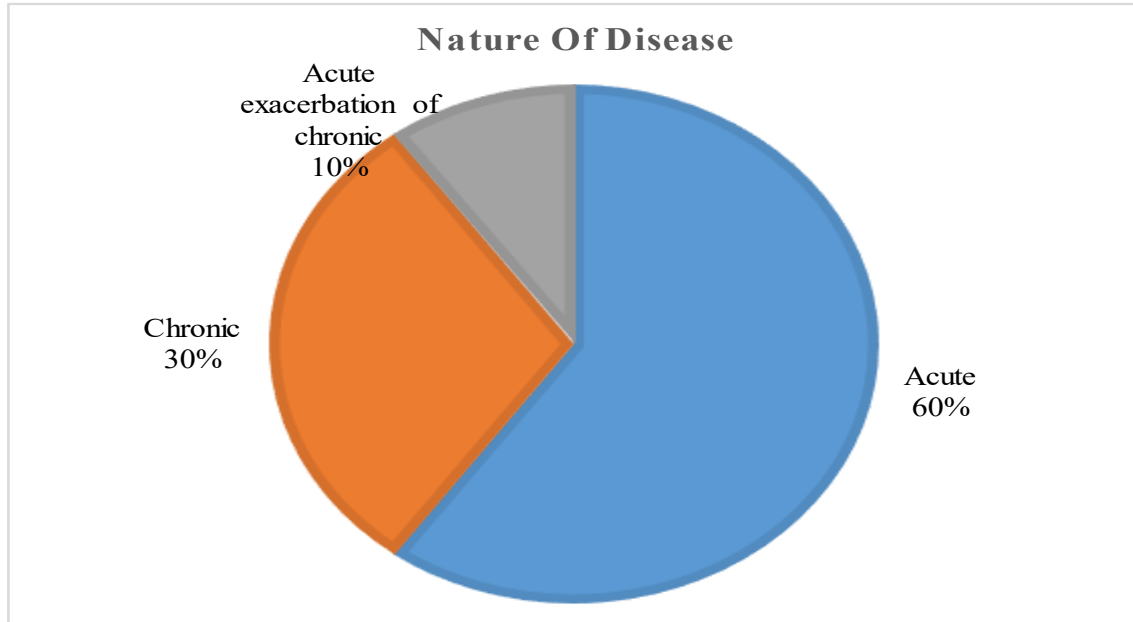


Fig. 1 Graph showing the nature of the disease

Correlation of Disease and Cause:

Table 3. Correlation of Disease – Cause

Disease	Cause	No. of Patients	Percentage
Acute	Exciting	5	50
Acute	Maintaining	0	0
Chronic	Exciting	2	20
Chronic	Maintaining	3	30

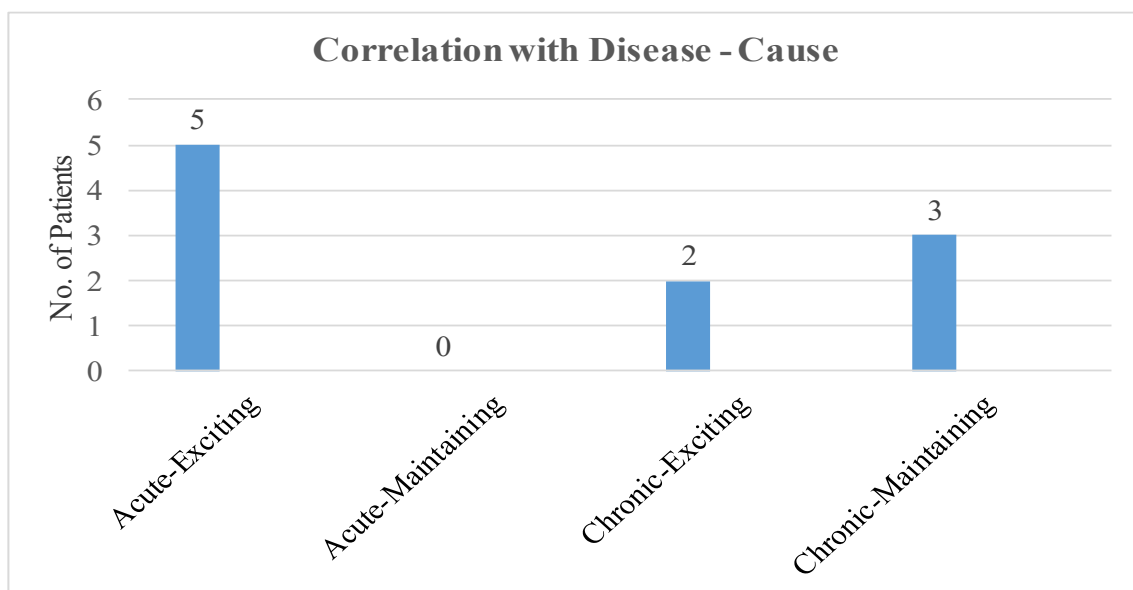


Fig. 2 Graph showing the Correlation of Disease-Cause

Indicated Remedies

Table 4. Indicated Remedies

Remedies	No. of Patients	Percentage
Arsenicum album	3	30
Belladonna	1	10
Calcarea carb	1	10
Rhus tox	3	30
Sulphur	2	20

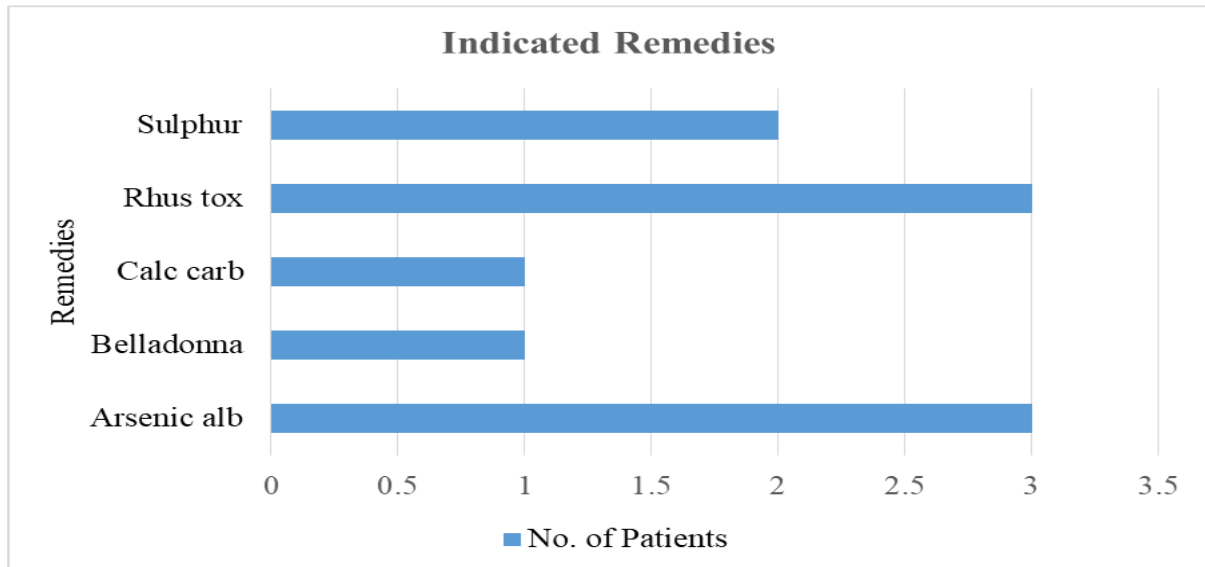


Fig. 3 Graph showing indicated remedies.

Status of Improvement

Table 5. Status of Improvement

Status of Improvement	No. of Patients	Percentage
Worse	1	10
Mild	1	10
Moderate	2	20
Marked	6	60

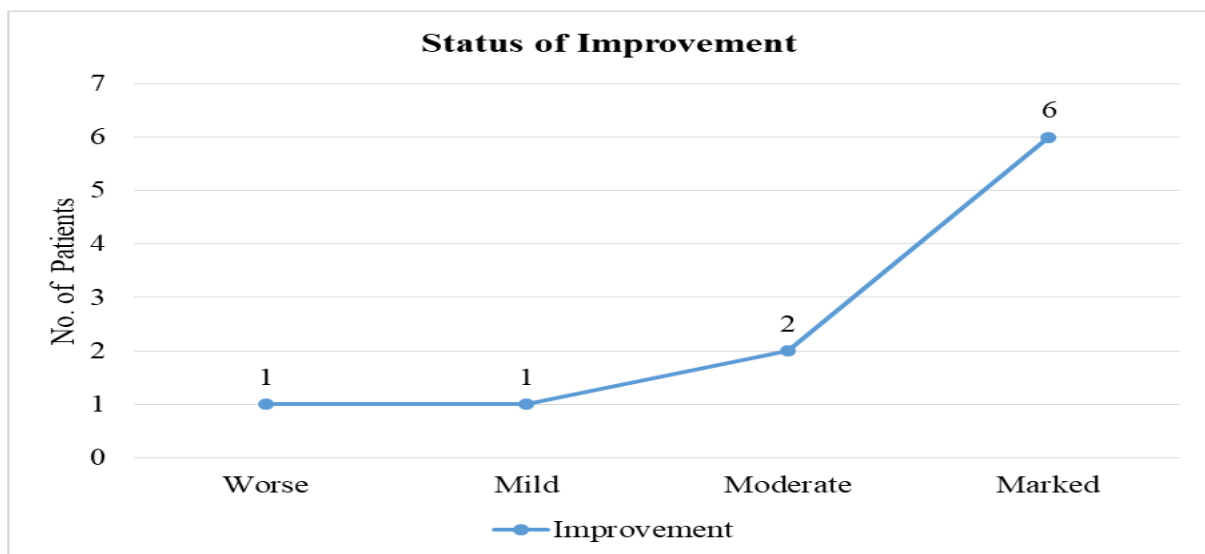


Fig. 4 Graph showing Improvement status

DISCUSSION

The study was conducted among patients attending the outpatient department and peripheral centres of MNR Homoeopathic Medical College and Hospital, Sangareddy, Telangana. A total of 10 patients were selected according to predefined inclusion and exclusion criteria and were followed up regularly. Each patient received an individualised homoeopathic remedy in accordance with the principles of homoeopathy, considering causative modality as an eliminating symptom. The status of improvement was measured using a self-structured questionnaire before and after the treatment. Statistical analysis was subsequently performed using the data collected from all 10 cases.

The present study showed that among 10 patients, 6 patients (60%) suffered from acute illness, 3 people (30%) suffered from chronic illness and 1 patient (10%) suffered from acute exacerbation of chronic illness. Out of 10 patients, 5 patients (50%) had an acute condition with exciting cause, 2 patients (20%) had chronic illness with exciting cause, and 3 patients (30%) had chronic illness with maintaining cause. Among 10 individuals studied, Arsenicum album and Rhus tox were the most frequently indicated remedies, each in 3 cases respectively (60%), Belladonna and Calc carb each in 1 case (20%) and Sulphur in 2 cases (20%). 6 patients (60%) showed marked improvement, 2 patients (20%) showed moderate improvement, and 2 patients (20%) showed mild and worse improvement, respectively.

There are similar studies done on the utility of causation in various conditions in different parts of India. A study done on Utility of Causative Rubrics from the Essential Synthesis Repertory in the management of Acute Diseases with total of 100 cases were selected, out of which causes like, exciting - physical in 75 subjects (71.4%) seen, generals - food and drinks used in 23 (21.1%) subjects, associated disposition - change in thirst in 47 subjects (33.3%) seen. Among them, 88

subjects recovered, 10 subjects improved, and 2 subjects have not shown any improvement. ^[4]

A study was also done on the Utility of Concept of Causation in Homoeopathic Management of Irritable Bowel Syndrome, conducted by P. Meghashree (2020). Their trial, involving 45 patients with clinically confirmed symptomatic cases of IBS considering causation as a key symptom based on homoeopathic principles with fixed criteria to know the status of improvement: recovered, improved and not improved. At the end of the study, it was observed that 34 patients recovered (75.56%), 10 improved (22.2%), and 1 did not improve (2.2%) out of 45 patients. The significant difference ($p < 0.05$) was found in the study subjects before and after the study by applying a paired t-test. This suggested that the concept of causation was very effective in the management of irritable bowel syndrome. ^[15]

A prospective observational study with 27 cases was also conducted by Uma Maheshwari and Arun Varghese to assess the effectiveness of causative rubrics in treating Acute Rhinitis using the Repertory of Causation by J.H. Clarke. The rhinitis control assessment test scale was used for statistical analysis. Remedies were selected on the basis of ailments from factors. The study showed that most of the causative factors are exposure to cold wind and having ice foods (14.8%). Most of the cases were indicated with the Arsenicum album (29.6%), which coincides with the present study. P-value is less than 0.05, considered to be extremely significant. This suggests the effectiveness of prescribing Homoeopathic remedies in acute rhinitis, depending upon causative rubrics using the repertory of causation by J.H. Clarke. ^[16]

The present study coincides with the findings of the previous studies in terms of the exciting cause and status of improvement. The study demonstrated that causative modalities were effective in prescribing similimum, especially treating the exciting cause. This supports the

hypothesis that causative modalities can play a vital role in identifying the similimum through the eliminative method. The research confirms the utility of Boger's approach, where the cause is prioritised as the most important symptom for elimination.

Although the studies were done considering causation as a primary symptom in showing the effectiveness, the studies were not taken up using the BCCR, especially using the elimination method. Since there is limited research that applies Boger's approach's elimination method, this made me take up the study.

CONCLUSION

The study demonstrated that causative modalities were effective in prescribing similimum, especially in treating exciting causes. However, the study had limitations such as a small sample size and a lack of a control group. Future researchers should address these limitations to further validate the findings.

Overall, the study concludes the effectiveness of the utility of causative modalities in prescribing similimum, but further research is needed to confirm these findings and address methodological concerns.

Declaration by Authors

Ethical Approval: Approval was obtained from the Institutional Ethical Committee of MNR Homoeopathic Medical College and Hospital before the initiation of the study.

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