



Rediscovering the Relevance of Boenninghausen and Boger's Concepts – Part II

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Introduction

By far the best disciple of *Boenninghausen* was none other than *Dr. C. M. Boger*. He was a man of few words, and a genius. He put a lot of his insights in very few words, which made it difficult for even English speaking homeopaths to understand and apply them. This unfortunately has been the biggest shortcoming of *Dr. Boger's* teachings. In the present article I have made an attempt to bring out these insights – broadened and simplified to the best of my understanding – so that any sincere homeopath can comprehend them.

Since I knew that his writings were difficult to grasp, I started directly to delve into his original cases. After solving several of these original cases I began to see a pattern running through them. It is only after these observations that I began to read his concepts. It required me to patiently read his essays several times over before I could be sure of what he had to say.

To begin this study let us examine the most criticized aspect of *Boenninghausen's* teaching.

“The liberal generalization of symptoms and the resultant structure of Boenninghausen's Therapeutic Pocket Book (i.e. no mention of modalities in individual sections).”

Dr. Boger worked upon this conceptual lacuna and the criticism right at the very onset. In the foreword of *Boger-Boenninghausen's Characteristics and Repertory* (BCCR) by *Dr. Roberts* we can find this:

“It may be said ... that those homoeopathic students who have criticized Boenninghausen's Therapeutic Pocket Book on the grounds that there have been no differentiations between general and particular modalities, cannot find this fault with the Characteristics and Repertory, inasmuch as this work, like its predecessor, the Repertory of the Antipsorics has the modalities for each part assembled at the end of the

section of the repertory devoted to that part, as well as a section ... devoted to general modalities.” (By *H. G. Roberts* in *Boger-Boenninghausen's Characteristics and Repertory*, *B. Jain Publishers*, reprint edition 1991).

Discussion: *Boger* considered this criticism valuable and thought it needed to be worked upon, hence this change in the structure of the *Boger-Boenninghausen's Characteristics and Repertory* (BCCR), although, one has to also consider the fact that *Boenninghausen's “Repertory of Antipsorics”* had the same structure. Furthermore, unlike *Kent* – who was very strict as regards to when to generalize, *Boger* was still fairly liberal. We can see this by the following example of rubrics from the BCCR and compare them with the structure of rubrics of *Kent's Repertory* (see Table 1).

From the above illustrations one observes that *Boger* in BCCR has separated out the modalities from the sensations in a region, whereas *Kent* continues to keep the modality attached to a specific sensation, as well as giving a general rubric for the modality within the region.

This also implies that in BCCR, the modalities are not just valid for one specific sensation, but for any sensations. Here therefore, *Boger* is rather liberal in generalizing the modality within the region itself.

The advantage is obvious from the above example – the number of remedies that you consider is larger, thereby increasing the chances of hitting the right similitum.

Further, there is yet another advantage in doing this. It broadens the portrait of the remedy well beyond the boundaries of the proving. It extrapolates the action of the remedy within the same region, thus widening its clinical usage. All this without sacrificing an iota of accuracy of the data. I believe *Boger* realized the fact that sticking too literally to the symptoms appearing in the proving cramps the application of our drugs. Further, it also implies that *Boger* saw a *pattern of affection of the remedy*, rather than mere symptoms. Once this pattern is learnt, one can extrapolate the existence of the same essential pattern across the region and the remedy.

On the same lines, anyone who has handled BCCR several times will realize that it is to date the only repertory that *brings forth a portrait* of the remedies to be considered after repertorisation, rather than a mere symptom list.

Thus, *Boger* has through BCCR very effectively dealt with the criticism towards apparent overgeneralization.

The next step then is to try and see how he has dealt with this issue of generalization in his actual cases.

Generalization in a Case: Example¹

Case 1

- Shaking chill, starts at base of neck & goes down, everyday at 8–9 am or at 12 noon; drawing in abdomen during chill.

¹ Most cases were solved without knowing the solution given by *Boger*. The exercise of studying the gap between my solution and the actuality given by *Boger* was done rigorously for several cases. This over a long period of time resulted in gradual alignment of my perspective with *Boger's* viewpoint. The complete depiction of this exercise is well beyond the scope of this article, hence only a part of it is reproduced. Several points under “Discussion” are distillates of this exercise, and thus might have a reasonable degree of my subjectivity.

SUMMARY

Includes *Boger's* understanding and elaboration on concepts laid down by *Hahnemann* and *Boenninghausen*. Further practical application of various theoretical aspects pointed out by *Hahnemann*.

KEYWORDS *Boger*, Generalization, Past history, Prodrome, Evaluation, Portrait, *Belladonna*, *Plumbum*, *Staphysagria*



Table 1 COMPARISON: KENT'S REPERTORY & BBCR.

KENT'S REPERTORY	BBCR REPERTORY
Head; PAIN; boring; air; cold; amel (2) phos. thuj.	Head; BORING IN GENERAL; (36) agar, am-c, ang, ant-c, arg-n, ars, aur, bell, CALC, canth, carb-an, CAUST, cocc, coloc, DULC, HEP, ign, lach, laur, LYC, mag-c, nat-s, onld, petr, plat, PULS, sabin, seneg, SEP, sil, spig, stann, staph, tab, thuj, zinc,
Head; PAIN; boring; forehead; cold application amel (1) colch.	Head; INTERNAL; AMELIORATION; COLD APPLICATIONS WATER; (17) ALOE, ant-t, APIS, ars, asar, bry, calc, calc-p, cham, cimic, cycl, euphr, glon, kali-bi, NAT-M, nit-ac, zinc.
	Head; INTERNAL; AMELIORATION; COLD IN THE; (1) seneg.
	Head; INTERNAL; AMELIORATION; AIR COLD; (3) arg-n, phos, seneg.
Stomach; CONSTRICTION; inspiration; on (1) viol-t.	Stomach; STOMACH; CONSTRICTION BAND; (39) alum, arn, ars, CALC, canth, chin, chin-s, cocc, coc-c, dig, dros, euph, ferr, fl-ac, guai, kali-bi, kali-c, kali-n, lob, LYC, merc, nat-m, nit-ac, NUX-V, op, phos, PLAT, plb, puls, ran-s, rheum, rhod, sars, sep, sil, spong, sul-ac, SULPH, tell,
	Stomach; AGGRAVATION; INSPIRATION DURING; (19) arg-n, asar, bar-c, bry, canth, carb-an, chel, chin, con, KALI-AR, lyc, merc, mez, mosch, sep, stront-c, sulph, viol-t, zinc,

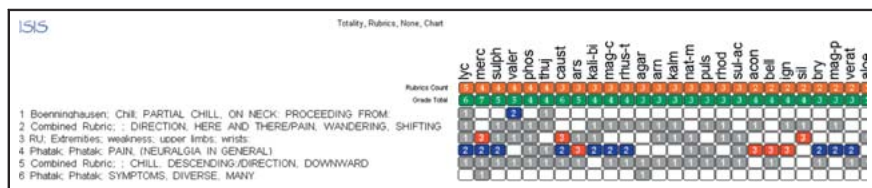


Fig. 1 Repertorial sheet case-1.

- **Concomitants:** Cramp in bowels. Dry mouth. Pain in left infra-mammary region. Pains that shift rapidly. Weak sensation in wrists. Constriction in right side of head, and in right knee. Head heavy. General weakness.

Remedy: Valerian 1MK cured.

My working: see Fig. 1

I had chosen the first rubric “Partial chill on Neck, proceeding from” as an eliminating rubric.

Note the generalizations that are done:

- Pain direction here and there/pain wandering-shifting.
- Pain neuralgia.
- Symptoms diverse, many.
- Further note, the time modalities were not at all considered in the totality, yet Valerian comes up high in the reportorial sheet. Here, I would point to the fact that it is important to focus on the background nature of the case and of the remedy rather than just one symptom or symptom type.
- The choice of symptoms to be the eliminator was made due to its peculiar character, nevertheless without overlooking the basic nature of the case.
- Valerian from Phatak’s Materia Medica:

- “Over-sensitiveness of NERVES; spinal; genitourinary. Mental and physical dispositions change suddenly; and go to extreme. Pains are darting, tearing; move outwards; are felt here and there or come and go; jump from one place to another. Weak; single parts; eyes; arms, wrists; popliteal etc.”
- Note the generalization that Boger has done at various levels in understanding the remedy. Especially note the generalization to a common point of mind and body right at the beginning of the remedy.
- This case was one of my earliest cases of Boger, which I attempted to solve and it intrigued me to no end, which is the reason it appears right at the onset of the article. I have tried to share the insight I got in those moments with the readers. The rest of the essay is a refinement of the faint insight that flashed on my mind.

From the above illustrations we see that Boger insists on generalization in his cases, but wherever he can see a common strand running in the disease portrait. Thus, the ability of generalization is only limited by the ability of the physician to see the common strand amongst the symptoms of the diseases. Similarly, his ability to see the

common strand running in the remedy portrait!

Assuming that this retrospective conclusion as regards to generalization is true, one can see that Boeninghausen had developed that level of insight in remedy and illness portraits that it was possible for him to see the whole pattern of affection through mere fragmentary symptoms found scattered across the anatomical locations or historical chronology of illness of the patient. This would then, to another homeopath with lesser-developed abilities to see the whole, appear as overdoing generalization. With all due respect to Kent and his contributions, I believe he was yet to develop that faculty to see the whole from mere fragments.

Let us now examine how Boger actually carried forward the concept of generalization into his remedies from the “Synoptic Materia Medica”.

Examples of Boger’s Concept of Generalization

Belladonna

Dr. Boger describes for Belladonna: “Plethoric, brainy,” – as the opening statement for the remedy.

Let us consider the following symptoms of Belladonna from the materia medica and provings:

1. On awaking beating of blood vessels in the head and in most parts of the body. [MM Pura]
2. Great swelling of the head and redness all over the body. [MM Pura]
3. Scarlet redness of the skin of the body, especially of the face, with marked activity of the brain.
4. The eyes are distorted, with redness and swelling of face. [MM Pura]
5. Chilliness, especially on the arms, with goose-skin, on undressing; at the same time redness and heat of ears and nose.
6. Redness of the whole body, with quick pulse.
7. Feels the beating of the cervical arteries. [Kr.]
8. Painless throbbing and beating in the pit of the stomach.
9. In the morning on waking a beating of the arteries in the head, and in all parts of the body. [Kr.]
10. Great heat of the body, more violent and more frequent pulsations of the ar-



teries, especially of the temporal, with stupid feeling of the head, followed by profuse sweat.

11. Throbbing pain in the lower eyelids towards the inner canthus, with great inflammatory swelling at that point, with much lachrymation, for half an hour.
12. Throbbing on the lower border of the lower jaw.
13. Heat in the gums; itching and throbbing in them.
14. A throbbing pain under the sternum above the scrobiculus cordis.
15. Great restlessness and throbbing in the chest.
16. A fluctuating throbbing pain on the upper and inner part of the left thigh.

Further, the literal meanings of the words are:

A) *Plethora*: – to be full

- the state of being too full; overabundance; excess
- an abnormal condition characterized by an excess of blood in the circulatory system or in some part of it

Plethoric means characterized by excess or profusion; turgid; inflated.

B) *Brainy* means intelligent

Phatak says: "Its influence is felt more in intelligent and plethoric persons who are jovial and entertaining when well but violent when sick therefore a great children's remedy." From this description one can realize that with an abundance of blood supply to the brain, there is a *selective development of the organ* making the child very intelligent and also very excitable- therefore jovial- an angel when well. This same excitability turns into a devilish excitement when he falls ill as if throwing the system overboard.

A careful study of the sphere of action of the remedy indicates that the brain is the chief location of the remedy and is marked in bold. The next in importance of location is the circulatory system and capillaries.

If these locations are considered along with the word "Plethoric" – it talks of the mechanism by which the remedy affects the circulatory system – it causes fullness, excessive accumulation of blood, *what we know as congestion*. This correlation is important as one could have the circulatory system as the dominant sphere of action in a remedy,

but it could affect the circulation in a different way.

A study of the above-mentioned symptoms of the remedy will clearly show that plethora or "abnormally excessive congestion" is the chief and a *mandatory expression* of the *Belladonna* disease. It is very much expressed at each and every local region and the altered mental symptoms are clearly due to the underlying engorgement of the vasculature. Congestion of the head or plethora to the head is seen as a very consistent concomitant whenever the expression of the illness is localized in other regions of the body. Also there is a strong tendency for all the blood to ascend and engorge the head- and the engorgement is of no ordinary level- but to a dangerous level, threatening to destroy the brain tissue.

Staphysagria

Boger describes the *Staphysagria* state as being: "Morbidly sensitive, **easily offended**".

Let us look up the following symptoms of the proving:

1. Hypochondriasis; apathy; weak memory; caused by unmerited insults, sexual excesses, or by persistently dwelling on sexual subjects. (1)
2. Suffering from pride, envy or chagrin.
3. Very sensitive to least impression; least word that seems wrong hurts her very much. (3)
4. Ailments from indignation and vexation, or reserved displeasure; **sleeplessness**. (2)
5. Suitable in cases where complaints come from pent up wrath, suppressed anger, suppressed feelings The person becomes **speechless from suppressed indignation**; anger with indignation. (4)
6. Complaints brought on by these causes; irritable bladder with frequent urging to urinate lasting many days after suppressed wrath after insults. (4)
7. A gentleman comes in contact with one beneath his station and an altercation takes place; an argument which ends in insult and the gentleman turns his back on the other. (4)
8. He goes home and suffers; he does not speak it out but controls it and then suffers from it. (4)
9. He has sleepless nights and many days of fatigue, brain-fag; for days and weeks he cannot add nor subtract, makes mistakes in writing and speaking, has irritability of the bladder, colic, etc. (4)

10. The decayed teeth are **sensitive to the slightest touch**, and **if the smallest portion of food remains** in their cavities after eating, there occurs a **violent pain** extending into the roots, and the gums around the teeth are the seat of sore pain. [Htn.²] (5)

11. ... a pressure on the crowns of the painful teeth towards their roots; **on touching with the finger, the other teeth also commence to ache** (aft. 9 d.) [Fz.³] (5)
12. Toothache caused by drawing air into the mouth. (6).
13. **Spasmodic cutting** in the abdomen with trembling of the knees; by day, on **the slightest movement**, particularly severe after urinating; in the evening, **cutting even without moving**, which became better on crouching together. (5)
14. Aching pain on the left testicle when walking, as also whenever it is rubbed; the pain is more violent on touching it. (5)
15. A soft moist growth in the fossa, behind the corona glandis, and a similar one on the glans itself, in both of which itching is caused by the rubbing of the shirt. (6)
16. Hemiplegia after anger. (7)
17. A beating palpitation on slight motion. (6)
18. Palpitation while walking, and when listening to music.
19. On the forearm a red elevation, in the middle of which is a pustule, with burning pain during rest, still more painful, like a boil, when touched. (6)
20. Lacerated or incised wounds of cornea; after operation for a cataract. (2) **Caries of lower jaw**, following osteitis, latter is being **brought about by injury to jaw bone** during extraction of a **carious tooth**. (2) **Dentition: child very sensitive to mental or physical impressions; winces and shrinks from every wry look or harsh word, and cries from least pain; pale white appearance of gums, which are tender to touch**;
21. Biliary colic, after domestic disturbances; after indignation. (2)
22. Sufferings of pot-bellied children, with much colic and humid scald-head; pains caused by a fit of chagrin or indisposition of nurse... (2)
23. Amenorrhoea in consequence of chagrin with severe indignation. (2)

² Hartmann – Hahnemann's prover.

³ Franz – Hahnemann's prover.



24. Sensation of constriction and pressure in throat pit after anger, < when swallowing. (2)

Further, the dictionary meanings of the words are:

Morbid:

L. *morbidus*, sickly, diseased *morbus*, disease, **to rub, wear away, destroy**, lifeless.

- of, having, or caused by disease; unhealthy; diseased
- resulting from or as from a diseased state of mind; esp., having or showing an unwholesome tendency to dwell on gruesome or gloomy matters
- gruesome; grisly; horrible! The *morbid* details of a story

Taking into consideration the meaning of the words used, it appears that the sensitivity of the remedy is almost to a *pathological degree, which can make one ill*. This sensitivity percolates through the psyche as well as the physique of the remedy.

The listing would be sufficient to convey that “*Morbid Sensitivity*” is the red strand running across the remedy’s mind as well as the body.

I wish to bring to note especially two symptoms: **a) Hemiplegia after anger**, and **b) Caries of lower jaw after injury**. Both of these symptoms explicitly mention the morbidity of this remedy.

Plumbum

Boger says: “Retraction, anus, testes, navel, etc. **Violent contraction.**”

Consider these:

1. **Constriction** about the epigastric region. (6)
2. **Sense of constriction** about the epigastric and throat. (6)
3. **Contraction** of the stomach.
4. **Tightness** of the epigastric. (6)
5. **Tightness** in the pit of the stomach. (6)
6. Pressure and tightness about the stomach. (6)
7. **Violent pressure** in the epigastric region. (6)
8. **Pressure** in the stomach, as if it were **pressed by a hundredweight**. (6)
9. Uncomfortable **weight in stomach**, accompanied by eructations. (6)
10. **Constrictive burning pains** in the stomach, and afterwards in the umbilical region, occurring at longer or shorter intervals. (6)

11. Colic pains at the epigastric and umbilicus, **twisting**, constant, but worse by paroxysms, during which **her face is distorted**, she utters grievous cries, lies on the belly, **doubles herself up**, ties handkerchiefs tightly round her, gets up and walks the room, etc.; but no position entirely relieves. (6)
12. **Severe twisting pain** in the epigastric, coming on paroxysmally every five minutes, and diminished by pressure. (6)
13. Pressive, tensive constrictive pain in the epigastric region. (6)
14. Severe gastric and abdominal **cramps**. (6)
15. A sensation of the stomach and bowels, being **strongly drawn upwards and backwards**. Frequent **empty retching**, with eructations of thin white mucus or greenish bitter fluid. (6)
16. Frequent **retching**. (6)
17. Extreme efforts to vomit, that were almost convulsive. (6)
18. **During the paroxysms**, a condition approaching to frenzy; constant restlessness; lying on abdomen; **he knelt down and crouched together in his bed**, etc. (6)
19. His delirium turned chiefly upon the idea that his life was in danger from assassination or poisoning, and that every one about him was a murderer. (6)
20. ... suddenly great restlessness; he hears everywhere threatening voices, officers come to arrest him, to seize his furniture, and to expel him from his lodgings; the voices come from the pillow, the mattress; they enter by the window, where he sees people, and they consult about him with closed doors; he gets up, looks for his clothing, wants to run away, to his lodge, etc. (6)
21. ... imagined he was going to be poisoned; that his bed was full of ants, etc. Then came an interval of quiet and unconsciousness, during which his limbs remained in any position they were made to assume (catalepsy). (6)
22. Avoids society. Extreme apprehension. (6)
23. Distrust. (6)
24. **Mental torpidity**; answers slow and stammering. (6)
25. If he was pinched or very sharply spoken to, during his lethargy, he at first would open his eyes and then shut them directly; at last, by continuing the use of stimulants, he was made to open his eyes completely; they were fixed and wild-looking. (6)

26. Very nervous, unwilling to be touched or have anything done for her. (6)

The literal meanings of these terms are:

Retraction:

- to draw back or in
- to withdraw

Contraction:

- a) to reduce in size; draw together; narrow; shrink; shorten, b) to draw together; knit
- to narrow in scope; restrict

Now considering statements #19 through #26, it would be not fantastic to conclude that the *Plumbum* disease is that of a chronic longstanding threat. The threat is of total elimination by poisoning, murder, etc. When a person lives under constant threat his reactions are depicted through statements #22 through #26: one can without any danger of being speculative conclude that the person is gradually **withdrawing away** from the world and ultimately from life itself, which by itself resembles the posture he assumes in pain (ref. statement #18) **Contracting or retracting**. So once again this forms the symptoms that run across mind and body.

Boger goes a step further than Boenninghausen, where he is able to see the common pattern running across the mind and the body. Symptoms belonging to the generalization at this level form the most important expression of the remedy disease and the patient disease.

Pathological General

Another level at which Boger could see the common pattern running through the remedies was at the level of the pathogenic process unfolded by each remedy. We examine the rubrics from his General Analysis to understand this.

Pathological generals

Let us examine the rubrics from the General Analysis of Boger:

BLOOD, Sepsis, etc. (29) ail, am-c, *arn*, **ARS**, *bapt*, *bell*, bry, calc, *carb-v*, *chin*, crot-h, elaps, *ferr*, kali-c, kreos, **LACH**, *merc*, *murac*, *nat-m*, nit-ac, nux-v, *phos*, *puls*, pyrog, *rhus-t*, sec, sul-ac, *sulph*, *zinc*,

CALCULI, Atheroma, etc. (19) *bell*, benz-ac, *berb*, bry, *calc*, *chin*, *coloc*, dios, hydr, lach,



LYC, merc, *nux-v*, oci, pareir, podo, polyg, sars, sep,

CRACKS, Fissures, Chaps, etc. (15) ant-c, arum-t, calc, cist, ferr, **GRAPH**, ign, merc, nat-m, **NIT-AC**, petr, phos, sep, sil, sulph,

CYSTS (Swelling) (12) apis, ars, **BAR-C**, **CALC**, **GRAPH**, lyc, nit-ac, **PHOS**, sabin, **SIL**, sulph, thuj,

PHAGEDENA, slough, etc. (14) **ARS**, caust, chel, crot-h, hep, lach, lyc, merc, merc-c, mez, **NIT-AC**, petr, **SIL**, sulph,

TYPHOID STATES (Blood, Sepsis) (17) arn, **ARS**, bapt, **BRY**, calc, carb-v, hyos, lach, lyc, mur-ac, op, **PH-AC**, phos, pyrog, **RHUS-T**, stram, zinc,

The above illustrations depict the pathogenic process. These processes, if found cutting across various locations in a remedy acquire the status of "Pathological General". Boger was the first one to draw our attention to the expression of illness at the microscopic level. These rubrics show Boger's deep study of the remedies at their pathogenic level, and are particularly useful in cases where the pathology really dominates the case.

Generalization is the ability to see the whole from fragments. One can easily see how strongly this ability was developed in Dr. Boger. His work gives an unspoken message to posterity, to inculcate this ability of not losing the whole picture in the pursuit of peculiarities.

He says:

"In an illness, most of its symptom groups are referable to particular diseases, organs and individuals. The two former remain fairly constant, at times, however, exhibiting very pronounced disease phases, thereby beclouding the diagnosis and leading to organopathic, pathological, or diagnostic prescribing of a makeshift nature; ultimately a most pernicious thing.

Of far greater importance are the individualistic symptom groupings, for they generally show forth the real man, his moods, his ways and his particular reactions. Occurring singly, in small groups or at indefinite intervals, they often seem to lack distinctive support, hence are more difficult to link together and interpret. This encourages palliative medication as well as making real cure much harder. On the other hand

cases presenting very numerous symptoms are hard to unravel, especially when brooded over by an active imagination.

The final analysis of every case revolves itself into the assembling of the individualistic symptoms into one group and collecting the disease manifestations into another, then finding a remedy which runs through both, while placing greater emphasis on the former." (p.93) (Also ref. Part 1)

Further, he clarifies:

"The diagnostic and common symptoms shaded by the general modalities form the ground colour of the picture, from which its special features portraying the individuality emerge with more or less distinctness. The focal point of the scene reveals its inherent genius with which the outlying parts must harmonize, if we wish to fully grasp its meaning. Running after keynotes while paying scant attention to the general harmony of the picture has spoiled many a case and leads to polypharmacy." (p. 65 [8])

The insistence on seeing the whole portrait of the case is emphasized at many places in Boger's literature. Moreover, his cases make sure that this point is strictly followed in his practice.

Case 2: Mrs. HPC five months pregnant

- Sick headaches, pain ascending from neck, accompanied by profuse urination.
- Sleepy faintness, sometimes fainting, > motion in open air.
- Constipated, much flatulence.
- Deep yellow, acrid, adhesive leucorrhoea.
- Formerly had diarrhoea from emotions.
- Has lately returned from tropics.

Remedy: *Gelsemium* C200 cured.

After delivery the child showed severe brain symptoms, rolling the head, screaming constantly and vomiting hard curds of milk. *Aethusa* helped for a while.

Review of case revealed the symptoms: "Great dread of downward motion; sleeplessness".

Part of the mother's *Gelsemium* state seemed to show in the infant, and for this it received *Gelsemium* C200 (B&T) with prompt relief.

Discussion

- Note the prescription in the infant which appeared like a keynote prescription, is not based just on a single symptom. The peculiar keynote is merely an entry point into the case, only if the rest of the portrait matches would he prescribe.
- Note, inclusion of the pregnancy history of the mother into the present picture of the infant. Also note that this approach was resorted to only after the prescription based on purely taking the child's symptomatology had failed.

"Evaluation of symptoms and Portrait of disease."

This usually is a question that vexes most students of repertory through their studies in college! It vexed me too, for I could never order by heart the evaluation of different masters as I was taught in college. This practice of creating different evaluation orders for different masters still continues to be taught in colleges. This I now know is the greatest error that can cramp the growth of homeopathy. I say this with a certain amount of righteousness, for I quote Boger:

"In the abstract the same symptom may have the highest standing in one case while lowest in another, all depending upon the general outline of the case, as delimited by the associated symptoms.

Standing at this point symptoms gradings in the repertory are unsatisfactory and of little importance, yet have a great value.

The relative value of a given symptom depends almost wholly upon its setting, therefore changes from case to case and is only finally determined as to its reportorial standing by numerous clinical trials." (p. 94 Collected Works of Boger, *Banan*)

"When an ordinary symptom appears in extraordinary place or the way in which it appears gives its value." (p. 64 *ibid.*)

"A successful prescriber is the one which picks out the peculiar symptoms without losing track of the diagnostic essential symptoms... he then combines the peculiarities with the essentials so as to form a harmonious whole." (p. 73 *ibid.*)

Discussion

This is completely in sync with Boenninghausen's and Hahnemann's concept of giving greatest value to those peculiarities that differ in a striking or a rare way. It is a clear



understanding of this *flexibility* that is of utmost importance while chalking out a portrait of the case. It is therefore the case which will determine what is most important in the evaluation order. Further, this approach will make it amply clear that stalwarts never had their own evaluation orders – they left it to the patient himself and his disease to be the determinant of the evaluation order.

So if they had no difference in evaluation orders, what is the quarrel about different approaches?

Now the core issue, therefore, is not the evaluation orders, but that each of them amplified one or two aspects of application of homeopathic principles. It is here that the error has crept in. E. g. if Boeninghausen brought to light the importance of concomitant symptoms and modalities, it is in no way to say that the Master in each and every case took them to be of the greatest importance. Similarly, if Boger brought to our notice the value of pathological generals, it does not mean that Boger wholly relied on them to select the similimum! The rule is simple: **“Let the patient and his illness decide what is most important in the sufferings!”** This principle will liberate us from any form of dogmatism.

This then leaves it open as to where the individualizing features of the case may be found. The day I realized this axiom, it changed my practice permanently. The first and foremost change that happened was in the case taking process. Until I realized this truth, I would go after the case with an aim to understand the psyche of the patient (i.e. the constitution, disposition, temperament, delusion, etc.). With this approach, there were results but there were failures. Also there were situations where, with the best of efforts, I was unable to understand the psyche of the patient and thus would face a roadblock. After understanding this principle, I had a sense of liberation! It got out of me the pressure to get the mentals in each and every case, and it gave me a wider view to search for the individuality in the case. So then the next point is to see which were the other areas where one may find these...

Here is what Boger has to say:

Upon Mental Symptoms, General Symptoms, etc.

All symptoms are reactions: either general or particular.

- **Mentals:** most illuminating as well as interacting fully with others, hence deserve highest order.
- Detecting obscure twists in mental traits is very helpful... his traits betray his basic predilections and largely motivate actions....surest indication of the most suitable remedy. (p. 49, *ibid.*)

He further says:

- Note the gross changes observed by attendants.
- General countenance, speech, even intonation of speech, etc.
- Changes in ordinary moods are points of departure whose value depends upon their variation from the normal or every day condition. (p. 63) (Also refer to Part 1)
- **Generals:** i.e., reaction of temperature, surroundings, etc., related to the comfort of the patient hence also highly important.
- **Subjective sensations:** ideographic expressions; they may have any level of importance useful for interpretation by the examiner. High weightage if pure and definite as expressed by patient. Subjective sensations have a mental slant, which is not otherwise expressed. (p. 44 *ibid.*)

Case 3: S. E. F. age 61, diagnosis neurasthenia

The symptoms are:

- Mental depression with irritability < trifles. Poor memory; sudden attacks of lack of brain power. Sluggish feeling and thinking; lazy feeling. Worry.
- Weakness in abdomen, with flatulence in lower part < starches.
- Palpitation on ascending.
- Restless sleep > changing position, < mental exertion.
- Sensitive to cold; cold hands and feet.
- Has had pneumonia.
- Agg. Mental work.

Remedy: *Phosphoricum acidum* C200 then MM, at the end of four months cured completely.

Discussion

- This is a case of mental disease. He considers only those mental symptoms

that have changed from his ordinary state of disposition.

- Also note that he has taken into considered not only the changes in the mental state, but also changes across the body too.
- Let us move on further, with some special instances in understanding the grading of symptoms in a case and where the individualizing features may be present:

Past History

Continuing from the above paragraph,

“In chronic disease it is useful to pick out the peculiarities of each past illness, combine these with the unusual features of the present complaint and then seek for the remedy, which covers the combined features, always bearing in mind that the latest developments most likely contain the deciding symptoms.” (p. 30. Collected works of Boger, Banan) (cf: Prodrôme, pt.1)

The successive sicknesses of one individual bear enough resemblance to clearly show that each human entity has its own way of reacting. (p. 80)

Case 4: Mr. D. 62 yrs

A man of correct habits, had, for more than a year, crusts form and fall repeatedly from a progressive deepening lupoid ulcer in the left naso-malar region. There was no sensation but the life history of the patient revealed the following symptoms ensemble:

- **Soreness:** eyeballs, right upper teeth, right throat, Eustachian tubes, across hypogastrium and kidney region, < rising, right scrotum and testis; knuckles, face of right thigh and knee, of soles, of muscles, and joints in general.
- **Urine:** pale, trace of albumen, some pus and oxalates.
- **Throat-pit:** tickling. Hawks much thick, white mucus, which flies from the mouth.
- **Nose:** blows blood from. Prolonged sneezing attacks > cold drinks.
- **Hands** numb at night. Brittle nails.
- **Left axillary gland** suppurated out as a boy.
- **Feet** burn at night.
- **Bowels** constipated, with soft stools.
- Numb occiput, rubs it.
- Bluish lower lip.
- Drowsiness.
- Troubled dreams, wakes with a nervous pressure on wrists.
- Forget names.
- Sour taste, < after sweets.



Remedy: *Calcarea carbonica* DM (Tyrrel) one dose.

Follow-up: Ulcer filled in leaving a clean scar. Patient attempted to remove the scar with Radium. Ulcer reappeared, much larger. *Calcarea carbonica* DM one dose was repeated resulting in complete cure. (p. 153 [8])

Discussion

It depicts the conviction with which Boger goes into the depth and the minutiae of the past history to bring out the individualizing features of the case. As discussed above, the individualizing features in this case lie in fragments across the life span of the patient.

Disease for Boger is not limited to the present illness; it is an essential pattern of altered homeostasis which is constant in time and space (i.e., anatomical location). One needs to concentrate upon this common pattern of altered homeostasis both in case taking and in case analysis.

Also note the case taking is not just limited to the physical ailments in the past, but associated/concomitant mentals. In this case dreams.

Note that past history is not just limited to getting names of various illnesses in the past but their minute details to the point that individualizing symptoms are unearthed.

Further, he notes even laboratory findings as a part of the total portrait of the illness. This case will amply tell our present generation the gross lacuna that is left in our case taking and subsequent portrait formation of the patient.

Case 5

- Backache, persistent, < when lying down, > walking, had defied many remedies.
- History of angina-like attacks.

Remedy: *Tabacum* CM cured. (p. [8])

Discussion

I attempted to solve this case before the solution was revealed to me. Here is the working (Fig. 2):

- Firstly, the case could be solved only when the past symptoms and the present symptom were integrated and considered to be a single whole!

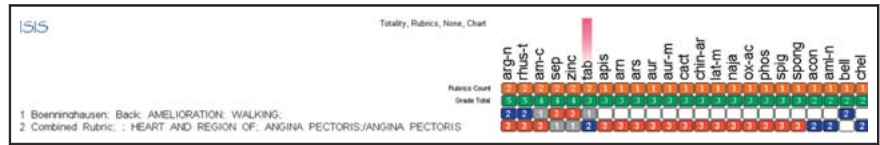


Fig. 2 Repertorial sheet Tabacum case.

- I could reach the remedy only by limiting my symptom choice to the region of “Back”. If I generalized the modality, there were just too many remedies to differentiate, and a sure possibility of missing out the right remedy. Here we see how selective Boger is in generalizing a symptom, unlike Boeninghausen.
- Clinical diagnosis of the past was merely integrated into the present illness pattern to complete the portrait. This I believe was because the other details of the past illness were probably not available.

Last appearing symptoms

It is to be feared, however, that the habit of letting this latest development overshadow the whole case is a little too common for the good of the patient⁴. (p. 30. Collected works of Boger, Banan)

Prodrome

- All disease complexes from their incipency held some peculiarity, often obscure, with increasing tenacity, hence the minutiae of the prodrome demand the closest scrutiny, not only in malaria where it is found to be so indicative, but in all others as well, especially where it is apt to be occult, as in cancer etc.
- Seemingly, functional disorders contain a symptom or two, the very germinal of future disaster, but as yet easily curable, if studied in its connotations.
- Symptoms may become prominent or even appear only during one stage of a given malady, thus taking a very high rank. Prodromal symptoms belong to this class, when they *may even outrank the deeper constitutional effects of latent or apyrexial periods.* (p. 30 [8].)
- Changes in mood and disposition foreshadow oncoming sickness. These changes vary very little from sickness to sickness; thus a sure point of departure for the study of a particular illness whose salient features are to be found

⁴ Note the juxtaposition of completely contradictory, yet true ideas! This ability to integrate two polar opposite realities is the hallmark of Boger.

in minute examination of the latest development. (p. 44. [8])

Modalities

“Modalities individualize every sickness as well as every drug, hence are most important. Circumstances which modify Mental/Emotional states are the most important, superseding all others. The stranger the modality the higher is the value.” (p. 63 [8])

Concomitant

It can be of decisive importance, overrule diagnosis. Its position must be considered with respect to the mental symptoms, the modalities, and the duration of unusual symptoms govern its value. If all these are in harmony it is of great value, otherwise of a negative value. *Value of concomitant is gauged by its age, the more recent ones are most important.* (p. 63 [8])

Case: 6

- After much bathing and steaming has suffocation and hay fever symptoms, better from slow motion.
- Up to age of four years had spinal, kidney and bowel trouble: constipation with swelling of internal nose, this was followed by whooping cough, measles, pneumonia, and typhoid fever in the order named.
- Now has tickling in throat pit, a few weeks ago membranes from the bronchi were expectorated intact in tubular form, now coughs up pink blood and adherent ropy expectoration after midnight.
- Vertigo on rising.
- Diarrhoea, slight emaciation and weakness.
- Eyes puffed, worse generally at 2 AM.
- Profuse sweat during cough.
- Always better in open air, is always too warm.
- Was salivated (meaning treated with mercury) a year ago.

Remedy: *Kali bichromicum* D 12 to 50MK. (p. 304 [8])

My working (Fig. 3).



Fig. 3 Repertorial sheet Kali-bi Case.

The image shows a repertorial sheet for the Kali-bi case. It features a grid of symptoms and rubrics. The symptoms listed on the left are: 1 MOTION SLOW, GENTLE; AMELIORATION/MOTION SLOW GENTLE amel; 2 EXPECTORATION; MEMBRANOUS CASTS/EXPECTORATION; MEMBRANOUS; 3 TIME: MIDNIGHT AFTER/TIME: AFTER MIDNIGHT; 4 AIR: OPEN IN AMELIORATION/WALKING IN OPEN AIR, AMELIORATION/MOTION IN OPEN; 5 DISCHARGE; SECRETIONS: STICKY; VISCID; TENACIOUS/EXPECTORATION; TENACIOUS; 6 REACTION LACK OF; POOR/REACTION; POOR. The rubrics listed at the top are: pulis, alum, amber, calcic, carb-v, ferr, lod, kali-bi, ph-ac, spong, sulph, acon, am-c, am-m, ant-c, ant-t, ars, assaf, aur, bar-c, bell, hvr. The 'Kali-bi' rubric is highlighted in red. The grid shows the presence of each symptom in various rubrics, with 'Kali-bi' being the most prominent.

Fig. 3 Repertorial sheet Kali-bi Case.

Discussion

While I tried to work with this case I observed the following:

- The remedy *Kali bichromicum* was fairly down the order in the repertorisation chart. This has been the observation while solving most cases. Hence, it implies that Boger used the repertory more as a tool to give suggestions for the similimum; his final decision clearly was after integrating the knowledge of the proving/materia medica of the remedies.
- Note the length and breadth of the history taking. Especially note the extent to which he has integrated the changes in being that are associated with the chief complaint.

Sphere of action

While grading of symptoms largely depends upon their discovery and the extent of subsequent confirmation obtained for every one of them, their *spheres of action* are also of vast importance and may not be safely left out of the calculation, because they go far forward certifying the choice of the remedy. (p. 94 [8])

Family history

Most helpful in cases with paucity of symptoms.

“The actual symptoms of the patient are generally found to be an amplification of hereditary findings, while a comparison of the two series usually points to such rubrics in the repertory as will quickly bring into relief the most similar remedies.”

Associated individuals known as blood kin, invariably carry forward certain predilections of disease, so that by noting ten or fifteen nearest blood relatives and their complaints, as accurately as possible, we are able to enumerate the relative proportions of the various tendencies present. Such findings show parental influences to be 50%, basically active. Grandparents and children are the next most potent factors. The remainder include peculiarities de-

scending from earlier ancestors and are of a very persistent kind. (p. 157 [8])

Case 7

A careful examination showed sixteen points of morbidity in as many individuals of the nearest blood kin. Of these, seven were of rheumatic type, two typhoids, two pneumonias, two dysenteries, one sepsis, one each cardiac and haemorrhagic.

Taking corresponding rubrics in the repertory gives out *Phosphorus*, *Pulsatilla*, *Sulphur* in the first place. In this case *Pulsatilla* was chosen and given as 12x in three doses, twelve hours apart. Patient improved marvellously.

This case was presented to a forum of leading homeopaths of his time. There is a flurry of questions that arise with such an unusual way to analyzing the case. I present some very pertinent and practical questions from the discussion:

Dr. Custiss: Doctor, we want something concrete I think. Suppose you say a person dies from cardiovascular troubles, somebody in the family dies of cancer; somebody dies of apoplexy, will you give us the rubrics in which we would look for it in the ordinary repertory when people whose heredity we were looking for had ancestors who died of those diseases?

Dr. Boger: In the first place all the different organs or system of organs are summarized here, and you see what percentage died of cardiac vascular trouble first and compare it with his past history, and then look in the repertory under glands, if that is what the indications are, or look under blood, or under heart, or under circulation.

Dr. Custiss: Suppose he died of cancer?

Dr. Boger: It would depend upon what organ was affected. If she had cancer of the uterus and I would look up under uterus. The classification is strictly that of the tissue affected. For instance, if the infection is in the leg, it is in the muscular part of the

leg, it is the muscular system. Look up in the muscles, not leg. (p. 158–161 [8])

Diagnostic symptoms

In learning this art it is needful to divest oneself of all speculative opinions as to the origin of these odd symptoms. These obscurities do not belong to the diagnostics, nor does this mean that a diagnostic symptom can never be a major indication. (p. 74 [8])

Case 8

- A patient awoke from his afternoon nap in great mental confusion, with severe internal trembling, vertigo and slight external tremor.

Remedy: *Gelsemium*.

Comments

- Firstly, if one tries to solve this case through the repertory, it does not bring out *Gelsemium*. Also, it is important to realize that Dr. Boger used *Jahr's*, *Pos-sart's*, *Boenninghausen's*, *Kent's* & *Welsch's* repertories alongside his private notes. We have access only to two out of the five repertories. Besides, in my experience I have found that there are significant numbers of cases where he has made a prescription most probably from his vast knowledge of material and bypassing repertorisation. It therefore once again depicts Dr. Boger's flexibility in case-processing.
- In the above case, each symptom individually is a common symptom hence may be of no prescriptive value. But Dr. Boger points out that the *combination itself then becomes highly individualistic*. It is the peculiar association of each individual common symptom with the other that makes the whole combination a single individualizing feature of the case. One may say that if we look at individual petals of the flower, then it may not be able to tell us definitely which flower it belongs to, but once several of these petals get arranged in a particular fixed manner then it creates a pattern, which immediately points to only one flower species! Here once again, I would like to stress the ability to see the whole pattern is of utmost importance to the homeopath.

“Peculiar symptom or keynote may occupy the highest position if it is in harmony with the general background picture. If not then the case needs to be solved through modalities, mental symptoms etc.” (p. 65 [8])



Thoughts on doctrine of signature

"The doctrine of signatures has been derided and said to rest upon pure fancy; but I know of no accidents in nature and everything has an adequate cause, hence we should not be too ready to attribute such things to mere coincidence. Such correspondences are too numerous as well as much too striking to be lightly passed over. It seems rather a case of not knowing just what they mean or what the real connection is." (p. 30 [8])

Follow-up and 2nd prescription

- Curative remedy removes the latest symptom first then brings to surface older ones, this continues till there is similarity with the remedy. As cure follows, the old symptoms reappear transiently or the picture alters its character radically, demanding a new analysis. (p. 46 [8])
- When a whole symptom phase is covered by a corresponding homeopathic drug a general reaction occurs, leaving only such remnants of the former state that may have some more permanent connection behind.
- A repetition of the once successful remedy, but in a different, often lower potency removes these, and the "next vital storm may be awaited before considering a different remedy". (p. 39 [8])
- Slow gentle recovery – means a long curative action. Violent, quick stormy nothing much is achieved. Earliest signs of improvement: – *a cheerful frame of mind, reverse order of appearance – though it may be imperceptible.* (p. 40 [8])
- Care to be taken in deep-seated long-standing cases for fear of killer aggravation.

Case 9: Mrs. B. age 33

- Dark bilious temperament; has a nodule about the size of a walnut in left mammary gland for last twelve years. It seems to be deep down and closely attached to the ribs. Since two weeks it is the seat of cutting, burning and sore pain.

Aug. 4. 1895: **Remedy:** *Belladonna* 1MK one dose.

Aug. 11: Burning and cutting have stopped, soreness has moved outwards. *Sac lac* given.

Aug. 18: Heat and extreme tenderness in nodule. Dull pain going from heart to left scapula. Crawling in left hypochondrium. Attacks of sudden weakness and trembling.

Remedy: *Conium* 50MK one dose.

Sep. 3: Great improvement. Lump smaller, *Sac lac*. Has been well ever since.

Use of specifics

Use of specifics or remedies based upon diagnostic symptoms only under exceptional situations:

- **Paucity of symptoms:** indicates suppression and life force seems to show only a faint sign of its distress, e.g. shock, fulminating diseases, cholera, etc. Even in such situations the diagnostic symptoms group will have a *concomitant* of decisive importance.
- **Human/personal limitations**, but yet an attempt must be made at prescribing on individualizing symptoms.
- Sometimes in **epidemics**, but even in such a setting there will be *side symptoms*⁵, which will bring out the individuality. Cite examples where Hahnemann chose remedies in epidemics by taking disease symptoms and matching them with remedy symptoms, e.g. *Mercurius corrosivus* for dysentery, *Veratrum album* for cholera etc. (p. 59 [1])

At the end, it would only be right to say that the article touches upon only the most fundamental and essential aspects of homeopathic practice. I hope this essay will stir up enough reaction to objectively reexamine our rigid fundamentals of practice, most of which unfortunately have been passed on to us like a grandmother's story from the past generations.

Overview of my experience in solving and understanding Boger's concepts

- Mental state of the patient was seen as a broad disposition in cases where there was no clear change in mental since the onset of complaints. In cases where there was a distinct change, these were included in the portrait, with all its minutiae.

⁵ Note the use of term "side symptoms" for "concomitants." Also note the importance given to Concomitants.

- Generals like thermals, craving aversions, thirst etc. were again included only if they were changed strikingly from the usual state of being. If there was not a significant change they were completely left out of the portrait.
- Clear emphasis on the past history, family history can be noted. Where it was possible to get the details of the past history and family history they were integrated into the portrait of the case. In situations where details were not available then it was integrated in the portrait in a broad sense.
- Often past history and family history were used to complete the portrait of the case.
- Repertory was bypassed in many cases and prescriptions made from direct knowledge of materia medica.

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