



Veröffentlichungen zum Thema „General Analysis“

Die Ankündigung des GA

Mit folgendem Hinweis wurde im Homoeopathic Recorder 1925 das Erscheinen des „General Analysis“-Repertorioms angekündigt (EN25):

Aus den „Editorial Notes“ des Homoeopathic Recorder XXXX/1925 (S. 429):

General Analysis. Parkersburg, West Virginia, may boast of many things, hut there is only one Cyrus M. Boger, and he is evidently indefatigable and persistently industrious. No doubt his Pennsylvania Dutch origin and ancestry accounts for this; in any event, this man Boger is eternally at it. Just recently he has sent us, with his compliments hidden most successfully among the weird hieroglyphics of his atrocious handwriting, a cute little sixteen-paged pamphlet entitled, GENERAL ANALYSIS. This little work aims at a simplified method of arriving at the simillimum and presents in alphabetical form. Symptoms, sensations and modalities, as to time and conditions.

The most or more important remedies only, are mentioned in association with each rubric, in order to promote rapidity and simplicity of selection. Thus, under the time modality, „Morning and Evening. agg“ we find CALC. C., CAUST., Lyc., Nat. m., PHOS., Rhus tox., SEP., Stram., STRONT., THUJA. Under „ORIFICES“ we find: Aesc., Aloe, BELL., CAUST., Graph., Ign., Kali-c., Lach., Lyc., MERC., Mur. ac., NAT. M., NIT. AC., NUX VOM., Phos., Podo., Rat., SEP., SIL., SULPH. Under „TIME, 1 A. M.“ e. g., is put down: ARS., Carbo v., Mag. mur. and PULS.

From these citations it will readily be seen that Boger is giving us a short cut, which, if rightly and judiciously used, will serve a most useful purpose to the painstaking prescriber. In these hectic, rapid-fire days, any method which is likely to save time, is to be welcomed and commended. More power to Boger's good right arm and to his industry! The price of the book is one dollar.

H. Roberts über das GA

Beim Treffen der International Hahnemannian Association 1931 (Ro31) hielt H. Roberts einen Vortrag über das kurz zuvor veröffentlichte Karten-repertorium Boger's. Die Veröffentlichung wird im Folgenden vollständig abgedruckt:

Herbert A. Roberts
1868-1950

A NEW ANALYTICAL REPERTORY

H. A. ROBERTS, M. D

Dr. Boger has at last completed his Card Index Repertory which he promised us some time ago. This work was much delayed by the disastrous fire which destroyed so much valuable material in Dr. Boger's office. The fourth edition of the General Analysis has been used as the basis of this card system, which contains 305 cards or rubrics, each rubric in the Analysis appearing on a card by itself. All remedies mentioned in the General Analysis appear on each card and those remedies which have the symptom

appearing in each individual rubric are perforated, so that when the various rubrics are selected to make up the totality of symptom in any given case and these cards are put together, we have a clear vision of the remedies which have all the symptoms in common.

As every case has its own peculiar combination of manifestations or symptoms, just so this system endeavors to reproduce them in an assembled replica, which will point toward the remedies most similar thereto.

This repertory is constructed on the assumption that the character of the pain (using pain as an illustration) is more important whenever it is associated with its concomitance and when the pain has not been located primarily with the Organs or part affected, considering the concomitance to be of more value than the location, as a symptom.

This is a very practical Analysis, quickly mastered, and we have only to use our judgement and discretion in interpreting symptoms into their „least common denominator“, as it were, and into the language of the repertory. The two cases cited here illustrate the working out of the system.

A man sixty-nine years of age came to me complaining of asthmatic attacks. He gave the following symptoms:

Respiration asthmatic, < by dust; < going into cold air; < by any change of temperature; < 4 a. m. Before the attack comes on he suffers from flushes of heat to the face and head.

Upon asking further about his general condition, he volunteered the information that he was troubled by pain in a small spot back of the metatarsal bone of the great toe, which was < on walking. Inquiry about his earlier history elicited the following:

Eruptions two years ago on the lower leg, associated with varicose veins; there was oozing, they became moist, itched intensely and became very red; there was burning heat. These symptoms were > by cold water. The legs would swell badly. This eruption disappeared and the asthma, which he had had as a boy, returned. As a boy he suffered from incontinence of urine until he was quite well grown.

This worked out very quickly with the cards, which were found by referring to the General Analysis which accompanies the repertory. The cards were selected as follows:

Respiration.
Waves, flushes, etc.
Dust, feathers, etc.
Frost, frosty air, etc. <
Change of temperature, etc. <
Time, 4 a.m.
Spots, pain in, etc.
Motion <

These symptoms were used as the first group, covering the present conditions.

Following the thread of the symptoms back into the earlier history, I selected the following cards:

Eruptions
Moistness, fluidity etc.
Itching.
Heat, burning, etc.
Congestion
Bathing, cold applications, etc., >
Swelling.

To these I added the still earlier symptoms of incontinence, stool, urine, etc.

The only remedy coming through all of these symptoms was Sulphur, which proved to be his remedy.

A young woman twenty-four years of age came to me complaining of headaches, which were < on waking, with shooting, stabbing pains, and accompanied by faintness and nausea, < on waking, < stooping, < moving about.

Further investigation revealed that she was annoyed by a foot sweat, which was odorless, < from warmth; there was oozing between the toes which crusted over forming scabs; her feet were cold; there was a cream colored leucorrhoea. The case repertorized as follows:

Head.
Shooting, darting, like lightning, etc.
Sleep, waking from, after, <
Stooping <
Faint, faints easily, etc.
Sweat, partial.
Crusts, scabs, etc.
Coldness, partial.
Discharges, vicarious.
Mucous secretions altered.

This case also repertorized to Sulphur.

It is well to reiterate that in the case of this card system, as in all repertories, the final decision of the analysis rests upon the reference to the materia medica; the repertory cannot do more than indicate the remedies which are among those we must consider as being more or less homoeopathic to the case. This system is much simplified and much more quickly worked out than any of the card types of repertories heretofore in existence.

This system depends largely upon the relation of these concomitant symptoms, and the number of symptoms has been reduced to the least number that has seemed convenient to work with. The rubrics which Dr. Boger finds necessary and which have not already appeared in the repertory as it was published are sent to the subscribers as the additions are brought out, so that there will eventually be more rubrics than there are now.

DERBY, CONN.

J. Green's Vortrag über Repertorisation

Anläßlich des Treffens der International Hahnemannian Association 1932 (Gr32) hielt J. Green einen Vortrag über den damaligen Stand der Repertorien, in dem sie Boger bezüglich seines Kartenrepertoriums zitierte. Im Anschluß daran gab Boger selbst noch wesentliche Kommentare zu diesem Thema ab. Alle ihn betreffenden Sätze sind im Folgenden abgedruckt.

Julia M. Green
1871-1963

Auszug aus Julia Green's Recorder-Artikel:

To quote Dr. C.M. Boger:

I have nearly all the card indices, but could not use them to advantage, so I slowly worked out one to suit myself. It was first printed in book form for pocket references and later transferred to punched cards to insure greater facility in use.

The production of these cards was very troublesome until I found a firm that gets out statistical card indices for the government. It agreed to print my rubrics on their forms and punch them accurately as per sample. The

continued use of these cards slowly evolved a system which depends upon a three fold classification of symptoms: first, fundamental, constitutional or life time effects: second, the present display which is a fresh or acute outburst of the deeper lying tendencies; and third the modalities. As you see its basis is essentially that of the philosophy of the Organon.

Obviously, every mind has more or less its own point of departure from which it views the symptoms image.

Bönnighausen originally followed the regional general-continual method as in the Pocket Book; in his later life he picked out the essentials, found their concomitants and conditions and added the weight of clinical confirmation. All this is very plain in his Aphorisms of Hippocrates published shortly before his death)

Die an J. Green's Vortrag anschließende Diskussion ergab folgende Beiträge Boger's:

DR. C.M. BOGER : This discussion of repertories and origin leads us into a good many bypaths. If you will read the preface in Jahr's Handbook of Materia Medica, and if you read the lexicon in German, you will see that Jahr's Handbook with its repertory, and Boenninghausen's Antipsorics came out within two years of each other.

It is an impossibility for two men to construct repertories practically identical in the rubrics within two years of each other. I can't prove this but I take it that they have their common origin in the regional repertories, scattered through the lexicons. There are repertories scattered all through them and they are almost identical with the repertories in Jahr and Boenninghausen, at least the main features of them are, and, while the rubrics are very much smaller, all the remedies mentioned in those rubrics are present in both those repertories.

As Dr. Green said, repertories are generally a repetition of some previous one or the result of combining two.

Then coming to later times, we have Kent's Repertory, which is word for word a repetition of Edmund J. Lee's Repertory published in 1888 by The Homoeopathic Physician. All you have to do is go and get a copy of these repertories and you will soon see. There are remedies in Kent's repertory which are not in Lee's but all of Lee's are in Kent's, every one of them, and the rubrics are not so large, but almost as large, and many are just the same, absolutely the same.

As to compilation of repertories, I think that every man should construct a repertory for himself even if it is just a little one, not any larger than the one I have here in my pocket. Possibly you all have a copy. Even if you have anything larger than this, construct it after your own ideas and then you will know where to find what you need, because every man's mind works a little differently from other minds.

There is still another matter I want to mention in that connection. The Post-Graduate School in Boston hopes to have me teach Boenninghausen and Kent principally. I am free to say I can't work their methods as well as I can work my own, and I think the same is true of other men. Every man works his own method best and every scholar that you teach will modify what you tell him, and this thing of following anything verbatim is all wrong in teaching, absolutely. If a man can't think for himself, he will never make a good doctor, least of all a homoeopath.

As to repertories, Dr. Green has very well shown in what way, I think, repertories should be constructed and she has shown Boenninghausen's method and then Kent's in a measure. I am free to say I have never been able to follow Kent literally at all, but Kent less than Boenninghausen. I have Lee's Repertory long before Kent's was ever published and never could make great use of it and when I got Kent's I didn't make so much more use of it, at that.

If there are any questions you would like to ask about repertories now, I will answer to the best of my ability.

DR. C.L. OLDS : Lee's was not a complete repertory was it?

DR. C.M. BOGER: Not complete, it had head and mind and vertigo, but the manuscript for the rest was thrown into somebody else's hands. That is enough to show where Kent's came from. There is a complete copy somewhere.

An einer anderen Stelle in der Diskussion heißt es:

C.M. BOGER: The doctor speaks of location. Now there is one effect in the *Materia Medica Pura*, and you will frequently find the location (of) a symptom entirely out of joint, so to speak. It will be given as concomitant under some symptom of the abdomen. Suppose you have a symptom of the abdomen in which the patient also has pressure on top of the head. You won't find the pressure on top of the head under the rubric „Head“ at all. It is a concomitant under „abdomen,“ and yet that „pressure on top of the head“ is the leading symptom for the case. It has the greatest importance in the whole case for that particular case.

If you are going to pick up the *materia medica* and hunt for „pressure on top the head“ for your remedy, you will never find it because it is in some other section.

I had this strongly impressed upon me several years ago. An old woman, eighty-two years of age, who suffered from chronic Bright's disease, had that particular Symptom, „pressure on top of the head“. In that connection with die urinary system I found her remedy under *Natrum mur.*, was all right, and since then I have had another case, a case of acquired epilepsy. By „acquired“ I mean not congenital, (a) case in which the patient also had the same symptom, urinary symptoms of a severe type and I gave *Natrum mur.* in that case and, after having a number of epileptic attacks each week, she hasn't had one since sometime in December.

You don't always find the leader for your case under the section of the body in the *materia medica* where you are hunting for it and that is a very misleading thing.

DR. H.A. ROBERTS: It is under concomitants.

DR. C.M. BOGER: It is in some other part of the pathogenesis. Take the „pains in headache increasing suddenly, decreasing gradually“. I don't think you will find that under *Phosphorus*, but you will find „pains increasing and decreasing gradually“ under another part of the pathogenesis, yet that is a pretty good indicator when the rest of the symptoms agree.

Before we leave that phase of It, if you have any questions, I will try to answer before the close.

As to the current repertory system, I don't say this because I constructed one. I didn't construct it because I never heard of another one. I have Fields and several others, but I finally concluded that those in existence are too cumbersome, too hard to handle, too large, and I would just as soon take up the *materia medica* and hunt for the remedy the old-fashioned way, so I constructed a card system which you all know. The point I want to make is this: If you use a card system like the one I use, It will come nearer to doing your own thinking machine than anything else and it is built on the thinking machine system as all the punch card systems are, the calculating machines. It will add column of figures quicker than you can do It, and this is on exactly the same principle.

In those systems it is usual to run the remedy down to four or five remedies and then look the case up in the *materia medica*. My own experience has been that I rarely pick out the remedy with the highest grade showing

through the cards. That is rarely the indicated remedy. Generally It Is the one that comes second or thlrdr in die list and then, if there still is some doubt after consulting the materia medica and some cases are hard to run down. I had one the other day. I had to think over a day or two before I could reach a conclusion as to the remedy I could give. I use Gross' Comparative Materia Medica to finish die job.

I mean to say you can't always run down the remedy out of the materia medica; you have to use your repertories and books on comparative materia medica, to finish the job.

Brief Boger's an Dhawale

„That homoeopathy should appeal in some measure to every type of mind is the best proof of its real scientific basis. Some lay stress on this, others on that feature of it, according to their understanding, but we have Hahnemann's fundamental or central idea that the further a given symptom seems removed from the ordinary course of disease, the greater is its therapeutic value. When we collect all of the symptoms of a given syndrome it is not always easy to pick out the central one around which all the others resolve, and even having once done so, it is no easier to find it within the scope of some proving, along with the most of the others required. The method necessitates circumspection, as well as acumen. The reverse method compiles all of the symptoms, laying stress on their numerical majority, but really rests it's case on the finer differentiation; this is extremely laborious and often impractical, for many reasons.

In my card System I have taken a middle ground by finding the anatomical sphere wherein a symptom arises or occurs, modifying this by the modalities first, and then reducing the number of remaining remedies by noting the discrete symptoms as found in Kent. This soon reduces the drugs to a small number, when the mental outlook as given in the pathogenesis will decide.

In any system it must be self evident that the larger pathogenesis will cover more case than the smaller ones which is an additional reason why we should become expert in picking out the odd and unusual ones for our guide. This all is not new to you, but a statement in a little different phrasing may clear up some points for you.

..... The cards and accompanying book represent my latest ideas as to values. The next edition will be much better in every way, book and all.

I am glad my Boenninghausen helped you so much; the revision is going forward gradually but will take two more years to complete.

.....

I have been in medicine since 1882, graduating in 1888 and I would like to finish these two pieces of work before it becomes too late to do anything more.“

Brief von C.M. Boger an L.D. Dhawale - veröffentlicht in
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von M.L. Dhawale (Dha) (S. 269-270)
(ob die „.....“ für ausgelassenen Text stehen,
konnte bisher nicht geklärt werden)