



L.D. Dhawale's Vorwort zum GA

Introduction to Boger's General Analysis and Card Index Repertory
by L.D. Dhawale

INTRODUCTION

Boger's General Analysis is now available in the sixth edition and it has been used as a basis for the third edition of his Card Index Repertory. He avers that his Card Index will come nearer to doing one's own thinking for oneself than anything else one has ever done. He says

„It comes nearer being a 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 a column of figures quicker than you can do it, and this is on exactly the same principle.“ (Gr32)

The Card Index Repertory consists of 339 cards, one card being devoted to each rubric in the General Analysis wherein fewer rubrics are used and more stress is put on pathological generals which are rather pathological conditions, e.g., Bluish, Convulsive, Cough, Haemorrhage, etc., than disease diagnosis. Other examples of pathological generals in this book are: Albuminous discharges, Dryness, Raw-ness, Warts (a general term which includes condylomata, fungoid growths, polypi, etc.) etc.,-when either of these pathological conditions is found in three or more parts or organs of the patient. In the Boger method these pathological generals are most important because they represent the tendency of the whole constitution or life time effects in the anatomical sphere wherein a symptom occurs.

Rubrics for prominent mental conditions are also included in the General Analysis, eg, Anger, Fearsome, Excitement, Sadness, etc. Any of these mental conditions in the patient will have to be determined by the alert and accurate physician having a sound knowledge of logic and psychology.

„Right conclusions and effective treatment often depend more upon the physician's own observations and directions, than upon anything that others and even the patient are able to tell them.“

A number of detached facts have to be brought together and through the inductive process the mental states have to be generalized.

„Because the mental state, conscious and subconscious, is revealed by the general behaviour, the conversation, the expression of the countenance, the desires and aversions and the manner of sleeping, as well as by the voluntary verbal expressions.“

All such facts of the case have to be gathered, their causes, origins and durations have to be determined, their modalities have to be noted and their mutual relations have to be established. Moreover, the patient rarely likes to be associated with the presence of a morbid mental condition. Generalizing the mental states thus becomes a most difficult task for a physician. However, once generalized, the mental rubrics indicate the patient's state of mind, his moods, his passions, his fears, etc., - and hence the man and not any of his Parts or Organs. When characteristically present, they take the most important part in the final generalization and completion of the totality upon which the prescription of the simillimum is based.

In Kent's method no special attention is paid to pathology. His scheme of the order of importance of symptoms, as given by Dr. Margaret Tyler, is as follows:

Generals (Those general to the patient as a whole):

(1) Mental symptoms - symptoms referable to will, understanding and memory. (If very definite

and well marked.)

(2) Physical generals. Reaction as a whole to bodily environment, e.g., to time and seasons, heat and cold, damp and dry, storm and tempest, position, pressure, motion, jar, touch, etc.

(3) Cravings and aversions, not mere likes and dislikes, but longings and loathings.

(4) Menstrual state (in women). General aggravations, before, during and after the menses. Of lower rank: Early, late and excessive, (only where there is nothing, such as a polypus, fibroid or menopause, to account for it.)

Particulars (Those particular, not to the patient as a whole, but to some part of him):

(1) First Grade. Symptoms which are peculiar, unusual, unexpected, unaccountable.

(2) Common Symptoms.

In this (Kent) method the physician first selects out-standing particulars, grading them in the order specified above and combines them, in the process of repertorization, with the physical generals, to evolve a working basis for the selection of a chronic remedy. The first few remedies at the top are then ranked with the particulars in the case record to see how they cover these. In this method as well as in that of Boger, one proceeds at this stage from generals to particulars. However, some of the particular symptoms have to be excluded if they cannot be logically related to the case. Such symptoms are called „accidental symptoms“ and they are not allowed to influence the choice of the remedy, because, „a prescription can only be made upon those symptoms which have their counterpart or similar in the materia medica.“

Nothing in particulars can contradict or contraindicate strongly marked generals; at the same time strong particulars must not be neglected on account of one or even more weak generals.

Eventually, the apparently indicated few remedies are studied in the materia medica with a view to select the most similar remedy.

All remedies in the General Analysis are printed on each card, and the most important remedies indicated for the rubric which is printed on the upper left of the card, are perforated. To make up the totality of symptoms in any particular case, the various cards representing the conditions which are characteristically present in the patient, are picked up and placed in apposition. When seen against a strong light, one gets a clear vision of a small number of indicated remedies. The final decision in favour of a simillimum rests upon the reference to the materia medica and other suitable references.

Boger says:

„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 third in the list and then if there is still 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 the job.

I mean to say you can't always run down the remedy out of the materia medica; you have to use your repertoires and books on comparative materia medica to finish the job." (Gr32)

He throws further light on difficulties in consulting the materia medica for particulars or discrete symptoms:

„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 (in Materia Medica Pura). It is a concomitant under „Abdomen“ and yet that „pressure on top of the head“ is the leading symptom for that case. It has the greatest importance in the whole case for that particular case“ (Gr32)

(because it is a concomitant symptom for the chief trouble of the patient.)

„If you are going to pick up the materia medica and hunt for „pressure on top of head“ for your remedy (Nat-m.), you will never find it because it is in some other section.“ (Gr32)

In the Materia Medica Pura,

„you will frequently find the location of a symptom entirely out of joint so to speak.“ (Gr32)

Prior to the construction of this Card Index Repertory, Boger had found that he could not use with advantage the then current card indices. He found them too cumbersome, too hard to handle and too large. He therefore slowly worked out one to suit himself, and, to quote Boger,

„later transferred it to punched cards to insure greater facility in use. The continued use of these cards slowly evolved a system which depends upon a threefold 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... Its basis is essentially that of the philosophy of Organon.“ (Gr32)

„Boenninghausen originally followed the regional-general continual method as found 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.“ (Gr32)

To quote Boger again:

„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 revolve 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 its case on the finer differentiations. This is extremely laborious and often impracticable 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 (particular) symptom as found in Kent. This soon reduces the drugs to a smaller number, when the mental outlook as given in the pathogenesis will decide.“(Italics ours). (Dha)

This is evidently an injunction not to open the case with a mental symptom. Herein the Boger method again markedly differs from the Kent method in which the case is opened with mentals if marked.

Dr. Stuart Close also writes in „The Genius of Homoeopathy“:

„Mental symptoms, when they appear in the record of a case, are always of the highest rank as material for the final generalization and completion of the totality upon which the prescription is based.“

Boenninghausen, too, does not appear to have any time attached the greatest importance to a mental symptom. While writing about modalities he observes :

„All of these indications are so trustworthy, and have been verified by such manifold experiences, that hardly any others can equal them in rank-to say nothing of surpassing them“ (Italics ours).

In the Boger method which closely follows that of Boenninghausen, it is therefore apparent that mentals do not take the first place in the opening of a case.

No doubt

„ there are certain mental states, stable and ingrained in the vital habit or constitution which are very strong. But these are comparatively few and not as often uncovered.“

And

„although highly significant and attracting to the choice, correct or incorrect, are not as dependable as guides against a wrong choice as the great physical generals.“

„With some exceptions, the symptoms showing the patient's reaction to those influences which condition physical existence, such as temperature, humidity, variation of functions and sensations arising therefrom, such as activity, rest, time etc., are most dependable to safeguard the choice.“

„The sympathetic system never being the source of life, its symptoms are apt to be more stable and its expressions more vital. Therefore they are the more dependable as landmarks in the formation of the totality.“

Another statement in a little different phrasing may clear up some points for some readers. Dr. Royal E. S. Hayes, M.D., writes :

„Boger's Synoptic Key in the form of cards and accompanying General Analysis, is in my opinion by far the best of repertories.“ (Ha39)

He advises to correlate, with the aid of the Index Cards the major influences of the patient's organic and functional disturbances into a concentrated grouping of symptoms. This eventually results in a small grouping of remedies in which the best remedy possible or the simillimum may be found. This small number of remedies is still further thinned out when evaluated with the aid of the General Analysis. In this way, he says, the prescriber comes close to the final selection with celerity and certainty. The certainty depends on perception and judgment in selection. Judgement has to be used in the selection of the first or basic rubric and this is precisely where the mental acumen comes in to save so much time. This has often been practised before by skilful repertorists in making a short scheme when desirable. But it is especially convenient with Boger's method because of his masterly selection of terms for his rubrics (cards). The best remedy is thus more likely to be included at the start and less likely to be dropped out in final working.

Boger was much pleased with this method of working adopted by Dr. Hayes and said that it had suggested to him still further ways to manipulate this repertory.

One of the advantages of The Card Index Repertory is that, when closely competing remedies have missing symptoms, it helps to decide easily - as the rubrics of this repertory are very potent - as to which remedy the negative value is to be assigned. Moreover, this Card Index is of especial value in working out case records having a paucity of symptoms.

Boger had an immense practice and a practice with all kinds of illnesses. He was many years bringing this work to its present state. The present editions of The Card

Index and General Analysis present his latest ideas as to values and are therefore much better in every way. He also added new rubrics with caution and only as his personal work needed them. This has made it more practicable and has thus been guarded against including less pertinent rubrics. A few rubrics like Moistness, Yellow, Discharges ameliorate (Suppression), Loose, Relation, Inactive, etc., have taken the place of so many other considerations. The total number of rubrics has thus been reduced to the convenient least number, and some rubrics are included therein which are not available in other repertories. Boger has succeeded in uniting in one rubric various influences or conditions holding sway over sick individuals and this has made The Card Index superior - the quickest and the safest.

In ordinary practice, generalization is least understood and very often neglected to the detriment of good work. A curative prescription can only be based on „generals“ which include and are derived from the „particulars“. The Card Index will thus impress upon the homoeopathic prescriber that „generalizing“ is one of the most important functions to be performed by him in the process of the selection of the curative medicine. It should be further realized that the finer homoeopathic art demands the perception of the rule that

„,the highest rank of all belongs to those symptoms that are not only peculiar but are also general.“

Boger writes:

„In any system it must be self-evident that the larger pathogenesis will cover more cases 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.“

Such odd and unusual symptoms would more often be found amongst those which seem to be far removed from the ordinary course of disease. These are what are called „concomitant symptoms.“

To the Young students, the General Analysis affords an opportunity of becoming familiar with the most significant and vital influences working on the Patient's vital force which, because of its outward direction, leads to a family of symptoms. It will thus also impress on him the significance of suppression of symptoms (vide card No. 71 ... Discharges ameliorate).

The rubrics in the General Analysis are arranged in an alphabetical order, with cross references and synonyms. It is therefore convenient to refer to the General Analysis for the required rubric before the corresponding card is picked up from the pack and replaced by a card of the different color supplied therewith. Before replacing rubric cards, they are arranged in the numerical order to save time and wear.

A case

(Worked by Boger's Card Index Repertory)

Mrs. B, age, forty-five years; nullipara, of normal growth and nutrition.

Chief Complaint

Eruptions on the skin with pain in joints. Duration three months.

Skin

Eruptions (92) (figures in the brackets correspond to the numbers of the cards available for the corresponding rubrics) more or less symmetrical, mainly papular ; a few, vesicular (292) and bullous; a very few, pustular, irregular, discrete patches, raised from the skin and covered with scales (61); a patch in the anterior fold of the right ankle, more thickened than other patches. These eruptions were located on every part of the body, except face and head. No eruptions could be detected in the mouth. A few eruptions were detected on the neck. The colour of the patches was violaceous. Onset of fresh eruptions was rather more marked when the weather was cloudy (296). Itching (142) of the eruptions was felt less by pouring warm water over

them but was aggravated by draft (303) which, before this ailment, was always welcomed by her. Sensation of burning (128) was severe in the night (185) and was ameliorated by covering (303). She had a sensation of heaviness (131) in the skin -as if something was stuck to it.

Locomotor System

But pain in joints (145), of elbows, wrists and fingers, was worse by covering (287) and was relieved by slight pressure of the other hand. Swelling of the joints was absent and the pain was not aggravated by motion.

„Aggravation of pain in joints by covering“ was the most recent symptom und pretty well marked.

„Burning of the skin“ and „pain in joints“ alternated (7). By the time „burning of the skin“ ameliorated by being warmed up (41) by the cover, „pain in joints“ set in und could then only be relieved by uncovering (41).

Sudden, convulsive movement of the neck, towards the left side, with pain in the trapezius muscle, followed by watering (172) of the mouth, was an old symptom and recurred now and then during the course of the last year.

Her palms were so hot (129) that she could not bear to touch the other parts of the body with it; on the contrary, her feet were cold (44).

Stomach and Bowels

Nausea (182-2), duration of which was six months, was associated with salivation (172) and also with thirst for a few sips of cold water; it was worse at 2 a.m. und was ameliorated after vomiting which was very often acid; the trouble generally continued till 6 or 7 a.m. und was ameliorated after eating. She had an aversion for milk which always caused nausea (182-2) und resulted in vomiting.

Stools were normal und satisfactory. Piles were quiescent; previous history of itching und sticking in the piles was available.

Menses

She was now in menopause. Previous history of menstruation was normal.

Mental Symptoms

None of importance. She belonged to that class of persons who bear their lot patiently. She came from a high class of society.

General

Her troubles generally started in the evening; e.g., itching, pain in finger und elbow joints, heart-burn, eructations-all from 4 p.m. onwards.

She remarked „My condition has been made worse by injections ; every injection increased my trouble ; and still they persisted that I should take more injections !“ She was also having different ointments for external use !

She had come here over a long distance. She und her husband were successfully treated by me, over 20 years back, for spirochetal (P.) und gonococcal infections. Since then Wassermann reaction has been found to be successively negative over long periods.

Clinical Diagnosis: Lichen Planus

Selection of the Remedy

To quote Boger:

„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.“

„Pain in joints“ is a symptom of this kind - a symptom far removed from the ordinary course of the chief disease of the patient - Lichen Planus.

We have again another statement:

„Ranking close behind, or even at times taking precedence of the peculiar and general symptom. must be placed the last appearing symptom of a case.“

The modality of „pain in joints“ was not only recent but also outstanding and definite. It was a symptom last to appear before homoeopathic treatment was instituted. Therefore „pain in joints,“ „aggravated by covering,“ was in this case, a symptom of the first importance in the choice of the remedy.

By placing in apposition, card No. 145, (Joints, arthritic complaints, etc.) and card No. 287, (Uncovering ameliorates, etc., warm wraps, Agg.), Calc. C., Led., Lyc., Puls., and Sul., appeared to be the group of remedies common to these two cards. The choice of the remedy for the case was therefore - expected to be confined to this group. If any out of these remedies be discovered to correspond to the case as a whole, one would expect that the remedy would influence the case very deeply und cause markedly curative results.

The cards, as mentioned in the following table, were used to correlate the major influence of the patient's organic und functional disturbances; and the valuation of the remedies for the corresponding rubrics was done with the aid of General Analysis, „CAPITALS“ getting 3 marks, „Antiques“ getting 2 und „Romans“ getting 1 only.

When these cards were placed in apposition und seen against a strong light, only Sulph. peeped through translucently.

Numerator corresponds to the number of rubrics covered by the remedy and denominator represents the evaluation totality for the same.

Number of the cards-Rubrics-Calc Led Lyc Pul Sul

243-Skin- 1 0 2 1 3
92- Eruption - 1 0 2 1 3
292- Vesicles - 2 0 2 1 3
61 - Desquamation (Scales) - 1 0 0 0 2
128 - Heat, burning - 2 0 0 0 3
142 - Itching - 0 0 2 3 2
131 - Heaviness - 2 0 1 2 3
44 - Coldness, partial - 1 0 0 3 2
129 - Heat, partial - 1 0 1 2 3
145 - Joints, arthritic complaints - 2 0 1 1 2
7 - Alternating effects - 0 0 2 2 2
172 - Moistness, increased secretions - 2 0 1 2 3
182-2 - Nausea - 0 0 0 2 0
287 - Uncovering amel., warm wraps, agg - 1 1 3 1 2
296 - Warmth agg., in general - 0 1 1 3 1
303 - Wind, draft, agg., uncov. agg., covering amel. - 2 0 1 1 3
185 - Night, agg. - 0 0 0 2 1
41 - Cold and heat agg. - 1 0 1 0 1

Other discrete symptoms as found in „Boger - Boenninghausen's Characteristics & Repertory,“ 2nd edition:

Page - Rubrics - Calc Led Lyc Pul Sul

474-2 - Aversion to milk - 3 0 0 4 2
509-1 - Nausea, agg. by milk - 3 0 0 2 2
507-2 - Nausea, agg. eating before - 0 0 0 2 4
901-1 - Sensation heaviness, load, like a - 0 0 0 0 2

Pulsatilla did not appear in the long list of remedies for Eruptions, Scaly, given in „Boger-Boenninghau-sen’s Characteristics and Repertory“ page 952-2, and was very poor in „Vesicles“ (see Page 977-1, of the same book).

Sulphur is prominent in aggravation in the evening (see page 1104-1, of the same book); and it had also that peculiar, particular, persistent symptom, „Neck; Drawing jerking in muscles.“ (See Allen’s Hand-Book of Materia Medica, page 1072-2.) Sulphur, evidently, was the leader in the field.

The lady was in a miserable condition. Therefore, though Sulphur was very strongly indicated, it was administered in the 30th potency, one dose, lest the higher potency might set in a severe reaction. No Ointments were prescribed. The loss of continuity in the skin caused by rupture of bullae was advised to be dressed by sterilized coconut oil and the same was advised for external application before warm bath. Soap was disallowed.

Progress of the Case

Two days after the administration of Sulp. 30 itching, burning und pain in the joints disappeared; and the scales of the eruptions began to fall off, more evidently after the bath und during the process of robbing with a towel for drying the body. The dose was repeated with good effect after six days as there was a relapse. Twenty-four days after, Sulp. 200, one dose, was administered, as there was again a relapse. After an initial aggravation, the patient again felt better. Twenty-one days after this, it was repeated in the same potency as there was again a relapse. Again after twenty-one days, on account of relapse of pain in joints, Sulp. 1000, one dose, was administered. Pigmentation of the skin had become very much less marked by this time. Relapse in the gastric, joint und skin region three weeks after the last administration of Sulp.1000, was again met with the same potency of Sulp. But this time it did not hold long. And as there was a relapse, Sulp. 10M, was administered, 12 days after the previous dose. Two and a half months later - the patient was still progressing satisfactorily. Every time, Sulphur was administered early morning on empty stomach.

After this treatment was instituted, the progress in the eruption was almost immediately arrested. And though there had been relapses as reported above, they were only of a subjective nature, and there has been a steady and progressive improvement in the size and colour of the patches.

L.D. DHAWALE

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