# Why You Should Simplify Your Repertorisation By Using Boger's General Analysis


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# An Introduction

Over the years homeopaths have created different ways to analyse complex cases. Our modern repertories have grown and grown and now include a huge amount of information. To cut through this information overload some have utilised the concept of grouping remedies together. Boeninghausen grouped them by Generalising, Borland introduced Children's Types, Herscu had his Cycles & Segments, Rozenberg used Boxes, Sherr offers Qualities and many others use Families as a way of analysing. The aim of all of these approaches is to provide the homeopath with a convenient way of analysing cases without having to hunt through the repertory to find a precise set of rubrics and then analysing that set of rubrics. Each approach undoubtedly has its merits and can help.

However, hidden away in our homeopathic legacy is the little repertory, **General Analysis,** by Cyrus Boger. Boger provided a concise repertory that only permitted the characteristic entries of remedies to be included. The GA does not include lots of particulars or specifics. It pre-dates Kent's repertory and was inspired by the earliest work of Boenninghausen which also used the concept of generalisation to keep the number of rubrics in the repertory to a manageable number.

Some obsess over the exact repertory rubrics to find and use when they could save hours of time using a repertory like **General Analysis** to help make their choice of remedy. It is perhaps, understandable that some find it difficult to change to a different way of working, especially if they have been trained to use one specific way (or repertory). This article tries to show how Boger's General Analysis repertory can be quickly learned and used with the focus on how to analyse cases from a practical perspective.

Will this little repertory be of use in every case? No, of course not! But it will be invaluable to use in a large number of chronic cases. It will help you cut though the uncertainty and doubt you may feel if overwhelmed with information. Boger's GA will provide you with a focused analysis of your chronic cases and will give you a choice of very well indicated remedies.

## Who Was Cyrus Boger?

He was born in 1861 in the USA and died in 1935, at age 74.

As well as being an experienced homeopath he will be best remembered for these repertories:

- Boenninghausen's Repertory of the Antipsorics (Translation) 1900
- Boenninghausen's Characteristics and Repertory (Translation and Additions) 1905
- Boger-Boenninghausen's Characteristics (he made many new rubrics and remedy additions) 1900-1935
- The Times of the Remedies and Moon Phases
- Alphabetic Repertory of Homoeopathic Remedies
- General Analysis 1924-1933

As you can see from his most prominent books, he used the original repertories of Boenninghausen and supplemented this with additional material. It is said that Kent himself used Boger's works until he compiled his own famous repertory.

Boger himself mostly referenced Boenninghausen's works although it is reported that he also used Jahr's and Welsh's repertories.  Boger was highly regarded by his contemporaries. He was also an experimenter - even using an 'Electrical Potentizer' machine to (apparently) make higher potencies of remedies.

## About the General Analysis repertory

Boger's methodology allows you to quickly repertorise quite complex cases with just a few rubrics.  There are approximately only  360 - 450 rubrics depending on which edition is used.

Most of the remedy entries represent those things that are ***characteristic*** of the remedies - this results in highly reliable rubrics you can depend on. Hahnemann said in The Organon Aphorism 104 "The physician has then the picture of the disease, *especially if it be a chronic one*, always before him to guide him in his treatment; he can investigate it in all its parts and **can pick out the characteristic symptoms**, in order to oppose to these, that is to say, to the whole malady itself, a very similar artificial morbific force, in the shape of a homoeopathically chosen medicinal substance, selected from the lists of symptoms of all the medicines whose pure effects have been ascertained."

Although it is true, as Hahnemann taught, that we would ideally like to elicit 'uncommon, peculiar or distinguishing' symptoms in a case, nowadays this is often not available to us. A lifetime of unhealthy eating, toxins in everyday life, vaccinations, medical treatments and drug regimes all obscure the picture.

Again from the Organon Aph 173: "The only diseases that seem to have but few symptoms, and on that account to be less amenable to cure, are those which may be termed one-sided , because they display only one or two principal symptoms which obscure almost all others. They belong chiefly to the class of **chronic diseases**."

Boger's GA is especially suitable for chronic cases in which we are often limited to the general progression of the illness and the locations affected. It is often typical of chronic cases that we see the patient is overwhelmed with all sorts of symptoms and side-effects that are caused by drugs and which could obscure our case analysis. Hopefully

we can still determine the nature of the real underlying problem(s) and especially also what parts of the body were originally affected.

In the GA you will see rubrics/entries such as Blood-vessels, Bones, Glands, Respiration etc etc. These are very helpful headings that you can use as if they were rubrics in the traditional sense to make sure you include all of the remedy leaders affecting those parts of the body. When using this repertory there is often no need to consider the exact or specific nature of the problem affecting the body part.

Hayes :

"Boger added new rubrics with caution and only as his personal work needed them. This made it more practical and guarded against including less pertinent rubrics. No repertory can ever be complete or perfect but Boger did a wonderful job. One would not suppose that a few rubrics like Moistness, Yellow, Discharges ameliorate (suppression), Loose, Relaxation, Inactive, etc. would take the place of so many other considerations but they do and there is reason behind it. In this way : Analysis, as I understand it to apply to provings and to patients, is a resolution of the data into the simple elements of the individual complex. This is what Boger's repertory points toward. Compare it with a great part of Kent's, for instance. Chopping up symptoms and regions and laying the pieces up in piles to the extent that Kent did does not help analysis in the philosophical or homeopathic sense. Boger made a serious attempt (although in my opinion the object can never become fully realized) by selecting and theoretically consolidating influences or conditions that hold sway over sick individuals, to unite analysis and synthesis in one rubric, usually expressed in one, two or three words. His degree of success in this, as the unavoidable clumsiness of repertory procedure goes, is one of the items that helps to make his repertory superior.

**Boger's Repertory is the quickest, usually requiring less than ten, sometimes five minutes for a solution**."

## How To Use This Repertory In Practice

One important point before we use the GA in a practical case. *You do need to learn the Boger GA layout*! Fortunately it is not hard to do - there are so few rubrics to choose from! So take a little time to familiarise yourself. Boger does use different rubrics to those you have been used to so a little self education will go a long way and pay back your investment considerably over the years.

So now let us use a practical 'real-world' case as an example and see how this works with Boger's GA: Here is a patient with kidney failure. Her GFR is now 19% and her creatinine level is high. She has been told to prepare herself for dialysis. She has a myriad of physical problems but on questioning you find out the most long-standing are Oedema/Swelling, extreme Tiredness (lack of energy)  and Tinnitus.

*How to approach this kind of case?* Some homeopaths will give so-called 'support remedies' e.g. Berberis in low potency repeated daily, possibly alternated with a high potency dose of a 'constitutional remedy'. Others will ignore the physical pathology and use only the patient's mental and emotional situation in order to decide on the remedy. Some will use a combination remedy as a kind of 'scatter-gun' approach. Homeopathy as taught by the original masters can be used to find exactly the remedy the patient needs. Let us see how Boger's little repertory can open up the case for you in a matter of minutes!

### Eliminative Approach

The original intent was for Boger's GA to be used as an **Eliminative** analysis, so the first rubric is often very important - as everything flows from this. The right remedy is likely to be included at the very start and less likely to be dropped out along the way (which is common when using particulars/physicals in a Kentian style of repertory).

Clearly in this type of case the deepest level of pathology relates to the Kidneys. Therefore any remedy we are going to prescribe absolutely MUST have correspondence or affinity with the Kidneys. So this is where we should start our analysis.

In the GA the Kidneys are included in the rubric heading 'Urinary Organs' - so that is the first rubric we take for our analysis.

✓**URINARY ORGANS, (324)** (24) *apis*, *ars*, bell, *berb*, cann-s, CANTH, *caust*, ferr, hep, LYC, *merc*, *merc-c*, nat-m, nit-ac, *nux-v*, ph-ac, *phos*, PULS, rhus-t, sars, SEP, sulph, *ter*, thuj

The patient complains that they are always extremely tired. They lie down nearly all of the time. Obviously this is all connected to the kidney dysfunction which leads to low energy, low blood pressure and blood toxicity - but we should still include this in our analysis. Here is the rubric for this:

✓**INACTIVE, Apathetic,, Lies down,, Lethargic, (146) (Lie down, Must Reaction Relaxation)** (21) ail, ant-t, *arn*, ars, bapt, calc, carb-v, caust, chin, gels, *hell*, *nux-v*, olnd, OP, PH-AC, PHOS, psor, SEP, *stram*, *sulph*, zinc

They also report that their whole body feels so **Heavy**. They say it is difficult for them to even 'lift my feet up to walk'.

✓**HEAVINESS, General, (139) (Weight)** (15) *bry*, calc, carb-v, chin, con, GELS, nat-m, NUX-V, ph-ac, *phos*, pic-ac, PULS, *rhus-t*, *sep*, *sulph*

Next we turn to their physical swelling. In the GA this is the rubric Puffiness (again, once you learn the Boger layout this will become second nature).

**Now here is an important point:** when planning to use other repertories you may have been taught to be very specific when taking a case and that is fine when using those repertories. You might have been told to choose, for example, Puffiness (or Swelling) of the Face if the patient specifically has that, or Swelling of the Ankles if they have that. And Kent-derived repertories, like the Combined, or Complete or Murphy provide large rubrics for you to use that support that approach. There are even 'rules' along the lines of .... if you see a repeated incidence in several parts of the body then, and only then, should you open up the Generals chapter of the repertory and use the general rubric Swelling.

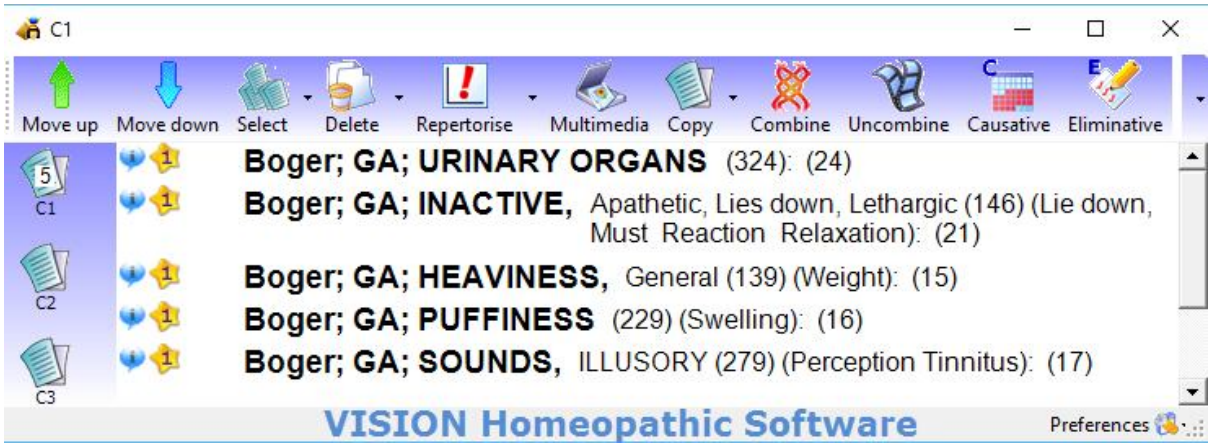
However when using the GA it will be helpful to put those ideas to one side. If you see Swelling or Puffiness in the patient and it is a long standing problem simply take the rubric Puffiness.

✓**PUFFINESS, (229) (Swelling)** (16) APIS, ARS, bov, CALC, caps, *ferr*, *kali-c*, lob, med, nat-c, nux-v, op, phos, RHUS-T, rumx, ruta

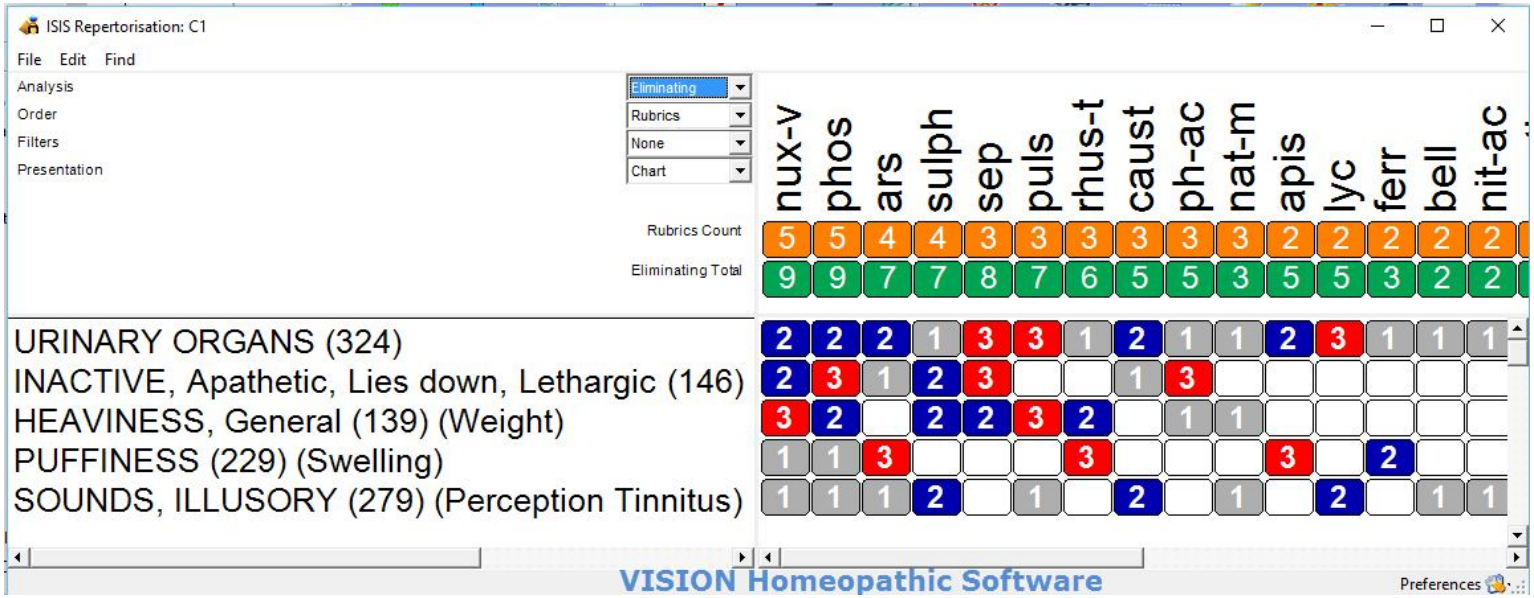
Finally let us use their Tinnitus - which is 'driving me crazy. I have this ringing in my ears all the time'. In other repertories you would probably search for the exact rubric for ringing in the ears - but in the GA we just take the rubric for Tinnitus, which is:

✓**SOUNDS, ILLUSORY, (279) (Perception, Tinnitus)** (17) ars, bar-c, bell, calc, *caust*, CHIN, graph, *lyc*, nat-m, nit-ac, nux-v, *petr*, phos, pic-ac, puls, spig, *sulph*

Now our selection is complete and we have used only 5 rubrics from the GA. Each rubric selected contains only those remedies that have these as 'characteristics'. You are now sure to be working with trustworthy data that you can rely on for accurate case analysis. So here is a summary of the rubrics in our case:




So having selected the rubrics we wish to use from Boger's GA a simple repertorisation with Vision gives us:




As you can see above using Boger's GA in this way you are left with a set of highly indicated remedies. **In our example case only 2 remedies run through all of the rubrics**! The advantage of the Eliminative type of analysis

(very easy to use with software like Vision) is that you only see these remedies that have an affinity with the main/deepest complaint so you can be sure that these remedies have strong correspondence with the Urinary Organs/Kidneys.

**And it has probably only taken you a few minutes to make this determination if using software like the Vision system.**

So now all you have to do is differentiate between the set of highly indicated remedies! And in our case there are only 2 to decide between! At this point you could go to another repertory, (if you really feel the need to) maybe, to add Modalities or Particulars to make the decision, or you can simply scan the list of well indicated remedies and use your own experience to decide between the remedies.

In Vision you could easily check the materia medica or keynotes for each remedy you were considering. This is one of the advantages of using computer software as you can do this quicker than you could reach for and open up your favourite book  materia medica!

Boger himself suggested using the patient's ***mental outlook*** as the deciding factor.

## Summary

To re-cap : using the GA for chronic conditions is a 4 step process:

1. First and foremost learn the rubrics and the layout of GA!
2. Secondly use an Eliminative analysis
3. When choosing rubrics emphasize the location of the underlying or original disease(s) in the body - choose the Chief Complaint at the very first eliminative rubric
4. Your final decision on which remedy to prescribe should be based on the mental/emotional state of the patient to which the final remedy must correspond.

As Boger himself wrote "This (approach) soon reduces the drugs to a small number, and when the mental outlook is as given in the pathogenesis (e.g., as in the proving) this will decide."

And in conclusion : Organon Aphorism 5: "Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, **as also the most significant points in the whole history of the chronic disease**, to enable him to discover its fundamental cause , which is generally due to a chronic miasm. In these investigations, the **ascertainable physical constitution** of the patient (especially when the disease is chronic), his **moral and intellectual character**, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, &c., are to be taken into consideration."

I hope this article has inspired you to use Boger's General Analysis repertory in your repertorisation. You will find it quick and easy to use in even the most complex cases.


Would you like to try the Vision software? Click here http://www.miccant.com/vision.html

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