

A portrait of a man with light-colored hair, wearing a dark, high-collared coat. The background is a dark, textured greenish-grey.

Boger
Boenninghausen's

Characteristics
&
REPERTORY

with
Corrected abbreviations, word index
& thumb index

C.M. Boger

**BOGER
BOENNINGHAUSEN'S
CHARACTERISTICS
&
REPERTORY**

**with
WORD INDEX**

C.M. Boger, M.D.

*with A Historical sketch of
Boenninghausen's Life*

by
T.L. Bradford, M.D.

Introduction by :-
Dr. Shashi Kant Tiwari

Correction of Abbreviation by
*Dr. D.P. Rastogi
Dr. V.D. Sharma*



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**BOGER-BOENNINGHAUSEN'S CHARACTERISTICS
& REPERTORY WITH WORD INDEX**

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FOREWORD

Many of our choicest pieces of homoeopathic literature are in danger of becoming lost because the editions have become exhausted and there has not been sufficient active interest to demand their replacement by new editions. Of course the lack of interest is directly due to the fact that few take the time to master the deeper study of homoeopathy and its philosophy.

The works of Boenninghausen are among the most comprehensive in logic, philosophy and applicability of the early writers - perhaps, with the single exception of the works of Hahnemann, the most comprehensive and far reaching in influence.

This is especially true in the field of repertory study. It must be remembered that while Hahnemann himself compiled a very brief index to remedies, and Jahr immediately preceded Boenninghausen's publication of the *Repertory of the Antipsoric Remedies*, it was Boenninghausen who first evaluated remedies in relation to individual symptoms, and it was he who first introduced various other methods of relationship of any given remedy to the individual case. Boenninghausen's analytical mind evolved the doctrine of concomitants, which has been all too often overlooked, and which has never received the study that it deserved from the later homoeopaths. Boenninghausen believed it to be of peculiar and characteristic value.

Probably there has never been a more thorough student of Boenninghausen than the late Dr. Cyrus M. Boger, and perhaps one of the greatest pieces of homoeopathic literature left by Dr. Boger is the *Boenninghausen's Characteristics Materia Medica and Repertory*, based on the original *Repertory of the Antipsoric Remedies*, but brought up to date and made far more valuable by amplification by the addition of remedies and also by the addition of a synoptic materia medica as one section of the book.

It may be said in passing 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 the part, as well as a section toward the end of the book devoted to general modalities.

This edition, brought out by Messers. Roy and Company of Bombay, has the latest notes from Dr. Boger's wealth of knowledge, and no doubt would have been published by Dr. Boger himself if he could have been spared long enough for the work.

DR. C. VON BOENNINGHAUSEN

One of the most noteworthy of the early practitioners of Homoeopathy was Clemens Maria Franz, Baron von Boenninghausen, who was born on March 12, 1785, on the ancestral estate of Heringhaven in Overyssel in the Netherland. His family was of the oldest nobility of Westphalia. At the age of twelve years he entered the high school at Munster, remaining there for six years, when he entered the Dutch University of Groningen, where for three years he attended the lectures upon law, natural history and medicine. He, received the degree of *Doctor utriusque juris* on August 30, 1806, and in October of the same year was appointed lawyer at the Supreme Court at Deventer.

In 1807 he accompanied his father who went as Electoral Representative from Overyssel to Utrecht to the Court of Louis Napoleon. He was made auditor of the Privy Council and within, a year Auditor to the King and a fortnight afterwards Secretary General. He was also appointed Royal Librarian and Chief of the Topographical Bureau. He remained in Holland until the resignation of the King on July 1, 1810. He then returned to his home and devoted himself to the study of agriculture and botany. He married in 1812 and re-moved to his hereditary estate of Darup. He soon entered into correspondence with the most prominent agriculturists of Germany and published several pamphlets upon agriculture. He was instrumental also in establishing the Agricultural Society for the District of Munster. In 1816 he became President of the Provincial Court of Justice for Westphalia in Coesfield, which position he retained until 1822. About this time he became one of the Commissioners for the registration of lands and his constant travels gave him ample opportunity to study the Flora of Rhineland and Westphalia and he published a book on the subject: "Prodromus Floae Monasteriensis." He became Director of the Botanical Gardens of Munster, retaining this position for several years, and received much distinction from his botanical writing. In 1827 a serious derangement of his health occurred and two celebrated physicians decided that he had purulent tuberculosis. In 1828, when all hopes of recovery had been abandoned, he wrote a letter of farewell to an old botanical friend, Dr. A. Weihe, of Hervorden, who was the first homeopathic physician in the provinces of Rhineland and Westphalia, though Boenninghausen had only known him as an enthusiastic botanist. Weihe, distressed at the news, wrote asking for a detailed description of the disease and expressed a hope that he might by means of a newly discovered method in medicine be able to cure his friend, Boenninghausen. Under Dr. Weihe's treatment Boenninghausen was entirely cured and became not only a firm believer in Homoeopathy, but its active missionary. He revived his former knowledge of medicine and began to practice. But he had no license to practise as a physician and for this reason he devoted himself to literary labors upon subjects connected with Homoeopathy. Most of the systematic works written by Boenninghausen concerning Homoeopathy were published between 1828 and 1846. He was at this time a constant contributor to the *Archiv fur Homoeopathische Heilkunst* and the *Allgemeine Homoeopathische*

Zeitung. On account of his great learning King Withelm IV., on July 11, 1843, issued a Cabinet order bestowing upon Boenninghausen all the rights and immunities of a practising physician.

Boenninghausen was a valued correspondent with Hahnemann, Stapf, Gross, Muhlenbein, Weihe and other notables of the homoeopathic school and was held in high esteem by all of them. In 1848 he was largely instrumental in establishing the Homoeopathic Society of Rhineland and Westphalia. He also was made member of nearly all the existing homoeopathic societies; the Western Homoeopathic Medical College, in Cleveland, in 1854, gave him an honorary diploma; the Emperor of France appointed him a Knight of the Legion of Honor on April 20, 1861. He had seven sons, the elder of whom married the adopted daughter of Madame Hahnemann.

Boenninghausen for many years lived in Munster. He received patients daily from nine to two o'clock, from two to five he spent in walking about the suburbs and in the Botanical Gardens. He lived to attain the age of seventy-nine years, dying of apoplexy on January 26, 1864.

No one man, except Hahnemann, has left so deep an impression upon the literature of Homoeopathy, or has exerted so great an influence in favour of the Homoeopathy, taught by Hahnemann, as Boenninghausen. His Therapeutic Pocket Book, first published in 1846, has been a guide to many, and other of the works of his scholarly pen have also been held in demand by the believers in pure Homoeopathy. He devoted himself especially to presenting the *Materia Medica* so that the chief characteristics of each remedy might be thoroughly understood by the practitioner and his writings are mostly devoted to that object. The great literary work of his life was probably his editorship of the *Aphorisms of Hippocrates* with the *Glosses of a Homoeopathist*, which was published in 1863.

Boenninghausen adopted and practised the three precautionary rules as laid down by Hahnemann in his practice, and his success in practice, his lucid exposition of homoeopathic *Materia Medica* and the integrity of his writings have endeared him to all who believe that the law of the similars is the real law by which the sick can be made well.

T.L. Bradford

May 10, 1905

There is no question but that this edition will be a choice addition to homoeopathic literature, in making available the combined observations and logic of Boenninghausen and the wide and wise observations garnered by Dr. Boger from long years of study and practice. Messers. Roy and Company have rendered the homoeopathic students of the world a great service by their valuable reproduction of priceless volumes.

Derby, Conn.

U.S.A.

September 21, 1938

PUBLISHER'S NOTE

Boger Boenninghausen's Characteristics Materia Medica and Repertory is the most comprehensive in logic, philosophy and applicability of the early writers, this is especially true in the field of study of Repertories. This treasure was available to homeopathic fraternity in two different sizes, one with, and the other without materia medica. To standardize the book and to make materia medica by Boger available to all, an attempt has been made to launch the standard size of book having both Materia Medica and Repertory.

We would also like to thank Dr. D.P. Rastogi and Dr. V.D. Sharma who worked out the correction work of nearly 108 abbreviations given in the Boger Boenninghausen's Repertory, which were also published in British Homeopathic Journal. The same is reproduced here. These abbreviations have also been corrected in the book. The old word index has been replaced by a new one.

With a hope that this new edition would be of immense help to students and physicians we would like to thank those who have contributed.

Mr. Kuldeep Jain
(CEO, B. Jain Publishing Group)

PREFACE

It gives me great pleasure to be able to present the essentials of the masterpieces of Boenninghausen, condensed into one volume, to the profession. The "THERAPEUTIC POCKET BOOK" is easily the foremost of these; an annotated copy presented by the author to the late Dr. Carrol Dunham later became the property of Dr. H.N. Guernsey and is now in the possession of his son, Dr. Joseph C. Guernsey, whose courtesy enables me to incorporate it in its entirety in the present work.

The *Materia Medica* part consists of the Characteristics, now translated as such for the first time, the "Whooping Cough," the "Domestic Physician," therapeutic hints gleaned from the "Aphorisms of Hippocrates," and the symptom text of the "Intermittent Fever." For purposes of comparison the "Allied Remedies" are added at the end of each remedy; they were the result of long years of observation on the part of Boenninghausen and largely supplemented the "Concordances." It has been my aim to arrange and sift the matter in a way that would avoid all needless repetition, as well as to render the most expressive sentences as accurately as possible, while preserving their essential meaning. The periodic homoeopathic literature of Boenninghausen's time contains many communications from him and large numbers of hints from this source have been incorporated in the text.

In order to enhance the value of a book intended for ready reference, I have thought it best to add the following remedies: Aloes, Apis, Argentum nitricum, Borax, Bromium, Calcarea phosphorica, Fluoricum acidum, Gelsemium, Glonoinum, Kali Bichromicum, Kreosotum, Mercurius Corrosivus, Natrum sulphuricum, Phytolacca, Podophyllum, Psorinum and Tabacum. These, in very considerable measure, represent the advance in our *Materia Medica* since Boenninghausen passed away.

The Repertory embraces the "Pocketbook" the "Apsoric" and the "Antipsoric" repertories, the "Sides of the Body", the repertory part of the "Intermittent Fever" and of "Whooping Cough," as well as a large number of paragraphs from the "Aphorisms of Hippocrates," properly designated additions have been made from the, exigencies of daily practice, but no clinical symptoms have been thus admitted.

ON THE USE OF REPERTORIES

A Repertory is essentially an index and may be advantageously used as such for discovering particular symptoms as well as for grouping remedies containing similar combinations in their pathogeneses. The latter, as it insures an unique comprehensiveness of grasp, is by far its most important use. Such groups are often large, and when so, are necessarily thinned out by eliminating all the remedies which lack the essential, general and special regional-conditions. It should be borne in mind that the Conditions, especially if regional, are apt to modify almost any symptoms that the remedy may possess. This subject is further elucidated by the

following article which is abridged from an article entitled “**A Critical Review of the Value of Symptoms,**” published by Boenninghausen in the *Allgemeine Homoeopathische Zeitung*, Vol. LX., page 73.

CHOOSING THE REMEDY

Hahnemann, in aphorism 152 of the Organon, gives explicit directions for its selection; he tells us how the choice should be made from among the drugs which exhibit effects simulating those of the Whole Disease picture at hand and shows how the final differentiation depends upon the individualistic or peculiar symptoms. A truly scientific procedure.

The interpretation of what constitutes a *striking* or *singular* symptom, except as pointed out in 86 and the following, is left to the judgement of the physician, but is elucidated in the following seven considerations:

1. *Changes of personality and temperament are particularly* to be noted, especially when striking alterations, even if rare, occur; the latter often supplant or by their prominence may obscure the physical manifestations and consequently correspond to but few remedies. Taking written notes of every case gradually drills the mind into recognizing types (personalities) and their corresponding remedies.

The expressions of the intellectual and moral proclivities are inter-dependent and their combined character affords the best and almost sole indication in the choice of remedies for mental affections.

2. It is self evident that the nature and *peculiarities of disease*, as well as the virtues of drugs, must be thoroughly known before we can hope to give practical aid in sickness. The homoeopath soon realizes that for him everything in medicine is generalized too much; the most diverse diseases needing quite different remedies are designated by a common title which excludes every precise indication that might lead to the most suitable remedy hence he can make only a limited use of diagnosis. For the same reason every allopath orders a different medicine or mixes his drugs to cover the various indications.

The most accurate and indubitable diagnosis of a disease form as depicted in pathological (allopathic) treatises can seldom or never suffice for the sure selection of the similar (homoeopathic) remedy in a concrete case. It can, at most, but not invariably, serve to exclude from the comparison all medicines which do not correspond to the nature of the disease, but which on the contrary seem to expend themselves upon other parts of the living organism.

3. *The seat of the disease* frequently points to the decisive indications, for almost every drug acts more definitely upon certain parts of the organism, the whole body seldom being affected equally, even in kinds differences occur in the so-called local disease, as well as in the affections designated as general; such as gout and rheumatism. At times the right, then again the left side suffers more; or the pains may appear diagonally, etc., etc.

The amount of attention to be given to the affected part is necessarily proportioned to the magnitude of the general illness of which it is a portion. Such general terms, therefore, as headache, toothache, bellyache, etc., even when the nature of the pains is expressed, cannot contribute even the least towards a rational choice of the remedy.

It is essential to ascertain the seat of the local disease with accuracy; for every experienced homoeopath knows how, in toothache for instance, it is necessary to select the remedy which in its provings has repeatedly acted upon every tooth that suffers. The specific curative power of Sepia in those stubborn and sometimes fatal joint abscesses of the fingers and toes is extraordinarily conclusive evidence upon this point, for they differ from similar gatherings in location only while the remedies so suitable for abscess elsewhere remain ineffectual here.

Had the niceties of physical diagnosis of our times been known during the age of Hahnemann he would doubtless have localized his remedies more accurately than merely giving such vague designations, as above, below, right or left, etc. It would become our contemporaries infinitely better to fill up these gaps than to keep on repeating well known symptoms or discovering others which are almost invariably of no importance.

In the treatment of disease the value of modern methods is far less therapeutic than prognostic. The internal physical signs and objective material changes never represent the dynamic disease but are its product, developing as it progresses. When, as is often possible, such disorganizations can be nipped in the bud by well selected remedies it is unpardonable to await their appreciable ravages. This is equally true of homoeopathic prophylaxis.

4. In finding the similimum for the whole case *the concomitants, above all, demand the most thorough examination.* While carefully elucidated characteristics strikingly portray the leading features of a case they are always modified by the peculiarities of the relief before the picture can be said to be accurate. Common-place or well known accompaniments are unimportant unless they are present in an extraordinary degree or appear in a singular manner.

We must, therefore, examine carefully all those accessory symptoms which are:

- (A) Rarely found combined with the main affection, hence also infrequent under the same conditions in the provings.
- (B) All those belonging to another sphere of disease than that of the main one.
- (C) Finally those which bear the distinctive marks of some drug, even if they have never before been noted in the preceding relation.

A concomitant may so distinctly and decidedly depict the nature of a drug, and consequently indicate it, as to acquire an importance far outranking the symptoms of the main disease; it then points to the most suitable medicine. Such symptoms

above all others evidently belong to those which Hahnemann called *striking*, *extraordinary*, and *peculiar* (characteristic) and are to receive our almost exclusive attention because they lend their individuality to the totality. A number of efficient and partly specific remedies for various disorders are almost solely discoverable from among them because the disease symptoms proper, for lack of peculiarities, offer no possible assistance in the choice. The system of concomitants also makes Homoeopathy distinctly safer, rendering it less dependent upon a previously constructed diagnosis which is often deceptive.

5. *The cause.* Pathological explanations and speculations are too far removed from our entirely practical method to have any great value in a therapy and cure. Diseases are logically divided into internal and external. The former arise from the natural disposition, which is sometimes highly susceptible (idiosyncrasy). That latter can excite disease principally by means of external impressions, when there is already a natural predisposition thereto.

The modified natural tendency to disease depends, according to Hahnemann, upon the unradicated miasms of psora, syphilis and sycosis. When it does not originate in these it is mostly composed of remains and sequels of the acute affections which so largely go to make up drug diseases and poisoning; but we not infrequently see both factors combine to undermine the health thus presenting a proportionately deeper rooted disease just that much harder to combat. In such cases antipsoric remedies very much excel all others in efficacy. (The scrofulous diathesis-psora-is constantly being extended by the practice of vaccination: our view of the matter receives confirmation from the fact that in very many cases of such diseases which are essentially acute in character it is only by the administration of our so-called antipsoric remedies that rapid and durable cures can be effected. Preface to Whooping Cough.

Whether or not we believe the psoric theory the fact remains that the best selected remedy is often ineffectual unless preceded by the proper antipsoric, antisycotic or antisiphilitic, as the case may be, but because of their almost identical symptom lists it is generally chosen with difficulty by differentiating and searching out the few true characteristics.

Drug diseases and poisonings do not differ in their health destroying power. The drug given should be ascertained and properly antidoted. Simple poisons are easily detected by their effects but a drug disease is generally a compound result which fails to show a clear and accurate picture, hence a knowledge of the contents of former prescriptions taken is a necessity and lightens the labor.

Practice has extracted and rendered the *anamnesic symptoms easy* of access, thus greatly restricting the list from which the selection is to be made so that attention to but a few characteristics quickly determines an accurate choice. This is especially true of sprains, burns, etc. Clods are more complicated because of the divers manner in which they are contracted and the different parts which they affect point to different remedies; for instance, it makes a great difference whether they

are contracted while sweating, by exposure of a part being drenched all over or partly, etc. Various remedies must be considered according to whether the symptoms localize themselves internally (stomach, chest, abdomen, etc.) or externally (head, feet, back, etc.). Such remedies are not to be readily thrown aside unless certainly found dissimilar in other respects,-So much depends upon a knowledge of the cause (Anamnesis) of disease, that without it *the* choice of a homoeopathic remedy cannot be made with safety: Aphorisms of Hippocrates, VII., 12.

Homoeopathic prophylactics are tested and sure. The very remedies which cure the fully developed disease will protect exposed persons. This is very important for the reason that incipient diseases are generally very lacking in the characteristics which determine the choice.

6. *The Modalities* are the proper and most decisive modifiers of the characteristics, not one of which is utterly worthless, not even the negative ones. They have developed in importance with the growth of Homoeopathy.

A superficial examination of any completely proven drug will reveal the common symptoms of all diseases, such as headache, bellyache, diarrhoea, eruptions etc, etc., a little closer inspection of their sensations and relations to the different parts of the body establishes undoubted difference in the manner of their appearance, the modality. All Experienced homoeopaths pay great attention to this point. It is self evident that the modality must be, specialized; it is not sufficient, for instance, to note the general effect of motion in a given case, but the various kinds of motion and whether they arise during continued or at the start of movement must be known. Likewise, the general effect of position, such as lying on the side, back, crosswise, horizontally, etc. as well as the special discomfort or ease caused from lying on the painful or painless side; must be elicited in order to apply the most suitable remedy.

The cravings and aversion to various foods furnish some of the most important points in deciding upon the remedy.

When the symptoms seem to point out a particular remedy with which the modalities, however do not agree it is only negatively indicated and the physician has the most urgent reason to doubt its fitness: he should therefor, seek for another having the same symptoms.

7. *The time* is hardly less important than the aggravation and amelioration itself and could be of great use where the different stages of disease left undisfigured by drug influences, for they constantly produce the most devious effects upon the natural course of disease. I hope no one will say that periodicity necessarily indicates Cinchona (Quinine), for there is hardly a single homoeopath who has not treated numerous victims of this error. This homoeopathic objective concerns two points which have a direct bearing upon the choice of the remedy.

- A. The periodical return of the symptoms after a shorter or longer period of quiescence.

B. The hour of the day when they are better or worse.

The former coincides with epochs having special accidental causes such as menstrual disturbances, all seasonal or temperatural influences, etc. Where it is impossible to discover such secondary causes or where as is usually the case their time of recurrence is not more accurately designated they have no value for homoeopaths because they are lacking in precise indications.

The general or special modalities referable to the time of day are of much greater importance, for hardly any disease lacks this feature and the provings supply the same peculiarity, qualifying them for the best and most comprehensive uses. To illustrate this we need only refer to influences which the time of day exerts upon coughs, diarrhoeas, etc. A considerable list of remedies exhibit typically recurrent effect, unless these are clear and decided (like *Hell*, and *Lycopod*, at 4-8 P.M.) or return at exactly the same hour (*Ant.c.*, *Ign.*, *Saba.*) they are unimportant.

(In general the tyro in Homoeopathy cannot too earnestly take to heart the caution to avoid the great error of regarding a numerically large mass of symptoms that are general in their character, but do not individualize the case, as a sufficient guide in choosing the remedy. The keen perception and appreciation of those symptoms, which at the same time, correspond to the Nature of the disease and also designate the remedy which is exclusively or at least most decidedly indicated-this alone betokens the master mind, for it is easier-very much easier-to select the right remedy after a picture of the disease, complete in every respect and fully meeting all requirements, has been drawn up, than to obtain the materials for such a picture and construct it for oneself.) From the Preface of the Whooping Cough.

THE REPETITION OF THE DOSE

Medicines, by proper (higher) potentization, develop a continually widening, quicker and more radical sphere of action which stretches far beyond all pathological forms but never outgrows their own true characteristics. This should however not lead us into straining at conclusions and making blind applications of this postulate.

A single dose of the properly selected homoeopathic remedy will in a short time so transform the character of a disease as to cause it to show indications for a different remedy. The common experience that the continued thoughtless and injudicious use of the same medicine often dose more harm than good, and that two very similar remedies do not follow each other well, has its origin in this fact.

The primary and secondary action of many drugs repeats itself alternately, hence as long as this happens, the one (first) dose has not exhausted its action.

In diseases like small-pox, scarlet fever, etc. which generally attack man only once, every repetiton particularly of the higher dynamizations only tend to prejudice or retard the cure, whereas in other disease it regulates itself by the extent of their liability to cure.

In every attack one minute dose of the rightly chosen remedy if allowed to quickly expend itself not only accomplishes everything to be expected of medicine but when the same drug is after a long time again given as evidently the most applicable remedy even for another disease, it disappoints us and will only act after a sufficient time has elapsed for the former dose to have finished its work.

In chronic disease the action of the truly legitimate (similar) remedy must be left undisturbed if we wish to attain success.

External manifestations are in no ways indispensable to the existence of chronic disease; on the contrary the more the external (vacarious) symptoms are disturbed or repressed the deeper do they take root and flourish internally. It follows from the dynamic nature and constitution of every real disease that it is never purely local, but always finds its genesis in the immaterial life force, therefore in the whole living organism. and can only be rooted out as fast as the increasing vital reaction displaces the primary drug action: most rapidly towards the end. Abstracted from the Aphorisms of Hippocrates. VI.12.

In conclusion it may not be useless to call to memory, in an abridged form, what my worthy friend, Dr J.Aegidi says in the Archive of Homoeopathy (XII. I I., 121). which coincides entirely with my own experience after the administration of the carefully selected (according to the similarity of the symptoms) remedy as early at the latest as after the lapse of eight days (in acute sickness often already after a few hours), one of two events certainly follows either.

- A. The state of the illness is changed or
- B. It remains the same.

A change in the sick condition embraces three events either

- 1st. The condition is ameliorated.
- 2nd It is aggravated, or
- 3rd The disease alters its symptom complex.

In the first case one sees the medicine's beneficial action penetrating deeply and it were, therefore hasty not to wait the fullest extent of the amelioration. Here at least haste is useless, mostly harmful and only then when the improvement comes to a visible standstill is it advisable to give a second, third or fourth dose of the same remedy, especially, however, only as long as lessening but not essentially changed symptom complex still points to it.

In the second event we see the state of the sickness becoming worse : particularly do the characteristic symptoms heighten their intensity without changing or transposing themselves the so-called homoeopathic aggravation. Here the remedy has overcome the affection in its essence and for a while nothing further is to be done unless perhaps entirely too important complaints make the application of a proper antidote necessary, which on most occasions is found in a second, and if possible, still smaller dose of the same medicine.

The third instance concerns an alternation of the symptom complex and is evidence when this happens that the remedy was not fittingly chosen and must be exchanged for a suitable one as soon as possible..

When notwithstanding the carefully chosen remedy and the patient's faultless diet, the sick condition on the contrary is not at all changed as in the case mentioned under B. The cause usually lies in want of receptivity which we must seek to remove either by repeated small dose or by medicines recommended for deficient reaction.

By following these rules we have the pleasure of assisting the sick to recovery in an incomparably shorter time than has commonly been possible under the former evil treatment where the physician lacked a fixed rule of practice;_ From the Preface of the Antipsoric Repertory.

The repetition of the dose is determined by the nature and force of the response elicited; this response reveals the actual status of the patient in proportion to the accuracy of the prescription. The speed of the reaction is naturally governed by the course of the individual affection plus the vital reactive power of the individual. Hence it follows that a quick relief in chronic disease bodes no good if the remedy has been properly chosen.

No second dose should be given as long as the relief progresses even though slightly. The amelioration is apt to show itself in the mental state first: the mind becomes more tranquil and the suffering is more easily born although its intensity may as yet not be lessened.

In a real cure the symptoms recede from above downward, from within outward and in the reverse order of their coming: all other ways are irregular and open to suspicion of being mere palliations calculated to destroy the natural symmetry of the manifestations. Hence to complicate and tender the disease intractable.

THE HOMOEOPATHIC PROGNOSIS

Homoeopaths, besides knowing all that the allopaths do of diagnosis possess the most trustworthy signs derived from the behaviour of the remedy.

Experience teaches that whenever the quite correctly and fittingly chosen remedy is applied and operates within the sphere corresponding to – its action, hence excites the necessary reaction, the overthrow of the disease is naturally to be expected. If on the contrary the reaction remains absent or symptoms, which are foreign thereto appear during the operation of the drug the prognosis is most grave, even if not apparently so.

In order to profit by examples of -such phenomena it is absolutely necessary to have an accurate knowledge of the powers of every medicine even down to their finest shades of difference as well as to see to it that only one remedy is administered at a time. aphorisms of Hippocrates, II, 19: also I, pages 12-13.

The signs used in this work are:

The *used to designate paragraphs from the Pocket Book as altered by the Dunham copy.

The +used to mark new paragraphs whose introduction, it is hoped will help in the selection of the similitum.

The †is attached to single abbreviations and indicates that the remedy so marked has been inserted as a true pathogenetic symptom.

This work is now introduced to the profession with the hope that it will be found an ever ready aid in finding the most similar remedy: such I have found it to be, and I am anxious that my professional brethren shall share its benefits with me. That it is either entirely exhaustive of the subject or perfect I do not claim but that it is a help of no mean value I am certain.

C. M. BOGER.

Parkersburg, W. Va., June 15, 1905.

C.M. BOGER'S LIFE AND WORK

by Dr. Shashi Kant Tiwari

“Probably there has never been a more thorough student of Boenninghausen than the late Dr. Cyrus M. Boger.” -Herbert A. Roberts

Dr. Cyrus Maxwell Boger, MD was a leading and prominent Homeopathic Physician of U.S.A. He was born on 13th May 1861 in Annville, Western Pennsylvania. He was the son of Professor Cyrus and Isabelle Maxwell Boger. He received his early education in the public school of Lebanon, Pa. He graduated in Pharmacy from the Philadelphia College of Pharmacy and later graduated from Philadelphia College of Medicine. He studied at Hahnemann Homoeopathic Medical College, Philadelphia and qualified himself as a Homoeopath.

He came to Parkersburg in 1888 and became engaged in the practices of medicine. During his long career in medical practice and research Dr. Boger contributed a lot by his writings and successful treatment of incurable cases. It is said that patients reported to him from various parts of U.S.A. and neighbouring countries because of his ability to prescribe right medicine even in incurable cases marked with common symptoms.

He became widely known through a large number of learned contributions to homoeopathic literature. His depth of knowledge in Materia Medica, Philosophy, Case taking, Repertory and Prescribing was inimitable and exemplary.

His indefatigable labour for the production of the original work has given the profession a new direction to the study of a patient and practice of Homoeopathy.

He was married three times. A daughter from the first marriage died quite young. The second marriage brought him four sons and five daughters. His third wife, Anna M Boger was his secretary and constant helper.

Dr. Boger was in correspondence with Dr. L.D. Dhawale, Mumbai who incorporated his views about pathological general, wrote introduction to *General Analysis* and strongly advocated their use in treating the patients.

Dr. Boger passed away on September 2, 1935 at the age of 74. He seems to have been an extraordinary man, a seer and a sage, extremely industrious and ingenious.

His method of finding out a remedy through analysis and synthesis, and construction of repertory, writing several other books and lively translation of several medical books from notable German authors have made him a renowned author and a physician of great eminence. His proving of *Samaraskite* is also a valuable contribution to the profession

Books authored by Dr. C.M. Boger:

- 1900 *A Systematic Alphabetic Repertory of Homoeopathic Remedies—
Boenninghausen (Translation)*
- 1905, 1937—*Boenninghausen's Characteristics and Repertory*
- 1906 *The Times of Remedies and Moon Phases*
- 1915 *Synoptic Key*
- 1928 *Card Index Repertory & General Analysis*
- 1931 *Onwards—Studies in Philosophy of Healing, and several other articles*
- (His articles are published as “*CM Boger—Collected writings*” by Robert Bannan in 1993)

BOENNINGHAUSEN'S CHARACTERISTICS AND
REPERTORY
BY C. M. BOGER

A Commentary
by
Dr. Shashi Kant Tiwari

INTRODUCTION

Dr. C.M. Boger was a leading practitioner of United States in the early decades of twentieth century. As a practical man he well understood the difficulties faced by the practitioners of his days in finding out a correct correspondence in *Materia Medica* in the shortest possible time. The perceptive mind of this German physician soon discovered that, in spite of the availability of a plethora of literature and clinical experiences, the burning question was how best these could be put to use. In his time, both the Boenninghausen and Kentian schools were popular. Boger made a study of both but accepted Boenninghausen's way of working out a case. Finding that the practitioners had to depend on the existing faulty translations of *Repertory of Antipsoric Remedies*, he embarked upon the task of translating it in 1900. In the course of his translation work, he was further convinced that Boenninghausen's basic principles, plan and construction were sound, and that the book was comprehensible, and hence practicable. Boger was also aware of the difficulties faced by the practitioners while using the *Therapeutic Pocket Book* as well as criticism leveled against its principles and methodology.

Boger also undertook another major work of rewriting Boenninghausen's repertory. This he did by adding aggravation, amelioration and concomitant in a detailed manner at the end of every chapter. The outcome was a more useful work enriched with many new chapters, new rubrics and medicines. It was published by Boerick & Tafel in 1905. Even thereafter Boger continued to work on the repertory; however, death snatched him away before he could give the final version. His manuscripts were published posthumously with the assistance of his wife, by Roy & Co., India in 1937.

This, the second edition, proved very useful in successfully working out cases. It contains characteristics of medicines in the first part and repertory proper in the second. Hence the title *Boenninghausen's Characteristics and Repertory*. The work is an attempt to bridge Boenninghausen and Kent.

PHILOSOPHIC BACKGROUND

Boenninghausen's pioneering work was in great use during the second half of the 19th century because it was the only work of its kind available to the practitioners. However, with the publication of Kent's repertory in 1897, it receded to the back stage. Consequently, Boenninghausen's work as well as his principles were overlooked. Boger creditably resuscitated Boenninghausen by refining and enriching the fundamentals and recasting the structure and methodology.

Boger, while working on the Boenninghausen's repertory, subscribed to the principle of totality of symptoms which was originally given by Hahnemann. He was fully in agreement with the idea of what constitutes a complete symptom, which is studied in relation to four factors, viz., location, sensation, modalities and concomitant.

Boger's work *Boenninghausen's Characteristics and Repertory* based on the following fundamental concepts:

1. Doctrine of complete symptom and concomitants
2. Doctrine of pathological generals
3. Doctrine of causation and time
4. Clinical rubrics
5. Evaluation of remedies
6. Fever totality
7. Concordances

1. Doctrine of Complete Symptoms and Concomitants

Patient narrates the story and details the suffering during clinical interview. All symptoms are not concrete and complete. A complete symptom is that which consists of Location, Sensation and Modalities. During interview unreasonable attendants of main symptoms are also noticed in relation to the time (before, during or after) which are called concomitants. Boger borrowed the idea of complete symptom from Boenninghausen's method of erecting a totality, but he improved over it by relating Sensation and Modalities to specific parts, thereby he fairly and squarely met the criticism.

A complete symptom, according to him, consists of its following components:

- (a) **Location:** This component of symptom is commonly present. Majority of the symptoms can be easily related to the parts. Location includes part, organ, tissue, system, direction, and extension involved in the disease process.
- (b) **Sensation:** Patients generally first mention this component of the symptom. The change in normal function alters the sensation, which is first noticed as a complaint. The exactness of the sensation helps the physi-

cian to understand the complaint and differentiate the drugs. It includes the type of pain, suffering and complain, and functional or organic changes characterizing the morbid process.

- (c) **Modalities:** Every symptom is qualified by the factors, which modify them. In most of the expressions, the increasing factor is identified by the patients first, and factors which give relief are hardly noticed. For completing the symptoms both these factors, aggravations and amelioration, are important. Modalities include factors such as causing, exciting, increasing, decreasing, or any other modification of the symptoms.
- (d) **Concomitants:** This is not an essential component but its presence would immensely help to individualize the case. Along with other three components mentioned above, there exist some expressions, which are not directly related to the symptom, but such expressions appear and disappear with the complaints. They are the expressions of the individual and thus they deserve prime importance in the study of the symptoms and disease. Very often patients forget to mention concomitant because they do not consider them worthy of being mentioned.

These *unreasonable attendants* of the case, which help to differentiate one case from another, and one remedy from another, are called *concomitants*. Concomitants are often divisible into three components, viz., location, sensation and modalities.

In the book the complete symptoms are well arranged and it is seldom necessary to do Grand generalization regarding Sensation and Modalities. *Concomitants are given greater importance by Boger in relation to parts.*

2. Doctrine of Pathological Generals

Boger was not satisfied by merely following the principle of complete symptoms, but he went further to seek a general changes in the tissues and parts of body. Today with our advanced knowledge of medicine, it is not difficult to understand the importance of pathological generals mentioned by him in the repertory.

Pathological generals tell the state of the whole body and its changes in relation to the constitution. They help us to concentrate on more concrete changes to select the *similimum*. The chapter in the book “Sensation and Complaints in Generals” is full of examples of pathological generals, which include discharges, structural alteration, constitutions, diathesis, etc.

3. Doctrine of Causation and Time

Boger has given an adequate place and importance to causation and time of the expressions. Each chapter in the book is followed by time aggravation. The

section on Aggravation also contains many causative factors. From his point of view, causation and time factors are more definite and reliable in cases as well as in medicines. In his own practice, he has successfully employed these factors to find out *similimum* in the shortest possible time. His other works also substantiate the importance of these factors. In the chapter, *choosing the remedy*, he gives importance to miasmatic cause as well as exciting cause.

From Bogers *Synoptic Key*, a valuable gift to the homoeopathic world, it is obvious that his hierarchy in evaluating symptom was somewhat different from Boenninghausen and Kent. He gives more importance to CAUSATION and GENERAL MODALITIES (mental and physical) followed by general sensations (pathological generals and physical generals) which hold the key in the remedy as well as in the person. Thus according to Boger they need to be given an adequate place in repertorization.

4. Clinical Rubrics

Boger was not the first person who appreciated the use of clinical condition in grouping medicines and their use in selecting a remedy in absence of characteristic symptoms in the case. But he was the first one who appreciated and mentioned several clinical conditions, which he came across in day to day practice. Though they should be put to a limited use, they help the physician in cases of advanced pathology, i.e. gross tissue changes where he is left without getting a clear picture because of poor susceptibility. These rubrics are useful to arrive at a group of medicines, which can be further narrowed down, with the help of modalities and concomitants to select finally the most similar remedy.

5. Evaluation of Remedies

Boger followed the same innovation, which Boenninghausen introduced in the grading of remedies. He introduced the grading of symptoms into five ranks by the use of different typography such as:

CAPITAL	5
Bold	4
<i>Italic</i>	3
Roman	2

(Roman) in parenthesis (1) rarely used.

The gradation is based on the frequency of the appearance of symptoms in the provers. Thus five mark medicines are most important and one marks least important.

Note: Originally there are only four grades suggested by Boenninghausen. Therefore, the Roman in parenthesis may be overlooked while repertorizing a case.

Hence the grades would be as follows:

CAPITAL	4
Bold	3
<i>Italic</i>	2
Roman	1

(Roman)-no marks-doubtful medicines

However, the repertorial result will not differ whether one follows the original or the modern grades.

6. Fever Totality

This is the unique contribution of Boger. The arrangement of the chapter on Fever is self-explanatory. Each stage of the fever is followed by Time, Aggravation, Amelioration and Concomitant. Thus they help to repertorize any simple as well as complicated cases of fever.

They should be arranged properly in order to get *similimum* with the help of Bogers repertory.

7. Concordances

By including a chapter on Concordance Boger has made the philosophy clearer and practical, though it deals with relationship of medicines of only 125 remedies. Concordances should be worked on the same principle as is followed in *Therapeutic Pocket Book*

PLAN AND CONSTRUCTION

Having found certain difficulties in day to day use of *Therapeutic Pocket Book*, Boger tried to modify the structure and content of the book by adding many medicines and rubrics drawn from his own experiences and other sources. Thus, the book has undergone a vast change, but its principles have remained unchanged.

While compiling the repertory Boger followed the basic plan and construction of Boenninghausen's *Repertory of Antipsoric Medicines*, which could overcome many difficulties faced in using *Therapeutic Pocket Book*.

Unlike Bonninghausen, he made several sections for different parts of the body, and he added many rubrics and sub-rubrics. The chapter on Fever has been entirely changed in its arrangements as well as in its contents for easy reference. However, he used the same gradation as that of Boenninghausen.

The repertory embraces the *Apsoric* and the *Antipsoric repertories*, the *Sides of body*, the repertory part of the *Intermittent fever* and of *Whooping cough* as well as a large number of paragraphs from the *Aphorisms of Hippocrates*.

In order to understand the book, it is imperative to acquaint oneself with its plan, construction and arrangement.

<p>1. MIND Time Aggravation Amelioration Concomitants Cross-reference Agg-Cross reference</p> <p>2. SENSORIUM Aggravation & Amelioration</p> <p>3. VERTIGO Time Aggravation Amelioration Concomitants Agg-Cross-reference Concomitants-Cross reference</p> <p>4. HEAD INTERNAL Time Aggravation Amelioration Cross-reference Agg-Cross-reference Amel-Cross-reference EXTERNAL Time Aggravation Amelioration Cross-reference</p> <p>5. EYES</p>	<p>(Locations & Sensations) Cross-reference Eyebrows Eyebrows-Cross-reference Orbits Orbits-Cross-reference Eyelids Eyelids-Cross-reference Canthi Time Aggravation Amelioration Vision Time Aggravation Amelioration</p> <p>6. EARS (Locations & Sensations) Hearing Time Aggravation Amelioration</p> <p>7. NOSE (Locations & Sensations) Smell Time Aggravation Amelioration Coryza Time Aggravation</p>
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- Amelioration
Concomitants
8. FACE
(Locations & Sensations)
Lips
Lower jaw and Maxillary joints
Chin
Time
Aggravation
Amelioration
9. TEETH
(Locations & Sensations)
Gums
Time
Aggravation
Amelioration
Concomitants
10. MOUTH
(Locations & Sensations)
Palate
Throat (and gullet)
Saliva
Tongue
Time
Aggravation
Amelioration
11. APPETITE
Time
12. THIRST
Time
13. TASTE
Time
Aggravation
Amelioration
14. ERUCTATION
Time
Aggravation
Amelioration
15. WATERBRASH AND HEART-
BURN
Time
Aggravation
16. HICCOUGH
Time
Aggravation
Amelioration
17. NAUSEA AND VOMITING
Time
Aggravation
Amelioration
Concomitants
Cross-reference
Agg-Cross-reference
18. STOMACH
19. EPIGASTRIUM
Time
Aggravation
Amelioration
Concomitants
Cross-reference
20. HYPOCHONDRIA
Time
Aggravation
Amelioration
Cross-reference
21. ABDOMEN
Time
Aggravation
Amelioration
Cross-reference
Agg-Cross-reference
Amel-Cross-reference
22. EXTERNAL ABDOMEN
Aggravation
Cross-references

23. INGUINAL AND PUBIC
REGION

Aggravation
Cross-reference
Mons pubis

24. FLATULENCE

Time
Aggravation
Amelioration
Cross-reference
Agg-Cross-reference

25. STOOL

Concomitants-Before stool
Concomitants-During stool
Concomitants-After stool
Time
Aggravation and Amelioration
Cross-reference
Concomitants
Before stool-Cross-reference
Concomitants
During stool-Cross-reference
Concomitants
After stool-Cross-reference
Aggravation and Amelioration
-Cross-reference

26. ANUS AND RECTUM

Conditions
Cross-reference

27. PERINEUM

Conditions
Cross-reference

28. PROSTATE GLAND

29. URINE

Sediment
Micturition
Before urination

At beginning of urination
During urination

At close of urination
After urination

Conditions of urination
Cross-reference

Sediment-Cross-reference

Micturition-Cross-reference

During urination-Cross-reference
After urination-Cross-reference

30. URINARY ORGANS

Kidneys

Ureters

Bladder

Urethra

Meatus

Conditions

Kidneys-Cross-reference

Bladder-Cross-reference

Urethra

31. GENITALIA

MALE ORGANS

Penis

Glans

Prepuce

Spermatic cord

Testes

Scrotum

FEMALE ORGANS

Time

Conditions

Male organs-Cross-reference

Penis-Cross-reference

Glans-Cross-reference

Prepuce-Cross-reference

Spermatic cord-Cross-
reference

- Testes-Cross-reference
 Scrotum-Cross-reference
 Female organs-Cross-reference
 Conditions-Cross-reference
32. SEXUAL IMPULSE
 Concomitants of coition
 Concomitants after coition
 Concomitants after pollutions
 Concomitants after coition
 -Cross-reference
 Concomitants after pollutions
 -Cross-reference
33. MENSTRUATION
 Concomitants before menses
 Concomitants at start of menses
 Concomitants during menses
 Concomitants after menses
 Leucorrhoea
 Concomitants to leucorrhoea
 Cross-reference
 Leucorrhoea-Cross-reference
34. RESPIRATION
 Impeded by
 Time
 Aggravation
 Amelioration
 Concomitants
35. COUGH
 Time
 Excited or aggravated by
 Amelioration
 Concomitants
 Expectoration
 Expectoration, Taste of
 Expectoration, Odor of
36. LARYNX AND TRACHEA
 Aggravation
37. VOICE AND SPEECH
 Time
 Conditions of voice
38. NECK AND EXTERNAL THROAT
 Nape
 Time
 Aggravation
 Amelioration
39. CHEST
 INNER
 EXTERNAL
 Axillae
 Mammae
 Nipples
 Heart and region of
 Time
 Aggravation
 Amelioration
40. BACK
 Scapular region
 Back proper-Dorsal region
 Lumbar region- Small of back in general
 Sacrum and Coccyx
 Spinal column and vertebrae
 Time
 Aggravation
 Amelioration
41. UPPER EXTREMITIES
 Time
 Aggravation
 Amelioration
42. LOWER EXTREMITIES
 Time
 Aggravation
 Amelioration

- 43. SENSATIONS AND COMPLAINTS IN GENERAL
- 44. GLANDS
- 45. BONES
- 46. SKIN AND EXTERIOR BODY
 - Aggravation
 - Time
- 47. SLEEP
 - Falling asleep
 - Positions during
 - Waking
- 48. DREAMS
 - Aggravation
- 49. FEVER
 - Pathological types
 - Blood
 - Circulation
 - Congestions
 - Palpitation
 - Time
 - Heart beat
 - Pulse
 - Time
 - Aggravation

CHILL

- Partial chill
- Coldness
- Partial coldness
- Shivering
- Time
- Aggravation
- Amelioration
- Concomitants
 - Mind
 - Head
 - External head
 - Eyes
 - Vision
 - Ears
 - Nose

- Coryza
- Face
- Lips
- Teeth
- Mouth & Throat
- Appetite
- Thirst
- Taste
- Eructation, nausea
- Qualmishness and vomiting
- Stomach, hypochondria
- Abdomen
- Stool
- Urine
- Respiration
- Cough
- Larynx
- Chest
- Back and lumbar region
- Upper extremities
- Lower extremities
- Skin
- Sleep

HEAT AND FEVER IN GENERAL

- Partial heat
- Time
- Aggravation
- Amelioration
- Concomitants
 - Mind
 - Head
 - External head
 - Eyes
 - Ears
 - Nose
 - Coryza
 - Face
 - Lips
 - Lower jaw
 - Teeth and gums

Mouth	Lips
Throat	Lower jaw
Appetite	Teeth and gums
Thirst	Mouth
Taste	Throat
Eructation and water brash	Appetite
Nausea and vomiting	Thirst
Stomach	Taste
Hypochondria	Eructations and
Abdomen	water brash
Flatus	Nausea and vomiting
Stool	Stomach
Urine	Hypochondria
Respiration	Abdomen
Cough	Stool
Larynx	Urine
External throat and neck	Respiration
Chest	Cough
Back	Larynx
Upper extremities	External throat and neck
Lower extremities	Chest
Sensations and generalities	Back
Glands	Upper extremities
Bones	Lower extremities
Skin	Sensations and generalities
Sleep	Glands
SWEAT	Skin
Partial sweat	Bones
Time	Sleep
Aggravation	50. COMPOUND FEVERS
Amelioration	Beginning with chill
Concomitants	Beginning with shivering
Mind	Beginning with heat
Head	Beginning with sweat
Eyes	51. CONDITIONS IN GENERAL
Ears	Time
Nose	52. CONDITIONS OF AGG. & AMEL.
Coryza	IN GENERAL
Face	53. CONCORDANCES

ARRANGEMENT

Most of the sections in the book start with the rubric *In general*. This rubric groups those prominent medicines, which are capable of producing different types of symptoms in relation to that Organ/Location. Clinically, these medicines have affinity towards the organs. This grouping may not help us in the process of systematic repertorization, but it can be of much help to know the affinity towards the parts. It suggests organ remedies, which may be useful for finding out a drug for palliation when only a few prescribing symptoms are available in the case.

Location rubrics are followed by further sub-divisions of parts, with each part having rubrics like 'side' and 'extending to.' After the Location, different *sensations* are arranged in an alphabetic order. The end of Location and beginning of Sensation is marked by a horizontal line "—————". Each sensation is a general rubric, which is followed by a group of medicines. It is divided into sub-rubrics under which parts are mentioned (mostly abbreviations). Rubrics for the pain is mentioned as various types of pain i.e., aching, burning etc. Usually, these sub-rubrics are too specific and have less number of medicines. Thus, these sub-rubrics are less useful in repertorization.

The rubrics for Location and Sensation are mixed and there are no separate heading given for them, but it is easy to understand because there is an order, i.e., after Location, Sensations are arranged in an alphabetical order. Time, Aggravation, Amelioration, Concomitant and Cross-reference follow this.

Example:

HEAD

INTERNAL

(LOCATIONS)

In general

Different parts (forehead, etc)

(SENSATIONS)

Abdomen as if from, etc

TIME

AGGRAVATION

AMELIORATION

(Concomitant-is not given as separate sub-section. Agg. Sub-section has many concomitants)

CROSS REFERENCE

IMPORTANCE AND USE OF SUB-SECTIONS

1. Location and Sensation

Location and Sensation are mixed in Boger's repertory; so separate headings are not given for them. Usually the Location is further split into different sub-divisions, sides and extension. This sub-section of Location is useful because it groups medicines for the parts. In the repertorization if rubric is selected for parts, these rubrics can be used.

In the repertory, Sensation begins after the end of Location. Usually a horizontal line indicate the end of Location and beginning of Sensation. Different sensations and pathological conditions are mentioned in relation to each part. Therefore it meets the usual objections raised against Boenninghausen's grand generalization.

Each specific sensation is again attached to the sub-divisions of the main Location. This is useful from the point of repertorization as it specifies the sensation and contains a group of medicines. Rubrics, which contain smaller group of medicines, can be used only for reference purpose.

2. Time

Here the medicines are grouped under broad division of Time like day time, morning, forenoon, noon, etc. There is no specific hours mentioned unlike in Kent's repertory. This sub-section of time is given at the end of each section. This sub-section specifies the aggravation of complaints at a particular time. In some chapters specific hours are rarely mentioned with a very small group of medicines. This is useful because most of the patients mention the broad divisions of time rather than exact hour of suffering.

3. Aggravation

This sub-section contains factors, which increase the specific complaints of the part, and it also includes the factors, which excite or bring on the complaints.

Some of the concomitant factors are also found in this sub-section especially in those sections, which are not followed by a separate chapter on concomitants.

This sub-section is larger than Amelioration and most useful for repertorization, particularly for acute cases or so-called short cases.

4. Amelioration

It is found in practice that patient finds it difficult to present Ameliorating factors, which decrease the suffering. Thus this sub-section contains lesser number of rubrics and is given lesser importance in the repertorization. The ameliorating factor is used for the purpose of individualizing the case.

5. Concomitants

This is a major contribution of Boger to the Homeopathic system of medicine. He has worked hard to collect concomitants from different sources namely, proving, clinical experience and verifications which were not accessible to the profession earlier. This is a valuable addition for the purpose of repertorization.

Most of the concomitant sub-sections are well explained and arranged in an alphabetical order, but a few sub-sections have only a group of medicines (for instance, Mind Section), which are obviously less useful.

Chapter on Fever is extremely rich in concomitants in relation to Chill, Heat and Sweat under different sub-headings. For this Boger is gratefully remembered for all time. However, all chapters are not followed by this sub-section.

6. Cross-reference

This is another significant sub-section, which makes the Repertory more useful and comprehensible. In our day-to-day practice, we get a maze of symptoms in some cases and in a few there is scarcity of expressions, but in both conditions we have to evaluate and come to the characteristic symptoms for a prescription. To locate these hard-earned characteristic symptoms in the repertory, we must adequately interpret and convert them into rubrics. This sub-section helps us to do this and also to clear our confusion about similar rubrics. However, Cross-reference is not given at the end of all chapters.

Sub-Sections in the Repertory

Concomitants enlisting only a group of medicines	Concomitants given in detail	Modalities (agg. & amel.) not given	Only aggravations is given	Conditions given for modalities
Mind Respiration	Vertigo Coryza Teeth Nausea & vomiting Stomach Stool Urine Sexual impulse Menstruation Cough Fever	Appetite Thirst Prostate gland Menstruation Sensation & complaints in general Glands Bones Sleep Dreams	Water brash & heartburn Abdomen external Pubic region Larynx & trachea Skin & exterior body	Anus & rectum Perineum Genitalia Voice & speech

PATHOLOGICAL GENERALS

Pathological generals are the expressions of the person, which are known by a study of the changes at tissue level. Certain type of constitutions is prone to certain pathological changes to different levels of system and organs. *An individual may respond to constant unfavourable stimuli through pathological changes in different tissues, but a common propensity might still persist. This common change at different tissue shows the behaviour of whole constitution, which is important to understand the individual.* This requires knowledge of pathology, keen observation and careful study of the symptoms on the part of physician to detect the pathological generals in patient and use it for finding out *similimum*. Boger emphasized the importance of pathological generals both in his repertory and his book *General Analysis*. Both books can be used side by side for the purpose of repertorization.

Examples:

1. If a person shown degenerative changes at many Locations and/or sign of early senility—the rubric would be SENILITY
2. Discharges, if common to two or more parts.
3. If more than two parts show a similar kind of pathology.
4. Involvement of general Location—glands, folds, orifices, etc.
5. Certain tendencies—suppuration, haemorrhagic, or diathesis—uric acid diathesis etc.
6. Constitution types, and miasmatic expressions.

A few pathological generals in Repertory:

Atrophy/Emaciation	- Sensation and complaints in general
Chlorosis	- Sensation and complaints in general
Constitution	- Sensation and complaints in general
Consumption	- Sensation and complaints in general
Convulsions Spasms	- Sensation and complaints in general
Discharges	- Sensation and complaints in general
Dropsy	- Sensation and complaints in general
Hemorrhage tendency to	- Sensation and complaints in general
Hypochondriacs	- Sensation and complaints in general
Indurations	- Sensation and complaints in general
Inflammations	- Sensation and complaints in general
Mucous membranes affected	- Sensation and complaints in general
Muscles in general	- Sensation and complaints in general
Obesity, corpulency	- Sensation and complaints in general

Offensiveness	- Sensation and complaints in general
Paralysis agitans	- Sensation and complaints in general
Scorbutic symptoms	- Sensation and complaints in general
Serous membranes	- Sensation and complaints in general
Suppuration	- Sensation and complaints in general
Swelling	- Sensation and complaints in general
Sycosis	- Sensation and complaints in general
Syphilis	- Sensation and complaints in general
Torpidity	- Sensation and complaints in general
Uraemia	- Sensation and complaints in general
Ulcers	- Sensation and complaints in general
Uric acid diathesis	- Agg. & Amel.
Senility	- Agg. & Amel.
Etc.	

Different kinds of sensations or pains if noticed at many parts can be taken as 'general.' All the rubrics mentioned in 'sensations and complaints in general' are not pathological general. Rubrics become pathological generals only if case expresses likewise.

Boger's *General Analysis* and *Synoptic Key* are also useful for the purpose using pathological generals.

Advantage: If the case shows a pathological general, it can be repertorized by following Boger's method. Thus finding out the *similimum* would be easier.

Caution:

- I. Symptoms should be clearly interpreted from the standpoint of pathology and expression. A forced pathological general would fail to produce any result.
- II. The grouping of remedies against these rubrics are largely based on clinical observations and confirmation, thus contain imperfect list. Some rubric have very few medicines. Thus its use in repertorization should be cautiously made.
- III. Physician must use his discrimination in the application of these rubrics in practice. The medicine should not be used just because it covers two pathology at two or more than two parts, but it should agree with the whole picture.

REFERRING SOME IMPORTANT RUBRICS

Alcoholism, intoxication	- Mind
Awkwardness	- Mind
Guilt, sense of	- Mind

Hydrophobia	- Mind
Hypochondriasis	- Mind, Sensation & Complaints
Hysteria	- Mind, Sensation & Complaints
Confused	- Mind
Confusion	- Sensorium
Muscle don't respond to will	- Mind
Phlegmatic	- Mind
Unsociable, shy, aversion to society	- Mind
Society agg.	- Agg. & Amel.
Yielding disposition	- Mind
Faintness	- Sensorium, Sensation & Complaints
Hydrocephalus	- Head Internal
Parotid glands	- Ear, face
Sinuses	- Nose
Sneezing	- Coryza
Zygoma	- Face
Glands-salivary	- Mouth
Stomatitis	- Mouth
Uvula	- Mouth-palate
Diphtheria	- Throat
Globus Hystericus	- Throat
Aversions and Desires	- Appetite
Hiccough	- Eructation, Hiccough
Cough ends in Eructation	- Eructation Agg.
Acidity	- Stomach, Heartburn, Eructation
Pancreas, Diaphragm, Spleen, Gall bladder	- Hypochondria
Ascites	- Abdomen
Hernia inguinal	- Inguinal and pubic region
Hydrocele	- Genitalia-scrotum
Pregnancy-complaints during	- Genitalia-Female Organs
Pregnancy	- Agg. & Amel.
Prostatic fluid loss of, stool during	- Sexual impulse
Cheyne-stokes respiration	- Respiration
Croup	- Larynx and Trachea
Asthma milleri (spasm of)	- Larynx and Trachea
Bronchitis	- Chest

Tuberculosis pulmonary	- Chest
Angina pectoris	- Heart and region of
Goitre heart	- Heart and region of
Air aversion to open	- Sensations and complaints
Anaemia	- Fever, circulation
Asphyxia	- Sensations and complaints
(Internal anxiety)-Anxious feeling	- Sensations and complaints
Anxiety in limbs-anxious feeling	- Sensations and complaints
Asleep sensation in limbs	- Sensations and complaints
Atrophy of different parts	- Sensations and complaints
Carried wants to be	- Mind, Agg. & Amel.
Constitutions	- Sensations and complaints
Symptoms of joints	- Sensations and complaints
Hard bed sense of, (feels that bed is hard)	- Sensations and complaints
Heated easily becomes (easily feels heated)	- Sensations and complaints
Haemophilia	- Sensations and complaints
Hydrophobia, Hypochondriasis, Hysteria	- Mind, Sensations and Complaints
Ill sense of being	- Mind, Sensations and Complaints
Increasing (pain slowly increasing to climax, coming down slowly etc.)	- Sensations and complaints
Infants, affections of	- Sensations and complaints
Influenza	- Sensations and complaints
Lightness of limbs	- Sensations and complaints
Opisthotonos	- Sensations and complaints
Paralysis agitans	- Sensations and complaints
- Diphtheritic	- Sensations and complaints
- Limbs	- Sensations and complaints
- Rheumatic	- Sensations and complaints
Puberty, youth	- Sensations and complaints
Running like a mouse along limbs	- Sensations and complaints
Scurvy	- Sensations and complaints
Sensation, illusions of	- Sensations and complaints
Illusions	- Mind
Sense, illusions of	- Mind
Smaller, shrinking, sense of	- Sensations and complaints
Sequalae	- Sensations and complaints

Spasm -Dentition (Convulsion during dentition)	- Sensations and complaints
-Uterine	- Sensations and complaints
-Menstrual	- Sensations and complaints
Spots (Complaints/sensation at spots)	- Sensations and complaints
Sudden pain (comes suddenly and goes suddenly)	- Sensations and complaints
Walk (difficulty in learning walking in children)-	Sensations and complaints
Well feeling (Denies being sick)	- Sensations and complaints
Curvature (Rachitis)	- Bones
Fracture-slow union (Slow union)	- Bones
Necrosis (Septic Osteomyelitis)	- Bones
Abscess, boils carbuncle (Difficult to heal)	- Skin
Eruption-unhealthy	- Skin
Unhealthy	- Skin
Hair falling	- Skin
Nails affected in general	- Skin
Pathological types (fever types of)	- Fever
Concomitants of Chill, Heat, Sweat	- Fever
Alone (Desires solitude)	- Agg. & Amel
Company, aversion to	- Mind
Company	- Agg. & Amel
Society	- Agg. & Amel
Children in, women, females for, pregnancy, climacteric, dentition during	- Agg. & Amel
Distant (complaint causes symptoms at distant parts)	- Agg. & Amel
Diverting the mind ameliorates	- Agg. & Aniel.
Driving or riding in a carriage, aggravates (symptoms caused by journey, travelling)	- Agg. & Aural.
Emotions, aggravates (different mental modalities.)	- Agg. & Amel
Food and drinks (agg. & amel.)	- Agg. & Amel
Frost	- Agg. & Amel.
Hang down (letting limbs)	- Agg. & Amel.
Injury & Shock	- Agg. & Amel.
Loss of vital fluids	- Agg. & Amel.
Lying on (postural modalities)	- Agg. & Amel.

Lying on (symptoms appear on opposite side of lying on)	- Agg. & Amel.
Side, pain goes to side at which he is not lying	- Agg. & Amel.
Moon (modalities related to)	- Agg. & Amel.
Music, intolerance of	- Agg. & Amel.
Old age, senility	- Agg. & Amel.
Shipboard on (sea sickness)	- Agg. & Amel.
Shock nervous	- Agg. & Amel.
Stomach disordered	- Agg. & Amel.
Stone cutters for	- Agg. & Amel.
Suckling (Nursing agg.)	- Agg. & Amel.
Sun (Agg. & Amel.)	- Agg. & Amel.
Suppressions	- Agg. & Amel.
Talk of others	- Agg. & Amel.
Thinking of his disease	- Agg. & Amel.
Uric acid diathesis	- Agg. & Amel.
Wet, getting drenched (getting wet in the rain, complaints from)	- Agg. & Amel.

BOGER'S CONCEPT OF TOTALITY

“Probably there has never been a more thorough student of Boenninghausen than the late Dr. Cyrus M. Boger and perhaps one of the greatest pieces of homoeopathic literature left by Dr. Boger is the *Boenninghausen's Characteristics and Repertory*. Boger's Repertory is “the combined observations and logic of Boenninghausen and the wide and wise observations garnered by Dr. Boger from long years of study and practice.” This is the high tribute that Dr. H.A. Roberts paid to Boger. Boger indeed helped the profession by pulling all his experiences in the evolution of ‘Portrait of Disease’ (natural as well as artificial). He re-emphasized the following seven points to appreciate the whole picture of the disease.

1. Changes of personality and temperament
2. Peculiarities of disease
3. The seat of disease
4. Concomitants
5. The cause
6. Modalities
7. Time

It is obvious that Boger has favoured the understanding of the whole phenomenon at the levels of Constitution, Diagnosis and on going Pathology. Boger's appreciation of time-dimension, causative modalities, tissue affinities and pathological generals gave a new vista in understanding the case. In his article "*Some Thoughts on Prescribing*" he instructs a physician to **first** try to elicit the evident cause and course of the sickness down to the latest symptom and effect of such influences, time temperature, open air, posture, being alone, motion, sleep eating; drinking, touch, pressure, discharges, etc. **Second** comes the modalities and consideration of mental state in order of importance. **Third** entire objective aspect or expression of the sickness including the state of secretions (sensations).

Lastly, the part affected must be determined which also brings the investigation in touch with diagnosis. He further states that by going over the above rubrics in the order named, the contour of the disease picture would be pretty clearly outlined and would point fairly well towards the *similimum* and the prescriber has only to keep in mind that the actual differentiating factor may belong to any rubric.

From the above, it is obvious that Boger has given importance to *Causation, Modalities, General sensations and pathology*. *Location is given the last place in the order of hierarchy*.

Mind is given adequate importance, and for selecting a drug it becomes imperative that the remedy selected is always in agreement with the mind. He wrote in the article "*How shall I find the remedy?*" "The inter-dependence of mental and physical states is so great that we can never afford to overlook it entirely. They, moreover, always clarify every other Symptom, often in a decisive way."

METHODS OF REPERTORIZATION

Boenninghausen's Characteristics and Repertory has got its own advantages over other repertories. It is well explained, well arranged, follows a definite plan and construction, and based on a sound philosophy. Adequate acquaintance with the repertory is needed to put it to maximum use.

Boger has given greater importance to causation, time-dimensions, modalities and generals (pathological, physical and mental). The repertory can be used by following the methods mentioned below which allow us to use it in different cases of different dimensions with individual pictures. Therefore, it is the *case* which decides the method to be applied to select the *similimum*, not the *physician*. It is a highly qualitative approach, and hence any kind of manipulation or twisting of data should be strictly avoided. Mental state should be used for final selection of the drug in all the methods given below. Selection of method is entirely based on the availability of data in a case.

1. Using causative modalities in the first place

This method would be useful if the case has definite causative modalities and other expressions, which are arranged below according to the hierarchy.

CAUSATIVE MODALITIES (A.F.) Mental and physical. i.e. Fear, excitement, getting wet etc.

OTHER MODALITIES

AGG	- Mental
	- Physical
AMEL.	- Mental
	- Physical

PHYSICAL GENERALS

CONCOMITANTS

LOCATION & SENSATIONS

(Example — Case No. 1)

2. Using modalities in the first place

Sometimes we find that case is not presented with causative modalities, but it has other general as well as particular modalities; such cases can be repertorized by using the following order.

MODALITIES	- Mental
	- Physical

CONCOMITANTS

PHYSICAL GENERALS

LOCATIONS & SENSATIONS

3. Using concomitant in the first place

In some cases, if clear concomitants are available even without any modalities, such types of cases can be successfully repertorized with the help of this repertory by following the order given below.

SENSATIONS AND COMPLAINTS

CONCOMITANTS

PHYSICAL GENERALS

LOCATIONS

ETC.

(Example - Case No. 2)

4. Using pathological generals

These are the changes in the tissues at different Locations in a person, which follow a pattern; thus they show the expression of deviation in the constitution and it is very important in erecting a totality. Following order should be followed. In such cases the pathological generals may be the most important symptom.

PATHOLOGICAL GENERALS

PHYSICAL GENERALS

CONCOMITANTS (weak concomitant)

MODALITIES

(Example - Case No. 3)

5. Using diagnostic rubrics

Boger has contributed many clinical conditions in the repertory and they can be used when the *case is not having any other choice*, or if the case is lacking in characteristic expressions. This helps mainly in finding out a *palliative* drug, or drug which is suitable in helping to overcome the present crisis. It should be arranged as follows:

CLINICAL RUBRIC

AGGRAVATIONS

AMELIORATIONS

CONCOMITANTS (weak concomitant)

PHYSICAL GENERALS

(Example — Case No. 4)

6. Following Roberts's (B.T.P.B.) method

LOCATIONS

SENSATIONS

MODALITIES

CONCOMITANTS

PHYSICAL GENERALS

Here Sensations and Modalities are first referred to the parts concerned. In case the particular Sensation and Modalities are absent they can be referred to in the General chapter. If General Modalities are represented well (i.e., if rubric contains more number of medicine), they should be used for the purpose of repertorization. (Example Case No. 5).

7. Fever totality

In a fever case, if the stages (Chill, Heat, Sweat) are distinct, the following order would be preferable; if some stage is not available in the case, only the next stage should be used for repertorization.

CHILL

Type/partial chill/coldness-partial/shivering

Time

Aggravation

Amelioration

Concomitant

HEAT

Type/partial

Time

Aggravation

Amelioration

Concomitant

SWEAT

Type/partial

Time

Aggravation

Amelioration

Concomitant

(Example - Case No. 6)

Pathological types of fever mentioned in the repertory can be used for reference and final selection of the drug, but more importance should be given to the repertorial result which is obtained by following the above order. Sometimes these rubrics (pathological types) can be used by following 5th method mentioned earlier.

Section on blood circulation (congestion, palpitation, heartbeat, and pulse) should be used if symptoms are prominent during any of the stages of fever.

8. Use of Concordance chapter

This chapter deals with the relationship of remedies. The chapter can be used by following the same method, which is used in working out of “Relationship of Medicines” in Boenninghausen’s *Therapeutic Pocket Book*.

1. It can be used for studying the relationship of remedies at various levels – mind, parts, sensations, modalities.

2. It helps to find out a close running medicine, which can be thought of in future follow-ups if picture changes.
3. To find out a second medicine, if the first one (though – indicated), does not meet the expectation in given time.
4. Sometimes a deep acting medicine, though indicated, should not be given so as to avoid unwanted precipitation of adverse symptoms; in those cases an analogue can be found out with the help of this section.
5. This section helps us to study various relationships of remedies. Kent has suggested a close study of sub headings and medicines listed against them. A remedy, which runs throughout in higher marks, bears a definite relationship with remedy, like Aconite and Sulph, Puls with Sil. and Kali sulph.

Method of working:

When the indicated medicine has helped a little and when there is no further improvement without much change in the presentation the section can be referred to for finding out a close medicine which would help the patient.

Under the medicine (first prescription) refer the sub-heading which could be the main complain of the patient and use it as the first rubric. Next, take Mind and all other sub-headings one after another. The first rubric can be used as an eliminating rubric (only those medicines would be taken further which cover the first rubric). If it is a case of Tonsillitis - ‘Glands’ could be the first rubric. For headache, it could be ‘sensations,’ etc.

Example:

To find out the second Medicine:

A Viral fever case presented with the picture of *Bryonia*. *Bryonia* was prescribed which relieved bodyache, constipation and headache, but the temperature used to vary between 101⁰ to 103⁰. After three days, when there was no further improvement, the case was worked out for a second medicine with the help of this section.

Rubrics were taken in the following order:

- | | |
|--------------------------------|-----------------|
| 1. Blood circulation and fever | 2. Mind |
| 3. Localities | 4. Sensations |
| 5. Glands | 6. Skin |
| 7. Sleep and dream | 8. Aggravations |

Result:

Sulph. 31

Puls	31
Lyc.	28
Nux v.	27
Ars alb.	19

Further, when some enquiry was made for the purpose of differentiation, it was revealed that patient's thirst is comparatively decreasing and he wants to throw the covering. *Pulsatilla* was prescribed which brought down the temperature with the relief of all other complaints next day.

CASES WORKED OUT WITH BOENNINGHAUSEN'S CHARACTERISTICS AND REPERTORY

CASE No 1.

(Using causative modalities in the first place)

A lady, 50 years, unmarried, complaining of joint pains since 20 years, came for Homeopathic treatment. She had tried Allopathic, Ayurvedic and Homoeopathic (for one year) treatment that gave slight relief for a short period, but the complaint remained.

It was a diagnosed case of Rheumatoid Arthritis with following picture (in brief):

Location	Sensation	Modalities	Accompaniments
Joints Small and Big since 20 years Slow onset	Pain and swelling of single joint Pain as of Scorpion bite, burning, impossible to put feet down to rest, Stiffness ³	After Tension ³ < Sour things ² < Cold things ² < Potatoes ² < Milk ² > Hot water bag ³ > Gentle massage ³ > Fasting < Morning ² < Damp ³	Lump like swelling here and there which disappeared by massage

When she is excited because of worries and tension, her complaints increase; even it used to cause breathing difficulty and some throat trouble. Tonsil was operated in childhood. She used to get frequent cold.

Patient as Person

Physical Generals:

Appetite	-	good
Thirst (increase)	-	with dryness
Milk < ³	-	acidity and joint pains
Craving	-	sweet ³
Aversion	-	Meat ² , milk ³

Constipated since childhood, takes hot water in morning, which helps her. Constipation does not trouble her.

Perspiration - winter – palm³, feet³, head at night. Since a few years, palm and feet sweating reduced.

Chilly.

Menstrual function: Menarche 16 years

Flow-3-4 days

Blood-dark red

Painful

Bleeding more if there is tension

Menopause 41 years flushes, Bleeding increased.

Increased B.P.

Leucorrhoea - Thick, brownish

Sleep - good, but full of dreams

Mental Generals

She has undergone many hardships in life. From her reactions to the events, the following expressions are noticed: All complaints increase³ by tension, anxiety, vexation, grief and sorrow.

She is sentimental², affectionate², nervous,³ has fear of dark, lizard, creeping animals.

Classification and Evaluation of symptoms:

Anger, vexation, tension, grief, agg.	-	Mental causative modalities
Cold wet feet agg.	-	Physical causative modalities
Milk agg - Joint and Stomach	-	Physical general modalities

Sour agg.– Joint and Stomach	- Physical general modalities
Craving – sweet	- Physical general
Aversion – meat	- Physical general
Aversion – milk	- Physical general
Perspiration-head, soles, palms	- Physical general
Arthritic pain	- Complaints in general
Stiffness	- Complaints in general

Selection of repertory:

It is found that the case has got strong causative modalities, other modalities, and physical generals. This case demands Boger’s method of repertorization.

Selection of Rubrics:

Rubrics	Reason	Page No.
1. Emotion <	Strong mental causative modality	1166
2. Wet feet <	- Physical causative modalities	1152
3. Milk <	- Physical general modalities	1121
4. Sour <	- Physical general modalities	1122
5. Desire - sweet	- Physical general	477
6. Aversion-meat	- Physical general	474
7. Arthritic pain	- Complaints in general	882
8. Stiffness	- Complaints in general	925

Repertorial result

Bryonia	24/6
Calc carb.	27/8
Ferr.	16/5
Lyco.	28/7
Nat. mur.	22/7
Puls.	32/7
Sil	25/6
Sulph.	29/7

Analysis of repertorial result and prescription: We have got a list of close running remedies; now with the help of patient’s other symptoms which are not all included in reportorial totality, the above medicine should be differentiated

Patient is chilly

Patient sweats on head, palm, and soles
 Any tension leads to menstrual bleeding
 Patient is mostly constipated which does not bother her
 Moderately built
 This field of differentiation is called Potential Differential Field (PDF).
 Finally with the help of PDF *Calc carb* was selected.

CASE NO. 2

(Using concomitant in the first place)

An 18 - year girl who was suffering from Migraine presented the following picture:

Location	Sensation	Modalities	Accompaniments
Head	Severe pain	Starts afternoon	Uneasiness like fan
Right sided	terrible, pulling	or evening	Wants open air
Changing place	Comes suddenly or slowly	> Pressure ³	
Twice/week		< If tries to sleep	

She wants somebody nearby, likes dark room, likes to close eyes and lie down because of headache, but nothing gives her relief. This was the acute picture of the complaint.

Selection of Rubrics	Reasons	Page No
Head Internal Agg.		
Stomach symptoms with	... Strong Concomitant	290
Evening <	... Modality	280
Air open>	... Modality	292
Pressure external >	... Modality	294

Repertorial Result

Bryonia	...	14/4
Cocculus	...	6/2
Nat. carb.	...	9/3
Puls.	...	19/4
Sulph.	...	9/3

Analysis of repertorial result and prescription:

Two medicines *Bryonia* and *Pulsatilla* run very closely. *Pulsatilla* was the final prescription because she wanted somebody nearby during the attacks.

CASE NO. 3

(Using pathological generals)

A patient, 45 years, male, married presented with the following medical report from a Medical College Hospital.

C/o Difficulty in walking since 9 months.

Patient complains of swaying to either side, with tendency to fall, since 9 months. He also had c/o difficulty in taking the food to the mouth and slurring of speech. There is a persistent sticking sensation in the throat. No h/o nasal regurgitation, headache, convulsions, ear discharge. Last 2 months, he also noticed mild destabilization on turning the head. No h/o headache, vomiting, trauma, fever or injections. All the symptoms are progressive in nature.

Not a known Diabetic or hypertensive.

O/E : An⁰, Jn⁰, Cy⁰, Ln⁰, Red⁰.

BP: 130/80 mm per Hg.

CNS: Higher functions - Normal

Cranial nerves - Normal

Motor system - Normal

Jerks - superficial & deep. Normal with plantar bilateral flexor.

All modalities of sensation - Normal

Cortical sensation - Normal

Cerebellar signs - positive bilaterally.

Posterior column - intact.

Investigations: PPBS-143 mg%, Fasting Blood Sugar- 102 mg%

Discussion:

Presented with slowly progressive cerebellar disturbance. CT shows superior vermian and mild cerebellar hemispherical atrophy-consistent with diagnosis of Holme's cerebellar cortical atrophy.

He also c/o transient blurring of vision on turning the head to sides for which disprin has been started.

Final diagnosis: CEREBELLAR DEGENERATION (HOLME'S)

On further enquiry the following information was collected:

1. Difficulty in walking, swaying to either sides
 Agg. on closing eyes³
 Agg. walking slowly²
 Amel. walking fast
2. Dizziness - on turning neck
 Agg.³. sun
3. Extremities-feels that circulation has stopped
 Agg.³ rest
 Agg.³ while rising
 Amel.³ moving about
4. Joints-neck, elbow, knee, ankle-pain with Stiffness
 Amel. movement
 X' ray cervical spine -mild spondylotic changes are seen in the cervical vertebrae.

Some more information about the patient:

Well-built

Appetite - decreased

Motions - regular

Chilly patient

Wounds delayed healing (H/O)

Perspiration-Head³, Palms², Soles²

Graying of hair - started quite early (at the age of 30 years)

Hair gray	-	Head
		Beard
		Moustache
		Chest

Small pox - childhood, marks present on face, but no complication afterwards.

Sleep disturbed³ - after 3.00 a.m. (marked since many years). Talks during sleep²⁺

After eating feels terribly weak — must rest for at least ten minutes

Heat of sun agg. the whole person.

Diagnosis: cerebellar degeneration (HOLME'S), cervical spondylosis

Selection of repertory:

In the case, it is noticed that a common pathology 'Degeneration' is running throughout. Early graying of hairs also goes in favour of premature senility. Here 'Degeneration' can be taken as an important pathological general. The case falls in the domain of Boger's method of Repertorization.

'Senility' is the rubric for degeneration, which is found in chapter 'Aggravation and Amelioration.'

Selection of Rubrics:

Rubrics	Reasons	Page No
Senility	Pathological general	1134
Sun agg,	General agg	1144
Eating after agg,	General agg	1114
Sleep disturbed after midnight	Physical general	994
Talking-sleep	General	990
Sweating head	Characteristic feature of person, Concomitant	1080

Repertorial result:

Calc carb	-	21/6
Baryta carb	-	17/3
Bryonia	-	21/6
Lach	-	21/5
Sulph	-	20/5
Conium	-	12/3

Analysis of repertorial result and prescription:

Patient is chilly and there is marked sluggishness in the person's activities since beginning. So *Calc carb* was selected.

CASE NO. 4

(Using diagnostic rubrics)

A male, 56 years, who had been taking treatment for his chronic pharyngitis, a known diabetic, presented with complaint of vertigo which he developed suddenly in a long bus journey. On consultation, it was diagnosed as "Benign paroxysmal vertigo". He was taking other medicines, but found slight relief only. So he took to Homoeopathic treatment and the following picture emerged during the interview:

Feels everything is rotating

Pressure feeling on vertex, from inside out as if going to burst

< Night²

< Lying down³

< Lying down right side

> Closing eyes³

< If gets up suddenly

Thirst - not much

Appetite - not affected

Sweating² (not with vertigo)

Motion regular

Previous night to the journey, he got up suddenly because of sound and could not sleep thereafter. Feels he is developing forgetfulness.

Selection of repertory

In this case only some modalities and concomitant are marked along with the name of disease. Hence this case can be repertorized with the help of Boger's Repertory using the fourth method i.e using diagnostic rubrics.

Selection of Rubrics: (Chapter Vertigo)

Rubrics	Reason
Night <	Modalities
Lying down <	Modalities
Rising from bed <	Modalities
Memory affected	Concomitant

Repertorial result :

Rhus tox.	-	15/4
Phos.	-	12/4
Conium mac.	-	13/4
Nux v.	-	10/4

Analysis of repertorial result and prescription:

Considering the pathology and sphere of action as well as the symptom, closing eyes amel. from Kent (in Boger's repertory it is not well represented) - *Conium mac.* fits with the case. *Conium mac.* 30/daily doses were given.

CASE NO. 5

(Following Roberts Method)

A female, 46 years, whose suffering was diagnosed as Rheumatoid arthritis since fifteen years presented with following picture.

Location	Sensation	Modalities	Accompaniments
All the joints (started with left Ankle, Knee, Hip, Neck, Shoulders)	Pain and stiffness Pain and swelling and Heat with increasing and decreasing severity Stiffness is more marked (in ankle joints)	<First few movement ² <Winter ² <Morning ² >Hot application ² >Continued walking ³	Nil

Patient as a Person:

Physical Generals

Perspiration + Forehead

Appetite - Not so good, if slightly disturbed or depressed
(patient's language)

Craving - sour³, coffee

Stool - frequently hard stool

Menstrual function:

Menarche – 15 years

Regular cycle – 21 days

Clots++

Before – mood alternation

During – pain lower abdomen

Thermal reaction:

Chilly Patient

Mental Generals:

Irritable³ - shouts

Changing moods²

Sentimental³

Dreams – talking to kids, prayer.

She is a religious person

Selection of repertory:

In this case, Location, Sensation and Modalities are prominent with physical general. Mental state can be used for final differentiation. Hence Boger's Repertory can be selected for repertorizing the case by using Roberts's method.

Selection of Rubrics

Rubrics	Reason	Page No
<i>Upper Extremities:</i>		
Joints of in general	Location	807
Pain in general	Sensation	860
Stiffness and heavy		829
<i>Lower extremities:</i>		
Joints of in general	Location	844
Pain in general	Sensation	860
Stiffness in Ankle joint	Sensation	866
Uncovering agg.	Modality	1148
Craving Sour	Physical General	477

Repertorial result:

Calc carb	14/4
Kali carb.	22/6
Sepia	28/8
Sil	22/6
Sulph.	25/6

Analysis of repertorial result and prescription: *Kali carb.*, *Sepia* and *Sulph* are running close in this list.

Patient is chilly and her mental symptoms decide the prescription in favour of *Sepia*.

Sepia-30 was prescribed.

CASE NO. 6

(Fever totality)

A 17 - year girl presented with 3-4 days feverish feeling with bodyache and tiredness which was later diagnosed as Rheumatic fever. Record is presented below (in brief):

Location	Sensation	Modalities	Accompaniments
General	Fever		1. Headache throbbing
3-4-days	102 ^o F		
21.10.90.	Chill	< Morning	2. Swelling both legs since today morning
	Feverish feeling	< Afternoon	3. Constipated since one week
	Hot feeling	< Evening	4. Thirst + feels no change
	Bodyache ² & Tiredness ²		Fan can tolerate no objection
	O/E -102 ^o F		
	B.P. - 120/80 mm Hg.		
	Bilateral pitting pedal oedema		

RS	}	N.A.D
CVS		

Bryonia 200/4 hourly was prescribed

22-11-90

No relevant change

23-10-90

(8.00 a.m.) Thirst, leg swelling - same Heat +

Appetite +, Aphthous lower lip

CVS, RS-N.A.D.

Motion passed but not satisfactory.

Investigation Report - Microfilaria - Negative.

Hb. - 11.9 gm %.

TLC - 4600/cu. mm

N - 63%

E - 04%

L - 32%

M – 01%
 ESR - 20 mm/1st hour
 Urine - RBC (1-2)
 Pus cells – occ. }
 Ep. Cell – occ } HPF
 Re.

23-10-90

Medicine continued. Last night slight feeling of coldness around midnight without any chill.

23-10-90 (3.15 p.m.)

With the heat - palm and soles are cold.

Thirst + but less than before

Both legs swollen, knee joints painful.

Left elbow painful and swollen.

Heat, joints + Re. *Bryonia*- 200/4 hourly continued.

24- I 0-90

Passed motion

ASO titre 600 I.U./ml of blood (diagnostic of Rheumatic fever)

There are migratory joint affections.

Thirst - not marked, less than usual.

No desire to uncover - always wants covering.

Urine - no complaints

Palms and soles are cold.

Walking with difficulty - heavy legs.

Following Rubrics are selected:

Rubrics	Page No.
Heat	1059
Time – evening	1059
Concomitants – Thirstlessness	1069
Aversion to food	1068
Lower extremities heavy	1073

Hand cold	1072
Feet cold	1073
Uncovering aversion to	1075

Pulsatilla gets highest marks - it has got migratory joint pains and covers the rubric 'Rheumatic fever' under pathological types (4 marks).

Puls. - 30/4 hourly was prescribed on 24-10-90 at 4.30 p.m.

25-10-90-Morning temperature	- 100 ⁰ F
Evening	- 103 ⁰ F
Joints involved	- Both ankle Right Knee Elbow left

There is swelling ++, warmth ++ and tenderness + in the joints.

26-10-90

Joints >	Re - Puls-200/4 hourly.
Highest temp.	100.8 ⁰ F at 10.00 a.m. 99.0 ⁰ F at 2.00 p.m.

27-10-90

Temperature -	Normal
All joints -	Swelling> Tenderness > Heat >
Appetite -	Good. Motion passed.
Slowly the joints recovered and patient felt better.	
C.V.S. - N.A.D.	
R.S. - N.A.D.	
Patient was discharged on 29-10-1990.	

SPECIAL FEATURES OF THE REPERTORY

Boger's Repertory is the latest among the three well-known basic repertoires in use, the other two being *Therapeutic Pocket Book* and *Kent's Repertory*. Boger's repertory has some special advantage over other repertoires. They are:

1. Complete symptoms:

Each Location is followed by the particular sensations, modalities and concomitants, which was lacking in T.P.B. and not found in Kent's Repertory.

For reference as well as repertorization of a case where particulars are dominating the picture, this repertory can be utilized with advantage. Thus, it is more useful in acute and short case.

2. Diagnostic rubrics:

We find many diagnostic clinical rubrics; mentioned in each chapter with a group of medicines. These medicines have been used in the conditions mentioned and found to be useful in majority of cases. Thus they have been proved and verified.

There are controversies regarding the use of diagnostic rubrics, but diagnostic rubrics cannot be neglected as they have a group of common symptoms which medicines also have produced in proving. Because there is similarity only at the level of common symptoms, the result can be of a lesser quality.

3. Pathological generals:

This repertory contains many 'Pathological Generals' which are valuable for repertorization and selecting a *similimum*. For example:

Hemorrhage tendency to	-	Sensations and complaints
Uric acid diathesis	-	Aggravation
Discharges	-	Sensations and complaints
Suppuration	-	Sensations and complaints
Inflammation	-	Sensations and complaints

4. Rubric - Infant, affections of:

There is a big rubric with many sub-rubrics in chapter 'Sensation and Complaints in General'. This is unique and very useful in practice. Similarly there is a rubric on Pregnancy in the chapter Genitalia-Female organs.

5. Constitution:

Different types of constitution with a group of medicines are available in the chapter, 'Sensation and Complaints in General'. This reduces practitioner's work and helps him to find out *similimum* by using it in the first place in totality.

6. Separate concomitants:

This chapter follows modalities in most of the Location. In T.P.B. concomitants are not given separately except in a few chapters. Boger made it more useful for the practice by attaching concomitants to the parts.

7. Fever chapter:

This is a unique work of Boger. From the practical point of view, this chapter is of immense use. It has got many sub-divisions also. Concomitant in relation to chill, heat and sweat under different headings are really valuable at bedside practice. This is one of the best repertories of fever cases.

8. Cross- reference:

This sub-section is given at the end of most of the chapters, which helps us to find out appropriate rubric.

9. Mind section:

This repertory begins with a large 'Mind Section' which is quite elaborate. Of course, it does not compete with Kent's section on Mind, but sometimes, one has to refer to it to find out some rubrics, which are not mentioned in Kent. (For example cf. section 11 of this Chapter). The Mind chapter has followed a different scheme than Kent and many other modern repertories. This chapter has the symptoms in the first part followed by Time, Aggravation, Amelioration, Concomitants and a detailed Cross reference. Some of the mental modalities are given in the chapter "Agg & Amel in General". Boger has genuinely attempted to complete the mental symptoms with all its components.

10. Menstruation chapter:

This is well arranged and followed by concomitants in the following order:

Before menses

At the start of menses

During menses

After menses

All these were not available in one place before this repertory was published. Similarly chapters on stool, leucorrhoea, micturation, etc., are also found in the repertory.

MENTAL RUBRICS IN B.C.R.

A

A list of Mental Rubrics in Boenninghausen's Characteristics and Repertory but not found in Kent's Repertory as main rubrics under Mind Section is given below:

Alcoholism

Automatism

Awkwardness (This rubric is found in Kent's Repertory under 'Extremities.')

Beautiful, things look

Beclouded, dim

Beseeching

Beside, oneself being

Blissful feeling (joy in Kent)

Brainfag, exhaustion

Carefree

Catalepsy (under generalities in Kent)

Clear-headed

Clothe himself improperly

Cold frigid

Collar, pulls at

Communicative

Compassion, sympathy (sympathetic in Kent)

Comprehension, easy

Contradictory to speech, intentions are

Crankiness

Death agony

Deliberate

Delicacy, feeling of

Disconsolate, unhappy

Discordant

Discourses holds

Dizziness and instability of

Duality, sense of

Execrations

Ill humor, crossness

Imitation, mimicking

Impressionable
Insecurity
Murmuring, in sleep
Overactive
Paranoia
Passionate
Patient
Peevish
Pensive
Persecuted, feels
Perseverance
Playful
Presentiments
Profanity
Resignation
Rivalry
Satyriasis
Surly
Taciturn
Tastes, everything
Trance
Unamiable, unfriendly
Untidy

B

Rubrics in “Boenninghausen’s characteristics and repertory” by Boger – not to be found in synthetic as main rubrics (in synthetic repertory)

In general;

Agitated Compare (Excitement)
Alcoholism, intoxication; etc – compare (Delirium tremens)
Aphasia
Assembled things, swarms, crowds, etc, hallucinations of
Awkwardness
Bad part, takes everything in: easily offended
Compare *Sensitiveness*
Bashful
Beautiful, things look

Beclouded dim
Benumbed
Beseeching
Bewildered, strange, everything seems , as if in a dream, errors of locality,
disordered orientation
Bold exhaustion
Brain
Buffoonery
Calling
Calmness, composure, tranquility, etc
Carefree
Careless, heedless, etc
Clearheaded
Clothes himself improperly
Cold, frigid
Collar, pulls at
Compassion, sympathy (immoderate)
Corner, mopes or broods in a
Crankiness
Dejection, despondency: Compare Low spirits, Despair.
Deliberate
Delicacy, feeling of
Depression: Compare Sadness
Disconsolate, unhappy
Discourses holds
Dissatisfied, discontent, wants this then that
Distracted, preoccupied, unobservant, difficult concentration, can't think
Dizziness and instability of Compare Variableness
Dogmatic, opinionated, etc: Compare Haughty
Domineering, imperious: Compare Importance
Drunken, Sense of
Duality, Sense of
Excitable: compare Irritable
Execrations
Expressions, difficult
Failure, feels himself a

Faultfinding, reproachable, etc
Ferocity
Finery fond of
Fling away, what he holds in his hand, inclination to
– Compare Desired things
Fly Out of her skin
Fretful
Future, confounds the future with the past
Gaiety, joyfulness: Compare liveliness
Gentle, mild, tender
Gloomy: Compare Melancholy
Grasps at others
Groaning, moaning
Guilt, sense of: Compare Remorse
Hands, Clapping
Headstrong, obstinate, defiant, stubborn
Held, wants to be
Homicidal, murder etc
Ill-Humor, Crossness: Compare Peevish
Illness, sense of sick feeling
Illusions, delusions, visions etc
Imaginations, fancies, fixed ideas: Compare Illusions
Importance, feels his: Compare Domineering
Indecision, Hesitation
Insults, imagines
Intellect, impaired, mental exhaustion, weakness of etc
Insert, lack of
Intoxicated, as if
Knife, impulse to injure with: Compare Homicidal
Learning to speak, late in
Licks up, things
Lies, thinks her words are
Life, satiety of: Compare Suicidal
Lively, animated, Vivacious: Compare Gaiety
Low – spirited: Compare Sadness, Dejection, Melancholy, etc.
Mistrust, suspicion, doubt

Mournfulness
Mouth, puts things into
Muscles, don't respond to will
Nervous exhaustion
Nonsensical
Nose, grasps others
Open-hearted
Oppression
Pain, intolerant of
Paranoia
Peevishness, fretful: Compare Ill Humor, Anger
Pensive, deep in thought: Compare thought
Perplexity
Persecuted, feels
Phantasies: Compare Imaginations.
Phlegmatic
Photomania
Pinch, impulse to
Plays with fingers
Possessed, as if demonical mania, etc,
Presence of mind wanting
Presentiments, Premonitions, foreboding, etc
Profanity, cursing etc
Projects, full of
Proud, arrogant, self-esteem, haughty, airs etc
Punctilious
Pyromania
Relatives, ignores his
Relaxation, mental prostration
Repeats same thing
Repenting, bad conscience, etc
Repulses, help
Reveries, daydream etc
Rich, fancies himself
Roaring
Salvation, doubt of

Scolds, to herself: Compare Abusive
Sense, absence of ania
Shouting
Sickness, simulates
Skeptical
Snarling, like a dog
Snatching
Solicitation
Solicitude
Solitude, love of Compare Company
Spinning, imitates
Spiritless
Spirituality, lack of
Sprightliness: Compare lively
Stamping
Stiff
Still
Stupidity: Compare Comprehension
Supplication
Surely, sullen, morose: Compare Anger
Swallows, feces etc
Taciturn, silent, mute, etc: Compare Quietness
Tedium, ennui
Tender mood
Thieves, delusion of
Tossing about
Unamiable, unfriendly, etc
Uneasiness
Unruly
Unsociable, shy, averse to society: Compare Bashful, Reserve
Variable, vacillating and alternating moods
Vexation, also affects
Vigor, feeling of
Volition, affected
Walling
Whining, whimpering
Whispering
Word hunting

CRITICISM

Though it is claimed that Boger's work improved and updated Boenninghausen's *Therapeutic Pocket Book* many difficulties have been noticed while using Boger's Repertory in practice, it could not replace *Therapeutic Pocket Book* which is still helping many practitioners because of its individuality in construction and contents. The following difficulties are particularly noteworthy:

1. Chapter of Concordances contains only 125 remedies. Though the arrangement of the remedies and construction are borrowed from Boenninghausen's *Therapeutic Pocket Book* but the number of remedies under each heading are less and therefore for practical purposes it falls short and cannot compete with T.P.B.
2. In Boger's repertory Mind Section has been enlarged and developed and made more useful from the practical point of view. It is enriched with many rubrics, sub-rubrics and a later section of 'cross – reference', but Concomitants sub-section of Mind does not help practitioners as it contains only a group of medicines. Thus it does not convey much useful meaning. No rubrics or sub-rubrics have been mentioned, whereas other sub-sections on concomitant are well-arranged usefully.

In this group even important medicines like - Kali bich, Kali brom, Kali phos, Nat. carb, Thuja, etc., do not find any place. However some of the physical concomitants are mentioned in sub-section on Aggravation and Amelioration.

3. Though it is said that all the parts/chapters of the repertory are followed by Time, Agg, Amel., and Concomitant very often the Concomitant sub-section is absent, and concomitants are mentioned under the heading Aggravation.
4. *Construction*: There are 53 chapters in the repertory and a definite order is not followed. For example:

Mouth	- sub-chapter
	- palate
	- throat
	- saliva
	- tongue
Stomach	- Epigastrium
	- Hypochondria

These two different chapters are followed by chapter on 'Abdomen'.

5. *Arrangement*: A definite order of arrangement is not found in the repertory. Thus, the practitioner finds it difficult to search a rubric.
6. *Similar rubrics*: Boger has used similar rubrics in different sections, which creates confusion for the beginners. For example:

Confusion	- Sensorium
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- Confuse - Mind
- Women in - Agg.
- Female - Agg.
- Faintness rising on - Sensorium
- Faintness on rising - Sensations and complaints in general.

Though the group of medicine is not much different, in the first one (Faintness - raising on - sensorium) important medicine like Cocl. is missing.

7. *Misplacing of Rubrics*: Several rubrics are not given at proper places, thus creating difficulty in finding them out.
8. Many rubrics have single or a few medicines.

Sensations and complaints in general -

- Algidity - Cam.
- Bitter - Buf.
- Cold Tendency to take - Benz-ac.
- Cretinism - Calc phos, etc.

Mind -

- Mischievousness - Ars
- Extravagance - Bell
- Exercations - Nit. acid
- Ferocity - Op
- Patience - Mag m.

Though these rubrics are quite useful and meaningful but these cannot be used for the purpose of repertorization; rather they very often confuse and misguide the practitioners.

9. Though this repertory is the latest one it does not represent many medicines.
10. Rubrics do not contain a larger group of medicines. Thus many medicines are missing under appropriate rubrics. For example:

- Mischievousness - Ars. only medicine given.
- Sentimental - Nat.mur. like medicine is missing.

11. Even some information, which is available in his *Synoptic Key*, is not found in the repertory. For example:

Dreams of snake - Lach. not given in repertory.

12. Nosodes are not represented well, though the Repertory was published after Kent's repertory.

In spite of the above-mentioned shortcomings, *Boger's Boenninghausen Characteristics and Repertory* is well-equipped with rubrics and a number of medicines and is a worthy companion of the practitioners of healing art by law of *similia*.

Dr. Dario Spinedi who wrote a foreword to '*Complete Repertory*' writes, "I discovered that *Boger's Boenninghausen's Repertory* is a real gold mine for all kinds of symptoms.

LIST OF MEDICINES USED IN THERAPEUTIC POCKET BOOK AND BOENNINGHAUSEN'S CHARAC- TERISTIC AND REPERTORY

A comparison with modern abbreviations and nomenclature used *Synthesis*.

BTPB		SYNTHESIS	BCR
Ab-c.	Abies-c.	Abies canadensis	Ab-c.
Ab-n.	Abies-n.	Abies nigra	Ab-n.
Abro.	Abrot.	Abrotanum	Abro.
Abs.	Absin.	Absinthium	
Acal.	Acal.	Acalypha indica	
	Acetan.	Acetanilidum	Acetanilid.
Ac-ac.	Acet-ac.	Aceticum acidum	Acet.ac/Ac.ac.
Aconin.	Aconin.	Aconitum	
Acon.	Acon.	Aconitum napellus	Aco.
	Act-sp.	Actea spicata	Act-sp.
	Adon.	Adonis vernalis	Adon.
Aesc-c.	Aesc-c.	Aesculus cornea	
Aesc.	Aesc.	Aesculus hippocastanum	Aesc.
Aeth.	Aeth.	Aethusa cynapium	Aeth.
Agar.	Agar.	Agaricus muscarius	Agar.
Agn.	Agn.	Agnus castus	Ag-c.
Ail.	Ail.	Ailanthus glandulosa	Ail.
Alet.	Alet.	Aletris farinosa	Alet.
All-c.	All-c.	Allium cepa	Cepa.
Aloe	Aloe	Aloe socotrina	
Alst.	Alst.	Alstonia constricta	
Alumen	Alumn.	Alumen	
Alum.	Alum.	Alumina	Alu.
Ambra	Ambra	Ambra grisea	Amb.
Amnc.	Ammc.	Ammoniacum gummi	
Amyl	Amy-ns.	Amylenum nitrosum	Amy-n./Amy.
Am-b.	Am-be.	Ammonium benzoicum	
Am-br.	Am-br.	Ammonium bromatum	Am-bro.
	Am-caust.	Ammonium causticum	Am-caust.
Am-carb.	Am-c.	Ammonium carbonicum	Am-c.
	Am-i.	Ammonium iodatum	Am-i.
	Am-m.	Ammonium muriaticum	Am-m.

Am-phos.	Am-p.	Ammonium phosphoricum	
Anac.	Anac.	Anacardium orientale	Anac.
	Ang.	Angustura vera	Ang.
	Anthraci.	Anthracinum	Anthx.
	Ant-c.	Antimonium sulphuratum nigrum	Ant-s-n.
Antip.	Antip.	Antipyrinum	
Ant-ars.	Ant-ar.	Antimonium arsenicosum	Ant-ar.
Ant-cr.	Ant-c.	Antimonium crudum	Ant-cr.
	Ant-i.	Antimonium iodatum	Ant-io.
Ant-s-aur.	Ant-s-aur.	Antimonium sulphuratum auratum	
Ant-t.	Ant-t.	Antimonium tartaricum	Ant-t.
Apis	Apis	Apis mellifica	Ap.
Apoc-c.	Apoc.	Apocynum cannabinum	Apoc.
Apomor.	Apom.	Apomorphinum hydrochloricum	Apom.
Aral.	Aral.	Aralia racemosa	Aral.
Aran.	Aran.	Aranea diadema	Ara-d.
Arg.	Arg-met.	Argentum metallicum	Arg.
Arg-n.	Arg-n.	Argentum nitricum	Arg-n.
Arn.	Arn.	Arnica montana	Arn.
Ars-iod.	Ars-i.	Arsenicum iodatum	Ars-io.
Ars.	Ars.	Arsenicum album	Ars.
	Art-v.	Artemisia vulgaris	Artem.
Arum-m.	Arum-m.	Arum maculatum	Aru-m.
Asaf.	Asaf.	Asafoetida	Asaf.
Asar.	Asar.	Asarum europaeum	Asar.
Asc-c.	Asc-c.	Asclepias cornuti	
	Asc-c.	Asclepias syriaca	Asclp.
Asc-t.	Asc-t.	Asclepias tuberosa	
Aspar.	Aspar.	Asparagus officinalis	
	Astra-mo.	Astragalus mollissimus	Asra.
Ast-r.	Aster.	Asterias rubens	Ast-r.
Atrop.	Atro.	Atropinum	Atro.
Aur-f.	Aur-f.	Aurum fluoratum	
Aur-m-n.	Aur-m-n.	Aurum muriaticum natronatum	Aur-m-nat.
	Aur-p.	Aurum phosphoricum	Aur-p.
Aur.	Aur.	Aurum metallicum	Aur.
	Aur-ts-n.	Aurum thiosulfuricum natronatum	Aur-t.
	Aven.	Avena sativa	Avena

Bad.	Bad.	Badiaga	Bad.
Bap.	Bapt.	Baptisia tinctoria	Bap.
Bar.	Bart.	Bartfelder aqua	Bart.
Bar-ac.	Bar-act.	Baryta acetica	
Bar-c.	Bar-c.	Baryta carbonica	Bar-c.
	Bar-i.	Baryta iodata	Bar-io.
Bar-m.	Bar-m.	Baryta muriatica	Bar-m.
	Bell-p.	Bellis perennis	Bels.
Bell.	Bell.	Belladonna	Bell.
Benz-ac.	Benz-ac.	Benzoicum acidum	Benz-ac/Ben-ac.
Berb.	Berb.	Berberis vulgaris	Berb.
Bism.	Bism.	Bismuthum	Bis.
Bor.	Borx.	Borax veneta	Bor.
Bor-ac.	Bor-ac.	Boricum acidum	Bor.
	Both.	Bothrops lanceolatus	Both-l.
Bov.	Bov.	Bovista lycoperdon	Bov.
Brach.	Brach.	Brachyglottis repens	Brach/Brachy.
Brom.	Brom.	Bromium	Brom.
Bry.	Bry.	Bryonia alba	Bry.
Buf.	Bufo	Bufo rana	Buf.
	Bursa	Bursa pastoris	Bur-p./Bursa
Cact.	Cact.	Cactus grandiflorus	Cact.
Cad-s.	Cadm-s.	Cadmium sulphuratum	Cad-s.
	Cain.	Cainca	Cainca
Caj.	Caj.	Cajuputum	
Calad.	Calad.	Caladium seguinum	Calad.
Calc-ac.	Calc-act.	Calcarea acetica	Calc-ac
Calc-c.	Calc.	Calcarea carbonica	
Calc-f.	Calc-f.	Calcarea fluorica	Calc-flu.
	Calc-hp.	Calcarea hypophosphorosa	Calc-hyp.
Calc-i.	Calc-i.	Calcarea iodata	Calc-io.
	Calc-ly.	Calcarea lactophosphorica	Calc-lap.
Calc-ph.	Calc-p.	Calcarea phosphorica	Calc-p.
Calc-s.	Calc-s.	Calcarea sulphurica	
Calend.	Calen.	Calendula officinalis	Calend.
Calot.	Calo.	Calotropis gigantea	
Camph.	Camph.	Camphora officinalis	Cam
Canch.	Canch.	Canchalagua	

Cannab-s	Cann-i.	Cannabis indica	Can.
Cannab-s.	Cann-s.	Cannabis sativa	Cann.
Canth.	Canth.	Cantharis vesicatoria	Canth.
Caps.	Caps.	Capsicum annum	Caps.
	Carbn-o.	Carboneum oxygenisatum	Carb-o
Carb-sul.	Carbn-s.	Carboneum sulphuratum	
Carb-ac.	Carb-ac.	Carbolicum acidum	Carb-ac.
Carb-an.	Carb-an.	Carbo animalis	Carb-a.
Carb-v.	Carb-v.	Carbo vegetabilis	Carb-v.
Card-m.	Card-m.	Carduus marianus	Card-m.
	Casc.	Cascarilla	Casc.
	Castm.	Castoreum canadense	Cast-c.
	Castor-eq.	Castor equi	Cast-eq.
Caul.	Caul.	Caulophyllum thalictroides	Caul./Caun.
Caust.	Caust.	Causticum	Caus.
Cean.	Cean.	Ceanothus americanus	Cean.
Ced.	Cedr.	Cedron	Ced.
Cerium	Cer-ox.	Cerium oxalicum	
Cham.	Cham.	Chamomilla	Cham.
Chel.	Chel.	Chelidonium majus	Chel.
Chen-a.	Chen-a.	Chenopodium anthelminticum	Cheno./Chen.
	Chim.	Chimaphila umbellata	Chi-um.
	Chion.	Chionanthus virginica	Chio.
	Chlol.	Chloralum hydratum	Chl-hyd.
Chin-s.	Chinin-s.	Chininum sulphuricum	Chi-s.
Chin.	Chin.	China officinalis	Chin.
Chion.	Chion.	Chionanthus virginica	Chio.
Chloral.	Chlorals.	Chloralosum	Chlor.
Chrom-ac.	Chr-ac.	Chromicum acidum	
Cic.	Cic.	Cicuta virosa	Cic.
Cimic.	Cimic.	Cimicifuga racemosa	Cimi.
Cina	Cina	Cina maritima	Cina
Cinnab.	Cinnb.	Cinnabaris	Cinnb/Cinb/Cimb.
Cinnam.	Cinnm.	Cinnamomum ceylanicum	Cinn./Cioc.
Cist.	Cist.	Cistus canadensis	Cist.
Cit-ac.	Cit-ac.	Citricum acidum	
Clem.	Cob.	Cobaltum metallicum	
Coca	Coca	Coca	Coca

Cocaine	Cocain.	Cocainum hydrochloricum	Cocain.
Cocc.	Cocc.	Cocculus indicus	Coel.
Coc-c.	Coc-c.	Coccus cacti	Coc-c.
Cod.	Cod.	Codeinum	
Coff.	Coff.	Coffea cruda	Cof.
Colch.	Colch.	Colchicum autumnale	Colch.
Coll.	Coll.	Collinsonia canadensis	Coll.
Coloc.	Coloc.	Colocynthis	Colo.
Com.	Com.	Comocladia dentata	Como.
Conv.	Conv.	Convallaria majalis	Conv.
	Cop.	Copaiva officinalis	Cop.
Coral.	Corla-o.	Corallina officinalis	Coral.
	Cori-r.	Coriaria ruscifolia	Cor-r.
Corn-f.	Corn-f.	Cornus florida	
Corn-c.	Corn.	Cornus circinata	
	Cot.	Cotyledon umbilicus	Cotyled.
Croc.	Croc.	Crocus sativa	Croc.
Crotal.	Crot-h.	Crotalus horridus	Crot-h.
Crot-tig.	Crot-t.	Croton tiglium	Crot-t
	Cryp.	Cryptopinum	Cryp.
Cub.	Cub.	Cubeba officinalis	Cub.
Cucur.	Cuc-p.	Cucurbita pepo	
Cund.	Cund.	Cundurango	
	Cupr-ar.	Cuprum arsenicosum	Cund.
	Cupr-o.	Cuprum oxydatum nigrum	Cup-o-n.
	Cupr-p.	Cuprum phosphoricum	Cup-p.
Cup.	Cupr.	Cuprum metallicum	Cup.
Cur.	Cur.	Curare	Cur/Curar.
Cyc.	Cycl.	Cyclamen europaeum	Cyc.
	Cypr.	Cypripedium pubescens	Cypr.
	Daph.	Daphne indica	Daph./Deph.
	Dict.	Dictamnus albus	Dict.
Dig .	Dig.	Digitalis purpurea	Dig.
Diph.	Diph.	Diphtherinum	Diph.
Dios.	Dios.	Dioscorea villosa	Dio.
Dirc.	Dirc.	Dirca palustris	
Dol.	Dol.	Dolichos pruriens	Dolich.
Dros.	Dros.	Drosera rotundifolia	Dro.

Dub.	Dub.	Duboisinum	Dubo.
Dulc.	Dulc.	Dulcamara	Dul.
	Echi.	Echinacea angustifolia	Echi.
Elaps	Elaps	Elaps corallinus	
Elat.	Elat.	Elaterium	
Epiph.	Epiph.	Epiphegus virginiana	Epip.
Equis.	Equis-h.	Equisetum hyemale	Equis-h.
Erig.	Erig.	Erigeron canadense	Erig.
Eryng.	Ery-a.	Eryngium aquaticum	Eryn-aq./Eryng.
Eucal.	Eucal.	Eucalyptus globulus	Eucal.
	Eucl-n.	Euclea natalensis	Eucl.
	Eug.	Eugenia jambos	Eugen.
Euon./Euon.	Euon.	Euonymus europaea	Euon.
Euphr.	Euphr.	Euphrasia officinalis	Euphr.
Euphorb.	Euph.	Euphorbium officinarum	Euphor.
	Eupi.	Eupionum	Eupi.
Eup-per.	Eup-per.	Eupatorium perfoliatum	Eup-pur.
	Fago.	Fagopyrum esculentum	Fag.
Fer.	Ferr.	Ferrum metallicum	Fer.
Ferr-iod.	Ferr-i	Ferrum iodatum	Fer-io.
	Ferr-pic.	Ferrum picricum	Fer-pic.
Fer-p.	Ferr-p.	Ferrum phosphoricum	Fer-p.
	Ferr-s.	Ferrum sulphuricum	Fer-s.
	Fil.	Filix mas	Fil-m.
Fl-ac.	Fl-ac.	Fluoricum acidum	Flu-ac.
	Form-ac.	Formicum acidum	For-ac.
Form.	Form.	Formica rufa	
	Frax.	Fraxinus americana	Frax.
	Fuc.	Fucus vesiculosus	Fucus
Gam.	Gamb.	Gambogia	Gamb.
Gel.	Gels.	Gelsemium sempervirens	Gel.
Gelt-l.	Gent-l.	Gentiana lutea	
Gins.	Gins.	Ginseng quinquefolium	Gins.
Glon.	Glon.	Glonoinum	Glo.
Gnap.	Gnaph.	Gnaphalium polycephalum	Gnap.
Goss.	Goss.	Gossypium herbaceum	
Gran.	Gran.	Granatum	
Graph.	Graph.	Graphites	Grap.

Grat.	Grat.	Gratiola officinalis	
Grind.	Grin.	Grindelia robusta	Grind.
Guai.	Guaj.	Guaiacum officinale	Guai.
Ham.	Ham.	Hamamelis virginica	Ham.
	Hecla.	Hecla lava	Hekla/Hecla
	Helio.	Heliotropium peruvianum	Heliotrop.
Hell.	Hell.	Helleborus niger	Hell.
Helo.	Helon.	Helonias dioica	Helo.
	Helo.	Heloderma	Helod.
	Hipp.	Hippomanes	Hip.
	Hom.	Homarus	Homar.
	Hura	Hura brasiliensis	Hur.
Hyd-ac.	Hydr-ac.	Hydrocyanicum acidum	Hyd-ac.
	Hydrang.	Hydrangea arborescens	Hydrang.
Hydras.	Hydr.	Hydrastis canadensis	Hydr.
Hyper.	Hyper.	Hypericum perforatum	Hypr.
	Iber.	Iberis amara	Iberis/Ibid.
	Ichth.	Ichthyolum	Ichthylon.
Ign.	Ign.	Ignatia amara	Ign.
	Indg.	Indigo tinctoria	Indg./Ind.
	Iodof.	Iodoformium	Iodf.
	Ind.	Indium metallicum	Iod.
Ip.	Ip.	Ipecacuanha	Ip.
	Irid-met.	Iridium metallicum	Irid.
Iris-v.	Iris	Iris versicolor	Iris
Jab.	Jab.	Jaborandi	Jab.
	Jac-c.	Jacaranda caroba	Jac.
Jal.	Jal.	Jalapa	Jal.
Jat.	Jatr-c.	Jatropha curcas	Jat.
Jug.	Jugin.	Juglandin	
Jug-c.	Jug-c.	Juglans cinerea	
Jug-r.	Jug-r.	Juglans regia	
	Just.	Justicia adhatoda	Just.
	Kali-ar.	Kalium arsenicosum	Kali-ar.
Kali-bi.	Kali-bi.	Kalium bichromicum	Kali-bi.
Kali-br.	Kali-br.	Kalium bromatum	Kali-bro.
Kali-chl.	Kali-chl.	Kalium chloricum	Kali-cl.
K-carb.	Kali-c.	Kalium carbonicum	Kali-c.

K-iod.	Kali-i.	Kalium iodatum	Kali-io.
Kali-m.	Kali-m.	Kalium muriaticum	Kali-m.
Kali-n.	Kali-n.	Kalium nitricum	Kali-n.
	Kali-o.	Kalium oxydatum	Kali-o.
	Kali-perm.	Kalium permanganatum	Kali-per.
	Kali-p.	Kalium phosphoricum	Kali-p.
	Kali-s.	Kalium sulphuricum	Kali-s.
Kalm.	Kalm.	Kalmia latifolia	Kalm.
	Naja	Kobra	Kob.
Kre.	Kreos.	Kreosotum	Kre.
	Lachn.	Lachnanthes tinctoria	Lachn.
Lach.	Lach.	Lachesis mutus	Lach.
	Lact-v.	Lactuca virosa	Lactuca/Lact.
	Lac-c.	Lac caninum	Lac-c.
	Lac-d.	Lac vaccinum defloratum	Lac-d.
	Lac-f.	Lac felinum	Lac-f.
	Lac-v.	Lac vaccinum	Lac-v.
Lap.	Lappa	Lappa arctium	Lappa/Lapp.
	Lath.	Lathyrus sativus	Lath.
	Lat-m.	Latrodectus mactans	Latro.
Laur.	Laur.	Laurocerasus	Lau.
Led.	Led.	Ledum palustre	Led.
	Lem-m.	Lemna minor	Lem-m.
Lept.	Lept.	Leptandra virginica	Lept.
Lil-t.	Lil-t.	Lilium tigrinum	Lil-t.
Lith.	Lith-c.	Lithium carbonicum	Lith-c.
Lob-i.	Lob	Lobelia inflata	Lob.
	Lol.	Loleum temulentum	Lol-t.
Lyc.	Lyc.	Lycopodium clavatum	Lyc.
Lycps.	Lycp-v.	Lycopus virginicus	Lycps/Lyc-v.
	Lys.	Lysinum	Lys.
Mag-c.	Mag-c.	Magnesium carbonicum	Mag-c.
Mag-m.	Mag-m.	Magnesium muriaticum	Mag-m.
Magnol.	Magn-gr.	Magnolia grandiflora	
	Mag-n.	Magnesium nitricum	Mag-n.
	Mag-s.	Magnesium sulphuricum	Mag-s.
	M-arct.	Magnetis polus arcticus	
	M-aust.	Magnetis polus australis	M-aust.

	Maland.	Malandrinum	Maland.
	Manc.	Mancinella	Manc.
Mang.	Mang-met.	Manganum metallicum	Mang.
Mar.	Marr.	Marrubium album	Mar.
	Med.	Medorrhinum	Med.
	Medus.	Medusa	Medu.
Meli.	Meli.	Melilotus officinalis	Melil.
	Menis.	Menispermum canadense	Menis.
Meth.	Menth.	Mentha piperita	
Meny.	Meny.	Menyanthes trifoliata	Men.
	Meph.	Mephitis putorius	Meph/Me.
	Merc-aur.	Mercurius auratus	Merc-au./Merc-a.
Merc-cy.	Merc-cy.	Mercurius cyanatus	Merc-cy.
Merc-c	Merc-c.	Mercurius corrosivus	Merc-c.
Merc-d.	Merc-d.	Mercurius dulcis	Merc-d.
Merc-i-f.	Merc-i-f.	Mercurius iodatus flavus	Merc-i-f.
Merc-i-r.	Merc-i-r.	Mercurius iodatus ruber	Merc-i-r.
Merc-n.	Merc-n.	Mercurius nitricus	Merc-nit.
Merc.	Merc.	Mercurius solubilis	Merc.
	Merc.	Mercurius vivus	Merc-viv.
Mez.	Mez.	Mezereum	Mez.
Millef.	Mill.	Millefolium	Millef.
	Morph.	Morphinum	Morph.
Mos.	Mosch.	Moschus	Mos.
Murex	Murx.	Murex purpurea	Mrx.
	Mur-ac.	Muriaticum acidum	Mur-ac.
	Mygal.	Mygale lasiodora	Myg.
Myr.	Myrt-c.	Myrtus communis	Myr.
Naj.	Naja	Naja tripudians	Naj.
Naph.	Naphtin.	Naphthalinum	
Nat-ars.	Nat-ar.	Natrium arsenicosum	
Nat-c.	Nat-c.	Natrium carbonicum	Nat-c.
Nat-m.	Nat-m.	Natrium muriaticum	Nat-m.
	Nat-n.	Natrium nitricum	Nat-n.
	Nat-p.	Natrium phosphoricum	Nat-p.
	Nat-s.	Natrium sulphuricum	Nat-s.
	Nicc.	Niccolum metallicum	Nicc.
Nit-ac.	Nit-ac.	Nitricum acidum	Nit-ac.
	Nuph.	Nuphar luteum	Nuphar

Nux-m.	Nux-m.	Nux moschata	Nux-m.
Nux-v.	Nux-v.	Nux vomica	
Oci.	Oci.	Ocimum canum	
Oenan.	Oena.	Oenanthe crocata	
Oenot.	Oeno.	Oenothera biennis	
Oleand.	Olnd.	Oleander	Old.
	Ol-an.	Oleum animale aethereum	Ol-an.
	Ol-j.	Oleum jecoris aselli	Ol-jec.
	Onos.	Onosmodium virginianum	Onos.
Op.	Op.	Opium	Op.
	Orig.	Origanum majorana	Orig./Orinth.
Osm.	Osm.	Osmium metallicum	Osm.
Oxyt.	Oxyt.	Oxytropis Lamberti	
Ox-ac.	Ox-ac.	Oxalicum acidum	Ox-ac.
Paeo.	Paeon.	Paeonia officinalis	Pae./Paeon.
Pall.	Pall.	Palladium metallicum	Pall.
Parei.	Paireir.	Paireira brava	Parei.
Pare.	Pariet.	Parietaria officinalis	Pareit.
Par.	Par.	Paris quadrifolia	Par.
	Pert.	Pertussinum	Pert.
	Petros.	Petroselinum sativum	Petros.
Petrol.	Petr.	Petroleum	Petr.
Phel.	Phel.	Phellandrium aquaticum	Phel.
Phos.	Phos.	Phosphorus	Pho.
Pho-ac.	Ph-ac	Phosphoricum acidum	Pho-ac.
Phys.	Phys.	Physostigma venenosum	Phys.
	Physal-al.	Physalis alkengi	Physalis
Phyt.	Phyt.	Phytolacca decandra	Phyt.
	Pimp.	Pimpinella alba	Pimp.
Piper-nig.	Pip-n.	Piper nigrum	Pip-n.
Pb.	Plb.	Plumbum metallicum	Plb.
	Polyg-h.	Polygonum hydropiperoides	Polyg.
Pop-c.	Pop-c.	Populus candicans	Pop-c.
Pop-t.	Pop.	Populus tremuloides	Pop.
	Ictod.	Pothos foetidus	Poth.
Pru.	Prun.	Prunus spinosa	Pru-sp.
Pso.	Psor.	Psorinum	Pso.
	Ptel.	Ptelea trifoliata	Ptel.

Puls.	Puls.	Pulsatilla nigricans	Pul./Puls.
	Pyrog.	Pyrogenium	Pyro.
	Rad-br.	Radium bromatum	Radm.
	Rad-met.	Radium metallicum	Rad-m.
Ran-b.	Ran-b.	Ranunculus bulbosus	Ran-b.
Ran-s.	Ran-s.	Ranunculus sceleratus	Ran-s./Ran-sc.
Raph.	Raph.	Raphanus sativus	Raph.
Rat.	Rat.	Ratanhia peruviana	Rat.
Rheum	Rheum	Rheum palmatum	Rhe.
Rhodo.	Rhod.	Rhododendron chrysanthum	Rho.
	Rhus-a.	Rhus aromatica	Rhus-aro.
Rhus.	Rhus-t.	Rhus toxicodendron	Rhus-t.
Rinc.	Ric.	Ricinus communis	
Rob.	Rob.	Robinia pseudacacia	Rob.
Rumex	Rumx.	Rumex crispus	Rum.
Ruta	Ruta	Ruta graveolens	Rut.
Sin.	Sin-n.	Sinapis nigra	Sinap./Sin-n.
	Solid.	Solidago virgaurea	Solid.
	Sol-ni.	Solanum nigrum	Sol-n.
	Sol-t-ae.	Solanum tuberosum aegrotans	Sol-t-aeq.
Spig.	Spig.	Spigelia anthelmintica	Spi.
	Spir-n-d.	Spiritus nitri dulcis	Sp-n-d.
Spo.	Spong.	Spongia tosta	Spo.
	Squill-b.	Squilla bifolia	Squill.
Squ.	Squill.	Squilla maritima	Scil.
	Stann-i.	Stannum iodatum	Stan-io.
Stan.	Stann.	Stannum metallicum	Stann.
Staph.	Staph.	Staphysagria	Stap.
Stict.	Stict.	Sticta pulmonaria	Stic.
Still.	Still.	Stillingia silvatica stovaine	Sto.
Stram.	Stram.	Stramonium	Stra.
Stro.	Stront-c.	Strontium carbonicum	Stro.
Strop.	Stroph-h.	Strophanthus hispidus	
	Stry.	Strychninum purum	Stry.
	Sulfon.	Sulphonalum	Sulfon.
Sul.	Sulph.	Sulphur	Sul.
Sul-ac.	Sul-ac.	Sulphuricum acidum	Sul-ac.
	Sul-i.	Sulphur iodatum	Sul-io.

Sum.	Sumb.	Sumbulus moschatus	Sumb.
Symph.	Symph.	Symphytum officinale	Symp.
	Syph.	Syphilinum	Syph.
Saba.	Sabad.	Sabadilla	Saba.
	Sabal	Sabal serrulata	Sabal
Sabi.	Sabin.	Sabina	Sabi.
	Sacch-l.	Saccharum lactis	Sac-lac./Sacc.
Sal-ac.	Sal-ac.	Salicylicum acidum	Sal-ac.
Samb.	Samb.	Sambucus nigra	Samb.
Sang-n.	Sangin-n.	Sanguinarinum nitricum	Sang.
	Sanic.	Sancula aqua	Sanic.
Sant.	Santin.	Santoninum	
Sars.	Sars.	Sarsaparilla officinalis	Sars.
	Scroph-n.	Scrophularia nodosa	Scrop./Scroph.
Sec-c.	Sec.	Secale cornutum	Sec-c.
Sele.	Sel.	Selenium metallicum	Sele.
Senec.	Senec.	Senecio aureus	Senec.
Seneg.	Seneg.	Senega	Seng.
Senn.	Senn.	Senna	Senna
Sep.	Sep.	Sepia officinalis	Sep.
Sil.	Sil.	Silicea terra	Sil.
	Sol	Sol	Sol
Tab.	Tab.	Tabacum	Tab.
Tan.	Tanac.	Tanacetum vulgare	
	Taper.	Taperiba	Tap.
Tar.	Tarax.	Taraxacum officinale	Tarx.
	Tarent-c.	Tarentula cubensis	Tarn-c.
Tarent.	Tarent.	Tarentula hispanica	Tarn-c.
Tax.	Tax.	Taxus baccata	
Tell.	Tell.	Tellurium metallicum	Tel.
Ter.	Ter.	Terebinthinae oleum	Terb.
	Teucr-s	Teucrium scorodonia	Teuc-sc.
Thal.	Thal.	Thallium metallicum	
Thea	Thea	Thea chinensis	
Ther.	Ther.	Theridion curassavicum	Ther.
Thlasp.	Thlas.	Thlaspi bursa pastoris	
Thuj.	Thuj.	Thuja occidentalis	Thu.
	Thyr.	Thyroidinum	Thyr.
	Til.	Tilia europaea	Til.

Trill.	Tril-p.	Trillium pendulum	Tril.
Trom.	Trom.	Trombidium muscae domesticae	Trom.
	Tub.	Tuberculinum bovinum Kent	Tub.
Ura.	Uran-n.	Uranium nitricum	Ur-n./Uran-n.
Urt.	Urt-u.	Urtica urens	Urt-u.
Usn.	Usn.	Usnea barbata	Usnea
Ust.	Ust.	Ustilago maydis	Ust.
Uva	Uva	Uva ursi	
Valer.	Valer.	Valeriana officinalis	Val.
	Vanad.	Vanadium metallicum	Vanad.
	Vario.	Variolinum	Variol.
Verat-a.	Verat.	Veratrum album	Ver-a.
Verat-v.	Verat-v.	Veratrum viride	Ver-v.
Verb.	Verb.	Verbascum thapsus	Verb.
	Vero-o.	Veronica officinalis	Veronic.
Vesp.	Vesp.	Vespa crabro	Vesp.
Vib-pr.	Vib-p	Viburnum prunifolium	
Vib-op.	Vib	Viburnum opulus	Vib.
Vinc.	Vinc.	Vinca minor	Vinc.
Vio-o.	Viol-o.	Viola odorata	Vio-o.
Vio-t.	Viol-t.	Viola tricolor	Vio-t.
Vip.	Vip.	Vipera berus	Vip.
Visc.	Visc	Viscum album	Vis-a.
Wye.	Wye.	Wyethia helenoides	Wyet./Wye.
Xan.	Xan.	Xantoxylum fraxineum	Xanth.
	Zin-pic.	Zincum picricum	Zinc-pic.
	Zinc-p.	Zincum phosphoricum	Zinc-p.
	Zinc-s.	Zincum sulphuricum	Zin-s.
	Zinc-val	Zincum valerianicum	Zin-val.
Zinc.	Zinc.	Zincum metallicum	Zin.
	Zing.	Zingiber officinale	Zing.
Ziz	Ziz.	Zizia aurea	Ziz.

The total number of medicines in the repertory section of *Boenninghausen Therapeutic Pocket Book* is 345. Besides, there are fifteen medicines, which are used exclusively in relationship chapter. Hence, the total number of medicines in whole *Therapeutic Pocket Book* comes to 360. The name of medicines, which appear only in relationship chapter are given below:-

Acetum veg.
Aurum foliatum
Alcoholus
Cerevisia lager
Electricitas
Mercurius vivus
Saccharum lactis
Saliva officinalis
Sem carvi
Serpentaria aristolochia
Succus citri/ Citri succus
Spiritus nitri dulcis
Spir vini
Vanilla aromatica
Vinum

The total number of medicines in *Boenninghausen's Characteristics and Repertory* by *Boger* is 464. Besides, there are fourteen medicines, which are used exclusively in concordance chapter. Hence, the total number of medicines in BCR comes to 478. The list of those medicines is given below –

Acetum veg. / Acet-veg. or Acetum
Acida
Citri succus / Succus citri
Cerevisia lager
Electricitas
Galvan saccharum
Salvia officinalis
Sem carvi
Serpentaria aristolochia
Spir vini
Spirituosa
Vanilla aromatica
Vinum

IGNATIA

IGNATIA

Mind.—Weakness of thought and recollection, especially after violent concealed vexation. **Extraordinarily changeable mood.** **Hysteria.** Paroxysms of laughter or screaming. Introverted and taciturn with low spirits and weeping. Tenderness. **Internal, concealed grief, with frequent sighing.** (Arg-n.) Carking mental care. Unfortunate love. Very easily frightened. Overconscientious. After effects of mortification vexation, with silent, concealed grief and shame. Fright followed by grief or and spasms. Alternately frolicsome and sad. Always desires to be alone. Despair of recovery. Dread of work. Vertigo.

Head.—Heavy. Empty feeling in. Trembling, nodding or backward bending of. Headache: As of a nail pressing outward in temples or sides; from chagrin or silent grief, < or > by stooping. Tearing in brain, especially in forehead. Pressure in forehead and vertex, following a befuddled feeling in. Outward pressing or sticking pain in forehead and at root of nose. Pain as if crushed, often ending in a similar toothache. Distensive pressure in either temple. **Worse:** Coffee; spirituous liquors; smoking; noise; odors; morning moving eyes; sunlight; reading; writing; after siesta; lying on painless side; lying on back; mental exertion; emotions; sitting upright. **Better:** Changing position; lying on painful side; lying on back; external warmth.

Eyes.—Scalding tears during day (especially in sunlight) with nightly agglutination of lids. Convulsive motions of. Flickering zigzags before. Pressure as from sand under upper lid. Swelling of upper lid, with bluish veins. Inflammation of upper part of eyeball, as far as covered by upper lid. Photophobia.

Ears.—Roaring before, like a strong wind. Difficult hearing, but not for the human voice.

Nose.—Excoriated and sensitive internally with swelling of same. Fluent coryza.

Face.—**One-sided redness.** Alternate paleness and redness of. Sunken, earth colored, with blue circles around eyes.

Spasmodic twitching of muscles of. Sweat only on face (never on scalp). Dry, bleeding, cracked lips.

Teeth.—Ache, as tho' being crushed, from taking cold in molars. Convulsions of children, during difficult dentition.

Mouth.—Redness and inflammation in entire buccal cavity. Stitches in palate, extending into ear. Soreness as from a **plug in throat**, when not swallowing. Sticking sore throat > swallowing food. Sensation of a lump in throat, with painful soreness when swallowing. Much sour saliva in. Salivation. When talking or chewing he easily bites his tongue or cheek. Faint, tremulous voice.

Appetite, etc.—Feeling of hunger in evening, which prevents sleep. Appetite for this or that which is distasteful when obtained. Great aversion to tobacco, smoked meat or brandy.

Taste.—Flat; insipid; like chalk. Lost, of food.

Eructation.—Hiccupy. Regurgitation: Bitter of the ingesta. Hiccough after eating, drinking and smoking.

Nausea, etc.—Without vomiting. Qualmishness, with sweat and bellyache after smoking. Nightly vomiting of ingesta.

Stomach.—Sticking in region of. Burning, especially after brandy. Pressure in pit. Weak or empty sensation in pit.

Hypochondriae.—Fullness and distension in. Swelling and induration of spleen.

Abdomen.—Turning and twisting about navel. Protrusions here and there on. Throbbing in. Uterine cramps, with cutting, sticking and labor-like pains. Outpressing pain in inguinal region. Abdominal pains are < after sweet foods, coffee and brandy.

Flatulence.—Nightly, flatulent colic. Rumbling in abdomen, as from hunger. Evolution of much flatus, which is easily discharged.

Stool.—Easy and satisfactory. Very thickly formed; difficult altho' soft. Ineffectual urging, felt more in upper intestine. Diarrhoea, with fissures in rectum. Constipated, from taking cold and driving.

Anus, etc.—Itching and crawling in. Pro-lapsus recti with smarting pains during moderate pressure to stool. Contraction of, after stool.

IGNATIA

Urine.—Frequent discharge of much watery. Sudden, irresistible urging to urinate. Involuntary urination. Constant urging to urinate after coffee. Burning and smarting in urethra when urinating.

Sexual Organs.—Violent itching in evening, disappearing by scratching. Sweat on scrotum. Impotency with lasciviousness. Pains in penis.

Menses.—Too early (and too profuse). Menstrual blood black, smell badly and is discharged in clots. Uterine hemorrhage. Uterine spasms during menses.

Respiration.—Oppression of: Alternating with twitchings and convulsions; nightly, of chest, especially after midnight. Want of breath from abdominal disturbances. Loses his breath when running. Changeable. Deep. Slow inspiration and rapid exhalation.

Cough.—Dry, spasmodic. Dry, hollow, from tickling in stomach, early in morning when awaking. Dry, from irritation, as feather-down or sulphur vapor in throat pit, in evening, always < by continued coughing. Expectoration scanty and difficult, tasting and smelling like secretions of an old catarrh, in evening only.

Larynx, etc.—Soreness in. Tearing and contraction in. Pains in whole trachea. *Low voice.*

Neck.—Painless glandular nodules on.

Chest.—Pressure in. Stitches in, from flatulent colic. Spasmodic constriction of. Feels as if too small. Nightly palpitation, with stitches at heart.

Back.—Spine curved backward. Cutting stitches, as from a sharp knife, extending from lumbar region out thro' loins down into thighs. Pain in sacrum when lying on back in bed, early in morning.

Upper Extremities.—Convulsive twitchings in arms, fingers and legs. Cutting stitches in shoulder-joint when flexing arm. Sense of numbness and something alive crawling about in arm, at night in bed.

Lower Extremities.—Cutting sticking in hip and knee-joints. When walking knees are involuntarily drawn up. Ulcerative pain or stitches in soles of feet. Nightly burning of heels when held in contact with each other, at the same time they seem cold to touch.

Generalities.—Extraordinary changeableness

of all the symptoms. Crawling, asleep feeling in limbs. Dislocative pains in joints. Trembling of limbs. Pain, as from hard, pointed body, pressing from within outward. Cutting stitches, as from a sharp knife. Convulsive twitches, especially after fright or vexation, with silent grief. **Hysterical spasms.** Coffee, tobacco and brandy intensify the symptoms. The attacks are renewed after dinner, in evening after lying down, and early in morning immediately upon awaking; they are diminished when lying upon back, upon painful parts, or in general by a change of posture.

Skin.—Itching on body, which immediately leaves the spot when gently scratched. Itching when becoming heated or in open air. Great sensitiveness to drafts. During fever, violent, itching nettlerash covering entire body.

Sleep.—Deep, stupefying. Sleep after the cough paroxysms. Extraordinary spasmodic yawning with pain in maxillary joint as tho' it would be dislocated. Sleep so light that patient hears everything. Restless sleep and great restlessness at night. Fixed ideas in his dreams which continue after waking.

Fever.—**Pulse:** Generally hard, full and rapid, with throbbing in blood vessels; more seldom small or slow; in other respects upon the whole, very changeable. **Chill:** And coldness, with increased pains. Capable of being > by external warmth, always with thirst. Often on posterior part of body only. Internal, with external heat. External coldness with internal heat. **Heat:** External only without thirst, with intolerance of external warmth. External, with redness, internal shuddering and sticking in limbs. Overrunning attacks of external heat. Constant rapid changes of heat and cold. One-sided burning heat, of face. **Sweat:** Slight, often only on face. Feeling as if sweat would break out, which does not. While eating. Sometimes cold, but generally warm and somewhat sour smelling. Thirst during apyrexia.

Allied Remedies.—*Alum., Arn., Ars., Bism., Calad., Calc-c., Caps., Carb-v., Caust., CHAM., Coccl., Coff., Cupr.,*

IGNATIA

Hep., Ip., Lyc., Mgs., M-arct., M-aust., Mar., Nux- v., Phos-ac., Plat., Puls., Ruta, Selen., Stram., Valer., ZINC.

Complementary.—*Aur., Nat-m.*

IODUM

Mind.—Anxiety. Great excitement, irritability and sensitiveness. Low spirits and weeping, with ill-humor. Restlessness which renders sitting quietly or sleep impossible. Excessive loquacity and mirthfulness.

Head.—Congestion to, with throbbing therein. Aching as from a tight band about. Headache from warm air or a long drive < noise and talking.

Eyes.—Smarting. Dirty yellow sclerotic. Swollen lids. Obscured vision. Diplopia.

Ears.—Difficult hearing. Sensitive in noise.

Nose.—Increased secretion of mucus from. Nasal catarrh, dry in morning, fluent in evening.

Face.—Complexion pale, yellow or rapidly changing to brown; earth-colored. Twitching of facial muscles. Suppurating ulcers on cheeks with swelling of submaxillary glands.

Teeth.—Yellow and covered with mucus in morning. Gums are detached and bleed easily.

Mouth.—Ulcers in, with fetid odor therefrom. Aphthae. Throat inflamed, with burning pains. Constriction of throat with difficult swallowing. Salivation. Thickly coated tongue.

Appetite, etc.—**Unusual hunger;** the patient feels generally better after satisfying it. Ravenous hunger alternating with loss of appetite. Increased thirst.

Eructation.—Heartburn after heavy food.

Nausea, etc.—Frequently nauseated. Vomiting. Forcible, renewed after every meal; bilious, with violent pains in stomach.

Stomach.—Pain in. Pressure after every meal. Burning and corrosive gnawing in. A single internal tremor, which radiates therefrom, with increased warmth.

Hypochondriac.—Pain in liver. Painful swelling of spleen.

Abdomen.—Abdominal pains renewed after every meal. Enlarged a., it threat-

IODUM

ens suffocation when he assumes a wrong position. Swollen mesenteric glands. Labor-like cramps in. Scirrhus swelling of inguinal glands.

Flatulence.—Incarcerated.

Stool.—Hard, nodular. Soft, frequently whitish diarrhoeic s., alternating with constipation. Of dysenteric mucous without feces.

Urine.—Suppressed. Yellowish, green or acrid. With an iridescent pellicle.

Sexual Organs.—Swollen and indurated testes and prostatic gland. Increased sexual desire.

Menses.—Sometimes too early, sometimes too late. Long-continued, profuse uterine hemorrhage. Corrosive leucorrhoea.

Respiration.—Difficult with tightness of chest.

Cough.—Chronic, dry, early in morning, excited by an unbearable crawling of tickling in larynx or throat pit. With sticking and burning in chest. With copious, frequently bloody or tenacious yellow mucus expectoration in evening.

Larynx.—Inflammation of, and of trachea. Increased secretion of mucus in, in trachea and bronchi. Hoarseness and insufferable crawling, early in morning.

Neck.—Swollen externally. Swells up when talking. Goitre from swelling of thyroid gland. Constant sensation of constriction in the goitre. Swelling of glands of throat and neck.

Chest.—Burning, sticking tension in integuments of. Burning, itching and tickling in. Forcible palpitation increased to violence by every exertion. Flaccidity and dwindling of the female mammae.

Upper Extremities.—Nightly bone pains in arms whereon he lies. Trembling arms and hands. Cold sweat on hands.

Lower Extremities.—While swelling of knee. Hot, bright swelling of knee, with inflammation, sticking and burning, greatly < touch and pressure. Sweat excoriates the feet.

Generalities.—Violent trembling of limbs. Twitching of muscles and subsultus tendinum. **He emaciates to a skeleton.** Edematous swellings. Great weakness, even talking causes sweat to break out. Great irritability of entire nervous system. Violent tearing in joints. Chronic

IODUM

gouty arthritis, with violent nightly pains, but without swelling. Intolerance of heat.

Glands.—Swollen, indurated after bruises.

Bones.—Nightly pains. Curvature.

Skin.—Dirty, clammy, moist. Rough, dry. Anasarca.

Sleep.—Sleeplessness. Anxious dreams.

Fever.—**Pulse:** Large, hard and accelerated, with strong ebullition and throbbing in blood vessels. Quick, but weak and thready. It instantly becomes quicker, from every movements. **Chill:** Frequently alternating with heat. Cold feet throughout entire night. With shaking, also in a warm room. **Heat:** General flying over whole body. Internal, dry, with external coldness of skin. **Sweat:** Very profuse at night. Very exhausting, in the morning hours, of a sour odor and with much thirst.

Allied Remedies.—*Ap., Ars., BELL., Bro., Bry., Calc.-c., Chin., HEP., Kali.-c., Lyc., Merc., Par., Phos., Sil., Spo., Sul.*

Complementary.—*Sil., Lyc.*

IPECACUANHA

Mind.—Very excitable, impatient disposition. Taciturn peevishness, with inclination to scorn everything. Intolerance of noise. Anxiety. Crying and screaming of children.

Head.—Sticking headache in vertex or forehead. Bruised sensation in brain and cranial bones, especially the parietals, with nausea and vomiting. Throbbing and shocks in. Occiput and nape painful. Blondes. **Worse:** In room. **Better:** In open air.

Eyes.—Twitching lids. Dilated pupils. Dim vision. Weeping, inflamed.

Ears.—Coldness and chill on, during the heat.

Nose.—Frequent, violent nosebleed. Loss of smell. Obstruction of, and stuffed coryza.

Face.—Pale, with blue circles about eyes. Livid, puffed. Convulsive twitches of facial muscles and lips. Smarting eruption and aphthae on margin of lips. Redness of skin about mouth. Redness of one cheek and paleness of the other.

IPECACUANHA

Teeth.—Hollow teeth ache as tho they would be torn out, when biting on them.

Mouth.—Biting in, also on tongue. Difficult swallowing. Salivation. Yellow coated tongue. Bleeding from. Inflamed throat.

Appetite, etc.—Loss of, as from a relaxed stomach. Loathing of all food. Desire for delicacies and sweet things. After effects of pork. Thirstlessness.

Taste.—Sweetish, bloody, in mouth.

Nausea, etc.—**Incessant nausea** and vomiting. Qualmishness, as if from stomach. Inclination to vomit and retching after cold drinks and smoking. Vomiting: Of all ingesta; bilious; of green, gelatinous mucus. Haematemesis. Bad effects of all kinds of fat. Averse to all sorts of food.

Stomach.—Intense, indescribably sickening pain in. Sense of emptiness and relaxation in. Distension and throbbing in pit. Shocks in.

Abdomen.—Cutting and pinching about navel, < motion.

Flatulence.—Flatulent colic, with frequent, diarrhoeic stools.

Stool.—Diarrhoeic, as if fermented, with nausea and violent bellyache. Diarrhoea of various kinds. Dysenteric, with tenesmus. Fecal, covered with bloody mucus. Bloody, Foul-smelling. Green.

Urine.—Diminished, dark red. Bloody, with cutting in abdomen and urethra (after suppressed itch). Ineffectual urging to urinate. Retained.

Menses.—Too early and too profuse. Uterine hemorrhage of bright red, clotted blood.

Respiration.—Fetid breath. Anxious, hurried. Sighing. Suffocative attacks in room, becoming better in open air. Want of breath from slightest motion. Gasping for breath. Spasmodic asthma with contraction of throat and chest.

Cough.—Dry, excited by tickling, as from sulphur vapor, especially in upper part of larynx. Whooping cough in violent, shattering, rapidly succeeding paroxysms of hollow coughs, which do not permit recovery of the breath. Incessant suffocative c. in evening, with sweat on

IPECACUANHA

forehead, shocks in head, retching and vomiting. With stiff body and a blue face. Haemoptysis, after every exertion. Dry in evening; in morning expectoration of bright red blood mixed with mucus, of a putrid, sweetish taste.

Neck.—Swelling and suppuration in suprasternal fossa.

Chest.—Spasmodic constriction. Sore pain in. Oppression. Palpitation. **Rattling from accumulation of mucus within.**

Back.—Opisthotonos and emprosthotonos.

Upper Extremities.—One hand cold, the other hot.

Lower Extremities.—Sensation in hip-joint as though it would be dislocated, immediately upon sitting down. Convulsive twitches in legs and feet. Nightly cramp in calf muscles, drawing them into lumps. Violent itching of calves. Ulcers on feet which have a black base.

Generalities.—Symptoms are accompanied by great weakness, repugnance to all food and nausea. Hemorrhage from all orifices of body. Asleep sensation in joints. Oversensitive to both cold and warmth. Twitches in limbs. Tonic spasm bending body backward and forward. Gastric disturbances and disposition to hemorrhages. He falls to the floor. Shattering of entire body. The entire body is stretched out rigidly. Apoplexies. After-effects of intemperance, taking cold or eating pork. Complaints are > in open air.

Bones.—Bruised pain in.

Skin.—Miliary or receding rash in childbed. Violent itching of the clear skin of arms and thighs, with nausea; he is compelled to scratch until he vomits.

Sleep.—Whimpering and restlessness with half open eyes. Frequent starting up during. Complete insomnia.

Fever.—**Pulse:** Greatly accelerated, but often imperceptible. **Chill:** Generally of short duration and soon passing into heat. Internal, as if under the skin, increased by warmth. With thirst. Moist coldness of hands and feet. Want of natural vital heat. **Heat:** General, continued, with dry, parchment-like skin; after a short chill. Anxious, dry, in evening. Sudden attacks of general heat with cold hands and feet.

KALI BICHROMICUM

Mostly without thirst. With chilliness, and heat of face. **Sweat:** Very profuse, mostly at night. Biting, mostly sour smelling, often also cold. Frequent attacks of hot sweat when in a room. Cold, on forehead. Intermittent fever with a slight chill, violent heat, gastric symptoms and oppression of chest. Exacerbation of fever in evening.

Allied Remedies.—**Alum.,** *Ant-c.*, **ANT-T.**, **ARN.**, **ARS.**, *Bry.*, **CALC-C.**, *Carb-v.*, **Cham.**, **Chin.**, **Coccl.**, **Cupr.**, **Dros.**, **Ferr.**, *Ign.*, **Kali-n.**, **Laur.**, **NUX-V.**, *Op.*, *Phos.*, **Puls.**, *Sul-ac.*, **Tab.**, **Verat-a.**
Complementary.—**Calc-c.**

KALI BICHROMICUM

Mind.—Indifference. Disinclination to mental work, to business. Ill humor. Gloomy. Discouraged. **Better:** Eating.

Vertigo.—Whirling, on rising; with epigastric pain; with nausea; sudden; paroxysmal. **Better:** After acid vomiting.

Worse.—Descending.

Head.—Blindness followed by violent headache, sight returns as headache increases. Violent, shooting pains from root of nose to external canthus, (*Cin.*) increases till noon, cease toward evening. Feeling as if brain were too large and was driving skull bones as under. As of a weight on vertex. **Pains:** Shooting or pressing, mostly in forehead and temples; as tho' cut to pieces with knives; sore, with bristling of hair on vertex; *periodical*; in *small spots* or radiating therefrom; *over one eye*. Sensitiveness of bones. **Worse:** *Stopped nasal discharge*; cold air; motion; stopping; at night. **Better:** Nosebleed; lying down.

Hair.—Bristling; painful to touch over affected area. Falling out.

Eyes.—Brownish spots on sclerotic. Inflammation: With itching; with lachrymation; with agglutination. Redness of lid margins. Lashes lost. Pus or mucus in; in canthi. Burning. Dryness. Feel raw. Swelling of upper lids; edematous; with heaviness. Granular lids. Chromopsies. Twitching lids. Dim vision. **Worse:** Morning.

Ears.—Stitches in; extending into palate.

Nose.—Running of eyes and n, from least

KALI BICHROMICUM

- exposure to cold. Frequent violent sneezing. Snuffling. Stoppage. **Discharges:** Corrosive; watery; sudden purulent; of clinkers; scabs or plugs; offensive; of bloody mucus. **Nosebleed:** When bathing; after eating; preceded by burning eyes and sleepiness. **Sensations: Dryness;** stiffness within; burrowing; crawling; twitching; the bones rubbing together; being swollen; heaviness, as if a weight were hanging to it, tickling, as of a hair in; pressure or pain at root or in bones of; painful soreness of; sensitive tip. Expired air feels hot, the inspired cold. Ulcers in, especially perforating the septum. **Smell:** Imaginary, putrid; fetid from; lost. **Worse:** Damp weather; touch; evening.
- Face.**—Yellowish; sickly; anxious. (Lyc.) Drawn, pale, and covered with cold, clammy sweat. Acne on. **Bones of:** Bruised feeling; periodical tearing; boring; sensitiveness of, and of cranium. (Merc-cor.) Tension in scalp and face making features stiff. Swelling, over malar bones; under nose. **Better:** Warmth.
- Teeth.**—Boring; borrowing; gnawing; drawing; tearing; stitching. **Gums:** Livid; abscess in; bleed easily.
- Tongue.**—Dry, smooth, red and cracked. Thick. Coating; Yellowish, of base; of thick mucus on; mapped. Stinging prickling in. Burning at tip.
- Mouth.**—Apthae. Burning, and excessive dryness in, and in throat, > drinking cold water. **Saliva:** Salty, frothy, sticky. Salivation: With toothache; with drawing in ears; with tension and drawing in masseter muscles.
- Throat.**—Posterior pharynx: Dark red and glistening; injected with bright red blood vessels; a fissure exudes blood. (Elap.) Hawks up thick gelatinous or much tenacious mucus in morning. Rawness, redness, roughness and swelling in. **Ulcers in,** and in mouth; covered by an ashy slough; excavated, containing yellow tenacious matter. Uvula baggy and elongated. **Sensation of a plug in; of a hair in fauces;** coldness in pharynx; a prickling substance in; sticking, extending into ears.; adherent mucus in; scraping, causing vomiting. Swallow-
- ing difficult, feeling as if food stuck in oesophagus. **Worse:** Protruding tongue; swallowing; speaking. **Better:** In air.
- Appetite.**—Sense of hunger, with nausea and disinclination for food. Dislikes meat. Great thirst; longing for beer; for acid drinks.
- Taste.**—Astringent; metallic; greasy; putrid; sweetish; bloody; resinous. **Bitter.**
- Eructations.**—Convulsive; fetid; rancid; when hawking; with imaginary putrid smells.
- Nausea, etc.**—At sight of food; sudden; excessive; with hot risings and sweetish flat salivation; with shuddering of chilliness; excited by slightest pressure on pit of stomach; after a glass of water. **Vomiting:** sudden; forcible; painful; glairy; bloody; with keen smell and taste; preceded by retching and followed by hiccough; *of bright yellow water;* with cold sweat on hands.
- Stomach.**—Dyspeptic attacks; With low spirits; with confusion of head; with emaciation. Swelling of. **Sensation:** Of pressure, as of a load; weakness; emptiness; sinking; anxiety; gnawing at pit; turning over in; soreness of; coldness of; burning; twisting and electric shocks. **Pain,** especially in pit. *Alternate gastric and rheumatic symptoms.* **Worse:** Pressure of clothes; motion; after meat. **Better:** After eating.
- Hypochondriae.**—Sticking in. Boring in left. Pain, in a small spot, in posterior (l.); in liver.
- Abdomen.**—Inflamed, with cramps in many parts, chiefly legs. Distension. Painfully sensitive. Cramp-like constriction with nausea, then a pasty stool with burning and tenesmus in anus. Rumbling, gurgling and emission of much flatus. Violent cutting griping and twisting in. Gnawing at navel. Retracted. Weakness in navel region. **Worse.**—Touch; draft of air; afternoon; deep inspiration. **Better:** Pressure; after passing stool or flatus.
- Stool.**—Diarrhoea, of brown frothy water, with excessively painful pressure, urging and tenesmus. **Dysenteric:** Bloody, dark coffee colored, extremely painful. Gushing, hurrying her out of bed. Involuntary. Odorless, Slate colored.

KALI BICHROMICUM

Clay colored. Constipated; extremely hard. Followed by burning, soreness and pressure in anus. **Worse:** In morning, before rising; periodically.

Anus.—Constipation, with painful retraction of. Sore, making it painful to walk. Sensations of: Boring; rawness; smarting; a plug; dragging; biting; tickling; stitches in.

Urinary Organs.—Burning in, especially in bulbous and navicular portion of urethra. Sensation as if a drop of urine remained behind. Pyelitis. Albuminuria. Urine deposits a thick mucus sediment.

Sexual Organs.—Escape of prostatic fluid during stool. Painful constriction at root of penis. Itching in glans. Smarting and rawness in vulva. Swelling of. Adhesive leucorrhoea.

Respiratory Organs.—Bronchitis. Much mucus in air passages excites hawking. Sore, ulcerative or burning pain in. Wheezing. **Dyspnoea**, in sleep; < in damp weather. **Worse:** After eating or drinking; on undressing, morning on waking. **Better:** Getting warm in bed; lying.

Cough.—Short. On every inspiration, excited by scraping or tickling in air passages; after meals; must hold his sides; with bloody taste in mouth, < evening. Rough, hoarse voice. Incessant, from tickling in the trachea and bronchi with a stringy expectoration; or rarer but harder attacks with scanty, white, sweetish expectoration. **Expectoration: Of very tough mucus, so viscid it hangs in strings down to feet; difficult to detach; sticky; heavy; lumpy; of reddish mucus; with traces of blood; slate colored; yellow sweet.**

Neck.—Stiff. Drawing. Tearing. **Worse:** Motion.

Chest.—Pains: **Cutting, from mid-sternum thro' to between shoulders;** tearing sticking in; sore, as if bones were broken. Sensation of itching, dryness, rawness or burning in. Sensitive in nipple region. **Heart:** Coldness at. Pressive or sticking pains. Cramps about. Fluttering. **Worse:** Motion of lifting arms, of deep breathing, etc.

Back.—Scapular pains. Undulative contraction of dorsal muscles. Aching in kidney region, with scanty reddish urine

and nausea. Sprained or paroxysmal lumbar pain; can't rise from stooping or a chair. Pain as of a blow or sacrum. Pain in coccyx; while sitting, < walking or touch. **Worse:** Motion; during coition. On left side.

Extremities.—Loud cracking in joints. Twitchings. **Pains:** Rheumatic, bruised, paralytic, boring, gnawing, drawing, or tearing; in and about joints, often confined to a single fibre or spot; alternating with throat symptoms. **Worse:** Right.

Upper Extremities.—As if asleep. Weakness, especially in hands; she drops things. Swelling of finger-joints. Pains in bones of; in wrists.

Lower Extremities.—Trembling. Coldness. Heaviness. Sensitiveness of. Sciatica, > walking and flexing leg, < standing, sitting, lying, pressure and in hot weather. Swollen sensation. Cramp in patella. (Ruta.) Twitching in calves. Soreness of heels. Pain in bones of toes as if they would be torn off.

Generalities.—**The secretions become tough, stringy and adhesive, finally hardening into plugs, clinkers or lumps, causing obstruction of the outlets or narrow portions of hollow organs with consequent dilatation above. Erosions and ulcers on skin and mucous membrane. Symptoms alternate or suddenly shift their position.** Pains often go from before backward, or are diagonal. *Many symptoms appear in small spots.* Yellow; vision, vomit, pus, saliva, sclerotic, skin and stool. Pains, gnawing, burning, cramping; drawing-tearing, mostly near or in periosteum or tendinous expansions. Periostitis. Great prostration, heaviness and sick feeling. Sluggishness. Emaciation. Hectic. Sensitive to cold air. Sluggish in mind, body and slow processes. Indolence everywhere. All the Kalis are adopted to indolent inflammations and ulcers.

Worse: Morning, 2 AM and 4 PM, Periodically. *Hot weather.* Dampness. *After beer.* *In fat subjects.* After coition. From touch.

Better: After a short nap. After eating. Evening. In open air. Motion, especially of affected parts.

Skin.—Brown spots on. *Measle-like rash,*

KALI BICHROMICUM

Hard pimples. Deep ulcers: Having a punched-out appearance and penetrating to the bone; with overhanging edges and a dark center; painful in cold weather; leaving depressed white cicatrices; with adherent secretions.

Sleep.—Incessant, distressing yawning, with overpowering sleepiness; with gastric symptoms. Symptoms on falling to sleep. Nightmare, with arrested breathing. Unrefreshing. Worse after.

Fever.—Surface of body cold. Shivering **coldness** starting in extremities, with constriction in pericranium. **Heat:** Glowing mostly on face, with internal chilliness, dry mouth and lips, and cold arms and hands; must moisten lips.

Sweat: *Cold on forehead*; clammy.

Allied Remedies.—Ars., Bro., Caust., Cinnab., Cocc-c., Ferr., Hep., Hydras., Graph., Iris-v., Kali-c., Kali-io., Lach., Mar., Osm., Merc., Mez., Nit-ac., Phyt., PULS., Sep., Sil., Spo., Staph., Sul., Thuj.

Complementary.—Ars., Phos., Sep., Psor.

KALI CARBONICUM

Mind.—*Angry and irritable.* Very easily frightened. Anxious fears. Reticent.

Vertigo.—Seeming to come from stomach. Dizziness. Sudden unconsciousness.

Head.—Congestion to with throbbing and roaring therein. Unilateral headache, with nausea. Pressive pain in occiput. Stitches in temples and forehead, Headache when driving. **Worse:** Stooping; moving it, eyes or lower jaw.

Better: Warmth; raising up.

External Head.—Painful gatherings, like progressing boils, paining more from motion and external pressure, less from warmth, with coincident itching seemingly in skull bones. Falling of hair, especially from temples, brows and beard, with great dryness thereof. Violent burning itching in early morning and evening, often becoming moist after scratching. Takes cold in, especially from staying in a draft while heated. Great coldness of. **Worse:** Early in morning; in cold. **Better:** In warmth.

Eyes.—Stitches in. Pimply eruption in

KALI CARBONICUM

brows. Sense of coldness in lids. Swelling and nightly agglutination of lids. Inclination to stare. Easily dazzled by light. Sparks before. Musca volitantes, when reading and looking into space. **Swelling between brows and lids.** Lachrymation.

Ears.—Inflammatory swelling, with purulent discharge. Outward stitches in. Inflammation of parotid glands. Hearing dull, diminished.

Nose.—Stuffed coryza, with ulcerated nostrils. Red and swelled, with internal soreness. Dull sense of smell.

Face.—Yellow. Puffy. Swelling and redness of cheeks. Thick, ulcerated lips. Cracking, peeling lips. Freckles.

Teeth.—Ache, when eating only. Twitching, tearing ache, with pain in facial bones. Sticking ache, with swollen cheeks.

Mouth.—Sense of dryness in, with increased flow of saliva. Sticking sore throat when swallowing. Much mucus on palate. Swelling of, and vesicles on tongue.

Appetite, etc.—Aversion to rye bread. Great desire for sugar or sour things. Complaints from milk and warm food.

Taste.—Bitter, in mouth.

Eruptions.—Sour. Heartburn.

Nausea, etc.—Inclination to vomit; Anxious; from emotions. Sour vomiting.

Throat.—Sticking: Food lodges.

Stomach.—Fullness after eating. Tension straight across. Anxiety at. Spasm of, renewed after every meal. Stitches in pit and hypochondriac, which take away his breath.

Hypochondriac: Pressure and sticking in region of liver and kidneys. Pain when stooping, as tho' liver were wrenched.

Abdomen.—Inactivity and coldness of. Great distension after eating. Emptiness. Stitches. Heaviness. Ascites. Labor-like colic, with pains in lumbar region. Stitches in inguinal region.

Flatulence: Incarcerated. Excessive discharge of flatus.

Stool.—Mucus. Retarded, on account of inactivity of intestinal canal. Constipation, with difficult passage of too large-sized feces; with inactivity of rectum.

KALI CARBONICUM

Anus.—Itching. Painful hemorrhoids.

Urine.—Frequent urging to urinate, with scanty discharge of fiery urine. Burning in urethra when urinating.

Sexual Organs.—Deficient or excessive sexual desire. Constant downward pressure toward female genitals. Stitches in pudendum.

Menses.—Too early. Too scanty. Suppressed. First menses appear with difficulty in young women. Discharge of blood during pregnancy. Burning leucorrhoea, passed with labor-like colic and pains in small of back.

Respiration.—Difficult, whistling r. Spasmodic tightness of chest, early in morning, especially during motion.

Cough.—Asthmatic, hacking cough, in short but frequently repeated attacks, excited by tickling in throat and larynx. Dry, tickling c., in evening and at night; with dislodgement early in morning and during day of tenacious mucus or yellow pus of a flat, sweetish or sour taste, which is not expectorated but swallowed. Spasmodic, early in morning, with retching and vomiting. Whooping cough, with inflammation of chest.

Larynx, etc.—Rawsness of throat and hoarseness, with excessive sneezing.

Neck.—Hard swelling of glands of. Goitre. Stiff nape.

Chest.—Spasm of, when coughing. Stitches in, with inflammation of lungs. (Ant-t.) Hydrothorax. Palpitation, with ebullition of blood early in morning. Supuration of lungs and ulcerative phthisis. Emptiness in.

Back.—Stiffness between scapulae. Pain in small of, with labor-like pains in abdomen. Lumbar pains after a fall. Drawing pain from the lumbar region into the middle of back.

Upper Extremities.—Asleep sensation in arms when in cold air and after violent exertion. Great weariness and powerlessness in arms early in morning in bed. Numb finger-tips.

Lower Extremities.—Nightly tearing in legs. Burning and sticking in legs. Restlessness in legs in evening. Cold feet in evening in bed. Stinking foot sweat. Sensitive feet.

Generalities.—**Sticking pains** in internal parts, as well as in muscles and joints. Tearing pains in limbs, with swelling, mostly during rest. Faint like weakness and trembling after walking. *Great tendency to take cold* after being overheated, with aversion to *open air* and drafts. Limbs pain whenever he rests them. Muscular twitchings. Paralysis. In the open air she seems better than in the room, except that the fever is more intense then. Complaints are worse at 2 or 3 o'clock in morning and during rest, than during day and when moving about. Cold hands and feet. Sensations of emptiness Agg. 2-5 AM

Glands.—Swelled and indurated after contusions.

Skin.—Burning (and sticking) itching of. Burning itching spots, exuding a moisture when scratched. Anasarca. Bluish-red frost-bites. Ulcers which bleed every evening.

Sleep.—Sleepiness early in evening. Late falling to sleep. Twitchings during. Full of voluptuous fancies and anxious dreams. Waking up from.

Fever.—**Pulse:** Very variable, often weak and slow, but also often remarkably accelerated and hard. Sometimes quick early in morning and slow in evening, seldom the reverse. Violent ebullition of blood, with throbbing in all blood vessels. **Chill:** Mostly in evening. Quickly follows the pains. Shuddering. Sometimes running over the body during day. Chilliness in evening, ceasing soon when near a warm stove and after lying down. **Heat:** In early morning in bed. Internal, with external shuddering. **Sweat:** Every night. Early in morning. Easy, during day from motion and mental exertion. Principally in upper part of body; increased by warm drinks. Offensive or sour smelling. Entire want of natural perspiration and inability to sweat. Warm on forehead.

Allied Remedies: *Ap., Arg-n., Ars., Bry., Calc-c., Carb-v., Coccl., KALI-BI., Laur., Lyc., Mag-c., Nat-c., Nat-m., NIT-AC., Nux-v., Phos., PULS., Sil.*

Complementary.—*Carb-v., Phos., Nit-ac.*

KALI NITRICUM

KALI NITRICUM

Mind.—Anxious restlessness. Faint-hearted, and fear of death.

Sensorium.—Stupefying heaviness of head, as after a debauch, early in morning.

Head.—Congestion to. Sticking ache. Compressive sensation in occiput, > binding up the hair. Pressive ache, < coffee, > driving in open air. Headache after eating veal. Painfully sensitive scalp.

Eyes.—Burning in, after washing early in morning. Blackness before the eyes (after inhaling camphor). Rainbow colored circles around the light.

Ears.—Nightly sticking in, < when lying thereon. Deafness from paralysis of auditory nerve.

Nose.—Inflamed tip, with stitches therein. Nosebleed; blood is acrid and sharp like vinegar.

Face.—Red cheeks with tension therein, with increased headache. Contractive pain in forehead, eyes and face, which concentrates itself in tip of nose.

Teeth.—Sticking or tearing ache. Nightly, throbbing ache, < cold things. Gums swell and bleed easily, as in scurvy.

Mouth.—Stench from. Sticking sore throat, with inflammation of soft palate and uvula. Impeded swallowing, with tension and cutting in larynx. Shiny white coating on tongue.

Appetite, etc.—Greater in evening than at noon. Continuous, violent thirst.

Nausea.—Nightly, as though he would vomit.

Stomach.—Spasmodic, contractive, cramp like stomach-ache, especially after eating veal. Burning in. Pressure in pit.

Hypochondria.—Stitches in kidneys.

Abdomen.—Violent pains after eating veal.

Flatulence.—Obstructed, especially in afternoon.

Stool.—Hard, difficult. Soft, with and without colic.

Urine.—Frequent and profuse passage of bright-colored urine.

Menses.—Of black blood, too early and too profuse. Violent lumbar pains before and during. Leucorrhoea with pains in small of back.

Respiration.—Tightness of chest compelling him to lie with head high. Oppression of chest when ascending.

Cough.—Dry, especially early in morning. The cough awakens him at 3 o'clock in morning, with a stupefying headache. Chest pains when coughing lasting until expectoration is loosened. With stitches in chest and expectoration of clear blood. Purulent expectoration from lungs, with colliquative sweats.

Larynx.—Hoarseness, with roughness and scratching in. Tracheal phthisis.

Neck.—Neckache extending into shoulders, as though hair were violently pulled.

Chest.—Stitches in, with anxiety and oppression, especially when taking a deep breath and lying with the head low. Contractive chest pains coming from the back, as tho' lungs were being constricted. Inflammation of lungs. Violent palpitation, most intense when lying in bed at night.

Back.—Stitches in and between scapulae, with arrested breathing. Violent pain in small of, early in morning and when stooping. Pressive pain in lumbar region during rest, especially < when coughing.

Upper Extremities.—Nightly tearing and sticking in joints of arms. Sensation as tho' hands and fingers were thick and swollen.

Lower Extremities.—Great paralytic weakness and debility in lower legs.

Generalities.—Relaxation early in morning, with a sensation of warmth in face and a hot forehead. Greater debility when sitting than during moderate exercise. Tearing and sticking in limbs and joints.

After-effects of eating veal which is too young and tender. Inflammation of internal organs. The symptoms are intensified after midnight and towards morning. Camphor aggravates.

Skin.—Stitches as of needles in skin, especially of face, then burning. Burning vesicles containing a yellowish fluid, which cease to burn after being scratched open. Sudden, dropsical swellings.

Sleep.—Day sleepiness. Stupefying. Restless, especially after midnight. Nightmare.

Fever.—**Pulse:** Full, hard and accelerated. Slow in morning, rapid in afternoon and evening. **Chill:** And coldness in afternoon and evening, increased by every

KALI NITRICUM

motion, disappears, when lying. Succeeded by sweat, without previous heat. In evening, with pains. Coldness with thirst in afternoon. **Heat:** Some but insignificant h. in the evening. Nightly, without thirst or succeeding sweat. **Sweat:** Very exhausting, from the least exertion. Night-sweat, most profuse on legs. Early morning s., most profuse on chest.

Allied Remedies.—Amyl-n., Calc-c., Glo., Ip., Melil.

KREOSOTUM

Mind.—Peevish irritability. Vexed at every trifle. Cross, wilful and obstinate. Excited, before menses. Strong disposition to tears, sometimes with moroseness or melancholy. **Weak memory;** thoughts vanish.

Head.—Outward pressure in forehead and temples. Heaviness and fullness, as if everything would press out at forehead on stooping; or in occiput, as if he would fall backward. Aching, with desire to sleep, contraction of eyelids, a red face, weariness, especially of legs, and a bitter taste. Pains: Throbbing, especially in forehead; obtuse, peg-like, over right eyebrow; pricking. Painful scalp. Pain as if hairs were being pulled. **Worse:** Emotions. Before and during menses. **Better:** Bathing in hot water.

Eyes.—Look as if swimming in tears. Projecting. Lids red, swelled: twitching. Heat and constant burning in, with lachrymation on looking at the light. Hot, acrid tears. Greasy mucus in inner canthi. Feel smaller. Blue vision. **Worse:** Looking at anything. Rubbing. **Better:** Wiping.

Ears.—Heat and burning redness of. Inflammatory swelling of, with tensive burning pain and painful stiffness in neck, shoulder and arm of affected side. Cramp-like pain in. Bubbling in. Itching in and in soles of feet. Difficult hearing before and during menses.

Nose.—Frequent sneezing, with dry coryza; with moisture in. **Epistaxis.** Fluent coryza, with painful sensitiveness to inspired air.

KREOSOTUM

Face.—Earthy. Pale, bloated. Brownish red. Deep red and hot, with throbbing in cheeks and forehead, and frequent desire to urinate. Tearing and burning pains. < motion, > lying on affected part. Lips: Hot; tense; blue; upper cracked; scaling. Right half of lower feels drawn towards corner of mouth.

Mouth.—*Fetid breath.* Drawing or jerking in hollow teeth, with scorbutic gums. Inflamed gums. Mouth and throat white (pale). Grayish ulcers on gums and in commissure of lips.

Tongue.—Pale, as if withered; cold feeling on. **Taste:** Sour on back; of cubebs; of straw; bitter, of food just as it goes down.

Throat.—Feeling of something hanging in left side of. Sloughing, diphtheritic appearance. Constantly hawks up sweetish mucus. Painful choking low down. Extending thro' to back. Dysphagia. Burning, scraping in. Roughness in.

Eructation.—Violent, acid, frothy. Nausea, with burning in mouth; with spitting of saliva and chill.

Vomiting.—During pregnancy; undigested food several hours after eating; sweetish water in morning fasting. Violent retching.

Stomach.—Sensation of coldness, as from ice-water in. Gnawing, soreness or burning in epigastric region, better temporarily by eating. **Worse:** Pressure of clothes. **Better:** Eating warm things.

Hypochondriae.—Pressive pain in spleen and hepatic region. Gnawing, under left short ribs. **Worse:** Pressure of clothes.

Abdomen.—Tense distension of, sometimes with shortness of breath. Drawing from upper to sacrum, with heat of face and ineffectual urging to defecate and urinate. Sensation: Of a hard, twisted lump lying in navicular region; pricking; ulceration; painful coldness in; clawing; burning; stitches; shooting; extending into genitals; shattering in. **Worse:** Motion. Coughing. Pressure of clothes. **Better:** Stooping.

Stool.—Green mucus, with nausea and weakness. Frequent by day. Pasty.

Rectum.—Creeping. Cramps. Dragging in. Stitches in, extending into left flank, during menses.

Urine.—Profuse, passed in great haste.

KREOSOTUM

Stream feeble, spray-like. Strangury. Albuminous; black; offensive; acrid; hot, causing burning between pudendae. Involuntary, when coughing or lying down. **Worse:** Lying down.

Sexual Organs.—Hot swelling of, with corroding, burning pains and bleeding after coition. **Soreness, corrosive itching and burning** in labia, vagina, etc. Ulcerative pain in neck of uterus during coition. Hard lump in neck of uterus. Vagina prolapsed. Labor-like pains alternate with eye symptoms (watering of). **Better:** Walking.

Leucorrhoea.—Putrid, **corrosive, causing swelling, burning, itching** and biting externally; exhausting; whey-like; milky; yellow; staining yellow, with weakness in legs; staining gray; discharge of, preceded by sacral pains or by contractive pains in vagina; before every urination. Menses profuse; worse lying down; causing itching; followed by a discharge of acrid bloody matter.

Cough.—Hollow, or whistling spasmodic c., excited by roughness, scratching and tickling in chest and throat, without expectoration. Hoarse, croupy, exhausting. Concussive, with vomiting.

Chest.—Feeling of a weight in centre of c. with dyspnea, he involuntarily takes a deep breath; anxious dyspnoea. Pains in chest and sternum which necessitate pressure with the hand. Sensation of: Being bruised; sticking; shooting between ribs occurring periodically; burning, a throbbing constriction; stabbing under left mamme. Lungs engorged; excessive bronchial secretion. Emotions excite tightness of heart and weeping. Scratching, creeping and tickling in trachea. **Worse:** Expiration. Motion. Awakening. Lying in bed, especially on side. Turning over. Morning and evening. Music. **Better:** Pressure, with hand.

Back.—Shoulders: Chilly between; as of a band between; feeling of a weight from s. to elbows, could not raise arms to head. Scapular pains, plug-like or as if beaten. Painfully bruised feeling of cristae illi. Violent drawing and shooting sacral pains going into genitals or thighs. **Sensations:** Of burrowing;

as if broken; of ulceration; as if asleep; as if vertebrae were suppurating. **Worse:** Stooping. **Better:** Pressure.

Upper Extremities.—Elbow: Cramp in; tendons feel too short. Hands icy cold. Fingers go to sleep, with creeping, they turn while after rising. Left thumb pains as if sprained and is stiff. Desquamating hands. **Better:** Bathing in hot water.

Lower Extremities.—Pain in hip, < from exposure to air. Edema of legs and feet. Feet: Sweaty; feel as if gathering in soles; burning and itching in soles < in evening.

Generalities.—**Rawness. Burning. Putrid; acrid discharges.** Bleedings, often profuse from slight causes. Weakness, prostration and muscular feebleness. Numbness. Pains: Excoriative; ulcerative; pulling; paralytic; shooting like lightning; as if torn out; bruised can't find an easy position. Most useful in aged persons and pregnant woman and when the teeth decay rapidly. **Worse:** Contact. Uncovering. Rubbing or scratching. After menses. During leucorrhoea. **Better:** After sleep. Warmth.

Skin.—Feels all afire. Tettery eruptions. Intense itching. Prurigo. Pustules. Nettlerash in morning. Pimply task on face. Blue spots. Dry. Offensive ulcers which break out and heal up repeatedly. **Better:** Warmth.

Sleep.—Yawning, with chilliness and watery eyes. Anxious dreams and sweat during. Laughs in her dreams. Great sleepiness and sound sleep.

Fever.—**Pulse:** Small and weak with great ebullition of blood. Throbbing in all blood vessels during rest. **Chill:** Predominating, principally when at rest. Shaking c., with violent flushes of heat in face, red cheeks and icy cold feet. With great bodily restlessness. Alternating with heat. During menses. Skin as if dead during c.; pain in patella during. **Heat:** Mostly on face. Flying h. with sharply circumscribed redness on cheeks. Bed is too warm, but she is chilled if she puts her foot out. **Sweat:** Scant and only in morning, accompanied by heat and red cheeks. On chest and back during menses.

KREOSOTUM

Allied Remedies.—*Arn.*, *Ars.*, *Brom.*, *Carb-ac.*, *Carb-v.*, **Caust.**, *Cham.*, *Chin.*, *Eupion.*, **Merc-c.**, **Nat-m.**, *Nit-ac.*, *NUX-V.*, *Petr.*, *Sec-c.*, **Sep.**, *Sul.*, *Graph.*
Complementary: *Sul.*

LACHESIS

Mind.—Indolent, phlegmatic disposition. Increased mental power. Ecstatic, easily excitable nature. Loving tenderness. Unhappy love. Inclination to silent grief. Grumbling discontent. Hasty speech. Easily frightened. Insane jealousy with mistrust and suspicion. Dogmatic. Spiteful. Extraordinary loquacity. Greatly inclined to mockery, satire and breaking out into laughter. Despair and satiety of life. Anxious trembling. Restlessness, driving him into the open air. Hideous phantasies.

Head.—Pressive ache in temples like an outward urging, in morning after rising. Violent congestion to. Hammering headache when stooping. Headache over eyes early in morning after rising. sharp cutting pain, as with knives, in vertex, or as if someone cut a piece out of (r.) parietal bone. **Worse:** Stooping; external pressure; rest; ascending steps; after rising from bed; in the sun. **Better:** Eating; lying; after sleep; warmth; eructations.

External Head.—Hair falls out, especially during pregnancy, with biting itching on scalp, scratching causes swellings and thickening of skin. Great sensitiveness of the uncovered head to sunshine.

Eyes.—Tension in.

Ears.—Sensitive to wind; to noise.

Nose.—Itching, when eating. Pain in nasal bones. Nosebleed and blowing of blood from. Purulent discharge from. Fluent coryza in evening; stuffed coryza with obstruction, early in morning. Fluent coryza with inflammation of margin of nostrils and acrid, watery discharge.

Face.—Sunken or unnaturally red. Heat and redness of the usually pale face. Lead colored. Livid. Itching of. Swellings here and there upon. Blue circles around eyes. Erysipelatous inflamma-

LACHESIS

tion of cheeks just below eyes. Bluish erysipelas, just below eyes.

Teeth.—Hollow, crumbling. Boring pain in molars extending into maxillary bones, especially after eating. Swollen gums.

Mouth.—Scratching on posterior palate. Rawness in throat. Sensation, as tho' something had lodged in the throat, which necessitates continual swallowing. (*Mag-c.*) Sensitiveness of internal throat to external pressure. **Empty swallowing increases the throat pains**, but swallowing solids does not. Salivation. Swallowing saliva is painful but swallowing food is painless.

Appetite, etc.—Loss of, early in morning. Desire for smoking is lost, without having any particular aversion to tobacco. Continual thirst. Intense craving for wine and beer. Craving for coffee which >. Very weak digestion.

Nausea.—And forcible vomiting of ingesta, and bile.

Stomach.—Pit painful to pressure. Spasm of. *Alternate coldness and burning in.*

Abdomen.—Distension of. Heat in. Empty sensation in. Hypochondriae feel bruised.

Stool.—Papescient, clayey, very offensive, followed by tenesmus. Constipation; flatus only is passed. Constipation alternating with diarrhoea.

Anus.—Burning in. Prolapsus recti during stool.

Urine.—Clear, foamy. Burning when urinating. Continual dribbling after stool, as well as after urination.

Sexual Organs.—Great lasciviousness and violent sexual excitement.

Menses.—Too scanty.

Respiration.—Tightness of, after eating. Inclination to take a deep breath when sitting. **Touching larynx externally causes fear of suffocation.**

Cough.—During and after every nap. Paroxysms of short, very fatiguing hacking c. excited by tickling in stomach, rarely in larynx, dry in evening and night; in morning and by day, with difficult dislodgement of scanty, watery, sometimes salty mucus which is swallowed.

Larynx.—Painfully sensitive. Feeling of something fluttering above. Hollow voice. Hoarseness and aphonia as

LACHESIS

tho' a foreign body were tightly lodged in 1, and could not be hawked loose.

Chest.—Burning on c., at night. Anxious palpitation. Soreness in, also of sternum.

Back.—A stitch deep in, as tho' something stuck therein, necessitating taking a deep breath and bending backward.

Upper Extremities.—Itch vesicles on hands and fingers. Panaritit. Livid swelling of hands. Writers cramp.

Lower Extremities.—Weak, stiff knees. Cramps in calves. Bluish flat ulcers on legs. Coldness, with internal burning of feet. Swollen feet. Deep, itching fissures on toes.

Generalities.—Great emaciation. Relaxation and weariness in evening. Apoplexies. The complaints are intensified at night. Aversion to motion, with inclination to lie down. Bad effects of mental exertion, wine or tobacco.

Skin.—Unhealthy. Itching; after scratching skin becomes thickened and large lumps appear. Spongy ulcers which burn when touched. Bluish, black vesicles upon hands and feet. Angry ulcers.

Sleep.—Sleepiness with loquacity in evening. Falls to sleep late in evening. Constant sleeplessness. Many frightful or lascivious dreams. Restless, with many dreams and frequent waking.

Fever.—**Pulse:** Small and weak, but accelerated; often alternating with a full, strong beat; generally very irregular and intermittent. **Chill:** Universal, chattering of teeth, desire for warmth, and external, benumbing coldness. Shivering, running up the back, often every other day. Alternating with heat, changing from place to place. Every other day. **Heat:** In evening, especially on hands and feet. Burning in palms of hands and soles of feet, in evening and at night. Nightly, as if from ebullition of blood, **with great sensitiveness of neck.** Sense of internal h., with cold feet. **Sweat:** Profuse, with most complaints. Great inclination to. Cold, straining yellow, bloody, or red.

Allied Remedies.—*Alum., Ap., Ars., BELL., Carbo-v., CAUST., Chin., CON., Gel., HEP., LYC., MERC., Nat-m., Nux-v.,*

LAUROCERASUS

Phos-ac., PLAT., PULS., Stann., Sul-ac. Zinc.

Complementary: *Ars., Carb-v., Calc-c.*

LAUROCERASUS

Mind.—Condition similar to intoxication. Stupefaction. Loss of consciousness. Blunting and insensibility of perceptive powers. Weakness of mind and memory. Sad and very low spirited. Anxiety, with fear of impending evil. Peevish.

Head.—Dull, pressive, stupefying ache. Dull heaviness. Congestion, with heat and throbbing therein. Feeling as tho' brain fell into forehead when stooping. Cold feeling in forehead or vertex, as of a cold wind blowing down neck and back. **Worse:** Afternoon; evening; in room; stooping. **Better:** In open air.

Eyes.—Staring, distorted. Protruding. Dilated, immobile pupils. Surrounding objects appear enlarged. Obscured vision, as of a veil before.

Ears.—Difficult hearing.

Nose.—Fluent coryza with sore throat.

Face.—Sunken, livid gray. Distorted. Puffed. Twitchings in. Foam from mouth. Lockjaw. Eruption about mouth.

Mouth.—Dry buccal cavity. Roughness and dry feeling in throat. Contraction of throat when drinking. Spasm of throat and oesophagus. Impeded swallowing. **Fluids roll audibly down throat.** Speech difficult or lost.

Thirst.—Intense, with dry mouth.

Nausea.—From stomach, with vomiting of ingesta.

Stomach.—Inflammation of. Cooling burning in. Faintish stomach-ache.

Abdomen.—Cooling, burning in. Colicky contraction and cutting in. Gripping about navel.

Stool.—Involuntary. Constipation. Diarrhoea with tenesmus.

Urine.—Suppressed. Retained, as from paralysis of bladder. Involuntary urination.

Sexual Organs.—Gangrene of penis.

Menses.—Of thin, fluid blood, too early and too profuse.