

# **A Synoptic Key to Materia Medica**

**Dr. Cyrus Maxwell Boger**

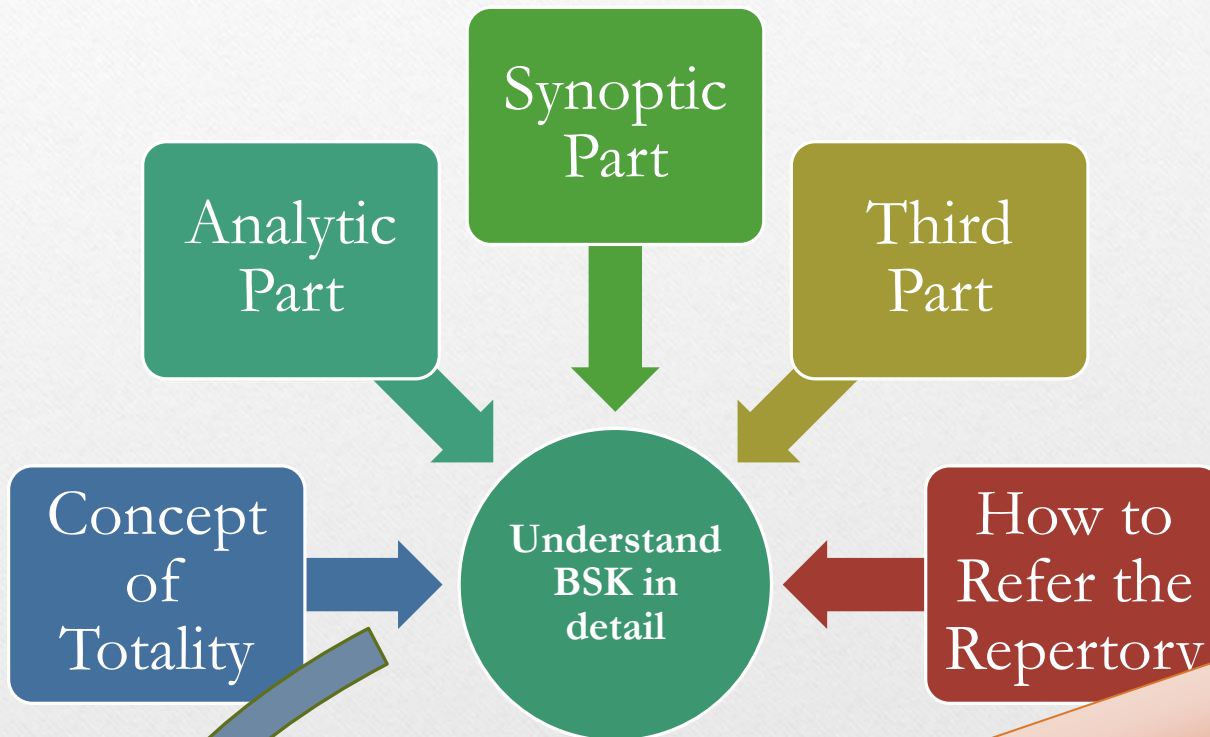
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# Objective of Lecture



**Aim : To become a good Repertorian**



# Classification

**Book Form**

**General Clinical**

**Non Hahnemannian  
Schematic**

**Non Alphabetical**

Rearranged & Augmented Edition

# A Synoptic Key of the Materia Medica

A Treatise for Homeopathic Students



C.M. BOGER, M.D.

*Includes A Brief Repertory*



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- “ Probably there has never been a more thorough student of Dr. Boenninghausen than the late Dr. Cyrus Maxwell Boger” –**H. A. Robert**

# About the Author

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- **Dr. Cyrus Maxwell Boger MD** was a leading and prominent Homoeopathic physician of USA. He was born on 13th may 1861 in Western Pennsylvania.



# Education

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- He graduated in Pharmacy from the Philadelphia College of Pharmacy and studied at Hahnemann Homoeopathic Medical College and qualified as a **Homoeopath**.

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- Dr. Boger was in corresponded with Dr. L. D. Dhawale Mumbai who incorporated his view about Pathological Generals, wrote introduction to General Analysis and strongly advocated their use in treating patients.



# Proving

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- His proving of **SAMARSKITES** is also a valuable contribution to the profession.

# Books authored by Dr. Boger

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- **1905:** Boger Boenninghausen's Characteristics and Repertory.
- **1906:** The Times of Remedies and Moon Phases.
- **1915:** Synoptic Key to Materia Medica.
- **1928:** Card Index Repertory and General Analysis



# Title of the Book

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- **“Synoptic Key of the Materia Medica”**- A treatise on Homoeopathic Materia Medica.

# Total Number of Remedies

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Remedies in MM: 323

Remedies in Repertory: 489



# Editions

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- **First: 1915**
- **Second: 1916**
- **Third: 1928**
- **Fourth & final: 1931**
- **An Augmented edition: 1935**

# INTRODUCTION

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- For the purpose of finding out proper remedy for the patient there are different ways.
- Dr. Boger's approach was totally different he was the follower of Dr. Boenninghausen.
- He introduced a simple method of working out the cases.
- For this purpose a combination of the Analytical and Synoptic method has been thought best.



# FOREWORD

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# Correct prescribing



the art of carefully **fitting** pathogenetic to clinical symptoms



## Requires

1. A special aptness in grasping the essential points of **SYMPTOM IMAGES**
2. Great drudgery in mastering a working knowledge of our large Materia Medica
3. a most skillful use of many books of reference



# AIM OF THE BOOK

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- To simplify and introduce method into this work, so that the Truly Homoeopathic Curative Remedy may be worked out with greater ease and certainty.
- For this purpose a combination of the **Analytic** and **Synoptic** methods has been thought best.



- The spirit of the clinical symptom picture is best obtained by *asking the patient to tell his own story*, whenever this is possible.
- This account is then amplified and more accurately defined by the questioner, who should first try to elicit the evident *cause and course* of the sickness, to which he will add all the things which *now seem to interfere* with the sufferer's comfort.

- Especially then the natural modifiers of sickness i.e. Modalities be very definitely ascertained.
- The following are the most vitally important of such influences: **Time, Temperature, Open Air, Posture, Being Alone, Motion, Sleep, Eating and Drinking, Touch, Pressure, Discharges, etc.**



- A consideration of the Mental State comes next in order of importance.
  - Here the presence of **Irritability, Sadness or Fear** is the ruling factor.
- The third step concerns the estimate to be put upon the patient's own description of his Sensations.
  - This is very vital point and in order not to be misled it is always well to ascertain whether any of the following primary sensations are present : ***Burning, Cramping, Cutting, Bursting, Soreness, Throbbing and Thirst.***

- Next in order comes the *entire Objective aspect or expression of the sickness:*
  - This should especially include the *Facial Expression, Demeanor (behavior), Nervous excitability, sensibility, Restlessness, State of the secretions* and any abnormal coloring that may be present.



- Lastly the *Parts Affected* must be determined; this also brings the investigation in touch with diagnosis.

- By going over the above rubrics in the order named the contour (form) of the disease picture will be pretty clearly outlined and will point fairly well toward the Similimum, and

- The prescriber has only to keep in mind the *fact* that the actual *differentiating factor may belong to any rubric whatsoever* and also that the scope of these rubrics reaches far beyond the Appended Synoptic Text.



- For ready reference the following **diagram** has been arranged: (**MMSOP**)

**Modalities:** Causation, Time, Temperature, Weather, Open air, Posture, Motion, Eating and drinking, Sleep, if alone pressure, Touch, discharges.

**Mind:** Irritability  
Sadness  
Fear  
Placidity (Calmness)

**Sensations:** Burning, Cramping  
Cutting, Bursting  
Soreness, throbbing, thirst.

**Objective aspect:** Demeanor (behavior)  
Restlessness  
Nervous excitability  
Facial expression  
Secretions  
Color, odor.

**Part affected:** Organs  
Right  
Left

# Plan and Construction

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# Division

- **Part I: Analysis (Repertory)**
- **Part II: Synopsis (HMM)**
- **Part III:**
  - Table of the approximate duration of action of remedies
  - Complementary remedies.
  - Antagonistic remedies
  - Supplemental reference table

# Part I: ANALYSIS

- A short Repertory containing
  - (a) The periods of aggravation.(17-19)
  - (b) Conditions of aggravation and amelioration. (19-30)
  - (c) Generalities i.e. consideration of drug affinities for the entire organism. (30-49)
  - (d) Regional Repertory (49-105) – 74 chapters



## (a) Periods of Aggravation

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- Here Dr. Boger explained **Time Modalities** in detail starting from general periodical aggravation then phases of day and night, clockwise modalities.

Ex.: Periodically

Morning

Afternoon

Evening

Night

- **TIME** is given first ; only time periods of aggravation are given.
- **PERIODICITY**, in **general**, aggravation. – daily Agg., at same hour, Agg. etc.
- **MORNING**, Agg., in bed Agg., Agg., 6 A.M. to 12 Noon.
- **AFTERNOON**, Agg., 1 P. M. To 5 P. M.
- **EVENING**, Agg., 6 P. M. to 8 P. M.
- **NIGHT**, Agg., 9 P. M., 12 Midnight to 5 A. M.



## **(b) Conditions of Agg. and Amel.**

- Under this section there are all the **aggravating** factors and **ameliorating** factors.
- Causative rubrics have also been included in this section.
- AIR to YAWNING

## (c) Generalities

- This is the most important section of this short repertory.
- The medicines having the capacity of affecting individual as a whole have been included in this section.
- Here **general sensation and complaints**, symptoms pertaining to **mind** and **intellect** are also explained.
- **ACHING to YELLOW**



## (d) Regional Repertory

- It contains those important medicines which have a regional affinity or having an affinity for a particular or specific region. The plan of this section is almost same as that of BBCR.
- In the beginning this section contains **ALL** the medicines having the affinity for a whole location or organ followed by the medicines having affinity for a **PARTICULAR** part of location or an organ.
- There are 74 subsection in this part.

Intellect	Nose & Accessory Cavities	Appetite	Regurgitation	Anus & Rectum	Genitalia	External Throat	Scapular region	Heat
Mind	Face	Aversions	Vomiting	Perineum	Male Organs	Neck	Dorsal Region	Sweat
Vertigo	Teeth	Thirst	Eructation	Stool	Female Organs	Chest & Lungs	Lumbar Region	
Head	Gums	Cravings & Desires	Epigastrium	Concomitants	Sexual Impulse	External Chest	Sacrum	
External Head, Bones & Scalp	Palate	Water Brush	Stomach & abdomen	Micturition	Menstruation	Axillae	Upper Limb	
Eyes	Tongue	Heartburn	External Abdomen	Urine	Leucorrhoea	Mammae	Lower Limb	
Vision	Mouth & Throat	Qualmishness	Hypochondriae	Sediment	Respiration	Nipples	Skin	
Ears	Saliva	Hiccough	Flatulence	Concomitants	Cough	Heart, Circulation & pulse	Sleep	
Hearing	Taste	Nausea	Groins	Urinary organs	Voice & speech	Back Spine & Cord	Chill	



# List of Remedies and their Abbreviations (489)

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- At the last part of the book, list of the Number of the remedies in the Repertory part has been mentioned from **Abies canadensis** to **Zizia aurea**.
- Total number of remedies in Repertory part is **489**.

## Part II: SYNOPSIS

This contains the general expression or **GENIUS** of each remedy arranged alphabetically.

C. M. Boger emphasizes that we must learn to know our remedies, just as we do our friends by their air or personality.

The '*Genius*' of the drug means the **strain**; which runs through every pathogenic symptom complex.



- This part contains an exposition of the important and characteristic features of the most important remedies of the **HMM** with
  - Their physiological spheres of activities,
  - Modalities and
  - Relationships.

purulent sputum, or pain in evening. Pneumonia. Pharynx < raising or turning arm. menses. Cutting, stiff r. deltoid, < of jaundice. Omodynia; < night. Wrinkled palms. Dry skin; of jaundice. Polyipi. Pain in bones near surface. Flashes of heat, rising into face and head; with headache. Burning, scanty sweat. General pulsation. Heat of palms and soles, < covers.

Complementary : Ant-t. Pho.

Related : Bell. Pho.

**SANICULA (Aqua).**

**REGION.**  
Nutrition.  
Female Organs.  
Neck.  
Rectum. Skin.

**WORSE.**  
Motion { Downward.  
          { Of Hands Behind Him.  
  
Cold Wind on { Occiput or  
                  { Neck.

**Marasmus.** Body smells like old cheese. Child looks old and thin. Enlarged feeling in throat, vagina, etc. kicks off covers at night. Stubborn and touchy. Thick, yellow, acrid pus..... Stool of one, Can't bear cold air on occiput and neck. Eyelids stick to balls. Fluent coryza, < eating. Water smells like old, musty rain water. Aphthæ. Craves bacon, or ice cold milk. Stool of one, large, heavy mass; impacted. Briny urine or leucorrhœa, < stool. Backache, < putting hands behind him or raising arms. Cold lumbar spine. Lumbago. Cold clammy hands and feet. Cramps in feet. Burning soles. Dry, brownish skin, < neck. Profuse sweat on occiput and neck. Foul foot-sweat; chafes toes, destroys shoes or stiffens the hose; sticky:

Related : Lyc. Psor. Sul.

**SARSAPARILLA.**

**REGION.**  
Genito-Urinary Organs.  
Skin.  
Right Side ; Lower.

**WORSE.**  
At Close of Micturition.  
Spring. Cold Wet.  
Mercury. Night.  
Suppressed Gonorrhœa.  
Yawning.  
**BETTER.**  
Uncovering Neck or Chest.  
Standing.



- It is intended to make clear the general expression or genius of each remedy, and thereby help the prescriber in finding out the Similimum.
- The scope of its contents is much enlarged by **BRACKETING** the most nearly affiliated remedies after some of the more important symptoms; this also helps in making differentiation.

# What often makes a cure hard?

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1. Giving too much stress upon some **particular** factor at the expense of the **disease picture** as a whole.
2. Whenever the chosen remedy excites little or no reaction, the **selection** has either been **faulty**, or one of the fundamental miasms which call for Psorinum, Sulphur, Medorrhinum or Syphilinum is present.



**3. Whenever the general benefit from a single dose lags, the remedy should be repeated in the next higher potency, instead of looking upon the new symptoms as indicators for some other drug.**

- Rubrics from Boger's private files have been freely drawn upon. The symptom features of many remedies have been clarified in order to increase their usefulness, especially in precisionizing differentiation. The repertory is only intended to orient the searcher.
- The strain which runs through every pathogenetic symptom complex has been called the “**GENIUS**” of the drug.
- In order to give this its proper place in the prescription which should be the **ideal of every prescriber**, this book is written.



- Upon these depends almost wholly the final choice of the Similimum.
- They should reflect a speaking image as it were of the correctly indicated remedy.

- **List of Remedies in the Materia Medica Portion with their page numbers given in front pages.**
- **From Abrotanum to Zinc Valerianate - around 323 drugs mentioned.**



## Part III

**1. Table of the approximate duration of action of remedies (127):** The duration of remedies is given by weeks. The number of week/weeks is written on the top of the remedy towards the end e.g.: Zinc<sup>4</sup>. It means the minimum duration of action of Zincum is 4 weeks.

Table of the approximate minimum Duration of Action of Remedies by weeks.

Aco. Agar.<sup>3</sup> Ag-c.<sup>1</sup> Alu.<sup>4</sup> Amb.<sup>4</sup> Am-c.<sup>4</sup> Am-m.<sup>2</sup>  
 Anac.<sup>3</sup> Ang.<sup>2</sup> Ant-c.<sup>5</sup> Ant-t.<sup>2</sup> Arg-m.<sup>2</sup> Arn.<sup>2</sup> Ars.<sup>4</sup>  
 Asaf.<sup>4</sup> Asar.<sup>1</sup> Aur.<sup>4</sup> Bar-c.<sup>5</sup> Bell.<sup>3</sup> Bism.<sup>3</sup> Bor.<sup>2</sup> Bov.<sup>4</sup>  
 Brom.<sup>2</sup> Bry.<sup>2</sup> Calad.<sup>4</sup> Calc-c.<sup>5</sup> Cam.<sup>1</sup> Cann.<sup>1</sup> Canth.<sup>2</sup>  
 Caps.<sup>2</sup> Carb-an.<sup>4</sup> Carb-v.<sup>4</sup> Caust.<sup>5</sup> Cham.<sup>1</sup> Chel.<sup>1</sup> Chin.<sup>3</sup>  
 Chi-s.<sup>2</sup> Cic.<sup>4</sup> Cina.<sup>2</sup> Clem.<sup>4</sup> Coccl.<sup>2</sup> Cof. Colch.<sup>3</sup> Coloc.<sup>4</sup>  
 Con.<sup>3</sup> Croc.<sup>1</sup> Crot-h.<sup>3</sup> Cup.<sup>3</sup> Cyc.<sup>2</sup> Dig.<sup>3</sup> Dros.<sup>2</sup> Dulc.<sup>4</sup>  
 Euphr.<sup>2</sup> Euphor.<sup>4</sup> Fer.<sup>5</sup> Flu-ac.<sup>3</sup> Grap.<sup>5</sup> Guai.<sup>3</sup> Hell.<sup>3</sup>  
 Hep.<sup>6</sup> Hyos.<sup>1</sup> Ign.<sup>1</sup> Iod.<sup>4</sup> Ip. Kali-c.<sup>5</sup> Kali-n.<sup>4</sup> Kre.<sup>1</sup>  
 Lach.<sup>3</sup> Laur. Led.<sup>4</sup> Lyc.<sup>5</sup> Mag-c.<sup>5</sup> Mag-m.<sup>4</sup> Mang.<sup>4</sup>  
 Mar-v.<sup>2</sup> Men.<sup>2</sup> Merc.<sup>2</sup> Mez.<sup>4</sup> Mos. Mur-ac.<sup>3</sup> Nat-c.<sup>4</sup>  
 Nat-m.<sup>4</sup> Nit-ac.<sup>4</sup> Nux-m.<sup>1</sup> Nux-v.<sup>2</sup> Old.<sup>3</sup> Op. Par.  
 Petr.<sup>5</sup> Pho.<sup>5</sup> Pho-ac.<sup>4</sup> Plat.<sup>4</sup> Plb.<sup>3</sup> Pru-s.<sup>3</sup> Pul.<sup>1</sup>  
 Ran-b.<sup>3</sup> Ran-sc.<sup>4</sup> Rhe. Rhod.<sup>4</sup> Rhus-t.<sup>4</sup> Rut.<sup>1</sup> Saba.<sup>3</sup>  
 Sabi.<sup>4</sup> Samb. Sars.<sup>3</sup> Sec-c.<sup>2</sup> Sele.<sup>4</sup> Seneg.<sup>3</sup> Sep.<sup>6</sup>  
 Sil.<sup>5</sup> Spi.<sup>2</sup> Spo.<sup>3</sup> Squ.<sup>2</sup> Stan.<sup>4</sup> Stap.<sup>3</sup> Stram. Stron.<sup>4</sup>  
 Sul.<sup>5</sup> Sul-ac.<sup>3</sup> Tarax. Thu.<sup>3</sup> Valer.<sup>1</sup> Ver-a.<sup>2</sup> Verb.<sup>1</sup>  
 Vio-o.<sup>1</sup> Vio-t.<sup>1</sup> Zin.<sup>4</sup>

As long as old ailments reappear or are worse, without the appearance of essentially new symptoms which lie outside of its sphere of action, we should guard against a repetition of the remedy, or changing to a new one.—  
 Bönninghausen.

Symptoms appearing last in a proving have the highest value.—Hering.



## 2. Complimentary Remedies (114)

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Here the remedies are written alphabetically and complimentary remedies are mentioned against them.

COMPLEMENTARY REMEDIES

339

ABROTANUM—Bry.	Kali-bi.	CARBO AN.—Calc-ph.	
Lyc.		CARBO VEG. — Ars.	Chin.
ACETIC ACID—Chin.		Kali-c. Lach. Pho.	
ACONITE—Arn. Bell.	Bry. Cof.	CAUSTICUM — Grap.	Lach.
Mill. Pho. Spo. Sul.		Petros. Sep. Stan. Stap.	
ÆTHUSA—Calc-c.		CEPA—Pho. Pul. Sars. Thu.	
AGARICUS—Calc-c.		CHAMOMILLA—Bell.	Calc-c.
ALLIUM SATIVA—Ars.		Mag-c. Sanic.	
ALOES—Sul.		CHELIDONIUM—Lyc. Merc-d.	
ALUMINA—Bry. Fer.		CHINA—Ars. Calc-p.	Carb-v.
ANTIMONIUM CRUDUM—		Fer. Kali-c.	
Scil.		CINA—Calc-c. Dros. Sul.	
ANTIMONIUM TART.—Bar-c.		CINNABAR—Thu.	
APIS—Arn. Ars. Bar-c. Hell.		CLEMATIS—Merc.	
Merc-cy. Nat-m. Pul.		COCCULUS IND.—Petr.	
ARGENTUM NITRICUM—		COFFEA—Aco.	
Calc-c. Nat-m. Pul. Sep.		COLCHICUM—Ars. Spi.	
ARNICA—Aco. Calc-c. Nat-s.		COLOCYNTHIS—Caus.	Merc.
Psor. Rhus-t. Sul-ac.		Stap.	
ARSENICUM—All-s.	Carb-v.	CONIUM—Pho. Sil.	
Lach. Nat-s. Pho. Pul. Sul.		CORALLIUM RUB.—Sul.	
Thu.		CROTALUS HOR.—	Carb-v.
ARUM TRI.—Nit-ac.		Lycps.	
ASAFÆTIDA—Caus. Pul.		CUPRUM—Ars. Calc-c. Iod.	
ASARUM—Caus. Pul. Sil.		DROSERÄ—Carb-v.	Nux-v.
BARYTA CARB.—Ant-t.		Sul.	
BELLADONNA—Bor.	Calc-c.	DULCAMARA—Alu.	Bar-c.
Hep. Merc. Nat-m.		Nat-s.	
BRYONIA—Abro. Alu.	Kali-c.	FERRUM—Alu. Ars.	Chin.
Lyc. Rhus-t. Sep. Sul.		Ham.	
BUFO—Calc-c.		FERRUM PHOS.—Nat-m.	
CACTUS—Ars.		FLUORIC ACID—Sil.	
CALADIUM—Nit-ac.		GELSEMIUM—Arg-n. Sep.	
CALCAREA CARB. — Bar-c.		GLONOIN—Bell.	
Lyc. Sil.		GRAPHITES — Ars.	Caus.
CALCAREA FLUOR.—Rhus-t.		Fer. Hep. Lyc. Sul.	
CALCAREA PHOS. — Ruta.		HAMAMELIS—Fer. Flu-ac.	
Sul. Zin.		HELLEBORUS—Zinc.	
CALENDULA—Hep.		HEPAR—Iod. Sil.	
CANTHARIS—Apis.		IGNATIA—Nat-m. Pho-ac. Pul.	
CAPSICUM—Nat-m.		Sep.	



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### 3. Antagonistic remedies (35)

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Here the inimical medicines i.e. those who do not follow well are mentioned against the remedies.

ANTAGONISTIC REMEDIES

341

ACETIC ACID—Bor. Caus. Nux-v. Ran-b. Sars.	LACHESIS—Am-c. Dul. Nit-ac. Sep.
AMMONIUM CARB.—Lach.	LYCOPODIUM—Nux-mos.
APIS—Rhus-t.	MERCURY—Lach. Sil.
BELLADONNA—Dulc.	NITRIC ACID—Lach. Nat-m.
BENZOIC ACID—Copaiv.	NUX MOSCHATA—Lyc. Nux- v. Pul. Rhus-t. Sil. Squ.
CAMPHOR—Kali-n.	NUX VOMICA—Acet-ac. Caus. Ign. Nux-m. Zin.
CANTHARIS—Cof.	PHOSPHORUS—Caus.
CARBO VEG.—Kreosot.	PULSATILLA—Nux-m.
CAUSTICUM—Acet-ac. Cof. Colo. Kali-n. Nux-v. Pho.	RANUNCULUS BULB.—Acet- ac. Kali-n.
CHAMOMILLA—Zinc.	SARSAPARILLA—Acet-ac.
CHINA—Dig. Sele.	SELENIUM—Chin.
COCCULUS—Cof.	SEPIA—Lach.
COFFEA—Canth. Caus. Coccl. Ign.	SILICA—Merc. Nux-m.
COLOCYNTH—Caus.	STAPHYSAGRIA—Ran-b.
DIGITALIS—Strop.	SULPHUR—Nux-m. Ran-b.
DULCAMARA—Bell. Lach.	ZINCUM—Cham. Nux-v.
IGNATIA—Cof. Nux-v.	
IPECAC—Chin. Op.	
KALI NIT.—Cam. Caus. Ran-b.	



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## 4. Supplemental Reference Table

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- It is a separate section of the book for ready reference to Repertorial portion in the text. The rubrics are arranged alphabetically, which contain the page number against them.
- The additional subrubrics and medicines mentioned in this section should be combinedly referred to with analysis part.

# Gradation of Remedies

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- CAPITAL ROMAN – 1<sup>st</sup> grade.
- **Bold roman** – 2<sup>nd</sup> grade
- Ordinary/Roman – 3<sup>rd</sup> grade



# How to refer the Repertory

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- One should be familiar with the construction and arrangement of sections and rubrics.
- The rubric, which one needs to refer, should be looked into the related section of **ANALYSIS** and also in **SUPPLEMENTAL REFERENCE TABLE**.
- The combined rubric should be made use for all the practical purpose.

# Observations

- Although Dr. Boger has emphasized on causations but there is no separate section on causations. Causation can be found in the section ‘**Conditions of Aggravation and Amelioration.**’
- It is a short book having a great importance in a **busy OPD.**
- It is having its own limitations as the number of medicines and number of rubrics is **very less.**



- Analysis part contains 489 medicines while the Synopsis part contains **only** 323 medicines.
- After going through this book one can understand that during the long practice Dr. Boger was greatly **influenced** by Dr. Kent.

