

I
J
C
R
M

**International Journal of
Contemporary Research In
Multidisciplinary**

Research Article

A Comparative Review of Homoeopathic Materia Medica Approaches to Gynaecological Disorders: Insights from Kent, Boger, and Boericke

Dr. Bhushan Subhashchand Jain*

BHMS, MD Homoeopathy (Organon of Medicine and Homoeopathic Philosophy), PhD (Homoeopathy)
Associate Professor and HOD Department of Obstetrics & Gynaecology (OBG)

Government Homoeopathy College and Hospital, Jalgaon, Shri Gulabrao Deokar Engineering College Campus,
Shirsoli Road, Jalgaon, Maharashtra, India,
Director / Consultant – Chintamani Homoeopathy Clinic, Main Road, Near Talathi Office, Chopada, Jalgaon,
Maharashtra, India

Corresponding Author: *Dr. Bhushan Subhashchand Jain

DOI: <https://doi.org/10.5281/zenodo.18268566>

Abstract

Gynaecological disorders constitute a major component of women's morbidity worldwide, encompassing menstrual irregularities, functional ovarian disorders, uterine pathologies, and psychosomatic reproductive disturbances. While conventional gynaecology largely emphasises hormonal and structural paradigms, homoeopathy approaches gynaecological illness as an expression of constitutional imbalance involving physical, mental, and emotional spheres. Classical homoeopathic Materia Medica offers rich descriptions of female disorders, yet interpretative differences exist among major authors. This narrative literature review comparatively examines the approaches of James Tyler Kent, Cyrus Maxwell Boger, and William Boericke in the understanding and management of gynaecological disorders. Through systematic textual analysis, convergences and divergences in remedy interpretation, symptom valuation, and clinical emphasis are explored. The review highlights how Kent's mental-emotional hierarchy, Boger's time-pathology correlation, and Boericke's clinically concise schema complement each other in gynaecological practice. The synthesis demonstrates that comparative Materia Medica analysis enhances precision in remedy selection and supports individualised prescribing in women's health.

Manuscript Information

- ISSN No: 2583-7397
- Received: 15-11-2025
- Accepted: 23-12-2025
- Published: 16-01-2026
- IJCRM:5(1); 2026: 110-114
- ©2026, All Rights Reserved
- Plagiarism Checked: Yes
- Peer Review Process: Yes

How to Cite this Article

Jain B S. A Comparative Review of Homoeopathic Materia Medica Approaches to Gynaecological Disorders: Insights from Kent, Boger, and Boericke. Int J Contemp Res Multidiscip. 2026;5(1):110-114.

Access this Article Online



www.multiarticlesjournal.com

KEYWORDS: Gynaecology; Homoeopathic Materia Medica; Kent; Boger; Boericke; Menstrual disorders; Women's health

1. INTRODUCTION

The Gynaecological disorders represent a complex intersection of endocrine, reproductive, emotional, and constitutional factors. Conditions such as dysmenorrhoea, menorrhagia, amenorrhoea, polycystic ovarian disease, leucorrhoea, uterine fibroids, and climacteric disturbances frequently involve both physical pathology and psychological distress. Despite advances in diagnostic imaging and hormonal therapy, many women experience chronicity, recurrence, or adverse effects from conventional interventions.

Homoeopathy has historically accorded special importance to women's health, recognising menstrual and reproductive disturbances as sensitive indicators of constitutional imbalance. Classical Materia Medica texts provide extensive remedy portraits related to menstrual patterns, ovarian dysfunction, uterine pathology, and emotional states unique to female physiology. However, homoeopathic prescribing philosophies differ among authors, influencing remedy selection and clinical outcomes.

Kent, Boger, and Boericke represent three distinct yet overlapping schools of Materia Medica interpretation. A comparative evaluation of their approaches is essential for contemporary homoeopathic gynaecology.

2. OBJECTIVES

The objectives of this review are to examine classical homoeopathic Materia Medica descriptions of gynaecological disorders, to compare interpretative frameworks employed by Kent, Boger, and Boericke, and to synthesise clinically applicable insights that support individualised prescribing in women's health.

3. METHODOLOGY

This narrative review is based on systematic textual analysis of classical Materia Medica and repertorial works by Kent, Boger, and Boericke, supplemented by secondary homoeopathic literature and contemporary reviews on women's health. Remedies frequently indicated in gynaecological practice were identified and analysed for symptom emphasis, hierarchy, modalities, and constitutional context. Comparative synthesis was undertaken without statistical aggregation, consistent with qualitative literature review methodology.

4. Conceptual Foundations of Homoeopathic Gynaecology

Homoeopathic philosophy views gynaecological disorders as dynamic expressions of disturbed vital force rather than isolated organ pathology. Hahnemann emphasised that menstrual irregularities often reflect deeper miasmatic and emotional disturbances. Female reproductive symptoms are therefore interpreted as part of a totality, integrating physical sensations, mental states, and constitutional tendencies.

Kent further refined this approach by placing mental and emotional symptoms at the apex of the symptom hierarchy.

Boger emphasised temporal evolution and pathological progression, while Boericke adopted a pragmatic clinical orientation suitable for bedside practice.

5. Kent's Materia Medica Perspective in Gynaecology

Kent's Materia Medica prioritizes mental-emotional states as decisive factors in remedy selection. In gynaecological disorders, remedies such as *Sepia*, *Pulsatilla*, *Natrum muriaticum*, and *Calcarea carbonica* are characterised by distinctive emotional profiles linked to menstrual and uterine symptoms.

Kent's approach is particularly valuable in psychosomatic gynaecology, where emotional suppression, grief, irritability, or indifference profoundly influence symptom expression. Menstrual irregularities are interpreted as secondary manifestations of internal emotional conflict.

6. Boger's Materia Medica and Pathological Correlation

Boger integrates constitutional prescribing with pathological evolution and time modalities. His approach is especially relevant in chronic gynaecological conditions such as fibroids, ovarian cysts, and long-standing menstrual disorders. Remedies are selected based on pathological stage, periodicity, and concomitant systemic involvement.

Boger's emphasis on "pathological generals" allows homoeopaths to navigate cases where mental symptoms are obscure or masked, making his approach complementary to Kentian philosophy.

7. Boericke's Clinical Materia Medica in Women's Health

Boericke's Materia Medica offers concise, clinically oriented descriptions with clear indications for gynaecological use. Remedies such as *Sabina*, *Secale cornutum*, *Cimicifuga*, and *Caulophyllum* are described with emphasis on uterine pathology, haemorrhagic tendencies, and labour-related conditions.

Boericke's strength lies in acute and pathological prescribing, providing quick clinical guidance without extensive philosophical interpretation.

8. Comparative Analysis and Clinical Integration

Comparative analysis reveals significant convergence among the three authors regarding remedy indications, yet notable divergence in interpretative emphasis. Kent emphasises emotional causation, Boger highlights temporal-pathological evolution, and Boericke prioritises clinical symptomatology.

An integrated approach allows the homoeopathic physician to synthesise emotional, constitutional, and pathological data, enhancing accuracy in remedy selection for complex gynaecological cases.

Table 1. Comparative Materia Medica Interpretation of Menstrual Disorders

Gynaecological Disorder	Remedy	Kent – Mental–Emotional Emphasis	Boger – Pathological / Temporal Emphasis	Boericke – Clinical / Practical Emphasis
Dysmenorrhoea	Sepia	Indifference, irritability, aversion to family; bearing-down sensation linked to emotional exhaustion	Chronic pelvic congestion with periodic aggravation	Uterine atony, prolapse tendency, and dragging pains
Dysmenorrhoea	Cimicifuga	Nervous excitability, mental gloom associated with uterine pain	Neuralgic pains with rheumatic association	Spasmodic uterine pains, hystero-neural symptoms
Menorrhagia	Sabina	Mental irritability, intolerance of contradiction	Active haemorrhage with pelvic inflammation	Profuse bright red bleeding with clots
Menorrhagia	Secale cornutum	Emotional apathy, indifference to surroundings	Passive haemorrhage, vascular atony	Thin, dark, continuous bleeding; cold yet desires uncovering
Amenorrhoea	Pulsatilla	Mildness, emotional dependency, weepiness	Delayed menses in plethoric or hormonal imbalance	Suppressed or delayed menses with changeable symptoms

Table 2. Comparative Materia Medica in Ovarian and Endocrine Disorders

Disorder	Remedy	Kent	Boger	Boericke
Ovarian cysts	Apis mellifica	Jealousy, restlessness, emotional hypersensitivity	Serous effusions, right-sided ovarian pathology	Oedematous swelling, stinging pains
Polycystic ovarian disorder	Calcarea carbonica	Anxiety about health, fear of failure, mental inertia	Metabolic sluggishness with endocrine imbalance	Obesity, delayed menses, cold intolerance
Ovarian pain	Lachesis	Intense emotions, loquacity, jealousy	Left-sided pathology, circulatory congestion	Left ovarian pain worsens before menses
Ovarian dysfunction	Natrum muriaticum	Suppressed grief, silent brooding	Chronic endocrine disturbance with anaemia	Irregular menses, ovarian tenderness

Table 3. Uterine Pathology: Fibroids, Prolapse, and Leucorrhoea

Disorder	Remedy	Kent	Boger	Boericke
Uterine fibroids	Calcarea fluorica	Emotional rigidity, fear of change	Hard, indurated growths	Fibrous tumours, uterine enlargement
Uterine prolapse	Sepia	Emotional burnout, desire to be alone	Pelvic relaxation, chronic venous stasis	Bearing-down sensation, needs crossing legs
Leucorrhoea	Kreosotum	Irritability, anxiety with offensive discharges	Corrosive discharges with tissue breakdown	Acrid, foul-smelling leucorrhoea
Leucorrhoea	Calcarea carbonica	Anxiety, timidity	Chronic constitutional weakness	Thick, milky discharge with fatigue

Table 4. Climacteric and Menopausal Disorders

Condition	Remedy	Kent	Boger	Boericke
Menopausal flushes	Lachesis	Emotional intensity, jealousy, talkativeness	Vascular instability	Hot flushes, worse after sleep
Menopausal depression	Sepia	Emotional detachment, apathy	Hormonal exhaustion	Sadness, irritability, pelvic heaviness
Menopausal anxiety	Kali carbonicum	Fearfulness, dependency	Endocrine insufficiency	Weakness, back pain, anxiety

Table 5. Integrated Clinical Utility Matrix

Author	Primary Strength	Best Utility in Gynaecology
Kent	Mental–emotional hierarchy	Psychosomatic gynaecological disorders
Boger	Pathology + time factor	Chronic, structural uterine and ovarian disease
Boericke	Clinical clarity	Acute bleeding, labour, and pathological cases

9. DISCUSSION

This review demonstrates that classical Homoeopathic Materia Medica offers a comprehensive and multidimensional framework for understanding gynaecological disorders, extending beyond organ-based pathology to include constitutional, emotional, and temporal dimensions of disease. The interpretative approaches of Kent, Boger, and Boericke, though distinct in emphasis, are inherently complementary.

Kent's prioritisation of mental–emotional symptoms provides insight into psychosomatic influences on women's health, Boger's focus on pathological progression and time modalities aids in managing chronic and structural conditions, and Boericke's clinically concise descriptions support practical decision-making. Their integrated application enhances individualised prescribing and reinforces the relevance of homoeopathy in holistic, patient-centred gynaecological care.

10. Limitations

The present review is inherently limited by its qualitative and narrative design, which relies primarily on interpretative analysis of classical homoeopathic *Materia Medica* texts and secondary literature rather than quantitative synthesis. While these sources provide rich conceptual and clinical insights, the absence of standardised outcome measures and controlled comparative methodologies restricts the ability to draw definitive conclusions regarding clinical efficacy. In addition, variations in symptom emphasis, terminology, and philosophical orientation among Kent, Boger, and Boericke pose challenges to direct comparison and may introduce interpretative subjectivity. Empirical evidence in the form of well-designed randomised controlled trials or comparative observational studies evaluating these distinct *Materia Medica* approaches in gynaecological practice remains limited. These constraints underscore the need for future research employing rigorous clinical designs, standardised reporting frameworks, and integrative methodologies to substantiate and refine the comparative application of homoeopathic *Materia Medica* in women's health.

11. CONCLUSION

Comparative analysis of classical Homoeopathic *Materia Medica* offers substantial value in the understanding and management of gynaecological disorders. The philosophical depth and mental-emotional prioritization emphasized by Kent, the pathological and temporal precision articulated by Boger, and the concise clinical pragmatism presented by Boericke together provide a comprehensive and complementary framework for individualised prescribing in women's health. Rather than representing divergent schools, these approaches collectively enrich clinical reasoning by addressing constitutional disposition, disease evolution, and organ-specific pathology. Integrating these perspectives enhances therapeutic accuracy, supports holistic case management, and underscores the continuing relevance of homoeopathy within contemporary gynaecological practice. Future systematic clinical studies grounded in such integrative *Materia Medica* frameworks are warranted to further substantiate and refine homoeopathic contributions to women's healthcare.

12. Funding

No external funding was received.

13. Conflict of Interest

The authors declare no conflict of interest.

14. Ethical Statement

This review involved no human or animal subjects and required no ethical approval.

15. Areas for Future Research

Future research in homoeopathic gynaecology should focus on systematically evaluating the clinical applicability of comparative *Materia Medica* frameworks derived from Kent,

Boger, and Boericke. Well-designed prospective clinical studies and comparative observational trials are needed to assess therapeutic outcomes when these interpretative approaches are applied individually and in integrated form. Development of standardised case-reporting protocols specific to gynaecological conditions would facilitate reproducibility and allow meaningful comparison across clinical settings.

Further research is warranted to explore correlations between homoeopathic constitutional profiles and modern gynaecological diagnostic categories, including hormonal, metabolic, and psychosomatic parameters. Integrative studies combining homoeopathic assessment with contemporary investigative tools may enhance understanding of disease mechanisms and treatment response. In addition, qualitative research examining patient-reported outcomes, quality of life, and long-term follow-up in homeopathically managed gynaecological disorders could provide valuable insights into holistic therapeutic impact. Such research initiatives would strengthen the evidence base and support the informed integration of homoeopathic *Materia Medica* into women's healthcare.

16. Acknowledgements

The authors respectfully acknowledge the enduring contributions of classical homoeopathic scholars whose foundational works continue to inform and shape contemporary clinical practice and academic inquiry. Their meticulous observations, philosophical clarity, and clinical insights remain central to the advancement of individualised homoeopathic therapeutics. The authors also express gratitude to academic colleagues and institutional library resources for facilitating access to classical and contemporary literature that supported the development of this review.

REFERENCES

1. Allen TF. *The encyclopedia of pure materia medica*. Vols. 1–10. New Delhi: B Jain Publishers; 2000.
2. American College of Obstetricians and Gynaecologists. *Practice bulletin: Management of abnormal uterine bleeding*. Washington (DC): ACOG; 2020.
3. American Psychiatric Association. *DSM-5-TR: Diagnostic and statistical manual of mental disorders*. Washington (DC): APA Publishing; 2022.
4. Bellavite P, Signorini A. *The emerging science of homoeopathy*. Berkeley (CA): North Atlantic Books; 2002.
5. Boericke W. *Pocket manual of homoeopathic materia medica*. 9th ed. New Delhi: B Jain Publishers; 2018.
6. Boger CM. *Synoptic key to the materia medica*. New Delhi: B Jain Publishers; 2004.
7. Clarke JH. *A dictionary of practical materia medica*. New Delhi: B Jain Publishers; 2005.
8. Close S. *The genius of homoeopathy*. New Delhi: B Jain Publishers; 2011.
9. Coulter HL. *Divided legacy: A history of the schism in medical thought*. Vol. 3. Berkeley (CA): North Atlantic Books; 1980.

10. Dash B, Kashyap L. Quality assurance in traditional and homoeopathic medicines. *J Pharm Innov.* 2019;14(2):97–105.
11. Dutta DC. *Textbook of Gynaecology*. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2020.
12. Ernst E. Homoeopathy for women's health: A critical review. *BJOG*. 2018;125(2):145–147.
13. Fraser IS, Critchley HO, Broder M, Munro MG. The FIGO classification of causes of abnormal uterine bleeding. *Int J Gynecol Obstet.* 2011;113(1):3–13.
14. Giri D, Nayak C. Scope of homoeopathy in gynaecological disorders: A review. *Indian J Res Homoeopathy.* 2015;9(4):219–226.
15. Hahnemann S. *Organon of medicine*. 6th ed. Boericke W, translator. New Delhi: B Jain Publishers; 2002.
16. International Council for Classical Homoeopathy. *Guidelines for good homoeopathic practice*. Utrecht: ICCH; 2016.
17. Jonas WB, Kaptchuk TJ, Linde K. A critical overview of homoeopathy. *Ann Intern Med.* 2003;138(5):393–399.
18. Kaplan HI, Sadock BJ. *Synopsis of psychiatry*. 11th ed. Philadelphia (PA): Wolters Kluwer; 2017.
19. Kent JT. *Lectures on homoeopathic materia medica*. New Delhi: B Jain Publishers; 2009.
20. Kent JT. *Repertory of the homoeopathic materia medica*. New Delhi: B Jain Publishers; 2004.
21. Kumar P, Malhotra N. *Jeffcoate's principles of gynaecology*. 9th ed. New Delhi: Jaypee Brothers Medical Publishers; 2019.
22. Linde K, Clausius N, Ramirez G, et al. Are the clinical effects of homoeopathy placebo effects? *Lancet*. 1997;350(9081):834–843.
23. Milgrom LR. Patient-practitioner-remedy entanglement. *J Altern Complement Med.* 2002;8(2):171–179.
24. Munro MG, Critchley HO, Fraser IS. Abnormal uterine bleeding in reproductive-aged women. *N Engl J Med.* 2018; 379:2126–2135.
25. Nayak C, Singh V, Oberai P, Rajagopalan S. Homoeopathy in chronic gynaecological disorders. *Indian J Res Homoeopathy.* 2012;6(1):23–30.
26. Phatak SR. *Materia medica of homoeopathic medicines*. New Delhi: B Jain Publishers; 2016.
27. Roberts HA. *The principles and art of cure by homoeopathy*. New Delhi: B Jain Publishers; 2008.
28. Sankaran R. *The spirit of homoeopathy*. Mumbai: Homoeopathic Medical Publishers; 2014.
29. Scholten J. *Homoeopathy and minerals*. Utrecht: Stichting Alonnisos; 2004.
30. Speroff L, Fritz MA. *Clinical gynecologic endocrinology and infertility*. 9th ed. Philadelphia (PA): Lippincott Williams & Wilkins; 2019.
31. Subramanian K, Banerjee P. Integrative approaches in women's health. *J Integr Med.* 2018;16(3):181–189.
32. Vithoulkas G. *The science of homoeopathy*. New Delhi: B Jain Publishers; 2000.
33. Weiss G, Goldsmith LT. Dysfunctional uterine bleeding. *Obstet Gynecol Clin North Am.* 2016;43(3):393–406.
34. World Health Organisation. *WHO traditional medicine strategy 2014–2023*. Geneva: WHO; 2013.
35. World Health Organisation. *Women's health fact sheet*. Geneva: WHO; 2018.
36. Witt CM, Lüdtke R, Willich SN, Baur R. Homoeopathic medical practice outcomes. *BMC Public Health.* 2005; 5:115.
37. Ylikorkala O, Dawood MY. New concepts in dysmenorrhea. *Am J Obstet Gynecol.* 1978;130(7):833–847.
38. Ziskind D, Ziskind J. Complementary medicine in gynaecology. *Gynecol Endocrinol.* 2017;33(9):689–692.
39. Boericke OE. *Materia medica with repertory*. Philadelphia (PA): Boericke & Tafel; 1927.
40. Boger CM. *General analysis with card repertoire*. New Delhi: B Jain Publishers; 1937.

Creative Commons (CC) License

This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution–NonCommercial–NoDerivatives 4.0 International (CC BY-NC-ND 4.0) license. This license permits sharing and redistribution of the article in any medium or format for non-commercial purposes only, provided that appropriate credit is given to the original author(s) and source. No modifications, adaptations, or derivative works are permitted under this license.

About the corresponding author



Dr. Bhushan Subhashchand Jain is an Associate Professor and Head, Department of Obstetrics & Gynaecology, at Government Homoeopathy College and Hospital, Jalgaon. He holds BHMS, MD (Organon of Medicine and Homoeopathic Philosophy), and PhD (Homoeopathy). He also serves as Director and Consultant at Chintamani Homoeopathy Clinic, Chopada, Maharashtra, India.