

The Need for a New and Reliable Repertory

The Practical Repertory Online

The purpose of a repertory is to facilitate the search for the most similar remedy or remedies corresponding to a given set of symptoms. The repertory should guide us to the proven and reliable symptoms associated with a medicine with certainty and at the same time show us the relative importance of the symptoms. Here the key words are proven and reliable. Unfortunately, these requirements are not met by even the best and most famous repertories. There are a large number of errors of omission as well as commission in Kent's great Repertory of the Homoeopathic Materia Medica. Kent knew that his repertory was in a state of infancy, but he may not have been specifically aware that it contained numerous unreliable symptoms. These arose from a somewhat indiscriminate use of the works of earlier writers of repertories. Naturally, all repertories which are founded on Kent's Repertory carry over all these mistakes. The nature of the errors and reasons for them become clear when we study the history of Homoeopathic repertories. Therefore, we start with the following outline of the history.

A Brief History of Repertories to Elaborate this Point

1. Hahnemann's Symptom Register

Hahnemann himself was the first, who put together a sort of repertory – A Symptom Register. As the homoeopathic treasure trove increased ever more in the number of medicines and their symptoms it became increasingly difficult to keep track of the information. *Hahnemann* started putting together the symptoms of the medicines regarding a disease condition under that self-same heading. E.g. all medicines producing cough were to be found alphabetically with their cough-symptoms under the chapter “Cough”. For this purpose he took a copy of his materia medica, cut out the relevant parts and stuck them in his leather bound register. Any other additions, which cropped up from later sources or from his own practice, he wrote down in the available spaces. This made the process of searching for symptoms much easier for him, but he still had to read through all the medicines to compare them.

2. „Systematic Alphabetical Repertory of Homoeopathic Drugs“ by Boenninghausen

It was *Boenninghausen*, who first brought in logic and structure into the repertory. For that matter we can say he was the first to write a true homoeopathic repertory. Instead of just listing all the remedies for cough alphabetically, he structured them into rubrics and sub-rubrics relating to the kind of cough, the modalities and the triggering factors, alphabetically under their sub-headings. His work is called: “A Systematic Alphabetical Repertory of Homoeopathic Drugs, first part – comprising of the antipsoric remedies”. This first part consists of the 49 antipsoric drugs in *Hahnemann's* „The Chronic Diseases“. *Boenninghausen's* work came out in May 1832 and was highly praised by *Hahnemann* and he immediately replaced his own Symptom Register with it, and gave up all thoughts of publishing the Register. In the edition which came out just a year later in 1833 *Boenninghausen* added Thuja und Mercury as well as nine others medicines to his repertory, which had been in the meantime also named as antipsorics by *Hahnemann*. The second part of the title of the book was changed in the second edition to „ - comprising of the antipsoric, antisyphilitic, and antisycotic drugs. In the year 1835 *Boenninghausen* published the second part of his repertory, „A Systematic Alphabetical Repertory of Homoeopathic Drugs, second part – comprising of the (so called) non-antipsoric remedies”.

Boenninghausen divided his repertory into body parts and certain disease conditions. We find all the modalities relating to a condition as well as the times and concomitants at the end of a chapter. He established the idea of concomitant symptoms firmly in the repertoire of Homoeopathy, as an important aspect in the search of the simillimum. Concomitant means the condition or symptoms which accompany another condition or symptom. Not all symptoms can be so regarded even if they belong to the whole; many symptoms can just be there and have nothing to do with what the patient is suffering from now. He was also the first to work out the grades of a drug in respect to the symptom. *It is important to know that it was more a quantitative evaluation of the symptom and not a qualitative. The grades established more or less how often a symptom had been proven in practice.* It did not really tell us how important the symptom was for the choice of a remedy. This concept was not well developed in the early days of Homoeopathy. The structure of his repertory did not allow a different kind of evaluation. The times, the modalities, the concomitants were generalised to be applicable to all the conditions of the corresponding chapter.

Boenninghausen generalised his „*Therapeutic Pocketbook*“ even more. He brought in analogy and with it and also through the combination of two or more single symptoms the creation of new possible symptoms. He took these analogies and generalisations to be established facts, instead of tentative assumptions which had to be proved in practice. Using *analogy* he started applying the modalities observed in the provings or confirmed in practice to conditions not yet observed neither in the proving nor in the practice. A simple example will show us that this has to be done with care. A congestive headache maybe better from cold, but the neuralgic in the same remedy could have a totally different modality, unless the congestion is the primary cause. This shows us that we cannot disregard pathology when we are generalising and using analogy. Similarly the application by *Boenninghausen* of the principle of concomitance by combining the scattered fragments of symptoms into one, cannot function without taking into account the essential pathological action of the medicine. *Boenninghausen's* method was perhaps a necessary step in those early days as pathological and clinical knowledge of the remedies was meagre. In this way he able to experiment in new directions and which helped to bring out good information about the drugs and treatment of diseases. To be able to do this kind of experimentation well, one should first grasp the basic pathological action of a remedy on the mental, general and physical level. But this daring way has pitfalls, even some big ones. It may be sufficient to point out one important reason: Generalising does not tell one why something is happening in special cases. Why pressure does good in one case and not in the other, but it is still the remedy because it fits to the pathology. Further as *Kent* points out that one finds different modalities for different parts of the body and/or different conditions in the case of the same remedy. For these reasons, any generalisations and analogies have to be worked out *anew*, and integrated into the existing repertory. Historically this was not done and many of these generalisations and analogies were accepted unconditionally. Moreover most of the clinical information through practice did not find its way into the repertories.

3. „*The Systematic Alphabetical Repertory or Symptom-Lexicon*“ of *Jahr*

Jahr brought out his Repertory at almost the same time as *Boenninghausen*. *Jahr* wrote a kind of „*Symptom Lexicon*“, a more complete one and also more structured than Hahnemann's Sypmtom-Register. This was the second part of his materia medica. But he kept too strictly to the wordings of the provers. That made the book unnecessarily cumbersome. There is still a tendency to pay too much attention to the original wording of the prover, but it is the spirit of the symptom which is important. Naturally any symptom coming out very strongly in a prover should be left as it is, even though we may draw corollaries.

4. „The Repertory“ of James Tyler Kent

In the year 1896/97, *Kent* restructured the repertory on a more logical basis so that the search for the most similar remedy became easier. *Kent* wrote that he had put in only the useful and verified symptoms, but as we shall see this is not completely true. *Kent's* Repertory was universally regarded as very complete and without any significant mistakes. Even now the general opinion is that *Kent's* Repertory is essentially error-free.

However, each repertorisation is exact to the extent that the repertory is dependable and complete. Without denigrating *Kent's* great work, we must for the sake of further progress consider carefully the extent to which *Kent's* Repertory is reliable. This we shall do under the following separate headings.

The further Development of the Repertory and what has to be improved upon

The first critique about the existing repertories we find in the 38th volume, Nr. 11, of the „Allgemeine Homöopathische Zeitung“ by *R. H. Groß*. He first mentions the *Therapeutic Pocketbook* by *Boenninghausen*.

He pointed out the symptom “amelioration after sleep“ in the “Pocket Book”: This rubric of *Boenninghausen* consists of 29 drugs and 28 of them have no general amelioration from sleep, only of a specific condition. *Caladium* is the only one known to have a general amelioration from sleep.

Kent wrote about this generalisation of *Boenninghausen* in his article, „How to use the Repertory“. Therefore we would expect him to have gone through all these rubrics of *Boenninghausen* microscopically. But on looking up *Kent's* Repertory we find each and every one of the 29 drugs, which *Boenninghausen* named as having amelioration from sleep. Some of these remedies have later shown in practice to have a certain general amelioration from sleep, but far from all. And this is true of all the other generalised rubrics which *Kent* took over uncritically from *Boenninghausen*.

In *Kent's* Repertory the grading of the symptoms which he took over from *Boenninghausen* seems to have been done in a random way. Certainly no screening was done. We can see that *Kent's* Repertory has a basic flaw in its dependability. Any repertory taking *Kent's* as its foundation will still have to remove all these flaws to achieve dependability.

The Reliable Symptom

For a symptom of a remedy to be reliable, it must without doubt have proven itself by curing the corresponding condition.

The reason why repertories are full of unverified and unreliable symptoms is because

1. of the not very correct method of generalising
2. where logic takes things too far without the restricting factor of experience as the true basis
3. of the wrong interpretation or the wrong analysis of pathology. This point we will go into under the next heading.

I have cited the example of the sleep rubric in *Boenninghausen*. Similar remarks can be made of his other generalisations. In this way unverified and unreliable symptoms crept into homoeopathy and later into the repertories.

I have myself found numerous examples of this, and others may find their own.

How wrong and unreliable some of them are, I will show you with the following example.

Wrong Interpretation of Pathology in the Example of Leukaemia

Leukaemia as a disease has been known for a long time, but its pathology was not clearly defined until lately. Homoeopaths suggested a number of remedies for the treatment of leukaemia which they based on their vague understanding of its pathology. This was accepted without any critical assessment on the part of the homoeopaths and found its way into the

repertory. *Even today this rubric exists in the repertories with the full array of the proposed remedies.* This disease was ascribed to the hydrogenoid constitution of *Grauvog!* That is why *Natrum sulph* was put forward as one of the most important remedies, but also *Thuja* is there. Other than *Thuja* und *Natrum sulph* a whole series of remedies was put together which have a deeper relationship to sycosis or the hydrogenoid constitution. We note parenthetically that not all these remedies are to be found in Kent. In the whole of the homoeopathic literature Leukaemia is hardly dealt with. That is to say that there are almost no reports of cures for this disease. And I would say for good reasons – because most of the drugs mentioned in the repertory have no relationship to the pathology of leukaemia. They cannot cure this disease and therefore the homoeopaths have no cases to present. Documented cases of true cures I have as yet to find in the journals except for the case of one homoeopathic doctor who has had success using just three remedies. My experiences have shown the importance of just a few more remedies but which have to be still properly proved in practice. Certainly *Natrum sulph* und *Thuja* do not belong among them.

What is lacking ?

Any repertory built on the basis of Kent's Repertory and not considering the above points will carry over all the mistakes. I have checked other older repertories, which have their own unreliabilities. To make additions from these repertories we need to do good screening and reverification. A good repertory should have a structure which clearly delineates the suppositions and the unproven from the proven. Well founded suppositions are valuable. They give a direction for further research which will decide the extent to which this symptom is significant. Each drug has certain basic symptoms, symptom complexes, which can be general or specific, and then each drug has specific pathological conditions, which belong only to this remedy. All these pathological relationships and symptom complexes have to be added to the repertory. They are missing in the repertories.

Let me illustrate this with the following example involving *Calcarea carb* and the symptom of thirstlessness. *Pulsatilla* and other medicines have been written about in the materia medica as absolutely thirstless, but in my experience *Pulsatilla* is only thirstless in the very beginning. And then after sometime there appears without doubt a strong and distinct thirst, even if for small quantities. These are very important points, especially regarding stages or phases of an illness, as we treat disease conditions and not a conglomeration of symptoms in homoeopathy. Coming back to *Calcarea carb* we find quite the reverse than with *Pulsatilla* and other remedies, it is thirstless throughout all the stages. This symptom I discovered very early in my practice and verified it repeatedly. I have often cured with *Calc* cases in which *Pulsatilla* was first tried unsuccessfully. This symptom of thirstlessness has sometimes been enough, if no other medicine was clearly indicated. If we find appetite wanting and chilliness in addition then it makes it into a full fledged symptom complex of *Calcarea*. This has now been incorporated in my *Practical Repertory* as a „reliable and distinguishing“ symptom.

The treasure trove of homoeopathy develops from the practice, and consists of the proven and reliable symptoms and symptom complexes which we mostly find in the journals.

The problem with the repertories came up because the authors of the repertories indiscriminately put in any symptom they felt like from the unstructured diversity of the homoeopathic literature. This led to ever more unreliable and false symptoms being integrated in a repertory. Once it was in the repertory it was considered to be God's Word.

We have talked about suppositions. These as we have said are legitimate, but have to be proved in practice. Let us take the example of *Cocculus*, one of Hahnemann's remedies. One had great hopes in its curative powers in neurological diseases. Unfortunately *Cocculus* did not live up to its promise. Newer ones have lived up even less to their supposed curative powers. T. F. Allen in his Preface to The New American Edition of Boenninghausen's Pocket Book wrote: "it must be confessed that most of our new symptomatology have not borne the

searching light of clinical experience so well as those left us by Hahnemann.” Therefore we have to re-think the pathological action of a medicine if it does not fulfil its original promise, or, as Burnett called it, its range of action. But if these suppositions are allowed into the repertory, and they have been, then they have to be proved to be allowed to stay in there. If nobody makes these corrections because everybody thinks it is true, then the inaccuracies remain in the repertory. There are innumerable examples of this.

For the purpose of illustration we again take the example of *Cocculus*. *Cocculus* and other medicines were being given for supposed cases of epilepsy. It is found in the repertory under Epilepsy, and also in the sub-rubric „Falling, with“. But the truth is that *Cocculus* has to my knowledge not once cured epilepsy. This is true for a great number of medicines. Many of the cases cited as cures of epilepsy just did not fulfil the criteria of epilepsy. They were just epileptiform type of cases. Even though there were voices against it all these medicines were included in *Kent's* repertory. Therefore sometimes even experienced homoeopaths using these rubrics were unable to cure many of the cases of epilepsy. The remedies which are capable of curing this disease have to have the basic nature of the pathology of epilepsy. The number of such remedies is not very large. Many more examples can be given. This work we are carrying on - which started with the *Practical Repertory* - of going through all these rubrics. This will be available soon in our „Online-Repertory“ in which we will be daily bringing in corrections and additions of value.

When we stop to think that many tens of thousands of symptoms of *Hahnemann* and his co-workers were missing in *Kent's* Repertory then we can have a certain idea of the vastness of what needs to be done. Because it is not just sufficient to merely add these symptoms to a repertory. Each of these symptoms has to be evaluated exactly according to its worth.

The correctness of the repertory of *Boericke* has also been taken for granted. Even if *Oscar Boericke* states that the symptoms have been verified, we will find similar kind of mistakes as with *Kent's* repertory and also other kinds. Just the example of abscess will make this clear. In those days the homoeopaths put everything into one pot – pustules, boils, carbuncles, abscesses, suppuration. It is certainly legitimate to think that a deep acting remedy, which produces suppuration, should also be able to have some kind of curative action on abscesses. But this has to be confirmed in practice. Most of the drugs for abscess found in the repertory have cured only for pustules or boils. Further I would like to ask what does an abscess in the bones mean? They mean by it a suppuration in the bone which came about as a consequence of ulceration. Such are the remedies and rubrics we find in *Boericke*!

Where do we find reliable and/or more complete information other than in the journals?

1. *Teste* wrote in 1854 a materia medica in which he puts down the reliable symptoms of a 100 remedies. Some of it has to be taken with a pinch of salt, but much of it has proven to be justified.
2. *T. F. Allen* gathered together all the known and proven symptoms upto his time. The result was the 10 volumes of his encyclopedia of which the first volume was published in 1874.
3. *Hering* gathered together in his „Guiding Symptoms“ much of the reliable and proven symptoms of his time. They also consist of 10 volumes. But as the work became more and more intensive (in the 1870s homoeopathy was booming in America as never before and never after) the later volumes show less and less completeness. After his death in 1880 his wife and others completed the later volumes. There never was a second updated edition.
4. *Hoyne* put together from the journals and other homoeopathic literature the verified symptoms and symptom complexes for the different disease conditions in his „Clinical Therapeutics“; after two volumes he stopped this work.

5. *Clarke* prepared in 1901 „The Characteristics“ from reliable case reports in his three volumes of the Dictionary. Much of this has also proved its worth in practice.

The important work on the materia medica was basically done up to around 1880, other than *Clarke*. That means that in the last 130 years not much has been done to put together all the reliable and proven symptoms since then. Further we will find in these above books rows and rows of proven symptoms of great value which have still to be integrated into a repertory!

The New Repertory has basically a new approach and it differs in the following five points. (The work on this started a few years ago)

The first point consists of adding the verified and reliable symptoms – from all sources – which are still missing in the repertory. At the same time adding all those symptoms which seem to have a certain reliability, but still have to be verified, especially as to how and when they are important. We have started with the medicines which are more used in daily practice. Then we will proceed to the others.

The second point of the work consists of improving the structure of the repertory and thereby facilitate the search for the most similar remedy.

The correction of the repertory is *the third point* of the work; Groß mentions this in his critique of Boenninghausen's *Therapeutic Pocketbook* and which was overlooked by Kent in his repertory. That would be to check each and every drug in a specific rubric, starting with the more important rubrics of the *Generals*, and later all of it. This work, ground-breaking as it is, is the most work intensive and will take the longest.

The fourth point consist of the the additions from the my own practice – in Germany and in India. In future there will be other homoeopaths and clinics who will be providing verified symptoms. But a training is necessary to be an able judge e.g., what was the range of action of the remedy in a certain case, does it build a symptom complex, do the concomitants belong to the remedy or not, and if then in what connection, etc.

The work of *the fifth point* – the new grading according to the importance of the symptom – started a few years ago and the results are already to be found in the print version of the “Praktisches Repertorium” (*Practical Repertory*), the *Online English version of which will be available in the middle of 2008*.

The five colours which I have chosen for this purpose tell us about the reliability of a symptom:

blue means unknown quality or not yet checked

violett means promising, but still to be properly established

green means verified

orange means verified, very reliable and distinct

pink means essential symptom.

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