

## a Primary Law :

"Derivative Laws make up the body of the exact Sciences, having been assimilated and organized ; whilst Empirical Laws are the undigested materials of Science. The theorems of Euclid are good examples of derivative laws in Mathematics ; in Astronomy, Kepler's Laws and the Laws of the Tides ; in physics, the Laws of Shadows, of Perspective, of harmony ; in Biology, the Law of Natural Selection, and others from this ; in Economics, the Laws of Prices, rents, wages, interest".

—*Logic Deductive and Inductive, Carveth Read : p. 268*

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## REPERTORIES AND THEIR USE

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One of the earliest repertories is said to have been a partial one, written in Latin by Hahnemann. He refers to the use of repertories in his chronic diseases. The early men were forced to depend upon a good knowledge of the new provings. This acquaintance with the materia medica led to fine examples of cures according to the law of similars.

As more and more substances were tried on human men and women to demonstrate their sick-making powers in health, it became obvious that repertories were necessary aids. No mind could memorize the enlarging materia medica. The detail

was a burden, and grading of symptoms equally overwhelming.

Desire for some index of symptom lists, some encyclopedia of worth to point toward similarities in remedies to the ensemble or totality, became a natural solution. Many complications resulted, as various minds approached the problem academically. Profound study and comparisons ultimated in what we know as repertories today.

A repertory is only as good as a knowledge of its structural arrangement and an understanding of the author's directions for its use. It is not a materia medica and was never devised to be a substitute. It is a guide to materia medica consideration. This presupposes a totality whose accuracy depends upon a well-taken case. Regardless of the repertory chosen for a guide, this case taking must be more than a list of symptoms. Length is not enough; indeed it may confuse or tend to contradiction. As a well-taken case evaluates the patient, so does sensible repertory use in turn serve to evaluate remedies for final materia medica choice. This dual evaluation is the essence of individualization. This is the vital objective in Homœopathy, to which objective and subjective symptoms must focus. We will think of a repertory as a collection of accurate details relating to the sick-making power of remedial agents. The application of the repertory to the patient will involve the art of materia medica selectivity. This removes emphasis upon a numerical totality. This prevents selection of a remedy by repertory alone. Study and comparisons belong to the materia medica, to which the formal arrangement of a repertory may guide.

There is advantage in having various repertories at hand. There is greater advantage in knowing the construction of the same. There is the greatest advantage in understanding how to use them.

No repertory contains all symptoms of a drug. As Knerr writes in his repertory to Hering's *Guiding Symptoms* :

In a repertory we have separation by analysis for the purpose of classification and ready reference; in materia medica, combination by synthesis to enable us to study drug effects in their grand unity and relationship.

In Knerr's repertory to Hering's *Guiding Symptoms*, the order of arrangement is anatomical and similar to Hering's arrangement of parts, and also to his grading. He repeats symptoms with modifications, believing the same should be collective and contiguous. General principles in this way rule the whole in any part. He includes a complete index of localities and terms. A pictorial hand directs in cross reference to related symptoms, diseases and conditions. This reference to a particular materia medica of ten volumes is a valuable repertorial contribution.

Gentry brought out *A Concordance Repertory* in six volumes. Volumes 1, 2, 4, and 5 refer to the most characteristic symptoms of the materia medica, while the reference in volumes 3 and 6 is to the most reliable symptoms of the materia medica. This work is arranged like an index or dictionary. In similar fashion to Cruden's *Bible Concordance*, he selects a noun, verb, and essential adjective. The individual symptom may be looked for under any word as a key word. The six volumes were necessary as the Materia Medica had to be rewritten under various headings. This is cumbersome for repertorial analysis, but possesses a wealth of characteristics.

Allen's *General Symptom Register of The Homœopathic Materia Medica* is a large volume arranged alphabetically. First the part affected, second the sensations conditioned or modified as to time and circumstances. Conditions of aggravation follow as to time and circumstances. Conditions of amelioration are listed also as to time and circumstances. Under peculiar sensations, course and direction is noted alphabetically, also as regards alternation of sensations. This is a repertory having three grades.

In Jahr's *New Manual or Symptom Codex*, the translation by Hempel brings symptom modifications all together. Each symptom arrangement is preceded by a section on clinical observations. Here is a wealth of material in two volumes for reference and study. The arrangement does not classify but is an alphabetical register. Hull's *Jahr, A New Manual of Homœopathic Practice*, edited with annotations and additions by Snelling, has a special arrangement of clinical remarks in

the corresponding chapters of the repertory. The clinical remarks discuss the remedies alphabetically at considerable length, affording valuable comparisons before each chapter's repertorial schema as to nature of sensations, conditions and concomitant symptoms. This work is under twenty-six sections beginning with internal general affections, then extending in anatomical reference as to affections, and lastly to poisons and medicinal maladies.

*The Repertory to the More Characteristic Symptoms of the Materia Medica*, arranged by Constantine Lippe, includes references to the work of C. Hering's *Repertory to the Manual*, published in 1838 with the help of the faculty at Allentown. This was considered the first repertory in English. This work of C. Lippe is based on the above with additions from Bœnninghausen's works, Adolph Lippe's *Materia Medica*, Bell on *Diarrhœa*, N. H. Guernsey, Hering and Jahr.

Mental symptoms are given first, followed in the order of the *Materia Medica Pura*. Generalities, aggravations and ameliorations are at the end of this succinct volume of about three hundred and twenty pages to which the author says all sections are to be compared. Two grades are employed in these symptoms, whose sensations are gathered under a part with modifications and characteristics.

A clinical repertory to *The Dictionary of Materia Medica* by John Henry Clarke must be understood as not a symptom repertory to the dictionary. This extremely valuable work includes repertories of 1. Causation, 2. Temperaments, 3. Clinical Relationships, and 4. Natural Relationships. Characteristics in the *Dictionary* also complement this repertory which stresses the value of grouping in the study and use of the *Materia Medica*.

This work is designed, as Clarke says, to make the *Dictionary* more accessible. "This is a clinical avenue for discovering the indications for remedies, but not diseases in the abstract." He looks for legitimate points of comparison and specificity of seat. This repertory of causation brings out the allied factors of aggravation and amelioration. In his repertory he

discusses dispositions, constitutions and states, and refers to characteristics in the *Dictionary*.

Under Clinical Relationships the arrangement is tabular. Included are "complementary remedies," remedies "followed well by," compatible and incompatible remedies, antidotes, remedies antidoted by, and duration of action. He calls attention to the fact that in many remedies the clinical relationships are not yet noted.

Under Natural Relationships he shows remedies arranged in order of their natural kinship, such as :

1. Metals or elements in the order of atomic weights.
2. Vegetable kingdom in botanical order ; also in evolutionary order.
3. Animal kingdom tracing to natural relationships.
4. Sarcodes — remedies from healthy animal tissues or organs, a supplemental listing of remedies derived from altered tissue or secretions.
5. Nosodes — a list of remedies derived from morbid tissues and secretions containing the specific virus of disease.

Dr. Clarke's *Clinical Repertory* and the three volumes of the *Dictionary* will reward richly in proportion to serious attention to the prefaces before plunging into the subject matter.

The structure of Bœnninghausen's *Therapeutic Pocketbook* is basically fourfold :

1. Locality
2. Sensation
3. Conditions of aggravation and amelioration.
4. Concomitant symptoms. These are differentiating factors in a complete symptom.

Partial symptoms may be completed by combining separated fragments as a whole. As Dr. Roberts has written : "The foundation of Bœnninghausen's *Pocketbook* is the doctrine of concomitance." A partial symptom in some part is completed by analogy to conditions of other parts of the case. The evaluation of symptoms by five grades was unique with Bœnninghausen's repertory construction.

The general outline includes seven parts :

1. Mind and intellect
2. Parts of the body and organs
3. Sensations and complaints
  - a. In general
  - b. Of glands
  - c. Of bones
  - d. Of skin
4. Sleep and dreams
5. Fever
  - a. Circulation of blood
  - b. Cold stage
  - c. Coldness
  - d. Heat
  - e. Perspiration
  - f. Compound fevers
  - g. Concomitant complaints
6. Alterations of the state of health
  - a. Aggravation according to time
  - b. Aggravations according to situations and circumstances
  - c. Amelioration by position and circumstances
7. Relationship of remedies

A full discussion of this general outline, together with translation errors, and repertory study of cases is best found in Dr. H. A. Roberts book written in cooperation with Annie C. Wilson on the *Principles and Practicability of Bœninghausen's Therapeutic Pocketbook*.

He mentions a cured case of tic douloureux :

Intense spasms at five minute intervals. Acute pulling pain in left trigeminus nerve with marked flushing of the face with profuse sweat on head and chest. The upper jaw and cheek were very tender and painful. The conditions were greatly aggravated by touch excitement or talking, worse from wet weather, worse at night and better by rubbing. With this condition there was ravenous hunger which always came on with the attack. This history divulged the fact that he had had for years a discharge from the ear which he had been stopped eight years ago by an ear specialist. Since then he had

suffered from these attacks which were increasing in frequency and violence.

This case was blocked as follows :

1. *Location* : Left side of face, cheeks, upper jaw.
2. *Sensation* : Pulling Sensation.
3. *Condition of Aggravation and Amelioration* : Aggravation by touch, talking, night, excitement and wet weather.

Amelioration by rubbing

4. *Concomitant* : Ravenous hunger, sweat upper part, heat in flushes, ear discharge.

These remedies came through on repertorizing :

Arsenicum, Calc-Carb., China, Merc., Nux Vomica, Pulsatilla, Sepia, Spigelia, Staphisagria, Bryonia, Causticum, Kali Carb., Nitric Acid, Phosphorus, Rhus tox., Silica, Stannum, Sulphur.

Bryonia and Sulphur alone had all symptoms. Because of the suppressed ear discharge *Sulphur* was curative.

The *Repertory of the Materia Medica* by Dr. J. T. Kent is constructed in the following thirty-three sections : *Mind, Vertigo, Head, Eyes and Vision, Ear and Hearing, Nose, Face, Mouth, Teeth, Throat, External Throat, Stomach, Abdomen, Rectum, Stool, Urinary Organs, Bladder, Kidney, Prostate Gland, Urethra, Urine, Genitalia Male, Genitalia Female, Larynx and Trachea, Respiration, Cough, Chest, Back, Extremities, Sleep, Chill, Fever, Perspiration, Skin and Generalities.*

The plan is uniform throughout and proceeds from generals to particulars. After a general rubric containing all the remedies of a symptom, come the particulars always in the following sequence : 1. Time of day, 2. Under what circumstances, always in alphabetical order, 3. Extensions, also in alphabetical order. Three grades are represented, i.e. **large type**, *italics*, and small type—listed numerically as three, two and one but showing the prominence of the drug in the provings so far as the rubric is concerned. Such pathological rubrics as occur are found under *Generalities*, also a list of remedies adaptable to syctic and syphilitic chronic miasmatic complaints. Here, also, is a group under "vaccination, after," i.e. bad results from. In Kent, aggravation is understood unless the word amelioration is present. In the literature, Dr. Margaret Tyler and Dr. Arthur Grimmer have written splendid papers on the

structure and use of the Kent *Repertory*. A clear understanding of Kent's philosophy makes the arrangement of the *Repertory* apparent and simplifies its use.

Kent emphasizes symptoms predicated of the patient as more individual than symptoms of his parts. These are found largely in the *Mind* section and under *Generalities*. The author repertorized these first and then compared with predicates of the blood, color of discharges, bodily aggravations and ameliorations, which include the whole being, as well as open air, heat, cold air, rest and motion. He next advises to individualize further, using symptoms predicated of the organs, functions and sensations, especially as to time. Finally, he examined the symptom picture collectively, comparatively and individually for *Materia Medica* correspondence.

In his philosophy Kent termed mental symptoms referring to the will, loves, hates and fears as mental generals. He termed as physical generals the individual's reaction to heat and cold, damp and dry, storms, menstruation, position, pressure, motion, with train sickness, etc., food aggravations and ameliorations. Character of discharges he considered as general to the patient. Other general emphases included sexual perversions, appetite, thirst, and desires and aversions for foods. Strange, rare and peculiar symptoms, however occurring, he termed characteristics of any case.

Added to these symptoms so definitely related to the patient as a whole, he used the particulars (relating to a part) always qualified as to time, occurrence or extension.

This inclusion of what might be termed Kent's patient philosophy is a key for success with his repertory.

A case of tic douloureux in 1952 has lasted six weeks in a woman fifty years old. Ten years before a similar attack had been treated by injections. The location of pain is chiefly under right eye, face and chin. Some relief from pressure in front of the ear during the attack. Pain is violent, burning, worse from touch or motion. There is a marked periodicity in attacks. The woman is chilly, appears anæmic in fact has been treated previously for anæmia. She is nervous, her mood very variable and critical. She craves sweets. Her menses



were over at forty-three, had always been late. A frequent pain has been occipital extending to forehead. She had offensive flatus. Her pain is worse from jar and is paroxysmal. What is characteristic in this case in addition to her chief complaints? It is not difficult to notice her chilly nature, the nervous, critical and variable mood, the craving for sweets, the anæmic background and the marked periodicity. From the remedies coming through these rubrics general to the patient, *cinchona* satisfied the particular aggravations and amelioration in the chief complaint. It also satisfied the patient and doctor, for there was complete relief after the 1M potency, and no return to April of this year.

There are many abridged repertories, and repertories of special parts or conditions. These are helpful references. I have not mentioned various card and spindle repertories. All are studious attempts to lighten the materia medica bulk for quick remedy decision. There are different avenues of approach, yet the chief consensus, especially in Bönninghausen and Kent, is from generals to particulars; the recognition of symptoms characteristic, i.e., strange, rare and peculiar; and the demand for individualization through the welter of totality.

A repertory is a daily reference or a key to direct to the needed similimum, if it be your frequent companion and helper. Dr. Clarke said "it is not what the author offers, but what the reader gets." A repertory does not restrict the materia medica. Know the philosophy, know the rubrics; and in not too long a time your case-taking reflects your study and hard work. Use of a repertory also adds to your materia medica recollection. In this sense every day becomes a refresher course. No longer is the repertory a dry index of symptoms. To the student, and we should be *semper discens*, it personalizes its objective.

We stand awe struck at the devotion and labor of the early giants of Homœopathy. Should we do less for humanity?

—*Jourl. of the Am. Inst. of Homœopathy, Aug., 1955*