

REPERTORIZATION

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Homoeopathic repertorization is a vast and basic part of the practice of our therapy. To cover the subject thoroughly, or adequately, would require several hours; so I have per force to restrict myself to a sketchy outline. It is my hope that this effort will encourage physicians who are not familiar with this approach to the selection of the similimum to try. I can assure them that if they persist they will be amply rewarded by a substantial increase in their therapeutic successes. From the experience of my own practice I can emphatically state that it seems impossible for me to prescribe properly, especially in chronic diseases, without the aid of a repertory. The successful use of a repertory depends, first of all, entirely on a fair knowledge of homoeopathic philosophy and materia medica, so essential in the 'taking of the case' (*Organon*, 6th ed. para 82-96) and on the proper selection of the six or twelve most characteristic symptoms. This is called *Individualization*. The symptoms are written down in proper methodical sequence, from the mental and general symptoms to the particular or local ones. The best preparation for this step is a thorough study of the *Organon* and of Kent's *Homoeopathic Philosophy*, particularly the chapters on the examination of the patient, individualization, and the value of symptoms which give the key to the successful use of the repertory.

One can define a repertory as a compilation, from all sources, of signs and symptoms expressed in the homoeopathic materia medica as well as in the publications and notes of the best homoeopathic practitioners. Only verified symptoms of the sick, from drug provings on the healthy, from toxicology and from cures, have been carefully recorded and graded in the repertory. There are several repertories, many restricted to special parts or diseases. The two all-embracing ones are Boenninghausen's and Kent's; and I will restrict my remarks to the latter.

The plan of the repertory follows the pattern of our materia medica and proceeds from *generals* to *particulars* in each rubric. There is first a general heading covering *all* the remedies related to each symptom, followed by the particulars, i.e.

- the laterality,
- the time of occurrence,
- the circumstances and modalities, and finally,
- the extensions—always the starting point of the localised symptoms, never the point to which they extend.

The last (sixth) edition of Kent's *Repertory*, published in 1957, is divided into 36 headings:

Mind	Bladder—Kidneys—Prostate—
Vertigo	Urethra—Urine
Head	Genitalia—Male—Female
Eye vision	Larynx and Trachea
Ear hearing	Respiration
Nose	Cough—Expectoration
Face	Chest
Mouth	Back
Teeth	Extremities
Throat—External throat	Sleep
Stomach	Chill—Fever—Perspiration
Abdomen	Skin
Rectum—Stool	Generalities

Notice that the *mind* comes first and the *generalities* last; those are the most important rubrics and most frequently used.

Now, Kent indicates three grades of the drugs related to each symptom; the first in heavy capitals indicates that this symptom was brought out in every prover of the drug and that this has since been amply verified. The second grade in italics indicates drugs that brought this symptom in a majority of provers, also verified clinically; and the third grade in ordinary type indicates drugs partially proven or mostly chosen from clinical reports.

TECHNIQUE OF REPERTORIZATION

After having selected 6 to 12 of the most typical symptoms; one writes them down in their order of importance starting with the mentals or generals as the case may be, down to the *peculiar* particulars. The remedies of the first symptom are then copied down in a vertical column at the left of the page; then proceed similarly with every other symptom in successive columns, being careful to note the grade of each remedy: 3 for heavy capitals, 2 for italics and 1 for ordinary type. The final tabulation is calculated by adding the number of times the remedy appears in the list of symptoms, and also the grades. This is really painstaking, time consuming work, against which many short-cuts have been devised. One of the most effective is the repertory on cards, the most complete being R.M. Fields' Symptom Register, rather bulky with its 6767 punched cards. Others, like C.M. Boger's, or more recently J. Farley's spindle card repertories, refer only to mental and general symptoms, and are almost pocket size. One difficulty with the card repertories is that there is no grading of the remedies. Dr. Marcos Jimenez tried to solve the problem by using different colors around the punched holes. His booklet of instructions: *Practical Homoeopathic Repertorization*, both in Spanish and English, is well written and is an excellent introduction to the beginner. Another good source of information on repertorizing is a paper published by the A.I.H. Journal, Vol. 57, Nos. 11-12, Nov.-Dec. 1964, by Drs. W. A.

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crores of new cases in 1962. What is the present figure? Have the followers of Hahnemann taken advantage of the situation and offered the solution?

Penicillin suppresses symptoms but they recur after some time. What is worse the trouble goes deeper causing unassessed harm to the health and morals of people.

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Boyson and Elizabeth Wright Hubbard. I can also recommend *How to Use the Repertory* by Glen Irving Bidwell, M.D., published by Boericke and Tafel, Philadelphia, 1915.

There are printed forms with a full list of remedies and 11 columns for workout described above, the last column for the totals. If one has the time to work out a case that way, it is the most satisfactory because one can at a glance refer to any of the tabulated symptoms and compare and study the case throughout the treatment. The last tabulation brings out several remedies covering the totality or majority of the symptoms selected, and these should be studied and compared with the materia medica before the final selection is made and the prescription administered.

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