Completely universal

An introduction to the Repertorium Universale

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Roger *van Zandvoort*'s latest repertory, the '*Repertorium Universale*', is in some senses a major departure from the '*Complete Repertory*', but in others a very natural evolution. While it moves beyond the bounds of the traditional Kentian repertorial hierarchy, it still contains all the Kentian repertory information in its familiar form (ie. all the information found in the *Complete Repertory*).

The alterations to the basic structure make this a far more flexible tool than one constrained to *Kent*'s schema. The repertory is designed to work equally well with any number of different repertorisation strategies. In particular, an analogical approach (constructing symptoms from their parts) can now be used as easily as a literal one (matching the single complete symptom).

The analogical technique, epitomised in *Bönninghausen*'s 'Therapeutic Pocketbook', has considerably greater flexibility and potential for solving cases than a repertory based only on complete, recorded symptoms. This is because the complete symptom of the patient, whatever it might be, can be built up from its component parts by the use of partial symptom rubrics, each of which is generally characteristic of the remedies it contains. This is enormously useful in cases where a very distinctive and characteristic symptom can't be included in the repertorisation because it simply isn't in the repertory. But even if it is, this technique brings a larger number of remedies into consideration and may confirm that a remedy which resonates well with other aspects of the case also has the potential to produce the symptom in question.

Over the past three decades an enormous amount of work has been carried out integrating and improving older and existing repertories, but the templates used to make these improvements are still largely based on the one created by James Tyler Kent over a century ago. Kent's template has been highly successful, but it has its limitations. The full potential of other methods of repertorisation, particularly the analogical approach, can't be realised within his structure.

The limitations of Kent's schema come about as a result of his use of sensation/observation ('Phenomena' in the *Repertorium Universale*) as the primary symptom classification within each anatomical section of the repertory. In other words, you can't find a modality, a causation, a location, a side, or a time *unless* it's in relation to a phenomenon. This has the effect of elevating phenomena to a degree of importance over and above the other symptom dimensions, despite the fact that all are of equal potential value in finding the remedy. Often these other qualities can be buried deep within the repertory hierarchy, and consequently are hard to find. This schematic bias also has the effect of naturally emphasising the literal approach (matching the complete symptom) to finding the remedy.

Kent did recognise the value of the analogical approach. He gave full instructions in its use in the introduction to his repertory and created a Generalities section (much of which he derived from Bönninghausen) where he placed rubrics that refer to generalised modalities, causations, sides, times, etc. This partial marrying of the two approaches probably in large part explains his repertory's enormous and enduring success. However, while the Generalities rubrics can be very useful, they can also be too general and all-inclusive to provide much differentiation between remedies.

What seems to be missing is a middle ground: the ability to home in on characteristic symptom qualities at an appropriate level of detail to be genuinely useful. This is what van Zandvoort has addressed in the restructuring of his repertory. The Kentian-structured repertory (ie. the *Complete Repertory*) has been nested within an expanded hierarchy which now includes Bönninghausen-style rubrics in the primary classification of symptoms. He has created rubrics for the remaining symptom dimensions at section level under the headings of Alternations, Extensions, Sides, Times, Location and Modalities in addition to the Phenomena rubrics from Kent. (See figure 1.)

The rubrics in each of these "blocks" are constructed from the data within the Kentian hierarchy. If a symptom quality occurs in relation to three or more separate symptoms, it's deemed sufficiently characteristic for inclusion in a

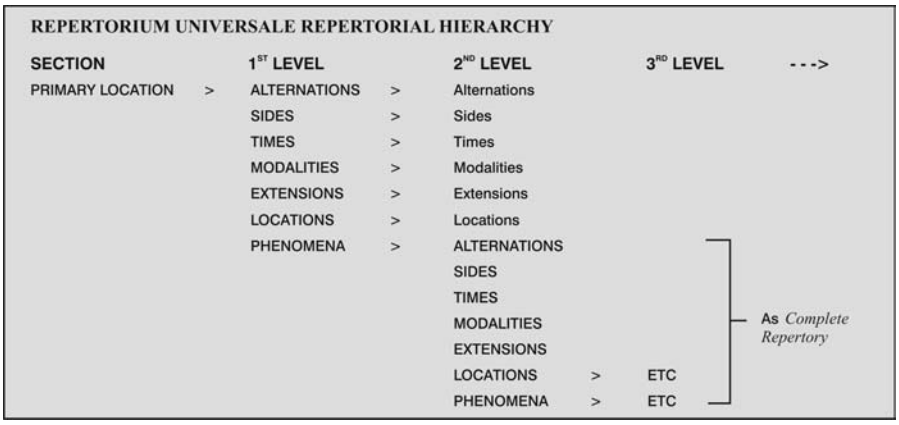

Figure 1.

Degree according to Bönninghausen	First degree	Second degree	Third degree	Fourth degree
Complete Repertory, Kent's Repertory	Found in provings, or sourced directly from clinical experience, toxicology, or herbal use	–	Kent's second degree Found in provings and clinically verified	Kent's third degree Found in provings and often clinically verified
Repertorium Universale	Found in provings, or sourced directly from clinical experience, toxicology, or herbal use	Found in two or more provers, not necessarily clinically verified	Found in provings and clinically verified	Found in provings and often clinically verified

Figure 2.

generalised rubric. So it now becomes possible to pinpoint, for example, remedies which experience aggravation of *any* kind of abdominal symptom from anger or vexation, not just pain (under Modalities); or remedies with a specific affinity for the peritoneum (under Location); or remedies with left-sided abdominal symptoms (under Sides: particularly useful if the left-sided characteristic is not evident anywhere else).

Nearly 1.5 million remedy additions have been made in over 180,000 rubrics with extensive cross-referencing. The grades of remedies – an indication of their reliability in the context of each symptom have been re-classified and further clarified. The abbreviations of the remedy names have been corrected, and synonyms reconciled. (See figure 2.)

The re-structuring results in a more evenly balanced repertory which makes it possible to use both the literal and analogical approaches with equal facility.

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