REPERTORIUM UNIVERSALE

AN INTRODUCTION AND GUIDE

INTRODUCTION

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INTRODUCTION

Over the past three decades much 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. This has its limitations as the full potential of other methods of repertorisation, particularly Bönninghausen's, can't be fully utilized in any single repertory.

Bönninghausen's technique 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.

By re-structuring the format of the rubrics in the Repertorium Universale, both Kent's and Bönninghausen's models are accommodated and presented as a single fully integrated repertory. The Kentian-structured repertory (ie. the Complete Repertory) has been nested within an expanded hierarchy which now includes Bönninghausen's rubrics in the primary classification of symptoms. This results in a repertory which effectively offers the best of both worlds – the greater precision of the complete symptoms found within the Kentian structure, plus the greater flexibility of symptom combination provided by the Bönninghausen-style rubrics.

In the Repertorium Universale nearly 1.5 million remedy additions have been made in over 180,000 rubrics with extensive cross-referencing. It includes all the features of the Complete Repertory. 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. Most importantly, the re-structuring of the layout of rubrics makes it possible to use different repertorisation methods in a single search strategy. This makes the Repertorium Universale a much more flexible tool for evaluating how closely a patient's symptoms match a given remedy's therapeutic profile in the materia medica.

The following in-depth guide explains exactly how, where and why the Repertorium Universale differs from its predecessors, and what benefits it offers which have been unavailable in any one single repertory until now.

IN-DEPTH GUIDE

At the 1856 Homeopathic Congress in Brussels, of which he was Honorary President, Bönninghausen issued a challenge to the profession. He offered a prize for the best essay which succinctly defined disease symptoms according to their characteristic value to provide a basic standard for use in practice. A two-year period was allowed for responses. After more than three years of resounding silence, he answered the question himself (1). (Bönninghausen's essay can be accessed from the Articles page of the Reference section.)

Anchoring his proposals firmly in §153 of Hahnemann's Organon (striking, particular, unusual and characteristic signs and symptoms), he adapted them to a Latin hexameter he'd unearthed, which dated from the Middle Ages and was coined by theologians at the time to define the dimensions of "moral" diseases. As it happens, Bönninghausen's 12th century maxim lends itself equally well to defining the characteristics of the Repertorium Universale, the first repertory to bring his work comprehensively into the 21st century and restore it to a rank equal to its importance. So, paraphrasing Bönninghausen, may we be allowed, therefore, to attach our remarks to this schema.

QUIS? (WHICH?)

The repertory. What is a repertory? History of repertory development. Differences in approach.

As early as 1834 when Bönninghausen's first repertory had been available for just 2 years (though already into its 2nd edition), and Jahr's, which was based on Bönninghausen's model, published only months before, Hahnemann homed in on the major stumbling block the repertory presented to practitioners. In a letter to Bönninghausen, he complained that even if homeopaths can see that the repertories alone aren't sufficient to find the remedy, with a repertory in their hands they're nevertheless lulled into believing there's a good chance they can dispense with the literature altogether (2), a point no less valid 170 years further on. Paradoxically, the better a repertory becomes, the more its essential limitations need to be underlined.

Although it may seem to be stating the obvious, the repertory is an index. The back pages of the materia medica. There are different ways to index material, some intrinsically better than others, some a matter of personal preference. Some indexes are more accurate than others. There's also no doubt that a good index is a valuable complement to its source material, but it can never replace it any more than the index at the back of a reference book could stand in for its contents.

The homeopathic repertory (from Latin repertorium, an inventory) emerged as a concept around 1817 when Hahnemann started cataloguing all the symptoms gathered from the growing number of provings he was by then conducting. His alphabetical list of symptoms (Symptomenlexikon) grew to 4 volumes but was never published. It was 15 years before the first repertory finally appeared in print – Bönninghausen's Repertory of Antipsoric Medicines – in 1832.

The best way to structure and organise the indexing of the materia medica occupied many minds at the time, and debate about the advantages and disadvantages of each schema continued throughout that 15-year period and for many years after. The debate crystallised around a single critical issue – that of how to index a symptom without losing the features which made it characteristic of the remedy. Opinion diverged on this.

Some (notably Hering) favoured preserving each symptom in its entirety and proposed an index biased towards exclusivity. Such an index results in a large number of very specific rubrics (from Latin ruber, red: a heading or title) containing relatively few remedies. It has great precision because the symptom is recorded exactly as the prover experienced it, narrowing down the choice of possible remedies very effectively. But this makes it somewhat inflexible, not to mention an unwieldy size. It's of less use if the symptoms of the case in hand don't precisely match what's already recorded and as a result it's much easier to miss potentially appropriate remedies. (Knerr's 1936 Repertory of Hering's Guiding Symptoms is probably the clearest exposition of this repertorial perspective. Knerr was Hering's son-in-law.)

Others (notably Bönninghausen) realised that for any one remedy there were certain qualities or aspects of symptoms – their characterising dimensions – that were not confined to single symptoms but ran right through the remedy expression (eg. burning in Arsenicum, stitching pains in Asafœtida, ball/lump-like sensations in Lilium tigrinum). So these dimensions, once established as being characteristic of the remedy, could legitimately be separated from their precise context and indexed in their own right. Such an index is biased towards inclusivity. It results in a smaller number of less specific partial rubrics containing relatively large numbers of remedies. Complete symptoms can be constructed from the sum of their parts to match the case in hand, with the final differentiation being made between the remedies which

appear in all (or the majority of) the rubrics. It's less precise and produces a larger number of potential remedies to differentiate between, but is enormously flexible and less likely to miss an appropriate remedy. The most economic and elegant distillation of this method, which was developed with Hahnemann's collaboration, is found in Bönninghausen's 1846 Therapeutic Pocketbook (3). (The Introduction to T F Allen's 1897 edition of the Therapeutic Pocketbook, including Bönninghausen's original introduction, can be accessed from the Articles page of the Reference section.)

Many more repertories followed from a variety of authors, many of which were published as small specialist volumes devoted to a particular part of the body or a particular condition. Others reflected different approaches to finding the remedy.

Kent, who's 1897 compilation repertory forms the basis for most of the repertories in common use today, achieved a certain amount of compromise between the exclusive and inclusive perspectives. He agreed with indexing the characteristic qualities of symptoms in their own right (4) and included much of Bönninghausen's Therapeutic Pocketbook in his own work, particularly the Generalities section. The view widely held today, that Kent's approach is somehow opposite to Bönninghausen's, is inappropriate for this reason. Despite the fact that Kent later set himself up in opposition to Bönninghausen and focused some of his criticisms on the latter's principles of generalisation (5), the root of the difference between them lies elsewhere. It lies in Kent's concept of a symptom hierarchy, which is absent from Hahnemann's and Bönninghausen's viewpoint.

Kent's imposition of his Swedenborgian vision of a symptom hierarchy onto Bönninghausen's non-hierarchical schema led him into a conceptual impasse when it came to dealing with individual symptom modalities (Kent's "particulars") which were the opposite to more general modalities (Kent's "generals") – eg. a painful shoulder worse for movement while the patient is generally ameliorated by walking about. In Kent's view, a modality which turns out to be generally characteristic of the state is not a "particular" but a "general", and once it's a "general" it can't be "particular". He couldn't marry Bönninghausen's approach (which allowed for such eventualities eg. Aggravation; motion of affected part, and Amelioration; walking) with his viewpoint which constrained him to create this notional separation between "generals" and "particulars" in a hierarchical ranking. Kent's blind spot – in some way confusing a generally applicable particular modality with a general modality for the person as a whole – led to him publicly criticising Bönninghausen's work and perpetuating that view in his influential teachings. This also had the effect of isolating the Therapeutic Pocketbook from its context within the spectrum of Bönninghausen's works and creating an artificially polarised perspective of the two approaches which is not supported by detailed study of the work of either man.

So it was the constraints of Kent's hierarchy, rather than any fundamental disagreement with the principle of indexing characterising dimensions in their own right, which inevitably biased the structure of Kent's repertory towards Hering's (another Swedenborgian) exclusive viewpoint.

One of the greatest strengths of Kent's repertory lies in his development of symptoms in the mental and emotional sphere, an area which Bönninghausen only indexed in the most brief and essential terms in the Therapeutic Pocketbook because of the greater specificity of symptoms within the Mind section and the greater potential for error in their interpretation. (The Mind section of Kent's repertory has been substantially improved through each edition of the Complete Repertory.)

Computer repertorisation programs first appeared in the late 1980s and it was Kent's structure which was initially adopted in the various digital repertories accompanying them. Two major repertory projects have since evolved. Synthesis has continued to develop along Kentian lines, informed to a large extent by the Hering viewpoint. Its most recent edition (version 9) includes Bönninghausen's and Boger's material, with (in version 9.1) some restructuring of subrubrics to permit a change in emphasis in the generalisation of characterising dimensions, but with no overall integration or updating. The Complete Repertory, on the other hand, in its original and subsequent (Millennium) editions has progressively moved towards the integration of Bönninghausen's inclusive approach with Hering's exclusive one. In the Repertorium Universale, the addition of all Bönninghausen's repertories has been completed, the Bönninghausen-specific rubrics have been updated with most if not all post-Bönninghausen material and the Kentian foundation finally gives way to a structure allowing an even balance between flexibility and precision.

QUID? (WHAT?)

The structure of the repertories. Kent. Bönninghausen. Complete Repertory.

The majority of repertories use anatomical divisions (Location) as their primary system of classification, with the addition of various specialised sections (Mind, Vertigo, Cough, Fever, Perspiration, etc) and a General section for symptoms affecting the entire organism. Both Kent and Bönninghausen use this primary anatomical division (with some variations), as does the Repertorium Universale.

Kent, with his hierarchical overview and focus on the preservation of the complete symptom at the level of the "particular", starts with an alphabetical listing of symptoms characterised according to sensation (called Phenomena in the Repertorium Universale) as his first level of the hierarchy within each section. Each symptom is then qualified by modifications arranged in blocks – Sides, Times, Modalities (including Concomitants and Causations), Extensions, Locations and Phenomena. For example, Head (Primary Location/Section); Pain (Sensation/Phenomena); evening (Times). The hierarchy then extends to deeper levels by continually applying the block structure to the two final modifications (Location and Phenomena), so they in turn have their own modifications, eg. Head, Pain; forehead; evening, or Head, Pain; burning; evening, and so on to eg. Head; Pain; burning; forehead; evening; bed, in. (Further subrubrics under the initial four modifications simply add greater precision, eg. Head; Pain; evening; 8 to 9pm.) While this method preserves the complete symptom somewhere within the hierarchy, it leads to an enormous number of very similar rubrics in various different locations, often containing very different remedies. For instance, the single remedy in Head; Pain; burning; forehead; evening; bed, in (Nat-c) doesn't appear in Head, Pain; forehead; evening; bed, in, or Head, Pain; forehead; evening, or Head; Pain; evening; bed, in, or Head; Pain; evening.

KENT'S REPERTORIAL HIERARCHY

SECTION		1ST LEVEL		2ND LEVEL		3RD LEVEL		- - ->		
PRIMARY LOCATION	>	PHENOMENA	>	SIDES	>	Sides				
(eg. Head)		*(eg. Pain)*		TIMES	>	Times				
				(eg. evening)		*(eg. bed, in)*				
				MODALITIES	>	Modalities				
				EXTENSIONS	>	Extensions				
				LOCATIONS	>	SIDES	>	Sides		
				(eg. forehead)		TIMES	>	Times		
						(eg. Evening)		*(eg. bed, in)*		
						MODALITIES	>	Modalities		
						EXTENSIONS	>	Extensions		
						LOCATIONS	>	SIDES	>	Sides
								ETC	>	ETC
						PHENOMENA	>	Phenomena		
				PHENOMENA	>	SIDES	>	Sides		
				(eg. burning)		TIMES	>	Times		
						(eg. evening)		*(eg. bed, in)*		
						MODALITIES	>	Modalities		
						EXTENSIONS	>	Extensions		
						LOCATIONS	>	SIDES	>	Sides
						(eg. Forehead)		TIMES	>	Times
								(eg. evening)		*(eg. bed, in)*
								ETC	>	ETC
						PHENOMENA	>	Phenomena		

In practice, few first level rubrics other than Pain extend to such depth (Head; Pain being the most complex main rubric in the entire repertory), and to avoid pointless repetition, the Phenomena block isn't expanded after the second level of the hierarchy. There are some inconsistencies in the application of the structure resulting from the need to preserve symptoms in their entirety. Modifications unrelated to the block subject can

sometimes be found, eg. Head; Pain; night; lighting the gas amel, where lighting the gas doesn't qualify Times, and isn't found within the Modalities block where it rightly belongs if the structure of the hierarchy takes precedence.

Bönninghausen uses a much simpler structure which doesn't extend to the depth or complexity of Kent's. Any sense of a hierarchy is purely organisational rather than philosophical, since a symptom's importance is determined solely by its characteristic (ie. §153) qualities. His repertories are divided into anatomical sections, under which he lists Locations, Sides, Times, Concomitants, Aggravations, Ameliorations, Alternations and Sensations (Phenomena) all at the same level. Subrubrics generally add greater precision within the focus of the main rubric, eg. Head; Forehead; eyes; behind, or Head; Time; evening; 9 pm to 1 am, though Sensations may be qualified further by Locations and vice versa. Generalisation is not automatic – subrubrics may contain more remedies than the main rubric, eg. (in Boger's Bönninghausen repertory) Head; burning and heat (28), Head; burning and heat; forehead (29), Head; burning and heat; vertex (31). If the exact complete symptom cannot be found, it can be built up from the sum of its parts, eg. Head; Time; evening, plus Head; burning and heat; forehead, plus Generalities; Aggravation; Lying; bed, in. This analysis (again in Boger's Bönninghausen repertory) yields 21 possible contenders in all 3 rubrics, including Nat-c.

BÖNNINGHAUSEN'S REPERTORY STRUCTURE

SECTION				
PRIMARY LOCATION	>	SIDES	>	Sides
(eg. Head)		LOCATIONS (incl Extensions)	>	Locations / Phenomena
		(eg. Forehead)		
		TIMES	>	Times
		(eg. evening)		
		AGGRAVATIONS (incl Causations)	>	Aggravations
		AMELIORATIONS	>	Ameliorations
		CONCOMITANTS	>	Concomitants
		PHENOMENA (incl Alternations)	>	Phenomena / Locations
		(eg. burning and heat)		

The Complete Repertory uses the Kentian hierarchical structure (with the addition of Alternations to the block structure of the second and subsequent levels in the hierarchy), while ensuring that remedies at the deepest level of hierarchy feed appropriately into each of the more general rubrics above them, allowing for some degree of symptom combination, but still nowhere near the potential offered by the Bönninghausen structure. Further refinements were made in the Millennium edition, removing inconsistencies where a secondary rubric in Kent meant the opposite to the main one (eg. Mind; Jesting, and Mind; Jesting; averse to), while still adhering to the basic Kentian skeleton.

UBI? (WHERE?)

Where the changes have been made to create the Repertorium Universale. Details of the new structure. Where to find rubrics. Cross-referencing. Number of remedies and rubrics.

Finally, in the Repertorium Universale, the Kentian schema has been altered to allow for the full integration of Bönninghausen-style rubrics at the first level of the hierarchy.

What constrains Kent's repertory to its fragmented hierarchical nature, and prevents a possible marriage with Bönninghausen's schema, is the alphabetical listing of Phenomena (sensation) as the first level of the hierarchy. Yet since Phenomena is part of the repeating block structure, it's not essential to define the first level of hierarchy in this way. By elevating the block structure to this level, it becomes possible to include the equivalent rubrics from Bönninghausen's schema, and to update these first level rubrics with remedies which qualify from all the corresponding rubrics at deeper levels in the Kentian hierarchy. It also makes the structure of the repertory entirely consistent throughout. This single basic change removes the limitations the Kentian hierarchy places on the structure of the repertory as a whole, while still preserving the Kentian part of the repertory in its entirety, and the Kentian approach in the repeating block structure.

REPERTORIUM UNIVERSALE REPERTORIAL HIERARCHY

SECTION		1ST LEVEL		2ND LEVEL		3RD LEVEL	- - ->
PRIMARY LOCATION	>	ALTERNATIONS	>	Alternations			
		SIDES	>	Sides			
		TIMES	>	Times			
		MODALITIES	>	Modalities			
		EXTENSIONS	>	Extensions			
		LOCATIONS	>	Locations			
		PHENOMENA	>	ALTERNATIONS			
				SIDES			
				TIMES			
				MODALITIES			
				EXTENSIONS			
				LOCATIONS	>	ETC	
				PHENOMENA	>	ETC	

To use the repertory in the familiar Kentian manner it's only necessary to move down one level – to the Phenomena block of the first hierarchy – to find all the symptoms laid out in their customary manner with their original hierarchy preserved intact.

To make use of Bönninghausen's generalised rubrics, the symptoms of the case are constructed from the appropriate generalised partial symptom rubrics amongst the symptom modifications (Alternations, Sides, Times, Modalities, Extensions, Locations) plus Phenomena. These rubrics have been created for each section from Bönninghausen's original rubrics, including later additions from his handwritten works, and updated with all the newer remedies and clinical confirmations which qualify. They form the first level of the hierarchy in each section. Remedies only qualify for addition to these rubrics if the symptom quality is clearly characteristic of the remedy. This essential component – indeed guiding principle – of Bönninghausen's generalisation process cannot be overemphasised, having been consistently overlooked by critics of the approach who rightly draw attention to instances where generalisation is inappropriate. In the Repertorium Universale a symptom quality is regarded as characteristic if it appears in three or more separate symptoms, and has been added to the Bönninghausen-style rubrics on this basis, maintaining the highest degree found in any of its occurrences.

Some exceptions to the updating process need mentioning. The Mind section contains two Bönninghausen rubrics which are added for completeness, but not updated. The first is Concomitant – remedies which feature mental alterations as a concomitant of physical symptoms. The second is General – remedies with a general affinity for the mental/emotional sphere. Updating will take place when (or if) Bönninghausen's criteria for inclusion are sourced. There is a similar Concomitant rubric in the Generalities section.

A further three sections have been introduced to the primary classification (Heart and Circulation, Blood, and Clinical) and the two Phenomena sections which were listed in their own right in editions of the Complete Repertory – Head Pain and Extremity Pain – have been reincorporated into the Head and Extremities sections. The separate section indexing Mirilli's themes (from J A Mirilli's Thematic Repertory and Materia Medica of the Mind Symptoms), introduced in the Millennium edition of the Complete Repertory, is retained, now with more extensive cross-referencing and more remedies.

Cross-references between rubrics have been thoroughly revised and increased, with the new repertory featuring more than double the number included in the last edition of the Complete Repertory.

The Repertorium Universale contains nearly 1.5 million remedy additions in over 180,000 rubrics.

QUIBUS AUXILIIS? (WHAT WITH?)

Repertory gradings. Revision of the grading system.

Repertory gradings provide an additional source of information about the characteristic nature of remedy symptoms, but are frequently misunderstood. Many think they represent the intensity of a symptom, which may even originate in Kent's teachings (5). This is incorrect. Repertory gradings, regardless of specific

criteria which vary from repertory to repertory, have always indicated frequency: the number of times a particular symptom has been recorded for any one remedy. Gradings are consequently a confidence rating – an indication of reliability, or characteristic quality, or simply the fact that the remedy is a polychrest and has more documented clinical confirmation. This has no direct relationship to intensity.

Along with the structural changes to the repertory, the grading system in the Repertorium Universale has been completely revised, changing from a Kentian-based classification to one based on Bönninghausen's criteria.

Degree according to Bönninghausen	**First degree**	**Second degree**	**Third degree**	**Fourth degree**
Complete Repertory 4.5, Complete Repertory Millennium, 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
Repertorium Universale, Complete Repertory 2001-03, Boger's Bönninghausen Repertory, Therapeutic Pocketbook	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

The important point to note is that the first grade/degree in Kent equates to both the first and second degree in Bönninghausen's system.

Neither grading system separately distinguishes proving symptoms and clinical information, but Kent's system contains a fundamental conflict in its criteria which makes it illogical and difficult to apply and interpret. Kent defines his first degree by saying it should include symptoms only experienced "now and then" in provings, the second is for symptoms found in "a few" provers, and the third for symptoms in "all or the majority" of provers (6). He then completely over-rides that differentiation by stipulating that clinical confirmation is required for the second degree, consequently relegating all proving symptoms to the first degree, regardless of their significance, until such time as they receive clinical confirmation.

P Schmidt's fourth degree (introduced in Barthel & Klunker's Synthetic Repertory and incorporated in the Complete Repertory) is broadly equivalent to the fourth degree in Bönninghausen's grade system and is therefore no longer shown separately in the Repertorium Universale.

In this first edition of the Repertorium Universale there are very few remedies in the redefined second degree. Those included are mostly from recent provings. The use of the Kentian grade system up to this point means that the first degree currently includes all the remedies originally defined as second degree in all works using Bönninghausen's grade system. These will be restored to the second degree as a comprehensive revision of the data sources for first grade remedies takes place.

CUR? (WHY?)

Rationale for the changes. In structure. In gradings.

As should be clear by now, the information in a Kentian-style repertory has the quality of uniqueness, but is more or less limited to complete symptoms drawn from provings, while the information in a Bönninghausen-style repertory is more generalised and not constrained to complete proving symptoms. Prevailing dogma dictates that one should use either one method or the other, but in practical terms there seems little reason why that should

be the case or why both approaches – and many others – shouldn't be incorporated into a single repertory, doing away with the artificial polarisation evident in the perception of different methods. This allows the advantages of the exclusive perspective (specificity, precision) to be freely combined with the advantages of the inclusive perspective (combinability, completeness) and both views to be used interchangeably as and when appropriate. It also means that the disadvantages of each perspective can be minimised – too great a degree of exclusivity and lack of differentiation.

The inclusive approach does have one significant conceptual advantage over the exclusive one. Its flexibility allows for the creation of a virtually infinite variety of complete symptoms, more than can ever be represented in any Kentian-style repertory. (Homeopaths today are still working with Bönninghausen's Therapeutic Pocketbook – the size of the Complete Repertory's Mind section alone – for just this reason.) The specificity of the Kentian rubrics can, in most situations, be recreated from the Bönninghausen rubrics since the remedies in the Kentian rubrics are nearly always contained in the larger Bönninghausen partial rubrics. In combining the partial rubrics to reconstruct the complete symptom, the Kentian remedies are automatically included, but usually with the addition of further remedies which wouldn't have come into the picture using Kentian rubrics alone.

Working with the Bönninghausen approach also encourages a different perspective on the literature – patterns and themes are emphasised, which works well with the latest trends in analytical technique.

The grading system changes have been made to give a more accurate impression of the characteristic nature of symptoms recorded in provings – a frequent source of frustration for today's proving directors. Bönninghausen's criteria provide a clearer delineation between proving information (including herbal and toxicological data) and clinical confirmation (which establishes the real homeopathicity of the remedy to the symptom). The system is more flexible, and also more consistent with the older literature (Hering, for instance, used Bönninghausen's differentiation in his Guiding Symptoms). It gives a finer and more precise differentiation between the degrees and paves the way for further revisions in future editions of the repertory which will grade remedies according to even more precise criteria, removing all inconsistencies and confusion.

Grading revision is regarded as one of the most important areas of work over the next few years. All the material in the old journals contains a vast number of clinical confirmations for remedies, very little of which has been incorporated into any repertory revisions, or any of the modern repertories.

QUOMODO? (HOW?)

Case examples. Demonstrating the logic of the Repertorium Universale. Using Bönninghausen's technique.

Rule: rubrics and remedies from specific pain subrubrics should always also appear in the general pain subrubrics of that specific section.

"Perhaps the following case, showing the curative effect of Hamamelis virginica, may be interesting to your readers. Mary F, aged fourteen years, has always enjoyed tolerable health until within the last eighteen months, when she menstruated. The first time, there was considerable pain in the head and back for several days preceding it, accompanied by nausea, vertigo, etc. I gave her Hamamelis sixth and thirtieth dilutions in alternation, two doses of each in the twenty-four hours, which was all the medicine she got during the month following, except a few doses of Arsenicum for the dyspnea when it was troublesome. When the next month came round, she menstruated regularly and had no more bleeding; and from this time, she went on rapidly to a perfect recovery, using no other remedy but the Hamamelis." (7)

In Kent, Hamamelis is not included in the rubric Head; pain; menses; before, though it does appear in Head; pain; bursting; menses; before. By adding Hamamelis to the general pain rubric, it comes into consideration for cases such as this where the quality "bursting" is not specifically mentioned.

Clinical case of Sciatica

"Mrs. J.K. aet. 42. For six weeks has had stiffness and aching in lumbar region on rising or sitting down. Now confined to bed by throbbing, quivering, soreness, numbness and shooting pains down right sciatic nerve to foot, which feels as if she were stepping on a ???? and the thigh as if lying on rocks; pains agg. on outside of thigh. Aching in right calf on standing and right sole burns. Menses profuse, with backache and hydroae or aphthae. Leucorrhea causes itching. Sleeps in catnaps. Easy fatigue in hot weather. Thirsty. No appetite. Nervous, weepy and restless. Hot flashes. Aggravation: Morning and evening. Pressure of clothes. Before storms. Trifles.

Amelioration: Rubbing. Motion. Heat, locally.

Dec 26 1929. Rx. Lachesis 200 one dose. Better in five days and in ten days entirely well." (8)

Repertorising the case using only the Kentian sections of the repertory, taking either the sciatic symptoms themselves or the more general symptoms (as in the illustrative repertorisations), gives results which are next to useless. The curative remedy is barely in the reckoning. Characteristic symptoms such as the aphthae and hydroae (though Boger doesn't mention the location of the latter) during menses and weariness during hot weather are not recorded in the repertory so can't be included.

A CASE OF SCIATICA
from Collected Writings, C M Boger

	ISIS – Miccant					MACREPERTORY – KHA					RADAR – Archibel				
	rhus-t	coloc	led	sulph	am-m	rhus-t	coloc	lyc	ruta	sulph	rhus-t	coloc	led	sulph	am-m
Rubric Count	7	7	6	5	5	7	7	4	4	5	7	7	6	5	5
Grade Total	16	11	8	9	5	16	11	10	10	9	16	11	8	9	5
1. BACK *Phenomena*, Rising; seat, from a:	4		3	3	1	4		3		3	4		3	3	1
2. BACK *Phenomena*, Sitting; after:	4		1	3	1	4				3	4		1	3	1
3. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; right:	1	3	1			1	3	3	3		1	3	1		
4. EXTREMITIES *Phenomena*, Pain; shooting; lower limbs; extending; sciatic nerve, down:		3					3		3			3			
5. EXTREMITIES *Phenomena*, Pain; lower limbs; thighs; outer; lateral:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. EXTREMITIES *Phenomena*, Pain; aching; lower limbs; standing:															
7. EXTREMITIES *Phenomena*, Pain; burning; lower limbs; feet; soles; right:			1										1		
8. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; morning:		1		1			1			1		1		1	
9. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; evening:		1	1		1		1					1	1		1
10. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; wind, before a heavy:															
11. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; rubbing, amel.:	1	1				1	1				1	1			
12. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; motion, amel.:	4			1	1	4		3	3	1	4			1	1
13. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; applications; warm, amel.:	1	1				1	1				1	1			

A CASE OF SCIATICA
from Collected Writings, C M Boger

	ISIS – Miccant					MACREPERTORY – KHA					RADAR – Archibel				
	phos	nat-m	bry	sil	ars	ars	calc	rhus-t	phos	sep	phos	nat-m	bry	sil	ars
Rubric Count	9	9	9	9	8	8	8	8	9	8	9	9	9	9	8
Grade Total	23	22	20	18	24	24	24	24	23	23	23	22	20	18	24
1. SLEEP *Phenomena*, Short; general; catnaps, in:								3							
2. BACK *Phenomena*, Pain; aching; menses, during:	3		1					1	3		3		1		
3. FEMALE *Phenomena*, Menses; profuse:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
4. FEMALE *Phenomena*, Itching; leucorrhea; agg.:	1	3		1	1	1	4		1	4	1	3		1	1
5. GENERALITIES *Phenomena*, Weakness, enervation, exhaustion, prostration, informity; easy:		1		1								1		1	
6. GENERALITIES *Modalities*, Weather; hot agg.:	3	3	4	1	3	3	1		3	1	3	3	4	1	3
7. GENERALITIES *Modalities*, Pressure; agg.; clothes, of:	1	3	4		4	4	4		1	3	1	3	4		4
8. GENERALITIES *Modalities*, Weather; windy; stormy; before:	3	1	1	3			1	3	3	3	3	1	1	3	
9. GENERALITIES *Modalities*, Trifles agg.:	3	3	3	3	4	4	3	3	3	3	3	3	3	3	4
10. GENERALITIES *Modalities*, Rubbing, massage; amel.:	4	3	1	1	3	3	4	3	4	1	4	3	1	1	3
11. GENERALITIES *Modalities*, Applications; warm; amel.:			1	1	1	1		3					1	1	1
12. GENERALITIES *Modalities*, Motion; amel.:	1	1	1	3	4	4	3	4	1	4	1	1	1	3	4

However, using Bönninghausen's technique, complete symptoms can be constructed from their parts. This can be done either by separately listing rubrics for each partial symptom, or by constructing combined eliminatory rubrics for each complete symptom. The repertorisation below presents a much clearer picture of the curative remedy.

A CASE OF SCIATICA
from Collected Writings, C M Boger

	ISIS – Miccant					MACREPERTORY – KHA					RADAR – Archibel				
	lach	sep	calc	ars	phos	lach	sep	calc	ars	phos	lach	sep	calc	ars	phos
Rubric Count	14	13	12	12	12	14	13	12	12	12	14	13	12	12	12
Grade Total	33	38	35	34	29	40	42	41	36	34	40	42	41	36	34
1. FEMALE *Phenomena*, Menses; profuse:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
2. ** GEN *Mod*, Menses; during:/MOUTH *Phen*, Aphthae:/SKIN *Phen*, Eruptions; blisters:	1	3	1	3	1	4	4	4	4	4	4	4	4	4	4
3. ** GEN *Mod*, Menses; during:/BACK *Phen*, Pain; aching:	1	4	3	3	3	4	4	4	3	4	4	4	4	3	4
4. FEMALE *Phenomena*, Itching; leucorrhea; agg.:	1	4	4	1	1	1	4	4	1	1	1	4	4	1	1
5. ** GEN *Phen*, Weariness:/GEN *Mod*, Weather; hot; agg.:	3	1	1	3	3	4	4	3	4	4	4	4	3	4	4
6. EXTREMITIES *Phenomena*, Pain; lower limbs; nerves; sciatic; right:	3	1				3	1				3	1			
7. EXTREMITIES *Phenomena*, Pain; shooting; lower limbs; extending; sciatic nerve, down:	1					1					1				
8. GENERALITIES *Phenomena*, Heat; flushes of:	4	4	4	3	4	4	4	4	3	4	4	4	4	3	4
9. SLEEP *Phenomena*, Short; general:	3	3	3	1	1	3	3	3	1	1	3	3	3	1	1
10. GENERALITIES *Modalities*, Weather; windy; stormy; before:	3	3	1		3	3	3	1		3	3	3	1		3
11. GENERALITIES *Modalities*, Pressure; agg.; clothes, of:	4	3	4	4	1	4	3	4	4	1	4	3	4	4	1
12. GENERALITIES *Modalities*, Trifles agg.:	3	3	3	4	3	3	3	3	4	3	3	3	3	4	3
13. GENERALITIES *Modalities*, Rubbing, massage; amel.:	1	1	4	3	4	1	1	4	3	4	1	1	4	3	4
14. GENERALITIES *Modalities*, Applications; warm; amel.:				1					1					1	
15. GENERALITIES *Modalities*, Motion; amel.:	1	4	3	4	1	1	4	3	4	1	1	4	3	4	1

** Combined eliminatory rubrics

Bönninghausen's own case of ileus (intestinal blockage)

"We hope the kind reader will pardon us if we speak on this one occasion of ourself, and our never-to-be-forgotten teacher and friend, Hahnemann. It was toward the end of March, 1833, when we were attacked by this disease (ileus). The right ileum was the seat of the uncommonly painful suffering, which continued fourteen days. Four physicians, of whom our honoured friend, Medical Counselor Dr Aegidi, at that time Physician-in-ordinary to the Princess Friedrich of Düsseldorf, only lives and can testify to this truth, hastened to our rescue and to counsel each other, but in vain. We first, in the middle of the last fourteenth night, full of inexpressible torment, had the good fortune ourself to discover the remedy which had hitherto never been administered for this disease. This was Thuja to which we were directed by the circumstances that only the uncovered parts sweat, and that profusely, while the covered parts remain dry and hot – a symptom which belongs only to Thuja, and is overlooked even by C W Wolf. A pellet of Thuja 30 brought relief of the pains in five minutes, and in ten a profuse movement of the bowels, followed immediately by a refreshing sleep, from which we awoke next morning as if newly born. We were taking a hearty breakfast, which was relished very much, when our four friends came into the room, full of joy and surprise, and still more astonished when they heard the remedy that had done it." (9)

(Bönninghausen wrote to tell Hahnemann. The reply advised him to look at Conium and Lycopodium in "restoring the activity of your intestines". Bönninghausen delightedly relates how, responding to the changes in his symptoms, he had already taken those very remedies – Conium two days after writing to Hahnemann and Lycopodium just the evening before he received the reply – and that every trace of the condition had since disappeared.)

A CASE OF ILEUS
from Aphorisms of Hippocrates, C von Bönninghausen

	ISIS – Miccant					MACREPERTORY – KHA					RADAR – Archibel				
	thuj	acon	bell	cham	kali-c	thuj	kali-c	sep	carb-an	caust	thuj	acon	bell	cham	kali-c
Rubric Count	5	3	3	3	2	5	2	2	2	2	5	3	3	3	2
Grade Total	14	3	3	3	7	14	7	7	6	6	14	3	3	3	7
1. ABDOMEN *Phenomena*, Ileus, obstruction of bowels; general	1	1	1	1	3	1	3	3	3	3	1	1	1	1	3
2. ABDOMEN *Sides*, Right:	3	1	1	1	4	3	4	4	3	3	3	1	1	1	4
3. PERSPIRATION *Location*, Parts; uncovered:	3	1	1			3					3	1	1		
4. FEVER/HEAT *Phenomena*, Dry heat; parts, covered:	4					4					4				
5. FEVER/HEAT *Location*, Parts; covered:	3			1		3					3			1	

A Case of Toothache

"An instructive example of the selection of the homeopathic remedy is the following, which is an instance of the utility of an old theological vs. memorialis, in the treatment of a frequently returning toothache, as should be done by a homeopathic physician.

"Quis? Anna, a girl of some twenty years

Quid? complains of a violent toothache

Ubi? in a hollow, upper back tooth, on the left side

from which she has suffered a couple of months. In this general description there is not the remotest clue to the selection of the curative remedy, as more than half of all the proven drugs meet the conditions expressed. On further researching …

Quibus auxiliis? for the concomitants of the patient we discover an anxious, timid, lachrymose disposition; stomach easily disordered, particularly by fatty food; disposition to mucous diarrhoea; anxious palpitation of the heart in the evening when in the house; falls asleep late; evening chilliness, particularly in the back, with heat of the head and coldness of the extremities.

However important and, in a certain measure, indispensable these symptoms are, yet the chief indications which are expressed in the above-mentioned verse are expressed by the words Cur? Quomodo? Quando?

Cur? refers to the often very important exciting cause or anamnesis, which in this case is stated to be a cold arising from wet feet, by which the menses, which were then flowing, were suppressed, and have not appeared since.

Quomodo? refers to the nature of the pains, which are in this case twitching, tearing, and at times pulsating and stitching in the above-mentioned hollow tooth. They extend up the cheek to the eye, the temple, and the ear of that side.

All the foregoing are less important than the final Quando? Which must have the aggravations and ameliorations according to time, attitude, or situations and circumstances, in order to make a certain and undoubted selection of the remedy.

Quando? When, as in this case, the most painful period is in the evening till midnight, when the pains are aggravated when sitting quietly in a warm room, on becoming warm in bed, and especially by lying on the painless (not the painful) side, and by hot or very warm food, and, on the contrary, are ameliorated in the morning and forenoon, when working in the open, cool air, and when cold water is held in the mouth the pains are considerably lessened or entirely cease.

A CASE OF TOOTHACHE
from Aphorisms of Hippocrates, C von Bönninghausen

	ISIS – Miccant					MACREPERTORY – KHA					RADAR – Archibel				
	puls	sep	bry	cham	sulph	sep	puls	bry	cham	caust	puls	sep	bry	cham	sulph
Rubric Count	10	9	9	9	9	9	10	9	9	7	10	9	9	9	9
Grade Total	25	26	23	23	20	26	25	23	23	23	25	26	23	23	20
1. TEETH *Location*, Molars, bicuspids:	1	4	4	1	1	4	1	4	1	3	1	4	4	1	1
2. TEETH *Location*, Upper:	1	4	1	3	1	4	1	1	3	3	1	4	1	3	1
3. TEETH *Sides*, Left:	1	4	1	4	4	4	1	1	4	4	1	4	1	4	4
4. TEETH *Extensions*, Extending to eyes:	1	3	3	1	1	3	1	3	1	4	1	3	3	1	1
5. TEETH *Modalities*, Room, in; agg.; Warm:	4	1	1	3	3	1	4	1	3		4	1	1	3	3
6. TEETH *Modalities*, Water amel.; cold:	4	1	4	3	1	1	4	4	3	3	4	1	4	3	1
7. TEETH *Modalities*, Lying; during; side, on; painless:	1		4	3			1	4	3		1		4	3	
8. GENERALITIES *Modalities*, Wet, getting; agg.; feet:	4	3	1	1	3	3	4	1	1		4	3	1	1	3
9. GENERALITIES *Time*, Midnight; before:	4	3	4	4	3	3	4	4	4	3	4	3	4	4	3
10. STOMACH *Phenomena*, Disordered; fat food, after:	4	3			3	3	4			3	4	3			3

"Every homeopath knows that Pulsatilla and no other is the right remedy, which, administered in the smallest dose, not only removes with certainty the entire suffering, together with the concomitants, but with proper diet in the following days brings permanent cure.

"This is the way, with the assistance and guidance of a sufficient familiarity with the homeopathic therapeutics, by which, in every kind of mental and physical complaints, the correct choice of the remedy can be reliably made. The physician is not thus misled into the dark regions of supposition and hypothesis, where the scanty ray of light proves in the end an ignis fatuus. Such

a procedure as ours may not demand any profound and astonishing scientific knowledge, but one may easily see that a rich and extensive experience, acquired by a wide knowledge, is indispensable to select from over one hundred remedies for toothache the only one which can cure, and that, too, in a disease that allopathy so seldom cures." (10)

QUANDO? (WHEN?)

When to use the different methods.

The strengths of various different methodological approaches, each of which spawned their own repertories, have traditionally led to a prevailing wisdom which stipulates that certain types of case are best suited to certain methods and repertories. For example, a case consisting of mainly mental/emotional and general symptoms suits Kent's approach, a case of physical generals well defined by modalities and concomitants, Bönninghausen's, and a case with lots of physical generals, but not many individualising features, Boger's or Phatak's. The major drawback for modern practitioners using a variety of methodologies in this way is that few of the repertories have been updated with new provings and ongoing clinical confirmations since their original publication. Although all these repertories are generally included in the modern compilation repertories, they're effectively lost in the Kentian structure which restricts all but the most limited application of methods other than Kent's.

The prominence given to Kent's teachings in the English-speaking world and the prevalence of his repertory structure in modern repertories has tended to dictate the dominance of his method, commented on by Ian Watson, in his A Guide to the Methodologies of Homeopathy: "In Great Britain and the United States the Kentian method is now so widely taught and practised that many are misled into believing that it is the only way to practise homeopathy. If the existence of other methods is acknowledged, the Kentian method is often elevated by its proponents to the status of pure homeopathy, classical homeopathy or even Hahnemannian homeopathy (!). This need by some to be seen as the sole bearers of truth has, in my opinion, created greater disagreement and division amongst homeopaths than anything else." (11) Perhaps it's just that the characterising dimensions of Kent's repertory – "hierarchy" and "exclusivity" – are generally symptomatic of the Kent gestalt, and find sympathetic resonance in all sorts of places!

In the Repertorium Universale, it's now possible to use all methods within the one repertory, even to intermingle them in the one case if appropriate, or to use the generalised Bönninghausen-style rubrics to approach cases from a thematic angle (families, groups, etc). This effectively frees you to individualise the method to the case as precisely as you'd expect to individualise the remedy, drawing on a fully updated database of remedies.

NOTES AND REFERENCES

(1) "There is … a hexameter dating from [the beginning of the twelfth century] but from the theologic scholastics; this is, indeed, of a somewhat jolting construction, nevertheless it contains briefly and completely the various momenta according to which a moral disease is to be judged as to its peculiarity and grievousness. The verse is the following:

Quis? quid? ubi? quibus auxiliis? cur? quomodo? quando?

"The seven rubrics designated in this maxim seem to contain all the essential momenta which are required in the list of the complete image of a disease. May I be allowed, therefore, to attach my remarks to this schema, with the desire that this hexameter, which was formerly used only by theologians, may now be also impressed on the memory of homeopaths and be put to use by them." Clemens Franz Maria von Bönninghausen, "A Contribution to the Judgement Concerning the Characteristic Value of Symptoms". 1860. Allgemeine homöopathische Zeitung Vol 60 p73. Translation L H Tafel, 1908.

(2) "Even if the homœopathicians perceive that the repertories are insufficient for finding the best remedy [aid] for every case of disease, nevertheless they calm down when they have such an overview in their hands, and then believe (with some probability) to be able to dispense with the sources and don't buy and don't use them." (Hahnemann to von Bönninghausen, December 26 1834. Translation © Gaby Rottler, 2000.)

(3) "There is no doubt that a diligent and comprehensive study of the pure Materia Medica cannot be thoroughly

accomplished by the use of any repertory whatever. I have not intended to dispense with such a study, but rather have considered all works of such intent positively injurious. Still, it is not to be denied that a homeopathic physician can only devote himself to such studies in his leisure hours (which are, indeed, few enough), and that he needs in his practice, to aid his memory, a work which is abridged, easily consulted, and which contains the characteristic symptoms and their combinations, to enable him, in any individual case of sickness, to select from the remedies generally indicated the one suitable and homeopathic, without a too great loss of time." C M von Bönninghausen. Introduction to Therapeutic Pocketbook for Homeopathic Physicians for use at the Bedside and the Study of Materia Medica Pura. 1846. Translation from T F Allen edition.

(4) "Many of the most brilliant cures are made from the general rubric when the special does not help … The special aggravation is a great help, but such observations are often wanting, and the general rubric must be pressed into service. Again, we have to work by analogy. In this method Bönninghausen's Pocket Repertory is of the greatest service." James Tyler Kent. How to Study the Repertory in Repertory of the Homeopathic Materia Medica. 1897. 6th edition, B Jain, New Delhi. pXX.

(5) "Nothing has harmed our cause more than books that generalise modalities, viz: by making a certain aggravation or amelioration fit all parts as well as the general bodily states. Cold air may aggravate the patient but ameliorate the headache. Stooping seldom aggravates headache, backache, cough and vertigo in the same degree, yet Bönninghausen compels you to look in one place for all of them, and they are marked with the same gradings. The patient is often better by motion, but his parts, if inflamed, are worse from motion." J T Kent. The View for Successful Prescribing. Homeopathician: 1(1912)140-143 in K-H Gypser (Ed). 1987. Kent's Minor Writings on Homeopathy, B Jain, New Delhi, p645. (Note how easy it is to interpret Kent's comments about degree as if he were talking about intensity.)

(6) J T Kent, Lectures on Homeopathic Philosophy. 1991. B Jain, New Delhi. Lecture 33, p213-214. (Note that in this lecture Kent refers to the lowest degree as the third grade and the highest as the first.)

(7) L M Kenyon MD (Buffalo, NY). "Curative Effect of Hamamelis", American Homeopathic Review, Jun-Jul 1860, p412.

(8) C.M. Boger. Clinical case of Sciatica from C M Boger, Collected Writings edited by Robert Bannan. 1994. Churchill Livingstone. p43-44.

(9) A Case of Ileus, from Aphorisms of Hippocrates, C M von Bönninghausen. In Homeopathic Physician, June 1887, p188. Translation Dr A McNeil, San Francisco.

(10) A Case of Toothache, from Aphorisms of Hippocrates, C M von Bönninghausen. In Homeopathic Physician, April 1887, p116. Translation Dr A McNeil, San Francisco.

(11) Ian Watson. 1991. A Guide to the Methodologies of Homeopathy. Cutting Edge Publications, Kendal. p20