

materi

A Tutorial and Workbook
for the
Homeopathic
Repertory

Second Edition

by
Karen Allen, CCH

with Christina Chambreau, DVM

Published By
Homeopathic Tutorials
San Francisco, CA
USA

All rights reserved. No part of this work may be reproduced or transmitted in any form by any means, electronic or mechanical, including photocopying and recording, or by any information or retrieval system, except as may be expressly permitted in writing by the publisher or author. Specifically excepted from this prohibition is the Homeopathic Repertorization Sheet included in this book, which may be photocopied for personal use by those students who have purchased this book.

**Published in the United States of America by:
Homeopathic Tutorials
2443 Fillmore St, No 401
San Francisco, CA 94115**

Copyright 2003, Karen B. Allen, CCH

ISBN 1-886546-08-8

To Lynn Amara, CCH, RSHom(NA)
Who taught me so much

Introduction to Second Edition

Since this book was introduced in 1994, the homeopathic repertory has evolved. The Synthesis and Complete versions of the repertory have been introduced and are now widely used. Enhancements have been made to the various repertory software programs for computers. I believe we are entering a time when the homeopathic profession will begin to address the repertory as a community resource, and work cooperatively to manage the data within it; I find that an exciting prospect.

After several years of using this text for teaching, and getting feedback from students and other teachers, there were areas in need of improvement. This second edition has added current repertory information. The exercises have been condensed and more practice cases have been included with video cases on CD-Rom as well as written cases. The solution guide has been incorporated as an appendix.

Christina Chambreau, DVM, contacted me several years ago about the possibility of creating a separate version of this workbook for veterinary training. She has contributed information regarding the use of the repertory for animals, and this has been incorporated in the exercises, cases, and specific comments throughout the text. I am grateful for her cooperative spirit and like-minded approach. My thanks also go out to the many study groups, homeopathic school students and teachers who have used this book, suggested improvements and given feedback. I thank my editor, H. Padilla, for her constructive suggestions regarding organization and clarification, Begabati Lennihan for her detailed review of the answers in the appendix, Jacki Fox for proof-reading, and Brendon Southam for endless technical assistance.

For future students, my best wishes are offered for mastering the repertory, and I look forward to working side by side with each of you as a colleague in the days to come.

Karen Allen, CCH, R.S.Hom(NA), RC
August 8, 2003
Seattle, Washington

When I first picked up *A Tutorial and Workbook for the Homeopathic Repertory*, I felt like I was reading the words I have taught for years. Karen and I seem to think from the same paradigm, examples and joyfulness. I love teaching the repertory and find it a wonderful exploration. One joy of working with the repertory is that people can find different rubrics if they look at the case from their unique perspective. Some symptoms are clear, and there is a single rubric we all would agree upon. Other symptoms have multiple rubrics, especially for animal symptoms. The universal applicability of homeopathy is certainly demonstrated when I can find symptoms for birds, iguanas and fish, as well as mammals, in the Repertory. Symptoms elicited in provings on people can be extrapolated to symptoms in other animals and even plants. I have encouraged every one of my students to purchase this book, and with the animal additions it will be even more useful.

I want to deeply thank Karen for the opportunity to expand this wonderfully fun and effective tutorial on the repertory to include its use with animals. Every person in love with homeopathy wants to heal his or her animals as well. I want to thank Dr. Pitcairn, Dr. Herscu and George MacLeod for teaching me a solid foundation of homeopathy. I am grateful to be able to spread the word to millions of people about the power of homeopathic healing for animals and people.

Christina Chambreau, D.V.M.
September 12, 2003
Sparks, Maryland

Introduction to First Edition

Many books begin with introductions consisting of the author's explanation about why this particular book needed to be added to the many excellent titles already covering the subject at hand. This introduction has no need to do that because, to my knowledge, there are no textbooks available for the study of homeopathic repertory. This book is offered as a learning tool covering the content, structure and use of Kent's repertory for beginning and intermediate users. It addresses ways to use the repertory both in the selection of homeopathic remedies and in the study of materia medica.

While I am the one to have written this material down, I am the first to insist that I do not consider myself to be an expert in this area. I have been seriously studying homeopathy for 6 years at the time of this writing; that is but a brief beginning toward mastery of something as intricate and complex as the repertory. There are certainly experienced homeopaths that are more knowledgeable and skilled than I, who would be much more qualified to write this book. Additionally, I claim no originality here. I learned what is presented here from a broad array of homeopathic lecturers, articles, and case studies. However, in my studying and teaching repertory, I have needed just this book, and perhaps my gift is the time and inclination to write it down. I invite those of you who use this book to send me comments on any errors, omissions, discrepancies or other idiosyncrasies so that future editions can be improved.

In an ideal world, it would be possible to properly credit each source of information that has contributed to this book. But when teachers A, B and C have taught teachers D, E, F and G, and those teachers taught teachers K, L, M and N, and then I have attended lectures by teachers B, D, G, K and M, to whom does one give credit for various ideas and philosophies? The information presented here can be considered part of the general body of homeopathic knowledge at this time, built and expanded gradually by the work of many practitioners and lecturers. I am indebted to each of them. I have had the luxury of studying homeopathy in an organized school program, rather than having to make sense of many disparate lectures and books as many of my professional predecessors did.

I am grateful to the administration and staff of the Pacific Academy of Homeopathic Medicine in San Francisco, California, and the many other lecturers and writers who have directly or indirectly taught me about the use and contents of the repertory. I thank each of the following for their gems of wisdom, many of which are included in this book: Jo Daly, Gina Inez, Beth Niles, Willa Esterson, Latifa Tabachnick, Louis Klein, Richard Pitt, Roger Morrison, Nancy Herrick, Jeremy Sherr, Andrew Lange, Rajan Sankaran, Steve Subotnick, Vega Rozenberg, Robin Murphy, Francisco Eizayaga, Mike Berold, Jeff Lester, Stephen Messer, Jeff Baker, Durr Elmore, and Andre Saine.

I am especially grateful to Lynn Amara of Sacramento California, for her knowledge, wisdom, patience, excellent teaching and organizational skills, and her tactful defense of Dr. Kent when frustrated students were ready to locate and exhume him, force him back to life, and insist that he define coryza. It would not be unfair to say that this book is her teaching, translated through my learning process, and lightly mixed with the wisdom of others. I am also deeply indebted to Latifa Tabachnick for her support of my homeopathic training; without her, this book would not have been written. Finally, I am grateful to Samuel Hahnemann who crystallized this health care model called homeopathy that helps me make sense of the world in which I live, the people in it, and the processes through which we travel.

Karen B. Allen
April 2, 1994
Seattle, Washington

Using This Book

This text teaches use of the homeopathic repertory. In order to use it, the student will need a repertory to work with. Kent's *Repertory of Materia Medica* or Kunzli's *Repertorium Generale* are recommended. Repertories that are organized differently (Boenninghausen, Knerr, Agrawal, Murphy, Lippe, Boericke) are not recommended because they will not match the information provided in this book regarding arrangement of information in a repertory.

The larger repertories (such as Schroyen's *Synthesis Repertory* and Van Zandvoort's *Complete Repertory*) are not recommended to beginning students because many of the rubrics contain very large numbers of entries, making the manual repertorization that is done in the early stages of homeopathic training unnecessarily difficult. These other repertories are great for use in practice, but not suggested as companions for this text while learning.

Also highly recommended are:

A Dictionary of Homeopathic Medical Terminology by Jay Yasgur, RPh, MSc

Key to the Mental Rubrics of Kent's Repertory by David Sault

The Mind Defined by Part and Preston

Materia Medica of the Human Mind by Agrawal

Any text on comparative anatomy

This text assumes a familiarity with homeopathy and homeopathic terminology. While it is a text for beginning students, it does require some basic understanding and vocabulary. For students who are just starting out, these books are recommended to provide enough foundation to use this text:

Homeopathy: Beyond Flat Earth Medicine by Tim Dooley, ND, MD

The Organon by Samuel Hahnemann

Homeopathic Materia Medica by William Boericke, MD

Warning to those who do not write in books:

This book advises students to view their homeopathic texts and reference materials as working tools, and encourages you to write additions, cross references and clinical notes in them. These notes will save you time, remind you of things you had forgotten, and improve your efficacy as a practitioner. If this is a difficult concept for you, start with a pencil.

Table of Contents

1	Theory of the Repertory	1
	1.1 What is a Repertory?	2
	1.2 Repertory History	4
	1.3 Practical Notes on Learning Repertory	10
	1.4 Structure of Kent's Repertory	11
	1.5 Rubrics: A Title in Red Print	19
	1.6 Limitations of the Repertory	25
	1.7 Veterinary Notes	26
	1.8 Study Techniques	30
	1.9 Exercises	32
2	Practical Use of the Repertory	33
	2.1 Additions and Cross-references	34
	2.2 Finding that Rubric	38
	2.3 The Keen Edge of Differentiation	40
	2.4 Mental / Behavioral Symptoms	42
	2.5 Head Symptoms	44
	2.6 Eyes and Vision Symptoms	45
	2.7 Ears and Hearing Symptoms	46
	2.8 Respiratory Symptoms	47
	2.9 Oral / Dental Symptoms	48
	2.10 Gastrointestinal Symptoms	49
	2.11 Urinary Symptoms	50
	2.12 Reproductive Symptoms	51
	2.13 Musculoskeletal Symptoms	52
	2.14 Circulatory Symptoms	53
	2.15 Skin Symptoms	54
	2.16 General Symptoms	55
3	Using the Repertory for Cases	57
	3.1 What is Repertorization?	58
	3.2 Repertorization Sheets	60
	3.3 Combining and Crossing Rubrics	64
	3.4 Selection of Rubrics	68
	3.5 Covering the Case	75
	3.6 Focusing on the Center of the Case	78
	3.7 Case-taking Impacts Repertorization	79
	3.8 Repertorizing Acute Cases	81
	3.9 Repertorizing Chronic Cases	82
	3.10 Common Mistakes	83
	3.11 Sample Case A	88
	3.12 Sample Case B	92
	3.13 Sample Case C	92
	3.14 Sample Case D	93
	3.15 Sample Case E	93
	3.16 Sample Case F	93
	3.17 Sample Case G	94

3.18	Sample Case H	95
3.19	Sample Case I	96
3.20	Sample Case J	97
3.21	Sample Case K	97
3.22	Sample Case L	97
3.23	Sample Veterinary Case M	97
3.24	Sample Veterinary Case N	98
3.25	Sample Veterinary Case O	99
3.26	Sample Veterinary Case P	100
3.27	Sample Veterinary Case Q	101
4	Using the Repertory to Study Materia Medica	103
4.1	Repertory as Teacher	104
4.2	Look It Up	105
4.3	Why is it There?	106
4.4	Where is it Included?	107
4.5	No Substitute for Materia Medica	107
4.6	Veterinary Notes	108
5	Appendix: Answers to Exercises	109
6	Repertory Sheets	

Chapter 1:

*Theory
of the
Repertory*

1.1 What is a Repertory?

Webster’s dictionary defines a **repertory** as a place where something can be found, similar to a repository. The word is believed to have come from the Latin word *repertus*, meaning ‘to find.’ That is a useful definition to remember about the homeopathic repertory because that is just what it does – it helps the homeopath to find the indicated remedy from among the hundreds of possibilities that comprise the materia medica. *Materia medica* is a Latin phrase, meaning ‘medical matter’, and is the term used for books that describe the action of homeopathic remedies as defined by provings or by clinical experience. The name and description of a remedy is given, followed by discussion of its symptoms. The remedies are usually arranged in alphabetical order through the book. Suggested dosages and relationships to other remedies are often included.

The repertory is a cross reference between symptoms and homeopathic remedies, indexed by symptom; it is an inverted form of materia medica text that cross references symptoms and remedies, indexed by remedy name. It lists in detail, sometimes extremely specific and trivial detail, the many symptoms of interest to the homeopath, and each symptom is followed by a list of remedies known to have produced (proving) or cured (clinical experience) that symptom.

<p>From John H. Clarke, MD’s <i>A Dictionary of Practical materia Medica, Vol. I:</i></p> <p>Baptisia tinctoria</p> <p>Mind: Stupor; falls asleep while being spoken to, or answering; heavy sleep till aroused; awakes only to again fall asleep in the midst of his answer, which he vainly endeavors to finish. Indisposed to think, want of power; mind seems weak, confused, as if drunk.</p>	<p>From Kent’s <i>Repertory:</i></p> <p>These are entries from the Mind and Sleep sections of the repertory that include the remedy Baptisia. They represent the symptoms noted to the left in the materia medica discussion.</p> <p>Mind, Answers, stupor returns quickly after answer</p> <p>Mind, Concentration difficult</p> <p>Mind, Confusion of mind</p> <p>Mind, Confusion of mind, as if intoxicated</p> <p>Mind, Dullness, sluggishness</p> <p>Mind, Stupefaction</p> <p>Sleep, Deep</p> <p>Sleep, Sleepiness</p> <p>Sleep, Falling, asleep, answering, when</p>
--	--

As an example, open the repertory now to the last section, marked **Generalities**. (**This different type face indicates that the word or phrase is an entry in the repertory.**) Look through the entries, generally arranged alphabetically, until you find **Motion agg.**, followed by scores of abbreviated names of remedies, all of which apply to the symptom of being made worse by motion. The repertory is created by compiling known details of the action of homeopathic remedies from provings and clinical experience; in order to create the list of remedies found under **Motion agg.**, various homeopaths searched through the provings and cured cases of hundreds of remedies and noted down all those in which aggravation from motion was a component. The names of the remedies are abbreviated to save space, and are arranged in alphabetical order within each symptom.

1.1.1 Why is it needed?

With hundreds of homeopathic remedies, and dozens to hundreds of symptoms for each one, the volume of materia medica detail needed in order to practice homeopathy is too great to be memorized and recalled. The total number of different remedies included varies for different repertories. In the 6th edition of Kent’s repertory, there are 600 remedies included but the count is

in the range of 2,000 in the larger repertories. Dr. Clarke's three-volume materia medica text covers over 3,300 pages of remedy details.

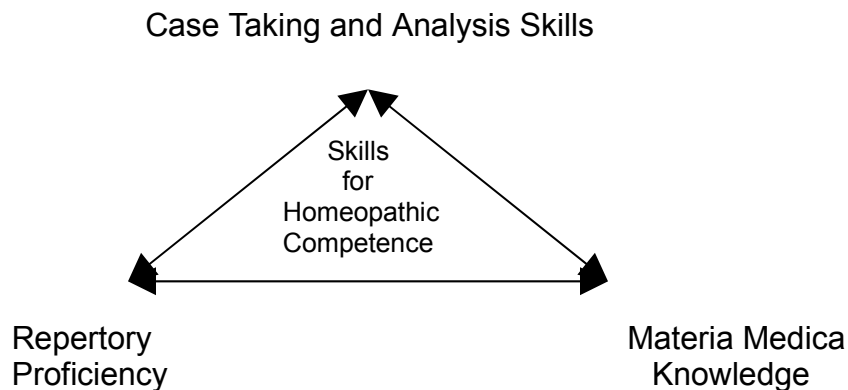
Searching through materia medica texts, remedy by remedy, to match a set of symptoms presented by a client is time-consuming and inefficient. This was the situation that inspired Hahnemann to create a repertory in the first place. A repertory's cross-referencing, indexed by symptom, is needed to allow the practitioner to use specific symptoms as search criteria for materia medica detail, and then indicate the most likely remedy candidates for those symptoms. This allows a practitioner to identify and investigate remedies that were previously unfamiliar, as well as less known aspects of remedies the practitioner already knows well. The repertory removes the limitation of incomplete knowledge of materia medica when looking for a remedy for a case.

1.1.2 Substitute for Materia Medica?

Why should a student invest the time to study materia medica if the repertory can accurately point to a remedy choice? Can good skills with the repertory take the place of knowledge of materia medica? Both repertory and materia medica are required! The repertory can only provide likely candidates for remedy choices; knowledge and investigation of materia medica is needed to narrow that down to the best choice for the case at hand. Not every symptom from every materia medica text is included in the repertory. Conversely, knowledge of materia medica will serve the practitioner well, but would still not allow an unfamiliar remedy to be selected.

In addition, adequate case taking and analysis skills are required in order to correctly identify those symptoms that are to be repertorized or investigated in materia medica research.

Proficiency with the repertory will not compensate for a lack of understanding of the sphere of action of homeopathic remedies or an incorrect interpretation of the facts in the case.



1.2 Repertory History

Homeopathy developed through a long series of clinical trials interspersed with periods of deep thought. It evolved over time. The repertory came about in the same way. By 1805, Samuel Hahnemann had amassed a large enough body of symptoms for remedies that he began to feel a need for some type of compilation to be used in solving cases. He developed the first repertory by handwriting the symptoms and noting which remedies were associated with each, and he divided it into two parts with the first part covering symptoms he had observed in clinical experience, and the second part covering symptoms he had seen in provings.

While it was better than nothing, Hahnemann found the result difficult to use. He asked one of his assistants, Ernst Reuckert, to improve it. In 1822, Reuckert began the task of alphabetizing and expanding Hahnemann's repertory. He spent eight years on the project and the resulting manuscript is held in Haehl's museum in Stuttgart, Germany. Hahnemann used this improved repertory for several years.

1.2.1 Boenninghausen: Father of the Repertory

In the 1830's, another of Hahnemann's students, C.M. Boenninghausen, took up the challenge and produced an enhanced version of the repertory. Boenninghausen was previously an attorney, and he had a brilliant mind for organization. He titled his work *Repertory of Antipsorics*, and Hahnemann wrote a preface for the book. This was the repertory Hahnemann preferred to use. The first printing sold out in six months.

Boenninghausen can be thought of as the father of the homeopathic repertory. His repertory was alphabetized and he introduced grading of symptoms. Over the next fifteen years, he produced several improved versions and extensions, adding information about modalities, sensations, locations, concomitants and relationship between remedies. Much information gleaned from clinical application was included, and he also extrapolated further uses of remedies based on information at hand. Later versions of his works include *The Repertory of Remedies with Relative Kinships of Medicines* and *The Therapeutic Pocketbook*.

Boenninghausen assigned great importance to modalities (conditions that made a symptom better or worse) and concomitant symptoms (other symptoms that appear in conjunction with the chief complaint.) He felt that groups of symptoms were more important than individual ones. In particular he developed a way of generalizing modalities from a specific symptom in the proving to apply to the whole person in general. For example, if the homeopathic remedy Bryonia produced the proving symptoms of pain in the limbs aggravated by motion, and headache aggravated by motion, then Boenninghausen felt he could conclude that nausea in a Bryonia case might be worse from motion as well, even if that symptom had not come out in the proving of Bryonia. This type of thinking by analogy allowed him to fill out incomplete symptom pictures. His repertory reflects this approach. Hahnemann agreed with this line of thought because his clinical experience supported it, but it fractured the homeopathic community between the purists who only accepted the exact results of a proving, and those who made further logical deductions with it.

In 1900, Boenninghausen's German language repertory was translated into English by Cyrus Boger, an American homeopath from West Virginia. Although it hardly seems fair, this is the reference book that is known today as Boger's *Synoptic Key*. To his credit, Boger added information about sides of the body affected and drug affinities to the material provided by Boenninghausen. *The Therapeutic Pocketbook* was expanded with an index by Hahnemann, and later by Allen who added hundreds of remedies to it and incorporated information about sides of the body. This work was possibly the handiest tool so far developed at that time. It is still used.

According to Elizabeth Wright Hubbard, it is still supreme in obscure cases that had a lack of mental symptoms, a lack of SRPs (strange, rare, and peculiar symptoms,) or where modalities predominate and concomitants are marked, or for cases with specific pathology and objective symptoms. There is a focus on specific small details in this book. Critics charged that by repertorizing combinations of subdivided details, a homeopath could come up with a remedy that had not shown that particular combination of symptoms in provings or in clinical experience, and thus prove unreliable.

1.2.2 Repertory Purists

On the other side of the controversy were the purists who wanted a repertory with a strict adherence to proving symptoms. Among these were George Jahr, Constantine Hering, Charles Hempel, C.P Hart, and William Gentry. They were strongly opposed to Boenninghausen's extrapolations, and wanted a repertory without them. Jahr was the most conservative of these purists, and he published a repertory of his own in the mid 1830s, calling it the *Symptomen-Codex*. It was edited by Hempel and Hart. It contained proving and clinically cured symptoms, without the division of details that Boenninghausen used. Jahr included diagnostic terms and was very exacting in his compilation. In 1838, it was translated into English by Hering and Constantine Lippe, and became the basis for Lippe's and Lee's repertory. This repertory is also still used today. Sheilagh Creasy is a proponent of this repertory's accuracy and functionality.

Hering compiled a careful set of proving references called *Hering's Guiding Symptoms*, and these were later indexed in *The Repertory to Hering's Guiding Symptoms* by Calvin Knerr (Hering's son-in-law) in 1896. Rather than a repertory, this work is really a concordance, a reference where the symptoms are kept in the words of the provers. Knerr used a format of double columns with symptoms listed in bold type, and incorporated a rather cumbersome method of grading remedies for their frequency of confirmed use by annotation with perpendicular lines. Grade is discussed in later sections; it is an indicator of a greater or lesser affinity between a remedy and a symptom. It is noted by font or by numbering or other annotations.

1.2.3 Smaller Repertories

From about 1880 through the first decade of the next century, many American homeopaths published small repertories covering specific areas of anatomy or pathology that they knew well: eyes, cough, diarrhea, gonorrhea, convulsions, tongue symptoms, women's diseases, etc. These were all useful in their individual areas. T.F. Allen, Edmund Lee, William Gentry, and Oscar and William Boericke also published more comprehensive repertories. However, the practitioner needed to acquire and use many books, each with its own unique style, structure, and notation, in order to effectively practice. In the old homeopathic journals from this era, there were references in articles and case discussions to many of these various repertories. Some materia medica or therapeutic guides had subsets of repertories included within them.

Homeopathy was flourishing at this time in America, and practitioners were adding to the professional literature at a great rate. By some accounts, 20 –25% of physicians practicing at the turn of the century were homeopaths. The practical homeopathic information being compiled was very good, but the application of it was difficult. The challenges of using and switching back and forth between each of these repertories with their various arrangements and notations were great. Different abbreviations were used for remedies in each text, and many of them did not include a list of abbreviations with actual remedy names. Type fonts of plain type, capitals, italics and bold letters were used in one repertory to denote grade, while in another it was used to denote the orderly structure of the symptoms.

In the following table are some examples of rubrics taken from various repertories to illustrate this variety.

<p><i>Jahr's Therapeutic Guide...40 Years' Practice</i></p> <p>Repertory notes were interspersed with therapeutic notes, and abbreviations for a remedy varied from time to time. In this example you can see <i>Nux vomica</i> noted as <i>Nux v</i> and <i>Nux vom</i>. Remedies are listed in random order.</p> <p>Grade was not noted, though modalities were clear. They were incorporated in a paragraph format rather than the vertical listings Kent preferred.</p>	<p>From Chapter on Toothache: Indications according to the time of day: Worse in the evening, <i>Puls.</i>, <i>Merc.</i>, <i>Bell.</i>, <i>Antim. cr.</i>, <i>Nux v.</i>, <i>Rhus t.</i>, <i>Ignat.</i>, <i>Bry.</i>; in bed, in the evening, <i>Merc.</i>, <i>Antim. cr.</i>; especially when falling asleep, <i>Ars.</i>; worse at night, <i>Merc.</i>, <i>Cham</i>, <i>Puls</i>, <i>Bell.</i>, <i>Calc.</i>, <i>Rhus. t.</i>, <i>Staphys.</i>, <i>Arsen.</i>, <i>Sulph.</i>, <i>Silic.</i>, <i>Bry.</i>, <i>Magnes. carb.</i>, <i>Coff.</i>; before midnight, <i>Bry.</i>, <i>Bell.</i>, <i>Cham.</i>; after midnight, <i>Merc.</i>, <i>Staphys.</i>, <i>Nux vom.</i>; early in the morning, in general, <i>Nux v.</i>, <i>Bell.</i>, <i>Ignat.</i>, <i>Carbo veg.</i>; especially when on the point of waking, <i>Nux v.</i>, <i>Bell.</i>, <i>Carbo veg.</i></p>
<p><i>Nash's Leaders in Respiratory Organ</i></p> <p>Nash used specific locations, and noted the grade of a remedy using numbers and capitalization. Remedies are not alphabetized within grade. 1 is a higher grade than 2.</p>	<p>From the Chest section of the repertory included in the back of the book: Abscess, AXILLA: (1) <i>Merc.</i>, <i>Hep.</i>, <i>Sil.</i>; (2) <i>calc.</i>, <i>nit-ac.</i>, <i>sul.</i> LUNGS (1) <i>Hep.</i>, <i>Sil.</i>, <i>Calc.</i>; (2) <i>kali-c.</i>, <i>sul.</i> MAMMAE: (1) <i>Phyt.</i>, <i>Sil.</i>, <i>Sul.</i>; (2) <i>bell.</i>, <i>bry.</i>, <i>lach.</i>, <i>merc.</i>, <i>phos.</i>; <i>threatening in old cicatrices</i>: (1) <i>Graph.</i>, <i>Phyt.</i></p>
<p><i>Pierce's Repertory of Cough- Better and Worse</i></p> <p>Pierce used Allen's Handbook as a source, and used different type fonts to indicate grade, just as Kent does. In this entry, the remedy <i>Cina</i> is listed twice in different fonts. Remedies are presented in an alphabetized list! A <i>Kali</i> remedy in this list is abbreviated with a <i>K</i>, rather than spelled out as in Nash's entry.</p>	<p>From the repertory at the beginning of the book: morning on and after rising to breakfast.- <i>Ailant.</i>, <i>Arn.</i>, <i>Bor.</i>, <i>Carb. an.</i>, <i>Carb v.</i>, <i>Chel.</i>, <i>Cina</i>, <i>Cina</i>, <i>Euphr.</i>, <i>Fe.</i>, <i>K. bi.</i>, <i>Nat. s.</i>, <i>Nux v. Osmium</i>, <i>Phos.</i>, <i>Puls.</i>, <i>Rumex</i>, <i>Senega</i>, <i>Sil.</i>, <i>Thuja</i>. and during the day.- <i>Carb. an.</i>, <i>Cocc. c.</i>, <i>Euphr.</i>, <i>K. bi.</i>, <i>Sang. n.</i>, <i>Thuja</i></p>

<p>Berridge's <i>Repertory on Diseases of the Eyes</i></p> <p>Berridge included a list of remedies and their abbreviations in the front of his book, including almost double the number of remedies that Kent finally included in his repertory.</p> <p>He wastes very few words and fewer letters as you can see from the example. He introduced a very orderly system of assigning abbreviations to mineral remedies, which he discusses in the preface, calling the current system of names absurd and unscientific.</p> <p>He uses a general collection of remedies at the beginning followed by more detailed subsets of those entries later. For a remedy that he was unsure about, he included it in parentheses.</p>	<p>From the repertory</p> <p>SECTION II. CONDITIONS, A. AGGRAVATIONS.</p> <p>Day (sunrise to sunset) ag-na. al-o. amb. amm-ca. as-o. au. c-bis. cop. cro. dt. ey. euphr. grc. hur. k-bicr. lct. led. ly-b. lyc. na-cl. na-sa. p. p-x. pul. sb-t. spe. smi. sn. so-d. str-i. vr-s. zn.</p> <p>OBJECTS, FALSE APPEARANCE OF: amm-ca. ly-b.</p> <p>Black. amm-ca.</p> <p>Inverted. ly-b.</p> <p>Moving. amm-ca.</p> <p>OBJECTS, IMAGINARY. ag-na. sb-t.</p> <p>Bright. sb-t.</p> <p>Figures. ag-na.</p> <p>Flashes, bright. sb-t.</p> <p>PHOTOPHOBIA. grc. na-cl. (p-x). sep.</p>
---	--

1.2.4 Kent's Need for a Better Tool

It was during this period that James Tyler Kent, a homeopath recently relocated to Philadelphia, Pennsylvania, found himself dissatisfied with the repertory options available to him and began to compile his own. He drew information mainly from repertories by Lee (Lee's repertory was incomplete due to Lee's untimely blindness and had been given in its original hand-noted form to Kent) and Lippe, just as they had drawn on the works of those before them.

Kent's goal was to develop a single reference that was practical, usable and reliable. He felt that there were many errors in the other repertories of that time and he carefully checked the provings to verify many symptoms, correcting those entries that were not accurate. It was a difficult, tedious and exacting task prior to the advent of word processing and computers, but he was motivated by his need for a serviceable repertory and put literally hundreds of hours into the work with the assistance of his wife, Clara Louise Kent, who was also a homeopathic physician. He worked from a typed manuscript that was gone over many times with his various additions, deletions and rearrangements as the work grew. He changed the organization of it as various patterns turned out to be unworkable. His repertory grew out of the demands of his own practice, not from the intent to produce a widely used book. But even before its completion, his students begged him to let them use it on their difficult cases because they were sure it would help them, and they pleaded for it to be published. Other practicing homeopaths that consulted their cases with Kent asked for the same.

At first, Kent declined, saying that it would cost too much money. Indeed, the first quote he got for the cost of the printing was \$9,000; this was more than ten times the average annual earnings of a physician at that time. He felt that there would not be more than three or four hundred practitioners who would have any use for it, and the cost to them would be prohibitive. However, he was persuaded that others wanted his repertory, and he advertised it on a subscription basis with sections issued over a two-year period of time, and at a cost of \$30 per copy. About 200 subscriptions were received, and Kent paid for the rest of the printing himself. After the first two sections had been published, over half of the subscriptions were cancelled. Kent did not become wealthy from this project! Additionally, Kent's repertory was in competition with other repertories being produced at that time, especially Knerr's repertory.

Although the first edition had some problems, it was a substantial improvement over what had been available at that time. The reliability of the entries was impeccable, and there were three levels of grading of the remedies using plain, italic, and bold fonts. It included the best features of other repertories regarding organization, modalities, sides, etc. It was successful enough to warrant a second edition that was actually a major rework, and eventually a variety of updates and the addition of an index added to its usefulness. The price was lowered to \$16.50, another factor in the book's success. With later editions, it gained increasing popularity. As homeopathy fell into disfavor in America with the closing of many of the homeopathic medical schools, and those teachers who primarily used some of the other repertories retired or died, the proponents of Kent's repertory were the ones that remained.

It stands as a benchmark of a specific point in time for homeopathic knowledge. It was published in 1897 originally, followed by Kent's revisions in the second edition in 1908. The third edition in 1924 contained many corrections by, and was dedicated to Clara Louise, Kent's widow, who lost the majority of her eyesight reviewing and correcting it. Further editions were printed in 1935 and 1945 as prior editions sold out. The version we use today is the 6th edition, published in 1957.

This edition holds the state of homeopathic knowledge frozen in time at that point. Since then, our knowledge of materia medica has continued to expand, and new remedies and symptoms have been added. We have learned more about remedies we have already been using, and more information has been documented about remedy relationships. However, Kent's Repertory has not been revised again to keep up with this. As mentioned earlier, newer repertories are built on Kent's foundation. So why learn Kent's repertory at all, rather than moving immediately to a newer equivalent?

This frozen-in-time attribute of Kent's repertory makes it useful as a teaching tool, though it is less useful as a single reference in practice as the information in it becomes progressively more dated. **It is a good repertory to use while learning because most of the rubrics are of a workable size, and Kent maintained excellent differentiation between various mental states and similar rubrics.** It remains as an accurate but limited subset of homeopathic data.

1.2.5 Later Repertories

Just as Kent's repertory was built on the work of others, his repertory has been used as a basis for further references. The newer repertories are mostly enhanced versions with the addition of many remedies and symptoms. Some symptoms and sections have been rearranged, but all carry the mark of Kent's diligent work. Despite his careful research, Kent's repertory does have errors and omissions, and others have taken on the task of correcting and refining it. In most of the later repertories, each addition is annotated to identify its source; the majority of them have come from other repertories mentioned earlier in this discussion.

The *Repertorium Generale* by Jost Kunzli is the same as Kent's in format and appearance, while also containing many helpful additions and source notes.

The *Synthetic Repertory* by Barthel and Klunker has enhanced versions of the Mind, Sleep, Dreams, Sexuality and Generals sections of Kent's repertory. It contains almost 1000 additional remedies, compared to Kent's repertory. Many remedies and symptoms have been added from older repertories and clinical experience of well-known homeopaths such as Pierre Schmidt and George Vithoukas, and the printing is done in a two-column format with larger type and a lot of margin space, so it appears less dense than others. This is convenient for making notations, but difficult to carry around in 3 volumes. Electronic versions of larger repertories are available with software repertory programs.

The *Synthesis Repertory* by Frederick Schroyens and the *Complete Repertory* by Roger van Zandvoort are the newest editions with many more rubrics and remedies included and many errors corrected from Kent's Repertory. Groups of European and American homeopaths carefully went through old provings and repertories, cross-checking each entry for accuracy. These are available in printed versions and in electronic versions with repertory software packages.

One comment about these later repertories is that many of the symptoms now list so many remedies that they are possibly not as exact as they are in Kent's repertory. Kent had minute differentiations between the states of one entry and another, and these have not been as carefully maintained in the larger repertories that favor inclusion over differentiation.

1.2.6 Repertories Today and in the Future

When I teach new homeopathic students about the repertory, I always begin with Kent's. It has the basic structure the later repertories follow, and the rubric sizes are reasonable for the manual repertorization that is done in the early stages. We learn case analysis and repertory together, seeing how to use the repertory as we discover what it contains.

I wonder what Kent's reaction would be if he knew how our repertories are being built today. I believe that he was very careful in the decisions he made about whether to include a remedy in a rubric, and about the exact states that the rubrics described. There are different sets of remedies in **Mind, Ennui; Mind, Loathing of life; Mind, Desires death;** and **Mind, Suicidal disposition**. He did not lump all of those states into one rubric. He divided them, covering each step in the progression. He didn't add a remedy unless he had verified it through his own experience or the experience of others he knew were reliable. His repertory is small, but it is solid.

While each author who has contributed to the growth of our repertories deserves the appreciation of the profession, it can also be said that the varied best efforts of these groups and individuals are inconsistent, and they occur without the direction and consensus of the profession as a whole. This is not something new; it has been true throughout homeopathic history. Content, arrangement and terminology have all been problems. There are terms and moral views in the repertory that are increasingly archaic. There are changes that we could make to bring our references into current time without changing their accuracy, but it has to be done with careful thought and mature consideration.

Perhaps there is a better way of doing this. Perhaps we are coming to a time when the repertory can be viewed as a resource belonging to the profession as a whole, and could best be managed and expanded by the collaborative consensus of a broad group of certified or experienced practitioners from around the world. Perhaps in the future, there could be a governing board for the homeopathic repertory that will request suggestions of additions, changes and updates from these practitioners. These could be reviewed quarterly by a panel of dozens of practitioners from various countries, and a quorum vote would approve the change. The consensus of a larger group would ensure that there was a more conservative attitude toward management of the repertory information as a valuable data resource. The approved recommendations of this governing body could be distributed quarterly to all of the various repertory producers to include or ignore as they chose. This is just one possible scenario for how this could work; there are certainly many other ways of setting this up that could be successful. I anticipate the eventual creation of such a structure in order to manage our repertories well.

1.3 Practical Notes on Learning Repertory

Learning the repertory can be frustrating because the organization is not intuitive for most people, and some of the terminology is arcane. This is true whether you are learning repertory using a book in hand or using computer software tools. For those who have repertory computer software with the ability to search for a symptom, it appears to be a welcome shortcut. However, because of the structure and arrangement of entries in a repertory, a term can have different meanings depending on where it is located. Many teachers believe it is important to learn the repertory with book in hand before going on to use an automated software tool. It is generally agreed that the software is a great improvement over manual repertorization, but until the content of the repertory is known well, the practitioner will have difficulty using the software to its best advantage in order to get good results.

The language of homeopathy needs to be learned in order to use the repertory well. In addition to archaic terms like horripilation (goose bumps) and marasmus (wasting away, failure to thrive) that can be found in old medical dictionaries, there are also terms that are homeopathic such as miasm (inherent weakness leading to predisposition to specific patterns of disease). These terms are included in the materia medica texts as well as the repertory. Jay Yasgur's *A Dictionary of Homeopathic Medical Terminology* is highly recommended as a companion to learning repertory. The repertory also contains medical and anatomical terms that are used currently, so be sure to have a medical dictionary handy.

The repertory is a composite collection of variations of human experience. Homeopathy is based on the individualized human state matched to a remedy state. This individualization is based on articulate descriptions of conditions and experiences. As you look through the various repertory entries, you will notice that there is a great deal of detail. As an example, in symptoms that deal with painful conditions, it is not very specific to know that something hurts. This does not help to identify a curative remedy. It is important to define the nature, location and exact sensation associated with the discomfort. Within the entries on pain, Kent describes burning, aching, stinging, scraping, lancinating, drawing, tearing, stitching, pressing, dull, jerking, cutting, bursting, stabbing, pulsating and paroxysmal pains. Different remedies are associated with different pains. In order to be able to use the repertory well, you will need to be articulate in your expression of symptoms, and you will need to teach your clients to do the same. You may not be accustomed to thinking with this level of specificity, but it is required in order to practice homeopathy well, and repertory work will be the first place where you notice this. Before you can use the repertory well, you will need to develop this perception of detail.

The repertory also has some words that should be defined for the student. Entries that include the word 'lying' are referring to the physical prone position, rather than mistruths. Entries that include the word 'wanting' refer to lack of something rather than desire for it. Any reference to 'his' or 'her' does not limit the symptom to the gender named; it applies to either. 'Agg.' indicates aggravation from the symptom. 'Amel.' indicates amelioration or improvement from the symptom. Entries with neither of these should be assumed to indicate aggravation.

The repertory is made up of sections. In some books, these are divided with indented tabs and labels. The tabs tend to fall off quickly, especially on the less expensive copies, so it is a good idea to put a piece of tape over each to keep it in place. For books that have no tabs, there are a few suggestions for making the sections easy to find. One is to mark the outer edge of the pages (opposite the spine) with felt tip markers in different color for each section, adding the name of the section where there is enough room. Adding tabs that stick out from the edge of the page is useful for finding the section, but easy to catch on things and cause pages to tear. If they are added, they should be very narrow.

1.4 Structure of Kent's Repertory

As Kent developed his repertory, he tried out several different organizations. He finally arrived at one that he felt worked well for him. Kent was a Swedenborgian, a follower of a religious belief of the Church of Jerusalem, founded by Emmanuel Swedenborg. Kent viewed the human body and psyche in a particular way because of it. The organization of the repertory reflects this view. The repertory is set up as a series of increasingly narrow definition of symptoms that finally arrive at a list of remedies that apply to that symptom.

The first categorization is sections. Within each section, symptoms are listed as rubrics. The word rubric refers to a red-lettered heading. Many of these symptoms are then broken down further into greater detail with layers of sub-rubrics. The final layer of sub-rubrics has an alphabetically arranged list of remedy abbreviations. All rubric and sub-rubric entries are generally referred to in discussion as rubrics.

Kent included 31 sections in his repertory; it was originally published and distributed by section rather than as a complete bound book. The sections start with the mind and gradually wander down through the body covering parts of anatomy, function, and discharges, ending with the generalities. Look at the following table for a quick overview.

Generals	Anatomy	Functions	Discharges
1 – Mind 2 – Vertigo	3-Head 4 – Eye 6 – Ear 8 – Nose 9 – Face 10 – Mouth 11 – Teeth 12 – Throat / External Throat 13 – Stomach 14 – Abdomen 15 – Rectum 17 – Urinary Organs 18 – Genitalia / Female Genitalia 19 – Larynx & Trachea	5 – Vision 7 – Hearing	
	23 – Chest 24 – Back 25 – Extremities	20 – Respiration 21 - Cough	16 – Stool 22 – Expectoration
26 – Sleep 27 – Chill 28 – Fever	30 - Skin		29 - Perspiration
31 - Generalities			

Thanks to Lynn Amara for use of this table.

Each section covers a specific topic and within the section, the rubrics start out in roughly alphabetical order. Some sections are a grouping of related topics. Some subjects appear in multiple sections. You will develop a sense of what information resides in each section. Take a look at each of these sections in your repertory as they are described below.

1.4.1 Mind

This section covers all the symptoms that are related to the function of the mind. Mental clarity or dullness, emotions, fears and delusions, behavior, gestures, and memory are all in here. Speech

is included as it relates to the function of the mind (hurried, babbling, incoherent, etc). Speech is also covered under the Mouth section as it relates to the function of the mouth. Kent chose to include stuttering under the Mouth section, although that is more likely to be a function of the mind. Dreams, which are definitely a function of the Mind, are included in the Sleep section in Kent's repertory, although they are moved to the Mind section in some of the newer repertories.

This section is one of the most important references you will use in homeopathy. It is an intricate collection of symptoms, useful in all but the most superficial acute cases. Hahnemann believed the mental state was often the best indicator of the necessary remedy. There are subtle differences between rubrics that look the same at first glance. For example, open your repertory to this section and find the entry **Mind, Forgetful**. Next, locate the rubric **Mind, Memory, weakness of**. If you compare the lists of remedies in these two entries, there are differences. To the casual observer, these may appear to be the same thing, but Kent and his predecessors must have seen differences because they created two different entries with different sets of remedies. For example, a person may appear forgetful from a general absent-mindedness, while still exhibiting good memory function on specific topics. This is where the mastery of experienced homeopaths with many years of practice comes to the fore. In classes or seminars, you may hear lecturers present clear differentiations between entries, and it is helpful to note these comments in the margin of your repertory on related pages.

1.4.2 Vertigo

This is a collection of symptoms relating to balance, detailing many circumstances and sensations relating to vertigo. References to vertigo appearing with another specific complaint are scattered throughout the repertory in addition to their concentration here. Along with concomitant symptoms and the usual balance symptoms of reeling, staggering and turning, this section includes other symptoms related to unusual perceptions of body position like falling or floating, spatial perception of other objects in relation to the patient, and even behavior such as **Vertigo, Child grasps the nurse when carried**. Locate that entry in the Vertigo section of your repertory.

1.4.3 Head

This section covers sensations and condition that relate to the head in general, but omits the ears, face and facial features that are covered in other sections. It includes a very large collection of symptoms for head pain, with extensive differentiation between various types of pain, location of discomfort, etc. Kent clearly delineated types of pain such as drawing, lancinating, tearing, pressing and boring, and categorized different locations of discomfort under each type of pain. Look through this section to find **Head, Pain, noise, from**. The scalp and hair are covered here as well as in the Skin section.

1.4.4 Eye

Symptoms in this section cover the conditions of the eyeball and the eyelids, but not the eyebrows. Some of the symptoms are also covered in the Face section. For example, both sections have rubrics for swelling under the eyes, and hold slightly different collections of remedies. Locate both of these entries and note those remedies that are in both of them.

1.4.5 Vision

Rubrics relating to the function of sight are listed here, such as blindness and visual distortions. This section begins a pattern in the repertory where an anatomical section, such as Eye, is followed by a section on that anatomy's function, such as Vision. Look for an entry in this section describing someone who sees spots in front of the eyes.

1.4.6 Ear

This section covers the inner ear, outer ear, and the area on the head right around the ear. Although there is a subsequent section on Hearing, entries related to noises heard within the ear (as opposed to noises that originate outside of the ear) are included in Ear, not in Hearing. Some of the descriptions of these noises are quite interesting; locate one that refers to a sound made by a cat.

1.4.7 Hearing

The majority of this section deals with details of impaired hearing. It is small enough that it barely stands as a section on its own. It includes illusions of hearing that are also covered in the Mind section under delusions. Because it is so small, this is a good section to study for some of the repertory exercises listed later. Glance through this section and locate a symptom of someone who cannot hear human voices well.

1.4.8 Nose

The Nose section covers the nose and some, but not all, nasal sinuses. It includes references to catarrh and coryza, so be sure to look those terms up before looking for them in this section. Having just covered Eye and Vision, then Ear and Hearing, it would be logical to expect the next section to be Smell, but Kent has included that in the Nose section itself.

1.4.9 Face

This section covers the front of the head, with the exception of the eyes and nose. It must have been an interesting and perhaps somewhat arbitrary task for Kent to decide whether all the sinuses should be listed in the Nose section, although they are felt in other parts of the face, whether the lips should be in the Face section or Mouth section, etc. Face covers some symptoms relating to eyes (like discoloration around the eyes), some relating to the mouth (lips and salivary glands), some relating to the nose (maxillary and frontal sinuses.) It covers topics like complexion, jaw problems, variations of facial pain, and facial hair. It also includes expressions of the face such as astonished, pinched or vacant, although those are arguably a function of the mind. Read through the expression entries, and think of people you have known that exemplify those expressions.

1.4.10 Mouth

This section covers the internal mouth, but not the teeth. Many of the entries are divided into sets of remedies related to the gums, palate or tongue. Many tongue pictures are listed in the entries under **Mouth, Discoloration, tongue**. In this section, discharges and function are again incorporated here rather than split into different sections. Speech is covered as a function of the use of the tongue, such as lisping. Taste is also included, and the descriptions are interesting to read, so take a moment to review them.

1.4.11 Teeth

The Teeth section covers only teeth from root to crown. It is not a very big section, though it contains an extensive collection of entries addressing tooth pain. There are many references here to archaic terms, and a dictionary will be helpful. Locate and translate this entry: **Teeth, Irregular formation of lower teeth in a scrofulous child with mesenteric disease.**

1.4.12 Throat/External Throat

These sections cover the inner and outer neck. Throat contains entries for the tonsils and uvula, esophagus and pharynx. The External Throat section lists entries for the skin covering the front of the neck, and structures such as the thyroid, cervical glands and lymph nodes. Particularly in the symptoms covering pain, many of these would be difficult to differentiate between internal and external throat. These sections cover only the front of the neck; the posterior neck is covered in the Back section. Functions of the throat such as swallowing are included in the Throat section, but coughing and voice are not. These are covered in later sections of Cough and Larynx & Trachea.

1.4.13 Stomach

Symptoms in this section cover the physical aspects of stomach pain, discomfort and dysfunction as well as desires and aversions to foods. You can also find entries relating to thirst that students invariably locate here after looking in the Generalities, Mouth, Mind and Throat sections.

Reactions to various foods are lightly covered in a small set of entries under **Stomach, Disordered**. Much more on this subject can be found in the Generalities section under the heading of food. In some of the newer repertories all food and drink symptoms have been moved to the Generalities section. Find a rubric for hunger that increases while eating.

1.4.14 Abdomen

This is a relatively large section full of interesting words and phrases such as bubo and borborygmi. It covers the front of the body from the lower edge of the ribs to the groin, although urinary and reproductive organs are covered in their own sections. Topics include digestion and function of abdominal organs, many of which are listed by name. There are also some symptoms related to pregnancy (movement of the fetus) and menstrual discomfort, so keep this section in mind when working with female reproductive complaints. In the pain symptoms, Kent again provides a wide array of uncomfortable possibilities in both location and type. Be sure to review anatomical terms for areas of the abdomen because many symptoms are associated with location: hypogastrium, iliac, inguinal, umbilical, etc. Search through to find an entry for appendicitis under **Abdomen, Inflammation**.

1.4.15 Rectum

Here you will find amazing detail about the form and function of the lower bowel, rectum and anus. Constipation, diarrhea, hemorrhoids, worms and many other topics that are not usually discussed at the dinner table regarding the digestive tract are listed. There are also scattered references to the perineum. Find a rubric for dysentery.

1.4.16 Stool

This section describes details of color, texture, odor and modes of appearance of stool that could only have been observed in an era of chamber pots. Beginning another pattern of anatomical part (rectum) followed by discharge (stool), this section refers to the end results of digestion. If you are a parent you have probably seen most of the symptoms described here. Locate a symptom of stool with blood in it.

1.4.17 Urinary Organs: Bladder, Kidneys, Prostate, Urethra, Urine

This is one section that contains within it several subsections covering specific organs and ends with the discharge: urine. The Bladder section contains entries about the bladder itself as well as many rubrics regarding initiation and control of urination. Find a rubric for urination in bed at night while asleep.

The Kidney section is brief, focusing on pain symptoms, although there are some helpful entries such as **Kidneys, Inflammation**, that can be used for toxemia. This section is useful for repertory exercises that teach structure because it is small and well defined.

The section on the Prostate is very short, less than two pages, and is easy to miss, before moving directly into the Urethra section. It covers the form and function of the prostate gland. The remedy Chimaphila has the keynote sensation of sitting on a ball. It has been referred to as the bicycle rider's remedy. Locate a few entries in this short section that would describe this feeling and find the abbreviation 'chim' in them for this remedy.

The Urethra section covers sensations and conditions of the urethra including discharges other than urine. There are likely to be many unfamiliar terms here; look up chordee and then find the entry for it. This section is useful for repertorizing urinary tract infections where the location and nature of the pain are important. While the Prostate section applies to male anatomy only, this section covers both male and female structures.

Again, the discharge follows the anatomy, and the final subsection is Urine. Once more, there are symptoms that would not be noticed in a post-chamber-pot era, such as sediment precipitated from urine left to sit. Some of the descriptions are evocative; find the entry for the symptom of urine that is brown like cow dung in water.

1.4.18 Genitalia / Female Genitalia

The section on Genitalia focuses mainly on male reproductive structures, followed by a section for female genitalia. In some cases the same symptoms are listed under both headings with different collections of remedies. For example, **Coition, aversion to** is listed in both, though it is much larger in the Female Genitalia section, and **Coition, enjoyment, absent** is also listed in both, though much smaller in the Female Genitalia section.

The moral attitudes of Kent's era come through as well. In Generalities, there is an entry of **Onanism, after** that refers to the perceived evils of masturbation common to that time. Libido is listed in the Genitalia section under the heading of **Sexual passion**, but in the female section it is noted under the more controlled reference of **Desire**.

Both of these sections actually have some symptoms that apply to both genders, such as entries on the mental aspects of sexuality, eruptions, ulcers and condylomata. Some references to sexuality exist in the Generalities section as well, and in some newer repertories a separate section for sexuality exists.

1.4.19 Larynx & Trachea

In what seems to be a digression from the general downward pass through the body, the next section begins a series of sections related to breathing. This section covers the inner structures of the throat, coughing, voice, and even whistling (involuntary). This is useful for finding symptoms of sore throats, coughs originating in the throat, and hoarseness. For many symptoms there are separate divisions for larynx, trachea, or throat pit. Find an entry for irritation in the throat that is brought on by exposure to old air.

1.4.20 Respiration

In a reversal of the pattern of anatomy followed by function, the sections of Respiration and Cough precede the Chest section. Respiration includes all aspects of breathing, but includes no physical pulmonary rubrics. There is an unimaginable level of detail under the topic of **Respiration, Difficult**. Locate an entry for sighing, and then compare the list of related remedies to the same entry in the Mind section.

1.4.21 Cough

This section is one of the few devoted entirely to a pathological category. Kent details the circumstances and descriptions of coughs: barking, deep, dry, hollow, hacking, paroxysmal, racking, rattling, ringing, short, sibilant, tickling, tormenting, violent or whooping. Look for an entry to describe a tickling cough that originates in the pit of the throat.

1.4.22 Expectoration

This section is another dinner table pariah, detailing phlegm and sputum. Again there is an amazing array of graphic descriptions. Along with appearance, Kent covers taste and texture.

1.4.23 Chest

This section covers the structures of the chest: heart, lungs, breasts, ribs, armpits, etc. There is a lengthy list of rubrics on chest pains in the expected level of detail, and other fairly large sets of symptoms for palpitations and oppression. Find the symptoms of milk in the breasts of a girl at puberty.

1.4.24 Back

This section covers the back of the trunk from base of the skull to base of the spine. More than half of this section covers symptoms of pain. Various conditions of the spine are covered. Many of the entries are divided into anatomical categories that specify remedies for cervical, dorsal, lumbar, scapular or sacral areas. There are medical terms that may call for a dictionary, such as emprosthotonos. Look up the entry for this symptom.

1.4.25 Extremities

This is the category for limbs, covered from the joint that attaches the limb to the trunk to the finger and toenails. This is one of the biggest sections, covering close to three hundred pages. Many of the symptoms covered have locations of various joints detailed within them. Buttocks are quaintly called nates and they are in this section, not the Back section. There are large sets of entries for eruptions and itching that have correspondences in the Skin section. Cramps, difficulties in range of motion, various types and locations of pain, paralysis, swelling, twitching and weakness are all treated in this section. Along with physical symptomatology, there are behavioral topics that affect the limbs. Find the symptom of compulsive washing of the hands.

1.4.26 Sleep

Sleep and lack of it are chronicled in this section. From deep to restless to nonexistent, there are entries covering the nature of sleep, content of dreams, position of the body during sleep, times of waking, and even yawning. One popular sleep pastime is not included here; snoring is listed in the Respiration section. Locate the symptom of dreaming of journeys on horseback. In some of the newer repertories, dreams are moved to the Mind section.

1.4.27 Chill

This section covers sensations of coldness relating to both general and specific circumstances. Shivering is listed as shaking. Along with general coldness, there are entries for chills, as in fever-and-chill, with specific names for the duration of time between periods of chill: quartan, quotidian and tertian. Find an entry for someone who describes the sensation of ice water in the veins.

1.4.28 Fever

This is the opposing companion of the Chill section. In addition to the more strict definition of fever as a febrile condition, this section also covers categories of acute illnesses such as exanthematic fevers, measles, scarlatina, etc. Find references to zymotic, puerperal and petechial fevers.

1.4.29 Perspiration

This is quite a small section covering graphic descriptions and interesting concomitants for sweat. Perspiration is included in many of the other sections as subsets of symptoms, but here they are grouped as a general condition. You will use this section when perspiration affects the person in general, and use the specific locations elsewhere in the repertory when perspiration occurs on those parts. Again, there are terms you may be unfamiliar with. Look up colliquative in your dictionary. Locate entries for clammy and sticky perspiration and see the degree of overlap in the sets of remedies listed.

1.4.30 Skin

This is a general section for sensations and manifestations on the skin. As in the Perspiration section, there are entries scattered through the repertory in almost every other section because most of the other sections describe parts that covered with skin. From burning and itching to scarring, discoloration and eruptions, this section describes the scope of possible symptoms for skin. This section should be used when a skin condition is not unique to a specific area of the body. This section also covers hair. Find an entry describing the jaundice symptom of yellow skin.

1.4.31 Generalities

Symptoms that apply to the entire person are noted here, along with topics that have no individual sections such as time and environmental conditions. This section holds many modalities (better from... and worse from...) as well as symptoms such as convulsions that affect the entire body. Like the mind section, the Generalities section is used on almost every case. Look up an entry for a symptom that begins first on the left and then moves to the right side of the body.

1.4.32 Additional References

The repertory has other useful references that vary depending on which printed version you have. In the front of the book, there is a list of all the remedy abbreviations that are used in the entries, and an essay on how to use the repertory with some sample cases.

After the Generalities section, there is a listing of remedies associated with sides of the body, and affinities between remedies.

Following that is a lengthy table showing remedy relationships and supposed duration of action from Miller's writings.

Finally, there is a useful index at the very back.

1.5 Rubrics: A Title in Red Print

Rubrics are the individual entries in the sections of the repertory. Each one represents a symptom that has homeopathic significance. Some of these are phrased oddly with the words out of order. Kent rearranged the words to allow the word he thought most significant to be placed first and alphabetized. Examples are **Mind, Moral feeling, want of; Extremities, Eruptions, joints, in bends of; Stomach, Eructations, eggs, spoiled, like** and **Bladder, Urination, involuntary, cough, during**. Here is an example rubric taken from the Mind section. The symptom is followed by a list of the remedies that are associated with it. The symptom may have come out in the proving, or it may have been relieved in a clinical setting after the remedy was given.

Mind, Biting: Acon., ant-t. anthr., aster., **Bell.**, bufo, *calc.*, *camph.*, can-i., *canth.*, *carb-s.*, *carb-v.*, cic., croc., cub., *cupr.*, cur., hydr-ac., *hyos.*, hura., *lach.*, *lyss.*, op., phos., *phyt.*, plb., sec., **Stram.**, *verat.*

This rubric is located in the Mind section with the word **Biting** listed in alphabetical order among the mental symptoms. In this rubric the symptom is biting. For each rubric, you will have to learn the exact meaning of the symptom; this is more of a challenge for the mental rubrics than for some other areas. In this case, it refers to biting as a behavior, not normal use of the mouth when eating. Even though biting is done with the mouth, it is included in the Mind section, rather than the Mouth section, because it is a behavioral choice prompted by a state of mind. In this rubric, there are 29 remedies listed in alphabetical order, each with its unique abbreviation. If you have one of the newer repertories, you might see more remedies for this rubric there. The repertory has a list in the front of the book that gives the abbreviation and full name of each remedy included. The different print fonts for the remedies listed refer to the 'grade' of the remedy. The first remedy listed is always capitalized; this does not change its grade.

Each remedy has a particular reason for inclusion in the rubric, and each one can be slightly different. The remedy Aconite has profound states of fear, so a person in an Aconite state would be likely to bite out of fear. The remedy Belladonna is associated with states of rage and delusion, so the patient in a Belladonna state might bite someone out of anger. This is a different motivation than that of the Aconite state patient. The motivations for the behavior may be different for every remedy in the rubric. This is why a remedy that appears freely in rubrics that apply to a given case may not actually be appropriate to the case. As you learn more remedies in greater detail, you will understand more about why a remedy is included in a rubric.

1.5.1 Grading

As you looked at the remedies in this rubric, you may have noticed that there are different type fonts included there. The first remedies to catch your eyes are the ones in bold type; these are grade 3. These are widely associated with that symptom. Next, some remedies are printed in italics; these are grade 2. In provings and clinical use, this symptom does not occur as frequently as it does in a grade 3 remedy. Quietly present in the background are remedies in plain print; these are grade 1. This symptom is again somewhat less common for these remedies.

Grading is a point of debate among homeopaths. Some find it useful to indicate the remedies that may be the most likely choices. Others find it irrelevant, because any remedy in the rubric could be the one needed and the grading can create a bias in the mind of the practitioner, favoring the higher grades. This is especially true for new homeopaths. When in a hurry, or working with

unfamiliar remedies, it is easy to look at the bold type entries and assume that one of those must be needed! Unfortunately, this is not true. Look at what grading really means.

If the symptom under consideration was sneezing, and a proving was done of *Pollenus obnoxious*, a theoretical plant, then suppose the results showed that out of 30 provers, every one of them sneezed. Sneezing was a widely experienced symptom for the remedy. This remedy would be added to a rubric for sneezing as a grade 3 in bold type.

Now suppose that only 17 of the provers sneezed during the proving. Perhaps *Pollenus obnoxious* would be added to the sneezing rubric in italics as grade 2; just about half of the provers experienced some sneezing so it was a fairly common symptom.

Finally, suppose that only two provers had sneezing as a result of taking the remedy during the proving. The remedy might be included in the sneezing rubric in plain type as grade 1. This would be true no matter how mild or intense the symptom was, because grading relates to the frequency of occurrence of a symptom, not to its vehemence. Suppose the last 2 provers had sneezing that was non-stop and completely disrupted their lives for six days before it finally abated. For them, it was an intense, remarkable symptom of the remedy. It would still be listed as a grade 1 remedy, because only a few of the provers experienced it. In the first scenario where all of the provers did some sneezing, it could have been a mild symptom where each person sneezed once or twice. It's still in bold type because it was experienced by so many provers.

Hahnemann developed a concept of susceptibility as he was defining homeopathic principles. A person reacts to a remedy only to the extent that he or she is susceptible to its influence. In the previous example where all of the provers sneezed, Hahnemann could have concluded that *Pollenus obnoxious* was a substance with a broad susceptibility for the human population in which the proving was conducted. In the last example where only a few of the provers developed this symptom of sneezing, the susceptibility would have been more narrow. Grading can be used as an indication of the level of susceptibility an average person may have to that remedy for that symptom. However, you must keep in mind that an average holds true for a group, and cannot accurately predict for a single individual.

Based on that discussion, you can see that any remedy in the rubric could apply to your case, and you cannot rely on grading alone to give you the most likely answers, or narrow the field of search. The grades indicate the breadth of susceptibility only. Train yourself now to see every remedy in the rubric, not just those in bold type. Over time and over many cases, the remedies in bold type are likely to be used more often, but this does not mean they apply every time!

1.5.2 Representation

In addition to the variation of grades for remedies, there are some remedies that are represented in greater or lesser proportion in the repertory than may be appropriate compared to other remedies. Sulphur is a remedy that was very commonly used in Hahnemann's time, and has a very broad range of well documented symptoms. It comes up very often in repertorization because its footprint in the repertory is greater in proportion to its usefulness than many other remedies. There are other remedies that have very few entries in Kent's repertory. At the time that Kent was practicing and assembling his repertory, these remedies may not have been well understood or widely used clinically, and now much more is known about them, or circumstances in today's society contribute to creation of the state that calls for them more often. An example of this is the remedy *Anacardium*, that is used frequently today, but was not as well understood a century ago, and it has a very small footprint in the repertory.

This disparity in representation creates a bias that causes well-represented remedies to come up more often in repertorization, be selected for use, and become better understood in clinical application. This creates a perpetuating cycle that expands our knowledge and application of

them, which increases their representation in the repertory further, and increases their likelihood of selection further. Conversely, the remedies with smaller representation in the repertory are less likely to come out in repertorization, less likely to be used, and therefore less likely to have more learned about them. Certainly there are some remedy states with very limited application in human health, but there are many that would probably have much fuller symptomatology and broader use if our understanding about them were deepened. As the profession expands, and more clinical information is recorded, further provings are completed, and repertories are updated, this disparity will lessen. In the mean time, it is important to pay attention to under-represented remedies when they come up in repertory use. As you use the repertory for cases in clinical training, you will learn more about representation.

1.5.3 How to Read a Rubric

As you look at a rubric, several unusual and remarkably delusory things often happen, even to experienced homeopaths. First, any remedy that you do not know will not register in your mind, almost as if it did not exist in the rubric at all. You may not see it, even in bold type. You may have the same experience with remedies you cannot pronounce. Second, any remedy you have learned recently will become a leading choice because you will want to apply your knowledge of it. Third, any remedy that you are familiar with and know well will prompt you to run through keynotes (primary indicators) you already know about that remedy, and your mind will make a snap decision that this can or cannot be the remedy for the case because of those keynotes.

All of those are unhelpful habits, and you will help yourself by noticing them when they happen. When you read a rubric, make it a point to see each remedy included there. Say each one to yourself out loud. If you do not recognize the abbreviation for one, take time to look it up in the list at the front of the book, and at least learn its name. If you do this, you will soon know the names of all of them.

In a seminar, Vega Rozenberg, RCHom(Israel), RSHom(NA), CCH, gave a funny version of these unfortunate tendencies, giving an example of how not to read the rubric for Biting that was listed above:

“Let’s see... biting... hmmm... let’s look at that rubric...
 aconite... (turning to patient)... you don’t look scared... that’s not it...
 antimonium tart.... hmmm... he isn’t wheezing or coughing... not it...
 anthr and aster... don’t know those... can’t be it...
 belladonna... no fever, face isn’t red... nope
 bufo... no, no, frogs don’t bite people...
 calc... don’t think so... that’s for delayed dentition, no teeth yet...
 camph... what is that?
 cannibus indica... well, he doesn’t look stoned... probably not
 ...
 Lachesis... Stick your tongue out please?... doesn’t tremble... nope
 lyssin... yes!... that is from rabid dogs... those bite... this must be it!
 You need lyssin!”

This is a guaranteed way to miss the curative remedy. It may seem laughable as you read this, but one day you may find yourself doing exactly this with repertory in hand. When you do, make an effort to slow down and look at each remedy objectively.

1.5.4 Rubrics and Sub-rubrics

Each symptom may be broken down into finer levels of detail. When this happens you will see a larger rubric at the front of the list, followed by a group of smaller rubrics that are indented to show they are related to the larger one. The smaller rubrics are read and written as

concatenations of the key words in the larger rubric. For example, the rubric **Ear, Pain** is followed by a sub-rubric of **right** that describes the symptom of pain in the right ear. That rubric is written or read as **Ear, Pain, right**. Usually, only the key words are carried forward to name the sub-rubric. For example, the rubric **Mouth, Pain, burning, raw and smarting** is later followed by the location sub-rubric of **Tongue**. The sub-rubric for tongue would be written or read as **Mouth, Pain, burning, tongue**, rather than **Mouth, Pain, burning, raw and smarting, tongue** even though that is the complete concatenation of the words in the rubrics. There can be several levels of indentation, so watch carefully. Also be aware that there are many indentation errors in the repertory. You will find places where the indentation should stop but continues on with the next higher level of rubrics. Alphabetical order will help you recognize these. When you find them, it is a good idea to draw an arrow from the rubric title to the left, in order to show the proper location where it should be listed.

1.5.5 Arrangement of Rubrics

As you glance through the sections of your book, you will see that the rubrics are generally in alphabetical order, but this is broken frequently and somewhat randomly, only to resume later. This is because Kent put the rubrics into categories and then alphabetized each category. Look at the table below to see the pattern. It is a good idea to copy this pattern inside the front cover of your repertory while you are learning; it will provide a quick reference for you.

Section

Rubric (in alphabetical order)	
Laterality (i.e. left or right)	<i>These are sub-rubrics</i>
Time	
Modalities, conditions, modifiers	
Extensions (any symptom that goes from here to there)	
Locations	
Laterality	<i>These are sub-sub-rubrics</i>
Time	
Modalities, conditions, modifiers	
Extensions	
Sensation	<i>Back in sub-rubrics again</i>
Laterality	<i>Now in sub-sub-rubrics again</i>
Time	
Modalities, conditions, modifiers	
Extensions	
Locations	
Laterality	<i>These are sub-sub-sub-rubrics</i>
Time	
Modalities, conditions, modifiers	
Extensions	

As you can see, there is a specific order in which information about a symptom is defined. First, there is a general section like the Mind or Extremities. Then there is a symptom; an example is a headache. Find the general rubric **Head, Pain** in your repertory. These general rubrics are usually bigger with larger collections of rubrics in them. The general rubric **Head, Pain** is followed by more details about it; these are the sub-rubrics for that rubric. The sub-rubrics cover laterality, specific locations, sensations, modalities, and extensions of sensation from one location to another. **It is a logical assumption that all of the remedies listed in each of the smaller sub-rubrics are included in the larger general rubrics, but this is not true.**

1.5.5.1 Laterality

The first sub-rubrics describe laterality or 'sided-ness' describing pain on the left or right. These will only be included if applicable; obviously there are some symptoms such as hunger where side of part does not apply. If they are included, the right side will be listed first, even though that side is not first in alphabetical order.

1.5.5.2 Time

The next sub-rubrics relate to time. This can be described in broad categories such as day, night, morning or evening, or in specific times such as two a.m. Again, these will be present only if this category of information is applicable for the symptom. If not there will be no time sub-rubrics at this point. If present, they will be presented in the chronological order of time rather than in the alphabetical order of the words representing time.

1.5.5.3 Modalities

The next sub-rubrics are the most common entries. In this category are any factors that are relevant for the symptom and do not relate to side, time, location sensation or extension. Any circumstances that bring on or change any symptom for better or worse will be included here. If the symptom is followed by amel., then the symptom is ameliorated or made better by that condition. If the symptom is followed by aggr., the symptom is made worse by the condition. If neither is mentioned specifically, assume aggravation. If any of the sub-rubrics in this category are present, they will be listed alphabetically.

1.5.5.4 Extensions

Extensions make up the next category. This is any sensation that travels from one location to another such as pain that radiates from the jaw to the ear. These are not as plentiful as modalities, and often begin with 'ext. to'. The list of extensions, if present, will be alphabetical.

1.5.5.5 Locations

These entries detail the location of the symptom. There are none in the Mind or Sleep section, but many in the Mouth, Abdomen, Back and Extremities sections. If present, they are listed alphabetically. Sometimes 'Side' is entered as a location rather than being noted as sub-rubrics right after the general heading rubric. Locations are different from other sub-rubrics in that these locations can have sub-rubrics of their own, further describing the symptom in that specific location. These further details follow the same pattern of side, time, modalities and extensions. Look again at the schema of the structure, and notice the recursive pattern.

1.5.5.6 Sensations

This is the last of the categories Kent defined. A sensation describes the perceived feeling of the symptom, and it may be different from the apparent physiological event. A person with a high fever may have a sensation of great chilliness. Sensations are completely subjective because only the patient can tell what the symptom feels like to him or her. If present, they are again listed alphabetically. In addition, like locations, the pattern repeats itself here. Within sensations there can be details about side, time, modalities, extensions and locations with their own further details.

1.5.5.7 Example of Structure

In order to see how this structure works, open your repertory to the Extremities section and find the general rubric for pain. This is a large rubric with many, many entries. Remember that each remedy will have a different way of expressing or experiencing pain in the extremities, and those variations are further delineated in the many sub-rubrics below.

As you follow along, you will see the sub-rubrics related to laterality: right then left followed by left then right. The next entries begin the category of time, starting with morning. You can see there are sub-rubrics within the time of 'morning': in bed, toward morning, on waking, and at 4 a.m. The entries continue chronologically through times of the day and into the night. Notice the indentation as the sub-rubrics further describe the symptom, and observe how it moves further right or left depending on the level of detail.

Follow along until you reach the rubric **Extremities, Pain, air, cold, from**. This is the beginning of the modalities. Notice the alphabetical order as the entries proceed. Remember that if there is neither amel. or agg following the symptom, then agg is the default. Continue through the entries until you find **Extremities, Pain, warmth agg**. This is toward the end of the modality category. The last entry is **Extremities, Pain, wine, sour** that describes pain felt in the limbs aggravated by consuming sour wine.

The alphabetical order skips abruptly from the 'W' of wine to the 'A' of attachment of muscles. This is the beginning of the category for locations. 'Attachments' is followed by bones, flexor muscles, and joints, each with their sub-rubrics in the now familiar pattern. Under the location of joints, the entries follow the pattern of time and modalities. Follow along to find the rubric for **Extremities, Pain, joints, gouty**. In the sub-rubrics, notice the alphabetical order is disrupted after 'increase as cough diminishes'. The next entry is 'extending left to right', and this is one of the extension rubrics.

Skip over many pages, following forward to find the end of **Extremities, Pain, toes** that marks the end of the locations. The next entry is **Extremities, Pain, aching**, and this marks the beginning of the sensation rubrics. All of the locations have been reviewed, and a new category has begun. Within the symptom of aching, there are sub-rubrics with the same pattern of categories giving further information of modalities and further locations with their own details.

As you can see, there is a specific pattern and you must know where you are in the structure to accurately interpret the full symptom. Often you will know that the category has changed because the alphabetical order has been interrupted, although this is not reliable because the next category could begin at a later letter in the alphabet. Additionally, there are some places in Kent's repertory where the indentation is incorrect or words are misspelled, and in some cases, the first letter is left off of a word. These inaccuracies have been corrected in newer repertories. Remember that Kent's repertory has remained as it was at the point of the last printing in the last edition of 1957. These anomalies represent a very small percentage of the entries.

1.6 Limitations of the Repertory

The repertory is a very useful tool and stands as a tribute to the thousands of hours that practitioners and patients have devoted to documenting symptoms in relationship to remedies. It is impossible to practice homeopathy effectively without it. It does, however, have limitations that must be clearly understood.

1.6.1 Kent's repertory has many omissions.

There are many remedies, as discussed earlier, that are under-represented in rubrics to which they clearly apply. Additionally, Kent's repertory is frozen at a point in history, and does not have any information about newer remedies. There will be times when a remedy you feel is well indicated is omitted from a rubric that you are sure is key to the case. **Many times you can look in the provings and find the symptom there.** The newer repertories are more complete and this is less of a problem.

1.6.2 Some symptoms are not there.

There are many areas of human health that are not well expanded in the repertory. Sexual problems, specific learning disabilities, and very unique sensations or reactions are examples of topics you may not be able to find. Sometimes you will be able to choose a rubric that is analogous, but this is not always possible. In the newer repertory software programs, there are ways to search through the provings to find unique topics, but this has limitations as well. Accept that the extreme breadth of human experience has not yet been completely documented, and this is not likely to change during our life time. **There will always be something that cannot be found, and it is important to learn to work with what can be found.**

1.6.3 It does not replace materia medica knowledge.

Later in this text, you will learn a process similar to linear programming that uses the repertory to find the most applicable remedies for a case. That process will narrow the set of remedy choices substantially, but cannot ensure a successful result. **Remember that each remedy can have a different reason for being included in a rubric and it may or may not apply to the case at hand.**

1.6.4 It will not help solve a case that is poorly understood.

There is a great deal that must be done before the repertory is opened. If the practitioner does not understand the dynamics of the case well, then it is unlikely that the selection of rubrics will be appropriate for the case. **No matter how good the homeopath is at using the repertory, a poorly taken or poorly understood case is unlikely to find an effective answer here.** More information is given in chapter 3 on taking a case so that accurate repertorization is possible.

1.7 Veterinary Notes

Throughout this text, you will find discussion, exercises and cases for veterinary homeopathy, authored by me, Christina Chambreau, DVM. These are a new addition with the second edition. They are marked as 'Veterinary Notes'; look for them as you go through the rest of the book!

Homeopathy has long been used in veterinary medicine. The same repertory is used for work with animals, although there are some points to consider when repertorizing veterinary cases. The first people to treat animals were human homeopaths doing just what you are doing, and most of veterinary homeopathy is done by pet owners rather than by professional homeopathic vets.

You are learning how to be a homeopathic detective, to find the clues about your case in the repertory. The first people to treat animals were human homeopaths doing just what you are doing. Imagine that your chronic psoriasis is improving, and your working draft horse has such bad psoriasis under the harness that you cannot use him. You would ask your homeopath if this might help your horse. Imagine the wonderful challenge to the homeopath and how he would jump at the chance!

Hahnemann, in a lecture, said, "...animals can be cured just as safely and surely by the homeopathic method as human beings can. Perhaps I may have the honor on another occasion to speak...on the equipment and treatment of stables for sick animals." Hahnemann even felt it was easier to treat an animal because it "knows nothing of pretence, nor does it, like man, exaggerate...or hide...and invent...everything the animal reveals of its disease through symptoms is indeed a true expression of its inner state, and the pure, true image of the disease."

Ernst Rueckert, who was introduced earlier as the constructor of the first repertory, was a physician who also treated animals, and he wrote reference materials for the use of homeopathy with them: *Knowledge and Cure of the most Important Diseases of the Horse, etc., Description of the Diseases of Cattle, Sheep, Hogs, Goats and Dogs* and *Description Diagnosis and Care of the Most Important Diseases of the Horse, elaborated according to Homoeopathic Principles, for Agriculturists*. Johan Lux & Georg Weber, German veterinarians, used homeopathy in the 1830s. Animals that were treated ranged from dogs to chickens to draft horses to wild animals in the zoos, and they all responded equally well.

The first college of veterinary medicine opened in London in 1791 and in North America in 1862. In the past, most animals were treated by farriers (people who shoe horses), and they were often treated by physicians. Many small books on homeopathic treatment of farm animals with homeopathy were published from 1800 – 1910, and anecdotal reports of "Lady So-and-So's dog's vapors were cured by homeopathy" abound. Since the 1970s, four veterinarians have spearheaded the growth of homeopathy for companion and domestic animals. We are deeply indebted to George MacLeod and Christopher Day of England, and Richard Pitcairn and Edgar Shaeffer of the United States for their courageous leadership and tutorship. I have been blessed to know all four.

Animals have contributed a lot to homeopathy's growing acceptance because very few people would claim that animals exhibit the placebo effect. Some say that the person's belief could make the animal well, but frequently the owners are initially very skeptical, or remedies are given to wild animals with an extended connection to the administrator of the remedy.

1.7.1 Provings are not done on Animals

The early homeopaths proved remedies with human subjects, and as you may already know, human symptoms are frequently the same as animal symptoms. This is one reason we do not

need to do provings on animals. The historical provings have elicited from humans, who are the most articulate species, all the symptoms needed to match the disordered vital force of ill animals and even plants.

Provings frequently produce “sensation as if” symptoms. A person reports that it feels as if her esophagus is enlarging or dilating. This occurs while there is a disruption on a functional or energetic level, and the proving state does not carry into physical pathology. Because an animal cannot articulate the experience of what happens at a functional or energetic level, the animal would have to be given the proving remedy long enough to actually cause the dilation of the esophagus with the concurrent regurgitation. This would be a horrible experience for the dog, and would be totally unnecessary.

1.7.2 The Same Principles Apply to Non-verbal Cases

We still follow the founding homeopaths’ methods for veterinary cases. A person prescribing for animals adheres to the same rules Samuel Hahnemann wrote about in *The Organon*, uses the repertory to narrow the choice of remedies down to a few good choices, and then reads materia medica texts based on the provings of the remedies. While there are a few books written specifically about homeopathy for animals, they all are based on standard homeopathic principles and refer to the same books written for the treatment of people.

Still, there must be some differences in how to use the repertory with animals! Yes, there are. Even with different people, different approaches are needed. What is the main difference between people and animals? Most people can tell us what they are feeling and the possible cause of their problems. People can also be mistaken about themselves, or deliberately deceive their practitioner. Animals cannot do this. Neither can the many non-verbal humans like infants or the mentally disabled, nor those in a coma or with certain neurological problems like Alzheimer’s. These humans and animals are successfully treated without being able to talk or articulate their disease process.

Animals cannot tell us what sensations they are having, or what triggers their cough, sneeze, vomiting, etc. They, like infants or non-verbal humans, cannot tell us if an emotion or a memory has made symptoms worse. They cannot tell us how limiting this symptom is to their lives. We can observe clearly their physical symptoms and some mental symptoms like screaming with pain or starting from noise. How can we tell if they are biting or barking because of a healthy desire to protect their homes, or if they are motivated by fear or anger or anxiety? You can make assumptions, but you must also learn to observe carefully. There are ways to analyze cases even with this inherent problem. Some symptoms are described through words, and others are described through actions, behaviors and physical signs.

1.7.3 Case-Taking is Different

Whether your subject is an animal or a human, it is important to elicit symptoms carefully. However, with non-verbal cases, you may need to set up conditions to help you determine the symptoms. Test for modalities. You can put a hot compress on the sore leg, then a cold one. Which feels better or helps the symptoms the most? Offer warm liquids and iced liquids. Put out a heating pad or offer a cooled area or fan, and see where your animal prefers to stay. These kinds of tests may replace a verbal description of some symptoms.

As you write your notes about the case, divide the symptoms into two groups: those that are *clear, observable, unarguable symptoms* and those that are *interpreted or vague symptoms*. Look them all up in the repertory. Based on what you find, you may discover that you have a third group – *great symptoms that are not in the repertory*. For these you will have to read through the materia medica texts. Look for the most important factors of the case; use symptoms that repeat, are unusual and/or are very strong. Use the etiology (never well since the trailer crash) if you can

identify one. Notice important symptoms that reflect a change from normal. Be aware of life threatening symptoms.

As with people, if a symptom is key to the case, use it and **do not explain it away**. Do not let your prejudices about particular breeds lead you astray. Most Jersey cows are sweet. That does not mean an irritable Jersey cow, who has always been that way, needs to be cured of irritability. Terriers are often hyper, but if the hyperactivity is really a problem for the dog itself you can still use the symptom. Not all black animals seek cool areas and some even bask in the heat, so you cannot explain away the symptom of a black cat consistently seeking cool areas as normal because the cat is black. The following examples are not necessarily symptoms to use, and may identify your biases: 'All shepherds have hip dysplasia'; 'All Pit bulls desire to kill'; 'It is odd for cats to like yogurt'; 'Drooling is because of nausea'; 'Eating grass is a desire for a strange thing'. Any of these would only be useful if important for the individual case. Further classes, more practice, more observation of reactions to carefully chosen remedies, and talking with other animal homeopaths will help you understand what is key to a case and help you to discover your biases.

Animals, even more than people, have influences in their case from allopathic medical practices. They are given multiple yearly vaccinations. They receive both drugs to treat illnesses and many drugs to prevent infestation from parasites. They live close to the ground where we use toxins, indoors and outdoors. While most animals, at some time in their road to cure may need a remedy because of the degree of over-vaccination, do not use the rubric **Generalities; vaccination, after**, unless this animal was affected by or never well since the drugs and the vaccines.

1.7.4 Anatomy is Different

Unique for animal prescribing is that animal anatomy is not always the same as human anatomy. You will need to know anatomy or have books with charts that compare the bones of a human to each different animal species. You must compare **bone to bone, and organ to organ**. What you think is the 'knee' on a horse, is really the carpus, or 'wrist' on a person. The wing tips of the bird are the fingers and the talons are the toes. People do not have anal glands, third eyelids or tails, so you just cannot use symptoms in those organs for repertorizing. Sometimes you may be able to find corollaries that you can use as a possible substitute. You can, if needed, use

Generalities, glands for symptoms of anal glands, or **Eye, Inflammation** for third eyelid problems. This type of extrapolation provides a rubric of lower value, but may still be used. Women have menses and there are a lot of rubrics about menses. Some animals (horses) have monthly heat cycles, some have one or two heats a year. So heat does equal menses and could start late, be copious, etc, compared to what is normal for that kind of animal.

1.7.5 Creative Thought Process About Symptoms

Be precise in your collection of the symptom, then *be creative* in thinking of other words to describe it. Keep looking for a rubric that accurately matches the symptom. Do not settle for close. When you think you have found the rubric, say it out loud and ask yourself if it *really fits the symptom*. This is the biggest challenge.

If your cat vomits four hours after eating and this four hour delay is consistent, you cannot use any of the sub-rubrics in the Stomach section because your choices include **Stomach, Vomiting, eating, immediately after, ... 5-6 hours after, ... one day after, ... days later**, etc. None of these describe vomiting exactly four hours after eating. If your dog has stopped eating breakfast, you may find the rubric **Stomach, appetite wanting, morning**. As you read the rubric back to yourself, you might realize that your dog stopped eating breakfast when your work schedule changed and you started feeding her commercial food for breakfast.

So the rubric is not accurate because there was no imbalance in the vital force causing the symptom – it was a *lifestyle problem*. This comes up in human cases also due to assumptions by the practitioner. It may be more of a problem with animals because the dog cannot tell you whether she does not want to eat in the mornings because she is not hungry or because she doesn't like the food.

Another dog became very thirsty in the morning and stopped eating breakfast. You find both of these rubrics: **Stomach, Thirst, morning** and **Stomach, Appetite wanting, morning**. But does either of those *fully describe the problem*? So you keep looking and find **Stomach, Appetite wanting, thirst, with**. A person would be able to describe the problem for you. Perhaps she would explain that she is so thirsty that she drinks until she is full of water and then does not want to eat. She could tell you whether or not this happens at other times of the day when she drinks and then is not hungry, or if it just occurs in the morning. An animal cannot tell you those details, so you must observe more carefully and see if either the thirst or lack of appetite happens only in the morning. Based on your observations, you can then make a judgment of which rubrics best describe the symptom. Remember that you need to find rubrics that fully described the problem.

1.7.6 Accept That You Won't Find Everything

There are some symptoms that may be completely unique to a bird, fish, or pet tarantula that have not been clearly demonstrated in human provings. These may not exist in our *materia medica*. It is also possible that your lack of experience may interfere with your ability to find accurate rubrics. Remember that you do not need to find every symptom in the repertory. This is true for human cases, too. Some things just are not in there. Learn to work with what you *can* find.

The animal symptoms that are not in the repertory can still help you narrow the choices when you are reading the *materia medica* texts to choose a remedy. They may be useful when evaluating how the animal is responding to treatment. There may be a time when none of the animal's symptoms are clear and then you do the best you can.

1.7.7 What about a Repertory for Animals

Animal repertories have been frequently requested but, in my opinion, they are not critically needed. It seems to be a nice idea to have a repertory without sections that do not seem to apply to animals (like the many types of headaches) and include unique animal symptoms (anal glands, third eyelids, hooves). There are animal additions in the Synthesis repertory, and Christopher Day has mini-repertories as part of his book, *Homeopathic Treatment of Small Animals*. Others have published small, mostly therapeutic repertories. I suggest you focus on learning Kent's repertory as the selection of a curative remedy will rarely depend on one uniquely animal symptom that is not in human repertories. If in the future, a governing board for repertory data management is created (see section 1.2.6), then the structure would be in place to add unique animal symptoms to the repertory as it grows.

1.8 Study Techniques

Here are some suggestions to assist you in learning the contents of the repertory.

- A. **Scan through a section each night** before you go to sleep.
- B. **Each time you see an abbreviation of a remedy that you do not know, look in the remedy list to find the name of the remedy.** If you have time, read a little about it in a materia medica keynotes reference like Morrison's *Desktop Guide*, Boericke or Phatak's *Materia Medicas* or Allen's *Keynotes*. With frequent repetition, your materia medica knowledge will gradually become quite broad.
- C. **Pick a rubric of the day, and spend the day imagining that you were experiencing that symptom.** How would having that symptom change your thoughts, activities, limitations, or experiences? It gives you some depth of understanding about the state that symptom helps to define.
- D. **For the mental rubrics, look up the words of the symptom** in the dictionary or in *The Mind Defined* reference book. Make sure you understand what is meant by mirth, misanthropy, malicious, moaning, etc.
- E. When you are reading about a case in a journal article or book, and a rubric is mentioned, **get out your repertory and look up the rubric.** What remedies are listed?
- F. In the evening, keep your repertory with you as you sit in front of your television. When you are **watching a program or movie on television, use the time during commercials to look up the symptoms displayed by the people in the program or movie.**
- G. **When you see a word that you do not recognize in a rubric, stop and look the word up in the dictionary.** It may seem like a waste of time, but you may need that symptom for the next case you analyze.
- H. **When you see a reference to an anatomical location that you are unsure about, get out your anatomy book and look it up.** You need to be clear about the location references to select rubrics accurately, and you will soon learn them if you do this.
- I. **Make your own index for each section.** Use small sheets of paper to list the rubric titles and major sub-rubrics. Dr. Chambreau's index for the Mind section is four small sheets of 34 lines each. She can quickly scan these sheets to get an idea of what rubric would describe an animal's symptom. The beginning of her list reads as follows: abandoned, abrupt, absent-minded, absorbed, abstraction. For those treating animals, leave out any rubric title that you do not think you will use. You can keep these small paper indices in your repertory at the beginning of each section for quick reference. You can also include the organs covered in each section. Then you can quickly check to find the section you want.
- J. **Mark the categories of the rubrics. Pick a small section of the repertory.** Hearing, Vision, Larynx & Trachea, Chill or Perspiration are all good candidates. **With a red pencil, draw a horizontal line between rubrics at each point that the category changes.** For example, there would be a general rubric, (red line), a collection of rubrics for laterality, (red line), some rubrics for time, (red line), a few modalities, (red line), an extension rubric, (red line), a couple of location rubrics, (red line), a side sub-rubric for the location, (red line), an extension sub-rubric for the location, (red line), a collection of sensation rubrics, (red line), time sub-rubrics for the sensation, (red line), etc. Basically, draw a red line for anything that disrupts the alphabetical order of rubrics and sub-rubrics,

although this is not a guaranteed method. Look carefully to see when the category changes. The purpose of the exercise is to ensure that you thoroughly understand the structure Kent uses for arrangement of rubrics.

- K. **Practice using the index** in the back of the repertory. Make a list of seven symptoms you have experienced at some point during your life; for this exercise, fairly broad categories may be a better idea. Use the index at the back of the repertory to locate rubrics for the symptom you experienced. If there are several references listed, look up each one and note which of the rubrics or sub-rubrics applied most specifically to the condition you experienced. You can also do this for a veterinary case by listing symptoms from a pet.

1.9 Exercises

1.9.1 Make a Mini-Repertory

Create a tiny repertory with only two remedies in it. Choose two of the following remedies; for each one of your choices, read through the remedy provings or materia medica references by Clark, Allen, Herring, Boericke, Gibson, Farrington, Phatak, etc. Make a list of at least twenty separate symptoms that apply to the remedy. Assign each symptom a section title, and arrange symptoms in the order they would follow if they were in Kent's repertory. Once the list is complete, find real rubrics in Kent's repertory for these symptoms. Note the section, rubric and sub-rubrics. For each rubric, notice if the remedies you chose are included in the remedy list.

Choose remedies from this list: camphora, ceanothus, chimaphila, cimex, coccus cacti, coccinella septempunctata, craetegus, crocus, curare or cyprepedium.

1.9.2 Section Identification

Name the section of the repertory where you would find each of the symptoms given below:

- | | |
|----------------------------|---------------------------------------|
| 1. Wounds that heal slowly | 15. Chronic colds |
| 2. Stuttering | 16. Menstrual cramps |
| 3. Sleepwalking | 17. Pain in the neck |
| 4. Sweating at night | 18. Dreams of robbers |
| 5. Soreness in the armpits | 19. Buzzing in the ears |
| 6. Warts | 20. Pounding of the heart |
| 7. Excess facial hair | 21. Aggravation from warm food |
| 8. Psoriasis | 22. Bedwetting |
| 9. Swollen glands | 23. Lost voice |
| 10. Snow blindness | 24. Embarrassment |
| 11. Mastitis | 25. Chronic fatigue |
| 12. Explosive diarrhea | 26. Ravenous hunger |
| 13. Motion sickness | 27. Herpetic eruptions on the scrotum |
| 14. Rapid pulse | 28. Vitiligo on the hand |

1.9.3 What type of rubric is it?

For each of the rubrics listed below, identify its type: rubric, side of part, location, modality, extension, sensation or time.

- | | |
|-----------------------------|--|
| 1. Head, Pain, sides, right | 9. Ear, Noises, blowing nose, when |
| 2. Face, Itching, cheeks | 10. Extremities, Cramps, thigh, night |
| 3. Sleep, Dreams, busy | 11. Urine, Copious, fever, during |
| 4. Chill, Anger, after | 12. Hearing, Impaired, evening |
| 5. Eye, Pain, periodic | 13. Mind, Irresolution, acts in |
| 6. Abdomen, pain, dragging | 14. Throat, Jerking, to pit of stomach |
| 7. Skin, Ulcers, tingling | 15. Stomach, Nausea, sewing, from |
| 8. Vertigo, Floating, as if | 16. Chest, Pain, heart, ext. to left arm |

1.9.4 Match the remedy to the abbreviation.

Locate the repertorization forms located in the back of the book. Using the double page repertorization sheet, make a list of each of the remedy abbreviations, and then write the full name of each of the associated remedies.

Chapter 2:

*Practical
Use of the
Repertory*

2.1 Additions and Cross-References

So you know a bit about how to find things in the repertory now, at least as far as getting to the right section. Before we go any further, you need to learn two very important skills that relate to making your repertory your own. The first is how to make additions to your repertory. The second is how to add cross-references and notes. Be sure to have a pen handy.

2.1.1 Additions

As we mentioned earlier, Kent left a few gaps here and there. There are mistakes and omissions, some of which you have the power to correct as they come to your attention. In articles you read or lectures you attend, or eventually through your own experience, you will learn of remedies that you will want to add to a particular rubric, or new rubrics that you can add to your repertory.

To add a remedy to a rubric, write the abbreviation for that remedy in the margin beside the others listed there, noting the relative grade. If you are not sure of the abbreviation, check the list at the beginning of your repertory to find it; be sure you have the correct one as many of them are similar. There are a few different methods for noting grade: capitalization, underlining, and numbers. Choose one that you think will work well for you and use that strategy to write in your additions. In the previous chapter, the concept of grade was discussed, and I gave my opinion that I do not use grade as a primary consideration in my case analysis; there are other homeopaths that find it to be quite useful. Until you have enough experience to decide how valuable you think grade can be in your casework, it is a good idea to preserve notations of it. The methods of underlining and suffixing with a number may be familiar to you from reading articles in homeopathic journals, as the strength or intensity of a client's symptom is sometimes noted in this way. There is **not** a clear association from this case notation to grade in a rubric, because the grade in a rubric is related to how common a symptom is among provers, not to its intensity. However, this association is sometimes mistakenly assumed because of the methods of underlining and suffixing with numbers that are used to note both grade in the repertory and symptom intensity in case reports.

You can also add the source of the addition (i.e. the lecturer or author's name); source information is useful for reference later, and is a good idea if you have room on the page to add a name or initials. Another way to do this is to make an index of sources in the front of the repertory with a number assigned to each source, and then note the rubric or remedy with the source number. This is the way sources are noted in some of the later repertories.

Grade	Capitalization method	Underline method	Number method
Bold type highest grade	Make the addition with all letters in the remedy abbreviation CAPITALIZED	Underline the added remedy abbreviation three times	Follow the new remedy abbreviation by the number 3 enclosed in parentheses, i.e. (3)
Italic type medium grade	Write the new remedy abbreviation with only the first letter Capitalized	Underline the added remedy abbreviation twice	Follow the new remedy abbreviation with (2)
Plain type lowest grade	Write the new remedy abbreviation with all letters in lower case	Underline the added remedy abbreviation once	Follow the new remedy abbreviation with (1)

Another type of addition is an upgrade of a remedy that already exists in a rubric. Sometimes when a remedy shows itself to be more commonly indicated for a condition than previously thought, it merits a reflection of that change in status for the relevant rubric. To promote a grade one remedy (plain type) to grade two (italics), underline the remedy. To promote a remedy to grade three (bold type), draw a small box around it to make it stand out. Alternatively, you can add 2 or 3 underlines to increase the remedy to medium or high grade. These types of additions work best in colored ink, as black ink does not show up well. Try blue or red ink to make them visible. A felt tip pen is not a good choice for this kind of work as it bleeds through to the other side of the page, especially for some of the larger repertories that are printed on very thin paper.

Now that you know how, take this opportunity to make these useful additions to your repertory. The rubric is listed as you will see it in your book, and the additions follow as you will write them in. These are actual additions I have made to my repertory from a variety of sources. Depending on the specific repertory you are using, some of these may already be included in your version. As you read through these and make the additions on your book, be sure to look at the grade of each addition and remember the guidelines from above.

Section, Rubric	Remedy Additions (using various methods)
Mind, Fear, poverty Mind, Grief, silent Mind, Unreal, everything seems Head, Injuries of the head, after Abdomen, hernia, umbilical	PLAT (capitalization) <u>ip.</u> , <u>ph-ac.</u> (underline) nux-m., med. (capitalization) calen.(1), chin.(2), cocc.(1), hell.(2), hyos.(2), kali-p.(2), led.(1), lob.(1), mang.(1), rhus-t.(2), teucr.(1), zinc(1) (number) upgrade Calc to highest grade by drawing a box around it or underlining 3 times

Next, try adding some entire rubrics. Try to write them in where they would occur based on alphabetical order, but it isn't always possible. Sometimes it is helpful to draw an arrow from your new rubric written in the page margin to the location where it should be on the page. Various methods are used here to note the grade of each remedy.

Mind, Grief, ailments from death of a child: calc.(1), caust.(1), gels.(2), ign.(3), kali-br.(1), lach.(1), nux-v.(1), ph-ac.(1), plat.(1), staph.(1), sulph.(1)
Stomach, Hiccough, eating, after, in infants: PULS., Lyc., Calc., nux-v
External Throat, Goiter with thyrotoxicosis: Apis., arg-n., ars., aur., Calc-f., Calc-i., Con., Fl-ac., gels., Hecla., lyc., lycps., Phyt., petr., puls., Psor., sil., thuj.
Mind, Anxiety, health, about, painful, debilitating illness: lyc.
heart disease: kali-ar.

As a final comment, be cautious about adding to your repertory unless the source is a reliable one. Just because you have seen a symptom in a case where a particular remedy worked well does not mean that a distinct correspondence between that remedy and that symptom has been reliably established. It is a good idea to wait until a symptom/remedy connection has been confirmed at least three times.

2.1.2 Cross-references and Notes

No one else thinks exactly like you do... or like Kent did for that matter. Each of us has our own linguistic style and set of mental associations that will cause us to use the repertory in a slightly different way. One of the things that exasperates new repertory users is knowing that some rubric

they want is in there somewhere, but not where they can find it. **When you are looking for something, go to the place where you would have described that symptom.** If you do not find it there, you will have to think of synonyms, adjectives, and other possibilities. Keep looking in other places until you find it. If you get stuck, try other sections where it might be located, or try using the index in the back of the book.

After you finally find it, the most important thing you can do for yourself is to make a notation in the first place you looked, telling yourself where you actually found the rubric. If you looked there first this time, then it is very likely that you will look there first next time as well, and then you will have a note to direct you properly. This is one of the kindest gifts you can give yourself as a homeopath and will save you hours of frustration and annoyance. Being unable to find a rubric the first time is bad enough, but to know that you have found it in the past and then be unable to locate it again is maddening. If you have made your own index for each section, as discussed previously in chapter 1, you may want to add these cross references to it.

Take time to make a note in the place where you looked first, giving the actual name of the rubric.

These notations are your cross-references, and they will become a private set of 'arrows' within your repertory, reminding you that although you think of a symptom as 'guilt', Kent called it 'anxiety of conscience.' Write down your word or phrase followed by an equal sign and then Kent's word or phrase. In the mental symptoms, these cross-references are sometimes approximations or interpretations of Kent's intent. Or they may be suggestions for another rubric when the word I want is not listed. David Sault's *Key to the Mental Rubrics of Kent's Repertory* is a valuable source for these. It is well worth your time to read through it and make some notes in your repertory to help you make use of what you find. This collection of cross-references will be different for each homeopath, because each one has his or her own understanding or wording for symptoms. Below are some suggestions you may want to include. Many of these are 'best options' rather than exact matches. Write these in to your repertory in the margin of the appropriate page, as close as you can get to the correct location for the first word or phrase. I prefer the top of the page and an arrow to the proper spot, if possible, as I notice them more quickly that way. Try adding these:

<p>Mind section: Competitive = Envy or Jealousy Dreams = See Sleep section Grandiose = Fancies, exultation of Guilt = Anxiety, conscience, of Humiliation = Mortification Imagination = Fancies Judgmental = Censorious or Dictatorial Messy = Heedless Music amel = Sensitive, noise to, music amel Overwhelmed = Discouraged, Despair Philosophizing = Ideas, abundant or Theorizing Spacy = Concentration, difficult or Thoughts, wandering Stutter = Mouth, Speech, difficult, stammering</p>	<p>Mouth section: Thrush = see Aphthae Drooling = Salivation Tongue pictures = Discoloration, tongue</p> <p>Stomach section: Disordered = see Generalities, Food</p> <p>Kidneys section: Toxemia = see Inflammation</p>
---	---

When making notations like these in your repertory, remember that these cross references are solely for your benefit. You can put anything you want in there. When I first started using the repertory, I would write in definitions of some of the odd words. By the rubric **Mind, Libertinism**, I have written 'lewdness.' I also have clinical hints scribbled here and there. By **Throat, Inflammation, follicular**, I have written a note indicating that yellow follicular matter usually indicates staph infection, and white matter usually indicates strep infection. Under

Stomach, Desires, I have added a note to remind myself that chewing ice can be a sign of anemia. The point here is that your repertory is a tool, and any information you feel is appropriate will assist you as a homeopath. The additions and cross-references that you choose to include will save you time, give you ideas, and remind you of things you had forgotten. Be conscientious and accurate with them and you will increase your effectiveness with the repertory.

2.1.3 Veterinary notes

Here are some new rubrics that apply to veterinary cases. Their sources are noted. In one of the rubrics, you will find a general reference note to another rubric in the mind section.

Mind, Fearful feral cats: acon., gels., nux-v, stram. (Pitcairn)

Nose, Sneezing, reverse: lyss. Note: also use rubric **Mind, Hydrophobia** (Chambreau)

Mouth, Chew hard food, can't: graph. (Pitcairn)

Bladder, Urinates in receptacles: Nat-m. (Herscu)

Stomach, Emaciation with regular appetite: Ars., ars-i., iod., lyc., nat-m., sulph. (Pitcairn)

Stomach, Desires, licking anything: ars., bell., calc., graph., nit-ac., sulph. (Pitcairn)

Stomach, Desires, dry pet food: alum.(1), bell.(1), Nat-m.(2), sulph.(1) (Pitcairn)

Remember that these notes can be whatever you need to help you use your repertory well. My students have found it useful to create an additional small index of what body parts are covered in each section, so you can quickly look at the index of Chest and Abdomen to find which has the diaphragm. Notations about animal symptoms are very helpful. Here are some that you may want to add to your repertory. As you study and use your repertory you will find many more to add.

Section	Notes to add
Rectum	'Anal Glands' not in repertory; try Generalities, Glands or Rectum, Abscess, perineum , but these are not very accurate correspondences.
Skin or Generalities	'Fur' mostly in Head, Hair
External Throat	Hyperthyroidism = Goitre, exophthalmic
Mind	Aggressive animals: see rubrics for quarrelsome; misanthropic; hatred; jealousy; kill, desire to; rage; anger; violent, malicious, irritability, dictatorial Compulsive behavior like barking or licking: see rubrics for monomania, absorbed, hydrophobia (rabies miasm) Never well since rabies vaccination = Mind, Hydrophobia Separation anxiety = rubrics for fear, alone, of being; company, desire for, alone, while agg; forsaken feeling; destructiveness; malicious; anxiety, alone when
Genitalia	Cryptorchidism = Genitalia, Retraction, testes
Chest	All milk problems = Chest, Milk

2.2 Finding that Rubric

In order to help clients with your repertory, you will need ready access to the rubrics you seek. The remaining portion of this section of the book contains lists of symptoms for which you can locate rubrics. Go through each of the following steps to come up with your answers.

2.2.1 How would Kent phrase it?

Remember that Kent lived and worked in a previous century, and his linguistic preferences are probably different than yours. You can try looking for the words or phrases you think of first, but the rubric you seek may very well be listed under a synonym so keep an open mind. If there is more than one word in the phrase, try looking for each different word because Kent sometimes altered the order of the words in a phrase to alphabetize what he felt was the most significant word. Additionally, Kent used different terms for pathology than we use today, such as

Abdomen, Inflammation, liver, instead of hepatitis. You may be able to find what you are looking for by searching rubrics that are related to the organ or tissue the symptom affects. Remember that diagnostic terms are often not very helpful in homeopathy because they do little to describe how the individual experiences the symptoms of that disease. Look for the specific symptoms rather than the diagnostic label.

2.2.2 Where is it?

Once you have chosen the verbiage to look up, pick a likely section and try it. If you cannot find it in the section you checked first, consider the possibility of other sections, or perhaps something in the Generalities section. Regardless of how many places you have to look before you find it, remember to go back to the first place you tried and write yourself a note for next time. The symptom you want may be listed in multiple places. For example, skin eruptions on an elbow could be found in rubrics under Skin and also under Extremities. If you can't find it, remember the index at the back of the book. The indices you created in the exercises in Chapter 1 will also be useful for this.

2.2.3 Is this precisely it?

Once you have found a likely candidate, take a moment to evaluate how closely the rubric matches the symptom you have in mind. You want something that really applies. My students sometimes accuse me of splitting hairs, but it is important to find the exact rubric if possible. Sometimes a rubric will be more or less specific than you need. For example, if the symptom stated was, "I just can't handle the heat of summer," then you need a rubric describing a person who is aggravated by heat of summer. If you look in **Generalities** for heat, you will find **Heat, flushes of**, and **Heat, sensation of**. These refer to the experience or sensation of heat within the person, which Kent may have used to describe fever, rather than heat external to the person, so they are not very applicable to this case. **Heated, becoming** is a possibility because it could describe the person becoming heated while it was hot in the summer, but the person did not actually say he or she became heated. Another option is **Generalities, Summer, in**, but this rubric is not exact; there are other factors in summer than heat such as sun and pollen that aggravate symptoms, and not all summers are hot. Perhaps the best choice is **Generalities, Warm agg.**, which defines warmth as a condition that aggravates the person. It would be ideal if there were a rubric like **Generalities, Heat, summer, of, agg.** but there is not one so you will have to make do with what you can find.

As you look for a specific rubric, you will often find other related rubrics nearby which could possibly apply, so look around and then try to find the best fit. If a person says that his throat is sore when he eats potato chips, then a rubric about throat pain from eating food might apply; a more specific one about throat pain from eating oysters probably would not. A rubric like throat pain from eating popcorn might be close enough, but if there is no rubric specifically about potato

chips then it is better to be conservative and stick with a larger, more general rubric, i.e. just plain throat pain or throat pain from eating. As you work with the repertory more, you will get better at discerning which rubrics apply, which ones assume too much based on the symptoms at hand, which ones are obviously not applicable. For now, try to be as accurate as you can. If in doubt, choose a larger, more general rubric.

2.2.4 Are there others?

Having found a rubric for the symptom does not actually mean that you are done. For the following exercises, give yourself a bit more time to see if there are other rubrics that could apply. Your goal here is to learn the repertory, not just to get through the exercises. If you can find other rubrics, perhaps in other sections that describe the same symptom, then note them down. The index is good for finding other possibilities. This skill will help you in your casework because you will have more reference options. Very often, Kent had rubrics that are quite similar in phrasing, but have slightly different collections of remedies in them. The time you spend looking around now will serve you well later.

2.2.5 Write them down in the correct format.

Once you have located the rubric or rubrics you feel are the most applicable for the symptom given in the following exercises, write them down in the correct format. Be sure to list the section, rubric, sub-rubric, etc. Avoid writing a few key words of the symptom instead. It is important to specify the full rubric in correct notation; sometimes a rubric that is clear to you now may not be clear later. For example, there are rubrics related to vomiting after coughing in both the Cough and Stomach sections. If you only write down the rubric as 'cough, vomit', which isn't actually a rubric, then you may not be able to tell later which rubric you actually used. Use of correct notation will be expected of you in case analysis essays you write for assignments, articles you may publish in the future, and certification exams you may eventually take. It is a good habit to develop. Capitalize the section name and the first word in the rubric, and separate the various words by commas as you see in the examples in this book.

2.3 The Keen Edge of Differentiation

Locating a rubric is only part of the task. As was just covered in the discussion on finding rubrics, there is much involved in learning to select the most appropriate rubric when there are several options available. Differentiation between rubrics can be a very subtle process. You must learn to see clearly what does and does not apply, what is and is not included in the scope of a rubric.

2.3.1 Subtleties of the Language

It seems to me that it would be quite hard to practice homeopathy effectively in a setting where a constitutional case was taken in a language other than the homeopath's native speech. Within any language there are small shadings of difference between similar words that relate to cultural experience, gender, innuendo, intensity and idiom. It is challenging enough to evaluate all of those in a native language!

In order to be a competent homeopath, you must look carefully at the words used by the client, and perceive the meaning within and sometimes even behind them. You must do the same with the repertory. Linguistics is more of an issue with the Mind section than with any of the others. As was mentioned earlier, there is much similarity between many rubrics, and you will learn when one applies more than another. There are subtle differences between jealousy and envy, between a suicidal disposition and a desire for death, between hatred and misanthropy. Sometimes the differences are shades of intensity. Loathing of life is milder than a desire for death, which is yet less severe than suicidal disposition. You will need to spend time pondering what these mental states are in order to use the repertory well. As an example, think of anger. Anger can be any of the following:

- grouchy and snappy as in **Mind, Irritability**
- hot and more intense as in **Mind, Rage, fury**
- coldly vicious as in **Mind, Misanthropy**
- rebellious and heedless as in **Mind, Defiant**
- sour and argumentative as in **Mind, Quarrelsome**
- disagreeable as in **Mind, Contradict, disposition to**
- abusive as in **Mind, Violence**
- primitive as in **Mind, Wildness**

These variations in interpretation of a word also apply to physical symptoms such as descriptions of coughs (ringing, barking, hollow, metallic or sonorous). While it is likely that Kent had a clear idea of what each of these adjectives meant with respect to coughs, it seems unlikely that any 10 people who listened to a cough would agree on the specific adjective to describe it.

2.3.2 Differentiation

In some of the sections that follow, there are exercises in differentiation between rubrics. To complete the exercise, go through these three steps. First, define each of the rubrics being compared. Use your dictionary and look up all the mental references and any of the physical words about which you are unsure. Write these definitions own. Second, think of a situation where the two rubrics could both look valid for the symptom in order to identify the overlap between them. Ask yourself, "Can condition X look like condition Y?" Finally, think of a situation for each rubric where one would apply and the other would not in order to identify the separation between the two. Again, ask yourself how condition X can look completely different than condition Y. Write these down also. When you are doing these exercises, take time to think deeply about the similarities and differences between the rubrics. Once again, the time you invest in these exercises now will assist you as a homeopath later when the meanings of the rubrics are more clear to you.

After you finish, you can review the sample answers given in the appendix. Be flexible in your view of right and wrong answers. The sample answers given are not exclusive; they are starting points. Your answers may be different and also valid. The point of the exercises is to build familiarity with the repertory, rather than to get the 'right' answer. Take advantage of this opportunity to learn. You will not develop the same depth of understanding by reading someone else's answers as you would by coming up with your own. It will help you to exercise the thought processes of critical thinking that are called for here.

2.3.3 Veterinary notes

Animals, indeed, speak a language different than the homeopath speaks. Because there is no specific statement, assumptions have to be made. Is the cat vomiting before breakfast or upon waking? Is the dog jealous or dictatorial? Does the pet desire open air or just like chasing butterflies? When using the repertory for animal symptoms, you will often write down more than one rubric that might be appropriate. That is fine. Remember that the repertory does not choose your remedy; it merely narrows the choices. You can do a different analysis with each rubric. Consider various options.

As you go through the exercises that follow, be aware that many of the rubrics listed for human cases also apply to animal cases. As you find each rubric, consider how that rubric might be applicable to a pet as well as a human.

2.4 Mental / Behavioral Symptoms

The Mind section of the repertory is one of the most crucial for you to understand and use well. Almost every case has some mental or behavioral aspect to it, and you will spend much time with these rubrics in your casework. As you complete the exercises for this section, wander around to see what is there. Remember that there are behavioral symptoms throughout the repertory, and there are mental symptoms in the Generalities section as well. Be careful about making assumptions about the mental state of individuals, especially those who cannot state specific symptoms: babies, people in comas, etc. As practitioners, we may sometimes conjecture about the state of the patient, but this is likely to be unreliable. Because of the importance of this section, the exercises are longer than those for other sections.

2.4.1 Differentiate

1. Jealousy / Envy
2. Company, aversion to / Spoken to, averse to being
3. Thinking, aversion to / Dullness
4. Discouraged / Indifference
5. Dream, as if in a / Unreal, everything seems
6. Succeeds, never / Undertakes many things, perseveres in nothing
7. Stupefaction / Indifference
8. Religious affections / Superstitious
9. Sulky / Weeping
10. Remorse / Anxiety, conscience of (as if guilty of a crime)

2.4.2 Locate

1. I'm a shoplifter.
2. I'm always afraid something bad will happen.
3. People say I'm a workaholic.
4. I lay awake at night worrying about everything.
5. She refuses to answer questions.
6. He gets angry when people disagree with him.
7. I was arrested for streaking.
8. The tiniest sounds really bother me.
9. I'm pretty spacey.
10. I am just a couch potato; I waste the day sitting in front of the TV.
11. I'm painfully shy.
12. Little things bug me. I worry about little details.
13. I have had many psychic experiences.
14. I felt as if I were dying.
15. Some #*\@! people complain about my &%#@* language.
16. I never finish anything.
17. She talks so quickly that it is hard for people to understand her.
18. I do worry about my health.
19. She avoids men because she has vowed her life to the Virgin.
20. I think I am beyond help. I will never get better.
21. My son whistles constantly, sometimes even in his sleep.
22. I just want to stay in bed all day.
23. I can't concentrate on anything.
24. I get lost all the time.
25. When upset, I want to be left alone. I hate it when people try to help me then.
26. It seems like I have three arms.
27. I feel alone in the world with nobody there for me.
28. I can't control my drinking.
29. I am always thinking about bad things that happened to me before.

30. I have no patience. (said while tapping foot)
31. He talked nonstop, through the entire interview without a single question asked.
32. She is the most stubbornly persistent child.
33. I find myself laughing over terrible, serious things.
34. Tragic or scary movies upset me and I think about them for weeks.
35. By the time I have reached the end of a paragraph I don't know what I've read.
36. I am very uncomfortable around women, and prefer the company of men.
37. I get all my letters all turned around when I try to write.
38. My child doesn't know how to play – he doesn't play with blocks or even mud.
39. I am completely mentally exhausted.
40. I will die at midnight tonight.
41. He screams anytime anything upsets him.
42. She says the most awful things about others.
43. I walk in my sleep.
44. I am a terrible judge of distance. Things see, farther away than they are.
45. He sits for hours, lost in his thoughts, with a look of sadness on his face.
46. I jump easily when any noise surprises me.
47. My baby bangs his head against the wall.
48. I want to kill myself by jumping off a bridge.
49. I am a public speaker. I guess you could say I like the sound of my own voice.
50. The same song goes running through my head for days.

2.4.3 Veterinary notes

While animal cases often have a mental aspect, this section is less important because we cannot really know what they are thinking. Use mental symptoms only when you are very clear about them, and you can be sure that you are not making an interpretation. Ask a friend or family member if the description in the rubric fits your animal. The above symptoms also fit animals: 6, 8, 24, 25, 36, 45, 46.

51. My dog screams long and loud when he has a sore foot.
52. My cat has been ill in many ways since her rabies vaccine.
53. If my sociable dog is left alone his symptoms get worse; he destroys the house.
54. My bird has been picking out all her feathers since my son went away to school.

2.5 Head Symptoms

This exercise covers the head and face. Be aware that slightly different rubrics for these symptoms can be found in several different sections. Look for possibilities in the Head, Face, Eye, Nose, Mouth, Ear and Generalities sections.

2.5.1 Differentiate

1. Head, Concussion / Head, Cerebral hemorrhage
2. Head, Congestion / Head, Fullness
3. Head, Motions, movements, etc., in head / Head, Motions of head
4. Head, Pain, pressing / Head, Pain, bursting
5. Head, Pain, lancinating / Head, Pain, shooting

2.5.2 Locate

1. Her head rocks rhythmically from side to side.
2. I have horrible dandruff.
3. My head feels so heavy in the morning until I have some coffee.
4. The examination revealed head lice.
5. She has copper-colored eruptions on her scalp.
6. My head is sensitive; it hurts to brush or comb my hair.
7. The top of my head feels like there is ice on it.
8. His scalp itches so intensely that he scratches until it bleeds.
9. The headaches come every 7 days.
10. I need a remedy for a hangover headache.
11. I have a twitch above my left eyebrow.
12. He has just received a blow to the head.
13. I am losing so much hair that I must be going bald.
14. It feels like a band around my head.
15. I'm quite sensitive to any breeze across my forehead.
16. My daughter has headaches at school.
17. My head feels like water is splashing around inside it.
18. His head repeatedly falls forward.
19. Now in her fourth month of pregnancy, her head feels big and swollen.
20. The headaches come on if I am out in the sun very long.
21. The baby's scalp is covered with a thick, damp, yellow crust.
22. My head feels empty, but it's better if I hold my hands on my head.
23. I get a headache from cigarette smoke.
24. I have an awful sinus headache.
25. My head feels like there is a fire inside it – it burns.

2.5.3 Veterinary notes

Much of the head section cannot be used for animal prescribing since animals cannot describe their headaches although they certainly have them. Head is the main section for all coat and fur problems anywhere on the body since most hair rubrics for people are in this section. Symptoms 2, 4 (any kind of mites), 11, 12, 13, 18, 21 of the above list can apply to animals.

26. My dog "blew" her coat after whelping. (Losing hair after giving birth.)
27. When my horse is sick, she pushes her head hard against my body.
28. My ferret's fur became dull and mats a lot after her last vaccination.
29. My cat has feline acne (this is always on the chin.)
30. My cat has rodent ulcers at the edge of the lips and skin.

2.6 Eyes and Vision Symptoms

2.6.1 Differentiate

1. Eye, Stiffness of eyeballs / Eye, Staring
2. Eye, Brilliant / Eye, Glassy
3. Eye, Agglutinated / Eye, Eye gum
4. Eye, Irritation / Eye, Itching
5. Eye, Photomania / Mind, Light, desire for

2.6.2 Locate

1. The left eye produces tears continually.
2. Both eyes are quite bloodshot.
3. The eyes are very shiny.
4. My doctor says I have glaucoma in the right eye.
5. I cannot open my right eye.
6. The baby's eyes are glued shut with discharge in the mornings.
7. My eyes are very dry all the time.
8. It feels like there is sand in my eye.
9. The eyelids turn inside out.
10. Following a blow, the area around the eye was badly bruised.
11. There is a bloody discharge from both eyes.
12. My eyes feel cold when I walk around outside.
13. I want to keep my eyes closed.
14. She blinks continually.
15. There is a dry, itchy rash below each eyebrow.
16. All of my eyelashes fell out.
17. My eyes feel very heavy.
18. I have pinkeye.
19. My left eye hurts when I look to either side.
20. My eyes burn when I try to read at night
21. He is cross-eyed.
22. I have cracks in my skin at the outer corner of each eye.
23. I see glowing balls in front of my eyes.
24. Everything looks foggy.
25. Letters look blurry when I try to read.
26. I see stars.
27. There is a halo around any point of light.
28. When I awoke this morning I was blind; I had never before had an eye problem.
29. I see bright sparkles across my field of vision.
30. Everything looks dark and dim

2.6.3 Veterinary notes

The above rubrics apply to animals as well: 1, 2, 6, 9, 11, 14.

31. Since the unnecessary vaccines, my foal developed warts on her eyelids.
32. Can I do anything except surgery for my dog's entropion? (lids roll inwards)
33. My bird hit her eyes hard on her food box.
34. My cat has white specks on her eyeball.
35. My greyhound has pannus (membrane covering the cornea).
36. One pupil is dilated, the other contracted.
37. The lachrymal duct is blocked.
38. The eyes are yellow.

2.7 Ears and Hearing Symptoms

2.7.1 Differentiate

1. Ear, Noises, vertigo with / Vertigo, Noise from
2. Ear, Fullness, sensation of / Ear, Stopped sensation
3. Ear, Pulsation / Ear, Pain, intermittent

2.7.2 Locate

1. She continually digs in her ear with her finger.
2. She has had recurrent ear infections for the past 3 winters
3. He has fluid in his left ear.
4. My ears are extremely sensitive to cold.
5. The right ear is red; the left ear is not.
6. I have a roaring sound in my ears.
7. It hurts in front of my ear.
8. My ear feels stopped up.
9. There is a gurgling in my ear when I swallow.
10. My left ear hurts and the pain reaches down to my throat.
11. There is an oozing fissure where the ear lobe joins the head.
12. My ear tingles, like when my foot goes to sleep.
13. There is a hard, red, swollen place just behind my right ear.
14. My ears produce so much wax.
15. It feels like there is water in my ear.
16. The eardrum has ruptured and there's a discharge of foul-smelling greenish fluid.
17. It feels like there is plug in my left ear.
18. There is a burning pain in both ears.
19. My ear hurts when I chew.
20. Sounds echo inside my ear.
21. Her ear hurts, but feels better with a cold washcloth on it.
22. I have a bone spur just behind my left ear.
23. My ears itch terribly at night.
24. Sounds seem very far away.
25. I hear noises from one side as if they come from the side opposite of the source.
26. I cannot hear anything with my right ear.
27. I cannot hear well during my menstrual period.
28. I hear the slightest noises ever so well.
29. I hear other things well, but I have trouble hearing people speaking to me.
30. Following a head injury, her hearing was damaged.

2.7.3 Veterinary notes

Ear problems are very common in dogs and cats and usually involve the outer ear. Rarely will you find the needed remedy by focusing on the rubrics in this section, as the human ear problems are quite different (usually middle ear). Use these rubrics, but do not base your case on them.

Animal symptoms include the above: 1, 2, 5, 11, 14, 21, 23.

31. My dog loves to have me push in her ear with my finger.
32. My dog has pimples on the edge of the ear flap.
33. My cat has cystic tumors in her ears.

2.8 Respiratory Symptoms

This exercise covers the entire respiratory tract and related symptoms. Rubrics for the symptoms listed here can be found in multiple sections including Face, Throat, Larynx and Trachea, Respiration, Cough, Expectoration, Chest and Generalities.

2.8.1 Differentiate

1. Respiration, Sobbing / Mind, Weeping
2. Head, Pain, catarrhal / Face, Pain, bones
3. Chest, Hepatization, lungs / Chest, Inflammation, lungs
4. Nose, Sneezing, coughing after / Cough, Sneezing with
5. Cough, Suffocative / Respiration, Arrested, coughing

2.8.2 Locate

1. I cough and then gag.
2. His nose is stuffed up for months every winter.
3. It feels like there is something heavy on my chest.
4. I have a thick postnasal drip.
5. There is a rattling in my chest.
6. I feel a need to blow my nose, but nothing comes out.
7. I cough whenever I laugh.
8. I get asthmatic attacks at 3 a.m.
9. The baby has a barking, croupy cough.
10. I get nosebleeds in hot weather.
11. There is a tickle in my throat that makes me cough.
12. He has an abscess in his left lung.
13. If I cough, sometimes I lose urine.
14. I start coughing as soon as I get into bed.
15. My nose is plugged up on the right side.
16. He is hyperventilating.
17. She has asthma every spring.
18. Everything smells like burnt hair.
19. I feel a burning when I take a deep breath.
20. I have attacks of asthma is I run or work out.
21. I have polyps in my sinuses.
22. His breathing is erratic.
23. She is panting.
24. The smell of food cooking makes me feel worse.
25. He gasps for breath, fighting to breathe.

2.8.3 Veterinary notes

Selection of precise rubrics for these symptoms can be difficult. The different coughs (hacking, dry, whooping) can be difficult to tell apart in animals just as they are in humans, so do not focus your rubric selection on the type of cough. Focus more on the modalities and etiologies of the cough or respiratory problems. The above symptoms apply to animals: 2, 5, 6, 10, 15, 17, 21-23.

26. My pet's asthma started after vaccination.
27. The cow has an abscess in her lungs.
28. When the cat has a cold, his meow becomes very faint.
29. The horse has heaves (equine COPD).
30. My dog keeps me up at night, snoring with every out breath.
31. The dog sneezes between coughs.

2.9 Oral / Dental Symptoms

You can find the rubrics for most of these symptoms in the Mouth and Teeth sections. Don't forget the Mind and Generals sections for behavior or other circumstances that involve the mouth. Look around to see what else you can find while you are there.

2.9.1 Locate

1. I get canker sores on my tongue.
2. My gums bleed easily.
3. My teeth hurt when I breathe in cold air.
4. I have a tendency to get abscesses in my mouth.
5. I get cavities in my teeth easily.
6. I have warts on my tongue.
7. Bread tastes bitter to me.
8. My mouth feels cold.
9. The child's teeth were crumbling.
10. The tongue has a red stripe down the middle.
11. It feels like my teeth are coated with oil.
12. My mouth is dry but I have no thirst.
13. My tooth hurts, but it stops when I drink hot tea.
14. My gums are infected.
15. He has a terrible odor of old cheese on his breath.
16. My tongue is numb on the left side.
17. I get small blisters inside my lip which look like bubbles.
18. My mouth tastes very sweet in the mornings.
19. The pain in my teeth goes out to my ear.
20. He cannot bend his tongue.
21. She drools on her pillow at night.
22. I grind my teeth in my sleep.
23. My teeth are all loose.
24. My teeth hurt when I chew on the right side.
25. I haven't felt well since having problems with wisdom teeth coming in.

2.9.2 Veterinary symptoms

The above symptoms that apply to animals are 2, 6, 10, 15, 20.

26. The veterinarian says the excess saliva is because there is a ranula.
27. The cat's gums are swollen, red and painful.
28. Can I prevent surgery for my dog's long soft palate?

2.10 Gastrointestinal Symptoms

This exercise covers the entire GI tract from top to bottom. Symptoms here can be found in the sections of Mouth, Throat, Stomach, Abdomen, Rectum, and Stool. Remember that there are also food aggravations listed in Generalities.

2.10.1 Locate

1. I cannot taste my food.
2. I choke on my food very easily.
3. I have terrible heartburn at night.
4. I am thirsty for sips of water often.
5. It feels as if my throat is too narrow to swallow my food.
6. My stools are white like chalk.
7. My throat hurts, but eating makes it feel better.
8. I wake up at 3 a.m. with great thirst.
9. It is impossible for me to swallow cold food.
10. She has vomiting with diarrhea at the same time.
11. I have no appetite.
12. I am extremely hungry, but after a few bites I am full.
13. It feels like I am about to have diarrhea.
14. The more I eat, the hungrier I feel.
15. My stomach twitches.
16. The sight of food takes away my appetite.
17. I have terrible constipation. I can strain for hours and produce nothing.
18. I only like spicy food.
19. I love juice and soda pop.
20. My stomach is always upset after I eat fruit.
21. I have diarrhea every other day.
22. When I burp, hot fluid comes up to my mouth.
23. During my menstrual period, it feels like there is a heavy rock on my stomach.
24. She is vomiting green fluid.
25. She starts hiccoughing every evening about 6:00.
26. He passes stools of undigested food.
27. I get terribly seasick.
28. My stomach burns.
29. I have stomach cramps that are better when I curl up into a ball.
30. I have a sharp pain in my stomach that goes to my spine.

2.10.2 Veterinary notes

Use your common sense and what you learn in classes about food cravings and aversions. It is normal for dogs and cats to crave meat. It is normal for goats and rabbits to be averse to meat. It is normal for dogs to eat horse manure in moderate amounts. The above symptoms can apply to animals: 4, 6, 8, 10, 11, 12, 14, 16, 17, 18, 21, 24, 25-27, 29.

31. The X-ray shows a swollen liver in the parrot.
32. The stool explodes out and hits the wall above the litter box.
33. My dog eats dog stool.
34. When my horse gets colic, he lies down and seems to feel better if bent double.
35. My cat is so picky about what she eats – I just do not know what she'll want next.
36. My German Shepherd has rectal fistulas.
37. My cat does not push the stool out, or tries and nothing comes out (megacolon).

2.11 Urinary Symptoms

The urinary tract is detailed in several very small sections. This exercise covers rubrics from the Kidney, Bladder, Prostate, Urethra, Urine and Genitalia sections.

2.11.1 Locate

1. She wets the bed almost every night.
2. There is a burning feeling just before I urinate.
3. It feels bruised here where my right kidney is.
4. Her urine is dark and cloudy.
5. Her body is producing very little urine.
6. I have a sharp pain in the kidney area when I sneeze.
7. I have a continual urge to urinate.
8. The newborn baby is unable to pass urine.
9. There is a spasm of pain at the end of urinating.
10. I feel a need to urinate, but no urine passes.
11. I can pass urine only in repeated small spurts.
12. The stream of urine is very weak. I have low water pressure.
13. The urine is black.
14. There is frequently a milky discharge from his urethra.
15. He reports a biting pain during urination at the fossa navicularis.
16. She is unable to sense the feeling of urine passing.
17. She passes a great deal of urine, much more than the liquids she is drinking.
18. His urine smells like onions.
19. Her pregnancy is complicated by toxemia.
20. He has an enlarged prostate.
21. After treatment for gonorrhoea, he developed an inflammation in the prostate.
22. She has a urethral stricture.
23. The pain in my kidneys only happens when I walk.
24. Examination showed hardness and induration of the prostate gland.
25. Even after I urinate, it seems like I am not quite done.

2.11.2 Veterinary notes

Now I think you have the idea of how often animal symptoms are easily described in human terms. This time, you list the numbers of the above symptoms that could clearly apply to animals.

26. The veterinarian says my cat has triple phosphate crystals in her urine.
27. My dog has an enlarged prostate.
28. My dog asks to go out, but urinates before we get out the door.
29. My cat can't urinate due to a blockage by urethral plugs of white, chalky material.
30. My horse's urine separates into two streams ever since the last vaccinations.

2.12 Reproductive Symptoms

This exercise covers the reproductive organs and includes the breasts which have symptoms listed in the Chest section. For female reproductive system complaints, remember that some symptoms may be listed under Abdomen, and morning sickness appears in Stomach. In the male reproductive system, prostate symptoms are included under Urinary Organs.

2.12.1 Locate

1. Sexual desire – female.
2. Sexual desire – male.
3. She is irritable before her menstrual period.
4. I have a vaginal discharge like cottage cheese.
5. Although I have a lot of vaginal discharge, the vagina seems dry.
6. I have terrible menstrual cramps.
7. Examination showed atrophy of the testicles.
8. He had genital warts that bled easily.
9. Regardless of his passion he could not maintain an erection.
10. Her nipples are cracked.
11. I have been unable to conceive for the past few years.
12. His seminal discharge is bloody.
13. I have repeated bouts of mastitis in my left breast.
14. My breasts are swollen before my period.
15. I have frequent vaginal yeast infections.
16. After childbirth, her placenta was retained.
17. During my period, my flow is very heavy when I exercise.
18. During labor, the cervix did not dilate.
19. I have a flow of menstrual blood which I cannot wash off.
20. I have menstrual cramps which reach down the front of my thighs.
21. I have a history of several miscarriages (spontaneous abortions).
22. I have no interest in sex.
23. She has herpetic eruptions between her thighs.
24. He has herpetic eruptions on the scrotum.
25. He has a hydrocele.

2.12.2 Veterinary notes

Women and horses have menses monthly, dogs are in heat about twice a year, cats come into heat randomly and frequently. When dealing with problems with heat cycles – long, short, absent, too much blood, etc, you can use the menses rubrics, but they should only be used as elimination rubrics if the symptom is very clear. The overlapping symptoms from above are: 1 – 4, 7, 8, 11, 13, 21, 22, 25.

26. The cow has a prolapsed uterus after delivery of her calf.
27. The horse was a cryptorchid (only 1 testicle had stayed descended).
28. The mare has a cyst on one of her ovaries.
29. The cow has an abscess in her udder.
30. The kittens refuse to nurse from their mother.

2.13 Musculoskeletal Symptoms

This exercise covers the bone structures and muscles of the body. The symptoms can be found in the sections on Abdomen, Chest, Back, Extremities, and Generalities.

2.13.1 Locate

1. I have an inflamed nerve.
2. I have bunions.
3. I get sudden pains in my muscles.
4. I have pain that moves from joint to joint.
5. I have sciatica.
6. I stumble when I walk.
7. Things drop easily from my hands.
8. My fingers are numb.
9. I have phantom pain where my amputated foot would be.
10. My knee aches, and it is better when I move it.
11. I have burning ache in my forearms from carpal tunnel syndrome.
12. I have a lot of tension in my neck.
13. I have arthritis in my hands which makes the finger joints ache.
14. I get cramps in my toes when I lay down to sleep at night.
15. My back gets cold as if cold water had been poured down it.
16. My back feels so weak it is almost impossible to stand.
17. I have a twitching in my buttocks when I sit.
18. My knees feel weak when I climb stairs.
19. My feet have a cold sweat at night.
20. His right side is paralyzed.
21. I have lightning-like pains in my legs.
22. My back is aching from lifting a heavy box.
23. My muscles move involuntarily.
24. Her ankles are extremely swollen.
25. She has plantar warts on her feet.

2.13.2 Veterinary notes

Are the rubrics for front legs in animals the same as for arms in people? Yes and no. The bones are the same (remember to compare the anatomy, bone for bone). People do not walk on their arms (usually) so you cannot find lameness aggravated from walking. If the front leg problem is related to bearing weight, look up the condition in both the upper and lower extremities and do not rate them with as high a confidence level. Animal symptoms from above: 6, 9, 10, 20, 23, 24.

26. My horse has laminitis.
27. My horse has a cracking sound in her hock.
28. My dog's back legs have been paralyzed since her favorite dog companion died.
29. My cat perspires a lot between the pads of her front feet.
30. My macaw picks his feathers (as if it's itchy) in his armpit and under the wing.

2.14 Circulatory Symptoms

The symptoms listed here apply to all aspects of the circulations and its pump, the heart. Look for these symptoms in the Chest and Generalities sections. Some are also found in other sections, so look around.

2.14.1 Locate

1. I have severe pain in my chest, radiating down my left arm.
2. I have bouts of angina.
3. It feels like there is a band around my chest.
4. Her skin is turning blue.
5. My heartbeat is irregular.
6. My heart pounds so that I can hear it in my ears.
7. My heart pounds while lying on my left side.
8. Due to Reynaud's syndrome, my hands and feet get blue and icy cold.
9. His pulse is very rapid.
10. The pulse cannot be felt.
11. After his circulation was cut off by a crushing injury, gangrene set in.
12. He has pericarditis.
13. It feels like a hand is squeezing my heart.
14. I must keep moving or my heart will stop.
15. I get light-headed when I stand up quickly.
16. His blood does not clot easily.
17. I feel fear in my heart.
18. I have high blood pressure.
19. I bruise very easily.
20. I have varicose veins.

2.14.2 Veterinary notes

And from above: 5, 9, 11, 12, 16, 18, 19.

21. My cat with hyperthyroidism now has a heart murmur.
22. My Doberman developed a dilated heart.
23. I can see my dog's heart pounding through his chest.

2.15 Skin Symptoms

In the repertory, there is a section for Skin, but skin symptoms are also listed in almost every other section. You will have to determine for any case you repertorize whether the location of the skin problem is relevant. For the symptoms listed here, assume that for symptoms 1 – 15, location is important, and for those above 15, location does not matter.

2.15.1 Locate

1. I have acne on my back.
2. I have eczema in my left armpit.
3. I have herpetic eruptions on my eyelids.
4. The skin on my face is very oily.
5. She scars easily.
6. I get hives on my abdomen.
7. The cracks between her fingers ooze a honey-like liquid.
8. He has a rash on his legs that itches and is worse in a warm bed.
9. He has poison oak rash all over his feet.
10. I have ulcers on my feet.
11. I get boils on the back of my neck.
12. He has diaper rash.
13. Her arms have psoriasis which produces a silvery scale.
14. I get eczema behind my ears.
15. I have terrible dandruff that flakes off in clouds.
16. I get little cuts which get infected easily and don't heal for weeks.
17. An itching rash on my eyebrows has caused all the hair of my brows to fall out.
18. I get sunburned from the slightest exposure.
19. I have warts on each fingertip.
20. His skin is thin and brittle like parchment.
21. He is covered from head to toe with freckles.
22. He scratches until the skin is raw.
23. He has molluscum contagiosum.
24. She is covered with petechiae.
25. She has spider hemangionas on her cheeks.

2.15.2 Veterinary notes

As with humans, you will have to determine which section is the most important for the symptom. If a cat gets an abscess on the head after a cat fight, I would use **Generalities, Abscess**. I would only use **Head, abscess** if the cat had recurring head abscesses. Find these animal symptoms listed above: 1, 2, 6-8, 10, 14-16, 20-22, 24.

26. The old scars from the fetlock injury and above the right eye keep breaking open.
27. The horse has anhidrosis (inability to sweat) which is very dangerous.
28. Since the steroids, my dog's skin has been thickened and hard over the back.
29. My cat scratches for weeks every spring.
30. Because of the autoimmune problem, my dog's skin has become black.

2.16 General Symptoms

This exercise covers general symptoms that include anything having to do with the entire person such as sleep, effects of weather, perspiration, etc. These rubrics can be found in the sections on Generalities, Sleep, Chill, Perspiration, Fever, and scattered randomly throughout the rest of the repertory.

2.16.1 Locate

1. I am always worse at the time of the full moon.
2. Seeing the reflection of a shining object causes him to have convulsions.
3. He suddenly collapsed.
4. She fears taking a bath.
5. My symptoms are always worse in autumn.
6. He has a hangover from last night's party.
7. I hate drafts and keep all my windows closed.
8. I feel awful around 11:00 each morning.
9. He has arsenic poisoning.
10. He suffers from narcolepsy.
11. She perspires only on her left side.
12. I feel awful in a room full of people.
13. I feel better when I change position.
14. I am generally restless, always on the move.
15. I, just like everyone in my family, am quite fat.
16. She has never been well since having scarlet fever.
17. I have no energy.
18. I can't eat milk because it upsets my digestion.
19. I have not been well since being treated for gonorrhea with antibiotics.
20. I get hot flashes.
21. With her fever, one cheek is red and hot and the other is pale and cold.
22. The fever comes on during sleep.
23. He has a fever, but becomes chilled if uncovered.
24. He has yellow fever.
25. She has a fever followed by a chill, and then by sweat.
26. He has bloody perspiration.
27. He has profuse night sweats, every other night.
28. His sweat leaves green stains on the bedsheets.
29. She is chilly, but wants to remain uncovered.
30. She has pernicious anemia.
31. I am manic-depressive.
32. I am accident prone.
33. I have a sensation of waves going through my body.
34. The child has measles.
35. She staggers and falls to the left.

2.16.2 Veterinary notes

If the modality is not present in the section with your symptom, go to generalities for the modality. For instance, if a dog wakens at 2 to 4 AM to throw up and that time modality is not in the **Stomach, vomiting** rubrics, look in the Generalities section. List which of the above fit animals.

36. My cat is very chilly and sits on heat vents or bakes in the summer sun.
37. My horse cannot stay hydrated because of the diarrhea and thirstlessness.
38. My dog has seizures and loses consciousness.

39. The little puppy was born a deep blue color.
40. The cat is much thinner since having diarrhea, vomiting and dehydration.
41. My horse is always more lame as he first starts to move out of his stall.
42. My dog's fur has turned gray at a very young age.
43. My dog is always sicker before a storm approaches.

Chapter 3:

*Using the
Repertory
for
Cases*

3.1 What is Repertorization?

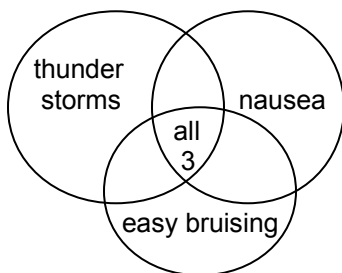
By now you should be much more familiar with your repertory than you were before starting work on this text. You are able to locate symptoms and identify the remedies associated with them. It is time to look at how you can use the repertory to assist you in the determination of an appropriate remedy for a case. The process is called repertorization.

In the exercises in the last chapter, you investigated one symptom at a time, finding it in the repertory to show the list of remedies indicated for that single symptom. In actuality, a case is a grouping of symptoms; the repertory is not used for just a single symptom standing alone. **There are usually several symptoms present at the same time, and the fact that they occur in conjunction, or concomitantly, with each other is as relevant to the case as the fact that each one exists individually.** Each grouping or constellation of symptoms is distinctly recognizable, just as a constellation of stars has a pattern that can be recognized. The repertory is used to isolate those remedies that have been shown to assist in the resolution of that constellation of symptoms; that process is called repertorization. For example, assume that the relevant symptoms of a case are:

- ✓ an intense fear of thunder storms
- ✓ nausea after drinking anything warm
- ✓ easily gets large, long-lasting bruises

Take a moment now to find rubrics in your repertory for these three symptoms. Write down the names and page numbers of the rubrics you chose for later reference. These symptoms could easily apply to an adult, infant or animal.

Each of the rubrics for these symptoms has a specific set of remedies associated with it. If only one symptom was present in the case, then that one rubric's set of remedies would comprise the list of possible homeopathic remedies for the case. But when there are multiple symptoms, then only those remedies that are listed in all or most of the symptom rubrics become possibilities. This helps to narrow down the field of choice to those remedies that apply to the whole case, rather than just one symptom. This can be explained in terms of set theory using Venn diagrams. You may remember these from grade school math or logic classes. John Venn was a British logician who developed a visual method of presenting logical relationships by drawing circles. Look at the following diagram to see the relationships of remedies to the symptoms outlined above. It may help you to think of the circles in terms of colors. Imagine the circles as yellow, blue and red disks. Between yellow and red, there is a section of orange where they overlap. Between the yellow and blue there is a section of green. Where all three overlap there is a section of brown. Now let's apply that same approach to rubrics.



In this diagram, the circles represent the remedies associated with each symptom. While each symptom has its own set of remedies, there is some overlap between them. Some of the remedies listed in a rubric for nausea from warm drinks will also be listed for thunderstorms or easy bruising. Repertorization will show the subset labeled here as 'all 3', containing that collection of remedies that cover the entire case.

In our example, there are just three symptoms, so there are three circles and we are looking for the remedies that apply to all of them. There could be five symptoms (five circles) or twenty symptoms (twenty circles) and the same principle would apply. The subset produces the list of remedies that are likely candidates for the case.

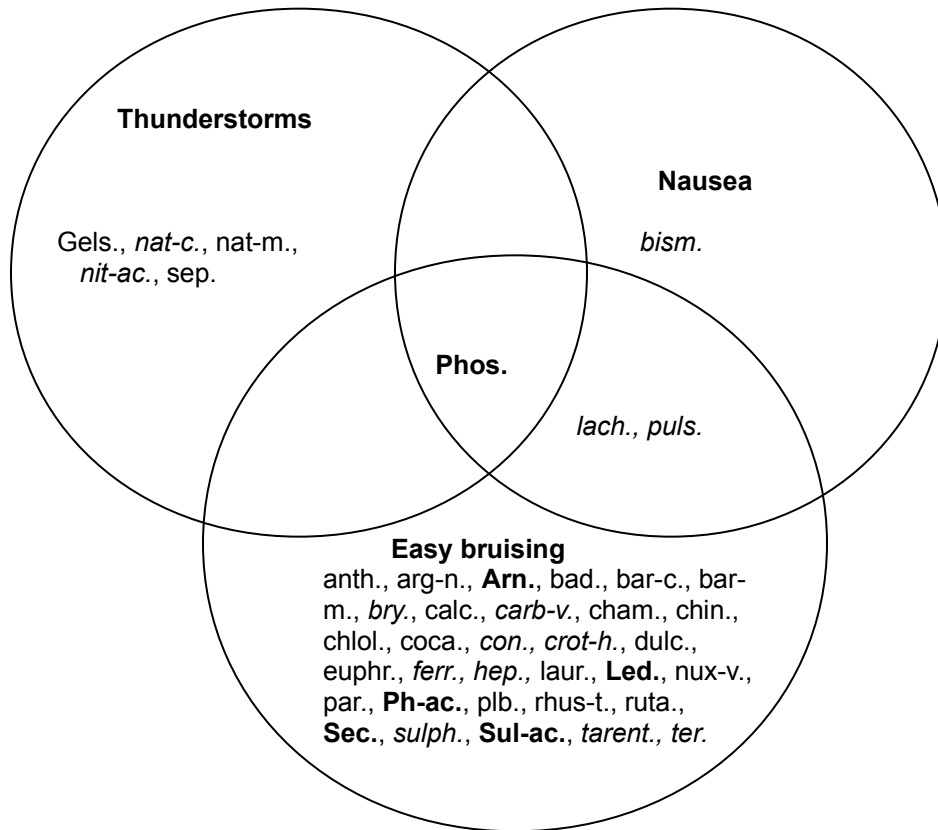
Now look at the list of rubrics you chose for the constellation of symptoms given on the previous page. Although you may have chosen other valid options, they should be similar to these applicable rubrics for the symptoms:

Mind, Anxiety, storm, during a thunder: *Gels.*, *nat-c.*, *nat-m.*, *nit-ac.*, **Phos.**, *sep.*

Stomach, Nausea, warm drinks: *Bism.*, *lach.*, **Phos.**, **Puls.**

Skin, Ecchymoses: *Anth.*, *arg-n.*, **Arn.**, *bad.*, *bar-c.*, *bar-m.*, *bry.*, *calc.*, *carb-v.*, *cham.*, *chin.*, *chlol.*, *coca.*, *con.*, *crot-h.*, *dulc.*, *euphr.*, *ferr.*, *hep.*, *lach.*, *laur.*, **Led.**, *nux-v.*, *par.*, **Ph-ac.**, **Phos.**, *plb.*, *puls.*, *rhus-t.*, *ruta.*, **Sec.**, *sulph.*, **Sul-ac.**, *tarent.*, *ter.*

In this case, as in any homeopathic case, you will want to find the remedies that are common threads through all of the symptoms. A Venn diagram that shows the logical subset of remedies for the comparison of those three rubrics appears below. Compare what you see in the diagram to the rubrics above. Make sure you understand how each remedy is mapped on to the circles based on whether it appears in one, two or three of the rubrics.



You can see the commonality of the remedies between the rubrics. There is only one remedy in the overlap between those listed in the rubrics for thunderstorms and either bruising or nausea (Phosphorus). There is an overlap of three remedies listed in the rubrics for nausea and bruising (Phosphorus, Lachesis and Pulsatilla). The final result of the comparison is found in the middle of all three circles. In this set of symptoms it is quite clear; the only common remedy among all three of these rubrics is Phosphorus. In most cases, there will be more than one remedy in the resulting set to choose from, but in this case there was just one. Finding this set is what repertorization is all about. However, doing this with Venn diagrams isn't very practical for a busy homeopath, so another method was devised using repertorization sheets. Read on for details.

3.2 Repertorization Sheets

At the back of this text, you will find a homeopathic repertorization sheet. Take a moment to find it and look it over. (There are two versions included in this text. One is a single page sheet, and the other is a double page. There are two copies of each included. **It is strongly suggested that you photocopy at least a dozen of these sheets before you write on them.** You will need them for exercises later.) As you can see, a repertorization sheet consists of a series of boxes at the top where you can write in the rubrics you are using for the case. These boxes are placed above alphabetically arranged lists of remedy name abbreviations that are followed by columns of small boxes. Columns to the right of the remedy names are numbered; the numbers correspond to the numbers of the rubric boxes above. The final column on the right is a little larger than the rest and is not numbered. It is a column for summarizing the results of the repertorization.

3.2.1 Rubrics are Listed at the Top

When using a repertorization sheet, write in the case details at the top, and then list the rubrics you choose for the case in the boxes. It is sometimes a good idea to list the repertory page number in case there is any doubt about being able to find it again, or if you are doing an assignment to be turned in for evaluation. On these repertorization sheets, there is space for eight rubrics. While some homeopaths use many rubrics in evaluating a case, I tend to believe that if you need more than five to eight rubrics to describe the case, then you are not clear about what is most relevant for the case. Think back to the Venn diagrams we just reviewed. By increasing the number of circles, it becomes more difficult for a remedy to show up through all of them. Recall the concept of representation that was discussed in section 1.5.2; only those remedies that are most widely represented in the repertory are going to come through a repertorization with many rubrics, because the larger number dilutes the focus of the case. There is more information later in this section about prioritization of symptoms and selection of a core set of rubrics. Plan to keep your list of rubrics to a set of eight or less that will fit on the repertorization sheet. Remember that you can do more than one analysis for each case. Rather than lump all the symptoms in one analysis, vary the groupings and do several different analyses.

The order in which you enter the rubrics is not crucial. Some people prefer to put the first few rubrics that they feel are the most essential to the case in the first few boxes. Others enter them in the order that they appear in the repertory. Find an approach that works for you.

3.2.2 Marking Remedies for Each Rubric

Once the rubrics are listed at the top of your repertorization sheet, the next step is to mark numbers in the columns of boxes, indicating which remedies appear in which rubrics and the associated grade of each one. If you read through the discussion of grade in section 1.5.1 of this text, you may question the worth of marking grade in your repertorization sheet. Some people don't use it, while others find it helpful; you can try it both ways and see which method you prefer.

You can use either the single page or double page repertorization sheet. The difference between them is the number of remedies that are listed. The single page sheet has close to one hundred remedies; the double sheet has about double that number. With about six hundred remedies in Kent's repertory, obviously, there are many that are not included on the sheet. If a remedy you are looking for is not listed, you can write it in to one of the blank spaces provided, as close as possible to where you would find it alphabetically on the sheet.

3.2.2.1 Marking with Grade

Starting with the rubric you have written into box #1, read through that rubric in your repertory, noticing the abbreviated name of the first remedy listed. In the example on the previous page with

the symptom of **Mind, Anxiety, storm, during a thunder**, there were 6 remedies listed that would need to be marked in column 1 of your sheet: *gels.*, *nat-c.*, *nat-m.*, *nit-ac.*, **Phos.**, *sep.* The first abbreviation, *gels.*, represents the remedy *Gelsemium sempervirens*. Locate that abbreviation in the left hand column of the vertical boxes on the repertorization sheet. Once you have found the remedy name, write a number in the box to the right in Column 1 (the column corresponding to the rubric number above.) If the remedy name in the repertory is in plain type, enter a 1. If it is in italics, enter a 2. For bold print, enter a 3. This allows you to track not only the appearance of a remedy in a rubric, but also its grade. Go through this process for each remedy listed in the first rubric. When you are finished with that rubric, go through the second rubric, marking the numbers in Column 2. Continue until the remedies in each rubric have been noted on the page. Jo Daly, R.S.Hom., teaches a helpful technique of using a different ink color for each of the rubrics and its associated remedies, so that you can see at a glance the connection between them. In addition to making it clear which remedies are listed in which rubrics, this also helps to prevent you from writing numbers in the wrong column, etc.

3.2.2.2 Marking without Grade

This is a simpler version of the same process. Again, track the remedies from the rubric in your repertory to the remedy abbreviations on your sheet. However, instead of marking a number in the column to the right, just enter an X into the box. As above, you can mark these with a different color pen for each column.

3.2.3 Summarization – the G/R column

Now that all of the remedies are marked on the page, the final step of the repertorization is summarizing the results. In the far right column for each remedy, there is a somewhat wider box, a column that is entitled 'G/R'. The G is for grade; the R is for rubrics. By adding the numbers that have been marked in for the row of each remedy, you get a resulting total for the grade. By counting how many numbers were marked in that row, you get the total number of rubrics that contain the remedy. When repertorizing a case, it is a good idea to summarize this information for all the remedies listed in all or most of the rubrics. It is not necessary to do this for the remedies in only one or two rubrics.

In the right hand column, you would write the grade total, a slash, and then the rubric total. As an example, if there were four rubrics used, and all of them included *Belladonna* as a grade 2 remedy, then the final column in the row for *Bell* would have an entry of '8/4'.

If you are repertorizing without respect to grade, total the number of rubrics and enter it in this column.

This summarization is the information you need to select possible remedies for the case. Scan the page for remedies that appear in all the rubrics, and summarize those first. Then work with the remedies that have all but one or two rubrics. This is your set of possible remedies that cover the case. These are the remedies to investigate in the materia medica texts.

Before reading any further, take a few moments to do a repertorization of the example that was just discussed in Section 3.1, using one of the single page repertorization sheets from the back of the book. Write the three rubrics into the spaces at the top of the sheet, and then note the remedies for each one in the associated columns for the remedies they contain. Write the abbreviations of the remedies not listed on the sheet into some of the blank lines, as close as possible to the correct alphabetical order. For the three remedies that were listed in more than one rubric, summarize to get the 'G/R' totals. After you are finished, compare your results with the sample page following this one. If you are using a different repertory, you may have slightly different results, but be sure you have the general idea before going on.

Case Name: Sample 3.1 Date: 6/1/2003 Homeopath: Karen Allen

R U B R I C S	1. Mind, Anxiety, storm, during a thunder	5.
	2. Stomach, Nausea, warm drinks	6.
	3. Skin, Ecchymoses	7.
	4.	8.

	1	2	3	4	5	6	7	8	G/R
acon									
agar									
alumn									
anac									
ant-c									
ant-t									
apis									
arg-n			1						
arn			3						
ars									
anth			1						
bad			1						
bapt									
bar-c			1						
bell									
bell-p									
berb									
bor									
brom									
bry			2						
bufo									
bism		2							
bar-m			1						
cact									
calad									
calc			1						
calc-f									
calc-p									
calc-s									
cann-l									
canth									
caps									
carb-an									
carb-v			2						
caul									
caust									
cham			1						
chel									
chin			1						
clem									
cocc									
coloc									
con			1						
cupr									

	1	2	3	4	5	6	7	8	G/R
cycl									
chlol			1						
coca			1						
dig									
dros									
dulc			1						
eup-per									
euphr			1						
ferr			2						
ferr-p									
fl-ac									
gamb									
gels	1								
glon									
graph									
ham									
hell									
hep			2						
hyos									
hyper									
ign									
ip									
kali-ar									
kali-bi									
kali-br									
kali-c									
kali-s									
laur			1						
lac-c									
lach		2	2						4/2
led			3						
lil-t									
lob									
lyc									

	1	2	3	4	5	6	7	8	G/R
mag-c									
mag-m									
mag-p									
med									
merc									
mez									
nat-c	2								
nat-m	1								
nat-p									
nat-s									
nit-ac	2								
nux-v			2						
par			1						
petr									
ph-ac			3						
phos	3	3	3						9/3
plat									
puls		3	2						5/2
plb			1						
rhus-t			1						
rumex									
ruta			1						
sec			3						
sep	1								
sil									
spong									
staph									
stram									
sulph			2						
syph									
sul-ac			3						
thuj									
tub									
tarent			2						
ter			2						
verat									
zinc									
crot-h			2						

3.2.4 What Does the Result Mean?

After you have completed filling out this repertorization sheet, you are done with the first phase of your repertory work on a case. By looking at the summary columns, you can identify the remedies that are most likely to be homeopathic to the case. You have narrowed the field of possibilities from hundreds of remedies to a workable few. **It would be very convenient if the remedy with the highest grade and rubric totals was the easy answer, but this is not necessarily true.** Remember that each remedy has its own reason to be included in a rubric, and that reason may not match the case you are trying to solve.

You must now investigate each of the remedy candidates, referring to materia medicas, provings, or lecture notes, to see which of these possibilities most clearly matches the case at hand. In addition, you may need to refer back to the repertory later to find confirmatory rubrics, and check remedy relationships or other adjunct information. That's it. That is the whole process of repertorization. It has its benefits: you will find remedies that otherwise would not have occurred to you. It has its drawbacks: it is somewhat tedious and time consuming, especially with larger rubrics. However, effective use of the repertory will improve your ability to select accurate remedies and practice effectively. It is well worth the time you invest now to learn to do it well.

3.2.5 How Does a Repertorization Compare with a Diagnosis?

A good repertorization is like a précis of a case. It is the boiled down summary that includes the most important and individualizing aspects of the case. By looking at a good repertorization, someone should be able to understand the core features of a case. In some ways, this is the same concept as a medical diagnosis: a brief summary of a pattern.

A diagnosis is a label that is applied to someone who has a predictable pattern of symptoms. The diagnostic label is the boiled down summary of the disease process from a medical point of view. As an example, think of the stereotypical person who has the flu. Because we are familiar with the predictable symptoms of the flu, we would be able to guess that a person with the flu could have vomiting, diarrhea, fever, muscle ache, fatigue, chills, and sweating. The person, if tested, may also show the presence of a particular bacteria or virus: an influenza strain. The diagnostic label is based on the common features of the illness that show up in many people. It is defined in broad enough terms so that the individual variations that each person experiences still fall into the general diagnosis. One person with the flu may have only vomiting and muscle aches. Another person may have no vomiting, but may have profuse sweating, gushing diarrhea, fever and chills, and fatigue. The first may find that all symptoms are worse at night; the other may have extreme sensitivity to cold. **They all fit into the same diagnosis, and the individual variation is not very important.**

This is where the difference between a repertorization of a case and a diagnosis becomes clear. **The diagnosis is based on the common features of a disease process**, and is broad enough to include individual variation without taking particular note of it. It is generalized. **Repertorization is based on the individual expression of the disorder in the vital force.** It is individualized, and the common features of the disease process are considered, but without taking particular note of them. In the early stages of disease, the problems are more often functional and less physical; these are the clearest signals from the vital force of the particular nature of the disturbance. As the disease progresses and there is more physical pathology, the individual voice of the vital force becomes more muted, less clear. Often a diagnosis is based on physical findings that Hahnemann thought of as the end products of disease; the more common the symptoms are for the condition, the less likely they are to be characteristic expressions of the vital force. Because of this, they do not tend to help in individualizing the case. While both of the people in the example above have the flu (diagnostic label), they would have quite different repertorizations for their cases. Think of a collection of rubrics that could apply to each. These repertorizations would be likely to lead to quite different sets of remedies. This is one of the reasons why you won't find a general rubric for influenza or many other diagnostic labels in Kent's repertory.

3.3 Combining and Crossing Rubrics

As long as we have already opened the topic of set theory in the previous section, we can use it again to discuss two convenient ways of manipulating rubrics while repertorizing. It is sometimes useful to vary from the pattern of repertorization that was just presented. In the case of small, similar rubrics, the two sets of remedies can be combined and repertorized as if they were actually just one rubric. This is referred to as **combining rubrics**; it is the operation of a union of two sets. Another technique involves comparing two rubrics and using only the remedies present in both, repertorizing them as if one rubric had been used. This is referred to as **crossing rubrics**; it is the operation of an intersection of two sets. Both of these techniques are useful tools in repertorization.

3.3.1 Combining

Assume that you are looking for a particular rubric to describe the complaint of burning in the chest while coughing. First you look under the section on Coughs and you locate the rubric **Cough, Burning, chest, in**. It is a relatively small rubric; Kent's repertory lists eight remedies there. Being the thorough type of repertory user that you have become, you perhaps feel a little hesitant to use this rubric because it is so small and you do not want to unduly limit your choices from the start. So you continue your search for a better rubric. Under the section on Chest, you locate the rubric **Chest, Pain, burning, cough during**. This rubric is much fuller, holding 36 remedies, but as you look at it, you notice that it does not contain all of the remedies listed in the first rubric. When you repertorize, you decide to combine these two in order to improve your chances of listing the best remedies for this symptom.

On your repertorization sheet, write both rubrics in the box at the top of the page, with a plus sign between them to indicate that you are combining them. As you go through the process of noting the remedies on your repertorization sheet for this combined rubric, include all of the remedies from both rubrics. If there is a difference in the grade of a remedy listed in both rubrics, you can decide to be bold or cautious. I tend to be cautious, not wanting to emphasize a remedy that may not deserve such weight, so I usually note down the lower grade. Other homeopaths may be bolder, wanting to make sure the remedy gets the attention it merits and may choose the higher grade between the two. It probably does not matter very much, so just choose one way of doing it and go with it. It is a good idea to be consistent about it, regardless of which way you decide to go. If you are repertorizing without regard to grade, it does not matter. You can just mark an X for each remedy that is in either rubric.

Combining rubrics expands your possible field of choice. You can combine two, three, four or more rubrics. **It is useful when there are multiple rubrics that could apply** and you are not sure which one to use **or when you have a few small rubrics that, when grouped together, describe the symptom.** Especially when you are learning to use the repertory, it is very important to keep your field of choice of remedies appropriately wide. If you limit it too quickly, you will eliminate many remedies that could apply. Combining rubrics will help keep your options open.

Another advantage of combining rubrics is that you are able to include multiple detailed rubrics for a specific symptom without overly influencing the entire repertorization. In a case with four main features, imagine a situation where three of those features are well covered by one rubric each. The fourth symptom is a little troublesome and there are four different rubrics that seem to apply. If you include the three main rubrics and all four of the rubrics for the last symptom separately, then this will strongly sway your final summarization 'G/R' ratios to emphasize the last symptom out of proportion to its actual prominence in the case because more than half the rubrics apply to this one symptom. By combining the rubrics for the fourth symptom and repertorizing them as a single combined rubric, they are in an appropriate proportion with the others, and do not sway the results.

3.3.2 Crossing

Another technique that may be useful to you is the logical opposite of combining. Crossing two rubrics involves taking only those remedies listed in both rubrics. In effect the repertorization process is a crossing of all the rubrics chosen. Before going through the details, be aware that this is an approach that narrows your field of choice, and if you do this indiscriminately, you will find little success with your repertory. Crossing rubrics speedily eliminates remedy choices, and you must be cautious about using it. The advantage is that, when used appropriately, it can save you time and cut down on your repertorization work. When you cross two rubrics, you can use the resulting set of remedies as the only candidates for further repertorization. This lets you focus your painstaking dedication to writing small numbers in small boxes on just those remedies that are most likely to be worth your time. When you are working with small- or medium-sized rubrics it may not be such a help, but when you need to use rubrics that have hundreds of remedies in them, this approach can save you a great deal of time and effort.

To cross two rubrics, list them both in the rubric box at the top of the repertorization sheet, along with an 'X' to indicate that they were crossed. When you enter the grade numbers for the remedies in the associated column, you must note only those remedies that appear in both of the rubrics you are crossing. This involves a rather boring and tedious task of keeping your fingers in two places in the repertory and flipping back and forth as you read through the alphabetical lists of remedies finding the matches. Pay close attention to spelling of the abbreviations because there are many that are similar. Again, if there is a difference in the grades between the two rubrics for a given remedy, choose which one you want to use – higher or lower. If you are not using grade in your repertorization, mark an X for each remedy that appeared in both rubrics. If you cross these rubrics in the first column on your repertorization sheet, then this column will hold the set of all remedies you want to further consider. As you add other rubrics to your sheet, you can make your repertorization task easier by only noting down those remedies that are already marked in the first column. This will be clearer if we consider a specific example.

3.3.3 A Sample Case with Crossing and Combining

Assume that you are evaluating the case of a new college student who presents with complaints of severe burning pain in the throat and a lot of emotional distress about being away from home. She feels depressed, misses her family and familiar surroundings a great deal; she spends much of the case interview talking about this. She has recently been craving very hot, spicy and peppery food, although this seems to upset her stomach. She has many small ulcers in her mouth, 'canker sores,' that appeared at the same time as the sore throat, and she has very foul breath. She feels chilly, which is unusual for her. As you analyze the information presented to you, the two most prominent features of the case are the burning throat pain and the homesickness, and you feel certain that any remedy you select for her must cover those two aspects of the case. In looking through the repertory, you choose the rubrics **Throat, Pain, burning** and **Mind, Homesickness**. Because you are very sure that any remedy you want to consider must cover both of these symptoms, you decide to cross these rubrics. Because the ulcers in the mouth and the general chilliness were both recent changes for the subject, these can be assumed to be part of the current symptom picture she is presenting and are included in the repertorization. For the mouth sores you select the rubric **Mouth, Aphthae**, and for her change in perception of temperature, you select **Chill, Chilliness**. You also want to include her recent food cravings, but cannot find a single rubric that seems completely acceptable, so you decide to combine the rubrics **Generalities, Food, pepper agg, Generalities, Food, hot, agg**, and **Generalities, Food, spices agg**. The repertorization sheet on the following page shows the first few rubrics in this repertorization. Look at this sample page and the rubrics used to make sure you understand how this was done.

Case Name: **Crossing example** Date: **8/12/2003** Homeopath: **K. Allen**

R U B R I C S	1. Throat, Pain, burning X Mind, Homesickness	5.
	2. Mouth, Aphthae	6.
	3. Chill, Chilliness	7.
	4.	8.

	1	2	3	4	5	6	7	8	G/R
acon									
agar									
alumn									
anac									
ant-c									
ant-t									
apis									
arg-n									
arn									
ars									
aur	1	1	1						3/3
bapt									
bar-c									
bell	1		3						
bell-p									
berb									
bor									
brom									
bry									
bufo									
cact									
calad									
calc									
calc-f									
calc-p	1								
calc-s									
cann-l									
canth									
caps	3	1	1						53
carb-an	2	2	2						63
carb-v									
caul									
caust	2		3						
cham									
chel									
chin									
clem	1	1	2						43
cocc									
coloc									
con									
cupr									

	1	2	3	4	5	6	7	8	G/R
cycl									
dig									
dros	1		2						
dulc									
eup-per									
euphr									
ferr									
ferr-p									
fl-ac									
gamb									
gels									
glon									
graph									
ham									
hell	1	2							
hep									
hyos	1								
hyper									
ign									
ip									
kali-ar									
kali-bi									
kali-br									
kali-c									
kali-s									
kali-p	1		1						
lac-c									
lach	1	2	1						4/3
led									
lil-t									
lob									
lyc									

	1	2	3	4	5	6	7	8	G/R
manc	1								
mag-c	1								
mag-m									
mag-p									
med									
merc	2	3	2						7/3
mez									
nat-c									
nat-m	2	2	2						6/3
nat-p									
nat-s									
nit-ac	1	1	3						5/3
nux-v									
petr	1		2						
ph-ac	1		1						
phos									
plat									
puls	1		3						
rhus-t									
rumex									
ruta									
sep	1		3						
sil	1	1	2						4/3
spong									
staph									
stram									
sulph									
syph									
thuj									
tub									
verat	1								
zinc									

On the repertorization sheet, you can see the two rubrics, separated with an X, written in the box for rubric 1. In column 1 there are grade numbers entered only for remedies that appear in both rubrics. Aurum is the first remedy listed that appears both in **Mind, Homesickness** and **Throat, Pain, burning**. In the first rubric, it is listed as a grade 2. In the second rubric, it is listed as a grade 1. Being on the conservative side, I have noted it down in column 1 as a grade 1. Notice that there were several remedies listed in **Throat, Pain, burning** that were skipped before finding the match on Aurum. The next match found is Belladonna, then Calcarea phosphorica, etc. When the rubric comparison is done, there are 23 remedies that are in both.

Mind, Homesickness contains 34 remedies, 23 of which are listed in both rubrics. Eleven remedies have been eliminated. **Throat, Pain, burning** contains 74 remedies, 23 of which are listed in both rubrics, so 51 more remedies have been eliminated. Out of a total of 85 possible remedies between these two rubrics, we have narrowed the field to 23 choices, about a quarter of what we started with. In this case, it is useful because the case is simple and clear, and we definitely want the resulting remedy to cover both of these symptoms. However, you can see how quickly this technique drops remedy choices, and if the choice of rubrics is not exact, you can easily eliminate the remedy that would be curative.

Refer again to the repertorization sheet for this case. The remaining rubrics for the case need to be added. The food preference for hot, peppery, spicy food that upsets her stomach is represented with a combined rubric. Open your repertory to find these rubrics in the Generalities section and mark these remedies on the repertorization chart. Be sure that in these additional rubrics only those 23 remedies noted in column 1 should be included for any of these other rubrics. Any remedy that was not included in the first crossed rubrics was ignored for the remainder of the repertorization to create an appropriate subset of remedies for consideration.

3.3.4 Veterinary notes

I frequently cross rubrics to begin a case, but you must be cautious about your rubric choices as was mentioned above. If you have two symptoms that are very clear, and each has a medium to large size rubric, crossing is an invaluable technique. Because it limits the field of choice so quickly, you can try several combinations of symptoms and see if a few remedies appear repeatedly. Consider a cat who vomits her food immediately after eating (and not at other times), often has a yellow discharge from the eye, sneezes often throughout the day, has a history of asthma after vaccination, prefers to sleep on a blanket and hisses at the other cats. Which of these symptoms are so specific that everyone would agree on them? Look up all 6 rubrics. Note the size of the rubrics, i.e. how many remedies each contains.

Respiration, asthmatic, after vaccination is a clear symptom, but there is only one remedy in this rubric. You will note this remedy and read the materia medica, but you would not use this rubric to cross with another, as it would limit your choices too much.

Stomach, vomiting, eating, immediately after is a clear symptom with a medium size rubric. The cat only vomits right after eating, so it is clearly characteristic and could be crossed.

Nose, sneezing, frequent and **Eye, discharge, yellow** are clear symptoms with medium to large size rubrics, and could be used for a cross.

Sleeping on a blanket and hissing at the other cats could mean many different things, so none of the possible rubrics would be good for a cross.

Picking different parts of the body works well, so I would cross the stomach rubric with either the eye or nose rubric. In simple cases, this can be done without using the repertorization forms; just note down the remedies in both rubrics. The eye / stomach cross yields five remedies. The nose / stomach cross yields eleven remedies. Four remedies are in both crosses, so I would read the materia medica for those remedies or look at other, less clear symptoms in the case. If you can quickly find the rubrics, the cross approach will take only several minutes.

3.4 Selection of Rubrics

The repertory contains thousands of rubrics. There is an art to finding just those that will describe a case well enough to draw out the most likely set of remedies. This is an area where personal style in practicing homeopathy really shows up. Keep in mind that the guidelines being presented here are practical suggestions of one approach. There are many different approaches and every homeopath seems to find what works best for his or her own practice; you will develop a style of your own after you have been working with the repertory for a while.

The guidelines given in this section are general suggestions for beginning homeopaths. They are not hard and fast rules. Because each case is unique, each case requires just what it requires, and that may be different than what is presented here. More experienced homeopaths develop a sense of when to ignore or alter these basic guidelines in order to appropriately repertorize a case. You will eventually have that sense also, but for now these concepts will help you to avoid common errors made when starting to analyze cases. When you have more depth as a practitioner, take joy in the adage that rules were made to be broken, and do what is appropriate for the case at hand.

3.4.1 Goal: Rubric Set to Describe the State of the Patient

The symptoms of the patient are taken together in the same way that a constellation of stars forms a pattern. The juxtaposition of the symptoms is just as significant as each symptom on its own, and only when they are taken together can we fully perceive the state of the patient. This state covers the mental, physical, emotional, energetic totality of the patient's condition. Repertorization of a set of rubrics matching the state will lead us to remedies that apply to that specific constellation. For this reason, it is not useful to look at one or two single symptoms in isolation.

In simpler cases, there may only be one or two strong components in the case, and the job of identifying important indicators of the patient's state is relatively easy. In more complex cases, there may be symptoms all through every system of the body, and it becomes more difficult to discern what is most important and individualizing. It is crucial to accurately perceive the key features of the case. Appropriate prioritization and selection of symptoms for repertorization is extremely important in directing the remedy search to a curative result. Emphasis on different features leads to a completely different result set of remedies. Here is where the challenge begins. The most important work happens before opening the repertory; first you must select the symptoms you want to work with. Well-selected rubrics for poorly selected symptoms are unlikely to identify a curative remedy.

3.4.2 Prioritizing the Information in a Case

Before opening the repertory, it is a good idea to look over the entire case, and ask your self what needs to be healed in order for this person to reach a homeostatic state of balance and freedom. Summarize all the symptoms on a single page. It may be a good idea to divide a page into two columns, and list the general symptoms (anything that applies to the entire person) on one side, and the particular symptoms (anything you can point to, like a specific body part) on the other side. Note down any strong modalities. Hahnemann taught that those features of the case that were most representative of the individual state were the best indicators of the curative remedy. Underline anything that seems idiosyncratic or unusual for the condition.

3.4.2.1 What is not useful?

Read through the symptom list you have made, and identify the most common and ordinary symptoms for the condition the person is experiencing. As an example, shortness of breath in an elderly patient who smoked for 60 years and now has emphysema is ordinary. Those symptoms are the least helpful and deserve the lowest priority because they do not individualize the case. You might want to place an X or dash beside them to remind you that they are low priority. They

are the least likely to be useful in the repertorization; they are not key features. Remember that there are very few entries in the repertory with diagnostic labels such as emphysema or diabetes. The name of the disease is much less important than the person who has it. The diagnostic label is a summary of the most common features, not the individualizing ones, so don't spend time looking for a rubric for hypertension. There is not one called by that name. There are many describing all of the individual symptoms someone who has high blood pressure exhibits, such as pounding in the right ear at 3 pm. Pay attention to how the patient exhibits the symptoms of the disease, rather than the diagnostic label.

3.4.2.2 What is most useful?

Read through your list again and identify those symptoms that are the most unusual. An elderly patient with emphysema who only experiences shortness of breath in the morning on waking is less common. These deserve your most rapt attention in repertorization. The repertorization should be sure to include these. Circle them or mark them with some indicator such as a star so that they will catch your attention when you begin to select rubrics.

3.4.2.3 What is left?

The remaining symptoms are those that were neither most unusual nor most common, and these may or may not be useful in repertorization. Some of them may be saved for confirmation symptoms later rather than being included in the repertorization. Sometimes it is helpful to prioritize the symptoms on your paper, numbering or lettering them in priority to help you clearly choose the symptoms you want to repertorize. This will help to prevent you from choosing rubrics for unimportant symptoms because the rubric is easy to find, such as overemphasis on food preferences.

3.4.2.4 Why Not Repertorize Everything: Totality Approach to Repertory

One approach that is taught sometimes is the 'Totality' approach to repertory work. In this approach, the homeopath reviews the entire case, sentence by sentence, and chooses a rubric to represent each significant comment made by the subject. This is a way of documenting the entire case in rubrics. This is excellent practice for developing knowledge of the repertory. It also ensures that attention is paid to each statement made by the subject. This is an ideal first step for thorough, detailed people who want to be sure not to miss anything. This can result in a set of 20 to 45 rubrics or more for the case.

This presents a few challenges when it comes to actual repertorization. First, it is extremely time-consuming, and not a little intimidating to be faced with the task of repertorization by hand for a case with 45 rubrics. Additionally, the totality set of rubrics represents all of the information in the case without regard to how common or how characteristic a symptom is. All of the information, both crucial and casual, is intermingled in the set of rubrics. By mixing the common symptoms with the individualizing ones, the characteristic nature of the case becomes diluted, and the resulting set of remedies that emerge from the repertorization are limited to those polychrests that are most widely represented in the repertory.

An additional step in the process can help with these challenges. Starting with the 'Totality' list of rubrics, go through the same prioritization process just described above. Identify what is common, and set those aside for confirmation later. Take the rubrics that represent the most characteristic features of the case and create a separate list with those. In general, it is a good guideline to limit your selection to 4 – 8 well-chosen symptoms that describe what is most important in the case. This will allow the individuality of the case to come through repertorization into the resulting remedy set. Then repertorize this final set rather than the full 'Totality' list of rubrics.

The concept of prioritization is an easy one to understand, but is more difficult to implement. It is a skill that comes with practice. In order to prioritize, you need criteria with which to compare each symptom. Review the ideas listed below to define your prioritization criteria.

3.4.3 Identifying Key Features of the Case

Key Feature: Repetition

Some things stand out in a case. If a person has several references to the same type of condition or repeatedly uses a specific adjective, then that becomes a larger part of the symptom picture, a theme in the case. This may be true for a type of symptom, a sensation (aching, stinging, swollen, brittle, etc.), or a modality (better from laying down or worse from eating). An example may be a person who has a burning pain in the stomach, then later mentions burning on the soles of the feet, and still later refers to the pain of a headache as a fiery, burning feeling in the head. The repeated references to burning make it a more prominent feature of the case. Choose to repertorize these features that are repeated in multiple symptoms of the case. This is especially true if the repetition of a type of symptom crosses the boundaries between physical and mental or emotional. For example, if a person is suffering from a condition of rigidity such as paralysis, and also presents mental symptoms of inflexibility of thought or difficulty changing plans easily, then the theme of rigidity is consistent in that case and assumes a greater level of importance for inclusion in the repertorization process.

Key Feature: SRP

Each person's vital force has its own way of expressing disease, and some of those ways are very unusual. A strong, unusual symptom becomes a more important feature of the case than a strong symptom that is typical for the condition of the person. For example, if a person has a fever with a hot red face, that is a common symptom for fever. However, if the person has fever and a red face that is cool to the touch, then that is an unusual condition and becomes an important sign from the vital force. This is the realm that homeopathy refers to as 'strange, rare and peculiar' symptoms or SRPs. Hahnemann felt that these were some of the most important indicators of the state of the patient. Repertorize those features that are unusual expressions of the vital force. They are often expressed as sensations or modalities. It is most helpful if these unusual symptoms are readily observable physical conditions that anyone could perceive, or if they are volunteered by the patient in the interview. If you have a remedy in mind as you take the case and are attempting to confirm or decline it, it is tempting to ask a person if a symptom is true for him or her. Some people will agree because it is their nature to be helpful or cooperative or to please the practitioner, rather than because the symptom is prominent for him or her. The information is more reliable if volunteered. If you must ask about an unusual symptom, form the question in an open-ended, general way as much as possible to avoid leading the patient.

Key Feature: Conflict

Homeostasis does not establish itself well in a state of conflict. When symptoms present a state of antagonism within the individual, it is characteristic of a pathological state that needs to be healed. As an example, if a person is gay, and is clear and comfortable with this aspect of himself or herself, then there is no conflict, and the homosexual nature of the person is not relevant for the case. However, if a gay man has considerable discomfort with his sexual preferences, and fears spiritual damnation because of it, then there is an internal conflict, and this becomes relevant for the case. Another example is when a person desires something that aggravates his or her condition. Hahnemann believed that in an acute state, the patient's desires were generally to relieve the acute condition, while in a chronic state, the desires were often for things that support the disturbed state. For example, in an acute fever state, the patient may desire lemonade. This is a symptom of Belladonna. In the discussion of the remedy *Citrus limonum* in *Clarke's Dictionary of Practical Materia Medica*, Clarke notes that lemon has a powerful effect on the circulatory system and blood itself, and observes that it increases the curative effects of Belladonna. The desired substance brings relief. In a chronic state, a patient may desire sweets even though he is aggravated by them. This represents a conflict and becomes a good symptom for repertorization.

Key Feature: Etiology

Some event that was physically or emotionally traumatic may have preceded the onset of symptoms, and this etiology becomes an important feature of the case if it is clear. Very often the patient will not connect the etiology with the current state; as a society we have not been taught to make these kinds of cause-effect connections. Careful questioning can bring this out in the case. A strong, clear etiology for a definite change in state is a good candidate for repertorization. As an example, consider two cases of suicidal depression. In the first case, a man recently suffered a head injury in a skiing accident, and this was followed by deep depression, a marked contrast to his prior even disposition. In the second case, a man has suicidal depression following the embarrassing declaration of bankruptcy by his company. The etiologies point the homeopath to different remedies and individualize the case. The rubrics for ailments after a head injury or ailments after mortification would be helpful in addition to a rubric for suicidal disposition.

Key Feature: Recent Change from 'Normal'

Any strong shift from the status quo is a relevant factor for consideration. If a person who is normally quite pleasant develops physical symptoms that are accompanied by pronounced irritability, then the mental state has shifted, and this must be considered as part of the new constellation of symptoms. These symptoms that are seemingly unrelated, but exist at the same time are called concomitant symptoms. They are seldom consciously connected to the chief complaint by the patient, and may not be volunteered unless the client is specifically asked about any other change since the chief complaint appeared. Remember that what is normal for the patient may be different than what is considered normal by the practitioner, so it is usually worth asking, "Is this normal for you?"

Key Feature: Oddly Explained Symptoms

There is a tendency for many people to explain away their symptoms. For example, in the case of a woman who has menstrual periods that are quite irregular, she may add that this is because she is beginning to go through menopause. The explanation may be accurate and logical, or it may be fiction in the patient's mind. There may be a temptation for the homeopath to discount or ignore these symptoms because they are somehow accounted for; there is a reason for them, so they do not require further notice. This is an incorrect train of thought. The only relevance to the explanation for a symptom is that this is how the patient thinks of it, and this connection may be an interesting characteristic for the case as well. The woman with irregular periods may actually be going into menopause, and it may not be important. Alternatively, she may be 32 years old, have no other symptoms that would indicate onset of menopause, and her thought of this is a symptom in itself. Don't accept these explanations at face value.

Key Feature: Life Threatening Symptoms

Those conditions that are life threatening assume greater importance. Symptoms that are extremely limiting or life threatening are important signals from the vital force of the out of balance condition of the patient. Blood pressure that skyrockets suddenly, hemorrhagic bleeding, diabetic coma, asthmatic crisis are all events that demand attention. (This seems a moot point to mention in this text because if you are just learning repertory, you should not be attempting to work with cases that have life threatening conditions. This information is to be applied to cases in the future.)

3.4.4 Repertory Contra-indications

Just as there are some things that make a symptom more important for inclusion in the repertorization process, there are factors that suggest that the symptom is not a good candidate. The largest category of these is the common symptoms characteristic of physical pathology that have no individualizing etiologies, sensations or modalities. This includes diagnostic labels and general end products of the disease process. Sir Arthur Conan Doyle wrote a famous line for Sherlock Holmes when he stated, "That which is common is not helpful." This is something that each homeopath should commit to memory. This requires that the homeopath be well versed in

what is common for various pathological conditions. It is common for hepatitis to have concomitant jaundice and appearance of pale stools. It is not common to have the skin turn purple and the stools turn pink. These would be remarkable if they appeared in a case of hepatitis, and would merit repertorization, but the ordinary symptoms are not helpful.

Avoid Symptoms Modified by Meds

Skip symptoms that have been created or altered by the use of allopathic or recreational drugs. The symptom of an uncomfortably dry mouth with excessive thirst is not as relevant to the case if this is a known, common side effect of a prescription drug that the patient is taking regularly. This is a completely different situation than if these symptoms had appeared spontaneously. Their appearance is being elicited only by the presence of the chemicals acting in the body, not by the expression of the vital force. Steroids, anti-hypertensive drugs, anti-depressants, and many recreational drugs mask and alter the actual symptoms of the vital force so that they are no longer clear expressions. Sometimes it is helpful to query the patient regarding details of the symptoms prior to beginning to take the medications, and those symptoms may be helpful confirmations for the remedy selection in the case.

Avoid Ambiguous Symptoms

It is not uncommon to take a case where the person says he is generally warm and then later says he is generally chilly. Sometimes these can be clarified during the interview; at other times, they are only noticed later while doing case analysis. If you have symptoms that apparently contradict each other, it is a good idea to leave them out of the repertorization. An exception to this may be when the entire case is full of contradictions, and then that becomes a symptom by itself. Also included in this category are symptoms that are stated by the patient, but do not appear congruent or believable by the practitioner. Patients do not always report symptoms accurately and completely. They may be embarrassed, ashamed, forgetful or devious. They may misrepresent something unconsciously in order to protect something. If you have the feeling that the patient has said something that you feel distrustful about, it may be because of the patient or because of your own mental state. You may want to avoid repertorizing any of these symptoms. Stick with those about which you are sure.

Avoid Conjecture Symptoms

Most homeopaths tend to be relatively intellectual. It takes a lot of mental process to do case analysis, and that mental process can sometimes be directed into creative speculation. It can be quite good fun building a case, analyzing possible correlations and pondering why some particular state might exist. However, this is not a solid basis for repertorization. Avoid repertorizing symptoms that are the result of conjecture. Andrew Lange, ND, a homeopath in Colorado makes the observation that, "They don't call it the unconscious for nothing." You may be brilliantly insightful, or you may be projecting your own bias into the case and introduce an erroneous element. No matter how clear you feel about your interpretation of a case, you are inviting failure unless you stick with rubrics covering what the person actually stated or what is generally observable. British homeopath Jeremy Sherr, RSHom, teaches that any rubric chosen should be clear and strong enough to stand up before an independent jury in 'Rubric Court.' Make sure your choices are accurate and well founded. Avoid myth in your repertorization.

Avoid Historical Symptoms

Time is an important factor in the development and analysis of the case. Sometimes the person may have a history of symptomatology that is not part of the current picture. Unless there is a strong etiology involved from the past, the current picture usually has quite enough information without dredging up details from the distant past. Skip symptoms that are clearly part of the past and are not now part of the picture. The information about past symptoms is still of value for the case, and will often provide indicators to evaluate recovery and cure. The person with recently onset asthma who reports a history of skin rashes treated by cortisone creams in youth is likely to see those skin rashes again as the asthma abates. However, it is not usually useful to repertorize symptoms of the skin rash now since it is no longer part of the picture.

This is different than a symptom that began long ago and has gradually progressed into something that does not completely resemble its beginning phase. Something that started as a slight twinge in the hamstring muscle and gradually progressed through stiffness and weakness into paralysis of the leg is not a historical symptom. The early stages of these symptoms can sometimes be helpful in differentiation. A remedy for paralysis of the leg that began with cramping and spasm is likely to be a different one than for a case with symptoms that began with a sense of coldness and weakness of the muscle.

Avoid Irrelevant-but-easy-to-repertorize Symptoms

There is a strong temptation to repertorize symptoms that are clear and easy to translate into rubrics, especially small rubrics, even when they are of very little importance in the case. Food preferences are often in this category. These are only relevant when they are quite strong, and most helpful if they represent a recent change. Aggravations from certain foods are slightly more helpful as they tend to be more individualizing. Symptoms like thirst, general dry skin, a tendency to be warm or chilly, and feeling better on a sunny day or worse on a cloudy day are all very common. These are more appropriate to use as confirmations. They end up in many repertorizations because they are easy to find in the repertory, and they often take the place of some more important symptom for which it was difficult to track down a rubric. Before you include a symptom, make sure it satisfies the criteria of being individualizing for the case and that it takes priority over more common symptoms.

3.4.5 Translation to a Rubric

Once the key features of a case have been determined, look for one or two rubrics that describe each of those features. Sometimes this is an easy, clear process with a specific symptom that exists in the repertory. There may be more to the process in some cases. There may be more than one rubric that applies. They may be similar and it may be difficult to tell which one to use. In this case, you might want to combine them. For example, there are different rubrics for vomiting after coughing (in the Stomach section) and cough followed by vomiting (in the Cough section), and they have slightly different collections of remedies in them. This is a good example of when combining rubrics can be helpful.

Perhaps you find a rubric that describes exactly what the person said, but there are only three remedies in it; that is a very narrow field to consider even if the symptom is extremely striking and individual and strong in the case. You may want to select a larger, more general rubric, and keep the smaller one in mind for later confirmation. Remember that the larger, more general rubric will not necessarily include the remedies from all the sub-rubrics, so combining may be useful again.

You may be looking for a symptom that is not covered in the repertory. You may have to skip that symptom and see if it can be corroborated by later reading the provings of the remedies that come through the repertorization. Or you may be able to think analogously to come up with a correspondence to another rubric that would convey the same concept. As you become more familiar with the repertory, you will get a better feel for what you can and cannot find there.

When attempting to find mental rubrics, keep the reference books mentioned at the beginning of this text close at hand. Explanations of mental states (Part and Preston's *Mind Defined*), synonyms for rubrics (Sault's *Key to Mental Rubrics*) and definitions of terms (Yasgur's *Dictionary*) are very useful in choosing rubrics. You will need these texts less later in your work with the repertory, but they can make a big difference as you begin.

When selecting a rubric, try to be accurate about matching as closely as possible to what the patient said or what could be observed. Review the discussion in Section 2.2: Finding that Rubric. Be precise. Use what you have learned about the repertory over the past series of exercises to help you think of various places and ways a symptom could be described and then select the closest match.

It can be intimidating to select a rubric with hundreds of remedies in it, even if it the best choice. The tasks of manual repertorization may seem overwhelming. In classes for beginning homeopaths the favorite rubric size appears to be one with less than ten remedies in it. While this speeds repertorization, it also eliminates most of the likely possibilities. Remember that the larger rubrics are more likely to contain the curative remedy you seek. Don't avoid them. If you find a small rubric that applies perfectly, but only contains two remedies, keep it in mind for final evaluation, but back up to a larger, more general rubric to keep your options open. Remember that you can use the technique of crossing two crucial rubrics to make your job easier. If you are not willing or able to work with large rubrics, then it is probably not worth your time to repertorize at all, because your results are likely to be too narrow and less successful.

Stick with the individualizing features of the case, select reasonable rubrics, and stay with a limited set of 4 – 8 rubrics. These guidelines will serve you well.

3.4.6 Veterinary notes

Remember that in animal cases, the animal will not be able to report his or her experience. You will have to rely on what you and the animal's guardian can observe. It is important to encourage people to keep a journal to record any symptom they notice, and how the symptom changes over time. Give priority to those symptoms that are most limiting to the animal.

Follow the above guidelines with great care, especially in translating symptoms into the rubrics. When a cat hisses or a dog barks or an infant yells we cannot ask why. They could be afraid, angry, dictatorial, in pain, defending their territory (normal behavior), anxious, hyperactive or many other interpretations. You can look for rubrics for these symptoms, but do not put a lot of weight on them. Do not use them for a cross analysis. It can help to read the rubric to another person, and ask if it makes sense to them.

Additionally, it is very important to remember to match bone to bone and organ to organ, making sure that you have the correct anatomy for specific symptoms when you find rubrics. This was discussed earlier in section 1.7, and it may be helpful to review that section again now.

3.5 Covering the Case

Having spent all that time figuring out what was important in the case, and then even more time finding appropriate rubrics for each one, you probably feel done. However, there is another step to complete before you actually repertorize the case. It is time to look at the rubrics you have chosen as a set, and see that they work together to represent the pathology of the case. They should stand together as a concise description of what needs to be healed in the patient. Sometimes each of the rubrics looks good alone, but they do not work well together as a collection. There may be too much emphasis on one feature and not enough on another. Each of the rubrics introduces a specific set of remedies into the repertorization process, and lack of proportion in rubrics can sway the results in an inaccurate direction.

3.5.1 Proportion

Each of the features should be fairly represented in proportion to their importance in the case. If there were four aspects of the case to be included, and each had one solid rubric describing it, then the rubrics probably cover the case well. However, if three of the features were covered by their own rubrics, and one feature had four rubrics describing it, then the repertorization might be too heavily weighted in favor of that one symptom. Additionally, a sensation or modality can become over-emphasized by choosing rubrics for several key features that include it. For example, think of a patient that reported the symptoms of all these conditions as worse in the morning: cough, aching in the back and anxiety. The homeopath might choose rubrics to form a set such as:

Cough, Morning
Back, Pain, morning
Mind, Anxiety, morning
Generalities, Morning

While the patient did report that all conditions were aggravated in the morning, this set of rubrics gives a lot of emphasis to that modality! A general rubric about mornings would probably be enough to cover that aspect of the case. The other rubrics could then apply to other details of the patient's discomfort. The rubrics chosen above may be too imprecise if those symptoms also occurred at other times of the day or night, and their inclusion along with a general rubric for morning could overemphasize that feature.

3.5.2 Variety of Body Systems

It is a good idea to ensure that there are rubrics to cover a variety of body systems. A case that includes symptoms in the respiratory, circulatory and hormonal symptoms would not be evenly described if all the rubrics selected were only related to the circulatory system. Additionally, if a case has mental, emotional and physical symptoms, then the resulting collection of rubrics should cover all of these layers. Too much emphasis on the mental or physical symptoms will slant the resulting set of remedies in that direction. You can sway a repertorization by including a feature on both the mental and physical plane. For example, in the case of the patient with very rigid thinking and paralysis of the legs, several rubrics covering those symptoms would emphasize the aspect of rigidity, perhaps at the expense of some other individualizing feature.

3.5.3 Rubric Set Case Example

Once again it is time for the proverbial example. Assume that a woman presents a chief complaint of recurrent bronchitis with a cough and a burning pain in the chest. The chest pain is worse on the right side. It seems to clear up, but each time she gets a cold, the cough comes right back. At times, it becomes quite difficult for her to breathe because she feels a constriction in her chest and a burning sensation behind her sternum. This has happened since she moved to a damp climate three years ago. Prior to that she had no respiratory problems. She is always very thirsty, and drinks a lot of water. She has frequent bouts of dizziness when she stands from a

sitting position and she experiences this daily. She hates sitting down because she does not want to go through the discomfort of standing up again. She has rheumatic pain in her right shoulder that extends up into her neck and is much better from being lightly rubbed. The shoulder pain is worse when the bronchitis gets bad, and it bothers her more at night. It is especially painful when she raises her arm over her head. Her toes and soles of her feet burn; she notices it more on her right foot. As for her disposition, she notes that when she is sick, she becomes impatient and snappy with her children, especially in the afternoon when they arrive home from school, and she yells at them to hurry with whatever they are doing.

Before you continue reading, list the symptoms of the case. Prioritize them according to the guidelines given in Section 3.4, and decide what you would like to include in your repertorization. Choose rubrics and see how well they blend together as a set. Once you have finished, look at the following sets of possible rubrics for this case. Which do you think best covers the case? Compare these with your own results.

<p>Rubric Set #1:</p> <p>Stomach, Thirst, extreme Extremities, Pain, burning, foot, sole Generalities, Sitting down, on first, agg Mind, Shrieking Generalities, Cold, tendency to take</p>	<p>How well does this set of rubrics match the case? By reading this set of rubrics, do you feel that you are reminded of each crucial factor in the case? In this set of rubrics, less important details have been included at the expense of main features of the case. There are no rubrics describing the woman's main sources of discomfort: the bronchitis, cough, vertigo and shoulder pain.</p> <p>In addition, some of these rubrics are not accurate for the case given. She is not aggravated upon sitting down; in fact, her discomfort occurs when rising from a sitting position. This rubric cannot be used just because she says that she hates sitting down. The mental rubric for shrieking is taken because she says that she yells at her children to hurry. There are better choices such as Mind, Impatience or Mind, Irritability to reflect this. The rubric for the chronic tendency to catch colds is probably not warranted based on her case as given. She says her cough recurs when she has a cold, but does not say how often. It could be once a year.</p>
<p>Rubric Set # 2</p> <p>Chest, Pain, burning, right Vertigo, Rising from a seat, on Cough, Irritation, bronchia Generalities, Wet weather Extremities, Pain, shoulder, rheumatic Mind, Impatience</p>	<p>What do you think as you read through this set of rubrics? Does it cover the case? Is any particular feature overly represented? Is there a critical aspect of the case that has been omitted?</p> <p>This is a more balanced set of rubrics covering the main physical complaints and the change in mental state when she is ill. It also covers the likely etiology of the move to a damp climate. The rubrics chosen are neither excessively narrow or general.</p>
<p>Rubric Set #3</p> <p>Extremities, Pain, joints, rheumatic Extremities, Pain shoulder, rheumatic Extremities, Pain, shoulder, raising the arm agg. Extremities, Pain, shoulder, ext. to neck</p>	<p>How does this set of rubrics compare with the previous two sets? Is each rubric accurate based on the report from the subject?</p> <p>This collection of rubrics focuses on the shoulder conditions at the expense of all else. It represents a subset of the actual case. The remedies that come through in this repertorization are likely to be somewhat different from those that covered the entire case. This rubric set would not bring out remedies that had an affinity for the respiratory system, nor those that were associated with vertigo. The resulting remedies are not likely to be effective for this case.</p>

<p>Rubric Set #4</p> <p>Mind, Impatience Generalities, Wet weather Vertigo, Rising from a seat, on Stomach, Thirst, extreme Generalities, Side, right</p>	<p>What has been included or omitted from this repertorization? Are the rubrics accurate? Do they represent the important factors in the case?</p> <p>Some practitioners prefer to work with general symptoms rather than specifics. This rubric set covers the generals in the case: symptoms that apply to the entire person, and cannot be pointed to specifically. The resulting remedies will be different from those that came from each of the other rubric sets. This approach tends to work well in chronic cases when there are few specifics, or when there are so many symptoms in various body systems that it is difficult to prioritize among them.</p>
--	--

This selection of sets of rubrics is a major factor in the different styles of practice between homeopaths. In order to see how the selection of rubrics affects your resultant choices of remedies, come up with three different sets of rubrics for this case, and repertorize each one. Do the same remedies show up? Are some more prominent in one repertorization than another? Can you see how the specific combination of rubrics can affect your results? The actual remedy given in this case was Sanguinaria. Did that remedy come out strongly in any of your repertorizations? In which rubrics was that remedy included?

Try repertorizing the combinations of rubrics given above. Which of them led you toward the curative remedy? Notice that many other remedies come up as well. How many of the other remedies covered the entire case, i.e., were mentioned in each of the rubrics in the set? Differentiating between them can be difficult; this is where verification against all those symptoms that you did not include in the repertorization can be helpful. Each of those symptoms can be located in the repertory and used to confirm or discount each of the possible remedy choices. Did the additional confirmatory symptoms support the choice of Sanguinaria in this case? Read a little about this remedy in one of your materia medica texts, and verify how it matches this case.

Once you have selected your rubrics for any case, be sure to review them as a set.

Even though they looked good individually, you might see things a little differently when you look at them together. This will improve your ability to successfully repertorize a case and get the results you want.

3.6 Focusing on the Center of the Case

Having just advised you to be sure to cover the case thoroughly with your selection of rubrics, it is time to introduce another way to look at prioritization: focusing on the center of the case. Some practitioners refer to this center as the 'core' or the 'center of gravity'. This core or center of gravity is the most limiting factor in the person's health.

Each case has its own focus or depth. Some cases have symptoms only on the emotional plane; others are entirely physical. They may cover one body system or all of them. Ideally, every case would have a convenient assortment of possible symptoms to address on physical, mental and emotional levels, but it does not always happen that way. The vital force of each person expresses symptoms according to the disruption that exists, and the homeopath has to work with what is there.

In trying to cover the case thoroughly, I occasionally see my students include a questionable mental rubric where the focus is clearly physical. This has happened even when the physical symptoms were overpowering and the mental symptom was a mere detail. It is nice if you can get a good cross section of body systems in the repertorization, but don't force it. This case is what it is and nothing more.

In each case, identify the center of gravity.

Where is this person most limited? Is it on the physical or mental level?

On the physical level, which body system is most affected?

On the mental level, is the greatest limitation in the thinking (mental) or feeling (emotional) aspect of the person?

What is stopping him or her from living a full and healthy life?

Is there an etiology that is evident for this limitation?

The answers to these questions will lead you to the center of the case. Be sure you address this aspect with appropriate rubrics.

3.7 Case-taking Impacts Repertorization

You have repeatedly read comments regarding the importance of individualizing the case, avoiding what is common, and focusing on the most important aspects of the case. It may be useful at this point to review the influence of case taking on repertorization. You can only choose rubrics for those symptoms you know about. In *The Organon*, Hahnemann gave guidelines for case taking, directing the practitioner to listen carefully without interrupting the client, writing down, in his or her own words, the symptoms the client gave. After the client has reported everything he or she has to say, the practitioner should ask non-leading questions to clarify each symptom. These questions allow the practitioner to obtain very individual information about how the client experiences the disease state. This individualization often arises in modalities, sensations and locations of symptoms.

The burden for obtaining these details rests with the practitioner, as the patient often will not know what kind of information is helpful. Additionally, many symptoms are subjective experiences that are perceived internally, and they can be very difficult to articulate. When the client says, 'It hurts,' this is the 'least common denominator' of information, the most common description possible among all variations of discomfort. If the practitioner is not able to assist the client in describing it further, then the subsequent repertorization for the case is going to be less effective. There is not yet enough detail in this symptom to support effective repertorization! There is no depth to the symptom to support differentiation between remedies. More detail must be elicited from the client.

It is useful to start with the **location** of the symptom; it is often the easiest aspect of the symptom to specify. The client can usually point to the place where the pain is experienced, and physically demonstrate the size of the affected area, as well as any extensions of pain from one location to another. It is important to ask the client to physically demonstrate, because many people are inexact in their communication of physiology. 'Leg' can mean anterior or posterior thigh, knee, calf, shin, ankle or foot. The client may say 'arm,' when only the wrist is affected. 'Stomach' may mean lower abdomen. Some remedies have a strong affinity with specific locations, and it is important to be exact.

Perhaps the most challenging information to obtain is the specific nature of the pain, or the particular **sensation** the client experiences. It is very important to avoid leading the client to a particular description, but it may be helpful to give a list of possibilities by asking if the pain is sharp or dull, if it is steady or throbbing, if it is continual or comes in waves, if it comes and goes suddenly or gradually. Ask if the nature of the pain is cutting, burning, stabbing, electric, stinging, cramping, pulling, etc. By including at least two or three alternatives in any of these questions, it is easier for the client to report a sensation without being led to a specific conclusion. Sometimes it is useful to ask the client to imagine what could create the sensation he or she experiences. The answers can be very informative, i.e., "Well, if you took a burning ember and covered it with short spikes and then embedded it in the left side half way down my throat, that would feel like this." Ask the person to compare the pain to other experiences he or she has had, i.e., "My menstrual cramps are not as severe as childbirth labor pains, but close – maybe 70% of that."

After the location and sensation have been identified, it is very important to determine any **modalities** for the symptom. If a person does not know whether the sore throat is made better or worse by hot or cold, ask him or her to drink hot or cold water to find out. Most people are woefully unaware of the modalities of their symptoms because they have not been taught to think in details that are helpful to the homeopath. This does not mean the modalities don't exist, but they may not be within the client's awareness. Each practitioner will need to educate his or her clients regarding modalities. This is especially true for parents whose children spend the majority of a workday in school and/or daycare. Although the parents may be concerned, supportive, and

eager to assist the child in receiving effective homeopathic care, they simply may not have spent enough time around the child to be aware of modalities.

Modalities can be identified with a little experimentation. The patient can be asked to identify how the symptoms are affected by heat, cold, motion, dryness, dampness, indoors, outdoors, time of day or night. When simply asked if a symptom is affected by a condition, the client will often say that it is not. It is important to insist that the client experiment to find out. Once the client understands that this is crucial to the process of identifying a curative remedy, he or she is likely to be cooperative, and will be able to obtain this information in future prior to consultation with you.

Finally, **concomitants** add another dimension to a symptom. Ask the client what else has changed since the onset of the symptom. It may be a mental shift (irritability) or a change in energy (fatigue or restlessness) or food desires (craving soda drinks or generally thirstless.) Any of these can be very useful if accurately reported, but they are unlikely to be reported unless the practitioner asks!

Once you have documented all of these symptoms, locations, sensations, modalities and concomitants, review them one more time with the client. Upon hearing them all together, the client may be able to refine or add to the description, or clarify an earlier explanation, and will be able to correct any misunderstanding by the practitioner. It is only when all these symptoms have been fully explored that the best use can be made of the repertory.

'Shoulder pain that hurts' is a much less useful symptom than 'Burning shoulder pain that is felt deep within the left shoulder joint, improved by the application of an ice pack, felt only at night in bed, accompanied by an odd sense of restlessness in the left arm.' Imagine the difference in the repertorization of each of those descriptions. Shoulder pain is common. Once it is individualized to include location, sensation, modality and concomitants, it is a much more visible indicator of a remedy. It becomes less common and more characteristic. Even if some of the details are difficult to repertorize, they can be extremely helpful in differentiation between remedies after the repertorization is completed.

3.8 Repertorizing Acute Cases

In every homeopathic case, the goal is to recognize the state of the patient and then to match that state to a homeopathic remedy that has been shown to create (in a proving) or cure (in clinical use) that state. This is true whether the state of the patient is acute or chronic. The majority of what is commonly thought to be acute illness is more likely to be expression from the chronically disturbed vital force; however true acute conditions do exist. Examples of actual acute illnesses are first aid injuries (sprained wrist, broken finger, puncture wound, bruising from a fall, etc.) or those with a clear, recent etiology (ailment after a sudden fright or grief), or an environmental exposure (traveler's diarrhea after exposure to an unfamiliar bacteria in food or water). Examples of ailments that are unlikely to be true acutes are bronchitis in a person who gets bronchitis every winter, hay fever, or recurrent mastitis.

There are some guidelines that may help you when you are working with a clearly acute case. First, it is important to verify that this is indeed an acute illness. If the person has had this condition for longer than six weeks or acknowledges that this is a persistent problem that comes and goes, then it is unwise to consider the illness as an acute. It is more likely to be an acute exacerbation of a chronic state, and a constitutional view of the case is likely to be more successful. In an acute case, you will want to address only what is manifested as a part of that acute illness.

The first challenge for a new homeopath attempting to take an acute case is that the patient generally volunteers an interesting assortment of acute and chronic information. It can be difficult to sort out which symptoms apply to the acute case. In taking these cases, repeatedly ask whether or not a symptom has begun or changed since the onset of the acute condition. If it has not appeared or altered within the duration of the acute illness, then consider it a part of the chronic picture, and ignore it for the purposes of repertorizing the acute case. Address only those symptoms of the acute illness. Just as with a chronic case, pay particular attention to unusual symptoms, modalities and sensations, locations, concomitants and etiology. Repertorize the key features of the acute case using a representative set of rubrics.

3.9 Repertorizing Chronic Cases

Chronic cases have different patterns of development and resolution than acute cases, so the focus will be longer term. Obviously, there is a great deal of variation in the ways the cases are analyzed and repertorized, and the ideas put forth here are a small sampling of possibilities, so don't limit yourself to this. However, there are some ideas about dealing with chronic cases that will help you as you are starting out.

Some homeopaths find good success in using a majority of general symptoms in repertorizing chronic cases. In complex cases where there are symptoms in every body system, it can be very difficult to prioritize and determine which symptoms to use. Some homeopaths put extra weight on mental symptoms if present, in order to avoid the difficulty of prioritizing so many different physical symptoms. However, if the focus is physical, it can be easy to miss the case this way. Look carefully for the focus of the case and include that in a repertorization with other general symptoms. This will keep you from chasing an ever-changing parade of minor symptoms as the case develops. In chronic cases, large general rubrics are often helpful. With more focus on general symptoms, these big rubrics take more time to repertorize, but they also insure that the field of choice is appropriately wide to begin with.

Other practitioners go through repertorization as it was discussed in the preceding sections, determining major aspects of the case and including rubrics for both general and particular symptoms as they apply to the case. Still others rely very heavily upon the mental state as shown by dreams, fears and delusions in the case. Some focus strongly on modalities and recent changes. In order to be an effective clinician, you may need to apply any one of these approaches to a specific case at hand. Different cases will call for different types of analysis and repertorization.

You can practice with different approaches and become familiar with how they affect the resulting set of remedies. For someone with a hammer, every situation looks like a nail. Be versatile; don't allow yourself to get caught with only one tool. Take the time with the sample chronic cases (given as exercises later in this text) to repertorize them in different ways. Try working strictly with mentals, or based on generals, or with defining aspects of the case. Notice how it affects the outcome. Find out which cases work best with each approach. This is a fairly personal process. Because each practitioner thinks differently, his or her approach to repertorization must become one which is his or her own. As you listen to lecturers in classes and seminars, you will pick up ideas that will assist you in finding techniques that work well for you.

As the case progresses, review your case notes with a careful eye to determine which symptoms have not changed since the beginning of homeopathic case. Those symptoms that remain the same over months of follow-up appointments become increasingly important signposts of an aspect of the case that is perhaps not being adequately addressed.

3.10 Common Mistakes

Learning and using the repertory is a lengthy process. There is a continual temptation to find short cuts to ease your effort. Unfortunately, a lot of those short cuts will lead you astray toward remedy choices that won't work. There is no substitute for quality techniques when it comes to effective repertorization. Remind yourself, especially if you are pressed for time, that it will take longer to re-evaluate and repertorize again after a dissimilar remedy that did not act at all for the patient, or after a similar remedy that triggered disruptions and a chain of acute illnesses, than it would to carefully and conscientiously find the simillimum now. Having said that, you are undoubtedly going to try to find easier ways to do repertorizations – just like every homeopath before you! Additionally, some mistakes will come from your belief system about yourself and about the people whose cases you take. You will probably make all of these mistakes at one time or another, just as I have. But read them over anyway so you can be forewarned. And then for laughs, read this list again several months or a year from now, and see how you feel about these little foibles then!

3.10.1 Mistake: Seeing Only Bold Type Remedies

When you look in a rubric, it is tempting to see only those remedies listed in bold type. They stand out, shouting to you from the page. You think to yourself how much quicker it would be when repertorizing a very large rubric to just note the heavyweights. Don't kid yourself. As mentioned before, it is quite likely that the curative remedy for your case is in italics, or even hiding in plain type. The grade assigned to the remedy is due to the frequency of the symptom's appearance in provings or clinical experience, and related to general susceptibility across a larger population. This does not mean ANYTHING for the specific case you have at hand – an average does not predict a single instance. If you flip a coin, there is a 50-50 chance that it will land with the heads side up. If you flip the same coin ten times in a row, and heads appears each time, you may think that it is more likely that tails will appear the next time because of the law of averages. However, with each flip of the coin, there is still just a 50-50 chance. You absolutely will miss cases by just seeing the bold entries. Those lower grade remedies are there for a reason.

3.10.2 Mistake: Seeing Only Remedies You Know

Those remedies whose abbreviations you know will wave hello to you like old friends, while those you can't pronounce or have never heard of will fade like wallflowers into the weave of the paper. They won't even exist. You will be surprised as you learn a new remedy; it suddenly shows up in lots of rubrics where it was never noticed before. Again, any remedy in the rubric could be the one you seek. Ignoring the unfamiliar ones will cause you to miss cases. Force yourself to read every single one. Look up the names of the ones you don't recognize. Learn one fact about them.

3.10.3 Mistake: Deliberately Choosing Small Rubrics

This is not a problem for the high tech computer uses, but among the pencil pushers, there are many homeopaths that have chosen a smaller rubric or avoided a larger one because it was too much work to mark all those remedies on the repertory sheet. Depending on the case, the small rubric may be fine. But there are plenty of remedies that are not particularly well represented in the repertory and only appear in very specific keynotes or large rubrics. By deliberately choosing small rubrics, you narrow your field of choice unnecessarily. You can also narrow the choices too quickly by crossing rubrics and only using the subset of the two when evaluating other rubrics. When you eliminate so many choices up front, you may well be tossing out your simillimum without even a cursory evaluation. You will definitely miss cases this way. As discouraging as it may sound, those large rubrics are very useful, if time-consuming. Press on through those long lists, knowing that you are improving your odds of getting the best remedy for the case.

3.10.4 Mistake: Can't Give It If It's Not In This Key Rubric

You have repertorized carefully, and everything lines up for a remedy that looks great – except it is not listed in this one rubric that you consider to be crucial to the case! Some of the remedies are not well represented in the repertory. Lesser remedies, nosodes, and newer remedies may not appear in the repertory you commonly use. There are remedies you will never select based on your repertorization of the case. The remedy that seems well indicated to you may be an addition to the rubric that you are not aware of, or the rubric you are concerned about may not have the importance in the case that you have assigned to it. If the remedy picture matches the case, then it does. If it doesn't, then it doesn't. The repertory is only a tool, not a dictator. Use your intelligence and wisdom. Experience will help you temper your judgment in these cases. If you hit upon a situation like this, it is a good idea to go to the provings or materia medica texts, and read through the listed symptoms for that remedy. You may find confirmation there, regardless of what the repertory indicates.

3.10.5 Mistake: Heavy Reliance on Easy Rubrics

When a case is challenging to repertorize, either because some concepts are hard to translate into rubrics, or others are difficult to find, it is tempting to reach for an easy rubric like food preferences or sleep positions; this seems to be especially appealing to new homeopaths. These rubrics can be important if they are significant in the case or show a recent change, but you should be aware that they are often irrelevant. Some homeopaths will tell you that they have seen just about any remedy demonstrate any set of food desires or aversions. These are nothing to hang a case on, although they do offer a nice confirmation of a remedy choice sometimes. Avoid using these in the case unless they are very strong or indicate a recent change. Carefully prioritize your symptoms and then find rubrics for the key concepts in the case. Don't repertorize a set of remedies that are easy to locate, rather than relevant.

3.10.6 Mistake: Remedy I Want to Give is in This Rubric!

It is almost irresistible. You sat through the case impressed by some particular features that has convinced you that this person needs the remedy X. But because you have been taught not to jump to conclusions, you are going to go through the steps of analysis and repertorization and remedy differential. You will repertorize and justify your pre-chosen result. So your search for possible rubrics that apply to the case becomes limited to only those rubrics that contain your pet choice. I have done this. Every homeopath has done this. It is prejudice, pure and simple. You will miss cases this way. If a rubric that really applies has your favorite remedy X in it, then that is fine, but if the best indicated rubric doesn't hold your leading choice, let it go. Take the best indicated rubric. See what an unprejudiced repertorization will produce; you might be surprised. You can always look in the provings of remedy X or repertorize the case with a more biased view after you take a circumspect look.

3.10.7 Mistake: Rubrics for People, Not Pathology

There is a very wide range that applies to 'healthy' or 'normal'. Be sure to look at your value judgments before you select a rubric. The feature of the case you have chosen to include in your repertorization may not represent a pathological state in that person, even if it would be a pathological state for you. An example of this is homosexuality. Some homeopaths might view this as a pathological state because of personal beliefs, regardless of how well adjusted the homosexual subject appears to be in a specific case. On the other hand, many practitioners would not include this as a factor in the case unless it was a symptom of pathology for the person, i.e., the individual felt conflict or some kind of anguish because of the choice of a homosexual life style. Another example is mildness. Some people are mild all the time because it is their nature. That, in itself, is not pathological. But when you see an incongruity such as a very mild-mannered person who is quietly expressing vicious, abusive and violent concepts, the

contrast there may lead you to choose the rubric for mildness. In that case, the outer mildness is not congruent with the inner violence; the mildness may be a mask related to the person's pathology. In any case, be sure that you focus on the pathology. Remember, we are doing homeo-pathy, not homeo-healthy.

3.10.8 Mistake: Rubrics in the Practitioner's Case

In order to be an effective homeopath, you have to be clear about where you end and the client begins. You can think of this as the 'I want a new car' principle. When you decide on a particular kind of car that you are interested in, you will suddenly see that kind of car all over the road, even if you seldom saw it before. Similarly, when you have an issue in your life, especially one that is not resolved on a conscious level, you will tend to see it in the cases you take.

If you are tender hearted, with feelings easily disrupted, you may find yourself seeing sensitivity in a high percentage of the cases you take. If you are grieving, you will see grief. If you are angry, you will notice anger in your cases. It may be physical; your rashes always itch, so you choose a rubric involving itching, even though the patient never mentioned itching. Our own pathology alters our view of the case. To the extent that you are a clear glass through which to perceive the case, you will choose only rubrics that apply to the case rather than to yourself. It is always a good idea to do some personal work of whatever sort is most helpful to keep yourself clear. But you can also notice which rubrics you take first.

If you really want to see what is going on in your own life, review all the cases you miss over the course of a month, all those with remedies that did not act, and see which rubrics were common to those cases. Then think twice about using those rubrics in the near future. By the way, this also works in reverse. A practitioner who is phobic about thunderstorms is unlikely to take a rubric for fear of thunderstorms because that fear may be perceived as normal, not pathological when it is mentioned by a patient. ('Oh, yes, I know what you mean... thunderstorms are the worst, doesn't everyone feel that way?')

3.10.9 Mistake: Reading Your Bias Into a Rubric

Once again, this mistake involves projection, but this time you project your assumptions on to the rubric rather than the case. 'It must mean _____, since that is the way it always is for me.' Fill in the blank with your favorite prejudice. Suppose that your personal reaction to feeling angry is to sulk. When you see sulkiness, you might use the rubric **Mind, Anger** because, for you, the two always go together. It may not be so for the person involved. Your understanding of the meaning of a specific rubric will be dependent upon your personal experiences and use of the language. Kent was a master of the language, and he was able to make razor-thin differentiations between various rubrics. You must be able to do the same, especially with the mental symptoms. Look up the definitions for the words of the mental symptoms in your dictionary or the other reference texts listed at the beginning of this book. Be clear about what they do, and don't, mean!

3.10.10 Mistake: Rubrics Based on Assumptions

Jeremy Sherr, RSHom, teaches that when you analyze a case, you can get as far out as you like with your assumptions about what caused this or that, or what is going on in the person's subconscious, or why the person is in this state... but when it comes time to select rubrics, they must be based on a firm foundation. He asks, "Would the rubrics you choose hold up in court?" Ask yourself, "Did the person actually say that?" Or ask, "Could anyone observe that symptom?" If your answer to either of these questions is, "No," avoid the rubric. If you feel like the rubric applies, but cannot justify it based on the facts of the case, look at your personal biases before going ahead. Use the rubric as a confirmation if you must, but leave it out of the primary set.

3.10.11 Mistake: Reaching for the Repertory Too Soon

In a San Francisco lecture, Rajan Sankaran, a well known Indian homeopath and lecturer, once quipped that the repertory is only useful after you understand the case, explaining that if you don't understand the case, the repertory will not help you, and if you do understand it, you often won't need the repertory. Perhaps that is an overstatement, but it is definitely true that, to be effective, you must have an understanding of the case. One mistake new homeopaths often make is to reach for the repertory as soon as they hear or read a symptom that sounds like a favorite rubric. By opening the repertory and looking at that rubric before a full evaluation of the case, you may establish a prejudice toward a remedy or remedies in that rubric. Remember that it is important to view the whole case, prioritize the information, and select a set of rubrics that summarize the individuality of the case.

3.10.12 Mistake: Giving a Remedy Because It Repertorized Well

The remedy that came out on top of the repertorization may or may not be indicated in your case. Its prominence in repertorization alone is not a good reason to give a remedy. Remember that each remedy has a specific reason for being included in a rubric, and the reasons may be very different from the case at hand. Sometimes the remedy that comes out with the highest rating is clearly not applicable to the case, and another remedy that was only present in two thirds of the rubrics, upon further investigation, is an excellent match. Blindly giving the remedy that repertorized most strongly is a formula for unsuccessful homeopathy. Every remedy that covered all or most of the rubrics you chose for the case should be carefully considered in turn to find which one applies to the case! You can never substitute proficiency with the repertory for knowledge of materia medica. Never abdicate your power of thought and evaluation to the repertorization process.

3.10.13 Mistake: Rubrics Covering Part of the Case

Particularly in the beginning, it is a puzzle learning which rubrics to choose. Various practitioners have their own approaches, and the student can easily become confused. Many lecturers talk about trying to define the 'center of the case' and focus the repertorization on that; some emphasize mentals or generals or SRPs. As a beginner, it is a good idea to identify the major features of the case, and find rubric that cover each of those features. The rubrics should hang together as a set, and they should cover all of the important elements. If you have a case with facets of fear of the dark, cardiac symptoms, and skin rashes, then try to cover each of these topics. If you choose five rubrics about cardiac symptoms and include nothing about the fears and skin symptoms, your resultant set of remedies will be skewed.

3.10.14 Mistake: Choosing LOTS of Rubrics

You can't repertorize it all. In an effort to be thorough, I see students using 10 – 20 or more rubrics, trying to cover every detail. Remember that you can use the 'Totality' approach to collect all the rubrics that could possibly apply, and then select the 4 – 7 rubrics that clearly have the highest priority or are the most individualizing aspects of the case. If you cannot do this, then you may not be clear about what needs to be healed in the case, and you need to study it more prior to attempting to repertorize. Using many, many rubrics dilutes the focus of your repertorization.

3.10.15 Mistake: Repertorizing an Inadequately Taken Case

Especially when you are new to homeopathy, it can be difficult to take a thorough case. You are still learning what is relevant and what is not, and your patient interaction skills may be in early stages of development as well. You may find yourself distracted by the patient's story, drawn in to his or her world view, and unable to objectively note the symptoms. The questions you need to

ask to develop fully detailed questions may not be apparent to you yet. Reread section 3.7 and think about how you can set up your case-taking so that you actually get the information you need. Effective repertorization is not possible when you don't have a case that captures the unique disturbance of the vital force.

3.10.16 Mistake: Giving Up in Frustration

There are times when you absolutely will not be able to find what you want in the repertory, and you will have to be creative rather than disgusted. I recently saw a sleep disorder case where the person's natural sleep cycle advanced two hours forward each day, i.e., sleeping today at 8 pm, tomorrow at 10 p.m., the next day at midnight, etc. It was a strong distinctive symptom, and I found no rubric in the sleep section that described it. I finally chose Generalities, Periodicity as the closest option. Another practitioner used Mind, Mistakes, makes mistakes in reading and writing for a case of a baby with poor suckling reflexes, assuming that it was a physical equivalent to dyslexia. You have to do the best you can with the tool you have. The field of homeopathic materia medica is too large to cover without a repertory; don't pitch it out because of a frustrating moment. Take a breath, take a break, and be creative instead of reactive. If you are going to effectively practice homeopathy, you must be able to skillfully use the repertory.

3.11 Sample Case A

In this and each of the other sample cases given here, you have an opportunity to practice your repertorization skills. The first six cases (A-F) are acute cases. The next six cases (G – L) are chronic cases. The final five cases (M – Q) are veterinary cases. For each one, review the case, define and prioritize the relevant symptoms, select appropriate rubrics, evaluate them as a set, and then repertorize the case using repertorization sheets photocopied from the samples in the back of this book. Some of the cases are written and included in the text, others are video cases on CD-ROM (included on CDs inside the back cover) that can be viewed on your computer.

For those remedies that are indicated by the repertorization, use your materia medica knowledge or references to determine which one is most applicable to the case. Make a remedy choice and write down the reasons for your decision. The first case listed here is given as an example for you.

Example Case A:

A 7-year-old female presents a chief complaint of otitis media (ear infection) with pain that began yesterday. There is sharp, aching pain in both ears. Examination shows that the eardrums are red and somewhat bulging, a little more in the left ear than the right.

Her throat appears red and the glands in the throat are swollen. Her breath is quite unpleasant, and her mother indicates that she was drooling on her pillow last night, something she does not normally do. The young girl reports that her throat is sore, and made worse by swallowing anything. She feels like she needs to swallow frequently because “my mouth feels too wet.” She does not want to eat and has no appetite. Her nose feels stopped up. Her tongue is slightly coated with gray in the center, and shows red at the sides and tip.

Her mother says she is now sensitive to heat and cold. She refuses to eat hot food or drinks, and complained that her normal bath last night was much too hot. She cried after a car door was left open for a few moments in the chilly air yesterday afternoon and she got cold; she could not warm up afterwards. She reports that she feels very tired and weak. She is tearful. She could not sleep last night because of the pain in her ears.

Case Discussion:

This girl has ear infections in both ears and a sore throat. The symptoms of ear pain and throat pain are common to the condition, and detailed questioning during the case taking did not produce any strong sensations or helpful modalities. The tiredness, tearfulness, and lack of appetite are not unusual in a sick child, especially one who did not sleep well the night before. These symptoms have low priority for repertorization. Rubrics that represent these symptoms would be easy to locate, but they would not do much to individualize the case. Because they are relatively common symptoms, many remedies would come through the repertorization, and would be unlikely to identify the strongest choices. They could be useful as confirmations after a more specific repertorization showed the strongest candidates. Likely rubrics are:

Ear, Pain, inside
Throat, Pain, swallowing, on
Generalities, Weariness
Mind, Weeping
Stomach, Appetite, wanting
Sleep, Sleeplessness

Concomitant symptoms that have appeared since the ear and throat pain started are more significant. She is drooling on her pillow at night. Her breath is offensive. She is sensitive to heat (hot food and bath) and cold (chilly air at open car door) in ways that are new for her. These symptoms do not appear for everyone with a sore throat and ear infection; they are not common for the physical condition. They are recent changes that appeared at the same time as the physical complaints; these are the kinds of symptoms Hahnemann believed were the characteristic functional disturbances that identify the disorder of the vital force. These symptoms have a high priority for repertorization. Rubrics that represent these symptoms are:

Mouth, Salivation, night

Mouth, Odor, offensive

Generalities, Cold, heat and cold

Look at the repertorization sheet on the next page that shows the repertorization of these three symptoms. The remedies that are covered by all the rubrics are Mercurius, Natrum muriaticum, Pulsatilla, and Sulphur. These remedies are the result set of the repertorization.

Just as a general note, prepare yourself now to see Sulphur figure prominently in almost every repertorization you do. It is one of the most frequently noted remedies in the repertory, often in bold type, and it comes up a lot. If homeopaths always gave the remedy that was most strongly indicated in the repertorization, Sulphur would be given in a substantial number of cases. That does not mean you should ignore it when it comes up in the repertorization, just that you need to be sure that it is absolutely the best indicated remedy before giving it.

Given the possibilities of these four remedies, take a moment to check each of these in the confirmatory rubrics that were chosen earlier, and you will see that all of them are in each of these rubrics. The rubrics are large, general entries without individualizing features, so they are not very useful in helping to differentiate between remedies.

Read about each of these remedies in one of your reference materia medica texts such as Boericke's *Materia Medica* or Morrison's *Desktop Guide*. Remember that much of what you read will not apply to the case; no case is a complete picture with every symptom of a remedy! Look at what there is in the case that matches the remedy, rather than what there is in the remedy that is missing from the case. Which one sounds most like the case described here with prominent features of drooling, excess saliva, foul breath and increased sensitivity to heat and cold? Does it also cover the chief complaints of the ears and throat?

Mercurius is the first choice remedy in this case, and acted curatively in two doses of a 30c potency. The ear pain was completely gone within two hours of the first dose of the remedy, and the throat pain was gone by the next morning; the child slept well. Mercurius is typical for the complaints in this case: excess salivation, especially at night; offensive breath; and heightened sensitivity to temperature. It covers the case well.

Pulsatilla and Sulphur were indicated by the repertorization, but their descriptions in the materia medica do not match as well. Pulsatilla is described as more commonly aggravated by heat and ameliorated by open air and cold applications or drinks. If more emphasis in this case had been placed on the child's tired and tearful state, Pulsatilla could have looked like a very good choice. Sulphur is more characteristic of dryness than of the excess salivation seen here. If the aggravation from heat and the offensive breath had been emphasized in this case, Sulphur could have been the strongest contender. Natrum muriaticum was also indicated by the repertorization, but Boericke has no mention of the increased salivation or the ear pain.

This process of researching the possible remedies and seeing how well the typical presentation of the remedy matches the case at hand is referred to as making a materia medica differential. Regardless of what the repertory says, the remedy needs to fit the case well, and knowing what is

most characteristic for a remedy helps you to compare and contrast the various possibilities. It is a good idea to choose both a first and second choice remedy so that if the first one does not work, you are not bankrupt without another option.

Go through this process for each of the cases given here. These cases are actual cases that have had various details that were not relevant to the homeopathic content of the case altered to respect the confidence of the individuals involved. See what you can learn about the use of the repertory and its application to these actual cases. The more you practice, the more quickly you will see the kinds of results you want in your cases. For each case:

- ✓ Define the symptoms of the case. Make a list. Identify the center of gravity. Ask yourself what needs to be healed for the patient.
- ✓ Prioritize the symptoms. Divide them into common and characteristic symptoms, general and particular symptoms. Ask yourself what symptoms are the most limiting for the patient, and rank the symptoms to identify what is most important, less important, least important.
- ✓ Select rubrics to cover the important features of the case. Make sure your rubrics would stand up well in 'rubric court'. Identify which rubrics would be useful as confirmations rather than as part of the actual set to repertorize.
- ✓ Review the rubric set, and insure it is balanced and concise.
- ✓ Repertorize those rubrics using copies of the repertory sheets in the back of the book.
- ✓ Write down the most likely remedies for the case: the result set from the repertorization.
- ✓ Investigate each of these remedies in materia medica references. Compare what is documented about each remedy to what is known about the case.
- ✓ Choose a remedy that you think is most applicable. Justify your choice. Write down your explanation. Write down why the other possibilities are less likely possibilities.
- ✓ Choose a potency, and explain your reasons why you have chosen it. Write down what changes would indicate that the remedy has acted, and when you would expect to see these changes. Note what additional follow up should happen.
- ✓ Compare your analysis and results with the sample solution for each case.

Case Name: **Sample case A** Date: **8/10/2003** Homeopath: **K. Allen**

R U B R I C S	1. <i>Mouth, Salivation, night</i>	5.
	2. <i>Mouth, Odor, offensive</i>	6.
	3. <i>Generalities, Cold, heat and cold</i>	7.
	4.	8.

	1	2	3	4	5	6	7	8	G / R
acon		1							
agar		2							
alumn			2						
anac									
ant-c			2						
ant-t									
apis		1							
arg-n	2	1							
arn		3							
ars		3							
aur.		2							
ars-i		3	2						
bapt		2							
bar-c	1	2							
bell		2							
bell-p									
berb		1							
bor									
brom									
bry									
bufo		1							
bov		1							
carb-s			2						
cact		1							
calad									
calc		2							
calc-f									
calc-p									
calc-s		1							
cann-l									
canth	1								
caps		2							
carb-an		1							
carb-v		3							
caul									
caust		2	2						
cham		3							
chel		3							
chin		2							
clem		2							
cocc			2						
coloc									
con									
cupr									

	1	2	3	4	5	6	7	8	G / R
cycl									
cench	1								
crot-h	1								
dig	1								
dros		1							
dulc		1							
eup-per									
euphr									
ferr									
ferr-p									
fl-ac		2	3						
gamb									
gels		2							
glon									
graph		2	2						
ham									
hell									
hep		2							
hyos		2							
hyper									
iod		2							
ign									
ip		1	2						
kali-ar		1							
kali-bi		2							
kali-br									
kali-c		2	1						
kali-s		1							
kali-p		3							
lac-c									
lach		3	2						
led		1							
lil-t									
lob									
lyc		2	2						

	1	2	3	4	5	6	7	8	G/R
mag-c									
mag-m			1						
mag-p									
med									
merc	3	3	2						8/3
mez			1						
nat-e			1						
nat-m	2	3	2						7/3
nat-p									
nat-s		2							
nit-ac		3							
nux-v	1	2							
petr		2							
ph-ac		2	2						
phos		1							
plat									
puls	1	2	1						4/3
ptel	1								
rhus-t	2	1							
rumex									
ruta	1								
psor			2						
sep		2	2						
sil		1	2						
spong									
staph		1							
stram									
sulph	1	3	2						6/3
syph									
thuj									
tub		3							
verat									
zinc		1							
ran-b			2						

3.12 Sample Case B

A 13-year-old female with a chief complaint of abdominal cramps is sitting in the waiting room bent double in her chair with her fists pressed against her abdomen. She is in obvious pain as she moves into the consulting room. She says:

“The cramps started this morning while I was at school. They come in waves. It hurts the most right around my bellybutton, like a really bad cramp. The nurse at school gave me a heating pad to put on it, and that helped some.”

Q. Anything special happen this morning?

“I was okay when I got up, but it was a bad morning at school. There is a problem with my family that I don't really like to talk about. My father works for the government. Some stuff happened with his job, and now he is being investigated for fraud and things he did with money there. He might have to go to jail. It has not been pleasant around the house. At first period in school, one of the kids had photocopied a newspaper article about my father and passed it around. It was so humiliating. I feel so angry with my Dad for putting us in this situation, and angry with the girl at school who did it. I feel ashamed, and I didn't even do anything wrong. I never want to go back to school again. I don't know how I can face my friends.”

After you have completed your analysis of the case, review the example solution given in the appendix.

3.13 Sample Case C

A 23-year-old male complains of a fissure at the juncture of his left earlobe and his head. The skin around the earlobe is cracked and oozes thin, clear fluid that dries to a crust. He scratches it, and then it oozes again. This has been going on for about two weeks. The skin appears mildly red and somewhat puffy.

Upon further questioning, he notes that it feels worse at night in bed. Lying on his side, the cracked area around his earlobe feels too hot if pressed against his pillow, but he prefers to sleep on his left side, so this is uncomfortable.

He has not had this kind of symptom before.

Otherwise his health is good; he has no other complaints. He reports that the past few weeks have been quite stressful for him. The company he works for is being sold, and there is a lot of uncertainty about the security of his job. He feels restless and agitated at night, worrying about this, and it is hard to sleep because of this. Also, light has been bothering him lately. He went to a store last week and bought some sunglasses. He uses them now whenever he goes outside, even on cloudy days. He has not been overly sensitive to sunshine in the past.

After you have completed your analysis of the case, review the example solution given in the appendix.

3.14 Sample Case D

A 48-year-old female presents a chief complaint of a throat infection. As she speaks, she uses that funny tone people get when they are trying to talk around a really sore throat.

“My throat feels swollen; it really hurts. It feels like there is a splinter in it, and the pain reaches up to my ears sometimes. It started about four or five days ago.

“I have been really cold for the past week. I keep putting on more sweaters. I have been drinking lots of hot tea to warm me up, and that makes my throat feel better, too.”

(She is wearing a sweater and a jacket in the office; the practitioner is comfortable in shirt sleeves.)

“My husband says I am grouchy, that I have lost my sense of humor this week.”

After you have completed your analysis of the case, review the example solution given in the appendix.

3.15 Sample Case E

This case is included as a video on the CD-ROM inside the back cover of this book. Insert the CD into the CD-ROM drive on your computer. To use this video, your computer must be multi-media enabled, with a CD-ROM drive, and a common media software tool such as Quicktime or Windows Media Player which are usually included as part of the computer desktop. The computer needs to have enough speed and memory to play video files, (i.e. minimum requirement of 233 Mhz Pentium II processor with 160 MB memory, running under Windows 98 or later operating system, or equivalent resource on an Apple.)

If you don't have your own computer, you may be able to use a computer at your local public or university library (using headphones!)

To view the case, put the CD in the CD-ROM drive on the computer. This is usually drive 'D'.

On the main desktop of your computer, double click on the 'My Computer' icon.

In the new window that appears, double-click on the CD-ROM drive (usually 'D').

In the new window that appears, click on the start icon.

The software to view the case and the example solution works like an internet browser, so you can click on the case name or solution to see it.

View the case. Follow the same steps for analysis of the case.

When you have finished, review the example solution on the CD-ROM.

3.16 Sample Case F

This is another video case. Follow the same directions as for Case E.

3.17 Sample Case G

Case of a 56-year-old female with a chief complaint of chronic urticaria:

“I have food allergies that started five or six years ago. If I eat something that bothers me, I break out on my skin in hives that itch and burn an hour or two after I eat. Because of it, I don’t eat dairy, nuts, citrus, soy, eggplant or broccoli. I hardly ever eat out, or I am sure to end up with hives or a rash because I can’t be sure what is in the food. Sweets are my favorite – I love donuts and fritters. I like fried things, which I am sure are not good for me. My father had heart problems and had to have open-heart surgery. Three of my grandparents died from strokes. I worry a lot about my health. I see old people who are still working long past when they should have retired, still working in their seventies! I worry about my finances because I don’t want that to happen to me.

“When my skin breaks out in hives or a rash, I take an antihistamine my doctor prescribed. I take it every day now, but I am afraid I am getting addicted to it. I have trouble sleeping if I don’t take it. I sometimes wake at two a.m. feeling very restless. I can’t stay in bed and my mind is very busy then. If I stay in bed, I start feeling like I can’t breathe, like I might suffocate. So I get up, and then I feel better. Sometimes I pace. I fix myself cups of hot tea. It takes me an hour or two to relax and go back to bed.

“My health is a concern for me. I worry that I will get cancer or some debilitating illness, and then I will not have enough money to get good health care. I have always been afraid of living in poverty. My father died when I was very young, and we were very poor. I never want to live like that. Money defines the kind of health care I can get. I am concerned about being in some kind of accident and being paralyzed. That kind of thing changes a person’s whole life.

“I often feel cold. My friends tease me about having such cold hands and feet all the time, even in the summer. I always need a sweater.

“I also have problems with my mouth. When I brush or floss my teeth, my gums bleed. A few times each month, I get small abscesses in my gums that hurt and burn. My dentist treats them with topical antibiotics. They are very painful, and I would like it if I did not get them anymore.”

After you have completed your analysis of the case, review the example solution given in the appendix.

3.18 Sample Case H

Case of a 42-year-old male with a chief complaint of chronic diarrhea:

“I have a problem with diarrhea that is getting progressively worse. It started about six months ago, and I thought it was the flu. For the past two months, it has really affected me. When I eat certain foods like bread, I get a lot of gas pain, like little explosions in my lower bowel. There are gurgling sounds and popping sounds. Sometimes I feel bloated and have to loosen my belt. When I feel the need to go to the bathroom, I have to go right then because I can't hold anything. When I do get to the bathroom, there are big blasts into the toilet, a real blow-out! Sometimes it is just like water with pulp. It really hurts sometimes with a dull pain before, during and after I pass stool. It makes my rectum sore. It happens three or four times a day. It's odd because I used to be constipated most of the time. Maybe I am making up for it.

“My doctor says that I may have colitis, and he told me to stop eating wheat, oats and barley. He thinks I have a gluten intolerance. I am just a normal, healthy guy; I can't have something like this! I have always been very healthy. I have always eaten whatever I wanted before. I like hot, spicy things. Now there are lots of foods that I am not supposed to eat. I am not supposed to drink alcohol either, which I miss. I never drank a lot, but I enjoyed having a drink or two when I came home. It helped me relax.

“I work in sales, and my job is very high stress. I love the work. I am competitive, and it is a challenge to see how efficiently I can manage my time. I get more done in a single ten hour day than the other salesmen do in three days. I travel a lot with my work. I run in high gear most of the time. People say I am intense. I guess I can be hard to work with. When I am concentrating, I hate noises of other people's conversations, radios, office noises. I am not very polite about shutting other people up.

“I normally work out at the gym three or four times each week, but I have been having really painful muscle spasms in my back since I injured it a while back. I sometimes wake up at night with sharp pains, like a charlie-horse in my back. But most of the time, I sleep okay. I am very sensitive to light. I have special curtains in my bedroom because I can't sleep with even the slightest amount of light.

“I am not married, and I don't have a family. I live with a woman who is also very involved in her career, and we get along well. The family scenario doesn't interest me. Work is much more exciting.”

After you have completed your analysis of the case, review the example solution given in the appendix.

3.19 Sample Case I

Case of a 19-year-old female with a chief complaint of left sided ovarian pain:

“Yesterday afternoon, about three o’clock, I started having pain in the area of my left ovary. It is an extreme throbbing pain that shoots up to my bellybutton. I feel very bloated, and the area around my bellybutton is sore. It really hurts.

“And there is this problem with my back. I hurt it about a year ago when I was lifting something heavy. I think that I pulled a muscle on the right side by my shoulder blade. Now I get this electric shock that shoots down the back of my right leg, and then under my foot. It gets worse any time I have to lift something, or if I stand for a while, or bend over. I wake up in the morning feeling stiff, and then my back gradually gets worse all day long. I take long, hot baths at night and that helps. It is better when I lay down. That’s the best; it’s the only time I am out of pain.

“I have really bad PMS. I was on birth control pills, but got migraines and funny spots in my vision so my doctor took me off them two years ago. For two weeks before each period, I get very depressed, sad, negative, and I want to be left alone. Sometimes I think about suicide. I eat a lot then, craving salty foods and sweets. I get all bloated. As soon as I get my period, I am better again. I feel like a different person. It has been this way for a long time.

“I am going through a hard time. I was sexually abused by my father, and I have some problems from that. I am very claustrophobic. If I feel trapped or constrained, I freeze. I lose control of my body; my hands and arms go numb. Sometimes I faint. I can’t breathe well, and I feel like I am going to die. I always have to have a door open. I like windows open, too. It is difficult for me to relax. I can’t sleep in a car or on a plane. I have a problem letting my guard down to sleep. I stay up late; I am a night owl. I hate mornings because it is so hard to get up. No matter how much I sleep, I always feel worse in the morning when I wake up. Last night I dreamed about snakes. There were large snakes chasing me, but they didn’t hurt me. I have dreams about snakes often. I grind my teeth at night when I sleep.

“I worry about my grandmother dying unexpectedly. I am afraid she will die, and I won’t have her anymore. She is so important in my life; she understands me. I worry about illness, too. I am afraid that when I turn forty, I will get a serious illness, and something bad will happen. I have premonitions like that. I always thought I was strange. If other people knew who I really am, they wouldn’t know how to take me.

“I had pneumonia twice as a kid. Both times it was the left lung that was affected.”

After you have completed your analysis of the case, review the example solution given in the appendix.

3.20 Sample Case J

This is another video case. Follow the same directions as for Case E.

3.21 Sample Case K

This is another video case. Follow the same directions as for Case E.

3.22 Sample Case L

This is another video case. Follow the same directions as for Case E.

3.23 Sample Veterinary Case M

Dr. Ramelmeier is consulted about a blue and gold macaw that is 14 years old. He has shallow, gasping, wheezing respiration with the slightest movement. His breathing, even on the perch, is harsh & rapid. He is now very weak. While he can grasp the perch and stand upright, he is unable to move from that perch to do more than reach for his water bowl. He sways back and forth, eyes half closed, which he has always done. He is critically ill.

He is very thirsty, drinking large amounts at a time, which is very unusual in birds. He is not eating, and has lost a large amount of weight.

The blood test reveals aspergillosis (a fungal infection in birds) and a high white blood cell count.

He bites when he is fearful, and his owners are afraid of him.

After you have completed your analysis of the case, review the example solution given in the appendix.

3.24 Sample Veterinary Case N

Lady Hawk is a 7-year-old grey Arabian mare. Lady Hawk has been showing laminitis symptoms for 7 days. Lady Hawk had been seen by another veterinarian who had put her on Bute (phenylbutazone – an allopathic, non-steroidal, anti-inflammatory drug used for reduction of inflammation, pain relief, and reduction of fever) and Banamine (flunixin meglumine – another allopathic anti-inflammatory drug, usually injected, for pain relief). The vet had told the owner to bring her in and have her deep digital flexor cut if she wasn't better in a week. The deep digital flexor tendon attaches to the back of the coffin bone in the foot. These tendons are often cut in severely foundered horses to allow the coffin bone to be "derotated." It is generally a salvage procedure, as the reason for the contraction of the tendon has not been addressed. Toxicity is generally the cause of contraction of the muscles and tendons, and in Lady Hawk's case, fertilization of her pasture appeared to be the reason for her illness.

When Lady Hawk came into the clinic, she was Grade II lame (walking well, but off at trot), however, she was completely off her feed and her manure was loose. The Bute and Banamine were discontinued and I suspected Lady Hawk had already developed an ulcer. She had a tendency to lick the metal walls of the stall, a behavior that stopped as her stomach began to heal.

After you have completed your analysis of the case, review the example solution given in the appendix.

3.25 Sample Veterinary Case O

Case of a 2-year-old collie, Ben, with autoimmune disorder:

Life started out normally enough for Ben, a purebred collie. He was an active and friendly puppy, full of fun and mischief. The first clue that something was amiss came when Ben was just five months old. He began vomiting, almost on a daily basis, no matter what kind of puppy food his owner gave him.

When Ben was a year old his veterinarian noticed an even stranger symptom. When he was at the clinic to be neutered, the veterinarian noted that Ben's teeth were encrusted with tartar, highly unusual in such a young dog. Ben's teeth were cleaned while he was under anesthesia for surgery, and he was sent home without complications. Within a day or two, however, Ben's entire mouth erupted with bleeding ulcers. It was a rare reaction to the cleaning, the veterinarian thought, and Ben was put on a course of antibiotics. Without success, other courses of antibiotics were used. None of the antibiotics made much of a dent in the blisters.

Then steroids were started, and the mass of ulcers went away almost immediately. But a lot of other things started! On the day Ben received the steroid, he would get hot all over, and seek out cool places to lie down and pant. On the "off" day, he often acted as though he was cold, and would lie in sunny, warm places. He would also seek affection and cuddling on the days he did not receive medication. He hadn't displayed these preferences prior to being put on the medication. Ben started swallowing constantly, as if he had excess saliva. A well-mannered dog in every way, suddenly he started chewing and eating all kinds of strange things in the house, including soap, newspapers, plastic bags, cotton balls and cotton swabs. He began to have an offensive body and mouth odor that smelled as if he had rolled in something very dead, and constantly burped, then swallowed as if excess saliva or food had come up with the burp. His ears were excessively waxy and itchy, requiring frequent cleaning. He then became incontinent, urinating uncontrollably, and lost energy.

As a pup, Ben used to go on regular two-mile walks with his owners, but now he was unable to go even a half a mile without becoming exhausted. He began dragging his left hind leg, although the veterinarian could find no injury to the limb. He started snoring. He had a tremendous thirst, drinking up to a gallon of water per day -- a real problem, considering the incontinence. Also, he was ravenous for food, but vomited often.

The veterinarians who saw Ben did further tests and attributed his problems to autoimmune disease. They didn't offer much hope for his future. When they decreased the steroid dosage, the blisters would immediately flare up in Ben's mouth, and when the dosage was increased, his other symptoms were aggravated. Ben's regular veterinarian seemed to be resigned to the fact that the dog was doomed, even though he was just a few months short of his third birthday. His owner reports, "The vet told us, 'You know, if the kidneys are going, you might have to put him down.' The vet was doing what he could, but I got the feeling that he felt that what we ought to do was call it quits and just get another dog."

After you have completed your analysis of the case, review the example solution given in the appendix.

3.26 Sample Veterinary Case P

Case of a 6-year-old Egyptian Mau cat with asthma:

When Isis first came to her owner's house at three months of age, she coughed a little when sitting on rugs. The veterinarian suggested that it was from hairballs and prescribed CatLax and Reglan syrup, which the owner gave occasionally for the next four years. The second year, Isis would have frequent spells of open mouthed breathing, still coughed a bit, and would not be able to (or not want to) play.

She had been vaccinated annually. At six years of age, she had again received the usual rabies vaccination along with standard vaccinations for feline leukemia, distemper, and upper respiratory infections. A few days later her lips were swollen (edema), she could not breathe and needed oxygen and injections. She was sent home on allopathic drugs that brought relief by 70%. However she was less active, coughed several times a day, and would have a crisis every time her owner tried to decrease the medications. She continued to have asthma attacks every few months that varied in severity from as bad as the first to more mild.

When her owner decreases the medications, the following symptom appears:

Isis has coughing in paroxysms several times a day, mostly in the morning on awakening when her whole body seems to have spasms, and at night at various times, even in the evening when she first lies down. Her owner says the cough is severe: dry, hacking & spasmodic like a hairball cough, and Isis seems tired after coughing. He is not able to identify any modality for the cough

Even when on the medications, there is a rapid respiratory rate & difficulty breathing. The consulting veterinarian described it as asthmatic. This happens most often at night, and often after eating, which is the cat's greatest exertion.

Isis's personality is wild, and she is high strung. She is somewhat affectionate and wants petting, but does not want to sit on the lap.

In her food preferences, she is averse to salmon, cooked hamburger, milk, and cheese. She craves chicken and yogurt.

After you have completed your analysis of the case, review the example solution given in the appendix.

3.27 Sample Veterinary Case Q

Case of a 4.5-year-old poodle with diarrhea:

Gigi was two and a half years old when she came to her present owners. At this time, she had a weakness in the left rear leg; she would hitch up the leg. The veterinarian had no diagnosis. She was given Brewer's yeast, kelp and cod liver oil, and the limp was relieved, seen only once every 3 months. She was spayed when the owners got her.

Six months prior to the present consultation, she had several bouts of diarrhea with blood on the outside of the dry stool; there was no bad odor. She was diagnosed with Infectious Bowel Syndrome based on blood work and treated conventionally. Within two to three months, she had a firm stool, and was given a special diet.

She has a history of otitis that began when the drugs for the Infection Bowel Syndrome were taken. Both ears were itchy with no inflammation, and there was black debris. This complaint also resolved within the same two to three month period, using conventional treatment.

Three months later, the diarrhea reappeared after being kenneled for 1 week. Following a change in diet, the stools immediately became firm, but she would still have a stool in the house at night, 1-3 a.m. Gigi really dislikes being confined in a kennel and away from her owners. She has been timid and shy her whole life, but it has been worse since boarding. After the week at the kennel, when left home alone, she would have a stool and urinate in the house. This stopped after giving Rescue Remedy and yeast supplements. She is fine with children, and is shy with some adults but not others. She usually likes visitors.

The following month, after taking her monthly chewable heartworm preventative pill, she had urinary incontinence for a few days and loose stools that slowly became normal over a two week time period.

Her current symptoms include the passing of stool and urine at 7-8:30 a.m., 4-5 p.m., 9-10 p.m., and 1-3 a.m. During the day, she strains to pass dry stools.

The owner reports that her appetite is always ravenous since the owner began feeding canned food, although later the owner said she was not sure and the ravenous appetite may have been since the first monthly heartworm preventative treatment. If Gigi is fed one and a half cans of food per day, she is not hungry, but has loose stools. When she is stressed, she becomes very thirsty for very cold water. She sometimes vomits about 15 to 30 minutes after drinking water.

In the last month, she has been hitching up the left rear leg again. She has not been on supplements recently. She vomits grass 3-4 x/year. Her eye has had a discharge in the corners every day since the first six months with the owners. Her teeth need cleaning now; there is no odor to her mouth/breath. She had a dental visit two years ago. She has had asthmatic breathing in the house, during the day when she is quiet. This has occurred three times in the last 6-8 weeks.

She has some slight itching. The first year she had fleas that went away after feeding yeast. Later she itched after a grooming session, but was fine after re-rinsing. In mid-winter she seeks the heater, but the rest of the time, she seeks a cool location such as air conditioner vents, tile floors, etc.

After you have completed your analysis of the case, review the example solution given in the appendix.

Chapter 4:
Using the
Repertory
to Study
Materia
Medica

4.1 Repertory as Teacher

Materia medica texts address remedies one at a time, teaching about them in a linear way. It is the equivalent of a flat file for a computer, one set of information at a time, listed one after another. In the repertory, remedies are interspersed. It is the equivalent of a database for a computer. Information about various remedies can be pulled together in many different ways, depending on the need of the user. This flexibility of different ways to look at materia medica allows the repertory to assist you as a learning tool.

Imagine the whole of materia medica knowledge as a large, probably rather heavy, sphere. Now imagine that you could slice through that sphere at any angle and see the remedies on the cutting plane that is created there. Those remedies all have one thing in common: the angle of the plane by which they were cut. One angle shows all the remedies that are worse from motion. Another shows all of the remedies with asthma that is worse from damp weather. Every symptom in the repertory is a different angle. It can be helpful to think of collections of remedies in this way, as subsets of materia medica with a common factor that unites them.

Suppose that when you are evaluating a case, it becomes clear to you that there are two distinct themes in a case that has disruption in the circulatory system concomitant with persistent motion sickness. In this case, you would want to consider remedies with circulatory involvement. You also want to include the factor of motion sickness, so you would want to consider those remedies where the slices of circulatory involvement and nausea from motion intersect. That is exactly what the process of repertorization does for you. But you do not necessarily have to resort to repertorization in order to learn what some of the most likely remedies are.

By spending time studying the rubrics in the repertory, you can learn which remedies are most commonly indicated in circulatory problems. You can locate the rubrics that apply and see which remedies are common to them. You can learn which remedies are most indicated for states of motion sickness. Then you can begin to build these kinds of planes and intersections in your mind as you analyze the case. This is what many experienced homeopaths do. They do not repertorize all of their cases because they are able to do the work in their mind, narrowing down the field of choice and recognizing the remedy picture. You can learn details and idiosyncrasies of remedies. You can learn relationships between remedies. You can learn applications of remedies that you never considered.

This section addresses ways to use the repertory as a teacher of materia medica. By going through the exercises listed here you will have some ideas on how to use the repertory to extend your knowledge of remedies. These are not specific exercises to learn specific remedies. They are ways of thinking that you can use to increase your knowledge and ability each time you open the repertory. If you are curious, or if you have the onerous task of reading this because it has been assigned in a class, read on.

4.2 Look it up

This is probably one of the easiest suggestions to give and one of the hardest to follow. Look it up. Stop what you are doing and look it up. Take the time to invest in your future competence and capability as a homeopath, and do it in ten- to thirty-second intervals. Look it up. It sounds easy doesn't it? But it can be very hard to do. You are busy, trying to finish a case before lunch. You don't have ten seconds to spare right now. Or you can tell yourself that since you are relatively new, you would be spending all of your time looking things up. The bottom line is that you have to

look things up to learn, and the more regularly you invest the time in small pieces, the more consistently you will see your knowledge of homeopathy grow.

It is easy to pick out the homeopaths that have done this. They remember little details that others have forgotten or never learned. At a costume party at a homeopathic class I attended, each person was to come dressed as a homeopathic remedy. I showed up dressed in black with a red spotted cape like a ladybug. The remedy is *coccinella septempunctata*. There were several homeopaths that tried to guess the name of the remedy, but a few of them knew it immediately, easily recalling it. They are homeopaths who have looked it up. Looking it up applies to the repertory on several levels. If there is a remedy abbreviation that you do not recognize in a rubric, look it up. Take a moment to see what the name of the remedy is. Say it out loud, being as imaginative as you dare in the pronunciation. If you don't look it up, are you ever going to find out what it is? The next case you do could need exactly that remedy.

If a remedy with which you are unfamiliar figures prominently in a repertorization, be sure to look it up. Sometimes it is tempting to ignore the ones you don't know. After all, if you have never heard of the remedy, it couldn't possibly be the one you need for this case, right? Don't limit yourself. Look into your materia medica books and see if this remedy could apply to the case you are working on. Read something about that remedy so that the next time you see it you will at least have read a few keynotes.

If you see a word used in a rubric that you do not know, look it up. Look up anatomical locations, sensations, archaic medical terms, anything you do not know. Be prepared. When you work with your repertory, have other reference books handy. Keep them together so that you don't have to get up and go into another room to look something up.

This look-it-up-itis can even extend to your other reading. If you see a reference in a homeopathic text to a remedy you have not heard of before, look in the front of the repertory to see what its abbreviation is. If a characteristic symptom is mentioned along with the remedy name, think about what the rubric for that symptom might be. Look up the rubric and see if the abbreviation for that remedy is included. By repeatedly cross-referencing pieces of information, you will build a scaffolding in your brain where you can hang, stack, and otherwise accumulate your homeopathic knowledge. And it can be done in ten- to thirty-second pieces.

Many people record these little interesting notes in a set of index cards, or a computer file. They may record keynotes, or interesting rubrics, or conditions they had not thought a remedy covered, or an interesting example of a case of a particular remedy. Index cards are nice as you can carry a few with you to review while waiting somewhere.

4.3 Why is it There?

Earlier in this text, the idea was introduced that each remedy had a reason for its inclusion in a rubric. The reasons may be quite different. A rubric that describes a throbbing head pain may include some remedies that address congestion of the blood in the head. Other remedies may be in the rubric because they have an affinity for the mucous membranes and are associated with sinus pain. Another remedy or two might be associated with contractive tendencies in the muscles of the posterior neck that reduce blood flow and induce headaches. There are plenty of different conditions that can contribute to throbbing pain in the head, and each one will have remedies associated with it. Some of the remedies in the rubric will apply to your case and others clearly will not because they have a different reason for being there in the first place.

This is where you can do a little investigative repertory work. When you read a rubric, go through each remedy. Say them out loud to yourself and think about why each remedy is in that rubric.

Lynn Amara, RSHom(NA),CCH, occasionally stops in the middle of a case discussion to point out a remedy in this way, saying, “Look at this! Arnica is in this rubric. Now why would Arnica be listed in *this* rubric? What is there about Arnica that relates to this state?” Conversation would then follow about what known characteristics of Arnica could explain its inclusion. This type of curiosity engenders an ever-growing knowledge of both materia medica and repertory.

As you read a rubric, think about what body systems are involved in that rubric. Does a given remedy included in that rubric have an affinity for one or more of those body systems? Some remedies are thought of as hormonal, others as glandular, others have an affinity for the joints or mucous membranes. Mental states of a remedy can be a reason for inclusion. Think about the mental state of the remedy. If you have no idea why a remedy might be included, read more about that remedy. Come up with a theory. Whether it is accurate or not, it will help you make sense of that symptom for that remedy and aid you in remembering it.

This can be something you think about, again in small pieces of time, day by day, which will improve your homeopathic skills. You may not do it all the time, but if you think about this even once in each case you do, then you will be steadily investing in your homeopathic future.

4.4 Where is it Included?

Just as you can use the materia medica reference books you have to learn details about a remedy, you can read the repertory for the same purpose. This works best in smaller remedies that have a relatively specific range of action.

When a remedy of this type is brought to your attention, turn to the repertory and find the abbreviation for it. Look in the most likely section and see where it is included. You will get a feel for the type of symptomatology that the remedy covers by seeing it listed in repetitive detail before you. As an example, try doing this for the remedy *Petroselinum*. This remedy’s focus is on the urinary tract. Open your repertory to the section for urinary organs and read through each of the rubrics there, looking for the abbreviation *petros*. As you find each rubric, it will show you which symptoms this remedy has displayed in provings or practice. If you compare what is in the repertory with the provings, it will also show you to what extent this remedy is or is not freely included in the repertory. Try the same exercise with *Gnaphalium*, which is indicated in some cases of sciatica. See if you can determine common modalities for this remedy by reading the rubrics in the Extremities section relating to sciatica.

With larger remedies, this can be too big a task because the sphere of action is much broader. It can still be done, but try it in smaller pieces. Try to determine the sphere of action of *Baryta Carbonica* on the eyes by reading through the sections for eyes and vision. Then consider the remedy *Stramonium* in relation to rubrics of fear in the Mind section.

This technique is almost like reading the repertory as a materia medica text. In addition to showing you about the remedy, it also sharpens your ability to find a particular rubric because you spend more time reading through them. Try it the next time you come across a small, unfamiliar remedy name lounging on a page somewhere. It can teach you a lot.

4.5 No Substitute for Materia Medica

This has been said before, and perhaps you have conceded that it might be true by now... but the repertory is no substitute for knowledge of materia medica. No matter how quick you are with a repertory, no matter how fast or efficient your computerized repertorization tool may be, no matter how well you know every rubric in the repertory, it is still just a tool to index materia medica.

The repertory is never the last word in homeopathy. At its core, homeopathy is a clinically reproducible phenomenon with a series of philosophical principles to explain that phenomenon. The action of remedies is shown by provings and clinical experience. The materia medicas are written from information in the provings. The repertory is written from information in the provings. The provings and clinical experience are the final word. Even if you become very good at using the repertory, you will still have to study and learn about the remedies.

A remedy's inclusion in a key rubric does not guarantee that the remedy will act. Its exclusion from a key rubric does not guarantee that it will not act curatively. The repertory can only guide you. It does not have the wisdom and discernment to tell which of the remedies resulting from your repertorization matches a case most closely. It is only a tool. It can help you learn remedies. It can help you find remedies for a case. That is all. And isn't it enough?

4.6 Veterinary notes

Knowing why a remedy is in a specific rubric is critical when treating animals because we are already making an interpretation about the symptom. Reading several materia medicas is important to help you decide if the fear of thunderstorms of Phosphorus or Rhododendron fits this animal more closely.

When reading a therapeutic materia medica for animals, you may see an unusual remedy for a specific condition, like Erigeron for bladder and uterine bleeding. Read through those sections in the repertory, and note which rubrics with Erigeron would apply to animals.

Many people are amazed that the provings done on people apply to plants and animals. Because you understand the energy basis of the body, this will not be surprising to you. Many of the proving and clinical symptoms that apply to people will not translate directly to animals, so you must be as critical reading the materia medica as you are in selecting the rubric for a particular symptom. One materia medica is not sufficient. It is important to have at least one that is close to the provings (Hering, Allen, Clarke), one that is very modern and one written by a veterinarian.

Appendix: Answers to Exercises

As you review these answers, be assured that this appendix does not contain every possible applicable answer. The answers given here are reasonable options. You may have found other options that are also appropriate, although they are not listed here. Discuss your answers with your teacher, supervisor or tutor if you have questions.

1.9 Exercises

1.9.1 Make a Mini-Repertory

Camphora symptoms from materia medica:

convulsions; coldness; anxiety; fear of the dark; cold but desires uncovering; flushes of heat; burning pains, desires cold air; blue lips; thirsty for cold water; breath feels cold; burning urination; frequent desire to urinate; strangury, urine passed by drops; bloody urine; urine passed by drops; impotence; tongue trembling; jerking muscles; fever better from covering up.

Coccus cacti symptoms from materia medica:

early morning sadness; sensation of foreign body between upper lid and eyeball; headache worse from lying on the back; whooping cough; cough ending in vomiting; tickling in larynx; coughing tough, stringy mucous; coughing large quantities of mucous; walking in the wind takes the breath away; frequent urging to urinate; painful urination; bloody urine; thick urine; lancinating pain from kidney to bladder; menses with dark clotting; better from walking; worse on left side; worse after sleep; pain worse from brushing teeth; worse from touch.

Section titles for symptoms, arranged in repertory section order, followed by actual rubrics including remedy if present in that rubric:

Mind anxiety: camph
 Mind, Anxiety: camph
 fear of the dark: camph
 Mind, Fear, dark: camph
 early morning sadness: coc-c
 Mind, Sadness, mental depression, morning

Head	headache worse from lying on the back: coc-c Head, Pain, lying, back, on, while
Eye	sensation of foreign body between upper lid and eyeball: coc-c Eye, Pain, foreign body, as from: coc-c
Face	blue lips: camph Face, Discoloration, bluish, lips: camph
Mouth	tongue trembling: camph Mouth, Trembling, tongue: camph
Teeth	pain worse from brushing teeth: coc-c Teeth, Pain, brushing teeth agg
Stomach	thirsty for cold water: camph Stomach, Thirst: camph, coc-c
Bladder	burning urination: camph Urethra, Pain, burning, urination, during: camph painful urination: coc-c Bladder, Urination, dysuria: coc-c frequent desire to urinate: camph, coc-c Bladder, Urging to urinate: camph, coc-c Bladder, Urging, frequent: camph, coc-c strangury, urine passed by drops: camph Bladder, Urination, retarded, long while, and then only a little passes Urination, Incomplete, bladder full, urging to urinate, but scanty urine lancinating pain from kidney to bladder: coc-c Kidneys, Pain, stitching, extending to bladder: coc-c bloody urine: camph, coc-c Urine, Bloody: camph, coc-c thick urine: coc-c Urine, Thick: camph, coc-c
Genitalia	impotence: camph Genitalia, Erections, wanting (impotency): camph
Genitalia, Female	menses with dark clotting: coc-c Genitalia, Female, Menses, clotted, dark: coc-c
Respiration	breath cold: camph Mouth, Cold, breath: camph walking in the wind takes the breath away: coc-c Respiration, Difficult, walking, wind, against, the
Cough	coughing ending in vomiting: coc-c Stomach, Vomiting, coughing, on: coc-c tickling in larynx: coc-c Cough, Tickling, larynx, in, from: coc-c whooping cough: coc-c Cough, Whooping: coc-c
Expectoration	coughing large quantities of mucous: coc-c Expectoration, Copious: coc-c Expectoration, Mucous: coc-c coughing tough, stringy mucous Expectoration, Stringy: coc-c Expectoration, Tough: coc-c
Generalities	burning pains: camph

Generalities, Pain, burning, internally: camph
 convulsions: camph
Generalities, Convulsions: camph
 coldness: camph
Chill, Coldness in general: camph
 cold but desires uncovering: camph
Chill, Icy coldness, uncover, with desire to: camph

1.9.2 Section Identification

1. Generalities	15. Generalities
2. Mouth	16. Genitalia, female; Abdomen
3. Mind	17. Back
4. Perspiration	18. Sleep
5. Chest	19. Ear
6. Skin	20. Chest
7. Face; Skin	21. Generalities
8. Skin	22. Bladder
9. Generalities	23. Larynx & Trachea
10. Vision	24. Mind
11. Chest	25. Generalities
12. Rectum	26. Stomach
13. Stomach; Generalities; Vertigo	27. Genitalia
14. Generalities	28. Extremities; Skin

1.9.3 Type of Rubric

1. Laterality	9. Modality
2. Location	10. Time
3. Rubric	11. Modality
4. Rubric; Modality	12. Time
5. Modality	13. Modality
6. Sensation	14. Extension
7. Sensation	15. Modality
8. Sensation	16. Extension

1.9.4 Remedy / Abbreviation Match

See the remedy abbreviation list in the front of Kent's Repertory to locate full remedy names.

2.4 Mental / Behavioral Symptoms

The definitions here are taken from Webster's Ninth Collegiate Dictionary. Ideas about the different uses of various rubrics and their differentiations are taken from notes and lectures by many of the homeopaths listed in the introduction text. Keep in mind these are starting points, not the only possible answers. Rubrics can be used in multiple ways, and some of these mental states have several different aspects. As you attend lectures by various homeopathic teachers, listen for the subtle differentiations between states that are mentioned and note them in your repertory. These differentiations are useful in helping you learn how to separate various states and how to think about the various phrases used in the repertory.

1. Jealousy / Envy

Jealousy is defined as intolerance of rivalry or unfaithfulness, or hostility toward another who is thought to enjoy some advantage. In casual usage, this word generally has a connotation of emotional involvement. **Envy** is defined as resentment or malice due to an awareness of an

advantage that another enjoys, combined with a desire to possess that same advantage. This word generally has the connotation of material involvement. A difference here relates to the focus. If the feeling is more strongly associated with emotions, it is more likely to be a state of jealousy. If the feeling is more strongly associated, with material possessions, it is more likely to be a state of envy.

2. **Company, aversion to / Spoken to, averse to being**
Company, aversion to is a dislike and avoidance of being physically in the presence of others. **Spoken to, averse to being** is an aversion to conversation with others. In Kent's day, these two rubrics were more interrelated than they are in today's era of portable phones when lack of company, by definition, meant not being spoken to. A difference between these rubrics relates to the specific thing to be avoided. A sulking person may not want to be alone, but may be averse to being spoken to. A self-conscious person who is averse to company may not want to be seen but may not mind being spoken to.
3. **Thinking, aversion to / Dullness**
Thinking, aversion to is a disinclination to use mental powers. The person does not want to think. **Dullness** is a lack of mental powers or the ability to use them. The person is unable to think, regardless of inclination. A difference between these rubrics is the difference between desire and ability.
4. **Discouraged / Indifference**
Discouraged is a state of feeling disheartened, lacking the mental or moral strength to venture or persevere through some difficulty. **Indifference** is a lack of interest, enthusiasm or concern for something. A difference between these rubrics is the difference between active and passive. The discouraged state is one of actively feeling disheartened; the indifferent state is one of apathy, of feeling nothing.
5. **Dream, as if in a / Unreal, everything seems**
Dream, as if in a is an experience of waking life having the characteristics of a dream. The word dream has connotations of pleasantness, delight or vision, as in achieving a dream. **Unreal, everything seems** is a lack of genuineness, an artificial or incredible quality. Both are in the realm of delusion. These rubrics are very similar and the difference between them is small because a dream state is not a normal waking state of reality. One differentiation relates to how the person perceives the events that occur in this state. In a dream, things are usually believable, and even completely unrealistic and bizarre things are easily accepted as normal and not questioned in the dream. In the unreal state, things are perceived as being odd or unbelievable, even though they may be normal things.
6. **Succeeds, never / Undertakes many things, perseveres in nothing**
Succeeds, never is a state of repeated failure. **Undertakes many things, perseveres in nothing** is a state of inconstancy, quitting. It could be paraphrased as **Completes, never** with no regard to success or failure. A difference between these two rubrics is whether the focus is on failure or completion.
7. **Stupefaction / Indifference**
Stupefaction is a state of astonishment or shock such as to make a person groggy or insensible, stunned. It implies a lack of response because the person is too stunned to react. **Indifference** is a state of apathy as discussed in #4 above. The person is un-reactive, not through lack of ability to respond, but due to apathy. A difference here is, once again, the difference between ability and inclination.
8. **Religious affections / Superstitious**
Religious affections describes a state of behavior supporting service and worship of God or the supernatural which is excessively, obtrusively, or sentimentally religious. **Superstitious** is a state of belief or practice resulting from ignorance, fear of the unknown, a trust in magic or change, or a mis-belief of causation. It is also defined as a notion maintained despite evidence to the contrary. These states are similar in display of faith in a supernatural state. A difference between them is the object of the faith. **Religious affections** relates to a faith in a deity, and **Superstitious** relates to beliefs about everyday occurrences.

9. Sulky / Weeping

Sulky is a moody silence, often resulting from an emotional upset. **Weeping** is the shedding of tears. Both rubrics show states that may result from emotional upsets, but they are not very similar. Sulking does not imply weeping or vice versa.

10. Remorse / Anxiety, conscience of (as if guilty of a crime)

Remorse is a distress that results from a sense of guilt or perceived wrongs in the past, including a sense of acknowledgement and regret. It is a synonym for penitence. **Anxiety, conscience of (as if guilty of a crime)** is a feeling that one merits condemnation or blame for real or imagined offenses, a sense of guilt. Both of these states fall into the category of self-reproach. A difference between them is the personal response to the sense of guilt. Remorse implies guilt because it is a result of a guilty state, but it goes further into a penitent state of regret. Guilt does not inherently imply regret.

1. I'm a shoplifter.
Mind, Kleptomania
2. I'm always afraid something bad will happen.
Mind, Fear, happen, something will
Mind, Anxiety, future about
3. People say I'm a workaholic.
Mind, Industrious
Mind, Work, desire for mental work
4. I lay awake at night worrying about everything.
Mind, Anxiety, evening, bed, in
Mind, Anxiety, lying, while
5. She refuses to answer questions.
Mind, Answers, refuses to
6. He gets angry when people disagree with him.
Mind, Anger, contradiction from
7. I was arrested for streaking.
Mind, Roving about naked
Mind, Naked, wants to be
8. The tiniest sounds really bother me.
Mind, Sensitive, noise to, slightest
9. I'm pretty spacey.
Mind, Absent-minded
Mind, Thoughts, wandering
Mind, Concentration difficult
10. I am just a couch potato; I waste the day sitting in front of the TV.
Mind, Sit, inclination to
Mind, Indolence
Mind, Indolence, while sitting
11. I'm painfully shy.
Mind, Timidity
Mind, Anxiety, strangers, in the presence of
12. Little things bug me. I worry about little details.
Mind, Anxiety, trifles, about
Mind, Conscientious about trifles
13. I have had many psychic experiences.
Mind, Clairvoyance
14. I felt as if I were dying.
Mind, Death, sensation of
15. Some #*\@! people complain about my &%#@* language.
Mind, Cursing
16. I never finish anything.
Mind, Inconstancy
Mind, Undertakes many things, perseveres in nothing

17. She talks so quickly that it is hard for people to understand her.
Mind, Speech, hasty
18. I do worry about my health.
Mind, Anxiety, health, about
Mind, Fear, disease, of, impending
19. She avoids men because she has vowed her life to the Virgin.
Mind, Religious affections, horror of the opposite sex
Mind, Aversion, religious, to opposite sex
20. I think I am beyond help. I will never get better.
Mind, Despair of recovery
21. My son whistles constantly, sometimes even in his sleep.
Mind, Whistling
Mind, Whistling, involuntary
22. I just want to stay in bed all day.
Mind, Bed, desires to remain in
23. I can't concentrate on anything.
Mind, Concentration difficult
Mind, Dullness
24. I get lost all the time.
Mind, Mistakes, localities
Mind, Forgetful, streets, of well known
Mind, Confusion of mind, loses his way in well known streets
Mind, Memory, weakness of, for places
25. When upset, I want to be left alone. I hate it when people try to help me then.
Mind, Consolation agg.
Mind, Company, aversion to
26. It seems like I have three arms.
Mind, Delusions, arms, that she has three
27. I feel alone in the world with nobody there for me.
Mind, Forsaken feeling, sense of isolation
Mind, Delusion, alone, that she is always
Mind, Delusion, deserted, forsaken
28. I can't control my drinking.
Mind, Dipsomania
29. I am always thinking about bad things that happened to me before.
Mind, Dwells on past disagreeable occurrences
30. I have no patience. (said while tapping foot)
Mind, Impatience
31. He talked nonstop, through the entire interview without a single question asked.
Mind, Loquacity
32. She is the most stubbornly persistent child.
Mind, Obstinate
33. I find myself laughing over terrible, serious things.
Mind, Laughing, serious matters, over
34. Tragic or scary movies upset me and I think about them for weeks.
Mind, Horrible things, sad stories, affect her profoundly
Mind, Sensitive, oversensitive to cruelties, to sad stories
35. By the time I have reached the end of a paragraph I don't know what I've read.
Mind, Concentration, difficult, studying, reading, etc., while
Mind, Dullness, reading, while
Mind, Memory, weakness of, for what has been read
36. I am very uncomfortable around women, and prefer the company of men.
Mind, Women, aversion to
37. I get all my letters all turned around when I try to write.
Mind, Mistakes, writing, in
Mind, Mistakes, writing, in, transposing letters
38. My child doesn't know how to play – he doesn't play with blocks or even mud.
Mind, Playful, indisposition to play, in children

39. I am completely mentally exhausted.
Mind, Dullness
Mind, Exertion, agg. from mental
Mind, Work, aversion to mental
Mind, Work, complaints from
40. I will die at midnight tonight.
Mind, Death, presentiment of, predicts the time
Mind, Propheying, predicts time of death
41. He screams anytime anything upsets him.
Mind, Shrieking
Mind, Shrieking, at trifles
42. She says the most awful things about others.
Mind, Censorious
Mind, Slander, disposition to
43. I walk in my sleep.
Mind, Somnambulism
44. I am a terrible judge of distance. Things seem farther away than they are.
Mind, Distance, inaccurate judge of
Mind, Smaller, things appear
Mind, Mistakes, localities
Mind, Delusion, enlarged, distances
45. He sits for hours, lost in his thoughts, with a look of sadness on his face.
Mind, Sits, wrapped in deep, sad thoughts, as if, and notices nothing
Mind, Absorbed, buried in thought
46. I jump easily when any noise surprises me.
Mind, Starting, startled, easily
47. My baby bangs his head against the wall.
Head, Beats against the bed
Mind, Striking, knocking his head against the wall
48. I want to kill myself by jumping off a bridge.
Mind, Suicidal disposition
Mind, Suicidal disposition, throwing himself from a height
Mind, Suicidal disposition, drowning, by
Mind, Jumping
49. I am a public speaker. I guess you could say I like the sound of my own voice.
Mind, Talking, pleasure in his own talking
50. The same song goes running through my head for days.
Mind, Monomania
Mind, Thoughts, persistent
Mind, Delusions, music, fancies he hears

Veterinary Symptoms

51. My dog screams long and loud when he has a sore foot.
Mind, Shrieking, pain, with the
52. My cat has been ill in many ways since her rabies vaccine.
Mind, Hydrophobia
53. If my sociable dog is left alone his symptoms get worse; he destroys the house.
Mind, Company, desire for, alone, while, agg
54. My bird has been picking out all her feathers since my son went away to school.
Mind, Grief, ailments from

2.5 Head Symptoms

1. **Head, Concussion / Head, Cerebral hemorrhage**
Head, Concussion describes an injury produced by a violent blow to the head. That injury may very likely produce cerebral hemorrhage. **Head, Cerebral hemorrhage** describes a condition of copious bleeding in the brain, but implies no specific etiology for the condition.

2. **Head, Congestion / Head, Fullness**
Head, Congestion describes an accumulation of blood or fluid in the head. This is an actual physical condition that may or may not be accompanied by a sensation of fullness. **Head, Fullness** describes a sensation within the head that may or may not be accompanied by congestion. Very often, these two symptoms coincide, but one does not imply the other.

3. **Head, Motions, movements, etc., in head / Head, Motions of head**
Head, Motions, movements, etc., in head describes a sensation of movement inside the head. Whether or not there actually is movement in the head (which cannot be verified because it is not able to be viewed), the person is experiencing the sensation of it. **Head, Motions of head** describes actual motions of the head which are discernable to an observer.

4. **Head, Pain, pressing / Head, Pain, bursting**
Head, Pain, pressing describes a sensation of discomfort due to pressure on the head as if something were pressing on the head. **Head, Pain, bursting** describes a sensation of discomfort due to pressure from the inside that is so intense that it feels as if the head would burst. A difference here is the direction and intensity of the pressure. Pressing can refer to either an internal or external pressure; bursting refers to an internal pressure only and is more intense.

5. **Head, Pain, lancinating / Head, Pain, shooting**
Head, Pain, lancinating describes a sharp piercing pain in the head. It is similar to **cutting**, and describes a very sharp, localized pain. Lancinating pains travel inward (like being lanced). **Head, Pain, shooting** describes a neuralgic pain with the implication that it travels from one point to another, which could be inward, or could be along the path of the nerve. It describes an element of movement to the pain.

1. Her head rocks rhythmically from side to side.
Head, Motions of head, sideways
2. I have horrible dandruff.
Head, Dandruff
3. My head feels so heavy in the morning until I have some coffee.
Head, Heaviness, coffee, strong, amel.
4. The examination revealed head lice.
Head, Lice
Skin, Lousiness
5. She has copper-colored eruptions on her scalp.
Head, Eruptions, copper colored
6. My head is sensitive; it hurts to brush or comb my hair.
Head, Pain, combing the hair
Head, Sensitiveness, brushing hair, from
7. The top of my head feels like there is ice on it.
Head, Coldness, vertex
Head, Coldness, icy
8. His scalp itches so intensely that he scratches until it bleeds.
Head, Itching of scalp, bleeds, must scratch until
9. The headaches come every 7 days.
Head, Pain, periodic headache, every 7 days
Generalities, Periodicity, seventh day
10. I need a remedy for a hangover headache.
Head, Pain, spirituous liquors, from
11. I have a twitch above my left eyebrow.
Head, Twitching, forehead
Head, Twitching, eyebrows
12. He has just received a blow to the head.
Head, Injuries of the head, after
Head, Shocks, blows, jerks
Head, Concussion of brain (may apply)
13. I am losing so much hair that I must be going bald.
Head, Hair, falling
Head, Hair, baldness

14. It feels like a band around my head.
Head, Constriction, band or hoop
15. I'm quite sensitive to any breeze across my forehead.
Head, Air or wind, sensitive to draft
16. My daughter has headaches at school.
Head, Pain, school girls
Head, Pain, mental exertion (may apply)
Head, Pain, reading aggravations (may apply)
17. My head feels like water is splashing around inside it.
Head, Splashing
18. His head repeatedly falls forward.
Head, Falling, forward
19. Now in her fourth month of pregnancy, her head feels big and swollen.
Head, Swollen, distended feeling
Head, Enlarged sensation, pregnancy during
20. The headaches come on if I am out in the sun very long.
Head, Pain, sun, from exposure to
21. The baby's scalp is covered with a thick, damp, yellow crust.
Head, Eruption, crusts, scabs, yellow
Head, Eruption, moist, yellow
22. My head feels empty, but it's better if I hold my hands on my head.
Head, Empty, hollow sensation, pressure of hand amel.
23. I get a headache from cigarette smoke.
Head, Pain, tobacco, smoking, from
24. I have an awful sinus headache.
Head, Pain, catarrhal
Face, Pain, bones (may apply)
Face, Pain, cheek (may apply)
Face, Pain, upper jaw (may apply)
Face, Pain, zygoma (may apply)
Nose, Pain, pressing, bones
25. My head feels like there is a fire inside it – it burns.
Head, Pain, burning

Veterinary symptoms

26. My dog "blew" her coat after whelping. (Losing hair after giving birth.)
Head, Hair, falling, parturition, after
27. When my horse is sick, she pushes her head hard against my body.
Head, Bores, head in pillow
28. My ferret's fur became dull and mats a lot after her last vaccination.
Head, Hair, lusterless
Head, Hair, tangles easily
Head, Hair, sticks together
29. My cat has feline acne (this is always on the chin.)
Face, Eruptions, chin
Face, Eruptions, acne, chin
30. My cat has rodent ulcers at the edge of the lips and skin.
Face, Ulcers, lips, phagedenic

2.6 Eyes and Vision Symptoms

1. **Eye, Stiffness of eyeballs / Eye, Staring**
Eye, Stiffness of eyeballs describes a sensation of stiffness in the eyes. This could imply a sense of lack of mobility which would cause staring. **Eye, Staring** describes a behavior of staring of the eyes. These rubrics could coincide, but they are not very similar.

2. **Eye, Brilliant / Eye, Glassy**
Both of these rubrics describe a reflective, shining appearance in the eyes, and they are very similar. A Difference could be that brilliance is associated with increased reflection from an enlarged pupil, and glassiness is more associated with increased lachrymation.
 3. **Eye, Agglutinated / Eye, Eye gum**
Eye, Agglutinated describes a condition of adherence of the eyelids. **Eye, Eye gum** describes a presence of excreted matter in the eyes that causes them to become agglutinated.
 4. **Eye, Irritation / Eye, Itching**
Eye, Irritation describes a condition of abnormal sensitivity and discomfort in the eyes. This is a general rubric which covers all types of irritation, some of which are also specifically mention elsewhere: burning, scratching, itching, etc. **Eye, Itching** describes a specific type of irritation.
 5. **Eye, Photomania / Mind, Light, desire for**
Both of these rubrics describe and intense desire for light; they are almost identical in their listings of remedies. It is interesting that Kent chose to put this rubric in both of these sections. This seems to me to be very much a function of the mind, not of the eye, but Kent may have thought it to be associated with the eye as well.
1. The left eye tears continually.
Eye, Lachrymation
Eye, Lachrymation, left
 2. Both eyes are quite bloodshot.
Eye, Injected
 3. The eyes are very shiny.
Eye, Glassy appearance
Eye, Brilliant
 4. My doctor says I have glaucoma in the right eye.
Eye, Glaucoma
 5. I cannot open my right eye.
Eye, Open, unable to
 6. The baby's eyes are glued shut with discharge in the mornings.
Eye, Agglutinated, morning
 7. My eyes are very dry all the time.
Eye, Dryness
 8. It feels like there is sand in my eye.
Eye, Pain, sand, as from
 9. The eyelids turn inside out.
Eye, Eversion of lids
 10. Following a blow, the area around the eye was badly bruised.
Eye, Injuries, from
Face, Discoloration, bluish
Generalities, Injuries
 11. There is a bloody discharge from both eyes.
Eye, Discharge, bloody
 12. My eyes feel cold when I walk around outside.
Eye, Coldness in, walking in open air
 13. I want to keep my eyes closed.
Eye, Close, desire to
 14. She blinks continually.
Eye, Blinking
Eye, Winking
 15. There is a dry, itchy rash below each eyebrow.
Eye, Eruptions about the eyes
Eye, Eruption, eyebrows, about
Eye, Eruptions, lids, on, dry, burning, itching
 16. All of my eyelashes fell out.
Eye, Hair, falling from brows, eyelashes
 17. My eyes feel very heavy.
Eye, Heaviness

18. I have pinkeye.
Eye, Inflammation
Eye, Inflammation, conjunctiva
19. My left eye hurts when I look to either side.
Eye, Pain, exertion of vision, from
Eye, Pain, looking, when, sideways
20. My eyes burn when I try to read at night
Eye, Pain, reading
Eye, Pain, burning, night, reading in bed, while
21. He is cross-eyed.
Eye, Strabismus, convergent
22. I have cracks in my skin at the outer corner of each eye.
Eye, Cracks, canthi in, outer
23. I see glowing balls in front of my eyes.
Vision, Balls, luminous
24. Everything looks foggy.
Vision, Foggy
25. Letters look blurry when I try to read.
Vision, Run, together, letters
Vision, blurred
26. I see stars.
Vision, Stars
Vision, Sparks
Vision, Flashes
27. There is a halo around any point of light.
Vision, Circles, about light
28. When I awoke this morning I was blind; I had never before had an eye problem.
Eye, Loss of vision, sudden
29. I see bright sparkles across my field of vision.
Vision, Sparks
Vision, Flickering
30. Everything looks dark and dim
Vision, Dim

Veterinary Symptoms

31. Since the unnecessary vaccines, my foal developed warts on her eyelids.
Vision, Dim
32. Can I do anything except surgery for my dog's entropion? (lids roll inwards)
Eye, Inversion of lids
33. My bird hit her eyes hard on her food box.
Eye, Injuries, from
34. My cat has white specks on her eyeball.
Eye, Spots, specks, etc, on the cornea
35. My greyhound has pannus (membrane covering the cornea).
Eye, Pannus
36. One pupil is dilated, the other contracted.
Eye, Pupils contracted, one, the other dilated
37. The lachrymal duct is blocked.
Eye, Stricture of lachrymal duct
38. The eyes are yellow.
Eye, Yellowness

2.7 Ears and Hearing Symptoms

1. **Ear, Noises, vertigo with / Vertigo, Noise from**
Ear, Noises, vertigo with describes a condition of noises in the ears that occur at the same time as vertigo, but does not imply that the vertigo was caused by the noise. **Vertigo, Noise from** describes vertigo with an etiology of noise.

2. Ear, Fullness, sensation of / Ear, Stopped sensation

Ear, Fullness, sensation of describes a sensation of pressure, fullness in the ear. Kent cross-references Ear, Congestion to Ear, Fullness., and congestion can be one reason for a sensation of fullness. **Ear, Stopped sensation** describes a sensation of the ear being stopped up. This sensation could be due to the fullness or any number of other reasons such as a sense of a plug in the ear, or fluid/mucous inside the ear.

3. Ear, Pulsation / Ear, Pain, intermittent

Ear, Pulsation describes a rhythmical throbbing in the ear, and does not necessitate that this throbbing is painful. **Ear, Pain, intermittent** describes pain which stops and starts repeatedly, but does not imply a rhythmic pulsing nature. The pain may be a steady ache when present.

1. She continually digs in her ear with her finger.
Ear, Boring fingers in
2. She has had recurrent ear infections for the past 3 winters
Generalities, Cold, tendency to take
Ear, Inflammation, media
3. He has fluid in his left ear.
Ear, Inflammation, media
Ear, Suppuration, middle ear
4. My ears are extremely sensitive to cold.
Generalities, Cold in general agg.
Ear, Sensitivity, increased, to wind
5. The right ear is red; the left ear is not.
Ear, Discoloration, redness, one-sided
6. I have a roaring sound in my ears.
Ear, Noises, roaring
7. It hurts in front of my ear.
Ear, Pain, in front of
8. My ear feels stopped up.
Ear, Stopped sensation
9. There is a gurgling in my ear when I swallow.
Ear, Noises, swallowing, when
Ear, Noises, gurgling
Ear, Noises, creaking, swallowing, when
Ear, Noises, cracking, swallowing, when
Ear, Noises, crackling, swallowing, when
Ear, Noises, squashing on swallowing
10. My left ear hurts and the pain reaches down to my throat.
Ear, Pain, extending to throat
Ear, Pain, left
11. There is an oozing fissure where the ear lobe joins the head.
Ear, Eruptions, moist
Ear, Suppuration, in front of ear
12. My ear tingles, like when my foot goes to sleep.
Ear, Tingling
13. There is a hard, red, swollen place just behind my right ear.
Ear, Swelling, behind
Ear, Tubercle, hard, behind right ear
14. My ears produce so much wax.
Ear, Wax, increased
15. It feels like there is water in my ear.
Ear, Water, sensation of, in ear
16. The eardrum has ruptured and there is a discharge of foul-smelling greenish fluid.
Ear, Discharge, offensive
Ear, Discharge, fetid
Ear, Discharge, purulent

17. It feels like there is plug in my left ear.
Ear, Stopped, sensation
Ear, Stopped, left
18. There is a burning pain in both ears.
Ear, Pain, burning
19. My ear hurts when I chew.
Ear, Pain, chewing, when
20. Sounds echo inside my ear.
Ear, Reverberating
21. Her ear hurts, but feels better with a cold washcloth on it.
Ear, Pain, cold applications amel.
22. I have a bone spur just behind my left ear.
Ear, Exostosis
Head, Exostoses
23. My ears itch terribly at night.
Ear, Itching in, night
24. Sounds seem very far away.
Hearing, distant, sounds seem
25. I hear noises from one side as if they come from the side opposite of the source.
Hearing, Illusions, sounds appear to come from the left side,
when they really come from the right
26. I cannot hear anything with my right ear.
Hearing, Impaired, right
27. I cannot hear well during my menstrual period.
Hearing, Impaired, menses during
28. I hear the slightest noises ever so well.
Hearing, acute, noises to
Mind, Sensitive, noise to, slightest
29. I hear other things well, but I have trouble hearing people when they speak to me.
Hearing, Impaired, voice, the human
30. Following a head injury, her hearing was damaged.
Hearing, Impaired, concussions from

Veterinary Symptoms

31. My dog loves to have me push in her ear with my finger.
Ear, Boring, fingers, in
32. My dog has pimples on the edge of the ear flap.
Ear, Eruptions, lobes, on
33. My cat has cystic tumors in her ears.
Ear, Tumors, cystic

2.8 Respiratory Symptoms

1. **Respiration, Sobbing / Mind, Weeping**
Both of these rubrics could describe a person who is crying, but they do not necessarily imply each other. **Respiration, Sobbing** refers to breathing in a convulsive, gasping way. Most often, sobbing has the connotation of crying, but a person in respiratory distress could breathe in this way. **Mind, Weeping** describes crying, but does not indicate sobbing.
2. **Head, Pain, catarrhal / Face, Pain, bones**
These rubrics are similar in their application to pain from sinus infections, but are different in the range of the causes for the pain. **Head, Pain, catarrhal** describes pain anywhere in the head due to catarrh. **Face, Pain, bones** describes pain in the bones of the face for any reason.
3. **Chest, Hepatization, lungs / Chest, Inflammation, lungs**
Chest, Hepatization, lungs refers to a condition found in the later stages of lobar pneumonia where the lower lobes of the lung take on the appearance of liver tissue. **Chest, Inflammation, lungs** describes a localized response to injury, infection, or irritation that is characterized by pain,

redness, swelling and heat. This is a general rubric that covers many etiologies for pulmonary inflammation. Both of these conditions involve the lungs, but the conditions are not very similar. The second rubric is much more general.

4. Nose, Sneezing, coughing after / Cough, Sneezing with

In the first rubric, the sneezing comes after coughing; in the second rubric, they occur at the same time.

5. Cough, Suffocative / Respiration, Arrested, coughing

These rubrics are very similar, both describing an inability to breathe due to coughing. They contain very similar sets of rubrics although the grades of various rubrics are different.

1. I cough and then gag.
Stomach, Gagging, coughing, from
2. His nose is stuffed up for months every winter.
**Nose, Obstruction, chronic
Generalities, winter, in**
3. It feels like there is something heavy on my chest.
Chest, Oppression
4. I have a thick postnasal drip.
**Nose, Catarrh, post nasal
Nose, Discharge, posterior nares**
5. There is a rattling in my chest.
Respiration, Rattling
6. I feel a need to blow my nose, but nothing comes out.
Nose, Dryness, blowing nose, compelled, but no discharge
7. I cough whenever I laugh.
Cough, Laughing
8. I get asthmatic attacks at 3 a.m.
Respiration, Asthmatic, 3 a.m.
9. The baby has a barking, croupy cough.
**Cough, Barking
Cough, Croupy**
10. I get nosebleeds in hot weather.
Nose, Epistaxis, hot weather
11. There is a tickle in my throat which makes me cough.
**Cough, Tickling, larynx, in, from
Cough, Tickling, throat-pit, in from**
12. He has an abscess in his left lung.
Chest, abscess, lungs
13. If I cough, sometimes I lose urine.
**Bladder, Urination, involuntary, cough, during
Bladder, Urination, dribbling, involuntary**
14. I start coughing as soon as I get into bed.
Cough, lying, bed, agg.
15. My nose is plugged up on the right side.
Nose, Obstruction, right
16. He is hyperventilating.
Respiration, Accelerated
17. She has asthma every spring.
**Respiration, Asthmatic, hay asthma
Generalities, Spring, in**
18. Everything smells like burnt hair.
Nose, Odors, burnt hair
19. I feel a burning when I take a deep breath.
Chest, Pain, burning, inspiration, during
20. I have attacks of asthma if I run or work out.
Respiration, Difficult, exertion, after
21. I have polyps in my sinuses.
Nose, Polypus

22. His breathing is erratic.
Respiration, Irregular
23. She is panting.
Respiration, Accelerated
Respiration, Panting
Respiration, Gasping
24. The smell of food cooking makes me feel worse.
Generalities, Food, smell of, agg.
25. He gasps for breath, fighting to breathe.
Respiration, Gasping
Respiration, Difficult
Respiration, Stridulous

Veterinary Symptoms

26. My pet's asthma started after vaccination.
Respiration, Asthmatic, vaccination, after
27. The cow has an abscess in her lungs.
Chest, Abscess, lungs
28. When the cat has a cold, his meow becomes very faint.
Larynx & Trachea, Voice, hoarseness, coryza, during
29. The horse has heaves (equine COPD).
Cough, Paroxysmal
30. My dog keeps me up at night, snoring with every out breath.
Respiration, Snoring, expiring, while
31. The dog sneezes between coughs.
Nose, Sneezing, coughing, between the

2.9 Oral / Dental Symptoms

1. I get canker sores on my tongue.
Mouth, Aphtha, tongue
2. My gums bleed easily.
Mouth, Bleeding, gums
Mouth, Bleeding, gums, easily
3. My teeth hurt when I breathe in cold air.
Teeth, Pain, air, cold, drawn in, from
4. I have a tendency to get abscesses in my mouth.
Mouth, Abscess, frequently recurring
5. I get cavities in my teeth easily.
Teeth, Caries, decayed, hollow
Teeth, Caries, rapid
6. I have warts on my tongue.
Mouth, Warts, tongue
7. Bread tastes bitter to me.
Mouth, Tastes, bitter, bread tastes
8. My mouth feels cold.
Mouth, Coldness, sensation of
9. The child's teeth were crumbling.
Teeth, Crumbling
10. The tongue has a red stripe down the middle.
Mouth, Discoloration, red, stripe down centre
11. It feels like my teeth are coated with oil.
Teeth, Oil, feel as if covered with
12. My mouth is dry but I have no thirst.
Mouth, Dry, thirstless
13. My tooth hurts, but it stops when I drink hot tea.
Teeth, Pain, warm drinks amel
Teeth, Pain, warmth, external, amel

14. My gums are infected.
Mouth, Inflammation, gums
15. He has a terrible odor of old cheese on his breath.
Mouth, Odor, cheesy
16. My tongue is numb on the left side.
Mouth, Numbness, tongue
Mouth, Numbness, tongue, one-sided
17. I get small blisters inside my lip which look like bubbles.
Mouth, Ulcers
Mouth, Vesicles
18. My mouth tastes very sweet in the mornings.
Mouth, Tastes, sweetish, morning
19. The pain in my teeth goes out to my ear.
Teeth, Pain, extending to ear
20. He cannot bend his tongue.
Mouth, Stiff, tongue
Mouth, Paralysis, tongue
21. She drools on her pillow at night.
Mouth, Salivation, night
22. I grind my teeth in my sleep.
Teeth, Grinding, sleep, during
23. My teeth are all loose.
Teeth, Looseness
24. My teeth hurt when I chew on the right side.
Teeth, Pain, biting teeth together
Teeth, Pain, masticating, from
Teeth, Pain, right
25. I haven't felt well since having problems with wisdom teeth coming in.
Teeth, Wisdom teeth, ailments from eruption of

Veterinary Symptoms

26. The veterinarian says the excess saliva is because there is a ranula.
Mouth, Ranula
27. The cat's gums are swollen, red and painful.
Mouth, Inflammation, gums
28. Can I prevent surgery for my dog's long soft palate?
Throat, Elongated uvula

2.10 **Gastrointestinal Symptoms**

1. I cannot taste my food.
Mouth, Taste, wanting
2. I choke on my food very easily.
Throat, Choking, swallowing on
Throat, Choking, swallowing on, solids
3. I have terrible heartburn at night.
Stomach, Heartburn, night
Throat, Pain, burning, oesophagus
Throat, Pain, burning, oesophagus, evening
Chest, Pain, burning, sternum
4. I am thirsty for sips of water often.
Stomach, Thirst, small quantities, for, often
5. It feels as if my throat is too narrow to swallow my food.
Throat, Narrow sensation
Throat, Narrow sensation, swallowing, when
6. My stools are white like chalk.
Stool, White, chalk, like

7. My throat hurts, but eating makes it feel better.
Throat, Pain, eating, amel.
8. I wake up at 3 a.m. with great thirst.
**Stomach, Thirst, night, waking, on
Stomach, Thirst, night, 3 a.m.**
9. It is impossible for me to swallow cold food.
Throat, Swallowing, impossible, cold things
10. She has vomiting with diarrhea at the same time.
Stomach, Vomiting, diarrhea, during
11. I have no appetite.
Stomach, Appetite, wanting
12. I am extremely hungry, but after a few bites I am full.
**Stomach, Appetite, easy satiety
Stomach, Fullness, eating after, ever so little, after**
13. It feels like I am about to have diarrhea.
**Rectum, Diarrhea
Rectum, Diarrhea, sensation as before a**
14. The more I eat, the hungrier I feel.
Stomach, Appetite, eating increases the
15. My stomach twitches.
Stomach, Twitching
16. The sight of food takes away my appetite.
Stomach, Appetite, wanting, food, at sight of
17. I have terrible constipation. I can strain for hours and produce nothing.
Rectum, Constipation, ineffectual urging and straining
18. I only like spicy food.
Stomach, Desires, highly seasoned food
19. I love juice and soda pop.
**Stomach, Desires, juicy things
Stomach, Desires, refreshing things**
20. My stomach is always upset after I eat fruit.
Stomach, Disordered, fruit, after
21. I have diarrhea every other day.
Rectum, Diarrhea, periodical, on alternate days
22. When I burp, hot fluid comes up to my mouth.
Stomach, Eructations, fluid
23. During my menstrual period, it feels like there is a heavy rock on my stomach.
**Stomach, Heaviness
Stomach, Stone, sensation of
Stomach, Fullness, menses, during**
24. She is vomiting green fluid.
Stomach, Vomiting, green, fluid
25. She starts hiccupping every evening about 6:00.
Stomach, Hiccough, evening, 6 p.m.
26. He passes stools of undigested food.
Stool, Lienteric
27. I get terribly seasick.
**Stomach, Nausea, seasickness
Stomach, Nausea, motion**
28. My stomach burns.
Stomach, Pain, burning
29. I have stomach cramps that are better when I curl up into a ball.
**Abdomen, Pain, cramping, lying, while, on back with limbs drawn up amel
Abdomen, Pain, cramping, griping, bending forward amel
Stomach, Pain, cramping, drawing up limbs amel
Stomach, Pain, cramping, griping, constricting, bending forward amel**
30. I have a sharp pain in my stomach that goes to my spine.
Stomach, Pain, stitching, extending to spine

Veterinary Symptoms

31. The X-ray shows a swollen liver in the parrot.
Abdomen, Swelling, liver
32. The stool explodes out and hits the wall above the litter box.
Stool, Forcible, sudden, gushing
33. My dog eats dog stool.
Stomach, Desires, strange things
34. When my horse gets colic, he lies down and seems to feel better if bent double.
Abdomen, Pain, bending double amel
35. My cat is so picky about what she eats – I just do not know what she'll want next.
Stomach, Appetite, capricious
36. My German Shepherd has rectal fistulas.
Rectum, Fistula
37. My cat does not push the stool out, or tries and nothing comes out (megacolon).
Rectum, Inactivity
Rectum, Constipation, ineffectual urging and straining

2.11 Urinary Symptoms

1. She wets the bed almost every night.
Bladder, Urination, involuntary, night
2. There is a burning feeling just before I urinate.
Urethra, Pain, burning, urination, before
Bladder, Pain, burning, urination, before
Kidneys, Pain, burning, urination, before
3. It feels bruised here where my right kidney is.
Kidneys, Pain, sore, bruised, region of
Kidneys, Pain, right
4. Her urine is dark and cloudy.
Urine, Cloudy
Urine, Color, dark
Urine, Cloudy, gray clouds (may apply)
5. Her body is producing very little urine.
Kidneys, Suppression of urine
Urine, Scanty
6. I have a sharp pain in the kidney area when I sneeze.
Kidneys, Pain, sneezing agg.
7. I have a continual urge to urinate.
Bladder, Urging, constant
8. The newborn baby is unable to pass urine.
Bladder, Retention, new-born infants, in
9. There is a spasm of pain at the end of urinating.
Bladder, Spasm, urination, after
Bladder, Tenesmus, urination, after
Bladder, Pain, urinating, after
Bladder, Urination, dysuria
Urethra, Spasm
Urethra, Pain, urination, after
10. I feel a need to urinate, but no urine passes.
Bladder, Urging, ineffectual
11. I can pass urine only in repeated small spurts.
Bladder, Urination, interrupted
12. The stream of urine is very weak. I have low water pressure.
Bladder, Urination, feeble stream
13. The urine is black.
Urine, Color, black
14. There is frequently a milky discharge from his urethra.
Urethra, Discharge, milky

15. He reports a biting pain during urination at the fossa navicularis.
Urethra, Pain, biting, fossa navicularis
16. She is unable to sense the feeling of urine passing.
Bladder, Urination, unconscious, urethra insensible
Urethra, Sensation absent, while urinating
17. She passes a great deal of urine, much more than the liquids she is drinking.
Urine, Copious
Urine, Copious, drunk, more than is
18. His urine smells like onions.
Urine, Odor, onions
19. Her pregnancy is complicated by toxemia.
Kidneys, Inflammation
Kidneys, Inflammation, toxaemic
20. He has an enlarged prostate.
Prostate, Enlargement
21. After treatment for gonorrhoea, he developed an inflammation in the prostate.
Prostate, Inflammation, suppressed gonorrhoea, from
22. She has urethral stricture before urinating.
Urethra, Stricture
23. The pain in my kidneys only happens when I walk.
Kidneys, Pain, walking, while
24. Examination showed hardness and induration of the prostate gland.
Prostate, Hardness
Prostate, Induration
Generalities, Indurations, glands
25. Even after I urinate, it seems like I am not quite done.
Bladder, Urination, incomplete
Bladder, Urination, unsatisfactory

Veterinary Symptoms

26. The veterinarian says my cat has triple phosphate crystals in her urine.
Urine, Sediment, phosphates
27. My dog has an enlarged prostate.
Prostate, Enlargement
28. My dog asks to go out, but urinates before we get out the door.
Bladder, Urging, sudden, hasten to urinate, must, or urine will escape
29. My cat can't urinate due to a blockage by urethral plugs of white, chalky material.
Urethra, Clogged by pieces of coagulated mucous
30. My horse's urine separates into two streams ever since the last vaccinations.
Bladder, Urination, forked stream

2.12 Reproductive Symptoms

1. Sexual desire – female.
Genitalia – Female, Desire
2. Sexual desire – male.
Genitalia, Sexual passion
3. She is irritable before her menstrual period.
Mind, Irritability, menses, before
4. I have a vaginal discharge like cottage cheese.
Genitalia – Female, Leucorrhoea, lumpy
Genitalia – Female, Leucorrhoea, thick
Genitalia – Female, Leucorrhoea, white
Genitalia – Female, Leucorrhoea, white, thick as paste
5. Although I have a lot of vaginal discharge, the vagina seems dry.
Genitalia – Female, Dryness, vagina
Genitalia – Female, Leucorrhoea, copious

6. I have terrible menstrual cramps.
Genitalia – Female, Menses, painful, dysmenorrhea
Genitalia – Female, Pain, uterus, menses, before
Genitalia – Female, Pain, uterus, menses, during
Genitalia – Female, Pain, ovaries, menses, before
Genitalia – Female, Pain, ovaries, menses, during
Abdomen, Pain, menses, before
Abdomen, Pain, menses, during
Abdomen, Pain, cramping, menses, during
7. Examination showed atrophy of the testicles.
Genitalia, Atrophy, testes
8. He had genital warts which bled easily.
Genitalia, Condylomata, bleed easily
9. Regardless of his passion he could not maintain an erection.
Genitalia, Erections, troublesome
Genitalia, Erections, incomplete
Genitalia, Erections, wanting
Genitalia, Sexual passion, without erection
10. Her nipples are cracked.
Chest, Cracks of nipples
11. I have been unable to conceive for the past few years.
Genitalia – Female, sterility
12. His seminal discharge is bloody.
Genitalia, Seminal discharge, bloody
13. I have repeated bouts of mastitis in my left breast.
Chest, Inflammation, mammae
Chest, Pain, mammae, left
14. My breasts are swollen before my period.
Chest, Swelling, mammae, menses, before
15. I have frequent vaginal yeast infections.
Genitalia – Female, Leucorrhea
Genitalia – Female, inflammation, vagina
16. After childbirth, her placenta was retained.
Genitalia – Female, Placenta retained
17. During my period, my flow is very heavy when I exercise.
Genitalia – Female, Menses, copious, exertion agg.
18. During labor, the cervix did not dilate.
Genitalia – Female, Rigidity of os during labor
19. I have a flow of menstrual blood which I cannot wash off.
Genitalia – Female, Menses, wash off, difficult to
20. I have menstrual cramps which reach down the front of my thighs.
Genitalia – Female, Pain, cramping, uterus, extending down thighs
Abdomen, Pain, extending downward
Abdomen, Pain, extending to thigh
21. I have a history of several miscarriages (spontaneous abortions).
Genitalia – Female, Abortion, tendency to
22. I have no interest in sex.
Genitalia, Sexual passion, diminished
Genitalia, Sexual passion, wanting
Genitalia – Female, Desire diminished
Genitalia – Female, Coition, aversion to (may apply)
23. She has herpetic eruptions between her thighs.
Genitalia – Female, Eruptions, herpetic
Genitalia, Eruptions, herpetic
Genitalia, Eruptions, herpetic, between thighs
24. He has herpetic eruptions on the scrotum.
Genitalia, Eruptions, scrotum, herpetic
25. He has a hydrocele.
Genitalia, Hydrocele

Veterinary Symptoms

26. The cow has a prolapsed uterus after delivery of her calf.
Genitalia – Female, Prolapsus, uterus, confinement, after
27. The horse was a cryptorchid (only 1 testicle had stayed descended).
Genitalia, Retraction, testes
28. The mare has a cyst on one of her ovaries.
Genitalia, Female, tumors, ovaries, cysts
29. The cow has an abscess in her udder.
Chest, Abscess, mammae
30. The kittens refuse to nurse from their mother.
Chest, Mike, child refuses mother's milk

2.13 Musculo-skeletal Symptoms

1. I have an inflamed nerve.
Generalities, Inflammation, nerves
2. I have bunions.
Extremities, Bunions, foot
3. I get sudden pains in my muscles.
Generalities, Pain appear suddenly
4. I have pain that moves from joint to joint.
Extremities, Pain, joints, wandering
Generalities, Pain, wandering
Extremities, Pain, wandering, shifting
5. I have sciatica.
Extremities, Pain, lower limbs, sciatica
Extremities, Pain, neuralgic
6. I stumble when I walk.
Extremities, Awkwardness, stumbling when walking
7. Things drop easily from my hands.
Extremities, Awkwardness, drops things
8. My fingers are numb
Extremities, Numbness, fingers
9. I have phantom pain where my amputated foot would be.
Extremities, Pain, upper limbs, amputation, after
10. My knee aches, and it is better when I move it.
Extremities, Pain, aching, knee, motion amel
11. I have burning ache in my forearms from carpal tunnel syndrome.
Extremities, Pain, burning, forearm
Extremities, Pain, burning, forearm, near the wrist
12. I have a lot of tension in my neck.
Back, Tension, cervical region
13. I have arthritis in my hands which makes the finger joints ache.
Extremities, Pain, aching, fingers
Extremities, Pain, joints, rheumatic
Extremities, Pain, aching, hand, fingers, joints of
14. I get cramps in my toes when I lay down to sleep at night.
Extremities, Cramps, toes
Extremities, Cramps, toes, evening, in bed
15. My back gets cold as if cold water had been poured down it.
Back, Coldness, down the back, as if cold water poured down the
16. My back feels so weak it is almost impossible to stand.
Back, Weakness, standing almost impossible.
17. I have a twitching in my buttocks when I sit.
Extremities, Twitching, nates, sitting, while
18. My knees feel weak when I climb stairs.
Extremities, weakness, knee, ascending stairs

19. My feet have a cold sweat at night.
Extremities, Perspiration, foot, night
Extremities, Perspiration, foot, cold
Perspiration, Cold, night
20. His right side is paralyzed.
Generalities, Side, right
Generalities, Paralysis, one-sided, right
Extremities, Paralysis, hemiplegia
21. I have lightning-like pains in my legs.
Extremities, Pain, shooting, lower limbs
Extremities, Pain, stitching, lower limbs
Extremities, Pain, lower limbs, neuralgic
Extremities, Pain, neuralgic
22. My back is aching from lifting a heavy box.
Back, Pain, aching
Back, Pain, lifting, from
Back, Pain, lumbar region, lifting, from
23. My muscles move involuntarily.
Extremities, Motion, involuntary
24. Her ankles are extremely swollen.
Extremities, Swelling, ankle
25. She has plantar warts on her feet.
Extremities, Excrescences, soles
Skin, Warts

Veterinary Symptoms

26. My horse has laminitis.
Extremities, Swelling, fingers
Extremities, Swelling, toes
27. My horse has a cracking sound in her hock.
Extremities, Cracking, ankle
28. My dog's back legs have been paralyzed since her favorite dog companion died.
Extremities, Paralysis, lower limbs, grief, from
29. My cat perspires a lot between the pads of her front feet.
Extremities, Perspiration, toes, between
30. My macaw picks his feathers (as if it's itchy) in his armpit and under the wing.
Extremities, Itching, upper arm, inner side
Chest, Itching, axilla

2.14 Circulatory Symptoms

1. I have severe pain in my chest, radiating down my left arm.
Chest, Pain, heart, extending to left hand
Chest, Pain, heart, region of, extending to left arm
2. I have bouts of angina.
Chest, Angina pectoris
3. It feels like there is a band around my chest.
Chest, Constriction, band, as from a
4. Her skin is turning blue.
Skin, Discoloration, bluish
Chest, Cyanosis
Generalities, Cyanosis
5. My heartbeat is irregular.
Chest, Palpitation, heart, irregular
Generalities, Pulse, irregular
6. My heart pounds so that I can hear it in my ears.
Chest, Palpitation, heart, audible

7. My heart pounds while lying on my left side.
Chest, Palpitation, heart, lying, side, left
8. Due to Reynaud's syndrome, my hands and feet get blue and icy cold.
Extremities, Coldness, hand, icy
Extremities, Coldness, hand, blue
Extremities, Coldness, foot, icy cold
Extremities, Discoloration, foot, blueness
9. His pulse is very rapid.
Generalities, Pulse, frequent ... rapid
10. The pulse cannot be felt.
Generalities, Pulse, imperceptible
11. After his circulation was cut off by a crushing injury, gangrene set in.
Generalities, Inflammation, gangrenous
12. He has pericarditis.
Chest, Inflammation, heart, pericardium
13. It feels like a hand is squeezing my heart.
Chest, Constriction, heart, grasping sensation
14. I must keep moving or my heart will stop.
Chest, Cease, fears unless constantly on the move the heart will cease
15. I get light-headed when I stand up quickly.
Vertigo, Rising on
Generalities, Faintness, rising, on
16. His blood does not clot easily.
Generalities, Hemorrhage, blood does not coagulate
Generalities, Wounds, bleeding freely
17. I feel fear in my heart.
Chest, Anxiety, heart, region of
Chest, Apprehension, heart, region of
18. I have high blood pressure.
Generalities, Pulse, frequent ... rapid
Generalities, Pulse, bounding
19. I bruise very easily.
Skin, Ecchymoses
Generalities, Hemorrhage
Generalities, Injuries, extravasations with
20. I have varicose veins.
Generalities, Varicose veins

Veterinary Symptoms

21. My cat with hyperthyroidism now has a heart murmur.
Chest, Murmurs
External Throat, Goiter, exophthalmic
22. My Doberman developed a dilated heart.
Chest, Dilation of heart
23. I can see my dog's heart pounding through his chest.
Chest, Palpitation, heart, visible

2.15 Skin Symptoms

1. I have acne on my back.
Back, Eruptions, acne
Back, Eruptions, pimples
Skin, Eruptions, pimples
2. I have eczema in my left armpit.
Chest, eruptions, axilla, eczema
Skin, eruptions, eczema

3. I have herpetic eruptions on my eyelids.
Skin, Eruptions, herpetic
Eye, eruptions, lids on, herpes
4. The skin on my face is very oily.
Face, Greasy
5. She scars easily.
Skin, Unhealthy
Skin, Cicatrices
6. I get hives on my abdomen.
Abdomen, Eruptions, urticaria
Skin, eruptions, urticaria
7. The cracks between her fingers ooze a honey-like liquid.
Extremities, Cracked skin, fingers, between
Skin, Eruptions, discharging, yellow
8. He has a rash on his legs that itches and is worse in a warm bed.
Skin, Eruptions, itching, warmth, of bed agg
Extremities, Eruptions, lower limbs, rash
9. He has poison oak rash all over his feet.
Skin, Eruptions, rhus poisoning
10. I have ulcers on my feet.
Skin, Ulcers
Extremities, Ulcers, foot
11. I get boils on the back of my neck.
Back, Eruptions, boils, cervical region
12. He has diaper rash.
Extremities, Excoriation, nates, between
Extremities, Eruptions, nates, between, moisture
13. Her arms have psoriasis which produces a silvery scale.
Extremities, Eruptions, psoriasis
Skin, Eruptions, psoriasis
Extremities, Eruptions, upper limbs, psoriasis
Extremities, Eruptions, upper limbs, scales
14. I get eczema behind my ears.
Ear, Eruptions, behind ears, eczema
15. I have terrible dandruff that flakes off in clouds.
Head, Dandruff
16. I get little cuts which get infected easily and don't heal for weeks.
Skin, Unhealthy
Generalities, Wounds, Heal, Slow to
17. An itching rash on my eyebrows has caused all the hair of my brows to fall out.
Eye, Eruptions, eyebrows, about
Eye, Hair falling from brows
18. I get sunburned from the slightest exposure.
Skin, Sensitiveness
19. I have warts on each fingertip.
Skin, Warts
Extremities, Warts, fingers, tips
20. His skin is thin and brittle like parchment.
Skin, Hard, parchment, like
Skin, Inelasticity
21. He is covered from head to toe with freckles.
Skin, Freckles
22. He scratches until the skin is raw.
Skin, Itching, scratch until it is raw
23. He has molluscum contagiosum.
Skin, Induration, nodules, etc.
Skin, Eruptions, nodular, etc.
24. She is covered with petechiae.
Skin, Eruptions, petechiae
25. She has spider hemangionas on her cheeks.
Skin, Naevi
Skin, Network of blood vessels

Veterinary Symptoms

26. The old scars from the fetlock injury and above the right eye keep breaking open.
Skin, Cicatrices, break open
27. The horse has anhidrosis (inability to sweat) which is very dangerous.
Skin, Dry, inability to perspire
28. Since the steroids, my dog's skin has been thickened and hard over the back.
Skin, Hard, thickening, with
29. My cat scratches for weeks every spring.
Skin, Itching, spring, in the
30. Because of the autoimmune problem, my dog's skin has become black.
Skin, Discoloration, blackish

2.16 General Symptoms

1. I am always worse at the time of the full moon.
Generalities, Periodicity
Generalities, Moonlight agg.
2. Seeing the reflection of a shining object causes him to have convulsions.
Generalities, Convulsion, shining objects, from
3. He suddenly collapsed.
Generalities, Collapse
Generalities, Collapse, sudden
4. She fears taking a bath.
Mind, Fear, water (may apply)
Generalities, Bathing, dread of
5. My symptoms are always worse in autumn.
Generalities, Autumn, agg. in
6. He has a hangover from last night's party.
Generalities, Alcoholic stimulants
Head, Pain, spirituous liquors, from
7. I hate drafts and keep all my windows closed.
Generalities, Air, draft agg.
Generalities, Air, open, aversion to
Generalities, Cold air agg.
8. I feel awful around 11:00 each morning.
Generalities, Morning, 11 a.m.
9. He has arsenic poisoning.
Generalities, Arsenical poisoning
10. He suffers from narcolepsy.
Sleep, Sleepiness, overpowering
Sleep, Falling asleep, answering, when
Sleep, Falling asleep, conversation, during
Sleep, Falling asleep, reading, while
Sleep, Falling asleep, sitting
etc.
11. She perspires only on her left side.
Perspiration, Sides, left
12. I feel awful in a room full of people.
Mind, Company, aversion to
Generalities, Room full of people agg
13. I feel better when I change position.
Generalities, Change of position amel
14. I am generally restless, always on the move.
Generalities, Motion, amel
Mind, Restlessness
15. I, just like everyone in my family, am quite fat.
Generalities, Obesity

16. She has never been well since having scarlet fever.
Generalities, Scarlet fever, after
17. I have no energy.
Generalities, Lassitude
Generalities, Weakness
Generalities, Weariness
18. I can't eat milk because it upsets my digestion.
Generalities, Food, milk agg
Stomach, Disordered, milk after
19. I have not been well since being treated for gonorrhoea with antibiotics.
Generalities, Gonorrhoea, suppressed
20. I get hot flashes.
Generalities, Heat, flushes of
Generalities, Heat, flushes of, upwards
Generalities, Heat, flushes of, with perspiration
21. With her fever, one cheek is red and hot and the other is pale and cold.
Fever, side, one cheek red and hot, the other pale and cold
Face, Discoloration, red, one-sided, one pale, the other red
22. The fever comes on during sleep.
Fever, Sleep, heat comes on during
23. He has a fever, but becomes chilled if uncovered.
Fever, Uncovering, chilliness, from
24. He has yellow fever.
Fever, Yellow fever
25. She has a fever followed by a chill, and then by sweat.
Fever, Succession of stages, heat followed by chill, then sweat
26. He has bloody perspiration.
Perspiration, bloody
27. He has profuse night sweats, every other night.
Perspiration, Night, every other night
28. His sweat leaves green stains on the bedsheets.
Perspiration, Staining the linen, green
29. She is chilly, but wants to remain uncovered.
Chill, Uncovered, wants to be...
30. She has pernicious anemia.
Generalities, anemia
Generalities, Chlorosis (may apply)
31. I am manic-depressive.
Generalities, Contradictory and alternating states
Mind, Mood, alternating
32. I am accident prone.
Generalities, Injuries
Mind, Fear, injured, of being
33. I have a sensation of waves going through my body.
Generalities, Wavelike sensation.
34. The child has measles.
Fever, Exanthematic fevers, measles
Skin, Eruptions, measles
35. She staggers and falls to the left.
Vertigo, Fall, to left

Veterinary Symptoms

36. My cat is very chilly and sits on heat vents or bakes in the summer sun.
Generalities, Heat, vital lack of
37. My horse cannot stay hydrated because of the diarrhea and thirstlessness.
Generalities, Loss of fluids
38. My dog has seizures and loses consciousness.
Generalities, Convulsions, consciousness, without
39. The little puppy was born a deep blue color.
Generalities, Cyanosis, infants, in

40. The cat is much thinner since having diarrhea, vomiting and dehydration.
Generalities, Emaciation, loss of animal fluids
41. My horse is always more lame as he first starts to move out of his stall.
Generalities, Motion, at beginning of, agg
Generalities, Walking, at beginning of, agg
42. My dog's fur has turned gray at a very young age.
Head, Hair, gray, becomes
43. My dog is always sicker before a storm approaches.
Generalities, Storm, approach of a

3.12 Sample Case B

13-year-old female with abdominal cramping

This young lady has severe, abdominal cramping with definite modalities of amelioration from heat and pressure. The pain is paroxysmal and is centered in the umbilicus. Because the physical symptoms manifested suddenly after the emotional trauma she experienced at school, the events of that morning provide a clear etiology.

Rubrics chosen:

Mind, Mortification, ailments, after
Abdomen, Pain, cramping, griping, pressure amel
Abdomen, Pain, cramping, griping, umbilicus, region of
Abdomen, Pain, paroxysmal
Abdomen, Pain, warmth amel

The resulting repertorization shows only one remedy common to all rubrics: **Colocynthis**. It is a clear match for this case with the characteristic ailments from humiliation or suppressed anger, physical symptoms of cramping and typical modalities. Colocynthis 200c was given in this case, and brought immediate relief from the cramping. The situation with this girl's father was a maintaining cause in her case. With support from a family counselor during the legal trial, and the subsequent resolution of the issue, she was able to cope with the realities of her life well. She did not have further episodes of cramping or other physical symptoms, although she did have emotional upsets. These were not out of proportion to her situation, and appeared to be normal reactions to her circumstances that did not require homeopathic intervention.

3.13 Sample Case C

23-year-old male with skin fissure

This fellow is experiencing skin symptoms of cracking and oozing at the edge of the earlobe. He is under some stress related to his work that may be an etiological factor. He is restless at night, and the skin problem also bothers him more at night. Since both of these factors are night-time symptoms, we can make the broader generalization that he is worse at night. He has recently become photophobic, so that becomes a relevant part of the acute case as well.

Rubrics chosen:

Ear, Eruptions, behind ears, cracks
Ear, Eruptions, behind ears, moist
Generalities, Night
Eye, Photophobia, sunlight

(It would be nice if there were rubrics that specifically referenced earlobes, but these are the closest matches in the repertory for his symptoms.)

The repertorization shows two remedies that cover all the rubrics: Graphites and Petroleum. Between the two, Graphites is more applicable to the case. Skin symptoms at the folds and flexures of the boy, a left sided tendency, clear or thick discharges, and increased sensitivity to sunlight are very characteristic of this remedy.

Clarke notes the similarity of Graphites to Petroleum, saying, "The localities of Petrol. are very like those of Graph.: Scalp, behind ears..." and gives the modality of worse from light. In Boenninghausen's Concordance, he notes the similarity with regard to skin symptoms and locations.

Because both remedies appear to be indicated based on the investigation so far, additional details of the case (confirmations) need to be evaluated for each of them. Regarding the clear, thick discharge from the ear, Boericke notes for Petroleum that the skin has "...itching at night...suppurate...thick, greenish crusts, burning and itching, redness, raw, cracks bleed easily." Of Graphites' skin symptoms, he comments, "...eruptions, oozing out a sticky exudation...suppurates....cracks." The comments for Graphites sound more similar to this fellow's description.

He states that he is restless and agitated at night; both remedies are listed in the rubric Mind, Restlessness, night. Neither remedy is listed in the small rubric for sleep position on left side. He says that his ear feels hot at night when pressed against the pillow. Graphites (not Petroleum) is listed in the small rubric **Skin, Heat without fever** and in the much smaller sub-rubric for **night**.

Based on these investigations, Graphites was the remedy chosen, and it was given in 30c potency daily for 10 days. During that time period, the skin eruption was relieved, and the photophobia disappeared.

3.14 Sample Case D

48-year-old female with throat infection

The woman in this case has an infection in her throat marked by helpful keynote and modalities. There is the sensation of a splinter in her throat and the throat pain extends to the ears. The pain is better from heat (hot tea). Since the onset of this acute illness, she is chilly and irritable.

Rubrics chosen:

Throat, Pain, warm drinks amel

Throat, Pain, extending to ear

Throat Pain, splinter, as from a

**Generalities, Heat, vital lack of
Mind, Irritability**

The only remedy covered by all the rubrics in this set is Hepar sulph., which has a good resemblance to the case. Other remedies that are covered by 4 of the 5 rubrics are Alumina, Calcarea carbonica, Lachesis, Lycopodium, Mercurius, Natrum muriaticum, and Nitric acid. While these remedies cover the majority of the case, they do not cover all of it. The characteristic sticking pains, chilliness and irritability of Nitric acid make it a good second choice. The focus of pathology on the throat makes Lachesis a reasonable second choice as well. There are no other features of the case to support preference for the remaining remedies over Hepar sulph., which is characteristically cold, grouchy, and has splinter like pains in the throat, pain extending to ears, and relief from warm drinks. This remedy was given in 30c potency, sipped in water, and relieved the painful symptoms over the next 24 hours. Within 2 days, she felt well enough to return to her normal activities.

3.15 Sample Case E: See solution given on CD-ROM

3.16 Sample Case F: See solution given on CD-ROM

3.17 Sample Case G

56-year-old female with chronic urticaria

This woman has frequent outbreaks of hives with itching and burning a few hours after eating certain foods. She is perpetually chilly. She gets abscesses in her mouth. She refers to burning sensations in both hives and abscesses, so this becomes a more general feature of the case. She has some sleep troubles, waking with restlessness and respiratory distress, as if she might suffocate. Her time of waking is 2 a.m. She desires fried food and sweets, and drinks hot tea when she gets up in the middle of the night.

While her physical complaints are the reason she has sought out homeopathic case, it seems that the center of gravity in the case is actually her fears that something will happen to her. She has a great deal of anxiety about her health. She is concerned about money, but mostly as it relates to the type of health care it can provide. She also worries about a debilitating accident, and of living in poverty, or working long past retirement age; she is insecure about her safety and health. She wants money to guarantee that she never has to live in poverty. This is a variation of greed – there are many different choices someone could make about how to feel secure in the world, and her choice is to have money as her safety. She could have chosen having other people around, or always stay at home in her room, but she chose money. This feature needs to be represented in the repertorization, along with the characteristic physical symptoms. The remaining symptoms can be used as confirmations.

Rubrics chosen:

Mind, Fear, happen, something will

Mind, Avarice

Mind, Anxiety, health, about + Mind, Fear, disease, impending

Generalities, Pain, burning, internally (Generalities, Pain, burning, externally could be used too)

Generalities, Heat, vital lack of

Respiration, Difficult, midnight, 2 a.m. + Respiration, Difficult, midnight, after

(these are combined because the first, more exact rubric is very small)

Rubrics for confirmation:

Skin, Eruptions, urticaria

Generalities, Heat, vital, lack of

Stomach, Desires, warm drinks

Mouth, Bleeding, Gums, easily

Mouth, Abscess

Arsenicum album covers all of the symptoms well. The basic insecurity and vulnerability to fate is a characteristic Arsenicum dilemma, and the restlessness, burning pains, waking 2 am and respiratory distress are common features for this remedy. Arsenicum is not in the rubric **Mouth, Abscess** but it is included in **Generalities Abscesses, suppurations**. Other remedies that were indicated by the repertorization were Phosphorus, Graphites, Lycopodium and Natrum muriaticum. Phosphorus and Natrum muriaticum do not match the time of waking in the night and further review in the confirmatory rubrics showed that it is not included in the rubric **Stomach, Desires, warm drinks**. Graphites and Lycopodium match the majority of other rubrics, but do not have the anxiety for health / fear of disease or abscesses in the mouth, although they are listed in the same Generalities rubric for abscesses that was referenced for Arsenicum. Without any persuasive arguments to support any of these other remedies more strongly than Arsenicum, it was chosen for this case. It was given in a variety of potencies over an 18 month period. The dental abscesses initially flared up in a brief homeopathic aggravation, but the hives stopped within the first week and did not return. Most importantly, she became less fearful, more relaxed, and much less worried about money.

3.18 Sample Case H

42-year-old male with chronic diarrhea

This is a man with gastrointestinal weakness, experiencing diarrhea. There is a strong connection between the function of the gastrointestinal tract and the nervous system; this man has increased irritability in both. The gastrointestinal tract is irritated by certain foods. The nervous system is irritated by light and noise. There is also an irritability in the musculature, manifesting as spasms in the muscles of the back. This heightened irritability is the center of the case that needs to be healed.

As a person, he is very involved with his work, perhaps excessively so. He may be out of balance in the direction of workaholic tendencies. He describes himself as efficient, competitive and intense. Overall, the physical symptoms, sensitivities and attitudes describe a person who is somewhat high strung.

Although his chief complaint is the diarrhea, this alone is not the core of the case. Rubrics that describe his diarrhea symptoms could be used as confirmations in the case:

Stool, Forcible, sudden, gushing

Rectum, Urging, desire, sudden

**Stool, Watery
Abdomen, Gurgling**

Remedies suggested by this set of rubrics are those with a strong affinity to the gastrointestinal tract that are often indicated in severe acute diarrhea: Croton tiglium, Podophyllum, Aloe... By focusing on this aspect alone, it would be likely that the remedy chosen would bring palliative relief in the short term, but would be unlikely to address the broader, chronic state.

A set of rubrics covering the full case is:

Generalities, Irritability, excessive, physical

Mind, Sensitive, oversensitive, light

Mind, Sensitive, oversensitive, noise

Back, Spasms

Rectum, Diarrhea

Mind, Occupation amel (this rubric can represent workaholic tendencies)

The remedy most strongly indicated in this repertorization is Nux Vomica which was curative in the case. It is also present in three of the four confirmatory rubrics. Nux vomica is well indicated for some of the other details in the case such as desire for alcohol and spicy foods, and mental focus on competition and efficiency.

Other remedies that were strongly represented in the repertorization were Arsenicum album and Aconite. Both of these remedies have strong involvement of the nervous system and increased sensitivity. They also appear in some of the confirmatory rubrics. Neither of them is strongly associated with the efficient, competitive mental state of Nux vomica; neither is listed in the rubrics **Mind, Jealousy** or **Mind, Envy** which may be the closest we can come to rubrics for competitive.

3.19 Sample Case I

19-year-old female with ovarian pain

There is a strong hormonal aspect to this case with the immediate complaint of ovarian pain and the chronic problem of fairly severe PMS with relief at the time of menstrual flow. She has sciatica resulting from an old injury that has not resolved. The pain increases through the day and is completely relieved by lying down. She has strong mental indications of her state with premonitions, strong claustrophobic reactions, difficulty letting her guard down to sleep, frequent dreams of snakes, and nocturnal bruxism. There is some left sided emphasis to her case as well: the current ovarian pain and the history of pneumonia are left sided. She is consistently worse in the morning on waking. She has a strong desire for open air that is related to the claustrophobia.

In this case, both acute and chronic indications are included in the rubrics for repertorization:

Genitalia – Female, Pain, ovaries, left

Extremities, Pain, lower limbs, sciatica, lying amel

Generalities, Menses, during, amel

Generalities, Waking, on

Mind, Fear, sleep, to go to

Lachesis covers all of these rubrics. It is confirmed by left sided weakness, mental symptoms and dreams, desire for open air, strong hormonal emphasis, etc. This repertorization uses a few small rubrics, which I am less inclined to use because they limit the remedy choices so much, but they were clearly as she stated her symptoms, so they were included. The results of the remedy were startlingly quick. The sciatica and stiffness of the back stopped as she was driving home from the appointment and have not reappeared in the year since she took the remedy. The ovarian pain disappeared the following day, and the PMS improved substantially over the next two months.

3.20 Sample Case J: See solution given on CD-ROM

3.21 Sample Case K: See solution given on CD-ROM

3.22 Sample Case L: See solution given on CD-ROM

3.23 Sample Veterinary Case M

14-year-old blue and gold macaw

One of the important keys to treating animals (or non-verbal people) is to make the distinction between those symptoms that are very objective and clear cut, and those that involve more interpretation. Although both may be used, it is best to start with those that are most objective.

This Macaw's main problem is in the respiratory tract that has caused loss of appetite, severe weight loss and weakness. The high WBC indicates inflammation, and the location of the inflammation is in the serous membranes of the air sacs (lungs). The most unusual symptom is the increased thirst for large amounts. The bird has always been a "fear biter". That is harder to interpret. Is he afraid they will hurt him, or afraid of being approached, or timid in personality or simply has an aversion to his family members?

Rubrics chosen are:

Stomach, thirst, large quantities

Stomach, appetite, wanting

Chest, inflammation, lungs

(Other rubrics such as Generals, inflammation, serous membranes could be also used.)

Respiration, gasping

Respiration, wheezing

Mind, biting

Mind, aversion to family

(The more general aversion to family is probably the best choice, but others could have been used.)

Phosphorus was the only remedy covered by all these rubrics. Arsenicum album, Lycopodium, Aconite, Mercury and Calcarea are all close. Phosphorus has a lot of lung and respiratory problems, and exhibits a rapid pace to the disease that matches this case. While we think of Phosphorus as being friendly, outgoing and desirous of company, the rubric searches will often surprise us. For instance, Pulsatilla is in Mind, Anger, violent. One of the biggest indications for Phosphorus is a thirst for large quantities of water. Arsenicum, the next closest choice, does have a lot of emaciation and loss of appetite, but prefers to sip small amounts of water very frequently.

Phosphorus 200c was given to the macaw. His thirst returned to normal, and his breathing improved to the point that it was only hard when he flapped his wings. He began eating and his eyes became brighter. He was nicer, though his owners were still nervous as he could still bite. Within one month, his WBC was normal, and the subsequent aspergillosis test was negative.

Several repetitions of Phosphorus in ascending potencies were given over the next three months, and while the prior illness was relieved, he still had a poor appetite and low weight. Arsenicum album was given, and within a month, his appetite and weight were back to normal and the bird was glowing with health, although still a biter.

3.24 Sample Veterinary Case N

7-year-old Arabian mare, Lady Hawk

While the rubrics for the laminitis are multiple, the first two listed below reflect the fact that the bones in the hoof of the horse are the 2nd and 3rd phalanges; we picked one rubric from the front and one from the rear legs. Here is an instance where we have to stretch a little. Maybe the best possibility would be

Extremities, swelling, toes, tips of, since horses are actually walking on the tip of the 3rd toe. But people are not walking on the tip of their toe. It does not fully reflect the function of being walked upon, so a slightly more general rubric is chosen for swelling of the sole of the foot.

Extremities, swelling, fingers, joints
Extremities, swelling, foot, sole
Stomach, ulcers
Stomach, desires, indigestible things
Stomach, appetite, wanting
Stomach, ulcers

Calcarea carbonica is the only remedy that is in all the rubrics selected. Dr. Ward started Lady Hawk on Calc carb 30c twice a day for 3 days. In addition to matching the rubrics, she chose this remedy because Lady Hawk was a heavy-boned Arabian with a very friendly disposition. Her soles were very flat and she had a large, round foot. Many horses with this foot shape respond to Calc. carb. The desire to eat indigestible things matched her tendency to lick the walls. Lady Hawk was also starved for minerals, and ate ABC biologicals, BVC, salt, A-mix, 1-1, and TS mix. Heavily fertilized grasses and hays are high in protein, but lacking in other nutrients. She was given FasTrack powder to help her absorb her feed. After treatment, Lady Hawk had stopped licking the walls and she was moving well. Within 2 weeks, Lady Hawk was trotting and cantering sound, and was discharged several days later.

3.25 Sample Veterinary Case O

2-year-old collie, Ben

Wow, there are a lot of symptoms in this case! You could look up rubrics for at least 19 symptoms. So first, decide what is happening from a vital force perspective. It is plausible that Ben was born fairly ill for he developed severe tarter at a very young age. The vaccines, anesthesia or teeth cleaning triggered an autoimmune response causing massive numbers of bleeding ulcers in his mouth – gums, palate, sides, and throat. He was sensitive to the steroids and developed the other 18 + symptoms as a result of the drug. The key symptom here is the bleeding mouth ulcers. How he reacted to the drug is also characteristic of the remedy needed, but secondary. I chose a rubric for the bleeding mouth ulcers, a few others for also covering mouth ulcers, then several rubrics for the more unusual drug related symptoms.

Mouth, ulcers, bleeding
Mouth, ulcers, gums
Mouth, ulcers, palate
Throat, ulcers
Stomach, eructations, food
Perspiration, odor, fetid

Mercurius vivus is one of three remedies for bleeding blisters in the mouth, has strong odors, excessive salivation and is considered the human thermometer. (A very odd symptom was the heat and cold related to receiving the drugs.) Mercurius is a remedy that is associated with ulceration, and degenerative conditions, which this dog displayed from an early age. Within 1 month of homeopathic treatment, Ben was off steroids, much improved and very happy. As is often the case with deep illness, he needed several years of monthly evaluations and changes of remedy or potency before most symptoms were resolved. I heard from the owner 1-2 times a year until Ben was 13 years old, when he died fairly suddenly.

3.26 Sample Veterinary Case P

6-year-old Egyptian mau cat, Isis

The most characteristic symptom in this case, which resulted in long term illness, was the asthma after vaccination. So first you want to look for this rubric. The edema of the lips was an unusual reaction. The asthma is worse at night, and the cough worse in a.m. (and most severe then) and in the evening and night (this is not specific enough to repertorize).

Respiration, asthmatic, vaccination, after
Respiration, asthmatic, night

Face, swelling, lips

Cough, morning, on waking -- or -- Cough, paroxysmal, waking, after

Thuja is the only remedy in the key rubric to this case. You cannot argue with the fact that the asthma began because of the vaccine. You could go directly to the Materia Medica and see if Thuja fit the other symptoms. Cats who need Thuja often are affectionate enough, but will not come to you to sit in your lap and really relax. It is a wonderful remedy (though by no means the only one) for reactions to vaccines. Within 1 month of carefully decreasing the medications and administering Thuja 30c when symptoms worsened, the cat was on no allopathic drugs and doing well. Following a later single dose of Thuja 200c and avoidance of vaccines, the cat has done well (with occasional remedies for minor problems) with no asthmatic problems for 8 years so far.

3.26 Sample Veterinary Case Q

4.5-year-old poodle, Gigi

Many symptoms that you might want to repertorize resolved (repeatedly) with nutritional changes. This is why it is always good to improve nutrition before treating if time allows. Several symptoms recurred or persisted and those are key to the case. Her mental state is key since many of the persistent symptoms began then.

Stool, bloody

Mind, company, desire for, alone, while agg

Generalities, night, midnight, after

(Generalities rubric is used since several symptoms are worse after midnight.)

Stool, dry

Stomach, Vomiting, drinking, after, soon as water becomes warm in stomach

Phosphorus fit all these rubrics and animals needing this remedy are particularly affected by being left places and left alone. There is often bleeding, which has been a key for this dog. Since several doses of Phosphorus 30c, there has been no recurrence of the bloody diarrhea over the next 3 years, and she has become less shy and timid. She copes better with being left alone. With family stresses and some vaccinations she has needed other remedies.

Homeopathic Repertorization Sheet and Notes

Homeopathic Repertorization Sheet and Notes

Case Name:

Date:

Homeopath:

Single Page

RUBRICS

1.	5.
2.	6.
3.	7.
4.	8.

	1	2	3	4	5	6	7	8	G/R		1	2	3	4	5	6	7	8	G/R		1	2	3	4	5	6	7	8	G/R
acon										cycl																			
agar										chlol																			
alumn										coca											mag-c								
anac										dig											mag-m								
ant-c										dros											mag-p								
ant-t										dulc											med								
apis																					merc								
arg-n										eup-per											mez								
am										euphr																			
ars										ferr																			
anth										ferr-p											nat-c								
bad										fl-ac											nat-m								
bapt																					nat-p								
bar-c																					nat-s								
bell										gamb											nit-ac								
bell-p										gels											nux-v								
										glon											par								
berb										graph											petr								
bor																					ph-ac								
brom																					phos								
bry										ham											plat								
bufo										hell											puls								
bism										hep											plb								
bar-m										hyos																			
cact										hyper											rhus-t								
calad																					rumex								
calc										ign											ruta								
calc-f										ip											sec								
calc-p																					sep								
calc-s										kali-ar											sil								
cann-l										kali-bi											spong								
canth										kali-br											staph								
caps										kali-c											stram								
carb-an										kali-s											sulph								
carb-v																					syph								
caul										laur											sul-ac								
caust										lac-c											thuj								
cham										lach											tub								
chel										led											tarent								
chin										lil-t											ter								
clem										lob											verat								
coacc										lyc																			
coloc																													
con																					zinc								
cupr																					crot-h								

Homeopathic Repertorization Sheet and Notes

Homeopathic Repertorization Sheet and Notes

Case Name:

Date:

Homeopath:

Double Page 1 of 2

**R
U
B
R
I
C
S**

1.	5.
2.	6.
3.	7.
4.	8.

	1	2	3	4	5	6	7	8	G/R		1	2	3	4	5	6	7	8	G/R		1	2	3	4	5	6	7	8	G/R
abies-c										calc-p																			
acon										calc-s																			
agar																													
agn										camph																			
all-c										cann-i																			
aloe																													
alum										canth																			
ambr																													
am-c										carb-ac																			
										carb-v																			
										caul																			
anac										caust																			
ant-c										cham																			
ant-t										chel																			
apis										chin																			
arg-n										cic																			
a r n										cimic																			
ars																													
aur										clem																			
										cocc																			
										coff																			
										colch																			
bapt										con																			
bar-c										croc																			
bell										crot-h																			
bell-p																													
										cupr																			
										cycl																			
bor																													
brom																													
bry																													
bufo																													
										dig																			
										dios																			
cact										dros																			
cadm										dulc																			
calad																													
calc																													

Homeopathic Repertorization Sheet and Notes

Homeopathic Repertorization Sheet and Notes

Homeopathic Repertorization Sheet and Notes