Ravi Roy
Kent's Practical Repertory in five colours

Reading excerpt

Kent's Practical Repertory in five colours
of Ravi Roy
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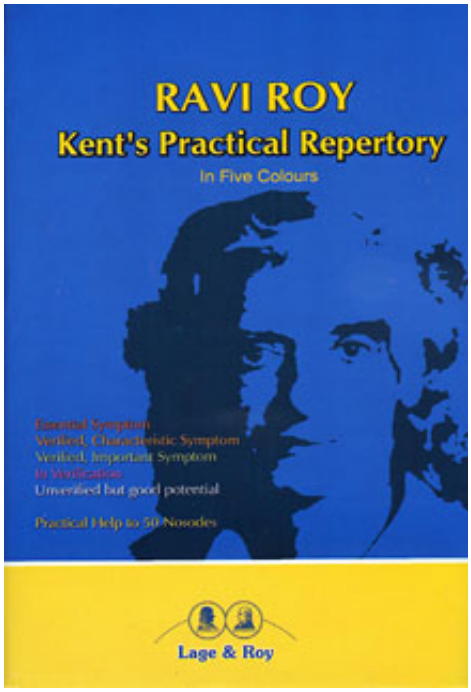

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Foreword

How this Repertory came to be

I started the research for this repertory more than 35 years ago: very soon after 1 started practicing, I realized that Kent's Repertory omitted innumerable important symptoms, even of the main remedies. Moreover that even the priceless nosode were ironically treated like step-children, and even now their symptoms are not fully included in updated repertories. In addition, having worked extensively with many nosodes, I have learned a great deal which should be useful to other homoeopaths. Finally, there is a plethora of information in the journals waiting to be analysed and incorporated into our repertory.

In his Lesser Writings, Kent wrote that he included in his repertory only verified symptoms. However, he does not give a clear standard for judging whether a symptom is worthy or not. In fact, some symptoms are included while others with exactly the same basis are omitted. Almost every page of Hering's Guiding Symptoms has examples of such an inconsistent approach.

I have also discovered that a great many symptoms of prime importance from the materia medicas of Hahnemann are not included even in later works. The additions, which have been made, leave much to be desired. To be truly useful, Hahnemann's symptoms must be analysed in light of their verification in later homoeopathic literature and then graded according to importance.

Kent provided the repertory with a greatly improved structure. However, using Lippe's Repertory as a basis, he adopted the generalisations of Boenninghausen. Perhaps this happened unknowingly. Kent thereby included Boenninghausen's unproven generalisations without verification. The aim of this repertory is to build up a repertory which is *inclusive, well-structured, and also verified.*

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The Idea of The Practical Repertory

It is clearly of great importance to systematically catalogue the hundreds of thousands of valuable homoeopathic symptoms in a useful format, a project I began, with a few colleagues, twelve years .ago. The homoeopathic literature contains a plethora of symptoms which have proven their worth in practice. Also, I have gathered a great number of verified and leading symptoms from my own practice which are not to be found in the literature. Finally, I have gathered many hundreds of key symptoms on nosodes. But these symptoms are not all of equal value. The problem of judging the value of symptoms is dealt with in this work with the use of colours, which I will explain later.

The Basic Work and the New Translation of Kent's Repertory

Another example is: FEAR, as if grieving: Phos. We could not make head or tail of this symptom. On looking up the original Hahnemann in German, we found out that a wrong translation of the phosphorous symptom had been done. The original symptom in German is: "Bangigkeit, als sei es ihr Leid um etwas, ofters wiederkehrend". The correct translation would be: 'Tearfulness, troubled about something, as if, recurring often".

In chapter STOMACH, under DESIRES, much has been added and changed. I have for example changed the original rubric, "Chocolate" into "Cocoa" for the drink, and created a new rubric, "Chocolate" for chocolate bars. In the days our materia medica came into being chocolate was a drink. Even today one does say hot chocolate.

One not only needs homoeopathic and language skills, but it seems also culinary and historic knowledge is needed to put the different rubrics all right. Boger e.g. gives us an addition for Bufo, desire for herbs. On looking up in T. F. Allen's materia medica we

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found it be "potherbs", which has a completely different meaning. Potherbs are defined as the aromatic roots, leaves, etc. used especially to make a sumptious soup. The chapter "stomach" is one of the three (mind, generalities, and stomach) which has the largest number of additions. I have done a great amount of research on "appetite, desires, and aversions", especially in the last 25 years.

Grades and Importance

There is an important distinction between the grade and the importance of a symptom. Grading is used, following Boenninghausen's method, to document the amount of clinical verification of a given symptom, but this method of grading was not carried out consistently or carefully by later homoeopaths. However, the grade does not necessarily give us information about the importance of a symptom. A symptom is important if it can be relied upon to indicate the remedy with certainty. Thus, Kent's grading of symptoms does not help us determine whether the symptoms are important. As I explain on my website in the article, "The Need for a New and Reliable Repertory," many low-grade symptoms are quite important, and many high-grade symptoms are not very valuable in prescribing. In order to make prescribing as accurate and effective as possible, I have rated the symptoms in this repertory according to their importance as well as taking into account the degree of verification.

The Overall Structure and Arrangement of the Practical Repertory

The Importance of Symptoms and their Colour-Coding

Our Practical Repertory strives to guarantee the reliability and sefulness of symptoms and remedies by including only verified or worthwhile symptoms. Almost all the symptoms are coloured

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magenta, orange, green, or violet in order to rate their importance. Our system for listing a symptom can thus be summarized:

the essential symptoms,
the very certain, characteristic symptoms,
the clinically proven symptoms, and
the promising symptoms, which still need to be fully clinically verified
the blue additions are symptoms which have good potential, but there is
not enough data to categorise them as above.

The Practical Repertory

The colour magenta denotes all symptoms which are the essentials of a remedy. They form the foundation of the remedy and thereby give you the basis for the prescription. An essential symptom is specific to a medicine. It belongs only to it. Or the basic pathology belongs to this medicine, as Silicea and complete lienteria. Most of the new medicines in the Practical Repertory are nosodes. That is why the greater number of such symptoms in the Practical Repertory are from the nosodes. I have been working with a great many nosodes and have been able to verify the general action of these nosodes and gather much new, useful information.

The colour orange has been given to all the symptoms which have not only been verified in practice but also are characteristic of the medicine. For this reason they can be used with certainty. When the rubric itself is orange, then it is either itself of importance or it is indicative of the remedy or remedies in it. Keep in mind that a prescription must be based on the present pathology; the presence of a characteristic and reliable symptom does not necessarily point to the remedy needed now. The orange symptoms clearly tell us the importance of this remedy for now or in the near future. The colour orange is given only when the source author I have clearly verified a symptom.

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The colour green is given to those symptoms which have been clearly verified in practice. Such symptoms *are* of a more general nature and therefore do not belong to the characteristic Or they do not have the distinctive characteristic to be put in the category of orange. Many symptoms can be verified but do not have that high a value. Therefore they cannot be orange.

The colour violet characterises important symptoms and rubrics which are insufficiently verified. In the case of drug provings, each drug is in reality unverified in the beginning, although we have a basis for prescribing the medicine, Moreover, the essence of the medicine, in the case of good provings, shows us where it may be put to good use. Some things often do not come out in the provings. But if the essence of the medicine can be clearly seen in the proving and that gives a basis for our analysis. As our knowledge of the essence of a medicine continues to develop, we can put together more violet symptoms by analysis and by using this medicine in practice. A violet symptom is in process of being gradually verified and as such it is a good hint for certain cases. A great number of symptoms, especially of nosodes, which I labelled violet 20 or 30 years ago are now orange.

Head to Foot Arrangement etc.

The head to foot arrangement of Hahnemann, which was the basis of Kent's Repertory has been preserved in this repertory too. We find this arrangement as the best because the body is best visualised according to its different parts. We have but made certain improvements in the structure:

After the times we have uniformly

arranged the symptoms of alternating with....

All as if symptoms have been uniformly arranged after the modalities and conditions.

Then come, as in Kent, the extending to symptoms, the localities, and the type of pain.

X

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Further we have put chronological or temporal sequences, as in ABORTION, not alphabetically but under the respective heading. In the above case under month.

We have used bold or italics as sparingly as possible and thereby lessen undue strain on the eyes. Only where there are many sub- and sub subrubrics have we resorted to them.

All localities have been uniformly made bold and the sub-localities in italics. E.g. umbilicus being a main locality is bold, but region of is in italics.

All sensations and types of pain when in combination with localities have been made both bold and in italics. Otherwise only bold. Where there are more than one word in a rubric then only the first word is in bold: MIND, WORK, Aversion to, Complaints from, etc.

Abbreviations and names of medicines

I have made a certain uniformity in the abbreviations. E.g. all arsenic salts end with "ars" - calc-ars, kali-ars etc. The list you will find in the appendix. I have used the names of the medicines, as far as possible, as they were traditionally used and have not gone over to any new nomenclature: aviary, denys, yersin, BCG and e.g.not tuberculinum aviary.

The Criteria for the Acceptance of a Symptom in the Practical Repertory

1. The analysis of the medicine is the basis to determine theimportance of a symptom whether from my own practice or from the literature. The pathologies related to the medicines have to be clearly defined forthis purpose.
2. The condition or the stage of the disease with which the symptom is connected to symptom has to be determined and defined. For xample Bryonia has desire for sour drinks with diarrhoea.
3. Symptoms can disappear through a remedy but which have norelationship to the remedy. The simplest example of this can beseen in a case of mechanical pressure in the head from a

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tumour. Convulsions can develop. The remedy, which removes the tumour, will naturally also remove the spasms. But we cannot now put down convulsions as a part of this medicine.

4. The exact assigning of pathologies to the remedies has not been followed in Kent's and other repertories. That is why medicines are found in rubrics even though they have no relationship to the condition. When the next of a disease condition is just starting to appear it is possible that the remedy which covers the first stage may remove the beginning symptoms of the next stage. But it does not mean that they necessarily belong to this medicine. The example of Arnica and haematoma can make this clear. In the case of an injury we have a haematoma either immediately or it develops fully at a later stage. In the early stages Arnica stops the further development of a haematoma and thereby also the symptoms being produced by it. But Arnica has no relationship to a fully developed haematoma and therefore to the symptoms which are produced by it (they are similar to the ones in the development stage only much more intense). Because Arnica can stop the development of a haematoma and also removes the beginning symptoms we have to be careful of our suppositions. This one sees in practice in cases of crushing injuries, where haematomas come up very quickly. Very soon we have to give remedies other than Arnica as it no longer helps.

5. The next point is the speed of the curative action of a given remedy, especially in the case of acute diseases. If the symptom disappears in about the same time in which it normally would have on its own, then we cannot speak about a curative action of the given medicine. We have to give consideration to the general course of diseases to be able to designate a symptom cured to the remedy.

6. This point concerns the action of the remedy as being curative or bringing only improvement to the symptom. In the case of an improvement it may mean that it has no action on the underlying condition or only a partial one. We have to decide on the relationship of the medicine to the symptom. Further observations will give us more clarity.

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7. The last point is the observation of symptoms which the patients has, but which belong to a completely different condition or remedy which has been prescribed. The presence of a symptom in a given case and action of a remedy being in general healing does not give us the basis to subscribe this symptom to the medicine, especially when the symptom comes and goes. Let us take the additions to the symptom "knee-elbow-position" as an example. None of the medicines added really have this symptom in general like Medorrhinum. For this symptom is not present continuously in most of the cases, but only in phases. Especially in the phases of well being it often disappears. An example: The intake of Calcarea phos gives much general relief in a case and the patient feels very well. The symptom of "knee-elbow-position" goes into latency for a longer or shorter period. In such a case we cannot give Calc-p the credit of removing this symptom. At least we canot make it a general symptom of Calc-p. Often in such cases it was only valid for a particular symptom in the case, e.g. in the case of stomach problems. Therefore we can only put it down in relationship to stomach problems.

Mistakes in Kent's Repertory and our additions

We are very aware of the fact that in spite of all the care taken there are many things still to be done and that mistakes do creep in. This is especially true in the case of the wrong remedies in Kent.

We have in all cases tried to find out the most original source for an added symptom. The additions, which I have gathered over the period of 35 years were, in the beginning, not documented with their source.

For this reason we have not been able to find out the original source in some cases. These symptoms have been given the number 100.

So 1 do hope that the advantages of the Practical Repertory will outweigh the flaws to be found.

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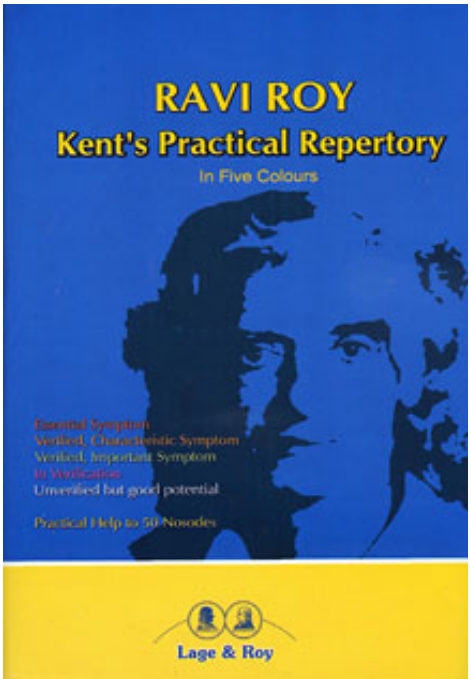

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Essential symptoms verified.
Characteristic symptoms verified.
Important symptoms in verification.
Unverified but good potential practical help to 50 nosodes.

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