

Difficulties in Repertorizing Why We Need a New Perspective

by Paul Herscu, N.D.

Every classical homeopath must use a repertory. The remedies that comprise our materia medica contain so many symptoms that it is not possible to remember all the symptoms of all the remedies. In fact, one of the many signs that homeopathy is flourishing once more is by noting how many new remedies are being proven every year. While this is potentially very useful for us, as we expand our materia medica from 100 to 1,000 to eventually 10,000 remedies, it does strain a difficulty that already exists in the repertory. As we know, some remedies have only 40 symptoms listed in the repertory, while others have 15,000 symptoms. As such there is a mathematical bias built into the repertory that the "larger" remedies are listed more times than the "smaller" remedies. This means that statistically you are more likely to end up with the "more listed" remedies, and less likely to end up with the "less listed" remedies.

This, in fact, is a major contributor to a vicious cycle that exists in our practice, where the "more used" remedy gets to be written about ever more and therefore grows in number of rubrics, and the "less used" remedy seems to lag further and further behind. Somehow, this statistical bias has to be acknowledged and dealt with efficiently for repertorization to be all that it could be. Is there a way that we can use the repertory that makes the "small remedies" and "large remedies" more fairly represented in the repertorization? The repertory has a natural leaning to show the large remedies as the right remedies if you take into account each and every symptom as the totality. Traditionally, we have solved this issue by taking a portion of the totality of a patient. In other words, which symptoms shall we consider that truly represent the whole disease state of the patient? This then leads us to the first two problems in the analysis repertorization, what symptoms should we use and how do we account for the disparity in number of rubrics that remedies are listed in.

Another difficulty has to do with what the repertory actually is. It is a reference tool that lists all the symptoms cured or produced and lists every remedy that has treated that particular category/rubric. For example, a rubric might list: Head: pain, above left eye, 3pm lasting to 6pm, with one remedy listed under the rubric. Rubrics can be very specific like this one, or very general. A general rubric would be Head; pain, and that general rubric would contain hundreds and hundreds of remedies. This leads us to the next difficulty with the repertory and repertorizing. The more specific the rubric the better for a homeopath, as it truly indicates a closer match with the patient's complaint. However, specific rubrics are likely to be too specific and therefore incomplete, and therefore misleading. Just because there is only one remedy listed there does not mean that only that one remedy will be able to get rid of that symptom. So the issue of the perfect rubric is incomplete.

Another problem of repertorization becomes clear very soon. It seems impossible to match all the symptoms of a patient to a remedy. It seems that there are too many symptoms, and that no one remedy runs through all of them. The issue here then is that there is no one remedy that runs through all the rubrics. Homeopathic philosophy says you must match the symptom of the drug with the symptom of the patient. However, these problems as well as a few other problems with the theory make the repertorization difficult. Another difficulty is that we are taught that there are many theories on how to select the appropriate symptoms for repertorization, but there are no clear designations of when to use which theory, so one is left with confusion as to which symptom to choose at any one time. This problem leads us to repertorize in several methods and each time come up with a different answer; which is right?

Another problem is that of the patient's words. The patient's words might be difficult to match to the original proving language or the language that is in the repertory. For instance, a patient may say, "when I have a headache, I'm in a funk," or, "When I have diarrhea, I blow off work." What does this mean? How does a homeopath relate these words to the proving language that may have been written 200 years ago? Another problem is that the remedy you are looking for may not be listed in the appropriate rubric, because the remedy has not been proven well enough. There are numerous mistakes in the repertory, mistakes in translation and

typographical mistakes, which further complicate the database that we use. While this module does not address this problem directly, Archibel does. The reason I chose Archibel to run this module has to do with the work that they have undergone for the last few years in correcting the database, thereby eliminating mistakes.

Lastly, it often requires several years of careful study and practice to understand how to elicit enough of the necessary information to prescribe upon.

To summarize, the problems are:

1. it's difficult to elicit the information,
2. it's hard to know if you have enough information,
3. the remedies are proven incompletely,
4. there are errors in the repertory,
5. rubrics are incomplete,
6. the existing language difficulties,
7. the multitude of methods to repertorization that lead to different answers
8. the leaning towards the larger remedies.

Cycles and Segments - A New Way of Looking at Things

The Herscu Method allows for a logical integrated study and practice of homeopathy. What is presented here is a brief outline of the use of the Repertory and Repertorization portion of the method. For a complete understanding of this work read Stramonium, With an Introduction to Cycles and Segments, or Philosophy of Healing, An Integrated Approach to Homeopathy. Since, for Hahnemannian homeopaths, disease is a single entity, there must be a method of describing it, of seeing it as one disease, a method that would get rid of all the difficulties mentioned above. I developed one such method of understanding homeopathy through the study of the cycles (or pattern) each remedy presents, and the segments (or sub-patterns) that run through the cycle.

In brief, I believe the patient pattern is what Hahnemann meant when he spoke about a totality of symptoms. By totality he did not simply mean the total number of symptoms, but rather the total pattern of the disease. If we can look at a disease in this way, we will be better able to identify and isolate the main elements or basic ideas, which I call fundamental segments, within each of the remedies. This will allow us to recreate the chain of events showing the pattern that fits everything known about the patient. I believe that every symptom a person expresses is an example of one of the fundamental segments operating in that person's cycle of disease. In other words, a symptom does not stand alone. It has a relationship to other symptoms, which is one of the fundamental segments of the patient or remedy, and will show up over and over again in many places and many ways through various symptoms. Some of these symptoms will be found in rubrics, some will not. That does not matter. It is the segment, the idea, that matters.

The cycle itself is a flow of events that is composed of a number of fundamental segments. In most patients and remedies there will be found four to six fundamental segments. Each of these can be broken down into smaller segments, giving even more flavor to the remedy. Each one of these segments could be described by a word or phrase, such as yearning for comfort or violent overreactions. In the Herscu Module Logo, you see that each segment is linked by an arrow to the next segment, representing its direct effect leading to the one that follows. It in some way pushes the person to the next segment. Each segment flows into the next until you come full cycle again. The cycle is the disease. You can jump in at any point, start with any segment. The pattern is a continuous flow.

Every item that appears in a patient will in some way fit into one of those idea clusters, or segments, that make up the total pattern of the remedy. This is why I call these basic ideas a fundamental segment. Fundamental because it is intrinsic and essential, segment because it is a part of the whole cycle.

Dr. Paul Herscu is the author of The Homeopathic Treatment of Children — Pediatric Constitutional Types and Stramonium.

For more information about cycles and segments please see Stramonium by Dr. Paul Herscu.

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