
Reviewed by Peter Morrell

This book is a practical guide to using the repertory, and can be appreciated more fully when viewed in the context of the importance of repertories more generally. Therefore, it is helpful to say how the repertory helps the homeopath find the right remedy for a patient.

In homeopathy there are essentially only two fields of data: first is the data of patients, the vast realm of human sickness, which it shares with medicine in general. Second is the mass of data from the provings of drugs on healthy people. These two sets of data are written and recorded in slightly different language and so one has to deepen one's familiarity with both in order to find reliable correspondences between the two sets of data. Otherwise, the wrong remedy is chosen. The art of finding the right remedy depends on translating between these two languages.

Deep study of the repertory helps a lot because people today do not speak in the same language of the early 1800s, and that is the language most of the great provings were written in. Somehow the homeopath must navigate a way through this material and find the best match between the symptoms of the sick person and the symptom data of the provings. Repertories provide the means to do this. Thus, to become a good homeopath it is necessary to become profoundly familiar with the provings data. It is generally agreed that the only way to do this is by exhaustive and detailed use of the repertory and continuous study of its contents.

Repertories are very useful things. From the outset, the sheer wealth of proving symptoms created a problem: the need for some kind of index, something that puts them into an order, making them more readily accessible and more searchable for everyday use. This is what the repertory does; it is thus an essential tool, a bridge that crucially connects the reality of human sickness with the data of the provings. Once you have obtained an accurate and reliable picture of the patient's overall symptoms, so often not a simple task in itself, it is the repertory, not the homeopath, that brings to light the remedies that match this picture the closest.

As the primary purpose and the homeopath's key task is to interpret and translate symptoms and to find correspondences between these two sets of
data, so thorough immersion in symptoms is essential. Yet, because of the vast number and variety of symptoms, the repertory is undoubtedly the only instrument to hand which can organise the data and supply this need. Although computers have helped to some extent, the use of the repertory is still considered the best way to obtain great skill in sifting and sorting symptoms. Without deep study of this tool, even assisted by computers, one remains too distant from the symptom data and thus insufficiently cognisant of the myriad nuances of human sickness and the provings data. Only by thorough and repeated immersion in this data can one become profoundly and intimately knowledgeable of remedies and their clinical uses.

Even as early as 1805, when he put together his first collection of provings, the *Fragmenta de viribus*, Hahnemann realised that the complexity of the provings was potentially very confusing and difficult to use in the consulting room unless it could be streamlined for easy use by being indexed on the basis of the symptoms created. "Hahnemann prepared such an Index for the *Fragmenta* in the second volume, but did not carry it out either for the Materia Medica nor Chronic Diseases." (1) Therefore, the second volume of the *Fragmenta* presents an index of symptoms for just such a purpose. (2) However, being arranged alphabetically, it was soon realised that a different method of arranging the data was needed to make it more useful to the physician at the bedside trying to match the patient’s symptoms to a remedy. A series of early repertories were created in the 1830s, including Hartlaub’s in 1828, Boenninghausen’s in 1832, Jahr’s in 1835 and Hering’s in 1838. (3) "Jahr’s Repertory is founded on Bonninghausen’s, and is certainly in some respects an improvement on it, but very many of the symptoms are not reliable, more especially those professedly derived from clinical experience." (4)

Although Jahr had been personally commissioned by Hahnemann to produce a repertory (5), yet Hahnemann soon regarded him as "an irresolute, hasty fellow, lacking steady perseverance," (6) "Hahnemann employed him to complete the second edition of his Chronic Diseases and also to lay the foundations of a repertory and an encyclopaedia of symptoms. But Hahnemann soon complained of his hasty and his superficial restless nature, which made careful supervision necessary." (7) Hahnemann was therefore unimpressed by the inaccurate nature of the results. However, "there are to be found in Hahnemann’s posthumous writings two thick volumes of a homoeopathic repertory, each of about 1,500 pages, in Dr. Gross’s handwriting, with additions by Hahnemann." (8) It was Boenninghausen’s and Jahr’s repertories on which were founded all later repertories including Kent’s. Although Kent’s repertory is still widely "regarded as a Gold standard," (9) we do well to remember that he himself "used the Boenninghausen
The present volume gets to the heart of the whole repertorisation process and takes the reader on a journey through a practical course in using the repertory. In doing so it explores and reinforces the need to become deeply familiar with proving data and how to sift and scour it to find a remedy that matches most closely the patient's symptoms. Placing to one side any theoretical concerns about how repertories are created and structured, the book is designed solely as a practical course of using the repertory. This aspect fills the vast bulk of the book and is covered in 42 exercises (pp.15-288) that include both simple and complex cases, acutes and chronic. Like the repertory itself, it is not a book just to be read but much more one to be used. And what it offers the reader is deeper knowledge and sharper skills, making one much more dextrous and discerning in using an actual repertory.

Sometimes any correspondence between what a patient says and what is written in the repertory is very hard to find. At times, I used to read the repertory entries to patients and go through a whole section with them page by page just to clarify what their symptoms actually were. I have read that Tyler, Blackie and Weir sometimes followed the same procedure with their patients. Therefore, I think getting to know a repertory intimately is extremely important. Computers do not do that for you; how could they? They just process the facts you put in and then pop out an answer; they do not force you to study the symptoms deeply like a repertory does. Close study of a repertory is definitely worthwhile because it enables you to understand the language of symptoms which is often very different from what patients say. One only becomes good by deep and repeated study and by using the repertory. This book basically gives a student many examples to work through and then explains how each case can be studied. The book consists mostly of practical exercises and then goes through each one to reveal the key points of each case. It is certainly hard work to use a repertory at first, but persistent effort improves and fine-tunes your practice. Computers are a kind of shortcut but in a way they do not force you to keep learning like a repertory does.

The book is a good solid large format hardback consisting of 541 pages containing a series of 42 exercises for using the repertory. It also contains a 2 page history of repertories, a 16 page summary of repertory structure and a series of articles from past homeopaths on the use of the repertory. These include over 40 pages of essays by Kent, Tyler, Weir and Rene Otter. There is
also a useful 45 page table exploring remedy relationships, a 30 page explanation of key symptoms plus indexes of words found in Synthesis Repertory and The Essential Synthesis covering over 100 pages. The book also contains an interesting selection of African cases (pp.103-9) drawn from Pasma’s homeopathic work in Malawi. The startling freshness, simplicity and vigour of these cases, as compared to the relative complexity and slowness of European cases, give homeopaths much 'food for thought' about the nature of disease and the possibly vitality-depressing effects of excessive allopathic drugging.

It is an excellent book and one can only admire the author for his knowledge and skill. It looks certain to soon become a classic, highly prized and treasured by every practitioner. It derives from long use teaching in the college situation and looks likely to become a useful aid in teaching homeopathic students in the future. The key point to emphasise for anyone thinking of buying it: it is not so much a book to read or study or stick on a shelf, but to USE and apply. It is a practical course, and only by applying it can one become a much better homeopath. I therefore recommend the book unreservedly.

Footnotes
6. Haehl, vol. 1, p.186
9. Rastogi, p.11
10. Rastogi, p.37
11. Rastogi, pp.77-85