

# **EDITING OF SYMPTOMS**

## **I. SYMPTOM FORMAT**

A symptom is originally a sentence which is perfectly readable and normally structured. For the Repertory it needs to be restructured in order to fit into the hierarchical structure of the Repertory. The main problem is the conflict to maintain maximum readability with a telegram-like conciseness.

### **1. TRANSCRIBING THE SYMPTOM INTO REPERTORIAL LANGUAGE**

The richness of the language of the patient should be rephrased and most often synthesized into repertorial words first. The option of the Repertory is to use words of the common language, not all words available in the literature or in dictionaries. We use "drink" also when someone says he "took a draft", he "swallowed his tea" or "tipped" or "swilled".

E.g.: A sentence like "he had a terrible bursting feeling in his head each time he had to sneeze" would become: "bursting pain in head when sneezing".

For more information on the language used in Synthesis see "III. The Language of the Repertory".

Now we structure the symptom following the hierarchy of the Repertory:

- original sentence: word1 word2 word3 word4 word5 word6 word7 word8 word9 word10

**1:** step one: CHAPTER

define the chapter to which the symptom belongs. If more than one possibility, insert a synonym in the less likely chapter. The chapter might not be a word appearing in the symptom.

**2:** step two: HEADRUBRIC

decide which word is the most important one, and split the sentence in only two parts, so that this most important word (the leading word) becomes word1. A modality is less important than the complaint that is affected by the modality (e.g.: "sleepiness after eating" should not go to "generals - eating; sleepiness after", but to "sleep - sleepiness - eating, after")

**3:** step three: SUBRUBRICS

decide which word is the most important one at this stage, and (if necessary) split the remaining part of the sentence in only two parts, so that this word becomes word1 of that level. When doing so compare with the existing similar symptoms in the Repertory for optimal insertion.

Step **3** has to be repeated as long as there are subrubrics to be created.

Some examples of stepwise transcription of symptoms into Repertory language:

Original: "anger with red spots in the face"

1: MIND - anger with red spots in the face

2: MIND - ANGER - with red spots in the face

(comment: face is the second most important word as it is there that the anger expresses itself)

3a: MIND - ANGER - face; with red spots in the

3b: MIND - ANGER - face - red spots in the face; with

Original: "delusion body and mind are separated"

1: MIND - delusion body and mind are separated

2: MIND - DELUSION - body and mind are separated

(comment: the delusion concerns "separation" as a main issue)

3a: MIND - DELUSION - separated; body and mind are

3b: MIND - DELUSION - separated - body - mind are separated; body and

(comment: "mind" and "body" are the leading words on each level as they are the main constituents of separation in this case)

## 2. SOME FURTHER HINTS

- There are "leading words" but also "words not-to-be-in-front". These latter are mostly prepositions.

E.g.: "after rising" should be "rising, after", etc.

- Avoid repeating unnecessary words with the same meaning, specially at a following level.

E.g.: delusion - ~~he thinks~~ he is

- a leading word shall not be repeated on two different levels of one symptom. The leading word of the new level, should be different from the leading word of the upper levels, used so far. Reading the first word of each level will then so to speak summarize the symptom.

E.g.: "sensation of dryness of the tongue" should not be "mouth - dryness - tongue - dryness, sensation of", but "mouth - dryness - tongue - sensation of dryness".

- the part of the sentence on each level is as readable as possible:

- either the words are readable in the normal order (word1 word2 word3 word4)

- or the sentence is split in maximum TWO parts, separated by ";" (**begin reading after the sign ";**) (word3 word4 word5, word6 word7; word1 word2).

- the leading word of the previous level can be repeated as such in the subrubric to avoid confusion. No abbreviations are used.

- the last level of the symptom is the most important, even overruling previous ones. If there is still some doubt possible with the above proposals, the

symptom can be completed at the last level in order to make the meaning as clear as needed for easy readability.

E.g.: - "excitement - heat - during" as opposed to "excitement - heat - from" therefore become:

- excitement - heat - during heat; excitement
- excitement - heat - from excitement; heat

Some more examples of a correct symptom format:

- Kent: Mind - Delusion - scrotum, thinks his, is swollen  
Kent has a lot of symptoms split in more than two parts. Often the correct order is <part 2> <part1> <part3> which makes some of his symptoms difficult to read as in the example above.  
Synth: Mind - Delusion - scrotum is swollen; his
- Kent: Cough - Sulphur fumes or vapor, sensation of agg.  
Synth: Cough - Sulphur fumes or vapor; cough agg. by sensation of
- Kent: Mind - Delusion - inferior, on entering the house after a walk, people seem mentally and physically (including two comma's)  
Synth: Mind - Delusion - inferior, on entering the house after a walk; people seem mentally and physically ("," indicates beginning of sentence)
- Kent: Cough - Scraping - Trachea, in, from  
Synthesis: Cough - Scraping - Trachea; from scraping in

## **II. THE HIERARCHICAL STRUCTURE OF THE REPERTORY**

We have maintained the hierarchical structure of Kent's Repertory because:

- Kent's Repertory has maintained its position of reference throughout this century. It is the most often used Repertory and therefore the one most homeopaths are used to.
- all new Repertories that have succeeded in convincing a larger group of homeopaths followed the same hierarchical structure (Barthel & Klunker "Synthetic Repertory", Künzli "Repertorium Generale")
- it allows immediate comparisons of related rubrics. If "left" is positioned just below "right" their remedies are compared at a glance. If the patient says "I am worse at 5 or 6 p.m." you don't have to turn pages to see the two rubrics "afternoon - 17 h (5 p.m.)" and "evening - 18 h (6 p.m.)".
- a logically structured repertory allows a homeopath with some experience to spot quickly the place where he should look for the symptom. You don't have to be a repertory-expert to locate the Kentian symptom "male - excoriation - penis - prepuce". In one alphabetical repertory you will find it all the same under "male", in another you might expect it as a subrubric of "penis", while in a third one it figures in the "chapter" "prepuce". Kent's logic is still showing its validity.

We are open to new ideas but they should surpass what we have. The one improvement we have introduced is to carry through this logic at all places in Synthesis. And here are some of the rules we have paid special attention to.

1: GROUPS OF SYMPTOMS

Symptoms are divided in groups and these groups are always following each other in this same order:

SIDES
TIMES
MODALITIES
EXTENSIONS
LOCALIZATIONS
(DESCRIPTIONS OF PAIN / Other descriptions)

Example: symptoms present in the various groups of "Head - Pain":

- sides: right; left; ...
- times: morning; noon; ...
- modalities: air; coughing; eating; ...
- extensions: ear; teeth; ...
- localizations: brain; forehead; ...
- descriptions of pain: biting; boring; burning; ...

This order of groups is repeated at each level if needed. You can expect a hierarchical structure like this at several levels (each symptom depends on the one tabbed on its left):

SIDE  
    time  
    modalities  
    extension

TIME  
    side  
    modality  
    extension

MODALITY  
    side  
    time  
    modality  
        time  
        modality  
        extension  
    extension

EXTENSION

modality

LOCALIZATION

SIDE

time

LOCALIZATION, SIDE: cont'd: ...

modality

extension

TIME

side

MODALITY

side

time

modality

time

modality

extension

EXTENSION

modality

DESCRIPTION OF PAIN

At this point, if there is a chapter with a rubric pain, there is a "description of pain"-section. The whole table can be repeated, if the corresponding symptoms exist.

## 2. "SIDES"

The block "sides" consists of these symptoms (in this order !) with any subrubrics they may have:

- one side
- alternating sides
- right
- left

## Remarks

- In some chapters, the "sides" are considered as localizations: head, external throat, chest and abdomen. The result is that "head - sides" is positioned after the extensions and not as the first block of head.
- "side lain on" is considered as a modality.

## 3. "TIMES"

- All time schedules are reformatted following the same standards. The "a. m. - p. m." was replaced by the international time table "0 - 24 h".

- note the time symptoms always in the most compact possible way and in such a way they fit into the above structure:

E.g. do not write "lasting until 17 h" but "17 h, until"

- The hierarchy of the parts of the day was organized better.

For details see appendix.

#### 4. "MODALITIES"

##### 4a: General remarks

- AGG. is usually not mentioned! Check if the meaning of the rubric is clear if you read the modality the reverse way adding "... causes or aggravates x". E.g.: "Head - pain - lying": read: "lying causes or aggravates: head - pain". If it is there is less (no) need to mention "agg."

- AMEL. is always the last level of a symptom. Otherwise ambiguity arises concerning the subrubrics that depend on it.

E.g.: - "pain - stitching - walking, amel - open air": ambiguous presentation of the symptom: does the amel apply to "walking" or also to "open air"? MM Hahnemann: Thuja: Prickling pain in the muscles of the cheek, only when walking in the open air => symptom changed as "...- walking - air; in open".

One exception: <any food> amel. <specification of that type of food>.

As in "Generals - food", any type of food has four subrubrics: "agg. / amel. / aversion / desire". If a further specification is needed, it is included as a subrubric of these.

E.g.: do not write "Generals - food - olive - oil - agg", nor "... - olive - agg. - oil", but - as a type of oil is concerned- write "... - oil - agg. - olive".

All the same, write "abdomen - pain - milk - amel. - warm".

- In the majority of the cases "xxx - AILMENTS from" indicates the same as "xxx - agg.". To avoid repetition, only the latter rubric has been maintained in these cases (E.g.: Generals - food - wine - agg = generals - food - wine - ailments, from).

- PREPOSITIONS are often not mentioned when they do not add to the meaning of the symptom. This applies especially to prepositions such as "when, during, from, on, while, ..." where the preposition in fact only means "aggravates or causes".

E.g.:	rising, on	=> rising
	lying, while	=> lying
	drinking, from	=> drinking
	dancing, when	=> dancing



- The period of time after which a symptom recurs is indicated as a multiple of hours, days, weeks or months. If a number of days coincides with a (smaller) number of weeks, the number of weeks is used in preference.

E.g.: three days  
ten days  
two weeks instead of fourteen days  
twenty-five days

- "recurrent" is most often not a subrubric of "periodical" as it does not imply any regularity or periodicity in its re-occurrence. If an event is recurrent, but not periodically recurrent, the rubric remains "recurrent"

E.g.: Eye - styes - recurrent"

- for the way rubrics expressing periodicity are sorted: see table in the appendix

#### 4d. Illogical superrubrics

Kent's Repertory is filled with "illogical superrubrics", often caused by the simplicity of the lay-out.. This means that a certain superrubric does not make sense for the subrubrics that depend on it. In Synthesis such illogical superrubrics have been modified so that you can clearly read all levels of any subrubric after another and they still make sense.

E.g.: "extremities - drawing up limbs agg. - amel." is modified into "... - drawing up limbs - amel."; "urine - color - yellow, light - dark" into "... - yellow - dark"; ...

#### 4e. Modalities grouped under a global superrubric:

Some modalities are not present one by one, but as subrubrics under a common heading. In this way the symptoms can be found more easily at one place.

##### \*\*\* children

babies	> children - babies
infants	> children - infants
new borns	> children - new borns
nursing infants	> children - nursing infants
school girls	> children - school girls

##### \*\*\* light

artificial light	> light - artificial
bright light	> light - bright
color light	> light - color
gaslight	> light - gaslight
sunlight	> light - sun, of the

\*\*\* seasons (only in generals - NOT so in the other chapters)

winter - agg > GENERALS - Seasons - winter - agg

\*\*\* weather (for all chapters)

cloudy > MIND - Weather - cloudy

wet weather > GENERALS - Weather - wet

change of weather > HEAD - pain - weather - change of

#### 4f. Food and Drinks (agg., amel., aversion and desire)

- All other food modalities are subrubrics of the four leading food -modalities: agg., amel., aversion and desire.

- "ailments": Note that: "wine -ailments, after" is considered to be the same as "wine - agg". Only the latter is maintained.

- In STOMACH: you will find desire and aversion without additions compared to Kent's Repertory. All additions to the above rubrics are in "GENERALS - Food"

#### 4g. Combined modalities

Thousands of modalities refer to two or more modalities at the same time: cold air, warmth of bed, open air, draft of air, warm drinks, cold bathing, warm applications amel, etc. About half of them are written with the "temperature - component" as leading word (= cold bathing amel), and half of them with the other component as leading word (= bathing - cold amel). (e.g.: extremities - pain - upper limbs - washing - cold water, but: extremities - pain - tearing - fingers - cold washing).

Another example: "cold wet weather" refers to 14 symptoms in the original Kent. "Cold damp weather" to 28. So far, additions have been made in both ways. In both cases, some symptoms are not to be found under **c**(old) or **d**(amp) but under **w** for weather!

To solve this confusion, we have elaborated a format for "combined modalities" to which we transcribe all new symptoms.

As much as possible we have already reformatted existing symptoms along the same lines.

For the list of combined modalities: see appendix

#### 4h. Synonymous rubrics

As a rule synonymous rubrics are merged into only one rubric, which is the only one to contain the remedies. All other rubrics refer to the latter. The rubric with the remedies and with the subrubrics is the one in the more vital chapter.

E.g.: "mind - excitement - alternating with - convulsions" is the same as "generals - convulsions - alternating with - excitement". There will be a synonym in the chapter "generals" and the remedies will be found in "mind", the more vital chapter.

#### 5: "EXTENSIONS" (in pain sections)

- The format of these symptoms always begins as follows:

.... - extending to - <whatever region>,

also if the region is not linguistically linked to "extending to" (e.g.: upwards).

There are in fact three types of information that can follow "extending ...":

- extending (upwards, ...)

- extending to (back, ...)

- extending into (heart, ...)

As "extending ..." has to be the expression preceding any of the possibilities above, we preferred the one that is most frequently correct grammatically (extending to), because it is most frequently occurring.

Another ambiguity is avoided by applying the rule above: the repertorial expression "extending - leg" can have two meanings ("extending the leg" and "extending to the leg") unless "extending to" is systematically indicating it is an extension.

- The leading keyword of the level below extending should be the localization of the extension and not a specification of the latter:

#### Do not write:

extending to - pit of stomach  
left shoulder

#### but write:

extending to - stomach - pit of  
shoulder - left

- The extension is always described from origin to end. Symptoms in the repertory that make an exception to this rule have been moved, possibly to another chapter.

E.g.: - "urethra - pain - drawing - extending to anus - from anus through urethra": has been moved to "rectum - pain - drawing - ..."

#### 6. "LOCALIZATIONS"

- The first letter of a localization is upper case

Forehead

- If the localization is composed,

only the first letter is upper case

Upper limbs

- If the localization has sub-localizations,

these are lower case

Fingers - first

#### Remarks:

- Only in some chapters, the "sides" are considered as localizations: head, external throat, chest and abdomen. In all other chapters sides are part of the "group of the sides". The result is that "head - sides" is positioned after the extensions and not as the first block of head. In all other occasions side is part of the first block of symptoms "sides".
- "side lain on" is considered as a modality.

### 7. "DESCRIPTIONS OF PAIN"

- A description of pain occurs only at level 3 of a symptom (head - pain - stitching).
- If another description of pain is added to explain (modify) the main one, the latter is sorted between the modalities (not again as another description of pain-level).  
E.g.: "Eye - pain - stitching - burning": burning is sorted among the modalities of stitching.

### 8. "OTHER DESCRIPTIONS"

In a limited number of rubrics, the modalities (or extensions, whichever group of symptoms happens to be the last) are followed by a **second alphabetically ordered group of symptoms**. These are not descriptions of pain, but rather descriptions of the characteristics of the symptom. In these symptoms, the alphabet will start a second time to describe these "other descriptions".

This is the case for the following 2-level symptoms:

- head - noises
- vision - colors
- ear - noises
- nose - discharge
- face - eruptions
- stomach - vomiting
- stomach - eructation

## III. LANGUAGE OF THE REPERTORY

The language of the Repertory is different from the language of the Materia Medica and different from the language of the patient because the Repertory uses a more limited vocabulary. It is important to remember this quality especially as more and more new rubrics are created.

People may use different words and descriptions to express the same thing. This richness will be reflected in the exact wording of the Materia Medica. The core of the expressed symptom or idea will only be found in one way in the

Repertory. Otherwise, consulting the Repertory becomes a laborious task: for each expression we would have to think of all possible synonyms and similar ways of expressing the same thing, before we know all corresponding remedies. Now we go to the one rubric, possibly guided by synonyms that point to it.

### 1. PREFERRED WORDS, EXPRESSIONS AND SPELLING

If we use the Repertory regularly, we begin to perceive that certain words or expressions are more often used than others. It would be very laborious to make a complete list of preferred words and expressions and we would have to conclude that it has not been fully applied anyway.

However, we should be aware of the advantages of this "restricted vocabulary" when editing or adding new symptoms. It allows us to find the symptoms more easily.

One example: A typical Repertory expression is the modality "ameliorated by". It is so often used, it has been abbreviated by "amel."

However the idea of "ameliorated by" is still expressed in different ways in the Repertory: " xxx ameliorate"; "better from xxx"; "disappearing from xxx"; relieved by or after xxx"; etc... All these expressions have been replaced by "amel." in Synthesis.

The same can be said regarding spelling. For the spelling of words, we have replaced Kent's nineteenth century American spelling by modern American English spelling, using Webster Dictionary as a reference.

Altogether we have tried to bring the language of Synthesis as close as possible to everyday language.. For medical expressions we have preferred the more commonly used disease names.

The choices made by limiting the vocabulary have been made accessible by creating numerous synonyms and cross-references.

## 2. AVOIDING AMBIGUITIES

Every language has its ambiguous words and expressions. We want to draw your attention to a few examples of particular interest for the Repertory. Wherever it has been possible, the ambiguity has been solved. We suggest you take them into account especially when creating new symptoms.

birth	=	concerns the infant being born, but use: delivery if the mother is concerned
breast	=	use either "chest" or "mammas"
cold; taking	=	use "cold; taking <u>a</u> " when getting a flu .. is meant use "cold; becoming" for exposure to cold temperature
inspiration	=	taking in the air (as opposed to expiration) ? breathing (= both respiratory movements continued for some time)
leg	=	part of lower limb under the knee do not use leg = lower limb
light	=	add (= low weight) or (= brightness) if meaning cannot be understood from context
patient	=	a sick person (always write " <u>a</u> patient") not impatient
storm	=	use "stormy weather" if mostly windy weather is meant use "thunderstorm" if thunder and lightning is involved
waking	=	waking up from sleep (still in bed, anyway no motion yet) use "rising" if "getting out of bed" (= motion) is involved
water	=	water, drinking (when the water is drunk) ("water, drinking - cold" is a possible subrubric) cold applications (when the water is applied externally)

PS 1: for different symptoms we will need some more time to investigate the sources to see whether the drinking or the application was meant. This problem arises also with subrubrics

such as "cold water", "warm water", when the two possibilities are feasible.

PS2: when the act of drinking is indicated, that is to say not especially drinking water, then use "drinking".

### 3. SYNONYMS AND CROSS-REFERENCES

The difference we are making between these two categories of words is based on a technical difference in the repertories in making references from one rubric to another:

CROSS-REFERENCES are rubrics with remedies referring to other rubrics with remedies. The meaning is similar, but sufficiently different to legitimate a different rubric. Remedies and subrubrics are added to the most appropriate rubric.

SYNONYMS are rubrics without remedies referring to a rubric (Master Synonym) which contains remedies. In repertorial language, the synonym rubrics are considered synonymous with the master synonym. The remedies and subrubrics are added under the master synonym.

There is also a syntax which we are systematically using to create consistency and ease of use throughout Synthesis.

#### Cross reference syntax:

CHAPTER - Headrubric - rubric  
Headrubric  
rubric

if x-ref is present in:  
in different chapter  
in same chapter  
in same headrubric

#### Synonyms syntax:

SYMPTOM (See CHAPTER - Headrubric - rubric)  
SYMPTOM(See Headrubric)  
SYMPTOM; symptom (See rubric)

if synonym is present in:  
in different chapter  
in same chapter  
in same headrubric

In principle, the master symptom repeats the synonyms it is referred from with the following format:

MASTER SYMPTOM (= synonym1; synonym2 - level 3; synonym3).