

## 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.

### WORDS NOT TO BE IN FRONT:

about; after; and; as if; as soon as; at; before; between; but; during; her; his; in; my; on; or; their; then; they; to; which; while; with, without; you; your;...

Before we said that there is one exception: "AND" can be a leading word if the modality indicates that the information at this level is there together with the previous level: "Stomach - eructations - afternoon - and evening"

Now I think that, in general, this should be avoided.

By preference, the addition should be *split* into "Stomach - eructations - afternoon" and "Stomach - eructations - evening".

Only if the *coincidence* of the two modalities is relevant, there should be a modality expressing this. In this case the beginning of that symptoms' level should be "accompanied by" e.g.: "Extremities - Pain - Shoulder - accompanied by - cystitis"

Avoid repeating unnecessary words with the same meaning, especially 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 readability of the symptoms is one of the outstanding features of Synthesis since version 5. We encourage all those who create new symptoms to limit the structure of new symptoms to either of these two formats. It makes the repertory so much more easy to use.

The leading word of the previous level can be repeated as such in the subrubric to avoid confusion. No abbreviations are used, except "agg." and "amel."

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)

E.g.: 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
- 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 !):

- one side
- alternating sides
- right
- left

Each of these levels may have subrubrics, e.g.: "... - one side - afternoon"

### 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.

Some special combinations are formatted as follows:

- Extremities - pain - shoulder -
    - right - accompanied by - leg; pain in left
    - right - followed by - shoulder; pain in left
- [instead of: "... - right - and left"  
"... - right - then left"]

An extension at this level is sometimes indicated as "to left", but must get the format "extending to".

E.g.: "... - left - extending to - right"

"Side lain on" and "side not lain on" are considered as a localization.

## 3. "TIMES"

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

If "until" is present at a new level of a symptom, it is considered as a time as well.

E.g.: "... - 17 h - until" is a time

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

All hours are expressed in numbers, but no other symptom is expressed in numbers (E.g.: do not write "6th rib" but "sixth rib"). This increases the search possibilities with the computer.

For details see appendix.

#### 4. "MODALITIES"

##### 4a: General remarks

AGG. is often 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".

However, any rubric which can contain a subrubric "amel." and some other subrubrics MUST have "agg." mentioned as a separate level (do not create a new symptom "breathing agg.", but "breathing - agg."). The reason is that it must be possible to put together all rubrics indicating aggravation as depending from "agg." and other rubrics as depending from "amel."

E.g.: Generals - breathing deep - agg.  
Generals - breathing deep - amel.

Note: if agg. would be eliminated here as a separate level, "breathing deep" would mean "agg."

AMEL. is most often the last level of a symptom, especially if 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".

The structure as described in the paragraph above, may be applied in other cases as well to contrast the difference between all subrubrics indicating aggravation as opposed to all the ones indicating amelioration.

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

On the contrary: "rising - after" has to remain as such.

E.g.: "head - pain - stitching - morning - rising" means that the headache is caused or aggravated by rising (you could say "rising; on").

"Head - pain - stitching - morning - rising - after" means that the headache only begins after he rose from the bed.

Modalities are sorted alphabetically. In the former versions of Synthesis, exceptions were made for the words "before during, when, after", but this has been revised in version 8 when the sorting was done by computer.

Also "agg." and "amel." are sorted alphabetically between the modalities since version 8.

Depending upon the modality itself either "during" or "when" are used (E.g.: stool - during < eating - when), whatever is most appropriate in the language.

Negative modalities always depend from the opposite, hence positive modality:

E.g.: ... - amel. - not amel.

#### 4b. "Alternations"

Write "alternating with - <next level>".

The alternations are a modality, and are sorted alphabetically in between the modalities, e.g. after "air".

Synonymous rubrics are to be avoided here as well: a referring rubric refers to the other symptom which only one which contains the remedies. If possible, the choice for the rubric WITH the remedies is defined by the vital importance of the affected organs: alternation between eruption and asthma will be found under "CHEST - Respiration - asthmatic" and not under "SKIN - eruptions" as asthma is the more vital complaint.

A second criterion for selecting the position of the remedies is: prefer the more active or more aggressive expression.

E.g.: morose and cheerful are both "active", but morose is more aggressive

Otherwise make a decision at random.

E.g.: sadness alternating with tranquility

If the alternation is involving a sensation in a certain localization, then first write the localization

E.g.: alternating with - Heart; stitches in the

(also note that the localization is written with a capital first letter since version 8)

#### 4c: Concomitants and sequence of symptoms

Special attention is given to symptoms which typically accompany or follow a given symptom.

We keep the known way for expressing concomitant symptoms:

\* if a mental symptom is accompanied by a pathology. The remedy is present in the chapter MIND, except when the complaint is clearly caused by the indicated mental state.

E.g.: "Sighing - leukorrhea; with",  
but: "Palpitation - grief; from", etc. (grief causes palpitations)

\* if concomitant mind symptoms are present:

E.g.: "laughing - anxiety - during"; "anger - laughing; with burst of", etc.

\* if the modality is

"chill; during"  
"fever; during"  
"perspiration; during"  
"apyrexia; during"

E.g.: Hot breath - chill; during

In some cases, the referring rubric to the latter rubrics may follow the format of "accompanied by":

E.g.: CHILL - Accompanied by - hot breath (see 1RESPIRATION - Hot breath - chill; during)

In some other cases, the difference is made between a symptom occurring during the chill, fever or perspiration stage of a feverish disease and the concomitance of chill, fever or perspiration with another complaint. In the last case, the format "accompanied by" is followed.

E.g.: "Stomach - Vomiting - accompanied by - perspiration" (= perspiration accompanies the vomiting in this particular patient)  
as opposed to "Stomach - Vomiting - perspiration - during" (= the vomiting occurs typically during the stage of perspiration of a feverish disease)

Under "accompanied by" we find all subrubrics which are concomitant to the given symptom.

"Accompanied by" is **only** used

\* to stress the **concomitant** appearance of two **pathologies**.

E.g.: "Vertigo - accompanied by - asthma"

\* to indicate the peculiar coincidence of two pains or other symptoms

E.g.: "Extremities - pain - shoulder - right - accompanied by - leg; pain in left"

In the following case we explicitly confirm the use of the new syntax:

if one of the concomitants is: nausea; with

For each concomitant symptom, there is at least one referring rubric. The choice of the main rubric as opposed to the referring rubric is defined according to the same rules as for the alternating symptoms.

If the concomitant involves a sensation in a certain localization, then first write the localization:

E.g.: accompanied by - Heart; stitches in the  
(also note that the localization is written with a capital letter since version 8)

Sometimes there have to be TWO referring rubrics, for example when the first referring rubric does not follow the format of "accompanied by" and does refer to another section in the repertory. This is especially the case if a well known rubric is converted into a referring rubric in order to apply the rules set for referring rubrics.

E.g.: "Stomach - Nausea - headache; during" is a well known rubric, but according to our rules, the remedies should be present in the more vital chapter HEAD. Two referring rubrics are created: "Stomach - Nausea - accompanied by - headache (see ...)", but also "Stomach - Nausea - headache; during (see ...)"

Concomitant colors of tongue are also indicated with "accompanied by". The remedy is written as a subrubric of the most important color and a referring rubric is existing at the other color.

E.g.: Discoloration - tongue - white - accompanied by - sides - clean"

Sometimes **more than two features** are relevant concomitants. The expression "accompanied by" should be used only once within one symptom. As usual the remedy is present only at one place to which all other symptoms refer.

E.g.: a white tongue with a black streak in the centre accompanying liver diseases. The remedy is in the main rubric "ABDOMEN - LIVER and region of liver; complaints of - accompanied by - Tongue white, heavily coated and black streak down centre".

The referring rubric to this symptom is: 'MOUTH - DISCOLORATION - Tongue - white - heavily coated - accompanied by - Centre and liver disease; black streak down'.

Another example of more than two relevant concomitants:

MM: dry, white tongue in endocarditis

Synthesis: the remedy is present in the most vital rubric (therefore in Chest): "CHEST - INFLAMMATION - Heart - Endocardium - accompanied by - Tongue; dry and white"

Sequences of symptoms are indicated as follows:

Extremities - pain - shoulder - right - followed by - shoulder; pain in left

Perspiration - followed by - vomiting

All rules for "accompanied by" apply for "followed by".

#### 4d: Ailments (Level 2 in MIND and in GENERALS)

This level-2 rubric contains all symptoms which cause the persons' general health to be deteriorated as a consequence of either the mental or general influence:

If the causation is a mental state, it is found under "MIND - AILMENTS from".

If it is a general cause, not mentally, it is under "GENERALS - AILMENTS from".

Be aware of the rubrics under "GENERALS - CONVALESCENCE; ailments during", which include "never well since" and which are similar to these ailments rubrics. Under "2Convalescence" you will find the remedies with ailments since a given disease.

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).

The difference of a shorter or a longer aggravation from wine for example is a nuance which does not allow to differentiate the remedy in most cases. Agg. would be used if the symptoms stay for some hours, maybe some days; ailments from when the symptoms stay for some days, weeks, months ...

The energetic direction of the remedy in both cases is nevertheless exactly the same.

#### 4e: Periodically recurrent events are often difficult to find:

"skin -discoloration - bluish - recurring annually", but:

"skin -discoloration - spots, as if burnt - yearly returning".

We made all periodically recurrent events subrubrics of the rubric "periodical". (you get: skin - discoloration - bluish - periodical - annually).

The level "periodical" is positioned on the highest level, according to the logic of the repertory. Most often this will occur at level 3.

E.g.: do not write: "head - pain - forehead - morning- periodical - alternate morning", but "... - forehead - periodical - morning - alternate morning"

#### Remarks

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 in which rubrics expressing periodicity are sorted: [see appendix](#)

#### 4f. 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"; ...

#### 4g. 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.

#### \*\*\*beginning of

When the symptom is aggravated or caused at the beginning of a modality, then this should be indicated as a subrubric of "during".

E.g.: - menses - during - beginning of; at the  
- urination - during - beginning of; at the

#### \*\*\* children

The internationally accepted categories are:

newborn	0 - 4 weeks
nurslings	0 - 1 year
infants	1 - 6 years
children	6 years and above
puberty; during	

Remarks: A child between 0 and 1 year of age, which is not nursing is still called a nursling.

"Baby" is a popular expression and may refer to several of the categories mentioned. Therefore it is to be avoided as it is not precise.

"Children" indicates the general term of all human beings between 0 and 18 years of age and also indicates a precise category of youngsters between 6 and 18 years of age.

Therefore these categories are correctly represented in the following hierarchical scheme:

- children
  - newborns (= newborn infant)
  - nurslings (= nursing infant; suckling infant)
  - infants

So the accepted categories are:

- Babies > children - babies
- infants > children - infants
- newborns > children - newborns
- nursing infants > children - nursing
- schoolgirls > children - schoolgirls

\*\*\* icy cold / hot

The difference between warm and hot was maintained as it was considered relevant: itching ameliorated from a hot bath is not necessarily improved from a warm bath. Nevertheless, the temperature modalities were grouped in a global superrubric as follows:

- icy cold > cold - icy cold
- hot > warm - hot

Until ambiguity is solved: the following can be used as well:

- heat > warmth - heat

The modalities which depend upon these should be written as follows (the modalities "agg." or "amel." are repeated in order to avoid confusion):

- hot stove amel. > warm - stove - amel. - hot amel.
- heat agg. > warmth - agg. - heat agg.

\*\*\* colors

Different colors are made subrubrics of the main colors:

- chestnut > brown - chestnut
- maroon > red - maroon
- mahogany > red - mahogany

In some rubrics the colors are grouped under a global superrubric "colors":

- Mind - Colors: indicates general influence of colors on the mental state
- Mind - Anger - colors: symptoms with influence of colors on anger only (there are a few rubrics like this)

Note: In all other rubrics the global superrubric refers only to the color itself: "STOOL - Brown - ..."; "EAR - Discoloration - red - ...", etc.

We understand that there is a difference between "yellowish green" and "greenish yellow". The noun indicates the main shade of the color, so they will not be

considered synonyms in Synthesis. On the other hand "yellow-green" and "yellowish green" are considered synonyms, but the later is preferred expression for clarity.

\*\*\* discoloration (only at level 2)

EYE - Blueness > EYE - Discoloration - blueness

I found no other occurrences where this has to be changed except in eye.

\*\*\* light

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

\*\*\* offensive

All offensive odors will depend of "offensive".

spoiled egg; like > offensive - spoiled eggs; like

This NEW RULE implies a lot of changes: we have not yet executed all these changes (E.g.: mouth - odor -offensive), but take it into consideration when adding new symptoms.

\*\*\* 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

4h. 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 (cfr. section 4d).

In STOMACH: you will find empty rubrics "2Desire" and "2Aversion". All additions to these rubrics are in "GENERALS - Food"

#### 4i. Expressions of more than one word

If an expression is composed of two or more words and its meaning is only clearly understood when these two words are combined, then this modality is inserted in the way that the expression is used in common language.

E.g.: mental exertion can be found under "mental exertion" and under "exertion, mental". As "mental exertion" is one expression with a specific meaning, Synthesis inserts all these symptoms as "mental exertion".

These expressions are integrated in the list of "preferred words".

If you are in doubt whether two words have to be kept together as one expression, consider whether they have to be translated by one word in any other language. If yes, it becomes mandatory to add them as an expression. (E.g.: mental work = Geistesarbeit)

If such expressions occur at level 2, both words need to be written in capitals.

#### 4j. 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

#### 4k. 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.

See also "LANGUAGE - Too similar rubrics"

#### 4: splitting of a symptom into more or less levels

In principle every level is split if it belongs to a different "group", such as time, modality, etc.

E.g.: "noon after eating" (even if it as a small rubric) will become:

"noon - eating, after"

#### 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 prefer 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. This specification may be a side or a part of the major localization.

Do not write:

extending to - pit of stomach  
left shoulder

but write:

extending to - stomach - pit of stomach  
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 - ...". Nevertheless a referring rubric in chapter urethra still points to the correct position of the rubric which some homeopaths would otherwise search in vain (urethra - pain - drawing - extending from anus to urethra (see 1RECTUM - Pain - drawing - extending to - urethra).

#### 6. "LOCALIZATIONS"

The first letter of a localization is always upper case.

If the localization is composed, only the first letter is upper case

E.g.: Upper limbs

In the previous Synthesis versions the sub-localizations were small case, but this has been changed in version 8.

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 (not) lain on" is considered as a localization.

There are some rubrics which generalize the complaints for a certain organ or region of the body. In Synthesis these are always indicated with the word "complaints".

If the organ or region corresponds to the chapter, then "complaints" is the leading keyword on level 2:

E.g.: "STOMACH - Complaints of stomach"

If the organ or region is different from the chapter, then "complaints" is not the leading keyword on level 2, but the organ or region is:

E.g.: "ABDOMEN - Spleen; complaints of "

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

- in all chapters - eruptions: modalities and descriptions are put mixed (they will be split again later after some more streamlining for eruptions)

### 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.

#### \* Punctuation

- each comma or semi-colon has to be followed by a single space in a phrase
- punctuation marks immediately follow a word (no space in front of them)

- abbreviations are followed by a full stop (especially agg. and amel.)
- no comma or full stop at the end of a level of a symptom
  - not "skin - cicatrices," but "skin - cicatrices"

\* use of high and low cast:

- CHAPTER NAME: high cast
- HEADRUBRIC: first word high cast, following words low cast (except if the first word is a composed word, e.g.: GOOSE FLESH or part of an expression, e.g.: mental exertion)
- rubrics: all letters low cast, except if required otherwise because of spelling rules and except for (the first letter of) a localization in the Pain sections

Note:

do not write

but write

Lower Limbs

Lower limbs

Throat Pit

Throat pit

Upper Limbs

Upper limbs

Upper Arm

Upper arm

\* Singular / Plural

- prefer the plural if it can be used as well as the single:
  - foot -> feet
  - eruption -> eruptions
  - toe -> toes
  - membrane -> membranes

- animal names: use plural

E.g.: use "geese" in stead of "goose"

\* tense of verbs

There are two preferred tenses of the verbs:

- if the symptom is expressed by the subject of the action, prefer the present continuing tense
- if the symptom is expressed by the object of the action, prefer the past principle

E.g.: Talking < Talking to; being  
 Looking < Looked at; being

In the subrubrics of these rubrics, an inclination of the verb can be used to clarify the meaning of a symptom or to make the level of that symptom readable.

E.g.: Talking - learning to talk; slow

If there is a choice, which may be the case especially in the local chapters, then prefer the present continuous tense:

E.g.: "Eyes - Swelling" in stead of "Eyes - Swollen"

However, if the meaning becomes different, this should not be done!

E.g.: Eyes - turning = the eyes are turning

Eyes - turned = they are not turning any more

If there is a noun expressing the same idea, this should be preferred as it is more easy to add modalities to it (modalities are most often adjectives). To make sure, look in the list of preferred words.

E.g.: the modality "moving" should be replaced by "motion"

## 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.

alcoholics	alcoholic drinks drunkards (as opposed to "drunkenness; during")
angina	inflammation of throat angina pectoris
bathing	see explanation under washing
birth	= concerns the infant being born, but use: delivery if the mother is concerned
biting	= modality (from the verb "to bite"): write "biting; when" description of pain
breast	= use either "chest" or "mammae"
cardialgia	= heartburn (burning sensation at the pit of the stomach) = pain heart
cold agg/amel	be more precise which cold is involved cold applications; cold weather; cold air; cold water; ...

cold; taking	= use "cold; taking <u>a</u> " when getting a flu is meant use "cold; becoming" for exposure to cold temperature
crying	use "weeping" if grief and tears are involved use "shrieking" if screaming aloud is indicated
dinner	= meal at noon (Kent's terminology) This will have to be changed some day as it does not correspond with nowadays language. In the mean time it is better to stick to the way Kent used these words (meal in the evening = supper) ≠ meal in the evening
heat	= stage of heat during fever in all other instances "warmth" or "warm" should be preferred to avoid ambiguity (e.g.: do not write "heat - bed", but "warm - bed") >< fever: heat is only one stage of fever (chill or perspiration exist as well)
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
lie	= to be in a recumbent position (complete phrase to avoid ambiguity) to make an untrue statement (same for tense "lying")
light	= add (low weight) or (brightness) if meaning cannot be understood from context
men	= men (use only when exclusively male persons are meant); otherwise use: humankind
nursing	= breastfeeding a child: use "nursing the child" being breastfed: use "nursed; when the child is" watching the sick: use "watching the sick" or "night watching"
orange	= use "oranges" for the fruit. If still ambiguity may exist, use "orange colored" (if the color is meant)
patient	= a sick person (always write " <u>a</u> patient") not impatient
respiration	if respiration = inhaling air: use inspiration

	if respiration = both respiratory movements: use breathing
storm	= use "weather - stormy weather" if mostly windy weather is meant use "thunderstorm" if thunder and lightning is involved
vertex	= upper part of head the anatomical bone the occiput (confused by mistake) the central place from where of the hair starts to grow (use crown)
waking	= waking up from sleep (still in bed, anyway no motion yet) use "rising" if "getting out of bed" (= motion) is involved
waking	= waking any time of the day from sleep (waking is OK) waking in the morning especially: write "morning - waking; on"
warmth	"warm - application" if locally applied warmth is meant; OR: "warm - air" if warmth in general is meant (no local application) "weather - warm", "warm - bed" and "warm - room" are still other possibilities
washing	= washing a part of the body if the whole body is washed, use "bathing" do not use bathing for a part of the body
water	= water, drinking (when the water is drunk) ("water, drinking - cold" is a possible subrubric of cold drinks) 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. PS 2: when the act of drinking is indicated, that is to say not especially drinking water, then use "drinking".

### 3. COMBINING TOO SIMILAR RUBRICS

Different rubrics should only continue to exist if they express a difference which is expressed by the common people, not by linguists.

The underlined rubric is the one to be preferred:

MIND - <u>Money, from losing</u>	◇ Ailments - money; loss of
MIND - <u>Ailments - punishment</u>	◇ MIND - Punishment - agg mental symptoms

#### 4. CROSS-REFERENCES, SYNONYMS AND REFERRING RUBRICS

The difference we are making between synonyms and cross-references 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 of cross-referenced rubrics is similar, but sufficiently different to legitimate a different rubric. Remedies and subrubrics are added to the most appropriate rubric.

SYNONYMS follow the master synonym to which they relate.

E.g.: Discontented (= displeased, dissatisfied)

Discontented is the master synonym which is followed by some synonyms, such as displeased.

You will find these synonyms themselves also as (referring) rubrics in their logical place in the repertory. If one looks for that symptom he will be referred to the master synonym.

E.g.: Displeased (see Discontented)

Displeased as a regular rubric is called a referring rubric, pointing you to look at the master synonym "discontented".

Hence REFERRING RUBRICS are rubrics without remedies nor subrubrics referring to a rubric (Master Synonym) which contains the remedies. In repertorial language, the referring rubrics (containing the synonyms) are considered synonymous with the master synonym. The remedies and subrubrics are added only under the master synonym.

A special case are the alternating symptoms. In the original repertory of Kent remedies may figure under both entries (e.g.: anger alternating with cheerful and cheerful alternating with anger). In Synthesis we have selected always only one rubric as the "master" one and the other became a referring rubric. Remedies are only added at the master rubric.

The choice which rubric is to be considered as a master one is discussed under the heading alternating symptoms.

There are some referring rubrics which do not add to the meaning of the headrubric, but which are only there to localize more easily the headrubric / master synonym.

E.g.: Sadness - alternating with - irritability (see 2Irritability - alternating with - sadness)

These referring rubrics are called "explanatory referring rubrics"

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

Cross reference syntax:

1CHAPTER - Headrubric - rubric

2Headrubric

if x-ref is present in:

in different chapter

in same chapter

3rubric in same headrubric (level 3)

Cross references are positioned after the remedies of the rubric.

<u>Referring rubric syntax:</u>	<u>if synonym is present in:</u>
SYMPTOM (see 1CHAPTER - Headrubric - rubric)	in different chapter
SYMPTOM (see 2Headrubric)	in same chapter
SYMPTOM; symptom (see 3rubric)	in rubric at level 3

Referring rubrics never contain remedies, subrubrics, nor x-references.

Master Synonym syntax:

MASTER SYNONYM (synonym1/synonym2 - level 3/text text; text - synonym3).

In principle, the master synonym repeats all the synonyms it is referred from.

Different synonyms following the same master synonym are separated by a slash (/).

Synonyms precede the remedies of the rubric.

The master synonym contains remedies and may have subrubrics or x-references.

In all instances the following rules are respected:

- from version 6.0 onwards, we use "(see ..." in stead of "(See ...".

- each cross-reference following a rubric or each synonym following a referring rubric begins with level 1, 2 , 3 or ... of the symptom. This is indicated by adding the number corresponding to the level just in front of the first letter of that level.

E.g.: x-ref at: Discouraged x-ref: 2Confidence - lack

E.g.: synonym: Displeased (see 2Discontented)

E.g.: x-ref at a more level symptom:

Pain - stitching - leg - calf - stepping x-ref: 3lancinating - leg calf - stepping

E.g.: synonym at a more level symptom:

Pain - stitching - leg - calf - stepping (see 6walking)

- the introduction of one or more words at each level should be sufficient to find the symptom with the "search - symptom" function.

E.g.: "2Jealousy " is enough

E.g.: "1MIND - Air" is not enough; you need "1MIND - Air castles" as another entry with "mind - air" exists.

Therefore, at each level at least the first word is written. If at any level ambiguity persists, then a second or more words are written unless ambiguity is resolved.

If a concept is only expressed with precision by more than one word, these two or more words will be written in the referring part of the cross-reference or synonymous rubric.

This is necessary as these expressions may have the same first word in English, but not yet identical meanings.

