

FOREWORD BY JEREMY SHERR

Last year I had the privilege of visiting Dr. Frederik Schroyens in his offices in Ghent, Belgium. It was a hive of activity. A constant stream of information poured in - additions, corrections, provings, translations, revisited dastics and new manuscripts. Frederik explained the pyramid structure of the organization, how homoeopaths from all over the world gathered information, later passing it on to smaller teams who checked and rechecked it until it arrived at the Ghent office where the final sifting, confirming, corroborating, editing and publishing were performed. I was very impressed. From my own experience of repertorising, I have learnt to appreciate the enormous time and work that goes into each rubric, remedy, cross reference and annotation. It is the work of ants and a labour of love.

But it was not only the industriousness that impressed me. It was the dedication to detail and accuracy that filled me with a renewed confidence in the repertory. The repertory is our daily tool; it is our right arm, the gateway to materia medica and to healing. On this tool the health of our patients depends, and we must be able to rely on it in the way a carpenter relies on his plane, a soldier on his sword, a baker on his oven, a writer on her pen. It must be sharp and accurate, all-encompassing but not over-inflated. I found the Synthesis to be all these things, and the tool felt right in my hand.

Repertorising in the 21st Century provides challenges we have never faced before. The information highway traverses homoeopathy, gathering ever-increasing amounts of data from a growing number of practitioners, provings and toxicological reports. Computers have trawled the materia medica looking for lost symptoms and confirmations. This valuable information must be catalogued. But these prolific contributions create new difficulties and challenges. Such an incredible amount of new information creates a danger of inflating the rubrics and repertory to unmanageable sizes. If we stretch this sycotic tendency to its extreme, the result will be a large number of giant rubrics, each containing the same remedies and suffering from a loss of individual identity. As regards the sub-rubrics, flooding the repertory with numerous

permutations of small rubrics does nothing to stem this tide. In this new era of homoeopathy we must proceed with care.

Another challenge that lies ahead is differentiating the quality of information. From the most reliable symptoms, namely provings confirmed by repeated clinical experience, to the uncertain additions derived from a single clinical experience or a dream proving, the repertory writer must retain, sort, filter and edit information with the utmost caution. It requires extreme discrimination and responsibility.

It is through these turbulent waters that Frederik Schroyens has navigated his ship, and he has done so with remarkable precision. One of his main tools has been structural and technological innovation. In an age where computers have collected vast amounts of data, we must use computers to organize it. In an age where data quality is extremely variable, we need new techniques of differentiation. By restructuring sensations and location he has created a more efficient tool. By including remedies from sub-rubrics into their 'mother rubrics' we have been given the choice of a larger and more accurate remedy base. By utilizing the 'virtual confidence factor' more information has been collected while enabling choice of quality for the user.

Reproducing this versatile format in book form is another challenge. Computers can categorize data in ways which the printed page cannot. Yet Synthesis 9.1 lives up to its name by retaining many of the qualities of its electronic counterpart.

Kent published his first repertory in 1897, the second edition in 1910. It is good to know that, a century later, homoeopathy is thriving and this work is being continued. I salute Frederik Schroyens and his team for this work and thank them for the gift of Synthesis.

Jeremy Sherr

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