



Critical Study of Repertorium Universale

Abstract: Over the past three decades, much work has been carried out improving existing repertories. These improvements are still based on the one created by Kent which has its limitations. Whereas Boenninghausen technique has considerably greater flexibility and potential for solving cases based only on complete recorded symptoms. The author here explains in detail, utilities of the less utilized, "The Repertorium Universale".

Note: This study is based on the 3rd computer version of Repertorium Universale from RADAR software.



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INTRODUCTION: This is because the complete symptom of the patient, whatever it might be, can be built from its component parts by the use of partial symptom rubrics, each of which is generally characteristic of the remedy it contains. This is enormously useful in cases where very distinctive and characteristic symptoms can't be included in the repertorisation because it simply isn't in the repertory.

The **Repertorium Universale** differs from purely Kentian repertories. It still contains all the Kentian repertory information in its familiar form, but the alterations to its basic structure make it a far more flexible tool than one constrained to Kent's schema. The repertory is designed to work equally well with any number of different repertorisation strategies. Boenninghausen's approach can be used as easily as Kent's, and it is ideally suited to the newer family/group-based thematic analytical techniques. This introduction and guide explains exactly how, where and why the *Repertorium Universale* differs from its predecessors and what benefits it offers, is unavailable in one single repertory until now.

PLAN AND CONSTRUCTION

The principal difference between the structure of Kent's Repertory and those compiled by Boenninghausen is in Kent's use of a defined hierarchy in the way he organises the indexing of the symptoms. All locations and modifications of

symptoms (with the exception of some rubrics in the Generalities Section) are dependent on a primary classification based on sensation. In other words, you can't find any location or modification unless it's describing a sensation, no matter how characteristic of a remedy that location or modification might be in its own right. Because of this integration of Boenninghausen's rubrics which are independent of Sensation (Locations, Sides, Times, Concomitants, Aggravations, Ameliorations, Alternations) can't be achieved in a Kentian-structured repertory, and it isn't possible to use Boenninghausen's technique with such a repertory.

In the *Repertorium Universale* nearly 1.5 million remedy additions have been made in over 180,000 rubrics with extensive cross-referencing. It includes all the features of the Complete Repertory. The grades of remedies – an indication of their reliability in the context of each symptom – have been re-classified and further clarified. The abbreviations of the remedy names have been corrected and synonyms reconciled. Most importantly, the re-structuring of the layout of rubrics makes it possible to use different repertorisation methods in a single search strategy. This makes the *Repertorium Universale* a much more flexible tool for evaluating how closely a patient's symptoms match a given remedy's therapeutic profile in the *Materia Medica*.



By re-structuring the format of the rubrics in the *Repertorium Universale*, both Kent's and Boenninghausen's models are accommodated and presented as a single fully integrated repertory. The Kentian-structured repertory (ie the **Complete Repertory**) has been nested within an expanded hierarchy which now includes Boenninghausen's rubrics in the primary classification of symptoms. This resulted in a repertory which effectively offers the best of both worlds – the greater precision of the complete symptoms found within the Kentian structure, plus the greater flexibility of symptom combination provided by the Boenninghausen-style rubrics.

SPECIAL FEATURES

It is the largest Kentian style repertory. All remedies from sub-rubrics represented in the main rubric and all remedies and rubric of the specific pains taken into the general pain rubric.

In the *Repertorium Universale*, the addition of all Boenninghausen's repertories has been completed, the Boenninghausen-specific rubrics have been updated with most, if not all, post-Boenninghausen material and the Kentian foundation finally gives way to a structure allowing an even balance between flexibility and precision.

Some exceptions to the updating process need mentioning. The Mind section contains two Boenninghausen rubrics which are added for completeness, but not updated. The first is Concomitant – remedies which feature mental alterations as a concomitant of physical symptoms. The second is General – remedies with a general affinity for the mental/ emotional sphere. Updating will take place when (or if) Boenninghausen's criteria for inclusion are sourced. There is a similar Concomitant rubric in the Generalities section.

A further three sections have been introduced to the primary classification (Heart and Circulation, Blood and Clinical) and the two Phenomena sections which were listed in their own right in editions of the *Complete Repertory* – Head Pain and Extremity Pain – have been reincorporated into the Head and Extremities sections. The separate section indexing

Mirilli's themes, introduced in the Millennium edition of the *Complete Repertory*, is retained, now with more extensive cross-referencing and more remedies.

Cross-references between rubrics have been thoroughly revised and increased, with the new repertory featuring more than double the number included in the last edition of the *Complete Repertory*.

To make use of Boenninghausen's generalised rubrics, the symptoms of the case are constructed from the appropriate generalised partial symptom amongst the symptom modifications (Alternations, Sides, Times, Modalities, Extensions, Locations) plus Phenomena. These rubrics have been created for each section from Boenninghausen's original rubrics, including later additions from his handwritten works, and updated with all the newer remedies and clinical confirmations which qualify. They form the first level of the hierarchy in each section. Remedies only qualify for addition to these rubrics if the symptom quality is clearly characteristic of the remedy. This essential component – indeed guiding principle – of Boenninghausen's generalization process cannot be overemphasized, having been consistently overlooked by critics of the approach who rightly draw attention to instances where generalization is inappropriate. In the *Repertorium Universale* a symptom quality is regarded as characteristic if it appears in three or more separate symptoms, and has been added to the Boenninghausen-style rubrics on this basis, maintaining the highest degree found in any of its occurrences.

In the *Repertorium Universale*, it's now possible to use all methods within the one repertory, even to intermingle them in the one case if appropriate, or to use the generalised Boenninghausen-style rubrics to approach cases from a thematic angle (families, groups, etc). This effectively frees you to individualize the method to the case as precisely as you'd expect to individualize the remedy, drawing on a fully updated database of remedies.

Reference: http://www.smeddum.net/articles/ru_intro.htm-top#top