

Ramanlal P. Patel
Analysis and Evaluation of Rubrics/Symptoms of Dr.
Kent's Repertory of Homeopathic Materia Medica (6th
corrected edition)

Extrait du livre

[Analysis and Evaluation of Rubrics/Symptoms of Dr. Kent's Repertory of Homeopathic
Materia Medica \(6th corrected edition\)](#)

de [Ramanlal P. Patel](#)

Éditeur : UBSPD



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"Every disease has its beginning, which precede the stage at which so-called pathological changes are in evidence. Homoeopathy meets these conditions in their symptomatology with the remedy corresponding to it in its pathogenesis, and can thus **prevent** the disease going on to pathological manifestations, or cure the patient of both the symptomatology and pathology where cure is at all possible(125,P.1)."

If cure is to be established in chronic diseases we have to observe Hering's; "Law of Direction of Symptoms: from within out, from above downwards, and in reverse order of their appearance(102, P.273)." And, to achieve this we have to understand, perceive and follow the human sickness, in the order of importance of symptoms as follows according to Dr Kent;

From centre to circumference.

From head to feet.

From within out.

From highest to lowest.

From the vital centres to the periphery(102,P.352).

And, to be successful Homoeopathist in prescribing for chronic as well as in acute diseases we have to find in each level of importance, **striking, singular, uncommon and peculiar** (characteristic) signs and symptoms.

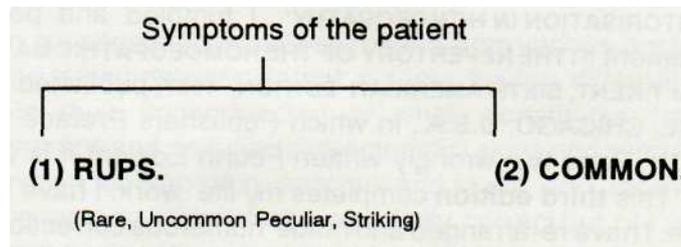
The level of importance in order of these symptoms (**RUPS**) is as follows according to Dr. Kent;

" Of loves (will and affections[emotions] 31.), Of intelligence, Of memory, Of bodily sensations, Of causes and, Of circumstances, In greater and in lesser, In general and in particular, And these as they extend in to ultimate (102, P.254)."

This is the order Hahnemann, Kent, Hering and others have followed for the successful prescribing and this order you will find in Dr. Kent's Repertory of the Homoeopathic Materia Medica. The text of this book; **Analysis and Evaluation of Symptoms** is also arranged as in Dr. Kent's Repertory for easy reference when you do repertorization according to "**KENT'S METHOD**", as demonstrated by working out cases on pages (46-60) which will cut down your time of repertorization by 50%, and the remedy which will come out through, will be an apt

similimum as well as a miasmatic remedy for the chronic diseased condition and this is demonstrated in these cases (Refer my book 'The Art of Case Taking and Practical Repertorization in Homoeopathy' for full working of cases on repertory charts.). This is what Dr. Kent wrote about, "**An artistic method of repertorization.(12,P.1).**"

For students, I have found after several interviews with many students of several colleges in India and other countries, it is very hard to digest. They are more confused and do not attempt to clarify their doubts. Only occasionally a question is asked about this in written or oral examination. I do hope that by the publication of this work one of the obstacles for not using Dr.Kent's Repertory by students and many homoeopathic practitioners is removed and they will take more interest in using the Repertory for successful prescribing. Hence for all purposes for the **selection of medicine** after proper case taking according to instructions given by Dr. Hahnemann in Organon of Medicine (Paras 84 to 104); we have to divide all symptoms of the patient; "*from innermost to outermost, from mind to skin, from Generals to Particulars,* (1 ,P.50)"., into **two** divisions or groups:



(1) "The **striking, singular, uncommon and peculiar** (characteristic) signs and symptoms(25,Para. 153)" or "**Rare, Uncommon, Peculiar and Striking or Strange** symptoms(1,P.50)."

NB. I call these symptoms - **RUPS** (Beauties in Gujrati or Hindi); *Rare, Uncommon, Peculiar and Striking or Strange* symptoms; for easy recollection, remembrance, uniformity and have classified all as **RUPS** in my present work.

(2) The **common** symptoms(1,P.50) or "the more general and undefined symptoms(25,Para 153)." These common symptoms may be general or particular, mental or physical and must be considered last in every case of Repertory study.

All these, "*striking, singular, uncommon and peculiar* (characteristic) signs and symptoms," in thousands you will find scattered in our books on Materia Medica and Repertory. I call these symptoms, "**Prescribing symptoms**". There is no one book though Dr. Hahnemann during his life time wrote in foot-note to para 153; "Dr. von Boenninghausen by the publication of the characteristic symptoms of homoeopathic medicines and his Repertory has rendered a great service to Homoeopathy, as well as Dr. J.H.G. Jahr in his hand-

book of principal symptoms."If we go through Dr. Boenninghausen's book "Characteristic Symptoms Of Homoeopathic Medicines" (Translated by Dr. C.M. Boger in English and available separately), having symptoms of 139 medicines; I feel that these are all verified symptoms but all are not characteristics what Dr. Hahnemann means it. There are many general or common symptoms in each medicine. After Dr. Hahnemann's period, some books have come up on this subject written by Drs. Allen, Ward etc.; but these books contain only one or two parts of the whole subject. Now we have more than 1000 proved medicines; fully, partially and clinically. Actually we have now reached upto 2800 or so, and there is no end to this as long as medicinal substances are available.

First, I started to read all available books on Materia Medica and wanted to separate all symptoms; "*striking, singular, uncommon and peculiar* (characteristic)" and wanted to arrange in away to locate easily. But when I calculated days and years to work out, it came out as 35 years. It is an impossible task to read all books on Materia Medica, Repertories etc., and classify all these symptoms. Finally on my work for '**THE ART OF CASE TAKING AND PRACTICAL REPERTORISATION IN HOMOEOPATHY**', I tumbled and pondered over a statement in **THE REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA** by Dr. J.T.KENT, **SIXTH AMERICAN EDITION, 1957; published by EHRHART & KARL, CHICAGO, U.S.A.**, in which Publishers Preface to the **THIRD EDITION**, Page IV, (wrongly written Fourth Edition) it is written by Dr. Kent, "**This third edition** completes my life work. I have brought it up-to-date. I have re-arranged and made numerous corrections in addition to **adding many new remedies. I have verified every symptom in this book.** You will find all remedies of any value contained herein. **The book is complete.**"

"I have verified every symptom in this book . -----all remedies of any value contained herein . The book is complete" ; led me to start my work with Kent's Repertory. It has 654 remedies though listed only 591, and nearly 76,000 rubrics or symptoms with cross references. **You can use this work along with Kent's Repertory for the elusive Similimum** whenever you want to repertorize any case according to Dr. Kent's Method of repertorization. "**One who distinguishes Generals from Particulars and Common from Peculiar symptoms fairly well, is certain to use proper section of the book,** Dr. Green; 8, discussion". But while going through the Repertory I found nearly 10,000 (Ten thousand) and more mistakes and that led me to correct the whole Repertory, though it is a project for the last 35 years or so. The Repertory is messed up by all publishers. It was a herculean task from one work to another work. Finally I took both work as Kent's Repertory is reliable, dependable, systematic and a general Repertory which has stood the hard test of nearly 95 years throughout the Homoeopathic World. I felt from my inner heart that the impossible work of 35 years time can be reduced to 10 to 15 years and so I took this

Repertory as a base to begin my work of **ANALYSIS AND EVALUATION OF SYMPTOMS.**

Again during the work, a problem like a volcano came out about the construction of the Kent's Repertory and its frame work, rubrics and their components. After much research work I arrived at full-mode method to solve the problem in which you can read the complete rubric at one place instead of looking at different places, its components. A complete new lay-out has been evolved for this work and for Dr. Kent's Repertory in which you can add on new rubrics or symptoms and remedies without any limit.

This is an attempt to make Homoeopathy more successful by keeping ideas and views of Dr. Hahnemann. In my attempt I feel that at some places I may be wrong but I know that Homoeopathic Physicians all over the world who are more knowledgeable, intelligent and better than me can correct me. In Homoeopathy, research work has no end. Unlimited areas are there to make Homoeopathy more scientific, practical and acceptable. New avenues are always open for research in Homoeopathy if we are careful observers while we practice it according to specific rules.

In my attempt to classify symptoms from various books and articles I found statements of different authors having different views or opinions in their understanding of what constitutes; "*striking, singular, uncommon and peculiar*(characteristic) signs and symptoms;" of Dr. Hahnemann for Repertory analysis and study and for the final selection of the remedy. I think they are partially correct but not wholly. It is you who can decide for your case in hand. I believe in the writings of Dr. Hahnemann in all research works so far I have done and in my own judgement with a rational mind. **I am offering an aid for the selection of the remedy for the patient.** It is another avenue of approach to the problem of remedy selection from the vast homoeopathic symptomatology of our Materia Medica and Repertory. Some of these statements are as follows;

1. "All these modalities are common to no known disease, and so become *striking and peculiar* and help to individualise the picture for Repertory work (1.P.51)."
2. "For the purpose of homoeopathic prescribing a *peculiar* symptom is one **which is also listed in the Repertory** as a rubric with only a small number of remedies (6,P.193)."
3. "When you see a rubric containing a dozen, fifteen or twenty remedies, you may often know it is a *common* symptom (11,P.210)."
4. "The symptom often become *peculiar of characteristic* through its modality (13,P.6)."

5. "Hahnemann himself discovered and first made use of the modalities through which remedies disclose their distinctive or specific powers (125, P.XIII)."
6. "What shall we do when we find *several peculiarities* in the same patient and one remedy does not cover them all ? Here is where the astute physician will pick up his Repertory and commence the search for a remedy *most similar to all* (13, P.7)."
7. "Get the *strong, strange, peculiar* symptoms and then see to it that there are no Generals in the case that oppose or contradict (Dr. Kent 1 ,P.53)." "If the *Keynotes* are taken as final and the General also do not confirm, then will come the failure. (Dr. Kent, 1 ,P.54)."
8. "Let the single symptom be only a partial indication to the application of the materia medica. Beware of the keynote that is not backed up by knowledge of, or reference to, the materia medica. No single symptom, no matter how strange, rare and peculiar, can stand without the support of the well taken case, and the likeness of the whole patient to the remedy (113, Forward)."
9. "The, remedy must be similar to the symptoms of the patient (*characteristics*) as well as the pathognomonic symptoms of his disease in order to cure (13,P. 10)."
10. " Then those as Kent puts it; '*strange, rare and peculiar*, therefore ranks among the highest generals, because *strange, rare and peculiar* must apply to the patient himself. These must take a high place in the search for the remedy; but a place demanding perhaps on their grade; for a peculiar **mental** would rank higher than a mere peculiar **local** symptom. Many of them are indicative of one or two drugs only. Write them down high in your list, but use them with care (8,P.7)."
11. "One strong general can over rule all the particular you can gather up (11,P.210)." For example, Chilly or Hot patient as 'Eliminating rubric' coming from British School of Homoeopathy.
12. " This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the homoeopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician (Para 211, Organon of Medicine, sixth edition.)".

Likewise you can find many statements in Homoeopathic literature which can divert your attention in prescribing.

In my final analysis of the subject in a nutshell, I have arrived as follows though you will find, all details in; '**Introduction to Analysis and Evaluation of symptoms**'.

			I— Striking, singular, uncommon, peculiar, strange, rare - (RUPS) (26, Para. 153)
		— Mental General — (14.P.9)	
	- GENERAL (11, P. 203)		
			— Common. (12, P.2)
		— Physical General - (14.P.9)	— Striking, singular, uncommon, peculiar, strange, rare. (Rups) . (26, Para. 153)
			— Common(8,P.4-5)
Nature — of symptoms (11, P.203; 20 7)	PARTICULAR (11,P.203; 207)		
			— Striking, singular, uncommon, peculiar, strange, rare (Rups).(26,Para.i53)
			~ Common. (11.P.210)
			I—Striking, singular, uncommon, peculiar, strange, rare. (Rups) . (26,Para.i53)
	- COMMON (11. P. 203)		
			Common to disease (11,P.204,210)

Again, rubrics/symptoms are classified for columns as follows:-

Mental Generals:-

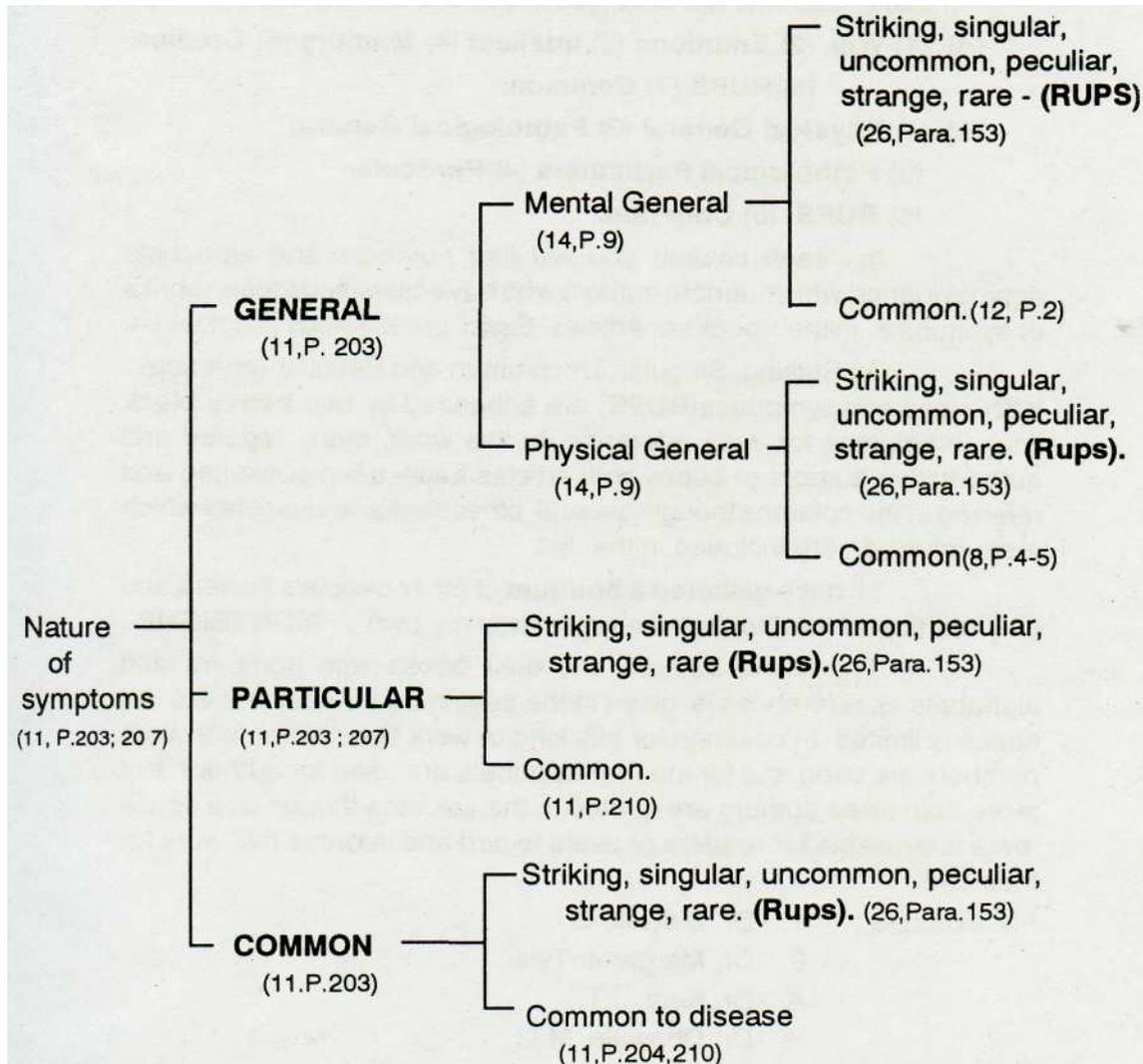
(1) Will (2) Emotion (3) Intellect/understanding (4) Memory (5)

Dream (6) **RUPS** (7) Common. **Physical** Generals:-

(1) Physical General (2) Pathological General (3) **RUPS** (4) Common.

Likewise you can find many statements in Homoeopathic literature which can divert your attention in prescribing.

In my final analysis of the subject in a nutshell, I have arrived as follows though you will find, all details in; '**Introduction to Analysis and Evaluation of symptoms**'.



Again, rubrics/symptoms are classified for columns as follows:-

Mental Generals:-

- (1) Will (2) Emotion (3) Intellect/understanding (4) Memory
- (5) Dream (6) **RUPS** (7) Common.

Physical Generals:-

- (1) Physical General (2) Pathological General (3) **RUPS**
- (4) Common.

Particulars:-

(1) Pathological particular (2) Particular (3) **RUPS** (4) Common.

Commons:-(1) **RUPS** (2) Common.

Finally, columns are arranged in the text as follows;

[A] (1) **Will** (2) **Emotions** (3) **Intellect** (4) **Memory** (5) **Dreams**
(6) **RUPS** (7) **Common.**

[B] (1) **Physical General** (2) **Pathological General**
(3) **Pathological Particulars** (4) **Particular**
(5) **RUPS** (6) **Common.**

In each column you will find numbers and alphabets against rubrics which denote authors who have classified these rubrics or symptoms in their books or articles. Exact phraseology is not taken.

All Striking, Singular, Uncommon and Peculiar (characteristic) signs and symptoms(RUPS) are enhanced by **two heavy black** lines in columns for easy reference. In this work, many reputed and authoritative authors of books and articles have been consulted and referred in the columns though several other books and articles which were referred, are included in the list.

" I have gathered a **bouquet** of other people's flowers and only the thread that holds them together is my own". - MONTBIGNE

The list of authors and their books with numbers and alphabets as references is given in the beginning for easy access. As space is limited in columns for this kind of work first 1 (one) to 9(nine) numbers are used and for the rest alphabets are used for authors. Not more than three authors are quoted in the columns though one space more is available for readers or users to add and improve this work for their use. For example :- 1. -Dr. Bidwell, G.I.

8. - Dr. Margaret, Tyler.

A - Dr. Kent, J.T.

H -Dr. Dhawale, M.L

L -Dr. Kasad, K.N.

I have left two columns blank for those who want to classify further if needed. I am open minded and I will accept suggestions, corrections if these are pointed out with references to authors, names of books, articles and page numbers to improve this work.

In Dr. Kent's Repertory, there is no uniformity followed for cross references. THERE IS A BASIC UNDERSTANDING TO FOLLOW BUT IT IS NOT CARRIED OUT FAITHFULLY. While going through the text at different places and in different chapters you will find different wording without exact location for cross references. Hence the following uniformity is to

be followed which is not followed strictly by Dr. Kent and others who have revised 4th, 5th and 6th editions of Dr. Kent's Repertory and so a lot of time is wasted and a real confusing situation is created during repertorization. There are many thousands of such errors in the repertory. In Final General Repertory a few are corrected but in Dr. Kunzli's Repertory it is all the same.

- (a) References are made and found in the same rubric in (bracket) it should be in roman small type with first alphabet.

Ex. ERUCTATIONS, liquid: (see Fluid) on page 495. *It is incorrect.* It should be (see fluid) as it appears in the same main rubric.

- (b) References are made and found in the same chapter or section, first letter or alphabet should be in capital.

Ex. **HUNGER** : (see Appetite) on page 503. *It is correct.*

- (c) References are made and found as regards chapters or sections.

(See..... under **MIND** or **CHEST** or **VERTIGO** etc.)

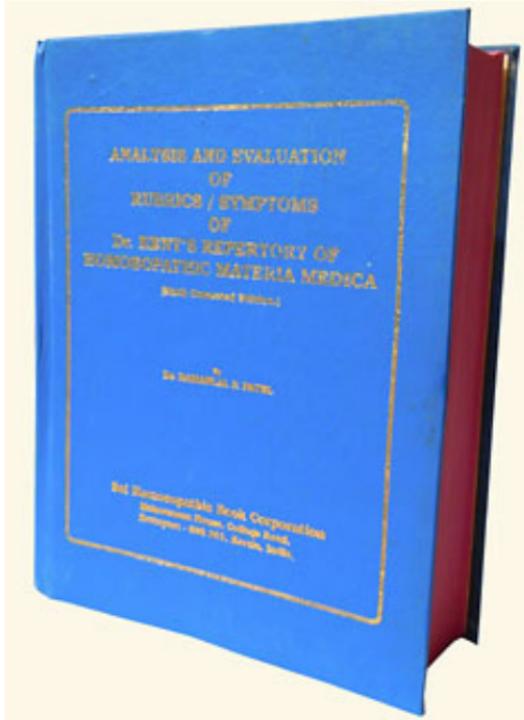
Ex. **NAUSEA**, vertigo during: (see Vertigo). *It is incorrect* It should be (See Nausea under **VERTIGO**), Page 510. Chapters or sections name should be in **CAPITALS**. I have tried to correct many of these errors in the present work and it will be followed in the publication of corrected Sixth American Edition of Dr. Kent's Repertory.

For this work, I am really grateful to Dr.K.N.Kasad of Bombay for giving his valuable time, suggestions, corrections and inspiring me and side by side tolerating me while going through hard work in our several meetings extending beyond midnight to discuss the subject.

I am also complementing my son Mr. Indrakumar R. Patel for doing very hard work since last 5 years for putting all this work in to the computer to avoid all possible mistakes in proof reading and for future improvement of this work. I also appreciate my other son, Dr. Jawaharlal R. Patel for proof reading and publishing this work.

14.2.1993.

Dr. Ramanlal P. Patel.



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1340 pages, relié
publication 1993



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