

## FROM EMOTION TO REPERTORISATION...

### III - As a conclusion and outside any type of repertorisation<sup>1</sup>

*To confine oneself to the careful observation and taking into account of the signs presented is therefore essential.*

The fact of trying to find the medicine similar to the signs demands it.

*It seems necessary to confine oneself to :*

- repertorisation using materia medica and the signs colligated with it while trying to understand their meaning (personality, circumstances)
- avoid focusing only on psychic signs<sup>2</sup>... Those coming from the body are as important as them : they explain the reasons for the emotional reaction (pains, fits of congestion...)
- the drawing of a distinction between circumstantial symptoms - psychic signs - and signs of personality - way 'of being' (Kent's mental signs).

*Several consequences follow from this :*

*- The need to analyse the elements presented before recording them.*

To valorise them in an appropriate way - and not in order to make them coincide with a pre-established model - is essential. Therefore, one should confine oneself to stick to signs, to semiology, and to what emerges from observation. Nothing more...

*- To take into account the difficulty of making the signs indicating a 'mentality' emerge.*

Except for certain polychrests of which it is obvious, always present and expresses itself in the same way - even if it sometimes takes on a different face -, the mentality of a medicine is often difficult to identify.

Kent himself became aware of this. He observed it and even made it known. Mentioned previously, his words recounting that he had sometimes had recourse to various medicines prove it. The difficulty represented by the finding of the medicine similar to the mentality of the subject seen in their essence - which was ideal to him - sometimes led him - probably reluctantly<sup>3</sup> - to use the one similar to the disorder of the moment : in certain cases, the circumstantial psychic signs showing the way of reacting of the moment overtook mental signs...

This is not insignificant : while showing Kent's intellectual honesty and skills as an experimenter capable of reporting his observations objectively, it evinces an evolution in his perspective. His viewpoint, which originally admitted of no exception, probably became less rigid in the face of reality ; perhaps this explains the reason why, although they were invited

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<sup>1</sup> Third part of a text giving an account of a talk carried out for the Congress of HSF (Homéopathes Sans Frontières, translator's note), La Garde, 10 March 2018 and published in three parts on homeopsy.com, March 2018, Geneviève Ziegel.

<sup>2</sup> Which, to Hahnemann - which differentiates him from Kent -, did not prevail but were used only for making a distinction between two medicines...

<sup>3</sup> Obviously, he did not dwell on the subject...

to give greater importance than Hahnemann<sup>4</sup> to the signs coming from the psyche - which more or less links them to Kent's viewpoint<sup>5</sup> -, the Unicists of France and of certain European countries<sup>6</sup> backed their choice with the 5<sup>th</sup> version of *The Organon* rather than with the 6<sup>th</sup>, which was, in their eyes, not valid since it was posthumous.

- *To call into question all choice of a medicine made from the signs coming from the psyche alone.*

Other elements, which are related to the circumstantial aspect as well as to the somatic substratum and history of the subject, must play a role.

As regards anger, only the subjects who are prone to it can consider that sign an integral part of their 'mentality'. There are few of them and they can be distinguished from the modality of - red, white - fear, from the time when it appears, from the reason for its triggering, and from many other elements of a somatic nature which permit to differentiate them... : the anger of the Nux vomica subject has nothing to do with that of the Lycopodium, Hepar Sulphur, Mercurius sol, or Aurum subject.

- *To consider all repertorisation not accompanied by materia medica as inadequate ;*

Boenninghausen, who pioneered its use, saw the repertory as a useful tool given the increase in the number of 'pathogénésies' but only in order to supplement the data of materia medica : by making research easier, it permitted to find the potential medicine(s) and to check which of them would most correspond to the physical and psychic signs of the patient.

- *To analyse the coherence of the signs presented in the face of the overall picture...*

'Hot' anger does not go well with a cold mind - because of the circulatory state ; the disorders with melancholic aspects do not occur in a subject who suffers from a mineral deficiency but usually in a 'circulatory' context stricken with sclerosis and fits of congestion...

- *To be vigilant to the signs proposed for all repertorisation mainly based on the signs coming from the psyche.*

One must always analyse and look for the cause of the modalities proposed in order to check the reliability of the sources and the way the pathogenetic signs have been colligated and chosen and, above all else, whether they have been interpreted.

- *To examine carefully all pathogenetic sign not confirmed by an objective analysis<sup>7</sup> of clinical medicine ;*

The hypothetical pathologies of separation, problematic towards the father, of work, associated with many medicines or families of medicines must not be tacked onto a certain medicine or group of medicines but reconsidered case by case...

They will not necessarily lead to the strain that is analogically associated with them...

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<sup>4</sup> Who thought that they did not prevail but were used only for making it possible to differentiate two medicines with similar or nearly similar physical and general modalities.

<sup>5</sup> Of whom Pierre Schmidt, who introduced Unicism to France, was a student.

<sup>6</sup> Notably Belgium, with the trend referring to 'Hahnemannian unicism' (cf. *Rêves et cauchemars au coeur de l'homéopathie*).

<sup>7</sup> - and not interpreted -

- To question all valorisation of signs that are insufficiently precise<sup>8</sup> or subject to changes according to the experiments<sup>9</sup>

The latter may prove to be completely different in the points described as the most important.

. Many descriptions mentioning new homoeopathic strains have the special feature of giving each their way of seeing the psyche of the substance presented - to the extent that it was officially stated that it was now possible to choose from their descriptions the psyche according to a certain author<sup>10</sup>.

If these descriptions contain elements giving food for thought, they can only generate questionable modalities given that their theoretical bases cannot be likened to those put in place by Hahnemann<sup>11</sup>. The repertorisation of their data can only be influenced by them.

. Their signs are sometimes drawn from elements coming from a subjective way of approaching the 'pathogénésie' and of giving a description of it.

Certain of them, and this has been stated clearly, come from 'pathogénésies' coming from meditation<sup>12</sup>.

. They are sometimes based on a particular way of understanding - if not of interpreting - their message.

The comprehension of 'the essence' of the medicine may be 'expressed at several levels', with various explanations and comparisons which may, as in certain South American and, now, French schools, refer to Jungian archetypes, to psychic symptoms associated with various concepts (E. Masi and the different types of sins, R. Sankaran and the 'sensation' that changes the view of the world) or attributed to various categories of elements such as presented in modern theorisations (Y. Scholten, Mangialavori, etc.).

They give a version of it by basing themselves on analogic data : the link body/mind drawn from concepts of quantum physics, the symbolic meaning given to symptoms - the expression made of them at different levels<sup>13</sup> manifests itself through both the language and the body.

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<sup>8</sup> Natrum bromatum, Lac Felinum mentioned above.

<sup>9</sup> Lac Caprinum mentioned previously...

<sup>10</sup> (Sic !).

<sup>11</sup> If - at the risk of saying it again - the freedom to subscribe or not to this mode of approach is left to everyone, this must at least be differentiated clearly from homoeopathy and put into the category of homoeotherapy.

<sup>12</sup> As the properties of plants were found a very long time ago by Diviners and Magi, who received their knowledge from their link with nature, as it is also described in certain traditions where the medicine man contacts the spirit of the plant (cf. Jeremy Narby, *Intelligence dans la nature. En quête de savoir*, Buchet et Castel, 2006 and the various books and publications of this Doctor of Anthropology).

<sup>13</sup> 'L'essence, cependant, est une perturbation qui peut s'exprimer à tous les niveaux. Au niveau de la pensée, elle est une illusion ou, comme Sankaran la décrit, « l'illusion de base ». L'essence est la source du problème. Elle se manifeste, dans un premier temps, au niveau archétype [...] La conséquence de cette façon de penser est qu'il est possible de développer la symptomatologie à un tel point que les symptômes observés à un niveau donné peuvent être traduits dans le langage d'un autre niveau. Ainsi, en ayant une vision claire de la symptomatologie à un niveau quelconque d'un remède, il est possible de développer le profil complet de ce remède. L'objectif ultime serait, à partir du problème de base ou essence d'un remède, de pouvoir prédire toute la symptomatologie s'y rattachant, mais cela reste le futur'. ('However, the essence is an occurrence of perturbation that may express itself at all levels. As regards the thought, it is an illusion or, as Sankaran described it, "the basic illusion". The essence is the source of the problem. It first manifests itself at the archetypal level [...] The consequence of this way of thinking is that it is possible to develop symptomatology to such an extent that the symptoms observed at a given level may be translated into the language of another

Through shifts in concepts and through associations, it is possible to link - and therefore to justify - the repertorisation instituted by Boenninghausen and then maintained and enhanced by Kent with a newly used methodology : dreams and the interpretation of signs are used as a base for a new base for repertorisation ; certain symptoms are linked indiscriminately to a substance with which they have been associated according to a classification or connected with problems arising from various sources (patients' words, case studies<sup>14</sup>...).

***To be vigilant as regards the elements proposed in repertories.***

*Taking again the example of the medicines mentioned to give a description of emotions, several elements can only make one wonder :*

Whereas the Hepar Sulphur subject, who 'may want to stab someone', is only in the category 'anger' and fury is part of the Hyoscyamus subject, who 'tries to kill people', paradoxically, the Stramonium subject is mentioned only to a slight degree.

This can only be problematic as regards rigour given what one knows about the ways of being and what emerges from the 'pathogénésies' of these types. What comes from repertories must be considered an aid and not an 'absolute' element.

*Similarly,*

Violence makes one think indiscriminately of Nitric acid, Nux vomica, Staphysagria, Tarentula... ; violence accompanied by fear makes one think of Aconite and Ignatia. And yet, paradoxically, it does not mention Stramonium, which is a 'following fear' medicine ;

Anger with anxiety calls for Aconite, Arsenicum album, Ignatia, and Nux vomica - in whom it probably hides the fear of not being successful ;

Anger with silent sorrow, Ignatia and Lycopodium : this makes one wonder about the reason for the limitation to these two profiles whereas many others appear in the course of day-to-day clinical medicine.

It is therefore necessary to take these 'shortcomings' into account and to give the repertory its appropriate place<sup>15</sup>, namely simply a recapitulation of signs colligated from the

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level. Therefore, by having a clear view of symptomatology at any level of a remedy, it is possible to develop the complete profile of that remedy. The ultimate aim would be to be able, from the basic problem or essence of a remedy, to predict the whole symptomatology linked to it but that remains the future.) Jan Scholten, *L'Odysée des Lanthanides. Le chemin vers l'indépendance*, Editions Narayana, 2012.

<sup>14</sup> If the concept of 'recovery' in the strict sense of the word is sometimes questioned, it would be considered to be reached as soon as the basic problem - that is to say, the essence of the pathology - was dissolved through the prescription : and yet, obviously, in many cases recounted, the content and orientation of the questions, the therapist's attention and conviction - which is all the stronger as they put in place a 'new' theory - can only play a role. It is all the more certain as the high degree of dilution given and the centring on the psychic sphere cannot permit to distinguish what comes from the impact of the substance in its homoeopathic properties from the effect of the relationship - and therefore from the placebo effect.

<sup>15</sup> It was so at the time of Kent : apart from focusing his research more on the signs coming from the psyche, the latter did not reject the Hahnemannian points of view. He probably wanted to make them change, all the more so as homoeopathy was flourishing in the United States at that time. He accepted the concept of diatheses, which many 'modern' 'unicists' do not do... On the other hand, if he considered their message, he did not take them particularly into account in the way of treating except as information to try to find the medicine useful for the patient. Through the intermediary of hereditary or personal miasms, he saw in them a sort of confirmation of his theorisation concerning the role of sin inducing Disease whereas, in Hahnemann's case, it played an important role in his deciding to give several medicines alternately given the problem posed by chronic diseases.

elements provided during the experiments - which probably represented a colossal task for Kent.

If it constitutes a tool useful to supplement the elements given by materia medica, it still is only a tool to help find what may lead to the treatment to be given, which must essentially be in phase with the subject's dynamics.

### **As a conclusion**

It is important to observe if the signs presented<sup>16</sup> are circumstantial or if they constitute one of the dominant features of one's personality linked to a more marked dysfunction of a metabolic pole with its hereditary and diathetic components : it is only in the latter case that they may be considered useful to find not the circumstantial medicine but the one representing the subject in the essence of what they really are.

This also poses the issue of the possible belonging of the person prone to a certain manifestation of a psychic nature<sup>17</sup> to the category of 'good respondents' : gradually described as 'responding types' as the emphasis was put on the unicity<sup>18</sup> of each individual<sup>19</sup>, they often seem to appear at the highest degree in repertories, which is undoubtedly worth examining and going in depth into.

In any case,

One should always keep in mind that one cannot content oneself with repertorisation alone or, as it sometimes happens concerning psychiatric classification, DSM<sup>20</sup>, or concerning ADHD<sup>21</sup>, with considering that a certain sign plus a certain sign plus a certain sign may make one conclude that it is a certain disorder or illness or, in homoeopathy, a certain medicine.

Whatever theoretical choice is used as a base, one should say from what place one states something, accept the position one has taken as clearly as possible and without ambiguity, define what the words one uses really cover...

Only this will permit to grasp the concepts put forward more clearly, to avoid misunderstanding causing confusion favouring the maintaining of suspicion linked to the Hahnemannian approach and to the impossibility of it being understood in its specificity even though it is more and more helpful every day... Its future and its place in medicine and the health of the children and populations to come depend on it<sup>22</sup>...

Doctor Geneviève Ziegel

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<sup>16</sup> - here, the reaction of anger -

<sup>17</sup> - here, anger, joy, or fear.

<sup>18</sup> Stressed by Kent, to such an extent that he thought that each person had their particular medicine - hence the increase in the number of 'pathogénésies' by Kent, who would have worn himself out carrying them out.

<sup>19</sup> - with the need to find *the* medicine corresponding to the way the mark of sin reveals itself in it ;

<sup>20</sup> *Diagnostic and Statistical Manual of Mental Disorders*

<sup>21</sup> Attention Deficit Hyperactivity Disorder

<sup>22</sup> Translated by Pascale Tempka