

# Anatomy of Kent's repertory<sup>☆</sup>



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## SUMMARY

The favour enjoyed by the Kent repertory is mainly due to the quality of its management of the homeopathic *Materia Medica* with its logical arrangement described here, which is essential to know its proper use. This arrangement has the essential feature of systematically unfolding from the general to the particular. Then a detailed descriptive analysis of the repertory contents shows the location, the relative extent and the respective characteristics of its different sections. It then becomes possible to define its characteristics and limitations, to discuss its reliability and summarize the conditions for its use. This model-repertory gives an overall view of the extraordinary variety of reactions of living things and is a potentially fruitful tool, beyond its leading role in homeopathy, for humanities scholars.

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## INTRODUCTION

According to the Vulgar Latin legal vocabulary of the late 14th century *Repertorium* is an inventory. It comes from the classical Latin *repertum*, the supine of *reperire* meaning: to find. Later, "repertory" will designate a methodical and comprehensive amount of knowledge, then, a "collection in alphabetical order". [1] All definitions which exactly match the tool of which homeopathic practitioners, since Hahnemann himself, have felt a need: a complete inventory of multiple pathogenetic and clinical symptoms enabling them to select, given the patient's reliable signs, the treatment most closely connected to his case. It is indeed impossible even for the best of memories to retain all the symptoms of medicines. Thus, *Arsenicum album* has nearly 3000 pathogenetic symptoms, *Sulphur* 4000, not counting the clinical symptoms. It is in order to simplify matters that synthetic *Materia Medica* were made, which, in turn, have the disadvantage of lacking accuracy. For example, *Natrum muriaticum*, known for its great desire for salty foods (3rd degree in Kent repertory), can also have an aversion to salty things (2nd degree). Likewise for the desire for sweet things for *Sulphur* (3rd degree) which may also have an aversion to sweets (2nd degree) [2]. Etc. Simplified *Materia Medica* do not emphasize these apparent contradictions enough, consequences of individual experimentation. Several repertories had already been made by various authors, starting with Hahnemann who, according to Robert Séror, is supposed to have written two repertories: one of more than 400 pages written in Latin in 1805,

unpublished, disappeared; another, written in 1817; a 3rd written in 1828–1829 by TJ Rukert under Hahnemann's direction based on his 1805 repertory [2]. Then repertories were made by: CFPC von Boenninghausen (1st edition 1832) and GHG Jahr (3rd Ed French, 1840), which were mentioned by Hahnemann in the 6th and latest edition of his 1843 *Organon* (only published in 1921) (§ 153, note); the French PJ Lafitte (in the original form of summary tables published by Baillièrre.1844); Constantine Lippe (1879); Edmond Lee (1888); William D. Gentry (420 medicines, 6 volumes, 5486 pages, 1890); Calvin B. Knerr (from the *Materia Medica* of C. Hering. 408 medicines. 1896), etc. A Clinical Repertory of the Dictionary of *Materia Medica* by John Henry Clarke was published in London in 1904. It is thought that there are currently more than 150 general or particular repertories [2].

The James Tyler Kent repertory (1849–1916) (*Fig. 1*) has become the most used and the prototype of all repertories made since then. There have been since 1897–1900, dates of the phased publication of the 1st edition, 6 successive editions, the first 2 published in his lifetime: 2nd edition in 1908, 3rd edition in 1924 (last edition written by Kent and published 6 years after his death), 4th edition in 1935, 5th edition in 1945 (last edition to be supervised by Clara Louise Tobey, Kent's widow, who died in 1943), 6th edition (reprint of the previous one by the same publishers) in 1957. [3] For this study we have used the 6th enriched Indian edition, dating from 1982, in English, the most common edition [4].

There are several French translations of the Kent repertory. The first is that of Georges

## KEYWORDS

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Figure 1. James Tyler Kent (1849–1916).

Broussalian (1st ed. 1966) [5] with plan and analytical table at the beginning of each section. This edition had been preceded by a "homeopathic repertory" by Leon Renard inspired by Kent's plan and which classifies medicine in a simplified manner into 2 degrees [6]. Horst Barthel and Will Klunker started publishing in 1973 their trilingual "synthetic repertory" (English, French, German) which incorporates and complements Kent's repertory, but which only includes mental symptoms, general symptoms, and sleep, dreams and sexuality. [7] The translation of the Kent repertory by Edouard Broussalian (1st ed. 1991, 2nd ed. 1993) includes "corrections, cross-references, additions", and, in the last editions, the original concept of "relative value" of medicines [8]. Synthesis, Repertorium Homeopathicum Syntheticum by Schroyens F. et al. (1st French ed. 2000) [9] indexes all medicines, with systematic corrections, and contains many additions, especially mental symptoms. Alain Horvilleur translated in 2001 the homeopathic repertory of Kent according to the 3<sup>rd</sup> edition [10].

Modern computerisation makes the consultation of repertories much easier and greatly accelerates their use.

What, then does the repertory look like? What makes it so original and interesting that it can explain the favour it enjoyed for over a century?

To find out, we will make an inventory, dissect it somehow, to show its structure and content. In this way, we will identify its main features, discuss its reliability and remind readers how to use it so as to derive the most valuable help from it.

## REPERTORY LAYOUT

The general plan of the work is always the same, going from the top down, going from the most general to the more particular. This is the case of the sections and within them of symptom rubrics. Each item starts from the most general symptom of the largest area and goes to the most particular symptom of the more limited area. This general plan aims, in the words of Jacques Baur, to "help therapeutic research following an Hahnemannian approach (...): the imbalance always goes from the centre to the periphery, the patient is still a whole and not the sum of his different parts, each symptom is only of interest because of its different modalities" [11]. Note that the repertory follows the publication by Kent of a *Materia Medica* and a transcription of his lectures, *Lectures on Homeopathic Philosophy*, which were the subject of a detailed study by Franck Choffrut in which Kent's thought is studied in the context of the United States at the turn of the XXth century and related in particular to that of Samuel Hahnemann. [12] Kent's repertory is divided into 37 chapters or sections that contain many thousands of headings and sub-headings of symptoms.

### A skeleton in 37 sections, from head to toe

The different sections of the repertory typically show the order chosen by Hahnemann for the collection of provings symptoms: -ranking from top to bottom, down from head to toe and ending with general signs. That is successively: Mind, vertigo, head, eyes, vision, ears, hearing, nose, face, mouth, etc. See *Table 1*. Kent, after Hahnemann for his *Materia medica*, also follows the order already adopted by Aretaeus of Cappadocia [13], a Greek physician practising in Rome in the 1st century of the Christian era. Hahnemann also took up his classification between acute and chronic diseases.

Two exceptions to this classification must be noted. They concern some general signs, which should be in the final section: "Generalities", and which are scattered in the previous sections:

- Food aversions and desires, hunger and thirst are in the "Stomach" section, while aggravations and improvements by eating, drinking a particular food or drink, are under the "Food" rubric of the last "Generalities" section.
- While the general symptom of aggravation or improvement with menstruation is in the "Generalities", all important modalities regarding menstruation appear in the "Female genitalia" section.

Note that these two exceptions disappear in repertories written after Kent's.

### The language of the repertory

The organisation of the Kent repertory material is made from the basic elements which are the symptoms arising from the provings and clinical findings. The language of the Kent repertory is, therefore, that of symptoms ("the language of nature") and not that of pathologies (or nosology). This distinguishes it from the clinical repertories whose ranking is nosology, like that of Henri Voisin [14], or clinical and therapeutic repertories, for example, that of Jahr [15] or, finally, theme repertories like those of Guy Loutan [16] or Marc Brunson [17], focusing on the dynamics of the remedy and the fundamental problem of the patient.

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