

Jeremy Sherr's Introduction To The Repertory Of Mental Qualities (RMQ)

Welcome to the **Repertory of Mental Qualities (RMQ)**. This innovative repertory has proved of great assistance to my friends and myself in practice. I am absolutely sure that it will be a great help to you in finding the best remedy for your patients.

The following is a discussion of the philosophy behind this repertory, the methodology of its creation, instructions on using it and other useful information. I highly recommend you read this introduction before using the Repertory of Mental Qualities.

What led me to develop this repertory

How often have you seen a case where it was clear that **too much caring about others** was a major issue?

Have you had difficulties finding the most appropriate rubric to represent this idea? I certainly have. Should I use "*Cares, full of, others about*", "*Sympathetic*" or perhaps "*Anxiety others, for*"?

How often do we see a case where the patient presents a variety of issues related to **money**, resulting in a dilemma if to use "*Fear of poverty*", "*Avarice*", "*Ambition, increased money to make*" "*Extravagance*" etc.

How many times have you tried to repertorise **low self esteem**, **victim** or **obsessive compulsive disorder**, but found that the rubrics are too small, inappropriate or just not there. Our patients have major issues which just don't represent well in the current repertories.

I remember many cases where I had to combine "*Fear of snakes*" "*Dreams of snakes*" "*Delusion of snakes*", then added a materia medica word search for 'snakes' and still wished I could add a rubric with all the **snake** remedies. It was repetitive work and a waste of my time.

For many years I have been continually combining the same rubrics, or being frustrated over ones I could not find. I decided to solve these issues by creating a new repertory, '**The Repertory of Mental Qualities**'.

What is the 'right' rubric?

My definition of the right rubric is 'The rubric that has the right remedy in it'. This might seem obvious, but it is true. Holding this guideline in mind has helped my students and myself when choosing rubrics. If all the rubrics we use

in the case have the right remedy in them, then this remedy **MUST** come out in the final result. Simple logic I know, but one worth focusing on while choosing rubrics. Bearing this in mind, it is easy to understand why larger and more inclusive rubrics are more likely to lead you to the right remedy.

There are too many uncertainties in choosing rubrics and too many inaccuracies in the repertory to take chances on this. Any slight mistake could lead to the loss of the remedy. As a result I much prefer to have more remedies in the end result, but to be sure the right remedy is there. I can then go through the final repertory result, remedy by remedy, and choose the most appropriate one according to the totality of symptoms and my perception of the case.

You may be familiar with my statement "*The Mind is a mine field*". There is much room for mistakes in understanding the patient's mental issues or choosing mental rubrics. There is no point using a fancy delusion or keynote that looks artful but does not deliver the solution. It is better to narrow down from a bigger and more certain list of issues and remedies, then to try to narrow down by choosing small and dubious rubrics.

Therefore I favor the Boenninghausen approach to repertorisation, using bigger generalized rubrics, where I am as certain as possible that the right remedy is included. If I am not sure of a rubric I combine all the possible rubrics presenting the morbid quality of the patient, and if need be I add materia medica searches. I also tend to combine similar rubrics from 'Synthesis' and 'The Complete' repertories. As they say in Ireland: '*To be sure, to be sure*'. After this I choose the best remedy according to the essential features of the case and the particular symptoms.

A bit more work, but more certain results. This method is particularly useful in **one sided cases** or cases lacking well defined symptoms.

The current repertories are deficient in this regard. While the Boger-Boenninghausen repertories are well developed on the physicals and generals, they are lacking on the mentals. Kent developed the mind section, but he put more of an emphasis on particulars and modalities. Most new repertories are based on Kent, and therefore do not always reflect generalized modern mental themes.

Furthermore, because of my many provings and my exposure to many new provings conducted by others, I wanted to include this new information in the repertory.

I decided to compile a new repertory that would address all these issues, a repertory that would save time, be simple to use, and increase the chances of finding the right remedy.

Creating the 'Qualities'

The idea was that instead of choosing a particular rubric that may not have the best remedy in it, I would create rubrics of major themes, larger rubrics which have a very high (95% and up) chance of having the right remedy in them. This is based on the Boenninghausen concept of generalisation, and also on the concept of affinities.

For instance, if a case has definite issues of '**victim**' and '**home**', and the main physical affinity is **bones**, we can use these three qualities to repertorise (taking bones from the generals). There is a very high probability that the right remedy would be in the end result. This system is much simpler to use, as we do not have to choose a precise small rubric, which may look good in theory, but still be inappropriate, if only because the remedy is not in it.

I started by creating a list of Mental Qualities that came up frequently in my day to day practice. As well as the themes of **caring, money, self-esteem, victim, obsessive-compulsiveness and snakes**, I chose Qualities such as **perfectionist, control, divided, guilt, clairvoyance, failure, embarrassment, opinion of others, knives and points, home, water etc.**

While there are some repertories with similar ideas in existence, I was disappointed to find that they are inaccurate, containing many inappropriate remedies and missing others. I found that this was often a result of **automatic** combining of rubrics or **importing** materia medica, without critically checking each remedy. For instance, if we search for the word 'fall' to represent the quality of '**High and low**', we may get the rubric 'Coma with falling of eyelids', which is not appropriate.

Furthermore, a materia medica search in Encyclopedia Homeopathica or ReferenceWorks using the search word *Embarrassment* will yield remedies mentioned as '**NOT being embarrassed**' or remedies listed under "*Unlike Bar-c, embarrassment is **not** an issue in this remedy*" In a similar way, searches for the theme of 'dark' will bring up remedies with '*dark thoughts*' or '*dark urine*'. While a search for '*perfectionist*' might bring up many remedies from cases, **often this symptom was not cured, and therefore is not valid.** If using materia medica searches to repertorise was a valid method, we could stop using our repertories. But for the above reasons it does not work well.

Other inaccuracies came from some modern materia medicas, which tend to be relaxed when adding remedies under collective themes from single clinical cases. For instance, Cuprum-metallicum may have Obsessive Compulsive Disorder, but while this may be true for some Cuprum salts, **it is not necessarily true for all Cuprum salts.**

I therefore **decided to create a repertory that would be as accurate as possible, by personally checking every entry at its source to evaluate the quality of information.**

Primary rubrics

I am a fan of the Phatak repertory, which is based on Boger's repertory. In these repertories only the remedies which have the rubric's theme as an **essential** part of their makeup are included. So for instance, in Phatak's repertory the rubric '*white discharges*' contains only 20 remedies, far fewer than in Kent or Synthesis, but you know that the remedies included have white discharges as a major theme, such as Kali-mur. This is true even if the remedy is small.

Therefore I decided to create a 'Primary rubric' alongside each Main rubric. This represents remedies which have the theme as a major issue, even if they are minor remedies. We should use these Primary rubrics only in cases where the issue is very intense or pronounced, or is an essential feature of our understanding of the case.

By including the opposite approach of Boenninghausen, which contains all possible remedies in the generalized rubrics, side by side with the Boger-Phatak approach of rubrics with only the most prominent remedies, I have attempted to create a repertory that will span both trends and create more possibilities.

Qualities

I call my repertory the Repertory of Mental Qualities, for four reasons;

1. Quality means **individual characteristics** of a person.
2. When choosing the degree of the remedy, I have emphasized the **quality** of information, as opposed to repertories based on Kent's repertory, in which the degree is based on the frequency of the symptom. In my repertory I have focused on the **quality of the symptom for each remedy** and the **quality of the source of information** to decide on the degree I give it in RMQ. I did not automatically use the degree the remedy had in related rubrics.
3. I have put a **strong emphasis on quality and accuracy** throughout this work.
4. **This repertory should lead to an improvement in the quality of your results!**

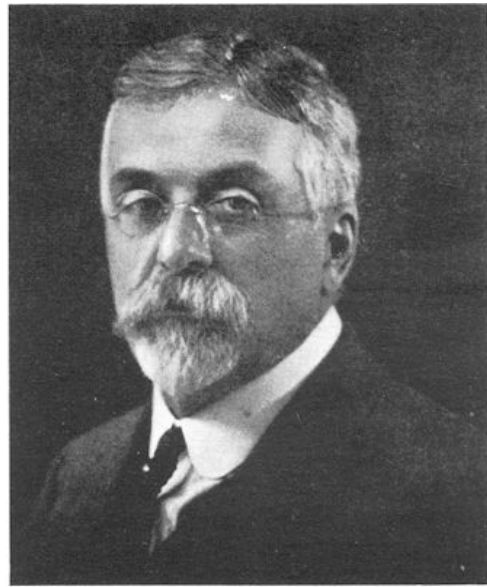
The Art of Repertorization

What experienced homoeopaths and old masters have to say

“Boger made a serious attempt ... to unite analysis and synthesis in one rubric...And it is, in my opinion, the safest, in that it is more likely than any other to include the desired remedy in the final group.

Analysis...is a resolution of the data into the simple elements of the individual complex.”

- Royal Elmore Swift Hayes, M.D



Docteur C.M. Boger (1861-1935)



I think before we condemn any repertory we ought to know how it is constructed and the background back of it.

... unless you know how to follow it after the Hahnemannian manner of taking general groups of symptoms first and then going to particular groups, you can very easily get into a maze.

The best prescribers prescribe on the high-grade symptoms, the mental and moral states, the reaction of the patient to environment, heat and cold, etc., aversions and desires.

Take those groups, and you don't have to use so many of them. Three or four general symptoms will frequently lead you to the three or four remedies you want to study more carefully in the materia medica.

- Dr. Grimmer

We have in Boger's repertory a compilation of remedies of highest rank from Kent's, from Boenninghausen's, and from some of the other repertories, taking about twelve of the most important remedies in each of those, those that have shown the largest relative values. That is all right so far as you are going, but they omit those remedies of lesser value in that rubric. The most absolutely sure repertory in this world is Boenninghausen's. As has been said, it is nearly fool proof. You get symptomatic and numerical totality.

- Dr. Roberts

If the symptoms of the case are sufficiently characteristic, I usually use Kent because I can repertorize my case more quickly... When the symptoms are more or less common I turn to Boger or Boenninghausen.

Moreover, most of them (the repertorisers) were provers themselves. They had felt the action of the remedy in their very tissues, and they understood remedies a great deal better than we do.

- Dr. Farrington

How to get the best results using the Repertory of Mental Qualities

To get the best results from this repertory, I suggest that you use no more than three rubrics per case. Generally, stick to using the main rubrics and use a Primary rubric only when you are very sure that it is an essential and major theme of the case. You can use one or more of the Mental Qualities in conjunction with rubrics or affinities from other repertories.

Here are a few examples:

'Money', 'Home' and 'Lung inflammation of'
'Low self esteem', 'Water', and 'Headache pulsating'.

Of course you can use these Mental Qualities rubrics in any combination you want, e.g. do a repertorisation from another repertory and then add one or more Mental Qualities.

Another method is to do a repertorisation from other repertories and then use the 'restrict to' function in Radar (from the menu or from the 'Jeremy Sherr icon') to limit your results to that Quality.

The process of creating The Repertory Of Mental Qualities

I started the work of creating the repertory in the summer of 2004. The work proved to be more taxing than I anticipated. It didn't take me long to realize that this is time consuming work that requires setting clear procedures.

Preciseness, accuracy and maintaining quality were my main goals while creating this repertory, hence the three years of work resulting in the 26 Mental Qualities assembled so far.

While most repertories are created by going through remedies and adding their symptoms to rubrics, in this work I proceeded from the Mental Quality rubrics in search of remedies. The remedies for each rubric were compiled independently by two or more experienced homeopaths who compared their results at each step.

Then I personally checked all the remedies. Finally I added remedies from my own clinical experience and my knowledge of materia medica and new provings.

Summary of steps in creating the Repertory of Mental Qualities

- Defining the Mental Quality
- Choosing and compiling the appropriate rubrics from Synthesis (Schroyens) and Repertory Universalis (Van Zandvoort)
- Choosing key words for materia medica searches
- Grouping the rubrics according to themes such as, delusions, dreams, fears, thoughts etc.
- Defining rubrics of primary and secondary importance.
- Evaluating each of the resulting remedies by checking **each remedy** in the rubrics individually for:
 - In which rubrics and sub-rubrics in the repertories is it mentioned
 - By which authors was it presented.
 - What were their sources or reasons for including the remedy
 - When necessary, reading all relevant materia medica of the remedy to verify its applicability.
 - Verifying new remedies by checking all available new provings
- Choosing the degree for each remedy.
- Looking for remedies that are not mentioned in the repertories through further materia medica searches, **while carefully reading the results of each remedy in those searches.**
- In themes such as **Animals** or **Water**, looking at all animal and water remedies to see if appropriate.

Elaboration on the process of creating The Repertory of Mental Qualities

Selection of Mental Qualities

I have chosen Qualities which my colleagues and I frequently needed in practice, especially ones that were not well represented in the repertories. I have omitted Qualities that already appear in the repertories and generals such as 'fear' 'religious' or 'forsaken'.

Some Qualities represent nouns (Snakes), others represent adjectives or adverbs (Failure), and others represent verbs (High-Low -meaning a motion from up downwards).

Definition of Mental Qualities

Defining the precise nature of each Quality was crucial, as it enabled us to make fine distinctions among the remedies in question. The definition serves both as a guideline for the criteria for selecting remedies and as a guideline for the use of the Quality by the homeopath. The definition can be read by clicking on the yellow icon 🟡 which appears after the Quality name.

For instance the definition of **Victim** is: *One who is consistently being, or feels he is being, physically or emotionally attacked, pursued, harmed, swindled or taken advantage of, by circumstances or those around him. This is not just 'poor me feeling', but a sensation of physical or mental attack.*

Please read each definition carefully, as it will play an essential part in your accurate use of this repertory. For achieving the best results it is crucial that your choice of rubric is definitely appropriate for both **the case** and **the definition** of the Quality.

Searching for relevant rubrics for the Quality

Though seeming simple, this task required in-depth knowledge of the contents and structure of "Synthesis", "Repertory Universalis" and the "Complete Repertory". Each search was done by two or more homoeopaths comparing their results at every stage.

Setting criteria for rubrics relevant to the Quality.

We then grouped rubrics according to themes (dreams, delusions etc) and graded each group according to its relevance to the Quality in question.

There is much duplication of rubrics in the repertories, which makes some remedies appear more prominent than they should be. Many duplicate rubrics are derived from one minor symptom. It was important to eliminate this over-emphasis and to check the source in the proving or cases. **The entries in this Repertory of Mental Qualities are not the simple sum of combined rubrics - rather the result of careful consideration of all related factors.**

Remedies that had different or opposing rubrics gained more strength. For instance in the Quality **Home**, '*Desire to go home*' and '*homesick*' are similar and not strengthening when found in the same remedy. But a variety of entries such as '*homesick*', '*desire to leave home*' and '*dreams of home*' gained emphasis for a remedy.

Combined Qualities

Some of the Qualities are a combination of several ideas. For example **Type-A** is a combination of ambition, industriousness, busyness, business, hurriedness, irritability and more, but the combination is more than simply just the sum of these ideas- it is a certain 'go-getter' type of person. These were by far the most difficult rubrics to create.

Another example is **Obsessive Compulsive Disorder**. The decision to include a remedy in this Quality was the combination of several factors. For instance while OCD may have impulsivity in its nature, but if the impulse is to run, then it is not appropriate for this Quality.

And while the rubric '*Thoughts persistent*' is important in OCD, it is only when it appears in combination with other factors such as, compelling desire to clean or count, that I would include it in the rubric. A higher degree was given to remedies with a variety of *different* issues documented for the same remedy, such as counting, checking, cleaning and monomania.

All sub-rubrics were checked for their context. For example, in OCD, if '*Thoughts persistent*' came from the sub-rubric '*Thoughts persistent that mind and body are separated*', would not count. It is important to know what the persistent thoughts were about. In all such cases the reason for each remedy to be included in the rubric was checked, as well as the authors and sources of information.

Checking the authors for each remedy

The sources for original appearance of a remedy played a major part in how confident I was about including it in a Quality and the degree I gave it. I gave importance to information coming from celebrated authors and downgraded or eliminated remedies coming from speculative or unreliable sources (e.g. single cases with poor cures, attributing a symptom to a whole 'family' without sufficient proof, meditation provings etc).

Some repertory additions come from cases in which the **symptom was present but not cured**, and therefore were not verifiable. Additions in this category were ignored.

When evaluating remedies and sources I have relied on my 28 years of clinical experience. For example, in my school days I was told that the author Gallavardin was unreliable, but over the years I have found him to be a very reliable source. My experience with provings has also allowed me to differentiate false entries from real symptoms and to spot **multiple rubrics coming from one entry in the proving**. I have added many remedies based on my own clinical experience.

Conducting Materia Medica searches in Encyclopedia Homeopathica and ReferenceWorks

This was the most time consuming stage as each remedy had to be read in the source in order to verify its appropriateness to the Quality. Searching the computerized materia medica can lead to many mistakes.

For instance you might search for the word 'Music' and find that the source says 'My brother played his music too loudly', which does not justify including the remedy in the Quality.

I have also searched and will continue searching all available new provings in publications, on the web, and from private sources. I would like to take this opportunity to encourage proving organizers to send me there provings and insights so I can update the RMQ.

Creating the rubric of Primary remedies of the Quality

In studying the remedies and Qualities, I found that certain remedies represent an essential characteristic of the Quality. I decided to create a Primary rubric for each Quality, containing only the most prominent remedies. The primary rubric is composed from the remedies appearing in the 3rd and 4th degree in the Main Quality rubric.

While you could achieve a similar result to the Primary Quality by using the main Quality rubric and viewing the remedies by degree, this may not be your preferred strategy for the whole case. You may want to see all the degrees in one rubric and only the primary remedies in another.

The Primary rubric should be used only when the Mental Quality you want to repertorise is a major and essential characteristic of your patient's morbid makeup.

Remedy degrees

There are four degrees for remedies;

4 points – UNDERLINED BOLD - Primary remedies – Remedies having the Quality as a main issue in their pathogenesis.

3 points – BOLD - Experimental for Primary remedies - Remedies which did not yet merit the title of Primary, but which I wanted to leave the option open for clinical experience to confirm or deny their primary strength in that Quality.

2 points - Italic – Remedies definitely belonging to the Mental Quality, but not to an essential or prominent degree.

1 point - Plain type - Experimental – Remedies with which I was not completely satisfied, but felt I should give them a chance in case clinical experience proves their relevance to that Quality.

Please be aware that these degrees are different from the Kentian degrees, as they relate to Quality rather than frequency!

The xx family groups

The -xx remedies (e.g. Carbon-xx or Gems-xx) represent families that are prominently related to the particular Quality. Rather than including all the remedies in a family, which may not be accurate for each individual remedy, I allow the user to decide by looking at each of the remedies in that family.

The fact that Kali-c is included in OCD does not necessarily mean that all Kali-salts have this Quality – that is a dangerous assumption. By creating the -xx remedies I allow for the possibility of a salt having the symptom, until this is confirmed or denied by clinical experience.

I have made no assumptions about families. If Ars and Iod are present to a high degree in a Quality, it does not necessarily mean that Ars-Iod is, unless there are other factors to support its inclusion.

However if the Quality seemed to be present in a few of the Iod salts, I have added Iod-xx experimentally. This gives the user an opportunity to check all the salts and to confirm or deny their clinical usefulness.

For example, Aur-xx is in the 'Low self esteem' Quality, meaning that it is possible that any Aurum salt may have this characteristic. The xx remedies were chosen by individually looking at their relevance to the Quality and not by mechanical choice.

To include the xx remedies in your rubric just click on Radar 'family icon' to open the family tree window. You can then use the filter to limit remedies to the particular group.

Collaborating in updating this repertory

I hope to see this repertory continually updated and improved by collaboration with you, its user.

Your clinical experience can contribute to improving the accuracy of remedies and their degrees.

As well as new remedies for the Qualities, I am particularly interested in your clinical experience with the remedies in 1st and 3rd degrees, as they are experimental for upgrading.

I look forward to receiving your **additions, suggestions** and **clinical experience** for updating this repertory and improving it. When suggesting an addition please include the reasons for doing so.

I also welcome your suggestions for new Mental Qualities. Please include the reason and possible definition.

These suggestions can be entered on the 'Repertory of Mental Qualities' chat-site on www.dynamis.edu or e-mailed to Raphael Neu at raphael.neu@ntlworld.com.

Upgrades

Purchasing this repertory allows for free upgrades until 1.1.2010

Word of thanks

I want to take this opportunity to thank all those that made this project possible.

First and foremost is Raphael Neu. Raphael is an Israeli homeopath now living in England. He has worked tirelessly alongside me during this whole project. I particularly appreciate his conscientiousness and preciseness. Without his help this repertory would not be possible.

You can see Raphael on <http://www.rafineuhomeopathy.com/contact.html>

Sandi Kaplan and the team at Dynamis Minnesota for their excellent contributions.

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Special thanks to Frederik Schroyens and Roger Van Zandvoort. I now appreciate how much work they have both put into the gigantic projects of creating their repertories.

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To Tina Quirk for always being there.

To my wife Camilla, for her continued inspiration. She is the spark behind everything I do.

And thanks to all homeopaths who do not neglect to add their provings and clinical findings to the repertory.

I sincerely hope that this repertory helps you, its user, to find the most suitable remedies for your patients.

Jeremy Sherr 2008