American Medical College *of* Homeopathy
Transforming Lives

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Proposed North American Network of Homeopathic Educators (NANHE) Guidelines for Translation of Proving Raw Data into Repertory Rubrics

Overview

The following guidelines were prepared by Carole Eastman, Jason-Aeric Huenecke, CCH, RSHom (NA), Maryann Ivons ND, Tina Quirk, Todd Rowe MD, MD(H), CCH, DHt, and Sally Tamplin, DSH, PCH, MARH during January-October 2013. The purpose of these guidelines is to provide a process for the translation of raw proving data into repertorizable rubrics.

It is important to note that this material represents guidelines and not strict standards. We are fully aware that homeopathy relies on individualization and that repertorization is as much art, as it is science. Still, however, we believe that it is important to work towards greater **coherence** of the repertory process from proving material.

The repertory is an index of symptoms and serves as a guide to identify remedies that warrant further research in the materia medica. It is not meant to describe the remedy or a substitute for materia medica. This understanding is helpful to keep in mind when repertorizing a proving. The process of repertorizing is greatly facilitated when the proving data has previously been collated and sorted into a logical, accurate and easily understood format (See NANHE Guidelines). These are rubrics that should be verified by clinical data in the future by use of these remedies.

This work can be seen as an addendum to t**North American Network of Homeopathic Educators (NANHE) Homeopathic Proving Guidelines** which did not address this issue.

Purpose

1. To formulate a method that proving directors use to prepare rubrics from homeopathic provings.
2. Improve the quality of repertorizations from provings.

3. Improve accessibility of homeopathic provings for practitioners in order that proving remedies may be used effectively in practice.
4. Suggest these potential guidelines to the international community.
5. Strengthen acceptance of quality proving repertorizations into the repertory and improve the speed of incorporation in the repertories.
6. Encourage practitioners to report on the results of using new remedies to provide clinical confirmation of new provings.

Definitions

- **ECCH**: European Council on Classical Homeopathy
- **HPT**: Homeopathic proving trial
- **HPUS**: Homeopathic Pharmacopeia of the United States
- **Proving**: The process of determining the medicinal/curative properties of a substance.
- **NANHE**: North American Network of Homeopathic Educators
- **Raw Data**: Symptomatic data obtained from provers and supervisor journals during a homeopathic proving trial'
- **Repertorization**: Process by which raw data is converted into repertory language.

History of Proving Repertorization

There is virtually no guidance in the homeopathic literature on how to precisely translate symptoms into repertory language. This is particularly true of proving data. **National Homeopathic Proving Guidelines** (**NANHE**), **ECCH**, and **HPUS Guidelines** are largely silent on this issue.

These guidelines are prepared largely based on the research experience of the authors in conducting homeopathic repertorizations. In addition, we have incorporated information on repertorizing from Jeremy Sherr's Dynamics and Methodology of Provings book and his recent article outlining trends and issues in repertorizing provings (J Sherr The Dynamics and Methodology of Homoeopathic Provings 2ed Dynamis Books, 1994; Sherr, J. The Prover and the Repertoriser. Homeopathic Links; Winter 2012, Vol 25, 255-259).

Some proving directors do not include repertorizations in their proving reports (approximately 20%). Of those who do prepare repertorizations, there is great variability in the length, methodology, and quality of the repertorizations. Key issues include:

- Repertorization by Proving Director vs. by Repertorization Committee
- Which repertory to use for repertorization
- Deficient knowledge of repertories
- Number of rubrics generated
- Inclusion of rubrics in the generalities section
- Handling of sidedness
- Handling of time modalities
- Handling of dreams
- Handling of delusions

- Primary vs. secondary symptoms
- Creation of new rubrics vs. using old rubrics
- Grading of rubrics
- Overfocus on natural history
- Handling cured symptoms
- Mistaking repertory for material medica
- Inclusion of concomitants
- When to repertorize
- Clinical verification of symptoms

These and other issues are addressed separately below.

Repertorization by the Proving Director vs. By Repertorization Committee

Repertorization of the proving material by the Proving Director is most common within the homeopathic community. However, some provings use a proving committee to accomplish the repertorization. Both are acceptable and not mutually exclusive. If a committee is used, it is critical that the Proving Director have ultimate accountability. Strengths and challenges are described in the table below:

Method of Repertorization	Strengths	Challenges
Proving Director	1. Consistency of repertorization; 2. Easier to conduct the proving and repertorization "as if" one person; 3. Familiarity with the overall characteristic symptoms and themes of the proving.	1. Proving Director often has favorite rubrics that they repeatedly use; 2. Proving Director may be biased towards contact with the initial provers; 3. Less time efficient and time intensive for proving director.
Committee	1. Less of a tendency to choose favorite rubrics; 2. Collective wisdom of the committee serves as a chorus to better refine rubric inclusion; 3. Potentially more time efficient.	1. Consistency of the work may be less standardized; 2. Harder to conduct the repertorization "as if" one person. 3. If the committee works by consensus, the committee may oversimplify the symptom or lose its characteristic qualities.
Repertory Experts (from software companies)	1. Reduces workload of Proving Director; 2. Utilizes expert knowledge of repertory;	1. Repertory experts are not familiar with the proving and may choose rubrics based on structural reasons rather than coherence with the proving; 2. This can be a slow process, at times taking years. This delays access of the community to the repertorization.

Which Repertory to Use for Repertorizations

Generally, proving directors are encouraged to use the repertories in common use by the homeopathic community. This ensures that the repertorization is clinically useful for the homeopathic practitioner and will be more easily adapted by the repertory experts into the repertory. It is recommended that only one repertory be used.

Proficiency in Repertorization

The Proving Director/Committee must have expertise in knowledge and skills in the repertorization of provings. It is recommended that the Proving Director/Committee have a minimum of five years of full-time homeopathic practice using the repertory and possess knowledge of the structure and history of the repertory, rubric language, and its deeper meaning and context.

Number of Rubrics Generated

New provings are often overrepresented in the repertories. A balance needs to be obtained between too few and too many rubrics in creating a repertorization for a proving. The goal is to create a sufficient number of rubrics to make the remedy accessible in practice, while not creating so many rubrics, that the importance of the remedy within the repertory is falsely emphasized. Typically a good Homeopathic Proving Trial (HPT) of a substance should generate a minimum of 200-500 rubrics depending on the substance and the number of provers (25 subjects). We recommend that no more than 650-1000 rubrics be used.

One of the key questions in a repertorization is whether to include multiple rubrics for a single symptom. For example, the proving symptom:

> "I felt tired in the morning".

This symptom could be repertories as "Generalities, Fatigue, Morning" or "Generalities, Lassitude, Morning" or "Generalities, Weariness, Morning". Assuming these all represent the symptom, which of these should be used?

As a general rule, it is best to avoid rubric redundancy and to only use a single rubric that best describes a given symptom. A keen perception of the meaning of words and their usage is required. That being said, exceptions do need to be made (see "Generalities" below), especially when a single rubric cannot adequately characterize the given symptom. The usage of cross-references and experience in repertorization experience is invaluable in choosing the best rubric to fit a given symptom.

Inclusion of Rubrics in the Generalities Section

One of the key questions in a repertorization is when a symptom should be placed in the Generalities section vs. a particular section.

For example, the proving symptom:

> "Burning pain in the toe".

This symptom could be repertorized in the Extremities section, under "Extremities, Pain, Burning, Toe". However, if there is another prover who has the symptom:

> "Burning pain in the stomach"

This symptom could be repertorized in the Stomach section as "Stomach, Pain, Burning". The question arises whether based on the two above symptoms, justification could be made to also create the rubric "Generalities, Pain, Burning".

As a general rule, it is suggested to include a symptom in the generalities section if it meets the following criteria:

- Symptom is present in at least three separate and distinct locations; and
- Symptom is present in at least two or more different provers.

Handling of Sidedness

Many physical particular symptoms generated during an HPT have a sidedness modality associated with them. It is often difficult to determine whether a symptom is randomly associated with a particular sidedness or is characteristically associated with a particular sidedness.

For example, consider the following proving symptom:

> "I had pain in my left temple today".

This could be repertorized as either "Head, Pain, Temple" or "Head, Pain, Temple, Left", or both. Which should be used?

As a general rule, sidedness modalities should be included in the repertorization when a symptom recurs on a given side or is indicative of a general quality of the proving.

The usage of rubrics for Generalities, Sidedness, should be used when the following criteria are met:

- At least **70%** of the symptoms in the homeopathic proving are found on one side; or
- Symptoms are predominantly found on one side in at least three provers.

Handling of Time Modalities

Many physical particular symptoms generated during an HPT have a time modality associated with them. It is often difficult to determine whether a symptom is randomly

associated with a particular time modality or is characteristically associated with a particular time modality.

For example, consider the following proving symptom:

> "I had pain in my temple at 3PM today".

This could be repertorized as either "Head, Pain, Temple" or "Head, Pain, Temple, 3PM", or both. Which should be used?

As a general rule, time modalities should be included in the repertorization when a given symptom recurs at a given time and/or different symptoms recur at a given time or exhibit the same general temporal pattern.

The usage of rubrics for time modalities in the Generalities section should be used when the following criteria are met:

- At least three provers exhibit the same time modality; and/or
- At least three different symptoms recur at the same time in a given prover.

Handling of Delusions

The handling of delusions in a repertorization for an HPT varies considerably. Some HPTs have published extensive listings of delusion rubrics while others have included none. There also has been a tendency in recent years to expand the usage of delusion rubrics to represent general themes in HPTs.

Sherr writes that it is important to identify clearly between "Delusion" and "Feeling", explaining that "Feeling" is an emotion, while a "Delusion" is in the mind.

Yasgur in his Homeopathic Dictionary defines delusions as "the wrong perception of reality". As a general rule, delusions represent fixed, false beliefs about life despite clear evidence to the contrary. These symptoms should be added to the rubric if they meet this definition.

Handling of Dreams

The handling of dreams in a repertorization for a homeopathic proving varies considerably. Some homeopathic provings have published extensive listings of dream rubrics while others have included none. In general, long lists of new dream rubrics should be discouraged and the use of existing rubrics should be encouraged. However, when new dream rubrics are warranted, they should be judiciously included.

As a general rule, dream rubrics should only be included in the repertorization when a dream or dream element recurs or is indicative of a general quality or theme of the proving. An exception can be made to this if a dream is particularly powerful for the prover. It is also helpful for the Proving Director to be aware of common dreams and to exclude these from

the dream reportorial analysis. Investigating the history of prior dream activity of the prover can be helpful in this regard. Increased dream activity is to be expected when provers are placing increased attention and journaling dream activity and may not necessarily indicate proving symptoms.

Indications for the inclusion of dream rubrics include the following;

- Commonality (occurs in three or more provers)
- Strange, Rare, and Peculiar Dreams
- Dreams that mirror symptoms in physical, general, or mental symptoms
- Dreams that occur immediately after taking a remedy or during napping
- Dreams that are unusually strong or stand out for the prover
- Dreams that have a very strong (action)
- Dreams representing a proving theme that runs through the proving
- Dreams that change the mood of the prover on waking or linger long after the prover awakens

In addition, changes in dream activity should be noted.

In the formation of dream rubrics, content is less important than feeling or action. The verb (action) is more important than the noun.

Primary vs. Secondary Symptoms

It is important to recognize both primary and secondary symptoms as described in the Organon, in the repertorization.

Stuart Close defines the primary and secondary action of drugs as follows (Genius of Homeopathy p. 184-5);

> "Many drugs, in the first or primary stage of their action produce one group of symptoms, and in the second stage a directly opposite set of phenomena; as when the deep sleep of the primary action of Opium is followed by a much longer-lasting wakefulness; or where the diarrhea induced by a cathartic is followed by a longer-lasting constipation."

It is important to include both primary and secondary symptoms in the repertorization analysis.

Creation of New Rubrics vs. Using Old Rubrics

Rubric proliferation in modern repertories has become a growing problem. Homeopathic provings are often accompanied by a profusion of new rubrics. Although it is sometimes necessary (particularly dream or delusion rubrics), it should be minimized.

In some instances a repertory will have a rubric that is not specific enough to demonstrate what was shown with specificity in a proving, therefore, a judicious recommendation of a

rubric may be warranted, as in:

The following rubric is not included:

> CHEST - OPPRESSION - breathing - deep - amel.

Whereas, its opposite could be included:

> CHEST - OPPRESSION - breathing - deep - agg.

As a general rule, new rubrics should be added when a similar rubric in the existing repertory cannot be identified. This should amount to no more than **0-5**% of rubrics in a homeopathic proving.

Grading of Rubrics

Repertories grade in different ways focusing on intensity or frequency. Rubrics added to the repertory based on homeopathic provings should be generally listed in single type only. Clinical confirmation is necessary for rubrics to be upgraded into either italic or bold type. If italics are used, they should comprise no more than 0-5% of the rubrics.

Criteria for inclusion or rubrics in italics include:

- Frequency: Symptoms that occur in more than 50% of the provers
- Intensity: Symptoms that are unusually strong and stand out to the prover and supervisor.

Over Focus on Natural History

Some provings over focus on trying to add natural history material of the substance into the repertorization ie, uses, appearances, and mythology. This should be avoided. The proving repertorization should be based solely on the raw data from the proving.

If toxicological or physiological symptomatic data is available from the natural history of the substance, this can be repertorized in a separate repertorization. A useful way to handle toxicological information is to create a separate symptom list and repertory of the toxicological symptoms.

Handling Cured Symptoms

There is a considerable range of thinking between those who believe that “cured symptoms” can represent the most important symptoms in a homeopathic proving and those who feel that they are more peripheral.

The repertorization of cured symptoms is another issue that must be addressed. For example, consider the following cured symptom:

> “During the proving, I have had a cure for my chronic irritability. I feel much more tranquil and at peace.”

Should this symptom be repertorized as the negative symptom "Mind, Irritability", the positive symptom "Mind, Tranquility", or neither or both? Generally, we recommend the repertorization of negative symptoms only.

Mistaking Repertory for Materia Medica

It is important not to mistake the repertory for a materia medica. Rubrics should be generated that point to the materia medica but not as a materia medica substitute. The repertory is an index of symptoms and serves as a guide to identify remedies that warrant further research in the materia medica. It is not meant to be a description of the remedy or a substitute for materia medica. This understanding is helpful to keep in mind when repertorizing a proving.

Inclusion of Concomitants

Concomitants which are peculiar and therefore important, are often not included in the repertorization. An example might include:

> Difficulty breathing at night, accompanied by diarrhea

This is because of the natural tendency to break the symptom down into component parts, thus information about concomitants are lost. Repertorizations should include an effort to include concomitant symptoms in the analysis.

When to Repertorize

There is controversy in the literature regarding when best to repertorize the results of the homeopathic proving. The range is from immediate to ten years after the homeopathic proving is conducted (Sherr, 2013). The advantages and challenges of these approaches are summarized below:

Strategy	Strengths	Challenges
Immediate Repertorization	1. Provides access to the new homeopathic remedy more rapidly to the homeopathic community; 2. Utilizes the homeopathic community to develop the remedy rather than a single individual;	1. Encourages non-confirmed usage of the homeopathic remedy; 2. Puts the burden of remedy development on the homeopathic community rather than the proving director; 3. Doesn't provide for continuing the overall, "as if one" element to allow refinement of themes and a deeper understanding of the remedy. 4. The community may not recognize the nuances in

		confirmation symptoms that the proving director does
Delayed Repertorization	1. Provides more accurate and confirmed repertorization; 2. Provides opportunities for evaluated clinical confirmation; 3. Allows the proving director more time to gain a sense of the "as if one" integration of the proving symptoms.	1. Not all proving directors have extensive clinical practice; 2. Puts the burden of remedy development on the proving director rather than the homeopathic community; 3. Encourages over usage of the homeopathic remedy by the Proving Director; 4. Delays the widespread use of a new remedy

Regardless of the approach, it is vital that there be a mechanism for clinical confirmation of the proving symptoms that is available to develop the remedy further.

Thank You for Your Advice

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