2026 Volume: 02 Issue: 11 www.ijrpa.com ISSN 2456-9995 Review Article

International Journal Research Publication Analysis

Page: 01-11

UNDERSTANDING THE PHILOSOPHICAL FOUNDATIONS OF REPERTORIES: A NARRATIVE REVIEW WITH EMPHASIS ON KENT'S REPERTORY

Aysha Bushra M.*[1], Suman Sankar A. S. [2], Richa S. K. [3] and Surya Gayathri V. [4]

[1]*PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari, Tamil Nadu, India.*

[2]*Professor, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari, Tamil Nadu, India.*

[3]*PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari, Tamil Nadu, India.*

[4]*PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari, Tamil Nadu, India.*

Article Received: 13 October 2026
Article Revised: 02 November 2026
Published on: 21 November 2026

***Corresponding Author: Aysha Bushra M.**
PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari, Tamil Nadu, India.

DOI: https://doi-doi.org/101555/ijrpa.7315

ABSTRACT

Background: Repertory and repertorization are founded on homoeopathic philosophy, and every repertory carries a definite philosophical background of its own. Understanding that background is necessary if the repertory is to serve Hahnemann's ideal of a rapid, gentle and permanent restoration of health. **Objective:** To trace the growth of repertories and the philosophical schools behind them, to examine the logic, structure, method and limitations of Kent's Repertory, and to review the later repertories built on its foundation. **Methods**: A narrative review of classical literature on repertory philosophy was undertaken, with Kent's Repertory and Kent's preface on the use of the repertory serving as the principal sources. Two prominent groups emerged in the latter half of the nineteenth century, the Puritan group, which treated the repertory as an index of materia medica, and Boenninghausen's group, which separated symptoms into location, sensation, modality and concomitants. Kent's Repertory (1897) follows deductive logic, moving from generals to particulars, and arranges sub-rubrics according to the STMEL pattern, side, time, modalities, extension and locations. Kent's method prioritises mental symptoms, followed by physical generals and particulars,

and confirms the selected remedy against the materia medica. Its recognised limitations include a rigid structure, limited clinical and acute rubrics, missing later remedies, archaic language and weak cross-referencing. Later additions and descendant repertories, including the Synthetic Repertory (1973), Synthesis (1987) and the Complete Repertory (1996), sought to address some of these limitations.

Conclusion: Inductive and deductive logic are both used in homoeopathic reasoning, so Kentian and Boenninghausen approaches are complementary. Each suits particular kinds of cases in arriving at the similimum.

KEYWORDS: Repertory; Kent's Repertory; Boenninghausen; deductive logic; repertorization; homoeopathic philosophy; Synthesis; Complete Repertory.

1. INTRODUCTION

The whole of repertory and repertorization stands on the bedrock of homoeopathic philosophy. Behind the development of each repertory there is therefore a definite philosophical background, and a physician who does not know that background will use the repertory mechanically, without knowing what it can and cannot be asked to do.

The practical stakes are considerable. Hahnemann's highest ideal of cure is a rapid, gentle and permanent restoration of health [1]. Every homoeopath hopes to reach it by finding the remedy correctly, easily and quickly, and the repertory is the main instrument for that task. A proper understanding of the philosophical background of each repertory is therefore essential to using it well.

This review traces the growth of repertories and the two philosophical groups that emerged in the nineteenth century, examines the deductive logic, arrangement, method of case evaluation and limitations of Kent's Repertory, and surveys the modifications and descendant repertories built upon Kent's philosophy.

2. Growth of Repertories

The growth of repertories has not been a simple accumulation of entries. It has proceeded along several lines together: an increasing number of rubrics and medicines, an increasing number of clinical diagnoses, improved contents, and a more systematic working methodology that allows all types of cases to be handled. A sound philosophy is the foundation of every one of these developments.

3. Philosophical Groups in the Latter Half of the Nineteenth Century

In the latter half of the nineteenth century two prominent groups of philosophers developed: the Puritan group and Boenninghausen's group. Boenninghausen's own repertories appeared earlier, between 1832 and 1846 [5], but the school of thought built around his method took shape in this period.

3.1 The Puritan group

The Puritan group viewed the repertory only as an index of materia medica. Its approach was rigid and literal. Symptoms were recorded exactly as narrated by the provers, with no breaking, no combining and no interpretation, so that the full purity of the proving language was maintained. The key contributors named in this tradition are Hering [2], Knerr [3] and Gentry [4].

3.2 Boenninghausen's group

Boenninghausen's group took a different view. Here the symptoms are broken up into components such as location, sensation, modality and concomitants, and these are kept separate. Repertories of this kind aided clinical practice, because a patient's symptom could be rebuilt from its components and matched against remedies, rather than having to match a prover's wording exactly. The principal works of this school are Boenninghausen's Therapeutic Pocket Book [5] and Boger's Boenninghausen's Characteristics and Repertory [6].

4. James Tyler Kent and the Swedenborgian Influence

James Tyler Kent was a Hahnemannian who was strongly influenced by the Swedish philosopher Emanuel Swedenborg [7–10]. Kent practised and advocated strict Hahnemannian homoeopathy. What he added was an explanation of the mechanism of homoeopathy, expressed through Swedenborg's concepts.

Kent was not the only well-known Swedenborgian homoeopath. Hering, Boericke, Tafel, Farrington and many others shared the influence [9–11]. Hering's concept of the direction of cure is itself regarded as Swedenborgian. Kent's contribution was to bring this thinking to the repertory, putting its rubrics in order according to Swedenborg's degrees [8], from the general to the particular. The result was Kent's Repertory [12].

5. Logical Frameworks of Repertories

Repertories with a distinctive philosophical background can be classed according to the logic on which they rest, within what may be called the logico-utilitarian group [13]. Deductive logic proceeds from generals to particulars and is exemplified by Kent's Repertory, whereas

inductive logic proceeds from particulars to generals and characterises the Boenninghausen tradition. This distinction influences how a repertory is constructed, how its rubrics are ordered and how a case is worked up.

6. Kent's Repertory of the Homoeopathic Materia Medica (1897)

6.1 General arrangement

Kent's Repertory arranges rubrics from generals to particulars [12]. A general rubric comes first, followed by the particular rubrics. The sub-rubrics are arranged by the pattern STMEL, which stands for side, time, modalities, extension and locations, and which gives a more systematic way to represent them.

6.2 Arrangement of sub-rubrics

In the STMEL arrangement, side is not ordered alphabetically; the right side is listed before the left. Time is generally arranged from sunrise to sunset, followed by night, with daytime treated as an exception. Modalities are arranged alphabetically and include aggravations, ameliorations, concomitants, alternations, causations and accompaniments. Locations are not represented directly but appear under sensations or modalities.

7. Kent's Method of Working Out a Case

7.1 Science and art in repertory study

Homoeopathy includes both science and art, and repertory study must therefore include both. The scientific method is the mechanical method: take all the symptoms, write out the associated remedies with their gradings, and make a summary of the grades at the end. The art lies in the evaluation described by Kent in his preface [14].

7.2 Order of evaluation

Kent set out an order of evaluation in which the most important symptoms are those of the patient himself rather than of the disease.

First, mental symptoms are worked out in the usual manner until the remedies most suited to the patient's mental condition are identified. Once the results are considered, a group of five or ten remedies is retained.

Second, physical generals are considered. These concern the person as a whole, including the body, blood and fluids, and may involve sensitivity to heat, cold, storms, rest, night, day or particular times. They also include symptoms and modalities. Kent gives preference to discharges, such as those from ulcers, the uterus during menstruation and the ears, because he considered them closely related to the vital operation of the organism.

Third, the record is examined to determine which of the shortlisted remedies most closely match the particulars of the regions, organs, parts and extremities. Strange and rare symptoms may be highly guiding even when local. Kent cautions that a patient who generally desires heat may nevertheless need cold for the head, stomach or inflamed parts. The modalities of an affected part should therefore not automatically be generalised to the whole patient; local modalities may even be opposite to the patient's general modalities.

Finally, keynotes may guide the prescriber towards a remedy, provided that they do not conflict with the mental and physical generals in their modalities.

Any remedy correctly worked out and then looked up in the materia medica should be seen to agree with and fit the patient, his symptoms, his parts and his modalities.

7.3 Stepwise summary

The method can be summarised in five steps: (1) collect all symptoms; (2) identify the characteristic or peculiar symptoms (mental symptoms, generals and modalities), which belong to the patient and not to the disease; (3) shortlist a small group of remedies (five or ten, as in Kent's preface); (4) check the particular or local symptoms; and (5) match the totality and select the remedy.

7.4 Well-rounded and one-sided cases

Kent observed that working out a well-rounded case is the simplest part of repertory work. The more intricate problems arise in one-sided cases, where characteristic mental and general symptoms are scanty.

7.5 The writer's cramp example

Kent used writer's cramp to show how such cases are handled. On examination, writer's cramp means cramp in the fingers, hand or arm, or all three. It may be accompanied by numbness and tingling, by a sensation of paralysis, or by tingling of the fingers and hand, all arising from writing or made worse by writing. A repertorization of these specifics alone brings out all that can be found in the materia medica on the subject, but failure often follows because the clinical and pathogenetic records available are scanty. Sometimes the scanty result shows exactly the remedy required, but more often it does not.

7.6 Sorting out the rubrics: general rubric plus specific rubrics

In such cases Kent proceeds from generals to particulars. A general rubric is taken first, containing all the remedies that have produced the symptom, followed by the particulars. The general rubric will include every remedy related to the symptom. If the remedy that runs

through the general rubrics is then found to have the particular symptoms as well, this supports its choice as the one to prescribe.

7.7 Kent on Boenninghausen's generalisation

Kent held that the generals were well worked out by Boenninghausen but overdone, because he generalised many rubrics that were purely particulars. Using these as generals is misleading and ends in failure. Kent's own approach is a partial generalisation, and he illustrated it with the rubric "motion." In Bryonia, so many particular symptoms are aggravated by motion that the patient himself appears worse from motion. Such a rubric must show the extent of aggravation in relation to the general bodily state, both in general and in particular, and must be retained among the generals. Kent's rule is that any rubric that modifies so many particulars that the patient himself seems modified must be classed as a general. He held that many wonderful cures and many wonderful failures have followed the use of Boenninghausen, and that both arise from this cause.

7.8 Growth of the repertory through clinical confirmation

Kent saw a way for the repertory to improve. Once cures have been made with remedies selected in this way, those remedies may be added to the scanty list of particulars, and the repertory will grow into usefulness. He regarded this as the legitimate use of clinical symptoms and the proper application of the general rubric. He envisaged a repertory that shows each symptom with the circumstance connected with it, and he observed that if the large number of correct prescribers in the world joined in this extension, a repertory of comparatively extensive particulars could soon be produced.

8. Editions of Kent's Repertory

Kent's Repertory underwent several revisions and reissues [12]. The first edition appeared in 1897, followed by the second edition in 1908, the third in 1924, the fourth in 1935, the fifth in 1945 and the sixth in 1957. An Indian edition based on the sixth edition appeared in 1961. Kent's Final General Repertory by Schmidt and Harish Chand was published in 1974 [15]. A seventh edition was prepared when Dr. P. Schmidt combined the Indian and American editions, commonly referred to as the revised first edition.

9. Limitations of Kent's Repertory

Kent's Repertory has long been regarded as the standard, and yet it has been criticised. George Vithoulkas wrote that Kent's repertory, even if the best so far, contains a lot of errors

and that its structure and logic are not always maintained. He felt there was no good reason to reprint the same errors once more, as other so-called new repertories had done [16].

Several limitations have been recognised. The rigid sequence of mind, generals and particulars can be difficult to apply in many practical cases. The repertory has limited coverage of clinical conditions and modern terminology, and many clinical rubrics are absent. It also lacks remedies introduced through later provings. Kent's nineteenth-century English can be difficult for students and beginners, while subtle differences in wording between similar rubrics may cause confusion. Cross-referencing is not systematic, and related rubrics may be scattered without clear connections. In addition, many acute rubrics are missing, making the repertory less suitable for acute work than for constitutional prescribing.

These limitations prompted the production of new repertories, many of them based on Kent's philosophy, in what was an era of active development and publication.

10. Modifications, Additions and Descendants

10.1 Additions and corrections to Kent's Repertory

In the early twentieth century, C. M. Boger added many rubrics to Kent's Repertory [17]. Other additions and corrections included George Vithoulkas's Additions to Kent's Repertory of the Homoeopathic Materia Medica, reprinted in 1993 [16]; a corrected and improved edition published by R. P. Patel and expanded by Sivaraman [18]; Kent's Comparative Repertory of the Homoeopathic Materia Medica by Dockx and Kokelenberg [19]; and Bowel Nosodes in the Pages of Kent's Repertory by Namitha Mohanty, published in 1998 [20].

10.2 Lineage of repertories

The lineage runs from Lippe (1879 to 1880) [21] through Kent's first edition (1897) and its successive editions (1908, 1924, 1935, 1945, 1957 and the Indian edition of 1961), to the Synthetic Repertory (1973) [22], Synthesis (1987) and the Complete Repertory (1996).

10.3 Synthetic Repertory (1973)

The philosophy of the Synthetic Repertory [22] limits its symptoms to generals. Barthel considered Kent's Repertory to be the best reference book for particulars. Volume 1 covers mental symptoms (Barthel), Volume 2 covers physical generals except sleep, dreams and sex (Barthel), and Volume 3 covers sleep, dreams and sex (Klunker). The division into volumes follows the hierarchy of general symptoms.

10.4 Synthesis (1987)

Synthesis [23] is based on the sixth American edition of Kent's Repertory and contains all its rubrics and remedies. It therefore maintains Kent's philosophy: individualisation through

evaluation of symptoms, evaluation following deductive logic, gradation of medicines and its basis, and cross-references. It is the best example of an expanded Kent's Repertory. It retains the hierarchical structure, so there is no new format to learn.

10.5 The Complete Repertory, Roger Van Zandvoort (1996)

The Complete Repertory [24] first appeared as a database file for use with Kent Homeopathic Associates' Mac Repertory, with a preface by Dr. Dario Spinedi. It is based on the first, third and sixth editions of Kent's Repertory. It contains about 515,000 additions in 41 chapters, with dreams placed within the Mind chapter, and is available in three volumes or in a single volume.

10.6 Murphy's Homeopathic Medical Repertory (1993)

Robin Murphy's Homeopathic Medical Repertory (1993) is a modern repertory that supplies contemporary terminology and a large number of clinical rubrics, and so addresses two of the limitations of Kent's Repertory listed in Section 9 [25].

11. DISCUSSION

The history reviewed here shows that repertories differ less in their content than in the logic by which that content is organised. The Puritan group preserved the purity of the prover's language at the cost of usability. Boenninghausen's group made symptoms portable by breaking them into components, and Kent, in turn, ordered the repertory around the hierarchy of the patient, with mind first, then generals, then particulars.

Kent's approach has real strengths. It gives the prescriber a rule for what matters most, which is the characteristic symptoms that belong to the patient and not to the disease. His partial generalisation, with the "motion" rubric in Bryonia as the test, is a considered answer to the over-generalisation he saw in Boenninghausen. And his proposal that clinically confirmed remedies be fed back into the particulars gives the repertory a way to grow by use.

The descendant repertories are best understood as responses to these limitations. Synthesis kept Kent's structure while adding material, so that the prescriber needs to learn no new format. Murphy's Homeopathic Medical Repertory added modern terminology and a large number of clinical rubrics [25]. The Complete Repertory expanded the base very widely. The Synthetic Repertory took the opposite path, limiting itself to generals and leaving particulars to Kent.

The central point of this review is that the apparent conflict between Kentian and Boenninghausen philosophy is better seen as a difference in suitability. In the authors' reading, both induction and deduction enter into homoeopathic reasoning, which is why the

two approaches complement rather than oppose each other. A case rich in mental and general characteristics invites the deductive, Kentian route. A case with strong, well-defined particulars and modalities, and few generals, may, in the authors' view, be better served by a Boenninghausen approach. A prescriber who understands both is better placed to choose.

Limitations of this review

This is a narrative review and not a systematic one. It relies on classical sources and on the authors' selection of them, and it does not apply formal criteria for the inclusion of literature.

12. CONCLUSION

Every repertory is built on a philosophy, and the prescriber who knows that philosophy uses the book more precisely. Kent's Repertory, founded on deductive logic and the hierarchy from generals to particulars, remains the base from which later repertories have been built, in spite of its recognised limitations. Inductive and deductive logic are both part of homoeopathic reasoning, and Kentian and Boenninghausen approaches each suit particular cases in reaching the similimum. The repertory literature continues to grow from these common roots, and the task for the student is to understand the foundations well enough to choose the right tool for the case in hand.

Conflict of interest: None declared.

Funding: None.

REFERENCES

1. Hahnemann S. Organon of medicine. 6th ed. Boericke W, translator. New Delhi: B. Jain Publishers; 1921. §2.
2. Hering C. Analytical repertory of the symptoms of the mind. Philadelphia; 1881.
3. Knerr CB. Repertory of Hering's guiding symptoms of our materia medica. Philadelphia: F.A. Davis; 1896.
4. Gentry WD. The concordance repertory of the more characteristic symptoms of the materia medica. 6 vols. New York: A.L. Chatterton & Co; 1890-1892.
5. von Boenninghausen C. Therapeutic pocket-book for homoeopathic physicians: to be used at the bedside of the patient and in studying the materia medica pura. Hempel CJ, editor. New York: William Radde; 1847. (Translated from the German original published in 1846.)
6. Boger CM. Boenninghausen's characteristics and repertory. Parkersburg (WV): 1905.

7. Kent JT. Lectures on homoeopathic philosophy. Chicago: Ehrhart & Karl; 1919.
8. Swedenborg E. Divine love and wisdom. Amsterdam; 1763.
9. van Galen E. Swedenborg und Kent: Über den Einfluß von Emanuel Swedenborg auf die homöopathische Philosophie des James Tyler Kent. Zeitschrift für Klassische Homöopathie. 1995;39(1):19-29. doi:10.1055/s-2006-938581.
10. Reischman S. Kent and Swedenborg [Internet]. Hpathy Ezine Available from: https://hpathy.com/homeopathy-papers/kent-and-swedenborg/
11. Winston J. The faces of homoeopathy: an illustrated history of the first 200 years. Tawa, New Zealand: Great Auk Publishing; 1999.
12. Kent JT. Repertory of the homoeopathic materia medica. 3rd ed. Chicago: Ehrhart & Karl; 1924.
13. Dhawale ML. Principles and practice of homoeopathy. 2nd ed. Bombay: Institute of Clinical Research; 1985.
14. Kent JT. Preface on the use of the repertory. In: Kent JT. Repertory of the homoeopathic materia medica. 3rd ed. Chicago: Ehrhart & Karl; 1924.
15. Schmidt P, Harischand D. Kent's final general repertory of the homoeopathic materia medica. New Delhi: National Homoeopathic Pharmacy; 1974.
16. Vithoulkas G. Additions to Kent's repertory of the homoeopathic materia medica. Reprint ed. New Delhi: B. Jain Publishers; 1993.
17. Boger CM. Additions to Kent's repertory. 1931. Reprint ed. New Delhi: B. Jain Publishers; 1981.
18. Patel RP, Sivaraman. Kent's repertory: corrected and improved edition
19. Dockx R, Kokelenberg G. Kent's comparative repertory of the homoeopathic materia medica. Ghent: Homeoden Bookservice; 1988.
20. Mohanty N. Bowel nosodes in the pages of Kent's repertory. 1998.
21. Lippe C. Repertory to the more characteristic symptoms of the materia medica. New York: Steam Press of Bedell & Brother; 1879. Reprint ed. New Delhi: B. Jain Publishers; 1991.
22. Barthel H, Klunker W. Synthetic repertory. Vol. 1, Mental symptoms. Heidelberg: Karl F. Haug Verlag; 1973. Vol. 2, General symptoms; 1974. Vol. 3, Sleep, dreams and sex; 1980.
23. Schroyens F, editor. Synthesis: repertorium homeopathicum syntheticum. London: Homeopathic Book Publishers; 1987.

24. van Zandvoort R. The complete repertory. Leidschendam, The Netherlands: IRHIS; 1996. Preface by D Spinedi.
25. Murphy R. Homeopathic medical repertory: a modern alphabetical repertory. 1st ed. Pagosa Springs (CO): Hahnemann Academy of North America; 1993.