



Following is an exchange between David Witko, creator of ISIS, and Jeremy Sherr, author of the Repertory of Mental Qualities. Ever since this repertory was made available for use with ISIS many users have asked how they can put QRep to best use.



Below David asks Jeremy these questions and gets focused, helpful replies!

David: When I repertorise with the QRep I can often come up with 40 remedies. Isn't this too much to process?

Jeremy: Not if you want to see the smaller remedies that cover the case! This is one of the main strengths of the QRep, but obviously it means going through more remedies.

If you use conventional rubrics to narrow the number of remedies down, you may gain convenience, but you will quickly lose these new and smaller remedies.

When using the QRep, you get more remedies, but these will provide you with extra possibilities. It is easy to reduce the number of remedies by adding one or two rubrics from the conventional repertories, or by using a small remedy filter (*in an ISIS repertorisation you would select Filters, Frequency and probably switch on Small and Tiny*)

It may seem like more work, but you will quickly see the benefits.

David: To those considering purchasing QRep could you explain how often they can use the QRep in their practice? Can it be used in all kinds of cases? Do you find it more suited to some than others? Are there situations when you would not use it?

Jeremy: In practice I find the QRep suited to nearly all cases. In my western practice I use it in 90% of cases, as it is so easy, simple and effective. To give an example: In my average clinic day of 10 patients, 3-4 would have **low self esteem**. There is no corresponding rubric that covers this condition well in conventional repertories. 'Lack of confidence' is not nearly enough. Then there would be 3-4 cases with 'Victim' mentality, or 'Sensitive to Opinion' of others, or 'Carers and helpers', or 'Snakes', or 'Money' etc. All these are issues that are difficult to find or use in conventional repertories.

So as you can see the QRep would be useful in most cases. *The only cases not suitable are where there are no mental emotional symptoms*, or where we have not created a suitable rubric yet. Consequently, in Africa, where there are few Mental emotional symptoms, I use it less frequently, perhaps in 30% of cases.

The QRep is suited to most western cases where there is an emphasis on mental- emotional issues. It is a safer, easier and more accurate way of repertorising, and the results reflect this.

David: On what basis did you choose the Qualities to create? Was it based on how often you encountered such concepts in your cases? Or was it based on a lack of suitable rubrics to cover certain concepts? Or was it necessary because of the amount of separate, vague and distinct and confusing rubrics present in conventional rubrics? Please give a 'feel' for how you decided.

Jeremy: All of the above are true, but the main factor was what I and colleagues needed in practice but found lacking in conventional repertories. It was very frustrating to take 'Sympathetic' as the main rubric for caring types, as there are clearly many more rubrics and remedies that fall under this category.

It was frustrating to have to combine 'Fear; High places', 'Dreams of falling', and 'Impulse to jump' so many times.

I needed the rubric OCD or Failure everyday, but could not find the right equivalent.

So the decision was based on, in order of importance:

1. What we encountered in everyday practice
2. What we found unsatisfactory in conventional repertories

We are always open to requests for new rubrics. Lately we have decided to create **Insects** and **Big ego** as a result of user feedback and these will be made available in due course.

David: One of the main benefits of QRep is the presence of many new remedies – and the fact that you and your team have carefully ensured that all remedies (not only the new ones) are indeed present in the Qualities based on their provings : so how does your team do this vital work?

Jeremy: It takes a long time and a lot of work to create each rubric. We are very careful. We first define the concept so we are sure what the rubric represents. Then each of us, two or three separate people, collect all the appropriate rubrics from all the repertories we have available. This may amount from fifty to hundreds of rubrics, depending on the type of concept. Then we compare the rubrics and arrive at a common agreed base of what rubrics are suitable. Following this each team member goes through all the appropriate rubrics and checks every remedy.

If a remedy is clear, such as Arsenicum for 'Money' there is no problem. But with every remedy that is not entirely clear we go back to the original MM to check its sources. Once we have finished this stage we combine all MM from three computer programs, searching for remedies not included in the repertories. We then check each of these remedies individually. Following this stage we go to our database of new provings that are not yet in the computer programs, or not even published. We search the internet, journals and cases.

Once we each have a list of remedies, we compare our results and together decide if the remedy is acceptable and which degree it should have in the quality we are creating. The final decisions are made by me using my experience and knowledge of remedies gained from 35 years of clinical experience , study of remedies, understanding of the nature of provings and the validity of various authors clinical experience.

Finally we add from our own experience and user feedback. The process of looking at new provings is quite different from the normal repertorising, in which each new proving is gone through painstakingly from head to toe. We only have thirty plus qualities to cover at present, so we can add new provings efficiently and quickly.

It takes us about three months to create a new rubric, but using this prolonged process is the only way we can be confident that we are creating high quality and reliable rubrics.

David: Why do you consider it essential that provings are used as the basis for qualities as opposed to simply accepting case results?

Jeremy: We use both provings and cases. We examine all cases in the literature, computer software, journals and internet, as well as our own cases.

David: Can someone already taking cases as they have been taught simply start to use QRep by re-examining their case notes and using the Qualities?

Jeremy: Absolutely, why not. The QRep can work alongside any system you use. Even more so as it includes many new remedies which you may find interesting for the case at hand.

David: Is it as simple as choosing all of the Qualities the homeopath sees in the case? Or does the homeopath have to exercise some restraint or filter when choosing (either time based on patient history or some other technique?). Is the rule 'take all the qualities you see in the case'?

Jeremy: That is a good question. I use both together. I put all the appropriate Qualities in one clipboard, and then I put selected Qualities in other clipboards. Maybe the best two or three suitable to the case or corresponding issues (e.g. Victim and Failure) . I can then pick and choose by combining different clipboards with each other, or with conventional rubrics.

At all times, try to have a understanding of what needs to be cured in the case BEFORE you begin repertorising. There is no substitute for that. Try to make your rubrics reflect that perception.

David: Is the QRep suitable only for experienced practitioners?

Jeremy: On the contrary, The QRep is very suitable for beginners. If you do not know the repertory well, which is quite difficult with the large repertories today, the QRep will simplify the beginners work enormously by making it much easier to choose suitable rubrics. ***A major point of the QRep is to make repertorising simpler!*** For the advanced practitioner it offers both the simplicity, accuracy and a much wider choice of remedies.

David: Does it matter which conventional repertory is used alongside QRep to take those additional rubrics?

Jeremy: Older repertories do not have enough remedies to match and compliment the QRep. The Combined Repertory and Complete Repertory are both suitable.

David: When considering the results of a QRep analysis many new remedies come forward (which is again a major plus) – but often these remedies are not present in any materia medicas – in practical terms how do you recommend QRep users set about the task of deciding whether to use a remedy (especially a new remedy that they may not be familiar with) recommended by QRep?

Jeremy: First of all **search the internet and journals for the proving.** Go to www.provings.com or equivalent sites.

David : Yes I agree : use **Google!!!!** Many of the provings and new remedies are available online

Jeremy: If you can find the proving then study it. This should almost always be possible as the QRep is based on published materials. In the rare cases that you cannot find the proving you will have to use your best guess based on analogy, signature, logic etc : this is not so good but sometimes the only choice.

New provings can take a long time to study. You have to learn to scan them quickly, or take time to study in depth which will pay dividends later. The new proving or remedy will not cover the case exactly one to one. If you can develop an understanding of both and match the essential idea rather than particular expressions the you have the best option.

David: Using the QRep often results in 30-40 rx to choose between. Obviously we can have great confidence that the required rx is definitely in this list (which is a major plus point!!) – so exactly how do you recommend users differentiate between these 30-40 rx?

Jeremy: Number one and most important. **Before you repertorise try to assess what needs to be cured in the case.** This is your science and art, the mark of your expertise as a practitioner. If you just throw in rubrics with no understanding of what needs to be cured you will be lost in a forest of remedies. Of course this takes time and learning, and there is no way around it. But this is the beauty of being a true healer.

Repertorise only after you understand what is to be cured in the case. Then scan through the list of remedies that are present in the most appropriate rubrics (both conventional and QRep), with your summary of the case in mind. While you look at each remedy, say to yourself: Yes, No, Maybe, Dont know. Make a short list of Yes and Dont know remedies. **Then go to the MM with this list in mind.**

David: Yes ISIS makes this easy. On the ISIS repertorisation chart you can right click on any remedy and choose *Materia Medica* to see all the information you have in your ISIS system about the selected remedy.

Jeremy: Here is a tip: Always begin with Phataks MM, then check the rest. Maybe Vermulens Synoptic or Allen etc etc. **The remedy has to fit the MM.** Remember however that the older materiamedicas will not have information on the new remedies so you must remember to consult proving websites for information on these new remedies.

Pay a lot of attention to the **physical affinities** (hence I recommend Phatak above). You already know the mentals fit because they appear in your QRep repertorisation, so all you need to do is make sure the physical affinities fit as well.

In a way the QRep is a repertory of mental affinities. **If both mental and physical affinities fit, you have a very good chance of success with your remedy.**

David: You often tell users of QRep to take 1 or 2 additional rubrics from a conventional repertory to help refine the final case analysis. Can you explain on what basis they can choose those additional rubrics?

Jeremy: The QRep is a compliment to the conventional repertories, they are meant to be used together.

Here are the main points in choosing additional rubrics:

1. Make sure the rubric is true to the case. Just because someone's mother died does not mean you should use Ailments from grief. Think carefully and make sure you are accurately representing the case with the rubric.
2. Choose rubrics that are meaningful to the main issues of the case.
3. Do not choose too small or newly created rubrics (e.g. Desire to watch TV). Use these just for confirmation, not for eliminating.
4. Combine similar issues into one rubric (e.g. Anger and Violence)
5. Look for the Strange Rare and Peculiar and if present use these from your favourite repertory.

Always hold this in your mind: the right rubric is the one that contains the right remedy. How sure are you that the right remedy is in this rubric? And how sure are you that the rubric is true to the case?

David: Why are the degrees in QRep different from those of conventional repertories?

Jeremy: While conventional repertories base their degrees on frequency, the QRep bases them on quality.

Let me give an example. Based on my extensive study of the remedy Oxygen, money and ego are very important issues and essential to the nature of the remedy, hence I have added Oxygen in the quality 'Money' and plan to add to the new quality 'Big Ego' in the 4th, highest, degree. But in a conventional repertory, as only few provers and very few cases reflect this issue, Oxygen would be represented as only a 1st (lowest) degree remedy. It is a different point of view.

David: Why have you not added author sources to each remedy?

Jeremy: Neither did Kent, Bonninghausen, Kunzli, Murphy etc, and many other repertories which we all use. Adding author sources is extremely time consuming and not of that much use often because there are usually multiple sources. It is very easy to do a quick search in the repertories and MM to find what the source is.

Obviously these answers are brief due to the limitations of answering email questions. If you would like more depth and detail on any of these issues I recommend you take my online course, which consists of 14 sessions which include issues such as case taking, tools for case analysis, case synthesis, the art and science of repertorising and much more. The course is called Simple Strategies for Success in Homeopathy and is guaranteed to live up to its name. For more details see www.dynamis.edu

For a really comprehensive post grad course, covering all this and much, much more, why not join me in The Dynamis School of Advanced Homeopathic Studies. See my website for details of on-going courses.