

Why a Veterinary Repertory? From Human to Animal – The Translation of Symptoms

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1. Introduction

If we try to become aware of the the present state of our planet, it's obvious to stipulate that humans are the strangest animals, that live on the surface of the earth. This sentence would probably not be contested, at least not by ecologists. In homoeopathy though this axiom holds true the opposite way.

But this is not really a big surprise, as Homoeopathy itself is strange and peculiar: Just remember that pathognomonical symptoms are unimportant to find a simile, it's the other way round than in Allopathy. Another peculiarity is, that remedy proofings are done with humans. That's why we involuntarily impress radical members of animal protection clubs.

In any case it's a fact, that that all remedy-proofings have been done with the human race. That's why the Repertory is a collection of proving-symptoms that were verified again in humans. (Of course some symptoms came directly out of clinical experience into the Repertory, in cases were a symptom was repeatedly cured by the same remedy.) Anyway- the Repertory is clearly a book for human medicine. If we focus on Kent's Repertory, the one which is the standard, or nowadays the starting point for any additions, then we have to know that this book is in reality a collection of symptoms in US-Americans before the Mc Donald Era. Thus it's a bit dangerous to take such a book as a standard (I am talking of a standard for people of course) anyway. Can we use in Indians or Inuit the same symptoms as in the above mentionned Americans? How do we deal with Pulsatilla who should all be blond and blue-eyed? Are there any Indian Pulsatillas at all? Can we take the symptom "desire for fish" as a General Symptom in an Inuit? In the end we have to ask ourselves if Kent's Repertory can be used anywhere else than in the United States before the turn of the century, maybe even narrowed down to only be used in the middle class? I don't think that we seriously have to discuss this question, even if some points, such as specific symptoms for certain races or the question of a modern language, are a problem to be solved.

2. Symptoms that cannot be used

2.1 Subjective Symptoms

We now have to deal with the question if the " Back, heat, dorsal region, scapulae between" and "Abdomen, pain, stones, like sharp, rubbing together", probably all of you shall agree, that the first symptom can be used in Veterinary Medicine, whereas the second one cannot be detected in animals. Even if we restrict ourselves to domestic animals it's impossible to treat the Repertory the same way, rubric for rubric. We have to look at the symptoms one after the other in order to judge their validity. As a side-remark it has to be said, that veterinarians make use of the repertory since a long time already, and they do have good results in the search for a simile. It's just a question of how to use the book. In order to be successful one has, of course, to have a sound knowledge of the repertory - much too frequently this way to find a simile is unsuccessful because the structure of the repertory is

not known, or because one doesn't know where and how to find a rubric and which symptom is relevant in Veterinary Medicine. I want to stress the point again: Without a sound knowledge of the repertory it's impossible to work with it. The best way to learn is to participate in courses together with your Human Doctors colleagues. There is no place to learn it for Vets and I think this is a very fortunate situation. If you learn together with a physician you will go through rubrics that you wouldn't look at otherwise. This is the way to learn with a broad horizon. I remember my first years: In the evening after the course and later the supervision lessons with Dr. Jost Künzli had come to an end, I always had dinner with two human doctors and we went through all the chapters of the repertory. What we really liked about doing this work together was, that it turned out to be fruitful for all the three of us. Some rubrics or chapters were preferred by me, some by the others. If we hadn't learned together we would have missed a lot of symptoms that turned out to be useful for the daily work. Physicians tend to look at the subjective symptoms more closely, Vets prefer the objective signs. But don't forget: It is crucial to know both of them and that's why a combination of vets and physicians turns out to be a wonderful thing for a course. We in Switzerland stick to this combination for the introductory courses and I know others do the same, with big success. Of course it's always good to make specialization courses, but the basics are the same in homoeopathy - be it human or animal.

Back to the symptoms: We have mentioned two symptoms. One is an objective and palpable sign, the other one a subjective feeling. Even if animals do possess the latter, it's impossible to sort them out. The absence of the human language results in a loss of roughly half of the existing rubrics. If we look at the chapter „Head“ for instance we see, that out of 94 pages 71 deal with headache alone. Only rarely we can utilize a headache rubric in a repertorization of animals and we can never be 100% sure about it's validity. Maybe when the case is cured we do know that it was really pain in the head, before the first prescription we cannot be sure though. With the qualities of pain it's even more extreme: We can never find out if the patient suffers of stitching or boring pains if they don't say so. Of course there are, as always, exceptions: In a headshaker, that can be a neuralgia of the Nervus trigeminus, we shall look under shooting or drawing pains for example. It's for these exceptions by the way that vets have to know all the repertory, even the subjective symptoms. Some cases can only be solved that way, and I am sure if you manage to find a simile like this, it will be a good moment and case to remember. Sidereal hours are something very beautiful in every homoeopath's career.

But let's go back to the average day: **Practically all sensations cannot be used in Veterinary Homoeopathy.** But again: This is no reason for not studying the whole repertory. You would otherwise miss rubrics such as Fear from heights ("Vertigo, high places"), or a colic during the female estrus ("Abdomen, pain, cramping, menses, during"). Therefore it would be a bad decision to cut half of the repertory out for veterinary purposes, even if the book becomes less heavy and bulky. Each of you shall detect important symptoms that nobody else thought of before. I hope some day we shall be capable of having an international network to communicate good symptoms in veterinary homoeopathy. It would certainly be enhance the further development of the Veterinary Repertory.

2.2. Species- and Breed Specific Disposition

We now know that most subjective symptoms are of little value for animal patients. The second problem can be named, after another example that has already been given, the Inuit/Indian-Problem. The difference between these peoples and the US-Americans is definitely smaller than between animals and people. Of course we cannot throw animals into the same basket. It's of no relevance to ask ourselves if dogs are closer to horses or to humans, or horses closer to humans or dogs. We do of course have the problem of **Species-Specific Differences**. Within a species we do again encounter clear **Breed-Specific Variations**, which result in the fact, that certain symptoms are peculiar in one breed and

local in another blood, as it is normal within the latter's range. We do therefore have to order the symptoms according to genus, species and breed. This order is dependent of the animal's **Anatomy and Physiology**.

Let's do an example: We treat an unspayed female Dachshund. The dog dislikes thunders, likes to be tickled, sleeps lying on it's side, likes to eat during the night, shows pseudo pregnancy with milk and has an aversion to fish (with the exception of tins with tuna) and fruit. We shall first not discuss the valorisation of symptoms, but do a repertorisation:

A) Peculiar Symptom

1) Pseudopregnancy: Chest, milk, nonpregnant women

B) Mind Symptoms

2) Dislikes Thunder: Mind, fear, thunderstorm, of

3) Likes to be tickled: Mind, affectionate

C) Generals

4) Sleeps on it's side: Sleep, position, side, on

5) Likes to eat during the night: Stomach, appetite, increased, night

6) Small Breed: Generalities, dwarfishness

7) Aversion to Fish: Stomach, aversion, fish

8) Aversion to Fruit: Stomach, aversion, fruit1

If we repertorize we do get the following Picture:

Repert.	Bor.	Lyc.	Phos.	Puls.	Sulph.
Symp 1)	1	1	1	3	0
Symp 2)	2	2	3	1	1
Symp 3)	1	1	2	3	0
Symp 4)	1	0	2	0	1
Symp 5)	0	3	3	1	1
Symp 6)	1	1	0	0	3
Symp 7)	0	0	1	0	1
Symp 8)	0	0	3	3	0
Sum	5/6	5/8	7/15	5/11	5/7

In this wonderful repertorization Phosphorus would certainly be the remedy that fits best. But let's talk about the symptoms in detail:

Milk in nonpregnant women was taken as a peculiar symptom. If we know about the ethology of wolves it becomes evident, that this symptom is not peculiar at all, it's purely local. In a wolve's pack the leading female alone gives birth to the puppies, but the other females, which are all lower in rank nurture them with their own milk. The real mother doesn't feed them, the other ones get pseudopregnant synchronous to the ?animal and act as nurses. Because of the dog's physiology the symptom is not peculiar anymore. The symptom is therefore only a hint that our patient is not very domineering. Of course it's different if a dog in such a state looses milk because it drips to the ground. Here we take the symptom "Chest, milk, flowing", as this is very unusual. The rubric "Chest, milk, nonpregnant women" though in dogs is usually of very little value.

Let's move to the Mind.Symptoms. The rubric "Fear of thunderstorm" is it really correct? We have to discriminate between fear of noise and fear of thunderstorm. In the first case we have to take the rubrics "Mind, fear, noise, from" and "Mind, anxiety, noise, from". Only if we are sure that the thunderstorm is responsible for the fright we can use this symptom. That's by the way the reason why Pulsatilla can cure „Fear of Thunderstorm“. The remedy is not in the rubric, but in the rubric Anxiety from Noise.

The next rubric, „affectionate“ cannot be used without knowing more either. It's certainly incorrect to take it as a symptom if a dog likes to be patted. Only if the strokes are sought actively it's a valuable symptom. A passive tolerating of tenderness is not the meaning of this rubric.

Let's talk about the first General Symptom now. How should a dog sleep, if not on it's side? This symptom is obviously a very bad example and not even worth thinking about. If, on the other hand side an animal (maybe not a turtle) predominantly sleeps on the abdomen, this would be a good general symptom. The symptom in the repertory to look up is: "Sleep, position, abdomen, on". One remedy that doesn't show in the original Kent (but in Synthesis) and is frequently encountered in connection with this symptom is Medhorinum.

The next rubric in our wonderful repertorization is „Dwarfishness“. Which Dachshund isn't small? In symptoms that are related to breed specifics we have to consider the Indian/Inuit Rule. I know that this topic is frequently discussed in Veterinary Medicine. There are good homoeopaths who say that that in small breeds this rubric has to be taken into consideration in order to find a simile. But how about small species? Does the same argument count there as well? Don't Phosorus or Pulsatilla Dachshunds exist (two remedies that are not in the rubric)? The reason why people try to take these symptoms is bound to the anthropocentric philosophy of our western world. Through the knowledge we have in ecology, the connection between different bio- and ecospheres we know that mankind is not the centre of the earth. We have to give each species and breed it's space and it's own normality - this is especially true in homoeopathy. Think about that, otherwise you could tend to use the rubric aversion to fruit in carnivores.

The appetite which is increased during the night is also misleading. Any animal that seeks for shelter will favourably eat and digest in it's rest-time. Of course the rubric is appropriate if a dog only eats in the night time. By domestication the eating pattern of the animals changed quite a lot and they usually eat if they get something. That's why this symptom is the only one in the example that is worth considering a discussion about. The last rubric, the aversion to fish cannot be taken into consideration if the dog eats tins with tuna. If the symptom should hold true no fish at all will be swallowed.

You see: what's normal for humans cannot be taken as granted in animals. What's peculiar in a horse, doesn't have to be special in a cat. Try to always consider the value of the symptoms chosen and don't take a rubric just because you found it. Of course some things are clear, in other cases one has to think about it: How would you treat the masturbation in male dogs ("Genitalia Male, masturbation, disposition to") - from which intensity on can the symptom be taken important? If a dog exaggerates with this sexual activity it's certainly a general symptom. If the masturbation only goes on from time to time is's normal, most dogs have no other way to explore their sexuality. How would you treat horses that sleep with the head on their faeces? Can one take the rubric „Dirty“: "Skin, filthy"? Probably not because they tend to do it in winter, why I assume it could be done to feel warmth. The same holds true for coughing after drinking in a river ("Cough, drinking, after") with dogs. Too many of this species do this, thus it cannot be an important symptom. An eversion of the lids ("Eye, eversion of lids") in Great Danes again is a breed specific point and unimportant for homoeopathy.

If symptoms have a genetical or social reason they cannot be taken into consideration for the solving of a case. As homoeopathic veterinarians we have to know a lot about ethology, species- and breed specifics. If one is unsecure it's always possible to ask the owners, they often know a lot about their type of animal and it's never a sign of stupidity not to know everything. The more you know, the better you will be capable to discriminate between valuable or worthless rubrics.

3. Symptoms that can be used

3.1. The Chapter „Mind“

In any case our veterinary repertory got thinner again and depending on each species or race we need a very specific and distinct book. In nearly every chapter one has to be careful about anatomical and/or physiological peculiarities. The exception to this rule is the chapter „**Mind**“. Of course there are racial characteristics here as well: E.g. the rubrics biting ("Mind, biting") or killing ("Mind, kill, desire, to"). Generally though this chapter that is usually called the one which is specifically human is the least specific one. There are different reasons therefore. For example one can state that life is finally immaterial, that there is - in organical chemistry - only one principle for life etc.. but this might be a bit speculative.

From everyday's experience one finds out that animals can have exactly the same emotions as mankind. We observe fears, suppressed anger, a fastidious behaviour, ailments from grief, jealousy etc.. Another thing is, that animals don't tend to hide their feelings, are not as much diverted from natural reactions and honesty as people are. That's why they usually show their emotions more direct than we do. We can't observe a cat that really is afraid of other cats, but, in order not to show this, behaves as if it would love other cat's company, just for the reason that one doesn't find out that the cat fears other cats. In the animal kingdom fear of other animals is fear of other animals and there is no necessity to call a psychiatrist to find out if animals tell the truth. That's the second reason why the chapter mind is transferable very well from humans to animals.

3.2. The Chapter „Mind“ in the Repertory

Our problem now is, that the human language of the repertory has to be translated. Some symptoms are obvious, e.g. fear of thunderstorm if we consider the restrictions stated in 2.3., anger from contradiction ("Mind, anger, contradiction, from") or an aversion to strangers ("Mind, strangers, presence of, agg."), the latter as we - for example - don't talk of a Chow-Chow.

A second group of symptoms can be adjoined to a behaviour per definition. Once this is done the homoeopath knows what the animal is doing and subsequently can use the adjoined rubric. As an example we can take individuals that ignore their owners when they return from a holiday without their pet. This is resentful and the appropriate rubric is „Mind, dwells on past disagreeable occurrences“. We can also define the animal that bites out of fear: "Mind, anger, ailments after anger, with anxiety". There are quite a lot of such rubrics and the more veterinarians exist, the more numerous those rubrics/symptoms shall be - often one just needs an idea and already we have something more explained.

A third group of symptoms isn't that easy to find in the homoeopathic language. Either they aren't explained yet, or they are that much individual, that one can really only use them in singular cases. As an example therefor we take a horse, that regularly jumps out of the paddock and visits all different stable in a radius of 20 miles. This symptom can be translated with „Mind, travel, desire to". Of course a dog that loves to go with their owners on holidays would not be meant by this rubric - here it's just a normal social behaviour. A more difficult example is a cat, that always turns around and looks scared. In these cases it's worthwhile to try and imagine yourself being this cat. Try to find out what this means. It might sound a bit strange, but the more one gets used to this kind of thinking, the easier it is to do. In the cat mentioned it probably meant, that the cat felt persecuted ("Mind, delusion, pursued, enemies, by"). As after administration of a remedy in the rubric this behaviour subsided (together with other problems) one can assume, that the interpretation cannot be very wrong. But bear in mind that every species and breed shows it's emotions in a different way - you

cannot take a full-blooded horse and expect a cold-blooded one to show the same intensity of emotions.

Therefore we have to give certain **rules to translate psychic symptoms**:

A) Try to put yourself in the patient's situation and form a feeling for the individual problem. You should in this manner be capable of finding an explication for the behaviour, that

1. explains the behaviour satisfactorily.
2. is based on the totality of the chosen behaviour, without neglecting any details.
3. is based on pure observation and not on interpretation.

B) The result must be a rubric, that

1. contains the remedy, which is a simile to the whole case.
2. contains a remedy that covers the peculiar-, mind- and general symptoms of the patient.
3. The symptom can only be the last piece in a puzzle to solve the case.

This means that the translation of such symptoms should be the **last bit in solving the case**, otherwise the danger of being misled by your phantasy is too big.

3.3 Somatic Symptoms

As mentioned several times already it **depends on the species and breed which symptoms are peculiar**. The rubric „Abdomen, pendulous" is definitively not the same in a cat or a Saluki. The dwarfishness of a Friesian horse with the size of a pony is particular, but not in a Shetland pony of the same size. A dog that dislikes sausages ("Generalities, food, sausages, aversion to") has a peculiar symptom, but not a cat with the same aversion.

A second category of good symptoms are **very distinct features**. If an animal only eats during the night (but not a bat) then the rubric can be taken into the repertorisation as a general symptom. A horse that only, or at least distinctly more then during any other meteorological condition, coughs during foggy weather ("Cough, fog agg.") is perhaps Sepia (because the rubric covers only this remedy). If the cough is only slightly worse during fog the rubric cannot be taken into consideration. A kitten that only gets diarrhoea when fed with fat food ("Rectum, diarrhoea, food, fat, after") shows at least one good symptom, if on the other hand fatty food, milk, meat and so on all lead to diarrhoea the rubric has to be dropped.

A third category are **changes compared to a status quo ante**, that cannot be explained by pathological-anatomical or physiological reasoning. If, for example a Labrador Retriever gets an eversion of lids during diarrhoea, it is peculiar. Also Dandruff ("Head, dandruff") in a cat since it coughs is a particular symptom.

One should of course take into consideration that even **mind symptoms** can be peculiar and therefore upgraded according to § 153 of the Organon (6th Edition). This holds true if the symptoms are very marked, if they show a peculiar trait of behaviour. As an example we could name an Alsatian that would never want to work ("Mind, work, aversion to mental"), but not a pug with the same attitude.

4. The Structure of the Veterinary Repertory

By the above information it is clear that we didn't want to create a completely independent repertory. We do want to include all the human information into the Veterinary Repertory. Therefore the use of the Veterinary Repertory alone is nonsense and gives no results that can be used. The aim of the Veterinary Repertory is to help the homoeopathic veterinarian. This is done in several ways, but always by adding information to the normal repertory. **Thus the basis of the Veterinary Repertory remains the normal and human repertory and is not a separate entity!**

4.1. The Concepts

The symptoms that are linked to rubrics we called "per definitionem" (see 3.2.) are organized in the Veterinary Repertory by the way of using **Concepts**. The **Concepts** are the link between veterinary symptoms and rubrics in the (human) repertory. We are positive that the use of the concepts will be a great aid to the practising Veterinarian in choosing good rubrics and therefore in determining a good simile. This novel approach structures the veterinary knowledge to make an interface between it and the existing homoeopathic information in the repertory.

4.2. Adding New Rubrics

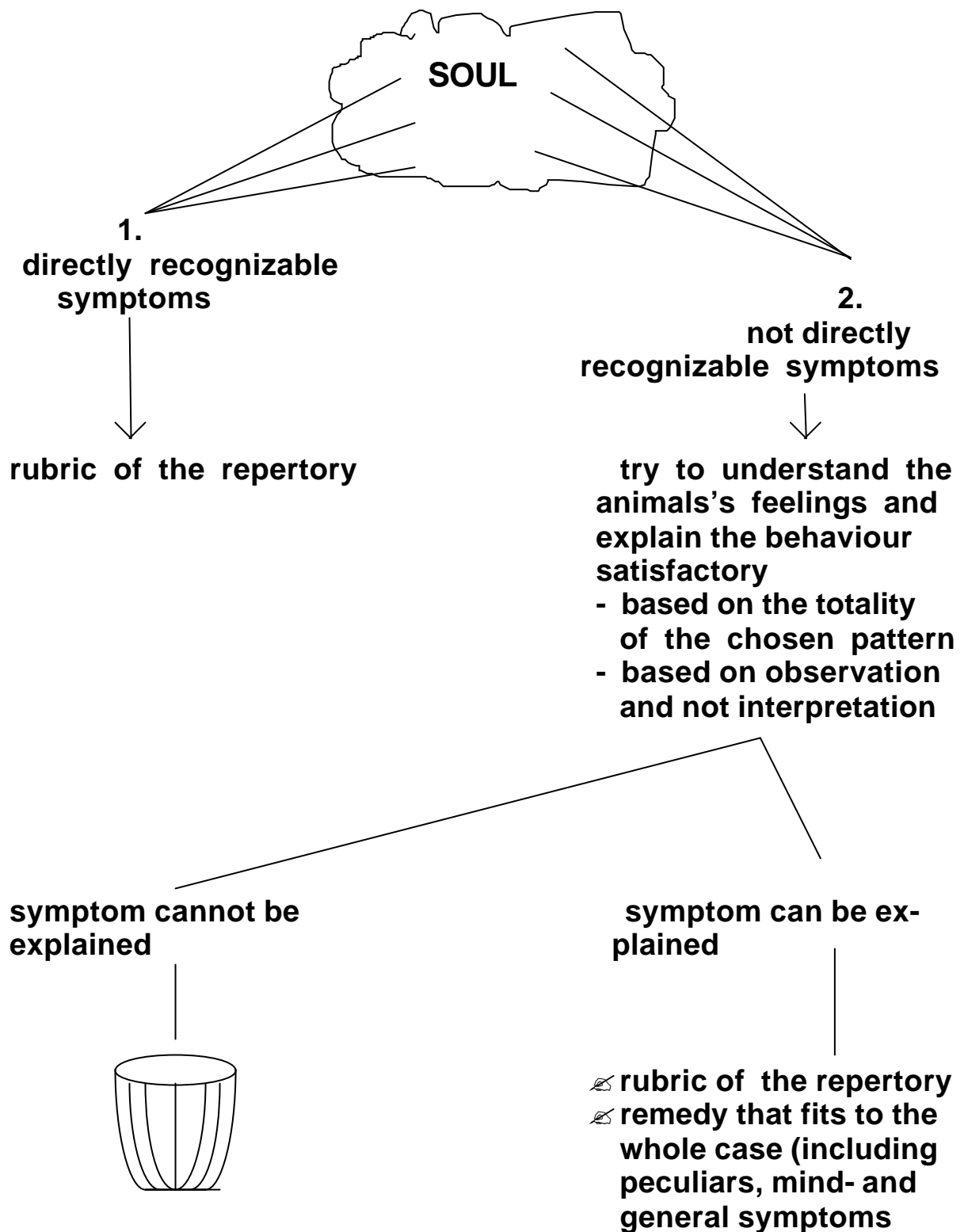
As mentioned before the human repertory is not complete for animals at all. Many symptoms are bound to a specific species and/or breed. These symptoms cannot be found in any of the existing repertories. This is especially sad as some of these symptoms are very important (think of all the estrus problems and differences, of castration and it's related symptoms, of the different anatomy and physiology in ruminants ...), central to the animals anatomy, physiology and behaviour.

We would like to share our species and/or breed specific symptoms with you. Some of these symptoms have no entries of remedies yet. But they are reminders that with the help of you we can fill them in and by and by have a good knowledge of animal related rubrics, and therefore also of the animal related materia medica.

4.3. Adding Remedies

Many of the new rubrics do already have additions of remedies. Considering the relatively short amount of time we spent in creating the Veterinary Repertory we know that most of these rubrics cannot be complete yet. On the other hand the additions are very reliable: **All additions of remedies that don't derive from well known and already printed veterinary literature are well documented.** This means that the entries that come from our own sources are all linked to a specific symptom in a specific animal. Therefore we can state that our Veterinary Repertory is a very reliable source of information. Every new release will be more complete and with the help of all of you we shall have a quite complete and even more useful tool for our daily work very soon.

ALGORHYTM TO JUDGE THE VALORISATION OF PSYCHIC SYMPTOMS IN ANIMALS



✍ last piece of the puzzle

Unusable Symptoms

- 1. Sensations +/-**
- 2. Species- and Breed related Differences due to Anatomy, Physiology and/or Social Patterns that are genetically fixed**

Usable Symptoms

1. The Chapter „Mind“

- ✍ clearly recognizable symptoms
- ✍ symptoms that are related to a rubric per definitionem
- ✍ other symptoms that are translated individually by the practitioner

2. Somatic Symptoms and Signs

- ✍ untypic for the species or breed (also in psychic symptoms)
- ✍ distinctly present symptoms
- ✍ alterations in comparison with the status quo ante (also in psychic symptoms)