

ANALYZING BY THEMES- INTRODUCTION

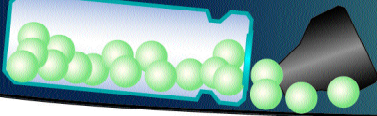
A significant part of my last 25 years has been spent thinking about case analysis. Our process is something like this: we interview the patient who tells us her story; we take parts of that story, turn them into rubrics, look them up in the repertory, count up the scores, read about the indicated remedies and prescribe.

In other words, our successful prescribing is dependent on the patient's awareness of himself, his telling us the most significant information in the allotted time, our ability to hear and recognize the significant information, our ability to translate the significant information into appropriate repertory language, the repertory having the rubrics we decided upon, which relies on that information from the materia medica being condensed intact into the repertory, which is dependent upon the proving being transposed intact into the materia medica, which is dependent on the best substance having been proven and of course our ability to match patient and remedy. A daunting task.

One way to cut through much of the limitations above is to discern themes that run through the patient's case and life. By finding themes we can compare larger, deeper, more precise aspects of patients and remedies.

Most strong symptoms seem to represent something symbolic; at least we can see many of the symptoms and emotions form a sort of correspondence. Selecting a single rubric, as though it exists in a vacuum, often misses the larger significance.

Of course using general symptoms is not a new concept; great prescribers like Boenninghausen suggested that we cross the most central generals in the case.



On the other hand it is easy to get too general and miss the individuality of the case.

Many other homeopaths have cautioned us to repertorize only the most peculiar symptoms. Teachers have advised us to stick to small rubrics as large ones contain too many remedies, to ignore the non-pathological information, to ignore general information, etc.

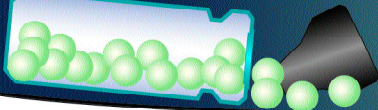
What I am suggesting is that we use both, keeping the different information explicitly separate; that we use the general information in a more general way and we use the peculiar information in a more specific way than we have before.

Brilliant, successful prescribers often detect in a patient's story a pattern from a group of remedies that they recognize, perhaps the performance of metals, and then use the computer to select and verify the specific metal. They recognize the forest and then determine which tree it is.

Most of us mix broad themes and specifics together when we repertorize and end with a mush of remedies. Often what we really want to do is to see the remedies that cover all of the general themes of the case and have some of the specifics.

For example, in a repertorization we mix Timidity, Slow development, Head pain at 3 AM and Nasal discharge after stool. Lumping these together is as confusing as describing "a person using Brown shoes, Slight limp on the right leg, Male, and Tall". Instead what we do naturally is to break the description into general (Human, Male, Tall) and specific (Brown shoes, Slight limp on the right leg); then when we scan the crowd we first look for the tall man and then the specifics.

To model patient's in a similar way I'd suggest that we create groups of related general concepts- themes; each group in it's own theme. Then we place all of the specifics as rubrics in their own right within the rubrics clipboard. We can then use the general rubrics to point toward a group of remedies and use the specific, peculiar symptoms to point at the best remedy in the group.

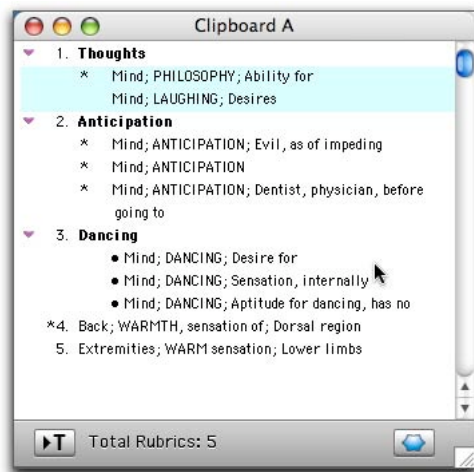


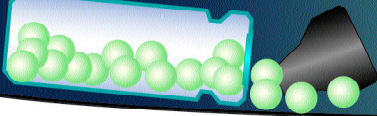
RUBRICS' CLIPBOARD THEMES

In version 6 of MacRepertory we introduced the Theme Palette. For version 7 we've upgraded this to a central feature of the programs.

Analyzing by themes is a very important approach to analysis. Using it we move from lots of unconnected rubrics/data to an overview of related information. My hope is that this will become the prevalent way we all analyze.

The Rubrics' Clipboards now have two views: List and Themes. You switch between them by toggling the buttons in the lower right and left hand corners of the window.





The List View

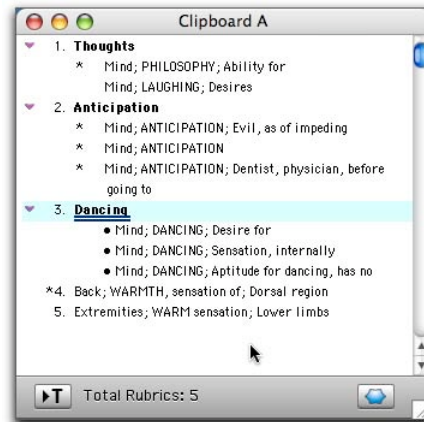
The List view is the one you're familiar with except for a few changes.

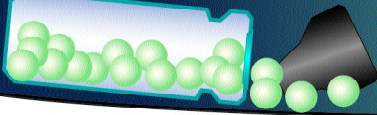


You can create a Theme and fill it with rubrics by pressing on the T button in the lower left or by dragging a rubric to the T button. Themes will be recognized by triangles before them and by being in bold type.


To add rubrics to a theme, drag the rubric on top of the Theme title, you will see an arrow that shows where the rubric will be inserted. An Arrow with a T indicates a Theme where you can add more rubrics. (You can now also drag rubrics and themes around in the Rubrics' Clipboard.)

Organize the rubrics that belong together into themes. Give the more important themes more emphasis by clicking on them and pressing a number from 0-4. Drag rubrics that don't seem to belong to any particular themes to the Rubrics' Clipboard as you always have.

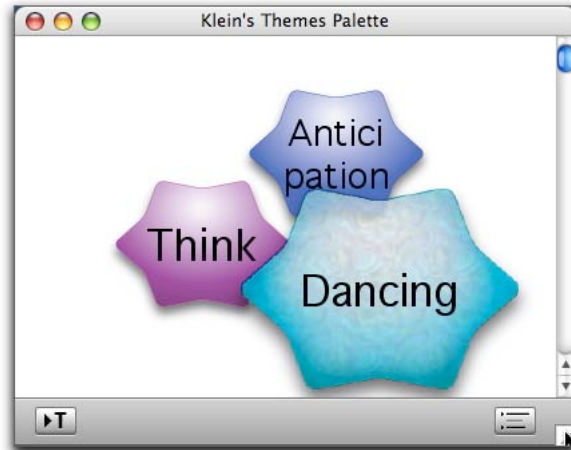


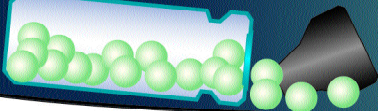


The Theme View

 Toggle the button in the lower right to the Theme View.

You now see the themes as blobs. The larger the blob the more importance it has. Click on a Theme to highlight it and press 0-4, or minus, to give it a value. Drag rubrics directly into the blobs to add them to the theme. Drag a rubric into the Theme view to create a new theme using its name and put the rubric inside.





To change the name of a theme or add notes about it double click on the theme.
Single rubrics are not displayed in this view.

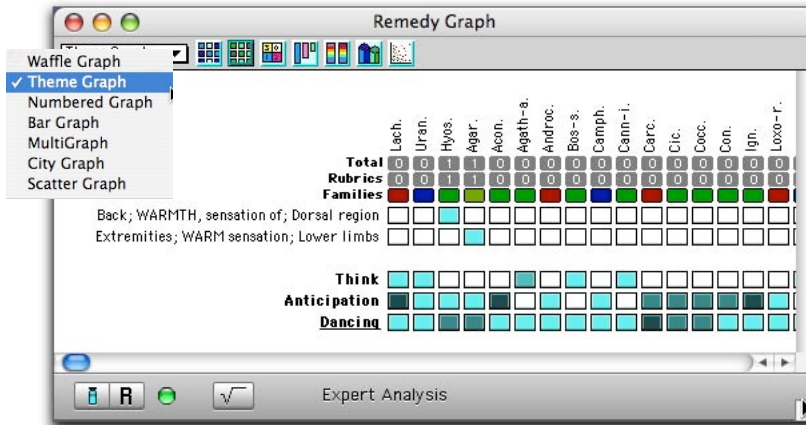
Dialog box titled "Edit Theme Name and Comment".

Theme Name:
Dancing

Theme Comment:
[Empty text area]

Buttons: Cancel, OK

Select Theme Graph from the pop-down menu.



In this view you will notice that the Themes are now placed at the bottom of the graph.