

The Vithoukas Expert System - Formulas for Prioritizing Symptoms

by George Vithoukas

A repertorization method more valuable than flat repertorization because it matches the topographical and qualitative nature of your patient to the topographical and qualitative nature of the Repertory. Goes far beyond flat repertorization strategies by mimicking the way an experienced homeopath thinks.

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The Vithoukas Expert System (VES) offers a repertorization method more valuable than flat repertorization because it matches the topographical and qualitative nature of your patient to the topographical and qualitative nature of the Repertory. It goes far beyond flat repertorization strategies by mimicking the way an experienced homeopath thinks. For example, it will automatically give a higher priority to small rubrics and mental rubrics. This makes sense because we hopefully agree that a peculiar mental symptom is far more valuable than a common local symptom. The program will also give a higher priority to remedies that match the underlining you have given them. The program therefore is designed to find a remedy that matches the terrain or topographical landscape of the symptoms you have chosen.

To use an analogy, imagine the case you have in front of you is a volcano of anger and with tremendous eruptions of lava only when it gets dark at night. If you made the interpretation that the "volcano" was one underline, "lava" meant one underline, then the computer would search for a small hill, erupting hot water. In effect the computer may come up with the suggestions/images of Pulsatilla or Phosphorus but not the correct picture of Stramonium, which is: anger (3), fear of the dark (3). The program will look to find a remedy that matches the terrain or topographical value based on the information you have entered.

For example, you have a case in which you have underlined "fear alone night" two times. Now go to the rubric: Fear, alone, night. There you see underlined twice: Camphor and Causticum. The VES would now give a higher value to Camphor and Causticum than Stramonium because your underlining matched that of Camph and Caust and not Stramonium, which is listed as three underlines. For this reason it is important to underline according to the criteria I have set out above. Study each case with this in mind and you will learn the criteria for underlining and know what case symptoms are important to repertorize.

On the VES SCREEN there is an "absolute" and a "confidence" score. The absolute score reveals how many points have been given to that remedy by the mathematical formulas of the Expert System. If the absolute score is over 100 then there is a strong possibility the simillimum has been found.

The confidence score describes how this remedy compares with all the other remedies evaluated. A confidence score of 100 or more is considered the ideal level of confidence. The higher the confidence score the less likely that there is any other remedy equal to it. One needs to watch the confidence score as one works a case, as it may give one idea if certain

remedies are gaining or losing confidence. One may need to inquire about these new possibilities.

Sometimes a strange thing will happen. A symptom is entered at the end of the evaluation (in this "symptom" is listed the first remedy on the VES SCREEN) but on analysis the confidence score for this remedy goes down. Why? Because within that rubric there is another remedy that fits with the previous symptoms as well. Then one has to be careful to investigate closely these other choices.

From the VES SCREEN you can click on the Remedies icon and get a more complete list of the possible remedies divided into three columns. You are now at the COMPARISON SCREEN. Look at the menu for options. The column marked LARGE REMEDIES is where the simillimum will be found most of the time. When a remedy appears in the first group very strongly, then it is a strong possibility.

Carefully ask questions of the patient to rule out and confirm the remedies on the first page in this column. Then glance over the remedies of the second column called MEDIUM REMEDIES and read them all while you consider them as well. When a remedy appears strongly in this second group, it is less of a probability than remedies in the LARGE REMEDIES column. Sometimes the correct remedy will come from here. Use your Materia Medica or Keynote Function icon found above the first Clipboard to look up these suggestions. The column marked SMALL REMEDIES will very rarely reveal the simillimum and so only consider these suggestions if they have many stars to the right of the remedy.

I have arranged the system in such a way that if there are some indications for small remedies in the case, they will flash out to attract attention and that is how some brilliant cures has been achieved. Use the arrow keys to scroll onto different remedies or click between the arrows in each column to go up or down one page.

Put the cursor on any remedy on the COMPARISON SCREEN and press:

"Enter" or click on "Explain"

The symptoms and the underlining you have chosen are compared to the symptoms and underlining listed for that remedy. One is thus given an explanation as to why the remedy was chosen and one can make a comparison with other remedies by repeating the same procedure.

Esc will take you back to the previous screen.

It is a good idea to look at the VES SCREEN and COMPARISON SCREEN as you add each symptom in the case-taking process. In this way you will have the greatest opportunity to have the simillimum suggested to you.

Printing Options

If the VES SCREEN says: "The most probable remedy is ..." and actually names a remedy, and if you have finished the repertorization process and you are happy with the result, then turn on your printer and choose from the File menu Print Option.

If you do not want to add, delete, or change the status of any symptoms on the ANALYSIS SCREEN, which may give you a "probable remedy" on the VES SCREEN, then you can go to the next screen that shows the remedies and print this data:

Ctrl Print or use the File Menu, Print Option.

This will print out the three columns of remedies. To print out the symptoms of the case you have taken, go back to the Clipboard and press the Print Screen Function key on your computer if you have it. In effect you can print the VES SCREEN the THREE COLUMNS SCREEN and the ANALYSIS SCREEN as each case requires.

How to Achieve the Best Possible Results with the Vithoukas Expert System

by Steve Olsen, N.D.

Considerations when taking the case that allow you to maximize the effectiveness and strengths of the Vithoukas Expert System.

How to Achieve the Best Possible Results with the Vithoukas Expert System

by Steve Olsen, N.D.

There are some rules that you should consider when using the Vithoukas Expert System (VES). They are important to get the best possible results.

- **Use the VES with the patient in front of you. VES guides you through an interview. It gives you probable remedies, suggests that you ask questions in a certain direction, telling you to add underlining, etc. You need a minimum of four symptoms to run the VES. Most of the time the VES may draw your attention to remedies you may not have considered.**
- **Consider the totality of relevant symptoms. Never omit symptoms that might not seem to 'fit' the picture. There is no limit to the number of symptoms you can take into your list. The only consideration is: is this a symptom or not?**
- **Include mental, general, and local symptoms if they are clearly present in the case. This is necessary for a highly differentiated analysis by the program. Although the VES gives many mental symptoms a higher value than average local symptoms, it evaluates the importance of local symptoms against mental symptoms under several circumstances. It is because of the combination of mental, general, and local symptoms that the VES can work with the highest possible accuracy.**
- **Make no difference between small and large rubrics. Introduce both! If you think that the value of a rubric is connected with its size, do not worry. The VES will take this into account in its own original way.**
- **Differentiate symptoms by carefully setting the intensity. If you fail to do this, the VES will remind you to do so.**
- **Whenever you see Causative symptoms, indicate them as such when taking them into your list.**
- **VES considers symptoms with intensities of 1 to 4. According to Vithoukas:**

Intensity 1 = Symptom clearly present.

Intensity 2 = Symptom very frequent or very intense.

Intensity 3 = Symptom very frequent and very intense.

Intensity 4 = Symptom very, very frequent and intense.

Strategies of Case-Taking

by George Vithoulkas

When to disregard the computer and some useful questions to ask yourself while taking a case.

Strategies of Case Taking

by George Vithoulkas

At times in the case-taking process it is of essential importance to disregard the suggestions that have been made by the computer and ask some basic case-taking questions such as:

"Is this person really healthy on the emotional level? For example, is he/she able to express his emotions with strength and clarity? Is he flexible or rigid?"

Is he finding creative solutions to problems or getting more trapped? Does he have a strong sense of purpose, value and meaning in his life, or is there apathy and indifference? How much strength of individuality is in his identity or is he weak and unassertive?

What is his balance between selfishness with a strong boundary and the overcaring, oversympathetic and too selfless individual who ends up as a victim? Did he/she pass through the developmental stages easily? What stages is he still trapped in?

What negative emotions are there? What are the positive ones? Finally, is his health based on freedom to make choices or does the pattern of the "subconscious" make decisions for him and restrict his freedom?"

How are the symptoms connected to the patient's life and his development as a person?

What exactly was the way the patient perceived the stress she encountered?

How did she react to it?

Has this reaction become a rigid response?

How has this reaction continued and developed?

Do I really understand this person and her basic life dilemmas?

How and why did she get sick?

What is to be cured in this patient?

What is her basic limitation to health and happiness?

What is her inner conflict or central disturbance?

What is basically wrong with her?

What is her nature? For example is it rough, delicate, sensitive, expansive, contracted, evasive, open, closed, irritated easily, still, heavy, light, colorful, bland, restless; or peaceful?

What impression does her body type make? What clothes does she wear? How quickly do they answer the question? Can she look me in the eye? What are her hands doing? Is there tension in the face or does she sit erect or slouch?

What can one feel from the patient? Is it neutrality, acceptance, judgement, anger, sympathy, rigidity, sexuality, anxiety, suppression of emotions, or is it a type of anxiety, a fear of some sort? Is it anger suppressed with sadness on the surface? Or anger suppressed with fear?

Write down your impression without thinking of any remedy. Try to understand the basic intention of his life, the false beliefs and what affects these are having. The basic conflicts he carries with him and the deep patterns that shape his life. Where did these patterns of adoption arise from and how are they in conflict with their present situation? What is the mindful reaction of the vital force itself and why has it chosen to make this reaction?

These are often the thoughts one must hold without judgement to create an environment in which the patient will tell you their deepest thoughts and feelings, leading to factual information that allows one to truly understand that person's life and thus the crucial symptoms on which to base the repertorization. Of course every case is different and this information is sometimes not available because the person is healthy and has no deep conflicts or is unable to open up and tell you.

Taking Symptoms for Repertorization and Learning the Criteria for Underlining

by George Vithoulkas

Sometimes important symptoms can be hidden which represent the center of the case. Once put into the language of the repertory they become strong, unusual and clear symptoms that will help to find the correct remedy.

Taking Symptoms for Repertorization and Learning the Criteria for Underlining

The Third Dimension in Homeopathic Prescribing

by George Vithoulkas

One can usually never find the remedy in a case when one simply looks at the totality of the symptoms in a flat way, without making an evaluation of them. Every case has some depth, has individuality, has peculiarity but most of all a center of action. To find out these factors I would ask my students: "Tell me what is the most important thing that you saw in that patient?" They would then tell me what impressed them the most, such as, "I felt there was so much grief in that person's life, or, his face was so vacant looking." This, then, is the information that has to be underlined three times.

Then other symptoms need to be underlined twice, or there may be some which are not strongly expressed by the patient and will need only one underline. The same is true when I am taking a case. "What are the symptoms that are expressed with the greatest intensity and how are these symptoms being expressed." Sometimes important symptoms can be hidden, as when a person withholds information because he or she fears ridicule as a mental case.

Perceiving this hesitation is crucial, as one has to assure the patient they will not be judged, and have a safe and supportive environment in which to speak freely. These difficult-to-express symptoms are often the center of the case. Once put into the language of the repertory they become strong, unusual and clear symptoms that will help to solve a case. In this way one can come to an authentic evaluation of the symptoms and build a three-dimensional understanding of the illness.

The Vithoulkas Expert System (VES) software program

is based on this same three-dimensional idea. It is programmed to search for the same three-dimensional picture of each case that is fed into it. If the symptom is underlined three times it tells the computer to take this symptom strongly into consideration and give a high value to the remedies that also are listed as three points for that symptom. The remedies listed as "two" and "one" underline will be given lower confidence scores for that symptom. In effect, if you tell the computer to look for Mount Everest by describing the most characteristic trait of its height then it will come up with "this is a picture of Mount Everest" and not "this could be any mountain in the Himalayas."

The program will also give stronger values to remedies in small rubrics. Therefore if we tell the computer to look for a tall, thin, black-haired man with a white beard it will find him, because although the "tall" and "thin" give some help, the black hair and white beard is strongly characteristic.

Now if this man has one blue eye and the other brown then this becomes a super characteristic symptom and it is a real keynote, which will be of immense help in finding this "remedy" in the program. So this is the type of information we must try to put into the computer for each case so that it has an opportunity to "think" of all the possibilities and come up with suggestions not possible in a regular flat repertory process.

This program works best when underlining is done according to the severity and frequency of the symptom. One underline means a symptom happens sometimes and with not much severity. Two underlines mean the symptom is either severe or frequent but not both. Three underlines mean the symptom is both severe and frequent. Four underlines mean the symptom is very severe and very frequent. Other criteria that influence underlining are clear mental symptoms, peculiar symptoms, strong general symptoms, clear and strong modalities, causation symptoms, spontaneous symptoms or clear symptoms. One or two additional underlines can be given if one or more of these criteria exist for a symptom, and definitely one is encouraged to repertorize these symptoms first.

Once you have made a decision on the underlining, then you can take a look at the remedies in that rubric. It is better not to look at the remedies first because there is a tendency to choose the underlining that fits the remedy you want to give. The whole exercise is to get a second opinion from the computer, based on facts, and then seriously consider the insights given to you. This is how you will make a breakthrough in your prescribing habits and discover prescriptions you never considered before.

First scan the rubric, look at its size and what degrees the remedies are in. If there are any remedies that are in bold capitals and underlined, it means this remedy is listed as four underlines. This is significant, and a special mental note should be made to check out if the patient is needing this remedy. This is especially true if you have underlined that symptom four times in your cases notes.

Find the rubric, "fear of thunderstorms" and you will see Phosphorus listed as four underlines. Next look at the remedies written in capitals, which is the designation for three underlines. Again ask questions to see if the patient could require one of these remedies.

These remedies are more significant if you have underlined that symptom three times. Last of all, look at the remedies written in italics for the first letter designating two underlines and the plain type remedies as one underline. It is especially important to look at the remedies with two and one underlines if you have not been able to confirm a common or polycrest remedy. For example, I had a case of a patient who experienced a rejection in a relationship. For months after she could not get out of a severe depression from this experience. I gave her the common remedies for grief and abandonment with no success.

Then one night she called me to say she had some severe vomiting, diarrhea and weakness. In the rubric: forsaken feeling, I saw Camphor listed with one underline and then I asked her if she was cold or warm. She said: "I am cold to touch but I want to lie on the cold bathroom floor." I knew I had found her remedy for the grief and that remedy for the acute symptoms. Within an hour she was feeling better. This case illustrates how valuable the remedies listed as a "one" or "two" can be, especially if they are mental symptoms. There are often too many remedies listed for common symptoms such as vomiting, diarrhea and weakness.

A symptom can also be taken for repertorization by clicking on 1, 2, 3, or 4 on the icon bar. This can be used to save time if you know exactly which rubric you want to use and you are not interested in looking at the remedies of the rubric.

Another method of taking symptoms is to click on the File icon to the right of the magnifying glass. Here you can choose the intensity, the qualification and the group you want it to be in. The number of clipboards you would like each symptom to be in can be chosen from the screen. Move the cursor to the rubric you want and then type: (+1, 2, 3 or 4)

While taking a case, I usually start to repertorize when I have two symptoms that I can rely upon to give useful information. For example, a child has an ear infection and has a very irritable temperament. Even without a repertory the remedy Chamomile is an obvious possibility, but in order to keep the case open and one's mind flexible to other choices, it is a good idea to repertorize these two symptoms and then ask questions to rule out all the possibilities. The idea is to add one distinct, clear and definite symptom at a time and see the effect it makes on the analysis. Then one can ask confirming questions as the recommendations are made by the computer. It is better to ask for at least three confirming symptoms for each possible remedy, as this will allow a remedy to be more fairly considered. If the patient is missing one or two keynote for a remedy it does not necessarily rule out that particular remedy possibility as it may be the remedy with the highest confidence and the simillimum.

Preferably one will ask these confirming questions in a way that does not lead the patient to know what you are looking for. Therefore, if one wants to know if a patient has a strong thirst for water it is better to ask: "Most likely you don't like to drink very much?" If he responds with "No, I really do in fact like to drink a lot," then it is more certain the person does, in fact, have a strong thirst. If the question had been asked: "So I suppose you really have a strong thirst?" and answers: "Yes, I suppose I do", then you cannot be as sure he has given accurate information. Perhaps he is just telling you what you want to hear to please you.

It is also a good idea to check if the factual symptoms you are using for repertorization are in actuality as certain, frequent and severe as you had previously thought. To create greater certainty one can ask about the symptom again in another way, such as: "How many drinks do you take between meals?" In some cases I have missed giving the correct remedy on the first prescription because I did not interpret their remarks with enough accuracy and therefore the underlining was inaccurate or biased to what I wanted it to be.

Techniques for Successful Repertorization

by George Vithoulkas

Learn how master homeopath George Vithoulkas views the complexities of repertorization and the skills necessary to find the simillimum.

Techniques for Successful Repertorization

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One could say that solving a homeopathic case is easy in theory. One has only to choose the correct symptoms, underline them correctly, and the computer will find the simillimum. Or better still, memorize all the remedies and then give the simillimum based on your knowledge of materia medica without even opening up a repertory. Some cases will lend themselves to these methods. Unfortunately, many cases have such complexity to them that in order to find the simillimum a variety of skills need to be mastered. One's skills would include:

- **The ability to know all variations of the human condition as much as possible, so that any symptom or distortion from "health" is easily recognized by you. This is the wisdom of SEEING THINGS AS THEY ARE and knowing the possibilities of pathology in human nature.**
- **To know the objectives, goals and limits of cure in each case. The prognosis.**
- **The ability to have a keen sense of intuition and powerful skills of observation all working in harmony to extract the relevant and factual information from the patient.**
- **The ability to experience this information without prejudice or distortion and record it objectively.**
- **The ability to perceive in every case what needs to be cured at the time the patient presents his symptoms to you.**
- **The knowledge and insight to choose only those symptoms that are relevant to what needs to be cured at the time you see them.**
- **To have a repertory program that is complete, accurate and combines principles of homeopathy in the analysis process to the degree it takes to make intelligent suggestions.**
- **To have the knowledge of materia medica, reference to it and experience of previous cases so that these suggestions can be confirmed or rejected according to sound judgment.**
- **To have the ability to make a synthesis of the case into a living image and then compare this living image with the living image of the remedy so that one experiences "knowing" that the simillimum has been found.**
- **To know case management such as when to repeat a medicine, when to wait, when to change the medicine and when to refer to another appropriate therapy.**

As one can see, the process of repertorization and case analysis is inextricably bound to, and interdependent with various crucial elements. This course has emphasized the learning of all these skills.

All cases are unique and therefore cannot be approached exactly the same. Keep your mind open and flexible to various ways of looking at the information. In the interview, look for ways to combine symptoms that give you suggestions about possible prescriptions. Compare all the possibilities as best you can. Your prescription could be based on one or a combination of the following criteria:

- Whole history
- Parent's history
- Current symptoms
- Mother during pregnancy
- Birth till beginning of the disease
- Etiology, causation, never well since
- Symptoms until the beginning of the disease
- Present state today
- Totality of the symptoms
- Recurrent symptoms
- Permanent symptoms
- Mental, general, keynote and local symptoms combined
- Mental only
- Mental and general
- Mental and local
- General and keynote
- General and local
- Local and keynote
- Local only
- Hahnemann classification of symptoms
- One-sided case (Hahnemann)
- Keynotes, peculiar and characteristic symptoms
- Minimum syndrome of maximum value, a few symptoms that describe the patient
- Relationship of remedies
- Patient dynamic, as he/she presents as an essence (Vithoulkas)
- Basic delusion, situational materia medica
- From lesional to fundamental (Eizayaga)
- Morphologies
- Eclectism
- Nosodal

Many homeopathic practitioners would agree with the following method:

Repertorize the strong "homeopathic" symptoms first. The strongest symptom would be the recurrent, intense, peculiar mental symptoms expressed clearly and spontaneously. The next most valuable type of symptom would be a peculiar general or peculiar local symptom. These are all "keynote" symptoms.

Next add the modalities. Look for rubrics that best describe the essence or essential features of the case.

Now make the repertorization and first try to find a remedy that covers all of the above criteria. Do this for each possible remedy and then compare each remedy in terms of finding the best possibility. The local pathological symptoms will hopefully be covered by the remedy chosen from the criteria above. Follow all the leads to see how far they go and then compare the image of the case with the images of the remedies.

Always define the case clearly, without prejudice, and then find a remedy that fits this image like an old boot fits its longtime owner. They should fall into each other without too much effort. If this is not possible you may be forced to give a remedy based on the local symptoms only, as for example a case presented at the 1992 IFH Case Conference. The patient had "an

extremely enlarged spleen." This case was prescribed Ceanothus because the main feature of Ceanothus is also an extremely enlarged spleen. (Eric Sommermann).

I also had a case last year in which the eruptions were only on the palm. I could find no way to confirm any polycrest remedy so I gave Anagalis based on the peculiarity of the location of the pathology. The eruption was greatly ameliorated.

In another case recently, the person could not get more than one or two hours sleep at night. Her mind was the only expression of restlessness, she was fastidious and had an aggravation from heat. The remedy was Arsenicum iodatum. This is an example of how the typical essence of physical restlessness was missing. The case was solved because the remedy fit the totality of the symptoms.

Generally speaking, one can eliminate the remedies that have strong modalities that go against them. For example, if your patient is very warm blooded and has a strong aversion to heat then even if Nux vomica is suggested for various reasons one can rule it out because we know that Nux vomica is typically a very chilly person. If the patient were a neutral temperature then one could give Nux vomica if it were the remedy with the strongest indications.

A remedy can also be eliminated if the modalities go in the opposite direction. For example, your patient has joint pain that is better from motion. We know Bryonia is always worse from motion so it can be ruled out.



It is not a good idea to rule out a remedy just because the mental or emotional symptoms do not fit the exact profile of the remedy. This is because many remedies have a variety of essences and you may not be aware of them all. For example, Graphites can be very dull and coarse or very sensitive and anxious about everything. Medorrhinum can be extremely sensitive or very insensitive and "macho". To learn the various essences of remedies is invaluable but it is best to not have any fixed ideas about these essences as one can hardly ever learn all the essences for a single remedy.

If your patient does not have any keynotes to support the prescription you want to give then consider the following: If it is a common polycrest you want to give then most likely you will have to look for a better remedy or that remedy combined with something else that does fit with the peculiar keynote symptoms of the case. For example, I once had a case of a suicidally depressed woman.

In many ways she fit Aurum metallicum but there were no strong confirming keynotes. I gave it to her anyway as it fit the essence so well. A month later she was no better and then I found she had a strong craving for salt and an aggravation to the sun. Now I was more certain of the prescription and gave her Aurum muriaticum, which had a very deep and long lasting positive effect on her.

If you do not have a strong "homeopathic symptom" as opposed to the common symptoms of the illness then do not let go of this symptom easily as it is the raft you can hold onto in a

stormy sea. Recently, I had a very difficult case of a child with a constant bladder infection, severe stomach aches and very irritable/angry temperament. The most striking homeopathic symptom that led to giving her the correct medicine was her extreme jealousy. This leading fact was the most important symptom of the case and because I never let go of it I was able to finally get to the idea of giving her *Calcarea sulphurica* which produced a strong relief of her symptoms.

In the end one's strong compassion for the patient, keen intellect, ability to be insightful, the moments of intuition, one's emotional response to the patient, will all work together to give you the ideas, questions, and answers to "solve the case". In this way one learns to be an expert detective. Even the smallest and insignificant clue can become important, so that to see the part will explain the whole and to hear only the tone of voice or see the eyes will be enough to read the patient's mind and know their past.

After adding two symptoms into the repertorization then look and see what result is obtained.

If you doubt a symptom then take it out, only have in the important symptoms.

Separate the local symptoms and see if a small local remedy covers the case. It may also cover the constitutional case.

Study the small remedies in the *materia medica* as they come up.

Study the symptoms of an acute illness carefully, you may find the acute remedy that is also the deeper constitutional remedy.