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Research Article

Comparative Study on Mind Rubric Sympathetic and Benevolence: A Framework for Fair Decisions

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Abstract Mental and emotional symptoms are important in homoeopathic case analysis because they help individualize the patient's response to illness.[1] Accurate conversion of the patient's expressions into repertorial rubrics is essential for reliable repertorization.[2] The rubrics **"Sympathetic"** and **"Benevolence"** may appear similar but they emphasize different aspects of behaviour. Sympathetic primarily reflects emotional responsiveness to another person's suffering whereas Benevolence indicates an inclination to do good or promote another's welfare.[3] This comparative study examines their meanings repertorial representation, clinical expressions, similarities and differences across selected repertories.[4] The study proposes considering the patient's exact words, motivation, emotional response, characteristic intensity and complete symptom totality before selecting either rubric thereby promoting more consistent and rational repertorial decisions.

Keywords *Sympathetic; Benevolence; mental rubrics; homoeopathic repertory; Kent's Repertory; repertorization; comparative study; rubric differentiation*

Abbreviation *HMR-Homeopathic Medical Repertory; KRT-Kent's Repertory; LR-Likelihood Ratio*

Introduction

The repertory is an important tool in homoeopathic case analysis because it provides an organized arrangement of symptoms and their corresponding medicines.[5] Its usefulness however depends greatly upon the accuracy with which the patient's expressions are understood and converted into appropriate rubrics. This becomes particularly challenging when two rubrics have similar meanings but represent different psychological or behavioural dimensions. Mental rubrics are especially susceptible to such difficulties. A patient may describe himself or herself as caring, helpful, emotional, and concerned about others sensitive to suffering or eager to assist people in difficulty. Several repertorial expressions may therefore appear appropriate at first sight. Among these **"Sympathetic"** and **"Benevolence"** can easily be confused. Contemporary repertorial methodology emphasizes careful interpretation of the patient's original expression rather than mechanical selection of a rubric based solely on a dictionary meaning.[6] Repertorial rubrics represent classified symptom expressions, and different repertories may arrange or represent related concepts differently.[7] Kent's *repertory* contains "Benevolence" in the mind chapter and lists **coffea cruda** under this rubric.[3] "Sympathetic," in lists **Causticum** medicine contrast is associated with emotional

responsiveness, compassion, sensitivity and concern for others.[4] Recent empirical research has specifically examined the rubric "Sympathetic." Sultana et al. conducted an 18 month analytical longitudinal study involving 1,372 participants, of whom 1,327 completed follow-up, and used likelihood ratios to investigate associations between medicines and the rubric.[4]

Subdivision of "Sympathetic" and "Benevolence"

Author / Repertory	Sympathetic	Benevolence	Main observation
J.T. Kent	Represented as a mental rubric; related mental expressions should be examined through the Mind chapter	Represented separately from Sympathetic	Distinguishes mental characteristics
C. von Bönninghausen – BTPB	Not necessarily represented as an identical Kentian rubric; characteristic totality is emphasized	Not necessarily represented as an identical Kentian rubric	Uses the complete symptom approach
C.M. Boger – BBCR	Considered through characteristic mental symptoms and their relationships	Considered through characteristic totality where applicable	Emphasizes characteristic symptoms
F. Schroyens – Synthesis	Expanded representation with related/subrubrics where available	Expanded representation with related/subrubrics where available	Integrates several repertorial sources
Complete Repertory	Detailed modern repertorial representation; exact subrubrics should be checked in the edition used	Same	Allows broader comparison
Robin Murphy	Modern representation of mental characteristics	Modern representation where included	Useful for modern comparison
S.R. Phatak	Concise mental-rubric representation	Concise representation where included	Focuses on characteristic symptoms
C.B. Knerr	Historical symptom representation from Hering's material	Historical symptom representation where available	Useful for historical comparison

Fig. Different stalwarts according rubrics subdivision of "Sympathetic" And "Benevolence.

❖ ***Important point***

The terms "Sympathetic" and "Benevolence" should not automatically be treated as having identical subdivisions in every repertory. A proper comparative study should record the exact rubric, subrubric, remedy list, grading and source from each specific edition.

❖ The comparison can therefore be arranged as:

Main rubric → subrubric → meaning → remedies → grade → source author → cross-reference → clinical interpretation.

CONCEPT OF THE RUBRIC "SYMPATHETIC"

The term **sympathetic** generally describes an individual who is emotionally responsive to the experiences of another person. The person may become concerned, emotionally affected, distressed or deeply involved when witnessing another person's suffering or difficulty.[4] In

homoeopathic repertorial language the expression may involve compassion, sensitivity, concern for others or an emotional reaction to another person's condition. The 2026 study of the rubric "Sympathetic" similarly described the characteristic in relation to empathy sensitivity and compassion.[4]

A sympathetic patient say

- When someone is suffering, I cannot remain indifferent.
- If my friend is sad, I also become sad.
- I feel their pain.
- I become disturbed when I see someone suffering.
- Other people's problems affect me emotionally.

The important feature is therefore emotional responsiveness to another person's condition. Sympathy may be primarily emotional rather than behavioural. A person may feel deeply for another individual without necessarily taking practical steps to help. Conversely someone may perform charitable acts without experiencing strong emotional identification with the suffering person. This distinction is central to differentiating the rubric from Benevolence.

CONCEPT OF THE RUBRIC "BENEVOLENCE"

Benevolence refers to a disposition toward doing good, kindness, generosity or promoting the welfare of others. In Kent's repertory, "Benevolence" is a distinct mind rubric and **coffea cruda** is listed under it.[3]

A benevolent patient may express:

- I like helping people whenever I can.
- If someone needs assistance, I try to help.
- I enjoy doing something good for others.
- I cannot see someone in difficulty without offering help.
- I like giving things to people who need them.

The central characteristic is therefore the inclination or disposition to do good for others. Benevolence may express through generosity charitable behaviour, assistance, kindness or active concern for another person's welfare.

Comparative Difference Feature Between Sympathetic and Benevolence

Feature	Sympathetic	Benevolence
Basic meaning	Emotional responsiveness toward others	Disposition to do good toward others
Main focus	Feeling with or for another	Acting for another's welfare
Nature	Mainly emotional/affective	Mainly volitional/behavioural
Typical expression	"I feel their suffering."	"I want to help them."
Response to suffering	Becomes emotionally affected	Attempts to assist or improve the situation
Motivation	Emotional identification or concern	Goodwill, kindness or desire to benefit
Can occur without action?	Yes	More characteristically expressed through helpful intention/action
Can occur without strong	Less characteristic	Yes

emotional involvement?		
Repertorial risk	Confusing compassion with active helpfulness	Confusing generosity with emotional sensitivity

Fig. 2: The two rubrics overlap because both indicate a positive orientation toward other people.

The distinction should not be understood as absolute. Human behaviour is complex and a single patient may demonstrate both characteristics. The purpose of differentiation is to identify which expression is most characteristic and clinically meaningful. sympathetic and benevolent behaviour can coexist. A person may see a poor child feel emotionally distressed by the child's condition and then provide food or financial assistance. In such a situation both sympathetic feeling and benevolent action are present.

- The repertorial decision should therefore depend upon which aspect is more characteristic and better confirmed by the case**.**

Case A: Sympathetic

A woman says “whenever my sister is unhappy I become equally upset. I keep thinking about her suffering even when I am away from her.” Here the prominent element is emotional involvement in another person's suffering. The symptom is closer to **sympathetic**.

Case B: Benevolence

A man says “I regularly help poor people. I like donating clothes and food. Even when nobody asks me, I try to help.” Here the principal feature is an active disposition to do good. This is more consistent with **Benevolence**.

Case C: Both Features

A patient says “when I see someone suffering, I feel very bad and immediately try to help.” Both emotional responsiveness and active goodwill are present. The practitioner should determine which feature is more striking, characteristic, persistent and supported by the remainder of the case.

Repertorial Significance

The value of a rubric should not be judged simply by the number of medicines listed under it. A broad rubric may contain many medicines whereas a narrow rubric may contain very few. Its clinical usefulness depends upon the quality and characteristic nature of the symptom and its relationship to the totality.[5] The rubric **Benevolence** is particularly interesting in Kent’s *repertory* because it contains **coffea** as the listed remedy in the source consulted.[3] A single remedy rubric may appear highly specific but it should not automatically be regarded as sufficient evidence for prescribing that remedy. The symptom must still be genuine, characteristic, clearly expressed and consistent with the remaining case. The same principle applies to “sympathetic.” A broader rubric may produce several medicines but the presence of a medicine under a rubric does not establish that the medicine should be selected solely because the patient demonstrates that characteristic. Sultana et al. investigated the discriminative validity of “sympathetic” using likelihood ratios.[4] Among 1,372 participants, 1,327 completed the study. The study reported stronger positive associations for selected medicines including **ignatia amara, carcinosinum, staphysagria macrosperma and nitricum acidum**, whereas several other medicines showed weaker associations.[4] These findings should be interpreted as evidence concerning statistical association with the investigated rubric rather than as proof that the rubric alone establishes a prescription.

❖ ***A framework for fair repertorial decisions***

A fair decision in repertorization means that the practitioner gives appropriate importance to the patient's actual expression and avoids selecting a rubric merely because it appears superficially attractive.

1. Collect the patient's original expression

The practitioner should first record the patient's own words without prematurely translating them into repertorial terminology.

2. Clarify the meaning

The same word can represent different experiences. “Caring” may mean emotional sensitivity, active helping, anxiety for others, affection, responsibility or fear of losing someone.

3. Identify the dominant dimension

Determine whether the symptom primarily represents:

- Emotional identification;
- Concern or anxiety;
- Active helpfulness;
- Generosity;
- Affection;
- Responsibility;
- Sensitivity to suffering; or
- Another clearly defined characteristic.

4. Confirm the characteristic nature

The symptom should be evaluated for intensity, frequency, duration, circumstances and individuality.

5. Compare related rubrics

Instead of selecting the first apparently suitable rubric, the practitioner should compare “sympathetic,” “benevolence” and related concepts such as affection, compassion, anxiety for others, generosity, kindness or sensitivity where appropriate.

6. Integrate with the complete case

The final repertorial interpretation should be based on the totality rather than on a single mental rubric. The complete symptom approach is particularly important in repertorial analysis.[9]

Clinical examples

Examples 1: sympathetic

A 35-year-old lady claims that she experiences emotional distress whenever a close friend gets ill. She worries about her buddy's health all the time, gets upset when the friend is in pain, and occasionally finds it difficult to focus on her own work. "I understand what she is going through," she

says. Emotional engagement with another person's pain is the main characteristic. Benevolence is therefore less relevant than the repertorial term of empathetic.

Examples 2: benevolence

A 42-year-old man frequently gives meals to those in need. He claims that he frequently uses his personal funds to help others in need because he enjoys doing it. He doesn't specifically mention getting emotionally upset by their suffering; instead, he expresses satisfaction from making a positive contribution. Here, kindness is the most important trait.

Examples 3: both features

A patient says, “when I see poor people, I feel very sad, and I cannot leave them without helping. I feel their suffering and then try to do something for them. Both emotional responsiveness and active goodwill are present. The practitioner should determine which feature is more striking, characteristic, persistent and clinically significant.

Discussion

The comparison demonstrates that “sympathetic” and “benevolence” should not be treated as exact synonyms. Their semantic relationship is close but their functional emphasis differs. Sympathetic primarily concerns the **emotional response to another person's experience** whereas benevolence emphasizes the **intention or disposition to promote another person's welfare**. This distinction has educational importance because students may repertorize according to dictionary meanings rather than carefully analysing the patient's clinical expression. Such an approach can create a “rubric illusion,” in which two apparently similar words are assumed to be interchangeable despite representing different symptom dimensions. The issue also has methodological importance. Contemporary research on “sympathetic” demonstrates that repertorial rubrics can be investigated using empirical approaches such as likelihood ratios.[4] The 2026 study identified a restricted group of medicines with stronger statistical associations with the rubric and suggested selective refinement of repertorial listings.[4] At the same time, statistical association should not replace clinical judgment. A rubric is meaningful only when it accurately represents the patient's experience. The practitioner must therefore balance repertorial precision with the complete individual case.

Sympathetic = “I feel for you.”
Benevolence = “I want to do good for you.”
These statements are not absolute definitions but provide a useful conceptual starting point for differentiation.

Limitations

This article is a conceptual comparative review rather than a clinical trial. It does not establish the therapeutic efficacy of any medicine under either rubric. The exact rubric wording remedy representation grading and cross-references may also differ between repertories and editions. Therefore students and practitioners should consult the specific repertory edition being used in academic or clinical work. furthermore psychological characteristics such as sympathy and benevolence are complex human behaviours and cannot always be represented by a single repertorial term. Cultural background, family environment, education, social expectations and personal experience may influence the expression of these characteristics.

Conclusion

The comparative study of the rubrics “Sympathetic” and “Benevolence” shows that, although both describe a positive orientation towards others they represent different dimensions of human behaviour. Sympathetic is primarily associated with emotional responsiveness to another person's feelings suffering or circumstances whereas benevolence reflects an active disposition or intention to do good and promote the welfare of others. Therefore these rubrics should not be considered interchangeable merely because their general meanings appear similar. Accurate differentiation depends on careful attention to the patient's own words, underlying motivation, emotional response, frequency, intensity and characteristic nature. when a patient mainly experiences another person's suffering emotionally “sympathetic” may be more appropriate when the predominant feature is a persistent inclination to help, benefit or do good for others “Benevolence” may better represent the symptom. When both features are present the practitioner should identify which aspect is more characteristic and clinically significant. The comparison of different repertories also demonstrates that rubric structure, terminology, subrubrics, remedy representation and grading may vary between repertories and editions. Consequently the exact repertory being used should always be consulted before assigning a rubric. Neither “sympathetic” nor “benevolence” should be used as an isolated basis for remedy selection. Their value lies in their contribution to the complete individualized symptom totality.

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