

# **REPERIRE**

## **REPERTORY SIMPLIFIED**

**RESTRUCTURED, REVISED & ADDED FIFTH EDITION.**

Most authentic and complete reference book approved by various universities for undergraduate & postgraduate studies in Homoeopathy.

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**PROF.DR.VIDYADHAR R.KHANAJ.**

**M.D. (HOM.)**

**P.G. & PhD guide.**

**Foreword by-**

**Dr.Arun Bhasme (5th Edition)**

**Dr.S.P.S.Bakshi (4<sup>th</sup> Edition)**

**Dr. Eswara Das (3<sup>rd</sup> Edition.)**

**Prof. Dr.Diwan Harish Chand (2<sup>nd</sup> Edition)**

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**DR.SAMUEL HAHNEMANN**

**(1755-1843)**



**Founder of Homoeopathy**

**Who felt the need of indexing symptoms of**

**Materia Medica.**  
**HAPPY BLEND.**



Form and formlessness exist together, a rose has a form, but its fragrance is formless. The Lion has a form, but its strength is formless. Beauty has form, but love it produces is formless.

Body has form, but the VITAL FORCE that keeps it alive is formless. Ultimately, it is the formless, which protects and promotes all forms.



**FIFTH EDITION**  
**ACKNOWLEDGEMENT TO FIFTH EDITION**  
**FOURTH EDITION**

In preface to third edition I was cleared that at many places it has been observed that even in original editions of some repertoires years of publications are misprinted.

In this edition of REPERIRE I have conformed years of publications from most authentic sources and wherever necessary I corrected all those, so according to me this edition is most authentic and complete reference book in the subject of repertory. Many changes in the book have followed from the useful criticisms and suggestions of readers of this book.

**SAILENT FEATURES OF FOURTH EDITION –**

- 1) Corrections and conformations of years of publications of many repertories from most authentic sources.**
- 2) Corrections of spellings and Grammar wherever necessary.**
- 3) Reconstruction and additions in many topics especially under second and third part of the book.**
- 4) New additions of some topics like Synoptic card repertory by**

Dr.Vidyadhar R.Khanaj and Dr.Mrs.Aarti M.Patil (Kognole), Repertorial result analysis, Synthesis of rubric, Thematic repertory, Achyuthan's card index repertory, Changes of RADAR software, Coin playing technique of repertorization etc.

**Prof.Dr. Vidyadhar R.Khanaj**

July 2007

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Dear friends...

First of all I am thankful to all those teachers and friends who used and recommended this book for their students.

After the publication of third edition of "**REPERIRE**" in few months fourth edition is come in the market with few additions and in a new format. As this book is the product of hard work and only with the basic aim of giving a good reading material in the subject of repertory to both undergraduate and postgraduate students of Homoeopathy I always tired to update and standerize the concepts according to needs of user.

In third edition it was found that because of typography used the size of the book became bulky and was found difficulty in carrying. So by keeping this difficulty in front, in this edition we reduced the size by using special paper and also different typography.

For new addition rather adding those topics as addenda to maintain the link with previous topics I reconstructed required topics accordingly.

I am very much happy that my Guru, guide and Philosopher **DR.ESWARA DAS**, Deputy Adviser, (Homoeopathy) AYUSH, Govt. of India, N.Dehli forwarded this edition of REPERIRE. I take this opportunity to express my profound gratitude and thanks to him whose guidance helped me lot.

I am much grateful and feel happy that our beloved sir **Dr. Diwan Harish Chand**, forwarded for second edition of this book. I am thankful to following supporters who made this work possible. Special thanks to **Dr. Mrs. Aarti M. Patil (Kognole)** my student and Departmental colleague for her help.

Also thanks to **Dr. V. D. Bhagate** our Principal, for encouragement

and our inspiring Management, **Chairman - Dr.J.J.Magdum, Executive Director - Dr. Sukumar J. Magdum** and also to **Dr.Mrs.Shubhangi S.Magdum**.

Thanks to my senior teachers from our college, **Dr. V. N. Patil, Dr. P. M. Ganbavale, Dr.Mrs.S.A.Bharmgude, Dr.Mrs.A.P.Ranbhise, Dr.A.T.Chougule, Dr.Mrs.S.A.Patil, Dr.R.N.Kulkarni, Dr.S.B.Banne** and others for their support.

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I must thanks separately to **Dr.Jawahar Shah** a man of Computer repertorization and Hompath family for preparing **C.D.REPERIRE**, which is supplemented with this edition.

Also I am thankful **Dr.Miss.Shruti Dani** who helped for correcting third edition of this book.

Thanks to my friends **Dr. Sanjay Patil, Dr.Prasad Tantri, Mr. Rajiv Arora**, who encouraged and helped me at every step and also to **Dr.Mrs.Parveen Pathan (Miraj)** for her help.

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**Prof.Dr. Vidyadhar R.Khanaj**

July 2007



## **PREFACE TO FOURTH EDITION**

**We never have what we like; we never like what we have. Still we live, love and hope that some day we will get what we love or love what we have!**



Dear friends...

Fourth edition of book REPERIRE is surprise to every on but its true. Beacuase of huge response to the third edition of REPERIRE only in few months after fourth edition of is in your service.

I am thankful to all those who created a situation to publish fourth edition of my book '**REPERIRE**'.

After the publication of third edition of "**REPERIRE**" only in few months, fourth edition is come in the market with few additions and in a new format.

In the process of standerdization of Homoeopathic literature and study of Homoeopathy especially in the subject of repertory this book played important role. Many universities approved this book as a reference book for both undergraduate and postgraduate education in Homoeopahty.

In third edition it was found that because of typography used the size of the book became bulky and was found difficulty in carring. So by keeping this difficulty infront, in this edition we reduced the size of book by using special paper and also different typography.

For new addition rather adding those topics as addenda to maintain the link with previous topics I reconstructed required topics accordingly.

In preface to third edition I was cleared that at many places it has been observed that even in original editions of some repertoires years of publications are misprinted, practically this has least importance but theoretically for M.C.Q's this is frequently asked and there is question in front of students that which book should be followed for the same.

*In fourth edition of **REPERIRE** again I conformed years of publications from most authentic sources and wherever necessary I corrected all those so according to me this edition is most authentic and complete reference book in the subject of repertory. Even if any one finds any corrections please suggest the same directly to author to standerdize the*



*data and to help all those who needs this. Many changes in the book have followed from the useful criticisms and suggestions of readers of this book.*

### **Sailent features of fourth edition –**

- 5) Corrections and conformations of years of publications of many repertories from most authentic sources.**
- 6) Corrections of spellings and Grammar wherever necessary.**
- 7) Reconstruction and additions in many topics especially under second and third part of the book.**
- 8) New additions of some topics like Synoptic card repertory by Dr.Vidyadhar R.Khanaj and Dr.Mrs.Aarti M.Patil (Kognole), Repertorial result analysis, Synthesis of rubric, Thematic repertory, Achyuthan's card index repertory, Changes of RADAR software, Coin playing technique of repertorization etc.**

I hope **fourth edition of "REPERIRE"** will fulfill the need of undergraduate as well as postgraduate students and also act as a source book for teachers of Homoeopathic repertory.

I express my gratitude to all those students, teachers and physicians who made previous editions of this book as a must have book and made it successful.

**Prof.Dr. Vidyadhar R. Khanaj**  
**M.D. (Hom)**



## **FOREWORD TO THE THIRD EDITION**

**ADD PAGES FROM 3<sup>RD</sup>**

**EDITION FILE**

## **ACKNOWLEDGEMENT TO THIRD EDITION**

Dear friends...

First of all I would like to congratulate all those students who used this book for their undergraduate studies and now entered for postgraduate studies in Homoeopathy also thanks to all those teachers and friends who recommended this book for their students.

After the publication of second edition of **"REPERIRE"** in a very short time it became very popular between both undergraduate and

postgraduate students of Homoeopathy. To standardise every aspect of this subject I felt there is still need to work on second edition that gave birth to the third edition. In second edition I observed that there remained some lacunae and also it required some corrections. So, I decided to go for third edition with new topics to fulfill the need of postgraduate students and reconstruction of some topics to maintain the link with previous topics.

For this work I have received help and inspiration from many friends and teachers. I am thankful to all those who contributed directly or indirectly in the publication of this book.

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**Prof.Dr. Vidyadhar R.Khanaj**

**November 2006**



## **PREFACE TO THIRD EDITION**

**A loving Heart is the beginning of all knowledges, so  
if you have knowledge let others light a candle at it.**



Dear friends...

It's a great pleasure to me that **REPERIRE** is completing one more milestone of its development i.e. **Third edition**.

I am thankful to all those who created a situation to publish third edition of my book '**REPERIRE**'. In the process of standerdization of Homoeopathic literature and study of Homoeopathy especially in the subject of repertory this book played important role. Many Universities approved this book as a reference book for both undergraduate and

postgraduate education in Homoeopathy.

In my view third edition is revolutionary because first time **REPERIRE** is came to you in colour formatte. Colourful presentation of this book is not only for show but it has been observed that while going through the book for recollecting points this concept is very useful.

Third edition of this book is much enlarged with reconstruction, new additions, and corrections. At many places it has been observed that even in original editions of some Repertoires years of publications are misprinted, practically this has least importance but theoretically for M.C.Q's this is frequently asked and there is question in front of students that which book should be followed for the same. In this edition of **REPERIRE** maximum controversies are removed after referring many reliable sources. Many changes in the book have followed from the useful criticisms and suggestions of readers of this book.

### **Sailent features of third edition –**

- 9) Corrections of spellings and Grammar wherever necessary.
- 10) Corrections and conformations of years of publications of many repertories.
- 11) Additions according to further editions of that particular repertory.
- 12) Reconstruction and additions in many topics especially under second and third part of the book.
- 13) As you know present softwares are changing their faces frequently so according to lastest versions of respected software new additions and introduction to new softwares.
- 14) New additions of some general repertories like Dr. Chandra's Alphabetical repertory, Dr.Patel's Corrected repertory, and Phoenix repertory by Dr.Bakshi etc.
- 15) New additions of some Clinical repertories like Analytical Repertory by Dr.Hering, Repertory of Cough, A concise Repertory of agg. & Ameli, Dr.Hering & Clarkes Repertory of Toothace.
- 16) New additions in Hunting of Rubrics.

**Above changes are made by keeping balance of syllabus for undergraduation and postgradution in Homoeopathy.**

I feel one should not claim that this book is complete and that book is complete because it is a continuous process. So this work is only with the aim of providing standared, reliable, and easily understandable reading

material on Homoeopathic repertory.

I hope **third edition of “REPERIRE”** will fulfill the need of undergraduate as well as postgraduate students and also act as a guide for teachers of Homoeopathic repertory.

I express my gratitude to all those students, teachers and physicians who made previous editions of this book as a must have book and made it successful. Readers are requested to write their suggestions and compliments, so that the work of this never ending book, will be continued to provide the best reading material on repertory.

**Prof.Dr. Vidyadhar R. Khanaj**

**M.D. (Hom)**



## **FOREWORD TO THE SECOND EDITION**

**Prof. Dr. Diwan Harish Chand**

**When** I was asked by the author to write a foreword to the 2<sup>nd</sup> edition of his book “Reperire” it gave me an opportunity to go through it and I have greatly profited from it’s persual. The science and art of Homoeopathy is difficult to practice and the need for a repertory is always felt especially in analysing difficult cases of chronic diseases. Many repertories are available in the market. This book is unique in attempting a very comprehensive coverage of all aspects of the subject - the history and evolution of the repertory starting with Hahnemann himself down to the present day publications & computers.

The author after considerable study highlights the advantages & disadvantages of many of the repertories. He has also shown the practical usage by repertory analysis of some cases.

The name of the book is unusual & so it has been explained by the author & is true to its name – **REPERIRE**.

I am told that the response to the first edition was very good & it was all sold out within a year. The second edition is very much enlarged- from 251 pages of 1<sup>st</sup> edition to 606 pages in the 2<sup>nd</sup> edition.

A study of the book will benefit the student, the practitioner and, of course, is a must for the teacher of the subject and should find a place in the library of all Homoeopathic institutions.

**Prof. Dr. Diwan Harish Chand**

*M.B.B.S., L.R.C.P. (EDIN.); D.T.M. & H. (L'POOL),  
M.D. HOM; F.F. HOM. (LOND.); F.I.H.A.; D-HT. (U.S.A.).*

President of Honour, International Hom. Medical League  
Hon. Homoeopathic Physician to the Presidents of India (1969-1997)

November 7, 2003

National Homoeopathic Centre  
1, Hanuman Road,  
New Delhi-110 001



**ACKNOWLEDGEMENT TO SECOND EDITION**

After the publication of first edition of book "**REPERIRE**" I have received compliments from many students and teachers. In first edition I observed that there remained many misprintings and also it requires some corrections. So, I decided to go for second edition. To provide standard and simplified material on repertory I started working, thereafter I decided to add new topics to fulfill the need of postgraduate students. For this work I have received help and inspiration from many people. I am thankful to all those who contributed directly or indirectly in the publication of this book.

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**Dr. Vidyadhar R. Khanaj**

November 2003



## Special Thanks...

I feel happy that in the process of standardization of Homoeopathic Literature second edition of my book “**REPERIRE**” is serving to the students and teachers of Homoeopathic repertory.

As every one knows that it is a continuous and never ending work, I tried to collect most of the matter related to Repertory in this edition.

Herewith, I express my gratitude towards **Dr. ARUN BHASME** sir (Beloved Principal, S. K. Homoeopathic Medical College, Beed, Executive Director C. C. H., & pioneer of Homoeopathic Post-graduate courses in Maharastra).

Thanks to **Dr. D. P. Rastogi** sir whose contribution in the filed of Repertory is acts as a guide poll to all the students and teachers of Repertory.

**Also I thank to academic councils and B.O.S. comities from various universities for approving this book as a referrence book for undergraduate as well as postgraduate studies in Homoeopathy.**

Also there are thanks to many teachers of Repertory who contributed for the standardization of this subject Dr. Jugal Kishore, Dr. R. P. Patel, Dr.Eswara Das, Dr. M. P. Arya, Dr. Shashikant Tiwari, Dr. K. Harinadham, Dr. Niranjan Mohanty, Dr.D.Tarafdar, Dr. Jawahar Shah (for revolution in computer repertorisation), Dr. Prafull Barvaliya, Dr. Kishore Mehta, Dr. J. D. Patil, Dr. K. B. Ramesh, Dr.Munir Ahmad, Dr. S. A. Kattekari, Dr. S. S. Adi, Dr.V.R.Kavishwar, Dr. S. N. More, Dr.Praveenkumar, Dr.Ajit Kulkarni, Dr.J.D.Dariyani, Dr.Anwar Ansari, and many others.

**Prof. Dr. Vidyadhar R. Khanaj**



## PREFACE TO SECOND EDITION

**D**ear friends...

I am very much thankful to all those who created a situation to publish second edition of my book ‘**Reperire**’. I am thankful because only few months after the publication of first edition, I started working for second edition. Change is the need of every one.

This edition is an enlarged with new additions, revised and corrected



in each and every topic of first edition. In the first edition of this book there observed mistakes and misprinting under many of the topics, for example there were mistakes with regard to *year of publication of the repertoires* all those mistakes are corrected and even the topic History & Evolution of Repertory is detailed in all respects.

The major change is in the **THIRD PART**, that after explanation of each repertory many **cases are added** to demonstrate the method of working with different approaches. Another addition is Murphy's Repertory and other additions by different authorities are included under Kent's repertory; here all the **works on J. T. Kent's repertory** from Kent's final general repertory, Kent's Repertorium Generalae, synthetic & synthesis repertoires, P. Shivraman's Expanded Repertory, complete

Under the heading of **Card repertoires** you will get every detail of the published and unpublished card repertoires with pictures, which is the unique feature of this compilation. As no other books gives any details of **Homoeopathic Software's** by understanding the need of Postgraduate students, in this edition I have reviewed all the available software's e.g. MAC REPERTORY, CARA, RADAR, HOMPAT, in detail. Lastly rather than change it is a totally new addition that many of the important **Clinical repertoires** are introduced newly as a part of P.G. studies, over all I have tried to cover all topics in the second edition of 'REPERIRE'.

Work of completion of repertoires is going on till today, just like this there is the need to work for the preparation of complete reference book on repertory. So this work is only with the aim of providing good, understandable reading material on Homoeopathic repertory. So that with the changing face of Homoeopathy, standardization of teachings of the subject is possible.

I hope this second edition of book "**REPERIRE**" will fulfill the need of undergraduate as well as postgraduate students and even beginners in the teachings of repertory.

I express my gratitude to all those students, teachers and physicians who made first edition of this book as a must have book and made it successful. I tried to avoid mistakes by revision and editing repeatedly, readers are requested to write their suggestions and compliments, so that the work of this never ending book, will be continued to provide the best reading material on repertory.

**Prof.Dr. Vidyadhar R. Khanaj**



## **ACKNOWLEDGEMENT TO FIRST EDITION**

In the years of compilation of this book, by keeping object of providing wholesome theories for exam, appearing students of Homoeopathy. I have received help and inspiration from many people.

I am heartily thankful to everyone who has participated by any means in the publications of this book.

**Special thanks to Dr. (Miss) Aarti M. Patil** who worked always with smiling face, my wife Mrs. Sujata, all senior teachers of the college, our inspiring Management Dr. Sukumar J. Magdum, Principal Dr. Vijay D. Bhagate, all students who helped and inspired for the publication of this book. Also thanks to my friend Dr. Sanjay Patil for standing behind as a well-wisher. Lastly thanks to the publisher and office staff who made this work possible.

**Dr. Vidyadhar R. Khanaj**



## **PREFACE TO FIRST EDITION**

**A**fter the publication of book "Introduction to repertories based on Kent's Philosophy", there was the urgent demand from the students and teachers of the repertory for wholesome theories of repertory subject. So to fulfill these demands, I started working for the compilation of the best and wholesome reading in the subject of repertory. Under the heading of book "*REPERIRE*" I tried to reproduce most of the topics related to repertory in comprehensive, descriptive and systematic manner at the level of students.

*'No originality is claimed except its presentation. These matters are collected from different authoritative sources and presented in a simplified form'.*

This book is restructuring of the repertory syllabus according to C.C.H. recommended for the course of Homoeopathy.

This book provides illustrative examples and tables whenever necessary, such kinds of representation will help students for quick revision of the subject before examination. I express my gratitude to all

those authors whose references are considered for the compilation of this book.

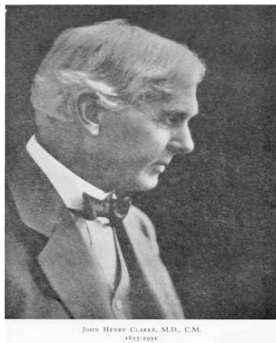
Again special thanks to **Mr. Mayur Jain** of ***Indian Books & Periodicals Publishers*** and his staff for their kind co-operation and bringing a superior quality to the book.

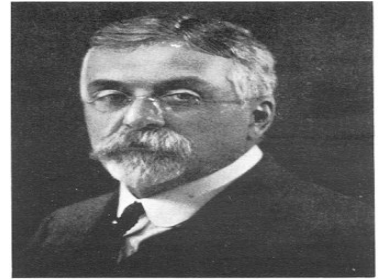
**Dr. Vidyadhar R. Khanaj**

April 2002



**This Book is dedicated to all those who worked for the Cause of Homoeopathy.**

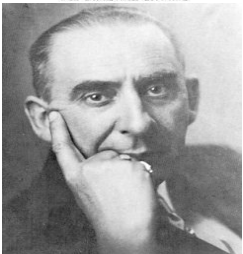




Docteur C. M. Boger (1861-1935)



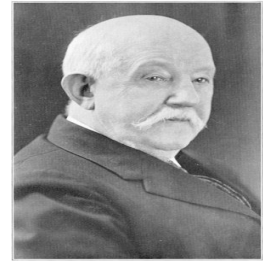
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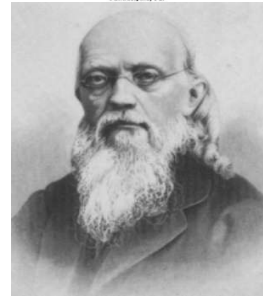
Dr. Rummel  
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Prof. Dr. Wüstenberg,  
geb. 24. April 1837, gest. 6. Dec. 1902.



Dr. Calvin S. Kegan  
Philadelphia, Pa.



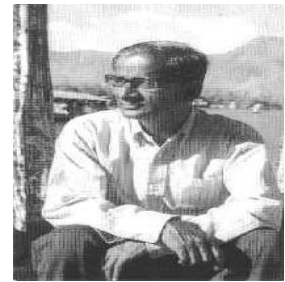
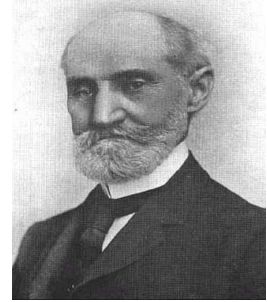
Dr. Theod. J. Ricker.



CONSTANTINE HERING



ELIZABETH WADLEY HUBBARD, M. D.  
New York  
First Vice-President, I.H.A.



**And many Others...**

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## **PART- I**

### **INTRODUCTION TO REPERTORIZATION**

‘The very existence of Homoeopathy in the future depends upon the systematic training of her followers in knowledge of the philosophy together with an intelligent use of the repertory. Successful study and use of the repertory is impossible apart from the study and knowledge of the philosophy of Homoeopathy. The fact has been observed that, those who are disappointed in repertory work are invariably those who are in ignorance concerning the principles set forth in Organon’.

**DR. H. A. GRIMMER**

**A** repertory is an index where information is stored or classified or arranged systematically so that it can be used more adventitiously to reach the similitum in a short time. This information can be collected under headings in a book form, or through a collection of cards, on strips,

in the form of softwares etc.

The main aim of the repertory is to help in finding the right remedy for a given case. So this is one of the other techniques of individualization with mathematical calculations.

It allows the comparison and differentiation to be established between several remedies showing the same indications according to the degree of importance and modalities of the various remedies that are in competition. The degree of valuation of the remedy thought always to correspond to the degree of the disease.

Repertory finds out new remedy which one had not thought of, but now strikes suddenly to mind of which one knows nothing and which would have never been found otherwise.

The repertorization gives auxiliary remedies, that is to say those of secondary or a third grade importance and if that chosen does not produce the required result or a sufficient one, then repertory will be very useful for revising the case.

Finally the repertory makes the very dry study of materia medica extremely interesting, and allows us to reveal more and more medicamentous aspects and features like so many distinct and attractive personalities.

Basically repertories are useful in cases where there are a lot of characteristic symptoms making confusion for prescribing proper similimum also in cases where rare, characteristic symptoms are difficult to locate in materia medica in those cases reference to repertory is required, otherwise in cases where there are clear indications of the similimum repertorization is not required. For example puberty aged fair, mild, gentle girl with complaints of gastric upset due to fatty food, thirstless, with weeping disposition amelioration by consolation is clearly calling for remedy like Pulsatilla.



## **REPERTORY: Meaning and Origin**

### **Introduction:**

The mission of Homoeopathy is based on 'Homoeopathic Triangle' [KENT'S TRIAD] also called pillars of Homoeopathic studies, i.e.

Organon / Homoeopathic philosophy, Materia Medica and Repertory.

## **MATERIA MEDICA**

### **ORGANON / PHILO.      REPERTORY**

Homoeopathic physician must study the Homoeopathic principles till he learns what it is in sickness that guides to the curative remedy (Organon & Homoeopathic philosophy-Grammar).

He must study the Materia Medica until he learns, what is needed to meet these demands (Materia Medica- Literature).

He must then study the repertory until he learns how to use it, so that he can find what he wants, when he needs it (Repertory - Dictionary).

A different dictionary gives different meaning of word repertory.

In **Universal dictionary** the meaning is given as store house of useful information's or collection, stock of plays, songs pieces which an actor, singer, musician has rehearsed and are familiar with and which can be performed at any time as occasion arises.

### **Origin –**

#### **REPERTORY.**

Latin word

#### **REPERTOIRE.**

#### **REPRODUCTION**

Latin word

(In French its

Meaning is storehouse)

#### **REPERTORIUM.**

Latin word.

RE            + PARIRE.

(Again)    (To bring forth)

#### **REPERTUS**

Past Participle

#### **REPERIRE**

In **Webster's dictionary** the meaning and origin of word 'Repertory' is described as follow ----

The word 'repertory' Originates from the Latin word '*Repertoire*' or Late Latin word '*Repertorium*'.

Word 'Repertorium' again is derived from the Latin word, '**Repertus**



' which is the past participle of 'Reperire'.

Reperire is combination of Re + Parire.

Re — Again.

Parire — (older form of parere) - To bring forth, to produce, to get.

Parere word is similar to 'Parent' i.e. Father or Mother (Origin or source). So Repertus or Repertorium or Repertory means 'Reproduction' i.e. production of similar object or situation, it is a place where the things are kept to bring forth again.

**Chamber's Dictionary gives meaning as** – A storehouse, repository, store or collection, especially of information, instances, facts, etc.

**Brainy Dictionary gives meaning as** – a treasury, a magazine, and a storehouse.

The term repertory was used before Homoeopathy in military. In 18<sup>th</sup> century in western countries war was the frequent occurrence amongst different kings and kingdoms. Hence there were number of forts in each kingdom at different places with a large number of fighting force and a variety of weapons to fight for. They use to arrange all weapons in a systematic order. These types of arrangement or placing the weapons in different order were named '**Repertoire**' or '**Repertorium**', mean armamentarium, from which the term repertory has been arrived.

**Different authorities have defined Repertory as follows: -**

Repertory is an index, a catalogue of symptoms of Materia Medica, neatly arranged in a practical form and also indicating the relative gradation of drugs, and it greatly facilitates for quick selection of the indicated remedy.

● ***Homoeopathic Council***

Repertory is essentially an index and may be advantageously used as such for discovering particular symptoms containing similar combinations in their pathogenesis.

● ***Dr. C. M. Boger***

Repertory is like a dictionary – a book of nature relating the meaning of group of pathological phenomena. It is a grand key for successful

exploration of Homoeopathic remedies.



***Dr. Bidwell.***

A Repertory in Homoeopathy is an index of symptoms of our Materia Medica with their corresponding Homoeopathic medicines arranged systematically in various order.



***Dr. R. P. Patel***

A Repertory is a sort of dictionary or an index; basically the repertory is an index of Homoeopathic Materia Medica.



***Dr. J. Kishore***

A place in which things are disposed in an orderly manner, so that they can be easily found, as the index of a book.



***Brainy Dictionary***

The aim of repertory is never to replace the Materia Medica but to help the final choice of single medicine. Thus the study of repertory helps to understand patient and Materia Medica. ***Materia Medica and Repertory are complementary to each other.***

A repertory can be written as per the schema of Hahnemann, dividing the whole body into different sections according to appearance of the body from head to foot and according to anatomical division from above downwards or for easy reference in the alphabetical order starting from 'A' and ending with 'Z'. (E.g. Dr. S. R. Phatak's Repertory, Dr. Robin Murphy's Repertory.)



**NOTE FOR REPERTORY: MEANING AND ORIGIN.**

## **REPERTORY: History and Evolution**

**A**fter the discovery of law of similars i.e. with Cinchona bark experiment, Dr. Hahnemann started proving of different drugs on him and also on different healthy human beings, re-proving of the existing drugs to get the fuller account of the positive effect of drugs. Because of such provings and re-provings he collected a large number of symptoms in every drug. All these symptoms he collected in books like 'Materia Medica Pura' and 'Chronic Diseases'.

During Dr. Hahnemann's time, approximately 100 drugs were proved. As remedies and proving multiplied, it became a problem to keep a track

of all the symptoms, and master Hahnemann himself consciously felt the need for indexing of this growing pool of information. Hahnemann realized the limitations of human mind to remember all the symptoms and felt the need for an aid to retrieve the facts.

He demonstrated the procedure by working on cases in *Materia Medica Pura*, which gave some idea about his concept on which repertorization stands today. He wrote in *Materia Medica Pura* that for the convenience of treatment, we require writing down all remedies producing a symptom along with the circumstances under which they occur, expressing the remedies in short with few letters and proceed in same way with all other symptoms. From the list thus prepared, we shall be able to perceive the remedy sought for, which covers homoeopathically most of the symptoms, especially characteristic totality. And thus was born the concept of repertory and repertorization.

## **2. A - Dr. Hahnemann's and early repertories:**

In 1805 his book “ **Fragmenta De viribus medica Mentorum Positivis sive in sano corpore Humano Observatis,**’ the first *Materia Medica* by Hahnemann contained the proving information of 27 remedies in the first part (269 pages) and 470 pages repertory alphabetically arranged in the second part and remedies were graded in single grade. He also prepared another short repertory in 1817, in Latin language **the symptom dictionary**, in his own handwriting. Hahnemann's reference material in four volumes ran in to 4239 pages that were having facilities of markings on different alphabets of symptoms. He wrote to his friend Dr. Ruckert that how useful it would be if a good alphabetical repertory once compiled. Ruckert started arranging a repertory of the remedies, which latter on formed the first part of the *Chronic Diseases*, on which Ruckert worked for many years. His work being constantly checked by Hahnemann, but this work remained limited to manuscript form, which is preserved in the Archives at Hale's Museum in Robert Bosch Hospital at Stuttgart (W. Germany). It is a large folio volume in which he pasted symptoms which were obviously cut from his hand – written *Materia Medica*, of the effort he wrote only the dictionary i.e. Repertory would give the seeker more information’.

In between Dr. Hahnemann's pupil Dr. Gross compiled two volumes of repertory but not appeared in print. Then he wrote to Dr. Rummel about

the use of the repertory. In between, a student of Hahnemann Carl George Hartlaub produced “**Systematic Description of the pure effect of Remedies**” in 538 pages in six parts. According to Dr. P. Schmidt this was the first printed repertory produced in between 1826 -1828.

At about same period Dr. Hahnemann engaged Dr. Jahr to complete second part of chronic diseases and to compile a repertory. At that time Jahr was preparing for his final medical examination, so he could not afford much time for this work. Finally his first repertory was published in two volumes in German language in 1835 containing 1052 & 1254 pages and later on published a third repertory on bones, glands, mucous membranes, ducts & skin diseases. But Hahnemann did not approved Dr. Jahr’s work as he felt that his work was not exact, these again remained in manuscript form, Jahr’s repertory underwent many editions. The fourth edition of his repertory was published in 1851 in which he adapted the evaluation method of Boenninghausen. The third volume of Jahr’s work formed the Repertory where as the other two volumes formed Materia Medica.

### **Structure Of Jahr’s Earlier Repertory-**

This repertory is divided into **29** chapters from Mind, disposition, and sensorium to characteristic symptoms of remedies contained in 3<sup>rd</sup> edition.

In last edition of his repertory translated by Hempel, Jahr changed the arrangement of chapters and separated the symptoms to tabulate them. He has given description of symptoms as they appeared in proving & clinical confirmation.

Jahr did not place all the remedies for a particular symptom, but kept them as appeared in pathogenesis  
E.g: Absence of mind, Absence of mind irresolution, Absence of mind he does not recognize his friend.

Thus Jahr had listed 45 sentences giving conditions of absent-mindedness. And almost 33 headings under which symptomatology is arranged. He used divisions according to Materia medica Pura of Hahnemann or that of Ruckert’s repertory. Rubrics are arranged according to location, sensation in general with modalities.

**Dr. Hahnemann** himself compiled repertory in 1830 -1832 which could not published because it was imperfect and also his publisher Mr.

Arnold was not ready to publish it, as he was under loss in Homoeopathic publications.

In between **1829 to 1831 Dr. E. F. Ruckert** came with his new book, "Systematic presentation of all Homoeopathic medicines" which was completed in 1830 in 1285 pages and three volumes but it was more of an ordering of the Materia Medica than a true Repertory. Also second edition of his repertory was published in 1835.

In 1830 Dr. Von Boenninghausen came in contact with Dr. Hahnemann and developed close relations with Dr. Hahnemann. In January 1832 Dr. Hahnemann wrote a letter to Dr. Boenninghausen as "My repertory was an alphabetical record which could not only be of great service in looking up the necessary symptoms of medicine. If very complete and this perfection is not yet to be found in mine. It is therefore not to be regretted that it remains unpublished, but in its place I draw your attention to Ruckert's systematic representation of all Homoeopathic medicines, which I recommended very much".

Therefore Hahnemann employed Jahr for compilation of a repertory and he wrote, "If God permits, Jahr will work out the symptoms dictionary and I shall contribute what I can".

Finally Dr. Boenninghausen started working for compilation of repertory under Hahnemann's instruction. His pioneering work was published in 1832 with a preface by Dr. Hahnemann i.e. "Repertory of Anti-psoric medicines" published at Coppenrath, Munster with 256 pages which was not only successful but it became a foundation stone for all the later repertories. Though technically Hahnemann was the first repertorian, the credit of publishing the first repertory goes to Boenninghausen and this repertory is acting as a base for today's repertories so he is called as '**Father of Repertory**'.

In 1833 Glazier published his first "Alphabetical Pocket Repertory" in Leipzig containing 165 pages. In 1833, Joseph L. Published ' Practice of Medicine' also in the same year, Weber Peschiner's "Repertory of purely pathogenic effects" prefaced by Hahnemann containing 375 pages was published.

In 1837 Rouff published his first repertory containing 236 pages at Stuttgart.

In 1838 **REPERTORY TO THE MANUAL first repertory in English**

was written and published by the Dr.C. Hering, Academicals Bookstore at Allentown, PA. This was the work on Jahr's manual but much purer work than Jahr's original work. In retrospect it was a milestone, as it became a source to the Kent's repertory 50 years later from then.

## **2.B – Chronological History of repertories:**

### **B.1- Repertories published in between 1832 to 1842.**

**1832 Dr. Boenninghausen's** Repertory of the Anti-psoric remedies, Coppenrath, Munster, 256 pages with a Preface by Dr. Hahnemann. The second edition was published in 1833. Dr.Boger translated it in 1900.

**1833 Dr.Glazor** First Alphabetical pocket repertory at Leipzig p.p. 165.

**1833 Dr. Boenninghausen's** repertory of intermittent fever.

**1833 Dr.Weber Peschier** Repertory of purely pathogenetic effects prefaced by Dr. Hahnemann P.P. 376.

**1835 Dr.Jahr's** Repertory published in two volumes containing 1052 and 1254 pages in German followed by a third Repertory on glands, bones, mucous membrane, ducts and skin diseases in 200 pages.

**1835 Dr. Boenninghausen's** Repertory of medicines, which are not Anti-psorics, Coppenrath, Munster, 266 pages, which was not, translated into English until Boger traslated it

in 1900.

**1836 Dr. Boenninghausen's** 'An attempt at showing the relative kinship of Homoeopathic Medicines.

**1837 Dr. Rouff A.J.F.** Repertory with 236 pages.

**1838 Dr. Jahr's G.H.G.** Part second Systematic Alphabetical Repertory.

**1838 Dr. Tanner J.** "The Homoeopathist's Pocket Reference."

**1840 Dr. Ruoff A. Joseph F.:** REPERTORIUM FÜR DIE HOMOEOPATHISCHE PRAXIS, - Repertory on Nosology, published at Stuttgart, in 254 pages. This book was translated by H. Okie and published by J. Dobson in 1840. It was published in English in 1845.

## **B.2- Repertories Published in between 1843 to 1853.**

**1843 Dr. Lafitte P. J.** - One of the first Parisian Homoeopath, "Pure symptomatology or synoptic pattern of all the Materia Medica Pura," Bailliere, Paris, 974 pages. This Repertory was mainly based on the work of Hahnemann. Each heading is written in a string divided in columns. Although the information is good, the layout takes up much space making it difficult to visualize for the purpose of Repertorization.

**1845 Dr. Sherrill, H.** - A Manual of Homoeopathic prescription.

- 1846 Dr.Boenninghausen's C. V.** - Therapeutic Pocket Book, along with the German edition there was also an English edition translated by Stapf. This repertory served as a final synthesis for the idea of preparation of repertory. From 1847 many people worked on this repertory.
- 1847 Dr.Hemple - Boenninghausen's** Repertory in 500 pages.
- 1848 Dr.Clofar Muller's** - Systematic alphabetical repertory 940 p.p. this is originally work of Karl Friedrich Trinks.
- 1849 Dr.John G. H.** - Causes and Homoeopathic treatment of Cholera. Including repertories for this Disease and for Vomiting, Diarrhoea, Cholera Infantum and Dysentery.
- 1849 Dr.Mure's** – Repertory in 367 p.p.
- 1850 Dr.Jahr's G. H.** – Alphabetical repertory of the skin symptoms - 515 pages translated by Hempel.
- 1850 Dr.Dudgeon R. E.** - Pathogenic Cyclopedia, London, in 591 pages of which only one part was issued, symptoms of mind, Disposition and head.
- 1851 Dr.Joel Bryant** - Pocket Manual or repertory of Homoeopathic Medicine, W. Radde, in 352 pages.



- 1851 Dr.Esrey W. P.** - A Repertory.
- 1851 Dr.Drysdale At king, Dudgeon, stokes** - Esrey repertory vol. 1.
- 1853 Dr.Humphreys S. F.** - Homoeopathic treatment for Diseases of sexual systems being a Complete repertory of all the symptoms occurring in the sexual system of male and female adapted to the use of physician and laymen.
- 1853 Dr.Hampel C. J.** - The Complete repertory of Homoeopathic Materia Medica published in 1159 pages.
- 1853 Dr.Von Boenninghausen-** The sides of the Body and Drug Affinities.
- 1853 Dr.Possart and Jahr** - New manual of Homoeopathic Materia Medica accompanied by an Alphabetical Repertory in 700 pages translated by Hempel. Includes the Repertorium by Possart, which was published in Germany.
- 1853 Dr.Sherril H.** - A treatise in repertory for prescribing adopted to domestic or Professional use.
- 1853 Dr.Jahr G. H. G.** - A New Manual of Homoeopathic materia Medica with Possart's Additions- fifth edition revised and enlarged by the author and translated by Hempel.

### **B.3 - Repertories Published in between 1854 to 1864.**

- 1854 Adolph Lippes** – A repertory of comparative Materia Medica consisting of 144 pages.
- 1858 Dr.Minton H.** - The Homoeopathist's visiting book of engagement and Pocket repertory.
- 1859 Dr.Cypher** - Repertory by English Homoeopaths in 600 p.p. Enlarged edition in 1878 by Drysdale, Atkins, Dudgeon, stokes, Black, Irvine, Knerr, Russell, Hayward.

#### **B.4 - Repertories Published in between 1865 to 1875.**

- 1868 Dr.Temple Hoyne** - Repertory of the new remedies 70 pages. The new remedies were those that did not appear in Hahnemann's Original works.
- 1869 Dr.Bell James B.** - The Homoeopathic therapeutics of Diarrhoea, Dysentery, Cholera Morbus, Cholera Infantum and all other loose evacuations of bowel.
- 1869 Dr.Berridge E. W.** - A repertory of the symptoms of Head, Published as a supplement in the Hahnemannian Monthly up to Dec.1871 in 220 pages.
- 1870 Dr.Dunham T. C.** - Personified Materia Medica cards designed to accompany Guernsey keynote and as a supplement to Gregg's illustrated Repertory.
- 1871 Dr.Laurie J.** - The Homoeopathic

Domestic Medicine.

- 1872 Dr.Cushing A. M.** - Repertory of Leucorrhoea published at Boston in 70 pages.
- 1873 Dr.Boenninghausen C. V.** - Boenninghausen's therapia of Intermittent and other fever Translated with the addition of new remedy by A. Korndoerfer.
- 1873 Dr.Guernsey W. J.** - Desire and Aversion.
- 1873 Dr.Berridge E. W.** - Complete repertory to the Homoeopathic Materia Medica, Diseases of eyes with 1171 remedies, published in England.

#### **B.5 - Repertoires Published in between 1876 to 1886.**

- 1879 Dr.Lippe C.** - Repertory of the more characteristic symptoms of the Materia Medica was published by Bedell Brothers, New York in 332 pages. Lippe followed Hahnemannian schema that ends with section "Generalities". When Kent began to compile his Repertory he started by writing notes into his copy of Lippe's and also attached other pages for addition. Because of health problem Lippe could not able to publish second edition of his repertory. He gave his work to E. J. Lee of Philadelphia who further worked on it and published the mind section in 1889. Before its

publication Lippe expired in 1888. his repertory covered 301 remedies and those were graded in 2 grades, Italics & Roman.

- 1879 Dr.Gregg Rollin R.** - An illustrated repertory of pains in chest, sides and back, was published by Duncan brothers in 97 pages. In this repertory locations and characters are presented diagrammatically.
- 1879 Dr.Guernsey William Jefferson** - A repertory of Menstruation in 17 pages.
- 1879 Dr.Eggert William** - Uterine and Vaginal discharges. Boericke & Tafel, 543 pages, published it.
- 1879 Dr.King John C.** - A repertory of Headaches in 297 pages.
- 1879 Dr.Allen H. C.** - Repertory of Therapeutics of Intermittent Fever with 147 remedies.
- 1880 Dr.Worcester Samuel** - Repertory of Modalities published by Boericke & Tafel in 160 pages and 15 sections. Basic source is Hering's Condensed Materia Medica.
- 1880 Dr.Allen Timothy F.** - Symptoms Register, published by Boericke & Tafel in 1331 pages. This is the index to Allen's Encyclopedia covered 820 remedies and graded in 3 grades.

- 1881 Dr.Hering C.** - Analytical repertory of the Symptoms of the Mind. This book contains 48 chapters in Hahnemannian schema - from mind and disposition through fever and ending with stages of life to Relationship with other drugs.
- 1881 Dr.Hampel C. J.** - Uterine Therapeutic Materia Medica and Repertory.
- 1882 Dr.Guernsey William Jefferson** - A repertory of Haemorrhoids, in 25 pages, 135 remedeis under 3 chapters.
- 1882 Dr. Allen W. A.** - Repertory of symptoms of Intermittent Feve covered 133 remedies.
- 1884 Lee and Clarke** - Cough and Expectoration (First edition), second edition in 1894.
- 1885 Father Muller** - Alphabetical repertory (first Repertory published in India).
- 1885 Dr.Guernsey, G. H. G.** - Card repertory.

#### **B.6 - Repertoires Published in between 1887 to 1897.**

- 1888 Dr.Neidhard** - Pathogenetic and clinical repertory of the symptoms of Head.
- 1888 Dr.W.J.Guernsey** - Card repertory based on Boenninghausen's work.  
- 89 -2500 cards.

- 1889 Dr.Vance, J. W.** - Index to Diarrohea and Dysentery.
- 1889 Dr.Guernsey J. C.** - Repertory to Herings condensed Materia Medica. Global printing house, Philadelphia in 432 pages.
- 1889 Dr.Lee Edmund J.** - Repertory of the characteristic symptoms of the Homoeopathic Materia Medica. Published as a supplement to the Homoeopathic physician in 174 pages.
- 1889 Dr.Allen J. V.** - Repertory to Labor and after pains. Published in 6 pages as supplement to Homoeopathic physician, vol.9.
- 1889 Dr.Guernsey William J.** - Repertory to Mastitis, 5 pages.
- 1890 Dr.Gentry W. D.** - Concordance repertory of the more characteristics symptoms of Materia Medica-5500 Pages with 420 remedeis in 6 vol.
- 1893 Dr.Boger C. M.** - Repertory of symptoms of ovaries, 10 pages.
- 1893 Dr.Schussler W. B. / Shannon S. E.**  
- Complete Repertory to The Twelve Tissue Remedies of Schussler. Published by Chain and Hardy in 544 pages, printed by Boericke & Tafel in 1937.
- 1894 Dr.Drake Olin M.** - Repertory of foot Sweats, published in 21 pages.

- 1894 Dr.Holcomb A. W.** - Sensation as if, medical advance, Chicago in 130 pages. After that *H. A. Robert* worked on it.
- 1894 Dr.Stacy Jones** - Bee-line repertory in 210 pages.
- 1894 Dr.Neatby E.A. & Stonham, T.G.** - An index of Aggravation and Amelioration.
- 1895 Dr.Holcomb A. W.** - Repertory of Spasms and convulsions in 21 pages.
- 1895 Dr.Rushmore Edward** - Repertory of Scarlet fever, published in the Homoeopathic physician in 12 pages.
- 1896 Dr.Knerr C. B.** - Repertory of Herring's Guiding Symptoms of our Materia Medica Published by F. A. Davis & Co. in 1232 pages.
- 1896 Dr.M. E. Douglas** - A Repertory of Tongue Symptoms, published by Boericke & Tafel in 190 pages.
- 1896 Dr.Clarke John H.** - Heart Repertory, at Gould in 30 pages.
- 1897 Dr.Kent J. T.** - Repertory of Homoeopathic Materia Medica by Examiner printing house, Lancaster, PA.
- 1897 Dr.Boyle C. C.** - Repertory of therapeutics of the eye, published in the Homoeopathic physician in 7

pages.

**B.7 - Repertories Published in between  
1898 to 1909.**

- 1898 Dr.Pulford A.** - Repertory of the symptoms of Rheumatism and Sciatica.
- 1898 Dr.Lutze E. H.** - Therapeutics of facial and Sciatic neuralgias with clinical cases & Repertory, published by Boericke & Tafel, 296 pages.
- 1899 Dr.Morgan Alonzo R.** - Repertory of the Urinary Organs. This repertory is later on expanded by the author & published by Boericke & Tafel as Repertory of urinary organs and prostate glands, 318 pages.
- 1900 Dr.Boger C. M.** - A systematic Alphabetical repertory of Homoeopathic remedies C. V. Boenninghausen in 269 pages translated in English.
- 1900 Dr.Richard Hughes** - Repertory of the encyclopedia of Drug Pathogenesis in 476 pages.
- 1900 Dr.Wilsey** – Repertory of the Back.
- 1904 Dr.Clarke J. H.** - Clinical Repertory by Homoeopathic Publishing Co., in 346 pages. A clinical repertory containing five repertoires clinical, causation, temperaments, clinical and natural relationship.
- 1904 Dr.Minton A.** - Uterine Therapeutics.



- 1905 Dr.Boger C. M.** - Boenninghausen's characteristics and Repertory, parkersburg, WV in 857 pages. The book was enlarged and reprinted by Roy & co. of Calcutta in 1937.
- 1906 Dr.Bell, B. J.** - The Homoeopathic Therapeutics of Diarrhoea.
- 1906 Dr.Boericke W. / Oscar E.** - Pocket Manual of Homoeopathic Materia Medica with Repertory. Boericke and Runyon published it in 1049 pages. The M. M. by W. Boericke was issued in 1901; the repertory was added to the third edition in 1906.
- 1906 Dr.E.B.Nash** - Repertory of Respiratory diseases.
- 1906 Dr.W.J.Guernsey-** Repertory of Mastitis.
- 1906 Dr.W.J.Guernsey** – Repertory of Throat.
- 1906 Dr.P.F.Curie** – Repertory.
- 1907 Dr.Pierce W. I.** - Cough better and worse, privately printed in 92 pages.
- 1908 Dr.Shedd P. W.** - Clinical Repertory, published by Boericke & Tafel, 233 pages.

#### **B.8 - Repertories published after 1910.**

- 1910 Dr.Boger C. M.** - Times of Remedies and Moon Phases.The international Hahnemannian Association, Derby,

CT in 14 pages, published it.

- 1912 Dr.Tyler M. L.** - Card Repertory.  
(Only prepared, not published)
- 1913 Dr.Welch & Hauston** - Punched  
Card Repertory.
- 1916 Dr.Lutze F. H.** - Diseases of  
Respiratory organs, 100 pages.
- 1920 Dr.Bell** – Repertory of Diarrhoea.
- 1922 Dr.Field Richard** - Symptom  
Register, A Gigantic Card  
Repertory - 6800 cards.
- 1926 Dr.Boger C. M.** - Card Index  
- 28 Repertory. General Analysis  
published at Parkersburg, 17  
pages, 304 cards and 222  
remedies.
- 1931 Dr.Boger C. M.** - Synoptic Key  
with Repertory with 323 remedies  
graded in 3 grades.
- 1935 Dr.Robert & Wilson A.** - The  
principles and practicability of  
Boenninghausens T. P. Book.  
Published in 76 pages.
- 1935 Dr. Boger C.M.-** Second edition of  
the characteristics and Repertory.
- 1937 Dr.H.A.Robert** – sensation as if  
with 740 remedies.
- 1939 Dr.Ward James W.** - The  
Unabridged Dictionary of  
Sensation As If, in 1939 pages. A  
compilation of three books,

Hahnemann's M. M., Allen's Encyclopedia and Clarke's Dictionary. The book has an index of the sources for each symptom, allowing the symptom to be referenced as to its exact source.

- 1940 Achyuthan K.K.-** Published first edition of his card repertory. Latest edition is 4<sup>th</sup> edition published in 1962 with 7000 cards and 659 remedeis based on kents work.
- 1945 Dr.Michell E. -** Repertory of Digestive system and its cure.
- 1945 Dr.MiffatJ.L.-** Repertory of Homoeopathic Therapeutics in Ophthalmology.
- 1945 Dr Roberts H.A. –** Repertory of Rheumatic Remedies.
- 1948 Dr.Jimenez Marcoz -** Card Repertory (practical Homoeopathic Repertory in Coloured and perforated cards.) Jimenez, Mexico city, 126 pages. The first 58 pages are in English. This is the instruction book that accompanied the 552-card repertory.
- 1948 Dr.George Broussalio –** Broussalio Card Repertory with 640 remedeis and 1861 cards.
- 1950 Dr.Dhawale L. D. -** Card Repertory. In the same year Farley's, Weiss's, Card

Repertories were published.

- 1950 Dr.Farley R. H.** - Punch card spindle Repertory, published at Philadelphia, 190 cards of “general symptoms of the mind and body” 274 remedies.
- 1955 Dr.Sankaran Pichiah** - The Pocket Repertory (card Repertory) published by author in India, 420 cards and 292 remedies.
- 1959 Dr.Kishore J.** - Kishore Card Repertory from Delhi, India. First edition was published with 3497 cards.
- 1963 Dr.Phatak S.R.** - Concise Repertory of Homoeopathic Medicine, second edition in 1977.
- 1963 Dr.Stephenson J.** - A Materia Medica and Repertory.
- 1973 Dr.Barthel H. & Klunker W.** - The Synthetic Repertory.
- 1974 Dr.Vithoukas G.** – Additions to Kent’s repertory. Based on Boger’s work with additions from Gallavardin and from Vithoukas’ practice.
- 1975 Dr.Lees H.** - Card Repertory, published by the author in Germany, 3000 cards.
- 1977 Dr.Patel R. P.** - Word Index to Kent’s repertory with Rubrics.

- 1978 Sirkar K.K.** – A Handbook of repertory.
- 1972 Dr.Patel R. P.** - Auto visual repertory, published by Sai Homoeopathic Publishing, Kerala, India.
- 1980 Dr.Diwan Harish Chand & P. Schimdt** - Kent's final General Repertory corrections, Published by National Homoeopathic Pharmacy, N. Delhi in 1423 pages.
- 1980 Dr.Agarwal Y. R.** - Repertory of desires and aversions, Vijay Publications, Delhi in 46 pages.
- 1982 Dr.Sivaraman P.** - Corrections and Additions to Kent's Repertory.
- 1983 Dr.Ghosh B. K.** - Desires and Aversion with their effects.
- 1984 Dr.Sharma S. M.** - Card Repertory based on Kent's Repertory.
- 1986 Dr.Lee E. J.** - Repertory of Characteristics comprising Clinical and Pathogenetic Symptoms.
- 1987 Dr.Kunzli Jost** - Kent's Repertorium Generalae. Published by Barthel & Barthel Publishing Corp. Germany in 1172 pages.
- 1987 Dr.Schroyens Frederick** – Synthesis Repertory by Homoeopathic book publishers, London in 1831 pages. Derived from RADAR software, contains

many new additions to Kents Repertory.

- 1989 Dr.Medina A. S.** - Repertory of pregnancy, parturition and puerperium - 76 pages.
- 1990 Dr.Agarwal Devika** - The applied Repertory published at Bombay, India, 403 pages.
- 1990 Dr.Srivastava & Chandra's** kents repertory in an alphabetical pattern from first to last rubric.
- 1990 Dr.Roy S. P.** - Word Index to Boger-Boenninghausen Repertory.
- 1993 Dr.Sivaraman P.** - Dreams and their Homoeopathic Medicines.
- 1993 Dr.Sivaraman P.** - Your teeth troubles cured by Homoeopathy.
- 1993 Dr.Murphy Robin** - Homoeopathic Medical Repertory. By Hahnemann academy of North America in 1590 pages.
- 1993 Dr.O.A.Julian** - Clinical Repertories of new Homoeopathic Remedies.
- 1996 Dr.Zandvoort Roger** - Complete Repertory. IRHIS 2800 pages. Based on Kents Repertory in 5th MAC Rep, software. Mind section was released in 1992.
- 1994 Dr.Sivaraman P.** - Word Index to Kent's Expanded Repertory.

- 1994 Dr.Sivaraman P.** - Repertory on Haemorrhoids, Epilepsy and Skin trouble.
- 1999 Dr. J. P. S. Bakshi** - Phoenix Repertory Published at Delhi by Cosmic Healers Pvt. Ltd. In 2287 pages.
- 1999 Dr.Zandvoort Roger – Again different ver. Of Complete**  
**- Repertory – Complete Repertory**  
**2005 Millennium –2003 and the**  
**Repertorium Universale** with many new cross-references and additions, new provings, and further corrections.
- 2000 Dr. Jugal Kishore** - Integrated Repertory of Homoeopathic Materia Medica Vol. 1, Integrated Repertory of Mind.
- 2007 Dr.Khanaj V.R.& Dr.Mrs.Patil A.M. (Kognole)-** Synoptic card repertory based on Synoptic Key to Materia Medica by C.M.Boger with 320 remedeis and 1850 cards in different colors.

**B.9 - Besides above Repertories some other Repertories, which were published in the field of Repertory, listed below. –**

- Dr. Ahmad S.** A Short Repertory of Indian drugs
- Dr.Banerjee N. K.** Boral's Concentric Repertory
- Dr. Biswas R. R.** Diarrhoea and its Homoeopathic Treatment.

- Dr. Clarke J. H.** Homoeopathic Treatment of Asthenopia.
- Dr. Douglas** Repertory of Pneumonia.
- Dr. Bros Herein.** Diseases of Skin and its Treatment.
- Dr. Dudgeon R. E** Hahnemann's Therapeutic Hints, Reportorial form.
- Dr. Drysdale, Dudgeon, Stakes, Hayward** A Repertory of Systematic arrangement and Analysis of Homoeopathic Materia Medica.
- Dr. Darvan** Darvan's Pocket Book and Repertory.
- Dr. Field Men.** Repertory of Bowel Nosodes.
- Dr. George** A Repertory of most Characteristic Symptoms of Materia Medica.
- Dr. Gross** A Repertory of some of the leading symptoms.
- Dr. Guernsey** A Repertory of sides of Body.
- Dr. Gupta** The Homoeopathic Card Repertory.
- Dr. Hawke's** Pulse Repertory.
- Dr. Hering C.** Repertory of toothache.
- Dr. Hughes R.** Repertory of Drug Pathogenesis.



**Dr. Mc Leod.** Veterinary Materia Medica,  
Clinical Repertory.

**Dr. Muzumdar** Appendicitis curable by  
Homoeopathic Medicines.

**Dr. Vohra D. S.** Repertory of Bach Flower  
Remedies.

**Dr. Mirill J. A.** Thematic Repertory.

### **B.10 - Some mechanical aided Homoeopathic softwares.**

**MAC Repertory, - by David warkentin,**  
**USA,** 17 Repertories and 48 Materia  
Medica.

**THE LAMINA, -** Homoeopathic  
Repertory analysis Based on Kent  
Repertory.

**HOMPATH, -** Dr. J. Shah, Bombay, India.  
(Different versions like, Ozon, Academic,  
classic)

**RADAR, -** Archibel, Belgium, with  
Synthesis.

**CARA, Miccant –** More books with  
Murphys Repertory. Now new software  
**ISIS**

**KENTIAN -** Dr. R. P. Patel, Sai  
Homoeopathic Book Services, Kerala.

**HRS - Developed by CIRA** (center for  
informatics Research and Advancement)

**POLYCHRESTA -** Dolphin Cybernetic,  
Bombay.

**MICROPATH –** Micro Therapeutics  
Ltd.England.

**HOMOEOREP** – Boenninghausens  
Technique.

**Organon 96 – ICR**, Bombay- Dr.Diit

**STIMULAR** – Qu-bit,  
HomoeoTechnologies, Bangalore, India.

**KENBO** – Dr. Takeshwar Jain, Jaipur,  
India.

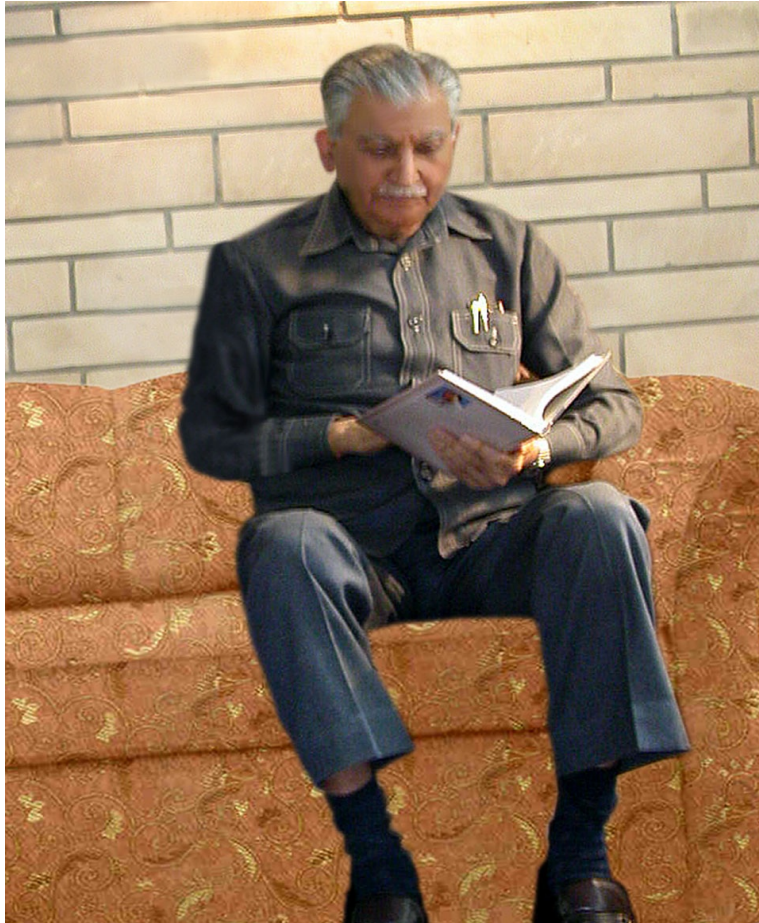
**MERCURIUS** - Aeon Group Ltd.of  
Slovakia.

**THE SAMUEL-** The Co-operative  
Association, Holland.

**THE DOCTOR 24 X 7** - new online  
software from Hompath.

**NOTE FOR REPERTORY: HISTORY AND EVOLUTION.**





**Dr. Diwan Harish Chand, going through the First Edition of “Reperire”.**

**Who Forwarded second edition of REPERIRE.**

**REPERTORY: Relation with Organon/  
Philosophy and Materia Medica**

**Homoeopathic Philosophy  
Homoeopathic Philosophy  
Repertorial Concept and  
Repertorial Concept and**

**Techniques  
Techniques**

**Rational  
Study of  
M.M.**

**Rational  
Study of  
M.M.**

**A**s any language stands upon its Literature, Dictionary and Grammar, Science and art of healing i.e. Homoeopathy also stands on a tripod of three legs i.e. *Materia Medica (literature)*, *Organon (Grammar)* and *Repertory (Dictionary/Index)*.

### **Repertory bears relation with Materia Medica and Organon in following aspects:**

- 1) In relation to principles.
- 2) In relation to laws.
- 3) In relation to philosophy.
- 4) In relation to search Similimum.
- 5) In relation to select the potency.

Organon, the instrument for logical study in which Dr. Hahnemann explained all the details about the principles of Homoeopathy that are always to be remembered in Homoeopathic practice. Starting from collection of proper data from the patient till the restoration of health, a physician should proceed according to the Grammar of Homoeopathy i.e. Organon / Philosophy. Here repertory relates with Organon as guide while taking the case where as the repertory gives you the special hints for collecting proper data from the case. So after proper case taking with the use of repertory for miasmatic analysis, to prescribe proper potency of selected remedy, for repetition of dose knowledge of Organon helps.

Also structures of some repertories are based on philosophical background or according to concept of totality by that master. so to know detail philosophical understanding behind repertory Organon is very useful.

Knowledge of the Materia Medica is quite essential for repertorization but it is impossible to keep in one's mind the mass of symptoms recorded in the Materia Medica. Homoeopathic Materia Medica is an encyclopedia of symptoms; many practitioners find it difficult to practice Homoeopathy in a straight way. Repertory is a valuable help as it is an index, a catalogue of the symptoms of Materia Medica neatly arranged in a practical form and also indicating the relative gradation of drugs but repertory is not the final answer to find the Similimum. For comparative study of group of remedies results after repertorization materia medica is

needed. Many other details of each remedy and symptoms can be extracted from the repertories as it contains verified clinical symptoms.

The relation between Materia Medica and Repertory can be explained in following aspects –

### **1) Materia Medica forms a base of Repertory -**

In Materia Medica we find all the medicines with their vast number of symptoms. A difficulty in remembering all symptoms of various drugs is produced during proving. So the founder of Homoeopathy felt the need of indexing all those symptoms together, what we call 'REPERTORY'. Here all the symptoms of Materia Medica are rearranged in systematic manner so that one gets the desired symptoms as early as possible. Basically all original repertories were having materia medica as their base for symptomatology but now days many newly compiled repertories are coming in Homoeopathic world that are having old repertories as their base.

### **2) Practical aid of Materia Medica is Repertory -**

Process of repertorization by using any repertory helps to get group of remedies for the given totality. Its use is an Art as well as Science. As repertory is a practical subject based on Materia Medica it requires deep knowledge, understanding and continuous practical utility of this art. *Thus, Repertory and Materia Medica are complementary to each other.* Finding out desired symptom in a shortest time by referring materia medica requires much time and practically this became possible with the aid of repertory.

### **3) Repertory increases knowledge of Materia Medica –**

In repertory rare symptoms of many remedies are observed which are not easily found in Materia Medica. By using repertory we can differentiate group of remedies for same symptom because of gradation of remedies.

After repertorization we get the group of remedies but choice should be made from amongst the drugs, which exhibit effects simulating those of the whole disease picture at hand and show how the final differentiation depends upon the individualistic or peculiar symptoms. So by differentiating those symptoms with Materia Medica we get the thorough knowledge of that medicine hence it increases the knowledge of Materia Medica. Also many symptoms are occasionally observed in

patients but while going through the repertory such symptoms are frequently referred because of which knowledge of materia medica will go on to increase.

#### **4) Repertory is bridge between Materia Medica & Case – physician physician**

Repertory should be used as an aid to prescribing and not as the end word. It cannot give the final verdict. The final reference should always be the Materia Medica, for it provides the full picture and a case in itself gives the totality of the patient while the Repertory gives the bits and pieces that have to be assembled together to form the complete picture.

To get the maximum benefit of using the repertory, apart from having a good acquaintance with the plan of the repertory, the knowledge of Rubrics and their location in the repertory, one should also have a good knowledge of the Materia Medica. Otherwise, using a repertory will just be a mathematical task with a list of eight to ten or more rubrics and finding a remedy that covers most of them with the maximum marks. And yet with every risk of missing the similimum! With a good knowledge of Homoeopathic materia Medica, one will be able to judiciously use the repertory and arrive at the similimum and the related remedies in a case by using the minimum number of characteristic rubrics. And that is what a repertory is meant for – to be a clinical aid, a tool, a device to the experienced and busy physician, to help in finding the indicated remedy in the shortest time possible.

#### **Advantages of Materia Medica and Organon, over Repertory.**

- 1)** No repertory is complete but by adding new symptoms of newly proved drugs one can easily complete Materia Medica.
- 2)** All Nosodes are not well presented in repertory and which in detail can be observed in Materia Medica.
- 3)** Organon / Philosophy includes knowledge of other aspects of prescription e.g. Selection of potency, repetition of medicine, Homoeopathically disease diagnosis, Miasmatic background of the case and knowledge of Genus Epidemicus.
- 4)** Final selection of the remedy depends upon Materia Medica on the basis of individualization. The remedy must speak like the Patient,

Repertory is not and was not more than systematic arrangement of symptoms, so after repertorization result, which comes by mathematical calculations are not in themselves an end, but they are near to the end. Final selection of remedy is only possible from result of repertorization after referring PDF and other generals. Thus we see that Materia Medica reveals what the repertory fails to complete.



**NOTE FOR REPERTORY: RELATION WITH ORGANON/  
PHILOSOPHY AND MATERIA MEDICA: -**

**REPERTORIES: Need and Requisites**

**A** Homoeopathic repertory is advantageous for the Homoeopathic physician in choosing the correct medicine to heal the sick. In cases of difficulty repertory is the only mean by which a Homoeopathic physician can be guided for the selection of correct medicine. Sometimes patients are not able to explain their symptoms correctly or the physician feels difficulty to receive symptoms from them for the choice of the medicine. Under such circumstances one can use repertory to his advantage and finally choose the medicine by asking questions guided by repertory.

The Homoeopathic Materia Medica, which records many symptoms of drugs, is very vast; so referring to all similar drugs in Materia Medica corresponding to a picture of disease is very difficult. But majority of physicians who have never used or have rarely used repertory complains about its elaborate methods and time-consuming nature. However, one who has used it meaningfully has found it to be quite useful and time saving. Because of arrangement of facts in systematic manner it initiates thinking, promotes learning, so helps a practitioner to get better result.

**ADVANTAGES**

**CLINICAL**

1. Selection of indicated remedy.

2. Avoids routine.

**THEROTICAL**

1. Acts as a guide to M. M.

2. Gradation & importance of remedies.

- |                                       |   |
|---------------------------------------|---|
| 3. Helps to elicit group of remedies. | 3. Helps to evaluate physician's knowledge of Materia Medica. |
| 4. Narrows the field of selection.    | 4. Find out rare symptoms of remedy.                          |
| 5. Modifies case receiving.           | 5. Helps physician to ask Intelligent questions.              |
6. Analysis & Evaluation.
7. Second prescription.
8. Mismanaged cases.
9. Chronic complicated cases.

### **The main advantages of repertories are as follows: --**

It helps **to select a Homoeopathic remedy** indicated for a given case as quickly as possible.

After taking a case the physician especially a beginner is confused by a maze of symptoms so after analysis, evaluation or erecting the Repertorial totality one can refer it in Repertory that gives an idea about different remedies which are closely related to totality, so selection of proper medicine becomes easy.

Repertory **avoids routinism** and teaches us to be careful in the selection of the proper medicine.

If a case comes with complaints of pain in knees a Homoeopath who is a routine prescriber and who does not consult Repertory would settle his prescribing upon Bryonia. But if you consult to Repertory there are many remedies for pain in knee joints that one cannot think of. Thus Repertory avoids the habit of routinism.

It **serves as a guide and reference book** in looking up at particular



symptom that may indicate the Similimum.

Sometimes the symptoms strikes the physician but he is not able to recall the medicines, in such cases he can seek the help of Repertory and quickly get the idea about group of remedies. Also in acute cases a few characteristics and Striking symptoms are noticed which can be referred to the appropriate Repertory immediately. Thus to select a Similimum quickly it becomes an essential guidance book.

It teaches by **gradation the relative importance** of various medicines.

In the repertory medicines are graded according to the intensity of the symptoms they have produced while being proved upon the healthy human beings. Because of gradation we can prescribe the proper remedy according to intensity of symptoms in patients and remedy.

Repertory helps to **elicit the group of remedies**.

After proper repertorization according to symptoms covered and maximum number of marks, you get a group of similar remedies. From that group by referring Materia Medica one can prescribe a proper Similimum. It helps to make Materia Medica more interesting by restudying and confirming them. Because of the comparison between the groups of remedy, we increase our knowledge of Materia Medica. Also when we are in doubt about Rubric, the meaning of which is not clear we are compelled to read the Materia Medica for the exact meaning. When we do so we feel that we are meeting with new medicines with new ideas that are always willing to help us in case of difficulty or doubt.

It helps the **physician to ask intelligent questions**.

In Repertory each symptom is arranged in detail with respect to Modalities, Locations, Sensations, Concomitants, Causes, Extensions and other modifications that are useful to get complete symptom or characteristic totality. So by referring this factors physician is able to ask details to find out individualizing features.

It teaches us to **select the proper symptoms** and consider only those symptoms to get Similimum.

By the method of analysis and evaluation we are able to find out only characteristic and important symptoms specifically remedial characteristic or common from the case. Because of which qualitative totality is conferred. It means to form a proper totality repertory is very useful.

It helps in the **selection of auxiliary remedies.**

Dr. P.Schimdt writes in his 'Final General repertory' that every time you study a case to find the constitutional remedy, don't simply limit yourself to finding the similimum (the remedy with the most qualitative and quantitative similarity), but like William Tell, who was commanded to shoot an arrow into an apple resting on his son's head and selected two arrows instead one (the second for the man who had given him the order if he missed the mark and hit his son), always have a second remedy up your sleeve, a remedy as much as possible similar to the first in this way you will not be at a loss for your second prescription. So to have a second remedy in hand Repertorization is very important.

When **several doctors mismanage a case** and if it is worked out properly by using Repertory, it points out to medicine or group of medicines.

1) It helps to those physicians who have not gained a **thorough knowledge of Materia Medica.**

2) With the advancement in repertory and process of repertorization computer softwares helps to minimize time for repertorization.

New repertories like Dr.Murphy's and other give many clinical and a nosological rubric that helps in understanding detail pathophysiology of various remedies.

As repertory contains more information it acts as a hard disk for easy references and guides the physician whenever necessary.



### **NOTE FOR REPERTORY: - NEED AND REQUISITES**

### **REPERTORY: Limitations/Drawbacks.**

**E**very one and every thing presents itself with two sides, one is bright and other is dark. Working with the darker side of any thing is an adjustment. Same thing is true with this instrument in which adjustment can be done with art and hard work. Without art and hard work expecting something from repertory is indolence because,

**“ Repertory is fairly faithful instrument it gives you back what you put in to it. Nothing more, nothing less, if you put wrong things in, you will get the wrong things out.”**

## **Dr. J. Kishore**

Since the origin of the repertory the number of repertories have greatly increased. It is found that a single repertory is not helpful for selection of Similimum in all cases; every case requires proper repertory according to present symptomatology. This is totally because of scopes and limitations of different repertories, different constructions and other practical utilities.

No repertory can claim complete because of growth of the Materia Medica and new diseased symptomatology.

As there are scopes of repertory at the same time it has limitations also.

### **LIMITATIONS / DISADVANTAGES OF REPERTOIRES CAN BE CLASSIFIED AS -**

#### **A) IN RELATION TO ITS USE IN REPERTORIZATION -**

- 1) Different philosophy leads to different methods of repertORIZATION.
- 2) No repertory is complete in relation to remedies and rubrics.
- 3) Different grades of remedies in different repertories lead to confusion.
- 4) Difficulty in conversion of patient's symptoms into repertorial language specially of mentals.
- 5) Difficulty in selection of proper repertory for proper case.
- 6) Many repertories are not having all nosodes.
- 7) Difficulty in searching rubrics because every repertory is not properly constructed.

#### **B) IN OTHER ASPECT. -**

- 1) No idea of potency and repetition of doses.
- 2) Final selection of remedy depends upon Materia Medica.
- 3) One should know other ways of prescribing besides repertORIZATION.
- 4) Many times end result is polychrest remedy.

**a. No Repertory is complete**, different repertory deals with different numbers of remedies, different numbers of rubrics, and pathogenesis of disease. Also medicines are proved / reprovved newly and symptomatology of those are not present in old repertories, there are

many symptoms that are not found in repertories but are important for the selection of the similimum. Which may be easily found in the Materia Medica or a Therapeutic guide. So repertory can never be complete. Also in many Repertories Nosodes are not represented well.

**b.** Because of **different philosophies and different construction** of different repertories by different authors, one must have thorough knowledge of individual repertory. Also he must be aware about their adaptability and limitations in relation to the case to be worked upon. Some repertories are arranged according to alphabetical order and some follows Hahnemannian schema. So accordingly one must know scopes and limitations of each.

**c. Different gradation** - Because of different gradations in different repertories, repertorization became difficult and possibilities of getting different result i.e.-

Knerr – 8 grades      Kents - 3 grades

Synthetic - 4      Boenninghausen - 5  
grades.              grades

W. Boericke - 2  
grades

**d. Rubrics are not arranged systematically** in many repertories, so physician gets confused while searching rubrics.

**e. Decision regarding potency, dose and repetition** of the drug is beyond the scope of repertory. For application of correct remedy the physician must have a sound knowledge in this area otherwise a correctly selected remedy will also disappoints by its wrong application.

**f. Final selection depends on M. M. and not on repertory.**

Because in the final analysis it is the knowledge of comparative Materia Medica that helps for selection of similimum.

**g.** Similar rubrics in different repertories carries **different number of remedies** so there is question of correct group of remedies in front of physician.

**h.** There are problems of constructions with original repertories and having many **misplaced rubrics and subrubrics.**

I. In cases with clear totality which calling directly for one of the remedies in those cases repertory and repertorization is not required.

We should not forget **other basis for selection of similimum** that are as follows –

- a) The basis of Genius Epidemics.
- b) The basis of causation of illness.
- c) The basis of miasmatic history of the case.
- d) The basis of P.Q.R.S. symptoms.
- e) The basis of pathological characteristic symptoms.
- f) The basis of pathological Investigations. Etc

It is very important to know that repertory and repertorization is useful in cases where group of remedies are indicated. Also in cases where symptomatology is confusing to come to single remedy.

On the other hand where patients totality is clearly matching to single remedy, reference to repertory is not needed.

To use repertory artistically there are few things to be followed i.e. known your repertory in detail, its construction, philosophy, advantages & disadvantages and principles to follow while using it.

Always go for the totality of the case. Concentrating on the mental picture alone or on the physical generals or on few characteristic signs and symptoms can be misleading. While case taking, discretely take – into consideration, all that is presented by the patient.

The mathematical and the artistic part in the use of the repertory for solving a case should be very well balanced. Otherwise, one will make the mistake of prescribing a similar drug while missing out the similimum or may prescribe a remedy on intuitive, which can be dangerous at times and also of no help in gaining any knowledge for anything based on perception without reasoning is not knowledge.

**Repertory is a mean to an end, never an end in itself.** Repertory gives finally a small group of medicines with different grades but never suggest a final choice.

**NOTE FOR REPERTORY: LIMITATION AND DRAWBACKS**

**REPERTORIES: Kinds and Classification**

**A**fter the publication of first repertory by Dr. Boenninghausen, many physicians in the world of Homoeopathy started indexing symptoms of Materia Medica in various ways. Some started indexing particular symptoms, some started preparing index of particular disease, and some considered general state or all the conditions of the body during preparation of repertory. Because of that there appeared different repertories of various types, which are used to work out different cases. For selection of proper repertory for proper case classification of repertories is needed. repertories that are present have been originated from various factors –

) The different modes of sorting and arrangement of rubrics.

The different forms of selection and suitable modification of the rubrics.

Different concepts and understandings of totality.

### **Examples –**

**Alphabetical order** - Dr. S. R. Phatak's repertory, Srivstava's & Chandras, Dr. Robin Murphy's repertory, Glazor's first Alphabetical Pocket repertory, Clofer Muller's systematic alphabetical repertory, Bryant's an alphabetcial repertory etc.

**According to definite guiding principles** - i.e. Kent's repertory, Boenninghausen's and Boger's repertory.

**According to Hahnemannian schema** - i.e. Symptom's arranged from above downward in anatomical order.

Repertories have been classified into various groups by different authorities but still to classify them systematically requires more understandings of their philosophy and construction. The most systematic classification would be as follows. –

#### **1. THE PURITAN GROUP – (Concordance)**

The puritan group insists on maintaining the purity of symptoms as described and recorded in the words of the provers or physicians. Puritan groups of repertories are good for reference purpose where the clear-cut symptoms with their peculiarities are present. But these are not at all good for repertorization by arithmetic calculation of the totality. This group is also called '**Concordance Repertories.**'

### **Examples -**

Dr. C. B. Knerr's repertory of Herring's Guiding Symptoms of our M. M.

Dr. W. D. Gentry's Concordance repertory.

**2. THE LOGICO - UTELITERIAN GROUP -**

The logico - uteliterian group does not care so much for the actual words, but gives sole value to the essence and real meaning of the symptoms. These repertories are better clarified and easy to study even for reference purpose. An arithmetic calculation by proper repertorization is possible for finding out the similimum by totality.

These repertories have distinctive principles of their own. Therefore a case has to be selected to fit them well with their principles. In these repertories the symptoms may not be found in the language of the Materia Medica but the symptoms change their form to fit into the arrangement of the repertories.

**Examples –**

Dr. Boenninghausen's Therapeutic Pocket Book.

Dr. C. M. Boger's repertory.

Dr. C. Lippe's repertory etc.

Dr. J. T. Kent's repertory of Homoeopathic Materia Medica.

Different works on Kent's repertory like synthesis, complete and other.

Amongst this group Boenninghausen's type became backdated with the development of the philosophy and evaluation of symptoms. Yet in some cases i.e. in troubles where Location, Sensations, Modalities and concomitants are well marked it is very helpful and gives correct solution.

**But generally repertories were classified**

**into following groups –**

**REPERTORY**

**A) Philosophical  
Group**

**B) Non  
Philosophical Group**

**(GENERAL GROUP)**

General to Particular

Particular to General

Clinical Regional

Special

Mechanical  
Aided

Drug  
oriented

General Particular

Related to part

Related to system

## **PHILOSOPHICAL GROUP –**

These Repertories have their own philosophy behind their construction. In which their repertorial totality is also based on particular philosophy and therefore used for systemic Repertorization.

### **1) GENERAL REPERTORIES -**

Repertories contain all the symptoms of all the parts and body as a whole i.e. Mental, Physical & also particulars. It means while compiling these repertories person as a whole was considered. These repertories have their own different philosophies.

#### **a) Based on concept of Generals to Particulars -**

Here the generals are given prime importance, then follows characteristic particulars.

##### **Examples -**

- Dr. Constantine Lippe's repertory.

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- Dr. J. T. Kent's repertory.
- Dr. F. Schroyens – Synthesis repertory.
- Dr. Roger Zandvoort's – Complete repertory.
- Dr. J. P. S. Bakshi's – Phoenix repertory.

#### **b) Based on concept of Particulars to Generals –**

Here according to concept of totality particulars are given more importance with complete symptom and the symptoms of the mentals are considered for the final differentiation of remedies.

##### **Examples –**

- Dr. Boenninghausen repertories.
  - Dr. C. M. Boger's repertory.
  - Dr. Boger's Synoptic Key of Materia Medica.
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Dr. Boenninghausen's work is based on philosophy of Grand generalization; Doctrine of complete symptom and Concomitant, While Boger's work is based on particularization and Doctrine of pathological general's.

## **NON - PHILOSOPHICAL GROUP –**

### **1) CLINICAL REPERTORIES -**

*These repertories are based on clinical verification of symptoms and*



*remedies in clinical practice.* These repertories have many clinical rubrics under different systems and the medicines are grouped against the name of disease. They are further classified as follows.

**a) Covering the symptomatology of the patient as a whole.**

**Examples -**

- Clinical repertory appended to Boericke's Materia Medica.
- Clinical repertory by Dr. J. H. Clarke.
- A Concise repertory of Homoeopathic medicines by Dr.S.R.Phatak.
- Synoptic key to M.M. and repertory by Dr.C.M.Boger.

**b) Covering the symptomatology of parts or system. -**

These repertories specifically deal with disease conditions or symptoms related to various part or systems of the patients.

**Examples -**

Repertory on Diarrhoea	Dr. Bell
Repertory of Cough and Expectorations	Dr. Lee and Clarke
Repertory of Neuralgia	Dr. Lutze
Repertory of Intermittent Fever	Dr. Allen W. A.
Repertory of Urinary Organs	Dr. Morgan A. R.
Times of Remedies and Moon rising phases.	Dr. Boger C. M.
Repertory of Hemorrhoids	Dr. Guernsey w.
Repertory of Sensation, as if	Dr. Holcomb

Repertory of Headache	Dr. Knerr C.B.
Repertory of Appendicitis.	Dr. Yingling
Repertory of Respiratory Disease.	Dr. E.B.Nash
Repertory of Sensation, as if.	Dr.H.A. Roberts
Repertory of the Eyes	Dr.Berridge
Repertory of Desires and Aversion.	Dr. Guernsey w.
Repertory of Modalities.	Dr. Worcester
Repertory of Foot Sweat.	Dr. Drake O. M.
Repertory of Special Pathology.	Dr.Raue
Clinical Repertory.	Dr. Shedd
Repertory of Poliomyelitis.	Dr. Bhatia V. R.
Short Repertory of Indian Drugs.	Dr. Ahmad S.
Repertory of Cough.	Dr. Pierce W.
Repertory of Likes and Dislikes.	Dr. Sethi B.
Repertory of Convulsions.	Dr. Santee E. M.
Repertory of the	Dr.Drake.

Digestive symptoms.

## **2) REGIONAL REPERTORIES –**

These are those repertories, which pertain to the different regions or parts of the body. These repertories are useful in cases where there is special pathology or symptoms pertaining to any organ or part of body. In the years between **1890 to 1910** many of the regional repertories were published.

### **a) Regional: Related to part.**

#### **Examples –**

Repertory of Headache	Dr. Knerr C.B.
Repertory of Appendicitis	Dr. Yingling
Repertory of Tongue	Dr. Douglas
Repertory of Back	Dr. Wilsy
Repertory on Eye	Dr. Norton
Repertory of Uterus	Dr. Minton
Repertory of Head	Dr. Niedhard
Repertory of Urinary Organ's	Dr. Morgan A. R.
Repertory of Throat	Dr. Guernsey
Repertory of Eye	Dr. Berridge

### **b) Regional: Related to System. -**

#### **Examples –**

Repertory of Digestive System. - Dr. Arkell Mc. Michell.

Repertory of Respiratory System. – Dr. Van Denbug.

Respiratory System. - Dr. E. B. Nash.

Repertory of Respiratory organs. – Dr. Lutze.

## **3) SPECIAL REPERTORIES -**

All other repertories are presented in book form but there are some repertories that are constructed in a special way to get a quick selection of remedies. They are called “ **Card Repertories** ” they are presented in the form of various slips, strips or cards.

Dr. W. J. Guernsey prepared the first Card repertory in the year 1888-89 further developed by other physicians.

#### **Examples of Card Repertories -**

:H. C. Allen’s Card repertory-

(Allen’s Boenninghusens Slips)

:Margaret Tyler’s card repertory.

Dr.Welch and Houston prepared Loose Punched Card repertory.

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:Field’s Card repertory.

:C. M. Boger’s Card repertory.

:Marcoz Jimenez Card repertory.

:Broussalion’s Card repertory.

:P. Sankaran’s Card repertory.

:Achyuthan’s Card repertory.

:S. M. Sharma’s Card repertory.

:Patawardhan’s Card repertory.

:Jugal Kishore’s Card repertory.

: S. P. Roy’s Card repertory.

: Hatta’s Card repertory.

: S. S. Adi’s Card repertory.

:Khanaj V.R.& Dr.Mrs.Patil A.M.- Synoptic Card repertory.

#### **4) MECHANICALLY AIDED REPERTORY -**

##### **Examples –**

Dr. R. P. Patel’s Auto - visual Repertory.

Dr. R. P. Patel’s Autovisual Miasmatic Repertory.

Computerised Homoeopathic Repertories with various Homoeopathic Softwares.

#### **5) DRUG ORIENTED -**

Similar kinds of group of remedies are represented in these repertories.

**Examples -**

A repertory of Bowel Nosodes. - Field Men

A Short repertory to Indian drugs. – Ahmad S.

Repertory of Tissue Remedies. – Mitra B. N.

Bach Flower remedies repertory. – Wheeler F. J.

Repertory of Bach Flower Remedies. – Dr.Vohra D.S.

**Now the question arises that, WHICH IS THE BEST REPERTORY?**

This is the fact that a number of repertories are there in Homoeopathic world and each is having limitations as well as scopes of its own. To above question Dr. Kent gives a reply, **The best is that which one makes oneself** ” this means many of the bigger and more complete general repertories will serve the ordinary purpose of any practitioner provided that he is sufficiently familiar with its contents and their use. Also it required knowing philosophy of each repertory for this it is necessary to have a repeated reading of preface and introductory topics of each repertory. Then one must study minute construction of each repertory to locate desired rubric in a short time. Then only it is possible to familiarized with different repertoires and then one get answer of above question that according to the case and totality elicited different repertories are found best. Selection of the proper repertory depends upon the presence of symptoms in the patients and can be easily understood by following chart –

**CHOICE OF REPERTORY**

Symptoms present

General

Particular

Mentals Physical Pathological Regional

Generals Repertories

Kent's Boenninghausen Boger



**NOTE FOR REPERTORIES: KINDS AND CLASSIFICATION**

**DIFFERENT TERMS: Used in Repertory**

Logical study of any repertory requires to know different terms used in repertory for example Rubrics, Sub - Rubrics, Cross-reference, Repertorization, Repertorial Totality, Potential Difference, Hunting of Rubrics, Gradation of remedies, Repertorial analysis, Principle of Repertorization General to Particular etc.

### **1) LANGUAGE OF THE REPERTORY -**

The language of the repertory is different from the language of the Materia Medica and different from the language of the patient because the repertory uses a more limited vocabulary. Patients may use different words and descriptions to express the same thing. This richness must be translated in the exact wording of the Materia Medica. The core of the expressed symptoms or idea will be found in one way in the repertory. Otherwise, consulting the repertory becomes a laborious task. For each symptom we would have to think of all possible synonym and similar ways of expressing the same thing before we know all corresponding remedies.

### **2) RUBRICS: Heading / Guiding Rule. -**

**Origin** - The word rubric is originated from the Latin word "**Rubrica** ' which means Heading or Guiding rule, so Rubric is a term applied to each Heading or main heading of symptoms with list of larger number of medicines which is followed by sub Rubrics. In case of concordance repertories rubric is not repertorial language but this is explained in prover's language.

**Definition** - Rubrics are the repertorial language in which a big sentence is expressed by few words, with proper arrangement followed by 'coma'.

**Source** - Sources of rubrics are different Homoeopathic Materia Medica.

**Construction of Rubric** - It is the process of making the rubrics from various symptoms of Materia Medica.

*While conversion of symptoms into rubrics following rules are adapted*

–  
) Convert the rubric with language of repertory used.

) Convert the language of the case to that of the repertory without mutilating its original meaning.

### **Example -**

Symptom - Throbbing type of pain in head relieved by pressure.

**Rubric - Pain**, sub rubric- pulsating (throbbing), pressure amel. - Head section. **(K.R.)**

2) Symptom – Patient has fear of death when alone.

**Rubric - Fear**, sub rubric - death, sub-sub rubric alone when. - Mind section. **(Kent R.)**

Rubrics are usually written or printed in special typography.

**Arrangements of Rubrics** – Rubrics are arranged alphabetically under each and every section in different repertories.

– **Skin Section** – Adherent, Anesthesia, Bedsore, Biting, Callous, Cancer.

**Rubrics are classified as – a) General Rubric.**

**b) Particular Rubric.**

**a) General Rubrics** - is the subheadings under different chapters (i.e. Main headings) covers larger number of remedies. General rubrics are usually not modified by any sub-rubric like side, time, character, extension etc. They are vague rubrics without any modifications.

E.g. **Pain**, in Head. - Having more than 500 remedies.

Such type of rubrics usually contains a larger number of medicines. So as they are remedial common symptoms they have secondary importance in repertorial totality. But Kent writes while repertorization first work out general rubric followed by particular rubric to avoid missing similimum.

**b) Particular Rubrics.** - These are nothing but sub-rubrics that is the result of modifications of rubrics either by site, time, Modalities, Extension, location, character of sensation and many other factors.

E.g. **Pain**, Forehead, amel. Pressure; - carry limited number of remedies deducted from General rubrics.

Such rubric gives smaller number of remedies so useful for proper selection of Remedy.

### **3. SUB RUBRIC -**

Sub Rubric is further Characterization, Classification or Modification of rubric on the basis of certain conditions.

I.e., Side (Laterality), Time, Modalities, Extensions, Sensations, Locations, Adaptability, alternates with, Causation, Sensation as if, various types, Unexpected deviation etc.

Examples of sub Rubrics - From Kent's repertory- Eye section.

**Following sub Rubrics modifies Rubric pain: -**

- a) Side – Right side, left side.
- b) Time – Daytime, Morning, Forenoon. Noon, Afternoon, Evening, Night, Midnight, followed by clockwise timings like 10 a.m., 11 a.m. etc.
- c) Modalities - Which are arranged alphabetically starting from, air cold Agg. to yawning.
- d) Extension - E.g. eye, pain, extending to frontal sinus. – Spig.
- e) Sensation - E.g. eye, pain, aching, biting, boring, cutting, drawing etc.
- f) Location - E.g. Under conjunctiva, back behind lids, canthi in, eyelids, eye brows etc.
- g) Adaptability - E.g. Pain in eye while reading. - Nat.Mur
- h) Alternates with - E.g. Pain in eye alternates with the pain in the abdomen – Euphrasia.
- i) Causation - E.g. Pains in eye on reading and writing - Nat. Ars.
- j) Sensation - E.g. Burning pain as if in



as if. sand – Caust.  
 <) Various types - E.g. eye, discharges, Milky white - Kali.chl.

These modifications are different in various repertories.

**4.SYMPTOM vs RUBRIC –**

	<b>Symptom</b>	<b>Rubric</b>
<b>Definition</b>	External manifestation of internal derangement of Vital force.	Rubrics are the repertorial language in which a big sentence is expressed by few words with proper arrangement followed by 'Coma'.
<b>Word</b>	Greek word <i>symptoma</i>	Latin word <i>"Rubrica"</i>
<b>Meaning</b>	Which means any Change.	Which means heading or guiding rule.
<b>Types</b>	General, particular, subjective objective etc.	General rubric, sub rubrics or Sub divisions i.e. further modifications.
<b>Source</b>	Patient, physician, Prover, attendance, laboratory	Symptoms from different Homoeopathic Materia medica that are

	investigation	converted into rubric.
<b>Utility in Repertory</b>	Has to be converted into rubric and then Used for repertorization.	As it is the language of repertory used directly for repertorization.
<b>Gradation</b>	Are graded in-patient and in Materia Medica by definite principles.	Rubrics are not graded but the grade of the a symptom evaluates the importance of rubric for selection.
<b>Analysis</b>	Analysed by different authorities in different ways.	Rubrics are not analysed.
<b>Character</b>	Are incomplete.	Are complete.

## **PRINCIPLE OF REPERTORIZATION GENERAL TO**

### **PARTICULAR-**

#### **Why do we work from General to Particular?**

For the selection of proper similimum by repertorization one should proceed in every case from *Generals to Particulars*. Carrying out this aim, one has to give first of all a general rubric containing all the remedies that have produced the symptoms followed by the particular viz. the time of occurrence, the circumstance and lastly the extensions.

In preface to his repertory Dr. Kent further explains that, if a case is worked out merely from particulars it is more than probable that, the remedy will not be seen and frequent failure will be the result. This is due

to the fact that, the particular direction in which the remedies in the general rubric have not been observed and thus to depend upon small group of the other remedies which may have that symptom although not yet observed.

By working in the other direction however i.e. from General to Particular, the general rubric will include all remedies that are related to the symptoms. And if after having done this, the particulars are then gone into and the remedy, which runs through the general rubrics, is found to have the particular symptoms this will aid in its choice as the one to be prescribed.

## **6. CROSS-REFERENCE-**

**Word meaning:** - Cross-reference means reference to another passage in the same book.

Cross-referencing is a useful way of making it easier to get through the repertory.

**Definition:** - These are rubrics used instead of others that bear the same meaning when correctly interpreted. (Means substitute of one - With or without remedies).

E.g. In Kents repertory - (See Rubric) this is for two purposes.

Synonyms - Rubrics like ABANDONED (see Forsaken).

Cross-reference - Rubrics like ABSENT- MINDED (see Forgetful).

No list of medicines after the rubric indicates **synonyms** (Blind Rubric) and list of medicines after the (See Rubric) means **Cross-reference**.

## **CROSS REFERENCE**

### **Synonyms**

### **Actual Cross-reference**

- a) The main rubric contains similar name in bracket without giving any medicines against it. This type of cross-references helps us to locate the appropriate rubrics. Rubric without remedies referring to a rubric (master synonym) that contains remedies. In repertorial language, the **synonym** rubrics are considered synonymus with the master synonym. The remedies and sub rubrics are added under the master synonym.

E.g. Agitation (see Excitement)

Ambition loss of (See Indolence)

**b)** The main rubric contains some terms, which is similar in meaning and also contains group of remedies, which gives an idea about similar rubrics. These help us to compare remedies mentioned at both places. These are called '**Cross References**'. These rubrics are having apparently same meaning but when carefully interpreted their lies some difference in the inner meaning. Remedies and sub Rubrics are added to the most appropriate rubric.

E.g. Absent minded (see Forgetfulness)

To use exact Rubric one must know the inner meaning of each rubrics,

E.g. Hurry - does every thing hurriedly, i.e. work, eating etc.

Impatience - cannot wait for any thing.

Again one must ask to oneself that why there are cross -references in Repertory, the only reason is at the time of proving different prover expressed their feelings in there own words.

E.g. In case of Thuja, prover first explained feeling of brittleness and the same feeling is expressed by another prover that as if he is made of glass.

### **Cross-references used in various Repertories:**

**Kent's Repertory** – Dr. Kent has mentioned cross -reference against rubrics in bracket wherever they are required.

**Dr. Boger's Repertory:** - Dr. Boger has mentioned them at the end of chapters at one place.

**Knerr's Repertory:** - Dr. Knerr has mentioned them with the sign of hand direct to the related symptoms, disease conditions.

E.g. Abhorrence Aversion.

### **Advantages of Cross-References: --**

- ) It helps to differentiate similar Rubrics.
- ) It helps to locate the appropriate Rubrics.
- ) It helps to compare drugs mentioned at both places.

Cross-reference helps to interpret the meaning of characteristic symptoms and convert them in to the appropriate Rubric without any

confusion.

5) Used to make new addition if any one wants to work on Repertory.

## **7. REPERTORIAL TOTALITY** – (Repertorial Syndrom).

Before we go for the Repertorial concepts i.e. Repertorization we need to elicit totality from various sources which are listed in aphorisms of Organon. Repertorial totality is a logical related group of signs and symptoms where three major concepts of totality and philosophy is considered.

**Definition** – It is the rearrangement of totality according to repertory used and method used for repertorisation. (Whether Kents, Boenninghausens, Bogers etc.)

This is also called as **Repertorial syndrome**. Which is a hypothetical term used to designate those symptoms, rubrics and their aggregates which are utilized for the purpose of repertorisation.

The Repertorial syndrome/ totality varies according to the logic applied, the philosophical background and method selected as required by the case, i.e. from the three major schools.

The symptoms or Rubrics selected for the repertorial syndrome form a hierarchy of importance of symptoms according to the philosophical background, what remains after deducting the repertorial totality from the conceptual image constitutes the potential difference.

## **8. POTENTIAL DIFFERENCE** -

As totality changes from patient to patient, potential difference is also changing. Potential difference is that symptomatology which remains after deducting repertorial totality from conceptual image. Potential difference is considered for prescription but not for actual mathematical calculations.

It is a part of patients' totality or remedial totality. Potential difference helps in differentiating group of remedies that comes after repertorization and guides for individualizing the case.

E.g. Physical Constitution, Thermal modalities, temperaments and other symptoms, which are not listed well in Repertory and helps in differentiating group of remedies.

## **9. HUNTING OF RUBRICS** -

**Definition:** - It is a method or process of searching out the required

rubrics from the particular sections and locates the same in the repertory to study it in detail in relation to indicated remedies with their different grades.

So for proper hunting of required rubric from any of the Repertory one should know in detail: -

- 1) Plan and construction of the particular repertory.
- 2) Philosophy and adaptability.
- 3) Scopes and limitations of various repertories.
- 4) Different typography used to grade the remedies and their abbreviations.

To locate the proper rubric from mind section of any repertory requires to know: -

- a) Exact dictionary meaning of that Rubric.
- b) Differentiating points of similar Rubrics.
- c) Different Cross-references.

There are different techniques of hunting of rubrics: -

**A) Scientific technique**

**B) Direct technique**

**A) Scientific technique:**

It is an ideal technique where rubrics are searched by following systemic plan i.e.

SECTION	SUB-SECTION (HEADING)
RUBRIC	SUB- RUBRIC

Students and neophytes commonly use this technique. As compared to the other techniques this technique is time consuming but by following this, one will be perfect in using the repertory.

**B) Direct technique:-** i.e. by using Word index

In many of the repertories at last there is a word index, which helps to note the page number of the required rubric and open the referred page. This technique is less time consuming and used by busy practitioners

who are expert in using the repertories, but not allowed for students in examination.

### **10) SYNTHESIS OF RUBRIC: -**

Many times while working for the case with one of the repertory this happens that each and every required rubric is not found in that repertory but some other similar rubrics are observed. In this case if those similar rubrics are combined together one may get required rubric according to totality. This concept of combining different rubrics into one is called synthesis of rubrics.

So while repertorization in such cases one can either consider all remedies from both rubrics or another option is consideration of only common remedies and others are eliminated.

### **11) GRADATION OF REMEDY -**

Gradation of remedy is **qualitative value of remedy** in provers as well as in patient.

The principle of gradation of remedies depends upon appearance of that symptom in the remedy during proving, reproving and clinical verification.

The credit of evaluating or grading of remedies goes to Dr. Boenninghausen, which he had used in his first Repertory i.e. 'Repertory of Antipsoric remedies'. He used five variations in type that indicated the individual evaluation of each remedy to the given symptom or rubrics. In different Repertories remedies are graded in different grades by using different typography: -

Rep / Grade	BBCR / BTPB	Synthetic rep.	Kents rep.	Synoptic Key	Phatak's Repertory	Boericke reper.
1 <sup>st</sup>	CAPITAL	<u>CAPITAL</u>	<b>Bold</b>	CAPITAL	CAPITAL	<i>Italics</i>
2 <sup>nd</sup>	<b>Bold</b>	CAPITAL	<i>Italics</i>	<i>Italics</i>	<i>Italics</i>	Roman
3 <sup>rd</sup>	<i>Italics</i>	<b>Bold</b>	Roman	Roman	Roman	□
4 <sup>th</sup>	Roman	Roman	□	□	□	□
5 <sup>th</sup>	(Roman)	□	□	□	□	□

### **12) REPERTORY ANALYSIS -**

**Definition** - Repertory analysis is conversion of patient's symptoms into Repertorial language without changing its meaning.

Repertory analysis differs with the construction and plan of repertory. Patient's symptoms can be converted into Section, Rubric/Heading, Sub-rubric / Sub-heading accordingly.

E. g. Patient says I want to die because of pains.

### **Repertory Analysis-**

<b>Repertory</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubrics</b>	<b>Page number</b>
Kent	Mind	Suicidal, Disposition	Pains from	85

### **13) REPERTORIAL RESULT ANALYSIS. -**

After repertorisation and totalization of marks as per given marks from respective repertory, before prescribing any remedy from obtained group of remedies one must go for qualitative matching of each remedy out of group with that of evaluated symptoms of the patient.

For example, if after repertorial result one finds that 3-4 remedies are running closely and carries almost equal marks and also covers equal number of symptoms out of considered totality, then in such case while prescribing one must try to match remedy qualitatively which means he must analyze each remedy separately in relation to marks obtained and for what symptoms it is obtained.

In Homoeopathic practice qualitatively forming of totality plays important role that even while collecting symptoms from patient recording of grades of that symptom is required, because it should not happen that out of result of repertorisation one remedy has equal marks but that remedy covers third grade symptoms for higher marks and is running up with other remedies.

In short after repertorisation only marks obtained and symptoms covered by remedy is not a criteria to prescribe proper similimum but after that out of group of remedies which carries similar marks one must



co-relate other points and graded symptoms for finding out exact similitum, which is called “ **Repertorial result analysis**”.

#### **14) GENERALIZATION-**

Generalization is an aspect of the process of identification and applies forming general notions or formation of general concepts from particulars.

The concept is based on the principle, **which is true to the part, is true to the whole.**

Dictionary meaning of the Generalization is to draw a general conclusion, speak in general terms.

Word meaning of General is - overall, not related to one, not specific.

Generalize is a principle, theory with general application. So Generalization is to form general principle or conclusion from detailed facts, experience etc. or the act or process of generalizing.

**So Generalization is an act or a method to come at generals from specifics or particulars.**

Example – a person complaining of throbbing type of pain in eye. He also complaining of undefined pain in head. Here application on eye pain to head is Generalization of sensations.

According to Dr.Boenninghausen to get complete symptom generalization of modalities as well as sensation is possible.

#### **15) PARTICULARIZATION-**

Particularization is a reverse process of Generalization. **Which is true to the part is true to the specific part.**

Word meaning of particular is relating to one person or thing and not others. So particular is specific to part.

In Homeopathy these terms (Generalization & Particularization) are referred to Dr.Boenninghausen, Dr.Kent's repertory and Boger's work. The other work on Boenninghausen T.P.B. i.e. Dr.Boger-Boenninghausen's repertory is based on Particularization.

With the concept of Particularization Dr.Kent published his repertory and controversy started which tempted Dr.Boger to work on B.T.P.B.and he also followed concept of particularization by giving particular sensations and modalities separately.

Dr.Kent says, throbbing type of Pain in head is of Head alone, similarly Headache ameli. Open air is may not be sensation and modalities of the other part.

## **16) REPERTORIZATION –**

**Definition** - Repertorization is an artistic and scientific method of individualization or Generalization of patient in which the process is done by mathematical calculations of totality and their medicines with proper grades from the repertory.

After repertory analysis according to method used and repertory used one should give the marks to the indicated remedies for respective rubrics. Then the total number of matched symptoms and the total marks of the medicines are calculated mathematically to get the group of remedies on the basis of maximum obtained marks and maximum covered symptoms. Lastly final selection is based on the knowledge of Materia Medica.

### **Repertorization involves following events – (Pre-requisites for Repertorization)**

**Artistically case taking.**

**Case analysis.**

**Anamnesis of case.**

**Synthesis of case.**

**Selection of approach for repertorization.**

**Selection of repertory.**

**Selection of Method for repertorization.**

**Analysis of symptoms.**

**Evaluation of symptoms.**

**Repertorial analysis.**

**Erecting repertorial totality.**

**Repertorization.**

**Result of repertorization.**

**Choice of remedy. -Selection of remedy with the help of Materia Medica.**

There are different Techniques and Methods of repertorizations suggested by pillars of Homoeopathy like Dr. Boenninghausen, Dr. Kent

and Dr. Boger each has its own advantages and disadvantages.



**NOTE FOR DIFFERENT TERMS: Used in Repertory**

**PART- II**



**HOMOEOPATHIC  
CASE TAKING**

*Is an individualizing examination  
Of a case of disease...*

**CASE TAKING**

Many cases cannot be repertorised and the remedy must be selected by the physician's knowledge, his most precious possession, and an intimate acquaintance with the different remedies. This acquirement necessitates untiring study and keen discrimination.

We must remember that the repertory is not a vehicle by which the lazy Homoeopath may ride easily through a successful career. It is only one of many requisites for efficient work of the true Homoeopathy.

**- Elmer Schwartz**

**HOMOEOPATHIC CASE TAKING**

**D**r. Kent once mentioned to his followers, 'There are lot of symptoms, but there is no case'. What is the case then? A case comprises of symptoms that, gives the totality of a persons suffering. The totality of symptoms forms a case for the physician. In every event there exists a totality provided an expert can perceive it; likewise, in every alteration of state of health a totality exists which a physician can

perceive.

Case taking is the first step, and the outcome of treatment entirely depends upon the success of this first step. Any mistake committed here would certainly interfere in the selection of drugs and planning of the treatment.

A physician should be clear about his job in the beginning itself and must possess a clear understanding about the case. For Homoeopathic physician, expressions at all levels, mental, physical, general and particular, are required to individualize the person as well as to diagnose the condition. If this is clear in the beginning, case taking will be on the right lines. It is a unique art of getting into conversation, of serving and collecting data from patient as well as from the bystanders to define the patient as a person and disease. The purpose is to understand both the person and the disease. This particular method and approach is different from other systems of medicine

There has been much discussion on case taking by many stalwarts and this subject has been dealt-with at length but still many make mistakes while applying this art in practice. This being an art, the individual skill plays an important role in applying the rules of case taking. It is difficult to apply a uniform standard in all the cases and in respect of all physicians. In case taking, physician applies his ability and skills of communication keeping in view his objective. As case taking is individualized in approach, there are several suggestions offered and numerous models of case taking forms are available to the practitioners. Some are in the form of questionnaires, some in the form of multiple choice questions, and so on.

Dr. Hahnemann has described the necessary guidelines that should be taken into consideration while taking a case, in **aphorisms 83-104** of Organon of Medicine. Throughout the process of case taking, the patient should be cooperative. He should be assured of the confidentiality of data. If patient narrates well and fully, the task becomes easier for the physician. Apart from the collection of data, case taking has got its own therapeutic value in certain type of cases, if not all. Many patients ventilate certain experiences unexpressed for years, which keep on disturbing them and giving rise to very many physical and mental symptoms. Very often after the case taking, the patient says, "Doctor, I feel much relieved after talking to you", and then a similimum completes

its job. It should be a free exchange between the patient and the physician. Both verbal and non-verbal communication of the physician can either encourage or discourage the patient in opening up various events and their effects on him. It is a very delicate, yet dynamic situation, where the physician should remain attentive so that disclosures are properly received.

Physician should be aware of his own problems of communication to gain more from this highly dynamic process. In some cases, even if one thread were missed, arriving at the totality would become difficult. Nothing else should keep the physician occupied other than the case taking. To understand the feelings properly, a physician should be expert in role-playing. He should acknowledge the feelings of the patient, but empathy should replace sympathy while dealing with sensitive cases. At the end of the interview with the patient, physician should have a clear definition of the problem. This is not always easy to achieve.



## **PRACTICAL FORMATE FOR CASE TAKING**

### **CASE RECORD**

O.P.D. NO.-

I.P.D. NO.

DATE OF INTERVIEW

DATE OF ADMMISSION

NAME OF PATIENT

ADDRESS

AGE

SEX

RELIGION

OCCUPATION (NATURE OF WORK)

SPOUSE

EDUCATION

DATE OF BIRTH

INCOME

MARITAL STATUS – S/ M/ W/ D.

### **CHIEF COMPLAINTS -**

(Record in chronological order)

### **HISTORY OF CHIEF COMPLAINTS-**

(Record with respect to mode of onset, duration, causation or a.f, location, sensation, modalities, concomitants.)

### **PAST HISTORY -**

(All past diseases, treatment taken, h/o suppression – Mind / Physical

level Skin, Allergy. S.T.D. hereditary)

## **Childhood diseases**

## **Adulthood**

### **FAMILY HISTORY -**

(ALL MAJOR DISEASES IN FAMILY)

TOTAL FAMILY MEMBERS

a) Patient's Own side.

b) Paternal side.

c) Maternal side.

### **PERSONAL HISTORY-**

Socioeconomical condition – (Dependant members)

Diet & daily routine -

Food desire-

Food aversion-

Appetite -

Eating habites-

Thirst-

(Quantity, nature of drink, any concomitant with thirst)

Habits /addictions-

Hobbies/interest-

### **PHYSICAL GENERALS-**

Physical make up/ constitution.

(Lean/stocky/obese/emaciated/average.)

### **GENERAL MODALITIES & REACTION-**

(Thermal-chilly/hot, time, seasonal, other circumstantial, modalities, effects, ailments from)

### **PERIODICITIES-**

#### **IN FEMALE**

### **MENSTRUAL HISTORY**

(Menarche/menopause, cycle – interval, duration, character of flow, concomitant, modalities)

### **PREGNANCY, LABOUR & PUPERIUM**

(Abortions, delivery-F.T.N.D., Forceps, caeser, pre/post-mature)

### **DEVELOPMENTAL LANDMARKS & PROBLEMS-**

(Anti natal h/o.physical development, dental& other milestones, mental/ behavioural problems.)

### **ELIMINATIONS -**

URINE — (Frequency, colour, appearance, odour, sediments, constituents)

STOOL – (Frequency, evacuation, colour, consistency, odour, satisfaction)

### **PERSPIRATION -**

(Nature, character, site, colour, odour etc.)

### **DISCHARGES (ABNORMAL)**

### **SEXUAL FUNCTION**

### **SLEEP AND DREAMS – (ANALYSIS)**

(Character, position, concomitants if any-e.g. talking, walking, snoring, moaning details about dreams.)

### **OBJECTIVE SYMPTOMS APPLYING TO THE PT. AS A WHOLE**

### **MENTAL STATE -**

(Disposition, temperament, life space, psychodynamic & psychosomatic effects, will/emotions, intellectual/understanding, memory, reactions, behaviour, desires & aversions, ailments from, modalities.)

### **SENSATIONS AS IF-**

#### **CLINICAL EXAMINATION-**

HEIGHT	WEIGHT
TEMP.	PULSE
RESPIRATION	
B.P	SCLERA
PUPILS	CONJUNCTIVA
NAILS	LYMPHNODES
OEDEMA	CYNOSIS
CLUBBING	PALLOR

### **PARTICULAR'S –**

HEAD -  
EYES -  
EARS-  
NOSE-  
FACE-  
MOUTH/ TONGUE-  
THROAT-  
ABDOMEN -  
CHEST-  
BACK & NECK-  
EXTREMITIES -  
SKIN -  
GENITALS - (MALE / FEMALE)-

**SYSTEMIC EXAMINATION-**

(Every system should be examined with respect to inspection, palpation, percussion, auscultation, reflexes, etc.)

**INVESTIGATIONS -**

(REPORTS IF ANY / REQUIRED.)

BLOOD EXAM - HB %  
RBC  
WBC  
ESR  
BT  
CT  
BLOOD SUGAR - R/F/PP.  
SR.BILIRUBIN  
S.G.O.T.  
S.G.P.T.  
SR. CREATININE  
SR. CHOLESTROL  
OTHER BIOCHEMICAL  
URINE



STOOLS  
RADIOLOGICAL  
E.C.G.- CT SCANS. / ULTRASONOGRAPHY  
PROVISIONAL CLINICAL DIAGNOSIS.  
FINAL NOSOLOGICAL DIAGNOSIS.  
ANALYSIS OF CASE.  
HOMOEOPATHICALLY DISEASE CLASSIFICATION.  
MIASMATIC ASSESMENT.  
ANAMNESIS OF CASE.  
SYNTHESIS OF CASE.  
SELECTION OF APPROACH FOR REPERTORIZATION.  
SELECTION OF REPERTORY AND METHOD FOR  
REPERTORIZATION.  
ANALYSIS OF SYMPTOMS.  
EVALUATION OF SYMPTOMS.  
REPERTORIAL ANALYSIS.  
ERECTING REPERTORIAL TOTALITY.  
REPERTORIZATION.  
RESULT OF REPERTORIZATION.  
CHOICE OF REMEDY- SELECTION OF REMEDY WITH THE HELP OF  
M.M.

### NOTE FOR PRACTICAL CASE TAKING

## ANALYSIS OF CASE

The word analysis means resolving or separation of things.

**Definition** - Is a categorization or classification of a given case according to the scopes and limitations of Homoeopathy.

Before proceeding for treatment of any case physician must analyze the case with the following concept: -

- 1) Whether the case is common or uncommon?
- 2) Can Homoeopathy do something in the given case?
- 3) Whether the case is of indisposition, surgical, acute or chronic?

- 4) Whether the case is curable or incurable?
- 5) Whether the case has more than one or single miasm and requires treatment accordingly?

*(Concepts of Analysis and evaluation of symptoms by different authorities are explained under topic symptomatology.)*



### **NOTE FOR ANALYSIS OF CASE.**

### **MIASMATIC ASSESMENT**

After forming the totality of the case, physician should assess miasmatic background that helps in deciding the plan of treatment. Knowledge of miasm is the base of Homoeopathic learning and practice. *In real sense without the knowledge of miasm, is no Homoeopathy.*

Theoretical aspect of miasm is already explained in many books of philosophy and also in other books. So my aim is not to detail the symptomatology of miasm here but in the process of finding out desired remedy what is its importance and how to classify them.

Dr.Hahnemann introduced concept of Miasms in the treatment of chronic conditions. Understanding of miasm totally depends on present characteristics of the patient.

Miasm behaves as an obstacle if not removed before any cure is desired. There are two types of miasm: -

#### **A) ACUTE**

#### **B) CHRONIC**

The acute miasm is characterized by suddenness, violence and stormy nature. It is of two types – recurring and non-recurring.

The chronic miasm is the real fundamental cause of all kinds of chronic disease these are Psora, Syphilis and Sycosis.

Final aim of miasmatic assessment is to classify different group of symptoms as per its miasmatic placement and to determine the most dominant miasm and other miasm in the case.

Psoric miasm is expressed through weakness, skin complaints, allergies and many other characteristics.

The Sycotic miasm eliminates energy outward in the form of warts, tumors, Overgrowths and many pathological discharges.

The syphilitic miasm is characterized by destructiveness there is

introversion destructive ulcerations and destructive temperaments.

About miasms Dr. Kent wrote that, these chronic diseases may exist either in an active or a latent condition and may present themselves in three ways.

Viz.- 1) as a single miasm.

Two or three miasms co-existing or separate but only one is active at a time.

3) Two or three miasms forming a complex.

But to come to the point, we must attack the one that is uppermost at the time and ignore the symptoms of those that are latent. Except in the last monstrous phase where two or three form a complex, which is a rare thing and seldom brought about except by the prolonged abuse of unsuitable remedy.

## **NOTE FOR MIASMATIC ASSESSMENT**

### **ANAMNESIS OF CASE**

#### **Definition: -**

Anamnesis in Homoeopathy is a complete logical study, which includes identification, determination and individualized examination of the patient or sick.

#### **Elicitation of Anamnesis: -**

It includes all information gained from patient, his family and narrators regarding previous life and past history.

For assessing his singularity in contrast to other patient suffering from the same disease. Anamnesis can be found by collecting data concerning patient, his family, previous environment and experiences including any abnormal Sensations, moods or acts observed by the patient himself or by others, of their appearance & duration as well as any result of treatment. Anamnesis expresses itself in various kinds of alterations of spirit, alteration of psychic symptoms apparently, alteration of bodily structures examined in the laboratory.

c) First of all the image of Psora should be studied from all the symptoms that we can gather, next we have to make out a similar anamnesis of Syphilis, which can be done from books, from clinics, from observations and all other possible sources, and then an anamnesis has

to be made of Sycosis.

There are things most generals and will bring before the mind, in one, two or three images a grand picture of all the chronic diseases of the human race.

It is the study of combined totality of common features of disease and uncommon individual characteristics of the person. And then evaluation of this totality with stress on those features, which denote the uncommon aspect of this common totality. Thus assessing the patient's singularity in contrast to other patient's sufferings from the same disease.

In 'Anamnesis' the more striking, singular, uncommon and peculiar signs /symptoms of the case of disease are chiefly and most solely to be kept in view.

The case of the patient is taken and his uncommon symptoms are separated from the common symptoms of his diseases. Any symptom or any abnormality anywhere in the body is considered relevant arriving at an Anamnesis.

### **Importance -**

Individualization of the patient: As the past, family medical history is to be taken with a definite view to find out the individual characteristics. Dr. Kent says medical history of the patient is to be taken so that we can get the individualizing features of the patient.

With the help of the anamnesis we can find out what is uncommon, PQRS in the patient over and above the common features of the disease.

Anamnesis is done for prescribing a medicine, which is most similar to the uncommon symptom of the patient.

General symptoms are considered as the backbone of the anamnesis.

Subjective symptoms like fear, hatred, sensations are important for anamnesis.

Anamnesis is more applicable to the development of chronic diseases from the time of exposure, suppression of primary manifestation and various treatments done from time to time.

Anamnesis of Psora, Syphilis, Sycosis is to be done in cases whenever applicable.

Anamnesis of acute diseases is equally important for the selection of individual nosodes. Anamnesis studies the uncommon aspect of the

diseased person and leads the way to treat a patient by enhancing his immunity, the fighting power of his body against disease. Thus Anamnesis has greater possibility and certainty in achieving the ultimate object of successful treatment.



## NOTE FOR ANAMNESIS OF CASE

### SYNTHESIS OF CASE

**S***ynthesis means forming the compound or making a whole out of parts.*

Synthesis of the case is nothing but getting the cream in the form of totality from analyzing whole of the data. Synthesis of the case helps the physician for forming the totality of the case to arrive at a prescription for the patient.

**Dictionary** meaning of the term *synthesis* is – to put together, the production of a substance by union of elements. Term synthetic mean something resulting from synthesis rather than occurring naturally.

So by definition synthesis of the case means the combination of separate element into a whole or forming the compound out of part.

After going through the present, past, family, and personal history one can able to separate Mentals, Physicals, Particulars, Modalities, Causation, Time factor and Generalities to form the conceptual image of the patient. This synthesized symptomatology then after analysed and evaluated according to principles of prescribing and concept of Repertorization.

This process gives integrated qualitative and holistic view to the case, which in fact has to be matched with remedy portrait of Materia Medica.

So synthesized material is, only guide to the selection of the remedy.

**Different symptoms          Synthesis          Conceptual image**

So the aim of synthesis of the case is depends upon what symptoms are considered, its intensity, characteristic nature, whether the symptoms is common or characteristic in relation to disease as well as remedies.



## NOTE FOR SYNTHESIS OF CASE

## **ANALYSIS OF SYMPTOMS**

**Definition** - *“Analysis of symptoms is an categorization. Verification, classification or grouping of different kinds of symptoms with proper explanation.”*

The main aim of analysis of symptoms is to form conceptual image or portrait of a patient.

Dictionary meaning of word analysis is, the determination of the constituent parts of a mixture or compound.

After case taking and diagnosis of the case, next important step for selection of similimum is physician should work out the case very cautiously and carefully. For this purpose he has to take the following steps -

### **Collection of important symptoms-**

Here prescriber has to carefully and patiently tap out as many symptoms as Possible from the case. Patient generally exaggerate the symptoms that trouble them most and omit many symptoms which they feel are of no value, as which they feel too embarrassed as to speak about. But these latter types of symptoms may be most important guides for correct prescriptions. And no correct prescription will be possible unless and until these symptoms are brought out. It is important to know whether symptoms are collected in all dimensions. Also it is required to upgrade particular symptom if they are applicable to three or four location in to generals.

### **Separation of Symptom (Classification)-**

In this step prescriber should categories or give exact name to phenomenon. Particularly to the sensations and various feelings. No two persons can express any phenomenon as sensation in exactly same manner.

The one and only aim of analysis is to get the totality of symptoms. For selection of similimum we have to analyze all the material in to different categories. I.e. Causation, Generals and particulars, common and characteristics, Locations, Modalities, Constitution, Concomittants etc.

Dr. Kent analyzed symptoms mainly in to mental generals, physical generals, particulars and each of them in to common and characteristics.

This art is important and complicated but success of the prescription depends on correct analysis only.

*Dr. Elizabeth Wright has given a practical solution to this problem. As soon as the case is taken and physician sits down to study it, he will find it useful to run down the list of symptoms and mark with `M` opposite mentals. `P` opposite physical generals, `Pa` opposite particulars and for further clarifying as common and characteristics he may underline any peculiar symptoms in red. This work is very useful for beginners but it can prove equally beneficial to all the practitioners.*

Analysis of symptom is based on various concepts of totality and principle of practice so there are different understandings about analysis of symptoms. Following are the concepts of analysis according to different authorities.

### **ANALYSIS ACCORDING TO THE VARIOUS AUTHORITIES**

#### **According to Dr. Hahnemann**

##### **1) Common symptoms**

- a) *General-Mental, physical*
- b) *P.Q.R.S.*
- c) Particular – Location.

##### **2) Uncommon symptoms**

Sensation.  
Modalities.

#### **According to Dr. Garth Boericke**

##### **A) Basic symptoms    B) Determinative symptoms**

- 3 c) Absolute symptoms:
- 4 Cause, Type, Location,
- 5 Character, Concomitant and Modalities.

- a) Mental and physical
- b) General modalities

#### **According to Dr. J.T. Kent**

##### **A) General symptoms**

##### **B) Particular symptoms**

a) Mental generals – -Common or  
-Common or Characteristics.  
Characteristics.

b) Physical generals  
-Common or  
Characteristics.

### According to Dr. C. Von. Boennighausen

Symptoms are classified as:

- 1) Location,
- 2) Sensation,
- 3) Modalities,
- 4) Concomitant.

He classified characteristic symptoms under following seven categories: -

- a) Quis - change of personality and Temperament.
- b) Quid - peculiarities of disease.
- c) Ubi- seat of disease.
- d) Cuibus Auxilis - concomitant.
- e) Cur- The cause.
- f) Quomodo - Modalities.
- g) Quando- time modalities.



### NOTE FOR ANALYSIS OF SYMPTOMS

## EVALUATION OF SYMPTOMS

**Defination - Evaluation** of symptoms implies the principle of grading or ranking of different kinds of symptoms in order of priority that are to be matched with the drug symptoms. The key for similimum is the grading of symptoms. After analysis of symptoms physician has to determine quality and value of each symptoms.

Homoeopathy is based on individualization of patient as well as drug. Every individual is characterised by some unique features, which serve to denote that particular individual belong to some class or group and drug are to be matched first and given in the highest order of priority in selecting the similimum. Actually evaluation is necessary for qualitative



matching of remedy.

By evaluation of symptoms we mean giving value to each symptom according to its weightage in such a manner that an exact image of the sick person is to be formed. **Dr. Elizabeth Wright** writes that, evaluation of symptom is, perhaps the most important part of the Homoeopathic technique and for a beginner, one of the most difficult. But in fact it becomes an easy and automatic task if one adheres strictly to the principle and philosophy of Homoeopathic practice. In introductory topics to the Kent repertory to quote Dr. Kent, under the heading of Repertorizing by Margaret Tyler and John Weir, "The key to the enigma, which practitioners lack, is the grading of symptoms". The grading of symptom is suchwise as to economise labour without compromising results, and, in the cases where all the more-or-less-indicated remedies lack some symptom or other of the vital importance to the correct prescription, and which are of less importance, and may therefore probably be neglected and also which may be safely used as eliminating symptom, to throw out any remedies at all, on pain of perhaps losing the very drug one is in search of – the curative similitum.

We identify the drug picture on the basis of evaluation otherwise it is not possible to memorise hundred of symptoms. If evaluation is incorrect, the medicine will either be ineffective or cause mere palliation. It is true that exact evaluation depends upon the physician's observation, patience, sincerity and experience in knowing the principle of evaluation. There are two concepts of evaluation of symptom –

**1) Evaluation of Patient's Symptom.**

**2) Evaluation of drug Symptom.**

**Evaluation of Patient's Symptom.** - The patient gives a list of symptoms all of which are not equal in importance. So the prescriber has to learn to distinguish those symptoms which are most important and which must be covered by the remedy as against those, which may be conveniently ignored.

**The basic principle of evaluation of patient's symptom is, symptoms are ranked according to their intensity, how deeply they reach into the organism and according to their degree of peculiarity as characteristic nature.**

*(This topic deals with evaluation of patient symptom only.)*

## **DR. KENT'S CONCEPT OF EVALUATION OF SYMPTOMS**

According to Dr. Kent all the symptoms can be classed under the following order.

Symptoms of man, i. e. symptoms that refer to the patient as a whole i.e. pertaining to mental generals and physical generals (**Kent's Generals**)

Next comes the PQRS symptom that can neither be accounted for physiologically, anatomically and pathologically but decides the similitum.

Symptoms of organs - i. e. particular symptoms referring to the particular part, tissues or organs of the pt. (**Kent's Particulars**)

Lastly comes common symptoms, which are helpful for disease diagnosis. So a symptom, which possesses individualizing features are higher grade in evaluation. As totality is total number of characteristic symptoms, common symptoms related to disease are not considered for evaluation.

For practical purpose one should evaluate symptoms as follows -

Out of generals the symptoms of the first grade are if **well marked** the mental symptoms, which brings out the finest shades of differentiation between man and man and which refers to the patient as a whole.

These take the highest rank and a highly marked mental symptom will always rule out any number of poorly marked symptoms of lesser importance. Amongst mentals the more importance is given to the will with hates, loves, emotions etc.

Of second grade are those that affect the intellect and understandings with delusions, delirium, loss of the sense of proportion, with exaltation of trifles, delusions of grandeur as persecution.

Of third and lowest mentals are those that relate to memory. Mental symptoms Agg. and Amel., by physical generals is of very much importance.

E.g. menses < as >. Sleep < as >.

Low-grade mental symptom Agg. and Amel., by physical general symptoms is of higher value or grade than common mental symptoms. If mental symptoms are marked especially if it is a change from normal, then that are of the at most importance to the case. Get these symptoms

clear and then give them the highest standing in your repertory analysis. The remedy that includes them will be curative. Amongst generals second in grade, after the mental symptoms and his reactions to mental environment comes if **well marked** such general symptoms of the patient as his reactions as a whole to bodily environment. To times and seasons, to heat and cold, to damp and dry, to storm and tempest, to position, pressure, motion, jar, touch etc. Then general symptoms related to desires and aversions but to be elevated to such rank, they must not be mere likes and dislikes but longings and loathing in big types in repertory and in the patient in corresponding types anyhow!

Next in importance comes in women the menstrual state i. e. general aggravation of symptoms before, during and after the menses. Of lower rank comes the questions of menses early late and excessive and this last of course only where there is nothing such as a polyps, fibroid, menopause, to account for it.

After such physical general characteristic symptoms comes the particulars, the symptoms that bulk so largely for the patient and for which he is as a matter of fact actually consulting. Dr. Kent says` the whole is greater than its part so do not juggle with particulars at the expense of life of the whole.

- Out of particulars the top grade particulars are peculiar, uncommon, unexpected, unaccountable, rare as unusual, odd e.g. inflammation without pain. Itching of skin without eruptions.
- Second grade particulars are particular characteristic i. e. particulars with modalities. Sensations etc.
- Particular symptoms having modalities by any mental general symptoms and physical general symptoms are of higher grade than only particulars. The more the symptoms relate to the anatomy of the parts the more external they are, the more they relate to the tissue, the more likely they are particulars.

Besides Kent's generals and particulars there are other common symptoms. A symptom may be common to all cases of a certain diseases. And therefore has no great use in picking out the individual remedy for a particular case of that disease. As it may be common to a number of drugs. And therefore indicate one of a large group of remedies only and so of very little use in Repertorizing.

## Practical table for evaluation according to Kent. -

### GENERAL SYMPTOM. -

#### First grade-

**Mental general characteristics. –**

#### Second grade-

**Physical general characteristics.**

### PARTICULAR SYMPTOM –

#### First grade-

**P.Q.R. s**

#### Second grade-

**Particular characteristics.**

An artistic Homoeopathic prescriber successfully evolves an undistorted, accurate conceptual image of the patient in his illness and find its exact replica from the vast number of portrayals present in the Materia Medica, and this “portrait” is formed from the totality of symptoms-totally not in quantity but in quality.

### INTENSITY / MAGNITUDE OF THE SYMPTOM –

The study of intensity is very important feature but which is very often not given due consideration. It is necessary to study intensity to know --

- a)** The nature, extent and degree of disease process.
- b)** The patient’s sensitivity in general.

The intensity of symptoms assumes in Homoeopathic practice an added importance, in view of matching the symptoms of patient with those of the remedy in the Homoeopathic Materia Medica. Let us see to the circumstances in which a common symptom assumes the importance of the characteristic symptom.

E.g. intense craving for sweet has few drugs in Kent’s repertory like-  
**Arg.nit, China, Lyco, sulph.**

- c)** Intensity of the symptoms assumes much significance while evaluating a patient symptom. An intense particular symptom will necessarily be valued higher than general symptoms with poor intensity. By principle, a strong general will over rule any number of particulars. Hence it is imperative to record the intensity of symptoms by Homoeopathic physician.

## **RANK OF SYMPTOMS –**

Rank of symptoms denotes the qualitative value of symptom. In Homoeopathic therapeutics the qualitative value of a symptom is far greater than the quantitative value.

Dr. R. G. Miller clearly mentioned the word Rank to denote the qualitative aspect of symptom. By use of this term, we can give the highest value to a greater symptom of high characteristic significance even with the poorer quantitative value. And by careful and intelligent use of this term with its precise implication, we can be in a position to make a rational and effective use of the repertory on qualitative basis rather than on mechanical quantitative basis.

In the book 'Symptoms alone' Gibson Miller writes about rank of symptoms, as when using these peculiar and characteristic symptoms as the main guides in the selection of remedy, it is important to bear in mind that they must be equally well-marked in-patient and in remedy.

In other words, no difference how peculiar and outstanding a symptom may be either in the patient or in the remedy, unless it be of equal grade in both we must pay little heed to it.

For example - if a patient experiences occasional and slight heat in the soles of the feet at night in bed, this symptom would not be of much important in selecting sulphur as the remedy. Because in that drug this symptom appears in such a vigorous and out standing way that the provers declares that their feet burn at night as if they had been on fire.

Even in a case with let us say, ten peculiar and characteristic symptoms of which one remedy has eight but of a very low rank, while another has only five, but of high rank and corresponding to the rank of the symptoms as experienced by the patient. In such a case it is very Improbable that the first medicine will prove to be the curative one. The second is much more likely to be so. It is this question of the rank of symptoms that is the chief objection to the numerical method of selecting the remedy.

## **NOTE FOR DR. KENT'S CONCEPT OF EVALUATION OF SYMPTOMS** **VALUE OF SYMPTOMS IN REPERTORIZATION**

Word symptom was derived from German word “**Symptoma**” that

means “Any change that happens”.

In Homoeopathy, Symptom is defined as **any change in the health of the body and of the mind, which is felt by the patient remarked by those around him and observed by the physician.**

Dr. S. Close defined it as, any evidence of disease or change from a state of health is called symptom.

Symptom include every possible deviation from a healthy condition of the mind and body which the physician can in any way discover or perceive or which the patient make known by his statement or complaints or which the attendants of the patient have observed and can communicate to the physician.

Historically symptoms were understood as the epreion of Natures’wisdom filled with healing power.

In every disease condition we find symptoms of the following orders.

- a) Symptoms referring to the disease of particular nosological type helping us for disease determination.
- b) Symptoms referring to the particular tissues and organs of an affected person helping us for disease individualization.
- c) Symptoms referring to the individuality of patient that modify or qualify the symptoms of the disease helping us for individualization of person.

All symptoms e.g. General, Particular, Subjective, Objective, Common, Uncommon, Pathological, Clinical etc.has its own value some are very important for Homoeopathic prescriptions and given highest rank in the process of Repertorization but some has secondary value for prescription. For the Repertorization symptoms that have high value are only considered, means only qualitative totality of characteristic symptoms are repertorised.

### **General Principle used for Value of Symptoms are –**

1. General symptoms are of more important than particulars. But an intense particular symptom will necessarily be of higher value than a general symptom with poor intensity.
2. Mental symptoms are of more important than physical generals.
3. Characteristic or Determinative symptoms are of more important than common or basic.
4. Subjective symptoms are of more important than objective

symptoms.

5. Functional symptoms are of more important than pathological.
6. Proved symptoms are of more important than clinical.
7. Symptoms relating to vital organs are of more important than those relating to less vital organs. –

A) Symptom referring to heart, lung, digestion and central nervous System are of great importance.

B) Symptom referring to the skeleton, muscle, and joints or peripheral nerve is of lesser importance.

8. In mental diseases, physical symptoms are to be taken as concomitant one for Repertorization where as mental symptoms are to be taken as concomitant one in physical illness for the same purpose.
9. Also complete symptoms are given important value than that of incomplete symptoms.

### **Subjective Symptoms –**

**Definition** - These are those symptoms, which are discoverable by the patient alone, and presenting no external indications are termed as subjective symptoms.

This derangement in the state of health may be general or particular.

E.g. Pain and other morbid sensations of Body and Mind, other various feelings like Desires, Aversions, and Modalities etc.

Regarding the utility it is said that the subjective symptoms are given high value than objective symptoms. In Organon of Medicine in aphorism No. 98, Dr. Hahnemann wrote, history told by patient is very important than the friends or relatives because these symptoms determines the intrinsic nature of the case and the remedy.

As pains and abnormal sensations always proceeds material and organic evidence of disease and these symptoms provides guides for the selection of a remedy at the earliest stage. They also express the interior state of the organism; particularly of the psychic or mental state they take the highest rank in selection of remedy.

Stuart Close write that subjective symptom constitute the only direct avenue of approach to the inner sphere, which must otherwise remain closed to our investigations.

## **The subjective symptoms are again of two classes: -**

1) Personal or relating to the whole of the personality of the patient.

E.g. I like to sleep in the open air, Restlessness so on.

2) Local or relating to only certain localities of the patients body and organs.

E.g. burning pain in liver, Itching at axillary region, heaviness in abdomen, tingling in extremities.

### **Objective Symptoms-**

**Definition** - Change in the state of health observed or detected by the physician or attendance are called objective symptoms or 'signs'.

It includes observations, physiological findings and laboratory investigations.

. Temp, Pulse, discoloration of skin, various expressions, his behavior, mode of talking, and his physical constitution.

Objective symptoms are easy to find out a physician knowledge and observation is necessary to elicit the symptom. Many objective symptoms on the other hand may be the general symptoms but this requires special circumspection and interpretation.

Many of the objective symptoms are mostly disease common symptoms that are of less value in the selection of remedy.

E.g. Redness over the inflamed part.

Objective symptoms are of less value for individualization and selection but important for diagnosis as they characterize disease. As long as objective symptoms persist, we cannot say that disease is cured.

Objective symptoms are valuable in cases where subjective symptoms cannot be obtained or unable to express such as in the unconscious patients, insane persons, in children, indolent or stoical patients.

### **General Symptoms-**

Meaning of general is pertaining to whole class or relating to a genus or kind.

But in Homoeopathy when this term is used it refers to a patient or drug as a whole. All sensation or symptom that the patient predicate of himself or in the relating of which he uses the first personal pronoun.



**Definition** - General symptom is one that pertains to the patient as a whole and is expressed by sentence with `I` as the subject.

E.g. I like open air, I like sweets, I am weak.

**General Symptoms are of : -**

**1) Mental general -**

**2) Physical general -**

**Mental Generals -**

**Definition** - Derangement in the mental state (psyche) of the patient are included under mental generals.

All mental symptoms are classified as generals because they reflect the inner self and individuality of the patient.

The mental symptom shows picture of patient's disease and not the disease entity. When mentals are characteristic they rank very high in repertorization. So Dr. Kent has given highest value to mentals and described first in repertory.

Dr. Kent has graded mental symptoms as –

**1) Will / Emotions**

**2) Intellect/Understanding**

**3) Memory**

Dr. Kent says that, most of the diseases are originated in the mind.

E.g. Peptic ulcer, Asthma, Migraine, Hypertension can result from emotional stress.

**Importance of Mental Symptoms Over other**

**Symptoms: -**

Homoeopathic approach to a patient is a psychosomatic approach. It is in link with the modern concept of understanding from causative point of view. It is increasingly found now days that in almost every disorder there is the role of mind.

Dr. Hahnemann wrote in § 9 of ORGANON that “ in the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards to both sensations and functions, so that our indwelling, reason gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence”

Also In § 212 he writes, “the altered state of disposition and mind therefore is no powerful medicinal substance in the world which does not very notably alter the state of the disposition and mind in the healthy individual who tests it and every medicine does so in a different manner.”

Many physicians proved it that wide range of diverse ailments, if not all illness, can have a psychosomatic background. Even a partial list of the more recognized of such psychosomatic conditions would include: -

- 1) Gastrointestinal disorders. - Peptic ulcer, chronic gastritis, mucous colitis, Anorexia nervosa, cardio spasm, disorders of elimination etc.
- 2) Skin disorders: - neurodermatosis, Atopic dermatitis, Eczema, some cases of acne & hives.
- 3) Musculoskeletal disorders: - backache, Muscle cramps, and tension headache, Arthritis.
- 4) Respiratory disorders: - bronchial asthma, Hyperventilation Syndromes, hiccoughs, recurring bronchitis, hay fever, and sinusitis.
- 5) Cardiovascular disorders; - cardiac arrhythmias, hypertension, Vascular spasm, C.C.F., syncope, cardiac neurosis.
- 6) Genito-urinary disorders: - Female- disturbances in menstruation, frigidity, diminished libido.  
Male- impaired potency, delayed ejaculation, premature ejaculation.  
Urinary - enuresis, frequency of micturation.
- 7) Organs special senses. - Chronic conjunctivitis.
- 8) Endocrine disorders. - Hyperthyroidism, obesity, Diabetes.
- 9) Vasomotor: - Migraine.
- 10) Disorders of other types like nervous system in which emotional Factors play causative role.

The effect on the digestive system is well known. Whether it is hyperacidity leading to peptic ulcer or irritable bowel syndrome or colitis, including ulcerative colitis, they have all been known now to be caused by stressful circumstances.

The well-known trio of peptic ulcer causation has been mentioned as “Hurry, Worry and Curry”. Peptic ulcer is a classical example of such orderly progression of symptoms. There are at first the symptoms of the change in the patients mental nature, followed by symptoms of the excess acidity in the stomach, followed by the formation of an ulcer in the stomach. These are the stages in the formation of peptic ulcer. So to

summarises the importance of mind in production of diseases we Homoeopaths are ahead in understanding the role of mind in production as well as in cure of the many diseases that has always taken a synthetic, holistic and psychosomatic approach.

### **So in short-**

- Mental symptoms are of the category of General symptom, which reflects the inner self, the innermost nature of the individual.
- It belongs to the personality of the patient.
- It reflects the state of vital force.
- Helps in the selection of similimum.
- There is rule that a medicine that does not correspond to the symptoms of man shall not cure symptoms of the man, so they are to be given most important value.

Symptoms that reflect patient's state of mind, moods, fears, are all mental generals because they express the man himself and not merely some part or organ. **So Mind is a Man or Mind is the key to the Man.**

A Mental symptom relating to the physical symptoms again has much value than only mentals.

E.g. Anxious during menses, weepy during menses etc.

Mental symptom manifest in the form of anxiety, restlessness, vividity of thoughts and dreams. Psychologically an emotion or passions i.e. anger, grief, fear or jealousy, complex state of consciousness etc.

The process by which we become aware resulting concrete emotion and give it a name is essentially a generalization subconsciously performed.

For these reasons mental symptoms when they appear in the record of a case are always of the highest rank.

### **Physical Generals –**

**Definition** - Are those symptoms referring to body as a whole with regards to various physical conditions and circumstances.

These symptoms are comparatively easy to elicit and hence Boenninghausen concentrates his attention on these symptoms.

**E.g.-** General modalities, desires and aversions of food, appetite, Thirst, character of discharges, sleep etc.

These symptoms are more important than particular symptoms

because they help for individualization. From the therapeutic point they help physician to classify disease, to think on a particular group or class of remedies. Physical generals rank first in evaluating symptoms when there is absence of mental symptoms or when they are of less value.

Out of these constitutional symptoms, desires and aversions are of higher value than other physical generals. Also modalities or conditions of agg. / Amelioration and sensation expressed in more than two-three locations, then they are considered to the general sphere.

### **Particular Symptoms-**

Meaning of the word is relating to a part of any thing or pertaining to a single thing.

**Definition** - It means particular symptoms are those that pertain to a particular part or organ of the body.

These symptoms are expressed by taking pronoun `my`  
E.g. - My throat is dry, my legs are week, my head is painig etc.

There are many symptoms that are referred as particular symptoms but they are generals. All symptoms of special senses e.g. Vision, Hearing, smell, taste, belongs to category of generals. But pain in eyes on looking towards light, blocking of ears on exposure to cold are be all particular symptoms.

Particular symptoms seem to disturb patient frequently and they do not have much value in selection of remedy but they must be a part of prescribing totality.

When there are strong generals they always contradict to particular because a particular deals with the disease and not pt. as a whole. Particular symptoms are important when they are P.Q.R.S. or when generals are not marked. When they point to more than one remedy and when there is acute local disturbance.

In Dr. Boenninghausens method of repertorization, particulars are given value when they are qualified with Sensations, Modalities, and Concomitants.

When three to four particulars are having same modalities e.g. agg. Or amel, by Cold or Hot, such symptoms has value in Repertorization.

Particulars are useful for determination of general symptoms and sometimes useful to make differentiation between two or more remedies

arrived at by exclusion in the comparison of general symptoms.

## **Characteristic Symptoms-**

### **(Determinative or Non - Pathognomonic)**

**Definition** - These are the symptoms that are found in few patients and produced in the proving of few medicines, which characterizes an individual as well as disease and helps in differentiation of remedies.

While Defining the characteristic symptom in aphorism no.153 Dr. Hahnemann says, "*The more striking, singular, uncommon and peculiar (characteristic) signs and symptom's of the case of disease are solely kept in the view*" if we have to find the accurate Homoeopathic similimum.

The first quality of characteristic symptom is specified as *striking* which means intensely marked symptom, which often attracts the attention of physician, and they are so remarkable that they cannot be ignored.

*Singular* means, which are present in few patients, unique in nature denoting one person or patient suffering from similar sufferings.

*Peculiar* denotes the distinguishing feature of a person or in other words characteristic symptoms are the symptoms peculiar to the individual patient rather than the symptoms common to the disease, which determines the patient and drug.

*Uncommon* symptom denotes, unusual or remarkable symptoms where no explanation is possible or their presence cannot explain the basic pathology; they have their basis in the constitutional makeup that determines the psychology of the individual.

These are symptoms that make the physician to think of a particular remedy.

The uncommon or characteristic symptoms are the symptoms of man and not of the disease and are very important in the selection of the remedy.

## **Examples-**

- a) Dragging down sensation in pelvis relieved only when sitting with the legs crossed.
- b) Asthma ameliorated by lying.
- c) Burning of parts better by hot applications
- d) Fever without thirst.

Characteristic symptoms are the symptoms for which we should make our prescription. Dr. Boericke called them Determinative because they determine remedy.

Characteristic symptoms are found scattered throughout the repertory and Materia Medica. It has supreme power to decide the issue with regard to the selection of the similimum.

While Repertorization of a given case, we should always remember that it is the characteristic symptoms that are considered and not common. When characteristic are mentals they are ranked first and then other characteristics.

Thus Characteristic symptoms of the case are only taken into consideration in developing the conceptual image of the patient (i.e. Totality of symptom).

### **Common Symptoms –** **(Basic or Pathognomic Symptoms)**

Meaning belonging equally to many ordinary or of little value.

**Definition** - They are defined as symptoms that are observed in large number of patients and large number of provers during proving of many drugs.

Dr. Boericke named it as Basic symptoms because they appear in every proving also in most of diseases and are of a general nature. These are important for disease diagnosis.

Headache, malaise, weakness, anorexia, eructations, fever, pain etc.

### **Common symptoms may be of following types: -**

**a)** A symptom that pertains to a pathological condition or pathological diagnosis is always a common symptom.

. vomiting and loose motion in case of cholera, intermittent fever and enlarged spleen in case of Malaria etc.

When the symptom has nothing remarkable in it or when they are vague and indefinite character.

E.g. increased thirst during high fever.

Pain and difficulty in passing very hard stools.

Undefined symptom means the symptom which cannot be more accurately described such symptom of general nature are observed in

almost every disease and present almost in every drug with no clear modalities.

E.g. Headache, pain in abdomen etc.

### **Any Common Symptoms can become uncommon or Characteristic When It is, -**

Properly defined by location, extension and peculiar sensation.

- Qualified by modalities and having concomitants.

Common symptoms become useful when they are Absent, Intense, Unexpected Association with other symptoms or present in-group traceable to indicate origin, duration and progress.

In repertory the common symptoms are those, which carry a good number of medicines. These are common suffering without any modification.

Common symptoms are least important because they are found in almost every drug and disease in one form or the other. Other wise they are not useful for the selection of a drug.

### **Clinical Symptoms-**

**Definition:** - A clinical symptom is one, which does not appear in the proving of drug but have been relived by the same drug when given for curative purpose.

So these are symptoms that are not caused but cured again and again.

E.g. stitching pains in case of Bryonia.

For the selection, well-proved symptoms are given value, so clinical symptoms has less value because these symptoms are occasionally found.

### **Pathological Symptoms-**

**Definition:** - Are those symptoms that pertain to the ultimate or results of disease, mostly become objective ones.

.- Enlargement of liver, tumors, warts, aneurysm, atrophy, emaciation, dropsy, indurations, inflammation.etc.

Pathological symptoms are not much important for the selection of remedy. But a pathological general such as person shows degenerative changes at many locations. General gland affections, suppurative and

Haemorrhagic tendencies have important value.

### **Pathological Generals-**

**Definition:** - Pathological generals are expressions of the person, which are known by a study of the changes at tissue level.

Dr. C. M. Boger gives importance to the pathological generals in his repertory.

A reference should be made to the description of the miasm given by Roberts in whom a full description of these in relation to the three miasms is given. Boger in his book, *General analysis*, has given number of such conditions and are listed in the chapter *Sensation and Complaints in general*.

**.- Blood, Calculi, Cyst, Desquamation, Erysipalus, Fibrous tissue, Haemorrhage, Mucous secretion, Swelling, Warts, Ulceration etc.**

He says that these are very important in selection because pathological changes at different tissue shows the behavior of whole constitution, which is useful for individualization of patient. They help us to concentrate on more concrete changes to select a similimum.

### **Pathogenetic Symptoms-**

**Definition:** - Symptoms obtained from toxicological observations and from provings are called pathogenetic symptoms.

Pathogenetic means those developed from the diseases, it applies to diseases artificially produced by drugs. Subjective, objective, general, particular all symptoms are included under these. Regarding its utility they are considered only when they are characteristic other wise neglected for selection.

### **Eliminating Symptoms-**

**Definition:** - Eliminating symptoms are those symptoms, which throws off all the medicines that are not needed for the patient and bring only those medicines, which are required.

After case taking select one peculiar, Characteristic symptom as an eliminating symptom for repertorization.

Selection of eliminating symptom is important task because we are prescribing only on the basis of eliminating symptom. During repertorization the remedies that are covered by eliminating symptom are



first recorded and then only those medicines are considered which are matched to eliminating symptom.

During selection one has to see that symptom should be characteristic. Dr. Gibson miller gives important to general modalities i.e. whether patient is Hot or Chilly during selection of eliminating symptom.

This symptom has much value in selection of Homoeopathic remedies.

### **Qualification of an Eliminating Symptom: -**

- a) Eliminating symptom must be very prominent.
- b) Must be composed in the pt.

Eliminating symptom must have sufficient number of remedies under it.

### **Investigation of Eliminating Symptom or Rubric in Acute disease and chronic disease.**

In acute cases we can consider objective symptoms, pathological type, location etc., as an “eliminating symptom, but not in chronic cases.

For example, in a case of recent swelling of wrist we can consider ‘Swelling, wrist’ as the eliminating rubric and select the remedy from this list taking into consideration other symptoms.

But if the swelling is a chronic one we should not consider ‘Swelling wrist ‘ as the eliminating rubric, but consider some mental or general symptom as the eliminating rubric. In some chronic cases the curative remedy may not be found under the pathological rubric. This shows the different yardsticks should be used to investigate the eliminating symptom for acute and chronic diseases.

### **Generic Symptom-**

**Definition:** -These is the symptom produced by the dynamic generic action of the drug.

Symptoms those are common to many remedies of a particular genesis or class. E.g. All Halogens i.e. Iod, Brom, Fluorine, chlorine etc. acts on mucous membranes producing inflammation, rawness and excoriation. All acts on glands producing enlargement and indurations etc.

Ophidia (snakes) has common symptoms of agg. at night. Symptoms of poisoning i.e. anguish look, affection of cardio vascular system,

irregularities of circulation, decomposition of blood, hemorrhage, perspiration, discoloration of skin, paralysis, numbness, muscular progressive weakness etc.

Generic symptoms again have important value in selection of remedy, as it will guide us to select a class or small group of remedies.

### **Accessory Symptoms-**

**Definition:** - Accessory symptoms are those which are forgotten or become a part of life due to its chronic and insidious nature therefore they are not reported by patient to the physician.

. one has to hurry to the lavatory as soon as he wakes up. - Sulphur.

In 1825 Dr. Hahnemann described its importance. He says that these are often very pregnant (characteristic) or very useful in determining the choice of the remedy because patient thinks that these are necessary part of their condition almost as health.

### **Negative General Symptoms-**

**Definition:** - Absence of certain striking or customary features of a disease may be a general symptom of a case, which is called as Negative general symptom.

. Fever without thirst. Asthma and rheumatoid arthritis is not aggravated in cold damp weather but in Causticum agg by cold damp weather, Coldness with aversion to being covered etc.

As these are general and characteristic symptoms they determine particular remedy so has important value in selection. Care should be exercised in determining the negative generals absence of the symptom from the case record should not be considered to mean that the symptom in case is absent. Perhaps the symptom has not been listed .The case record therefore should indicate specially the absence of that symptom; this can be only done by careful recording of the case.

### **Maze of symptoms-**

Some of the chronic cases present mass of symptoms in which a prescriber feels lost. Very often these patients have been the victims of indiscriminate treatments-suppressive as well as by the so-called Homoeopathic. As a result they manifest in addition to the symptoms of the illness, symptoms of drug-induced disease. It is impossible at

this juncture to find definite indications of any single remedy.

Under these conditions we may choose a specific Homoeopathic antidote, a general Homoeopathic antidote, a remedy based on recent symptoms or a remedy predominately indicated by the dominant miasm. Whichever way we look at this unfortunate picture, considerable patience will be demanded of both the patient and the physician before such cases are 'zigzagged' on to cure, if it is still possible.

### **NOTE FOR VALUE OF SYMPTOMS IN REPERTORIZATION.**

## **CASE RECORDING**

Case recording is the practical and systematic recording of the information gathered during the case taking session. Here the patient's story that is symptoms and complaints are converted or recorded in standard case recording format, which vary according to individual physician's concept.

Case recording has to be done as the case is taken according to the general directions (i.e. Do's and Don't's of case taking) explained by Dr. Hahnemann in the practical part of Organon of Medicine. Recording of the case is the foremost and most essential step, which gives further planning to the procedure. After converting data in format one can understand whether the collected data is complete or incomplete and helps in asking more details.

There are certain precautions while recording the case:-

- 1) All the symptoms and complaints should be recorded in narrator's own language without any mutilation.
- 2) Symptoms and complaints should be recorded in proper intensity, felt and Observed in the patient.

### **Case recording is important for: -**

- a) The proper assessments of the case for the first prescription.
- b) Knowing the behavior of the remedy prescribed.
- c) For second prescription.
- d) Follow up purpose.

### **Recording and Interpretation-**

Need of a case record has been emphasized by all the stalwarts for various essential purposes. Every case can be a piece of learning.

Therefore, it is imperative to have it recorded properly. Since it is almost impossible to keep all the data intact without any distortion, the necessity of a proper recording has been felt acutely. The purpose of a case record is to keep all the information adequately and accurately recorded for future references. Case record should communicate the exact picture of the patient that has been obtained by the physician. This is possible only when recording is done properly without being hindered by any subjectivity of the physician.

Very often it is noticed that all the information of the sick person do not find a place in case record. While the physician might fail to record some information, he might unduly focus on some other aspect. All the events and effects should be recorded without any interpolation or deletions. While recording, beginners are cautioned not to get influenced by the symptoms of drugs as recorded in the Materia Medica.

Very often the use of technical terms can create confusion, so it should be avoided, but at the same time, physician should apply common sense while noting down the picture in patient's own language. The physician should be careful while interpreting the words of the patient as the prejudices of the physician might crawl in here without his awareness.

Intensity of symptom should also be given due consideration while recording. Each and every symptom should be recorded by putting marks above it.

For example: pungent-craving 3 (more intense)

Pungent craving 2 (intense)

Pungent craving (moderate)

For effective repertorization, precise recording is very crucial for proceeding further with the subsequent steps.



## **NOTE FOR CASE RECORDING**

## **RECORD KEEPING**

**Definition** - Record keeping is a process of keeping the record of the complaints of the patient and the treatment given to the patient.

But most of the Doctor do not realize its importance and do not feel the necessary of keeping a record while others feel that record keeping is the laborious work or task.



#### **4) File system.**

**5) Book Form** – many physicians they use to give booklet of questionnaires to their patients in which record is printed with question. So after writing answers to the asked questions by the patients book is used as a record of that patient.

**6)** Another new method of recording the symptoms of the patient and the treatment given to the case is by using **Computer with different Homoeopathic software.**

This new method requires less time, no need of paper even less laborious.

#### **Evolution of Concept of Record keeping –**

**Dr. Constantine Hering** - A Homoeopathic Doctor as a faithful book keeper. Hering begins his article on Hahnemann's idea of the Homoeopaths duty of making a written scheme of the image of the disease. Hering summaries the principles contained in the organon in the following manner, to listen, to write down, to ask questions, and to arrange, then described his own system of record keeping.

First he refers to the writing material & recommends the use of pencil & of smooth, unruffled paper to ensure flowing handwriting, which enhances legibility.

He further recommends loose sheets, instead of bound journal. Each case history should start with the name of patient the day on which visit took place. At the bottom of each entry Hering always notes the weather condition and position of the moon. The rest of the page is reserved for patient symptoms, starting a fresh line with every new circumstance or sign.

Dr. Boennighausen was the first to publish case histories recorded by Hahnemann himself during the last month of his medical practice in Paris.

Dr. Boennighausen recommends the elaborate, convenient and practical scheme for recording the case histories. Every page is divided into three columns, containing as much as possible in alphabetical order.

First the house or family name, then the Christian name, the dwelling place & age, lastly the volume & page in number.

The first column contains the name of the patient who was on the list

when the book was started.

The second is for new patients, bearing the same family name.

Third is for those whose family name is not found. Among that entered with such an arrangement the register will last a long time and will not need to be copied off so frequently.

**Dr. J.T. Kent** – Dr. Kent writes, "it should be known first of all, that the true Homoeopathician write out the symptoms of each and every patients and preserve record for the benefit of such patient and the art of healing".

**Lutzes** - scheme of record keeping – due to the enormous expansion of his medical practice he suggested an ingenious filing slip system (file management) that was revolutionary.



## **NOTE FOR RECORD KEEPING** **IMPORTANCE OR USEFULNESS** **OF RECORD KEEPING**

For proper assessment of the case or for forming the conceptual image of the patient - Without noting down all the complaints of the patient one cannot assess the image of the disease.

To find the chronic miasm behind the whole case; by keeping the record of the symptoms Homoeopath can assess the miasm responsible for the given chronic disease and thus he is directed to select the medicine according to the miasm.

In an acute case from the records we can analyse the case that whether the case is common or uncommon.

For follow up of the case – When the record of the medicine is maintained it helps to follow the case judiciously and scientifically.

Curability and incurability of the case - By proper case record the Curability and incurability of the case can be judged and thus we can assure the patient about his treatment.

Record keeping reflects the skill of the physician -Records speak of the failure and success of past and present and serve as a guide for future.

For clinical teaching and for proving the superiority of Homoeopathy.

If the other discards the case as an incurable or the physician of other system label certain cases as hopeless but there are excellent

Homoeopathic prescribers who successfully treat such patient and bring them back to the healthy state. If such records are kept, they can guide the younger Homoeopathic generation to cure so called hopeless or incurable cases and thus this recorded document can prove the superiority of the system and for clinical teaching for future Homoeopaths. Thus it can help for publishing the observations and results that we get from our clinical experience.

Helps to observe the remedy reactions and progress of the case so that we can know the judgement of the action of the remedy.

Miasmatic cleavage - Can be judged from the symptoms with proper case record and without knowing the miasm application we cannot prescribe miasmatic medicine or intercurrent remedy.

For research purpose - Record keeping helps for publishing the observations and results of the Homoeopathic case.

For legal procedures – Record keeping helps for reference in legal procedures.

Selection of second prescription and for finding out related medicines till the case is completely cured.

When the record of medicine given to the patient is maintained, it helps us to follow the case judiciously and scientifically i.e. record keeping helps us for second prescription to scrutinize the action of medicine after its application. Thus we can apply the antidotal medicine, complementary medicine, palliatives, new medicine or simply Sac lac as the case progress.

New symptoms – Record-keeping helps to inform about the new symptoms thus it guides the physician to proceed in right path.

) Helps to know the change and for observation of Herring's law of cures i.e. whether the cure is taking place according to Herring's law of cure or not.

) Ability and disability – Restudy of records will confirm the physician himself as regards to his ability and disability of different cases. The physician in the cases can make corrections where he has failed for the first time.

14) Record keeping helps for repertorial analysis.

It helps for proper Repertorization that leads to the selection of proper



similimum.

■ ■

**NOTE FOR IMPORTANCE OR USEFULNESS OF  
RECORD KEEPING  
IMPORTANCE OF DIAGNOSIS  
IN CASE TAKING**

**Three** modes of treatment were prevalent at the time of Hahnemann:

1) Treatment of the name of the disease **i.e. ague fever.**

Which was treated by cinchona bark.

2) Treatment of the symptom e.g. cough, pain by opium.

The treatment of cause, either material or dynamic, the removal of which thought to affect the cure.

So the sole attention was not on the patient but on the disease suffering from. Thus no particular law was followed rather, speculation formed the basis of approaching a case.

The development of modern medicine has started considering bacteria, virus or various other parasites as a cause of disease and then tries to cure the disease by eradicating those.

A complete diagnosis would describe the patient's illness in terms of the site (anatomy- where); nature (pathophysiology – what) and cause (etiology -why).

And thus they identify the disease and give it name partly as described in textbooks of practical medicine. Thus medicines are given according to the name of the disease.

**Importance of diagnosis in case taking -  
Diagnosis -**

1) Gives importance to the common features of the disease.

Diagnosis ascertains the management, prognosis, course and complications and necessity of surgical interference etc. Thus diagnosis of disease gives idea of pathogenesis, functional disturbances and surgical changes, which is very much useful in Analysis and evaluation of symptoms.

Diagnosis oriented treatment is necessary where the patient is either

unconscious or dumb or has very few indistinct unqualified symptoms or there is serious danger to the patients life as in drowning, lightning, shocks etc.

Diagnosis helps for the selection of potency and repetition of dose.

Diagnosis of the case is important for repertorization, because in many Repertories there are pathological rubrics that can be considered while prescribing.

Diagnosis gives the idea of patients personality and mechanism of production of symptom, location, the pathological changes, pathogenetic agent's etc. So by knowing this, it is easy to select proper symptoms for repertorization.

To get totality of symptoms, Knowledge of diagnosis is important because it helps to determine the individual characteristic symptoms.

After Repertorization, selection of remedy and its potency has important value and by diagnosis of the case we are able to decide whether pathological changes are far advanced and have affected any of vital organs and if conditions are serious following measures are contraindicated.

Use of deep acting constitutional remedies like **silicea, Lycopodium, sulphur.**

ii) Use of high potency.

iii) Frequent repetition of deep acting remedy.

It helps to make comparative assessment of the therapeutic results.

) Diagnosis is useful to differentiate between **common and uncommon symptoms.**

**E.g.**

Excess thirst and craving for sugar is common in diabetes

Vomiting without nausea becomes common in intracranial tumors.

Occipital headache on walking in morning becomes common in hypertensive patients.

**NOTE FOR IMPORTANCE OF DIAGNOSIS**

**IN CASE TAKING**

**DIFFICULTIES IN TAKING UP**



## **CHRONIC CASE**

### **Importance of case taking –**

The aim or objective of Homoeopathic case taking is to diagnose the disease condition, to know the prognosis of the case and for treatment of case. Homoeopathic case taking also helps in getting the idea of -

- a) Whether the case is curable or not curable.
- b) Whether the case is of acute or chronic nature.
- c) Miasmatic background of case.
- d) Cause of the disease. - Exciting or maintaining.
- e) Thermal modalities.
- f) Constitution, diathesis and temperament of patient.
- g) For record keeping.
- h) For remedy diagnosis.

**‘A well-taken Case is a half cure’** is of the masters saying. Case – taking serves the most essential part in the study of repertory .If the case taking is imperfect then the data collection will be wrong, wrong data will produce wrong result i.e. remedy. But infect Homoeopaths has to face many difficulties while collecting the true picture of patient’s suffering. This is because of ignorance of masses that are not accustomed to the detail narration of the symptoms and many people are not aware about the superiority of Homoeopathy over the other systems of healing.

### **Dr. Hahnemann’s concept of case taking -**

**(From \$ 83 to \$ 104)**

- 1) Requisites & qualities of Homoeopathic physician. (\$83 & \$98)
- 2) General directions to the physician. (\$84 to \$98)
- 3) Difficulties in taking up a chronic case. (\$94 to \$101)
- 4) Next duty of the physician. (\$103 & \$104)

**Difficulties in taking up the chronic case are due to the following conditions –**

## **I) Due to nature of the patient: -**

Modesty conceals the facts. (\$93)

Habituated to the long-sufferings. (Accessory symptoms) (\$95)

Pretension modifies the symptoms. (Hypochondriac patients) (\$96)

Indolent patient. (\$97)

Long-sufferings, which are considered to be incurable.

Periodically appearing symptoms are not narrated.

Alternating symptoms.

Self-medication by the patients.

## **II) Due to the disease condition:-**

Suppression of disease.

Due to the advanced pathology of the disease, signs and symptoms decrease.

## **III) Due to the physician:-**

Patient coming from other physician who prescribes unhomoeopathic medicine (Complex diseases).

### **1. Difficulties in taking chronic cases due to nature of patient.**

#### **a) Modesty Conceals the Facts -**

There are certain conditions and sufferings, which the patient may not like to disclose to the physician out of modesty or shame. But these are the most important information's the Homoeopaths have to get and the patient should give. Such causes may be of disgraceful character, which the patient or his friends do not like to confess, in such condition the physician must endeavor to elicit by skillfully asking the questions or by private information.

To these belongs poisoning or attempted suicide, onanism, indulgence in an Un-natural debauchery, excess of wine, infection with venereal disease or itch, disappointed love, jealousy, domestic infeculty, worry, grief on account of some family misfortune, injured pride, embarrassment, superstitious fear, imperfections in private parts, a rupture or a prolapsed and so forth.

So here the patient should be convinced and asked privately and

must be carefully interrogated to know the cause of suffering.

### **b) Accessory Symptoms - \$95**

Patient gets accustomed to the long-sufferings. Since the chronic diseases gradually progresses for several years, the patient gets accustomed to their sufferings and may not feel the necessity of narrating the symptoms, which they have lived for long time and are important for the choice of remedy. This is because they have been having these trouble since long and therefore they do not consider that they have nothing to do with prescription but which are very pregnant with meaning characteristic often very useful in determining the choice of remedy .So one has to elicit them very carefully.

### **c) Pre-tension modifies the symptom - \$96**

There are the patients who exaggerate the symptoms and because of hypochondriac nature they narrate more than what they feel. These so called hypochondriacs and other persons of great sensitiveness and impatient of sufferings portray their symptoms too in vivid colours in order to induce the physician to give them relief; they describe their ailments in exaggerated expressions.

### **d) Indolence patient - \$97**

Yet there are the individuals of an opposite character who would narrate less than what they feel, because of their indolent or stoical nature. There are the patients who are suffering from very grave diseases, yet they do not complain anything about their suffering. These modifications will obviously hinder the proper case. This is because partly from indolence, partly from false modesty, partly from the kind of mildness of disposition or weakness of memory, these individuals refrain from mentioning a number of their symptoms, and they describes them in vague terms.

### **e) Patient habituated to long-sufferings is considered to be incurable.**

Chronic diseases progresses gradually, many symptoms are produced one after another and with which the patients have been living since long time. But due to faulty treatment one may develop certain serious diseases such as an ulcer in the stomach or increase in Blood pressure etc.

Which is nothing but the results of chronic diseases. Until complete picture of old symptoms is obtained the treatment for the new disease cannot be considered.

### **f) Periodically appearing symptoms are not narrated-**

There are certain symptoms from which the patients suffer constantly and along with these symptoms there shall be a symptom such as headache appearing periodically, once in a two weeks or once in a month etc. Diarrhoea appearing during rainy season, Rheumatism every winter; Constipation in summer.

Such symptoms appearing periodically are important factors which will help the physician in the choice of the medicine .The patient being ignorant of importance of such symptoms occurring periodically along with the main symptom, which the patient may not narrate them while giving their case history.

### **g) Alternating Symptoms - \$232**

There are certain symptoms that alternate with one another. These alternating diseases belong to the class of chronic diseases, which are generally a manifestation of developed psora alone, but seldom, complicated with a syphilitic miasm.

E.g. Headache alternates with diarrhoea; fistula in ano alternates with the chest complaints.

### **H) Self-Medication -**

There are some patients who take the medicine of non-Homeopathic in nature, due to which there is appearance of totally new symptoms. This is one of the limitation for Homoeopathic treatment, thus the physician gets difficulty in eliciting the true picture of the patient as well as to treat the diseased condition who practice self-medication.

## **2. Difficulties in taking chronic case: Due to disease condition.**

### **) In proportion as the pathology progress the signs and symptoms decreases.**

Totality of the symptom, especially the characteristic symptom is the only guide for the choice of medicine. This can be done after tracing back the original symptoms from childhood. Many diseases such as Cancer

where the pathological changes have already taken place. In the absence of signs and symptoms the choice of medicine is not possible and on pathology alone no prescription can be done.

### **b) Suppression of disease condition-**

There are many ways of treating the patient which are newly coming forward i.e. with the help of combinations, specific medicines, ointments, mixtures which leads to suppression of diseased condition. But there is only one method to get the complete cure that is prescribing similimum by following scientific method. And above-mentioned type of the treatment usually leads to suppression and helps in developing another complicated disease, which may manifest on more vital organ.

### **3. Difficulties in taking chronic case: Due to the physician-**

#### **a) Patient coming from other physician who prescribes unhomeopathic medicine (Complex diseases)-**

Another difficulty is that, when a patient comes from other physician's hand, where he had been treated with lots of medicines. Thus the symptoms and feelings of the patient due to previous course of medicines do not furnish the pure picture of the disease, because of that there may be produce drug symptoms.

So the original disease image is changed and because of this difficulty arises in getting true picture of disease.

In such complex disease where natural chronic diseases are treated with allopathic medicines and as they are not chosen according to symptom similarity and they are repeated quite often and unscientifically they produce their own symptoms (drug disease). And ultimately get mixed with the already existing natural disease and cause complex disease that is very difficult to cure. Homeopaths should be able to differentiate a natural diseased symptom from artificially produced symptoms.

Such cases where the disease is of a chronic character, the patient has been taking medicine up to the time he is seen, the physician then may adventitiously leave the patient some days quite without medicines or in a mean time administer something of an unmedicinal nature (placebo).

So that the physician can search or can precisely scrutinize the purity

of symptoms & he must be able to grasp the permanent uncontaminated symptoms to form a faithful picture of the disease.



**NOTE FOR DIFFICULTIES IN TAKING UP**  
**CHRONIC CASE**  
**TECHNIQUES AND METHODS**  
**OF REPERTORIZATION**

**A) Techniques of Repertorization.**

**B) Methods of Repertorization.**

**A) TECHNIQUES OF REPERTORIZATION.**

**T**echniques of repertorisation are also called as working methods of repertorisation. To work out the case by using any repertory first you must select the technique of working then should workout any case by using general methods of repertorisation by any of the following technique.

Plain paper technique. (Old tech.)

Repertorization chart tech. (New tech.)

**Techniques**                      Thumb finger tech. (Artistic tech.)

Card tech.

Computer technique.

Coin Playing technique.

(To memorize above, **Plan Repertorisation Through Card Computer and Coin**)

**1. PLAIN PAPER TECHNIQUE -**

This is also called old technique of repertorization. In this technique symptoms are arranged according to method of repertorisation, after repertory analysis write all the rubrics according to repertory used.

Then one by one take rubrics and write all the medicines with their proper grades, according to method of repertorization.

i.e. whether eliminating method, General to particular method, Boenninghausens method, classical method Etc.

After writing down the remedies against all symptoms or rubrics, compare and count the marks and percentage of covered symptoms thus



we come to the group of remedies having highest marks. From that group, compare the remedies with the knowledge of Materia Medica for final selection.

**E.g. working of the following totality by Plane paper tech. -**

- 1) Abstraction of mind.
- 2) Thirst for large quantity.
- 3) Desires for milk.
- 4) Headache increases and decreases with sun.

**Abstraction of mind -**

Alum. Amli.n. Camph. *Can.i.* Carob. Ac. Cause. Cic. Con. Cycl. Elaps. Guai. *Hell.* Hyos. *Kreos.* Laur. Lyc. Lyss. Mez. *Nat.M.* **Nux.m.** *oena.onos.* Op. Ph. Ac. **Phos.** Plat. Sabid. Sec. Sil. Stram. *Sulph.* Vesp. *Visc.*

**Thirst for large quantity-**

*Aco.* **Ars.** Bad. **Bry.** Camph. Carb. S. *Chin.* Cocc. Coc. C. Cop. *Eup. per.Fer.* P. Ham. *Lac.d.* *lycph.* Merc. C. **Nat. M. phos.** Pic ac. Sol n. *stram.* **Sulph. Verat.**

**Desires for milk-**

Anac. Apis. Ars. Aur. Bapt. Bor. Bov. Bry. Calc. Chel.elaph. kali.i. Lac.c. Mag. C., Mang., Merc. Nat., M. Nux. V., Phel., Ph.ac., **Rhus. T.** Sabad. Sabin. Sil. Staph.stront. Sulph.

**Headache increases and decreases with sun-**

*Aco.* **Glon.** Kalm. Nat M. Phos. Sang. Spig. Stann. Stram.

**Result of repertorisation –**

Remedies	1	2	3	4	Total.
<i>Aco.</i>	-	2	-	1	3/2.
<i>Ars.</i>	-	3	2	-	5/2.
<i>Bry.</i>	-	3	2	-	5/2.
<i>Nat.m.</i>	2	3	2	2	9/4.
<i>Phos.</i>	3	3	-	2	8/3.

**Advantages: -**

- 1) By working with this technique one can learn repertory in better way.
- 2) Any piece of paper or notebook is sufficient to record the rubrics, sub - rubrics and remedies.
- 3) After studying and comparing rubrics and remedies ones knowledge of materia medica will going to increase.

## Disadvantages: -

- 1) It is much time consuming and laborious technique than any one other.
- 2) Error may occur in writing remedies in exact grades and rubrics.
- 3) Finding out similimum from the vast list of medicines demands good practice.

## 2. REPERTORIZATION CHART OR SHEET TECHNIQUE -

This technique is also called ' **Modern technique**' but as compare to computer this is old technique of repertorisation. Students commonly use this technique and also one who is a new comer in the field of Homoeopathy. This technique is very simple and more reliable than any other technique.

For this technique, repertorization sheet or chart is used which contains, all of the important remedies of Materia Medica printed according to alphabetical order from above downwards and the symptom numbers listed horizontally.

E.g. **Repertorisation chart / sheet.**

Patient's Name                      Repertory used

Method used for Repertorisation      Date -

Remedy /Symptom	1	2	3	4	5	6	7	8	9	1	1	12	Total
ACO.													
BELL.													
CINA.													
CHAMO													
DROS.													
EUPH.													

Here we have to write number of rubrics and give marks against medicine which are indicated for that rubric according to its value, lastly count the mark and select remedy according to marks obtained and symptoms covered by remedy.

## Advantages: -

- 1) Only recording of remedy with grades requires less time.
- 2) After doing total we can easily get the similar and other auxiliary

remedies.

3) Easy method.

4) Most reliable method.

### **Disadvantages: -**

1) Repertorization sheet or chart may not be available with each and every Physician.

2) Number of remedies recorded on the form may not have the prescribing Medicine.

### **3. THUMB FINGER TECHNIQUE -**

Useful in routine practice. This technique is used by more experienced physician who has thorough knowledge of Repertory and Materia Medica. It is used for quick reference. Physician only refers required rubrics during consultation to confirm the remedy with the knowledge of Materia Medica. In this technique he uses his thumb and finger to compare different rubrics. No much paper work is required.

### **4. COIN PLAYING TECHNIQUE OF REPERTORIZATION: -**

This technique of repertorization is one of the less time consuming than plan paper or Repertorisation chart technique. And as compare to computer or cards more economical. This is enjoyable play of repertorization for finding out correct remedy by mathematical calculation with different color coins. by this technique one can repertories number of cases.

### **CONSTRUCTION-**

#### **Coin playing technique of repertorization**

#### **Comprises -**

1) **BIG REPERTORIZATION CHART**

2) **DIFFERENT COLOR COINS.**

### **BIG REPERTORIZATION CHART-**

This chart one can prepare according to requirement and number of remedies considered on repertorization chart. Suppose you want to

consider **600 important remedies** from Kent's repertory on repertorization chart, and then take big board or now a day new techniques are available i.e. computerized flex printing, Acralic sheet printings etc. on this chart make a big rectangle by lines horizontally above and below leaving greater space on the top and perpendicular lines on both sides to form the rectangle. Devide the big rectangle into **30** horizontal and **20** perpendicular divisions at an equal intervene on each part. These **30 x 20 = 600** small squares will be obtained in total. Write or print abbreviations of remedies, which you want to consider on chart in each square. This printed chart is now used for repertorization and called as "COIN PLAYING FORM /CHART FOR REPERTORIZATION".

### **DIFFERENT COLOUR COINS –**

To repertorize your case by using both repertories i.e. Boenninghausen as well as Kents collect four -five different color coins that helps to indicate different grades. Now a day's colored plastic buttons are available which are used to play different games.

### **PROCESS OF WORKING. –**

Analyse your case to find out repertorial totality according to used philosophy accordingly go for repertory analysis to find out rubrics and sub rubrics. Now according to remedies and mark covered by that remedy for respective rubric start placing coins as per considered marks. This play can be performed singly, doubly threely or fourthly by taking responsibility of either placing of coins accordingly or reading of rubrics with marks of remedies and totalization. After working out each rubric and sub rubric from the elicited totality totalize number of coins with their marks for each remedy. Find out-group of remedies according to marks covered by number of coins for each remedy; as per other totality and generals with the help of Materia Medica prescribe proper similimum.

### **ADVANTAGES-**

**1)** Less time consuming technique and less laborious.

- 2) One can enjoy the play of repertorization so creates interest in process of repertorization.
- 3) Consider as many numbers of remedies as you like.
- 4) Economical as compared to computer or card technique of repertorization.

### **DISADVANTAGES-**

Requires preparation of big coin playing repertorization chart.

### **5.OTHER TECHNIQUES -**

*(Refer details of following in respective topics.)*

- a) CARD TECHNIQUE.
- b) COMPUTER TECHNIQUE.
- c) AUTOVISUAL TECHNIQUE.



## **B) METHODS OF REPERTORIZATION –**

As repertories are based on different philosophical backgrounds and their concepts of totalities, there are different methods of repertorisation having their own scopes and limitations. So that the physician must select the right repertory at right time. Following are some of the important methods of working out cases.

### **1. Dr. Hahnemanns and Dr.Boenninghausen method:**

Dr. Boenninghausen was close follower of Dr. Hahnemann. He followed the theory that, it is man who is sick and not his parts and organs. According to them things that are pertaining to parts and organs are related to patient as a whole and by considering these they described that, totality is not only characteristic symptoms but every symptom should be a complete with **Location, Sensation, Modalities and Concomitants**.

While analyzing, symptoms are arranged from particulars to Generals. In this method one must consider complete symptom for repertorisation with all the remedies listed in front with their grades.

### **2. Dr. Kents Method. — (Generals to Particular)**

According to Kent's philosophy he has given more importance to generals than particulars. Dr. Kent says that, by combining mental

generals, physical generals and particulars one can form the conceptual image of the patient. So cases where Generals and particulars are available think of Kent's method of repertorisation. He evaluated symptoms in following manner: -

- 1) MENTAL GENERAL CHARACTERISTICS - FIRST GRADE.
- 2) PHYSICAL GENERAL CHARACTERISTICS - SECOND GRADE.
- 3) PARTICULAR CHARACTERISTICS - THIRD GRADE.

While repertorizing with Kent's method consider only those remedies that are indicated for general symptoms with their proper grades. In cases where mentals are prominent, this method is considered for selection of proper similimum.

**Dr. Kent's method where mental generals are lacking or common in nature. Here one starts with physical generals to particulars.**

If we don't have classical case and we will observe that mentals are common in nature, in such cases physical generals are given high-grade value and considered for selection. In this method while repertorising case one should consider only those remedies, which are covered or indicated for physical generals.

**Advantages: -**

- 1) Any case with marked generals can be worked by this method.
- 2) More reliable method.
- 3) As there is elimination on the basis of generals, it is less time consuming than classical method.

**Disadvantages: -**

- 1) Requires correct interpretation of generals that to mentals.
- 2) Conversion of patient's mentals in to repertorial language requires skill and knowledge of psychology.

## **5. Classical method of repertorisation (Total Addition)-**

This is the most scientific and proper method of repertorization. In this method characteristic symptoms totality is taken and all remedies are considered during repertorisation without any elimination. Here evaluation of symptoms has no value.

**Advantages: -**

- 1) No evaluation is required.
- 2) No need of selection of eliminating symptom.
- 3) Any repertory can be used.

### **Disadvantages: -**

Consideration of all characteristic symptoms requires lot of time and energy.

After repertorization number of remedies comes with slight difference in their marks. So selection of remedy from vast number requires proper study.

- 3) Such type of repertorisation usually leads to a common polycrest remedies.

## **6. Eliminating method of repertorisation -**

### **Eliminating symptom-**

**Definition** – is that symptom, which throws off all unnecessary remedies and brings only those remedies, which are required for patient.

Here prescription is based on one characteristic symptom. Dr. Margaret Tyler & John Weir advocated this method of repertorization. In some cases we observe that there are lack of generals, in such cases select one keynote or characteristic symptom and then medicines are differentiated with the help of other symptoms. Here we are eliminating the remedies and selecting similimum on the basis of one unique symptom of the patient.

### **Qualities of eliminating symptom -**

- 1) Eliminating symptom should always be a general characteristic symptom.
- 2) It should carry number of remedies in repertory.
- 3) It should be a patient's symptom.

### **Eliminating method of repertorization-**

Actual repertorization is carried by two ways: -

- a) Regular elimination.
- b) Triangular elimination.

In first method only those remedies are considered which are indicated for first selected eliminating symptom throughout the process of repertorization. this method is also called single rubric method of

elimination.

In second method remedies are eliminated on the basis of every first symptom, means there is continuous elimination on the basis of previous symptom. So at last you will get only one or two number of remedies and the repertorization chart looks like triangle so named as triangular elimination.

### **Advantages: -**

- 1) It is less time consuming and less laborious method.
- 2) Any Repertory can be used.
- 3) Single remedy can be the result.
- 4) Prescribing only upon eliminating symptom doesn't require much reference to Materia Medica.

### **Disadvantages: -**

- 1) It requires much skill for selection of proper eliminating symptom.
- 2) There is possibility of eliminating all-important remedies.



## **NOTE FOR TECHNIQUES AND METHODS OF REPERTORIZATION**

### **PRESCRIBING SYMPTOM**

**T**otality of symptoms is the only basis of Homoeopathic prescription, so after proper case taking physician has to do the Analysis and Evaluation of symptoms for finding out totality. Now this totality is then considered for further selection by repertorization and with the knowledge of Materia Medica one can prescribe the proper similimum.

Besides this there are cases in which we observe very few number of symptoms and they are present in front of a physician in different manner. There are various conditions upon which we can make the prescription. *The conditions or the symptoms upon which the prescription is made are called prescribing symptoms.*

Following are the symptoms upon which a Homoeopathic prescription can be based or made: -

### **A.Prescribing on the basis of constitution.-**

There are different opinions and understandings of the term



constitution, prescribing on the basis of constitution is consideration of physical make up and outstanding expression, gestures, complexion, sex, age etc of the patient.

Many times there are patients that presents with such peculiarities and directly calls for one of the remedy e.g. fair complexion, blue eyes, blond hairs, gentleness calls for pulsatilla. In such cases by asking few conformatory symptoms with out repertorizaton prescription is possible.

## **B.Prescribing on the basis of general**

### **Characteristics -**

Dr. Kent gives high importance to the general characteristic of the person and these symptoms. General symptoms are the most valuable symptoms because they pertain to the patient as a whole. According to the kentian concept of totality, in many of the cases if you consider only general characteristic symptoms and prescribes remedy acts well. With this concept Dr. Barthel and Klunker has worked on Kent's repertory that covers only general symptoms.

## **C. Prescribing on the basis of causation -**

Almost many remedies have relations of some kind to the various accidents and conditions of ordinary life. Many remedies are related to the effects of such conditions. Although Causation and Aggravation are not the same, they are closely allied.

E.g.- Arnica removes the bad effects caused by falls,

Ruta relieves the effects of bruised bones;

A/F – love disappointed - Aur, Bell, Bufo, etc.

As compare to mental or even non-reliable physicals if the cause of every disease has to be searched and on the basis of that Homoeopathic remedy is prescribed the effects naturally goes off.

Dr. Boger has given more importance to the causative modalities while analyzing the symptoms; he also explained it in his repertory and synoptic key to Materia Medica.

He mainly classified the causes in to TWO.

1) Internal cause.

2) External cause.

He defines the internal cause to be the natural disposition highly

susceptible i.e. Idiosyncrasy.

He divides these internal causes into 3.

- a) Psora
- b) Syphilis
- c) Sycosis

He defines the external causes to be the impressions obtained by external influences either,

- 1) Mental causative factor.
- 2) Physical causative factor.

An accurate assessment of emotional states responsible for illness often unlocks the cases e.g. abortion from sudden fright enabled a quick prescription of OPIUM. Physical causative factors often point to few prominent remedies.

- Thuja, Maladrinum, sulphur very often come up for consideration for ailments following vaccination.

He further subdivided the physical to be of 2 types: -

- A) Traumatic.
- B) Due to exposure.

#### **D. Prescribing on the basis of suppression -**

The Homoeopath should have the special study of suppression and their consequences. There are following ways of suppression.

- 1) Suppression of mental state.
- 2) Suppression of emotions.
- 3) Suppression of natural discharges.
- 4) Suppression by removing the end part of the disease i.e. operation of diseased organs.
- 5) Suppression by non-homoeopathic treatments.
- 6) Suppression by external application.

As a result of suppression the energy released gets deviated into a new channel and different manifestations are seen either in the form of internal major organ affection; disease changes its original manifestation; Curable case becomes incurable or complex.

#### **E. Prescribing on the basis of miasm -**

Knowledge of miasm is essential particularly in the cases of chronic conditions. In absence of other characteristics, identification of miasm

helps directly for prescription of remedy. Those remedies are called Anti-miasmatic remedies. There are three-miasm i.e. Psora, Syphilis, Sycosis. By considering symptoms of above miasm patients are treated with antipsoric, antisyphilitic, antisycotic remedies respectively. Or if there is combination of the two or all the three the treatment is given by keeping these miasms in view.

## **F. Prescribing on the basis of nosodes and bowel nosodes**

-

Indication of nosodes

- a) When suitable medicine fails to act.
- b) It acts as an intercurrent.
- c) Prescribed in order to cleanup the case.
- d) Suspected cases, which are blocked by miasms.
- e) If patient says that he has not been well since a certain illness such as influenza, syphilis etc. the nosodes used are influenzinum, syphylum.

### **Bowel nosodes -**

- a) Prescribed when there is poisonous action of intestinal flora affects the Homoeopathic remedial action.
- b) Prescribed in order to clean the system of poisons causing the disease.

	Pathodynamical action
Vital force	Prescribed remedy

Stimulates the vital force                      stimulates for better action.  
in order to make the channel  
for the action of Similimum.

## **G. Prescribing on the basis of organopathic medicines -**

Another basis of prescribing is by ascertaining the similarity of *specificity of seat*. Some drugs have a predominant affinity for certain organs and these drugs will often relieve a great variety of affections seated in or arising from diseases of these particular organ which are called as organopathic remedies.

E.g. Heart affection - Cactus Grad. Digitalis, Adonis, Naja.

Liver affection - Cheli, Lycos, cardus Mur.

Kidney affection - Ber.vul. Lyco, sarsa.

The list of remedies given under these headings will show the drugs, which have been observed to hit these organs hardest, and will thereby give a very important point for comparison. The work of Paracelsus and disciple Rademacher deals largely in specifics based on this Homoeopathicity of organ affinity. Those who understand the value of such indications will be assisted by many of the clinical repertories.

## **H. Prescribing on the basis of laboratory investigations -**

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In absence of generals or characteristic particulars many times pathological laboratory investigations helps to get group of remedies. Such rubrics are observed in clinical as well as new Repertories like Dr.Murphy's Repertory.

. Rubrics like – protein urea, Acetone urea, bloody urine, and sugar in urine, staphylococcus infection, and streptococcus infection.

## **I. Prescribing on the Basis of Tautopathy -**

This is the process of killing the bad effects caused by the modern system of medicine with their own medicines. Most of the modern drugs has there own side effects e.g. in cases of tuberculosis long term use of streptomycin causes auditory nerve affections, bad effects of such drugs can be removed by administration of same medicine in potentised form. Also such type of administration will help to remove the sensitivity to Allopathic drugs.

## **J. Prescribing on the Basis of allergy -**

Allergy is a state of hypersensitivity of the body to a specific substance characterized by an altered reaction incited by an antigen or allergen. There are cases that are allergic to certain substance in such cases administration of same substance in potentised form often relieves hypersensitivity.

## **K. Prescribing Placebo -**

A Placebo mean `To please`, which is the second best remedy in Homoeopathy.

■ ■

**NOTE FOR PRESCRIBING SYMPTOM**  
**PART - III**

**REPERTORY PROPER**

“The proper uses of the repertory will leads to correct off hand prescribing in simple cases, in from ten to twenty years. The mechanical use of the repertory never leads to artistic prescribing or to remarkable results.”

**Dr. J. T. Kent**

**Dr. BOENNINGHAUSEN’S WORK**

- **Dr.V.Boennighausen and his contribution.**
- **Repertory of Anti-psoric medicines.**
- **Evolution of theory of Grand Generalization.**
- **Dr. Boenninghausens concept of Totality.**
- **Therapeutic Pocket Book – Dr. Boenninghausen.**

\* Introduction.

\*Philosophical background.

\*Construction.

\*Adaptability.

\*Scopes and Limitations.

\*Working method with T.P.Book.

\*Relationship section -- How to use it?



**CLEMENS MARIA FRANZ VON BÖENNINGHAUSEN  
AND HIS CONTRIBUTION.**

### (1785-1864)

Clemens Maria Franz, Baron Von Bœnninghausen was one of the most known early practitioner of Homœopathy. Born in the Netherland on March 12, 1785.

His early life was spent in the open, and he entered rather late upon his education, but after once starting, his progress was rapid. He graduated from the Dutch university at Gröningen with the degree of Doctor of Civil and Criminal Law on August 30, 1806, and thereafter for several years he filled increasingly influential and arduous positions at the court of Louis Napoleon, King of Holland, remaining in the Dutch Civil Service until the resignation of the king on July 1, 1810.

He then returned to his home and devoted himself to the study of Agriculture and Botany. He married in 1812 and removed to his hereditary estate of Darup.

In 1816 he became President of the Provincial Court of Justice for Westphalia in Coesfeld, which position he retained until 1822. About this time he became one of the Commissioners for the registration of lands and his constant travels gave him ample opportunity to study the Flora of Rhineland and Westphalia and he published a book on the subject: "Prodromus Florae Monasteriensis." In 1824 he became Director of the Botanical Gardens of Munster, retaining this position for several years, and received much distinction from his botanical writings.

In 1827 he suffered a derangement of health, which had hitherto been excellent. Two of the most celebrated physicians obtainable declared this to be purulent tuberculosis. His health continued to decline until the spring of 1828, when all hope of his recovery was given up.

At this time he wrote a farewell letter to his close botanical friend, **August Weihe**, M. D., who was the first Homeopathic physician in the province of Rhineland and Westphalia, though Bœnninghausen was ignorant of the fact, their whole correspondence having touched on Botanical, non medical, subjects. Weihe was deeply moved by the news and answered Bœnninghausen's letter immediately, requesting a detailed account of his symptoms and expressing the hope that by means of the newly found curative method he might be able to save a friend whom he valued so highly. In response to the reply that Bœnninghausen sent to

this letter, Weihe sent some **Pulsatilla** that Bœnninghausen took according to the directions, following also the course of advice that Weihe gave him regarding hygienic measures. Bœnninghausen's recovery was gradual but constant, so that by the end of the summer he was considered as cured.

This event bred in Bœnninghausen a firm belief in Homœopathy and he became an active missionary. He revived his former knowledge of medicine and began to practice.

Most of the systematic works written by Bœnninghausen concerning Homœopathy were published between **1828 and 1846**. By this time Bœnninghausen's fame had spread to France, Holland and America, and he had gained many converts to the new doctrine of healing among physicians in these lands, by correspondence and literary efforts, which were extended in the effort of making the work of practicing Homœopathy easier.

On July 11, 1843, King Friedrich Wilhelm IV issued to Bœnninghausen a document empowering him to practice medicine without any restraint.

From 1830 Bœnninghausen was in close touch with Hahnemann, until the close of Hahnemann's life, and as long as Bœnninghausen lived he kept in close touch with all those practicing Homœopath.

### **Dr.Bœnninghausen's contributions in the order of their appearance are: -**

**1831** - The Cure of Cholera and Its Preventatives (according to Hahnemann's latest communication to the author).

**1832** - Repertory of the Antipsoric Medicines, with a preface by Hahnemann.

**1833** - Summary View of the Chief Sphere of Operation of the Antipsoric Remedies and of their Characteristic Peculiarities, as an Appendix to their Repertory.

**1833** - An Attempt at a Homœopathic Therapy of Intermittent Fever.

**1833** - Contributions to Knowledge of the Peculiarities of Homœopathic Remedies.

**1833** - Homœopathic Diet and a Complete Image of a Disease. (For the

non-professional public.)

**1834** - Homœopathy, a Manual for the Non-Medical Public.

**1835** - Repertory of the Medicines, which are not Antipsoric.

**1836** - Attempt at showing the Relative Kinship of Homoeopathic Medicines.

**1846** -Therapeutic Manual for Homoeopathic Physicians, for use at the sickbed and in the study of the Materia Medica Pura.

**1849** - Brief Instructions for Non-Physicians as to the Prevention and Cure of Cholera.

**1853** -The Two Sides of the Human Body and - Relationships. Homoeopathic Studies.

**1853** -The Homoeopathic Domestic Physician in Brief Therapeutic Diagnoses. An Attempt.

**1860** -The Homoeopathic Treatment of Whooping Cough in its Various Forms.

**1864** - The Aphorisms of Hippocrates, with Notes by a Homoeopath.

**1864** - Attempt at a Homœopathic Therapy of Intermittent and Other Fevers, especially for would be homœopaths. Second augmented and revised edition. Part 1. The Pyrexy.



## **REPERTORY OF ANTIPSORIC MEDICINES.**

**DR.C.V.BOENNINGHAUSEN**

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In **1832** first edition of Boenninghausens repertory of Antipsoric remedies was published at Munster, in German goes by name “A SYSTEMATIC ALPHABETIC REPERTORY OF HOMOEOPATHIC REMEDIES” This repertory is undoubtedly the great ancestor of the repertories we have today.

Dr. C. M. Boger first translated this work from the second German edition in 1899, Boericke and Tafel published this in 1900, under the title “**A Boenninghausens systematic alphabetic repertory of Homoeopathic remedies**”. It received its common title from the first of



its three major sections; part first, embracing the Antipsoric, the antisyphilitic, and antisycotic remedies. In translators preface Dr. Boger gives us his reason for translating the work into English:

*“Every repertory is useful unfortunately no one is complete. This one offers the best guide for the selection of the most suitable remedy in chronic diseases, hence its translation”.*

In introduction, Dr. Hahnemann has given valuable practical instructions about the **Repetition of Homoeopathic remedies**. In preface to the first edition Dr. Boenninghausen says, at first this repertory was limited to the remedies named in the first three volumes of the excellent work of our venerable court-counselor Hahnemann on chronic disease. As the systematic productions of Dr. Hartlaub, Trinks, and of the Dr. Weber shortly after appeared I thought, I would lay my manuscript aside, and although I had completed an alphabetical index to both of this. I still found my little repertory in many respect so convenient for use, that I again brought it to the light with the addition of leading remedies in the fourth volume of chronic diseases.”

This repertory has 52 remedies out of which 50 are Antipsoric and remaining two are king of antisycotic and antisyphilitic, i.e. Thuja. And Merc.

### **Following is the Chronological List of Antipsoric Remedies: -**

- |                      |                 |                 |
|----------------------|-----------------|-----------------|
| 1. Agaricus.<br>Mus. | 2. Alumina      | 3. Amm. Carb.   |
| 4. Amm.<br>Mur.      | 5. Anac.        | 6. Ars. Alb.    |
| 7. Arum.             | 8. Bryta.       | 9. Bell.        |
| 10. Boric.<br>Acid.  | 11. Bovista     | 12. Cal. Sulph. |
| 13. Carbo.<br>Ani.   | 14. Carbo. Veg. | 15. Causti.     |
| 16. Clema.           | 17. Colocynth.  | 18. Conium      |

- |                    |                     |                      |
|--------------------|---------------------|----------------------|
| 19. Digitalis      | 20. Ducl.           | 21. Eupho.           |
| 22. Graphitis      | 23. Guaiacuvum      | 24. Hepar.<br>Sulph. |
| 25. Iodum          | 26. Kali. Carb.     | 27. Lycopodium       |
| 28. Mag.<br>Carb.  | 29. Mag. Mur.       | 30. Manganum         |
| 31. Mezerium       | 32. Muratic<br>Acid | 33. Nat. Carb.       |
| 34. Nat Mur        | 35. Kali. Nit.      | 36. Nit. Acid        |
| 37. Petroleum      | 38. Phosphorus      | 39. Phos. Acid       |
| 40. Platina        | 41. Rhodo.          | 42. Sarsap.          |
| 43. Senega         | 44. Silicea         | 45. Sepia            |
| 46. Stanum         | 47. Strontium       | 48. Sulphur          |
| 49. Sulph.<br>Acid | 50. Zincum.<br>Met. |                      |

In the contents of repertory he has given 93 headings and in repertory proper starting from Mind to Generalities there are 90 sections. Here particularization on Grand scale is observed in its Philosophy. In this repertory the sections are arranged according to the concept of complete symptom.

E.g. - HEAD INTERNAL - LOCALITY (Forehead, Temples, Vertex etc.)

SENSATION (alive, ball like, beating etc.)

AGGRAVATION (air cold, etc.)

AMEOLARATIONS

TIME

Being the first repertory the construction and its plan is very systematic. Sections in this repertory are arranged as follows--

MIND - Agg, ameli, time.

VERTIGO - Time, agg, ameli, concomitants.

HEAD- internal –Agg, ameli, time.

EXTERNAL HEAD – Time, agg, ameli.

EYES - Eyeball and eye in general.

EYEBROWS –

ORBIT AND LIDS -

CANTHI -

VISION – Agg, ameli., time.

EAR - Agg, ameli., time.

    HEARING -

    NOSE- Time, agg and ameli.

    SMELL - Time, agg. and ameli.

FACE- In general.

LIP -

LOWER JAW -

CHIN - Time, agg, ameli.

TEETH AND GUMS –

GUMS - Agg., ameli., time., concomitants.

MOUTH –(cavity)

PALATE AND PHARYNX AND THROAT -

SALIVA -

TONGUE -

SPEECH AND VOICE - Time., agg., amelioration.

TASTE – Time, agg, ameli.

APPETITE – Time.

THIRST –Time.

ERUCTATION – Time, aggravation, amelioration.

WATERBRASH AND HEARTBURN – Time, agg.

HICCOUGH –Aggravation, amelioration, time.

NAUSEA AND VOMITING –Agg, ameli., time.

STOMACH AND EPIGASTRIUM – stomach. EPIGASTRIUM - Agg, ameli, time.

HYPOCHONDRIA –Aggravation, ameli, time.

ABDOMEN –(region) - Time, agg., ameli.

EXTERNAL - Abdomen, inguinal and pubic region.

FLATUS –Agg., ameli., time.

STOOL, EVACUATION –Concomitants

- Before, during, after stool.

ANUS AND RECTUM -

PERINEUM -

URINE -

SEDIMENT, MICTURATION -

BEFORE URINATION, AT BEGINNING OF URINATION, DURING URINATION -

URINATION AT CLOSE OF, URINATION AFTER -

URINARY ORGANS – Bladder.

URETHRA -

GENITALIA - In General, Glands.

PENIS, PREPUCE -

SPERMATIC CORD, TESTIS, SCROTUM. -

GENITALIA -

SEXUAL IMPULSE –

CONCOMITANT AFTER COITION, AFTER POLLUTIONS, MENSTRUATION, LEUCORRHOEA -

CONCOMITANTS BEFORE MENSES -

AT BEGINNING OF MENSES, DURING MENSES -

CORYZA – Time, conditions.

CONCOMITANTS -

RESPIRATION –

IMPEDED BY - Time, agg, ameli.

COUGH EXPECTORATION - Time, excited by. CONCOMITANTS -

LARYNX AND TRACHEA-

EXTERNAL NECK –

NAPE -

CHEST- (inner chest)

EXTERNAL CHEST -  
 AXILLA., MAMMAE., NIPPLES -  
 CHEST (HEART AND REGION OF) - Agg., ameli., time.  
 BACK- scapulae.  
 BACK PROPER- spinal region.  
 LUMBAR REGION -  
 SACRUM COCCYX -  
 UPPER EXTREMITIES - Time, agg, ameli.  
 LOWER EXTREMITIES - Time, agg, ameli.  
 BONE AND GLANDS –  
 SKIN -  
 SLEEP -  
 DREAMS -  
 FEVER –(circulation., time., agg.)  
 CHILL. -  
 CHILL ACCOMPANIMENTS OF. -  
 HEAT -  
 ACCOMPANIMENTS OF HEAT -  
 COLDNESS -  
 SHIVERING, accompaniments of shivering., sweat.  
 SWEAT CHARACTER OF SWEAT OCCURRING-  
 CONCOMITANT OF SWEAT-  
 COMPOUND FEVERS – beginning with chills.,beginning with heat., time.  
 CONCOMITANTS -  
 GENERALITIES - Time, aggravation, amelioration.

As observed above each heading is then arranged in the subheading and modifications for subheadings are components of complete symptoms i.e.-

- **Location.**
- **Sensation.**
- **Modalities –time, Aggravation, Amelioration.**
- **Concomitants.**

## **Arrangement of remedies.-**

In first edition of this repertory, which was in German language, we find remedies are graded as follows -

- 1) ***I t a l i c s*** with each letter separated from the next by blank space.
- 2) ***Italics***.
- 3) **O r d I n a r y** type spaced.
- 4) Ordinary.
- 5) (Ordinary) type in parentheses.

From second edition onwards gradation of remedies are changed which Dr.Boenninghausen followed further in T.P.book also.

### **Advantages –**

1. First repertory with preface by Dr.Hahnemann.
2. Almost 167 rubrics are listed under mind section.
- 3.Each heading follows concept of complete symptom.
4. Concomittant symptoms are listed separately under some headings.

### **Disadvantages –**

1. This repertory is only limited to 52 remedies, so incomplete.

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## **EVOLUTION BOENNINGHAUSEN'S THEORY OF GRAND GENERALISATION**

### **Dr. Boenninghausen's Concept of Totality –**

Dr.Boenninghausen looked at disease –conditions from Hahnemann's viewpoint that accepted the totality of directly sense-perceptible symptoms as constituting the disease for practical purposes i.e. for the purpose of prescribing a remedy, which will be curative thereof. But the idea of what constitute a complete symptoms originated with Boenninghausen.he reduced the concept of totality of symptoms into totality of complete symptoms.

As disease perse is a mental abstraction, a figment of imagination having no existence separate from the suffereing individual and as each individual is unique and his reaction to the same disease-force vary according to his individuality- a diseased person is to be studied in its concrete wholeness as well as in its individual peculiarity.

Dr. Boenninghausen's contributions in Homoeopathy were more in

practical aspect. He considered difficulties, which we face while case taking, studying the cases and while finding out the necessary remedies. As totality is the basis of Homoeopathic Prescribing, he introduced a new concept of totality of symptoms. According to Dr. Boenninghausen totality is not only the total number of characteristic symptoms but the symptom itself must be a Grand symptom with,

**LOCATION, SENSATIONS,  
MODALITIES AND CONCOMITANTS.**

Which means the group is of more important than the single symptom no matter how peculiar the single symptom may appear to be.

He inaugurated the idea of forming a full picture of disease in which he included constitution, Habitat and occupation. To understand the full picture of disease he use to consider following seven points.—

- 1) **QUIS** - PERSONALITY AND INDIVIDUALITY.
- 2) **QUID** - DISEASE, ITS NATURE AND PECULIARITY.
- 3) **UBI** - SEAT OF THE DISEASE.
- 4) **QUIBUS AUXILIS** - ACCOMPANYING SYMPTOMS.
- 5) **CUR** - CAUSE OF DISEASE.
- 6) **QUOMODO** - MODIFICATION, AGG/AMEL.
- 7) **QUANDO** - TIME MODALITIES.

*Really, the totality is simply the complete picture of the disease. The totality is to the disease what the man, the ego, is to his organism. It is that which gives individuality and personality.*

But many times it is impossible to secure from the patient a complete picture of his sufferings as mentioned above i.e. LOCATION, SENSATION, and MODALITIES in spite of the best art the physician might exercise. So to elicit the grand totality he invented new theory of **Grand Generalisation**.

Another important point, both Boenninghausen and Hahnemann did not give any priority to the mental symptoms over the physical symptoms as their conception of individual diseased person constituted the totality of symptoms.

**Theory of Grand Generalisation-**

Boenninghausen himself recognized that with best possible case

taking the record is often left in an incomplete or fragmentary state. In some instances the localities or parts affected are not clearly stated. In others the sensations or affection is not indicated or described in an intelligible manner. Most frequently the conditions of aggravations and ameliorations of particular symptoms or of the patient's general condition could not be stated because of the patients lack of observations. Perhaps the pt. could not state what relation the symptom had to each other as to time, place and circumstances, if there were alternating symptom groups.

**E.g.**

LOCATION	SENSATION	MODALITIES	CONCOMITANTS
EYE	STITCHING	----- --	CHILLINESS ON MOVING
LOWER EXT.	-----	< MOTION OF LEGS	NAUSEA WITH RETTING

The above example shows that, Boenninghausen comprehended the difficulties encountered by the physician in securing a complete picture of the case. Comparisons of his case records and the records of proving convinced him that the same lack of observation existed in the provers as existed in-patients. Noting these deficiencies in the Materia Medica and realizing the importance of these auxiliary modifying and concomitant symptoms of disease.

Boenninghausen for many years diligently observed and collected all such symptoms as they appeared in the cases that came to him for treatment. Every case was examined symptomatically with this purpose always in view viz. To make every symptom as complete in itself as possible covering the specific points of,

### **Location, Sensation, Modalities and Concomitant. -**

He soon learned that symptoms, which existed in an incomplete state in some part of a given case, could be reliably completed by '**Analogy**' by observing the condition of other parts of the person. So if for instance it was not possible by questioning a patient to decide what Aggravates or Ameliorates are not confined to this or that particular symptoms, but they can apply to all the symptoms of the case.

Now to get each symptom in a complete state Dr. Boenninghausen precedes upon the Hahnemannian theory that it is the patient who is sick-



not his Head, nor his Eye, nor his Heart.

**Every symptom that refers to the part may be predicted of the whole man.**

That is why Boenninghausen was called a master of Generalizations. He could look at several symptoms in the provings, see the 'thread' that ran through them and summarize it in a single rubric. If the same modality or sensation occurred in different parts and being clearly expressed in several provers, he called it 'Red string symptom' and said that the remedy could cure that symptom in parts other than those it occurred in during the proving. Thus for the above case if there is a stitching pain felt in the eye it belongs to the man, and stitching pain is noted as a characteristic complaint in general. If motion of the legs, as in walking increases the pain in eyes, then < from motion is noted as referring to the totality – the man himself. Thus to make the grand symptom, the above case is as follows –

<b>LOCATION</b>	<b>SENSATION</b>	<b>MODALITIES</b>
EYE	STITCHING	< MOTION
LOWER EXTREMITIES	STITCHING	< MOTION LEGS

In this way by applying the theory of Grand Generalisation he was able to get each and every symptom in a complete form.

Dr. Kent and Dr. Herring criticized this theory of Grand Generalization, according to them there are many modalities and sensation, which are only predicated to patients parts and organs of the body and not to the patient as a whole. To explain this they give the examples of remedies like **Ars. Alb. Phos. Nux Vom. Kali Carb.** They say in case of Ars. Alb., patient is chilly, all symptoms are Agg. by cold, but – there is also a particular modality that, Head symptoms are ameliorated by cold application. In case of Phos. Stomach symptoms are Ameli. by cold Nux Vom. Piles are Ameli. by cold, like wise in case of many other remedies and because of that Dr. Kent gives more importance to particularization.

■■■

**Dr. BOENNINGHAUSEN'S**  
**THERAPEUTIC POCKET BOOK**

## Introduction -

As the number of remedies proved on healthy human being was increasing day-by-day, Dr. Hahnemann thought of indexing symptoms of Materia Medica. He also compiled such an index and asked his followers to prepare a systematic index. The subsequent repertories of C.G.C. Hartlaub, G.A. Weber, G.A.B.Schweikert, listed a single remedy along side a single symptom extracted from the Materia Medica. After repeatedly being told by Dr. Hahnemann to compile repertory Boenninghausen started the work and in **1832** he published his first repertory, i.e. *Repertory of Antipsoric medicines with 52 remedies*.

It was Boenninghausen who first separated the various components of each symptom and rendered them in rubric form, arranged systematically and alphabetically.

His second Repertory i.e. Repertory of Non Antipsoric remedies was published to the profession in **1835**. In **1836** he published 'An Attempt at showing the Relative kinship of Homoeopathic Medicines.' The above efforts, which are, spend for bringing out the complete work did not go in vain but contribution of these three books culminated in a revolutionary approach in the Homoeopathic field.

Thus, Dr. Boenninghausen went on from one form to another in the attempt to condense space and lessen the arduous task of finding the indicated remedy. It was for those Homoeopaths who had large and growing practices and who had to deal at the same time with the list of remedies, which was being developed with corresponding vigor.

Thus therapeutic pocket book was Boenninghausen's answer to his attempt to produce a concise comprehensive index. After 10 years of the last publication i.e. Repertory, Therapeutic pocket book published in the year 1846 (Munster). Which is the foundation based on philosophical concept, unique of its own, and had shown the path for all the later repertories.

Therapeutic pocket book contains the principle and general method of construction, which is set forth in the former volumes. It is much amplified and perfected as a fruit of his constant clinical observations over period of several years and yet so compactly constructed that it avoided the cumbersome features of Jahr's and other early repertories.

## Different editions and translations –

Bonninghausen's original work was in German language. It was first translated into English by one of the most eminent German person whose name is not known (May be Mr. Stapf).

Afterwards Dr.Boenninghausen himself translated it in French. Later on many people translated the same and during translation they corrected and made many changes.

Another person Roth translated it from German to French. In 1847 A. Haward Okie translated it with 483 pages. Then Charles J. Hempel translated in 504 pages.

In 1891, Dr. T. F. Allen, translated, which was published by Hahnemann Publishing House, 484 pages. Before Allen's edition Laurie translated T.P.B.from Roth's French edition to English.

At last in 1935 Dr. H. A. Robert and Annie Wilson brought out a new edition of Boenninghausen's Therapeutic pocket book with a few minor changes and carrying an elaborate introduction which facilitates the understanding and practical use of the book. The most recent translation being the revision by Gypser & Dimitriadis in 2000.

### **Philosophical Background –**

---

It is this book that most people see as *Boenninghausen* and it is this book that *Kent* talked about when he doesn't understand the method of Boenninghausen. It was more than a repertory - it was a method. Boenninghausen was not only a lawyer; he was a botanist and taxonomist. As is well known that Bonninghausens Therapeutic Pocket Book falls under the classification of logical repertories with a definite philosophical concept of its own. It is based on the **Principle of Generalization/Analogy and Concomitant**. Boenninghausen saw things in large generalities and used this ability to synthesis several rubrics into a generality – something Kent never quite understood. The totality is simply the complete picture of the disease and complete picture is denoted by a complete symptom because the part represents a whole sick individual. So he reduced the concept of totality of symptoms into totality of complete symptoms. He writes that a group is more important than a single symptom. Thus an erratic grouping of symptoms in an individual is governed by a principle, and it was the discovery of this principle that led Boenninghausen to devise the plan upon which the repertory is based. A complete symptom gives individualizing features of

the case particularly when modalities are marked.

Thus the following philosophical concepts form the main pillars of the therapeutic pocket book: -

- 1) **Doctrine of Grand Generalization.**
- 2) **Concept of totality as Grand symptoms.**
- 3) **Doctrine of Concomitant.**
- 4) **Prime importance to Modalities.**
- 5) **Concept of Remedy Relationship.**

### **1) Doctrine of Grand Generalization.**

As detailed in the Theory of Grand Generalization, Dr. Boenninghausen got success in getting each and every symptom in complete form and for a long time majority of physician followed this approach. Even today some adopt this doctrine. However this approach may not serve those cases where in different part's express different modalities, which do not correspond with the person's characteristics.

### **2) Concept of Totality as a Grand symptom.**

Totality is the basis of Homoeopathic prescription and according to Dr. Boenninghausen, '*totality is not only the total number of characteristics Symptoms but the symptom itself should be a Grand symptom with Location. Sensation. Modalities and concomitants*'. Boenninghausen held that a symptom should be complete so that it fits into totality.

Boenninghausens attempt was to complete the symptom but in practice he found it difficult to do so. Therefore he evolved the concept that – '**what is true to the part is also true to the whole person**' and on this principle he introduced 'Theory of Grand Generalization' to get each and every symptom in complete form.

Further he states that – '*Group is more important than a single symptom no matter how much peculiar it is*'.

### **3) Doctrine of concomitants.**

Boenninghausen in the plan of his repertory emphasized the value of the completed symptoms by Locality, Sensation and Condition of Agg. / Amel. But added a fourth requirement equally imperative to the first three and yet in itself often divisible into those three divisions, this was the Concomitant symptom which has led to the statement that his repertory is founded on the Doctrine of Concomitants, let us see details about

concomitants.

**Definition** - Concomitant symptoms are those symptoms that accompany with chief complaints and have no Physiological or pathological relation with chief complaints.

*The Word Concomitant means existing or occurring together.* He further says that, in nearly every case we may find one or more concomitant symptoms. We often find that the concomitant symptoms are not only co-existent but they are those symptoms that seemingly have no relation to the leading symptoms from the standpoint of theoretical pathology.

The concomitant of a symptom means, "Any unexpected accompaniment of a symptom which has no separate existence of its own. Unexpected because the accompanying symptom has no any manifest cause to exist with." The principle symptom, which is, accompanies because the associated or expected accompaniments of the disease are naturally common symptoms and therefore does not confer individuality on the case and, as such, will have no importance in Homoeopathy.

Where as importance of a concomitant is to individualize the patient. Therefore, any PQRS accompaniment of a symptom characterizes a patient and also a drug should only be considered as a concomitant. A concomitant may so distinctly and decidedly depict the nature of a drug and consequently indicate it as to acquire an importance far out ranking the symptoms of the main disease it then points to the most suitable medicine.

Thus concomitant symptom is to the Totality, what the condition of Agg. and Amel. is to the single symptom. It is the differentiating factor. The system of concomitants also makes Homoeopathy distinctly safer, rendering it less dependent upon a previously constructed diagnosis, which is often deceptive.

#### **4) Prime importance to Modalities.**

Dr. Boenninghausen says that individualizing features are more often found in some Modalities. Out of this Causative Modality is of most important, because it leads to correct selection of Similimum. Next to that, he has given importance to time Agg. then situations and circumstances.

When the symptom seem to point out a particular remedy with which the modalities, however, do not agree, it is only negatively indicated and the physician has the most urgent reasons to doubt its fitness; he should therefore seek for another remedy having the same symptoms.

In therapeutic pocket book the section aggravations covers a number of conditions, while the section devoted to amelioration is comparatively small. Dr.Boenninghausen says patients much more often report aggravations than ameliorations.

## **5) Concept of Remedy Relationship or Concordance.**

Boenninghausen's keen observant mind noticed that there is specific relationship existing amongst medicines. So he introduced a new chapter on the remedy relationship. In the earlier edition of the book, he referred to this chapter as "Concordance of Remedies."

Boenninghausen was the first who used the word Concordance in Homoeopathic literature. But Allen gave it a more comprehensible title "Relationship of Remedies". He also introduced evaluation of remedies as grading of remedies at first and graded in to five grades.

This chapter helps in studying the drug in two aspects: -

- 1) For a particular symptom.
- 2) For a particular part.

It helps in studying the genius of drugs the series of remedies that are necessary in the treatment of chronic disease.

### **Construction of Therapeutic Pocket Book –**

To make any thing intelligible to us our mind breaks up the thing into as many parts or aspects as possible, and then reconstructs the whole by synthetising the parts. Similarly, the symptoms are first broken up into their elements and then synthetised through a logical process of integrating the parts (particulars) with the generals. Boenninghausen's repertory was constructed on some such plan which is much more convenient, much more elaborate and at the same time compact, comprehensive and easy to use.

Dr. H. A. Roberts and Annie Wilson edited Pocket Book, which we are now using in 1935. The plan and construction of his book has been conceived in such a way as to make it highly facile in practical use.

Boenninghausen's Therapeutic Pokcet Book has undergone many

translations; Boennighausen had **126** remedies in his original work. Allen while translating dropped **4 (four)** remedies that appeared in Boennighausen's editions.

Angustra - because of the difficulty at that time in securing the true bark and because the false had been sold for the true to such a degree that severe poisoning had occurred from the use of crude form and Germany had forbidden its sale. Also he dropped three magnetic remedies: -

- i.e. a) magnetic poli ambo.
- b) Magnatis polus arcticus.
- c) Magnatis polus Australia.

Allen added some **220** remedies so that the number now appearing in the Allens edition is about **342**.

For the first edition of Repertory, Boenninghausen used **five** variations in type that indicate the individual evaluation of each remedy to the given symptom or Rubric

In the early editions we find these denoted by: -

- 1) ***I t a l i c s*** with each letter separated from the next by blank space.
- 2) ***Italics***.
- 3) **O r d I n a r y** type spaced.
- 4) **Ordinary**.
- 5) **(Ordinary)** type in parentheses.

In Allens edition we find these ranks distinguished by:-

CAPITAL	- 5 MARKS
<b>BOLD FACE</b>	- 4 MARKS
<i>ITALICS</i>	- 3 MARKS
ROMAN	- 2 MARKS
(ROMAN IN PARENTHESIS)	- 1 MARKS

**Boenninghausens Therapeutic Pocket Book is mainly divided in to: -**

- 1) Introduction and philosophical part.

- 2) Repertory proper.
- 3) Relationship of remedies.

Repertory proper is divided into three components of a symptom **i.e. Location, Sensations and Modalities**. However Concomitants are found scattered. This book has the following **seven parts**.

- 1) Mind and Intellect
  - 2) Parts of the body and organs
  - 3) Sensations and Complaints
    - a) In general
    - b) Of glands
    - c) of bones
    - d) of skin
  - 4) Sleep and Dreams
  - 5) Fever
    - a) Circulation of blood
- 

b) Cold stage

- c) Coldness
  - d) Heat
  - e) Perspiration
  - f) Compound fever
  - g) Concomitant complaints
- 

6) Alteration of the state of health  
aggravations according to time.

Aggravations according to situations and circumstances.

amelioration by position and circumstances.

7) Relationship of Remedies.

The entire plan of Therapeutic Pocket book is based on this philosophical concept and one can prescribe similimum successfully on one symptom alone by this repertory, if that symptoms is complete one in all respects as described above. Given simply a definite locality, definite character of sensation, condition of aggravation / amelioration and the presence of differentiating factor i.e. concomittant symptom.

**MIND AND INTELLECT -**



In old edition name given was **Mind and Soul**. Comparatively we find few rubrics under the section mind.

(App.36 rubrics – out of which 18 relates to will and 18 relates to intellect rubrics and runs from page 17-23) Because Boenninghausen realized that it is difficult to elicit the reliable mental symptoms and also it is time consuming and according to him concept of totality is whole man. He begins with the general rubrics and includes the remedies, which affects the general disposition and completed with the Concomitant of Mentals. Many mental and emotional modalities are observed under section pertaining to modalities. There are only **36 numbers of rubrics** and 8 pages are covered by mind section.

### **PARTS OF BODY AND ORGANS –**

There are about **18 main rubrics (chapters) and 37 sub rubrics** or sub chapters **with 847** rubrics that follow the general anatomical schema. Beginning with the upper part (Head) and proceeding downward to the Mouth, following the Alimentary tract downwards next considering the urinary organs and functions, then sexual organs and functions, then Respiratory organs, External chest, Heart, Neck, Back, Upper and Lower limbs.

This section on the parts of the body and organs runs from page 24 to 142 following the general schema out lined previously. It is important to note that under these chapter devoted to parts of the body and organs we find also a few **Aggravations** and occasional rubrics that might have been listed under sensations and complaints so called misplaced rubrics.

E.g. Troubles before, during, at close, after micturation.

Troubles before, during, after stool.

Troubles before, during, at close of, menstruation.

Rubric that might have been listed under the chapter on **sensations and complaints** are, stopped feeling in ears. Toothache, heartburn, flatulent pain, labors like pains etc.

Also many of the **concomitants** are listed in this chapter.

E.g. - Drugs which have concomitants of mental symptoms.

Accompanying symptom of nasal discharge.

Accompanying troubles of leucorrhoea.

Accompanying troubles of respiration.

## **SENSATIONS AND COMPLAINTS –**

This section contains subjective symptoms in the way of true sensations but many complaints and many objective symptoms as well as a few locations are also included.

E.g. **subjective symptoms** – Desire for open air, Aversion to open air, Intolerance of clothing, Inclination to lie down, Aversion to motion, Restlessness, sensitiveness to pain, Dread of water etc.

The symptoms of **location** are generalized or directional, symptoms on one side, left side, Right side, crosswise, left upper and Rt. lower, and so on.

The symptoms covering **complaints** are such as Apoplexy, consumption, convulsion, dropsy, and Emaciation. Tendency to take cold air.

**Objective symptoms** - Blackness externally, Carpology, clumsiness, cracking of joints, cynosis. These are not divided sectionally, but follow alphabetically throughout that part of the work devoted to sensation and complaints. This is a vital part of the book and bears frequent study for it yields proportion to the cultivation it receives.

This section is further divided as follows: -

Sensations and complaints –

- 1) In General
- 2) Of the Glands
- 3) Of the Bones
- 4) Of the skin

Total no. of **Rubrics 825** and 94 pages covered.

## **SLEEP AND DREAM –**

This part of the book is fairly obvious, except for some poor judgment in assembling. This section covers such symptoms as Yawning, Sleepiness, Sleeplessness with their various modifications, and positions in sleep, Dreams etc. No. Of **Rubrics 94** and 12 pages covered. (Page 239 - 250)

## **FEVER -**

This section is again subdivided into -

- 1) Blood and Circulation
- 5) Perspiration

- 2) Cold stage
- 3) Cold
- 4) Heat
- 6) Compound Fever
- 7) Concomitant complaints

The first division in this part of the book has to do with conditions of the blood as anaemia, congestion and subjective, objective symptoms of blood. Second division contains several modifier of chilliness.

Third and Fourth division has symptoms pertaining to cold and Heat stage. Fifth stage has symptoms of perspiration with their modification. Compound fever. These rubrics cover certain variations in the onset of chill, heat, and sweat. Seventh division concomitant complaints are scattered more or less throughout the part.

E.g. Heat with associated symptoms.  
Sweat with Associated symptoms etc.

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Total No of **rubrics are 116** and 19 pages are covered by section. (Page 250 - 268)

### **ALTERATIONS OF THE STATE OF HEALTH –**

In this section Aggravation and Amelioration in general and particular are explained in following order.

- 1) Aggravation according to Time.
- 2) Aggravation according to situation and circumstance.
- 3) Amelioration by position and circumstance.

Time Agg. Comes first and then Alphabetically those aggravations according to situations and circumstance. The section aggravation covers a number of conditions while the section devoted to Amelioration is comparatively small. Because Aggravations are much more often reported by the pt. than amelioration, they were much more apt to be reported by the provers of the remedies because they were much stronger therefore more noticeable. Total no. of **Rubrics 502** and **53** pages covered.

### **RELATIONSHIP OF REMEDIES –**

In the earlier editions of the pocket book Dr. Boenninghausen refers to this chapter as concordance of remedies but Allen returns to the more easy, comprehended title for this chapter. This section is important for comparative study and action of drugs. It also helps for judging sequence

of the various remedies especially in chronic diseases.

The chapter on relationships is divided into sections, each section being devoted to a remedy in alphabetical order. Each of these remedy sections is subdivided into rubrics. The First rubric in each remedy section is to be Mind, the second locations, the third sensations, of glands, Bones, skin, then sleep and dreams, Blood, circulation, Fever and Aggravations.

**Here he explained Relationship of almost 142 remedies.**

### **Boenninghausen's Concept of Analysis of Symptoms: -**

- |               |                 |
|---------------|-----------------|
| 1) Locations  | 2) Sensations   |
| 3) Modalities | 4) Concomitants |

From the plan it is evident that we can pick any symptom (subjective or objective) complained of by the patient and make it complete with regard to four-fold items of sensation, locality and modalities together with concomitant symptoms.

### **Use of Repertory –**

The repertory is based on Generalization, much more generals than Kent's repertory. Another handicap in it is that many symptoms cannot be found in it at all. So in a good number of cases, only a few polychrest drugs come out after repertorization.

This repertory can be used in cases with complete symptoms, marked sensations and modalities, strong concomitants, cases with common generals, where there is necessity to know related remedies. The greatest advantage of using Boenninghausen's method lies in the facts that providing one symptoms is complete, a correct remedy might be found-one single symptom, a pain of a definite character, in a definite locality, a condition of aggravation and a differential factor, which is the concomitant, and the remedy can be found.

### **Methods of Repertorization –**

1. Particular part to other symptoms.
2. Classical method.
3. Eliminating method.

### **Repertory Analysis –**

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S. No.	Section	Sub section	Rubric	Page No.
--------	---------	-------------	--------	----------

### **Limitations of Therapeutic Pocket Book –**

mental symptoms are poorly represented.

Theory of Grand generalization is controversial because there are many remedies with particular modalities and particular sensation.

(g. Ars. Alb, Nux Vom, Kali. Bich, Phos.)

As Boenninghausen has not made any differentiation between particular and general modalities it makes difficult to find out similimum as it gives more number of remedies.

There are only 342 remedies.

Index is not complete and also incorrect.

Because of generalization he has given very limited rubrics.

Lack of comprehension in the one who attempts to use it.

There is paucity of particular rubrics, hence less useful in acute cases.

Rubrics are not placed in fixed arrangement.

Though prime importance is given to concomitants, they are not mentioned separately.

At many places similar rubrics are given or rubrics are misplaced.

### **Advantages of Therapeutic Pocket Book –**

Because of small size of book it is easy to carry at bedside.

Because of grand generalization you can get each and every symptom in complete form.

Because of addition of relationship chapter it is useful for second prescription.

This repertory is very useful in cases having few mental, more concomitants and modalities.

### **Necessity of relationship chapter –**

To conceive the similar remedies in terms of orbits with well defined fields.

The numerical evaluation evolves these fields aiding the selection of second prescription.

To get information of antidotes and inimical relationship.

To have a guidance for a scientific prescription in practice.

Relationship section helps us to study various relationships of remedies.

6) Kent has suggested a close study of subheadings and medicines listed against them. A remedy that runs throughout in higher marks bears a definite relationship with remedy, like Aconite and sulphur with silicea and kali. Sulph.

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## **METHOD OF WORKING**

### **WITH THERAPEUTIC POCKET BOOK**

#### **(Case referred from B.T.P.B)**

This acute case was a peculiar interesting one as it had received the prescriptions of two able Prescribers of the Homeopathic school without any help happen rather, the patient continued to grow worse. The case had the further merits of being checked by laboratory analysis.

The patient, a woman 65 years of age complained of pain, which begin as soreness in the epigastrium and right hypochondria increasing to a sore pain. The pain was ameliorated by sitting, > belching, < lying on a back, markedly < lying on right side; < on motion, especially on turning over in bed. There was a constant sensation of pulling in the right hypochondria, < lying on right side .The pain causes sweating there is a pain as of repeated blows in the region of right scapula the mouth is exceedingly dry.

There is a great aversion to food or drink, and the odour of food or any other strong odours are very offensive and cause nausea. The patient vomits as soon as water becomes warm in the stomach; there is no thirst. Although there is much flatus, soon passes. The urine has an offensive odor.

It may seem strange that two of our ablest prescriber failed to see the outstanding characteristic of the remedy possibly because this patient was not of the characteristic "type" of the Simillimum, which was found by this repertorization. At his time the white blood count was 19000./cu.m.m.

Let us consider the case further.

This case present three four points, so necessary in making repertory analysis:

**LOCATION:**

Epigastrium

Hypochondrium, right

**SENSATION:**

Pulling

Hammering

Sore pain, internally

**MODALITIES:**

&lt; Lying on back

&lt; Lying on right side

&lt; Motion of affected part

&lt; Turning over in bed

&lt; Strong odor

&gt; Sitting, while

&gt; Belching (eructations)

**CONCOMITANTS:**

Sweat with associated symptoms

Thirst less

Mouth in general

Dryness internally (Of part usually moist)

Incarcerated flatus

Urine offensive

Repertory Analysis –

<b>S. No.</b>	<b>Section</b>	<b>Heading</b>	<b>Rubric</b>	<b>Page No.</b>
1.	II	Internal ab.	Epigastrium	79
2.	II	Hypochondria	Rt. Hypochondrium	82
3.	III	Sensation	Pulling	175
4.	III	Sensation	Hammering	160
5.	III	Sensation	Sore pain, inte.	181
6.	VI	Aggravation	Lying on back	290

7.	VI	Aggravation	Lying on Rt.side	290
8.	VI	Aggravation	Mo.affected part	290
9.	VI	Aggravation	Turning, in bed	304
10.	VI	Aggravation	Odors, strong	293
11.	VI	Amelioration	While sitting	319
12.	VI	Amelioration	Eructation	313
13.	V	Fever	Sweat with asso.	265
14.	II	Hunger & Thirst	No Thirst	66
15.	II	Mouth	Mouth in General	62
16.	III	Sensation	Dryness internal parts	156
17.	II	Flatulence	Incarceration of	85
18.	II	Urine	Offensive	95

Since Boenninghausen has no rubric covering the concomitant symptom, vomiting as soon as water becomes warm in stomach this was reserved for reference to the Materia Medica as P. D. F.

The case was repertories on 18 symptoms noted above, with the following results: -

Sulph. - 71/18;            Phos. - 68/18

Nux.vom. - 71/16        Puls. - 63/16

Bry. – 58/15              Acon. - 57/15

Phosphorus was administered with the help of knowledge of Materia Medica, the patient become more comfortable and two days later the white blood count had dropped to 11,200 improvement continued and the



whole condition cleared completely within a few days.



## RELATIONSHIP SECTION - How to use it?

**R**elationship of remedies is the most useful section in Therapeutic pocket Book even Dr. Kent who criticized so much on the method of repertorization with therapeutic pocket book has advocated the use of this particular section. But this section is least understood and the least used because of its neglect on the part of physicians. Boennighausen`s own experience and study of remedies has helped him to compile this section which should in fact render an important service to the system.

When the indicated medicine has helped a little and when there is no further improvement without much change in the prescription the section can be referred to for finding out a dose of medicine, which would help the patient. The relationship of medicines contains **12 subchapters** a section under each medicine. They are considered as Rubrics during repertorization.

- |                    |                |                |
|--------------------|----------------|----------------|
| 1) Mind            | 2) Location    | 3) Sensation   |
| 4) Glands          | 5) Bones       | 6) Skin        |
| 7) Sleep – Dream   | 8) Blood-Fever | 9) Aggrevation |
| 10) Other Remedies | 11) Inimical   | 12) Antidotes  |

Each section contains a list of remedies with proper grades No. 11 and 12. Inimical and Antidotes are easily comprehended as an essential item of Relationship. Amongst these two the first one is the inimical medicines which should be avoided during the 2<sup>nd</sup> prescription and the second one, the Antidotes be applied if we want to curtail the action of the previous medicine. Hence they deserve special position in Relationship chapter.

A very important thing is that in relationship section that only aggravations are given and amelioration has become nowhere.

### **Method of Finding out 2<sup>nd</sup> Best remedy by using Relationship chapter. -**

First of all on a sheet of paper 12 vertical lines be drawn occupying equal distance except the first and the last, which should be broad enough. On the top of the first broad column record the term `Medicines` and in the last broad column record the term `Total`; the rest 10 columns are for sections mind, location, sensations, Glands, Bones, skin, sleep and dream, Blood, fever and circulation, aggravations other remedies.

On the superior top make a small space with the term 1<sup>st</sup> prescription` where the name of the medicine whose second prescription to be sought out be recorded. To find out another remedy for first prescription, first consider your case whether an acute or chronic one. If it is an acute case, try to find out the main symptom of the disease to take it up as an Eliminating rubric for the purpose of ruling out many medicines and making the task easy and time saving.

If it is the complaint of a particular part of body, consider `Location` as the Eliminating rubric. If it is a chronic case judge more deeply the above points and find out your Eliminating rubric.

Now consider the medicines from the remedy that was first prescribed. Particularly of the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> grades i.e. with mind values 5, 4 and 3 of the Rubric in the column space for the `Medicines` in the 1<sup>st</sup> vertical column one below the other. When recording is complete sum them up the total matching and the total grades and record on the Rt. hand broader rooms specified for total by oblique lines to demarcate them. Pick up 2 or 3 medicines as per highest matching and highest grade in total and compare well with the section values of the medicines then finally come to a condition of Similimum by Totality.

### **For example –**

For the above case as the 1<sup>st</sup> prescription is phosphorus, with which you got much relief now to get a complete cure we want to prescribe 2<sup>nd</sup> remedy. The Eliminating rubric is `Location` as we have considered, so go through the remedy phosphorus from Relationship section record the 1<sup>st</sup>. 2<sup>nd</sup> and 3<sup>rd</sup> grade remedies from `Location` rubric and repertories the

case.

## **FIRST PRESCRIPTION: PHOSPHORUS**

### **ELIMINATING RUBRIC: LOCATION**

MED.	LOCATION	MIND	SENSA TION	GLAND	BONES	SKIN	SLEEP DREAM	BLOOD FEVER	< TIME AGG
APIS	5	4	4	-	-	3	2	2	2
ARGN.	5	-	5	5	-	-	3	1	3
BEL.	5	4	4	5	2	3	3	4	3
CA. C	5	3	4	2	3	3	4	3	4
GELS.	5	4	4	-	-	-	-	4	2
K. BI.	5	-	5	-	-	1	-	-	3
PULSA	5	5	5	3	2	4	5	4	5
SANG	5	-	5	-	-	-	-	3	3
SEPIA	5	3	4	-	-	3	5	3	5
SULPH	5	3	5	4	4	5	4	3	2
Aesculus	4	-	3	-	-	-	-	-	1
Aloe	4	2	3	-	-	-	1	1	2
Ars.	4	-	2	2	-	4	2	4	3
Bapt.	4	3	3	-	-	-	2	2	2
China	4	-	4	-	-	-	2	3	3
Lyco.	4	2	4	3	2	4	-	5	4
Merc.	4	2	4	4	2	3	3	4	3
Nux Vom	4	4	5	-	-	-	4	4	5
Pod.	4	-	2	-	-	-	2	2	2
Aconite	3	4	3	-	-	3	2	4	2
Allum. c.	3	-	1	-	-	-	-	-	1
Arnica	3	-	3	2	-	3	-	2	2
Berrb.	3	-	4	-	-	-	-	2	-
Bryonia	3	2	4	2	-	3	4	5	4
Carbo.veg	6	3	-	2	-	2	-	-	2

### **Result of Repertorization -**

- 1) Pulsatilla – 43/10
- 2) Sulpur – 40/10
- 3) Belladonna – 37/10
- 4) Cal. Carb. —35/10

### **Choice for 2<sup>nd</sup> prescription - Pulsatilla**

As per the result of above repertorisation Pulsatilla covers the maximum marks and presented in each section so Pulsatilla is second prescription.



## NOTE FOR BOENNINGHAUSENS WORK-

# **DR.C. LIPPE' S WORK BASIS OF KENT'S REPERTORY**

## Repertory of the Most Characteristics Symptoms Of the Materia Medica **- Dr. Constantine Lippe**

Bedell Brothers New York in 112 pages published this repertory on Jan. 1879. Second time in India by Bhattacharya & Company in 1933. Then after since 1972 by B. Jain publisher, New Delhi.

### **Introduction –**

Constantine Lippe was the son of Adolph Lippe. Dr. Lippies Repertory is based on, “ The repertory to the manual” published in Allentown in 1838 by Dr. C. Hering. Which is the first repertory and Materia Medica published in English Language.

He also added sections from Boenninghausen’s work, Ad. Lippe’s Materia Medica, Bell on Diarrhoea, H. N. Guerensey, Hering and Jhar.

He says that his book is an index to the more characteristic symptoms of the Materia Medica and presence only such symptoms which proved to be characteristics by experiences of many.

### **Philosophical Background –**

Dr. Lippe used the principle i.e. General to Particulars. He has given first the mental symptoms and then followed in the order as perused in Materia Medica pura i.e. from above downward. All the sections are to be compared with Generalities.

After the death of Dr. C. Lippe, all the manuscripts he had written for the second edition of his repertory was secured and included in Dr. Edumand Lee’s, *Repertory of the characteristic symptoms of the Homoeopathic Materia Medica*. This repertory (Dr. Lee) might infact be considered as the second edition of Dr. Lippe’s book.

At the time of compilation of repertory Dr. Kent worked with Lee, then Lee became blind so directly Dr. Lippes repertory became the source and basis of Kent’s repertory.

Dr. Lippe used dashes (- -) in front of rubrics and sub rubrics for an easy understanding, which latter on was used by Dr. P. Sivaraman in Kent's expanded repertory.

### **Structure of Repertory –**

The Hahnemannian Schema is followed and ends with section called “Generalities” with which all previous sections are to be compared.

Green said, the book needed to be enlarged; students could not find enough in it. When Kent began to compile his Repertory, he began by writing notes into his copy of Lippe's and then interleaving pages with additional notes. It can be divided into three parts: -

- 1) Preface
- 2) Repertory proper
- 3) Index of remedies

**Preface** - It deals with the philosophical background and about publication of the repertory and books referred.

### **Repertory proper –**

This repertory consists of **34 sections** and last section is on remedy index, sections are --

1. Mind & disposition	2. Sensorium, cloudiness, Giddiness, vertigo.	3. Head interior, headache, Congestion of blood, heaviness, fullness etc.
4. Scalp	5. Eyes & sight	6. Ear & Hearing
7. Nose & smell	8. Face, lips & lower jaw	9. Teeth & gums
10. Cavity of mouth, palate, Tongue.	11. Fauces, pharynx and Oesophagus.	12. Appetite & taste Hunger & Thirst.
13. Complaints	14. Erructations,	15. Stomach & pit of stomach.

during & after Measles.	nausea, Vomiting, hiccough, Heartburn & Waterbrash.	
16. Hypochondria, kidney, Diaphragm, liver & spleen.	17. Abdomen, groin, & Flatulency.	18. Stool & anus
19. Urine & urinary organs.	20. Male sexual organs.	21. Female sexual organs.
22. Coryza	23. Larynx & trachea.	24. Cough
25. Respiration	26. Internal chest & heart	27. External chest & mamma
28. Neck, back, sacrum.	29. Upper extreme	30. Lower Extre. 31. Sleep & dreams.
32. Fever	33. Skin	34. Gen.agg./Ameli.

**Gradation of remedies** – 1<sup>st</sup> grade - *Italics*

2<sup>nd</sup> grade – Roman

### **Index of Remedies -**

It is the last part, which consists of 301 remedies.

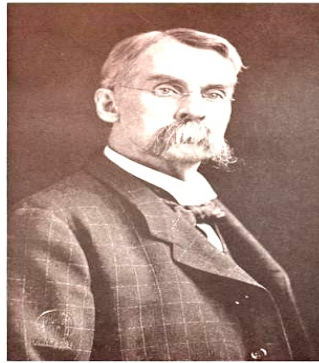
### **Note for repertory of the most characteristics symptoms of the materia medica -**

### **Dr. James Tyler kent's work**

- Dr. J. T. kent and his contribution to Homoeopathy.



- **Kent's concept of totality**
- **Dr. J. T. kent's repertory of Homoeopathic Materia Medica. -----**
- Introduction
- Historical background
- Evolution of Kent's repertory
- Philosophical background
- Structure of Kent's repertory
- Arrangement of sections
- Arrangement of rubrics and sub rubrics
- Arrangement of remedies
- Advantages and disadvantages
- Criticism



Dr. J. T. Kent (1849-1916)

## **DR.J.T.KENT AND HIS CONTRIBUTION.** **(1849-1916)**

**J**ames Tyler Kent was born on March 31, 1849, in Woodhull, New York. He completed undergraduation and went for postgraduation at the Eclectic Medical Institute of Cincinnati, Ohio. At 26 years of age he set up practice as an Eclectic physician in St Louis, Missouri and soon became a famous member of the Eclectic National Medical Association.

In 1877-78, Kent's Second wife, Lucy, became ill. In spite of Lucy's symptoms of " insomnia, and anaemia" being treated by both orthodox and eclectic physicians, her condition continued to deteriorate and she was bedridden for months. One day one of the Homoeopathic physician, Dr. Richard Phelan was called in to see Dr. kent's wife. Following his

prescription, she made a dramatic recovery. As a result, Kent started taking interest in knowing Homoeopathy. And soon he turned from eclecticism to Homeoeopathy. He considered Homœopathy to be the only therapy that was guided by laws and principles and the only one to address the fundamental cause of illness.

He then became a careful student of Hahnemann's Organon and other works of the new school, with result in his complete conversion to Homoeopathy, his resignation from the Eclectic Medical Association in 1879 and his appointment to the chair of Anatomy in the Homoeopathic Medical College of Missouri, which he held from 1881 until 1883, was appointed professor of Materia Medica at the Homœopathic Medical College of St Louis, Missouri, from 1883 until 1888, became professor of Materia Medica and Dean of the Post-Graduates School of Homœopathy at the Hahnemann Medical College (Philadelphia) and occupied the chair of professor of Materia Medica at the Hering Medical College and Hospital, Chicago.

Thus for more than thirty-five years Dr. Kent had been a eminent figure in medical circles, and for more than twenty-five years in teaching and practice under the law of similia; and he is looked upon as one of the ablest teachers and exponents of the Homoeopathic school in America.

In 1916, his students insisted him to take a holiday. Kent agreed, deciding he would write a systematic book. Not long after commencing his vacation, his catarrhal bronchitis developed into Brights disease (glomerulonephritis) and he died, on June 6, 1916 at Stevensville, Montana.

The influence and popularity of Kent's understandings of Homeopathic philosophy has steadily increased around the world since his death.

**Important features of Kent's teaching and practice were:**

- Dr. Kent used to prescribe High potencies accordingly. - 200C and above for chronic cases.
- He used to prescribe - Single remedy.
- Understanding totality through on, "Mental" and "General" symptoms.
- " Wait and Watch " methodology, and introduced 12 observations to know remedial action.



### **Other literary contribution include:**

- **Repertory of the Homœopathic Materia Medica** -1897. Forms the basis of many of the more recent repertories.
- **Lectures on Homoeopathic Philosophy -1900.**
- **What the Doctor Needs to Know in Order to Make a Successful Prescription – 1900.**
- **Lectures on Homœopathic Materia Medica –1904**, Source is Hering's Guiding Symptoms of our Materia Medica.
- **New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts -1926.**
  - **Discovered the Law of Vital action and Reaction** – A medicine is not too high to cure so long as it is capable of aggravating the symptoms belonging to the sickness, in the first hours in acute, and in days of a chronic case
  - **He proved many drugs**, which he described in his, book *New remedies, Clinical cases, Lesser writings.*



### **DR. KENT'S CONCEPT OF TOTALITY**

Even though Boenninghausen and Kent both believed that it is man who is sick and not the part, there was a gulf of difference between the approaches adopted by the two in evaluating the sick man. One said the part expresses the language of the whole hence it is important in totality. The other said that whole can be made known by expressions related to the part is only a fragment of the Process. Kent believed in understanding the man in all these conditions and this he did by relating to man's generals. His holistic approach to the study of the phenomena of disease and the proving of drugs as well as his explanation of the principles of Homoeopathy has clearly defined the guidelines in forming the totality of disease.

As disease first affects at dynamic plane and then only functional followed by structural, he advised to study all symptoms from within

outwards. A man consists of mind, spirit, body and is known to us by his total behavior. Kent classified the symptoms into General, Particular and common to understand the person, part and disease respectively. He lays stress on general symptoms and on uncommon symptoms both at the level of *Generals and Particulars*, which characterizes the man in his sickness.

Among the generals he gave prime importance to mentals as he posts out that loves, hates, desires and aversions are the deepest mental symptoms.

According to Kent mentals, physical generals and characteristic particulars constitute the totality. He classified mind in to three fundamental elements.

**1) Will / Emotions.**

**2) Intellect / Understanding.**

**3) Memory.**

But many times strong characteristic particulars may over rule weak generals in formation of totality. Where generals are prominent, where symptom are well defined and qualified with Modalities, Sensations etc.

## **Dr. J. T. KENT'S REPERTORY OF HOMOEOPATHIC MATERIA MEDICA**

**(WITH WORD INDEX)**

**Enriched Indian edition,**

**Revised from Sixth American edition.**

- Introduction
- Historical background
- Evolution of Kent's repertory
- Philosophical background
- Structure of Kent's repertory
- Arrangement of sections
- Arrangement of Rubrics and sub rubrics
- Arrangement of Remedies
- Advantages and disadvantages

- Criticism

## **Introduction –**

Today Dr. J. T. Kents work 'A Repertory of Homoeopathic Materia Medica' better known as Kent's repertory prevails over the field of repertorization. Dr. Boenninghausen is one who initiated repertory as a system on logical concept and Kent can be described as one who put strength, vigor and vitality to this system by emphasizing his clear-cut views.

Before Dr. Kent's repertory there were many other repertories with the advancement of the ages –

a) The volumes of Materia Medica increased and many new remedies were discovered and proved.

b) The philosophy and the concept of the man who is diseased changed and hence demand of repertory in new style with the new remedies was inevitable.

Dr. Boenninghausens work, Glazors repertory, Dr. Jhars repertory, Hampels work, Biglers diary, Lippes repertory, Dr. T. F. Allen's symptom Register. Gentrys Concordance, Knerrs repertory of Herings Guiding symptoms was popularly used in 18<sup>th</sup> Century. Out of these Dr. Boenninghausen and Dr. Lippe's work was much more popular. Gradually the Book of Boenninghausen Commenced to be proved faulty one as, –

Number of medicines used in the book was very limited.

b) Errors were observed in the gradation of the medicines.

Limited number of rubrics could not satisfy the profession for fine work.

d) The cross-references as detailed were erroneous.

The philosophy of the repertory was in relation to modern style.

f) Exact reference was not possible in most of the cases.

g) Theory of grand generalization was criticized.

In 1883 Dr. Kent was appointed as a Prof. of 'Materia Medica' and when he started teaching Material Medica he became more and more aware of the vastness of the subject. He keenly felt the need of a better index of 'Materia Medica'. He liked the form and characteristics in Lippe's repertory but not the contents in the form of number of rubrics and

medicines. Dr. Jhar's repertory was next important but it was the repertory of old remedies and mean time pathogenesis of the disease being changed, so the book becomes useless. None of the existing repertories satisfied him and he took up the task of producing an exhaustive repertory with a large number of rubrics and medicines based on the concept of Hahnemannian philosophy he believed in.

### **Historical background –**

In order to compile a comprehensive repertory, Kent got hold of the manuscript of various repertories. He talked to Lee of Philadelphia as Lippe; a bridged form of a new repertory was with Lee. Dr. Lippe had a desire that Dr. Kent and Lee should work conjointly to have a comprehensive repertory. So for modification of Lippe's abridged repertory Dr. Kent and Lee worked conjointly and thus the work of compilation continued. Dr. Kent had completed a repertory of the Urinary organs, Chill, Fever and Sweat with other sections partly done.

In fact Lee compiled Mind and Head chapter with the help of Dr. Kent but it was not proper as it was based on Bonninghausen's idea of generals and the modalities were given at the end of the book. Lee's work was not upto the expectation of Dr. Kent. Later on Lee became blind and Dr. Kent took up the work. He revised and arranged it according to his own plan and philosophy.

Skeleton or the plan of the Kent's repertory is mostly based on the headings available under individual drugs of Allen's Encyclopaedia which were obscures outlined in *Lippe's Handbook of characteristics of Materia Medica*. First edition of the Kent's repertory was published in **1897**. Main source of Kent's repertory was 6 volumes of Gentry's concordance repertory and Lippe's repertory.

### **Evolution of kent's Repertory –**

Dr. Kent prepared repertory according to his own style. When it was near to completion, Dr. Bigler came to his office and being charmed by his compilation and sincere work with the modern thoughts insisted him to publish the book earlier. The work existed as an interleaved book in the office of his Post- graduate school. His student's asked him to make it generally available. It was issued as one section at a time. Originally it was printed in **12 fascicles**, sold individually as they were compiled and printed. It was not until 1900 that all 12 sections were bound together into

a single book. To publish his 1<sup>st</sup> edition of repertory he adopted businesses plan that Dr.Kimball, Dr.Thurston and Bigler contact physicians through a latter and announced for advance booking of his repertory in cheap rate 30 L.B.S./Copy.

Money came from different interested physicians and thus after initial hesitation he published his **first edition in 1897.**

\*Homoeopaths extensively used **2<sup>nd</sup> Edition** that was published during lifetime of Kent in 1908 in 1380 pages.

\*He left behind hand written corrected copy for the third edition before his death in 1916. He says '*this third edition completes my life work. I have brought it up to date. I have re- arranged and made numerous corrections in addition to adding many new remedies. I have verified every symptom in the book. You will find all remedies of every value contained herein. This book is complete.*'

Dr. Ethrhart published this **3<sup>rd</sup> edition in 1924** with the assistance of Dr. F. E. Gladwin and Dr. J. S. Pugh. (1423 pages)

\***4<sup>th</sup> edition** was published on January **1935** in assistance with International Hahnemannian Association, the Homoeopathic Recorder.

Dr. F. E. Gladwin, Dr. Pierre Schmidt, Dr. W. W. Sherwood etc.

\***5<sup>th</sup> edition** was planned to publish in 1939, but out of war chaos it was not published then in **1945**, Ethrhart and Karl published it. This repertory was edited and revised by Clara Louise Kent beloved widow of Dr. Kent.

\*The **6<sup>th</sup>** American edition was published in **1957** and Indian edition in 1961 that became most popular and was widely circulated. There were no changes made in the content after the third edition.

\*A seventh edition, generally called the revised first edition was published in May 1980 under certain unusual circumstances after extensive corrections made by Dr. Pierre Schmidt & Diwan H. Chand. This repertory is called '*Kents Final General Repertory of Homoeopathic Materia medica*'. (1423 pages.)

**Then after many physicians worked on Kent's repertory and they corrected and added many rubrics, subrubrics and remedies and they published it as work on kents repertory, actually not as a kents work.**

\*Dr. C. M. Boger added almost 105 pages in Kent's repertory, in **1932**.

\*Dr. G. Vithoulkas added many rubrics and remedies called 'Additions to Kent's repertory' in **1974**.

\*Dr.R.P.Patel's – kent's Corrected repertory with word index.

\*In **1987** - Dr. Jost Kunzli worked and published Repertory as 'Kent's Repertorium Generalae'.

\*In **1994** - Dr. P. Sivaraman from Kerala published his work as, Kent's Repertory corrected and expanded.

\*In **1973** - Karl F. Hang. Heidelberg, West Germany and in 1984 Indian Books and Periodicals Syndicate, Karol Bagh, New Delhi published it in Germany and in English the book known as 'Synthetic Repertory' edited by Dr. Med. Horse Barthel and Dr. W. Klunker in 3 volumes adding up many new rubrics and medicines up on Kent's Repertory considering the 'General symptoms' only, collected from the repertories of 16 authorities.

\*In **1987** - Dr. Fredrick schroyens collected material from various sources of Kent's repertory and published repertory as 'Synthesis Repertory Ver.1'

\*In **1993** - Dr. Robin Murphy published repertory based on Kent's Repertory 'A modern alphabetical repertory', first Indian edition of the same was published in 1994 by Indian Books and Periodicals Syndicates, New Delhi.

\*In **1996** - Dr. Roger Van Zandvoort collected almost all of the rubrics and remedies in one called 'Complete Repertory'.

**Again different ver. Of Complete Repertory** – Complete repertory Millennium – **2003** and the Repertorium Universalis with many new cross-references and additions, new provings, and further corrections in **2005**.

In **1999** – Dr.J.P.S.Bakshi's Phoenix repertory was published.

In **2000** – Dr.Jugal Kishore's integrated Repertory –Mind Section.

### **Philosophical background –**

Dr. Kent was not satisfied with the utility of the repertories available in his time. In the repertories he found that the logic of Homoeopathic

system was not properly followed in finding out a similimum. As a master of Materia medica, he noticed that particulars do not always fall in line with generals and therefore he criticised the faulty method of giving importance to parts and over generalizing the symptoms.

Swedenborg's philosophical ideas influenced Kent to form concepts regarding soul, inner man and personality. According to Swedenborg all creation has its origin in divine love and wisdom. It accepts that all created things are necessary forms and effects of specific aspects of that divine Love and Wisdom and so correspond on the material plane to spiritual realities. The material plane is one of effects whose causes are spiritual and whose purpose is divine.

Swedenborg's doctrine of degrees when applied to man involves only the conception that man's mind can influence his own body. When this is complete the soul can dwell in it fully and influx then proceeds directly through the soul and mind into the living body. There can be no doubt that the mind-body relationship is of fundamental importance to the understanding of man in sickness and in health and on the resolving of the problem the whole future and progress of human race depends.

In order to cure disorders of the lowest planes of existence, i.e the matter in the human body, Kent, following Swedenborg, asserted that we have got to influence the higher planes, which contain the secret.

According to Hahnemann and Boenninghausen Mental and physical symptoms are more or less of equal importance they recognized their co-existence and a sort of a numerical totality was to them the totality of symptoms, which represents a diseased condition. To Dr.Kent who following Swedenborg, mind precedes body, mind regulates body and thus in mental symptoms we must try to find the clue to the disorder in the human economy.

He firmly believed that Hahnemannian totality demanded study of man as a whole and said, "**Man is prior to the organs**". Man is the will and the house that he lives in is his body. What is expressed by part is always preceded by the deviations in the state of health of a person. And such deviations can be known through expressions at the level of generals. So he laid much emphasis on the importance of generals. His repertory is based on principle of ***Generals to Particulars***.

During arrangement of sections, Rubrics, sub rubrics and remedies

this principle is strictly followed. The entire process of repertorization is revolves around the philosophy that is as follows -

- 1) Prime importance to Mental Generals.
- Second importance to Physical Generals including modalities.
- 3) Particulars for final differentiation's.
- 4) Limited generalization.

The key to understand Kent's concept in the evolution of the Hahnemannian totality lies in his assertion of the, '**Mind is the key to the Man**'.

### **Structure of kent's repertory –**

6<sup>th</sup> edition of Dr. Kent's repertory is divided and constructed in following fashion –

- 1) Preface
- 2) Remedies and their abbreviation
- 3) Introduction to repertory
- 4) Repertory proper
  - A) Arrangement of sections
  - B) Rubrics and sub Rubrics
  - C) Remedy Arrangements

Preface part deals with the various editions and about publication of different editions of repertory. In preface proper, Dr. Kent has explained about "Use of the Repertory, How to study the Repertory and How to use the Repertory". In the same part Dr. Margaret Tyler and John Weir has added a chapter on Repertorizing in which they explain about evaluation of symptoms, Eliminating symptom & method, then cases worked out by using Kent's repertory. Dr. Gibson Millers list of Hot and Cold remedies. Lastly sides of body & relationship of remedies, which is of Dr. Boenninghausen and Millers work.

The plan of the repertory is **uniform throughout** i.e. Form '**Generals to particulars**'. He followed the plan of Dr. Lippe's repertory. In Lippe's repertory there are 34 sections but Dr. Kent made it 37 with change in many headings. It starts with mind chapter that has been given prime importance. The last is Generalities, which contains physical generals. The rest of the sections arranged according to the Hahnemannian



schema where anatomical parts are followed by functions and discharges.

I.e. Eye -- Vision. / Ears -- Hearing. / Rectum – Stool.

- For above arrangement there are some exceptions -

I.e. there is no corresponding section for certain anatomical organs, e.g. Oesophagus, which is observed under stomach. Neck which is found under Ext. Throat and back - Cervical region; Lungs, Heart, Aorta, Axilla, Axillary glands, Breast appear under chest. Sinuses appear under Head, Nose & Face. Salivary glands under Face. Also there is no system wise section like Cardiovascular, Central Nervous, and Respiratory system etc.

- Rubrics pertaining to Nervous system mostly appears under Generalities, -

E.g. Analgesia, chorea, convulsions, paralysis, trembling, and few under particulars -

E.g. Twitching of the parts appears under anatomical parts such as Face, Extremities.

\* Meningitis under Head and Back.

\* Rubrics pertaining to cardio - vascular system e.g. murmurs, palpitations, Angina pectoris observed under chest, Pulse under Generalities.

\* Desire and Aversion to food, stomach disorder refers to chapter of stomach. Food in general Agg. /Amel. Under Generalities.

\* General symptoms are found under mind, stomach, Sleep & Dream, Fever, Chill, perspiration, Generalities etc.

\* Diagnostic rubrics should be referred to the “part “concerned and in “Generalities” e.g. Goiter/ Leukemia.

- Concomitant symptoms are scattered throughout the repertory. It should be referred to under the symptom in concerned chapters.

E.g. - Headache before menses – Head, pain menses before.

\* Perspiration on special part is referred to part concerned and other symptoms (Profuse, cold, cough during, staining, odors, etc.) Under perspiration section.

\*Any sensation at general or particular level starts **not** with sensation but starts with specific sensation itself.

E.g. plug sensation of (Gener.) Ball sensation of (stomach.)

\* In Generalities pain rubric deals with blood vessels, bones, glands, muscles, small spots parts paralyzed and periosteum.

\* Some Rubrics like dysmenorrhoea are found in two and more different sections.

E.g. Female Genitalia and Abdomen.

\* Some general modalities, which appeared in parts as well as generalities.

E.g. wetting feet Agg. / Getting Wet feet Agg. respectively.

\* This is one of the Repertory which deals extensively on mental symptoms.

This is in line with the Kents philosophy of understanding a case. Kent gives importance in his analysis to well marked mental symptoms, what he considered “**Man is prior to his body & Parts.**” This section contains larger number of rubrics 527 & sub rubrics – 3782. These rubrics are reflection of there basic division of mental symptoms.

i.e. will / Emotions.

Intellect / understanding.

Memory

Causative mental modalities start with modality itself E.g. Grief/Anger. Mental desires and aversions start with desires and aversions it self. Lots of cross-references purpose of which is for correct understanding of symptoms. Mental concomitant with physical complaints useful for prescribing. Large coverage to Delusion Rubric.

**Symptoms are arranged under following Headings ---**

- a) Sections (Main Rubrics)**
- b) Rubrics and sub Rubrics**
- c) Remedy Arrangement**

### **Arrangement of section –**

Kent’s repertory has been formulated in an anatomical schematic pattern with certain exceptions such as Mind, vertigo, and vision, Hearing, Stool etc. All sections are arranged from above down wards, from more important to the less important and from Generals to minute particulars. The entire repertory has been divided **into 37 sections.**

They are as follows:--

- |                        |                      |
|------------------------|----------------------|
| 1) Mind                | 2) Vertigo           |
| 3) Head                | 4) Eyes              |
| 5) Vision              | 6) Ear               |
| 7) Hearing             | 8) Nose              |
| 9) Face                | 10) Mouth            |
| 11) Teeth              | 12) Throat int       |
| 13) External Throat    | 14) Stomach          |
| 15) Abdomen            | 16) Rectum           |
| 17) Stool              | 18) Bladder          |
| 19) Kidney             | 20) Prostate         |
| 21) Urethra            | 22) Urine            |
| 23) Genitalia Male     | 24) Genitalia Female |
| 25) Larynx and Trachea | 26) Respiration      |
| 27) Cough              | 28) Expectoration    |
| 29) Chest              | 30) Back             |
| 31) Extremities        | 32) Sleep            |
| 33) Chill              | 34) Fever            |
| 35) Perspiration       | 36) Skin             |
| 37) Generalities       |                      |

Dr. Pierre Schmidt in his Kent's Final General Repertory gave independent status to **Smell and Voice**, which was in Nose and Larynx respectively. Thus in this edition there are **39** sections. But Jost Kunzli thought otherwise that if the smell can be put under respective organs i.e. Nose, thus he has reduced the total number of section to **27** by putting

vision under eyes hearing under ears, external throat under throat, Bladder, kidney, prostate gland, Urethra and Urine under Urinary and by putting chill, fever and perspiration one section.

Each section has been further divided into Rubrics each Rubric is further divided into sub rubric and further into sub - sub Rubrics.

## **Mind –**

Rubric wise Mind section is one of the largest and important sections of the repertory. All emotional, intellectual and mental symptoms are included under mind section.

In front of many rubrics you will have cross-reference. This will specifically listed to know that there are other remedies to consider for a particular concept than simply the one in the rubric.

There are a number of rubrics that comes up routinely in prescribing. Loquacity refers to much talking. fastidious refers to being overly systematic so on and so forth. Under the heading of REPERTORISING topic by Margaret Tyler and John Weir, In reference to grading of symptoms they wrote, “ for mental symptoms particularly, it is well to go constantly through the repertory (Mind section), and to master all that it presents, and to make cross -references and to be sure that you get the correct rubric, and often combine two rubrics that practically amount to the same thing, and yet do not give quite the same list of drugs. As for instance, *aversion to company and better alone* may not be quite the same thing and yet it is often difficult to sort them. Like wise there are number of rubrics. Some of the language in the repertory is confusing. The largest rubric in the mind section is Delusion, refers to beliefs or feelings that are fixed and false.

Generalities section is another important section of the Kents repertory. This section starts with, Time aggravations, from phases of days and night to clockwise timings. Then general modalities are also given. Rubrics like periodicity, weather related and others are important and used frequently.

## **Vertigo-**

This section contains rubrics related to modalities and character of vertigo etc.

**Rubrics like-** Vertigo > by thinking some thing else. Vertigo with fainting. Vertigo as if walls of her house fall on her.,Vertigo from loss of sleep., are included in this section.

### **Head-**

Rubrics related to clinical conditions like abscess, hydrocephalus, anaemia, modalities such as cold air sensitive to, uncovering aggravation, washing head aggravation. Conditions related to hair, mental symptoms like aversion to hat, intoxication's if, knocks the head against the things, etc. are observed under this section.

### **Eyes and vision-**

These two separate sections contain rubrics related to eye proper, eyebrows, around the eyes and eyelids, and the different types of modalities in general. Different conditions of the eyes filmy, dullness in eyes, Clinical conditions like myopia, glaucoma, different Sensations, etc and chapter vision contains rubrics related to pathophysiology of vision with circumstantial modalities are listed alphabetically.

### **Ear and hearing -**

These sections, contains rubrics related to different conditions, sensations and modalities localized to ear and also to disturbances of Hearing.

### **Face -**

This section contains rubrics related to constitutional features like shiny face, waxy face etc and mental rubrics like desire to wash in cold water. Also other locations like sinus, parotid gland, submaxillary gland, sub mental gland, lips; clinical conditions like abscesses, expression, modalities like shaving aggravation.

### **Nose –**

Included symptoms related to nose and also of smell. Rubrics like - Fan like motion of ale nasi., Mucus membrane destroyed., particular complaints of nose,discharges etc.

Smell contains rubrics related to the conditions that is, acute, diminished or lost. Where as the rubric odor contain rubrics related to

illusions and different types of odor.

### **Mouth-**

Contain rubrics related to clinical conditions like aphthae, atrophy, boils, burns, purpura etc and also sensations, constitutional features like fingers in the mouth children puts, Grasping at mouth etc. Locations like hard palate, mucus membrane, Papillae. Are all arranged systematically.

### **Teeth-**

This particular section contains rubrics related to clinical conditions like caries, periostitis, constitutional features like adhere together, mental symptoms like desire to bite together different sensations, symptoms related to dentition.

### **Throat – internal**

This section contains rubrics related to certain clinical conditions, sensations, symptoms related to deglutition - Choking, Gurgling, liquids, obstruction, spasms, swallowing, some of the locations like, uvula, tonsils. As there is no separate section for oesophagus symptoms of oesophagus according to parts are included under this heading.

### **Throat - external**

This section is related to throat pit, sternocleidomastoid muscles, carotid artery, thyroid gland, cervical lymph glands, etc. It contains rubrics related to mind like clothing sensations, fistula, aggravation, clinical conditions like goiter, torticollis etc.

### **Stomach-**

This section contains many particular as well as physical general symptoms of the patient. Rubrics related to sensations, desire & aversions of food, thirst, appetite, clinical conditions like cancer, ulcers, related to hiccough, modalities like wine aggravation.

### **Abdomen-**

Abdomen section contains many particular rubrics related to clinical conditions anuresum, gangrene, hernia, intussusception, locations like inguinal region and lymph glands, iliac bone, umbilicus, liver and gall bladder, spleen, sensations, mental rubrics like anxiety, clothing sensitive

to, constitutional features like enlarged abdomen in children.

### **Rectum and stool -**

These two sections contain rubrics related to clinical conditions like haemorrhoids, abscesses, fistula, fissures, cholera, apthous; locations like perineum, above the coccyx, nates between; different sensations; and rubrics for worms. And stool chapter contain rubric related to different characters of stool. -Ball like, hard, green, white etc

### **Urinary organs-**

There are five sections under the heading of urinary organs i.e. urinary bladder, kidneys, ureters prostate, urethra and urine. Under these headings different sensations, clinical conditions like calculi, Addison's disease, and many other rubrics related are listed.

### **Genitalia- Male and Female-**

There are separate male and female headings. This section contains rubrics related to clinical conditions like abortion, balinitis, condylomata, cancer, also age related rubrics like menopause, disorders of the primary sexual organs, menstruation, reproduction (sterility) and pregnancy and ailments from like suppression of sexual passion complaints of sensations, sexual function erection troublesome, erection wanting, sexual desires coition aversion to, sexual passion, enjoyment absent, locations includes thighs between, pubic region constitutional features like handling the genitals, masturbation disposition to etc.

### **Larynx and Trachea -**

Contain rubrics related to clinical conditions like cancer, croup, and sensations, and location includes throat pit, Horsness of voice etc.

### **Respiration-**

This section covers rubrics related to different types of respiration, its modalities, clinical conditions asphyxia newborn, asthma, pulmonary oedema, mental symptoms like desire to breath deep.

### **Cough -**

Under this section rubrics related to different modalities and types of cough, clinical conditions like asthma, croup, and cardiac disease from, whooping cough.

## **Expectoration-**

Expectoration chapter contains rubrics related to the modalities, different characters of expectorations like frothy, yellow, sticky, ball like etc.

## **Chest -**

This section contains rubrics related to clinical conditions, angina pectoris, Atelectasis, cancer, emphysema pulmonary edema; sensations; modalities like wine aggravation, locations axilla, lungs, bronchi, pleura, mammae, heart, pectoral muscle, and sternum. Functions of the heart like fluttering, palpitation; related to mind like anxiety, apprehension, restlessness and lactation.

## **Back-**

This section covers rubrics related to sensations; clinical conditions like bifida spina, abscess, and concussion of spine, softening of cord etc. as such this is purely particular section covers complaints, sensation particular modalities related to back.

## **Extremities-**

This is the largest chapter in relation to pages in Kents Repertory, and consists of rubrics related to each joint, bones, muscles etc. clinical conditions like ankylosis, chorea, corns, felons, milk leg, thrombosis; position of the limbs; gait; locations include nails, bursae, bones, muscles, tendons, hip joint, lymphatic certain dermatological conditions like cracks skin bend of, excoriation, hardness of skin; all circumstantial modalities, Constitutional features like late learn to walk, wrinkled, etc.

## **Sleep-**

This is one of the most important sections because it is the combination of physical generals and mental generals (sleep and Dream rubrics). This section covers contains rubrics related to disorders of sleep like narcolepsy; different characters deep sleep, disturbed, heavy position of the body during sleep; consciousness semi-consciousness, stupefaction, unconsciousness; and yawning. Also many rubrics related to dreams.

## **Chill –**



This section covers rubrics feeling of cold with shivering and pallor, Anticipating chill, Scrobicularis cordis, Pernicious chill and different characters related to chill.

### **Fever-**

This chapter contains rubrics related to fever in general like Continued fever, Hectic fever, Masked intermittent fever, Relapsing fever, Remittent fever, Thymus, Paroxysmal, Zymotic fever and different associated complaints with fever.

### **Perspiration-**

Rubrics related to character of perspiration, natures of perspiration are listed under this section. other rubric like Perspiration alternating with; Perspiration all over the body except face, Perspiration increases the coldness of the body.

### **Skin-**

This section consists of basic dermatological lesions; clinical rubrics; and constitutional features like filthy, offensive, inactivity of skin etc. also rubrics related to eruptions, itching, discoloration, pains are listed. As such this section is combination of physical generals and particulars.

### **Generalities-**

This section covers maximum physical general symptoms of the patient. They are listed in relation to—

**a) The man himself-** E.g.- different sensations, age, pathophysiology related to different structures in general like brittle bones, inflammation of the muscle, etc.

**b) Those symptoms related to the environment.** – E.g.- time, weather, food, etc.

### **SYMPTOMS RELATED TO MAN HIMSELF ARE OF -**

- 1) Age-** Nursing children, old people, puberty, menopause, etc.
- 2) Constitution-** dwarfish, stoop shouldered emaciated, obese, body fat but legs are emaciated, slender, syphilitic, etc.
- 3) Tissues-** bones caries, non union, slow union, softening; cartilage's

inflammation, muscles shortening, indurations, tendons injuries; serous membrane inflammation; lymph glands fistula, ulcers, pain; nerves inflammation, blood congestion, pulse, distention etc.

- 4) **Sensations** - Hard bed sensation, heaviness, pain, plug sensation, etc.
- 5) **Ailments from and other Modalities-** Gonorrhoea suppressed measles after, vaccination after, etc. aggravation motion, pressure, menses before, perspiration, etc. amelioration - Change position, hand laying on part, chill feels better before, magnetism, perspiration gives no relief, etc.
- 6) **Clinical conditions.** - Anemia, cancer affections, cyanosis, fistula, inflammation.etc.
- 7) **Character of the symptom-** contradictory and alternating states, pain appears gradually and disappears gradually, side symptoms on one side, alternating symptoms, metastasis, etc.
- 8) **Reaction of the body** – e.g. anxiety physical, irritability, mucus secretion increased sensitiveness. Reaction lack of, sluggishness of body. Lassitude, lie down inclination, plethora, weakness, weariness etc.

### **SYMPTOMS RELATED TO ENVIRONMENT ARE OF-**

- 1) **Time** - Daytime, Morning, evening, sunrise to sunset, etc.
- 2) **Environment-** Weather (wet, summer, winter, etc.), sun, moon light, air draft of, foggy, high places, storm, etc.
- 3) **Food** - Break fast, eating, fasting, hunger, etc.
- 4) **Toxins** - Arsenical, china, coals, led, etc.
- 5) **Out side ailments from and other modalities-** A/F- shocks from injury. Aggravation - crowded room, exertion, jar, lying, noise, riding, uncleanness, uncovering, etc. amelioration - rubbing, warm bed, exertion, bathing face, etc.

### **Arrangement of symptoms under rubrics and sub-rubric-**

Rubrics have been arranged in an Alphabetical order for easy reference except timings which are given according to their appearance beginning with,

Daytime - Morning to Evening, like wise Night – midnight before, midnight & midnight after, followed by clockwise timings. Here also he tried to maintain his principle **General to particular**. Each section starts

with general rubric. All the medicines that have produced that symptom are mentioned against this general rubric followed by particular rubric. Each general rubric is modified by six factors into sub rubrics with few exceptions.

- |                       |                               |
|-----------------------|-------------------------------|
| 1) Laterality. (Side) | 2) Time                       |
| 3) Modalities         | 4) Extension                  |
| 5) Location           | 6) Character, or<br>Sensation |

After deep study it is ascertained that following are the characters available under Sub - rubrics in the entire book.

- |                   |                             |
|-------------------|-----------------------------|
| 1) Location       | 2) Sensation &<br>Character |
| 3) Modalities     | 4) Concomitants             |
| 5) Alternate with | 6) Cause                    |
| 7) Extension      | 8) Onset                    |
| 9) Adaptability   | 10) Sensation as if         |
| 11) Various types | 12) Unexpected<br>deviation |
- 13) Sides

*“In regard to Extensions that the point **from** which certain symptom Extends, is the one under which that symptom will be found, never under the point **to** which it extends”.*

### **Arrangement of remedies –**

Throughout the repertory remedies are arranged in an alphabetical order. First he described the general number of remedies for particular symptoms and then deducted according to modifications and other factors.

Kent made use of earlier Materia Medica and clinical observations but rejected numerous symptoms and drugs, which were insufficiently confirmed.

Thus his repertory contains **648** drugs though other drugs were also known in his time (some book gives number 642 remedies).

Dr. Kent used three different types of letters to indicate the grades of medicines –

**Bold** - 3 Marks - First Grade

*Italics* - 2 Marks - Second Grade

Roman - 1 Marks - Third Grade

Gradation of symptoms of medicines are being made on the basis of -

a) **Recording** - By drug proving.

b) **Confirmation** - By Repeating.

**Verification** - By administering to the sick and curing them.

While working with Kent's approach and method, one has to bear in mind that following remedies are not well presented in repertory, such as

1) Sarcodes, 2) Biochemic remedies, 3) Organ remedies, 4) Bowel Nosodes.

### **Adaptability –**

Kent's repertory is popularly used in all chronic as well as in acute cases for prescribing proper similimum. This repertory is most useful in cases where generals are prominent, where symptom are well defined and qualified with Modalities, sensations etc.

With Kent's repertory one can work out cases by following Methods of Repertorisation.

a) **Classical method** -

b) **Kent's General to particular** -

1) Mental general to physical general to particular.

2) Physical general to particular.

c) **Eliminating method**

1) Triangular method.

2) Regular method.

**And his concept of repertory analysis is as follows –**

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Sym.	Section	Rubric	Sub	Page
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No.

Rubric

No.

## **ADVANTAGES AND DISADVANTAGES OF KENT'S REPERTORY -**

### **Advantages -**

Because of well-explained sections and rubrics hunting from Kent's repertory is easy.

There are about 648 remedies, which helps for good practice.

Rubrics, sub rubrics are so arranged that one complete symptom can be had at one place.

This repertory has undergone many works so that numerous opinions confirm about its ideality.

Size and grooves on the book attracts the reader and the patient also.

There are only 3 grades of remedies that make calculation easy after repertorization.

Only repertory which covers rubrics pertaining to mental generals, physical generals and particulars which constitutes the totality of symptoms, So useful in acute as well as chronic cases.

A long index helps for the neophytes to find out the rubrics.

This repertory contains perhaps largest No. Of Rubrics so it is the best index.

### **Disadvantages -**

) Symptoms are not explained in patients words so Hunting demands correct interpretation.

) Many rubrics have different dictionary meaning.

) In some parts the rubrics are over generalised and over particularized. E.g. Under Mind and Extremities respectively.

) Certain anatomical regions have no corresponding sections though the arrangement is from anatomical order i.e. Neck.

5) Many Amel. are omitted, one must look them under Agg. E.g. - Amel. Summer. One must refer Agg. Winter.

### **Criticism -**

Dr. Kent's repertory is an exhaustive and elaborate work and since its publication has reigned supreme - because of its completeness and most

logical exposition of Homoeopathic philosophy. However, it is an exhaustive work and some mistakes are bound to occur. Also, it has been strongly felt that Kent has taken a little different approach in practice than what he preached as his philosophical concept i.e. his chapter on 'Extremities' is the largest covering, 285 pages. Elaboration of a chapter containing particular symptoms only to such an extent does not conform to his concept of more importance to generals and less importance to particulars because comparatively the chapter on 'Generalities' has not been very well expanded. He has over generalised chapter on 'Mind' that is the most important chapter and over particularised 'Extremities' chapter. Similar rubrics, with different remedies and with different evaluation are given in many sections. This poses difficulties in working out a case, because the chances of missing out remedy are great. E.g. – "Liquids taken are forced into nose" also under the chapter Nose "Liquids comes out through the nose on attempting to swallow".

### **Other deficiencies noted are –**

Even though he criticised Boenninghausens therapeutic pocket book for mentioning medicines under parts he himself could not avoid doing so, E.g. Liver, spleen etc.

Contains many clinical Rubrics which dont serve purpose of repertorization according to his philosophy. E.g. Addison's disease, anemia, pneumonia.

Some of the general modalities appear in parts instead of 'Generalities'.

Nosodes (not all) represented well though Kent used them frequently in his practice.

Rubrics relating to thermal reactions are not defined well though important, for this you have to consider rubrics like, - Generalities, – cold Agg. / Amel.

Warmth Agg / Amel.

6) Kent has advocated the use of bigger general rubric to avoid errors of omission but at some places general rubrics themselves do not represent medicines that are mentioned in sub rubrics.

E.g. pain in Ankle where plantago (plan) remedy is not observed which is present under sub rubric – pain, ankle < evening.

Dr. Elizabeth Wright saw some faults in Kents work, according to her,

- a) Many rubrics are out of place- pulse is under generals instead of being with the heart, lips are under the face instead of the mouth.
- b) Certain headings are misplaced i.e. awkwardness under general when it is a mental, desire and aversion under stomach when they should be in generals.
- c) Pathological, diagnostic and objective symptoms are scattered throughout. They should be in a separate section.
- d) Many common symptoms are so large as to be useless.
- e) There are many more remedies that need to be included. . Also some remedies, which are not given in the index, represent certain rubrics. E.g.- Nux-V in indisposed to talk; Kali-phos in Insanity etc.
- f) Many rubrics could be eliminated as being useless.
- g) Lack of an index and good cross- referencing.

### **Different pains from Kents Repertory-**

Aching – continuous dull pain.

Biting- localised, sharp form of pinching, deeper burning.

Boring – from outside in, steady pain, thigh location.

Burning- hot, like fire.

Burrowing- mild, nagging.

Bursting- explosive, violent.

Cramping- on and off in intensity, muscular, like tied in a Knot.

Cutting- sharp, knifelike.

Drawing- like pulling inwards.

Dull pain- constant, mild to moderate intensity.

Foreign body as if, - sensation of something present that is not normally there.

Gnawing- intermittent intensity, annoying, chewing.

Grasping- squeezing, pulling.

Grinding-involves motion, wearing smooth by friction or motion.

Grumbling- chronic, changing but constantly there, mild to moderate.

Hacking - cut, notch, slice.

Jerking- pain makes you move, not a pain, its like something that happens in body.



## **NOTE FOR DR.J.T.KENTS REPERTORY-**

### **METHOD OF WORKING:**

## **Dr. J.T.Kents Repertory: Cases Demonstration.**

### **Classical Method Of Repertorizatoin -**

#### **Case No. -1**

Miss. XYZ aged 50, been heavy tea drinker for 15 years had much pain and discomfort in stomach with flatulence Agg. Eating after. Much rumbling in abdomen, Appetite poor, bowels fairly regular.

Desires – salt ++ sweets ++.

Aversion - Fatty+, Acids++.

Flushes of heat with sweating which relived her. She is very thin, excitable person -- a bundle of nerves. On further inquiry she was found to be very chilly. Food has no taste, cannot bear the smell of cooking food.

Generals – chilly patient, Agg. Spring, before and during thunderstorm.

Mind - Irritable in morning, Anxiety for others. Fears something going to happen, of crowds, being suffocated, of darkness, of robbers, due to fear patient gets depressed, anxiety about health and disease, Impatient, suspicious. Very sensitive readily offended, startled easily with least noise.

As in this case there are marked mentals as well as physical generals Kent's repertory and Kent's concept of totality is considered.

### **Analysis of symptoms –**

1. Fear something will happen. - Mental G. Chact.
2. Fear robbers of. - Mental G. Chact.
3. Fear, darkness. - Mental G.charact.
4. Fear, suffocation. –Mental G.chact.
5. Fear, crowd of - Mental G. Chact.
6. Anxiety for others. - Mental G. Chact.



7. Suspicious. - Mental G.chact.
8. Offended readily. - Mental G.chact.
9. Storm, approach of an Agg. – Physical Gen. Modality.
10. Spring, in Agg. – Physical gen. Modality.
11. Averse fats – Physical G.chact.
12. Averse acids. - Physical G. Chact.
13. Desire salt. - Physical G. Chact.
14. Desire sweets. - Physical G. Chact.

Non-Reportorial totality (P.D.F.) – Pt's particulars, physical make up and chilly patient.

### **Repertorial analysis –**

<b>S. No.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubric</b>	<b>Page No.</b>
1)	Mind	Fear	Something Will, happen.	45
2)	Mind	Fear	Robbers of.	47
3	Mind	Fear	Darkness of.	43
4	Mind	Fear	Suffocation of.	47
5	Mind	Fear	Crowd in.	43
6	Mind	Anxiety	Others for.	07
7	Mind	Suspicious	-----	85
8	Mind	Offended.	Easily	69
9	Generalities	Storm	Approach of.	1403
10	Generalities	Spring	Agg. In.	1403
11	Stomach	Aversion	Fats for.	480
12	Stomach	Aversion.	Acids.	480
13	Stomach	Desire.	Salt.	486

### **Repertorizatoin and result of repertorization –**

*At the time of actual repertorization all characteristic symptoms are considered. Also in this method all remedies are considered without any elimination.*

As patient is chilly, chief remedies considered are -

Phos. - 21/11

Ars - 18/8

cal.carb. - 13/8

Caust- 14/7

Rhust. Tox. - 12/7

The constitution of the patient i.e. lean, thin, excitable person suggested either Ars, or Phos.

By considering modalities Ars, was prescribed with good result.



### **Case No. 2**

Patients Name: Miss. M. S.S.

Age 12 years. Sex: Female.

Full Address: xyz.

Occupation: Student Religion: Hindu

Date of Admission:

Date of Interview: 19.03.1998

Marital Status: Unmarried.

### **Present Complaints: -**

- 1) Incontinence of Urine - since 2 years.
- 2) Headache since 1 year - Intermittent attacks.

### **History of present complaints:-**

1) Incontinence of urine since 2 years before that there were no complaints. One day after the death of her grandmother suddenly she got the attack of frequent micturation day and night and after that she started complaining involuntary passing of urine in bed. She uses to get involuntary urine while ruuning also. There is no marked odour. Almost

for 2 times in a night there is complaint because of which she is waking up. No any other associated complaints with above.

2) Frequent Attack of Headache - Intermittent Attack mostly in daytime. There is pain in forehead and also in occipital region, pulsating type of pain agg, on exposure to sun heat. Some time headache ameliorated by open air. After studying for long and on excitement for which she is taking Allopathic Tab.

### **Past History:**

#### Childhood:

Immunization has been done according to the schedule. Didn't suffer from any childhood diseases like measles, Poliomyelitis, whooping cough etc. Once she got hospitalization for the complaints of loose motions and pain in abdomen.

Since beginning her nature is very violent, angry and unadjustive.

### **Family History:**

Total family members are four- Father, mother, and one sister.

de: Father 45 years old has no any major illness. Grandfather and Grandmother were died.

de: Mother 38 years old keeping good health. Grandfather suffering with Hypertension, taking Allopathic Rx. Grandmother keeping good health.

Sister 10 years old, keeping good Health.

### **Personal History:**

Socio Economical Condition:- Middle class.

Diet: - Vegetarian, taking rice large quantity in daily diet.

Food Desires:- Bread & Milk++

Food Aversion:- Not specific,

Appetite: Increased Appetite with Headache,

Thirst: - She has thirst for large quantity of water at longer interval.

Eating Habits:- Breakfast in morning, lunch and dinner.

Habits:- No any Habit.

### **Physical Generals:**

Physical Make up - Patient is lean, thin, with dark complexion, dirty looking, oily skin and pale face with dark rings around eyes.

General Modalities: No any specific general Modality.

Periodicities: Not marked.

**ration** - Profuse perspiration all over the body after exertion, it is watery cold without any peculiar smell.

### **Eliminations:-**

- 5 to 6 times/day. Profuse colourless without any odour, sediments etc.
- Regular Bowel habit, once in 24 hours, satisfactory stools.

### **Sleep and Dream:-**

7 - 8 hours sleep, Refreshing, usually sleeps on Back and on left side. Keeps mouth half open in sleep.

Dreams - Frequent dreams, Frightful dreams since few years, now since 1 year dream of died grandmother.

### **Mental state:-**

She gets angry easily, desires for solitude. Rough in nature. Cannot weep even when she became sad. There is constant feeling that she is committing a crime. Feels very guilty about her bedwetting. Since childhood she is unadjective. Haughty in nature, mentally she is dull. In study also she is not that much sharp. Weakness of memory, loss of concentration while reading many times aversion to do study. Now days because of grief she is becoming sad and nervous.

Becaming introverte not interest to talk with any one.

### **Physical Particulars: -**

Head: Good distributed hairs. No any complaints of scalp and Hairs.

Eyes: Vision good. No any particular complaint of Eyes.

Ears: No any complaints.

Nose: No complaints.

Face: Pale Face. Looking sad, nervous, sickly Face.

Mouth: No complaints. No discolouration. No coating, clean Tongue.

Throat: No complaints.

Stomach: No complaints.

Abdomen: No complaints.

Chest: No complaints.

Back: No complaints.

Extremities: ----

### **Clinical Examination:-**

Height: - 3' 4"

Weight: -30 kg.

Pulse: - 68/Min. Regular, slow and soft to feel.

Temperature: - 98<sup>0</sup> F.

Respiratory Rate: - 16 Cycles/min.

Blood Pressure: - 110/80 mm. of Hg.

Conjunctiva: - Pale

Pupils: - Reacting equally to light.

Sclera: - Muddy,

Nails: - Pale

Tongue: - Clean. Lymphadenopathy: No any.

### **Systemic Examination:-**

#### **Respiratory System:-**

Inspection: Bilateral symmetrical elliptical chest. No scar. No visible pulsation, normal respiratory movements. No any swelling.

Palpation: No tenderness. No swelling. Trachea is centrally located.

Percussion: Resonant note is heard all over the chest except the pericardial region.

Auscultation: Air entry is equal on both sides. No any other added sounds are heard.

## **Cardiovascular System:-**

Inspection: No visible apex beat.

Palpation: Heart beat is felt at 5<sup>th</sup> intercostals space.

Percussion: Dull note is heard on the pericardial area.

Auscultation: Heart rate is 68 beats/mi. No any other abnormal sounds like murmur.

## **Differential diagnosis:-**

- 1) Complaints due to sudden fright Nocturnal enuresis.
- 2) Anaemic Headache.

## **Investigations:-**

1) Routine Blood Examinations:

Hb % --9.6 gm%

C.B.C. % - with in Normal value.

Diff. Count. % - with in Normal value.

2) Routine Urine Examination: N.A.D.

## **Homoeopathically disease diagnosis:**

Chronic disease.

## **Miasmatic Diagnosis:**

Psoric miasm.

## **Analysis of symptoms:**

Ailments from grief- (Mental general characteristics.)

Dreams of dead grandmother –(Mental general characteristics.)

Frightful dreams – (Mental general characteristics.)

Cannot weep even when sad – (Mental general characteristics.)

Feels as if she is committing a crime – (Mental general characteristics.)

Desires for solitude – (Mental general characteristics.)

8)Desires for milk – (Physical general characteristics.)

9) Thirst for large quantity of water at longer interval - (Physical General characteristics.)

10) Incontinence of Urine in Bed – (Physical general characteristics.)

11) Profuse watery perspiration – (Physical general characteristics.)

!) Pulsating type of Headache – (Particular characteristics.)

) Headache starts on exposure to sun, standing for long and on excitement – (Characteristics particular.)

**(No Evaluation of symptoms)**

**REPERTORY ANALYSIS: -**

**Repertory selected:** Dr. J.T. Kent's repertory.

**Method Selected for repertorization** - Dr. Kent's Classical method of repertorization, by using repertory sheet.

<b>S. No.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub Rubrics</b>	<b>Page No.</b>
1.	Mind	Grief	Ailments from	51
2.	Stomach	Thirst	Large quantity for	529
3.	Sleep	Dreams	Dead of the relatives	1237
4.	Sleep	Dreams	Frightful	1240
5.	Mind	Sadness	Weep cannot	78
6.	Stomach	Desires	Milk for	485
7.	Bladder	Urination	Involuntary, night (Incontinence Bed)	659
8.	Head	Pain	Pulsating.	146
9.	Mind	Anxiety	Conscience of as if guilty of crime.	06
10.	Mind	Company	Aversion to	12
11.	Head	Pain	Sun, from exposure to	149
12.	Head	Pain	Excitement of the emotions	139

	after	
13. Perspiration Profuse	----	1299

### **Result of repertorization:-**

- 1) Natrum Mur. - 30/11
- 2) Pulsatilla - 25/10
- 3) Sulphur - 20/9
- 4) Ars. Alb. - 20/8

### **Choice of Remedy:-**

Natrum Muriaticum.

Because Nat. Mur. Covers most of the General Characteristic symptoms of the Pt. Also after Repertorization it carries highest mark and symptom covered are also high in number. After going through the Materia Medica and comparing the patient's other symptoms, constitution and modalities Nat. Mur. Seems most similar Remedy rather than other Remedies from group.

**First Prescription:-** Natrum Mur 1 M, BID for 3 days,

Followed by S.L. for 5 days and asked to follow after 8 days.

### **Follow up of Patient:-**

Date	Diagnosis	Treatment
19.3.98	First prescription	Nut. Mur. 1 m. X 3 days BID S.L. for 5 days
3.4.98	Headache is almost completely reduced. Frightful Dreams No more, mental condition is improved. Sleep Appetite is also improved. Incontinence in Bed is still	S.L. for another 8 days. O.D.



persisting.



### **Case No. 3**

Patients Name: **Mr. D. B. M.**

Age- 65 years. Sex: Male.

Full Address: ABC....

Occupation: Farming Religion: Hindu (Jain)

Date of Admission: Date of Interview: 16/6/97

d Duration of Illness: Last 4 Months.

#### **Present Complaints: -**

1) Cough since 4 months.

Feeling of Heaviness in Chest with Breathlessness since 4 months.

#### **History of Present Complaints:-**

- 1) Cough since 4 months - Pt. started complaining cough with scanty expectoration, cough agg. after eating, in the evening, in cold air and also after mental exertion. At the time of cough there is Headache. Cough causes feeling of weakness, Expectoration is white in color and it mainly comes out in early morning.
- 2) Feeling of Heaviness in chest after eating, cough is followed by Breathlessness, agg. due to cold air, cold drinks, while talking. Complaints of breathlessness more at night. There is wheezing sound in chest. In warmth there are no complaints. There is loss of appetite due to above complaints.

#### **Past History:**

Childhood: Not able to recollect in detail but there was H/o. jaundice in childhood.

Adult: No H/o. Similar complaints in the Past. No major illness in the past like Typhoid. Malaria, diabetes, Hypertension etc.

#### **Family History:**

The patient's father had the similar complaints. No any family history of Tuberculosis, Hypertension, Diabetis etc.

#### **Personal History:**

Socio Economical condition - Middle class

Diet - Vegetarian

Food desires - Not specific

Food Aversion - Bread++

Appetite - Reduced than before. After a few mouthfuls he feels satisfied.

Eating habits -Morning 10 A.M. Food i.e. Lunch,

Evening 6 P.M. Dinner

Habits - Tobacco and Pan chewing

### **Physical Generals:**

*Physical make up* - well built and nourishment, Patient is with grayish hairs, wrinkled skin of face, Black complexion with oily skin, warts on chest and checks.

*General Modalities:*

A patient is generally amel. by Rest

*Periodicities:* Not marked

Thirst - For small quantity of cold water

Perspiration - Profuse only on neck. Perspiration while eating, odorless.

### **Eliminations:**

Urine - 3 to 4 times in a day passes slowly, scanty, unsatisfied. 2 times at night. Urine is slight yellow coloured.

Stools - Regular once in a 24 hours. Satisfactory.

### **Sleep and Dreams:**

Sleep is disturbed due to attack of cough and breathlessness. Patient usually lies on Rt. Side that relieves many complaints. Wants covering.

Dreams - Occasional dreams of snake.

### **Physical Particulars:**

Head: Frontal Baldness. Grey coloured hairs, Headache < Cough.

Eyes: Dimness of vision on Rt. side cataract is developing, sometimes watering of eyes.

Ears: No complaints.

Nose: No complaints.

Face: Old wrinkled face, warts on face on Rt. Cheek marked.

Mouth: Black discoloration of Teeth and gums due to Tobacco.

Tongue: White coated posterior.

Throat: No complaints.

Stomach /Abdomen: No complaints.

Chest: Warts on chest.

Back: No complaints of Backache after exertion. > Rest, dull aching pains.

Extremities: Pains in lower extremities after exertion, especially in the evening.

### **Clinical Examination:**

Height: 5'6"                      Weight - 56 kg.

Pulse: 66/mi. irregular, weak pulse.

Temp.: 98 ° F

Blood Pressure: 130/90 mm. of Hg.

Respiratory Rate: 18 cycles/min.

Conjunctive: Pink

Pupils: Reacting equally to light.

Lymphadenopathy - No any generalized lymphadenopathy.

### **Systemic Examination:**

*Respiratory System:*

Inspection: Bilateral symmetrical chest. Elliptical in Shape, warts on chest near sternum. Respiratory Movement's equal on both sides.

Palpation: No tenderness. No lump. Trachea is centrally placed.

Percussion: Resonant note all over the chest except cardiac dullness.

Auscultations: Air entry more on Rt. side. Wheezing on both sides.

### **Differential Diagnosis:**

- 1) Chronic Bronchitis
- 2) Bronchial Asthma

### **Investigations Required:**

- 1) Routine Blood Examination, ESR,
- 2) Routine Urine Examination

- 3) X-Ray Chest
- 4) Sputum Examination

**Homoeopathically Disease diagnosis:**

Chronic Miasmatic disease

**Miasmatic Background:** Psoro-sycotic

**Analysis of Symptoms:**

- 1) Dreams of snakes - Mental general characteristic.
- 2) Pt. is smiling while answering - Mental general characteristic.
- 3) Pt. has aversion for Bread- Physical general characteristic.
- 4) Thirst for small quantity of water - Physical general characteristic.
- 5) Perspiration while eating- Physical general characteristic.
- 6) Pt. is having irregular weak pulse - Physical general characteristic.
- 7) Unsatisfied feeling after urination - Physical general characteristic.
- 8) Headache during coughing - Physical particular characteristic.
- 9) Warts on Face and Chest - Physical particular characteristic.
- 10) Breathlessness agg. by Cold - Particular common.

**Repertory Analysis:**

Repertory selected - Dr. J. T. Kent's repertory

Method selected - Classical method by using repertorisation Sheet.

S. No.	Section	Rubric	Sub-Rubric	Page No.
1	Sleep	Dreams	Snakes of	1243
2	Mind	Smiling	When speaking	81
3	Stomach	Aversion	Bread	480
4	Stomach	Thirst	Small quantity for	529
5	Perspiration	Eating	While	1297
6	Generalities	Pulse	Irregular, Weak	1395 1397
7	Bladder	Urination	Unsatisfactory	661

8	Head	Pain	With cough	138
9	Chest	Warts	On sternum	882

### **Result Of repertorization:**

- 1) Ars. Album - 15/6
- 2) Phosphorus - 12/7
- 3) Kali carb. - 12/6
- 4) Phos. Acid - 12/5
- 5) Sepia - 11/6

### **Choice of remedy:**

Phosphorus - Because Phos. Covers most of the symptoms from totality and other general are matching to the remedy.

### **Follow up of the Patient:**

Prescription: Phosphorus- 200 BID for 3 days followed by sac lac.

Date	Diagnosis	Treatment
16.06.1997	First prescription	Phos 200 BID x 3 days.
24.06.1997	Pt. is feeling better. Cough is almost reduced. Breathlessness is also up to 40% reduced. Patient is mentally feeling well.	SL. for 8 days. O.D.

## **DR. KENT'S GENERAL TO PARTICULAR METHOD OF REPERTORISATION -**

### **Case No.4**

Patients Name: Master S. B. G.  
 Age: 8 years. Sex: Male  
 Full Address: A /P – xyz.

Occupation: Student      Religion: Hindu  
Date of Admission:      Date of Interview: 31.1.97

ied  
ars.

### **Present Complaints:**

- 1) Swelling on right side of the neck since Birth.
- 2) Pain in leg since 2 years.

### **History of Present Complaints:**

Swelling on right side of the neck since Birth. There is swelling of pea size on the right side of the neck when this swelling enlarges the patient gets episodes of vomiting, fever and Headache. After the attack of vomiting patient becomes very thirsty. Swelling is painful to touch.

Pain in legs since 2 years. There is attack of pains especially in evening and night. Because of pain patient becomes very restless keeps on moving here and there. Severe dull aching pain at that time pt. wants to be rubbed by the parents, which makes him better.

### **Past History:**

Early Childhood: Immunization is done according to the schedule. No history of any childhood diseases like measles, whooping cough, diphtheria etc.

### **Family History:**

Total members in the family are five. Grandmother, father, mother and one sister.

Paternal Side: Father 42 years old. Keeping good health. Grandmother 60 years old suffering from Hypertension.

Maternal Side: Mother 35 years old. She is suffering from C/o. Renal calculi.

Sister is keeping good health.

### **Personal history:**

Socio Economic Condition: Middle Class.

Diet: Vegetarian

Food Desires: Spices, Highly seasoned food, ice cream.

Appetite: Reduced

Habits: No any

Eating Habits: Also for 4 to 5 times a day eating small quantity at a time.

Hobbies/Interest: Has interest in playing cricket.

### **Physical generals:**

Physical make up: development of milestones at appropriate time, he is short, thin with abdomen distended. Fair complexion.

### **General modalities:**

No any specific general modality.

PERIODICITIES:

Not marked

Thirst: For large quantity of cold water.

Perspiration: Not marked

### **Elimination:**

Urine: 5 - 6 times/day. No complaints

Stools: Regular once in a day

### **Sleep and dreams:**

Sound sleep. Sleeps on abdomen. No dreams.

### **Mentals:**

By nature the patient is very indolent, doesn't want to do any work. Also he has no interest in study. Fearful, fears dark, very affectionate child, he is shy. Doesn't want to talk. Wants things but reject when offered.

### **Physical particulars:**

Head: Black Hairs, Equally distributed. No complaints.

Eyes: No complaints.

Ears: No complaints.

Face: Anxious looking.

Mouth: No complaints.

Throat: No complaints.

Stomach: No complaints.

Abdomen: No complaints.

Chest: No complaints.

Back: No complaints, swelling over right side of neck.

Extremities: Pain in lower extremities.

### **Clinical examination:**

Height: 3' 2"

Weight: 20 kg.

Pulse: 80/mi. Regular. Hard pulse.

Temp: 98<sup>0</sup> F.

Respiratory Rate: 18 Cyc /mi.

Blood pressure: 110/70 mm. of Hg.

Conjunctive: Pale. Sclera - Muddy

Pupils: Reacting equally to light.

Lymphadenopathy: no.

### **Systemic examination:**

#### *Respiratory System:*

n: Bilaterally symmetrical elliptical chest. No any scar. No swelling. No pulsations. No keloid.

l: No tenderness. No swelling. Trachea is centrally located. Temperature is normal.

on: Resonant note is heard all over the chest except cardiac.

tion: Air entry is equal on both sides. No added sounds.

### **Differential diagnosis:**

- 1) Fibroid
- 2) Cystic Tumors
- 3) Complaints due to calcium deficiency

### **Investigations required:**

Routine Blood - C.B.C., D.C., E.S.R., Hb%

X - Ray cervical region

### **Homoeopathically disease diagnosis:**

Miasmatic Chronic Disease

### **Miasmatic diagnosis:**



Psoro-sycotic

### **Analysis of symptoms:**

Pt. is thirsty after vomiting - (Physical general characteristics)

Pain in legs at night > by Rubbing – (Particular characteristics)

Pt. has aversion for sweets – (Physical general characteristics)

Swelling on the right side of neck – (Particular common)

Desire for spicy, highly seasoned Food – (Physical general characteristics)

Pt. is very shy - (Mental general characteristics)

Pt. is indolent - (Mental general characteristics)

Indisposed to talking – (Mental general characteristics)

Thirst for large quantity of water – (Physical general characteristics)

) Pt. always sleeps on abdomen – (Physical general characteristics)

) Wants things but rejects when offered – (Mental general characteristics)

### **Evaluation of symptoms:**

#### **GENERALS: I<sup>st</sup> Grade:**

1) Pt. is very shy

2) Pt. is Indolent

3) Wants things but rejects when offered

4) Doesn't want to talk

#### **II<sup>nd</sup> Grade:**

1) Thirst after vomiting

2) Desires highly season's food

3) Aversion for sweets

4) Thirst for large quantity of cold water

6) Pt. always sleeps on abdomen.

#### **PARTICULARS:**

##### **I<sup>st</sup> Grade:-**

**II<sup>nd</sup> Grade:** 1) Pain in legs at right > Rubbing

### **Repertory analysis:**

Method used - Kent's General to Particular. (Mental general to particular.)

S.	Section	Rubric	Sub Rubric	Page
----	---------	--------	------------	------

No.				No.
1.	Mind	Timidity	--	8 88
2.	Mind	Indolent	--	55
3.	Mind	Capricious	--	10
4.	Mind	Talk	Desire to be silent.	86
5.	Stomach	Thirst	Vomiting after.	530
6.	Stomach	Desires	Highly seasoned food.	485
7.	Stomach	Aversion	Sweets	482
8.	Stomach	Thirst	Large quantities.	529
9.	Sleep	Position	On abdomen.	1246
10.	Extremities.	Pain leg.	Night	1075

### **Result of repertorization:**

*Here at the time of actual repertorisation only those remedies are considered which are indicated for mental general symptoms.*

- 1) Sulphur - 19/7
- 2) Phosphorus - 17/7
- 3) Ars. Alb. - 13/7
- 4) Pulsatilla - 11/6

### **Choice of remedy:**

Phosphorus - Because Phos. has covered most of the symptoms are after referring to Materia Medica rather than other remedies, this remedy seems most suitable to the patient.

**First Prescription:** Phosphorus 1 m BID for 2 day,  
Followed by S.L. for 5 days.

### **Follow up of patient:**

---

Date	Diagnosis	Treatment
31.01.97	First prescription.	Phos 1 m BID x 2 days.
16.2.97	Pains in legs are reduced to 50%. Appetite and sleep improved.	S.L. for 8 days.

### **Case No. 5**

Name – Mr. **R. D. J.**

Age– 67 yrs. Sex- Male

Occupation– Farmer Religion– Hindu

Address – A/P J. Marital status– Married

Duration of illness – since 5 yrs.

#### **Chief complaints:**

- Tingling numbness in both the legs since 5 years.
- Burning at the left side of the neck since 5 years.
- Itching of the inner aspect of the both the thighs.

#### **History of chief complaints:**

There were no same complaints before 5 years, then he started getting tingling, numbness in both the legs. There is drawing sensation in left leg. There is itching in the thighs causes electric shock like pains in both the legs, > by walking.

Then he got burning in the neck esp. on the lt. Side. Itching of inner aspect of the thigh. There is severe itching, patient scratches until it bleeds, which ameliorates the symptoms.

#### **Past history:**

Childhood - All the milestones were normal, no any major illness in childhood, no any history of measles, mumps, etc.

Adulthood - H/O prolapsed of intervertebral disk, H/O tuberculosis of lung before 2 year.

#### **Family history:**

Total 10 members in family. Patient himself is sick, Wife is having hypertension since 3 yrs. 2 sons, 2 daughter in law & 4 grandsons are keeping good health.

Maternal side – Mother died due to old age.

Paternal side - Father died due to old age.

### **Personal history:**

Patient is from low economic family; He is from the poor class.

Diet - Mixed

Desire - Not specific

Aversion - Not Specific

Appetite - 2 times a day, 1½ Bhakari & rice at a time

Thirst - 3 – 4 glass/day, thirst for Small Quantity

Habits - alcohol drinking daily.

### **Physical make up -**

Black complexion, lean, thin with gray hairs.

### **General modalities -**

Agg. - Hot, Rest.

Ameli. -

Sleep - Sound

Dreams - Dreams of dead people.

### **Eliminations:**

Urine - requires much straining

Stool - once in a day, no any complaint

Perspiration - Scanty

### **Mind:**

Patient is irritable easily, gets angry on everything, talkative, and wants company.

Fears of darkness + + +, Fears of ghosts + + +

### **Physical particulars:**

Head – good distribution of hairs, graying of hairs.

Eyes – Dimness of vision

Back – Burning on the lt. Side of the neck

Extremities – Tingling numbness in both of the legs, itching on inner aspect of thigh on both sides.

### **Clinical examination:**

Pulse- 68 /minute	B. P. – 130/80 mm of Hg.
Temp. – 98 0 F.	Resp. Rate - 15 CY. /minute
Height - 5.5”	Wt. – 50 Kg.
Hairs - White	Conjunctiva - Pink
Sclera - White	Pupils - Reacts to light
Tongue - White	Nails - Pale
Oedema - Absent	Pallor - Absent
Cyanosis - Absent	Lymphadenopathy -Absent

### **Systemic Examination:**

Respiratory System – N.A.D.  
Cardia Vascular System – N. A. D.  
Central Nervous System – N.A.D.  
Alimentary system - N.A.D.

### **Investigations:**

- CBC
- X-ray of leg

### **Homoeopathically Disease Diagnosis:**

Chronic disease

### **Miasmatic background:**

Psoro - syphilitic

### **Analysis of symptoms:**

1. Dreams of dead people - (Mental general characteristic)
2. Fear of darkness – (Mental general characteristic)
3. Irritable & easily gets angry - (Mental general Characteristic)
4. Fear of ghost's – (Mental general characteristic)
5. Burning in back – (particular characteristic)
6. Tingling numbness in the legs - (particular characteristic)
7. Drawing sensation in the lt. Leg. –(Particular characteristic)

8. Electric shock like pain in legs. – (Particular characteristic)
9. Itching in inner aspect of thigh –(particular characteristic)

### **Evaluation of Symptoms:**

#### **Generals -**

Grade 1<sup>st</sup> - Dreams of dead people

Fear of darkness

Irritable & easily gets angered

Fear of ghosts

Grade 2<sup>nd</sup> - Physical general-----

#### **II. Particulars -**

First grade - -----

Second grade – Characteristic -

Burning in back

Tingling numbness in the legs

Drawing sensation in the lt. leg.

Electric shock like pain in legs.

Itching in inner aspect of thigh

### **Repertorial Totality:**

1. Dreams of dead people.
2. Fear of darkness.
3. Fear of ghosts.
4. Irritable & angry.
5. Burning in back.
6. Tingling numbness in legs.
7. Drawing sensation ion lt. Leg.
8. Electric shock like pain in legs.
9. Itching on the inner part of the thigh.

### **Repertorisation:**

**Repertory used** - Kent's repertory Method of repertorisation -  
General to particular (mental General to particular)

### **Repertory analysis:**

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<b>S. No.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubric</b>	<b>Page No.</b>
1.	Sleep	Dream	Dead bodies	1237
2.	Mind	Fear	Darkness	43
3.	Mind	Fear	Ghosts	45
4.	Mind	Anger	-----	02
5.	Back	Heat	-----	890
6.	Extremities.	Tingling	Legs in	1299
7.	Extremities.	Drawing	Limbs	984
8.	Extremities.	Electrical	Legs in	985
9.	Extremities.	Itching	Thigh, inner aspect	1026

### **Result of repertorization:**

Carbo veg. - 12/6

Lycopodium - 12/5

Sulphur - 10/4

Anacardium - 8/3

Zinc. Met. - 7/6

### **Choice of remedy –**

Lyc 200. after reference to M.M. this is best suited remedy for Generals.

### **Case No. 6**

Name - **Mr. A. A. P.**

Age - 51 yrs. Sex - Male

Occupation – Student Address - J.

Religion - Hindu Marital Status - Unmarried

Duration of illness - 1 month

Date of interview - 24/06/2000

### **Chief Complaints:**

- Cold & coryza,- since 1 month.

- Pimples on the face,- since 1 month.

### **H/O of Chief Complaints:**

Patient was having good health before these complaints. He started getting coryza .The complaints started after exposure to cold air, < due to change of weather, so he has to take breath from mouth. Nasal discharge is watery, then became thick agg.in the morning. Difficulty in breathing. Sometimes he uses to say he is not getting proper smell of different things.

Small pimples on the face, they are small, red & warts also, he is having oily face.

### **Past history:**

Childhood - All the milestones were normal, no any illness like chickenpox, smallpox, measles, mumps, etc.

Adulthood - No same complaints previously, patient has taken allopathic treatment for these complaints.

### **Family history:**

There are 3 members in family, Mother, & sister. Father is not living with them.

Mother & sister are keeping good health.

Paternal side – Father is keeping good health. Grandfather died due to old age, grandmother is keeping good health.

Maternal side – Grandmother & father are keeping good health.

### **Personal history:**

The patient is having good socioeconomic condition.

Diet - Vegetarian

Desire - Sweet + +, Sugar + +

Aversion – Not specific

Appetite – Canine hunger

Thirst - Small Qt. at a small interval.

### **Physical Make-up:**

Fair complexion with dry skin, average built and nourished, has round face.

### **Generals-**



Sleep - disturbed, talking in sleep.

Dreams - Dreams as if something is following on him, suddenly wakes up.

Habit - no any specific.

### **General modalities:**

< Change of weather

- Warm application

### **Elimination:**

Stool - Constipated once in 4-5 days, Stools are hard.

Urine – 4 – 5 times a day. No any complaint. Colour – pale yellow color.

Perspiration - scanty.

### **Mind:**

Father is staying away from patients family, so he is very sensitive about family esp. about mother. Becomes of this very he became emotional, Worried about mother. Cannot tolerate contradiction, gets irritable easily, Broods on old matters.

Grief + +, Reversed + + +, Brooding + +

### **Physical particulars:**

Head – bladdness in frontal region, gray hairs, no subjective complaints.

Eyes - Good vision, small eyes.

Ear - Good hearing

Nose - coryza with sneezing

Mouth – some teeth are flwollen out, tounge posteriorly white coated.

### **Clinical Examination:**

Height - 5'4"                      Weight - 45 Kg.

Pulse - 84 / min. regular,

B. P. - 120 / 80 mm of Hg.

Temp. - 97 0 F.

Conjunctiva – pink              Sclera - white

Tongue – Moist                      Nails - pink

Edema – Absent                      Pallor – Absent  
Cyanosis – Absent              Lymphadenopathy - Absent

### **Systemic Examination:**

Respiratory system - N. A. D.  
Cardio vascular system - N. A. D.  
Central Nervous system - N. A. D.  
Alimentary system - N. A. D.

### **Provisional diagnosis** - Allergic Rhinitis

Deviated Nasal septum  
Upper respiratory tract infection

### **Investigations required:**

CBC  
X-ray of frontal view

### **Homo. Disease diagnosis** - Acute disease

### **Analysis of symptoms:** -

1. Ailments from grief (Mental general characteristic)
2. Reserved (mental general characteristic)
3. Brooding (Mental general characteristic)
4. Dreams as if something is following him, suddenly wake up at that.  
(Mental general characteristic)
5. Talking in sleep (mental general characteristic)
6. Desire for sweet (physical general characteristic)
7. Desire for sugar (physical general characteristic)
8. Canine hunger (physical general characteristic)
9. Thirst for small qt. of cold water at small interval, (physical general characteristic)
10. Agg. at change of weather. (Physical general characteristic)

### **Evaluation of symptoms:**

1. General symptoms -

#### **Grade I –**

Ailments from grief

Reserved

Brooding

Dreams as if something is following him, suddenly wakes up at that time.

Talking in sleep.

### **Grade II –**

Desire for sweet.

Canine hunger.

Thirst for small qt. of cold water at small interval.

Agg. at change of weather.

I. Particular symptoms –

### **Repertory analysis –**

<b>Sym No.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubric</b>	<b>Page no.</b>
1.	Mind	Grief	Ailments from	51
2.	Mind	Reserved	-----	72
3.	Mind	Brooding	-----	10
4.	Sleep	Dreams	Frightful	1240
5.	Mind	Talking	Sleep in	86
6.	Stomach	Desire for	Sweet	486
7.	Stomach	Desire for	Sugar	486
8.	Stomach	Thirst for	Small qt.	529

**Repertorization method** - Kent's repertory. - **General to particular method.**

### **Result of repertorization:-**

Lycopodium – 12/6

Arg.Nit. - 11/5

Arsenic Alb. - 10/6

Nat. Mur. - 10/5

**Choice of Remedy** - Nat. Mur. 200

**Comments** - Because Nat.Mur. Covers all Generals and even particulars of the patients.

**Impression** - Patient Recoverd.

## **Case No. 7**

**Name: Mr. S.S.P.**

Age: 29 years

Sex: Male

Occupation: Lab Technician

Religion: Hindu

Address: Abc

Date of interview: 29-6-2000

Duration of illness: 2yrs.

### **Chief complaints:**

- 1) Coryza since –2 yrs.
- 2) Pain below the eyes since –2 yrs.
- 3) Pain in throat since one day

### **H/o Chief complaints:**

Patient was apparently all right before 2yrs. Then he started getting complaints of coryza, watery discharge from nose in the morning. Blockage of nose at night <10-11 P.M. morningthere is sneezing and at that time blockage of nose compulsory vanished. Discharge is watery but sticky. Alternate packing of nostril at night after awaking associated with frontal headache. There is pain below the eyes, in maxillary sinus. Tenderness on touch also there is sub orbital pain <touch. Pain in throat pain during during swallowing.

Dryness of throat main salivation in mouth stick saliva < daytime.

### **Past history:**

Childhood: No H/O mesals, whooping cough, chicken pox.

Adulthood: there is HIO of skin Infection for which he had taken allopathic treatment before 2 yrs. But still this skin infection appears in summer season. No H /O major illness like TB, DM, Hypertension. Etc.

### **Family history:**

Total members – 5

Patient own side –wife & one son are keeping good health.

Paternal side – father has got lumbar spondylities for this he had taken homo treat.

Maternal side – mother grandparents are keeping good health.

### **Personal History:**

Economic condition: Middle class

Diet: mixed

Appetite: 2 Chapatie & rice at every meal, fixed.

Desire: not specific

Aversion: not specific

Thirst: for small quantity of water at small interval

Habit: chewing pan

Hobbies: no specific.

### **Physical General:**

Physical make up: dark complexion with rigid musculature.

### **General modality:** chilly patient

< Morning

< Cold air

> Warmth

### **Elimination:**

Urine – 5 - 6 times 1 day with no complaints.

Stool: - once in a day satisfactory.

Perspiration: not marked.

### **Sleep:** - Disturbed sleep due to nose complaints.

Dream: - Fearful dreams. Thinks that someone is beating him, dreams of snake, Dream of ants at 3 a.m. onwards

### **Mentals:** -

Fearful dreams: - dream of snake ants. Loss of confidence, irritable patient very much talkative patient

### **Particulars:** -

- Head: - black hairs well distributed all over head

- Eyes: - well vision, dark eyes.
- Ears: - Good hearing.
- Nose: - Blockage of nose, smell active.
- Face: - Tenderness under suborbital regions
- Mouth: - much salivation, tongue slightly coated.
- Throat: - there is pain in throat.

### **Clinical Examination: -**

Patient is conscious & co-operative

Built & Nourishment: - Average.

Temp: - 98.6 °f

Pulse: - 82 beats/min, regular, full.

Resp. rate: - 14 cycle/ min

B.P. – 120/70 mm of Hg.

Sclera: - white.

Conjunctiva: - Pale

Tongue: - Pale, no any other coating, cracks etc.

Oedema: - No

Cyanosis: - No

Lymphadenopathy: - No any lymphadenopathy

### **Systemic Examination: -**

#### **Respiratory system -**

Inspection: Bilateral equality of chest no scar keloid

Palpation: No tenderness, no palpable mass

Percussion: Resonant note all over except cardiac dullness

Auscultation: Equal air energy on both sides no added sound

#### **Per abdominal -**

Inspection: No scar, no swelling or hyperpigmentation.

Palpation: No tenderness, no palpable mass

Percussion: Tympanic note all over except liver spleen

Auscultation: Normal peristaltic is heard.

#### **Cardio vascular system -**

Inspection: No swelling, no scar, no visible apex beat.

Palpation: Apex beats felt at 5<sup>th</sup> if intercostals space.

Space no palpable mass tenderness.

Ascultation: I st & II nd heart combined, no added sound.

### **Investigation: Required:-**

Blood - C.B.C.

Diff.W.B.C.

### **Homeopathically disease diagnosis -**

Chronic disease

**Miasmatic background:-** Psoro-Sycotic

### **Analysis of symptoms:-**

) Blockage of nose < morning –Particular characteristic.

) Pain in muscularly region –Particular characteristic.

) Pain in throat<on touch - Particulars characteristic.

Fearful dreams -dreams of snake & ants-- Mental general characteristic.

) Thirst for small quantity of water at smaller Interval – Physical General characteristic.

) Patient is irritable – Mental general characteristic.

) Patient has loss of confidence - Mental general Characteristic.

) Patient is very much talkative - Mental general Characteristic.

### **Evaluation of symptoms-**

#### **I) Generals:-**

##### **1<sup>st</sup> grade:**

- Patient is irritable.

- Patient is talkative.

- Getting fearful dreams of snake & ant.

- Patient has loss of confidence.

##### **2<sup>nd</sup> grade:**

- Thirst for small quantity of water all smaller intervals.

**II) Particulars: -**

**1<sup>st</sup> grade -----**

**2<sup>nd</sup> grade: - Pain in throat < on touch.**

Blockage of nose < in morning.

**Repertory analysis:-**

<b>Sy.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubric</b>	<b>Page no.</b>
1	Mind	Loquacity	-----	63
2	Mind	Irritable	-----	57
3	Mind	Confidence	Lack of	13
4	Sleep	Dreams	Fearful Frightful	1240
5	Stomach	Thirst	Small Quantity	529
6	Nose	Obstruction	Morning	340
7	Throat	Pain	< Touch	458

**Repertorization -**

**Repertory used -** Dr. J. T. Kent's repertory.

**Method of repertorisation -**

Mental general to physical to particulars.

**Results of repertorisation -**

Bell. - 15/7

Phos. - 11/6

Lyc. - 13/5

Lachesis. - 14/5

Carbo veg. - 9/5

**Final Remedy:**

Lachesis200 – 3 doses followed by S.L. BID x 3 days.



## **Comments:**

Through Belladonna has covered maximum marks & symptoms I have prescribed Lachesis on the basis of M.M. as Lach. has covered the symptoms loquacity & dreams of snake and other generals, Lach. is the best suited remedy.



## **Eliminating Method of Repertorization - Case No. 8**

Name - **Miss. R. S. P.**

Age - 19 yrs.                      Sex - Female

Occupation - Student

Address – xyz                      Religion - Hindu

Marital Status - Unmarried

Duration of illness - 4 months

Date of interview - 28/7/2000

### **Chief Complaints -**

- 1) Small warts on the back & face, since 4 months.
- 2) Itching on face, since 1 month.

### **H/O chief complaints -**

There were no complaints before 4 months. Then she started appearance of small warts, first started on upper side of the back & then on the face. The warts are dark brown in colour.

Itching on face since 1 month. Severe itching. Scratching causes burning along with rowness.

< Heat of sun

< At night

> Application of cold water

### **Past History -**

Childhood - Milestones were normal. No any major illness or any similar complaint in Childhood.

Adolescent age – No any major complaints.

### **Family History -**

Total 4 members in family. Mother, father, elder brother. All are keeping good health.

Maternal side – Mother keeping good health, Grandparents keeping good health.

Paternal side – Father keeping good health. Grandfather died due to old age.

Grandmother keeping good health, she has 1 younger brother having Good health.

### **Personal History -**

Patient is from middle class. The socioeconomic condition is average.

Patient is attached with the family members.

Diet - Vegetarian

Desire - Pungent ++ & Fruits<sup>++</sup>

Aversion - Not specific

Appetite - changeable

Thirst - small quantity for.

Sleep - Sound

Dreams - unable to remember.

### **Elimination-**

Stool - once in a day, satisfactory

Urine - 4 to 5 times in a day, Satisfactory

Perspiration – Scanty

### **Menstrual History -**

Menarche at the age of 13 years.

28 days cycle, duration of 5 days, Regular in nature, white bright red coloured Menstrual bleeding, scanty menses.

### **Mind -**

Expressive Patient. always wants company.

Patient gets better by the consolation.

Cannot tolerate contradiction, gets irritable easily. Anxious because of warts. Brooding tendency. absent minded does not know what she was doing or thinking.

### **Physical general -**

Physical Make-up – Patient is having fair complexion with light hairs, is lean, thin in appearance.

Thermal modalities --- Chilly patient.

Patient generally cannot tolerate cold. She gets aggravated in cold air.

Patient always wants more coverings. She feels better in warm room.

### **Physical particular -**

Head - Falling of hairs, hairs of black colour.

Eyes – good vision, slightly muddy coloured sclera.

Ear - Good Hearing.

Nose - Good smell,

Face - Warts on the face, which itch easily.

### **Clinical examination -**

Conjunctiva – pink      Sclera – muddy.

Tongue - white coated, black spots on the tongue.

Teeth - No carries

Nails - pink

Oedema - Absent

Pallor - Absent

Lymphadenopathy - Absent

### **Vital Examination -**

Temperature - 98.2 F

Pulse – 74 /min, Fast, Regular.

B.P. – 120/80 mm of Hg.

Respiratory Rate - 14 CY /min.

### **Systemic examination -**

Respiratory System - N. A. D.

Cardia vascular System - N. A. D.

Central Nervous System - N. A. D.

Alimentary System - N. A. D.

### **Investigations Required –**

Routin Blood –C.B.C.

BLOOD SUGAR

## **Homeopathically disease diagnosis –**

Chronic Disease

## **Miasmatic background --**

Sycosis

## **Analysis of symptoms -**

- 1) Small warts on face – (particular characteristics)
- 2) Small warts on upper side of back — (Particular Characteristics)
- 3) Itching on face - (Particular characteristics)
- 4) Itching is ameli. by application of cold water — (Particular. Modality)
- 5) Itching agg. At night - (Physical general character)
- 6) Desires for fruits – (Physical general characteristics)
- 7) She cant tolerate contradiction – (Mental general character)
- 8) She has brooding tendency - (Mental general charact.)
- 9) Desires for consolation - (Mental general charct.)

## **Evaluation of symptoms -**

**Generals –**

**Grade – I**

- 1) She cannot tolerate contradiction.
- 2) Brooding tendency.
- 3) Desires consolation.

**Grade – II**

- 1) Generally agg. From cold.
- 2) Itching agg. At night.
- 3) Desire for fruit.

**Particulars -**

**Grade I ----**

**Grade II -**

- 1) Warts on face with itching.
- 2) Warts on face ameli, by application of cold water.

**Repertory used** - Dr. J. T. Kents repertory

**Method used** - Eliminating method. (Regular)

*Here at the time of repertorization only those remedies are considered which eliminating symptom covers.*

**Repertory analysis** - Eliminating symptom selected –cold in general agg.

S. No.	Section	Rubric	Sub rubric	Page No.
1)	Generalities	Cold	In gen. Agg.	1348
2)	Face	Warts	----	396
3)	Stomach	Desire	Fruits	485
4)	Back	Warts	-----	960
5)	Mind	Brooding	-----	10
6)	Mind	Contradiction	Intolerance of	16

**Result of repertorization** -

Thuja - 5/4

Sepia - 8/3

Lyco. - 7/3

Caus. - 7/3

**Choice of remedy** -

Sepia.

Comments— Sepia covers maximum number of symptoms and has maximum marks. Also it covers generals of the patients.

**First prescription** -

Sepia 200, 3 doses. Followed by S.L.X bid x 8days

**Follow up** -

Date	Prognosis	Treatment
28/7/2000	-----	Sepia 200,3

		doses Followed by S.L.
12/8/2000	General well being.	S.L. Bid X 8 days.

## **CASE No.-9**

Name - **Mrs. A. S.**

Age - 30 yrs.                      Sex - Female

Occupation - Housewife

Address - xyz

Religion - Hindu (Gujarati)

Duration of illness - 1 yr.

Date of interview - 20/7/2000

### **Chief complaints -**

- 1) Headache, since 1 year.
- 2) Pain in legs, since 3 months.
- 3) Vertigo, since 3 months.

### **H/O chief complaints -**

Complaints started gradually with headache in frontal region. There is severe pain in vertex region.

< From 8 to 12 at night.

- By pressure
- After sleep
- Vomiting.

Pain in legs since 3 months, Pain in both the legs. There is descending type of pain, which is stitching in nature; cramps pain is associated with it. Rt. Sided shoulder pain is also present.

< From walking

- Sleep, pressure.

Vertigo since 3 months. Sensations of all are moving around her. < When rising from bed, talking, moving the head.

- Sleep

### **Past History -**

Childhood – Milestones were normal. No any major illness in the childhood.

Adulthood – No any major illness in the past or the same complaints in the past.

### **Family History -**

Total 4 members in the family. Husband, herself, son & daughter.

Maternal side – Grand Mother is keeping good health, grandfather died due to old age.

Paternal side – Grandfather & grandmother are keeping good health.

Own side – Husband & both the son & daughter are keeping good health.

### **Personal History -**

Patient is from middle class. Socio-economic condition is average.

Diet - Vegetarian

Desire - pungent food ++

Aversion – Milk+++

Appetite - Reduced

Thirst - large qauntity at larger interval.

Sleep - Sound

Dreams - Forgets the dreams

Habit - Not specific

### **Eliminations -**

Stool - Once in a day, satisfactory

Urine - 3 to 4 times in a day, satisfactory

Perspiration - profuse

### **Menstrual History -**

Menarche at the age of 14 years, regular cycle of 28 days, for 5 days, no any major complaint about the menses.

### **Obstetric History -**

G2 P2 A0L2 – both are normal full term deliveries in the hospital.

## **Mind -**

Patient is very irritable in nature, restless, impatient. Aversion to company, does not want to mix with anyone. Weakness of memory, she is unsatisfied, unhappy. Patient is very fastidious in nature, always worried about the future.

## **Physical general -**

Physical make-up – Patient is lean, thin, and fair by look.

## **Thermal modalities -** Hot patient

General Agg. Warmth.

Ameli. Cold., morning.

## **Particulars -**

Head – Headache frontal as well as vertex, when rising from bed.

Face - Expressive face

Extremities - Pain in legs, which are crampy, and stitching type.

## **Clinical examination -**

Height - 5.2”

Weight - 50 kg.

Temp. – 98 ° F

Pulse - 90 /min. Regular.

B.P. - 120/80 mm of Hg.

R.R. - 22 cy. /min.

Conjunctiva – Pale.

Sclera – White.

Tongue - Pale

Nails - pale

Oedema - no any

## **Systemic examination -**

### Respiratory System:

Inspection: Bilaterally symmetrical elliptical chest. No any scar. No swelling. No pulsations. No keloid.

Palpation: No tenderness. No swelling. Trachea is centrally located. Temperature is normal.



Percussion: Resonant note is heard all over the chest except cardiac.

Auscultation: Air entry is equal on both sides. No added sounds.

### **Cardiovascular System:-**

Inspection: No visible apex beat.

Palpation: Heartbeat is felt at 5<sup>th</sup> left intercostal space.

Percussion: Dull note is heard on the pericardial area.

Auscultation: Heart rate is 68 beats/min. No any other abnormal sounds like murmur are heard.

### **Investigations Required -**

Blood exam. - C.B.C., D.C. HB%, ESR.

Urine exam. - Routine

X-Ray skull and Ear.

### **Homeopathically disease diagnosis -**

Chronic disease

### **Miasmatic background -**

Psora

### **Analysis of symptoms -**

- 1) Headache frontal region — Particular common.
- 2) Headache agg. Pressure. - Particular characteristic.
- 3) Stitching type of pain in legs. — Particular characteristic.
- 4) Pain in leg ameli. Rest and pressure. - Particular characteristic.
- 5) Vertigo when rising from bed - General characteristic.
- 6) Desires for pungent – physical general characteristic.
- 7) Aversion to milk - Physical general characteristic.
- 8) General agg. From warmth - General modality.
- 9) Thirst for large quantity at longer interval. - Phy. General characteristic.
- 10) Patient is of impatient in nature - Mental General characteristic.
- 11) Fastidious patient - Mental general character.
- 11) Aversion to company - Mental general character.

### **Evaluation of symptoms -**

General –

First grade –

Pt. is impatience in nature.

Fastidious

Aversion to company

Second grade -

Vertigo rising on

Agg. Warmth

Desires pungent food

Aversion to milk

Thirst for large quantity of water at longer interval.

### **Particulars -**

First grade -

Second grade –

Headache ameli. Pressure.

Stitching type of pain in legs.

Pain in legs ameli. Rest and pressure.

### **Repertorial totality -**

Aversion to milk<sup>+++</sup> – Eliminating symptom

Impatience

Fastidious

Aversion to company

Vertigo rising on

General agg. From warmth

Desires pungent food

Thirst for large quantity of water

Pain in leg ameli. Rest & pressure

Stitching type of pain in legs

### **Repertorization -**

**Repertory used** – Dr. Kent's repertory

**Method used** - Eliminating Method. (*Triangular elimination*)

Here at the time of actual Repertorization remedies are eliminated on

the basis of previous symptoms. That means continuous elimination.

### **Repertory analysis -**

<b>S. No.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubric</b>	<b>Page no.</b>
1.	Stomach	Aversion	Milk for	481
2.	Mind	Impatience	-----	53
3.	Mind	Fastidious	-----	42
4.	Mind	Company	Aversion to	12
5.	Vertigo	Vertigo rising on	----	103
6.	Generalities	Warmth	Aggravation	1412
7.	Stomach	Desires	Pungent food	486
8.	Stomach	Thirst	For large quantity of water	528
9.	Extremity	Pain	Ameli. Pressure	1045
10.	Extremity	Stitching pain	Legs in	1150

### **Result of repertorization -**

Bryonia - 16/7

Sulphur - 12/6

Puls. - 12/5

### **Choice of Remedy -**

Bryonia. 200

**Comments** - As Bryonia covers many symptoms and the main important eliminating symptom, it was prescribed with good effect.

**Case No: 10**

**KENT'S CLASSICAL METHOD CROSS-CHECKED BY  
DR. BOENNINGHAUSEN'S THERAPEUTIC POCKET BOOK.**

**Name: - Mrs. P.S.S.**

Age: 34 yrs                      Sex: Female

Occupation: Housewife      Religion: Hindu

Address: Abc.

Date of interview: 22/4/2000

Marital status: Married

Duration of illness: 2months

**Chief Complaints:**

- 1) White spots all over neck region – 2 months
- 2) Cramps in legs – 1 month

**H/ O Chief complaints:**

Patient was apparently all right before 2 months. Then she saw the white spots first at the left side of neck. Then it spread rapidly with Itching, burning over the area.

< Cold

< Warm application

Then she started cramps in legs esp. in the calf muscles with tingling Sensation.

< Sitting

> Walking

> Motion

**Past History:**

Childhood: - No any major illness like measles

Chicken pox, whooping cough etc.

Adulthood: - No any major illness D. M. hypertension

H/O of typhoid at the age of 15 yrs.

**Family history:**

Total family members are 4

Own side: Husband has similar complaints; children's are keeping good health.

Paternal side: father has D.M. & B.P., Grandfather & mother died due to old age

Maternal side: mother has hypertension. Grandfather & Grandmother died due to old age.

### **Personal history:**

Socio-economic condition: middle class

Diet: veg

Desire: veg food

Aversion: Not specific

Appetite: constant.

Thirst:- Large quantity of cold water.

Habits: No any specific habit.

Hobbies: No specific

### **Physical make up-**

Fat, flabby, dark complexion, with slight discolorations of skin on neck region.

### **General modality-**

Thermally – chilly

< Cold

> Warm application

### **Eliminations-**

Perspiration - Not marked

Urine: - 4 - 5 times /day with no any complaints.

Bowel: - Once in a day, No complaints.

### **Menstrual history-**

Menarche at 12 yrs, regular, lasting for 4-6 days

Dark in coloured flow, satisfactory.

### **Obstetric history-**

G2 P2 A0 L2

### **Sleep -** Sound sleep for 7-8 hrs

Dreams: - of snake

### **Mentals-**

A patient is co-operative, calm & quite wants company Answer

questions when asked only.

### **Physical particulars -**

Head: - well distributed hair.

Face: - Brown spots on face.

Back & Extremities: - cramps in the legs

### **Clinical Examination-**

Height: - 5'2"

Weight: - 55 kg

Pulse: - 78 /min, regular, fast.

B.P.: - 130/90 mm of Hg

Temp: - 98<sup>0</sup> F

Conjunctiva: - pink

Pupils: - equally reacts to light.

Lymphadenopathy: - no any specific.

### **Systemic examination –**

#### **I) Alimentary system-**

Inspection: - scaphoid shaped abdomen, no scar.

Palpation: - no tenderness, no any palpable mass.

Percussion: - Tympanic note all over except liver spleen & kidney.

Auscultation: - Normal peristaltic sound is heard.

#### **II) Respiratory system-**

Inspection: - Elliptical chest, no scar, keloid, no any visible Veins.

Palpation: - no any palpable mass, Trachea placed

Centrally.

Percussion: - Resonant note all over except cardiac region.

Auscultation: - Normal air entry, no any added sound.

#### **III) Cardiovascular system -**

Inspection: - Elliptical chest no scar keloid no an

Visible veins.

Palpation: - No any palpable mass Apex beat felt at

5<sup>th</sup> left intercostals space

Percussion: - Dull note over cardiac region

Ascultation: - 1<sup>st</sup> & 2<sup>nd</sup> Heart sound heard clearly, NO any added sound.

### **Investigation:**

Routine blood examination

Dermatological examination

### **Homoeopathic disease diagnosis:** - Acute disease

### **Analysis of symptoms:-**

1. Always wants Company – mental general characteristic.
2. Dreams of snake - mental general characteristic
3. White spots on neck – particular characteristic
4. Itching & burning of skin - particular characteristic.
5. < Cold – Physical general characteristic
6. > Motion - Physical general modality.
7. Cramps in legs calf muscles while sitting - particular characteristic
8. Brown spots over face – particular characteristic.

### **Repertorial analysis-**

<b>Sympt No.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubric</b>	<b>Page no.</b>
1	Mind	Company	Desires	12
2	Sleep	Dreams	Snake	1243
3	Skin	Discoloration	White spot	1307
4	Skin	Itching	Burning	1327
5	Generalities	Cold	Ameli.	1348
6	Generalities	Motion	Agg.	1374
7	Extremities	Cramps	Calf	976
8	Face	Discoloration	Brown	359

## **Repertorization --**

**Repertory used-** Kent's repertory

**Method of repertorization-** classical method

## **Result of repertorisation-**

Ars Alb. 15/6

Sepia. 14/7

Lyco. 13/5

Rhus tox. 13/4

Sulph. 12/5

## **Choice of remedy-**

Sepia 200

## **Comments-**

Through Ars having more marks on the basis of Materia medica. Sepia is prescribed on the basis of totality.

**Cross - checked by Boenninghausens T. P. Book  
Analysis according to Dr. Dr. Boenninghausen**

<i>Location</i>	<i>Sensation &amp; comp.</i>	<i>Modality</i>	<i>Concomitant</i>
1) Left side	Itching	< Cold	Wants Company
Neck	Burning	> Warm	Dreams of snake
	Cramps	Application	
		< Sitting	
2) Calf muscle tingling		> Walking	
	White spot	> Motion	

**Repertory used** - Dr. Boenninghausen's Therapeutic Pocket book.



## Repertorial totality –

S. No.	Section	Heading	Rubric	Sub rubric	Pg
1.	II	Neck& nape of neck	Left side	-----	124
2.	II	Lower extr.	Calf Mu.	-----	137
3.	III	Burning	Externally	-----	153
4.	III	Cramps.		Muscles	153
5.	III	Skin	Itching	-----	218
6.	III	Skin	Eruption	White	213
7.	VI	Aggravation	Cold	-----	275
8.	VI	Aggravation	Sitting	-----	298
9.	VI	Amelioration	Walking	-----	320

## Result of repertorization -

Ars. Alb - 32/8  
Lyco - 33/8  
Sepia - 35/8  
Sulph - 38/8

## Choice of remedy -

Sepia 200

**Comments-** By using both repertories for one case the result is same.

## NOTE ON DIFFERENT ASPECTS OF WORKING OUT CASES THROUGH KENTS REPERTORY-

Different Works On  
Kent's Repertory  
Different Works On  
Kent's Repertory

‘ Things will grow brighter as minds are brought together and men think harmoniously. The more we keep together the better and the more we think as one the better ’.

**Dr. J. T. Kent**

**DIFFERENT WORKS ON KENT'S REPERTORY.**

- Kent's Final General Repertory - Dr. P. Schmidt & Dr. Diwan H. Chand.
- Kent's Repertorium Generalae - Dr. J. Kunzali.
- Synthetic Repertory - Dr. Barthel & Klunker.
- Kent's Expanded Repertory - Dr. P. Sivaraman.
- Homoeopathic Medical Repertory - Dr. Robin Murphy.
- Synthesis Repertory - Dr. F. Schroyens.
- Alphabetical Repertory of characteristics of Homoeopathic Materia Medica. - Dr.Srivastava & Dr.Chandra.
- Kents repertory- Corrected, Revised and improved. –  
• Dr.R.P.Patel.
- The Complete Repertory - Dr. Roger V. Zandvoort.
- Complete - Mellinium and Universale repertory.
- The Phoenix Repertory – Dr.J.P.S.Bakshi.
- Thematic repertory –Dr.J.Mirrili.

■ ■  
**KENT'S FINAL  
GENERAL REPERTORY**

**- Dr. P. Schmidt & Diwan H. Chand**

**T**his is Kent's repertory edited and corrected by two Kentian experts. The 1<sup>st</sup> edition of Kent's repertory received world, wide appreciation. Dr. Kent at the time of his death left three hand-written and corrected copies for the third edition of the repertory, one copy of these manuscripts was with Ehrhart and Karl of Chicago who published the third edition eight years after the death of Dr. Kent in 1924. The other two copies were with Dr. F. E. Gladwin and Dr. J. S. Pugh for the purpose of proof correction. Dr. Gladwin found errors in the third edition and began the work of comparing and correcting it with the hand written copy in her possession

with the help of Dr. Clara Louise Kent M.D.

### **History and evolution –**

Dr. Pierre Schmidt assisted them in revising the 3rd, 4th and 5th editions. Dr. Gladwin gave her copy of Kent's manuscript to Dr. Alonzo Austin, who in turn passed it to Dr. Schmidt along with the golden diamond ring, which Dr. Kent wore during his lifetime. Schmidt also had Kent's copy of Hering's Guiding Symptoms. After publication of 6<sup>th</sup> American and Indian edition Dr. Pierre Schmidt discovered many serious mistakes in the American and Indian editions.

There were omissions, wrong insertions, mistakes in the alphabetical order and spellings, incorrect placing of Rubrics and sub-rubrics, errors in grading and punctuation, Dr. Schmidt then went through the original manuscript left by Dr. Kent word by word. In 1963 Dr. K. H. Mittal, from India visited Schmidt and copied all the corrections into his repertory. When he left, he absconded with Kent's original. In 1978 Dr. Ahmed Currim located Mittal and Mittal told him that he had taken original and cut it up and buried it. In 1980, Currim was able to get the book from Mittal. It was in several thousand pieces. When Dr. Chand put together The Final General Repertory, he used a copy of Mittals Repertory. A third party had transcribed this copy. It is not known how diligent this party was in the transcribing. After prolonged and continuous persuasion it was published in May 1980. In fact, the edition is supposed to be the 7<sup>th</sup> edition but now the same Repertory is called '**Kent's Final General Repertory**'.

In this repertory there are many changes related to sections, Rubrics, Arrangement of Remedies, Dr. P. Schmidt made 39 sections by adding 2 separate sections for '**SMELL**' and '**VOICE**'.

In the introductory topics about construction of repertory Dr. Diwan H. Chand wrote those six modifying factors of rubric, according to him then after many Homoeopathic physician got the idea of hunting of Rubrics.

**NOTE FOR KENTS FINAL GENERAL REPERTORY**

**KENT'S REPERTORIUM**

**GENERALE**

## - Dr. Jost Kunzli

First edition of this repertory was published in **1987** and subsequently its Indian edition was published in 1990. Dr. Jost Kunzli Von fimmelsberg was one of the religious followers of Kent's school along with Dr. Pierre Schmidt. Both of them worked extensively on Kent's repertory. He was the pioneer of classical Homoeopathy. Their reports have been largely unavailable to the Homoeopathic public because they were hidden in literature. Kunzli had collected the observations of first class authors during the course of 40 years of Homoeopathic experience. Their additions are marked by their respective footmarks making scientific research with this work possible. Kunzli has also added many of Hahnemann's observations from his "chronic diseases" as well as "Materia Medica Pura" even though they have not been clinically verified. In this way Hahnemann's personal observations can be verified. Kent's personal handwritten corrections were also available and could be published for first time.

In addition it contains '**Black Points**' of kunzli, which are well known in Homoeopathic circle. In this book they are printed as black points, Kunzli used these points to relay his own therapeutic experience to the readers. '—' A black dot, entered behind a drug means that the therapeutic efficacy of a remedy has been frequently proven. "—" A black point behind the symptom underscores the therapeutic importance of the rubric and often points directly to the remedy in question or at least to the general area.

E.g. "restlessness heat during Ars."—

This work was compiled and edited by Michael Barhtel and Llse seider, Germany in 1987.

### **Construction of Repertory –**

Plan of this book is similar to Kent's repertory with few changes in sections. Total no. of sections are **27**. This number reduced by placing anatomical parts and their function in one section E.g. Eye & Vision. All sections of urinary under one heading. Chill, fever, perspiration under one heading. He has taken additions from total **72** sources and no. of this sources are printed in front of that addition.

Total no. of medicines covered according to **abbreviations list are**

689 ( some gives no.682) Remedies are graded like Kents Repertory into

-

**BOLD**, *italics*, ROMAN.



## **NOTE FOR KENTS REPERTORIUM GENERALE**

### **SYNTHETIC REPERTORY**

**- Dr. H. Barthel & W. Klunker.**

**S**ynthetic repertory is an up to date repertory of **General symptoms** of Homoeopathic Materia Medica compiled by Dr. H. Barthel, Wiesbaden and W. Klunker comprising of three volumes. It was first in German published **in1973** then French and lastly translated in to English, Indian edition was published in 1987. Third edition in 1993. It was basically an extension of Kent's repertory. While using Kent's repertory some practitioners have found that there are some difficiencies in Kent's repertory. This repertory is available in three languages i.e. English, German and French.

Some made changes in their own repertories, some published changes under different headings.

The word 'synthetic' is derived from the word 'synthesis' which means, 'Assembly' of separate or sub-ordinate parts in a new form, also the complex whole resulting from this.

*Synthesis means formation of compound by unity of its element or making a whole out of parts and putting together.*

In this book the author have synthesized about **16 authorities** and have put together to form a complete repertory.

Dr. J. T. Kent's repertory is the most popular amongst the practitioners on account of its reliability, completeness and appropriateness. Dr. Kent has used all the old works on the Homoeo. M. M. but he did not incorporate numerous symptoms and drugs which were insufficiently confirmed. Until his death he went on noting many new symptoms on his personal copy of the repertory. Many practitioners have found some lacuna while referring Kent's repertory and have made some notes here and there. Boger and Vithoukas made significant additions to Kent's repertory. Both published their work under the same title 'Additions \_\_\_\_\_ to

## Kent's Repertory'.

Dr. Barthel and Dr. Klunker considered Kent's repertory to be the most complete and they just attempted to supplement and continue Kent's repertory. In the course of the revision they realised that the additional information was so vast that it could not be properly integrated with Kent's. Hence they complied and published a separate repertory called **Synthetic Repertory** although this new work is basically an extension of Kent's repertory.

In the course of their work Dr. Barthel & Klunker found unlimited symptoms and so they decided to publish only **Generals**, which play an important role in the choice of remedy. *'Synthetic Repertory is limited to General symptoms and according to them Kent's Repertory is the best reference book for particulars.'* Philosophy behind their work is that, if for the purpose of prescription of Homoeopathic remedy or for individualization, only generals plays important role and helps to prescribe, why to waste time with particulars. they writes if changes at mind and physical general level represents the whole man, generals must help for prescribig. So they included only general symptoms of the patients.

The authorities **Selected 16 authors** work on repertory and collected data from them. They numbered the authors' numerically as follows with their books: -

1) **Dr. J. T. Kent** - *Repertory, Lectures on Homoeopathic Materia Medica, New Remedies.*

2) **Dr. C. B. Knerr** - *Repertory of Herrings guiding symptoms.*

3) **Dr. Boenninghausen and C. Boger** - *Bonninghausens Repertories, Boger Repertory, Bogers Additions to Kents Repertory, Bogers Synoptic Key to Materia Media.*

4) **Dr. G. H. G. Jahr** - *Systematic Alphabetic Repertory of Homoeo, Remedies.*

5) **Dr. Gallavardin J. P.** - *The Repertory and the M.M. from phychismet Homoeopathic.*

6) **Dr. Stauffer K**- *Symptom Index.*

7) **Dr. P. Schmidt**- *The Supplements by 35 authors to his four Repertories of Kent - He found that amongst 3<sup>rd</sup> grade some remedies*

are more marked than other so all assigned a 4<sup>th</sup> grade followed in synthetic.

8) **Dr. William / Oscar E. Boericke.** - *Materia Medica and Repertory.*

9) **Dr. Stephenson J.** - *Drug proving.*

10) **Mezger J.** --*The symptom of 35 Reproved new drugs has been taken from Selected Homoeo M.M.*

11) **Dr. T. F. Allen.** -- *Encyclopedia of pure M.M., A General symptom Register of M.M.*

12) **Dr. J. H. Clarke** - *A clinical repertory to the dictionary of Materia Medica.*

13) **Various journals** containing recent drug proving.

14) **Dr. O. A. Julian** -- *Homoeopathic Materia Medica, Dictionary of Materia Medica, Nouveaux Homoeopathic Therapeutics.*

15) **Dr. Jost Kunzli.** -- *Supplements taken from the international Homoeopathic literature.*

16) **Dr. S. Hahnemann.** -- *Materia Medica Pura, Chronic Diseases etc.*

As Kent's repertory is the basic book upon which additions have been made. Rubrics, sub-rubrics, sub-sub rubrics and medicines of Kent's repertory have been left in original form without imposing any number on them. All the new additions in rubrics, sub rubrics, medicines have been demarcated by the numbers denoting the authority number quoted from.

### **Construction -**

There are 3 volumes of synthetic repertory, in first and second vol. the authorized name of the compiler is, Dr. H. Barthel, whereas in the third vol. the authorized name of the compiler is, Dr. W. Klunker. Vol.-1, Mental symptoms (1102 pages), Vol -2, General symptoms (774 pages), Vol - 3, sleep and sexual symptoms (611 pages).

Pierre Schmidh of Geneva, who also wrote preface and introduction to first edition, first translated volume from German to English.

Dr.Jacques Baur of Lyon translated second edition. And Mr. Martin Weber translated third edition.

### **VOLUME - I**

Contains the psyche i.e. Mind with following six Grooves:

In mind 756 rubrics, 33 cross-references are listed but **18 rubrics of Kent are missing** in Mind chapter.

Abrupt	Delusions
Fear	Irritability
Sadness	Index

### **VOLUME II -**

Contains the general symptoms and modalities including pains in general, food effects with Desires and Aversions. Thirst and its peculiarities, perspiration effects. Almost 335 general rubrics other than desires, aversions etc. It also has six Grooves to demarcated –

Day	Food
Pain	Reaction
Weakness	Index

### **VOLUME III -**

Contains actually two chapters sleep and sex demarcated by three Grooves: -

Sleep & Dream

Sex – M    Sex – F

Almost 30 rubrics under sleep heading and 442 rubrics under dream section. Also 40 rubrics newly added to kent Genitalia section.

Remedies are printed **under** each rubric and not after the rubrics. For practical reasons Kent's abbreviations have been kept as it is. The pages of the repertory are divided into two by a middle line – **both divisions are counted as separate pages**. This repertory mention for the **first time** the exact source of symptoms or drugs added to Kent's repertory and uses a numbering system.

Printing type, Indentation, indicates rubrics and spacing rest Sub rubrics have been printed in **Bold Type**. Times of day, clock times and others printed in ordinary type.

### **Practical Points -**



Data collected from authoritative sources most of the rubrics that are not observed elsewhere are observed in this repertory.

Vol. 1 - Mind causative modalities referred to rubrics Ailments from, which helps for direct prescription.

Vol. 2 - Food, desires and aversion, modalities are given at one place. Time modalities well represented. Many clinical rubrics are found in Vol. 2.

E.g. Hypertension, Leukemia.

Rubrics of suppression are generalized and given elaborately in Vol. 2  
E.g. Coryza, mucous secretion, condylomata.

Dr. Kent in his Repertory used brackets for the word ("See Rubric") is lacking in synthetic repertory. In synthetic repertory by putting comma, has changed this system after rubric and detailing the other symptoms, which are, cross Reference to very rubric. To denote the similar rubric for comparison, these rubrics have been recorded under the main rubric and the list of medicines below in italic letter.

The remedy index of synthetic repertory lists abbreviations of **1594** (some reprinted editions gives list of 1598 remedies.) drugs in alphabetical order; remedies are graded in four grades –

CAPITAL UNDERLINED - 4 Marks

CAPITAL - 3 Marks

**BOLD** - 2 Marks

Ordinary - 1 Mark

### **Special features-**

- 1) This repertory mention for the **first time** the exact source of symptoms or drugs added to Kent's repertory and uses a numbering system.
- 2) Good reference repertory for general symptoms.
- 3) Easy to refer because of alphabetical arrangement.
- 4) More number of remedies.
- 5) In vol. 1<sup>st</sup> ailments from various causes are listed under one rubric.
- 6) The rubrics for food and drink and headings according to aggravation, amelioration, aversion and desires are summed up in one single heading.
- 7) There is space under rubrics to add medicines; also there are rubrics with no medicines, which are also meant for adding remedies.

## **Advantages –**

- 1) New remedies and rubrics are added so more complete.
- 2) Useful in prescribing for chronic cases as only generals are explained.
- 3) More reliable because data collected and confirmed from various authoritative sources.
- 4) In first volume rubric ailments from is given which is amny time primary symptom for prescribing.
- 5) Clinical rubrics are also listed in many sections.

## **Disadvantages –**

- 1) In Acute cases with totality of particular characteristics, this is useless.
- 2) Particular symptoms not explained.
- 3) Clinical verification of many remedies are required for authenticity.

## **Rubrics in Kent's repertory those are absent in Synthetic repertory-**

- 1) Aphasia - Mind.
- 2) Alcoholic stimulants- Generalities.
- 3) Onanism from - Generalities.
- 4) Dreams - blind that he was, called that some one, changing places often, continuation of former ideas, fit that he had a., fixed upon one object, nausea, vertigo. etc from sleep section.

## **Rubrics in synthetic repertory those are present in kent's repertory other than Generalities.**

Activity	Agility.
Anaesthesia.	Bending or turning agg.
Cachexia.	Cramps.
Dentition difficult.	Cobweb sensation of.
Drawing up the limb.	Elephantiasis.
Emptiness.	Gait.
Indolence.	Noises.
Sarcoma.	Sedentary Habbits.

Talking.  
Thirst.

Masturbation.  
Uremia.



## NOTE FOR SYNTHETIC REPERTORY.

### Dr. J. T. KENT'S REPERTORY CORRECTED AND EXPANDED **- Dr. P. Sivaraman**

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**D**r. P. Sivaraman from Kerala, India, recently expanded and corrected some rubrics and sub rubrics of Kent's repertory and published a new repertory as' *Kent's Repertory of Homoeopathic Materia Medica, corrected and expanded*'.

He started the work in 1987 and completed almost in March 1994. B. Jain publisher published this repertory on 10<sup>th</sup> April 1994.

Dr. P. Sivaraman made some corrections in rubrics, alphabetical arrangement of remedies, Rubrics and Sub rubrics. He prepared separate book on word index and also book on 1st grade remedies. Word index helps for quick references and hunting of rubrics on the other hand, book on first grade remedies is useful in many cases to prescribe proper similimum.

#### The important features of this Repertory are: -

In original 6<sup>th</sup> edition of repertory where there are rubrics for cross – reference, he made convenient by putting Page number and section of cross-reference.

E.g. Speech Bubbling (See speech, under **Mouth** Page.No.419).

To avoid confusion between sub rubrics and sub-sub rubrics he printed dash before them (--) according to the modifications. To avoid confusion between sub rubrics and medicines all sub-rubrics are printed in **BOLD ROMAN**.

For easy understanding typography, remedial grading is changed,

#### I.e. instead of-

Kents  
**Bold**

P.Sivaraman's  
**BOLD CAPITALS**

Italics  
Roman

**Bold Italics**  
Roman

About changes in sections - He added Name Male in front of Genitalia. Also he made corrections to the alphabetical order of the rubrics and remedies. Regarding modalities he has written A.M. or P.M. in all cases. Instead of 12 A.M. and 12 P.M. he wrote 12 Night and 12 Noon.

**CORRECTION OF RUBRICS: -**

<b><u>Original Repertory</u></b>	<b><u>Corrected by Sivaraman</u></b>
1. Pain, Forehead, Middle, Foot Ball during – Nat. Sulph. No.161	Pain, Forehead, middle foot bath During amel. - Nat. Sulph.
2. Diarrhoea lying on Side agg. <i>Bry.</i> Nit.ac page no. 613. Rt.Agg – phos. ac. Amel – Podo Left agg – Arn, <i>Phos</i> Left amel – Phos.	Diarrhoea lying on side, agg. <i>Bry.</i> Nit.ac Amel. – Podo. Rt. agg. - Phos. Acid Amel. – Phos Left agg – Arn. <i>Phos.</i>
3. Numbness toes hot pickles – Acon. Page no. - 1043	Numbness toes hot pricking after - Acon.
4. Sleep, dream Robber of Dissecting Robbers – merc-l-r. Page no – 1243	Sleep, dreams, Robber of Detecting – merc-l-r.
5. Generalities, convulsions Suppressed Footwear- sil. Page	Generalities, convulsions Suppressed foot sweat after -sil.



**NOTE FOR EXPANDED REPERTORY – P.SIVARAMAN**

**HOMOEOPATHIC  
MEDICAL REPERTORY**

**- Dr. Robin Murphy**

**H**ahnemann Academy of North America, Colorado, first published this repertory **in 1993** with 1590 pages. Indian Books & Periodicals Syndicate published Indian edition in May 1994. The Homoeopathic Medical Repertory was designed to be a modern, practical and easy to use reference guide to the vast Homoeopathic Materia Medica. Second edition of this repertory is published in 1996 with new addition then after Indian Books & Periodicals Publishers and B.Jain publisher, New Delhi, published Indian edition in 2002.

The **ALPHABETICAL** format was chosen as the most natural method to organize large amounts of information thus bringing the repertory in line with all the large Homoeopathic Materia Medica, which are also arranged alphabetically. The philosophy of the Murphy's Repertory is from **Clinical to Classical** concept. Dr. R. Murphy's concept is that individualization of any person can be done by considering his any characteristics, may be of clinical condition, nosology etc. He says, it is the case, which will decide the method and way of prescribing, so learn to prescribe according to the case.

This clinical to classical philosophy made practical by adding chapters on Environment, Generals, Food, Mind, Perspiration, Constitution, Dreams, Delusion which contains lot of information related to pt's generals so helps for classical prescribing. On the other hand sections like Disease, Emergency, Children, Toxicity, Blood etc.contains clinical rubrics, which helps to, get the group of remedies directly for patients malady. *All of Kent's repertory, and sections of C.B.knerr's repertory were used as the foundation for building the new repertory.* Sixty-seven different chapters were sorted into an alphabetical format.

Editing of the manuscript was done which involved adding modern

terminology, Cross- references and correcting errors. The highest priority was to fill in the areas where Kent's repertory is weak in information. (Mental disorders, emergencies, infections, pathologies and major organs.)

Dr. Robin Murphy's Repertory contains thirty new sections, consistent formatting (alphabetical sections, rubrics and sub-rubrics).

**Modern terminology, modern disorders, with 39,000 new rubrics, 200,000 new additions.** The formatting for the Homoeopathic medical repertory is similar to Kent's repertory with strongest remedies designated in –

**BOLD CAPITAL            - ACON.**

***Bold Italics            - Acon.***

**Plain type            - acon.**

There are App. 1600 remedies in first edition and in second edition this number went to App.1800 (some book gives 1595). While compilation of this repertory more than 55 standard works are referred, which covered maximum material from old authors literature like Dr.S.Hahnemann's Materia medica pura to Van Zandvoorts complete repertory.

List of this sources are given in introductory part of repertory but like other repertories numbering of all additions as to their author is not printed in this repertory. The table of contents includes the major sections written after the chapter title for easy reference, sections are –

- |               |              |               |
|---------------|--------------|---------------|
| 1) ABDOMEN    | 2) ANKLES    | 3) ARMS       |
| 4) BACK       | 5) BLADDER   | 6) BLOOD      |
| 7) BONES      | 8) BRAIN     | 9) BREASTS    |
| 10) BREATHING | 11) CHEST    | 12) CHILDREN  |
| 13) CHILLS    | 14) COUGHING | 15) DELUSIONS |
| 16) DREAMS    | 17) EARS     | 18) ELBOWS    |
| 19)           | 20)          | 21) EYES      |

EMERGENCY	ENVIRONMENT	
22) FACE	23) FEET	24) FEMALE (GEN)
25) FEVERS	26) FOOD	27) GENERALS
28) GLANDS	29) HANDS	30) HEAD
31) HEARING	32) HEART	33) HIPS
34) INTESTINES	35) JOINTS	36) KIDNEYS
37) KNEES	38) LARYNX	39) LEGS
40) LIMBS	41) LIVER	42) LUNGS
43) MALE (GEN.)	44) MIND	45) MOUTH
46) MUSCLES	47) NECK	48) NERVES
49) NOSE	50) PELVIS	51) PERSPIRATOIN
52) PREGNANCY	53) PULSE	54) RECTUM
55) SHOULDERS	56) SKIN	57) SLEEP
58) STOMACH	59) STOOL	60) TEETH
61) THROAT	62) TONGUE	63) TOXICITY
64) URINE	65) VERTIGO	66) VISION
67) WRISTS		

In second edition of this repertory Dr. Murphy has added 3 new chapters that are Constitution, Disease and Headache so number became 70.



Under each section rubrics are arranged alphabetically as that of any other repertory. While modifying rubrics into subrubrics common modifying factors of Kent's repertory i.e. Side, Time, Modalities, Extension, Location, Character are not preserved as it is.

### **Method recommended for repertorization –**

- 1) General to Particular.
- 2) Symptoms with location, sensation, modalities and concomitants.
- 3) Pathological generals, Causation and Concomitants.
- 4) Nosological diagnosis related rubrics and other symptoms.

### **Advantages –**

- 1) Constructed alphabetically and having clinical format.
- 2) Nosological and clinical rubrics are listed in a large number so useful in cases with lack of generals.
- 3) Nosodes are also included.



## **NOTE FOR DR.ROBIN MURPHY'S REPERTORY**

# **REPERTORIUM HOMOEOPATHICUM SYNTHETICUM. SYNTHESIS REPERTORY**

**Dr. Frederick Schroyens**

**S**ynthesis is the enlarged repertory of Kent, linked to the Homoeopathic software program Radar. This repertory is edited by Dr. Frederick Schroyens in collaboration with leading Homoeopaths throughout the world and forwarded by George Vithoulkas and also by editor. As this is software program construction in relation to new additions, remedies, rubrics are changing day by day with new versions and editions.

### **History and evolution –**

This repertory is linked to **RADAR** project, in 1987 synthesis ver.1 was used as a database for RADAR program. In 1988 ver. 2 with 10.5 MB hard disc space. In 1990 ver. 3 with 11.5 - MB hard disc and in 1992 ver.4 with 30% increase space. Present is a 9.1 ver. Of synthesis modified in 2004. Homoeopathic Book publisher, London, published 1<sup>st</sup>

edition in 1987 in 1720 pages plus 111-page appendix. In Feb. 1994 English and Indian edition was published in March 1996 in arrangement with Homoeopathic Book publisher by B. Jain publisher, New Delhi. 7<sup>th</sup> edition was come out in 1997. Synthesis 8.1 was published in 2001 and recent is 9.1 version published in 2004.

Now a day this Repertory comes with CD, which is very useful and handy.

RADAR was first developed as research project at the University of Namur, Belgium under the supervision of Jean Fichet. The Hahnemann institute had undertaken to print the synthesis in German.

In this repertory Dr. Frederick Schroyens synthesised material from thousands of the authorities. Only 4<sup>th</sup> edition of this repertory contains about **178,000** additions to Kent's repertory and number increased again with Sub-sequent editions, Dr. Kent says, *"Things will grow brighter as minds are brought together and men will think harmoniously. The more we keep together the better and the more we think as one the better "* is the basis of synthesis repertory.

**7<sup>th</sup> edition** contain 2,35,000 new additions more than original repertory of Kent Collected from more than 330 different sources new remedy catalogue of 3,712 remedies and new author catalogue of 1821 references are included in 7<sup>th</sup> versions. Each page contains 15 % more information.

**9.1 versions** of synthesis repertory 3,00,000 new remedy references, **more than one million** rubrics, **14,000** cross-references and **8,000** synonyms. More than **7,000** new symptoms from Vithoukas clinical practice. Farokh Master's clinical bedside tips, over **10,000** symptoms from the works of Jan Scholtan.also new information from **Andre Saine** (Canada) more than **3,200** clinical information. **W.Boericke** Materia medica symptoms from the discription of the characterisitic of the mind section. **Julion** Materia Medica of the nososdes, **Master Farokh** clinical observation of children's remedies (More than 10,600 addition) from almost 886 sources.

Additions of three new chapters - **Outer neck and throat. Urinary organs, Genitalia and sexuality.**

This repertory covers **2373** remedies and in previous ver. **2277** remedeis, which are graded in to four grades: -

I.e. **BOLD CAPITAL** - TUB.

**Bold small** - Tub.

*Italics* -Tub.

Roman -Tub.

### **Some additional reasons for the exceptional qualities of this repertory are –**

\*Synthesis contains repeatedly checked additions from the standard Homoeopathic literature, including Hahnemann, Herring, Kent, Allen, Clarke, Boericke, and Knerr etc. Additions from living authors are added only with caution and most often only in the first degree unless confirmation (of a higher degree) comes from other authors. Thousands of corrections to Kents Repertory have been made. Those are recognisable as the remedy in these Cases mentions “k” (Kent’s rep) as well as the reference indicating the source of the corrections.

E.g. “ Delusion starve he must “ kali. m. K, Cl. Indicated this remedy in Kent was corrected on the basis of a symptom in Clarke’s dictionary.

\*Thousands of symptoms have been rewritten following a clearly readable “Symptom format”. At each level, either the word follows each other in the normal order the sentence is split only once. This split is indicated by the sign “.” to show the place from which one should start reading. This differs from the presence of a “,” which is used to improve readability.

E.g. pieces, sensation as if head would fall in, when stooping.

Became, “Pieces, on stooping; sensation as if head would fall in”.

\*The structure of the symptoms has been made more transparent in order to avoid all possible ambiguity. This was especially the case for symptoms where sub rubrics seemed to depend on sub rubrics with a contradictory meaning.

E.g. Generals - Trembling externally / internally - joy from.

Became, “Generals - trembling - externally - Joy from”

\*A list of combined modalities has consistently been applied throughout synthesis. The parts of a same combined modality can always be found in the same order. E.g. “cold wet weather” is to be searched as “weather- cold – wet.”

Never under “cold damp weather”.

\*The order of the groups of symptoms (sides, time, modalities, extensions, localization, and descriptions) was followed through out and corrected wherever necessary. Also the specific order of the symptoms within each group was applied. E.g. “teeth – pain,” Localizations precede anything else. Alternating sides or one side is sometimes positioned betn. The sides, sometimes bet<sup>n</sup>, the modalities.

\*Leading words have been positioned in front at each level and the alphabetical sorting was corrected accordingly if necessary.

E.g. in bed => “bed, in,” As if frozen => Frozen as if.

\*Insufficiently clear symptoms have been completed on the basis of the Materia Medica.

E.g. Cough - sulphur fumes or vapors. Sensation of agg. Cough - sulphur fumes or vapor; cough agg. by sensation of.

\*Whenever possible ambiguous words have been clarified.

E.g. Breast has been replaced by “Chest” and “Mammae”.

\*Some global super rubrics were created so that one can find more easily related symptoms.

E.g. symptoms on “Periodicity” or “Children” have become sub rubrics of “Periodicity” and “Children” respectively.

\*Too similar Rubrics were merged into one.

E.g. - Nose - obstruction - alternating sides and nose - obstruction - one side - alternately.

\*Symptoms were split into meaningful bits whenever this was not yet done by Kent.

E.g. Cough - loose - exercise and warm room agg. was split into two rubrics “exercise” and warm room - going into a warm room.

\*The language of the repertory has been completely revised. Nineteenth century spelling has been consistently replaced by modern American English spelling. The whole book has been spell checked by computer.

E.g. – Anaemia became “Anemia”, Diarrhoea - Diarrhea, Faeces - feces. Haemorrhoids - hemorrhoids.

*\*Hundreds of words or expressions, written in two and more ways.*

Only one has been maintained based on Webster's Dictionary.

E.g. - Descending stairs in synthesis replaces, descending stairs when, "descending steps, going down stairs, and stairs on going down all of which exist in Kent.

\*Seldom used words and expressions have been replaced by contemporary language for everyday language as well as for medical expressions.

E.g. "Dipsomania" by "Alcoholism" "Childbed" by Delivery after.

\*Clinical Rubrics were renamed according to modern disease names, new clinical Rubrics were introduced with caution, as sufficient clinical verification is still lacking in most cases.

E.g. - Coryza - annual became "Hay fever"

Skin becomes sore, Became - decubitus.

- A new standard list of remedy abbreviations is presented. Many new remedies have been added all abbreviated following the same rules used by Kent. The differences between the remedy abbreviation of synthesis and those used so far in Kent or in Barthel's synthetic Repertory are printed at the beginning of this book.

E.g.

<b><u>Kent</u></b>		<b><u>Synthetic</u></b>	<b><u>Synthesis</u></b>
Arg. M.	Argentum metallicum	Arg. M.	Arg. Met.
Ars. m.	Arsenicum metallicum	Ars. M.	Ars. Met.
Bar.ac.	Baryta acetica	Bar-a	Bar. act.

\*A new standard list of author abbreviations is presented as well. Letters used to indicate an author. No single addition has been made without indicating the source.

\*In 7th edition of synthesis repertory many more new additions are done with the help of Late **Dr. Prakash Vakil**, India. Thousands of symptoms of Tongue were integrated into different chapters, most frequently into 'Mouth' These symptoms, in combination with symptoms

of discoloration and moon phases are part of the '***Vakil module***,' which is a computer program to confirm and differentiate remedies when prescribing.

\*Synthesis 7 also contains additions from new provings, such as Luna, ginkgo biloba, psilocybe caerulescens, granite, marble, limestone, bambosa, chocolate, Hydrogen etc.

\*Dr. Kunzli's red dots for remedies have been integrated; these changes are well indicated with the reference ' Klz'.

\*Thousands of cross-references and synonyms were added esp. in 'Mind' about 700 symptom notes were added to clarify the meaning of certain rubrics.

\*As a result of the above 7<sup>th</sup> edition contains about 2,35,000 additions more than the original Repertory of Kent (edition 5 had about 1,81,000 extra additions) They were collected from more than 330 different sources.

\*Synthesis 7 also is the first Repertory to contain information about more than 2,000 Remedies. A new remedy catalogue of **3,712** remedies and a new author catalogue (1.821 references) are included with synthesis.

\*There are many chapter and section in which changes are made from mind to Generalities. The important change in stomach section is 'The remedies of the rubrics '**Aversion and Desire**' are all moved to **Generalities - Food Rubric**.

\*A sexual behavior in both sexes has been rephrased according to modern expressions. The four main Head Rubrics containing sexual systems are: -

Coition - aversion to / Enjoyment / painful.

Excitability of genitals.

Orgasm.

Sexual desire - diminished, increased, violent wanting.

Kent used 'Sexual passion' for men and 'desire' for women, synthesis used the expression 'sexual desire' for both sexes. Both sections are separated.

Symptoms indicating the content of dreams have been separated into a new chapter 'DREAMS' following sleep.

## **CHANGES IN STRUCTRE WITH DIFFERENT EDITIONS OF SYNTHESIS –**

Following changes are observed in recent editions of synthesis Repertory.

E.g. A patient tells you his pain in the eye is definitely better from rubbing the eye. Synthesis 9.0 offers 7 remedies with this modality in the rubric EYE - PAIN - rubbing - amel. The meaningful bit of information here is rubbing amel. The experienced Repertory user knows that the EYE - PAIN section contains other symptoms which include this same modality.

These symptoms are hidden as sub-rubrics of the pain descriptions, as follows:

EYE - PAIN - burning - Rubbing - amel.

EYE - PAIN - foreign body; as from a - Rubbing amel.

EYE - PAIN - pressing, pressure, etc. - Rubbing - amel.

EYE - PAIN - sand, as from - Rubbing - amel.

These four rubrics all contain remedies whose pain in the eye is improved with rubbing. The relevance is that, if we combine these rubrics, we now look at 13 remedies instead of 7. these additional remedies helps in choosing the correct remedy.

In the past, for all the symptoms of the pain sections, the description of pain was always on level 3 eye - pain - burning - morning.

In Synthesis 9.1 pain descriptions have been moved to the last level of the symptom. The above symptoms therefore become:

EYE - PAIN - rubbing - amel. – Burning.

EYE - PAIN - rubbing - amel. - Foreign body; as from a.

EYE - PAIN - rubbing - amel. - Pressing pain.

EYE - PAIN - rubbing - amel. - Sand; as from.

In addition, the remedies of these symptoms expressing the same side, time, modality, extension, or localization have been copied to the common super-rubric. Reverting to the example above, this means that,

EYE - PAIN - rubbing - amel. has 13 remedies in Synthesis 9.1 (instead of 7 in Synthesis 9.0).

As a consequence of this restructuring process, some familiar

rubrics have undergone some changes. First of all, the symptom level expressing the description of pain has been moved. There is only one thing to remember in order to find the new symptom location: move the "description of pain" to the last level of the symptom and you will find the symptom in Synthesis 9.1.

Synthesis 9.1 adds more information to the Homoeopathic literature and makes available lot of 'integrated' information that will prove useful to every Homoeopath.

### **The CD –**

The most important innovation of the printed version 9.1 is that information normally reserved for the software users, has been made available with the book. It is presented on a CD and compiled into two additional volumes.

The "Textbook of Repertory Language" contains the following elements. The rules of repertory language formatting as before, but updated. Explanation of the integration of the work of Bönninghausen, Boger, and the separate repertory information. Interesting explanations of key symptoms (symptom notes). Also included is extensive information about families, relationships of remedies, and where to get new remedies.

The second additional volume is called "Companion to Synthesis". It contains all the information that may be helpful to find symptoms in Synthesis:

The Companion to Synthesis, which assists you in finding information in Synthesis more easily by listing rubrics with similar meanings or themes also includes a video where Frederik Schroyens and Will Taylor discuss restructuring Synthesis 9.1 and an empty repertorization grid to repertorize your cases.

More comprehensive information about these additional volumes can be found on the CD itself. In addition, the CD contains a demo version of the Radar 9 software.

### **SPECIAL FEATURES OF DIFFERENT EDITIONS OF SYNTHESIS REPERTORY-**

In Synthesis 9.1 all the information from the Introduction and the Mind



sections of all the remedies in Boericke's *Materia Medica* has been integrated (14,717 additions).

New clinical information from André Saine (Canada) has been added to *Synthesis 9* (more than 3,200 additions). More than 10,600 additions have been made on the basis of the popular book on, "Children's Remedies" by Farokh Master (India).

The major new remedies in *Synthesis 9.0* are: *Argemone pleicantha* (Todd Rowe, USA); *Bitis arietans* (Craig Wright, South Africa); *Brosimum gaudica-haude* (Mateus marim, Brazil), *Chironex fleckeri* - box jellyfish (Alastair Gray, Australia), *Bungarus fasciatus* (Master, India), *Coca cola* (Rajan Sankaran, India), *Cypraea eglantina* (Anne Schadde, Germany), *Desoxyribonucleic acidum* - DNA (Phillip Robbins), *Dioxinum* (Phillip Robbins, Australia), *Ficus macrophylla* (Alastair Gray, Australia), *Gardenia jasminoides* (Regina Vale, Brazil), *Hippocampus kuda* - seahorse (Susan Sonz et al., USA), *Lapis lazuli* (Anne Schadde, Germany), *Lavendula angustifolia* (Clayton Collyer and Jackie Davis, UK), *Melaleuca alternifolia* - tea tree (Alastair Gray, Australia), *Musca domestica* - house fly (Susan Sonz and Robert Stewart, USA), *Neptunium muriaticum* (Didier Lustig and Jacques Ray, France), *Ozone* (Anne Schadde, Germany), *Pertussis vaccine* (Prakash Vakil, India), *Phascolarctos cinereus* - Australian Koala secretion (Phillip Robbins, Australia), *Pycnoporus sanguineus* - a South-African fungus (Catherine Morris, South Africa), *Saccharum album* (Salvador Gamarra, Brazil) and *Tempesta* - storm (Mary English, UK).

Remedies described in Julian's "*Materia Medica of the Nosodes*" (J12), have been integrated such as: *Colibacillinum*, *Diphthero-tetano-typho-paratyphoidinum*, *Diphtherotoxinum*, *Eberthinum*, *Enterococcinum*, *Flavus*, *Gonotoxinum*, *Malaria nosode*, *Malandrinum*, *Morbillinum*, *Oscillococcinum*, *Osteo-arthriticum*, *Ourlianum*, *Parathyreoidinum*, *Pertussinum*, *Pneumococcinum*, *Serum anti colibacillinum*, *Streptococcinum*, *Toxoplasma gondii*, *Tuberculinum avis*, *Tuberculinum denys*, *Tuberculinum marmoreck*, *Tuberculinum residuum Koch*, *Vaccin attenué bilié*, *Vaccinum*, *Yersinium*, etc.

The information on magnets introduced by Bönninghausen, but kept out of the *Repertory* by Kent, has been added back in - *Magnetis polus arcticus*, *Magnetis polus australis*, and *Magnetis poli ambo*.

There are also remedies whose information has increased substantially. 197 remedies contain more than 50% extra information as compared to Synthesis 8.1V. Most remedy information has been expanded on the basis of additional author references. The most important remedies where this has occurred are: Adrenalinum, Aqua marina, Azadirachta indica, Bacillinum, Cassia sophera, Cina, Diosma lincaris, Gettysburg aqua, Heloderma, Manganum aceticum, Metylenum coeruleum, Natrium salicylicum, Ornithogalum umbellatum, Piper nigrum, Proteus, Rosmarinus officinalis (Bernard Long and P Cayrel), Strophantus sarmentosus (Stephenson), Strychninum phosphoricum, Sulfonalum, Ulmus campestris, Vanadium metallicum, Viola tricolor, and Xanthium spinosum.

### **Synthesis 9.1 comes with following additional new information as compared to Synthesis 9.0:-**

The major new remedies in Synthesis 9.1 (not yet present in Synthesis 9.0) are: Ancistrodon piscivorus (Michael Thompson, Ireland); Bellis perennis spagyricus (Louise Deacon and Alan Ribot-Smith, England); Bothrops atrox (Michael Thompson); Chlamydia trachomatis (Richard Boocock et al., England); Heroinum (Janet Snowdon, England); Loxosceles laeta (Michael Bonnet, England); Lignum naufragium helvetiae (Mary English, England); Oxyuranus scutellatus. Taipan snake (Paul Masci and Philip Kendall, USA); Petroleum raffinatum (Nandita Shah, India); Spectrum (Gill Dransfield, England); Taosca aqua (Anne Irwin, Ireland); Thallium (Jeremy Sherr, England) and Threskiornis aethiopica. The Holy Ibis (Elisabeth Schulz, Germany).

161 remedies contain more than 50% extra information as compared to Synthesis 9.0. The most important remedies are: Aesculus glabra, Bothrops lanceolatus, Calcarea hypophosphorosa, Dulcamara\*, Ferrum aceticum, Glycerinum, Guaco, Indolum, Kalium sulphuricum\*, Lappa arctium, Latrodectus mactans, Mentholum, Mercurius praecipitatus rubera, Myrtus communis, Naphthalinum, Pilocarpinum, Plumbum aceticum, Polygonum hydropiperoides, Quassia amara, Radium bromatum, Ruta\*, Sanguinarinum nitricum, Solidago, Spongia\*, Stellaria media, Strophanthus hispidus, Triticum vulgare\*, Vanilla aromatica\*, Xerophyllum asphodeloides and Zincum valerianicum. (The remedies marked with an "\*" also contain extended proving information

from Peter Friedrich, Germany.)

### Advantages-

-

- 1) Constant updating so more complete.
- 2) Maximum numbers of remedies are covered.
- 3) Data collected from number of sources.

-



## NOTE FOR SYNTHESIS REPERTORY ALPHABETICAL REPERTORY OF CHARACTERISTICS OF HOMOEOPATHIC MATERIA – MEDICA - Dr. G.D.Srivastava & Dr.J.Chandra

### Introduction: -

This is another work on Kents repertory published in **1990** by B.Jain publisher, New Dehli, India and Chandravathi Chaudhary Smarak trust. This repertory is arranged alphabetically for easy reference.

In the preface part of this repertory author writes, that this repertory is designed to meet the challenge of times, threatening to exterminate Homoeopathy.

This repertory is in the form of a dictionary without any division or subdivision, direct in approach & easy to handle even by a layman, which is the advantage of this repertory over kent's Repertory. Which though most perfect & scientific is analytical by design not suited to the genius of

A novice who confronted there in by a baffling dismemberment of essential component of symptom classified- for the purpose of prescribing, he is required to resemble the scattered fragments to form an image similar to the case in hand.

Rubrics consist of carefully selected clues from the essential component of symptom.

E.g. the locality, sensation, modality & it is in this direction that the search for a symptom & its remedy has to be made.

Apart from the symptomatic array, the book is strewn with many valuable clinical & therapeutic hints, which go a long way in finalizing the choice of a remedy. Before start of repertory there are also given Do's & Don'ts & some aphorism regarding the principle & practice which are the precious gems collected from the works of great masters like Kent, Farrington & others.

### **Construction of repertory -**

Repertory is divided into 6 parts.

- **Remedies and their abbreviations.**
- **Hints for prescribing.**
- **Doses.**
- **Clinical do's & don'ts**
- **Repertory proper [alphabetical]**
- **Index.**

### **Remedies and their abbreviations -**

This repertory is constructed in author's own way, & collected symptom directly from the source books.

This repertory consists of, remedies more than Dr. Kent's repertory i.e. **680 drugs**. The remedy abbreviations are given in first part of repertory. **Gradation of remedies: only one type of grade is used, i.e. all drugs are given in Bold roman.**

### **Hints for prescribing -**

Under this heading author wrote regarding value of symptoms that which kind of symptoms are given more importance for the selection of drugs and how to place the symptoms according to their importance. He explains that prescribing should be strictly symptomatic. Symptoms most peculiar to the patients must be taken first, then those less and less peculiar until the symptoms that are common and not peculiar are reached, in order from first to last.

### **Doses --**

Under this heading author has given some hints regarding selection of potencies i.e. were to give low potency and what are the conditions in which high potency is found to be curative. e.g. in acute disease 1M and 10 M are most useful. In sensitive women

and children's, it is well to give 30 or 200 at first, permitting the patient to improve in general way, after which 1M may be used in similar manner. After the improvement ceases 10 M may be required.

**Clinical do's and dont's. -**

This chapter is very informative where authors has collected information about different masters like kent, farrington etc. regarding their clinical expirenece, and published in tips. E.g. in Desentry - ars. Do not give just because it conforms to the dysenteric condition for if it doesn't cure it will mix up the case.

Hesitate about giving arsenic in the dysentery until you are perfectly sure it is indicated.

**Repertory proper part-**

In this part rubrics are arranged according to alphabetical order. Repertory is printed in two columns.

**Differentials points in comparison with Dr.Kent**

**Repertory.**

<b><u>Dr.J.T. kents</u></b> <b><u>Repertory</u></b>	<b><u>Dr. J.chandras</u></b> <b><u>Repertory</u></b>
1) Chapters and rubrics related to the Parts of the Body are arranged according to Hahnemannian schema. That is from above down- Wards, in alphabetical Order from A-Z.	1) There are no chapters the chapters of the kents Repertory converted in to rubrics and are placed in alphabetical manner e.g. eye is the chapter in the Kent's Repertory but Eye is the rubric in this Repertory.
2) The chapters and rubrics related to the function of the part- functions of the part	2) Function of part are also placed in alphabetical manner

is either given with the part or after the part, e.g. vision chapter (function of the eyes) is given after eye chapter (The part of the body).

Rubrics smell (function of the nose) is given with nose

Chapter. (The part of body)

3) Rubric related to sensation as if: -- related to particular part in general.

4) Rubrics related to modalities: - related to particular part.

Related to general.

5) Rubrics related to the

pathological/clinical condition: -- tissue changes (rubric), Sign (rubric).

In this Repertory.

E.g Eyes (Rubric) in E series.

Vision (function of eyes -

Rubric in v series)

3) Sensation as if related to the whole body is placed alphabetically.

Related to the part is placed under part of body.

4) Modalities, which are linked with sensation are placed accordingly that is in relation with sensation as if is a general modality.i.e.

Placed alphabetical

5) Rubrics related to pathological condition are placed under the part if they are related to the part. If they are related to whole body they are placed alphabetically.

Rubrics related to

Nosological  
dignosis  
are placed  
alphabetically  
though it may be  
related to the part.

### **Advantages of repertory –**

- Alphabetical arrangement of rubrics helps for easily searching of rubric.
- This repertory is based on Kent's repertory but ideas for modifications are original.
- New terms are introduced and confusing wards are removed.
- Rubrics included in this repertory covers less remedy as compared to Kent's repertory. But remedies, which are mentioned, are most important & which are for 3 marks & some for 2 marks (for subrubric) in the kent repertory.

It means more important or more characteristic medicine, which covered for that rubric, is included. By that we can get exact similimum by extracting the less important remedies.

- Hints for prescribing are also important in this repertory.
- It also includes information about doses selection in particular cases.

### **Disadvantages: -**

- No **gradation** for remedies so it not useful in arytmetic calculation.
- Majority of rubrics are covered by only one or two remedies.
- It is more useful in the study of Materia medica rather than for the pupose of Repertorisation. .



## **NOTE FOR ALPHABETICAL REPERTORY-DR.CHANDRA & SRIVASTAVA.**

## **KENTS REPERTORY – CORRECTED REVISED AND IMPROVED.**

**Dr. R.P.Patel**

Dr. R.P. Patel, most eminent practicing Homoeopath from Kerla, India whose contribution in the filed of Homoeopathic Repertory is well

appreciated throughout the world. Since 1948 he worked as a Lecturer in many of the institutes. Also he is acting on different Homoeopathic boards and as a faculty member of various universities. He is well known as a recipient of various awards like Best physician, Excellence award, Dr.Hahnemann Memorial national award, Homoeopathic physician of the Millenium award, Vitalite award, National award, Great Master award, Lifetime Achievement award etc. Recently he has developed a unique Hahnemann's Museum at Vadodara, India.

After going through Kent's repertory (Sixth American edition) he noticed many errors from this Repertory. He was undertaking the Kent's repertory with a view to correct mistakes in sixth American edition of Kent's repertory. After going through the details in relation to mistakes he published his repertory as **"REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA BY J.T.KENT - Corrected, Revised and Improved.**

Since 1951 Dr.R.P.Patel, was noticed many errors while attending Dr. W.L. Templeton's out patients department & ward visit at Royal London Homoeopathic Hospital London.

He started noting down errors in his personal fifth and sixth edition of Kent's repertory with pencil. It was growing day by day and he felt that it should be given to the Homoeopathic profession for better prescribing. This repertory was first time published in 1977 by sai publications; Kottayam, Kerla and subsequent editions are published in 1993,1994,2003.

Further he noticed several mistakes date back from the first & second edition, which was published from 1889. These mistakes are in following aspects. -

1. Remedies & their abbreviation.
2. Total number of remedies listed.
3. Wrong entry of remedies having two names.
4. The level of spacing Rubrics, Sub rubrics & sub-Sub –rubrics.
5. Alphabetical order of abbreviation.
6. Main Heading or Rubrics & Sub-rubrics in two Columns.
7. Repetition of Rubrics.
8. Spelling mistakes.
9. Wrong entry or remedies.
10. Generation of Remedies.
11. Continuity of the Rubric or Sub-Rubric or sub-sub-rubric.



12. Time modalities.
13. Rubrics & Sub-rubrics uniformity.
14. Cross References & Comparisons of rubrics & sub-rubrics & their remedies.
15. Debatable Rubrics.
16. Obsolute word (s) old Terminology.
17. Punctuation.
18. Heading of certain chapters.

### **Some of the examples of changes in Patels repertory**

1. He found that there is no uniformity followed for cross-references in Dr. Kent's repertory. While going through text at different places in rubrics or sub rubrics & in different chapters, he found different wording without the exact location for the cross –reference of the rubrics. To avoid such a situations the following uniformity is being followed in the text, and along with cross reference the page number is given to save time in searching for the required rubrics & also the name of chapter is given whenever necessarily.

E.g. Eructation, liquid, (see fluid) on page 495. It is incorrect. It should be (see fluid) as it appears in the same (P.494)

E.g Nausea Vertigo during (see vertigo) on page 510, is incorrect. It should be (see nausea, with: under VERTIGO, page 101) the name of chapters/sections should be in CAPITAL.

2. He writes that Kent's repertory contains 657 remedies with corrections in the text though in sixth American edition of Kent's repertory has list only 587 remedies & their abbreviations. Dr. R.P Patel added more than 60 new remedies in list with their abbreviation

E.g adeps –adeps suis., Aesc.g – Aesculus glabru.

3. In Kent's original repertory because of faulty abbreviation of some of the remedies and their alphabetical order all through the text he found total disorder in the alphabetical order of thousands of rubrics, no uniformity has been followed. What is in the list is not followed in text & what is in text is not followed in the list. in the text abbreviation are followed according to full names of the remedies in alphabetical order instead of std. abbreviation acceptable to international std.

To avoid these errors or disorder or displacement of abbreviation in rubric of the text, He had followed an alphabetical order of abbreviation instead of following the alphabetical order of the full names of the

remedies & their abbreviations.

4. The arrangement of rubric in Kent's repertory is in two columns, in many places he found wrong wording or incorrect heading of the rubric in the right or left columns of the page or the carrying forward of the same rubric or sub-rubric from the previous page to next page or from the left columns.

Eg. Answers, Aversion to: Page 3, eight columns rubric & sub rubric are misplaced.

Anxiety night; page 5 rubrics & sub-rubric are in order from left to right column.

Pain occiput motion; page 163, 264, heading in right column & left column are not correct.

To avoid misprints this repertory is printed in one column, many of the errors can be corrected & avoided. It is easy to search for rubrics, sub-rubrics & sub-Sub-rubrics

5. Again while going through the rubrics, he found that some of remedies are wrongly entered as there abbreviation are similar with very little difference in spelling. If we are not careful a wrong remedy & can be entered & a wrong remedy can be selected.

E.g. a) Sin a instead of sin-n –page 3; Answers abruptly, shortly, curtly.

b) Lepi & lept – page 8; Anxiety, waking on, It should be lepi, instead of lept

c) Crot -h & cort-t; page 196, Pain, pressing, sides, right. It should be crot-t.

6. In this edition Dr. R.P Patel changed the abbreviations of remedies in rubrics which are in Boldface to capital in the instead of uniformity & the order CAPITAL, **Italics**, Roman.

7. He has not made any attempt to change the chapter scheme of the Kents repertory.

In all this an important contribution from Indian Homoeopath, Dr.R.P.Patel to standardize the literature of Homoeopathy.

**NOTE FOR DR.R.P.PATEL'S REPERTORY** ■ ■

**THE COMPLETE REPERTORY**

**- Dr. Roger Van Zandvoort**

**M**ost complete work on Kent's repertory **published in 1996 by Dr. Roger Van Zandvoort** and assisted by kunzli group, institute for Research, Homoeopathic Information and symptomatology, Leidscheridom, the Netherlands. Initially it came out as a Database file for use with Kent Homoeopathic association, **MAC** repertory and for **HOMPATH** software.now other softwares are also giving options of complete repertory in their packages.

### **Origin and construction -**

The source information used to create this repertory came from the first, third, and sixth American edition of Kent's repertory. This information was combined with many corrections and additions found in –

- Homoeopathic journals.
  - P. Schmidt and H.Chand's final general repertory.
  - Kunzlis Repertorium Generale.
  - Sivaramans additions and corrections to Kent's repertory.
  - Boger's additions to Kent's repertory.
  - Boericke's Materia Medica and Repertory.
- \* C.C.R.H.'s corrections to Boger's Boenninghausen repertory. In additions to the corrections above they verified and corrected remedy abbreviations that have been confusing.

E.g.: AM-BR, Instead of AMBR.

COCC, Instead of COC-C.

This repertory comes in three volumes and also in one big volume having almost 2830 pages.

### **Other textual changes to Kent's repertory -**

- The most important word in a rubric was moved to the beginning of that rubric.

E.g.: During Urination - Urination during.

- The rubrics were re- alphabetized for the hierarchy used in Kent's repertory and that hierarchy has been improved compared to Kent's. The hierarchy of the rubrics was restructured to follow the format, - General, sides, times, agg, amel. and concordances, extending to, localization's and sensations.
- All the agg. Rubrics with Amel. Sub rubrics were re-organized.

E.g.: Stooping Agg., Stooping Amel.

Became, Stooping Agg. / Amel.

- Older terminology was replaced when clearly needed by more modern terminology following the American spelling:

E.g. Miscarriage replaced by Abortion.

\* Replaced the inconsistent use of several words with the same meaning by a single word throughout.

E.g.: Micturation - Urination.

- Some remedy abbreviations have been changed to ensure less confusion about what each abbreviation denotes. The confusion was particularly marked for the mineral, salts. Metals acidums and aceticums.

E.g.: Am-A. - Am - acet.

Nat. A. - Nat. ars.

Like wise all abbreviations related to cal-lacticums metallicums, muraticum, and nitricums, sulphuricums changed accordingly.

- The degrees of the remedies in Kent's original repertory have been checked.
- Reorganizing rubrics in the Mind chapter, - there have been some important changes and additions to the rubrics of the ' Mind " chapter. The DREAMS have been put in the Mind chapter.
- The bodily anxieties and apprehensions have been included in the 'Mind' chapter under Anxiety.
- The separate main Mind rubrics talk, talking and talks have been combined into one rubric named talk, talking, talks since they were inconsistent in their meaning and therefore confusing.
- Reorganizing rubrics in the other chapters – in all chapters, the main "pain" rubrics except for the HEAD PAIN chapters and the EXTREMITIES PAIN chapter have been reorganized hierarchically. The rubric pain from the HEAD and EXTRIEMITIES chapter have been moved to their own chapters in order to minimize confusion resulting from the size of them and from the hierarchy.
- All noises in all different chapters have been put together like in the ear, under the main rubric "Noises."

- The DESIRES and AVERSIONS rubrics in the stomach have been moved to the Generalities chapter where they can be found combined under the main rubric “FOOD and DRINKS”.
- In the ‘ABDOMEN’ chapter all epigastrium locations have been moved to the stomach chapter and have been put in the general stomach rubrics there.
- A new chapter has been created containing those speech rubrics from the mind and mouth chapter that are related to motoric problems and the voice rubrics formerly found in the Larynx and Trachea chapter.
- The fever chapter has been renamed to Fever, Heat. The chill chapter to Chill, Chilliness.
- Page references for Kent’s repertory (K), the synthetic repertory (SI, SII or SIII) and the Repertorium Generale (G) have been included for those rubrics that are listed in these repertories directly behind the rubric text.
- **Grading of Remedies --- Remedies displayed in –**
  1. Plain type font – First-degree - *arg.n.* –1 mark.
  2. ***Bold italics*** - Second-degree - *arg.n.* - 2 mark.
  3. **Bold upper case**- third degree - **ARG.N.** - 3 mark.
  4. **Bold upper case & underlined.** – Fourth degree remedies- **ARG.N.** - 4 MARK.

There are app. 1725 remedies covered in complete Repertory.

### **Sections in Complete Repertory –**

- |           |              |
|-----------|--------------|
| 1. MIND   | 2. VERTIGO   |
| 3. HEAD   | 4. HEAD PAIN |
| 5. EYE    | 6. VISION    |
| 7. EAR    | 8. HEARING   |
| 9. NOSE   | 10. SMELL    |
| 11. FACE  | 12. MOUTH    |
| 13. TASTE | 14. TEETH    |

- |                         |                          |
|-------------------------|--------------------------|
| 15. THROAT              | 16. EXT. THROAT          |
| 17. STOMACH             | 18. ABDOMEN              |
| 19. RECTUM              | 20. STOOL                |
| 21. BLADDER             | 22. KIDNEYS              |
| 23. PROSTATE<br>GLAND   | 24. URETHRA              |
| 25. URINE               | 26. MALE GENITALIA       |
| 27. FEMALE<br>GENITALIA | 28. LARYNX<br>&TRACHEA   |
| 29. SPEECH &<br>VOICE   | 30. RESPIRATION          |
| 31. COUGH               | 32.<br>EXPECTORATION     |
| 33. CHEST               | 34. BACK                 |
| 35. EXTREMITIES         | 36. EXTREMITY PAIN       |
| 37. SLEEP               | 38. CHILL,<br>CHILLINESS |
| 39. FEVER, HEAT         |                          |

Dr.Roger Van Zandvoort began adding emedies and rubrics to his repertory from the sources like Kents Materia Medica, Hahnemann's M.M. pura and also from recent repertories.

### **39.a – COMPLETE REPERTORY VER.4.5-**

The structure of this version of the complete repertory follows the structure given by Dr.kent in his repertory.

As compaire to Kents repertory there are some changes-

E.g. Dreams are listed as a main rubric within Mind.

Speech and Voice have their seaparate section.

Any remedy present in a subrubric was elevated to the main rubric

(that is, if that remedy wasn't already there). Having no clinical confirmation for this change, the remedies were listed in the lowest degree.

Motivated by the desire to have more generalized information available to choose our remedies, the second change made was to promote remedies and rubrics present in the sub-rubrics of the various specific rubrics to the general rubric that they belongs to.

### **39.b -THE COMPLETE REPERTORY MILLENNIUM AND COMPLETE REPERTORY 2003.**

The Complete repertory 2003 is almost 3 years newer than the Millennium Complete of 2000. There are more cross-references and additions, new provings and further correction.

A repertory not only grows or improves when you put in more additions.sometimes there is a need to reorganize, and possibly even restructure the repertory so that long existing, but hidden rubrics can be found.

Many new cross-references have been made, in the Knowledge that people will use modern day English to find information.

The information from the complete 2003 is presented in the Boenninghausen formate – here many one gets symptoms From Generalised Caharacteristic modalities, time, sides etc. Structure of Kent's repertory is applied to rubrics and sub-rubrics.

### **39.c -THE REPERTORIUM UNIVERSALE.**

The Repertorium Universale further work on complete repertory by Roger Van Zandvoort found in RADAR 9 and contains all the information of the Complete 2003. Basically this work includes new additions from all **4 Boenninghausen's Repertories.**

The Repertorium Universale represents a change in structure and gradings of Remedies as compaired to preveious repertory.the structural changes result from the integration of rubrics that allow the Boenninghasuen's Method to be used with the same facility as the more customary Kentian-style rubrics.

The majour advantage of Repertorium Universale is that it

combines Kent and Boenninghausens's structures in similar manner. Dr.Zandvoort used Kents block-structure as applied to the subrubrics, making Kent's own main rubrics the seventh block in the structure since they present the phenomena listed alphabetically.

The other six blocks belongs to Boenninghausens concept rubrics, being generalized rubrics that can be combined to create complete symptoms crossing a phenomenon, a generalized location and at least one generalized modality, thus giving an outcome that goes beyond all information currently found in the literature.

Dr.Zandvoort forwords Kents block structure in arranging the information from Boenninghausen, Boger and Phatak.

In Universale Dr.Roger Zandvoort added new sections like, Heart and Circulation, Blood and Clinical and also section on theme wise Rubrics associated with conditions.

**COMPARATIVE STUDY OF ADDITIONS IN DIFFERENT VERSIONS  
OF COMPLETE REPERTORY.**

<b>Points of additions</b>	<b>Complete 4.5 ver.</b>	<b>Millennium</b>	<b>Universale</b>
No.of Rubrics	137,758	170,888	181,819
No.of cross references	83,313	87,981	130,484
Total number of additions	923,719	1,183,374	1,450,045
Additions clinically verified	212,730	247,981	326,547
Average number of remedies per rubrics	6.7	6.9	7.97



**NOTE FOR COMPLETE REPERTORY BY ZANDVOORT.**



# THE PHOENIX REPERTORY

**Dr. J.P.S. Bakshi**

Homoeopathy, as a holistic science, explores the Mind & body. With the spread and development of Homoeopathy, a huge bulk of information is being accumulated with regards to the new drug proving & clinical experience.

It is well known that NO REPERTORY IS COMPLETE, to fill up this gap Dr.J.P.S. Bakshi worked highly for completing repertory and introduced a new repertory with lot of new information. The Phoenix repertory, was Published by cosmic Healers (p) Ltd. New Dehli, **In 1999**.

Word '**Phoenix**' means “ A mythical bird with gorgeous plumage, fabled to be only one of its kind & to live five to six hundred years in the Arabian Desert, after which it burnt itself to ashes on the funeral pyre ignited by the sun and fanned by it own wings, rising from its ashes which renewed youth to live through another cycle.”

This repertory is published in two volumes, in which sections of Kent's repertory are divided as –

Volume 1<sup>st</sup> – MIND TO ABDOMEN.

Volume 2<sup>nd</sup> – RECTUM TO GENERALITIES.

Dr.Bakshi is also the author of book 'Manual of psychiatry' in which he elaborated all psychiatric topics in detail followed by rubrics related to that condition which helps for analyzing the case and to form proper totality.

The Phoenix repertory is an exclusive work that gives lot of new additions to original Kent's repertory. Dr. Bakshi added many new rubrics & drugs from other Homoeopathic literature.

## Structure of Phoenix Repertory -

- 1) Preface
- 2) Introduction
- 3) Repertory proper
- 4) List of remedies and there abbreviation
- 5) List of sources and authors.

There are total 38 sections. Dreams have been given as a separate section, because of many additions being made under this section. As dreams represent our emotions, so this section has been placed after

mind.

Rubrics are placed alphabetically in each section in order of sides, times, modalities, extensions & localizations.

Dr. Bakshi's repertory is based on Kent's repertory & about 80,000 additions have been made from 540 different Sources. (From Dr. S.Hahnemann to Dr.R.Shankaran).

### **Symbol's used in the Repertory –**

1) Rubric taken from Kents repertory are denoted as “Degree”

E.g. a) Answers<sup>0</sup>

b) Antic plays (Gestures, strange,<sup>0</sup> gremaces)

c) Absent mindedness (Morning<sup>0</sup>)

2) Rubric from synthetic Repertory are marked with –

3) Direct cross-reference where no remedies are mentioned are marked with '>>' Thus referring to go to the mentioned rubrics.

E.g. - a) Anemophobia >> fear of men.

b) Alone - desire to be >> Company aversion.

Feels he is >> forsaken feeling.

c) Tears with >> weeping.

3) Different cross-references are separated with a small black dot in parenthesis (.)

Eg. Antagonism herself with (Thought to train of \* will contradiction of)

### **Grading of Remedies –**

First- degree remedies: - Roman plane type.

Second degree remedies: - ***Bold italics.***

Third degree remedies: - **BOLD UPPERCASE TYPE**

Fourth degree remedies: - **BOLD UPERCASE TYPE WITH UNDERLINED** typeface.

The repertory part is printed in two columns on each page. The rubrics are printed in two columns on each page. The rubrics are printed in bold capital as that of Kent's repertory.

### **Advantages of Repertory –**

1) There is broad choice to the practitioner and facilitates selection of right rubric because there is nearly 80,000 additions made from 540

different sources.

- 2) Sources are mentioned in front of rubric for each remedy, which makes book reliable.
- 3) 1225 drugs are used to this repertory that are more than sufficient for any ones practice.
- 4) Both Generals and Particulars cases can be repertorised by using this Repertory.

### **Disadvantages of Repertory –**

- 1) Index for the repertory is not given which makes the rubric search difficult for beginners.
- 3) Majority of medicines from this repertory is not well proved though they have been added from authentic sources.



## **NOTE FOR THE PHONEIX REPERTORY**

### **THEMATIC REPERTORY**

**- Dr.J.A.Mirrili**

Dr.J.A.Mirrili has published this repertory based on different mental themes, so called Thematic repertory. This repertory was published in the year 1995.

It is some what new concept in the field of repertorization.the concept has emerged out of difficulties of tracing out the symptoms at appropriate places especially the mental symptoms.

In fact, the mental symptoms in Kents as well as synthetic repertory and also in all recent repertories are so much split that they have lost connection amongst themselves and they appear as separate statements or symptoms. This becomes mechanical and does not help a practitioner to find the connections and to arrive at the mental state.

Thematic repertory incorporates various themes and 12,500 symptoms from the Materia Medica pura, encyclopedia of Homoeopathic Materia Medica and from Jeremy Sherr's work as well as from the complete repertory by Roger Van Zandvoort.

There are approximately 300 themes like ambition, forsaken, death, helplessness, and religious etc.described in this repertory. Under these

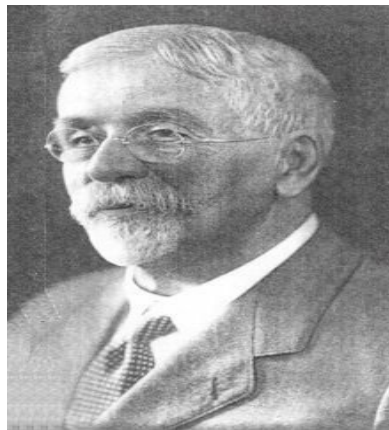
themes several mental symptoms have been mentioned so that finding a connection among them becomes easy. This is only a pioneer work by J.A.Mirrilli and it can be improved upon further in the same direction.

## **NOTE FOR THEMATIC REPERTORY**

### **Dr. C. M. BOGER'S WORK**

- Dr. C. M. Boger's life & contribution to Homoeopathy.
- A Synoptic key to Materia Medica.
- Dr. Bogers contribution to Boenninghausens Therapeutic Pocket Book.
- Boger - Benninghausen's Characteristics and repertory.

## **DR. CYRUS MAXWELL BOGER**



C. M. BOGER M.D.

**M.D. (1861-1935)**

Dr. Cyrus Maxwell Boger was a famous physician and author of number of medical books. Cyrus Maxwell Boger was born on May 13, 1861 in western Pennsylvania, the son of Cyrus and Isabelle Maxwell Boger. He was a close student and follower of Dr.Boenninghausen and was a German Scholar. In 1888 he Came to Parkersburg USA and started practicing medicine. He received his early education in public school of Lebanon. He graduated from the Philadelphia College of medicine; later on he studied at the Hahnemanin Homeopathic college of Philadelphia and graduated there.

He worked many years for the development of Homoeopathy. He

contributed many valuable books and literature for Homoeopathy. Bonninghausen's characteristics and repertory is one of the greatest piece of Homoeopathic literature that was magnified work of Bonninghausen's therapeutic pocket book by C. M. Boger.

His ambition was to devote all his time to teaching and writing but he never reached the point of giving up his practice. However, he frequently lectured before scientific audiences at the Pulte Medical College in Cincinnati and was a teacher of Philosophy, Materia Medica, and repertory study in the American Foundation for Homoeopathy Postgraduate School from 1924 until his death.

He died on September 2, 1935, aged 74, from food poisoning after eating a tin of home - preserved tomatoes.

### **Boger's important contribution for Homoeopathy is as follows -**

- 1) A Synoptic key to MATERIA MEDICA.
- 2) Translation of repertory of Antipsoric remedies.
- 3) Times of remedies and moon rising phases.
- 4) Boger's card repertory – 1928.
- 5) Boger's Diphtheria, (The Homoeopathic Therapeutics of)
- 6) Samarskite- A Proving.
  - 5) 105 pages of Additions to Kent's repertory.
  - 6) Bon's characteristics and repertory.
  - 7) Study of Materia Medica & art of case taking.
  - 8) Studies in the philosophy of Healing.
  - 9) General analysis.
  - 10) Repertory of symptoms of the Ovaries, 10 pages.
  - 11) He analyzed symptoms in different manner, which he explained in Synoptic key to Materia Medica: -
    - a) **Modalities** - Causation, time, temperature, weather, open air, Posture, motion, eating and drinking, sleep, touch, discharges. Etc.
    - b) **Mind** - Irritability, sadness, fear, placidity.
    - c) **Sensations** - burning, cramping, cutting, throbbing etc.
    - d) **Objective Aspect** - Restlessness, nervous, excitability. Facial

expressions.

e) **Part Affected** - organs, side, right or left.

## ■ ■

# A SYNOPTIC KEY TO THE MATERIA MEDICA

- **Dr. C. M. Boger**

**F**or the purpose of finding out proper remedy for the patient there are different ways. Dr. Boger's approach was totally different he was the follower of Dr. Boenninghausen. He introduced a simple method of working out the cases. For this purpose a combination of the analytical and synoptic method has been thought best. He says, clinical symptoms picture is best obtained by asking the patient to tell his own story. A synoptic key of the M. M. is an important book very useful in clinical practice **published in 1931** with **323** remedies.

### **The book has been divided into three main parts –**

- 1) A short repertory.
- 2) Synopsis of Materia Medica.
- 3) And third part comprising.
  - a) Table of the approximate duration of action of remedy.
  - b) Complementary remedies.
  - c) Antagonistic remedies.
  - d) Supplementary reference table.

The Second part contains the characteristic symptoms of the almost **323** important remedies of the Homeopathic M.M. with their physiological sphere of activities, Modalities, and Relationships.

The remedies are explained with reference to general Modalities, Causative and time modalities, Part affected and other characteristics. Lastly complementary and other relationships are explained.

### **The proper repertory part is explained in following order -**

- 1) The periods of Aggravations.
- 2) Condition of Aggravation and Amelioration.

Generalities I.e. consideration of drug affinities for the entire organism.

5) Regional repertory.

**1) Periods of Aggravations** – Here he explained time modalities in detail starting from general periodical agg, then phases of day and night, clockwise modalities.

**2) Conditions of Agg. and Ameli.** - Here he explained all circumstantial modalities, arranged alphabetically.

**3) Generalities** - Here general sensation and complaints, Symptoms pertaining to mind and intellect are explained.

Lastly in 4<sup>th</sup> part i.e. **Regional repertory** he explained all the signs, objective, subjective symptoms pertaining to parts and organs of the body, while explaining these he followed the same anatomical order starting from **head to extremities** then skin and symptoms of fever. The number of remedies with abbreviations listed in reference table is 489.

**Remedies are graded into 3 grades –**

CAPITAL ROMAN – 1<sup>st</sup> grade.

**Bold roman** – 2<sup>nd</sup> grade.

Ordinary /roman – 3<sup>rd</sup> grade.

Supplementary reference table is a separate section of synoptic key for ready reference to repertorial portion in the text.

This section gives list of abbreviations of remedies and alphabetical arranged rubrics with their page number as a reference to the materia medica part.

**■ ■**  
**ADDITIONS TO**  
**KENT'S REPERTORY**  
**- Dr. C. M. Boger**

**D**r. C. M. Boger had made several additions to Kent's repertory. At the time of Dr.C.M.Boger two repertories was extensively used i.e. Dr.kent's and Dr.Boenninghausen's. Dr. Boger was follower of Dr. Boenninghausen and while going through Dr.Kent's repertory he found many lacunes. As Kent's repertory was universally used at the time of Dr.Boger for the betterment of Homoeopathic he thought to correct and add new rubrics and remedies under different rubrics of Kent's repertory.

His book is of 105 pages there are approximately more than 3,000 additions made by Dr. Boger. In this book page wise additions are done to that of original Kent's repertory. In all those 37 sections we will observe additions.

E.g.- On page No.1- Absorbed Rubric - Nux. Vom. is added like wise many corrections and additions are there. Only under mind section almost 171 additions were made. For the compilation of new repertory this work is used as one of the authentic works on Kent's repertory.

## **DR. BOGER'S CONTRIBUTION:** **To Boenninghausens Therapeutic** **Pocket Book**

**D**r. Boger has divided preface to his repertory mainly into 4 parts, which are considered as one of the Boger's contributions to Dr. Boenninghausen's repertory.

- 1) Preface proper.
- 2) On the use of repertories.
- 3) The Repetition of the doses.
- 4) The Homoeopathic prognosis.

### **1) Preface proper-**

Dr. C. M. Boger writes, the repertory embraces,

- **Therapeutic pocket book -**
- **Repertory of Antipsoric.**
- **Repertory of Non- Antipsoric remedies.**
- **Sides of the Body and drug affinities.**
- **The Repertory part of the Intermittent Fever.**
- **Whooping Cough.**
- **Domestic physician.**
- **Also a large number of paragraphs from 'Aphorisms of Hippocrates'.**

All the above books are considered as sources of Boger's repertory.

With the advancement of our M. M. Boenninghausen passed away



remedies like Aloes, Apis, Arg. Nit. Borax. Bromium, Cal. Phos. Floricum Acidum, Gelsemium, Glonine, Kali. Bich, Kreosotum, Merc. Cor, Nat. sulph, phytollaca, podophyllum, Psorinum and Tabaccum, which have been added up.

Total number of remedies considered in Bogers repertory-

Proper repertory part- **464** remedies.

Concordance section - **125** remedies.

## **2) On the use of Repertory -**

He defines repertory in the following words -

*'A Repertory is essentially an index and may be advantageously used as such for discovering particular symptoms as well as for grouping remedies containing similar combination in their pathogenesis'.*

## **3) Choosing the remedy -**

Under this heading he tells us that,' the choice should be made from among the drugs, which exhibit effects simulating those of the whole disease picture at hand, and shows how the final differentiation depends upon the individualistic or peculiar symptoms, a truly scientific procedure'.

The interpretation of what constitutes a striking or singular symptom except as pointed out in Apho. 86 and the following is left to the judgment of the physician, but is elucidated in the following seven consideration –

- 1) Quis-Change of personality and Temperament.
- 2) Quid-Peculiarities of disease.
- 3) Ubi-Seat of disease.
- 4) Quibus Auxilis -Concomitants.
- 5) Cur-The cause.
- 6) Quomodo-The modalities.
- 7) Quando -The time modalities.

### **Special advice of Boger in the selection of the concomitants is –**

The characteristic nature of concomitants strikingly portrait the leading features of the case. They are always modified by the peculiarities of the relief before the picture can be said to be accurate. Common place or well-known accompaniments are unimportant unless they are present in an extra-ordinary degree or appear in a singular manner.

The concomitants or accessory symptoms are examined in 3 steps.

1) Rarely found combined with the main affection, hence also infrequent under the same condition in the proving.

2) All those belonging to another spheres of disease than that of the main one.

3) Finally those, which bear the distinctive marks of some drugs, even if they have never before been noted in the preceding relation.

The concomitants must be striking, extraordinary and peculiar. To find them out the knowledge or practice of medicine or diagnosis of disease is essential. The concomitant lends the individuality of the patient and together they form the totality.

### **a) Change of personality & temperament –**

In any condition change of personality and temperament are particularly to be noted especially when striking alterations, even if rarely occurs, the latter often supplant or by their prominence may obscure the physical manifestations and consequently correspond to but few remedies.

The expression of the intellectual and moral proclivities is interdependent and their combined character affords the best and almost sole indication in the choice of remedies for mental affections.

### **b) Peculiarities of disease –**

Dr. Boger divided the peculiarities into two: -

a) Peculiarities of the disease.

b) Peculiarities of drugs.

Peculiarities of the disease serves to exclude for the comparison of all the medicines which do not correspond to the nature of the disease, but on the contrary seem to expand themselves upon other parts of living organism.

Virtues of drugs initiate first to the common symptoms no doubt, but with there peculiarities point out the symptoms matching with the peculiarities of the disease and the patient's syndrome.

The most accurate and indubitable diagnosis of a disease form as depicted in pathological treatises can seldom or never suffice for the sure selection of the similar remedy in a concrete case.

### **c) Bogers direction about seat of disease –**

Seats of diseases may be thought of, in two ways: -

- a) General
- b) Particular or local.

#### **General -**

These may be rheumatism, gout etc. but headache, toothache though are particular are expressed in general terms. Side affections, right/left, diagonal or upper and lower etc. though seems particulars are considered as generals.

#### **Particulars –**

It is essential to ascertain the seat of local diseases with accuracy, for every experienced Homoeopath knows how in toothache for instance, it is necessary to select the remedy which in its proving has repeatedly acted upon the very tooth that suffers.

In the treatment of diseases the value of modern method is far less therapeutic than prognostic. The internal physical signs and objective material changes never represent the dynamic diseases, but are its product, developing as it progresses. When as it is often possible, such disorganizations can be nipped in the bud by well-selected remedies it is unpardonable to await their appreciable ravages. This is equally true of Homoeopathic prophylaxis.

### **d) Bogers method of classification of causes -**

Pathological explanations and speculations are too far removed from our entirely practical method to have any great value in a therapy and cure. Boger first of all classified the causes mainly in to TWO.

- 1) Internal cause.
- 2) External cause.

He defines the internal cause to be the natural disposition highly susceptible i.e. Idiosyncrasy.

He divides these internal causes into 3 -

- a) Psora
- b) Syphilis
- c) Sycosis

The latter can excite disease principally by means of external

impressions, when there is already a natural predisposition there too.

He defines the external causes to be the impressions obtained by external influences. He divides this mainly into 2.

- 1) Psychical
- 2) Physical

He further subdivides the physical to be of 2 types -

- A) Traumatic
- B) Due to exposure.

### **e) The critics of Boger on modalities -**

Regarding definition he says, "These are the proper and most decisive modifiers of the characteristics". They have developed importance with the growth of Homoeopathy.

A superficial examination of any completely proven drug will reveal the common symptom of all diseases such as headache, diarrhoea, eruptions, etc. A little closer inspection of their sensations and relation to different parts of the body establishes undoubted differences in the manner of their appearance, their modality. All experienced Homoeopaths pay great attention to this point, As regards to condition and position, establishes undoubted differences and this modalities denoted by either AGG. or AMELI.

The craving and aversions to various foods furnish some of the most important Points in deciding upon the remedy.

### **f) Bogers considaration on time -**

Dr. C.M. Boger discusses the time factor in two steps,

Periodical return of symptoms after a shorter or longer period of quiescence.

In explanation he says, special accidental cause e.g. menstrual disturbances, all seasonal or temperamental influences are less important as it becomes mostly common.

- 2) The hour of the day, when they are better or worse.

In explanation he says, these may be: -

- a) General
- b) Special

Are of much greater importance, as it becomes mostly uncommon.

Anamnesis plays a great role in finding out the exact cause of disease and helps to restrict the list of medicines from which the selection is to be made.

### **Bogers direction for repetition of the dose -**

A single dose of properly selected Homoeopathic remedy will in a short time so transfers the character of the disease as to show indications for a different remedy.

The common experiences that the continued thoughtless and injudicious use of the same medicine often does more harms than good.

Two very similar remedies do not follow each other well, has its origin in this fact.

The primary and secondary action of many drugs repeats itself alternately; hence as long as this happens the one (first) dose has not exhausted its action.

In diseases like small pox, scarlet fever etc. which generally attack man only once, every repetition of the higher dynamization only tends to prevent or retard the cure, Whereas, in other diseases it regulates itself by the extent of their liability to recur.

In every attack one-minute dose of the rightly chosen remedy, if quickly allowed to expand itself accomplishes everything to be expected of medicine.

When same drug after a long time is again given, it disappoints us and will only act after a sufficient time has elapsed for the former dose to have finished its work.

In chronic diseases the action of truly legitimate (similar) remedy must be left undisturbed if we wish to attain success.

After administration of a carefully selected remedy after a lapse of eight days (in acute sickness after a few hours or minute) one or two events certainly follow either –

- a) The state of illness is changed.
- b) It remains the same.

### **The change in the sick condition embraces -**

- 1) The condition is ameliorated.
- 2) It is aggravated.

4) The disease alters its symptom complex.

**1) When the condition is ameliorated** – wait and wait, when the improvement comes to a stand still, apply second third and fourth dose of the same remedy.

**2) When it is aggravated -**

If it is Homoeopathic aggravation nothing further is to be done, cure will be the consequence.

If the agg. Seems harmful for life, antidote immediately.

If no antidote is known apply very smaller dose of the same medicine.

**3) When the disease alters the symptom complex –**

a) Prescription must be changed.

Obstacles to recovery in diet or other condition must be enquired and removed.

For want of receptivity repeated small dose of remedies recommended for deficient reaction be applied.

**4) Boger about Homeopathic prognosis -**

Homoeopaths are said to know something more than the diagnosis and that is the trustworthy sign derived from the behavior of the remedy. If the reaction remains absent or the symptoms which are foreign to appear during the operation of the drug the prognosis is most grave.



**NOTE ON DR.C.M.BOGER WORK**

## **BOENNINGHAUSEN'S CHARACTERISTICS AND REPERTORY**

**- Dr. C. M. Boger**

**1) Introduction**

**2) Philosophical Background**

**3) Construction of Repertory**

**4) Adaptability**

**5) Bogers concept of Totality**

**6) Method of working with B.B.C.R.**



## **Introduction –**

*Having found the Boger-Boenninghausen's Repertory an excellent and ever reliable tool in my search for the curative remedy during the last nearly forty years of my practice as a Homoeopathic physician.*

**- DR.BHANU DESAI.**

The compilation of the Boger-Boenninghausen's repertory, in its present form is the product of workings and experience of two masterminds, Boenninghausen and Boger as which is presently seen. Dr.Boger was one of the leading Homoeopaths in the United States; he was an assiduous student and a very capable German scholar.

Dr. C. M. Boger was a student and follower of Dr. Boenninghausen. In his time mainly to schools were popular, Boenninghausen and Kentian schools. Boger studied both schools closely, but accepted Boenninghausen's way of working out a case. Because of concept of theory of grand Generalization that was introduced by Dr.Boenninghausen as a solution to get complete symptoms, unfortunately, the influence of Boenninghausen's repertory has started waning towards the close of 19<sup>th</sup> century. Because no one was worked to up date on T.P.B. and also because of lack of understanding of the deeper philosophy behind it, many started following Kent's repertory. So Boger seriously started working on this repertory to remove lacunes as well as to up date the same.

Boger was able to study the original works of Boenninghausen in German and corrected many faulty translations of his work in English. What impressed Boger during these studies were the form of the repertory of Antipsoric remedy, T. P. B. and its practical usefulness.

But Boger's criticism of the Therapeutic pocket book was the arrangement of the sections devoted to Agg. And Ameli, which he felt, that was too generalized / Over generalized to be of the greatest value. It was largely for this reason Boger preferred the earlier work of Boenninghausen. Thus Boenninghausen's so-called repertory of the Antipsoric grew in to **Boger-Boennighausens Characteristics and Repertory.**

Boericke and Tafel published it in 1905 in German language. M/s. Roy & Company Bombay, India published his manuscripts then after with the assistance of his wife, in 1936 on 1154 pages. They published second

Indian edition in 1952. After a long period of 20 years in year 1972, B. Jain publisher of New Delhi published third edition. Then after by Indian Books & Periodicals Syndicate, N. Delhi.

Dr. Bradford write about this repertory that there is no question but that this work will be a choice addition to Homoeopathic literature, in making available the combined observations and logic of Boenninghausen and the wide and wise observations garnered by Dr. Boger from long years of study and practice.

Dr. Boger added many new rubrics, new chapters and about 17 new remedies. In preface to his repertory Dr. Boger says, The repertory embraces the following major books.--

1) Bonninghausen's characteristics of Materia Medica.

2) Bonninghausen's Therapeutic pocket book.

(Therapeutisches Taschenbuch.)

3) Whooping cough by Boenninghausen and Clarke.

(Die homopathische behandlung des keuchhuster in seinen verschiedenen fomen.)

4) Domestic physician by Dr. Herring.

5) Aphorisms of Hippocrates. (Die Aphoorismen des Hippokrates.)

6) Intermittent Fever – Dr. Allen's. (Versuch einer homoopathischen therapie des wechselfiebers.)

7) Repertory of Antisporic remedies. - Dr. Boenninghausen. (Repertorium der antipsorischen arzneien.)

8) Sides of Body – G. Miller & Boenninghausen.

9) Boenninghausens Repertory of Apsoric remedies. (Repertorium der nicht-antipsorischen Arzneien.)

### **Philosophical background –**

Dr. C. M. Boger accepted the some principles of finding out Similimum. Even though at Boger's time kentian concept of prescribing for mind was became very popular, Boger introduced his own concept. Most of the times, it is very difficult to elicit reliable mental symptoms, especially for a physician who is new to the practice of Homoeopathy. Patient may also feel shy, and hesitate to disclose mental or emotional symptoms and they may also feel mental symptoms are not related to



their illness and they are personal. Some patients are not intelligent enough to express properly the innermost feelings. So we may get partial picture inspite of, availability of picture also, it is difficult to interpret and analyse the situations and converting them in to rubrics. So proper evaluation of mental symptoms requires a good idea of the background of the patient, as also a keen insight in to human psychology. That is why he introduced his new philosophy for working out cases.

While working on the Boenninghausens repertory related to concept of totality of symptoms, which was originally given by Hahnemann, I.e. Concept of complete symptom with Location, Sensations, Modalities, and concomitant was fully agreed by Dr. Boger but the solution, which Boennighausen introduced to get each and every symptom in complete form i.e., Theory of Grand Generalization was the point of controversy.

Some masters like Kent, Hering as taking a far too simplistic view, criticized this approach. Since there are occasions when a local modality is quite the opposite of the general one.

As there was considerable force in this argument Boger has given the conditions of aggravations and amelioration's pertaining to anatomical regions and functions i.e. local modalities and also at many places particular sensations apart from the chapter on general sensations and modalities. *So it may be said in passing that those Homoeopathic students who have criticized Boenninghausen's T.P. Book, on the grounds that there have been no differentiations between general and particular modalities, cannot find this fault with the Boger's work characteristics and Repertory.* So beside fundamentals of Therapeutic pocket book i.e. Doctrine of complete symptom, Doctrine of evaluation of Remedies etc., Boger's work i.e. Boenninghausens characteristics and repertory is also based on following fundamental concepts –

- 1) Doctrine of pathological generals.**
- 2) Doctrine of causation and time.**
- 3) Doctrine of Clinical rubrics.**
- 4) Doctrine of Fever totality.**
- 5) Doctrine of Concordance.**

### **Doctrine of Pathological Generals –**

Besides the concept of complete symptom Dr. Boger emphasized

certain general tendencies of the tissues and propensity to certain types of abnormal changes as an important feature aiding in the selection of the Similimum. He writes there are certain general tissue changes called pathological generals tells the state of the whole body and its change in relation to the constitution.

They help us to concentrate on more concrete changes to select a Similimum. The chapter in the book "*sensations and complaints in General*" is with full of examples of pathological generals.

Dr. Boger says that certain types of constitutions are prone to certain pathological changes to different levels of systems and organs. This common change at different tissues shows a behavior of whole constitution, which is important to understand the individual. This requires knowledge of pathology, keen observation and careful study of the symptoms on the part of physician to detect the pathological generals in patients and use it for finding out similimum.

### **Examples –**

If a person shows degenerative changes at many locations and or signs of early senility the rubric would be Senility.

Discharges, which are common to various parts.

Similar pathological changes in different parts.

Involvement of general locations, glands, orifices etc.

Certain tendencies— i.e. suppurative, Haemorrhagic, or uric acid diathesis etc.

5) Constitution type and miasmatic expressions.

6) Emaciations.

7) Indurations at many places.

8) Marasmus

9) Obesity

10) Sycosis

11) Syphilis.

### **Doctrine of Causation and Time –**

Dr. Boger has given importance to Causation and time modalities while prescribing Homoeopathic remedy. According to Dr. Boger elicitation of cause of the disease and forming totality on the basis of cause helps to find out suitable and reliable Homeopathic remedy. Under every chapter

in his repertory he added time modalities. Sixth section i.e. aggravation and amelioration, in general also covers many causative factors. As causation's and time modalities are more definite and reliable or hard part in cases as well as in medicines they are considered at high place in selection of Similimum.

According to his concept, prescribing on non-reliable mentals makes problem. So mentals are considered for final differentiation of remedy. In cases, where mental symptoms are not reliable or not clear, there we have to depend on physical symptoms, modalities and concomitants. The modalities make a symptom more distinctive. For the standpoint of individualization, modalities assume the highest importance.

In his book synoptic key to Materia Medica he gives more importance to causation and general modalities followed by general sensations, which acts as a key in the selection of remedy. Thus according to Boger they need to be given an adequate place in repertorization.

### **Doctrine of Clinical Rubrics –**

Dr. Boger's concept of including clinical rubrics in his repertory, was to get group of remedies and not to prescribe the final Similimum on the basis of clinical rubrics or clinical Nosological terms. That way he was the first pioneering person who realised its importance and introduced clinical rubrics in his repertory. He mentioned such clinical conditions in his repertory after verifying in own clinical practice.

The use of the nosological correspondence is one method by means of which a similar if not the most similar remedy may be discovered. These rubrics are useful to arrive at a group of medicines which can further narrow down with the help of knowledge of Materia Medica, so this is the method of individualization by particular to general.

### **Doctrine of Fever Totality –**

Fever totality is one of the separate contributions of Dr. Boger in the work of Therapeutic pocket book. But this section, unless studied carefully, is confusing in its arrangements of headings and rubrics.

Time, aggravation, amelioration, and concomitant follow each stage of the fever. Here Boger has made a few changes in arrangement as compare to Boenninghausen's work, pathological types of fever mentioned in this repertory can be used for reference and final selection

of the drug. Section on Blood, circulation (congestion, palpitation, Heart beat, pulse.) Should be used if symptoms are prominent during any of the stage of fever. So the basic arrangement and contents of each heading of fever section have been detailed under the chapter construction of B.B.C.R.

Fever section of Bogers repertory helps to prescribe correctly and harmlessly for any acute as well as chronic fever cases.

### **Doctrine of Concordance –**

In his repertory we find the chapter on concordance, a little known and seldom-used section that has proved of inestimable benefit when comprehended. It is practically the section as the relationship of remedies of the Therapeutic Pocket Book. In the chapter on concordance **125** remedies are covered in alphabetical order from Aco. to zinc.

Each remedy is covered here fewer than 12 heading (11 in the T.P.B.), corresponding to Headings in the repertory section an easily referable to those in the M.M. portion of the book. Mind, Localities, Sensation, Glands, Bones, Skin, Sleep and Dreams, Blood, circulation and fever, time, Agg, related remedies, antidote, in T.P.B. one section covered time and Agg. Reading originally Agg. as to the time and circumstances; and instead of related remedy the heading reads other remedies.

We have interpreted this to mean in both cases, other relationship (besides those covered by the forgoing rubrics,) and we still hold this to be the practical application from much study of the remedies from use of this section in general in actual cases.

### **Construction of the repertory –**

Dr.Boger used Therapeutic Pocket Book many years in his practice. He found some problems of using T.P.Book, especially in relation to its structure. So Dr. Boger tried to modify the rubrics drawn from his own experience and other sources. The book begins with a foreword by Dr.H.A.Roberts. In his foreword Robert says” *Probably there has never been a more thorough student of Boenninghausen than late Dr.C.M.Boger, and perhaps one of the greatest pieces of Homoeopathic literature left by Dr.Boger is the Boenninghausens characteristics and repertory*”. Boger’s work is mainly divided in to FOUR parts:-

- 1) Introductory part.

2) Characteristics of Materia Medica.

3) Repertory proper.

4) Concordance part.

Introductory part is important contribution of Boger to Boenninghuasen's work. Here he discussed about, "Use of Repertory, How to choose the Remedies, Repetition of doses and Homoeopathic prognosis".

In characteristics of M.M., which is Boenninghuasen's work he explained almost **140 remedies, which** are useful for easy reference to M.M. after repertorization.

While compiling the repertory proper, Boger followed the basic plan and construction of Bonninghausen's repertory of Antipsoric medicines because while translating it from second German edition he found that in this repertory Boenninghausen has given all particular sensations and modalities.

According to the philosophical background already discussed, Boenninghuasen divided his repertory in to seven main chapters and Boger has faithfully followed that plan while compiling repertory.

- **Mind** — General, Time, Aggravation, Amelioration, concomitants, cross Ref. Agg. Cross Ref.

This section covers app. 366 rubrics. For many rubrics, compare, he has given, immediately after the rubric, to think of appropriate rubric during consideration of rubric.

We will find rubrics that are not found in kents repertory e.g.- alcoholism, automatism, care free, Crankiness, Duality sense of, Paranoia, Rivalry, Satyriasis, Untidy etc.

- **Sensorium** -- General, Agg. and Amelioration.

This section consists of rubrics with a few sensations as if, e.g.- alcoholism as of, Coryza as from also rubrics like confusion and Faintness.

- **Vertigo** — General, Time, Aggravation, Amelioration, concomitants, Agg. Cross ref. Concomitant cross Ref.

Consists of rubrics related to vertigo like anxious, congestive, Gastric, Nervous etc.also many sensations as if, e.g. elevated as if, Faint likeRiding as if are given.

## ***Locations with sensations and Modalities -***

Experienced in different location i.e. anatomical parts of the body and organs, according to the Hahnemannian Schema.

### ▪ **Head –**

**Internal** – General, Time, Aggravation, Amelioration, cross ref.  
Aggravation cross ref. Amelioration cross ref.

**Head external** — General, Time, Aggravation, Amelioration, cross ref.

Many clinical rubrics are given like, Concussion of Brain, Gout in, Hydrocephalus, Meningitis, Migrain etc.

▪ **Eyes** —General, cross Ref. Eye brows with cross ref.

Eyelids with cross ref, Canthi, Time, Agg. and Ameli.

**Vision** – Vision, Time, Aggravation, Amelioration.

▪ **Ears** - General, Hearing, Time, Aggravation, and Amelioration.

Clinical rubrics like atheroma, Caries, Erysepelas, Herpes etc. parotid glands are included.

▪ **Nose** - General, smell, Time, Aggravation, Amelioration, Coryza. Time. Aggravation. Amelioration. Concomitants.

Clinical rubrics like Cancer, syphilis, varicosities, warts are listed. Under rubric discharge character of discharge is given.

▪**Face** – General, Lips, Lower jaw and maxillary joints, chin, Time, Aggravation, Amelioration.

Rubrics with locations and sensations are included. Rubrics related to facial appearances i.e.aged look, anaemic, anxious, coppery, Earthy, sunken, Waxy, Wrinkled etc also clinical rubrics like Eczema, Emaciation, Erysipelatos, Lupus, warts are observed.

▪ **Teeth** - General, Gums, Time, Aggravation, Amelioration, Concomitants.

Includes even sub-locations like Fangs, Roots, Hollow.

▪ **Mouth** - General, palate, throat and Gullet, Saliva, Tongue, Time, Aggravation, Amelioration.

▪ **Appetite** - General. Section runs from page no.472 to 480 and covers 19 rubrics.

▪ **Thirst** – General, Time and covers in all 12 rubrics.

▪ **Taste** - General, Time, Aggravation, Amelioration.

Many taste sensations are given like acrid, Bitter, Bloody, Purulent, soapy, Sodden, Tallow as of etc.

- **Eructation** - General, time, Aggravation, Amelioration.

Types of eructations like Empty, Explosive, Incomplete, Loud, Violent etc. and also rubrics related to taste and odour of eructations.

- **Water brash and Heartburn** - General, Time, Aggravation. Section runs from 495 to 498 and in all almost 38 rubrics are covered.

- **Hiccough** – General, time, Aggravation, Amelioration.

- **Nausea and Vomiting** — General, Time, Aggravation, Amelioration, Concomitants, Cross Ref. Agg. Cross Ref.

Nausea in different locations like abdomen in, chest in, Head in, Throat in, also rubrics related to characters of Vomiting.

- **Stomach** — General, Epigastrium, Stomach and Epigastrium, Time.

The rubric 'Digestion impede' lists causative factors like emotions from, injuries from, sedentary living etc. also covers clinical rubrics like Cancer, Gangrene, and Ulcer etc.

- **Epigastrium** - Aggravation, Amelioration, Concomitants, Cross Ref.

- **Hypochondria** - General, Time, Aggravation, Amelioration, cross ref.

Rubric related to Liver, Gall bladder, spleen, Pancreas is included and also clinical rubrics like Fatty liver, Gallstones etc are found.

- **Abdomen** - General, Time, Aggravation, Amelioration, Cross Ref. Agg. Cross Ref. Ameli. Cross Ref.

Rubrics related to region of abdomen also clinical rubrics like Ascites, Colic, Lead Colic, Tympanites, Tuberculosis of etc., are listed.

- **External Abdomen** — General, Aggravation, cross ref.

Covers rubrics related to Muscles, Walls of abdomen, Linea Alba etc. are covered.

- **Inguinal and Pubic Region** – General, Aggravation, Cross Ref, Mons Pubis.

Rubrics related to inguinal region and inguinal rings are covered. Many rubrics related to Hernia like femoral, incarcerated, pudendal are given.

- **Flatulence** – General, Time, Aggravation, Amelioration, cross ref. Agg. Cross Ref.

Flatus in different locations like upper abdomen, Lower abdomen, Sides etc are given. This section also includes character and odour of flatulence.

- **Stool** - General, Concomitant before stool, conc. During stool. Conc. After stool, Time, Aggravation and Amelioration, Cross Ref.

Rubrics related to character and types of stools are included.

- **Anus and Rectum** – General Conditions, Cross Ref.

Includes Clinical rubrics like Abscess, Eczema, Figwarts, Fissure, Fistula, and Herpes etc.

- **Perineum** – General condition, Cross Ref.

- **Prostate Gland** – General.

- **Urine** – General, Sediments, Micturation, Before Urination, At the Beginning of Urination, After Micturation, During Urination, At close of Urination, After Urination, Conditions of Urination, Cross Ref. Sediment cross Ref. Micturations cross Ref. During Urination cross Ref. After urination cross.

- **Urinary organs**— General, kidney, Ureters, Bladder, Urethra, Meatus, cross ref.

Rubrics like Calculi, Colic, Gravel, Hydronephrosis, Prostrate enlarged, Suppuration of, Pyelitis are listed.

- **Genitalia** — General.

- **Male organs**— General, penis, Glans, Prepuce, Spermatic cord, testes, Scrotum.

- **Female organs** —General, Time, conditions, Cross-ref.

- **Sexual Impulse** —General, Concomitant of coition, Concomitant after Coition, Cross Ref.

- **Menstruation** — General, Concomitant before menses. At start, during, after menses, Leucorrhoea, Concomitants to Leucorrhoea, Cross Ref.

Rubrics related to complaints of menstruation and types of discharge are listed.

- **Respiration** - General, Impended by, Time, Aggravation, Amelioration, Concomitants.

Rubrics like Asphyxia, Cheyne-Stroke Respiration, Crepitation,



Paralysis of, Sobbing, Stertorous are included.

- **Cough** - General, Excited or Aggravation by Cough. Amelioration, Concomitants, Expectoration.

This section covers many types of cough e.g. Anxious, Asthmatic, Croupy, Paroxysms, Whistling, Whooping are given.

- **Larynx and Trachea** - General, Aggravation.

Total numbers of rubrics including subsections are 102.

- **Voice and Speech** - General, Time, Condition of Voice.

Includes rubrics Crying out, Hasty, Hesitating, Speechless, Stammering etc.

- **Neck and External Throat** - General, Nape, time, Aggravation, Amelioration.

- **Chest** - External, Axillae, Mammae, Nipples, Heart and Region of, Time, Aggravation, Amelioration.

- **Back** - Scapular Region, Back proper, Dorsal Region, and Lumbar region - small of back in general, sacrum and coccyx, Spinal column and vertebrae, Time Aggravation and Amelioration.

- **Upper Extremities** - General, Time, Aggravation, Amelioration.

- **Lower Extremities** - General, Time, Aggravation, and Amelioration.

Rubrics of types of Gait like Knock Knee, Spastic, Stooped, Tottering, Uncertain etc are found.

- **Sensation and Complaints - in General**

Includes full of General rubrics. Many sensations, pertaining to whole body like asleep, Brittle, Comfortable are listed. Many pathological Generals are also listed. Different Constitutions are listed like Carbonitrogenoid, Hydrogenoid, Lithaemic, Psoric, Sycotic, and Syphilitic etc.

Infant's rubric is very useful in practice elaborated exclusively.

Also many other useful rubrics in day to day practice are alternating states, alternations and suppressions, Change of complinats, susceptibility, Occupational disorders, Puberty, Vaccination etc.

- **Glands** – Covers almost 64 rurbcis and section runs from page No.937-940.

- **Bones** – covers 85 rubrics out of which main rurbcis are Brittle,

Caries, Curvature, Fistula, Ganglion, Necrosis, Osteomyelitis, and Tuberculosis etc.

- **Skin and Exterior of Body** – General, Aggravation, Time.

Rubrics related to sensations and complaints are listed which covers rubrics like Chilblains, Cicatrices, Colour, Cysts, Fig warts, Gangrene, Hair, Nails, Ulcer, Warts etc.

Many rubrics are followed by aggravation and time of occurrence that are incomplete.

- **Sleep** - General, Falling a Sleep, Sleepiness, Character of Sleep, during, position, waking.

Sensations and complaints, Modalities and concomitants all are mixed up.

Under this main heading subdivision are found like Yawning, Falling asleep, Sleepiness, Character of Sleep, during sleep, Waking etc.

- **Dream** - General, Aggravation.

Covers 84 rubrics and under agg.1 rubric.

- **FEVER** – Arrangement of this section is very systematic, so that it is very easy to find rubrics. This section is elaborated in subsections like –

- a) **Pathological types**- includes rubrics like Bilious, Catarrhal, Dentition, Gastric, Hectic, Rheumatic fever, Sudoral Fever, Typhoid Fever, and Yellow fever etc.

- b) **Blood** - includes rubrics of quality and color of Blood like acrid, Clotted, Offensive, Pale, Black, Dark etc.

- c) **Circulation** – General - Under above subheadings rubrics like Distended Blood vessels, many locations is listed. Varicose veins are included under this heading.

- Subheadings**- Congestion, palpitation, Time, Heart beat, pulse, Time, Aggravation

- d) **Chill** - Partial chill, Coldness, Partial Coldness, Sense of Partial Chilliness, Shivering, Time, Aggravation, Amelioration, and Concomitants.

**The extensive section on concomitants is dealt with according to Locations as under-** Mind, Head, External head, Eyes, Vision, Ears, Nose, Coryza, Face, Respiration, Cough, Larynx, Chest, Upper extremities, sensations & generalities, Skin and sleep. Etc.

**e) Heat and Fever in General** - Partial heat, Time, Aggravation, Amelioration, Concomitants.

**f) Sweat** - General, Partial sweat, Time, Aggravation, Amelioration, Concomitants.

▪ **Compound Fevers** -

Begins with Chill.

Begins with Shivering.

Begins with heat.

Beginning with sweat.

This section deals with instances of fever where in all the 3 orderly stages-Chill, Heat, Sweat is not seen.usually, these are septic fevers or chronic suppressed Malarial fevers.

▪ **Condition in General** - Time, Aggravation and amelioration.

Covers 11 rubrics and this section runs from 1103 -1104

▪ **Condition of Aggravation and Amelioration in General.**- covers 347 rubrics.alphabetical arrangement of conditions is followed throughout. Amny causations are included here.

▪ **Concordance**- useful section esecially when the indicated medicine has helped a little and when there is no further improvement without much change in the presentation, the section can be refered to for finding out a close medicine, which would help the patient.

▪ **Word index.**

Most of the sections and subsections are arranged in a following manner, it start with the rubrics in general which carries number of remedies indicated for that rubric, location or organ. This grouping may not help us in the process of systematic repertorisation, but it can be of much help to know the affinity towards the parts. It suggests organ remedies which may be useful for finding out a drug for palliation when only a few prescribing symptoms are available in the case.

Location or part of the body or organ section – clinically these medicines have an affinity towards these particular organs and helps when there is paucity of symptoms.

In the repertory ‘Sensation’ begins after the end of Locations. Usually a horizontal line indication the end of location and pathological conditions

are mentioned in relation to each part.

Location and sensation rubrics are mixed in this repertory, so separate heading are not given to them. But it is easy to understand because there is an order i.e. after Location; Sensations are arranged in an alphabetical order.

Time, - here medicines are grouped under daytime, morning, forenoon, noon etc. there are no specific hours mentioned. this is given at the end of subrubric after the location or sensation and if has the remedies which specify the aggravation of complaints at a particular time.

Aggravation, Amelioration, Concomitants, and cross-reference follow this.

Cross-reference is another significant sub -section that makes the repertory more useful and comprehensible. In our day-to-day practice we get a maze of symptoms in some cases and in a few there is scarcity of expressions. But in both conditions we have to evaluate and come to the characteristic symptoms for a prescription. To locate these hard seemed characteristic symptoms in the repertory we must adequately interpret and convert them in to rubrics. This subsection helps us to do this and also to clear our confusion about similar rubrics. However cross-reference is not given at the end of all chapters.

### **Arrangement of Remedies –**

With the advancement of our Materia Medica Boenninghausen passed away. Dr. Boger has added almost 17 new remedies -

Aloes, Apis Mel. Arg. Nit. Borax, Bromium, Cal. Phos. Floricum Acidum. Gelsemium. Glonine, Kali. Brom. Kreosotum, Mer. Cor. Natrum. sluph. Phytolacca, Podophyllum, Psorinum, Tabacum, Etc.

Boger followed the same innovation, which Boenninghausen introduced in the grading of remedies. He indicated the grading of symptoms in to Five grades by the use of different typography such as -

CAPITAL - 5 Marks

**Bold** - 4 Marks

*Italics* - 3 Marks

Roman - 2 Marks

(Roman) - 1 Mark

## **Bogers concept of totality –**

Dr. Boger's concept of totality and philosophical concept is made complicated by many peoples who worked on Bogers concept and forwarded in the same fashion. Boger's approach was more practical; he tried to solve all the difficulties that were faced by the physicians while using the T.P.B. and also Kents repertory.

Bogers approach was running with Boenninghausen concepts with stress on complete and physical general symptom. In his book synoptic key to Materia Medica he has classified the symptomatology and valued accordingly.

Following is the concept of analysis, and evaluation of symptoms which he introduced, in synoptic key. According to his concept Mentals are considered for final differentiation of remedy as P.D.F and for repertorization or selection purpose pathological generals, time, causation and other physical generals are considered which is the hard part of the case. So that way Bogers approach was more practical and applicable to every case even for one-sided cases. He says, the spirit of the clinical symptom picture is best obtained by asking the patient to tell his own story whenever this is possible.

According to Dr. Boger to simplify the method of prescribing one should first try to elicit the evident cause and course of sickness, to which he will add all the things, which now seem to interfere with the sufferers comfort. Especially should the natural modifiers of the sickness – the modalities – be very definitely ascertained? The following are the most vitally important of such influences – time, temperature, open air, posture, being alone, motion, sleep, eating and drinking, touch, pressure, discharges, etc.

A consideration of the **Mental state** comes next in order of importance here the presence of irritability; sadness or fear is the ruling factor.

The third step concerns the estimate to be put upon the patient's own **description of his sensations**. This is a very vital point and in order not to be misleading it is always well to ascertain whether any of the following primary sensations are present burning, cramping, cutting, bursting, soreness, throbbing and thirst. Their may be many others but the presence of any of these often over shadows them, specially such as may be due to the play of the imaginations; which features is in itself of

more importance than the particular things imagined.

Next in order comes the entire **Objective aspects** or expression of the sickness, this should specially include the facial expressions, demeanor, nervous excitability, sensibility, restlessness or torpor, state of the secretions and any abnormal coloring that may be present. Lastly the part affected must be determined this also brings the investigation in touch with diagnosis.

By going over the above rubrics in the order named the contour of the disease picture will be pretty clearly outlined and will point fairly well towards the Similimum.

To form the complete picture of the disease he forwarded those seven points, which were introduced by Dr. Boenninghausen.

1. **Quis**- Change of personality and temperament.
2. **Quid** - Peculiarities of disease. (Disease nature)
3. **Ubi** - The seat of disease.
- 4 **Quibus Auxilus**- Concomitants
5. **Cur**- The cause.
6. **Quomodo**- Modalities.
7. **Quando** - Time.

### **Method of repertorisation with BBCR.**

Boger - Boenninghausens Characteristics and Repertory is modified and magnified version of the Boenninghausens T.P. Book, although not and unknown listing of symptoms, nevertheless used seldom. The concept of totality is a complete symptom, (one grand symptom, the symptom of the patient) was faithfully forwarded by Dr. C. M. Boger in his work.

As there were a lot of criticisms made on the theory of grand Generalization, Dr. Boger detailed particular sensations and particular modalities related to each and every part of the body. Besides this he again made a separate section for general sensations and Modalities related to patient as a whole like that of Therapeutic Pocket Book.

As far as the location of the modalities are concerned it can be said that, **BBCR** has its place midway between the “ Therapeutic pocket book and Kent’s repertory. The one chapter on ‘ modalities’ in the pocket book pertains to all parts, whereas the BBCR already adds modalities to the

individual chapter. Kent has developed this method by adding modalities to the various sensations. Thus every repertory has its place and the patient's symptomatology ultimately decides which one is the best suited to any given case.

Dr. Bogers concept of analysis and evaluation of symptoms was different, which we have studied under "Synoptic key to M.M." where he classified symptoms in following manner: -

a) **Modalities** - Causation, time, temperature, weather, open air, Posture, motion, eating and drinking, sleep, touch, discharges. Etc.

b) **Mind** - Irritability, sadness, fear, placidity.

c) **Sensations** - burning, cramping, cutting, throbbing etc.

d) **Objective Aspect** - Restlessness, nervous, excitability, Facial expressions.

e) **Part Affected** - organs, side, right or left.

For the purpose of prescribing Homoeopathic remedy by using Boger's repertory and approach, one must go through the case and according to available data, select the method of repertorization.

Practical concept of repertorization by any method is different, but whenever remedy is prescribed to the patient by Bogers approach, give importance to causative modalities, time modalities, pathological generals, clinical rubrics etc.

He writes that, Mentals are considered for final differentiation of the remedy, because many times they misguide us. By using pathological generals, clinical rubrics at least you get a group of remedies from which final remedy is to be selected with other generals, Mentals, constitutional symptoms etc.

As far as the practical repertorization is concerned, as this repertory is magnified version of the T.Pocket book with additions of particular modalities and sensations the same method which is applicable to T.Pocket book is considered for Boger-Boennighausens repertory, only change is that, while working with BBCR one must consider particular sensations and Modalities.

If particular sensation and modality is not found under specified location under such circumstances apply general sensations and modalities related to patient as a whole, which is reverse of

Boennighausens T.P. Book. This is a practical approach because things that are related to whole pertain to parts and organs.

So for practical repertorisation with BBCR, use Robert's method i.e. by considering complete symptom with: -

**LOCATION**

**SENSATION**

**MODALITIES**

**CONCOMITANTS**

The Boger - Boennighuasen offers some advantages that should be considered. Among them the fact that the modalities are listed at the end of the corresponding chapter thus was preventing the loss of a remedy during repertorization. The listing of concomitants added to some chapters is another advantage of BBCR. The chapters on Chill, Fever and Sweet have found the clear disposition of the chill, concomitants particularly helpful in many cases.

### **OTHER METHODS RECOMMENDED TO WORK OUT CASES WITH BBCR ARE AS FOLLOWS.**

To work out cases by different methods analyzing and evaluating symptoms in different order according to availability of symptomatology in-patient is necessary.

#### **1) CAUSATIVE MODALITIES - (A/F, Complaints started after)**

OTHER MODALITIES – Agg/Ameli. (Mental/Physical)

PHYSICAL GENERAL OR Pathological Generals.

CONCOMITANTS.

LOCATION AND SENSATION.

#### **2) MODALITIES – (Mental / Physical)**

CONCOMITANTS.

PHYSICAL GENERAL or Pathological generals.

LOCATION AND SENSATION.

#### **3) CONCOMITANTS.**

MODALITIES – (Mental/Physical)

PHYSICAL GENERAL or Pathological generals.

LOCATION AND SENSATION.



**4) PATHOLOGICAL GENERALS - Physical general.**

CONCOMITANTS.

MODALITIES – (MENTAL/PHYSICAL).

**5) CLINICAL RUBRICS. -**

MODALITIES – (Mental/Physical).

CONCOMITANTS.

PHYSICAL GENERAL.

**6) IN CASES OF FEVER - according to stages of fevers presented by patient symptoms are arranged and Repertorized accordingly.**



**Working of Case -**

Name - Mrs. R.B.D.

Sex- female    Age - 48 years

Occupation - Vegetable vendor.

Religion - Hindu

Address - Xyz

**Chief complaints -**

- 1) Difficulty in respiration
- 2) Constructions & Heaviness in chest.

**History chief comp. -**

Patient is complaining of difficult respiration, dyspnea since last 12 years. Intermittent attacks after 7 to 8 days using taking medicines to get out from the attack.

There are complaints of construction in chest with heaviness, wheezing sound with occasional cough.

Complaints are mostly Aggravated during winter, rainy season, emotions, pungent things, full moon, evening and before menses.

They are ameliorated in summer, warm drinks after. All the above complaints are associated with pain in epigastric region, dryness of mouth.

**Past history -**

Infective Hepatitis one month back, fever, bodyache, weight loss with reduced appetite.

### **Family history -**

Husband died 4 years back, father expired mother 60 years old no major illness, 1 sister asthmatic, 2 sons all are keeping good health.

### **Personal history -**

Average built & weight, average nourished.

Diet - Mixed.

Appetite - Reduced.

Desires - Sour<sup>++</sup>, Sweet<sup>++</sup>, and Pungent<sup>++</sup>.

Aversion - Not specific.

Skin - H/O urticaria and kleoids.

### **Eliminations -**

Bowels - once/24 hours, satisfactory, no complaints.

Urination - 4-6- times /day, 2 times at night.

### **Menstrual functions -** Regular, 3 days/ 28 days cycle.

Moderate flow, dark red coloured, stains cloths, dysmenorrhea.

### **Thermal -** Fan- s/w—slow/o.

Covering—s/w/-- thin/blanket.

Bath—s/w/-- tepid/hot.

Thermally chilly patient.

### **Sleep & Dreams -** sleeps on back, sound sleep, dreams of snakes, of water.

### **Life space -**

Mrs. R. B. D. from lower socioeconomic family working as a vegetable vender. Her father was working in S.T. as a driver mother as housewife.

Her relations with everyone in the family are good. She was married at a young age. Her husband was occasional drinker & was working in one company. The company latter was closed down & latter could not found any job so became heavy drinker.

Thenafter he died. She has three childres. for them she worked hardly.

### **Differential diagnosis -**

Allergic Bronchitis.

Bronchial Asthma.

**Miasmatic background** - Sycotic.

*Boger-Boenninghasuen's Approach.*

**Analysis of symptoms -**

- 1) Complaints are agg. – Winter – Agg.modality.
- 2) Aggravation in Rainy season - Agg. Modality.
- 3) Aggravation emotions - Agg. Modality.
- 4) Aggravation pungent - modality.
- 5) Aggravation – full moon - Agg. Modality.
- 6) Amelioration in summer - Amei. Modality.
- 7) Amelioration warm drinks after - Amelia. Modality.
- 8) Desires sweets - Physical general.
- 9) Aggravation - evening - Agg. Modality.
- 10) Dryness of mouth - Concomitants.
- 11) Menses staining - Physical general.
- 12) Asthma - Clinical rubric.

**Comments** – As this case has marked modalities. Physical general, clinical rubrics etc. Boger approach is selected for the purpose of Repertorization.

**Repertory analysis –**

S. No.	SECTION	HEADING	RUBRIC	PAGE
1.	VI	Aggravation	Winter	1152
2.	VI	Aggravation	Rainy	1136
3.	II	Respiration aggravation	Emotions	701
4.	VI	Aggravation	Spicy (pung.)	1122
5.	VI	Aggravation	Full moon	1132
6.	VI	Amelioration	Summer	1144
7.	VI	Amelioration	Warm (cold Agg.)	1110
8.	II	Appetite	Desires- sweat	477
9.	II	Respiration	Agg.evening	699

10.	II	Respiration	Concomitants	705
11.	II	Menstruation	Stains	678
12.	II	Respiration	Asthma	690

**Result of repertorization -**

Nux.Vom - 24/7

Ars.Alb. - 20/7

Suplh. - 17/6

Silicea - 16/6

Bell. - 15/6

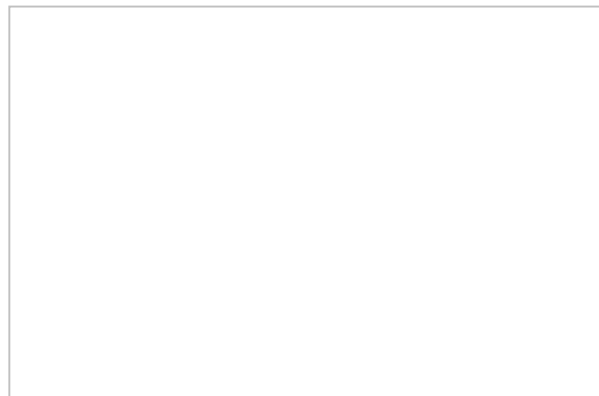
**Choice of remedy** - Patient is sycotic. Chilly dreams of snakes, water, Ho.kleoids are considered as potential difference.

From above group Silicea is the most suited remedy as it is matching to all generals and also thermally chilly.

**First prescription** - Silicea. 200



**NOTE FOR BOGER-BOENNINGHAUSEN'S REPERTORY.**



1) Gentry's Concordance Repertory

- **Dr. William D. Gentry**

2) Knerr's Concordance Repertory

- **Dr. C. B. Knerr**



**GENTRY'S CONCORDANCE  
REPERTORY**

## - Dr. William D. Gentry

- a) Concordance Word meaning.
- b) Introduction to the repertory.
- c) History of repertory.
- d) Construction of repertory.
- e) Repertory proper.
- f) Use of repertory.

### Concordance -

#### Word meaning: -

1) The word concordance means a harmonious state of Mind and body.

2) Arrangement of **ABC order** of important words used by the author in this book.

3) Dr. Elizabeth Wright says: -

“As no person can carry all the symptoms of all the remedies in his mind, an **Concordance** or index is needed .We term this Symptom index as repertory”.

Here the word concordance is used to describe the whole repertory; the connotation is an index of words, or passages of book used by an author. Thus the word concordance is analogous to the word repertory.

Dr. Boenninghausen first used this word in the Homoeopathic literature in the earlier edition of therapeutic pocket book; this section contains the various relationships of remedies under different sub headings. But to make the title more comprehensible Concordance title was replaced by relationship.

### Introduction –

- This is the large Concordance repertory of 6 volumes, written by William D. Gentry, MD, where the second meaning of the word concordance is applicable, published by A. L. Chatterton in 1890.

- In this repertory the symptoms are arranged in alphabetical order under each chapter.

- Around 420 remedies are dealt within the repertory.

### History of Repertory –

In introduction, Dr.Gentry explains that in 1876 he was looking for a particular symptom -

*“Constant dull frontal headache, worse in the temples with, aching in the umbilicus,”* which caused the compilation of this voluminous repertory. After a weary search and final success in finding the remedy, the author exclaimed that,

“If we had a repertory arranged on the plan of Cruden’s Concordance of the Bible, it would have to be necessary only to refer the letter ‘U’ and under the ‘umbilicus’, find at once the desired symptom”. These massive volumes were the end product of that desire. These volumes were not widely used. Julia M. Green characterized it as ‘absolutely worthless on account of bulk and repetition without useful method’.

Of the work Kent says, “The most shameful work that ever appeared, and it is no wonder the author has gone over to Christian Science and abandoned medicine entirely. Not over 40 percent of the genuine Materia Medica is in this pretended complete work, while one half of Gentry’s symptoms cannot be found in any Materia Medica. It is a mess of trash”.

### **Construction of Repertory –**

This is the large concordance repertory containing six volumes -

#### **VOLUME 1: MIND AND DISPOSITION**

HEAD

EYES

EARS

NOSE

FACE

#### **VOLUME 2: MOUTH**

THROAT

STOMACH

HYPOCHONDRIAC

#### **VOLUME 3: ABDOMEN**

ANUS

RECTUM AND STOOL

URINE AND URINARY ORGANS

MALE SEXUAL SYSTEM

**VOLUME 4:** UTERUS AND APPENDAGES

MENSTRUATION AND DISCHARGES

PREGNANCY AND PARTURATION

LACTATION AND MAMMARY GLANDS

**VOLUME 5:** VOICE, LARYNX AND TRACHEA

CHEST, LUNGS BRONCHI AND COUGH

HEART AND CIRCULATION

SKIN, SLEEP AND DREAMS

**VOLUME 6:** NECK AND BACK

UPPER EXTREMITIES

LOWER EXTREMITIES

BONES AND LIMBS IN GENERAL

NERVES

GENERALITIES AND KEY NOTES

**Repertory proper –**

The rules adopted for the preparation of work are as follows:

- i) All the more characteristic and pathogenetic symptoms are given
- ii) Only those clinical symptoms, which have been repeatedly verified, are included.
- iii) Where two or more remedies have the power of producing a similar condition, include them under the same condition Produced.
- iv) Noun, verb, and essential adjectives are used in the sentence; these above rules have been faithfully observed throughout the repertory.
- v) In the repertory the author has tried to use the phraseology of Materia Medica without much change.  
E.g. Under catamania there are few drugs, where as under menses many drugs because there are only few symptoms given in Materia Medica with the word catamania in them, which the author did not feel authorized to change the phraseology of Materia Medica but has given the nouns, Verbs, and adjectives in the work whenever necessary.
- vi) One symptom can be referred at many places.  
E.g. 'Confusion in head, which makes thinking difficult' this can be referred under Head & Scalp and also under Mind.

## Use of Repertory –

1) In this repertory the symptoms can be found out easily and saves a lot of time.

2) A concordance repertory is designed to supply quickly and certainly any desired symptom in Materia Medica together with the indicated remedy.

3) It is the great manual useful to refer to any needed symptom.

4) Even a layman can refer to it successfully. But this repertory is not useful for a systemic repertorisation, because no gradation is observed.

## **■ ■** KNERR'S CONCORDANCE REPERTORY

**- Dr. C. B. Knerr**

**S**imilimum is the goal of every Homoeopath in every case. The entire gamut of activities – Case taking, Symptom analysis, repertorial totality, repertorial analysis is totally devoted to finding the Similimum.

Each master had his own way of going to it. Dr.Kent went for Mentals and generals while Boenninghausen went for the completion of symptom by applying the Doctrine of Analogy.

Their writings and Repertories reflect their own ideas -

What special characteristics does Knerr's repertory set apart from these? What we have to know to use it to its fullest potential? What is its arrangement?

### **Introduction: -**

1) Dr. Calvin B. Knerr, a pupil of Hering (and his son-in-law) compiled the repertory from '*Herring's Guiding symptoms of our Materia Medica*' in the year 1896. It is a bulky volume that has been characterized as not being useful in everyday study but valuable as a reference repertory for deeper comparative research. This repertory was first time published by F. A. Davis & Co., 1232 pages.

2) This repertory contains **408 remedies**.

3) This repertory is classified under the puritan group of repertories.

4) As the name suggests, the main source of this repertory is Herrings



Materia Medica.

5) As he was the literary executor along with Drs. Charles Raue & Charles Mohr in compiling Hering's Guiding symptoms of our Materia Medica, he realized the immediate demand for a repertory to the guiding symptoms of our Materia Medica. Dr. Knerr spends five years in the preparation of this volume.

### **Arrangement of knerrs repertory: -**

1) The order of arrangement or method of classification, followed in the compilation of this repertory is the one inaugurated by Dr. Hahnemann, developed, perfected and used by Dr. Herring throughout his entire Materia Medica work viz.; the anatomical; organ wise or regional division.

2) There are 48 chapters, all arranged organ wise like Hanemmanian system till chapter – **34** and a rest chapter represents reaction of whole body.

E.g. 1) Mind; 2) Sensorium; 3) Inner head; 4) Outer head and so on.

This organ wise classification follows an, 'above downward, from inside outward', 'functional symptom first then organic conditions.' First the parts then the whole body. Such kind of arrangement we see in Knerr's repertory.

3) Each chapter is then alphabetically divided into Sections and Rubrics sufficient to allow full scope for analysis of Symptoms without destroying the consistency as a whole.

E.g. in the chapter 3 the Inner head section word has Nine sections.

(1) APOPLEXY	(2) BRAIN	(3) FOREHEAD
(4) HEAD	(5) HEADACHE	(6) OCCIPUT
(7) PARITAL	(8) TEMPLES	(9) VERTEX

4) Under each section, word is repeated before each rubric, which is printed in somewhat **bolder and blacker type** and followed by: (colon)

E.g. **Apoplexy, chest:**

**Apoplexy, constipation precedes:**

**Apoplexy, in drunkards:**

**Apoplexy, after eating:**

**The sections in Knerr's repertory with page No.-**

<b>No.</b>	<b>Sections</b>	<b>No. of pages</b>
1.	Mind & Disposition	Page- 17-83
2.	Sensorium	Page- 83-92
3.	Inner Head	Page- 93- 159
4.	Outer Head	Page- 159- 170
5.	Eyes	Page- 170- 231
6.	Ears	Page- 231- 247
7.	Nose	Page- 247- 272
8.	Upper face	Page- 272- 303
9.	Lower face	Page- 303- 317
10.	Teeth & Gums	Page- 317- 333
11.	Taste & Tongue	Page- 334- 351
12.	Inner Mouth	Page- 351- 360
13.	Throat	Page- 360- 392
14.	Appetite, thirst, desire, aversion.	Page- 392- 403
15.	Eating drinking	Page- 404- 421
16.	Hiccough, belching	Page- 421-

	448
17. Scrobiculum & Stomach	Page- 448-470
18. Hypochondria	Page- 471-483
19. Abdomen	Page- 483-527
20. Stool & Rectum	Page- 527-582
21. Urinary organs	Page- 583-616
22. Male sexual organs	Page- 616-637
23. Female sexual organs	Page- 637-684
24. Pregnancy, par. & lact	Page- 685-702
25. Voice, larynx, trachea, bronchia	Page- 702-720
26. Respiration	Page- 721-744
27. Cough & Expectorations	Page- 744-780
28. Inner chest & lungs	Page- 781-819
29. Heart, pulse, circulation	Page- 819-849
30. Outer chest	Page- 849-852
31. Neck & Back	Page- 852-890
32. Upper limb	Page- 890-931

33. Lower limbs	Page- 932-987
34. Limbs in general	Page- 988-1003
35. Rest, position & motion	Page- 1003-1006
36. Nerves	Page- 1007-1044
37. Sleep	Page- 1045-1071
38. Time	Page- 1071-1072
39. Temperature & Weather	Page- 1072-1076
40. Fever	Page- 1076-1122
41. Attacks, periodicity	Page- 1122-1123
42. Locality & direction	Page- 1124
43. Sensation in general	Page- 1124 – 1128
44. Tissues	Page- 1129 – 1147
45. Touch, passive motion, injuries	Page- 1147-1152
46. Skin	Page- 1152-1184
47. Stages of life & Constitution	Page- 1184 – 1194
48. Drug relationship	Page- 1195 – 1217
Index	Page- 1219-1232

Each chapter is divided into sections, which are given alphabetically, E.g. - Chapter 4 – outer head has 9 sections, as – Dandruff, eruptions, fontanelles, forehead, hair, head, scalp, skull, and tumor. On close observation one may see that the symptom under each rubric and sub rubrics also follow an alphabetical order. The sub rubrics are given in the same words as expressed by the provers or the patients. So for the sake of alphabetical arrangement the expression of the provers and the patients are not mutilated. But the key words of the sub rubrics are given alphabetically.

5) The words such as right and left, worse and better to avoid Possible errors are printed out in full.

6) There are **408 remedies** considered in this Repertory.

7) The repertory pages are divided into two columns where rubrics are explained according to the patient's language.

8) The section word is repeated before each rubric, e.g. dandruff, alternating with, Dandruff, copious. Etc.

9) The rubric word is printed in bolder and blacker type followed by a colon, which applies to each symptom.

### **Repertory proper –**

The comprehension of general principles, ruling the whole in every part enables the mind to find the way through thickest of endless varying symptoms. As in the guiding symptoms of materia medica in the repertory also original readings, the words of the provers and the clinician are preserved as it is, it being thought preferably to retain the most delicate shades of meaning.

There are four marks of distinction used in this repertory.

|| Double thick black vertical lines: Indicates Symptoms

Repeatedly verified – (carries highest marks)

| Single thick vertical black lines: indicates symptoms verified by cures.

Two ordinary vertical lines (light lines): Symptoms more Frequently confirmed or if once confirmed strictly in the Character with genus of the remedy.

Single ordinary vertical line: indicates Occasionally a confirmed symptom carries lowest value.

In this repertory the last graded remedies are without grading mark (I).

## **Other signs used are –**

**θ** -The Greek sign theta standing between the cured Symptom and pathological condition/physiological general state. Though this symbol is seen in Hering's guiding symptoms, it is replaced conditions kept under parenthesis.

E.g.- Page 540, Diarrohea, worse in evening, toward evening (coxalgia) I calc.

: The perpendicular dotted line marks the observation taken from the old school which harmonies with our law of similar.

E.g.- page 581, worms: ascarides: Arum M. in marasmus: abort.

**t** - toxicological extracts.

**π** - Symptoms observed on sick only.

E.g.- Page 540 diarrohea worse in evening; **π** Atrop. s

► - The sign of hand indicates cross-reference to the related symptom, disease or condition.

E.g.: - Shy ► Bashful.

## **Uses of knerrs repertory –**

1) Knerrs repertory is mainly based on concomitant Symptoms.

2) It is repertory of cured symptoms.

3) This repertory is supplemented by complete index of locality and terms.

4) This repertory includes symptoms and remedies from Clinical proving and toxicological pathogenesis thus Knerrs repertory can be used as clinical repertory where Pathological and diagnostic names are given to the fullest.

5) This repertory is based on symptoms in its original form, which means as told by the provers and patients and as reported by physician.

6) Although it mixes pathogenic and clinical data, it contains several rubrics that cannot be found anywhere else.

7) All the rubrics are very authentic as it is directly taken from Hering's guiding symptoms.

8) One can make additions to Knerr's repertory whenever justified -

E.g. - Aversion to amusement, - Ign.

Aversion to her children, - Plat.

9) The reliability of the symptoms and remedies is doubly ensured by repeated verification, observations and confirmations.

10) In comparison to Kent's repertory, rubric placing is more appropriate in Knerr's repertory.

11) Errors in converting the patient's symptoms into rubrics can be avoided by using this repertory.

12) Today this repertory is like a guide for further works on repertory.

### **Disadvantages –**

1) The biggest stumbling block to its use is the overly complex and graphically layout. With the advent of having it on computer and being able to search for words and phrases, much of that difficulty has been overcome.

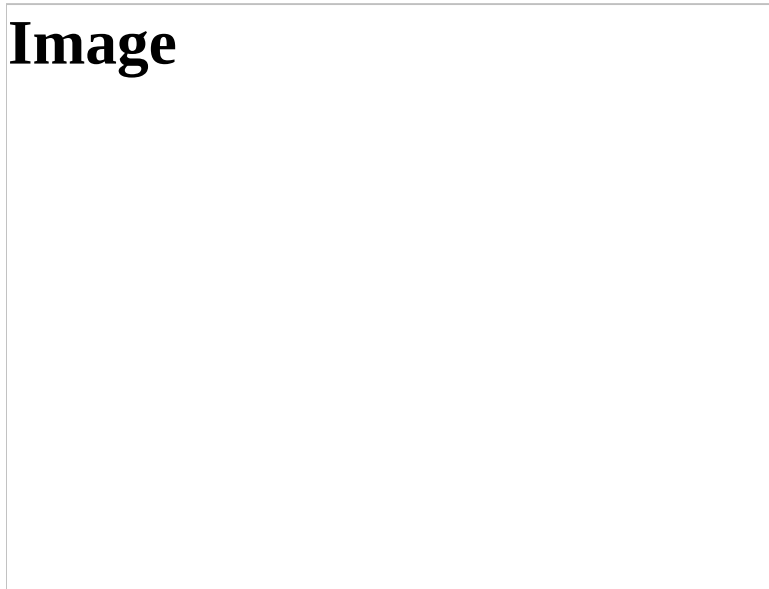
2) As there is no grading in marks, this repertory is not useful for actual mathematical repertorization.

3) It has a less number of medicines and needs up gradation.



### **NOTE FOR CONCORDANCE REPERTOIRES**

**Image**



## Image

“In many cases a Card repertory is only a personnel Repertory and can be used profitably by the person who makes it”.

- Dr. Diwan H. Chand



## Exclusive Studies of CARD REPERTORIES

### CARD REPERTORIES IN GENERAL

- a) Introduction.
- b) History of Card repertories.
- c) Construction of Card repertories.
- d) Method of working with Card repertories.
- e) Advantages & Disadvantages.



## CARD REPERTORY

### Introduction: -

To find out similar remedy by using book repertories, requires time especially by Dr. Boenninghausens repertory, it takes almost 2 to 3 hours. So to get Similimum in shortest time Homoeopaths started



searching easy method. Some thought that, if the Rubrics of the book repertories were written on separate piece of paper or on Cards one could get rubric and subrubric quickly.

This idea was hold up by few Homoeopathic practitioners and started working for preparation of their repertories i.e. Card repertories. These repertories were classed under **Special group of repertories** because these are the repertories prepared especially by which one can repertories quickly.

Card repertory is a system of visual sorting which help the physician by eliminating the necessity of writing out the rubrics and remedies against them.

### **Principles of Construction Of Card repertory –**

Important generals are used as rubrics. Numerical evaluation plays a little role in this method. Cards are employed to determine the likely group of remedies that closely correspond to the general picture of the case.

### **HISTORY OF CARD REPERTORIES –**

**1) In 1888- 89, William Jefferson Guernsey**, prepared the first Card repertory based on Bonninghausen's works i.e. Guernsey's Bonninghausen's slips published by Globe press, Philadelphia. *Before that in 1885, he prepared a Card repertory for Diphtheria, was printed in Homoeopathic physician in 25 pages. Guernsey's Bonninghausen's slips was having 2467 cards plus 57 pages book, a box 16.5"x19.5"x6.50" compartments each containing 49 slips 13.5"x1.5" wide. Each slip of paper represented a single rubric, and had printed upon it in a column the grades of the remedies in alphabetical order. The first slip contained a columnar list of all the remedies. When the slips were all lined up next to the first slip the grading 1,2,3,4 would line up with the remedy names. It was available for the profession in 1892.*

After words Dr. H.C.Allen worked on Guernsey's cards and added more remedies, which was known as Allen's - Boenninghausen's cards.

**2) In 1912, Dr. Margaret Tyler** prepared a punched Card repertory but her Teacher Dr. Kent did not allowed her to publish as those Cards were based on Kent's work. Kent did not think highly of the work and was neglected. About Card repertory Kent wrote a letter to Tyler," your Cards

will destroy the highest ideal of Hahnemann and my teaching as it aims to fit and adjust remedies to the masses instead of to each one. The Card system destroys growth and progress that must come from working out the case; every case is the work of every beginner. Give a beginner a Card system and that will be the end of him. He will not grow. He will not learn or master the Materia Medica once planned a similar scheme, but soon saw that I must work out every case, making use of the fullest repertory accessible, curtailing nothing less I miss something important, and this meant a life charged against my conscience. You are hunting for labor saving machines. These machines are useful in everything but art. They are as ruinous to the art of prescribing as they are to music. I want to see my pupils in your country become more ideal physicians.

**3) In 1913, Welch and Houston**, put out loose punched cards repertory, and were based on *Kent's 134 rubrics*.

**4) In 1922, Field**, prepared costly repertory, "Symptom Register" published privately on *254 pages book, 6460 cards (rubrics) and almost 383 remedies* were covered. Remedies and rubrics are considered from Boger-Boenninghausens, as well as Kent's repertory. This Card repertory is called as *Magnum Opus*. Code numbers indicates remedies in the card. Cards are very thick, indicated remedy may block out.

**5) In 1928, Dr. Boger's**, famous Cards repertory, General Analysis, was published with *17 pages, 304 Cards and App.224 remedies*. This Card repertory was first printed in book form, for pocket reference and later transferred to Punched Cards to insure greater facility in use. Symptoms are classified into three group, - first, fundamental constitutional, or life time effects, second the present display which is a fresh or acute outburst of the deeper lying tendencies; and third the modalities.

**Card from Bogers Card repertory-**



8) In 1969 George Broussalian, published card repertory in France, based on Kents repertory 1861 cards.

9) In 1950 Dr. J. G. Weiss and Dr. R. H. Farly, prepared and published a punch spindle Card repertory Philadelphia, PA. Farley's Card repertory has 190 Cards of general symptoms of the mind and body, and covers app. 274 remedies.

10) Dr. P. Sankaran published Card repertory with 392 cards and 292 medicines. Date of the publications of second edition in the preface gives, 10<sup>th</sup> April 1958. According to acknowledgement first edition may be published in the year 1955. This work is based on Dr. C. M. Bogers repertory and synoptic key to Materia Medica. For the many additions; Dr. J. H. Clarke's Dictionary of the practical Materia Medica has been mainly consulted. Among the other books drawn upon were Broerick's pocket manuals of Homoeopathic Materia Medica, Kent's lecture on Materia medica and Kent's repertory. This repertory is dedicated to A Himalayan Homoeopath Dr. C. M. Boger. The size of the card is about 7.4 x 2.2. On the left hand upper corner a space has been left for the number of the card and name of the rubric. This space is staling 3x8 = 24 rooms and at the last perpendicular line 8 spaces have been left blank. Thus the remedies covered are 27x12 (3x8+8) =324-34=292. the book & cards are kept in a box, and cards are guarded by 26 extra big size cards with A, B, C, D, etc. about number of remedies author write's, '292 number of remedies covers the majority of the cases met with in ordinary practice'. In each Card, punches are made below those drugs, which covers the symptoms printed on that particular Card, in the top left-hand corner. Regarding method of repertorization with Card repertory Dr. P. Sankaran,"it would be a good policy to take first the Card representing the most important characteristic symptom of the case under

consideration and then add one by one other Cards representing the other symptoms in the order of their importance, until a few remedies alone are found to

**Card from sankaran's Card repertory: -**

Show covering all the symptoms taken. No more Cards are then added but further elimination of the remedies done by reference to the exhaustive repertories and Materia Medica.

To some extent, the grading of the remedies indicated in the index by the use of different types may also help in deciding. The grading is as follows: -

**Capital - first grade, Bold - second grade, and ordinary – third grade.** It is too bad that the Card repertories are no longer readily available.

**11) In 1959, Jugal Kishore,** Published Card repertory with **3497** Cards in the beginning, but now number increased up to **10,000** Cards and more than 600 remedies with provision for another 200 remedies. *(Details under separate topic.)*

**12) In 1984 Dr.S.M.Sharma,** prepared and published his card repertory based on Kent's Work with 3000 cards and 400 remedies. *(Details under separate Topic.)*

**13) In 1981 Dr.B.S.Hatta's,** Card repertory was published, N. Delhi, with 602 cards. *(Details under separate topic)*

**14) Dr.Patwardhan's Card repertory,** published his card repertory. *(Detailed vide)*

**15) Dr.S.S.Adi's card – (Called Master Cards)-**Dr.S.S.Adi's a senior repertory teacher from Belgaum, Karnataka, and Published on 223<sup>rd</sup> Birth Anniversary of Dr.Hahnemann in the year 1979. There are only 100 Cards and 45 numbers of remedies Based on Dr.J.T.Kent's Repertory. Size of Card -14x10 cm.

MASTER CARDS 14 by Dr. S.S.ADI, <sup>DHM MBS(H)</sup> 2558, M. M. Extn, Symptom : Mouth-Dryness-Thirstless. Belgaum - 16.				
Ac-ac	Acon	Alumn	Alum	Arg-m
Agr-n	Ars	Aur	Bar-c	Bry
Calc	○ Card-v	Caust	Cham	Chel
Chin	Cup	Dig	○ Dulc	Ferr
Fl-ac	Gels	Graph	Hep	Ign
Ipec	Kali-bi	○ Kali-c	Lach	Led
○ Lyco	Merc-s	Nat-m	Natr-s	○ Nux-v
○ Pho-ac	Phos	○ Puls	Rhus	Sep
Sulph	Thuja	Tub	Verat	Zinc

Published on 223rd birth anniversary of Dr. Hahnemann  
149

Likewise many other teachers and practitioners published Card repertoires according to their own philosophy and understanding of totality.

E.g. **Dr.S. P. Roy's Cards,**

**Dr.Khanaj V.R. & Dr.Mrs.Patil A.M. (Kognole)** -prepared Synoptic card repertory based on Boger's synoptic key (*Details under separate topic*)

### **CONSTRUCTION OF CARD REPERTORY -**

Any Card repertory comprises of two subjects: -

#### **1) The Booklet**

#### **2) The Cards**

The booklet comprises, List of rubrics with there serial numbers or code numbers. It also contains some philosophical background, introductory topics about that repertory, List of remedies with their code numbers. Method of working with illustrations of some cases.

The Card from any card repertory is designed in following manner – on one corner, code no. of rubric with their name. Other side name of card repertory with publisher's names. Remaining portion of card is related with remedies, printed either horizontally or vertically.

Remedies are printed either in Abbreviations or code number form. Principle of punching on card repertory is only those remedies are punched which are indicated for that rubric from respective book repertory. In some of the Card repertoires we observe grading of remedies by different punching.

### **Card from Card Repertory –**

Code no. of rubric / Name of rubric

Name of card repertory

Remedies are printed either in the form of abbreviations or code numbers.

01	02	03	04	05	06	07	08	09	10
				Or					
Abisc	Abis	Ac.	Bell	Bry	Cina	Cha	Drs	Eph.	Fer

### **Method of working with Card repertories -**

Bases of finding out similar remedy by using Card repertory are based on punch system. **It is a system of visual sorting of data.** It helps physician by reducing the work of repertorization. Card repertory is mainly useful in cases where there are strong generals and weak particular symptoms. There are Card repertories that are prepared only to workout acute cases. Those Cards contains only acute symptomatology.

### **Working -**

After analysis and evaluation of symptoms according to the repertory used select few more characteristics, peculiar symptoms of the patients. Convert those in to rubrics according to card repertory used. Find out the code number of rubrics and cards from '**Card Box.**' Arrange the cards according to their grades and method used for repertorisation. Then match the punch and corners of the Cards to see the holes to get Similimum against light.

From which hole light is clearly passing that will be remedial code number and from which hole light is partially passing that will be another group of remedies. If in a case no hole is clearly seen, in such cases note down the most transilluminant code number of remedy and study Materia Medica to prescribe most suitable remedy. this concept of transilluminant code is not applicable to each and every card repertory.

### **ADVANTAGES AND DISADVANTAGES -**

#### **Advantages -**

- 1) It is less time consuming method, one-can repertories with in few minutes by handling cards.
- 2) It gives nearly similar remedy in short time.
- 3) It helps to know other related remedies by exact matching.
- 4) It is very easy to handle.

- 5) It is less laborious than that of actual paper and ink repertorization.
- 6) It reduces the eyestrain by reducing the work of repertorization.

### **Disadvantages –**

- 1) Only few number of remedies are listed on the cards so chances of missing Similimum.
- 2) There are many symptoms found in actual practice but in cards repertory few number of rubrics are present.
- 3) Grades of medicines are not on the cards so if any one wants to grade he should refer it in book repertory.
- 4) If the selected numbers of rubrics are many there is problem of blockage so that there is possibility of indicating other group of remedies.
- 5) In some card repertoires, grading of remedy is totally neglected.
- 6) There are repertoires like Jugal Kishore card repertory, which is big in size so difficult to carry at bedside.



### **NOTE FOR HISTORY OF CARD REPERTORY**

### **REVIEW OF DIFFERENT CARD REPERTORIES**

- Dr. Jugal Kishore's Card Repertory.
- Dr. S. M. Sharma's Card Repertory.
- Dr. Hatta's Card Repertory.
- Dr. S. P. Roy's Card Repertory.
- Dr. A. B. Patwardhan's Card Repertory.
- Synoptic Crad Repertory- Dr.Khanaj V.R.& Dr. (Mrs) A.M.Patil (Kognole).



### **KISHORE CARD REPERTORY:**

**- Dr. Jugal Kishore**

**F**irst edition published in - 1959.

Second revised and enlarged edition. – 1967.

Third revised and enlarged edition. – 1985.



For third edition Dr. Jugal Kishore and Dr. Arvind Kishore worked jointly. This repertory is published by Kishore Cards Publications, N. Delhi.

## **DIFFERENT EDITIONS: -**

### **First Edition: -**

The Author writes that it took about seven years to complete the first edition of the Card repertory. In preface to 1<sup>st</sup> edition Dr. Jugal Kishore writes that, "This repertory has been specially compiled and is the result of a labor of nearly seven years". A large range of remedies have been selected for inclusion in the repertory as many as **579**. The numbers of rubrics are **3497**.

The repertory is so constructed that a practitioner can use it either according to the Boenninghausens method or Kentian method.

He admits that there are certain remedies, which do not appear under any of the rubrics; are included and assigned code number, so as to enable practitioner to add such remedies in suitable rubrics; when his experience and study dictate their inclusion.

Most of the rubrics from Kent and Boenninghausen's repertories were included in this repertory. Information from **about 91** books was included in this card repertory.

These cards are primarily meant for quick elimination of remedies without the risk of excluding similimum. The elimination is a mechanical process. The rubric number is stamped on the top of each card. For quick reference a table of contents of some important rubrics are given at the beginning of index. He admits that it is not a complete one. Cross-references are also given. Further he writes only those who are familiar with the philosophy behind the construction of our repertories would find these cards useful. The rubrics are arranged in the alphabetical order and they are numbered from 50. If a rubric does not appear in a particular place where one would reasonably look for it, its code number has been given in that place E.g. Following rubric number 1027, emission should come but its code is No. 2728. Homoeopathic phraseology is in some cases absolute. For instance Code No. 1570 Fever, Zymotic, requires some elucidation. The meaning of "Zymotic" has been given within brackets viz. Fevers due to specific viruses.

About reading of rubrics from cards he writes, “it will be seen that the rubrics are printed with various degrees of indentations. For instance 0832 read 'waking on'. The correct way to read this rubric is 'cough, in morning, on waking, 'Rubric 0577 reads 'of periosteum', this should be read 'Bones sensitiveness of periosteum'. Rubric 1714 reads, 'bores head in pillow. This should be read as Head, affections and sensation motions of head, bores head in pillow. Rubric 1681 reads simply, 'right, this should be read as 'Head, parts and region of, internal, forehead, eyes, above, right.”

In the case of some rubrics, for instance, 1617, Flatulence in general, we find that 2666 is referred to. This stands for 'Rumbling in abdomen'. Thus, the practitioner is referred to another similar rubric, so that he may select the most similar rubric for repertorization. The letter 'C' is short form for see.

### **Second edition:**

Here Dr. Jugal Kishore says 'I was not satisfied with the first and pilot edition of this card repertory because it could not meet certain exigencies of reportorial analysis. Some mistakes of the previous editions were corrected in this second edition. Especially those medicines with their symptoms taken from Kent's new remedies (for example, Aur.sulph) were found to have not reliable and were excluded.

Author has made some combination or synthesis of rubrics. Example, “ Fear of darkness and fear of robbers in children” are combined together to form a single rubric. “ Desire for highly seasoned food and desire for pungent food” are included under a single rubric.

Almost all symptoms of Mind chapter from Kent's repertory are included. The modalities of particulars, which were absent in the first edition, have been included.

Here there is an option to select three types of evaluation of remedies, by paying an additional cost. The numbers of old rubrics (in the first edition) are indicated in Italics. The number of new rubrics and the number of cross-references are given in straight type.

For the addition in this edition he has used Dr. James Stephenson Homoeo. M.M., Hahnemannian proving and repertory 1924 - 1959 as a source book, also other remedies have been introduced from other reliable sources like the British Homoeopathic journal.

The number of rubrics increased up to **9063** and the modalities of particulars, which were absent in the last edition, have been included in 2nd edition. Up to this edition there were introductions to all topics of repertory. The name of rubrics i.e. those in the first edition, remain practically the same and are indicated in italics.

### **Third edition:-**

In this edition a portion of the Introduction has been removed as it is assumed that a person who will be working with the Kishore cards is already well versed in the basic tenets of repertorization. About evaluation of remedies on cards he writes, "it has not been possible to put evaluation of remedies in a given rubric not only because of mechanical difficulties but also because mechanical additions of such values can be misleading at times.

This edition will, however, incorporate 129 new rubrics and 102 new remedies. This edition is supposed to be the complete card repertory with approximately 10,000 cards. About card repertory Dr. Jugal Kishore writes in this edition that with fast developments in the field of electronics and computers, this type of card repertories may be out moded in not distant future. A few computerized repertories have been marketed, but we feel that there is still need for card repertories for most of us partly because of still forbidding prices and partly because of other advantages. There is a lurking fear in our minds that this may not be the last edition of this card repertory in this form whatever be the future developments in sophisticated computerization, we are convinced that we shall continue to need these mechanical aids like card indices for our day to day work. Dr. Kishore's advance work on card repertory (computerized version.) is in progress.

### **Construction of cards: -**

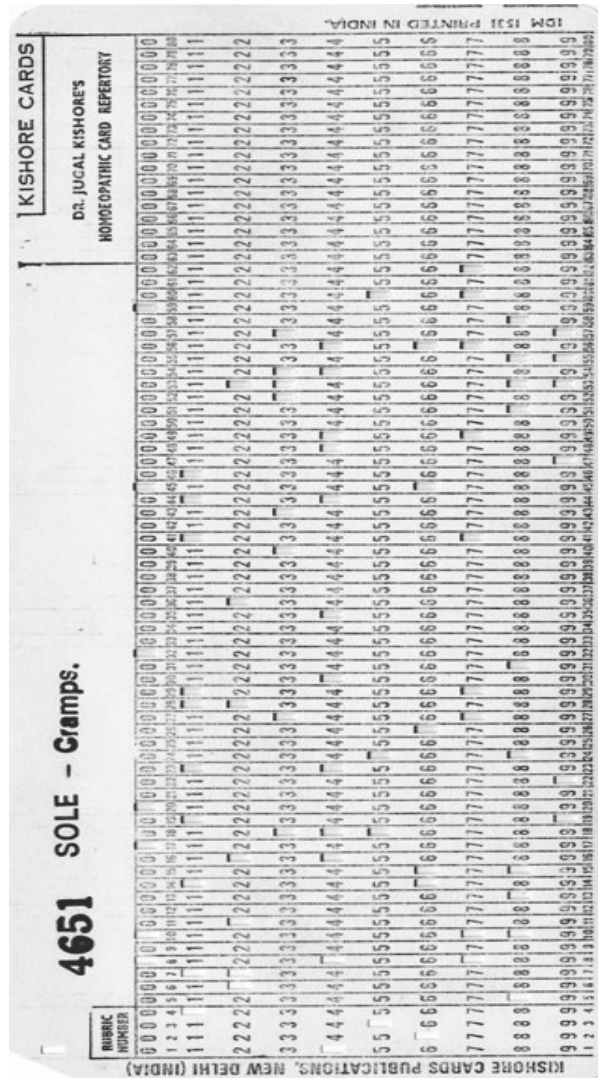
A sample Card shown below shows a number of features related to card. It is necessary to go through the structure of card before working with Jugal Kishore's card repertory.

The Card has 80 vertical columns numbering from 1 to 80 from left to right. They are also numbered at the bottom in small type. The size of the cards are about 9" x 3". The total numbers of cards in 3<sup>rd</sup> edition are 9,980 and are placed in 3 hard cardboard boxes guided by guarded cards at an interval of 100 cards. As like other card repertories, at one

corner Code number and name of the rubric is printed and other corner name of the card repertory. Remaining portion is related to remedies.

The first 4 vertical columns are reserved for punching the number of the rubric. The vertical lines do not divide these. As Shown in the card the number of the rubric is *4651* and name of the rubric is. *Sole, cramps*. These four digits are punched in first four vertical columns, which are reserved for punching the number of the rubric. This punching is done so that there is no confusion even if the cards are mixed.

There is an isolated punched hole at the top of the left corner of the card (unprinted portion). It is meant for checking which is called "Universal Punch". The rest vertical columns are meant for the coded remedies, which have the particular symptoms. The remedies are indicated by punched holes. These punched holes can be read as follows: -



The punched number (any number from 1 to 9) is placed against the small digit placed at the bottom of the column containing that particular hold and that gives us the code number of that remedy. The total numbers of remedies included in this card repertory are  $80 \times 10 = 800$ , but as first 4 columns are for number of rubrics, so only  $800 - 40 = 760$  spaces are left for remedies.

But practically the counting in the 1<sup>st</sup> column of medicines starts from the number 10 and last counting terminates in number 800 in the card and thus the calculation becomes,  $800 - 9 = 791$  and  $791 - 49 = 742$ .

Actual counting starts in the card from **50**. At present all 800 columns are not punched, according to list of remedies there are **693** remedies.

**Booklet from Jugal kishore's Card repertory:-**

As like other card repertory booklet is the second component of Jugal Kishore's card repertory, for 3rd edition it is the book of 385 pages which contents, preface for 1, 2, 3 edition after that **Part-I** is related to practical analysis and details of card repertory, cases worked out by using different methods, List of Remedies and their code numbers are given. Followed by **Part- II** which is related to index of Rubric i.e. list of code number of Rubrics.

### **Method of working: -**

Before going to repertorization by Kishore's card technique one must take all steps required for repertorization. Then select the method of repertorization, Kent or Boenninghausen. Evaluate the totality according to method. The code numbers of these rubrics are then recorded from Book. Then the relevant cards are picked up from the boxes in which the cards are arranged as per series of the code numbers of the rubrics. These cards should be arranged and opposed one above the other in order of their evaluated values. Now, to find out-group of remedies by visual sorting method hold all the card in front of light, so that one can see the holes which shows the light all through.

The code numbers from which light is clearly passing are then noted down. Also note the other code numbers from which light passes partially (most transilluminated). These code numbers are then referred from the list of rubrics from book for their names. Here ends the role of repertory now for final similimum from these groups of medicines you must go through the Materia medica.

### **Advantage and disadvantages of kishore's card: -**

#### **Advantage:-**

As compared to any other repertories this repertory is most complete.

Maximum number of Rubrics and also remedies facilitates for selection of proper similimum in majority of cases.

As it is based on Kent's repertory no question of reliability.

By using J. Kishore's card one is able to repertorise any case either by Kent and Boenninghausen's method.

5) Almost all rubrics in the Kent's repertory are incorporated in this card repertory.

6) Many of the rubrics in the Boenninghausen's repertory are made

available, up to date and complete.

7) The rubrics and the cards are arranged in alphabetical order; so easy to find the required rubric. Table of contents of rubrics with their code numbers is given in the index.

8) Contents of the medicines with their code numbers are given in the index.

9) Cross-references are helpful in finding the related and similar rubrics.

### **Disadvantages: -**

Grading of remedies in J. Kishore's Card repertory have been totally neglected.

(2) Because of its big size it is very difficult to carry.

## **DEMONSTRATION OF WORKING** **OF TOTALITY WITH Dr. KISHORE'S CARD TECHNIQUE**

### **CASE NO .1**

A Case with following repertorial totality –

- |    |                    |                          |          |        |
|----|--------------------|--------------------------|----------|--------|
| 1) | Evening<br>agg.    | Generalities<br>evening  | <        | - 0048 |
| 2) | Winter<br>Agg.     | Generalities<br>< winter |          | - 0372 |
| 3) | Rubbing<br>Amel.   | Generalities<br>rubbing  | >        | - 0436 |
| 4) | Desires<br>pungent | ++Stomach<br>pungent     | desires  | - 0912 |
| 5) | Aversion<br>sweet  | ++ Stomach<br>sweet      | aversion | - 0495 |
| 6) | Sour<br>eructation | Eructation<br>sour       |          | - 1038 |
| 7) | Itching<br>of skin | Skin<br>itching          |          | - 2872 |

### **Result of repertorization -**

*Light clearly passing –*

567 - sulph.

*Other remedies -*

484 – Phos.

485 – Phos. Acid.

108 – Ars. Alb.

**Prescribed remedy – Sulph. 200**



### **CASE NO. 2**

Mr. A. of age 20 years, presented with the symptoms as follows: -

<b>Location</b>	<b>Sensation</b>	<b>A.F./modalities</b>	<b>Accompany</b>
Respiratory	Sneezing 3	Agg.	Dust <sup>3</sup>
Nose 3 years	Nose block <sup>3</sup>	< Smoke	Headache
	Watery discharge	Morning After getting up from sleep	Frontal
	Mild pain, irritation		Feverish Incre.thirst
	Occasional Breathlessness		
Head	Hair. Graying		

### **Past History –**

Malaria 7 years back, taken allopathic treatment.

### **Family History -**

Mother— Similar complaints.

### **Physical general -**

Craving – Spicy food <sup>3</sup>, Salt<sup>2</sup>.

Perspiration. — Increased on forehead, chest.

**Thermal reaction -** Chilly.

**Mental generals -**



*Emotional state* - Irritable<sup>2</sup> about silly things. Occupationally he is short tempered, shouts & beats. Weepy<sup>2</sup>, if something goes wrong, he feels weepy & is better after weeping.

Shares his problems with friends and parents.

Reactions — Consolation >, contradiction <.

### **Sleep & Dreams -**

For 7 - 8 hrs, refreshing. Dreams very rarely, unrememberd.

### **General physical examination -**

Appearance- well built.

Weight- 65 kg.

Height- 5.6”

Complexion- dark.

Hair - gray.

Tongue —Yellow coated.

Systemic examination —N.A.D.

Examination of sinus —N.A.D.

Provisional diagnosis — Allergic rhinitis.

### **Life space investigations -**

Patient comes from a middle class family. He has got one younger sister and he doesn't have any problem in family area. He has a very good friends circle. He shares his problems with them and sometimes with his parents. Patients is very sensitive, he is easily offended over silly matters and weeps in difficulties, which relives his problems. Patient cannot stand contradiction and feels better by consolation.

### **Worked by Kishore's Card Techqunics -**

Reportorial totality –

<b>Rubrics</b>	<b>Card no.</b>
Mind.sensitive, oversensitive	2114
Mind. Company desire for	1933
Mind.weeping, tearful mood	2182

Mind.anger, contradiction from	6690
Desire, pungent, spicy food	0912
Desire, salty things	0917
Nose.sneezing, morning	2413
Nose.obstruction, night	7340
Hair. Gray becomes	1660

**Result of repertorization -**

- 1) 484 - Phos.
- 2) 456 - Nux Vom.
- 3) 588 - Thuja
- 4) 579 - Tarantula

On the basis of M.M. as generals are more matching to Phos. This is the choice for prescription.



**CASE NO. - 7**

**From Kent's GENERAL TO PARTICULAR METHOD Cross -  
checked by Kishore's Card Techqunic.**

**Name:** - Mr. S. S. P.

**Age:** - 29 yrs

**Sex:** Male

**Occupation:** - Lab technician

**Religion:** Hindu

**Address:** Abc

**Repertory used:** - Dr. J. Kishores repertory.

**Method used:** - Generals to Particulars.

**Reportorial totality:** -

<b>Sym.</b>	<b>Section</b>	<b>Rubric</b>	<b>Sub rubric</b>	<b>Code no.</b>
1	Mind	Dream	-	1979
2	Mind	Irritable	-	2044

3	Thirst	Small quantity	-	3125
4	Mind	Confidence	-	1935
5	Mind	Loquacity	-	2060
6	Nose	Discharge	Watery	2873
7	Nose	Obstruction	-	7338
8	Mouth	Salivation	-	7244

### **Result of repertorisation:**

Light passing dearly: 141 - Belladonna.

164 - Cal. Carb.

Light passing partially:

372 - Lachesis.

484 - phosphorous.

### **Final remedy: -**

Lachesis – 200

With other techquniq also the result is one and same.



### **NOTE FOR DR.JUGALE KISHORE'S CARD REPERTORY**

## **SHARMA'S CARD REPERTORY**

**Dr. S. M.Sharma**

**D**r. Shashi Mohan Sharma's Card repertory is based on Kent's repertory published by B. Jain Publication in 1984. Like Jugal Kishore's card repertory, in this repertory majority of the General Rubrics are considered from Kent's repertory.

### **Construction:**

This repertory has common components of card repertory ----- **1)**

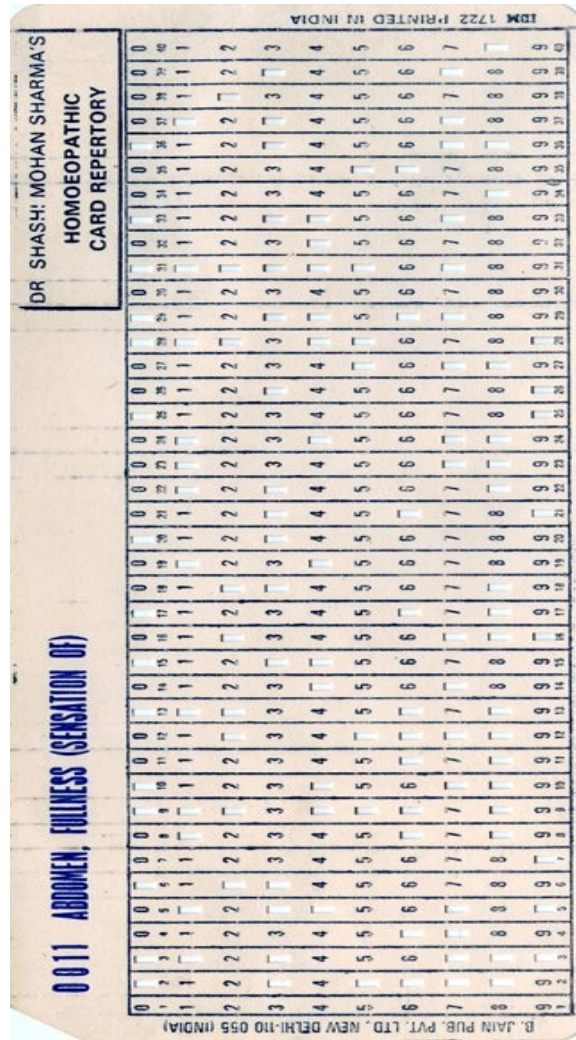
**Cards. 2) Book.**

In booklet of this Card repertory there are topics like foreword by Dr. Diwan Harish Chand, N. Delhi. Preface and description of card. It also contains topic on remedies and their code numbers; Index to rubrics in

alphabetical order, relationship of remedies collected from G. Miller's work and lastly a chapter on glossary.

**Card from Dr. S. M. Sharma's card repertory.**

The card of S.M. Sharma's card repertory is approx. 3½ x 7½. Author has selected 400 remedies for Inclusion in this card repertory. The numbers of rubrics (Cards) are 3,000 arranged alphabetically. Each card is designed same as Jugal Kishore's card except those 4 vertical columns which are reserved for rubric number. Remedies are arranged in 40 vertical columns i.e. 40 x 10 = 400. First number starts from 10 and the vertical columns are numbered from 0 to 9. At the bottom the serial number of horizontal rooms are recorded from 1 to 40. Remedies are punched in the rooms, which are indicated for recorded rubric on the top.



**Method of working:**

Same as explained under Dr. Jugal Kishore's card repertory.

### **Advantages:**

- ) As compared to other old repertories these repertory covers maximum number of Generals.
- ) 400 numbers of remedies helps in prescribing for maximum cases.
- ) As compared to Jugal Kishore's card repertory this repertory is handy.

### **Disadvantages:**

- ) Jugal Kishore's card repertory is most complete card repertory so in comparison to this S.M. Sharma's Card repertory is incomplete one.
- ) With the increasing number of remedies in M.M. in this repertory also requires to include more new remedies.



### **NOTE FOR DR.S. M.SHARMA'S CARD REPERTORY**

## **HATTA'S KEY CARD REPERTORY OF CHARACTERISTIC GENERALS** **- Dr. B. S. Hatta**

**D**r. Bhag Singh Hatta who is Homoeopathic Physician at New Delhi, Central Government Health Scheme, Member of International Homoeopathic League and also Institute of Clinical Research, Nagpur has prepared this repertory in 1981 and published by M/s. N. K. Traders, New Delhi.

Dr. Diwan Harish Chand, Recipient of Dhanvantari Award, forwards Hatta's Card repertory 1979, and Ashwini Kumar's Award 1981. In foreword Dr. Diwan H. Chand writes 'A Special feature that has been incorporated in these cards is to give an idea of the grading of the remedies for a particular rubric. This had been missing in the previous card repertories.

Another advantage of these cards is the incorporation along with the symptoms, the miasm of a particular symptom. Dr. Hatta's Key Card Repertory is a Repertory of important generals and particulars.

### **Construction of Hatta's Key Card Repertory:**

Booklet of Hatta's card repertory contains foreword by Dr. Diwan H. Chand, Introduction to repertory and construction of card, case illustration and index to cards with code numbers. As remedies are directly printed

on card, no need to give list of remedies and code numbers.

### **Construction of Card: -**

Hatta's card repertory has more than **602 cards**, constructed in three bulky volumes, each volume having about **200** and odd cards. The card is punched initially for all the medicines indicated. Further these are marked on the basis of gradation according to KENT and BOGER repertories. Every card has about **220** most commonly indicated drugs printed on it. Cards are printed in four different colours and using different colours marks them.

(a) Generalities in white (Cards No.1 to 440)

(b) Mentals in YELLOW (Cards Nos. 441 to 508)

(c) Modalities:

: Aggravation in RED (cards. 509 to 574)

: Amelioration in GREEN (cards. 575 to 602)

**Today Dr.Hatta's Card repertory, which is available in the market, comes only in a single box with few cards and covers only 160 remedies.**

And another special feature is that the MIASM to which that particular symptom or rubric belongs is also punched at the bottom. This will facilitate physician to arrive at the miasmatic and block removing remedies for the case.

The KEY, which is supplied, contains the list of all the rubrics alphabetically arranged with necessary cross-references. This makes it an easy repertory for use. After the rubrics are selected from a case, the relevant Cards are taken out from the box with the help of the key. They are put one above the other. The punched hole is to be then viewed against a board light.

CARD No.	HATTA'S CARD												GRADING																																																																																							
	MIASM PREDOMINATE												1	2	3																																																																																					
	PSORA				SYCOsis				TUBERC.							SYPHILIS																																																																																				
100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

The remedy or remedies suiting for that particular group of rubric will be seen with the help of the punch, which pass through, if by chance one card interposes in between and does not allow through and through, than that card may be taken out. In this procedure, it is a very common experience to get at least two or three similar remedies. Further selection for simillimum may be done on the grade marked on the top of each remedies i.e.

**O - Central punch below remedy is called Master punch. On above card this punch is not given.**

**Grading mark.**

In one rubric Card the indicated remedy punched or marked on 3rd place means that this medicine has qualified for 3 marks e.g.

1st Place indicate 1 Mark qualified      O    @    O  
2nd Place indicate 2 Mark qualified      1      2    3

O Bry

This grading mark will help the Physician for counting qualified marks of each remedy and then having higher marks than that remedy may be our simillimum for the case. Final selection may be done with the help of MATERIA MEDICA.

### **Advantages:-**

The greatest advantages of Hatta's Card are: -

More than 220 most commonly indicated medicines have been taken into account while punching.

II) This constructed two stages:

) The Master punch which is the indication of that particular remedy for that rubric.

) Subsequent punching and marking in each remedy on the basis of its individual gradation in KENT and BOGERS repertories. Miasmatic cleavage is done on the basis of Phyllis Speight's A comparison of the Chronic Miasms and Dr. M.L. Dhawale, Principles and Practice of Homoeopathy.

III) Miasm for a particular rubric is also punched.

✓ Cheap of all the card repertories when compared to the rubrics taken.

✓ Most important amongst all is the simplicity of the language; it is very easily adjustable for both the newcomer as well as most busy practitioners.

) It takes not more than ten minutes to repertories a case.

I) A repertory compiled after a thorough verification by the author during his 15 years practice.

II) Rubrics are arranged alphabetically making it easy for use.

) Nosodes are elaborately considered while punching.

Few columns are left blank for the individual practitioners to add the remedy that seemed to be most useful for that particular rubric and if some or other missed is from the notice of the author.

### **Procedure of working with Hatta's Repertory:**

1. Select ten to fifteen rubrics from the case according to strict



method of Homoeopathic evaluation.

2. Select from them One or Two most uncommon peculiar characteristic rubric, which according to you is most important for that Particular patient and cannot be, left out at any cost. This is the HATTA'S MASTER CARD.

3. Take out the cards of required rubric from the box with the help of Key supplied separately.

4. Start taking out the cards for the other rubrics and begin matching them with the Master card. An important point to note here is that at least one or two drugs must be present every time, whenever a new card is approximated.

5. In an event of the non-approximation of any particular card that card must be set aside.

6. After taking out-group of remedies on the basis of the approximation they may be confirmed and verified from the final court of verdict Materia Medica on the light of card that was left out.

7. In this way no rubric will go-astery without notice and due consideration.

8. Grading of medicine that is peculiar to this card repertory only can also be achieved, if a skillful approximation is done.

9. Miasmatic consideration in regard to every rubric is also an asset with Hatta's cards.

10. Thus final result with the help of this repertory is the simillimum in an exact grade and the miasmatic State.

### **Demonstration of case working -**

(Case from Hatta's Booklet to Card Repertory.)

Patient suffering with intense spasms coming at about five minute intervals. There was acute pulling pain in the left trigeminus nerve accompanied with marked flushing of the face, with profuse sweat on head and chest. The upper jaw and cheek were very tender and painful. The conditions were greatly (worst) by touch, excitement or talking; (worst) wet weather;(worst) at night;(better) by rubbing. With this condition there was ravenous hunger, which always come on with the attacks.

His history divulged the fact that he had had for years a discharge

from the ear, which had been stopped 8 years ago by an ear's specialist.

Since then he had suffered from these attacks, which were increasing in frequency and violence.

Now let us see what a well-rounded repertory analysis can make of this case.

**LOCATION -**

Left side of face

Cheeks

Upper jaw

**SENSATION -**

Pulling sensation

**CONDI. OF Agg. & Ameli. -**

Worst – touch

Worst- talking

Worst- night

Worst- excitement

Worst- wet weather

Better- rubbing

**CONCOMITANTS -**

Ravenous hunger

Sweat-upper parts

Heat in flushes

Ear, discharge

**HATTA'S CARD -**

1. Location –

Pain face – Prosopalgia - 235

Left side - 322

2. Sensation -

Pain drawing, pulling - 262

3. Condition of Agg. /Ameli. -

< Agg.touch - 566

< Talking - 564

- < Night - 387
- < Excitement - 476
- < Weather wet - 432

> Ameli. – Rubbing - 593

4. Concomitant –

- Appetite, ravenous hunger – 14
- Perspiration single parts - 289
- Red flushed face - 142
- Ear discharge - 108

On arranging Cards only Bry. And sulph. Comes in the final stage. Family attested to the fact that this man showed marked irritability during the attacks. Both Bry. & Sulph. Have marked irritability, so we cannot use this as means of differentiations. For further means of differentiations let us consider the suppression of ear discharges. This was one of the first symptoms present in the chronic constitutional condition of this patient. Thus Sulphur is one of those deep acting remedies that have the power to unlock the case and provide complete cure.



**NOTE FOR HATTA'S CARD REPERTORY.**

**ROY'S CARD REPERTORY**

**'SPIRO' Homoeopathic Calculator**

**Dr. S. P. Roy**

**SPIRO - Shankar Prasad Integrated ROTary.**

**Introduction -**

Shanker Prasad Roy, Bhubneshwar, Orissa published A Homoeopathic pocket Calculator based on the punched card system in 1996.

Almost after 10 years of research of finding out simillimum by various techniques, he came to SPIRO. This Card repertory is associated with book named 'Effective Homoeopathic Prescribing with introduction to SPIRO.' This book contains all practical related topics and also even details of SPIRO.

Basically, this card repertory is useful in large no. of acute conditions.

It contains proven and useable technique on how to achieve miraculous cures routinely. Regarding this book author writes in preface 'The book should be valuable reading for all Homoeopaths who want to serve the suffering humanity by providing rapid, gentle and permanent cures.'

### **Philosophy of spiro: -**

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As 'SPIRO' was prepared by keeping acute cases in view and by considering economy, this is a small card repertory only with 292 cards. According to Author, these cards are enough to treat 80%acute and 60%chronic cases.

Preparation of this repertory as a tool is based on following Fundamentals -

1. Few Rubrics /Cards are enough.
2. Few Remedies are enough. -(About 70 Remedies).
3. Remedies are divided into two groups.
  - 1) Polychrest – 44
  - 2) Local -23
4. Only clinically important rubrics are included.
5. Lowest grade remedies are excluded in large rubrics.

For the collection of remedies and rubrics, older and genuine books are only used as references.

Eg. - Cold, cough related rubrics are selected from -

- 1) Cough and Expectorations section of Kent's repertory.
- 2) Cough – from Boenninghausen's repertory.
- 3) Cough rubric - from Boericke's repertory.
- 4) Cough and Expectorations rubric from Knerr's repertory.
- 5) Repertorial portion of Lilienthal's cough.
- 6) Repertory of Cough-W. I. Pierce etc.

About selection of few no. Of remedies on cards, author gives explanation that -

1) Even if one simply prescribes placebo, about 5%of cases will be relieved by – recovery, hygienic measures etc. In other words one can help in the recovery of 5%of cases without having any drug knowledge.

2) One who has a superficial knowledge of 10 remedies can cure 20%, whereas one who knows 10 remedies thoroughly can cure 45%cases.

3) One who has superficial knowledge of 30 remedies can cure 40% whereas one who knows 30 remedies thoroughly can cure 70% cases.

Also he comments further, on more no. Of remedies that knowing double the no of remedies do not double your success rate. If we go further, we would observe that in order to improve success rate by (80-90) 10% the Homoeopath has to learn and be thorough with additional (200-60) 140 remedies.

Even if the Homoeopath is through with all the 2000 or more remedies, an impossible feat, he cannot achieve 100% success. In fact no system of therapeutics, a physician can achieve 100% success.

Before starting for the work, author has gone through many card repertories available and found some drawbacks e.g. Most of the smaller set contains General and mental symptoms which are of little use in acute cases. Concomittants, Modalities, timings, particulars etc. are more important for acute cases.

Many Card repertories contain several hundreds of remedies, which are rarely used in everyday practice, because of which Card size and list of code number Increase unnecessarily.

Almost all Card repertories are based on Kent and Boenninghausen but in many cases Boericke's rubrics are very useful which the author includes. So Dr. S.P. Roy designed a punched Card calculator that would produce clinically effective reading, handy and simple in operation, yet affordable. To provide best, author has collected data from more reliable sources like Kent, Boger, Boenninghausen, Knerr, Clarke, and Boericke etc.

Pathological type is not given much importance in SPIRO.

### **Arrangement of spiro: -**

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At present The SPIRO Homoeopathic calculator has five bunches of punched Cards. Those series are abbreviated as follows -

***CD - Common cold***

***CF - Cough***

***DR - Diarrhoea***

***FV - Fever***

***GN - Generalities***

**Cards are of 130 - mm. x 90 - mm sizes.** Each card has name of rubric and code number. Remedies are arranged horizontally. In all there are **67 to 70** remedies. List of local remedies changes with each series i.e., **CF, DR, FV, GN** etc. All series has different remedies according to condition.

The area around the punched hole is color coated for instant reading.

First grade remedies are coloured red denoting 3 marks. Second grade remedies are coloured violet denoting 2 marks. And third grade remedies are left uncoloured denoting 1 mark.

### **Method of working: -**

After evaluation of symptoms locate the rubric and the corresponding card number. Collect our relevant cards from the bunch for reading. If three cards are aligned, a through hole appears like this "O" but if the three cards are arranged so that they are slightly out of alignment then the hole would appear like this "θ" Therefore by holding the cards slightly out of alignment, total marks secured by each through remedy can be calculated readily, e.g. the three colours are red, red and violet then the total marks secured by the remedy is  $3+3+2=8$ .

Aco	Ant.t	Aps	Arn	Ars	Bel	Bry	Calc	Cb.v	Caus	Cham
.	.	(	.	(	.	(	(	(	.	(
Chin	Cina	Cich	Col	Cupr	Dulc	Gels	Grph	Hep	Hyos	Ign
(	(	.	(	.	(	.	.	.	.	.
Ip	K.bi	K.ca	Lach	Lyc	Merc	Na.m	Nit.ac	Nux.v	Ph.ac	Pho
.	.	.	(	(	.	.	.	(	(	(
Psor	Puls	Rs.t	Sec	Sep	Sil	Stph	Sul	Thu	Tub	Ver.a
.	(	.	.	.	.	(	.	(	.	(
Aeth	Alo	Ant.c	Ag.n	Bapt	Cal.p	Cnth	Caps	Cocc		
.	(	.	(	.	.	.	.	.	O	O
		Cin.t	Fer	Gamb	Iod	Iris	Kre	Mag.c		
DR		(	(	(	(	.	.	.	O	O
		M.cor	Na.s	Pet	Pod	Rhe	Rumx	Sul.ac	O	O
		.	(	(	(	(	.	(	O	O

## Advantages and Disadvantages: -

### ADVANTAGES-

- 1) Only card repertory prepared by keeping problem for prescribing in acute cases.
- 2) Sources are reliable.
- 3) Small, handy, economical.
- 4) Less reference to Materia Medica is required.

### Disadvantages-

- 1) Very small number of rubrics and also remedies, which are less useful in chronic cases.

## **CASES WORKED BY SPIRO: -**

(Cases from book related to SPIRO)

### **Case No.1**

A case of Pneumonia from 'PRINCIPLES OF HOMOEOPATHY' By Garth Boericke. (Page 88)

Rubric selected - Air open, desire for - GN 4

Irritability - GN 20

Heat agg. - GN 27

Cough, warm room, agg. - CF 31

### **Result of repertorisation -**

Aco, Ars, Phos, Puls, Sulph, and Iod.

After referring Materia Medica - Iodine was prescribed.

### **Case No.2**

Case from how to use repertory by G. I. Bidwell.

Mrs. 35 yrs., case with several complaints - (page 61)

### **Rubric selected -**

Sensitive - GN 35

Irritability - GN 20

Open, desire for air, - GN 4

Desire sweets - GN 13

### **Result of repertorisation -**

Lyco - 10/4

Nat. Mur. - 8/4

Sep - 6/4

Sulph - 9/4

Selected Remedy - Lyco.

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**NOTE FOR DR.S.PROY'S CARD REPERTORY**

**Dr. A. B. PATWARDHAN'S CARD REPERTORY**



## **Dr. A. B. Patwardhan's card repertory is called "HOMOEOPATHIC CARD DECK".**

### **Introduction -**

**D**r. A. B. Patwardhan from PUNE, Maharashtra prepared card Repertory. He writes in preface that in day-to-day practice, it becomes necessary to select suitable remedy for a patient quickly and without much labour. It is practically impossible to repertorise various symptoms of the case and compare them with the pathogenesis of all the remedies of the Materia Medica within reasonably short time when working with the standard repertories.

In preparing card repertory compact and handy, a bit of the comprehensiveness is naturally lost. This fact puts certain limitations to its use. In certain types of cases with detailed symptoms, repertorisation with large repertories becomes necessary.

Card repertory should lead us to the likely remedy without ruthless or senseless elimination. Working with the right kind of cards in the right way can achieve this aim fast, easily and safely. Therefore within certain limits use of card repertory is very desirable.

### **Construction -**

"Homoeo. Card Deck" is the Card repertory consists of two parts -

- 1) Cards**
- 2) Booklet**

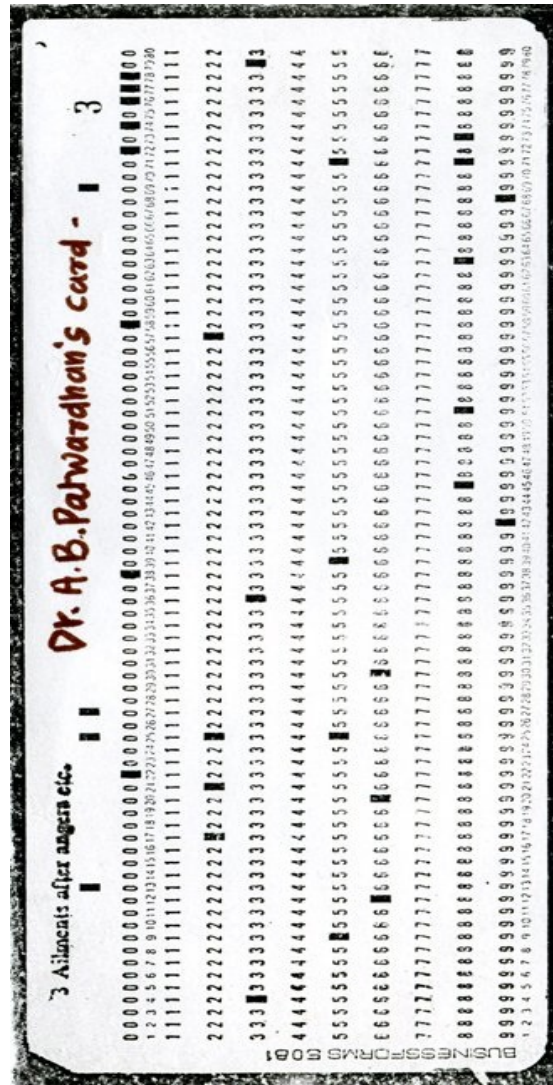
### **Card from Patwardhans Card Repertory –**

There are **1245 Cards** in his card repertory. For rubrics **299 remedies** have been made use of Punches representing remedies for the particular rubric are present. A serial number of the card is printed on the right hand corner. On the top of each card is printed the rubrics or symptoms the card represents. There are thus 1245 rubrics represented separately on 1245 cards.

The punches beyond 76 up to 79 denote the serial number of the card and may not be confused for the indications of any remedy. With the 'Card-deck', standard card bearing all 299 remedies at their proper place are supplied which can be superimposed and the names of the Remedies at their respectable places can be easily read out. One side of the card is printed while the other side is blank.

The standard card is to be superimposed on the blank side only.

The Cards arranged according to the serial numbers are supplied in a wooden box.



### Booklet from Patwardhan's Card Repertory –

A printed list of cards giving serial numbers and corresponding rubrics is also made available. The grouping of rubrics primarily based on the order of arrangement used by

Hahnemann in his Materia Medica commencing with Mind, the parts of the body, the organs and their functions. These are arranged mainly from above downwards commencing thus with head and ending with the lower limbs. Together with these cards, rubric cards for the general and peculiar symptoms, for modalities and cards denoting clinical base Such as Tonsillitis, cancer etc. and those for constitution types are also

included. This arrangement will be found convenient to pick up the necessary card quickly as and when the patient is narrating his symptoms.

The clinical rubric cards are not to be used for each and every case inadvertently with the rest of the cards, but are to be reserved for such cases where their use is indicated otherwise after the use of other selected cards.

### **Method of working –**

When all the symptom cards for a case are drawn out; they are to be combined together by placing them one over the other, when it is observed that two or more punched holes are common for all these cards the two or more remedies printed below these punches are the indicated remedies for the particular case. From these indicated small group of remedies the final choice of the appropriate single remedy is to be made with the help of comparative Materia Medica and Materia Medica.

The polychrest remedies like sulphur, Calc Carb, Pulsatilla, Lycopodium will naturally come up for selection in any Repertorial analysis. These, therefore, need not be given undue importance in card analysis. Preference to other members of the selected group of probable remedies may have to be given in such cases.

### **Instruction: -**

Choose rubrics bearing following order.

Symptoms of causation when definitely available (emotional, physical, injury, Chemical, habit, etc.)

- 2) General symptoms and sensations.
- 3) Modalities to particular sensation.
- 4) Location.
- 5) Aversions and ameliorations.

Mental symptoms are very important if they are 'Marked'. Otherwise do not depend on mental symptoms alone.

**Note:** Clinical rubric Cards e.g. Cards representing inflammations like Tonsillitis, Appendicitis Bright's disease etc. are not to be used for each and every case. They are helpful in cases where typical modalities and sensations are not expressed by patients.

## NOTE FOR PATWARDHAN'S CARD REPERTORY



### SYNOPTIC CARD REPERTORY

- Dr.Vidyadhar R.Khanaj

- Dr.Mrs.Aarti M.Patil (Kognole)

Synoptic card repertory based on Dr.C.M.Boger synoptic key to Materia Medica and Repertory, published on 10<sup>th</sup> April 2007. Like any other card repertory in this repertory also covers majority of the important rubrics and sub rubrics from Dr.C.M.Boger's synoptic key to Materia Medica and Repertory

Dr.Bogers work is selected for preparation of this card repertory because concept and philosophy of prescribing explained by Dr.Boger is more practical. According to his concept of evaluation of symptoms i.e.

a) **Modalities** - causation, time, temperature, weather, open air, Posture, motion, eating and drinking, sleep, touch, discharges. Etc.

b) **Mind** - Irritability, sadness, fear, placidity.

c) **Sensations** - burning, cramping, cutting, throbbing etc.

d) **Objective Aspect** - Restlessness, nervous, excitability, Facial expressions.

e) **Part Affected** - Organs, side, right or left.

Rubrics and sub rubrics are considered in this repertory and arranged accordingly.

#### **Construction:**

Synoptic card repertory consists of –

**1) Booklet**

**2) Cards**

The booklet of this card repertory contents, Dedication, Life of Dr.C.M.Boger, Acknowledgement, Introduction to repertory, List of Remedies with their Code numbers, Rubrics and their Code numbers, Method of working with synoptic card repertory etc.

**Size of the Card - 7 X 3.5”**

This card is designed in following manner – on one corner, code number of rubric with their code name. Other side name of card repertory with author’s names.



Remaining portion of card is related with remedies, printed vertically. Remedies are printed in code number form. Total 320 remedies are included though the list of remedies in synoptic Key repertory is 489 while preparing this card repertory only those remedies which are present in synoptic Materia Medica part are included so that, use of resulting analysis of remedies can be modes easier by referring to the Materia Medica part of the Synoptic Key. This edition of this repertory has almost

1837 cards.

### **Cards are printed in colours.**

The rubric printed in different colours defines the particular section as follows: -

1) The periods of Aggravation (Time Modalities) printed in Pink colours where time modalities in detail starting from general periodical agg, then phases of day and night, clockwise modalities.

2) Conditions of Aggravation, which are printed in blue colours in which all-circumstantial modalities, arranged Alphabetically.

3) Generalities section i.e. consideration of drug affinities for the entire organism where general sensation and complaints are printed in green colour and Symptoms pertaining to mind and intellect are given in white colour.

4) Regional Repertories which are printed in yellow colour in which all the signs, objective, subjective symptoms pertaining to parts and organs of the body, while explaining these followed the same anatomical order starting from head to Extremities then skin and symptoms of Fever.

Principle of punching on card repertory is only those remedies are punched which are indicated for that rubric in respective repertory. In this card repertory we observe grading of remedies by different colours corresponding for different marks of the remedies.

### **Method of working:**

#### **SYNOPTIC CARD REPERTORY**

Finding out similar remedy by using card repertory is based on punch system. It is a system of visual sorting of data. It helps physician by reducing the work of Repertorisation. Synoptic Card repertory is mainly useful in cases where there are strong Modalities, Generals and particular symptoms. This card repertory is prepared to work the acute as well as the chronic case. There are card Repertories that are prepared

only to work to acute cases. That cards repertory contains only acute symptomatology.

### **Working -**

After artistically taking the case analysis and evaluation of symptoms is done according to the Synoptic key repertory as given by Dr. Boger. So select characteristics, peculiar symptoms of the patients. Convert those into rubrics according to card repertory used. Find out the code number of rubrics and cards from 'Card Box.' Arrange the cards according to their grades i.e. Modalities first including Periods of Aggravations and Conditions of Agg. & Ameli. – Than Generals including Symptoms pertaining to mind and intellect and general sensation and complaints. After that arrange the signs, objective, subjective symptoms pertaining to parts and organs of the body that we find in the last Regional section of this card repertory.

This method of arranging the Repertorial totality is according to Dr. C.M.Boger's method. Then match the Universal punch, which is present on the 320 no. On the Right lower side of the cards to see the holes to get Similimum against light.

From which hole light is clearly passing that will be remedial code no. And from which hole light is partially passing that will be another group of remedies study Materia Medica to prescribe most suitable remedy from group.

### **Working of Case -**

Name - Mrs. V.B.C.

Sex- female    Age - 40 years

Occupation - Vegetable vendor.

Religion - Hindu

Address - Xyz

## **Chief complaints –**

1) Difficulty in Respiration

## **History chief comp. –**

Patient is complaining of difficult respiration, dyspnea since last 8 years. Intermittent attacks after 7 to 8 days using taking medicines to get out from the attack. There are complaints of constriction in chest with heaviness, wheezing sound with occasional cough.

Complaints are mostly Aggravated in morning, cold aggravates the complaints, emotions, full moon, and before menses.

They are ameliorated in by taking warm drinks. All the above complaints are associated with pain in epigastric region, dryness of mouth.

## **Past history -**

Infective Hepatitis one month back, fever, body ache, weight loss with reduced appetite.

## **Family history -**

Husband died 4 years back, father expired mother 60 years old no major illness, 1 sister asthmatic, 2 sons all are keeping good health.

## **Personal history -**

Average built & weight, average nourished.

Diet - Mixed.

Appetite - Reduced.

Desires - sour<sup>++</sup>.

Aversion – Milk <sup>++</sup>

Skin - H/O Urticaria.

## **Eliminations -**

Bowels - Once/24 hours, satisfactory, no complaints.



Urination - 4-6- times /day, 2 times at night.

**Menstrual functions** - regular, 3 days/28 days cycle.

Moderate flow, dark red coloured, and stains cloths, Dysmenorrhoea.

**Thermal** - Fan- s/w—Medium to Fast.

Covering— s/w/-- thin/blanket.

Bath— s/w/-- tepid/hot.

Thermally -- Hot pt.

**Sleep & Dreams** - sleeps on back, sound sleep, dreams of snakes, of water.

### **Life Space –**

Mrs. R. B. D. from lower socio-economic family working as a vegetable vender. Her father was working in S.T. as a driver mother as housewife.

Her relations with everyone in the family are good. She was married at a young age. Her husband was occasional drinker & was working in one company. The company latter was closed down & latter could not found any job so became heavy drinker.

Then after he died. She has three children's. For them she worked hardly. Worried about the future, weeps easily.

### **Differential diagnosis -**

Allergic Bronchitis.

Bronchial Asthma.

MIASMATIC BACKGROUND - Psoric.

### **Boger's analysis of symptoms –**

- 1) Complaints are agg. Morning — Time Modality.
- 2) Weekly Aggravation – Time Modality.
- 3) Aggravation emotions - Agg. Modality.

- 4) Aggravation – full moon - Agg. Modality.
- 6) Amelioration warm drinks after - Amelia. Modality.
- 7) Weeps easily – Mental symptom
- 9) Desire sour things – Physical general
- 8) Dryness of mouth – Particular symptom
- 10) Respiration difficult – Particular symptom.

**Comments** – As this case has marked modalities, Physical general, clinical rubrics etc. Boger approach is selected for the purpose of Repertorisation.

### **Repertory analysis –**

<b>S. No</b>	<b>Section</b>	<b>Heading</b>	<b>Rubric</b>	<b>Rubric code No</b>
1.	I	Time Modalities	Morning, agg	0009
2.	I	Time Modalities	Periodically, Weekly agg	006
3.	II	Conditions of Agg. & Amel	Moon Phases, Full moon Agg.	0183
4.	II	Conditions of Agg. & Amel	Cold Agg	0059
5.	III	Generalities: Mind	Weeping	0839
6.	IV	Regional – Cravings &	Sour things	1312

	Desires		
7. IV	Regional – Mouth & Throat	Dry in General	1229
8. IV	Regional – Respiration	Difficult, Suffocating etc	1507

**Result of Repertorisation** - Light Passing clearly through the following code no. 292 - Sulphur.

**Choice of remedy** - Patient is Psoric. H/o Urticaria is considered as potential difference. From above group Sulphur is the most suited remedy as it is matching to all generals.

**First prescription** - Sulphur. 200

### **Advantages:**

First repertory based on Boger's synoptic key that is most practical and used in day-to-day practice.

320 numbers of remedies, which are well proved helps in prescribing for maximum cases.

(3) Almost 1850 most frequently used rubrics and sub rubrics from Boger's synoptic key are considered.

(4) First card repertory presented in colourful form, each group of card represented in different colour so helps in proper evaluation and also for easy hunting of rubrics.

### **Advantages:**

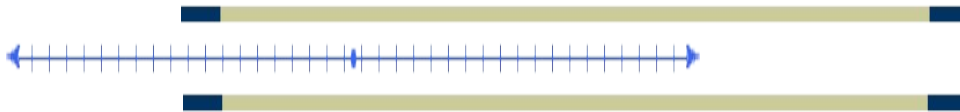
Synoptic key to Materia Medica requires updating in relation to rubrics, sub rubrics and remedies so also this card repertory.

Concept of getting group of remedies on the basis of more transilluminant holes is not possible because of thickness of cards.



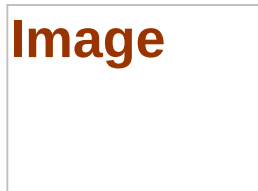
**NOTE ON SYNOPTIC CARD REPERTORY**  
**MECHANICALLY AIDED**  
**REPERTORIES**

**1) Dr. R. P. Patel's Autovisual Repertory.**



**2) Computerised Repertories.**

Image



**AUTO VISUAL**  
**HOMOEOPATHIC REPERTORY**

**- Dr. R. P. Patel**

According to Dr. R. P. Patel, Auto visual Homoeopathic repertory is mechanized computer developed by him in 1972.

Auto visual repertory is more economical, simple, and most reliable than present day complex computer.

**Construction of Auto Visual Repertory –**

This Repertory has two main components:

- a) Auto strip**
- b) Auto Visual Apparatus**



**AUTO STRIPS** - In this repertory there are **5505 auto strips of 490 mm x 6 mm size**. Each auto strip has a number 1,2,3,4 on the top representing rubrics based on Kent's repertory. In many places auto strips are marked A, B, C along with numbers like, 70 a, 104b, 1312b etc. these are new additions in kents repertory.

Also auto strips are grooved at several places. Each groove on the auto strip represents corresponding Homoeopathic medicines (n out of 435) in apparatus. Grooves are in different colours indicating grading of medicines.

E.g: - **BOLD CAPITAL** – Red colored.

*Italics* - Yellow colour.

Roman - Black Colour.

These grades are also compared with Boenninghausen's Therapeutic Pocket Book's grading.

Besides this there are two heavy grooves (Green) one at the top and one at the bottom of the auto strip as "Guide lines" to match with the guidelines of Auto visual apparatus. Also by different colours symptoms are graded as-

**Generals** – Red Coloured.

**Particulars** - Black coloured.

Which help for selection of symptoms for Repertorization.

**Auto-strip** –

<b>Absent minded.</b>
-----------------------

## **AUTO VISUAL APPARATUS -**

This apparatus is based on Hahnemann's original hand written repertory, Where all symptoms must be written in such a way that one can separate every one of them by cutting them up and pasting them in alphabetical order for the purpose of printings.

Auto visual apparatus is something just like an idea of **Haemoglobinometer**, where the percentage is counted by matching the lines of scale with measuring test-tube.

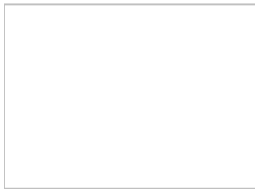
This apparatus has **435 medicines** on it in numerical order from

above downwards. Each medicine is provided with a code number. This apparatus is constructed in such a way that just like arrangement of cards there is a space for arrangement of auto strips. The strips are put into a reading device, which stacks them allowing the lines to be seen clearly. Lines, which are common to majority of auto strips originated from code number of medicines, are considered as group of indicated remedies for given case. This group is considering for final differentiation with Materia Medica. So with my knowledge this is the simplest way of using a repertory. The wooden box, filled with the 5505 plastic strips, is about 2 feet square and 7 inches deep, made from a very dense native Indian wood; it weighs close to 90 pounds.

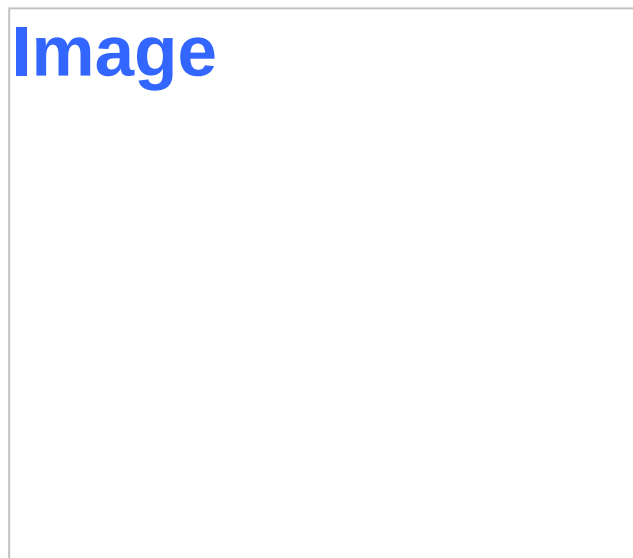


### NOTE FOR AUTO-VISUAL REPERTORY.

## HOMOEOPATHIC COMPUTER REPERTORY HISTORY & CONSTRUCTION



Image



### Introduction-

**A**fter the spread of Homoeopathy all over the world Homoeopathic

prescriber started searching easy and quick method for the selection of Similimum. For that they prepared the index of symptoms but they found that paper work of repertorisation is much time consuming as well as much more laborious. So to save time and labor they developed idea of using computer in Homoeopathy.

About the pioneering work it is said that 'International buissness machine were the first to introduce computer in commercial line in 1960. Dr. R. P. Patel developed mechanical computer in 1972 and named it as 'Auto visual Homoeopathic Repertory' that is more simple and cheap.

### **Construction of Computer-**

The important aim of computer is to provide the demanded result after supplying essential data to the system. First part of the computer is a screen like that of T.V., which is called 'VISUAL DISPLAY UNIT or MONITOR', its function is to screen up the data supplied to it.

Second component is 'KEY BORD' with which you can talk to the computer. It is similar to the keyboard of a typewriter but with a lot of additional keys. The keys are of two types –

- **FUNCTIONAL KEYS**

- **STANDERED TYPE WRITER KEYS**

Keyboard is useful to send the necessary message to the computer. These key Boards are now became available with lot of additional facilities & varieties. This part is associated with important third part where all data is processed i.e. where every data is analyzed, so that way it is the heart of the computer. Any information has to pass from that point which is called '**CENTRAL PROCESSING UNIT**'. In this unit there are two subunits:

1) Main apparatus called '**RANDUM ASSES MEMORY**' its function is to have a stock of informations. If the information is more it requires separate storehouse for preserving information, which is called **ASSOCIATED STOREHOUSE**.

Practically this is classified into different Drives, e.g. A, B, C, D, E etc. Function of it is to supply the necessary data during need. With these main components there are other optional component e.g. printer, scanner, multimedia kit, Web camera, etc. which are useful for other official purposes.

All these parts are unitedly named as “**HARDWARE**”. Another part of the apparatus, which is more important, is named as ‘**APPLICATION SOFTWARE**’. It helps to direct the hardware and its parts to work out the data.

## **HOMOEOPATHIC PROGRAMS. (SOFTWARE)**

### **Homoeopathic Computer Repertories -**

For getting similimum by using repertories many people started searching for quick technique several people developed cards but because of limitations card technique was remained behind. Many people almost simultaneously started developing computer based Repertories. In or after 1979 first computerized programs like Le Repertaise De Kent, Melanie and ‘**LAMINA**’ were introduced. **Lamina Homoeopathic Repertory analysis system was developed in Australia and it was covering 14700 and plus symptoms.** This work was based on Kent's Repertory. It is wrong to judge that computers will give us the answer with minimal efforts. Computers are merely a tool to aid our thinking and help us with ideas. Homoeopathy will always be human art despite its solid scientific foundations.

Computer can be very useful to new Homoeopaths with limited knowledge of Polychrests and also guides old Homoeopaths to consider smaller remedies. Now with the advent of handy laptops and power books, it is easy to use them during interview with more interaction and side by side analysis.

Since the late 1980 number of computer programme have became available. Out of these Homoeopathic program's, MAC Repertory, RADAR, Hompath, CARA (Now ISIS INSPIRATIONAL SOFTWARE), Polychrest, Homoeopathic Assistant, Repertorium Homoeopathicum digital 1,2 HRS – Homoeopathic repertorization system (*HRS is very small programme which only consists of Kent's Repertory & Allen's key notes so it is cheapest.*) Reference Work etc.gained prominence. Now a day many more softwares are coming the word of Homoeopathic Repertory like Stimulore, Kentian, Pc kent etc.

**As such I feel risk of writing any details about any of the software, the main reason is day-by-day changing faces of the software's. The facilities that are not available in any software today, you are going to have it tomorrow. So writing or listing of lacunas of**



any software is dangerous.

## Softwares are mainly divided in to two –

Processing softwares    Reference /database

Organon 96                      RADAR

Kentian                              CARA

Less database                      Mac Repertory

But learning &  
Teaching                              HOMPAT

Software. Conceptual    -- Easy maneuver  
S.W.

Quick reference

Libraries

Directories,  
Dictionaries

An option of contents

## **History & Introduction to Homoeopathic Softwares: -**

After the development of Lamina, many other types of software came in the Homoeopathic market. All this softwares are having advantages and disadvantages of there own. Before going to detail study of some prominent software, introduction to some leading software is necessary.

### **1) 1986: - MAC REPERTORY**

M/s. Kent's Homoeopathic Associates, Mission Avenue, San Rafael, and USA, first in 500 M.B, developed this software. In all this software contains 6 repertories and 31 Materia Medica and full version have about 17 repertories & 48 Materia Medica. For the development of this programme, David Warkentin, P.A. worked hardly. This software is based on Macintosh world (Now IBM version is available). Macintosh has an edge over IBM/DOS being more useful for individual use & requires minimal training. The disadvantage is that it is little costlier than IBM/DOS. MAC repertory is designed by practicing Homoeopaths and is

designed to help you in your specific way of analyzing the case. Mac repertory makes optimal use of the advantages of a Macintosh computer, which is very user friendly and with a screen visually easy to understand. This software is having many different facilities and it is claimed as The World's most wonderful Homoeopathic Repertory software.

### **Sailent features of MAC Repertory –**

Mac Repertory Core Library has many repertories like acute repertory, other well-known repertories, the complete repertory ver.4.5 and Materia Medica like Blackwood's Manuel, Breyfogle's Epitome, Burt's Characteristics, Clarkes Characteristics and almost other 28 Materia Medicas.

Mac repertory Full Library covers 17 repertories that in relation to core library other repertories like Mirilli's repertory, Murphy's, Robert's repertory, Ward's repertory and almost 45 Materia Medicas.

Also according to different packages of MAC Repertory like MAC CLASSIC, MAC PROFESSIONAL feature changes.

*(Vide detail)*

### **2) 1986: - HOMPAT**

Dr. Jawahar Shah a man of Computer repertory in India from Mumbai developed Homoeopathic software named 'HOMPAT', and is being improved in speed and features from DOS to window version.

This software is available in different versions i.e. Ozone, Academic, Homopath –7<sup>th</sup> ver., 8<sup>th</sup> ver., Classic 8.0 premium collection, Homopath M.D., Homopath Vital, Homopath Lan version and now online Homopath software named **The Docter** <sup>24</sup> x<sup>7</sup> etc. Complete Repertory is the main Repertory and has modules, Classic, Archive, Homultil, PMS, Homopath Assist, Treasorie, Materia Medica Elite, Materia Medica Live, Homopath organizer, Multilingual email etc. Dr.Jawahar shah is doing a commendable job by introducing facility for translation of rubrics in 20 different languages including Spanish, German etc. apart from about 15 Indian Languages.

At present this software comes with more than 14 modules & 10 C.D.'s, user's manual, hardware lock. (Detailed separately)

### **2) 1994: POLYCRESTA: -**

Developed by Dolphin cybernetics comp. Bombay. First this software was

in DOS form now available in window version.

This software has 5 Repertories and 6 Materia Medica. With the advancement and new coming software's with many facilities this software is today backdated. Single C.D. with hardware lock.

#### **4) 1987- RADAR: -**

(Rapid aid in Direct Access to Repertorisation)

Booklet on RADAR gives long form as '*Rapid Aid to Drug Aimed Research*'. Speedily developed up to RADAR 9.1

Archibel, Belgium develops this programme. Synthesis Repertory is the basic content of this software, which was added in 1993 and present software gives you synthesis 9.1 version. This version contains more than 3,00,000 additions as compare to 8 versions. Before that this programme was having Kent's, synthetic (Barthel & Klunker's) as well as the Materia Medica's like Materia Medica Pura, Allen's, Hering's, Clark's etc. First this programme was including with hardware of IBM.

This software has -

**RADAR** – Repertorization.

**Encyclopedia Homoeopathica** – Reference Library.

**Win chip** – Patient Management Program.

**9.1 versions** of synthesis repertory 3,00,000 new remedy references, **more than one million** rubrics, **14,000** cross-references and **8,000** synonyms. More than **7,000** new symptoms from Vithouk's clinical practice. Farokh Master's clinical bedside tips, over **10,000** symptoms from the works of Jan Scholtan. Also new information from **Andre Saine** (Canada) more than 3,200 clinical information. **W.Boericke** Materia medica symptoms from the discription of the characterisitic of the mind section. **Julion** Materia Medica of the nosodes, **Master Farokh** clinical observation of children's remedies (More than 10,600 addition).

Additions of three new chapters - Outer neck and throat, Urinary organs, Genitalia and sexuality.

**Expert's advice** - Vithulkas Expert system, Vakil Module ideal for difficult cases, (Late Dr.Prakash Vakil) proving from Jeremy Sherr's, Nancy Herrick, David Riley, Jacqueline Houghton, Steve Olsen etc.

**HERSCUE** Module (Paul Herscue) brings patients symptoms into order. RADAR software comes with 2 C.D.s on installation diskette,

operation manual, RADAR registration card, 2 Encyclopedia Homoeopathica C.D.s, RADAR tutorial C. D., EH manual and a hardware lock. Now a days this software is available in following packages, - RADAR Professional with 171 books 10 techniques of analysis, RADAR plus with 75 books, RADAR Apex with 681 books & 10 tech.

### **Encyclopedia Homoeopathica -**

The first true Homoeopathic Encyclopedia. The largest Multilingual Homoeopathic Reference library, currently in 7 languages. More than 681 titles and more than 2,00,000 pages Homoeopathic literature. Materia Medica Viva of Vithoukas.

### **Win chip -**

Windows Computerized Homoeopathic information and Research program. It is a powerful data bank system with valuable information about the patient. It is the complete management of the patient. Works as a patients record keeper. Complete integration of case development and reaction to treatment.

### **5) 1988- CARA- (Computer Assisted Repertorial Analysis): -**

Miccant, UK develops it. (**Now ISIS INSPIRATIONAL SOFTWARE**) It contains about 65 books, with 15 optional repertories like Murphy's repertory; combine repertory, Phatak's repertory, complete repertory 4.5 etc. For the development of this programme, David Witko, Royal London Homoeopathic Hosp. worked and first released as a product in 1988. Accompanied with case tracker for recording of the cases.

This software has Audio Materia Medica of almost 100 remedies as a unique feature. Many drug pictures are also available. Comes with 2 C.D.'s pack with user's manual. The hardware lock is a Registration code number system. New software called ISIS (Inspirational Software2). As such ISIS is not an upgrade to an existing system but it is a new Homoeopathic software system from Miccant. This software is also available in different ver. Like CARA PROFESSIONAL, CARA LITE etc. (Vide detailed)

### **SIMILIA -**

Developed in England by John Jejewski, Miccant Ltd. Nottingham. Similia is similar to reference works i.e. to search & browse between different Materia Medicas and other literature related to therapeutics.

## **6) ORGANON 96 -**

This is the software prepared by institute of clinical research ICR, Bombay. Dr. Dilip Dixit worked for the development of this software. Present is the 2<sup>nd</sup> version of Organon 96.

This is a sort of processing software where case taking as well as data processing is possible, analysis and evaluation of symptoms is also possible.

This software contains standardized case record that is used at Dr. M. L. Dhawales institution. Second version of *organon* '96 contains Kent, Boenninghausen, Bogers Repertory and also many Materia Medica. SCR system is an integrated approach to a case by Kent, Boenninghausen & Boger's methods at the same time. It provides the benefit of using philosophy inbuilt in the program. It has a facility for classification of symptoms & evaluation of the same. These classified symptoms can automatically be transferred to rule out miasmatic background of the case. This software provides three Repertoires Kent, Boenninghausen & Boericke. There is another facility with the help of which data is directly transferred to get Essential, EvolutionaryTotality, Diagnostic aspect etc. follow up forms can be used in detail for interpretation, statistical analysis, retrospective analysis etc. This software comes with single C.D., Hardware lock and also user's manual.

## **7) STIMULARE -**

Qu-bit Homoeo Technologies, Bangalore, and India evolved this software. This window version software includes modifiable case sheet, allows the Homoeopath to minimize typing during case – taking like Personal History, Past and Family History, Observations etc. and those Doctors who need to take rubrics can just bring in the rubric right into the case sheet without worrying about which clipboard would like to place rubric. There is the facility to store any number of repertorized charts giving commands right into the case sheet. This facility is also available in the follow – up.

**Research Assistant**-This program helps to analyse all past cases, not only from the therapeutic point of view but also from the Classical Homoeopathic angle.

**Books Available** - Different Repertories, Materia Medica, therapeutics,

philosophy and other medical books.

Peculiarity of this software is because of Technology involved Repertory and other screens are very simple with no **icons**, just few buttons. All buttons have a readable text on them, which too in Homoeopathic words so that the doctor finds it easy to recognize and use.

**Repertorization** - Due to the integration of all aspects of Repertorization in just one screen one can view the change that happens at the same time on the screen. For example when we grade a rubric with weightage or when one uses eliminating method or even the classifications of the remedies as per thermal, weather, seasons, state etc, one will see the changes in the remedy order simultaneously.

This software is also available in different versions like Basic, Professional, Complete etc.

### **8) KENBO HOMOEOPATHIC SOFTWARE-**

This software is designed and developed by: Dr.Takeshwar Jain, PP Homoeopathic Lab Pvt.Ltd., Jaipur, India.

KENBO A new program developed to get most suitable remedy for a case, is recently introduced in the Homoeopathic market. This software is designed to make the process of Repertorization easier. The patient's symptoms are recorded directly in the software as complete symptoms. Then the program immediately converts the symptoms into rubrics through various Repertories. All histories are recorded in separate windows. The evaluation of symptom is made by considering Causative, Mental, Physical and particular symptoms. The case is analysed by creating an acute and chronic totality, determining dominant and fundamental miasms based on patient's present history, past history and family background.

This software has facility to identify the dominant type of symptoms of the case and according to this dominance proposes different approaches like kents, Regional approach etc. After similimum the continuity of the treatment and the decision on the second prescription is managed by the software, which reviews each symptom according to Kents 12 observation and Herings law. There is also the option for quick Repertorization in which the user can directly select rubrics to repertorize the case without going to case processing or case taking. The physician menu option provides all accessory formats. The five Repertoires

included in the program: Kent, Boger/Boenninghausen, Boenninghausens Therapeutic Pocket Book, Boericke repertory and A to Z Alphabetical Repertory etc.

### **9) MERCURIUS (BASIC) HOMOEOPATHIC SOFTWARE -**

This software is introduced by AEON GROUP LTD OF SLOVAKIA. Now distributed in India by Health Soft, Karnal.

This is basic software useful for student and new practioners having Kents Final General Repertory, Bogers Synoptic Key, Bogers General Analysis and Card Index Repertory, Repertory's of Bach's Flower Remedies by Vladimir Polony of AEON GROUP.

This software includes Materia Medicas like –

Practical Medical for the consulting room by Tinus Smits, M.D.

Materia Medica Part of Boger's Synoptic Key, Kents Materia Medica, Boerickes Materia Medica, Materia Medica of Bach's flower remedies by Vladimir Polony of AEON GROUP.

Mercurius supports a different Repertories (including the most advanced Repertorium Universalae from Roger Van Zandvoort) and thousands of pages of Materia Medica.

### **Most important features: -**

- Combines repertory, Materia Medica and the patient management system in a single piece of software.
- Provides compensated repertory model for supported repertories.
- All supported Materia Medica are fully integrated, spellchecked and corrected.
- Superior searching capabilities of the symptoms with the best-in-the-industry support of synonyms.
- Book-styles, tree-structured repertory.
- Unlimited number of desktops - offer possibility to evaluate a case from different points of view.
- Unlimited number of symptoms for analysis.
- Grouping symptoms (Creation of super-rubrics)
- Positive and negative filterings of the remedies.

- Various strategies of the evaluation of the symptoms.
- Detailed analysis of symptoms and remedies.
- Synthetic Materia Medica with the support of comparison of the remedies.

## **10) KENTIAN —**

This is a Homoeopathic Computer program for repertorization developed and constructed by Dr.R.P.Patel and G.I.Patel from Sai, Homoeo. Book Corporation, Kerala, India.

It is totally based on the book “Repertory of Homoeopathic Materia Medica” by Dr.J.T.Kent sixth American Edition Corrected, Revised and Improved by Dr.R.P.Patel.

Kentian has a built in Artificial Intelligence system. It does automatically the Analysis, Evaluation and even classifies the miasms. There are four different methods of repertorization. The result screen displays the similimum along with its miasmatic classification.

It includes Dr.Patels Expert system that uses the logic of our Great Masters to repertorize the case and find the similimum.

### **Main Features: -**

**Patient Management:** - Its Advanced patient management system helps to add and manage patient easily in day-to-day practice.

Manage thousands of patients with ease.

Recall patients by easy search.

Search for particular category like Name, Age, Sex, Place, Chief complaint etc.

Store upto 6 photographs for each patient.

Add history of the patient, laboratory reports and many more data of the patient.

### **Entry of symptoms quick and easy: -**

Enter symptoms by chapter method, by code, by search method. Its advanced search engine searches for a particular word from a single chapter of all chapters. Hot keys for easy access. Separate hot keys to show history screen while entering patient's symptoms. Hot-keys to see



the classification of symptoms, miasmatic classification and medicines of a particular symptom.

### **Classification of symptoms: -**

The built in Artificial Intelligence system automatically classifies the symptoms instantly even though you select symptoms in a random order. The computer will automatically classify them to order by sorting them into Mentals, Physical Generals and Particulars.

It automatically does,

- Analysis (Automatic classification of symptoms in order of Mentals, Physicals and Particulars.)
- Evaluation (Automatic classification of symptoms in order of Mentals-Will, Emotions, Intellect/Understanding, Memory, Dreams). Physical general, Pathological-general, Pathological particular, Particular, Rare, Uncommon, Peculiar symptoms and Common symptoms .The list will show in the order so that the most important symptom in the list will stand first.
- Miasms (Automatic classification of miasms according to Psora, Sycosis, Latent Syphilis).

### **Repertorization-**

There are 4 different types of repertorization to suit you.

- Normal method of Repertorization
- RUPS- (Rare, Uncommon, Peculiar, Striking, singular or Strange) or Artistic method of Repertorization of Dr.Kent.
- Miasmatic method of Repertorization
- Homoeopathic Expert system method of Repertorization.

A step-by-step method to find the similimum.

- Shows instantly the remedies and also shows the marks, percentage, weightage and the Miasms of each and every Remedy.
- Shows instantly comparative study chart of four ways.

### **Other features -**

- Search for symptoms, Medicines, for Miasms, Classification.

Add your own new rubrics, sub-rubrics, own medicines,

Backup/Restore Database (of your newly added symptoms and medicines).

- Backup / Restore Patients.
- Password at startup.

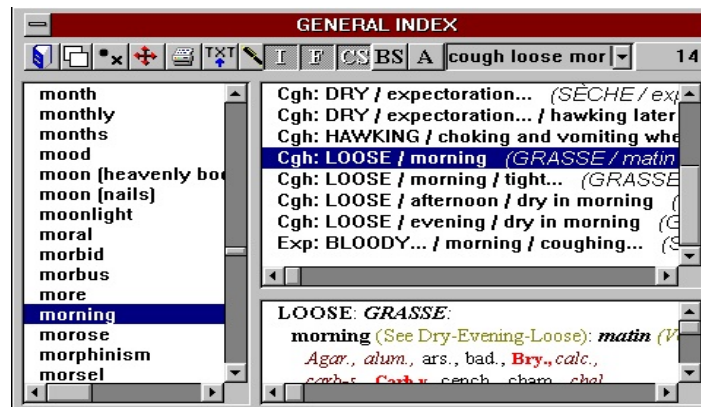
## 12) PC KENT:-

### SARL évidence:

89 rue du 11 novembre  
42540 Saint Just la pendue  
France

### Main features -

**A solid base:** The database is made of the 6<sup>th</sup> edition of Kent's repertory. One complete year was necessary to correct the mistakes systematically detected in the book version using sophisticated computer techniques for instance, it was possible to determine if the bad classification of a remedy was due to a misprint error, a spelling error, or if the remedy was just inserted at the wrong place. New mistakes being sometimes discovered, the database is regularly updated. That way is set up to attract a demanding public needing reliable information.



**Scanning the repertory** becomes a true pleasure. You can open simultaneously as many sections as you want, click on the crossed references to go from one rubric to another, click on the author's references or the remedies to get more information. Instead of a section you can open a synoptic plane - the structure of the section is then displayed, classifying the leading rubrics in a logical order (characteristics and general modalities, objective signs, sensations...). Many options allow you to choose the information to be displayed. For example, you can choose to display only the chapters. Then little triangles appear before the chapters having sub-rubrics. A click over a triangle unfolds

them.

### **PCKENT 2: -**

Here are some of the new functionalities that will be available in version 2 of PCKent:

- A full editor allowing to add / delete / modify rubrics, remedies, and links between rubrics (generalization, opposition).
- A completely revised patient record management, easy to use, allowing the Rich Text Format (ability to use the bold / italic / underline / color ... attributes).
- A search engine designed to get relevant information from the Repertory book and from the patient records (give me all the Sepia male cases consulted during the year 1999 and having the Mind/moaning/sleep symptom).
- A new general index, not limited to the Repertories vocabulary, but containing thousands of new words.
- A more ergonomic interface, allowing to link windows display, according some criteria.
- Import / Export functions to emit or receive data from another computer, another person, is a Homeopathic diagnosis help software, working both in English and / or french.

This tool has been conceived to operate with the **Kent's repertory**. It works on PC's or compatible computers, using Windows. This is a system designed to help the Homoeopathician solving the 4 main problems he is daily confronted with, at the office.

- Rapidly **Find the rubrics** matching the symptoms collected, and display their modalities.
- **Establish a repertorizing grid** worthy of the name, taking into account all the necessary criteria to valorize the symptoms, then the remedies.
- **Generalize** the rubric that seems to limit the Repertorizing process.

**Establish a true differential diagnosis** allowing making a choice between several remedies.

**There are some other software's available besides these-**

- 1) Micro path – Micro therapeutics Ltd. England.
  - Homoeoprep. – Boenninghausen technique, Dr. Robert, France.
  - 3) The profile – Dr.J.Vidlard, France.
  - 4) The Samuel – The Co-operative association, Holland.
  - 5) The Lamina – Lamina private Ltd. Australia.
  - 6) Similimum 2000 – kerla.
  - 7) Remedy 2000. — Holistic, India.
  - 8) Jacobs Homoeopathic Prescribe, - useful for prescribing in acute cases.
- HRS – software developed by CIRA.

## **ADVANTAGES AND DISADVANTAGES -**

### **Advantages-**

- 1) You can save a lot of time and concentrate only on the patient and art of Homoeopathy leaving the routine job on the program.
- 2) Process is more enjoyable & more exciting because it saves time of writing out all the rubrics and prints it all out neatly. It is exciting because it allows playing with the information put in-making eliminations, looking at what changes occur when you add or remove symptoms.
- 3) It reduces the manual work.
- 4) Real advantage of a computer Repertory will be to search through the Materia Medica for symptoms not found in the repertory. This process is only possible because of computer.
- 5) Clinical mistakes can be avoided by using this.
- 6) Besides the pure work of repertorization the computer is an excellent tool to collect information and have it ready to display in therapy or teaching. Also it helps to create data banks of cured cases and to be in contact via Homoeo net with Homoeopaths all over the world.
- 7) Different programs have different contents and number of book that helps for ready references.
- 8) Creates impression on patient.

### **Disadvantages-**

- 1) Computer won't accept slightest typing error. It is wrong to judge

that computers will give the answer with minimal efforts.

2) It is not the solution or computer does not solve your problems and find the indicated remedy when your perceiving of the case is wrong.

3) Very costly.

4) Human factor is secondary important so one cannot improve the power of logical thinking.

5) One can not always depends upon machine.

6) For proper case taking and selection of symptoms computer does not help, it is the job of physician at last.



### NOTE FOR HOMOEOPATHIC COMPUTER SOFTWARES

## A Review of Leading Homoeopathic Software's



CARA

CARA

### HOMPATH CLASSIC

**Dr. Jawahar Shah**

**T**oday in India this software has become very popular amongst practitioners. HOMPATH is the software introduced by **Dr. Jawahar Shah, Bombay** and speedily progressed up to the present ver. Classic 8.

This software is available in different versions i.e. Ozone, Academic, Homopath –7<sup>th</sup> ver., 8<sup>th</sup> ver., Classic 8.0 premium collection, Homopath M.D., Homopath Vital, Homopath Lan version and now online Homopath software named **The Docter** <sup>24 x 7</sup> etc. Complete repertory is the main repertory and has modules, Classic, Archive, Homutil, PMS, Treasure, Materia Medica Elite, Materia Medica Live, Homopath organiser etc.

Dr.Jawahar shah is doing a commendable job by introducing facility for translation of rubrics in 20 different languages including Spanish, German etc. apart from about 15 Indian Languages.

At present this software called Hompath classic 8.0 Premium collectin, comes with more than 14 modules & 10 C.D.'s, user's manual, hardware lock.

**14 modules are - Classic, Archives , Homutil , Patient Management, Case Analysis, Links Tresorie, Cure 1, Cure 2, Miasms,Tresorie, Materia Medica Live, Materia Medica Elite, Pharmacy, Hompath Assist,Spider Group etc.**

Classic 8.0 premium collection of the Hompath is most complete software with much more information as compare to any other software available. This contains more than 300 books out of which 29 are Repertories.

This software is more easy to use as compared to others and also more economical. Library of Hompath has Repertories, Clinical books, and Remedy pictures, Materia Medica, Pharmacy, Philosophies, Regional Therapeutics and Therapeutics.

### **Books available -**

### **Repertories available -**

*Complete repertory, Dr.Kent's, Dr, Boenninghuasen's, Dr.Boger's, Dr.Boericke's, Dr.Phatak's, Intermittant fever by Allen, 14 - Special repertoires, Bach Flower, Bio-chemic, Asthma, Obesity, Constipation, Eyes, Nails, Diarrhoea, Vaccination, Suppressions, Dentition, Pneumonia, Piles, Spasms etc.*

### **Classic Module -**

**Classic** - Complete Repertorisation Module. It is a fast and efficient repertorisation module with 29 repertories including complete repertory, Kent, Boericke, Boenninghausen, Clarke, Special repertories, etc.

The unique features of Classic include:

Quick Repertorisation - the instant repertorisation

Converting Materia Medica to repertory, Symptom forwarding, creates customized repertory etc.

Fast, intelligent and powerful search through the entire database of repertories, Materia Medica, books, journal articles, etc.

Large number of smart, intelligent and practical repertorization strategies.  
Remedy analysis by kingdoms and group remedy analysis.

The **Classic version 8.0 - Premium collection** is chiefly a product for the practicing Homoeopath. It contains more than **300 books** covering a wide range of Homoeopathic subjects spread across **1- Lakh pages (1,00,000 pages)**. Different icons present of screen includes-

### **Patient -**

*New patient* - (Ctrl+N) new patients preliminary information recording.

*Select patient*, - (Ctrl+O) from the list of recorded patient and their other record you can select for further work or for modifications.

*Select Physician*, - (Ctrl+H) from list of physician select physician.

*Speed case*, - (F7) if you wish to have a record of speed case with this facility you can record multiple cases.

*Save speed case*, - (Ctrl+S) with this you can save repertorisation charts, rubrics or even new case.

Modify/view patient, case record, follows up, first prescription, print prescription, patient instructions etc.

### **Section & Rubric Selection (Ctrl+R) -**

Selection of repertory and any of its chapter to search and record rubrics. Facilities for open any single chapter, multiple chapters of a single repertory or multiple chapters of multiple repertories to record rubrics for one single case.

### **Select Repertory, Rubric window – Classic 8<sup>th</sup>**



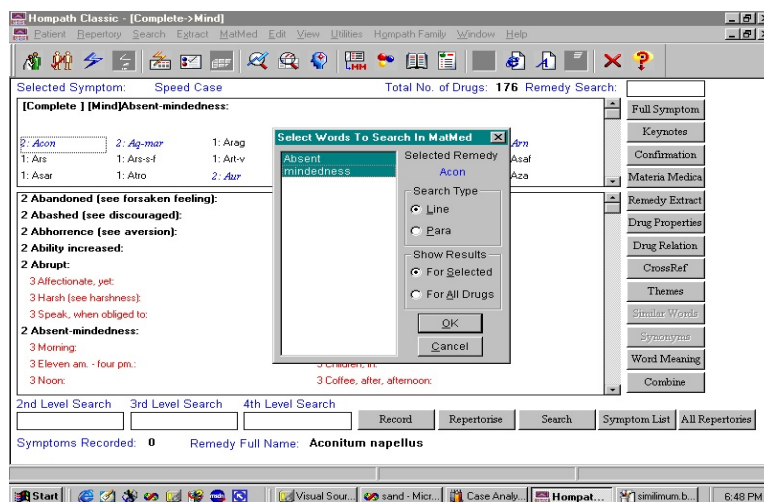
The Repertory screen - Quick search within the repertory to reach to the desired rubrics.

Search within a chapter- search for a specific word or a rubric using internal search especially when you are not sure where the word is within the repertory.

Hidden Utilities- Cross-references & Word meanings, themes to arrive at the right rubric. Delete recorded rubric, Keynotes, drug properties etc.

Record rubrics - facilities for rubrics recording, view and edit recorded symptoms through symptoms list, view repertorization table.

## Repertory Screen –



The screen is split into two parts. At the top, the screen shows the 'full rubric'. Rubrics are displayed in the order- (Repertory) (chapter): (Main



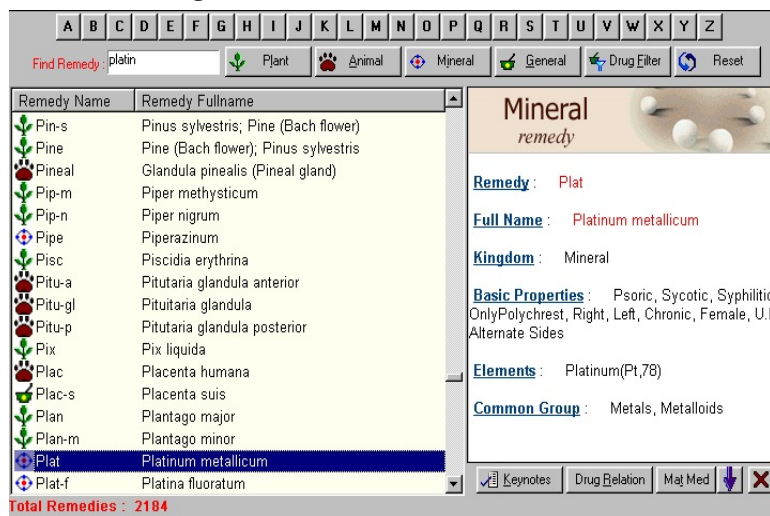
Rubric): (Sub-sub-rubric) etc.

At the bottom boxes are made for search with in the chapter. The initial three-letter search can be used for the main rubric search from within an opened chapter. Search up to 3 and 4th level is provided.

## **Repertorization (F5) –**

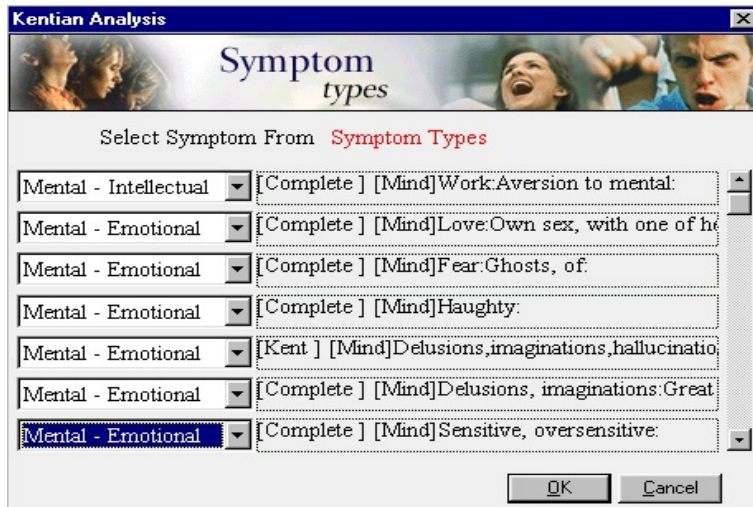
This is a repertorisation module- provides options to view simultaneous repertorisation table; apply Symptom options, remedy options and repertorisation strategies from the same screen. Facility for magnifying repertorisation table to cover the full screen.

Repertorization strategies - Number of repertorization strategies arranged systematically. Starting from common strategies like Drug filter, Weightage method to advanced strategies like ‘Mineral/Animal/Plant filters, Drug mark set to one other classical strategies like Kentian, Boenninghausen and Boger are available in this software.



## **Masters Strategies - True Expert system –**

Classical Homoeopathic repertorization has always been based on the analysis and strategies devised and used by original masters of Homoeopathy. These practical strategies have been incorporated exclusively in Hopath. Before applying the Masters strategies you need to define the type of symptoms you have selected for the analysis.



The repertorization screen hidden utilities to view cross-references of a symptom, print repertory table, Retrieve Previously recorded rubrics, convert repertory to Materia Medica, Graphs, **Instant Repertorisation**, enter the symptoms the way the patient narrates them, avoid searching through repertories.

The repertorization table is divided into two columns. The left column includes the recorded rubrics along with the repertory names abbreviated in the repertorization table. The right column consists of remedies and their levels for each selected rubric. On this screen you will get icons for different clipboards, filters (strategies) a remedies, view drug list, view full screen and many more. On the same screen you get the facility to open Materia Medica, printing of repertorization table, Repertorisation Graphs, Retrieving previously recorded symptoms.

Quik Repertorise of Mrs. Sonia S Mirchandani Reg No. : 7 Visit Date : 27/12/2001

Search Words: Query (Enter Only Main Keywords) Recorded Symptoms

Symptoms

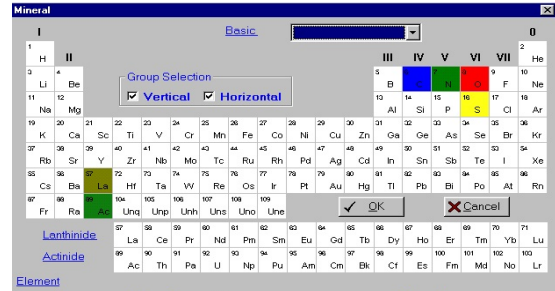
Symptoms	Reme
[Complete] [Mind]Work:Aversion to mental:	247
[Complete] [Mind]Love:Own sex, with one of her, h...	20
[Complete] [Mind]Fear:Ghosts, of:	41
[Complete] [Mind]Haughty:	63

Repertorisation: Normal

ClipBoards: 17 3 7 0 0 0

Symptom Options Remedy Options Norm. Methods Adv. Metho

Remedy Name	Plat	Lyc	Phos	Sulph	Nat-m	Puls	Lach	Calc	Ips	Ans	Sep	Nur
<b>Totality</b>	48	43	42	37	35	35	34	31	30	30	28	25
<b>Symptoms Covered</b>	22	21	21	19	19	16	16	16	16	16	17	14
[C] [Mind]Work:Aversion to mental:	1	2	3	2	2	2	2	2	1	1	2	3
[C] [Mind]Love:Own sex, with one of her, ho	3	1	1	2	1	1	2	1			1	
[C] [Mind]Fear:Ghosts, of:	2	2	2	2	1	2		1		2	1	
[C] [Mind]Haughty:	4	4	1	3	1	1	2	1	1	1	1	1
[KT] [Mind]Delusions, imaginations, hallucinati	2											
[C] [Mind]Delusions, imaginations:Great pers	2	1	1	1			2					
[C] [Mind]Sensitive, oversensitive:	2	3	3	3	3	3	2	2	3	2	2	3
[C] [Mind]Laughing:Tendency:Serious matter	2	1	1	1	2					1		



## Search-

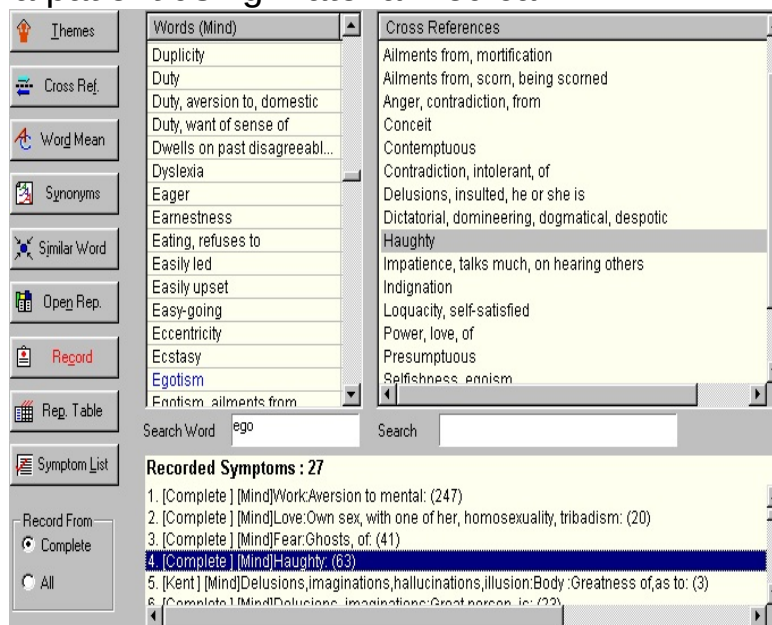
Intelligent Search -Rubric hunting and Recording made simple and easy. Simplified meanings of complex words provided through 'Word Meanings, Improves your knowledge of rubrics, helps you to consider symptoms, which you would have otherwise missed through:

- Cross-references.
- Themes.
- Similar & synonyms.

**Advanced search options** - Normal Essential and Vital words to improve your search criteria ensuring accurate and complete results.

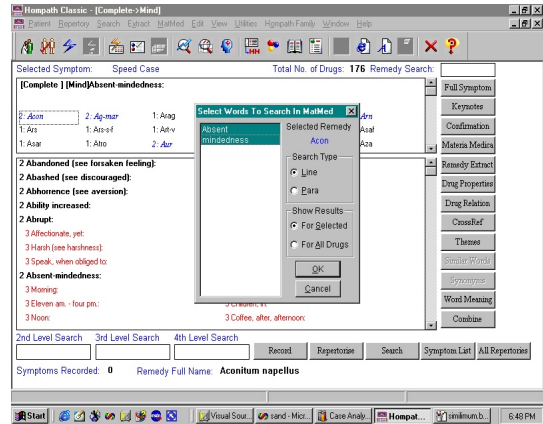
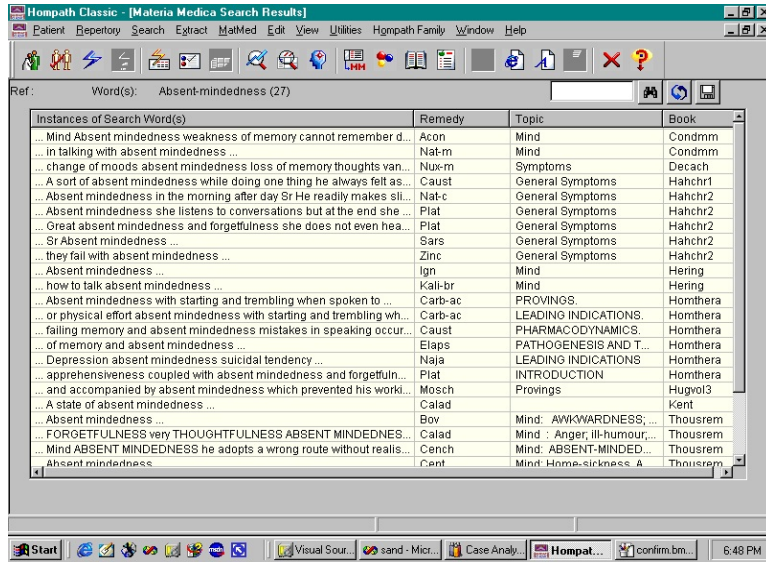
Inclusion of - American / British English, Singular / Plural words in search results thereby not missing out on any results.

**Confirm the symptom** found in repertory with the exact words of a prover or a patient using Materia Medica.

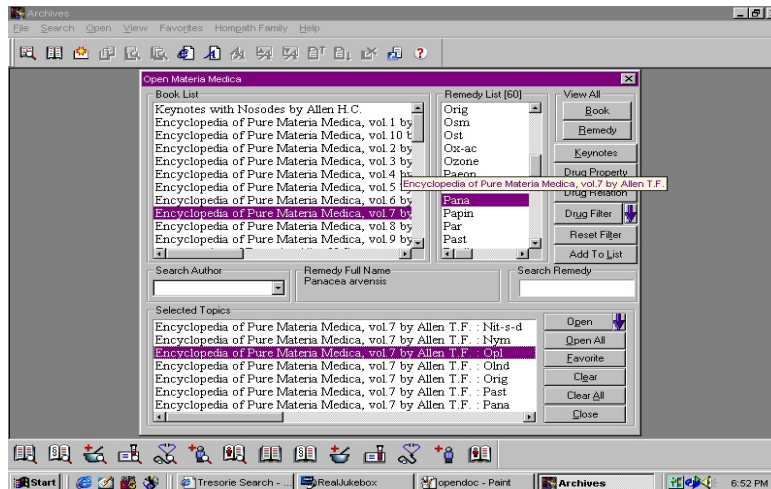


**Customs Repertories. — Cured symptoms Repertory.**

# User Repertory.



**Materia Medica.** - Open Materia Medica, search M.M. favorite Materia Medica.



**F8** – for direct Asses to M.M. or select Materia Medica and choose

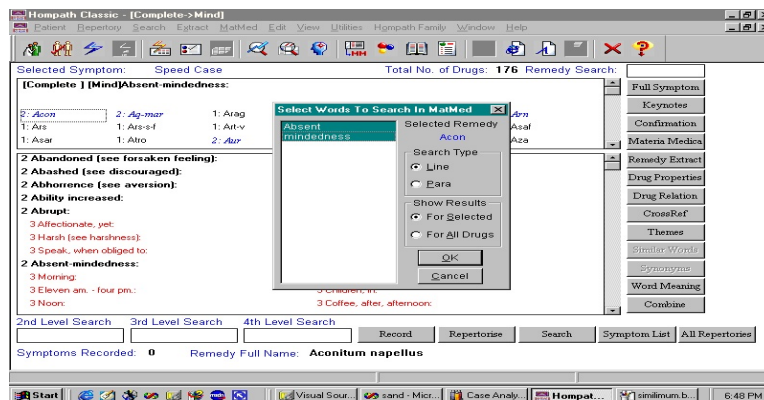
open Materia Medica.

This feature allows opening and reading any remedy from the installed Materia Medica screen shows icons for book/remedy list. Under heading view, all you will get icons for books, remedies, keynotes, Drug property, Drug Relation, Drug Filter, Reset Filter, Search author, selected topics, open, open all, compare remedies etc.

**Search Materia Medica - F6** - Materia Medica search permits more combinations and sheds light on remedies that one could have never thought about. This feature is useful to get more information on a remedy or disease condition, also when reference is required or to create notes. There are options for search query, quick search, and advance search saving the search result as a repertory, drug filter/remedy list.

### **Favorite Materia Medica - (Ctrl + F)**

This feature will include all books and its topics or remedies that you have previously added as favorites. Options are select (which includes the Materia Medica, remedy and author of the book), open (useful to read any remedy), show all (for reset all the topics if you have applied any filter), and View types (options are Text or the HTML), Delete Favorites (This option is useful to remove recorded topics as favorites), Close Favorites (used to exit from the open favorite feature).



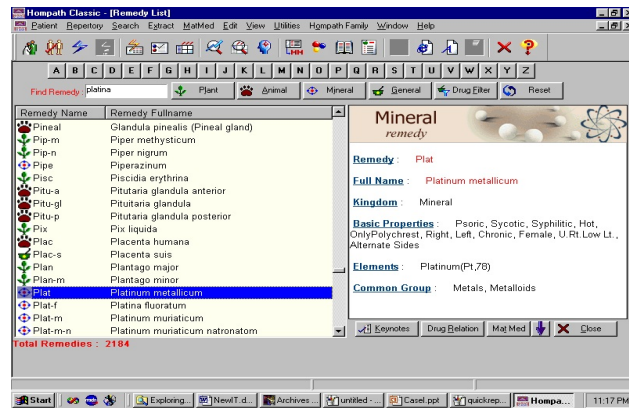
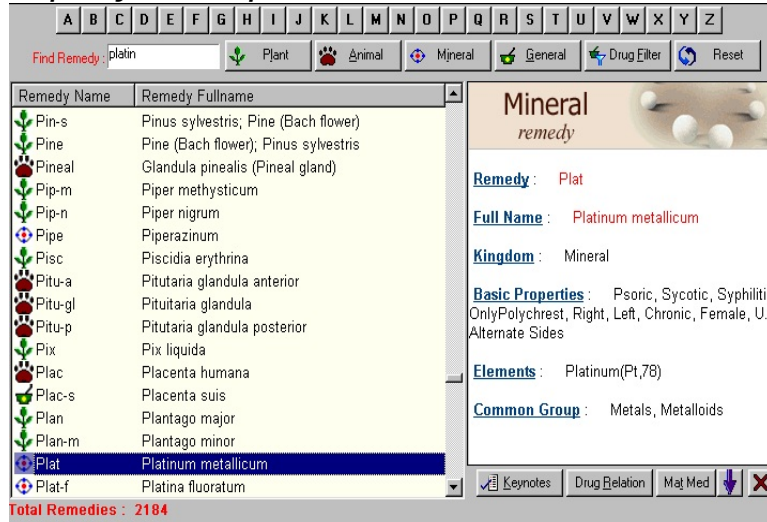
**HTML View** – with this screen there are facilities for Automatic scrolls up or down pages. Also to change the font Size, type and color of the text, search within a reference, **Text view** – Text to speech that is unique feature of this software introduced newly. This feature reads the text into voice.

**View** – Options are full Screen, Graphs, Magnify etc.

**Graphs** – (Ctrl+ G) –

Using this option, repertorization can be viewed and printed in the graphical format.

**Refer to Drug Properties, Relationship anywhere ...magnify or enlarge fonts as per your requirements.**



## Utilities:

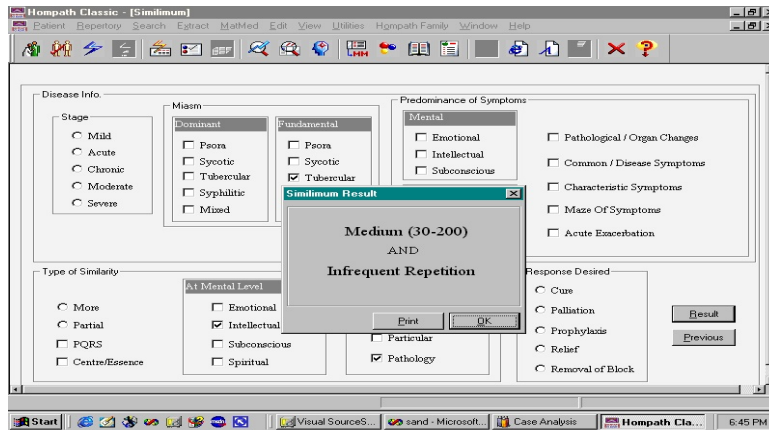
Remedy list (Alt+ U) (L) useful as filter for group wise selection of remedies also facility to obtain information of any remedy using various options like Keynotes, Drug Properties, Drug Relations for the selected remedy.

Remedy editor (ALT+U) (E) for viewing basic properties of the drug right from its basic nature, to its predominant qualities like stage, miasma, sex, thermal modality etc.

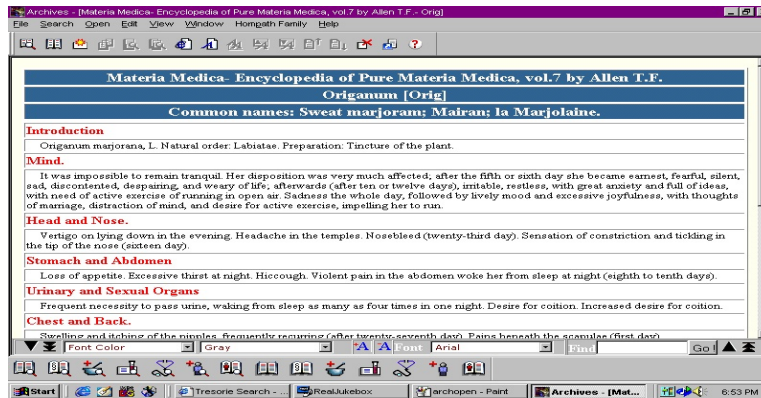
Feedback- (ALT+U) (F)- facility to send feedback/suggestions/queries in a ready made feed back form.

Pack and Go- (ALT+U) (P) - Useful option to pack a case and use it

for presentations or lectures, facility to reduce actual size of matter.  
 Similimum (Alt+ U) (S) - selection of remedy with potency etc.



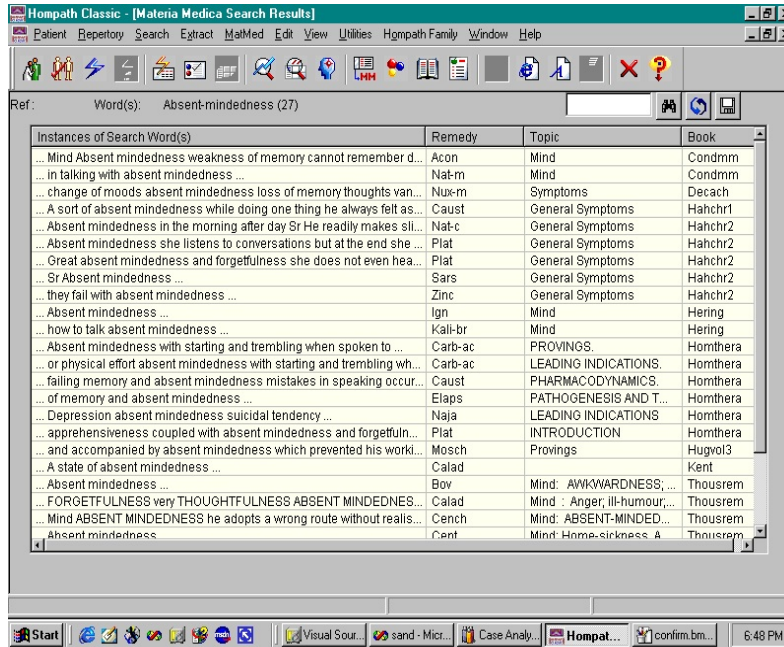
**ARCHIVES MODULE** - The Archive module has a collection of over 270 books on various subjects like Materia Medica, Philosophy, Therapeutics, Regional Therapeutics, Clinical, Drug pictures and Pharmacy. There is facility for searching of any word or combination in a matter of seconds and open the respective occurrences.



Options are Open Archives, Search Archives, and Favorite Archives.

**Open Archives** – This is a large Library; you can read any remedy, topics, read any authored books.

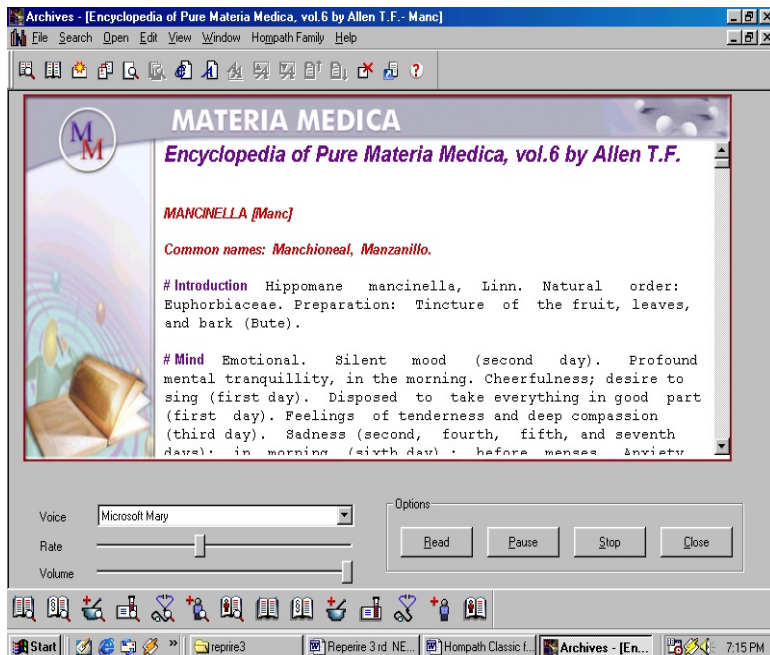
**Search Archives** – options to search for any specific word or combinations of words in all or any of the installed books. For easy search facility for automatic inclusion of singular/pleural, and America/British alternatives of the query word. Search from entire text and remedy from search result.



**Favorite Archives** – This option includes all books and its remedies which you, which are added previously as favorites.

To go to this option from the main menu bar select “Favorites and then choose ‘Open favorites’ the main screen displays the favorites book.

## ARCHIVE WINDOW OF CLASSIC 8<sup>th</sup> ver.



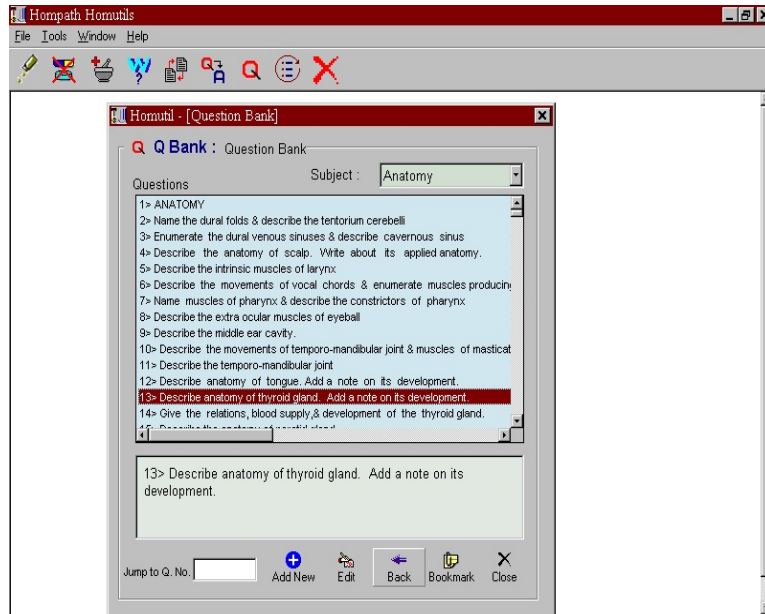
## Open Books -

Open Materia Medica, Open Philosophy, Open Therapeutics, Open





*Question Bank.* - Provides question set on subjects included in the curriculum.



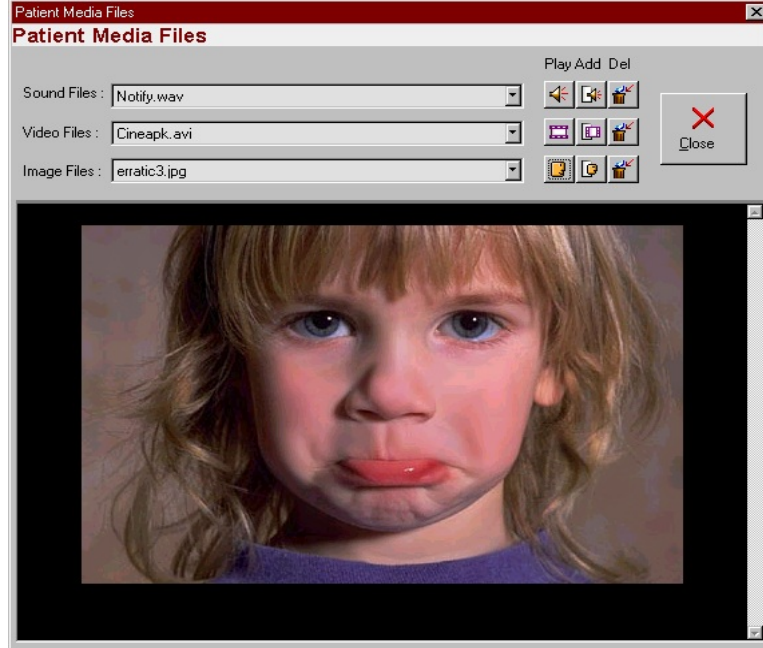
*Group symptoms* - Gives generic information of various group remedies.

8 ver. Of this software is accompanied with PATIENT MANAGEMENT SYSTEM, M.M. LIVE, M.M. ELITE, TRESORIE, LINKS TRESORIE, PHARMACY C.D., and CASES ETC with many new facilities.

## **Patient Management System (PMS) -**

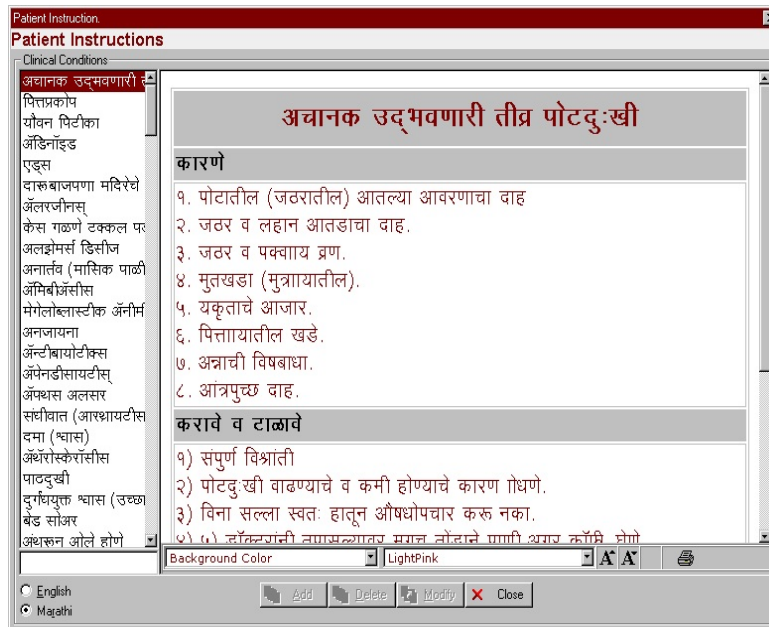
### **Patient's information –**

Provides patients information that allows efficient storage and retrieval of patient's information, personal information, Patients Voice recordings, Video Clips and scanned pictures. Also case recording, full case record, Diagnosis, follow-up etc.



### **Patient Do's and Dont's instructions –**

Prepared notes about instructions to patients regarding his diseases and other majors.



**Physician information** – Password protected storage and retrieval of physician's information to provide security for individual physicians data. Also to record other personal information, set/modify password, General reports information etc.

### **Backup -**

Records of all patients, current patients also options of selected patients, physician's data.

**Restore** – Record of all patients, Current patients,

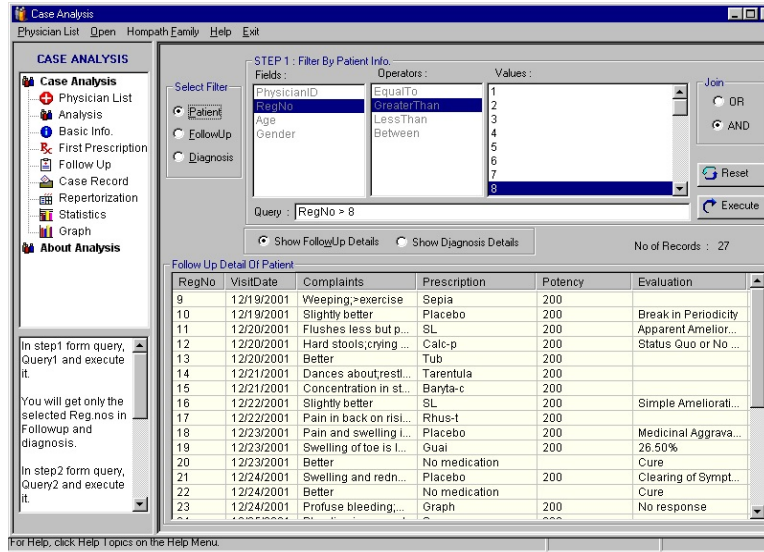
**Auto Backup** - This feature takes a backup of all data periodically at the start of PMS application. The period between auto back up is 24 hours.

**New Reports** – Useful for general report information, prescription, Billing & Receipt, Fitness Certificate, Abroad Certificate, Sickness Certificate, Report to physician, Reference to physician etc.

Also other options for printings of all documents and for easy access to the other modules like Classic, Case Analysis, and Homutils.

## **CASE ANALYSIS** –

*Case analysis* module helps to analyze all the details of your cases including your successes and failures in practice. This option is useful for presentations and lectures as well as for documenting and analyzing cases for enhancing practice. This is directly connected to the follow up and diagnosis from where it can pick up data on the basis of the query defined by you.

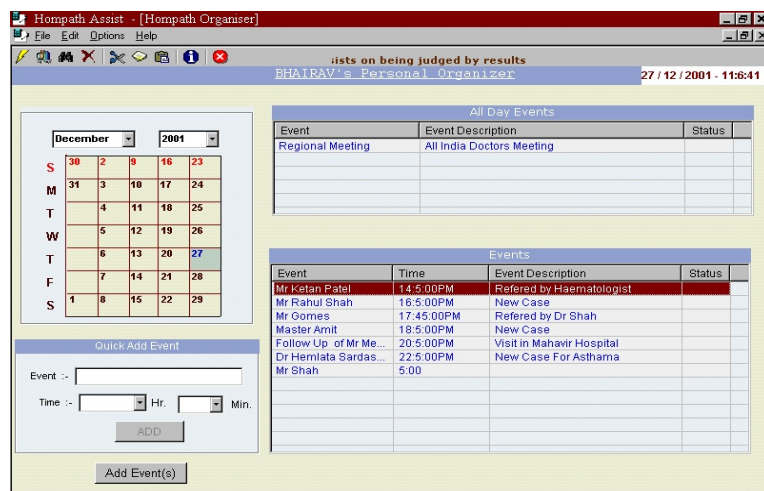


Navigation bar of case analysis module includes following options - Physician info, Analysis, Basic Info, First Prescription, Follow-up, Case Record, Repertorization, Statistics, and Graph. As you click on each of these options, the left lower corner of the main Screen displays step by step help as to how to use each feature.

### HOMPATH ASSIST –

This is another characteristic of this software, which allows the physician to maintain a personalized Journal in the form of HOMPATH ASSIST. There are sub modules like Organiser, Bills 'n' more, Address book.

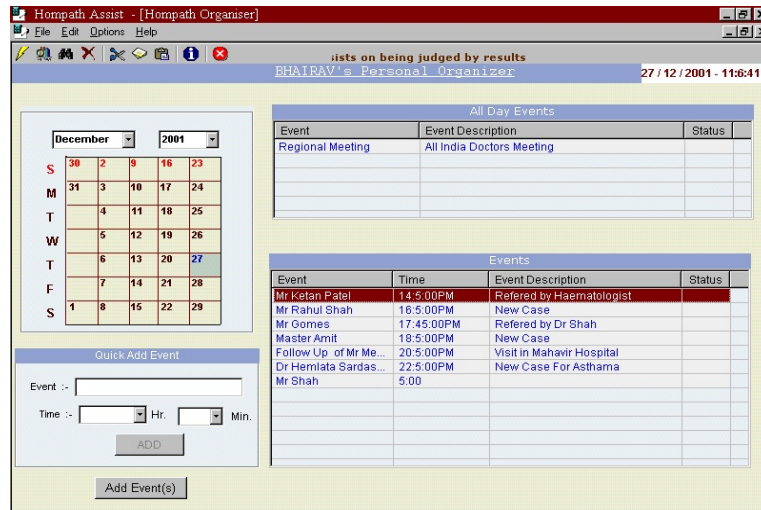
**Organizer** – Useful to maintain record of important visit dates, patient's appointments, other appointment schedules and events.



**Bills 'n' more** - To maintain patient's bills & certificates. All income

and expenses can be maintained through this module.

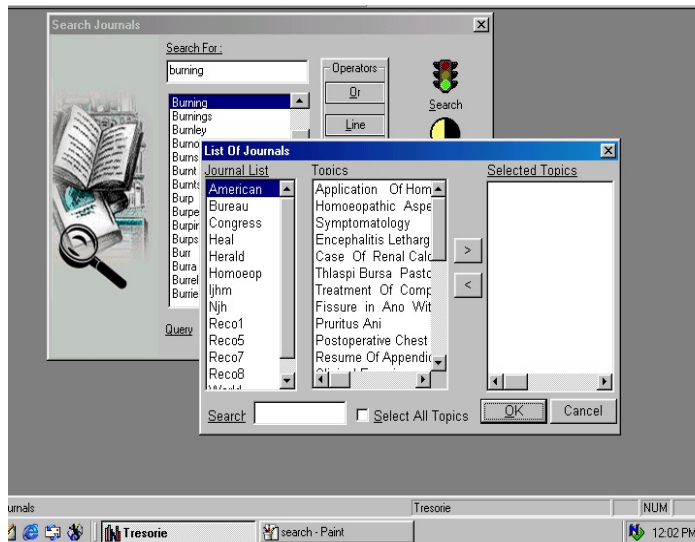
**Address Book** - Maintain all business and personal contacts through the 'address book.



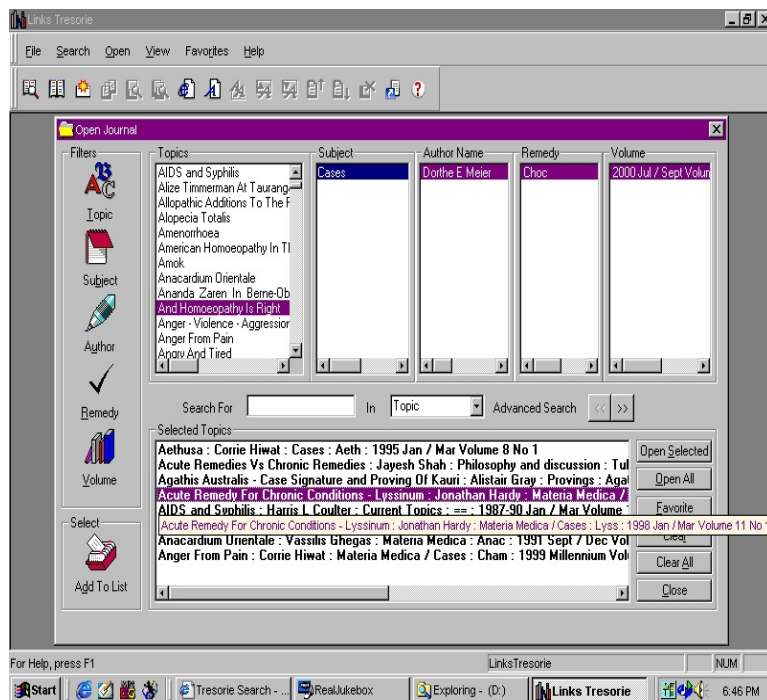
## **TRESORIE –**

This is a separate module with separate C.D. in which you will get compilation of over 5000 articles based on practical, clinical and Homoeopathic experience of many generations of expert homoeopathic practitioners.

Tresorie incorporates articles from the following Journals, - Homoeopathic recorder (Recorder), Homoeopathic world (World), Homoeopathic Herald (Herald), Heal Thyself (Heal Thyself), the Journal of the American institute of Homoeopathy (Homoeopathy), Transactions of world Congress of Homoeopathic physician & Surgeons (Congress) national Journal of Homoeopathy (NJH), Bureau of Homoeopathic (Bureau) etc.

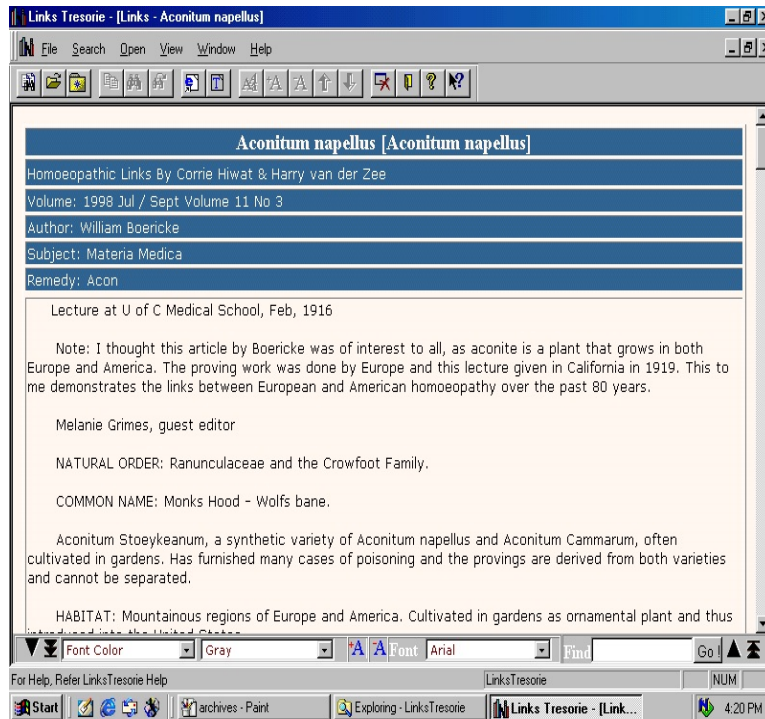


This option allows reading any article from the list and also finding the occurrence of any words within an article. To Access these from main menu select OPEN and then choose JOURNALS. Here you will get options i.e. Topics, Subject, author, remedy, volumes, journals and add to list.



**LINKS TRESORIE** – Links tresorie has over 800 articles based on practical, clinical and Homoeopathic experiences of expert practitioners.

It contains articles from ‘international Homoeopathic Links’ from 1987 to 2000. This module comes with interesting feature like changing of fonts, colour, size etc.



## **MATERIA MEDICA LIVE –**

It is the part of software comes as separate C.D. where 22 remedies come alive. This includes remedies like Agaricus, cannabis Indica, Cannabis Sativa, China Officinalis, Elaterium, Germanium, Moschus, Maganum, Medorrhinum, Niccolum, Oenanthe Crocata, Opium, Palladium, Platina, Selenium, Stramonium, Tarentula Cubensis, Tarentula Hispanica, Tellurium, Vanadium, Veratrum Album, etc.

## **MATERIA MEDICA ELITE -**

Just like *M.M.Live* this is also *Materia Medica* related part of Homopath Classic software contains almost every details of 31 remedies. Data is collected from various authoritative sources and designed in special manner.

Remedies included are – Agnus, Ammonium Mur, Ambra Grisea, Apocyanum, Arsenicum Iod, Anacardium, Alumina, Acetic acid, Agaricus, Bismuth, Bromium, Bovista, Cactus, Cantharis, Conium, Cimicifuga, Camphora, Chelidonium, Cal.ars, Digitalis, Ferrum, Kreosotum, Kali brom, Nat. carb. Nux Mos, Opium, Phosphorus, Petroleum, Platina,



Phytolacca and sepia etc.

**Mineral Remedy**

**Acet-ac**

**Drug Full Name** Aceticum acidum

**Properties** Tubercular, Chilly, Chronic, Rt. to Lt.

**Class Type** Hydrogen(H,1), Carbon(C,6), Oxygen(O,8).

**Common Group** Acids

**Kingdom** Mineral

**ACETIC ACIDUM [Acet-ac]**  
Proved by Dr. Beridge

**Introduction:**

- Acetic acid is a vegetable acid, which is organic in nature. It is prepared from vinegar. It is a remedy used for old, debilitated, dropsical affections with anaemia, weakness and haemorrhagic conditions.
- Debility and weakness is a hallmark of all acids but it is more pronounced in Acetic acid.
- Emaciation, wasting diseases, marasmus, haemorrhages, anaemic, woxy, pale, dropsical.**

**Common Name:**

- Vinegar or Glacial Acetic Acid.

**Family:**

- Organic acid.

**Source:**

- Distilled water is used for attenuation IX and I.
- Very dilute spirit 3x up to 4, Rectified spirit for 5 and higher.

**Sphere of Action:**

- Gastro intestinal tract, Respiratory system, Blood, Urinary Tract.

**Constitution:**

- Suited to pale, lean persons with lax flabby muscles, face pale, woxy (5x) who have indolent habits and suffer from

On screen there are options like, - Drug Property, Drug Pictures, keynotes, presentations, materia Medica, about M.M.elite, credits etc.

**Multilingual emails** – To communicate easily in your own language this module is very useful.

## **CURE 1 -**

CURE 1 is a marvelous presentation of cured cases by our homoeopathic stalwarts plus it also gives the vast knowledge regarding Materia Medica, Philosophy & Pharmacy. An experience unlimited in 1500 power point slides.

## **CURE 2-**

50 plus cured cases on Power point slides for easy understanding for the students / practitioners of Homoeopathy by various doctors, showing their

approach. It creates the interest and confidence in practicing Homoeopath based on guidance given by many leading practitioners.

### **MIASMS –**

Complete and Deeper understanding of Miasms - Psora, Sycosis, Tubercular, Syphilitic Miasms with interesting Cases and practical examples by Dr. Jawahar Shah.

### **PHARMACY –**

40 Chapters of detailed information covering entire syllabus of pharmacy in easy PowerPoint presentation, including **M.C.Qs** for Quick Reference.

### **DIFFERENT VERSIONS-**

**2) Hompath Classic 8.0** - It is loaded with 20 Repertories, 200 + Books. Enrich your practice with instant Repertorisation. Quick search & filtering to a Similimum from 50,000 pages of information

**4 Modules** - Classic, Archives, Homutil, Patient Management.

**3) Hompath Vital** - Most compact & power packed version. Kent, Boericke, Boger, Boenninghausen & Phatak's Repertories. 100 plus books with Complete Search, Repertorisation and Patient Management System.

### **The doctor<sup>24x7</sup> –**

This is most advanced and latest online software from HOmpath family. Acutely this is an online clinic with many facilities of repertorization and prescribing Homoeopathic medicine to any patient from any where in the world and also facility to access your online clinic from any where in the world.

Greatest advantage of this is Your Online Clinic will be global and open for **24 hours 7 days a week and 365 days a year.**

#### **This online software has following features –**

**Multilingual Case Record** – The system gives you a case record, which is truly multilingual. Patient can enter their case in any language that is being supported by the system.

(Gradually the number of languages will keep on increasing)

**Multiple patients** - from various geographical places and countries can access your online patient management utility simultaneously.

**Repertorizations from many Repertories**-You have complete Repertorisation ready on your table.

The Automatic Repertorisation software refers 29 Repertories, selects the best and appropriate rubrics, and Repertories in order of importance viz. Mind, Generalities, Modalities, Desires and Aversions, Physical general, Physical particular, etc.

**Automatic Repertorisation:** - On receiving the Case History, the system automatically Repertorises the case from **29 Repertories** saving up to **85%** of your **time and energy** usually spent on case taking and hunting for rubrics in the Repertories. Only a physician has access to this utility, and not the patients.

Apply various **filters**, Repertorisation strategies and **Masters' expert system** to arrive at a Similimum in no time.

Complete **Keynotes** and **Materia Medica** for your instant reference and to compare and contrast. You need not own any special software and can therefore save on thousands of dollars buying one.

**Easy** online maintenance of **follow-ups**.

**Reminders** and **Alerts** of new patient login, of modifications made by the patients in the case record, follow ups, investigation reports uploaded etc. The Doctor 24 x 7 also has facility to take care of the **Financial Transaction** between your patient and you **from any part of the world and in any currency** and the payment gateway gives you the payment in **your local currency** through your bank. More Convenient options available to Receive Consultation fee.

For Human Care and Cure

For Human Care and Cure

A patient can directly upload the previous or recent **Investigation reports** and **photographs** of affected skin lesions or of alopecia etc. so that you can view, compare the difference before, during and after the treatment.

**Patient instructions** on more than 200 clinical conditions, to educate the patient and help to understand more about his / her disease, the care and precautions to be taken and the do's and don'ts. A collection of precompiled instructions on **Diet and Nutrition** to be followed in various disease conditions, for the benefit of patients.

Besides above there are many more features, which are difficult to list under one heading. In short according to Dr. Jawahar Shah, the right remedy, right potency and right repetition software - *A True similimum software.*

In reality this work is REVOLUTIONARY WORK in the world of Homoeopathy by Dr.Jawahar Shah, Bombay, India.

For Human Care and Cure  
For Human Care and Cure



## **NOTE FOR HOMPATH CLASSIC SOFTWARE**

### **RADAR – A REPERTORY SOFTWARE**

#### **Rapid aid in Direct Access to Repertorization**

**B**ooklet on RADAR gives long form as, **Rapid Aid to Drug Aimed Research.**

Archibel, Belgium develops this program. The data is almost about 1.5 GB. The most reliable and updated repertory “Synthesis 9” is the basic content of this software. Before that, program was having Synthesis 8, Kent's, synthetic (Barthel & Klunker's) as well as the Materia Medica like Materia Medica Pura, Allen's, Herring's, Clark's. Synthesis 9 contains more than 30,0,000 additions as opposed to the previous version 8. Synthesis 9 is a voluminous Homoeopathic repertory containing more than 1 million rubrics. The most recent version of the Repertorium Universale is now also available in RADAR 9 Homoeopathic software etc. First this programme was included with hardware of IBM. Now a days this software is available in following packages, - RADAR Professional with 171 books 10 techniques of analysis, RADAR plus with 75 books, RADAR Apex with 681 books & 10 tech.

In this software there are 9 different case taking methods through Synthesis Repertory.

#### **This software has different parts as follows: -**

**RADAR** (Repertorization)

**Encyclopedia Homoeopathica** – Reference Library.

**Win chip** – Patient Management Program.

Latest version of RADAR i.e. 9 is most unique, scientific and user friendly. In the Indian sub-continent, the responsibility of serving this software is given to B. Jain Group of New Delhi.

Though many features are common to both RADAR & MAC repertory, there are differences on the part of philosophy. RADAR uses VES

(Vithoukas Expert system) for analysis while MAC repertory is designed to present user with a variety of ways to think about the case.

RADAR 10 is soon going to arrive in the Homoeopathic market with some additional features.

### **Books available –**

Synthesis is the repertory available for RADAR. The latest version of this software gives synthesis 9, which is the expert repertory system. This repertory is prepared by Dr. Fredrick Schroyens and has taken the experience and efforts of more than 3,000 famous experts from the field of Homoeopathy.

RADAR offers Synthesis in several European languages. Currently available are English, French, German, Italian, Dutch, Spanish and Portuguese. You can even display the Repertory information in two of those languages simultaneously if you order for a bilingual version of the repertory. Murphy's, Kent, Boenninghausen's Therapeutic Pocket book, Boenninghausen's repertory of the Antipsoric remedies, Boger-Boenninghausen's repertory. Boenninghausen Systematic Alphabetic repertory, are other important repertories available with RADAR.

9<sup>th</sup> ver. of synthesis repertory 3,00,000 new remedy references, **more than one million** rubrics, **14,000** cross-references and **8,000** synonyms. More than **7,000** new symptoms from Vithoukas clinical practice. Farokh Master's clinical bedside tips, over **10,000** symptoms from the works of Jan Scholtan. Also new information from **Andre Saine** (Canada) more than 3200 clinical information. **W.Boericke** Materia Medica symptoms from the discription of the characterisitic of the mind section. **Julion** Materia Medica of the nosodes, **Master Farokh** clinical observation of children's remedies (More than 10,600 addition).

Additions of three new chapters - Outer neck and throat, Urinary organs, Genitalia and sexuality.

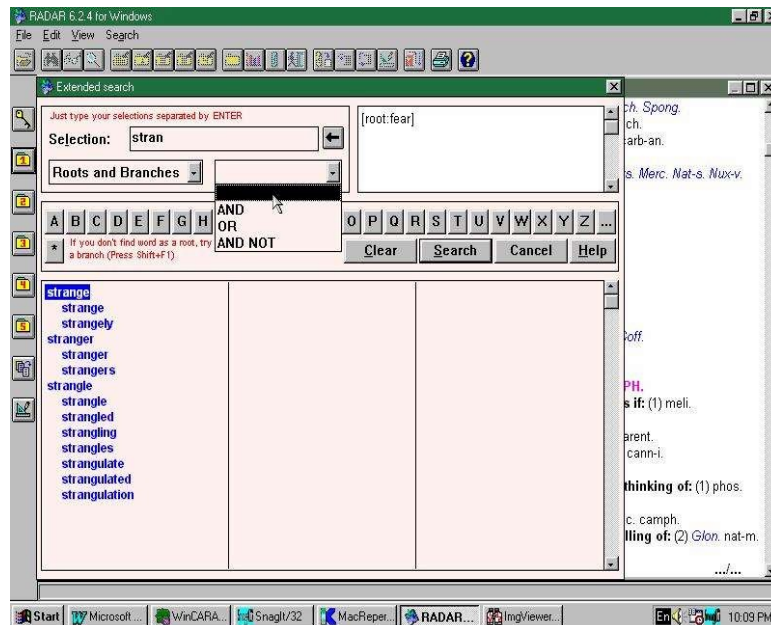
All symptoms from Roger Morrison's Desktop Guide have been integrated more than 7,000 new symptoms from Vithoukas clinical practices are included. Also 500 remedies have been expanded to contain 50% more information than in synthesis 8. While upgrading this repertory work of Farokh Master, Margaret Tyler, Jhon Stephenson, P.Salatin, Jan Scholtan, and Jeremy Sherr etc. are considered.

This software gives you number of Materia Medicas for the comparisons after repertorization. The RADAR keynotes are short and with concise description of remedies sometimes lacking detail.

Besides common Materia Medicas here there is worlds largest, most reliable and structured Multilingual Homoeopathic Reference Library- currently 7 languages called ENCYCLOPEADIA HOMOEOPATHICA (EH). Version 2.1 of Encyclopedia Homoeopathica is available as a free Web Update. This sensational part of the software is the first Materia Medica program that helps the beginner to study and to cross reference volumes of Homoeopathic literature. It also assists the busy practitioner in analyzing difficult cases and naturally supports the most detailed scientific research. *(Other details of EH are separately listed.) It is difficult to list all of the books available in EH programme of RADAR.*

## **Searching for rubrics –**

Once you decide on a repertory, the next task is to find the appropriate rubrics for your case. Without the help of a computer you have to know your repertory well.



When you start up RADAR, you are welcomed by a Screen, which looks deceptively similar to your Synthesis repertory – the book version.

This view is highly customizable with colors number of columns, authors, rubric size and more all displayed to suit your taste. Want to follow a cross-reference? Just double click on it and you are there. Help finding a rubric is also available.

This shot shows the Extended Search feature. This is called the fastest “search Engine,” You can search for any remedy, word, rubric or chapter in very short time. You can have RADAR take what you typed literally or interpret it as a root to a collection of related words. Different words (or roots) can be connected by "AND", "OR", "AND NOT" to construct more complex searches. RADAR has added cross-references, where you can easily jump to that rubric by just double clicking the cross-references. As you find the rubrics for your case, you collect them into clipboards. RADAR provides ten clipboards, which can be used together or individually. Each clipboard holds a set of rubrics, which can be analyzed separately later on. Use one for acute symptoms, another for chronic symptoms, apply miasmatic division, or sort out mental, general and local symptoms. Then analyze them separately or as a combined totality.

There is, however, one area of RADAR, which deserves special mention. It doesn't have a direct counterpart in the other programmes, that's why discussed it separately. RADAR allows the user to search for rubrics by specifying or searching for a concept. Two different collections of concepts are offered, one is the "RADAR concepts" and the other one is based on Fonseca and Hyltons Semi logical Guide.

The RADAR concepts are essentially just the familiar allopathic diagnostic disease labels grouped by organ system. You can browse them in a format very similar to the familiar repertory book layout. Double clicking on the 📄 icon following a listing will let you see a brief textual description or definition of the term. The 📄 icon gives you instant access to a list of specific rubrics describing the general complaint.

Fonseca and Hyltons Semi logical Guide leads you to a set of specific rubrics, starting with very general concepts becoming ever more specific. In essence this is a powerful tool, which helps you translate the patients language and your own observations into Repertory language. Double clicking on the 💡 icon zaps you to the corresponding rubric in the repertory. Of all additions to RADAR this is the most useful one, appealing to the student as to the experienced prescriber. The rubrics suggested by the guide include of course the more obvious choices but make also use of lateral thinking and creative interpretation of the repertory.

**Case analysis –**

The Vithoukas Expert System was created in collaboration with world-renowned master Homoeopath, George Vithoukas. VES duplicates his unique thought process in symptom analysis and remedy selection, working with the Synthesis repertory in RADAR.

RADAR gives you a set of basic strategies, which you can mix in different proportions by dragging sliders denoting their weight in the final analysis. A much-advertised feature of RADAR is its "**Vithoukas Expert System**" (**VES**), which supposedly is tailored to the thought process of George Vithoukas. You can easily select the VES option from the analysis screen and then get assistance from George's "spirit".

VES uses all the principles and understanding that George uses himself, and it does so every second case the System is computing. But even more-the computer never gets tired of starting over and over again, and always maintains the same, total precision.

The System is so powerful that George Vithoukas uses it himself. By employing this invaluable tool, his own success in prescribing has increased from the 80% level to an astounding 90%-95%.

The assistance takes the form of showing you the leading remedy as well as other remedies you should consider and ask questions. In a separate window VES shows you how it rates different remedies in the case. Proper underlining is essential for this to work, and VES will not hesitate to tell you about shortcomings in your symptom selection. The VES considers all the rules that an expert Homoeopath uses, in a most balanced way, without the fear of omitting even a single possibility.

As a general rule, VES considers mind symptoms to be more important than local ones. The system also points out small remedies when they are well indicated or suggests the reading of the Materia Medica when it may be relevant for final decision. RADAR gives you the option of limiting repertorization to select remedies and groupings (e.g., miasms, natural families, chemical composition, etc.) RADAR software also gives option of analyzing a same case through various repertory views in order to confirm the best-extracted remedies. The VES pre-select the particular symptoms, by using all the symptoms and selecting the most appropriate rubrics. Every time you add the new symptoms, VES re-evaluates the whole case and gives you a full, completely new analysis. An Expert system is a set of rules that reproduces the thinking



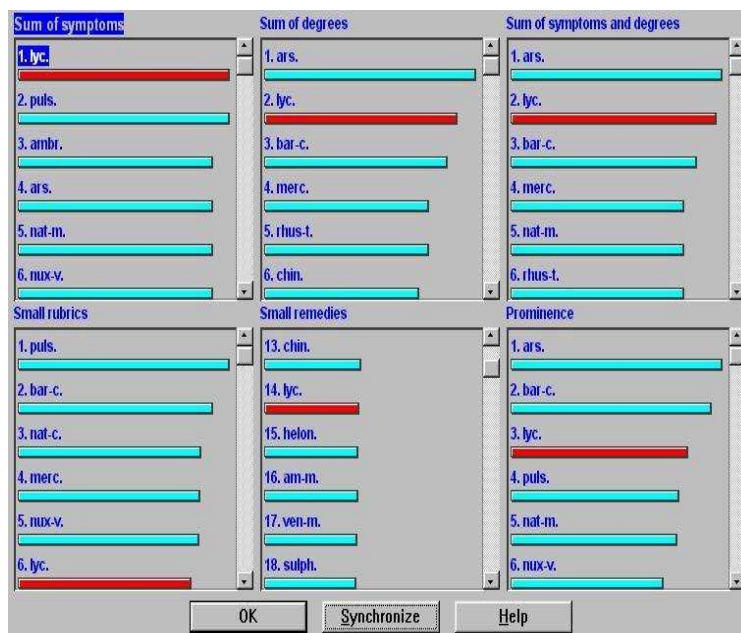
of an expert in a given field. It not only recalls data with 100% accuracy, it also processes and evaluates that data according to the methods of the expert.

### **Analysis by family of Remedies –**

You can do the analysis of every case by choosing a particular family of remedies. RADAR has the facility of analyzing the case by different approaches. You can make a case analysis and show the position of the chosen family in that analysis.

You can give greater importance to particular families in your analysis.

**Graphical analysis** is another method of analysis provided in RADAR. In order to select proper remedy this analysis strategy is very useful. Through this, one can see the position of various remedies fewer than six types of analysis strategies before finally selecting the similitimum.



### **Concepts and Themes** (New way to access symptoms) –

This is one of the important parts of the software. A concept is any given idea vague or precise abstract or concrete which you may get while listening to the patients. It is linked to a number of rubrics that express the concept. These rubrics are probably scattered throughout the repertory in different chapters, using different words different leading keywords etc.

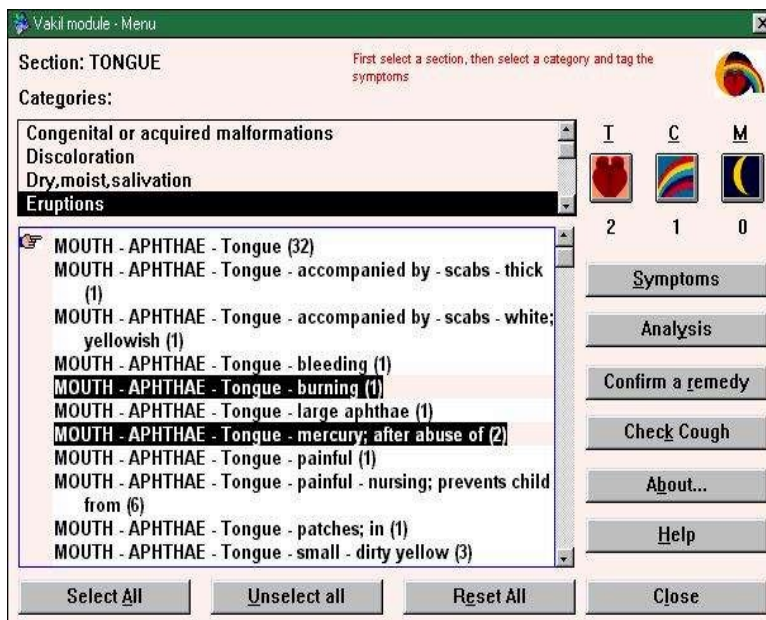
Translate the language of your patient into the language of the

repertory. RADAR's concept is a unique tool. Spider web like of information connects rubrics based on themes or concepts. Now one can find the rubric that truly matches your patient's condition or be directed toward rubrics you never knew existed. Concepts sets RADAR apart from any other. There are numerous books available for Concepts. Each book groups symptoms by different ideas or themes. One can find every rubric of chronic and acute disease conditions, which in the past may have taken many hours or even days to locate.

E.g.- If you want to have the list of factors responsible for the causation of the disease acne, then you can easily have it within a few seconds. All the factors related to the causation of acnes are listed at a time.

Another special feature of RADAR is VAKIL MODULE & HERSCUE MODULE.

**VAKIL MODULE** – it is an ideal tool for resolution of different cases. This program is the contribution of Late Dr.Prakash Vakil from MUMBAI. A system, which is based on teaching of Hahnemann. The Vakil module assists the Homoeopath to confirm and differentiate remedies based on three particular symptoms viz., the patients Tongue, patient's preference for any particular color and the phases of the moon.



So it helps to find the right remedy and also to confirm a given remedy. To differentiate between two closely related remedies, the **live sounds sample of cough** integrated into VACS helps the Homoeopaths in comparing and confirming a remedy. Various pictures of the tongue

have been added into this program so that you can easily judge the most prominent remedy after matching it with the tongue of the patient.

### **HERSCUE MODULE BY PAUL HERSCUE, USA -**

This module brings order to your patient's symptoms. Paul Herscucue assists the Homoeopath, via messages and suggestions to arrange the patient's symptoms into the circle of basic ideas. This analysis shows the remedies most prominently present in all basic ideas and is therefore most relevant to the patient's case. **A multimedia option is** one of the important features of this software. In this facility you have the option of seeing various disease photographs and even listen to the sound clips of a number of diseases like cough and respiratory sounds of the patient. Here there are lectures of worlds famous Homoeopaths on different remedies with picture clips. Paul Hersecue Module brings about following functions.

- It brings organization to your case taking.

- Dramatically increase your success in prescribing.

- Learn Materia Medica in 10% of the time it normally takes

- Develop a dynamic new understanding of your patients.

- Understand the underlying pattern or totality of the case's symptoms.

**Comparison of remedies** - RADAR has the facility for quick remedy search. Extract more than 11000 symptoms from the synthesis repertory in very short time. With this facility you can compare up to ten remedies at a time. Search through any part of the multiple parts of the repertory. E.g find all delusion and dreams of the Natrum salts in one. Limitations on rubric size, remedy degree, numbers of other remedies present with the same or higher degrees etc. are all possible. One can extract the list of symptoms of a remedy. E.g., the list of symptoms of Phosphorus can be extracted from the repertory.

### **ENCYCLOPEADIA HOMOEOPATHICA -**

Version 2.1 of Encyclopaedia Homoeopathica is updated in EH this part of the software is the Materia Medica program that helps the beginner study and cross-reference volumes of the Homoeopathic literature. This part is also useful for analyzing difficult cases.

This is the largest multilingual homoeopathic reference library, now available in 7 languages.

There are 390 volumes in English- a comprehensive library of rare and modern literature of all gunning Homoeopaths. Almost 2,00,000 pages of books & journals. Integration between repertory and Materia Medica. Even you can Repertories directly in the Materia Medica.this part has ability to search for remedies cases and pathologies. There are many cases of a particular remedy from current and classical literature. EH is a huge library, which contains number of books up to the recent volumes of Materia Medica Viva by G.Vithoukas. Search facility is useful for searching through thousands of pages of Materia Medica, therapeutics, Homoeopathic philosophy, journals and cured cases.

### **Silent features of EH -**

More than 681 Titles

Unique Features of Encyclopaedia Homoeopathica-

-Search time reduced to the minimum.

-Vastly Improved Search Capabilities.

-Surpassing Word-Based Searches.

-A truly Comprehensive Library.

-Scientific Searches.

- Great Flexibility.

It contains more than 681 titles- A comprehensive library of classic and modern literature, including the work of George Vithoukas, Jan Scholtaen, Alphonse Geukens, France Vermeulen, Fedrik Schroyens, Roger Morrison, Nancy Herrick, Rajan Sankaran, Bill Gray, Jonathan Shore, Robin Murphy, Ananda Zaren and Lou Klein.

More than 2,00,000 pages of Homoeopathic literature.

Contains the complet contents of each book and journal-browse as if you were reading the original work.

Quickly search for any work, combination of words or phrases.

Integration between Rerpertory and Materia Medica

Limit analysis to a particular Family grouping

Repertorize directly in Materia Medica

New revolutionized graphic interface.

Ability to search for remedies, cases, pathologies, therapeutics, journals and philosophy.

Advanced Multimedia Capabilities.

Offers the ability to limit repertorization to any selection of books.

Extract multiple cases of a particular remedy from current and classical literature.

Work with E.H as you do with your books: place bookmarks, add notes, or highlight certain passages.

### **WINCHIP –**

WinCHIP, another unique feature of RADAR is a revolutionary tool among Homoeopathic software programmes. This powerful patient database program helps you keep track of your patients, attach important personal information, consultations, posology, remedy reactions, repertorizations, etc. It will even print the bills.

It is also a powerful research tool that allows the practitioner to extract information based on a number of criteria or parameters.

Windows computerized Homoeopathic information tool that supports your Homoeopathic work with valuable and instructive information about the patient. Every information related to patient you could be able to feed with the help of this system. WinChip is easy to use and record information in the table provided, in the event of consultations over the phone, the clinical details of the patients can be quickly accessed. So in short Win chip is the complete management of the patient.

### **RADAR 10:**

With the evolution of concepts software like RADAR is coming soon in next version that is RADAR 10. I expect that with the publication of this edition RADAR 10 is in your service.

Features - in RADAR 10 over 6000 new concepts are introduced which include invaluable new concepts on women, old people, children, Mental Health and Animals - 5 chapters, 6146 new concepts, new 17 chapters with 10,268 concepts from Alzheimer's disease to Yawning.

### **Following are few new concepts with RADAR 10 -**

**Luc De Schepper Module** – Use your patient's core delusion to find the remedy.

**Rajan Sankarn's** new Miasmatic database.

**Giampietro's Miasmatic** analysis module.

**Ewald Stoteler Module**-useful to classify diseases according to Hahnemann's concept.

**Jeremy Sherr Case Taker**- revolutionary classification of case. RADAR also allows adding multi-media files to rubrics to understand the rubrics better. These include video clips, photos, and sound files.

**RADAR keyboard shortcuts chart for reference –**

<b>Key used</b>	<b>Functions</b>
F1	Gives help on the current window or dialog box. if there is a help button in the current window the function is similar to pressing F1.
F2	Opens the select chapter window. This allows you to select the chapter in which you may search for symptoms.
F3	Opens the select symptoms window. This allows you to find a symptom in the repertory from the current symptoms or chapter.
F4	Open the extended search window. You can define the word or phrase for which you are searching.
F5	Opens the comparative extraction window. You can choose remedies, search areas and search modes to perform a comparative extraction between and within

	remedies.
F6	Opens the take options window, you may set the criteria for a symptoms before taking it into clipboard.
Ctrl+F6	Switch to the next window in RADAR
Ctrl+shift+F6	Switch to the previous window in RADAR
F7	Opens the symptoms clipboard window. You can examine the symptoms in the list.
F8	Performs
F9	Opens win Chip.



## **CARA HOMOEOPATHIC SOFTWARE**

### **Computer Assisted Repertorial Analysis.**

**Miccant**, UK developed it. (**Now ISIS - INSPIRATIONAL SOFTWARE**) It contains about 65 books with 15 optional repertories like Murphy's repertory combine repertory and Audio Materia Medica of about 100 remedies as a unique of CARA. For the development of this program David Witko, Royal London Homoeopathic Hospital worked and first released as a product in 1988. Accompanied with **Case tracker 2000** for recording of the cases.

This software is available in following version i.e. CARA lite, CARA standard, CARA professional.

### **Books Available –**

**CARA** contains a comprehensive database of repertories and rubrics for you to use, which is continually being expanded. A unique electronic repertory called the "**Combined Repertory**" is one of the

primary sources of information in the program.

The Combined repertory was originally based on Kent's repertory but has been considerably expanded and now contains thousands of additions. Many of these additions have been taken from the same sources used in the Synthetic repertory and significantly expand the Mentals, Generals, Sleep, Dreams and Sexual rubrics. The Combined repertory retains the same schema of chapters and rubric layout as the original Kent's repertory.

Also included in the Combined repertory are all of the additions to Kent suggested by Vithoukas. Also incorporated the provings of Scorpion, Hydrogen and Chocolate made by the Dynamis School. The recognized additions for Carcinodin are also included. All in all CARA's Combined repertory provides a comprehensive source of rubrics and remedies for you to work with. To further enhance the database CARA also contains **Boericke's** repertory and **Phatak's** repertory both of which contain valuable information.

CARA provides the Combined repertory, Boericke's repertory, Phatak's repertory, Boericke's Materia Medica, Phatak's Materia Medica, Kent's Lectures and Allen's Keynotes all as standard.

Available as an option is Robin Murphy's Homeopathic Medical repertory. This work considerably expands Kent by including additions from such sources as Kunzli, Knerr and of course Robin himself. Old terminology has been replaced with modern terms and expressions. Valuable new chapters are introduced such as Children, Diseases, Environment and Toxicology. Also available is the world's best repertory COMPLETE REPERTORY ver 4.5.

Now a days CARA software has options of books, it means with additional price they use to provide following books – Complete repertory, Dr.Rajan sankaran's books-soul of remedies, Provings, Spirit, Substance and elements, Vermeulens three books - Synoptic1, Synoptic2 and Concordant. Scholtens books, Homoeopathy and minerals, elements of Homoeopathy, Robin Murphy's Lotus of M.M., J. Mirilli's Thematic Materia Medica, Jeremy's Dynamic proving and Dynamics of proving etc.

### **Finding those Rubrics -**

You know how it is. The rubric you are looking for is in there



somewhere! The only question is.... where was it? Was it in the Generals or the Stomach? Did you see it in Boericke or was it in Murphy? *CARA* to the rescue!

A superior feature of *CARA* not found in other programs is that you can tell it to search **all of the repertories at the same time** (other programs make you choose a book to work with). This is called **easy Search**. All you have to do is type in a word or two and **CARA** will do the rest. **Every book and chapter and rubric is searched all in just a few seconds**. Quicker than you could open one printed book to a chapter.

### **Intuitive Book Tabs -**

As you will be working with several books **CARA** provides an intuitive way of moving between them - 'book tabs'. Across the top of the rubrics a series of book tabs are displayed for all of the Repertories and Materia medicas in the system.

When you want reference of different book all you do is click the mouse on a booktab and *CARA* takes you straight to it. This unique feature of **CARA** makes everything so easy.

### **Cross - References & Synonyms –**

It is a real useful feature of *CARA*. It contains 16836 cross references, Auto functioning of cross – references. Also English & American spelling differences are overcome. Following case will explain this function; a patient comes to you with chronic cough, weight loss. You suspect Tuberculosis and on investigation of X-ray chest you confirm the diagnosis as tuberculosis of chest. After taking his complete history, you want to locate this rubric- tuberculosis of chest. How will you find this? Unless you have in depth study of all the repertories, finding this rubric will be difficult. If you study various repertories then you will find each repertory has mentioned different word for tuberculosis.

*Kent repertory* - Phthisis pulmonalis.

*Boericke repertory* - Tuberculosis- Phthisis pulmonalis.

*Phatak* - Consumption.

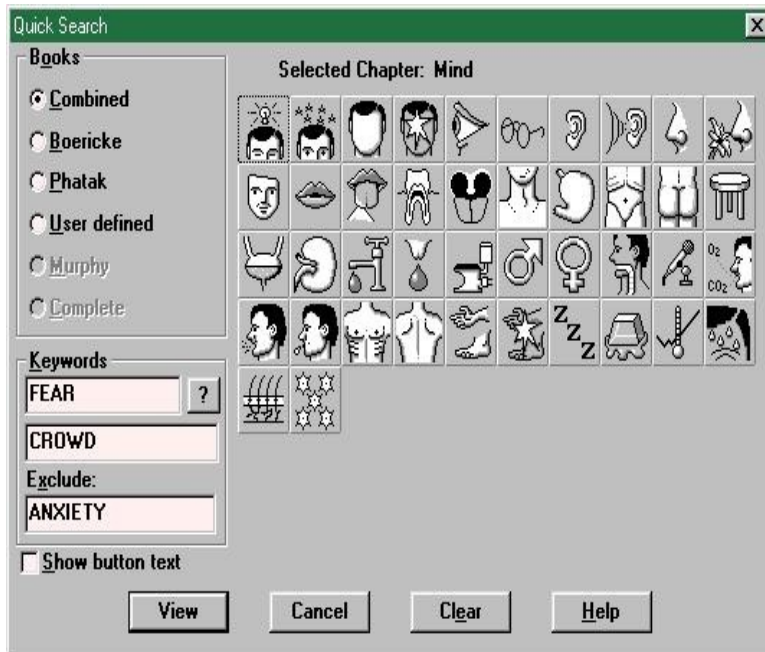
*Murphy* - Tuberculosis.

*Complete* – Tuberculosis.

*CARA* will come to your rescue in such situation.

## Search rubric -

CARA has the ability to search for rubrics in all installed repertoires simultaneously. This facility is useful to a physician who has little knowledge of plan or structure of repertoire. As there are many repertoires available through this search you can get the knowledge of rubrics available in all of this at a time. All book searches help you to overcome limitations of a repertoire to your advantage. This facility is introduced in this software by considering the problem of locating rubric especially in Complete repertoire. The construction of Complete repertoire is some what changed, then Kents repertoire and the physicians who are familiar with the plan of Kent's repertoire they faced the problem of hunting of rubric directly from the section. So for easy hunting global search technique is introduced. Now this technique is common in many types of software.



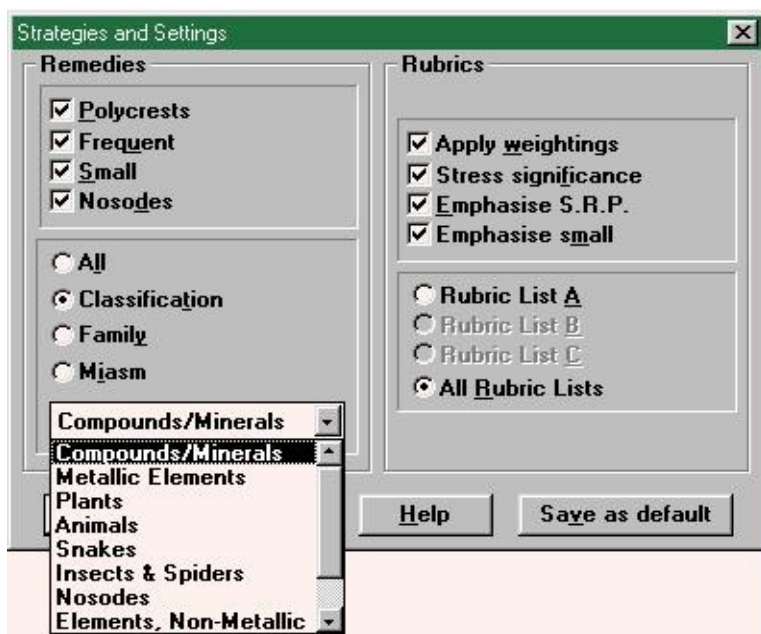
## Thematic search -

Finding exact rubric relevant to theme of the patient. The concept of Homoeopathic prescribing not only collecting patients symptoms, repertorization and giving the remedy showing maximum score but we must always look behind what the patient says. We try to understand the state, understand the basic feeling, the basic delusions. This has lead to interpreting rubrics in more general terms. Whenever you come to a particular theme in a case and the theme is quite significant, try to search the rubrics through thematic search and select a rubric that is very similar

to expression of the patient.

## **Case analysis –**

In CARA case analysis strategy is different than other softwares. The right hand side is labeled "Rubrics" and allows you to select the appropriate combination of strategies for your case. The four choices represent the four simple strategies that are based on underlining, prominence of a particular remedy in a rubric, rubric size, and frequency of the remedy (i.e. how well is the remedy represented in the repertory). CARA sports a so-called "expert system". If you feel so inclined, you can change this mix to adapt it to your specific needs.



Apart from the strategy, CARA allows you to consider only certain classes of remedies in the analysis. The selections are made on the left of the screen. As the check boxes near the top display you can include remedies based on their frequency (polychrest, frequent, small and whether they are nosodes.) Further down you can define the remedies you would like to consider for the case according to their natural classification (as shown by the drop down menu) by their chemical family or their relationship to a miasm. CARA's feature set of analysis strategies and options are sufficient in many circumstances. One in CARA is simply a fixed analysis strategy, which has been honed on a large number of

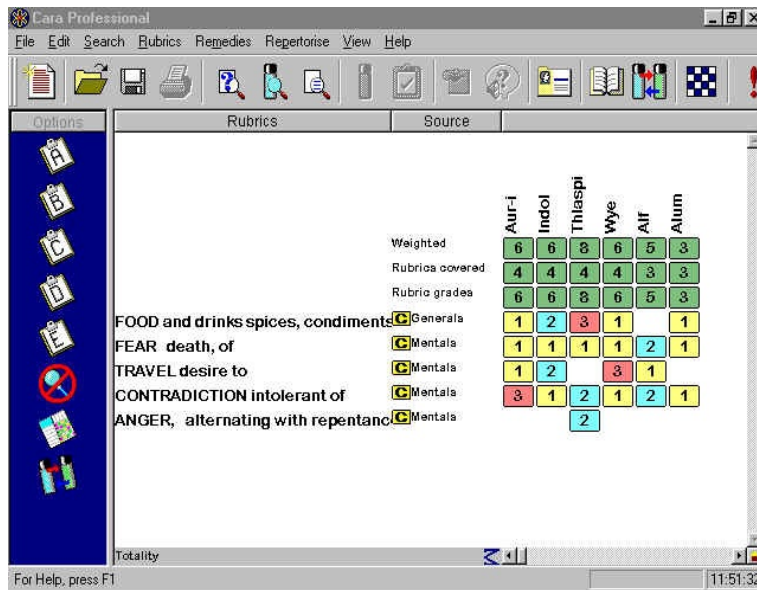
cases.

## **Presentation of the Repertorization –**

**CARA** offers a basic, no frills graph which presents rubrics and remedies in ranked order according to computed score.

How the score is calculated depends on the analysis options chosen.

To help you recognize trends and patterns in the data, CARA allows you to do a simple statistical analysis on the frequency of families occurring in the repertorization.



	Aur-i	Indol	Thiaspi	Wye	Alf	Alum
Weighted	6	6	8	6	5	3
Rubrica covered	4	4	4	4	3	3
Rubric grades	6	6	8	6	5	3
FOOD and drinks spices, condiments	1	2	3	1		1
FEAR death, of	1	1	1	1	2	1
TRAVEL desire to	1	2		3	1	
CONTRADICTION intolerant of	3	1	2	1	2	1
ANGER, alternating with repentance			2			

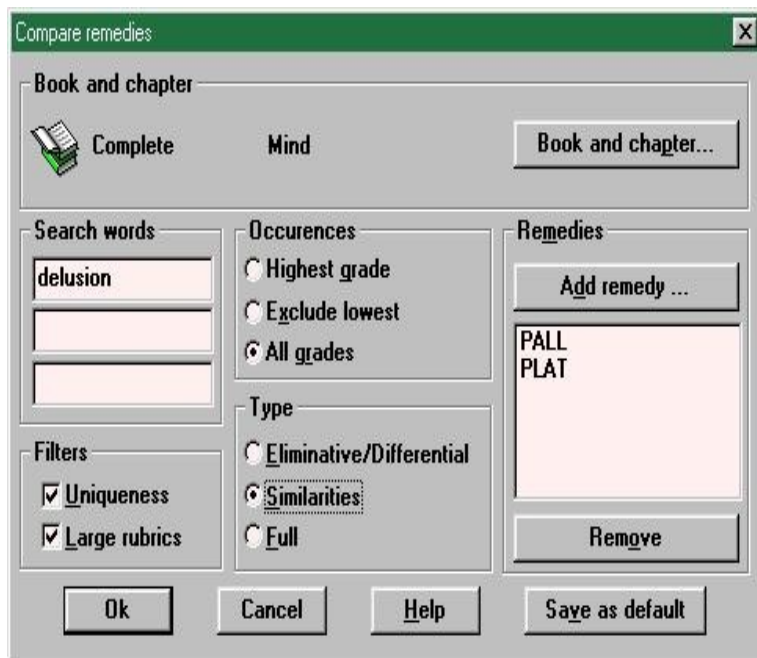
## **Combining rubrics -**

Combining is a valuable repertory technique. Combining allows you to merge together all of the remedies from a set of rubrics into one super-rubric for repertorisation purposes. If you search symptom desire for fish, CARA will also show you a rubric- desire for sardines and it has 2 remedies that are missing from the rubric desire for fish. So with this facility you can be able to get more number of remedies, which prevents you from missing, indicated remedy.

## **Materia Medica & its Comparison –**

Repertorization increases the knowledge of Materia Medica. In CARA you have to go to the Compare remedies tool, which lets you perform this task easily. If you are curious, here's You can specify whether you want to find rubrics in which both remedies occur, or in which only one is listed, which is useful to educate yourself about how the two remedies differ.

What the result looks like.



These comparisons can be extended to five remedies. However, you can only search one chapter of a repertory at a time. You can have comparative study of remedies by using thematic search. This can be helping you to differentiate finer shades of remedies.

Comparison of remedies is the important feature of the CARA that after the case is complete and you have Repertorise the case, you are usually guided to 3-4 principal remedies and now you would like to differentiate these as to which is the remedy that is most suitable to the case.

### **Expert System -**

Even more exciting is an Expert System that offers an opinion on all of your cases.

CARA's Expert System is a way of analyzing your cases using all of the strategies *in combination with each other* but with an expert's view.

The Expert System has been devised by Homoeopaths and fine-tuned against many published, cured cases and the result is a tool you can use on each and every case you see.

But true to form (and unlike other systems) CARA doesn't hide how the expert works. By being 'open' and showing how the expert works

CARA helps you see exactly how to arrive at indicated remedies. This helps you grow in your Homoeopathic knowledge rather than turning you into a lazy prescriber. You can even adjust the settings of the expert system yourself to create your own 'expert' - a truly exciting feature not found in other systems.

The result is just amazing. You will be presented with remedies you would never have thought of. It will help you learn more about Homoeopathy and will provoke you into thinking differently about your cases.

### **Patient & Case Management Charts –**

A simple window keeps patient information, date of the visits and miscellaneous notes handy for you in one place. Along with the rubrics and repertorization for a case, you can save your own notes. The downside for each visit you will need to start a new file. Therefore it is cumbersome to see the continuity and development of a case since you have to close the one you are looking at to open another one.

The screenshot shows a window titled "Patient record card" with a close button (X) in the top right corner. The window contains the following elements:

- Name:** A text box containing "Gobbledy Gook".
- Date:** A text box containing "6/10/97" and a "Today" button to its right.
- Visit notes:** A large text area with a scroll bar on the right. It contains the following text:  
Px responded nicely to Stront-c, although Lyc may be required at a later time. No more allergy symptoms apparent. Stop medication and wait what transpires.  
You can type any amount of text in this space and it will be saved along with the repertorization and rubrics of the case. Cutting and pasting is easily accomplished with the buttons on the right, and text can be imported to and from a word processor.  
The downside -- no text formatting is available, so you can't highlight or underline important parts of the text.
- Buttons:** A vertical stack of buttons on the right side of the text area: "Ok", "Cancel", "Clear", "Help", "Copy", "Cut", and "Paste".

### **CARA PRO shortcuts for operation -**

- F2- Repertory search.
- F3- Comparison of remedies.
- F7- Repertorisation chart.
- Enter- Taking rubric to a rubric list.
- Ctrl+R - seeing remedies.
- Alt+V - Viewing Materia Medica.

Ctrl+F - finding a word.

Shift+F3 - finding next word.

Ctrl+S - saving a case.

F1 - Help.

**CARA PRO** comes with a full-fledged Materia Medica search engine already built in. This search engine, a program named Similia was previously available separately. Now it has become an integral part of CARA PRO and offers many classical as well as contemporary Materia medica texts. As the second player in the multi media field after RADAR, CARA PRO supports the display of color remedy images and playing of audio and video clips. There are almost 100 audios of Materia Medica by a few of the world's leading Homeopaths, and many Colour photographs of the remedies are included.

## **SIMILIA-**

Knowledge of Materia Medica is vital to every Homoeopath. Philosophy and Materia Medica are the cornerstones of Homoeopathy. SIMILIA is a computer program that brings Materia Medicas and Philosophy textbooks onto your computer screen providing instant access to the writings of both classical and contemporary Homoeopathic physicians.

If you need to find specific references SIMILIA can search for words and get results in seconds - quicker than you could open the printed book! And with SIMILIA you can search all the Materia medica and philosophy textbooks *simultaneously* and see the remedies that have entries you are interested in.

## **Build your own SIMILIA Library -**

Recognizing that not everyone wants or can afford to purchase an extensive electronic library SIMILIA has been uniquely designed to work with whatever collection of books you choose - from just 1 book through to the entire collection. So you can start small with just a couple of books to provide the basics and then over time add to your electronic library. Every SIMILIA system comes pre-loaded with the 6<sup>th</sup> edition of the Organon as standard to make sure your collection gets off to the best

possible start.

As you add more books SIMILIA immediately detects and adds them into your collection. This unique approach means that as new books become available you can add them to your collection when *you* want to.

SIMILIA software has leading repertories available and extracted information on a remedy-by-remedy basis. The extracted information from each repertory compiled into an electronic publication that looks like a Materia Medica in SIMILIA. As these repertories contain lots of valuable clinical data these extractions are a perfect complement to the Materia Medicas.

### **Browsing Books-**

With SIMILIA all you have to do is choose from the list of books that are contained in your personal electronic library, choose the remedy and SIMILIA will instantly open up the book for you at that point. Moving between remedies is easy - all you do is click the mouse on a different remedy! The text displayed contains italics, bold and the full use of colour to present information in an attractive way.

### **Synonyms -**

A really useful feature provided in SIMILIA is the comprehensive list of synonyms and cross-references it contains. All you need to do is click the appropriate box and each time SIMILIA searches; it will automatically find all cross-references to the words you typed in. With this feature you do not have to be so precise about your search words and you will often be delighted with the results SIMILIA displays for you! If you are not sure whether a word you wish to use is contained in any book, SIMILIA provides a lookup facility in which you can browse all of the words used in SIMILIA's indexes.

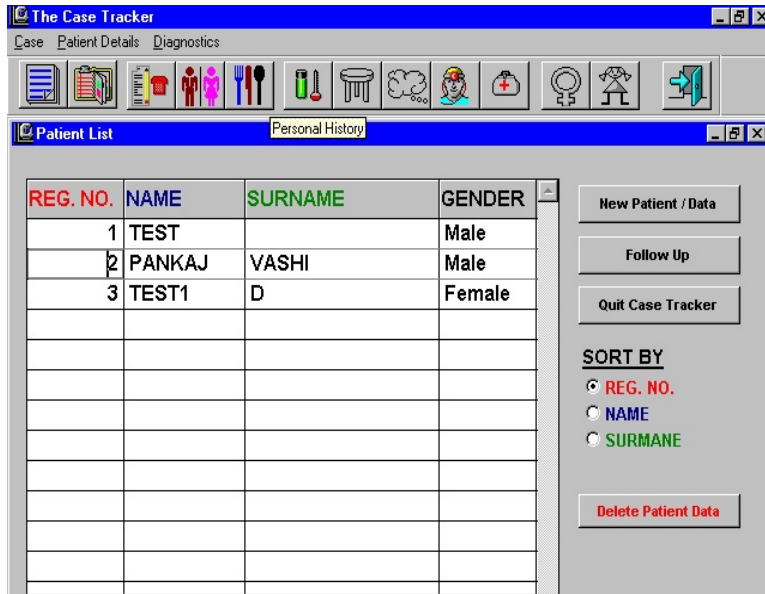
### **Finishing Touches-**

SIMILIA lets you mark a piece of text and copy it to the Windows clipboard so that you can transfer the information into your other Windows software (e.g. Word processor). This can be especially helpful if you are preparing lecture notes or assignments. You can also print out any text marked in this way.

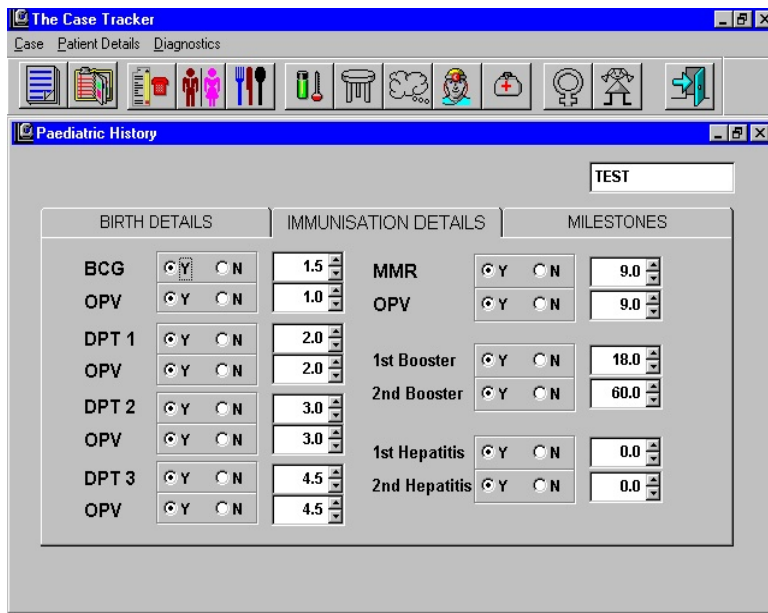


## CASE TRACKER 2000 -

This is the part of CARA that relates to case recording. This software has a standardized case record with good presentation and maneuverability with the keyboard. All the functions are available with mouse and keyboard and are free to use whichever is easy for you.



Case tracker is useful software; an average Homoeopath can also work with this for storage of the cases. One of the important features is auto complete feature i.e. when you want to enter patients family history-diabetes mellitus-after typing towards "DI" it gets auto completed to Diabetes mellitus. Thus saving lot of your time to enter common words, CASE TRACKER software helps in maintaining all your patients' records and follow-up. Any patients' case can be easily located by simple search function. There is capacity to store more than 1,00,000 cases.



This part helps for maintaining all your patients accounts, there is facility for maintaining daily appointments and schedules. Case tracker is useful for statistic generation for research projects. Cases can be transferred from one clinic to other clinic. Last part is related to maintaining records of Bills, Certificates prescriptions through computers etc.

### **Making Additions -**

As you would expect from such a flexible program *CARA* lets you create your own repertory of new rubrics and you can add new remedies to existing rubrics.

*CARA* places no restrictions on how many you can add. And the additions really work! Just as soon as you make an addition into your personal repertory you can start to use it with your cases.

*CARA* supports you further by extracting whole rubrics from the existing repertories into your personal repertory for amendment - this saves your time. Simply export an entire rubric and make your additions. Then the next time you come across this rubric *CARA* will direct you to your personal repertory.

### **ISIS – INSPIRATIONAL SOFTWARE 2 –**

Is a new Homoeopathic software system from Miccant. This software has a special library called” ISIS Library which contain over 340 volumes of classical and contemporary works, 7 Repertories as standard including

MURPHY and COMPLETE Repertory in all versions.

This software has direct links to web can be automatically downloaded, updates direct from the web to your computer. Some of the features of this software are as follows –

Latest Homoeopathic thinking built including a feature using Sankarans new insights.

Uses of latest technology e.g. attach photographs to rubrics; remedies or patient record notes even run videos in the new Rx screen section. On screen Tutorials by DAVID WITKO.

Latest proving as they are released. There are 120 lectures on remedies and 400 photographs of remedies. Facility to Record your own notes directly alongside other Materia medicas.

### **Cara Professional Specification –**

Standard repertories are included in CARA: -

E.G.- Combined repertory edt. 2, Boericke's repertory, Phatak's repertory

Optional repertories that can be added are:-

Homeopathic Medical repertory edition 2 by Robin Murphy, Complete Repertory version 4.5 by Roger Van Zandvoort

Materia Medicas and other Standard books are provided: -

Organon 6<sup>th</sup> edition, Chronic Diseases, Materia Medica Pura, Lippe's Materia Medica, Kent's Lectures, Clarke's Dictionary, Boericke's Materia Medica, Phatak's Materia Medica, Allen's Keynotes, Allen's Encyclopedia  
Optional books you can add, Sankaran Soul of Remedies, Murphy Lotus Materia Medica, Vermeulen Synoptic I, Vermeulen Synoptic II, Vermeulen Concordant, Sherr Dynamic Proving Volume 1, Mirilli Thematic Materia Medica, Van Zandvoort Complete Materia Medica, Verspoor Homeopathy Renewed etc.

**Multimedia** - Hundreds of colour remedy photographs, Over 100 audio lectures from respected Homoeopaths.

**Analysis** - Repertorisation charts in either grid or bar chart format. Comprehensive remedy classification - by family, plant species, element, animal, nosode, insect, snake and so on

Analysis by Family of remedy, by Miasm or by Class of remedy.

Analysis by use of Periodic Table - including by Series and/or Stage Rubric weightings.

**Cases** - Patient record database, Record a visit for each consultation along with repertorisation, large area for visit notes, Import your cases from Cara v -2.6

## **REPERTORIUM HOMOEOPATHICUM DIGITAL II -**

### **Presentation and Contents -**

This is the first up to date multimedia Homoeopathic publication in CD - Rom. The Homoeopathic Digital Repertory is a trilingual version (English/Spanish/Portuguese) of ***Expanded Kent's Repertory***. It is complete with 42 chapters and up to dates with thousands of new rubrics, cross-references and inclusions of remedies. The user will find an organic structurization of rubrics to make easier and intuitive in finding of symptoms as well as it is possible to have simple and analogical search of symptoms and its selection by drag and drop system. Crossing, sum of symptoms and use of director symptom can make the repertorization. The repertorization descriptions can be filing.

The program even has the possibility of extraction of symptoms and remedies (Repertorial Materia Medica), the **Materia Medicas of Hahnemann, Allen, Herring, Boericke, Nash, Kent, Lathoud, Vannier, Mirilli, and Charette**, Clinical Chip, direct access to Internet to up to date illustrated life and work of Hahnemann, Boenninghausen and Kent, enclosing hundreds pictures and digitalized documents and a tutorial of Homoeopathic semiology and repertorization.

The participation and authorship of **Ariovaldo Ribeiro Filho, M.D.**, ex-vice-president of the Brazilian Homoeopathic Medical Association and Paulista Association of Homoeopathy, co-ordinator of the Specialist Exam in Homoeopathy by Brazilian Medicine Federal Council, coordinator of pathogenetic proving in Sao Paulo State, author of the *Repertory of Homoeopathic Symptoms*, other books and articles. **Zalman Bronfman, M.D.**, is one of the most prominent and experienced Argentine Homoeopath, author of many books and articles, Professor of

Materia Medica, Director of the clinical meetings and founder besides Tomas Pablo Paschero of the *Escuela Homoeopatica Argentina*, as well, Scientific Director of the Journal *Acta Medica Homoeopatica Argentinensia*.

- Repertorial additions of Brazilian pathogenesis, nosodes (*Carcinosinum, Luesinum, Medorrhinum, Tuberculinum, etc.*), works and articles of Nash, J. T. Kent, Phatak, Foubister, Jacques Lamothe, Eugenio Candegabe, Linda Johnston, Pablo Paschero, Matheus Marim, Bernardo Vijnovsky, Elias Zoby and many more.
- Many Materia Medicas available, including the Pure Materia Medica and Chronic Diseases of Hahnemann and, exclusively, the Materia Medica of Vijnovsky.

### **Other features:**

- Very easy to use and handle.
- Homeopathic repertory in trilingual version (**ENGLISH / SPANISH / PORTUGUESE**), complete and up to date.
- Organic structurization of rubrics to make easier and intuitive in finding of symptoms.
- Drag and drop system of symptoms selection.

## **MAC REPERTORY PROGRAM**

**H**omoeopathic software is very valuable in daily clinical practice. In past physician used to put hours of hard labour doing repertorization manually and now it is possible to do this task in literally minutes.

MAC repertory is one of the pioneer software used commonly at many institutes, now a day even in private practice. M/S, Kent Homoeopathic Associates, 710 Mission Avenue, San Rafael, USA develop this software.

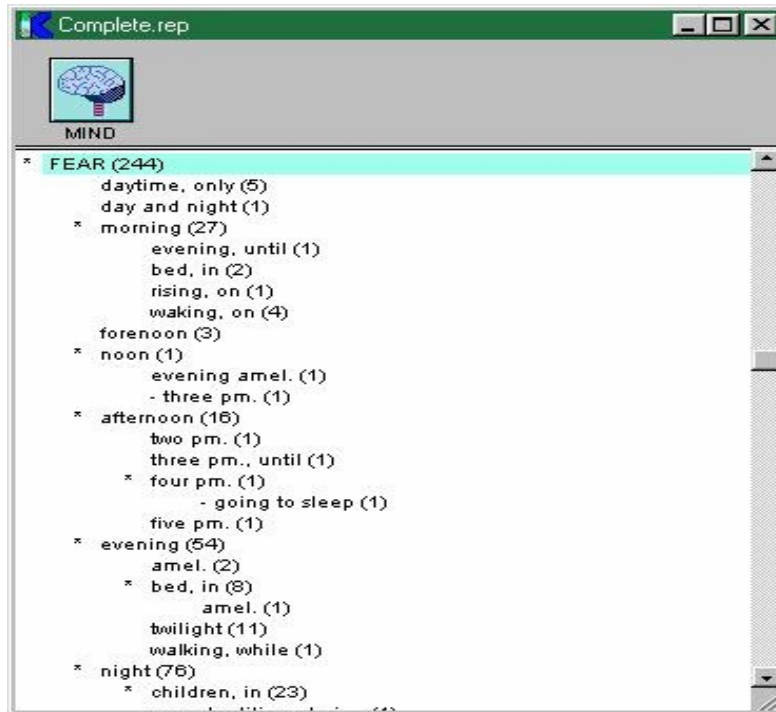
Use of the repertory on the computer may actually facilitate learning its structure and familiarizing its content, allowing the user to gradually develop an organic understanding of repertory structure and content gained in daily use.

MAC repertory has been created by practicing Homoeopaths and is designed simply. The screen of MAC repertory is easy to understood. Directly press on one of the icon, desired section will get open for you. So



represented by different icons.

**E.g.:** find the rubric *Mind, fear, night*.....



Click on *Mind, fear* to open list of sub rubrics Scroll down list of sub rubrics to find *Mind, fear, night*. Go ahead and hazard a guess what each icon stands for! If you are unsure, MAC repertory displays the chapter names as you hold down the space bar. If you desire to do changes in original repertory there is facility called EDIT REPERORY, this

Facility is more or less available in all softwares. For new additions or changes in original work with this facility if you change something changes are going to happen directly into main repertory. MAC repertory are multi lingual, here you get the options to view the repertory in two languages simultaneously.

Rubric size, cross-references, authors, no remedies, main remedies only or all remedies are display on one screen. If you need to check if a particular remedy is in a rubric, just hold down the space bar and voila – there it is.

All searching in MAC repertory is done from a single dialog, which is both intuitive and functional.

1. MIND; DELUSIONS; appreciated, that she is not (4): arg-n., aur.,  
pall., plat.
2. MIND; DELUSIONS; deserted, forsaken (22): Arg-n., aur., bar-c.,  
camph., cann-i., carb-an., carb-v., chin., opul., lap-gr-m., hura,  
hyos., Kali-br., lil-t., lyss., Mag-c., nat-c., pall., plat., puls., sanic.,  
stram.
3. MIND; DELUSIONS; enlarged; tall, he is very (6): hydrog., op.,  
pall., plat., staph., stram.
- \* 4. MIND; DELUSIONS; insane; become, that she will (38): acor.,  
act-sp., alum., ambr., ars., calc., cann-i., cann-s., chel., chlor.,  
Cimic., colch., con., eup-pec., ham., hydrog., ipe., iod., iris-t.,  
kali-bi., Kali-br., kali-p., lac-c., lam., lil-t., manc., med., merc.,  
nat-m., nux-v., pall., phys., plat., psor., syph., tanac., tarent.,  
vario.
5. MIND; DELUSIONS; tall, taller; as if he were (8): cop., eos.,  
hydrog., op., pall., plat., staph., stram.

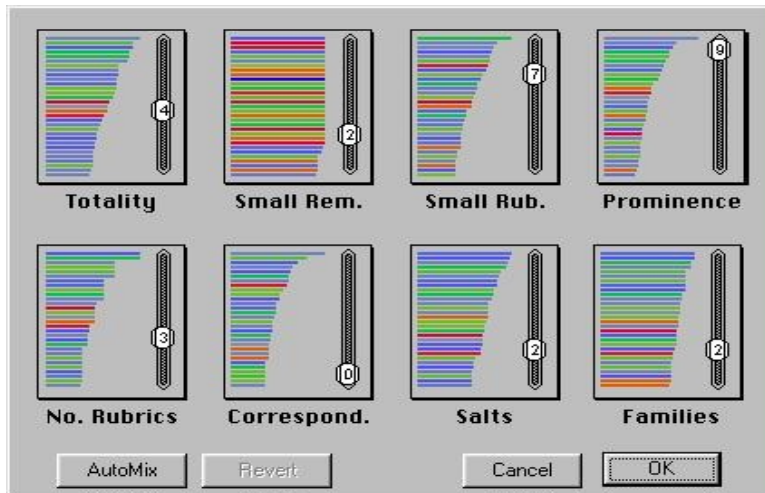
Above screen gives you the idea of how remedies and rubrics are displayed in MAC repertory. As you find the rubrics for your case, you collect them into clipboards. Each clipboard holds a set of rubrics, which can be analyzed separately later on. This allows you to take a look at what the mental picture suggests, separately from the physical symptoms. There are six clipboards provided in MAC repertory. Search capability is more practicable in MAC repertory.

**Rubrics Combination** – e.g., in a given case it is not clear whether the patient is best-described with *Fastidious*, *Conscientious about trifles*, or *Rest, cannot, when things are not in their proper place*; so you'd like to combine these into one more-inclusive rubric.

In MAC repertory rubrics may be combined either, as they are being added from the repertory view, or later after being collected in an icon. The identities of the contributing rubrics are lost in the combined rubric; the original rubrics can be saved and placed in a spare icon, if desired.

Eliminative or crossed rubrics can also be created – listing only those remedies *common* to 2 or more originating rubrics.





**Case Analysis** –It is very clear that with any of the software if you desire to analyze case your selection of rubric should be correct. Dr. Jugal Kishore writes that for repertorization what you will put inside the same will come out in the form of result of repertorization. There are different strategies of analysis in different programs. Probably the most common way to analyze a case is to take into account the grade of the remedy and the number of rubrics it appears into computes a final "score". To achieve the aim of repertorization, i.e. elimination and to get the small number of remedies for case one must select the totality of more characteristic symptoms. In many cases it may therefore be advantageous to weight smaller rubrics more than larger, more common ones. There are many more factors one could take into account to fine tune the process of case analysis even further. Consider, for example, remedy families. If in a case you find *Phosphorus* and *Kalium* salts well represented, then *Kali-phos* should be given special consideration. The computer can apply these and many more strategies automatically.

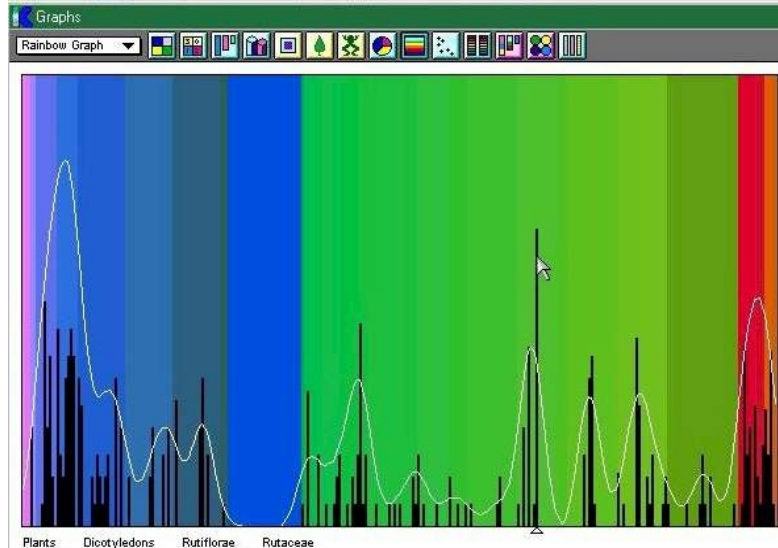
An important part of the case analysis is the ability to restrict your attention to only a certain class of remedies, e.g. the minerals, snake remedies, remedies belonging to the syctic miasm, etc.

MAC repertory is uncontested in flexibility of choosing a repertorization strategy. In fact, its capabilities are very encompassing and powerful. From the eight strategies shown each emphasizes one or the other aspect of repertorization technique, so that the over all analysis strategy is a combination of all eight weighted according to the slider position.

The colourful (*on Screen rather than above picture*) bar graphs next to





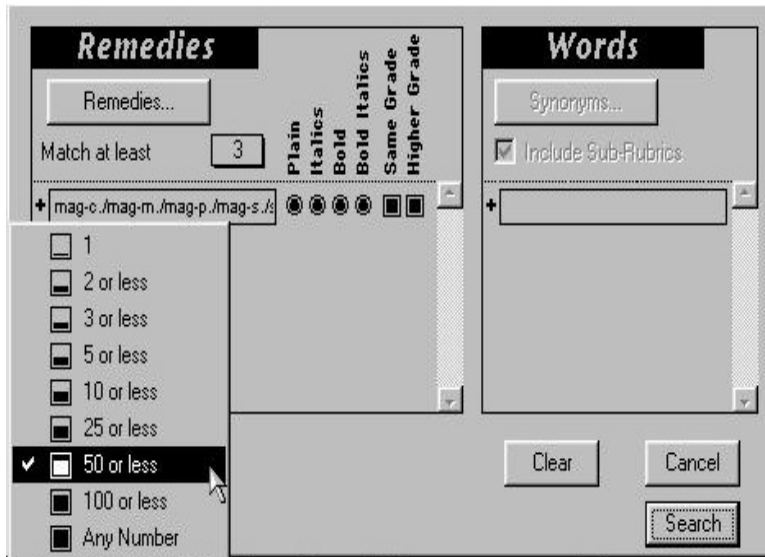


MAC repertory's graphs are linked "live" to the rubric clipboards. Any change you make there (e.g. Underlining, or selecting certain rubrics, etc.) will be reflected immediately in the graph.

### **Materia Medica Presentation -**

Repertory & repertorization is a great tool for studying remedies. It's a breeze to extract rubrics for several remedies at the same time, and then compare and contrast them. Here's an example: *Platinum* and *Palladium* are chemically related metals. How does this observation reflect in their respective delusions? To research this by hand would require, going through the entire chapter on delusions in the repertory and

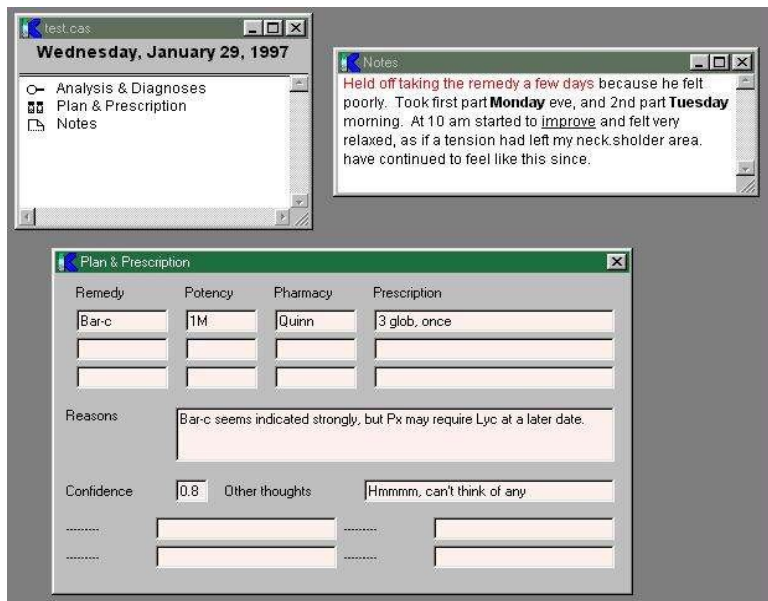
Writing down any rubric in which both remedies appear together. MAC repertory has an allied programme of REFERENCE WORKS that is a huge library of Materia medicas integrated into one database and it is possible to search one word from this library at one keystroke. All searches in MAC repertory are easily performed from a single dialog box.



Clicking on the button labeled "Remedies" in MAC repertory's search dialog allows you to select any remedy or group you desire. You can even restrict your search to certain authors, if you like, or rubrics containing particular words. The sky is the limit. Many other facilities are also available for searching and selection of remedy.

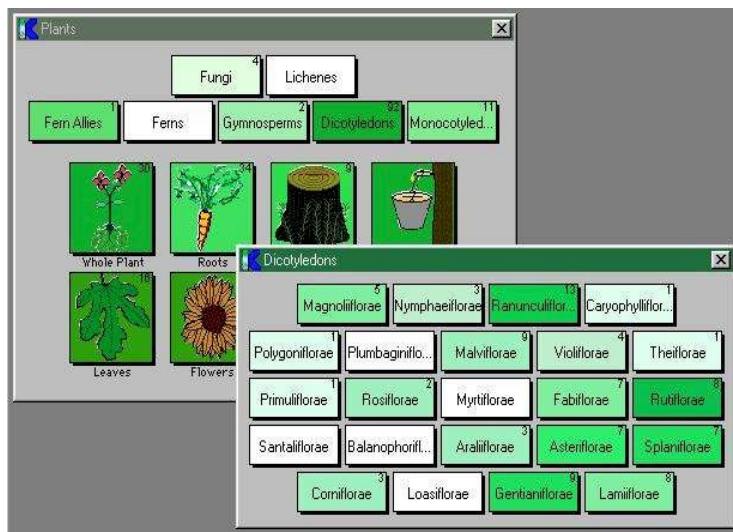
### **Case Management -**

As one follows a case over a period of time, there is a lot of information that needs to be recorded from visit to visit. One feels happy if gets all the information related to the case at one place. MAC repertory allows you to keep track of each patient in his or her own file. The patient file essentially becomes the familiar manila folder, containing case notes, rubric information, graphs, diagnosis, therapy, etc. You can save pretty much anything you want in the patient's file. In this screen



you will see main window for the particular visit, with several typical entries. Two of those the Notes and Plan & Prescription are open. As you can see, text can be highlighted in a variety of different styles to draw your attention to the important parts. You can export all or part of the information to other programmes from here easily.

MAC repertory offers you the particular insights of some well-known Homoeopaths. You can look at a case through the eyes of William Boyd's groups, Robin Murphy's planets, Vega Rosenberg's boxes, and Berkley Digby's five elements. All these schemes are different ways to classify remedies – in essence; each is a way of dividing remedies into families. Murphy uses the planets of the solar system; Digby's bases



his classification on the five chemical elements, Earth, Water, Fire, and Ether. You can analyze a case in each system and therefore conclude people who have either studied with these homeopaths or are familiar with their writings will probably welcome this feature of MAC repertory the most.

One is where MAC repertory really shines is the analysis of a case

based on natural families. With only two mouse clicks you see your case projected on to the periodical table of elements and can easily locate the center of gravity and likely remedy relationships there. Or may be you suspect a plant remedy and want to see which botanical families the repertorization favors. You can view the botanical families in hierarchical order, while the darker shades of green show you where the repertorization falls. Besides chemical and botanical relationships, there are several others you can explore in a similar fashion (e.g., zoological or miasmatic).

MAC repertory excels in its presentation graphics, and currently holds an edge in its implementation of families analysis work. In all, MAC repertory is a great companion in your practice.



### **NOTE FOR MAC REPERTORY PROGRAMM**



**Concept of prescribing Homoeopathic Remedy is fully explained by**

our masters both theoretically as well as practically. Consideration of man as a whole i.e. prescribing by considering patient as a whole, his generals and even particulars is the only method explained everywhere. Some clinical and Regional repertories are also available in Homoeopathic World. These repertories are based on Clinical conditions and verified remedies for those symptoms. These repertories either deals with some disease condition or with symptomatology of parts and organs. There are some advantages and disadvantages of these clinical and Regional repertories.

If Homoeopathic physician has detail idea of this, he will be artistically able to use clinical as well as regional repertories in his practice. Before going to studies of such type of repertories one must have knowledge of their scopes and limitations. Clinical & Regional repertories are mainly used in one-sided cases with few symptomatology and also cases where clinical conditions represents characteristics of the Patients. That means rather than well-rounded cases, those cases where particular symptomatology is marked can be worked out by such repertories.

There are many cases especially in childrens, mad patients and unconscious patients where proper symptomatology is not available, in such cases on the basis of clinical nosological diagnosis prescription can be made and here these Repertories are advantageously used. Such repertories are also used as a Therapeutic index.

At least to get a group of remedies on the basis of organ or system affection or on clinical condition these repertories can be used. Some clinical and regional repertories are very useful in acute illness were the concept of totality is many times only present complaints that too particulars. As these repertories contain clinical condition and are based on clinical verification of remedies, these repertories are useful in selection of remedy for Pathology, Causation, and Modalities etc.

In many clinical repertories there are no grading of remedies so such Repertories are only used as therapeutic reference.



## **GENERAL CLINICAL** **REPERTORIES**

### **1) Pocket Manual of Homoeopathic Materia Medica &**



Repertory.

- Dr. William / Oscar .E. Boericke

2) A Clinical Repertory.

- Dr. J. H. Clarke

3) A Concise Repertory of Homoeopathic Materia Medica.

- Dr. S. R. Pathak



## **POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA WITH REPERTORY.**

**Dr. William / Oscar E. Boericke**

1) INTRODUCTION

2) PREFATORY NOTES

3) CONSTRUCTION

4) HUNTING OF RUBRICS

### **Introduction -**

A repertory appended to Pocket Manual of Homoeopathic Materia Medica by Oscar E. Boericke is classed under the group of **General Clinical Repertory** covering whole symptomatology. This repertory is based on clinical finding & clinical verifications, and major source of which is William Boericke's Materia Medica. Boericke & Runyon, 1049 pages, published this repertory. The Materia Medica by William E. Boericke was issued in 1901. The repertory was added to the 3<sup>rd</sup> edition in 1906. The repertory is constructed differently than that of either Kent or Boenninghausen, and takes a bit of work to become familiar with. Current is the ninth edition of this repertory that was published in June 1927.

This repertory is very popularly used in acute as well as in chronic cases.

### **Prefatory Notes -**

In the preface to the repertory Dr. Oscar E. Boericke writes that: -

In conformity, which established repertorial methods, the division of sections is somewhat the old Hahnemanian method.

Headings and sub-headings or the specific conditions or symptoms comprise under the later are arranged in alphabetical order and this is more or less adhered through out the entire work.

E.g.- Under Mind the headings read.

Awkward                  Brainfag                  Catalepsy, etc.

All the headings when extensive in scope are presented under: -

Cause

Type

Location

Character of pain

Concomitants

Modalities

Technical names of the diseases are bracketed for which is in strict accord with Homoeopathic requirements, to prescribe for the symptoms of each Specific case, and not for mere the name of the disease.

5) Almost **1409 Remedies** are considered while constructing this repertory and they are arranged in alphabetical order.

*Italics*: - indicates the more frequently Verified clinical remedy - **2 marks.**

Roman - Remedies printed in Roman - **1marks**

Lastly he adds, it is only by persistent study of one repertory, its peculiar and intricate arrangements gradually crystallize themselves in definite outline in the mind.

### **Construction of book -**

The first part of the book is Materia Medica and the second part is repertory – followed by an: -

**a) Index to the Repertory**

**b) Therapeutic index**

**c) List of remedies with common and Latin names.**

### **Sections of Boerickes Repertory –**

The repertory has 25 chapters:

1. MIND

2. HEAD

- |                          |                        |
|--------------------------|------------------------|
| 3. EYES                  | 4. EARS                |
| 5. NOSE                  | 6. FACE                |
| 7. MOUTH                 | 8. TONGUE              |
| 9. TASTE                 | 10. GUMS               |
| 11. TEETH                | 12. THROAT             |
| 13. STOMACH              | 14. ABDOMEN            |
| 15. URINARY SYSTEM       | 16. MALE SEXUAL SYSTEM |
| 17. FEMALE SEXUAL SYSTEM | 18. CIRCULATORY SYSTEM |
| 19. LOCOMOTOR SYSTEM     | 20. RESPIRATORY SYSTEM |
| 21. SKIN                 | 22. FEVER              |
| 23. NERVOUS SYSTEM       | 24. GENERALITIES       |
| 25. MODALITIES           |                        |

### **Hunting of rubrics from Boerickes Repertory -**

1) For hunting of rubrics after case taking one must be sure that one has correctly picked up the Basic and Determinant symptoms and have converted into proper rubrics.

Next he will think of the chapters where these rubrics may have.

Regarding the position of rubrics in the chapters, they are always followed in an alphabetical series.

As the physician is previously acquainted with the anomalies in the arrangement of rubrics and sub- rubrics in the very chapter and thus he can avoid the diversion.

### **Repertorial Analysis: -**

Sr. No.	HEADING	SUB-HEADING	PAGE NO.
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**NOTE FOR DR. BOERICKES CLINICAL REPERTORY**

**A CLINICAL REPERTORY TO THE  
DICTIONARY OF MATERIA MEDICA**

**- Dr. John Henry Clarke**

**Introduction -**

This repertory was published in 1904 & then after reprinted by B. Jain in 1997. Basis of this repertory is "Dictionary of practical Materia Medica" and consists of Repertories of Causation, Temperament, Clinical Relationship, and natural Relationship. Dr. J. H. Clarke writes that it will be seen that the Clinical repertory is a Clinical repertory and much more bedside. The practitioner who consults it will not be tied down to a mere list of names of diseases. He will be able to test his choice of a remedy from other point of view, and if further information is required the Dictionary of Materia Medica, on the basis of which this repertory is designed to make information more accessible.

**Construction -**

The book starts with: -

**1) Preface**

2) List of remedies with abbreviations. (List of approx. 1063 remedies with few repetitions.)

3) List of abbreviations with remedies arranged alphabetically.

Repertory proper contains five parts: -

**Part I -**

Introduction to the Clinical Repertory.

Clinical Repertory.

**Part II -**

Prefatory note to Repertory of Causation.

Repertory of Causation.

**Part III -**

Repertory of Temperaments, disposition, constitution, and state.

**Part IV -**

Prefatory note to clinical relationship.

Repertory Of clinical relationship.

### **Part V -**

Introduction to Repertory of natural relationship.

Repertory Of Natural relationship.

This part is further divided into five parts: -

#### **1) Elements-**

- a) Alphabetical list's.
- b) List according to atomic weight.
- c) Mendeleeff's Group.

#### **2) Vegetable Kingdom -**

- a) Alphabetical list of natural orders.
- b) Systematic arrangement of natural order.

#### **3) Animal Kingdom -**

- a) Alphabetical list of natural order.
- b) Systematic arrangement of natural order.

#### **4) Sarcodes**

#### **5) Nosodes**

In Dictionary of practical Materia Medica every remedy is described from number of different points of view. The clinical point of view is one of these, and under the heading "Clinical" Dr. Clarke has prefixed to each remedy a list of the affection in which it has been found most frequently indicated in practice. In compiling these clinical list he had in view the project of preparing, later on, an index of these heading to enable the reader to find at a glance all the remedies which have been accredited with the cure or alleviation of any given state.

In the first section one, he described remedies in the dictionary is headed "Causation". This tells how remedies are related to conditions due to definite cause. Therefore he added an alphabetical list of causes, under any one of which will be found named all the drugs which have been observed to be curative in conditions produced by it.

Another index deals with Temperaments. Acute observers from the time of Hahnemann onwards, have noticed that some remedies act well on some types of persons and not all so well on others. The respective

types of Nux vomica and Pulsatilla are well known; but many other remedies have preferences more or less well marked for particular temperaments. These are mentioned in the dictionary under the heading “characteristics” as the types or constitutions the particular remedy is specially “suited to” in the second and third volumes he put the words “suited to” in italics so that they may be more easily found. In the Repertory of temperaments they will all be found completely indexed.

This is of no little importance, since type of constitution is very often a determining factor in the choice of a remedy. But under “suited to” are included not temperaments, persons, and constitutions only, but also complaints occurring in persons of particular age and type; so that this section becomes in a way a complement of the clinical repertory.

The last part of repertory included in this volume is a repertory of relationships. This is two fold and includes clinical relationships and natural relationships. The repertory of natural relationship shows at a glance the place in nature of any remedy in question---Mineral, Vegetable, or Animal---and how it stands in regards to its closest congeners. For instance, if a reader wishes to find the nearest botanical relations of any plant remedy he will be able to find them without difficulty. In the dictionary is given the natural order of each plant. In the repertory one find an alphabetical list of all the natural orders represented and under each is given in alphabetical order a list of all the plants of that order included in the Materia Medica.



### **NOTE FOR CLINICAL REPERTORY BY CLARKE**

## **A CONCISE REPERTORY OF HOMOEOPATHIC MEDICINES**

**- Dr. S. R. Phatak**

**This** repertory can be studied according to the following points -

- 1) Introduction.**
- 2) Historical background.**
- 3) Construction of Repertory.**

### **1) Introduction. -**

Dr. S. R. Phatak's Concise repertory is based on the 'Repertory part

of Synoptic key to Materia Medica' by C. M. Boger however it contains innumerable additions both in rubrics and remedies, so that it is like a much enlarged and improved version of the `Synoptic key`. The additions made by Dr. S. R. Phatak are from other standard books and Repertories like Boericke, Kent, Therapeutic pocket book etc. and also from his own case taking and accurate clinical observation.

The 1<sup>st</sup> edition of repertory was published in 1963 and afterwards in 1977 - 2<sup>nd</sup> edition was published with the help of Dr. P. Sankaran. B. Jain publisher N. Delhi published this repertory and was reprinted in 1994.

### **Historical Background -**

Idea of handy concise **alphabetically arranged** repertory seems to be of Dr. Phatak's own, but because of ill health he was unable to contribute much. His friend Mr. S.L.kapadi, who knew about the idea, unexpectedly came to his help. One day he came to author, with a skeleton copy of this work and asked the author to fill up the gaps. Check and recheck it. This skeleton work was prepared from the authors rough draft notes of Marathi repertory.

Thus after the initiative pain taken by Mr. Kapadi, Dr. Phatak arranged the work properly rewrote it and made many additions. Then Dr. Miss. Homai merchant his student, typed up the copy for Repertory, after words with his son's help, 1<sup>st</sup>

edition was published. Few years latter Dr. P. Sankaran added few new rubrics, remedies and published 2<sup>nd</sup> edition of book.

### **Construction of Repertory -**

This Repertory has –

- 1) Preface by S. R. Phatak.
- 2) Preface to the 2<sup>nd</sup> edition by P. Sankaran.
- 3) List of abbreviations of 114 remedies.  
(Self-explanatory abbreviations are not listed)
- 4) Lastly Repertory proper.

### **Preface part -**

1) Arrangement of rubric is **strictly alphabetical** from abdomen to Zygoma.

2) In preface Dr. Phatak says, Prescribing in Homoeopathy is both

science and art. Three pre-requisites are required for this -  
Good case taking

**Sound knowledge of Materia Medica**      **Skillful use of Reference book**

3) This repertory is a concise one and not exhaustive as repertories like by Kent, Boennighausen and others. But it is aimed at reducing the Burden of prescribing by serving as a handy and useful reference book.

4) There are no definite sections. The plan is in alphabetical order and covers Headings like Mental generals, Modalities, organs and their subparts. So finding appropriate rubric is easy.

**5) All the physiological and pathological conditions** such as appetite, aversions, desires, nausea, thirst, fever, pulse etc. In alphabetical order.

**6) Cross-references** given wherever necessary. In each main rubric all-important Symptoms their concomitants and modalities are given. Depending on the totality of symptoms try and find a symptoms from a particular organ and if not found refer to the general conditions.

**7) Causations** are given under agg. both general and particular. For general modalities the words AGG. and AMELI. While under particular rubrics written ordinary Agg & Amel. Mental attitudes are found under mental conditions. Appearance of symptoms on one side, symptoms going upwards and downwards etc. are given under Directions of symptoms.

**8) Generals and Particulars** - Many general symptoms have been coined from particular symptoms. This knack is the secret of the Boger`s method.

E.g. Black denotes that discharges, Menses, skin etc. are black Calculus represents a tendency to form calculi and includes urinary, pancreatic calculi etc.

Many characteristic particular symptoms have been included and this represents Kent`s influence on Boger`s approach. When a symptom is obtained it is better to consider the drugs covering the particular sensation and modality and also the drugs covering the general sensations and modality.



**9) Pathology** - Repertory contains many pathological entities like Addison's disease, fatty degeneration, leukemia etc. one understands that these rubrics are to be used in the absence of guiding symptoms.

10) No drug is given unless the author has cured in his own practice or unless there is strong justification provided by authors like Boger, Kent, Clarke.

11) The concise Repertory contains many rubrics not found in Kent's Repertory. Though it is much smaller it gives more remedies for some rubrics than are given in Kent's Repertory.

E.g. Under spices agg. Kent gives only Phos. Where as under 'condiments agg.' Nux v., Phos, selenium are given.

### **Philosophy of book -**

After critical study of other literature and philosophies of prescribing remedy Dr. Phatak understood that in many cases Modalities and Concomitants are the most important factors for finding a correct remedy. Circumstantial Modalities or modality related to the position or posture of a patient may be more valuable. The aversions, desires, mental attitudes, causation, the appearance of symptoms on one side or going upward or downward etc. give a clue to the selection of the remedy if they are very marked.

Remedies are graded in to: -

**CAPITAL BOLD**

*Italics*

Roman

### **Advantages -**

This Repertory is intended to serve as a handy and useful reference book. Remedies for a particular rubric are reduced to as minimum as possible for careful selection.

Alphabetical arrangement of repertory helps in studying this repertory systematically. Cross-references are given wherever necessary. There are 42 clinical rubrics that are not present in Kent's Repertory but are included in this book.

### **Rubrics that are not present in Kent's Repertory -**

Aeroplane flying in agg.

Barometer

Blood pressure	Bead like swelling
Financial loss agg.	Foetus lying
Adenoids	Air passages
Bile duct.	Bregma
Cerebro-spinal axis	Fallopian tubes
Gall Bladder	Loin
Medulla	Orbits
Pudendum	Sensorium

**Clinical rubrics those are not present in Kent's  
Repertory: -**

Acidosis	Actinomycosis
Acromegaly	Acrophobia
Acuminate	Air hunger
Anasarca	Anorexia
Antisocial	Arthralgia
Beri-Beri	Bilhariazias
Black water fever	Blood sepsis
Claustrophobia	Co-ordination disturbed
Cretinism	Dementia
Eclampsia	Ectropion
Embolism	Haemophilia
Hydroarthrities	Leucoderma
Menier's disease	Myxoedema
Osteomalacia	Paraplegia
Pellagra	Raynaud's disease
Salpingitis	Scleroderma
Osteomytitis	Stomatitis
Spondylitis	



**NOTE FOR DR.S.R.PHATAK'S REPERTORY**

**Introduction to Some More -**

# CLINICAL AND REGIONAL REPERTORIES



## THE THERAPEUTICS OF FEVERS - Dr. H. C. Allen

### **Introduction –**

#### **THE THERAPEUTICS OF INTERMITTENT FEVERS**

First edition of this repertory was published by the name, **The Therapeutics Of Intermittent Fevers**, and published in 1879. In preface of this editions author writes about his desire for some better guide in the treatment of intermittent fever which has been the inspiration and induced him to undertake labour of the compilation of first edition. In the second edition preface he wrote “ the first edition though crud and imperfect as it was made with such a demand that it soon ehusted. In second edition the authour corrected former sins of omission and commissions.

In this repertory author explained all details of intermittent fevers and he write in the introduction about cause, the malarial theory, examination of patient, Genus epidemicus, when to administer the remedy, the similimum, the potency, characteristic, and the clinical cases.

In therapeutic part he give characteristic symptoms of important remedies arranged alphabetically with clinical cases. Aslo he gives details of minor remedies like Aethusa, Aga, Asafotida, and Benz etc.

Subsequent **edition of this Repertory goes by the name as The Therapeutics Of Fevers** and was published in 1883. In preface of this

repertory published as a reprint edition by B, Jain publisher author writes that after the publication of first edition in 1879 an extended experience in the treatment of chronic intermittent has conclusively verified the teaching of Hahnemann, the most obstinate and intractable case occur chiefly in psoric or Tubercular patient and the more deep the descrecia, the more protracted the fever. This volume includes the therapeutics of typhoid, typhus and other different types of fevers, from acute sporadic and epidemic intermittent to the malignant type of malarial fevers of the tropics. The book contains the experience of his professional friends.

While explaining repertory of Fever Dr. H. C. Allen had considered Dr. Hahnemanns concept of prescribing by individualization. He states clearly that “It is the patient not the fever that is chiefly and especially to be considered. It is individual with his or her peculiar idiosyncrasies and constitutional inheritance with which we have to deal”.

Dr. H. C. Allen writes, in cases of Fever if you considered present totality with outstanding feature the curable remedy is not much difficult to find out.

### **Structure of Repertory –**

The book has three sections. –

**Section - I** related with introduction & the principles.

**Section-II** with the indication of remedies and the

**Section-III** is proper Repertory.

**Section I** - related with the concept of prescribing in cases of fever. While explaining he has considered following aspects of the fever.

The cause	The malarial theory
The psoric diathesis	Similia -never failing guide
Examination of the patient	The genus epidemicus
Remedy Administration	Selection of the simillimum
Analysis of a case	About the proper Potency

Characteristics	Examples with clinical cases
Typhoid, Typhus Continued fevers	The anamnesis
The name: its cause of typhoid	Causes of relapse
Sanitation -the sick room	Diet for typhoid

**Section II** – medicines are listed under the following heads –

Characteristics	Aggravation
Amelioration	Relation
Type	Time
Cause	Chill
Heat	Sweat
Concomitants in relation to tongue, pulse, etc	
A pyrexia	Analysis
Chill	Heat
Sweat	

**Section III - Proper Repertory.** Here along with symptoms of intermittent fever add symptom of other type of fever like thyphoid fever, typhus fever etc. Symptoms are explained under following section –

Type	Time
Cause	Procedure
Commencement of chill	Chill-location of
Chill-aggravated	Chill-ameliorated
Symptoms during the	Chill, character of

chill

Symptoms during the Chill followed by Heat

Heat aggravate by Heat ameliorated by

Heat absent Heat in general

Sweat aggravated Sweat ameliorated

Sweat followed by < While, sweating

> While, sweating Sweat absent

Sweat in general Sweat predominates

Sweat produced by Sweat character of

Sweat time of Sweat location of

Sweat symptoms Sweat suppressed during

< After, sweat > After, sweat

Symptoms of Appetite, taste, tongue etc.

A Pyrexia: symptoms during

Typhoid, Typhus, prodromic stage

Symptoms of the mind, Sensorium

Head internal, external

Eyes and Ears Smell and nose

Face Gastric

There are **147** medicines considered under Section-III of this Repertory. The medicines are graded **into 3** grades.

**Bold –3**

*Italics –2*

Roman –1



## **NOTE FOR DR.H.C.ALLEN'S REPERTORY**

### **"SENSATION AS IF"**

#### **A REPERTORY OF SUBJECTIVE SYMPTOMS**

**- Dr. H. A. Roberts**

First time published by Boericke and Tafel in 1937 in 519 pages. This work is dedicated in the memory of Dr. Samuel Hahnemann, the first to evaluate the subjective symptoms.

Enlarged editions of a work begun by Dr. A. W. Holcomb and published under the auspices of The Medical Advance in 1894. Dr. H. A. Roberts collected information from an interleaved copy of Holcomb's work that was compiled by Dr. W. A. Yingling as well as from the works of Hering, Clarke and Allen's Encyclopedia.

B. Jain publishers reprint this book in India in 1995. In Preface Dr. H. A. Roberts wrote, "Let the single symptom be only a partial indication to the application of the Materia Medica. Beware of the keynote that is not backed up by knowledge of or reference to the Materia Medica. No single symptom no matter how 'strange, rare, and peculiar' cannot stand without the support of the well taken case and the likeness of the whole patient to the remedy."

It is in such a case as this that the special Repertory may provide a clue to a remedy not included in the General Repertory or not so strikingly brought to our Mind. This field of '*Sensation as if*' helps as one possible indicator of the exclusive similimum.

#### **Construction –**

This repertory is divided into 25 sections lastly list of remedies and their abbreviations are added. All the subjective feelings, sensations are collected under following headings –

- 1) Mind and Sensorium
- 2) Head
- 3) Eyes and vision
- 4) Ears and Hearing
- 5) Nose
- 6) Face and jaw

- 7) Mouth, Tongue, Taste, Teeth, Gums
- 8) Throat
- 9) Stomach
- 10) Abdomen
- 11) Hypochondrium
- 12) Rectum, Anus and Stool
- 13) Urinary organs
- 14) Male sexual organs
- 15) Female sexual organs
- 16) Internal chest
- 17) External chest
- 18) Respiratory organs
- 19) Heart and circulation
- 20) Neck and back
- 21) Upper extremities
- 22) Lower extremities
- 23) Sleep and Dreams
- 24) Skin
- 25) Generalities

Almost more than **760 remedies** are considered in this Repertory.



**NOTE FOR DR.ROBERT'S SENSATION AS IF**

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## **UTERINE THERAPEUTICS** **- Dr. Henery Minton**

### **Introduction –**

A regional repertory related to the symptoms of Menstruation. Dr.



Henry Minton who was the editor of the Homoeopathic Journal of Obstetrics and Diseases of women and children published it in 1883.

The author has collected symptoms from various Materia Medica and also his clinical experience. He has referred number of books, records, journals, magazines etc. for the compilation of this book.

A large part of Symptomatology of this work was published in *The American Journal of Homoeopathic Materia Medica* during the year of 1874 -75.

### **Construction -**

There are two parts of this book.

**First part** contains, 'The remedies and their Indication.' Remedies are discussed under the following headings –

*Menstruation*

*Before Menstruation*

*During Menstruation*

*After Menstruation*

*Amenorrhoea*

*Metrorrhagia*

*Lochia*

*Leucorrhoea*

*Concomitants*

*Aggravations*

*Ameliorations*

The remedies are arranged alphabetically under each heading.

**Second part** contains the Repertory. All the symptoms related to menstruation and other disorders are collected under following headings.

#### **Menstruation**

Time, quantity of and Character of the Menstrual discharge.

Symptoms Before Menstruation.

Symptoms During Menstruation.

Symptoms After Menstruation.

Amenorrhoea – cause and concomitant.

Abortion –miscarriage.

Cause.

Character of the discharge.

Character of the pain.

Mental condition

Metrorrhagea.

Character of the discharge

Concomitant symptom

Lochia

Peculiarities of the discharge

Concomitant symptom

Leucorrhoe

Character of the discharge

Cause, Time Aggravations, Amelioration.

Concomitant symptoms

**General concomitant** - With the symptoms of,

Mind and Sleep  
mood

Vertigo Headache

Head Eyes

Ears Nose

Face Mouth

Throat Appetite

Eructation Hiccough

Water brash Nausea

Vomiting Stomach

Abdomen Anus

Rectum Stools

Urination Urine

Sexual organs Sexual desire

Mammae	Nipples
Chest	Respiration
Cough	Heart
Back	Extremities
Skin	

The sections and rubrics are arranged alphabetically under the Index, which is attached at the last part of the book.

Total number of medicine is **178** and Remedies are graded in to two types.



**NOTE FOR UTERINE THERAPEUTICS**  
**REPERTORY TO THE MODALITIES IN**  
**THEIR RELATIONS TO TEMP, AIR,**  
**WATER, WINDS, WEATHER & SEASONS**

**- Samuel Worcester, M.D.**

**Introduction:-**

**B**ased on *Herring's Condensed Materia Medica*. About this Repertory Author writes” This little book was originally compiled to meet a want felt in my daily practice. With its help, I have many times been able in to decide upon the indicated remedy in a few moments, while, without it, a longer search would have been required than the busy physician is able, or the indolent physician, willing, to make.

The book was originally compiled in 1880, and the 1<sup>st</sup> Indian edition was published in 1968.

**Construction -**

This book is arranged on a different plane. In nearly every instance the exact Language of the text has been given together with associated symptoms thus enabling a more careful discrimination to be made. The starred (\*) symptoms are those regarded as characteristic by at least two of the eminent authors.

The Repertory has 15 chapters with sections in each

**First** - The sun effects of its heat & light.

Beneficial effects prefer sunny places.

- Head
- Generalities
- Chill, fever, sweat

Injurious effects of the sun –

- |                 |                         |
|-----------------|-------------------------|
| 1) Mind         | 2) Sensorium            |
| 3) Head inner   | 4) Head outer           |
| 5) Eyes         | 6) Face                 |
| 7) Cough        | 8) Nerves               |
| 9) Generalities | 10) Chill, fever, sweat |
| 11) Skin        |                         |

**Second** - *External heat or Warmth*

Desire for or relieved by ext. heat /warmth -

- |                |                           |
|----------------|---------------------------|
| > Head inner   | > Head outer              |
| > Nose         | > Face                    |
| >Teeth         | > Abdomen                 |
| > Stool        | > Limbs upper             |
| > Limbs lower  | > all the limbs           |
| > Generalities | > Chill, fever, and sweat |
| >Tissues       |                           |

Agg. from or aversion to ext heat/warmth

- |                |                       |
|----------------|-----------------------|
| < Inner head   | < Outer head          |
| < Eyes         | < Nose                |
| <Face          | <Teeth                |
| < Stomach      | < Breathing           |
| < Cough        | < All limbs           |
| < Generalities | < Chill, fever, sweat |
| < Tissues      | < Skin                |

Exposure to heat of stove – desire /good effects from such heat.

Worse from or not relieved by heat of stove.

**Section - III** –Becoming warm - < &>

**Section – IV** - Effects of cold is Gen.

- Beneficial effects
- Worse from cold or becoming cold.
- Less sensitiveness to cold.
- Takes cold easily & increased sensitiveness.
- Ill effects from taking cold.

**Section-V-** Cold applications.

- Better from cold applications.
- Worse from.

**Section – VI** - Food & drink.

- Desire for, or better from warm food/drink.
- Aversion to, or worse from, warm food or drinks.
- Desire for, or good results from cold food & drink.

**Section - VII** - Being covered, uncovered, undressed.

- Better from covering or warm wraps.
- Worse from being covered.
- Better from uncovering.
- Worse from, or not relived by, uncovering.
- Worse on undressing.
- Desire to be uncovered.
- Averse to uncovering.

**Section – VIII** - Becoming warm in bed.

- Relieved by getting warm in bed.
- Warmth of bed does not relieve.

**Section – IX** - In Room & entering room.

- Better in Room.
- Worse in Room.
- Better in warm Room.
- Worse in warm Room.
- Worse in warm closed Room.

- Good effects of cold Room.
- Bad effects of cold Room.
- Worse in cold damp dwellings
- Better or worse in dark Room.
- Better on entering Room.
- Worse on entering Room.
- Worse on entering warm Room.

**Section - X - effects of open air.**

- Better in open air.
- Worse in open air.
- Better exercising in open air.
- Worse from exercising in open air.
- Desire for fresh air or open air.
- Aversion to open air.
- Better from cool air.
- Worse in cold air & cold open air.
- Worse from cold damp air.
- Sensitive to cold air.
- Sensitive to draught.
- Better from inhaling air.
- Sensitive to inspired air.
- Ill effects from having hair cut.

**Section - XI - Weather -**

- All possible Agg. & Ameli. Factors.
- Better from air /weather.
- Worse in warm air or weather.
- Worse in cold weather.
- Better in cold weather.
- Worse in dry weather.
- Better in wet weather.
- Worse in damp air or wet weather.
- Worse in wet damp air or weather.

- Worse in cold damp weather.
- Sensitive to change of weather.
- Worse in hot damp air or weather.
- Worse in cold damp weather.
- Sensitive to change of weather.
- Worse when temperature changes from warm to cold.
- Warm days & cold nights.
- Sensitive to wind.
- Worse from dry cold winds.

**Section – XII - weather**

- If effects of getting wet.
- Better from washing.
- Worse from washing.
- Wet application.
- Better from cold washing or bathing.
- Worse from cold washing or bathing.
- Worse from warm bathing.
- Worse from sea bathing.
- Children dislike being washed.

**Section – XIII - The seasons**

- Worse in spring.
- Worse in summer or hot weather.
- Worse in autumn.
- Worse in winter.

**Section – XIV - New or full moon.**

**Section – XV - Effects of thunderstorms.**

**NOTE FOR SAMUEL WORCESTER'S REPERTORY**

**HOMOEOPATHIC THERAPEUTICS OF**  
**HAEMORRHOIDS**

**- WM. Jefferson Guernsey**

## Introduction:-

The authors aims is to direct his readers to a method of therapeutics,' which will produce a cure in the surest and easiest manner & absolute safety to the patient. There exists a proved remedy to restore to health all patients suffering & uncomPLICATE piles he assets. However he also cautions that the complicated cases need not be quickly turned over to surgery except those turning into Malignancy. He also stresses upon the totality of symptoms, but praises the use of the 4 specifics Aesculus, Aloes, Muriatic acid, sulphur.

He does not dwell upon the question of potency but gives importance to good care taking with agg/amel and concomitants. . He emphasizes that sometimes that much attention is paid often to the 'exact' wordings.

## Construction:-

The book is divided into two parts: - Therapeutic & Repertory part.

*Therapeutic part -*

- Subjective
- Objective
- Aggravation
- Amelioration
- Concomitant

*Repertory part:* - the Repertory has the following subparts

- Subjective symptoms
- Objective symptoms
- Aggravation & Amelioration

The remedies are graded with 3 grading.

- **Bold**
- *Italics*
- Roman

**NOTE FOR HOMOEOPATHIC THERAPEUTICS OF  
HAEMORRHOIDS**

**LEADERS IN RESPIRATORY ORGANS**





**- Dr. E. B. Nash**

Book has been divided into 2 parts

**1. Therapeutics**

**2. Repertory**

**Therapeutics:** - Deals with the various condition in respiratory illness with various remedies and their indications. There are 10 chapters.

- Catarrh - (Nasal)
- Laryngitis
- Croup
- Bronchitis
- Asthma
- Pertusis
- Pneumonia
- Pleuritis
- Pulmonary tuberculosis
- Cough

In all chapters the drugs are discussed in the order of their importance except in the case of cough wherein the drugs are discussed in alphabetical order & the following subparts:-

1. Character
2. Caused by
3. Ameli
4. Accomplished by
5. Concomitants

In the cough chapter the therapeutic symptoms have 3 grades.

- Capitals
- Italics
- Ordinary/Roman

There are 132 remedies used totalities in the bed.

**Repertory:** -

In the preface the author explains that all the abbreviated remedies in

the repertory have 2 grades, all those preceded by the figure (1) are of list importance while those preceded by (2) are not so strong. The typography is ordinary roman for all remedies except that the (1) starts with a capital letter E. G. (1) Acon while those with (2) starts with small letters e.g. (2) caps.

The repertory part is divided into 5 chapters -

- Larynx & Trachea
- Cough
- Expectoration
- Respiration
- Chest



**NOTE FOR LEADERS IN RESPIRATORY ORGANS**  
**REPERTORY OF THE PSYCHIC MEDICINES**  
**WITH MATERIA MEDICA.**

**- Dr. Jean Pierre Gallavardin**

**Introduction:**

**D**r. Jean Pierre Gallavardin devoted a portion of his life in the research of psychic manifestations of these remedies. All medicinal substances provoke always some psychic & somatic symptoms.

The original notes, manuscripts and publications collected and arranged by Dr. Emm. Gallavardin that was originally written in French language.

Rajkumar Mukharji M.A. (French), L.H.M.S. translated & corrected the 2<sup>nd</sup> edition from French to English. All the things are completely taken out of the notes and manuscripts without any additions from outside.

ORIGINAL BOOK WAS PUBLISHED IN 1890, THEN AFTER REPUBLISHED IN 1960 BY GALLAVARDIN'S FAMILY.

Gallavardin believed that Homoeopathy could improve the character of people. The Repertory deals with personality and Psyche. Thus the headings are of the type," quack, quack and liar, quack but sincere, etc. Psychic symptoms are the symptoms of altered or abnormal mental symptoms.

Actually this book has 2 parts:

Part – I: Psychism and homoeopathy.

Part - II: Repertory of psychic medicines with Materia Medica.

## **Part -II**

It consists of 3 chapters:

1. Plastic medicines – observations & repertory of indications of medicines for developing, modifying and modeling some parts of body. A small repertory of plastic medicines. Gallavardin used remedies to change the physical characteristics of people. He said that when you wanted to make a part bigger, the remedy should be given during the increasing moon to diminish the plumpness of a part the remedy should be given during the decreasing moon.

Buttocks very big - Nux.

Cheeks very fat - Calc.c. Sulp. Puls.

2. Therapeutic part – contains 64 Homoeopathic remedies and their pathogenesis of mind.

3. Repertory of Psychic medicines with Materia Medica of all the psychic manifestations.

## **Chapter -I**

In this he explained about medicine, which one will increase the growth of such and such part of body and the other that will make thinner the same part.

If one of the remedies increase the nutrition of such part, it will increase its plumpness by bringing the repletion of tissues, causing the flow of blood in that part it will give colour more or less rosy to that part and the folds the wrinkles will disappear under its action.

If a remedy diminishes the nutrition of such part and it will diminish its plumpness and diminution of flow of blood in that part of body will bring about certain paleness.

With some appropriate remedies therefore one may increase the plumpness and the colour of such and such part of body and some other obesity and colour of those parts may be diminished.

He gives 15 cases as examples & gave only remedies. He did not mention the indication of that particular drug for that particular symptom.

When one wished to make a part bigger give the remedy during the increasing moon i.e., to say the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> day after the new moon.

When one wishes to diminish the plumpness of a part give the remedy during the decreasing moon i.e., to say the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> day after the full moon.

During the full moon generally the weight is 1-3 pounds, more which is lost during the decreasing moon, and one gains it during increasing moon.

### **Chapter - II (Therapeutic part) -**

Only 64 remedies are explained with their mind, intellect, and pure and clinical symptoms. Mostly he described descriptive mental symptoms. In all the remedies he mentioned modalities & concomitants more.

All remedies are in alphabetical order from Aconite to veratrum. Somewhere he gave the comparison of drugs for those particular symptoms.

In every drug he mentioned the symptom into 4 different grades are:

**CAPITAL BOLD** - 1<sup>st</sup> grade.

**Bold** - 2<sup>nd</sup> grade.

*Italics* - 3<sup>rd</sup> grade.

Roman - 4<sup>th</sup> grade.

### **Chapter - III (Repertory part) -**

Rubrics are arranged in alphabetical order.

Most of the mind symptoms are covered by this part.

At Some places he mentioned that after the remedy means note Dulac on Jahr.

### **Typography -**

He mentioned 3 types of grades for drugs:

**CAPITAL BOLD** - 1<sup>st</sup> grade – 3 marks

**Bold** - 2<sup>nd</sup> grade – 2 marks

Roman - 3<sup>rd</sup> grade - 1 mark

At some places he had given number of days:

E.g.: - Rhus tox - 40 days

Ver.alb.- 40 days

Hyos- 40 days etc. It means that case is favoring to Rhus., after 40 days you should give Vertr. then after 40 days Hyosc etc.

In some places he mentioned under, rubrics as:

E.g.: - Anger, impulsive to

Nux + 30 days

Hep. Sul + 60days

Nit.Ac. + 60 days etc. It means that particular symptom is developing after that many days we should prescribe that particular remedy.

In some places he had given as:

E.g.: - Anxiety, in the belly.

Sulph + china + staph

Bry. + Vertr + graph. It means that patient having this particular symptom along with other symptoms is indicating to sulph. We should follow these sulph, chin, and staph. Otherwise another sequence i.e. Bry, vertr and Graph etc.

\* - All these are his own clinical experiences.

### **Advantages-**

All types of psychic symptoms are repertoires by this repertory, because of having more and marked psychic symptoms (altered mental symptoms).

### **Disadvantages-**

In this part only the psychic symptoms are present, other general symptoms are not present.

This repertory is useful only to repertoires a case of conditions where only the psychic are more, not for all other conditions.

In repertory part he didn't mentioned the fears mostly.

It is not systematically arranged, even though it is alphabetically arranged.



**NOTE FOR REPERTORY OF THE PSYCHIC MEDICINES WITH  
MATERIA MEDICA.**

# THE RHEUMATIC REMEDIES

- Dr. Herbert A. Roberts

## Introduction-

**D**r. H. A. Roberts author of many valuable books in Homoeopathy published this repertory in 1939 at Derby, Connecticut. Dr. Roberts concepts & understanding of the subject is much appreciated in Homoeopathic world.

## Structure of Repertory-

This book is divided in to two sections:

- 1) The Rheumatic remedies.
- 2) Repertory to the Rheumatic Remedies.

Repertory or index of Rheumatic Remedies is explained under following headings:

Modalities

Symptoms in general (concomitants)

Head

Eyes

Ears

Nose

Face and Teeth

Mouth and Tongue

Throat

Stomach

Hypochondria (Liver and Spleen)

Abdomen, Rectum, stool etc.

Urinary organs

Sexual organs – Male & Female

Voice, chest, respiration, cough

Heart and circulation

Neck

Back

Joints

Extremities in general

Upper extremities

Lower extremities

Chill, fever and sweat

Skin

In all the sections from Head to skin, first modalities are given followed by concomitants related to the parts.

The Total numbers of remedies in the repertory are 215.

### **Philosophical background-**

Concept of prescribing on disease condition is not the theory of prescribing according to Roberts. If remedy is prescribed by considering patients as a whole his general and parts affected for any disease condition that remedy should act. The main purpose for completing a clinical repertory, he feels, would be help as a hasty reminder to a busy physician.

The following typographies have been used to indicate the different grades:

**CAPITALS**

**SMALL CAPITALS**

*Italics*

Roman



### **NOTE FOR THE RHEUMATIC REMEDIES**

## **COMPLETE REPERTORY TO THE HOMOEOPATHIC MATERIA MEDICA / DISEASES OF EYES**

**- E. W. Berridge**

### **Introduction:-**

Published in April 1873 Alfred Health, London, 321 pages. Reprinted in India by B. Jain Publishers, New Delhi.

Only the “eye” section was ever completed. A perfect repertory should contain a reference to every symptoms of the Materia Medica under every rubric where it can possibly be looked for. Hearings *Materia Medica* and symptoms from later proving is the main source of this Repertory. To affect this author has divided each chapter and the repertory into two sections: -

- 1) The symptoms themselves, and
- 2) Their condition (including concomitants.)

In the footnote he writes - it is often difficult or impossible to decide

from the proving alone what symptoms are really connected with each other. Whereas if a group of symptoms are cured Homeopathically, there can be no doubt of the necessary connection of its constituent elements.

With regards to the abbreviation of the remedy, names, he adapted a uniform and scientific method of ciphering, as it is quite time that such absurd name as Hepar sulfuris... be discarded.... the ciphers of the simple haloids salts are the same as their chemical symbols, the – *ate*, salts are ciphered by adding –*a*, the –*ite* salts by adding –*l*, thus. —Na.-sodium. Na.s. -Sulfide of sodium.

About gradation of Medicine he says “Hahnemann and Boenninghausen insisted upon the necessity of having the medicines in a Repertory distinguished by *different* types to show their relative value, but hitherto such classification has been entirely arbitrary. The plan I propose is based entirely on the proving, not on the clinical experience of any one individual and shows the relative frequency with which any symptom has been produced compared with every other symptom of the Materia Medica”.

Remedies are graded into 5 grades:-

*ITALIC CAPITALS*

PLAIN CAPITALS

*Italics*

Roman letters

(Roman bracketed) - Doubtful symptoms

The last one i.e. bracket type should not be considered for repertorization.

## **Structure of Repertory -**

The repertory is divided into 2 sections: -

Section I: Symptoms & functions.

Section II: Conditions.

### **SECTION - I**

Symptoms & Functions

Objects, false appearances of

Objects imaginary

Photomania



Photophobia  
Sight dazzled  
Sight impaired (Dimness, Blindness) etc.

## **B. Anatomical regions -**

Eyeball	Sclerotic
Cornea	Chambers of Eye
Iris	Lens
Fundus	Orbit
Orbital integuments	Eyebrows
Eyelids	Puncta lachrymalis
Canthi	Caruncula lachrymalis
Lachrymal gland	lachrymal bones
Lachrymal sacs	

## **C. General Character sequence and direction.**

Periodical                      Gradual increase and decrease.  
Changing character or places.  
Alternating in character.  
Right then left              left then right.  
Within - outwards      without - in words.

rate with other organs/ Body.

## **D. Right side – Gen drugs affecting right eye.**

- Functions
- Anatomical regions.

## **E. Left side - Gen dregs affecting left eye.**

- Functions
- Anatomical regions.

## **SECTION - II**

### A. Aggravations –

Time	Situation
Posture	Touch

Motion	Mental factors
Head	Eyes
Ears	Nose
Face	Teeth
Throat	Abdomen
Urinary organs	Genital organs
Chest	Back
Arms	Legs
Sleep	Fever

#### Generalities

#### B. Ameliorations -

Situations	Touch
Motion	Mental factors
Head	Eyes
Nose	Abdomen
Urinary organs	Chest
Sleep	Fever
Generalities	Appendix

Index for Symptoms and conditions are given separately at the end. The author states that in order to obtain the maximum amount of benefit from Homoeopathy, one should faithfully follow the three great rules of the Master.

- 1) The careful selection of the Similimum.
- 2) Single remedy.
- 3) Minimum dose.

The total numbers of medicines used in this repertory are **1171**.



**NOTE FOR COMPLETE REPERTORY TO THE  
HOMOEOPATHIC MATERIA MEDICA /  
DISEASES OF EYES**

**TIMES OF THE REMEDIES  
& MOON PHASES**

**- Dr. C. M. Boger**

**Introduction-**

The international Hahnemannian Association, Derby, CT. in 14 pages, published this Repertory in 1910.

Dr. C. M. Boger author of various notable book like synoptic key, Boninghausens characteristics and repertory also added another worth while research work to his armamentum:- Times of remedies & Moon phases.

Dr. Boger gives more importance to time modalities and the region being, time modalities are more reliable in-patients as well as in remedy. Time modalities help to get reliable number of remedies that can be further differentiated with Materia Medica.

**Construction-**

This book is a compilation made out with the objective of elucidating & facilitating a reference to the times of 'agg' & 'amel' in selecting the similimum. The portion devoted to agg. & Ameli. Is a translation from the original article in German. subsequently it was revised & enlarged by the learned author.

**The book has the following parts: -**

General times of remedies & moon phases.

Times with characteristic the app. & agg. of symptoms and their remedies.

Spring/Summer/Autumn/Winter

Fever, Remedies

- Chill and Heat

- Periodicity

**Agg / Ameli. of symptoms day -**

Daytime Remedies

Morning remedies

Forenoon remedies

Noon remedies

Afternoon remedies

Evening remedies

Night remedies

**Symptoms are further arranged under following subheadings: -**

Mind	Sensorium
Head	Eyes
Nose	Ears
Ears	Face
Teeth	Larynx
Stomach	Abdomen
Stool	Genitals
Resp. org.	Heart
Neck	Extremities
Skin	Sleep
Fever	

Next part of the book deals with Moon phases. Symptoms are explained with respect to: –

First Quarter phase.

New moon phase.

Second Quarter phase.

Full Moon phase.

**NOTE FOR TIMES OF THE REMEDIES**



## & MOON PHASES

# THE CLINICAL REPERTORY

- Dr. P. W. Shedd

### Introduction-

**P**ublished by Boericke & Tafel, in 233 pages. It includes Repertory of Time modalities by Dr. Ide of Stettin, Germany whose work was translated for rendered. Originality in Homoeopathic Materia Medica is not the invention of new things, but a more helpful arrangement of durable pathogenic and clinical facts. The author mentions in the preface that the book is a result of a compilation of essentials of rapid and accurate clinic or office repertorial work. This repertory was published in 1908.

This book is aimed at giving an insight into the delicate reaction of the human organism and as an introduction to the grater science of therapy in conditions amenable to cure by the use of drugs.

### Plan of the repertory-

The clinical repertory is subdivided into various chapters. There are in total 50 chapters & includes various valuable additions.

Weather & temperature

Position & motion

Sides

Sensory stimulation

Peculiar sensations

Formication, Numbness

Alteration of complaints                      Mind

Vertigos                                      Head & Brain

Eyes    Ear

Nose    Face

Mouth	Teeth
Tongue	Throat & voice
Chest	Lungs
Cough	Sputum
Heart & blood vessels	Pulse
Stomach	Abdomen
Liver, pancreas, spleen	Rectum & anus
Stool	Kidney
Bladder	Urine
Prostate	Urethra
Venereal diseases	Male genitals
Female genitals	Back & neck
Limbs	Skin
Glands	Sleep
Nervous system	Muscles
Bones	Generalities

#### Common Diseases and conditions

Keynotes of 50 polychrest.

Antidotes, (dynamic.)

Poisons- antidotes.

There are 2 types of typography used in the repertory:

1. CAPITAL

2. Ordinary Roman



## **NOTE FOR THE CLINICAL REPERTORY-SHEED**

### **COUGH & EXPECTORATION**

**- Edmund Lee & George Clarke**

**F**irst time published in Jan. 1884 by A. L. Chatterton, 201 pages. In preface to first edition author writes 'cough with its attendant aches & pains, debility and emaciation is one of the commonest complaints with which the physician has to deal. For the compilation of this work 28 authorities are consulted including 28 volumes of the North American Journal of Homoeopathy and six volumes of Raue's Annual Record.

The numerous cough symptoms before scattered to many volumes are now for the first time brought together and properly arranged so that the physician may readily finds symptoms that before would have taken hours to discover.

The object then of this Repertory is to include less than one head and so to render more available all the valuable and reliable symptoms connected with Cough & Expectoration found hitherto scattered to many volumes.

To properly account for the reliability of all the symptoms that have been collected they have been numbered so one can easily referred to the authority responsible for them.

It will be noticed in large bocks of remedies that there are often many different numbers used. The superior figer (our any remedy) tells from what authority that remedy was taken the number at the end of a block signifies that all remedies expecting those otherwise numbered (as by a superior figer) are from the author to whom the figer referred. All unnumbered symptoms, as well as those marked 1, are from Allen's encyclopedia.

To secure ready asses to the symptoms they have been arranged alphabetically according –

- 1)** To the anatomical part affected.
- 2)** Under the name of the cough.
- 3)** With reference to the time in which it occurs or it aggravated.
- 4)** Under the exciting cause.

In making a prescription for any trouble of the respiratory organs the

concomitant symptoms especially the mentals are of great importance. Yet we have been compelled to omit all concomitants that are not found in our Materia Medica under chest, larynx, etc, or which do not frequently occur as a concomitants of cough. For as any symptom of the Materia Medica may be a concomitant of cough our task would have extended into many volumes had we included all of them. This Repertory is intended to be merely an index to the Materia Medica. Clarke published a second edition in 1894 (238 pages) which included additions gleaned from Journals and private correspondence.

This repertory is constructed as follows:

First part deals with the remedies abbreviations of more or less than 415 remedies.

Proper repertory part divided into two parts: -

- 1) Cough
- 2) Expectoration

**Cough** – under this heading all symptoms of cough related to character, modalities and concomitants are explained alphabetically. Symptoms are started from rubric Abdomen, aching to the rubric zona, cough with. Out of 238 pages, no.13 to 212 page related with cough symptoms.

**Expectoration** - It starts as a second part of this repertory. Page 213 to 238 they are related with symptoms of character of expectoration, modalities etc.

The first rubric is acid, sour to yellow threads.

Recently in 2001 Indian books and periodicals publisher brought out this book in India as a reprint edition.



## **NOTE FOR COUGH & EXPECTORATION**

### **BELL'S DIARRHOEA**

**- Dr. J. B. Bell**

**T**he Homoeopathic Therapeutics of Diarrhoea is the particular clinical repertory in which author has collected symptomatology related to Diarrhoea with its all indicated remedies. As it is clinical repertory the source of collection of symptoms is clinical findings and clinical verification.



While explaining this symptomatology, following things are considered: -

**a) Type of Stool**

**b) Conditions of Causations, Agg. & Ameli.**

**c) Concomitants**

As this went to several editions there are new additions and corrections. In the second edition Dr. W. T. Laird added 32 new remedies and about 100 pages. Dr. Ad. Lippe has contributed two annotated copies and much suggestion.

### **Repertory part is constructed as...**

1) *Remedies and their indications.*

3) *Repertory.*

**Section -1** symptoms of following types are explained --

Type of stool.

Aggravation & Ameliorations

Symptoms before stool

Symptoms after stool

Accompaniments

During convalescence

**Section -2** are proper repertory and it is further divided into 5 parts: -

Pathological names - This chapter gives pathological rubrics like, Asiatic cholera, Dysentery etc.

Character of stools - Symptoms related to character of stools e.g. albuminous, Bloody and many.

Condition of stool and accompanying symptoms - Aggravation & amelioration also the cause of Diarrhoea is considered e.g. anger after, cold drink after, chamomilla abuse after etc.

Accompaniments of evacuation - Symptoms are detailed in relation to accompaniments of evacuations before, after, and during stools.

General accompaniment - Under this heading symptoms are collected with respect to all possible concomitants with Diarrhea. Here symptoms are explained according to sections and parts of the body starting from Mind & mood to generalities.

There are in **all 141 remedies** considered and they are graded in to 4 grades -

**BOLD**

Italic

Roman

(Roman)



## NOTE FOR BELL'S DIARRHOEA

# REPERTORY TO THE SYMPTOMS OF INTERMITTENT FEVER

**- William A. Allen**

**F**irst Edition - 1882, Published by Boericke, 107 pages at New York.  
Reprint edition - 1995 by B. Jain Publisher.

Dr. Allen was successful in curing intermittent with the one remedy and this is his working repertory.

Dr. T. F. Allen in which he writes, Dr. Allen has a large experience in the treatment of intermittent and his own observations are entitled to great respect forwards this repertory.

In the preface to this repertory author's confidence about treatment of Intermittent Fevers is observed. To the questions regarding removing of pathological conditions and paroxysms of fever he answers, '*It may be asserted with absolute certainty, that these things can be done without any exception and that to succeed, it is only necessary to administer a remedy of proper potency selected in accordance with the law of similia having in its choice a regard for the totality of symptoms*'.

Further it is written that, this repertory was not written with a view to its publication but as an aid to myself in studying up intermittent fevers. The Homoeopathic therapeutics of intermittent Fever by H. C. Allen, Lippe's repertory, Boeningansen's therapeutics, Gross on comparative M. M. have been the books most frequently referred to and i have added such symptoms as have come to my notice in the treatment of these cases.

About selection of potency in cases of intermittent fever he wrote his experience that i have cured cases with tincture to hundred thousands

potency but best adapted is 200 and upwards. The best time to begin to administer the remedy is after the height of the paroxysm has been passed. It is particularly true of Natrum Mur.

### Proper Repertory -

Approximately **132** remedies are considered in repertory Part. Symptoms are arranged in following order -

*Headings - Apyrexia, Symptoms during **Chill** e.g. Anaemia, Anorexia, Constipation, Cough etc.*

Aggravated	Ameliorated
Caused by	Character of
Commences	Followed by
Location of	Proceeded by
Symptoms during	Time of
Wanting	

Heat –

Aggravated	Ameliorated
Character, time and location of	
Followed by	Preceded by
Symptoms during	Wanting
Remedies list of	
Special indications for	
Season and weather	

Sweat –

Aggravated	Ameliorated
Character and time of	Followed by
Location of	Proceeded by
Symptoms during	Wanting



**NOTE FOR REPERTORY TO THE SYMPTOMS  
OF INTERMITTENT FEVER- W. ALLEN**

**DESIRES AND AVERSIONS  
- Wm. J. Guernsey**

**F**irst time this repertory was published in 1883, in Homoeopathic Physician reprint about 16 pages.

Reprint edition by B. Jain in 1996 Proper repertory Part is of app. 28 pages.

About role of desires and aversions in prescribing Homoeopathic remedy he writes, 'General Symptoms are common to every disease and almost every drug, the uncommon sensations and pains, likes and dislikes are simply the 'guiding symptoms' to the choice of the remedy that will often be found to cover the 'totality of symptoms' in the case by giving the reference to apho. 153, he explained importance of characteristic and peculiar symptoms in the choice of a remedy.

**Construction-**

In this small booklet Dr. Guernsey considers more than 230 remedies, Abbreviations and their full names are listed at the beginning.

Repertory part is simply divided into -

**Desires for** - Acids to wines.

**Aversions for** - Acids to wine.

In all there are 190 Headings under which all desires and aversions are explained alphabetically.

Every prescriber should know the importance of the peculiar 'likes and dislikes' in the selection of the correct remedy. It is to this end that the book has been written.



**NOTE FOR DESIRES AND AVERSIONS**

**BORLAND'S PNEUMONIAS  
- Douglas M. Borland**

**R**eprint edition published in 1997 by Indian Books & Periodicals Publishers, New Delhi.

Before going in to details of Borland's Pneumonia one must know difference between Therapeutic Index and Repertory.

A therapeutic index like Borland's Pneumonia, Clarke's Prescriber is ordered by "disease name" while a repertory is ordered by the pathological pneumonia, the symptom, looking under 'Headache' in a therapeutic index will lead one to a series of remedy differential e.g. Nat mur has these sensation, that modalities. Belladonna has these sensation, that modalities etc. The Repertory on the other hand, will break the symptom into its components forehead, occipital, Agg. Morning etc. And following each with possible remedies that have shown those symptoms in the proving and through lengthy clinical experience.

Borland's Pneumonia is one of the therapeutic index where second part is short Repertory to pneumonia and their associated complaints (a sort of Regional Repertory). In first topic every details of pneumonia are explained. This book is printed from shorthand notes of post-graduate lectures delivered at the London Homoeopathic Hospital (Reprinted from Homoeopathy).

Stages of the Pneumonia with their indicated remedies are explained in the four different groups: -

**Group I** Incipient Stage - Aco, Bell,  
- Fer.phos, Ipecac.

**Group II** Frankly developed  
- Pneumonia - Bry, Phos,  
Vert. V., Chelidonium

**Group III** - Complicated Pneumonia -  
Bap, Merc, Rhus. Pyrogen,  
Hepar, Lachesis.

**Group IV** - Late Pneumonia - Ant. tart,  
carbo veg., Kali carb, Ars.  
Alb. Lyco and sulph.

Repertory Past is explained under following headings: -

General	Mentals
Head of Vertigo	Mouth
Tongue	Eyes
Nose	Throat
Stomach	Abdomen
Rectum	Sputum
Heart	Pulse
Temperature	Extremities
Skin	Sleep



### **NOTE FOR BORLAND'S PNEUMONIAS**

## **REPERTORY OF RHEUMATISM, SCIATICA AND ETC.**

**- Dr. Alfred Pulford**

**P**ublished by Krammes Tiffin, Ohio, 211 pages in 1898. This Repertory consists of aggravations of the parts, general aggravation and accompanying symptoms (vertigo, sleep, dreams etc.) In introduction to repertory Dr. Pulford writes - In compiling this repertory the object has been to arrange and classify groups and conditions of symptoms in such a manner that they may be readily available.

Regarding abbreviations and arrangement of remedies he has written that, the small letter (p) in Cal. p stands for "Phos" as it also does in Kali p., etc. The letter 'c' stands for 'carb', 'ac' for 'acid', 'm' for mur, except in metallic substances. Remedies having several adjectives like Kali.phos permang, cal. Phos, pic etc. will be found to have all others spelled out except the abbreviation 'Phos'.

The crescendo and diminuendo marks have been used throughout the work to express aggravation and amelioration etc.

*In cases where many remedies have been stated the more important ones have been emphasized where only one and two are named it has not been deemed necessary to follow out this plan so that should you find a remedy not in capitals and italics do not pass it by as unimportant for it may be very important.*

**- A. Pulford**

Repertory has following Headings - 211 pages.

Aggravations - Acid, Air cool to wrist and hands.

Ameliorations - Air from open to wrapping.

Neck - With sensations, locations.

Shoulders and arms, Upper Extremities, Elbows, Forearms, Wrists, Hands, Fingers, Spine, Cord and Vertebrae, Back, Scapular region, Renal Region, Small of Back, Lumber Region, Sacral Region, coccyxal Region, Lower Extre, Hips, Thighs, Knees, Legs, Ankles, Feet, Toes, General Symptoms.

**Accompanying Symptoms** - Mind, Vertigo, Scalp, Head, Eyes, Ears, Nose, Face, Mouth, Throat, Appetite and Thirst, Stomach abdomen, Anus, Rectum and Stool, Urine, Chest, Heart, Sleep and dreams, Chill, Heat and sweat, skin Index.

**NOTE FOR REPERTORY OF RHEUMATISM,  
SCIATICA AND ETC.**

**A SHORT REPERTORY  
TO THE INDIAN DRUGS**

**- Dr. S. Ahmad**

**P**ublished by B. Jain Publisher, in 1988. Dr. S. Ahmad is a forest officer who got the knowledge of medicines. This short repertory contains 58 Indian drugs. It has been prepared with the help of 'Drugs of Hindustan' by Dr. Ghose and Boericke's M.M. of the 58 drugs included in this repertory 15 are included in the **M.M. and Repertory of Boericke**.

This separate repertory to the Indian drugs will be able to give a boost to the Homoeo. Application of Indian drugs. According to Dr.S. Ahmad many common ailments can be treated with the help of only 40 medicines

marked by asterisk. In this repertory action and indication of Indian drugs are explained in respect to the following sections - Mind, Head, Eyes, Ear, Nose, Face, Mouth, Throat, Stomach, Abdomen, Rectum, Stool, Urinary System, Male Sex, Female Sex, Respiratory, Chest, Heart, Back, Extremity, Skin, Sleep, Fever Generalities.

## **NOTE FOR A SHORT REPERTORY TO THE INDIAN DRUGS**

# **A REPERTORY TO THE CYCLOPAEDIA OF DRUG PATHOGENESY**

**- Richard Hughes**

**P**rofessor Richard Hughes was the teacher to Dr. J. H. Clarke. President British Homoeopathy club. This Repertory was first time published in Feb. 1900 with 476 pages the most complete book for Hahnemann's pathogenesis information.

Other books published by R. Hughes are:

- A Manual of pharmacodynamics.
- A Cyclopaedia of drug pathogenesis (6 vol. 4).
- The Knowledge of the Physician.
- Principles and Practice of Homoeopathy.

In introduction about its publication author wrote that the “Cyclopaedia of drug pathogenesis” was commenced in the summer of 1884 and finished in the winter of 1891. It was an endeavor to present Materia Medica of Homoeopathy - its collection of the effects of drugs on the Healthy body - in the most genuine and intelligible form. It was the result of much discussion and some tentative on both sides of the Atlantic, and its method of presentation was finally determined at a conference held at Deer park, Maryland, USA, on Jan. 9, 1884 between representatives of the two national societies of England & America.

So much novelty characterizes the present index that a full statement of its methods and aims seems necessary at the outset. It purports to be “A Repertory to the Cyclopaedia of Drug Pathogenesis”. Let us see what is embraced under the latter part of the title and explained what the former intends.



I) The “cyclopedia” in one way differs from previous collections of the Materia Medica of Homoeopathy as those of Jahr, Noack and Trinks, and Allen that it doesn’t contain the pathogenesis of Hahnemann himself. It has been fully explained however that this omission does not arise from any slight regard for the symptoms list in question. It is meant because there being no means of improving on Hahnemann’s presentation of them they would have had to be simply transferred bodily to the latter work.

II) The Material then to which this Repertory is an index is to be understood as consisting of –

- a) The three works of Hahnemann - *fragmenta De Viribus, Materia Medica pura, and chronic Diseases*; the second to be used in its entirety the first and third only to the extent indicated in the foregoing remarks.
- b) The supplementary matter collected in the “Cyclopedia of Drug Pathogenecy.”

In preface about arrangement of the last part he wrote, the list of “Corrigenda et addenda” is some what formidable and most apologies for its length, which cannot all together be explained by the numerous cross references between square brackets necessarily left blank during the course of the printing. It is mainly due to the ready opportunities of error afforded by figures.

In giving a second appendix to the introduction an outline of the schema adapted as such that the lists of sections would be liable to modification as the final revision of the M-S-went on. The changes necessitated have proved so many that some further guide to the order has seemed necessary; and I have thought it thus to supply such want by an alphabetical index to the headings of the sections, which will accordingly be found at the end of the volume.

Repertory has –

Preface.

Introduction

Appendix. –1- list of medicines with Abbreviation.

And reference number.

Appendix –2- ground plan of Repertory - sections are

NERVOUS SYSTEM, HEAD, EYES, EARS, FACE, DIGESTIVE SYSTEM, PELVIC ORGANS, RESPIRATORY ORGANS, BACK & LIMBS, SKIN, GENERALITIES.

Including all the symptoms of diffused and multiple seat which are not obviously referable to the categories, nervous system, Blood, lymph & skin.

Approximately more than 400 remedies are covered.



**NOTE FOR REPERTORY TO THE**  
**CYCLOPAEDIA OF DRUG PATHOGENESIS**  
**ANALYTICAL REPERTORY OF THE**  
**SYMPTOMS OF THE MIND**  
**Dr.C. Hering**

**Introduction -**

Dr. Constantine Hering was the member of the American Academy of Natural Sciences, Founder of American Institute of Homoeopathy, who proved Lachesis and published first repertory in English.

His contribution in Homoeopathy is much appreciable. Analytical repertory and Hering's guiding symptom of our Materia Medica is best works of Dr.C. Hering.

The main aim of this repertory is to collect all important symptoms which are scattered in our books and journals together which has been condensed into smallest compass, in such an order and form as to facilitate as much as possible, the selection of remedy for a given cases.

The intention being enabled the practitioners to review the whole subject at a glance and also with rapidity find the curative medicine.

Previously similar work was done which were published in the form of monographs of some medicine as an appendix to the journals later as a separate volume. The attempt there was to collect under a drug all that is known about its effect and was arranged in a comparable form.

**So that a reader can easily compare –**

- The manner in which each drug acts upon.

- Influences each organ and part of the body.
- About nature, kind and degree of action.
- They can compare the peculiar sensation or kinds of affection.
- All Modalities of various symptoms with constant view to general characteristic of the drug.

This Repertory is called “Analytical Repertory” because in the construction drugs are listed in two margins and drugs given in the left margin are differentiated on the basis of Mental or Physical concomitants.

### **How to use this Repertory**

**Rule 1** - Examine as many cases as possible according to Hahnemann’s advice, organon, § 83, etc

i.e. let to explain to the patient his own story without interrupting them. Write it down in a separate symptom. Complete it by questions and observations with regard to every single symptom about place time kind of sensation, modalities and connection.

**Rule 2** - Arrange the symptom according to their importance. The beginner should do this by writing each symptom and its value separately. The sufficiently experienced and skilful may do in mental calculations.

### **Construction –**

Arrangement of this repertory is somewhat according to Hahnemannian Schema. There are 48 sections that are started with Mind and disposition and last is Relationship with other drugs.

### **Main rules followed while arranging this Repertory are-**

- a) Symptoms related to inside and functions of body are listed first and then symptoms of outside and organic changes.
- b) Symptoms related to increased functional activity, then altered and then decreased are listed accordingly.
- c) Particular symptoms are listed first and then General symptoms are listed.
- d) Symptoms related to upper part and then related to lower part are listed.
- e) All modalities related to function are placed together.

### **Section s and its arrangement-**

1.Mind	& 2.Sensorium	3. Headache and
--------	---------------	-----------------

disposition		affections of the inner head.
4. External Head	5. Sight & eyes.	6. Hearing & Ears
7.Smell nose	& 8. Face	9. Lower part of face.
10.Teeth Gums.	& 11.Taste, Talk, Tongue.	12.Inner Mouth.
13.Palate Throat.	& 14.Desire for food & drink.	15.Before-During-after eating & drinking.
16.Gastric symptoms	17.Epigastric Region.	18.Hypochondriac Regions.
19.Abdomen.	20.Rectum & anus.	21.Urinary organs.
22.Male functions and organs.	23.Female organs.	24.Pregnancy & parturition.
25.Larynx.	26.Respiration.	27.Cough.
28.Inner chest & lungs.	29.Heart & Circulation.	30.Outer chest.
31.Neck & Back.	32.Upper limbs.	33.Lower limbs.
34. All the limbs.	35.Rest-position-motion.	36.Nerves.
37.sleep.	38.Times of the day.	39.Relations to warmth, air and water, wind and weather, seasons.
40.Fever.	41.Changes according to time.	42.Relations to space-changes according to space.
43.Sensations classified.	44.Tissues.	45.Passive motions and

46.Skin	47.Stages of life	of	touch. 48.Relationship with other drugs.
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Above 48 sections are further mainly divided into 2 categories – 1) sections which contain symptoms of Body connected to that of Mind. (Section 1 & 2)

2) Section, which contains symptoms of mind, connected to that of Body. (Section No.3 to 47)

### **Grading of Remedies-**

Just like Knerr's repertory here four grades of remedies are used i.e.-

I – observed on the healthy.

II – observed often and repeatedly.

III – applied successfully with the sick.

IV – applied very often and repeatedly.

### **Important points-**

- 1) Nosodes are represented well.
- 2) In each section model cures are given.
- 3) Only well-proved and clinically verified remedies are included.
- 4) Index to symptoms is given at last for easy reference.



### **NOTE FOR ANALYTICAL REPERTORY OF THE MIND**

## **REPERTORY OF COUGH BETTER AND WORSE**

COMPILED FROM  
ALLENS HANDBOOK

**Dr. Willard Ide Pierce, M.D.**

Dr. Willard Ide Pierce in the preface says that in looking over our Materia Medica with the object of making comparisons, every one is confronted with the indefiniteness of many of our symptoms.

The symptoms are taken from Allen's Handbook and comprise the Pathogenetic symptoms in **heavy type** and in *italics* and the clinical notes having reference to the subject of cough better and Worse.

The book is divided into two parts. First part a short Repertory of Cough Better and Worse for the sake of uniformity the symptoms are all printed in the same style of type.

Under **better** in the Repertory section is included time, Circumstance, must do and necessity for except that no symptoms have been taken which read simply 'Cough with expectoration' or necessity to cough'.

Under **worse** is included, time of aggravation, worse from and caused by.

The numerals following the name of the drug in the Repertory section, refer to the first, second, third, etc., symptoms of that drug as found in the second section, (on therapeutics) made to the first or perhaps only symptom of that grade.

For e.g. < Morning – Kali. Bich <sup>11,12,13,14,15</sup>

In the Therapeutic Section

**Under the remedy K.Bich**

11. - Mucus in Respiratory organs in morning.
12. - Mucus in larynx in morning.
13. - Hoarseness in morning with mucus in larynx.
14. - Feeling of adherent mucus in throat in morning.
15. - Irritation in larynx in morning causing hawking.

■ ■

## **A CONCISE REPERTORY OF AGGRAVATIONS AND AMELIORATIONS**

**- Dr.P. Sivaraman**

FIRST EDITION -1980

SECOND EDITION -1985

Dr.P.Sivaraman says in the preface of the Repertory that treating a disease and curing a patient is not the same. Palliation or suppression by crude doses of medicines is the time-honored method of treatment the normal of the old school physicians.

The time of healing art is in its nature, is a pure Science of experience and must rest on clear facts and on the sensible phenomenon pertaining to the sphere of action for all the subjects. It has to deal that are clearly and satisfactorily cognizable by the sense through experience.

Every Homoeopath knows the Importance of taking a case

thoroughly. Taking a case itself is an art. Author says that under the modalities we must secure the aggravations and ameliorations of each individual symptom so far as possible. The modalities the aggravations and amelioration are the most important among that the nature and sensation of the symptoms the time of day the positions and circumstances under which symptoms appear are the most important modifiers of any given case.

In analyzing the case, very valuable symptoms are those pertaining to the aggravation and ameliorations are the natural modifiers of diseased states and the definite reaction of the man himself.

Since modalities are the natural modifiers of the body and as such represent the man himself and since we Homoeopaths are curing the sick man the significance of aggravations and ameliorations come to the forefront in deciding the similimum.

The author in his Repertory has compiled such symptoms for easy reference.

### **Construction of Repertory –**

First Part includes Aggravation rubrics

Second Part includes Amelioration rubrics.

Headings like Mind; Vertigo; Head; Eye; Ear; Hearing; Nose; Face; Mouth; Teeth; Throat - Internal; Throat - External; Stomach; Abdomen; Rectum; Urinary Organs - Bladder; Kidneys; Prostate Gland; Urethra; Genitalia - Male; Genitalia-Female; Respiration; Cough; Expectoration; Chest; Back; Extremities; Chill; Fever; Perspiration; Skin; Generalities.

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### **Grading of remedies - BOLD, ITALICS, ROMAN.**

After short repertory Part-Author has given the characteristic indications of important remedies alphabetically.. The symptoms under the drugs are arranged numerically.

## **NOTE FOR A CONCISE REPERTORY OF AGGRAVATIONS AND AMELIORATIONS**

## **HERING AND CLARKES REPERTORY OF TOOTH-ACHE**

Two authors Dr.Hering and Dr.Clarke append the Repertory of

Toothache.

Dr. Constantine Hering gives the First part of repertory of Toothache. The Rubrics on Toothache is arranged by different captions or Headings. Such as

- 1) Location of Pains – e.g. on the it side, One-sided
- 2) Objective symptoms- e.g. Gums, Swollen, Bleeding, Ulcerated
- 3) Character of the pains- pressing, Sore, Bruised, Digging, Boring.
- 4) Caused – by damp night-air, wind, taking cold, by getting wet.
- 5) Aggravation- during the day only, better in the night, worse in morning.
- 6) Suitable for- for women, for children, for irritable nervous persons.
- 7) Amelioration –e.g. getting better from, cold air, covering, drinking, when chewing.
- 8) Extension of pains- the pains extend, to the cheeks, into the ears.
- 9) Accompaniments- with headache, with chillness, diarrhoea.

An author under the title “ Toothache” notes gives, the therapeutic indications of some important remedies for toothache. E.g. like phosphoric acid, Apium verus and Silicea.

Dr. J. H. Clarke writes 2nd part on repertory of remedies for toothache.

This part is also divided into different title for easy comprehension. Like-localities, character of pains and sensation, time e.g. forenoon, noon, afternoon.

Causation, conditions of aggravations, conditions of amelioration. Extension of pains, concomitants.



## **NOTE FOR THE REPERTORY OF TOOTHACHE**

### **HUNTING OF RUBRICS**

#### **(EXERCISE RUBRICS)**

Use of repertory is an art as well as Science. Repertory is an index it's proper use is only possible when the user is able to convert the conditions into symptoms, and the symptoms in to rubrics. Many of the rubrics are confusing and needs a continues study for using these rubrics in Repertorial Totality.

🔍🔍 Also there are limitations in the interpretations of rubrics and this can be filled by the experience of the practitioner with the knowledge of Materia medica.



## **Dr. J. T. KENT'S REPERTORY-**

**E**nlargement of sub Maxillary glands. – Face.  
Pain in head increases and decreases with the sun. – Head.  
Sensation as if teeth are large and swollen. – Teeth.  
Hay fever. – Nose.  
Synovitis. – Extremities.  
Dreams of suffocation. – Sleep.  
Lack of vital Heat. – Generalities.  
Agg. in a room full of People. – Generalities.  
Desire to kill the person that contradicts. – Mind.  
Laughs over serious matter. – Mind.  
Desire to travel. – Mind.  
Divorce from his wife. – Mind.  
Child thinks all visitors laugh at it and hides behind Furniture. – Mind.

☞☞ Conjunctivitis. - Eye.

Cerebral palsy. - Head.  
Contradictory symptoms. - Generalities.  
Cracking of newspaper drive him to despair. - Mind.  
Counting continually. - Mind.  
Constipation after laxatives. - Rectum.  
Pain pneumonia after. - Chest.  
Cough due to roughness voice. - Cough.  
Chill occupy earlier everyday. - Chill.  
Cannot smell at all. - Nose.  
Cannot bear slight touch. - Generalities.  
Careculae. - Eye.  
Dreams of duplicating money. - Sleep/Dreams.  
Pulls hairs of by standers. — Mind.

Imprints of teeth on tongue. – Mouth.  
Sleeps by keeping arms overhead. – Sleep.  
Pain appears suddenly and disappears  
Gradually. – Generalities.  
Liquids come out through the nose on attempt to  
swallow – Throat.  
Eruption in Axilla. – Chest.  
Herpes Zoster. – Skin.  
Excess sexual desire before menses. - Mind.  
Sensation of lump in pit of throat. – Larynx and Trachea.  
Aversion to black color. - Mind.  
Contraction of Hamstrings. – Extrimeties.  
Gastric ulcer. - Stomach.  
Geographical tounge. - Tounge.  
Hydrothorax. - Chest.  
Hot breath. - Respiration.  
Hydrocele. - Genit.Male.  
Haematuria. - Urine.Bloody  
Hutchison's teeth. - Teeth.  
Addison's disease. – Kidney.  
Physical general anxiety. – Generalities.  
Body fat but legs are thin. – Generalities.  
Sends the doctor home says he is not sick. - Mind.  
Sits with head on hands and elbow on knee. - Mind.  
Every thing seems unreal. – Mind.  
Desires to carry slowly. – Mind.  
Sensation of cold water poured on head. - Head.  
Swimming of letters. – Vision.  
Sensation of hairs on anterior part of tongue. – Tongue.  
Bites Tumbler when drinking. – Mouth.  
Keratitis. – Eyes.

Become unconscious with cough. - Sleep.  
Behaves like a crazy person. - Mind.  
Babbling. - Mind.  
Breath loud like swaying. - Resp.  
Breath stopped. - Resp.  
Brain feel too far from skull. - Head.  
Bald spot above ear. - Ear.  
Complaints from arsenical poisoning. - Generalities.  
Catalepsy. - Generalities.  
Chronic effect of lead. - Generalities.  
Chickenpox. - Skin.  
Cerebrospinal fever. - Fever.  
Cough in tall slender, tuberculous subject. - Cough.  
Urine drops out perpendicularly. – Bladder.  
Illusion as if tone comes from another world. – Hearing.  
Retinal Hemorrhage. – Eye.  
Leprosy. – Skin.  
Act hastily & incautiously no seriousness in life. - Mind.  
Audible palpitations. - Chest.  
Anorexia nervosa. - Mind.  
Abscess just below coccyx. - Rectum.  
Thinks in imaginative plans, which may not  
be practicable. – Mind.  
Wants to make falls statement against  
opposite person.- Mind.  
Agg. of symptoms due to repeated warning  
or reminding. –Mind.  
Cannot face the situation where expected. – Mind.  
Speaking or writing of oneself in excess. – Mind.  
Desire to harm another. – Mind.  
Sensation as if menses would appear. – Abdomen.  
Strangulated inguinal Hernia. – Abdomen.  
Sensation as if something is living in stomach. -Stomach.  
Angular stomatitis. - Face.

Anosmia. - Nose.  
Arcus senilis. - Eye.  
Astigmatism. - Eye.  
Paralysis of ciliary's muscles. – Eye.  
Desire to remain in bed. - Mind.  
Recognizes no one. – Mind.  
Desire to pull ones nose in the street. – Mind.  
Cephalamatoma. – Head.  
Agonizing physical or mental pain. -Mind.  
Avoids sight of people. - Mind.  
Periostitis. – Teeth.  
Feels that he is a Hunter. – Mind.  
Anuria.- Kidney.  
Amplitude of breathes unequal. - Respiration.  
A sea of fire on closing the eyes. - Vision.  
Absolute or permanent blindness. - Eye.  
Thinks that his wife will run away from him. - Mind.  
Late learning to walk. – Extremities.  
Dreams of insects. - Sleep.  
Desire to uncover on parts. - Perspiration.  
Thinks that eyelashes are enlarged. - Mind.  
Urine like smelling in Mouth. - Mouth.  
Coldness of right side and heat of left. - Chill.  
Complaint's returns at same hours. – Generalities.  
Imperceptible pulse. - Generalities.  
Abuse of iron. - Generalities.  
Abscess of glands. - Generalities.  
Aversion to business. - Mind.  
Abandons his relatives. - Mind.  
Attempt to leave the bed. - Mind.  
Burns. - Generalities.  
Back pain after cesarean or forceps delivery. - Back  
Impulse to jump into the river. - Mind.  
Feels as if she had two noses. - Nose.

Desire to wash face in cold water. – Face.  
Desires to do several things at once. - Mind.  
Thinks people are looking over his shoulder. - Mind.  
Aversion to riding in a carriage. – Mind.  
Thinks nothing but Murder, fire and rats. – Mind.  
Artificial behavior designed to impress others. – Mind.  
An extreme sense of self-importance or boastfulness. - Mind.  
Faint feeling about heart. – Chest.  
Sensation as if blood is stagnated. - Generalities.  
Feels that he is separated from the word. – Mind.  
Melanosis. - Eye.  
Child grasps the nurse when carried. - Mind.  
Aversion to her household works. - Mind.  
Aneurysm of heart and arteries. - Chest.  
Angina. - Chest.  
Indigestion after milk. - Stomach.  
Umbilical hernia. - Abdomen.  
Gall stones colic. – Abdomen.  
Distension of veins over inguinal region. - Abdomen.  
Slow repair of broken bones. - Generalities.  
Balanitis. - Genit.Male.  
Bladder stone. - Bladder.  
Bites of poisonous animals. -Generalites.  
Bell's palsy. - Face.  
Black nostrils. - Nose.  
Biting fingers. - Mind.  
Birth mark. - Skin.  
Bronchitis. - Chest.  
Blepharitis. - Eye.  
Lacks will power to undertake anything. - Mind.  
Risus sardoricus. – Face.  
Horror of opposite sex. - Mind.  
Talks in nasal tone. - Larynx and Trachea.  
Confusion when spoken to. - Mind.

Delusion of Grandeur. - Mind.  
Falls to left, right, forward, and backward. - Vertigo.  
Brick dust in urine. - Urine.  
Crushed and lacerated fingertips. - Generalities.  
Patient is moving the legs to and for motion  
on standing. - Extremities.  
Believe all she says is a lie. - Mind.  
Bathing foot > - Generalities.  
Burning pain extending from coccyx to spine. - Back.  
Bloody water oozing from nipple. - Chest.  
Cat's bite to thumb. - Extremities.  
Clubbing of fingers. - Extremities.  
Cough by brushing teeth. - Cough.  
Cardiac cough. - Cough.  
Child handles genital during spasm. - Mind /Genit.Male.  
Cough from an elongated uvula. - Cough.  
Complaints from wisdom tooth. -Teeth.  
Child putting fingers in mouth. -Mouth.  
Cracking jaw while chewing. - Face.  
Diabetes insipidus. - Urine.  
Dacrocystitis. - Eye.  
Desire to get good opinion from others. - Mind.  
Drops things from hand.- Extrimities.  
Does not want to be disturbed.- Mind.  
Does the opposite of what he is told. - Mind.  
Dilated pupil. - Eye.  
Excessive joy on walking in open air. - Mind.  
Exposes the person. - Mind.  
Eyelids sticks together. - Eye.  
Fatty degeneration of heart. - Chest.  
Fissure in face. - Face.

Fever after injection. - Fever.  
Flies away from society. - Mind.  
Feel he will get diarrhoea. - Abdomen.  
Forcible retention seems to paralyze the bladder. - Bladder  
Hourglass contraction of uterus. - Genit.Female.  
Hanging of lower jaw. - Face.  
Indelible stains of sweat. – Perspiration.  
Lemon colored sputa. - Expectoration.  
Lousiness. - Skin.  
Lack courage. - Mind.  
Marasmus. - Generalities.  
Malaria - Fever.  
Malposition of uterus. - Genit.Female.  
Morning sickness. - Stomach.  
Mania to work. - Mind.  
Menses persists for days. - Genit.Female.  
Marginal blepharitis. - Eye.  
Mental symptom > by physical exertion. - Mind.  
Must urinate 5-6 times to empty bladder. – Bladder.  
Malingering. - Mind.  
Nystagmus. - Eye.  
Noise as of waterfall on opening mouth during  
dinner. - Ear.  
Osteomyelites. - Generalities.  
Osteomalacia. - Generalities.  
Pericardial effusion. - Chest.  
Physometra. - Genit.Female.  
POt bellied children. - Abdomen.  
Osteomyelites. - Generalities.

Ovarian cyst. - Genit.Female.  
Oxalate crystals in urine. - Urine.  
Obscene songs. - Mind.  
Ptosis. - Eye.  
Pterygium. - Eye.  
Pin mania. - Mind.  
Pretended deafness. - Mind.  
Phthisis with more phlegm. - Chest.  
Pain in filled tooth. - Teeth.  
Pain vanishing on touch & appear elsewhere. - Generalities.  
Puerperal fever from suppressed lochia. - Fever.  
Phthisis with curved fingernails - Extrimities.  
Pain in chest after pneumonia. - Chest.  
Post menopausal 'menses' - Genit.Female.  
Pruritus vagina. - Genit.Female.  
Pneumonia after abuse of aconite.- Chest.  
Partial perspiration. - Perspiration.  
Perspiration from humor in axilla. - Chest.  
Peritonitis. - Abdomen.  
Painful anxiety. - Mind.  
Pain abdomen after a full meal. - Abdomen.  
Patient feels his thumb is paralysed. - Extrimities.  
Person who would not bother about anybody's feeling. - Mind.  
Pain in precordium before urination. - Chest.  
Perspiration on single parts. - Perspiration.  
Paralysis of diaphragm. - Chest.  
Pain in stomach resulting in fever. - Fever.  
Premature old age. - Generalities.  
Perspiration when doing job/work. – Perspiration.



Pain in stomach < pressure clothes. - Stomach.  
Prolonged neglected pneumonia. - Chest.  
Puts stones in mouth. - Mind.  
People would observe her confusion. - Mind.  
Pulling pain in back. - Back.  
Pain in nose ext.to brain like rays. - Nose.  
Pain in small of back. - Back.  
Pain takes away the breath. - Resp.  
Penis relaxed when excited. - Genit.Female.  
Physical anxiety. - Generalities.  
Popcorn like stool. - Stool.  
Prefers to talk rather than writing ideas. - Mind.  
Pretend that he cannot see things. - Mind.  
Prosopalgia. - Face.  
Paralysis of sternomastoid. - Extr.throat.  
Prostatic fluid discharge while talking to  
a young lady. – Prostate Gland.  
Pain as if streds of mucus between teeth. - Teeth.  
Puckered sensation in palate.- Mouth.  
Pain as if an insect had got in to ear. - Ear.  
Quality of being easily influenced by anger. - Mind.  
Quinsy. - Throat.  
Rheumatic edocarditis.-Chest.  
Rigidity of os during labor. - Genit.Female.  
R. B. C. in urine. - Urine.  
Renal stone. - Urine.  
Round worm. - Rectum.  
Reversed peristalsis. - Abdomen.  
Receding gums. - Mouth.

Rhus tox tongue. - Mouth.

Rodent ulcer. - Face.

Risus sardonicus. - Face.

Squint conversent/diversent. - Eye.

Stabbed so that he could have any one. - Mind.

Simple to talk but will not answer question. - Mind.

Spring up suddenly from bed. - Mind.

Stammer while talking to strangers.- Mind.

Searching in dark. - Mind.

Satiety must use self-control to prevent shooting herself. -Mind.

## **BOENNINGHAUSENS THERAPEUTIC POCKET BOOK**

Palpitation. – Chest.

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Inflammation of lymphnodes. – S & C of glands.

Agg. from turning head. – Aggravation.

Hiccough. - Eructation.

Optic nerve. - Eyes.

Parotid gland. - Ear.

Sick sensation. – S & C in General.

Thyroid gland. – Ext. throat and Neck.

Chill internally and heat externally. - Fever

Pulse more rapids than the beat of the heart. - Fever.

Suppurative ulcers. – S & C of skin.

Cyanosis. - S & C in General.

Hairy sinciput. - Ext. Head.

Right abdominal ring. – Abdominal ring.

Sensations of absence of bone marrow. - S & C of Bone.

Acrid menses. - Menstruation.

Vomiting of warms. - Nausea and Vomiting.

Letters runs together when reading. - Vision.

Desires for tonic. - Hunger and thirst.  
Sensation of falling outward of internal parts. - S & C in General.  
Sleeps by keeping arms and hands overhead.  
– Position in sleep.

Troubles before Micturation. - Micturation.  
Stopped feelings in the ears. - Hearing.  
Sensation of wind. - S & C in General.  
Toneless voice. – Air passages.  
Grinding of teeth. – Teeth.  
Sweat on one side of body. – Fever.  
Pressing in muscles. – S & C in General.  
Scrapped feeling. - S & C in General.  
Aqueous Humor. - Eyes.  
Spermatic cord. – Sexual organs.  
Painless swelling of glands. – S & C of Glands.  
Falling of hairs. -External head.  
Margin of lids. - Eyes.  
Perineum. - Stool.  
Lower teeth. – Teeth.  
Dead feelings. – S & C in General.  
Toe joints. - Lower extremities.  
Blue nails. – Skin.  
Sensation of cold wind. – S & C in General.  
Frozen limbs. – S & C in General.  
Watery menstruation. - Menstruation.  
Waking in distress. - Sleep.  
Tendency to take cold. - S & C in General.  
Apparent death. - S & C in General.  
Cracking of joints. - S & C in General.  
Sprain from lifting. - S & C in General.  
Dryness of internal parts. - S & C in General.

Itch suppressed. – S & C of skin.  
Constipation on account of inactivity. - Stool.  
Contraction of extremities. – S & C in General.  
Loose feeling in joints. - S & C in General.  
Easy sweat. – Fever.  
Diaphragm. – Internal Abdomen.  
Threadworm. - Stool.  
Patella. – Lower extremities.  
Pain jumping from place to place. - S & C in General.  
Ineffectual yawning. - Sleep.  
One-sided chilliness. - Fever.  
Dropsy externally. – S & C in General.  
Nausea in throat. - Nausea and Vomiting.  
Glycosuria. – Urine.  
Full moon aggravation. - Aggravation.  
Accompanied trouble of leucorrhoea. - Leucorrhoea.  
Hot breath. – Mouth.  
Fever with out thirst. - Fever.  
Ulcerative pains in nails. – Skin.  
Complaints of left lower and right upper side. - S & C in general.  
Dilated pupils. - Eyes.  
Falling of hairs. - External Head.  
Margin of lids. - Eyes.  
Perineum. - Stool.  
Lower teeth. - Teeth.  
Dead feeling. – S & C in General.  
Toe joints. - Lower extremities.  
Blue nails. - Skin.  
Frozen limb. -S & C in general.  
Watery menstruation. - Menstruation.  
Walking in distress. - Sleep.

Cracking in joints. – S & C in general.

Contraction of extremities. -S & C in general.

Itch suppressed. – S & C in general.

## **BOGER -BOENNINGHAUSENS REPERTORY**

Paralysis of tongue. -Tongue.

Acidity. – Stomach.

Impulse to dance. – Mind.

Cutting pain in eyebrow. - Eyebrows.

Pain in Bicuspid and molar teeth. – Teeth.

Intolerance to cloths. – S & C in general.

Eruption over thighs. – S & C in general

Biting teeth together amel. - Teeth.

Sensation as if navicular region torn out. - Abdomen.

Stertorious respiration. - Respiration.

Uncertain gait. – Lower extremities.

Sensation as if skin hanging loose  
in parts. – S & C in general.

Preparation during manual labors. – Sweat.

Agg. from arsenic fumes. – Agg. & Amel in general.

Uric acid diathesis. - Agg & Ameli in general.

Hydrogenoid constitution. – S & C in general.

Oedema of vocal cord. - Voice and Speech.

Involuntary urination while sitting. - Micturation.

Peritoneum. – Abdomen.

Dull, stupid looking face. - Face.

Dandruff on occipute. - Head External

Rush of ideas. - Mind

Delusions of weeding. - Mind.

Escape from bed. - Mind

Consolation amelioration. - Mind.

Sneezing due to irritation of larynx. - Coryza.

Sweetish eructation. - Eructations.

Emaciation of wrist joint. - Upper extremities.  
Heavyness in vertex. - Head internal.  
Unilateral complaints of face. - Face.  
Blepharospasm - Eye.  
Bed-wetting - Micturation.  
Bleeding eye - Eye.  
Blepharitis - Eye.  
Blepharospasm - Eye.  
Boring with fingers in ear – Ear/ Agg & Ameli  
Belching - Eructation.  
Bronchitis - Chest.

Biting finger nails - Upp Extr.  
Burns - Skin. /Agg & Ameli.  
Bed sore – Skin.  
Plica polonica. - External head.  
Confusion in occipute. - Sensorium.  
Wants Company. - Mind.  
Eruption on upper right eyelid. - Eyelids.  
Eczema of fingers. - Upper extremities.  
Sensations as if needles on face. - Face.  
Sensation as if lump, balls in epigastrium. - Epigastrium.  
Fig wart on anus and rectum. - Rectum.  
Sensation of foreign body in trachea. - Larynx & trachea.  
Impulse to sit. - S & C in general.  
Syphilis. – S & C in general.  
Congestion in general. - Congestion.  
Oppressed respiration with fever  
and heat. -Heat & Fever in general.  
Acidity - Stomach.  
Affection of testes after mumps- Genit Male.  
All food seems turn to gases - Flatulance.  
Ascaris lumbricoidas - Stool.  
Arthritic pain – Sen & Comp

Asthma during full moon & new moon. - Agg & Ameli.  
Aura (together) auditory. - Sen & Comp.  
Cough in paroxysms of three & four. - Cough.  
Continuous chronic coryza. - Coryza.  
Thirst without desire for liquids. - Thirst.  
Aversion to society. - Mind.  
Itching between scapulae. - Scapular region.  
Saliva runs from mouth during sleep. - Sleep.  
Tuberculosis of abdomen. - Abdomen.  
Urinous vomiting. - Nausea & vomiting.  
Sensation as if something alive in upper  
extremities. - Upper extremities.  
Linea Alba. - External abdomen.  
Salivary glands. - Mouth.  
Automatism. - Mind.  
Sweat accompanied with coldness of knees. - Sweat.  
Sleeplessness without cause. - Sleep.  
Awkwardness. - Mind.  
Aversion to others. - Mind.  
Aversion to bathing. - Mind.  
Arcus senilis. - Eye.  
Alternation between ear to ear. - Ear.  
Apthae in infants. - Mouth./ Sensation&Complaints.  
Dreams as if teeth falling out. - Dream.  
Pale colored skin. – skin & exterior body.  
Incarcerated Hernia. - Inguinal & pubic region.  
Meibomian gland. - Eyes.  
Bruised pain in bones of nose. - Nose.

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Insensibility in ear. - Ear.  
Sense of illness. - Mind.  
Wants to carry over shoulder. - Mind.  
Slipping aside of patella. - Lower extremities.  
Oxaluria. - Urine.

Ball in bladder. - Bladder.  
Cherry-brown Leucorrhoea. - Leucorrhoea.  
Secretion increase in inner chest. - Chest.  
Accumulation of saliva in fore part of mouth.- Throat.  
All food seems to turn in to gas. - Flatulance.  
Angina pectoris. - Heart&Region.  
Aneurism. – Heart & Region.  
Anthrax. – Aggravation & Ameli.  
Abscess in axilla. - Axilla.  
Ascitis. - Abdomen.  
Acetonuria. - Urine.  
Anaemia. - Circulation.  
Apex pulse deficient. - Circulation.  
Aversion to washing. - Sen. & Comp. /Agg & Ameli  
Abuse of narcotics. - Agg & Ameli  
Ameliorated by sneezing. - Agg & Ameli  
Always on time. - Mind.  
Aggravation after shaving. - Face./Agg &Ameli  
Altered taste.- Taste.  
Agony. - Mind.  
Aggr missing a meal. - Agg &Ameli  
As if someone were on sides. -Mind.  
As if about to menstruate. - Menstruation.  
Absorption of pus. -Sens & Comp.  
Boring in nose & ears with fingers. – Agg. & Ameli.  
Beard. - Head External.  
Blue circles around eyes. - Face  
Beard hair painful. - Face.  
Bites cheeks. - Face.  
Brooding. - Mind.  
Brachial neuralgia. - Neck & ext throat  
Beats her head. - Head.  
Bore head in to pillow. – Head External  
Blindness. - Eye.  
Burning ext upwards in throat – Waterbrash & heart burn.  
Bleeding in nursing females - Genit .Female .  
Bubo. - Inguinal & pubic.



Burning between buttocks. - Anus & rectum.  
Breathlessness from feathers. - Resp.  
Blowing murmur in heart .- Heart & region.  
Blueness of skin over clavicle. - Chest.E .  
Bony people. - Sens & Comp.  
Back ache from injury. - Back.  
Bladder like swelling on face. - Face.  
Blood stagnated in head. – Head Int.  
Breathlessness even by slight drinking. - Resp.  
Burns of skin like flames. - Skin.  
Bathing in cold water Agg. - Agg & Ameli.  
Bursting pain at the root of nose. - Nose.  
Boast full. - Mind.  
Birth mark -Skin.  
Coma. - Mind.  
Coryza aborting remedies.- Nose.  
Coryza suppressed with resp symptoms. - Nose.  
Coryza with anosmia. - Nose.  
Contraction of muscles. – Sens & Comp.  
Contraction of epigastrium while coughing.-Cough.

### **BOERICKES REPERTORY**

Carpologia (Picking at bed cloths). – Mind.  
Fear of People (Anthrophobia). - Mind.  
Headache with palpitation. - Head.  
Headache < after abuse of stimulant. - Head.  
Desire to steal the Things (Kleptomania). - Mind.  
Taciturn (Silent nature). - Mind.  
Taedium vitae (disgust of life). - Mind.  
Apathetic (indifferent to anything). - Mind.  
    Onyx (variety of chalsidony). - Eye.  
Trachoma. - Eye.  
Hysteria. - Mind.  
Somnambulism. - Mind.  
Home sickness (nostalgia). - Mind.

Awkwardness. - Mind.

Cretinism .- Mind.

Speech lost/paralysis (aphasia). - Mind.

Headache from hair cut. - Head.

Menstrual headache. - Head.

Lagophthalmus. - Eye.

Meibomian glands. - Eye.

Semilateral (Hemicrania) .- Head.

    Headache on every seventh day. - Head.

Dandruff .- Head.

Wens (cyst especially on the scalp). - Head.

Tinea capitis. - Head.

Meniers disease. - Head.

Crusta lacteal. - Head.

Plica – polonica. - Head.

    Conjunctivitis. - Eye.

Keratitis. - Eye.

Otorrhoea. - Ear.

    Tinnitus aurium. - Ear.

    Exophthalmus. - Eye.

Polyp. - Nose.

Hay fever. - Nose.

Midriasis (dilated pupil). - Eye.

Ptosis. - Eye.

Styes (Hordeolum). - Eye.

Glaucoma. - Eye.

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Vision Amaurosis (blindness). - Eye.

Epiphora. - Eye.

Entropion. - Eye.

Deafness after working in the water. - Ear.

Otitis media acute Suppurative. - Ear.

Singing noise in the ear. - Ear.

Epistaxis. - Nose.  
Vicarious menses. - Nose.  
Facial distortion (Risus sardonicus). - Face.  
Prosopalgia. - Face.  
Ozaena. - Nose.  
Sneezing (Sternutation). - Nose.  
Loss of sense of smell (anosmia). - Nose.  
Cyanosis. - Face.  
Acne rosacea. - Face.  
Lockjaw. - Face.  
Breath offensive (fetororis).- Mouth.  
Stomatitis. - Mouth.  
Ptylism. - Mouth.  
Pyorrhoea alveolaris. - Gums.  
Eupilus. - Gums.  
Mapped tongue. - Tongue.  
Glossitis. - Tongue.  
Sweet taste in the mouth. - Taste.  
Odontalgia. - Teeth.  
Riggs disease. - Teeth.  
Esophagitis. - Throat.  
Clergymans sore throat. - Throat.  
Uvulitis. - Throat.  
Dysphasia. - Throat.  
Pharynx abscess (retropharyngia). - Throat.  
Quinsy. - Throat.  
Appetite loss (anorexia). - Stomach.  
Appetite increased (bulimy). - Stomach.  
Adenoids. - Throat  
Peritonsillar abscess. - Throat.  
Dysphagia. - can swallow only liquids - Throat.  
Aversion for milk. - Stomach.

Abdomen retracted as if drawn by string. - Abdomen.  
Pain in abdomen < from drinking. - Abdomen.  
Hiccough (singultus) - Stomach.  
Hyperacidity (Hyperchlorhydria). - Stomach.  
Nausea (qualmishness). - Stomach.  
Acute Suppurative nephritis. - Urinary system.  
Thirstlessness. - Stomach.  
Pain in the groins. - Abdomen.  
Anus. - Abdomen.  
Rectum abscess (peri rectal). - Abdomen.  
Nocturnal enuresis. - Urinary system.  
Calculi (nephrolithiasis). - Urinary system.  
Uremia. - Urinary system.  
Gonorrhoea. - Male sexual system.  
Diabetes incipidus. - Urinary system.  
Dysuria. - Urinary system.  
Masturbation. - Male sexual system.  
Retention of urine (ischuria). - Urinary system.  
Stangury suppression (anuria). - Urinary system.  
Desire increased (erethism, satyriasis).  
- Male sexual system.  
Gleets. - Male sexual system.  
Impotence. - Male sexual system.  
Leucorrhoea bland. - Female sexual system.  
Prepuce constricted (phimosis). - Male sexual system.  
Prepuce inflamed (banalities). - Male sexual system.  
Prostate gland. - Male sexual system.  
Mammae inflammation (Mastitis). - Female sexual system.  
Prostatitis. - Male sexual system.  
Hydrocele. - Male sexual system.  
Desire increased (nymphomania). - Female sexual system.  
Rupture of artery (apoplexy). - Circulatory system.

Leucorrhoea before menses. - Female sexual system.  
Inflammation (endocarditis). - Circulatory system.  
Menstruation protracted menses. - Female sexual system.  
Gait ataxic. - Locomotory system.  
Dysmenorrhoea membranous. - Female sexual system.  
Ovaries inflammation (ovaritis). - Female sexual system.  
Pregnancy; labour; Abortion. - Female sexual system.  
Atheroma of arteries (arteriosclerosis).  
- Circulatory system.  
Threatened abortion. - Female sexual system.  
Placenta retained. - Female sexual system.  
Puerperium (lying in period). - Female sexual system.  
Palpitation. - Circulatory system.  
Pain neuralgic Angina pectoris. - Circulatory system.  
Coccyx. - Locomotory system.  
Pulse rapid (tachycardia). - Circulatory system.  
Syncope (fainting). - Circulatory system.  
Veins inflamed (phlebitis). - Circulatory system.  
Axilla. - Locomotory system.  
Hand-automatic motion of hand and head.  
- Locomotory system.  
Joint inflammation. - Housemaids knee  
- Locomotory system.  
Whooping (pertusis). - Respiratory system.  
Expectoration sweetish. - Respiratory system.  
Eczema. - Skin.  
Inflammation – laryngitis. - Respiratory system.  
Haemorrhage (Haemoptysis). - Respiratory system.  
Herpes Zoster. - Skin.  
Hyperidrosis. - Skin.  
Pleurisy. - Respiratory system.  
Dyspnoea < from lying down. - Respiratory system.

Trachea dryness .- Respiratory system.  
Bromidrosis (offensive sweat). - Skin.  
Erysipelas. - Skin.  
Lupus vulgaris. - Skin.  
Sweat bloody. - Fever.  
Enteric fever-typhoid fever. - Fever.  
Nails inflammation (paronychia). - Skin.  
Inflammation of pulp (onychia). - Skin.  
Pellegra. - Skin.  
Laryngismus stridulus. - Respiratory system.  
Variola small pox. - Fever.  
Puerperial fever. - Fever.  
Febricula (simple continued fever). - Fever.  
Hemiplegia. - Nervous system.  
Paralysis bulbar. - Nervous system.  
Hodgkin's disease. - Generalities.  
Marasmus. - Generalities.  
Insomnia (sleeplessness). - Nervous system.  
Dreams of robbers. - Nervous system.  
Polycythemia. - Generalities.  
Convulsion. - Nervous system.  
Anaemia - Generalities.  
Bubonic plague. - Generalities.  
Rickets. - Generalities.  
Agg. from masturbation. - Modalities.  
Agg. eating veal. - Modalities.  
Dissecting wounds. - Generalities.  
Mollities ossium. - Generalities.  
Agg. lying on painful or affected side. - Modalities.  
Ameli. when thinking of symptoms. - Modalities.



# THEORY QUESTION BANK

## LONG ANSWER QUESTIONS-

1. Write in details the history and evolution of Dr. Kent's Repertory?
2. Explain various methods of repertorization with their respective advantages and disadvantages?
3. Write the advantages and disadvantages of repertory in detail?
4. Write about the method of finding out the second best remedy by using relationship chapter from T. P. B.?
5. Explain how Boger Boenninghausens repertory is constructed?
6. Define Analysis of symptoms? Write down the classification of symptoms according to Dr. Hahnemann, Dr. Kent and Dr. Boger?
7. What is Concordance? How will you make the use of T. P. B. for second prescription?
8. Write about the different works based on Dr. Kent's repertory? Explain in detail Dr. Kents Expanded and corrected repertory by Dr. P. Sivraman?
9. Describe the value of different symptoms in repertorization and add a note on different concepts of analysis of symptoms?
10. Write in detail the plan or construction of Boger - Boenninghausen's characteristics & repertory?
11. What are the pre-requisites for good repertorization and write in detail different methods of repertorization with advantages of each method?
12. Write in detail history of Card repertory? Explain working method and construction of Card repertory?
13. Analysis of the case according to the synoptic key by Dr. Boger?
14. Describe Dr. Hahnemann's repertories in detail?
15. Explain Scientific and artistic prescription?
16. Write in detail about Boericke's repertory?
17. What is approach for Conceptual image of the disease according to C. M. Boger?
18. What do you understood by totality of symptoms and repertorial totality?

19. Describe the construction of therapeutic pocket book?
20. Materia Medica is final court of appeal, Explain?
21. Write an essay on recent advancement in repertory?
22. Discuss Synthetic repertory in detail?
23. Discuss philosophical background of Kent's repertory in detail?
24. Describe construction of Boenninghausen's repertory compiled by Dr. Boger?
25. Write in detail what do you know about symptom?
26. What do you know about evolution of repertories?
27. Explain role of repertory in Homoeopathy?
28. Describe plan of synoptic key in detail?
29. Describe therapeutic pocket book in respect to its principles?
30. How Kent repertory is constructed?
31. Write an account of analysis of the case?
32. Explain the relationship between Organon, Repertory and Materia Medica?
33. Repertory is a mean to an end, not an end in itself, explain?
34. Write in detail about sensation as if by H. A. Roberts?
35. What do you mean by Eliminating symptom? Who advocated this, discuss its importance?
36. Why Homoeopaths should not unduly influence by the name of the disease?
37. What do you know about historical development of the repertory?
38. Describe in detail how modalities are presented in different repertories? Add a note on its Importance in Homoeopathy?
39. Compare main section from Kent's repertory and therapeutic pocket Book?
40. How can you use the repertory in second prescription? Write in details on the last section of the T. P. B.?
41. What is grading? Write down the criteria underlying grading of the remedies and grading of symptom?
42. Describe Doctrine of concomitant and doctrine of Grand Generalization?



43. Enumerate various difficulties while taking up a chronic case? How to overcome these difficulties? Add a note on importance of record keeping?

44. Describe ground plan of Kent's repertory in detail add a note on advantages and disadvantages of Kent's repertory?

45. Write in short principles of analysis and evaluation of symptoms?

46. Which is the best repertory in your opinion? Why?

47. Discuss why there are numerous repertories in Homoeopathy? How will you classify these repertories?

48. Define repertory? Write a broad classification of repertory and discuss advantages and limitation of repertories in general?

49. Compare and contrast:-

**b)** Basic symptoms/Determinative symptoms.

b) Modalities/concomitant.

c) Grand generalization/limited generalization.

50. Describe in detail the Computer repertory with special emphasis on its advantages and disadvantages?

51. Describe in detail grading of remedies in various repertories?

52. Discuss in detail about portrait of disease as described by Dr. Hahnemann and elaborated subsequently by Boenninghausen, Kent, Boger?

53. Repertory is a good servant, but the bad master? Explain this statement as regard to the computer repertory?

54. Write about Doctrine of analogy and mention its significance?

55. Define analysis of symptom? How will you analyze a case according to Kent's concept?

56. Describe repertorial totality how it differs from totality of symptoms?

57. Explain fever section of Boger Boenninghausen repertory?

58. Compare and contrast therapeutic pocket book and Boenninghausen characteristic repertory?

59. Write in detail about Kent's analysis for Repertorization?

60. Repertory is a bridge between a case and Materia Medica, Explain?

61. Define repertory and explain in detail about the origin and history of repertory?
62. Explain different sections from Kent's repertory in detail?
63. Write in detail history of Card repertory and explain the working method with construction of the Card repertory?
64. Define repertorization and write in detail different methods of repertorization with advantages of each method?
65. Write in detail about rubrics related to various Neuralgias from Kent repertory (e.g. sciatica) also write about rubrics related to bronchial asthma from Boger Boenninghausen Repertory?
66. What are the scope and limitations of the repertory in clinical practice giving your suggestion to improve today's repertory?
67. Compare case taking in acute and chronic disease and role of repertory in the same with examples?
68. Write in detail about Phatak's repertory and its utility in clinical practice?
69. Compare Kent, Boger, Boenninghausen and Phatak's repertory and their utility in clinical practice?
70. Compare the fever chapter of the Kent repertory and Boger - Boenninghausen repertory with clinical utility of both?
71. Discuss the relative value of the symptoms in repertorizing the given case?
72. How does the case taking in Homoeopathy differ from that in allopathy?
73. Discuss the characteristic value of symptom according to the B. B. C. R.?
74. Describe the Synthetic repertory?
75. What do you know about computerization in repertory?
76. What do you know about the regional repertory and their scope? (Explain with examples).
77. Write in detail how are the rubrics arranged in Kent's repertory also mention the exceptions?
78. What is the approach for conceptual image of the disease according to the C. M. Boger?

79. Explain historical and critical study of evolution of repertory in Homoeopathic practice with their advantages, disadvantages?

80. Explain second prescription? Explain the philosophy of the T. P. B.? Add a note on 7<sup>th</sup> section?

81. Sketch the life picture of Boger? Add a note on Synoptic Key?

82. Explain the principles of Posology in detail?

83. Discuss Boericke's repertory?

84. Importance of Diagnosis in Homoeopathy?

85. Describe Hahnemann's view of Case taking?

86. Explain the principle of repertorization General to Particular?

87. Explain the origin of the word repertory and write in detail about history of repertory?

88. Write in detail the value of Symptomatology in repertorization?

89. Define repertorization and explain different methods of repertorization?

90. Classify the repertory in different groups and write a note on selection of repertory in various cases?

91. Define the totality of symptoms and discuss the concept of totality by different physician?

92. Imagine that the Homoeopathic world has no repertory, what would have been the fate of Homoeopaths and their patients?

93. Why we should work always from general to particular during repertorization?

94. Explain the philosophy of the Murphy's repertory with construction?

95. Explain the Philosophy of the Synthetic repertory with its salient features?

96. Write about the different works on Kent's repertory and Explain details of expanded repertory by Dr. P. Sivraman?

97. Describe details of Bell's Diaorrhea?

98. Dr. Lippe's repertory, basis of Kent's repertory, comment on it?

99. Write in detail about Jugal Kishore's Card repertory?

100. Write the concept of Auto visual Repertory by Dr. R. P. Patel?

101. Explain plan & construction of Uterine Therapeutics By Minton?
102. Write in detail about changes and corrections made by Dr.R.P.Patel in 6<sup>th</sup> edition of Kent's repertory?
103. Define concomitant symptoms. What is the role of concomitant symptoms in repertorization? Describe the fever section of BBCR in relation to Concomitants?
104. How does repertory help us in improving our knowledge of Materia Medica, Elaborate with examples?
105. How do you prepare the case for repertorisation?
106. What are the scopes and limitations of repertory in clinical practice? Give your comments to improve today's repertory?
107. Give the scopes and limitations and working method of mechanically aided repertory?



## **SHORT ANSWER QUESTIONS**

1. Advantages of Card repertory.
2. Advantages and Disadvantages of Card repertory.
3. Advantages and Disadvantages of repertorization.
4. Ailments from in Homoeopathic Prescribing.
5. Analysis of the case according to the Dr.Boger.
6. Anamnesis.
7. Antidote.
8. Artistic Prescription.
9. Auto visual repertory by Dr.Patel.
10. Case taking in mental diseases.
11. Explain Card from Card repertory.
12. Card Repertory.
13. Causation.
14. Classification of repertories.
15. Clinical Repertories.
16. Compare and contrast - Basic symptom / Determinative symptom.
17. Complementary remedy.

18. Computerization.
19. Concept of Card repertory.
20. Concept of Concomitant.
21. Concomitant.
22. Concordant repertory.
23. Constitutional Prescription.
24. Contribution to Homoeopathy by Dr. Boger.
25. Contribution to repertory - Dr. Hering's.
26. Conversion of symptoms into rubrics.
27. Cross-references.
28. Cur.
29. Determinative symptom.
30. Different Methods of Prescribing.
31. Different Modalities.
32. Different Works on Kent's repertory.
33. Difficulties in taking acute case.
34. Disadvantages of Computer repertory.
35. Doctrine of pathological generals.
36. Dynamization.
37. Eliminating Method of repertorization.
38. Eliminating Symptom.
39. Evaluation of symptoms.
40. Rubric.
41. Generic Symptom.
42. Grade of Symptoms.
43. Grading of Remedies.
44. Grading of Remedies in various repertories.
45. Grand Generalization and limited generalization.
46. Grand Totality.
47. Importance of diagnosis in repertorisation.
48. Importance of mental symptoms in repertorization.
49. Importance of past and family history in Homoeopathy.

50. Importance of record keeping.
51. Individualization.
52. Intercurrent remedy.
53. Keynote symptom.
54. Kind and sources of general symptoms.
55. Limitations of card repertory.
56. Maze of symptoms.
57. Merits and demerits of General to particular method.
58. Method of repertorization by Dr. Kent.
59. Miasmatic diagnosis.
60. Obstruction to cure.
61. Organ Repertory.
62. Origins of word repertory.
63. Particularization.
64. Pathological General.
65. Pathological Symptom.
66. Philosophy of Kent's repertory.
67. Physical generals in Kent's repertory.
68. Physiological Symptom.
69. Placebo.
70. Placebo, when will you use it?
71. Posology.
72. Potential differential filed.
73. Potentization.
74. Pre-requisites for good repertorization.
75. Principles of prescribing other than repertorization.
76. Puritan group of Repertories.
77. Quamodo.
78. Qubus Auxillus.
79. Quick and shortcut prescribing and repertory.
80. Quis.
81. Rank of symptoms.

82. Recent developments in repertories.
83. Record keeping.
84. Regional Repertories.
85. Relative value of particular symptom in repertorization.
86. Relative value of symptoms in repertorization.
87. Relative value of the symptom.
88. Remedy relationship.
89. Repertorial analysis.
90. Repertorial totality.
91. Repertorial syndrom.
92. Repertory by Oscar E. Boericke.
93. Repertory by Dr.Gentry.
94. Repertory by Dr. Hahnemann.
95. Repertory by Dr. Knerr.
96. Repertory by Dr.Phatak.
97. Repertory of Anti-psoric medicine.
98. Rubric Vs symptom.
99. Scientific prescription.
100. Scopes and limitations of working with mechanically aided repertories.
101. Second main section in B.B.C.R.
102. Second prescription.
103. Second prescription & repertory.
104. Sections in Boenninghausen's T. P. Book.
105. Sections of Lippe's repertory in Kent's repertory.
106. Sections of Synthetic repertory.
107. Sections on Mind & Generalities from Kent repertory.
108. Selections of repertory.
109. Seventh section of B.B.C.R.
110. Seventh section of Boenninghausen's repertory.
111. Similimum and similar.
112. Suppression as a cause.

113. Susceptibility.
114. Synthetic repertory.
115. Techniques of repertorization.
116. Theory of Grand generalization.
117. Too much generalization by Dr. Boeninghausen.
118. Totality of the symptoms.
119. Ubi.
120. Use of Phatak's repertory in practice.
121. Dr. C. Lippe's repertory.
122. Modalities by Worcestor.
123. Times of remedies - Boger.
124. Therapeutics of intermittent fever - W. Allen.
125. Drug pathogenecy - Dr. Hughes.
126. Patwardahn's Card repertory.
127. Dr. Sharma's Card repertory.
128. CARA.
129. RADAR.
130. HOMPETH CLASSIC.
131. Eliminating Process of repertorization.
132. cross-references and repertorization.
133. Kentian Software.
134. Stimulare- Homoeopathic Software.
135. Bell's Diaohrrea.
136. Repertory a practical key to Materia Medica.
137. Repertorium Universale.
138. Philosophy of Kents repertory.
139. pathogenetic symptom.
140. pathological generals.

## HOMOEOPATHIC REFERENCES

**Dr. J. T. Kent** - Repertory of Homoeopathic Materia Medica.- Indian books and periodicals publishers, N. Delhi.



**Dr. C. M Boger** - Boenninghausens Characteristics and Repertory. - Indian books and periodicals publishers, N.Delhi

**Dr. C. V. Boenninghausen** - A Systematic Alphabetical Repertory- B.Jain publisher, N.Delhi.

**Dr. T. F. Allen** - Boenninghausen's Therapeutic pocket book. -Indian books and periodicals publishers, N.Delhi.

**Dr. C. M. Boger** - Synoptic Key to the Materia Medica. - Indian books and periodicals publishers, N.Delhi.

**Dr. William / Oscar Boericke** - Pocket Manual to Homoeopathic Materia Medica with repertory.- Indian books and periodicals publishers, N.Delhi.

**Dr. C. Hering** - Analytical repertory of the Mind.-B.Jain Publishers,N.Delhi - 2<sup>nd</sup> edition.

**Dr. C. B. Knerr** - Concordance repertory.- B.Jain Publishers,N.Delhi – reperint edition 1993.

**Dr. C. Lippe** - Repertory of the more characteristic Symptoms of the M. M.- B.Jain Publisher,N.Delhi.

**Dr. Barthel & Klunker** - Synthetic Repertory- (Indian edition) - Indian books and periodicals publishers, N.Delhi.

**Schroyens Frederick** - Synthesis Repertory. -B.Jain Publisher, N.Delhi.

**Roger van Zandarvoort** - Complete Repertory. -Institute of Research in Homoeopathic Information and symptometalogy, Netherlands.

**Dr. J. H. Clarke** - Clinical Repertory - Indian books and periodicals publishers, N.Delhi.

**Dr. Kanjilal** – Repertorisation.

**Dr. P. Sivraman** - Expanded Repertory-B.Jain Publisher's, N.Delhi.

**Dr. G. Vithoukas** - Addition to Kent's Repertory.

**Dr. Jugal Kishore** - Evolution of Homoeopathic repertories and Repertorization - Kishore Publications, N.Delhi.

**Dr. R. P. Patel** - The art of case taking and practical Repertorization in Homoeopathy-Sai Homoeopathic Book Publications, Kottayam.

**Dr. Robin Murphy** - Homeopathic Medical Repertory- Indian books and periodicals publishers, N.Delhi.

**Dr. B. K. Sarkar** - Essentials of Homoeopathic Philosophy and place of Repertory in practice.

- .. **Dr. S. Hahnemann** -Organon of Medicine – Sixth editions- Indian books and periodicals publishers, N.Delhi.
- . **Gibsen Miller** - Symptom alone.
- . **Dr. Niranjan Mohanty** - Textbook of Repertory. 1 & 2<sup>nd</sup> edition- Indian books and periodicals publishers, N.Delhi.
- . **Dr. V. R. Khanaj** - Introduction to Repertories based on Kent Philosophy - Vidya Publications.
- . **Dr. S. Tiwari** - Essentials of Repertorization – third edition - B.Jain Publisher's, N.Deqli.
- . Writings on Repertory from different journals.
- . Books on repertory by well-known authorities.
- . **Dr. M. L. Dhawale** - Principles & Practice of Homoeopathy-ICR, Mumbai.
- . **Dr. S. Close** – The Genius of Homoeopathy- Indian books and periodicals publishers, N.Delhi.
- . **Dr. Jugal Kishore, Dr. Hatta's, Dr. S. P. Roy, Dr.Patwardhan's, Dr.Khanaj V.R.** - Card Repertory.
- . **Dr. J. T. Kent** - Materia Medica- Indian books and periodicals publishers, N.Delhi.
- . **Dr. G. I. Bidwell** - How to use the Repertory.
- . **Dr. B. K. Sarkar** - Commentary on Organon –M.Battacharya &Co. (p) Ltd.-1955.
- . **Dr. Harris L. Coulter** - Homoeopathic Science & Modern Medicine - IBPP.
- . **Dr. Jost Kunzli** - Kents Repertorim Generale.
- . **Dr. H. A. Robert** - Sensation as if.
- . **Dr. J. Shah** - Hompath Classic Software-Hompath, Mumbai.
- . **Dr. P. Shmidt & Dr.D.H.Chand**– Kent's final General Repertory - National Homoeopathic Publishers, N.Deqli.
- . **Dr. R. P. Patel** - Analysis and Evaluation of Symptoms of Kent's Repertory -Sai Homoeopathic Book Publications, Kottayam.
- . **Dr. J. T. Kent** - Homoeopathic Philosophy- Indian books and periodicals publishers, N.Delhi.
- . **Dr. V. Boenninghausen's** – the sides of the Body and Drug Affinities-

Indian books and periodicals publishers, N.Delhi.

. **Dr. C. Lippe** - Repertory to the more characteristics symptoms of the Materia Medica-B.Jain Publisher's ,N.Deqli.

. **Dr. Wm. J. Guernsey** - Desires and Aversions.

. **Dr. Lee & Clark** - Cough & Expectorations- Indian books and periodicals publishers, N.Delhi.

. **Dr. Gallawardin J.** - Repertory of the Psychic medicines with Materia Medica-B.Jain Publisher's, N.Deqli.

. **Dr. W. A. Allen** - Repertory of the symptoms of intermittent fever- B.Jain Publisher's, N.Deqli..

. **Dr. E. W. Berridge** - Complete Repertory to the Homoeopathic Materia Medica on diseases of the eyes- B.Jain Publisher's, N.Deqli..

. **Dr.H. A. Roberts** - Sensation as if - Repertory of subjective symptoms- B.Jain Publisher's, N.Deqli..

. **Dr. S. P. Roy** - Effective Homoeopathic prescribing with introduction to SPIRO Homoeopathic calculator.-Roy Publications,Orisa.

. **Dr. Douglas M. Borland** – Borland's Pneumonia- B.Jain Publisher's, N.Deqli.

.**Dr. B. S. Hatta** - Hatta's card Repertory of characteristic's general.

. **Dr. J. Kishore** - An index to the kishore cards-Kishore Publication, N.Deqli.

. Users Guide Homopath classics.

. **Dr. A. B. Patwardhan** - booklet from Dr. Patwardhan's Card Repertory.

. **Dr.R.P.Patel.** - Kent's Repertory corrcetd & added.

- Autovisual Repertory.

- Kentian software.-sai Homoeopathic Publications,Kottayam.

. **Dr.J.P.S.Bakshi** - Phoenix Repertory, cosmic Healers Pvt.Ltd.-N.Deqli.

.**Dr.C.M.Boger**- General Analysis- Roy & Company, Mumbai.

.**Dr.Harinadham K.** - The Principles & Practice Of Repertorization - Indian Books & Periodical Publisher's, N.Deqli.

.**Dr.M.L.Dhawale** -Symposium Volumes- ICR, Mumbai.

60.**Dr.Srivastava & Chandra** – Alphabetical Repertory of Characteristics of Homoeopathic ateria Medica- B.Jain publisher's, N.Deqli.

61. Different Softwares and related Books like CARA, RADAR, MAC, STIMULAR, and ORGANON 96.

62.**Castro, J.Benedict** - Encyclopedia of Repertory, -B.Jain Publishers, N.Deqli.

62.**Castro, J.Benedict** - Logic of Repertory, -B.Jain Publishers, N.Deqli.

63.**Dr.D.Tarafder**-Repertory Explained- Modern Homoeopathic Publications, Culcutta.

64.**Dr.Munir Ahmed** - Introduction to the principles of Repertorization- Books & Allied (P) ltd. Culcutta.

