PRACTICAL TECHNIQUE FOR REPERTORIZATION

Introduction:

The sole and solitary objective of homoeopathic physican is to cure the sick individual by way of providing correct/ exact homoeopathic prescription. I here can not be any controversy over the fact that a homoeopathic curative prescription is based on the totality of symptoms's means, the entire representation of drugand discase which enables the physicians to individualise between the disease and remedy. It is not single characteristic symptom but it means which gives a clear idea about the nature of the sickness and medicine. Totality of symptoms must be the aggregration of the more striking, singular, rare, peculiar and uncommon (characteristic) signs and symptoms of the disease (1)

A homoeopatic physician for making a correct homoeopathic prescription for any particular case should proceed through definite pathway.

The processes,those will be adopted, should be so designed, the results will be reproducible.

Homoeopathic physician seeks to establish exact similarity between the phenomena " Natural Disease" (felt by the patient himself , remarked by those persons around him and observed by the physican himself) and with " Artificial Drug Disease " recored in Homoeopathic Materia Medica. Hahnemann has elaborated in aphorism 5 abd 6 of organon of medicine to establish similaroty, not at the level of signs and symptoms which are the common medium of expression for both these phenomena, (Natural Disease and artificial Drug Disease) but at the level of the portrait of Disease "

The application of law of similars rest on a qualitative appreciation, hence neither choose identical drug nor a simila drug. So a homoeopathic physicians has to perceive like an artist, the essantial altributes of the case. understand them qualitatively and find out similarities by an analytic approach which is called repertorial approach and technique of repertorization. This technique serve a 'bridge' that allows us a free way between the two lands of Natural Disease and Drug Disease (2).

Repertorial approach is essential because of our vast Materia Medica. Homoeopathic Materia Medica in-corporates minute details about medicines and their in a systematic manner in a step ladder fashion, most meticulously from the begining of case receiving to the end point of choosing similimum, Clinical interview must be taken by a physican who has knowedge regarding all branches of medical science and through knowedge regarding

Physican must be on logical field, must be governed by the dictate's of the case and the exigencies of moment utilising discriminative intelligence. Arbitary or adhoe decisions with expediency is the guiding principles, have no place in the field of scientific homoeopathic preseribing.

Case Taking / Case Raceiving:

After preliminary seerutiny, the cases falling within the field of homoeopathy are taken for case taking/ case receiving. The patient fedds the data- his life story through verbal or nonverbal way. the alert, active, inteligient physician tries to receive it. This stage is called “clinical interview” . This is for both diagnostic purpoes and therapeutic purpoes. After receiving the discase and remedy, hence it serves the “diagnostic purpoes” During interview, especially the amotionally charged patients often express relief of suffering thpough emotional ventilation and mental catharsis. hence it serves the “theraputic purpoes” During interview, especially the emotionally charged patients often express relief of sufring through emotional ventilation and mental catharsis, hence it serves the “thereapeutic purposes”.

The interview has two aspects :

a) The mode or interview : i.e., the transactions in a linear dimension of time between the patient and the physician the to and fro traffic. This constitutes the “Transaotional Analysis Record”. This transactions are fathfully recorded in chronological sequnce along with the emotional overtones. expressed. implid and cryptic as well as the facteal data. The later may be written down by another assistance or physician himself.

b) The contents of the interview is recorded in a standardised case recording proforma which is provided in this book. The interview technique demands expertise in all diciplines of knowledge and become at once the science which can be tought and the art which has to be learnt.

In the infantile phase, a neophyte permits all the data from the patient to seep throught. He becomes “Simple Passive Mechanical Fitter”, it has not developed keen selective degrees of valuation/importance but has recorded faithfully, occurately, completely and in an undistorted manner without interpretation with greater experience and consequence expertise, he becomes an “Active Fitter” permitting relevent, essential, valuable and important datas to sieve throught and rejecting irrelevent, non-essctial unvaluable and unimportant datas. (6)

All repertories will be useless if case is badly taken. Right from Hahnemann’s time, the great teachers of Homeopathy are talking about the art of case taking.

Hahnemann has instructed in his organon medicine from section 83 onwards. He has told following three basics conditions. ....tics. When provings and rem ....elied Homeopathic Materia ... panded in volumes there was ...f Respiratory, one can easily somebody wants to select a ...om those ten volumes of Allen’s ..edia, how much difficulty he .....,even you can say it is quite an ..... task, because a genius can not ..... those myriands of symptoms ..... it, No one can know every ..... that is why with all honesty ..... admit that no conscientious ..... physician can practice ..... in a serious and real scienti..... thout a repertery. Repertories..... index to the vast structure of..... thic symptomatology. (3)For.....homeopathic prescription,standred..... phases are essential. So that..... will be rational, scientific and ..... To author’s mind, following ..... are,indispensable in order ..... at terminal stage of remedy..... election..... king/case receieng .... according ..... of symptoms. ... image of the cse/Analysis ..... case.....of the case. ..... Repertorial totality of .... of rubrics. ..... technique/results. .....orial analysis.....assessment...e diagnosis. (13)

Plan of treatment:

a) Medicinal manggement.

b) General management.

All above steps must be practised uniformly unvaryingly by all physicians. Hence for all steps, we should have princples. Finaly, practice will revolve around those principles alone. Let us now discuss principles entail in various steps .

Case Selection

Selection of case is the first step and an important stage in homoeopathic preserving. Absolute surgical cases or Frankly surgical cases, cases of poisoning and etc are well outside homoeopathic field. Hahnemann in his organon of medicine speaks.

"Only in most urgent cases, where danger to life and imminent death allow no time for the action of homoeopathic remedy - not hours, sometimes not even quater- hours and scarcely minutes - in sudden accidents occuring to previously healthy individuals - for example, in asphyxia and suspended animation from lightening, from suffocation, freezing, drowning and etc." (4)

Hence all above conditions lie outside the field of application of the law of similars.

The date fed by the patient in torrents need to be stored out , sifted, analysed, evaluated in terms of its relative value. The whole process beins at the moment of clinical con- fronation between patient and physican. Those cases fall within the limit of the law we are required to proceed.

1. The first things to note is the patient's name , addres, the age of the patient, sex,

   race, religion, occupation and etc. In the later part of the history, we should also in- quire his mode of living and dief, his domestic positi n. his social relations, in order to ascertaine whether these things hane tended to increase his malady or in how farethery may favour or hinder the treatment.

2. In the beginning of examination, physican advises to speak slowly so that those can be noted down.

3. No direct question to which answer will be 'Yes' or 'No'

4. Avoid quesioning in a manner when patient is oblised to choose between ywo alternatives.

5. Torpedo method of questioning is dangerous. Making answer confirm to some remedy, we have in mind a terrible error.

6. The questions warded and designed to unearth the therapeutic diagnosis and to elicit answers which correspond to the language of the repertory and meteria medica.

7. One shpuld not jump from one subject to another without completing a particular symptom. The patient is likely to be confused,

8. How the patient has behaved and what physician have noticed in him.

9. Write down accurately all that the patient and his friends have told him in the very

   expressions used by them.

10. Refrains from interrupting them unless they wander off to other matter.

11. Our questions should not make people more interested in disease rather than haelth.

12. The Physician should gather all information from the patient's attentedants as regards his complaints. This behaviour and whatever abnormalities they have noticed in the patient.

13. The physician should with his sound senses observe and find out any thing abnormal in the patient.

14. Symptoms should be arranged separately one below the other to get precise information later on if it is not clearly mentioned first.

15. He should go through each symptom when the patient and narrators have finished and get more precise information of each symptom by noting.

    a) Location, (b) Sensation, (c) Modalities and (d) Concomitants or (i) Side, (ii) Time, (iii) Modification (iv) Extension, (v) Location, (vi) Character

    (vii) Alternating with.

16. Select and choose your question well to fit the situation when interrogating the patient. Your aim should be to make the patient fell free, so that he fells you every thing.

17. If the physician is still not statisfied with the picture of the disease, he should ask more special question to step up the tolerably perfect picture of the diease.

18. He should, in women, further note the charecter of menstruation and the discharge and in chronic affection of women specialy necessary to pay attention to pregnancy, sterility, sexual desire labours, miscarriages, abortions and etc.

19. He should inquire into the treatment adopted to gain knowledge if there are any symptoms due to drugs previously used. In every case a dietary, a chemical

"Demands of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease"(7)

Physician should basically understand the diffarence in case- taking in both the schools of medicine. To the one, It suggests a name for his case; to the others, the points gathered are indices pointing to the curative agents, Old school probes the matter till his nosological diagnosis is found and then stops, with the homoeopathic school enquiry goes on to record everything and all symptoms. however trivial ailments/symptoms are essential for remedy selection.

It may be emphasised that physical diagnosis is an integral part of our case taking, it does not help us directly for remedy selection but it is of great use indirectly. The nosological diagnosis helps us in follwing ways such as :

1. Helps us in providing diet, regimen and auxillary measures required for the case (General management)

2. Observing the course of discase and result of treatment (Prognosis);

3. In removing obstruction to cure.

4. In choosing suitable potencies as in advanced pathology or in certain disease of lungs, an unsuitable potency may start undesirable reactions.

5. Preserve the reputation of the physician.

6. In finding out symptoms due to any mechanical causes or pressure symp-toms due to tumours, growths or stones. Such symptoms even very peculiar may

not be important. To discount symptoms common the discase and not peculiar to

the patiant with the discase or symptoms dependent on discase ultimates mecba

nical perhaps and not expreasive of the parient.

7. To find out whether the patient is really sick or not.

8. To find out aetilogy.

a) Physical (Heat, Cold, Sun stroke, X-ray and etc.) b) Chemical (Food poisoning, acids, alkali and etc.) c) Mechanical (Foreign bodies and etc) d) Psychic and dynamic e) Drug and medicinal diseases (‘itrogenic discase)

9. For isolation of pattents having communicable discases.

10. For statistics.

The scientific part of case taking is the standard procedure of

- Interrogation
- Recording of case and Physical examination.
- The cas taking may be summerised into following phages.
- To list
- To write
- To question

The artistic part of intarrogation is the most important part of our case taking. No amount of values or procedural outlines can teach it. It is acquired by constant practice and observation of sick humanity. Inspite of this, there are certain basic observations about the questions to be put to the patient, should be kept in mind.....intact history is to be traced out if the....medy is to have a fair chance to cure..ostacles. In the way of recovery, must ... removed. If the patient has taken medicine recently, he should wait for some .... ae to give medicine to get a clear .. sture of the natural dicease.

1. Physician should never allow himselff to hurry a patient. While examining .. case in chronic

cases. carrelessness and .. ste in case taking are barrier to sucsess.

2. The most important requirement a physician is attentive observation if have to arrive at a totality of the case. ..... observation must be the way of patient ....., sits, walks, talks, conducts himself, the our of the eyes, hairs, tongue, skin and ..... It means, physician should be observation about objective findings.

3. Physical examination is a must every case.

4. While recording symptoms, phycian must remember to record the mag..... of the symptom because it will help evaluation of the case.

The most delicate and important of the interrogation is when we about mental symptoms. Here the real men of the examiner comes into play. There are different views. Dr. P. Schmidt ..... the opinion that mental symptoms ..... not be asked at the end because by ..... the patient is exhausted and is not to give out his inner most feeling ..... Dr. Borland on the other hand, to say that the best time is to ask questions is when you are examining patient physically; touch ..... to bring the patient closer to the ..... mentally and emotionally. Few say, it should not be asked in the beginning as doctor has not developed confident with his patient and report has not been created between doctor and patient (8) to may mind, it should be asked at last when patient;s confidence has been more fully gained.

Especially in the chronic case the investigation of the true complete picture and its peculiarities demands especial circum spection ; tact, knowedge of human nature, cation in counducting the inquiry and patience of an eminent degree. (9)

Purpoes of case taking are as follows :

1. To get the knowedge of the disease.
2. To preceive the true dynamic state of patient i.e., whether he is seriously ill or not.
3. To find out the totality of symptoms for the selection of homoeopathic remedy'
4. To find out the nature of disease whether it is acute or chronic, curable or incurable.
5. To find out the causation of the disease.
6. To find out the mode of devlopment of symptoms.
7. To analyse and evaluate the symptoms .
8. To collect all important symptoms for repertorisation.
9. To cure the curable and to palliate the curable patients by selecting medicine according to the law of similars.

10. To keep a systemic record of the case for quidanoe , treatment, future reference and defence.

11. To give prognosis.

12. For nosological diagnosis.

(Continued to next issue)

PRACTICAL TECHNIQUE FOR REPORTORISATION (CONTD)

An out line of case taking is discussed below ;-

a) Particulars:

Name, address, occupation, age, sex and etc. are noted here.

b) Interrogation:

It has following six steps.

1. **Present complaints:** with duration,each symptom should be collected under the following heads such as: Location with radiation, sensation with intensity/ pathology, modalities, concomitants/associated symptoms.

   History of present illness: time of commencement, mode of onsent, probable and immediste causes, treatment adopted, order of appearance etc.

2. **Past history :**

3. **Family history :**

4. **Personal and social history :** which includes marital status, occupation, interpersonal, relations, exercise, sexual history, addiction etc

5. **physical generals :** Reaction to heat and cold, Aversion, Desire, Introlerance, Sweat, Sleep, Dream, Appetite, Thirst, Stool, Urine, General Tendencies, General modalities, Sides and etc.

6. **Mental generals:** Will, Understanding, Memory.

c) Physicai Examinations:

General survey and particular systems are examined.

d) Labortory Investigation :

Case Recording :

After collecting datas from patiants by the process of cas taking/cas receiving,they are converted into a standard case recording proforma which have been fursnished below : (vide-model case

This part has been introduced with following objectives.

1) To make the entire system / process a standardised one. (2) A neophyte can have knowledge regarding the things necessary for in a cas. (3) One can understand the various dimensions of a symptom and how to explore them during cas receiving in a systematised way.

(4) One can access how much is left behind to record and what are essential for completion of a sysmptom. (5) This systemic collection will precisely help in future follow upton. (6) This will be record for future reference. (7) This is for recording all research datas . (8) It removes from the mind of future readers of the case that nothing

was left to ask in the case. (9) This has been designed according to our necessitties in repertories, hence it facilitate our repertorial proceedure.

Analysis of Symptoms

" It means resolving or separating a thing into its elements or component parts.

This stage comes after converting the datas collected from case taking/case receiving into our case recording proforma. Here symptoms of, present complaints are analysed into four dimensions such as : a) Location with a radition b) Sansation with intensity / pathology

c) modalities d) Concomitants/Associated symptoms.

According to dictionary meaning, it is a table or statement of reasults of this tracing of things to their source and so discovering the general principles underlying individual phenomena.

Objectives of this stage:

1) Whether symptoms are collected in all dimensions or not can be determined.

2) Characteristicsparticulars or qualified particulars and common particulars or unqualified particulars are differentiated from each other. 3) symptoms of general catagory are brought out of it or particular symptoms are made general. 4) At a glance, Differential modalities can be studied by the physicians.

Conceptual image of the patient

It means to bear a general picture / idol / semblance of the patient. Such attempt should be designed by us so that entire case can be brought into one sheet of paper . If symptoms are recorded in following manner. I hope it can be possiable. 1)Unexpected deviations. 2)Causations 3)Generalities: (a) Mental (b) physical (c)pathological 4)characteristic particulars 5)common particulars.

(Few workers say "Analysis of the case" to this particular stage. To them analysis means classification means symptoms into various groups.)

Example : Vide the model case, "conceptual immage of the patient" Chapter.

Synthesis of the case

It means the combination of separate elements into a whole or making a whole out of parts. This evolves further the rearrangement of the datas from 'conceptual immage of the patient' or 'Analysis of the case' .

In this particular stage, the case is condensed, symptoms of magnitude are given credence nd preserved in the synthesis of the case.

This is recorded in following schema.

1)Causations. 2)unexpected deviations 3) generalaties: (a) mental (b)physical c) Modelaties (d) pathological 4) Characteristic particulars 5) Common particulars.

Example : vide model case "synthesis of the case" Chapter.

Evaluation of the case / Repertorial Totality

Evaluation of the synmptoms implies the principle of grading or ranking of the different kinds of symptoms in order of prlority which are to be marched which are to be matched with the drug symptoms in order to cover the characteristic totality in a natural disease condition with that of the drug- disease (11)

As the symptoms of the remedies collected from proving and found during clinical practice are studied with respect

" to its gardes/values, so also in the same manner, symptoms the patient taken for treatment purposesare to be given grades/values.

Next to the synthesis of the symptoms in the process of repertorization is the question of ascribing value (relative) to the symptoms inorder of importance. Evaluation of symptoms are to be considered by taking following criterias into view. (The geometrical sign >' is for greater value than)

1. General > Particulars.
2. Mental > Physical generals.
3. Modalities > sensations > Locations.
4. Characteristic symptoms > common symptoms.
5. Causative modality > Agg. , Amel.
6. Physical general mobalities > Physical generals.
7. Differential mobality is of higbest value in the final analysis.
8. Among the physical general sensation and complaints the order valution is as follows ;

   a) Deviation from psycho-physilogic-Biologic Urges and Norms- especially of recent orgin. (b) 'Sention as if- because characteristic. (c) Negetive generals (d) Craving and aversion- especially recent deviation from previous norm. (e) Constitution and diathesis, (f) Sexual generals. (g) Patho- logocal generals.

9. Predisposing causes are of a greater value in chronic precribing. Precipitating causes are of greater value in acute prescribing.
10. A strong/characteristic general can rule out any number of weak particulars.
11. Conversely, a characteristic particular/key note among number of weak generals.
12. A characteristic discharge has an immense prescribing value.
13. Circumstances of agg. which are a deviation from a normal biologicalurges, drives, impulses and instincts such as the sex instinct for the survival of the self and the "race" are of the highest value.
14. Among the symptoms of the mind, the order of evaluation according to kent is as follows :

    (a) Causative Emotional Modalities the highest value. (b) Causative intellectual modatities. (c) Emotional agg. (d) Intellectual agg. (e) Emotional Amel. (g)

Emotional state or sensation (description) especially a recent deviation from previous norm: Perception,Ideation (Thinking), Memory .

(h) Dream, (i) Craving and Aversion (Third grade mental-Tyler) (j) Qualifild mental > common mentals (Tyler)

15. Concomitants are of the highest value in prescribing (Boenningbausen)

16. The mental concomitants in a physical disease and the physical concomiatants in a mental disease govern the choice of the prescription (Frank Bodman)

17. Common symptom becomes characteristic by virtue of its following characters.

(a) Intensity/magnitude, (b) Peculiar grouping : at Locations, at Sensations,

at Modalities at Concomitants , on discharges c) Unexpected devition

d) Alternation e) Periodicity f) Absence of lack of common symptoms g) Qualified at four dimensions

18. Symptom relating to vital organs are of more important than relating to less vital parts.

19. The peculiar symptoms although sometime of great importance when there are no contraindications, donot overvide all of the considerations.

20. Common particulars, may in certain circumstances assume comparative high rank e.g. (a) By virture of their constantly simultaneous apperance of alternation in apperance or apperaing only after peculiar and restricted circumstance or being associated with a peculiar modality (b) The last appearing symptom of a case.

21. It is not to be expected that a remedy that has the generals will have its common particualrs. Ofcourse common particulars are generally worthless.

22. Another point to be noted is that kent's repertory is always from above down ward; from more important to less, from the most broadly general to the most minutely particular.

23. The whole is greater than its parts. Never juggle with particulars at the expenses of the whole, particular should be gone into only to confirm your choice of the drug.

24. Particulars which are peculiar, uncommon unexpected, unaccountable, rare unusual, old e.g. inflammation without pain, fever without thirst, itching of skin withou eruptions etc. are top grade or high grade particulars.

25. Causation as a distinctive factor in the history of the patient some time over rules or dominents every other symptoms.

26. Particulars with marked modalities are second grade particulars.

27. Third grade particulars are nondescript common symptoms without any appreciable modality. They are at best some diagnostic value but least prescribing value.

Hence, order of imprtance or priority should be taken as follows :-

(1) Mental generals, (2) Physical generals (3) Strange rare, peculiar (4) Particulars,

(5) Commons.

Many votaries have arranged differently and few examples are given below.

According to Spalding :

(1) Mental generals, (2) Physical generals, (3) Discharges, (4) Dreams, (5) Special senses, (6) Desires, aversions, cravings. (7) Modalities, (8) Strange, rare and peculiars,

(9) Particulars, (10) Objective or pathology.

According to Elizabeth Hubbard.

1. Mental generals.

   (a) Will, (b) Emotion (c) Intellect

2. Physical generals :

   (a) Menses, (b) discharges etc. and rest like spalding.

According to Dr. Whit man :

1) Mental generals. 2) Physical generals, modalities, 3) Food, desires and aversions. 4) Menses, 5) Strange, rare and peculiar 6) particulars.

During evaluation of the case, the Repertorial totality is formed. As We mainly deal with kent's repertory, Boenninghausen's repertory and Boger's repertory our major attention should be on their concepts. Let us study them.

Kent's concepts of Repertorial totality

1st grade- 1. Prime importance to mental generals.

2nd grade- 2. Second importance to physiccal generals.

3rd grade- 3. Charrecteristic particulars for finer differntion.

(Limited importance to generalisation)

Boenninghausen's concepts of Repertorial Totality

1st grade-1) Principle of generalisation on a grand scale, hence general symptoms.

2) Prime importance to general modalities.

3) Doctrine of concomitants- higher evaluation of concomitants.

2nd grade- 4) Importance of the physical generals.

3rd grade- 5) The mentaal symptoms and characteristic particulars are relegated to finer place on

pragmatic grounds.

(a. Doctrine of analogy. b.Concept of totality as a grand- comprising of three elements; location, sensation, modalities to which is added the 4th dimension of time – the concomitants.)

Boger's concept of Totality

It is based on Boenninghusen's appreach to the totality of the patient- with strees on the physical generals.

The signal contribution of Boger in the evaluation of the protrait of the discase lay in this total appreciatian of the followings :

a) The time dimension

b) The tissue affinities

c) The pathological generals.

(Example : Look to the Repertorial Totality section of the model case)

The case who has less number of mental generals/strong mental generals but more pathological generals should be processed under Boenninghausen and Boger Repertories. The case who has good number of mental generals should be processed under kent's Repertory.

If the card repertory is be to used ; It no matter whether case was processed under kent's concept of totality or Boenninghausen's / Boger's concept of totality.

PRACTICAL TECHNIQUE FOR

REPERTORISATION (CONTD.)

SELECTION OF RUBRICS :

"This is the stage where languages of the patient are converted into the language of the Reportery."

Rubric is the term applied to each heading or main heading i.e., each symptom in general, of the section of the repertory.

Before going to the selection of rubrics, one should have knowledge regarding two basic things such as :

a) Various types of Repertories

b) Structure of standard Repertories

Let us see the various types of repertories and their classifications :

Basis of their Classification :

a) Different modes of sorting & arrangement of rubrics.

b) Different forms of selection and suitable modification of the rubries.

Type of Repertorios :

I. Book Repertory :

A) Puritan Group - It maintains the Purity of symptoms precisely as described and recorded.

Examples :

1. C.B. Knerr - Repertory of Hering's Guiding symptoms.
2. W.D. Gentry - The concordance Repertory of Materia Medica.
3. C. Hering - Analytical Repertory of Symptoms of mind.
4. H.A. Roberts - Sensation ....."as if"
5. A.W. Woodward - Sensation ..... "as if"

B) Logical - Utilitarian Groups - This type does not care for actural words, Gives sole value to the essence and real meaning of the symptoms.

Examples :

1. J.K. Kent - Repertory of Homoeopathic Materia Medica.
2. H.C. Allen - Boenninghausen's Therapeutic Pocket Book.
3. C.M. Boger - Boenninghausen's Characteristics and Repertory.
4. C.M. Boger - Synoptic Key to Materia Medica.
5. W. Boericke - Pocket Manual of Homoeopathic Materia Medica with Repertory.
6. S.R. Pathak - Concise Repertory of Homoeopathy.
7. J.H. Clarke - A clinical Repertory to the Dictionary of Materia Medica.
8. C. Lippe - Repertory to more characteristic symptoms.

Few authors classify them as follows :

A.) Standard Repertories :

Those repertories are widely accepted and used very often by all.

Examples :

1. Boenninghausen's Therapeutic pocket Book (Allen).
2. Boenninghausen's Characteristics and Repertory (Boger).
3. Repertory of Homoeopathic Meteria Medica (Kent)
4. Synoptic key to Meteria Medica (Boger)
5. General Analysis (Boger)
6. Pocekt Manual of Homoeopathic Meteria Medica with Repertory (Boericket)

B) General Repertories :

These repertories containt all sections beginning from 'Mind' to 'Extermities'.

Examples :

1. Boenninghausen's Therapeutic Pocket Book (Allen).
2. Boenninghausen's characteristics and Repertory (Boger).
3. Repertory of Homoeopathic Materia Medica (Kent).
4. consicw Repertory of Homoeopathy (S.R. Pathak).
5. Synoptic Key (Boger)
6. Sensation .... "as if" (Roberts)
7. Sensation .... "as if" (ward)
8. Concordance Repertory (Gentry)
9. Repertory of Herings guiding symptoms (Knerr).

C) Regional Repertoreis :

These repertories refer to various organs, systems or regions.

Examples :

1. Repertory of Headache (Kenr)
2. Repertory of Tongue (Danglas)
3. Repertory of Eyes (Bersidge)
4. Repertory of Respirtory disease (E. Nash)

5. Repertory of Throat (W.J. Guernsey)

6. Repertory of Urinary organs (A.R. Morgan)

D) Special Repertories :

These repertories refer to various diseases.

Examples :

1. Repertory of Fever (H.c. Allen)

2. Repertory of Diarrhoes (J.B. Bella)

3. Repertory of Intermittent Fever (W.A. Allen)

4. Repertory of Mastitis (W.J. Guernsey)

5. Repertory of Appendicitis (Yingling)

6. Repertory of Rheumatism (Pulford)

7. Repertory of Haemorrhoids (Guernsey)

8. Repertory of Pneumonia (Borland) (15)

9. Repertory of Neuralgia (Lutze)

10. Repertory of Headache (Underwood)

11. Repertory of Rheumatic remedies (Roberts)

E) General Clinical Reportories :

Various regional, special repertories instead of being confined to various particular regions or specific disease have all been collected into a general form.

Examples :

1. Clinical Repertory of clarke

2. Repertory portion of Raue's Special Pathology.

3. Repertory portion of Boericke's Pocket Manual.

4. Boenninghausen's therapeutic Pocket Book.

II. Card Repertories :

These repertories are punched cards.

Examples :

1. Guernsey's Boenninghausen slips.

2. Allen's Card Repertory.

3. Fields Card Repertory.

4. Boger's Card Repertory.

5. P. Sankaran's Card Repertory.

6. Kishore's Card Repertory.

7. Sharma's Card Repertory.

III. Mechanically Aided Repertory :

Examples :

"Patel's Autovisual Homoeopathic Repertory"

Next step to understand is the "STRUCTURE OF REPERTORY". Let us discuss one by one.

STRUCTURE OF BOENNINGHAUSEN'S THERAPEUTIC POCKET BOOK (ALLEN)

In Boenninghauses, we find grades of evaluation against Kent's three grades such as :

CAPITAL - 5

Bold Type - 4

Italic - 3

Roman - 2

Raman in Parenthesis - 1

The repertory has been arranged under the following seven sections.

I. Mind and Intellect.

II. Parts of the Body and Organs.

(1) Internal head (2) External head (3) Eyes (4) Vision (5) Ears (6) Hearing (7) Nose (8) Smell (9) Face (10) Teeth (11) Mouth (12) Throat (13) Mouth and Fauces (14) Hunger and thirst (15) Taste (16) Eructation (17) Naused and Vomiting (18) Internal abdomen (19) External adbomen (20) Abdomen (21) Hypochondria (22) Abodominal ring (23) flatulence (24) Stool (25) Urinary Organs (26) Micturition (27) Sexual organs (28) Menstruation (29) Leucorrhoea (30) Respiration (31) Cough (32) Air Passuges (33) External throat and neek (34) Neek and nape of neek (35) Chest (36) Back (37) Upper Extermities (38) Lower extermities.

III. Sensations and Complaints :

1. In generals
2. of glands
3. of bones
4. of skin

IV. Sleep and Dreams :

V. Fever :

1. Circulation of blood (Disorder of circulation and pulse).
2. Chiliness or cold stage (Internal coldness in general and in special parts).
3. Coldness (External coldness in general and in special parts).
4. Heat (Fever)
5. Perspiration (Sweat in general and particular parts.)
6. Cocomitant complaints (feature generally seen introduced at the end of every chapter).

VI. Alternations of the state of health :

1. Aggravations according to time.
2. Aggravation according to situation and circumstances.
3. Amelioration and position and circumstances.

VII. Relationship of Remedies :

STRUCTURE OF REPERTORY OF HOMOEOPATHIC MATERIA MEDICA (KENT)

We find that there are three grades of evaluation of symptoms in kent's repertory such as :

Bold Type - 3

Italic - 2

Roman - 1

Kent's repertory is based on anatomical division with certain exceptions, the first section on MIND, the last on GENERALITIES, URINE AND EXPECTORATION which appear as a separate section next to the anatomical region producing them and certain general conditions like, VETIGO, COUG, SLEEP, CHILL, FEVER, PERSPIRATION which are also spearate.

There are thirty seven sections which are as follows :

(1) Mind (2) Vertigo (3) Head (4) Eye (5) Vision (6) Ear (7) earing (8) Nose (9) Face (10) Mouth - Tongue, Speech, Taste (11) Teeth (12) Throat (13) External throat (14) Stomach - Appetite, Aversion, Desire, Thirst Nausea, Eructation, Vomiting (15) Abdomen (16) Recturm - Constipation, Diarrhoea (17) Stool (Urinary organs) (18) Bladder (19) Kidney (20) Prostate (21) Urethra (22) Urine (23) Genitalia (Male) (24) Genitalia (Female) - Abortion, Leucorrhoea, Menopause, Menses, Metrorrhagia, Tumour, (25) Larynx and Trachea Croup, Voice (26) Respiration (27) Cough (28) Expectoranion (29) Chest - Haemorrhage, Murmurs, Heart, Mammae, Milk Character, Palpitation (30) Back - neck (31) Extermities (32) Sleep - Dream, Yawning, (33) Chill (34) Fover (35) Perspisation (36) Skin (37) Generalities.

Some publications have discussed.

a. Side of the body and drug affinities

b. Relationships

Throughout the repertory the plan of repertory is from generals to particulars. The arrangement of rubrics are as follows :

a. Time of occurence

b. Circumstances which modify

c. Extenisons.

Arrangement follows the same order all through in all different heading which are as follows :

a. Laterally or sides

b. Time hour

c. Modification - condition, circumstances (in alphabetical order)

d. Extension

e. Location

f. Character or sensation (in alphabetical order)

STRUCTURE OF BOENNINGHAUSENS CHARACCTERISTICS & REPERTORY - C.M. BOGER.

This repertory can be treated as an exhaustive work over B.t.P.B. Rubrics are arranged in alphabetical order. Aggravation, Amelioration, coneomitant and cross references are discussed in each chapter.

(1) Mind - Sensorium (2) Vertigo (3) Head - Internal, External (4) Eye - Eyelids, Canthi, Vision, (5) Ears - Hearing (6) Nose - Smell, Coryza (7) Face - Lips, Lower jaw and maxillary joints, Chin (8) Teeth - Gum (9) Mouth - Palate, Throat (Gullet), Saliva, Tongue (10) Appetite (11) Thirst (12) Taste (13) Eructation (14) Water brash and heart burn (15) Hiccough (16) Nausean and vomiting (17) Stomach (18) Epigastrium (19) Hypochondria (20) Abdomen (21) External abdomen (22) Inguinal and pubic region (23) Flatulence (24) Stool (25) Anus and Rectum (26) Perinium (27) Prostate glan (28) Urine - Sediment, Micturition (29) Urinary organs - Kindney, Ureter, Bladder, Urethra (30) Genitalia (Male organ) - Penis, Glans, Prepuce, Spermatic cord, Testes, Scrotum (Female organ) (31) Sexual impulse (32) Menstruation - Leucorrhoea (33) Respiration (34) Cough (35) Larynx and trachea (36) Voice and Speech (37) Neck and External throat (38) Chest - Inner, External, Axillae, Mamae, Nipples, Heart and region of (39) Back - Scapular region, Dorsal region, Lumber region, Sacrum and cocoyx, Spinal column and vertebrae, (40) Upper extremities (41) Lower extremities (42) Senstations and Complaints in general (43) Glands (44) Bones (45) Skin and Exterior body (46) Sleep (47) Dreams (48) Circulation - congestion, Palpitation, Heart beat, Pulse. (49) Chill - Coldness, Partial coldness, Sense of partial coldenss. (50) Heat and fever in general - Partial heat (51) Sweat - Partial sweat (52) Compound fevers (53) condition in general (54) Condition of Agg. and Amel. in general (55) Concordance.

REPERTORIAL TECHNIQUE AND RESULT :

Concept on order to be translated into practice requires “Method & Technique”. The technique of repertorization involves the use of the three major conceptual frames of reference. Boenninghauses, kent and Boger. Tjhere is an intimate relationship with practice/Technique and concept. Concepts alone reality remain sterile and techniques minus concepts a performance rendered null and void.

The applications of law of similars in clinical practice demands accuracy and precision of a high order on tjhe part of the homoeopathic physician. it is very difficult task and the homoeopathic physician is called upon to perform in its. Mathematical exaxtitutde. It is an “all or none law” phenomenon. It’s demands are to exacting integrity, balance, hard work, pure motivation perfect discipline at all levels - physical, intellectual and spiritual and above all, - a missinay zeal.

In this stage, Homoeopathic physicain has to deal with a repertorial sheet, a repertory book, whose concept (Kent, Boenninghausen and Boger) is necessary to convert into ractice. The model repertorial sheet is given below. There are columns and rows. Name of drugs are written in rows and rubrics number from one to unward is mentioned in columns. Against each rubric in the repertory, there are groups of remedies mentioned wiht their grandes. Now these grades are to be noted down under respective rubric against each drug.

This portion of the repertorization is a stupied, ired some, heart breaking and fatigue task but a physician learns the real homoeopathic materia medica during the process of this work.

REPETORIAL SHEET :

The results are expressed by considering the marks secured by individual remedies and number of rubrics covered by them. The remedies emerge throgu the repertorial filter in the chronological order of their numerical evaluation are noted down along with the rubric numbers and marks covered by them. An example of the Repertorial Remedy Representation is given below :

Name of remedies	1st Grade				2nd Grade			3rd Grade			Mark Secure with numberof Rubrics
Rubric numbers											
	1	2	3	4	5	6	7	8	9	10	
Lachesis	2	2	2	2	3	3	3	1	1	0	19 / 9
Rhus tox	3	3	3	3	1	2	3	1	0	1	19 / 9
Silicea	1	1	2	2	3	3	3	2	0	2	19 / 9

REPERTORIAL ANALYSIS :

After the Repertorial Remedy Represenation, we go for Repertorial Analysis.

During the process of Repertorial Technique, we give grade marks 3, 2 and I respectively to the remedies pertaining to our rubrics irrespective of their grade marks the evaluation of the case. Those graded on the basis of symptoms recorded, confirmed during proving, reproving and verification on sick individuals, which are accordingly arranged in our repertory book.

Unfortunately till to-day, we do not give any marks to the grades we have done to the symptoms of the patient during the Evaluation of the case. Although the symptoms complex of the patient are graded into 1st grade, 2nd grade and 3rd grade. It is sure injustive is crept without giving marks to the symptoms of the patient us per their grades, just as we give marks to the rubrics of the repertory, those have been collected from healthy human being.

How it is essential, justified and imperative to arrive at a mathmetical exactitude of a drug for selection is explained in a case which is illustrated below.

Let us take a case where four drugs such as A, B, C and D have convered six rubrics and have secured twelve marks by each. Different marks have been secured by the individual drugs at different stages which can be seen from table No. - 1.

TABLE – 1

Grades as per evaluation	No. of rubrics	Marsk secured by drugs as per the rubrics			
		Drug - A	**Drug - B**	**Drug - C**	**Drug – D**
Grade - I	1	3	1	2	3
	2	3	1	2	3
Grade - II	3	1	2	3	2
	4	1	2	3	2
rade - III	5	2	3	1	1
	6	2	3	1	1
TOTAL		12 / 6	12 / 6	12 / 6	12 / 6

Now all drugs have covered all the rubrics and all have secured twelve marks. But we should select a drug which covers the first grad / second grade symptoms more prominently than a drug covering less prominently at first/second grade symptoms and more prominently at third grade/second grade symptoms.

For example let us take ‘A’ and ‘D’ those have secured same marks in the first grade symptoms. In the second grade ‘A’ has secured land 1) ‘D’ has secured 2 and 2. In 3rd grade (A’ has secured 2 and 2, ‘D’ has secured I and I. From above observation it is seen that ‘A’ has secured less mark at grade II and more mark at

grade III, where as drug 'D' has secured reserve. In this particular palcement, more importance should be given to the drug who has kept marks at grade II symptoms than grade III. Hence drug 'D is better for the case than Drug 'A'. Similarly if we compare 'A' and 'C', they will bear similar value. Again in 'b' and 'C' case 'C' will be bear more value than 'B'. It has become possible to assess because of limited number of drugs and rubrics.

In order to convert the concept into parctive, we should provide value 3.2 and 1 to grade I, grade II and grade III of kent respectively to the symptoms obtained after "Evaluation of the case".

(Boenninghauser and Boger's repertory. Grades can be converted as follows :

Grade I & II - Grade - I

Grade III- Grade II

Grade IV & V - Grade III)

Finally, the value obtained from Repertorial Remedy Representation in multiplied with the value awarded to the case after due evaluation.

Let us see how it is possible. Look to the table - 2.

TABLE – 2

Grades as per evaluation	No. of rubrics	Mark secured by drugs as per the rubrics and multiplied with grade mark as per evaluation			
		Drug - A	Drug - B	Drug - C	Drug - D
Grade - I	1	3x3=9	1x3=3	2x3=6	3x3=9
	2	3x3=9	1x3=3	2x3=6	3x3=9
Grade – II	3	1x2=2	2x2=4	3x2=6	2x2=4
	4	1x2=2	2x2=4	3x2=6	2x2=4
Grade - III	5	2x1=2	3x1=3	1x1=1	1x1=1
	6	2x1=2	3x1=3	1x1=1	1x1=1
TOTAL		**26 / 6**	**20 / 6**	**26 / 6**	**28 / 6**

Now drug 'D' has secured higher mark than others although it was resembling apparently same just before. Hence drug 'D' is more appropriate remedy for case than A, B and C drugs so it is felt impertive to give

marks to the symptoms according to grades obtained after evaluation and multiplying with marks obtained in repertorial remedy representation otherwise it is needless to go for a stage of evaluation in the process of repertorization if we donot introduce this stage.

In repertorial analysis, one should go for selecting axute remedies, intercurrent remedies and chronic remedies for the case. So that at the bed side it will be very conveniet for the physician in future to prescribe the patient.

Miasmatic Assessment :

In this Stage, the entire symptomatology of the case is processed for miasmatsc cleavage there by it is understood what are the miasmatic taints in the case and which miasm is more dominant. So that the miasmatic treatment is resorted accordingly to the case.

Examples : See to the model case miasmatic assessment Chapter.

Disease Diagnosis :

Here the nosological disease diagnosis is done in order to understand the nature of disease, prognosis of disease and to ascertain the general management of the case.

Examples : See to the model case disease diagnosis Chapter.

Plan of Treatment :

In this stage the physician has to determine what medicines are to be prescribed in different phases of disease like acute stage, chronic stage and in standstill condition of the patient.

There after, what auxillary measures with dietary managements are required for the case, is determined.

Examples : See to the model case plan of treatment Chapter.