

Art of Homoeopathic prescribing

Introduction

“Life is short, and Art long; the crisis fleeting; experience perilous, and decision difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants and externals cooperate”. (Hippocrate, First aphorism)

Every Homoeopath opines, Homoeopathy is an art and science based on the natural law discovered by Dr. S. Hahnemann. The law is known as “ Similia similibus curanter”, which means the drugs have power of producing symptoms when these drugs are prescribed to the diseased individual having similar symptoms, it cures the disease. The sole and solitary objective of homoeopathic physician is to cure the sick individual by the way of providing correct / exact homoeopathic prescription. There cannot be any controversy over the fact that homoeopathic curative prescription is based on the totality of symptoms. It means the entire representation of the drug and disease, which enables the physician to individualize between disease and remedy. It is not a single characteristic symptom but it means which gives us the clear idea about the nature of sickness and medicine. Totality of symptom must be the aggregation of the more striking, singular, rare, peculiar, uncommon characteristic symptoms of the disease.

The application of law of similars rest on a qualitative appreciation, hence neither choose identical drug nor similar drug but a similitum i.e. most similar drug, so a homoeopathic physician has to perceive, the essential attribute of the case, understand them qualitatively and find out similarity by an analytical approach.

Literature Review

Starting from Hahnemann’s time to the present day, intellectual horizon of academic scholasticism, all veterans, erudite scholars and stalwarts have been emphasizing on evaluation as unfailing guide for selection of remedy. To study the drug and disease, symptoms are the media for every scientific system. It is seen from all literature that Hahnemann developed following fundamentals, which are accepted universally by all.

- a) Nothing can be known of disease except through symptoms.
- b) It is the patient who is ill and not his parts or organs.
- c) Symptoms furnish the only unfailing guide for selection of remedy.
- d) The remedy is hardly ever indicated by a single symptom however peculiar it may be.
- e) Peculiar, characteristic, individualizing symptoms in the case and not common symptoms denote similitum.(Hahnemann)

Let us delineate the prescribing totality and totality of symptoms advocated by many other stalwarts of the discipline.

1. Prescribing on the Principle of Specific Similarity

Hahnemann through his proving of Cinchona bark conclude that the remedy which in its proving produces similar symptoms of a diseases the specific homoeopathic remedy because it acts through the vital force and produces a similar diseases i.e. Cinchona is for Malaria.

Further provings of drugs showed that a number of drugs are having specific homoeopathic similarity to many other diseases i.e. Belladonna is specific for scarlet fever, Pulsatilla for measles, Antim. tart. for chickenpox, Drosera for whooping cough, Arsenic alb for influenza etc. "Homoeopathic specific remedies are given on the basis of common symptoms of the disease". The place of specific remedies lies between homoeopathic and physiological remedies. The more similar they are in the symptomatology of acute disease, the more they are homoeopathic to the sick individual and act in minimal and infinitesimal potencies but the more they are similar in pathological sphere, they more belong to the organopathic nature of the disease and act in lower potencies or crude doses.

2. Prescribing on the basis of Prophylactics and Genus Epidemicus

Dr. Hahnemann noted that homoeopathic remedies can act as prophylactic medicines, when the homoeopathic remedy in its provings brings out symptoms similar to a particular disease. It was experienced that Genus Epidemicus changes with each epidemic because the totality of symptoms changes with each epidemic.

Homoeopathic Prophylaxis consists first in giving in early childhood, the constitutional remedy corresponding to the totality of the symptoms observed, thus making the child more enduring and enabling him to resist the numerous complaints to which children are exposed. Later on, in time of epidemics, they should be given remedies to protect them if they are sound or to operate a speedy cure in case they have just caught the disease. Homoeopathy possess a rich armamentarium of prophylactic medicines.

Some of them are:

Belladonna- Scarlet fever

Morbillinum- Measles

Pertussin- Whooping cough

Partoidinum- Mumps

Diphtherinum- Diphtheria

Ledum, Arnica, Hypericum- Tetanus

Lathyrus or Carbolic acid- Poliomyelitis etc.

3. Remedies Prescribed on the Principle of Totality of Characteristic Symptoms

Totality of symptoms consists of quantitative or numerical totality of symptoms and qualitative totality or totality of characteristic symptoms. The numerical totality of symptoms is not so important as the totality of characteristic symptoms for the selection of similimum. The task of finding out the totality of characteristic symptoms and their peculiar nature was taken up by Dr. Von Boenninghausen. In his lesser writings, Boenninghausen has given the following 7 types of symptoms which make up totality of characteristic symptoms-

- a. Quis – Make up of the patient
- b. Quid – Peculiar sensation of the patient
- c. Ubi – Peculiar location of the disease.
- d. Cur – Cause of the disease.
- e. Quamodo – Modality of time
- f. Quando – Modality of circumstances.
- g. Quibus Auxilus – Cocnomitant symptoms.

The totality of characteristic symptoms as given by Boenninghausen were accepted by Hahnemann and older homoeopaths.

Totality of symptoms according to Kent is the synthetic comprehension of an individual picture of a disease by which individualization of the a patient can be made. It is not arithmetic aggregation of symptoms or sum total of signs and symptoms or haphazard jumble of symptoms thrown together but synthetic comprehension of an individual picture of a disease by which individualization of patients can be made.

Prescription based on totality of characteristic symptoms includes prescribing on characteristics of location and extension, characteristic sensation, characteristic modalities and concomitants.

4. Prescribing on the basis of key note symptoms.

Dr. Hahnemann points out in aphorism 153 of Organon of Medicine the importance of “keynote characteristic symptoms in the selection of simillimum”.

Dr. Henry N. Guernsey was the first to realize the importance of the striking, singular, uncommon and peculiar characteristic symptoms. The key note is not only applicable to the array of symptoms constituting the pathogenesis of our Materia Medica, but as well to the array of symptom and conditions constituting disease. The keynote is simply suggestive – suggesting by the shortest, surest and most practical method a remedy; separating and isolating it from all other medicines as having first the characteristic symptoms or conditions or keynotes in a marked degree. It is not always the totality that directs but something peculiar in the case, some prominent feature or marked symptom that directs attention to a particular drug and totality afterwards confirms or disproves the choice.

Dr. Hering

In his quaint fashion, years before “Keynote Symptoms” was ever heard of said every stool must have at least three legs, if it is to stand-alone. Dr. Hering advised selecting at least three characteristic symptoms for choosing the simillimum.

5. Prescribing on the basis of Constitutional Symptoms.

Dr. Kent was of the opinion that it is the sick individual as a whole to be cured rather than the totality of characteristic symptoms or the pathological condition of the diseased organs of the patient. There fore he gave highest or first rank to the general characteristic symptoms of the patient as a whole. These symptoms are also called symptoms of the patient. Constitutional symptoms are recognized by Ayurved (Vat, Pith, Kaph), Unani (Sanguine, Biliious, Phlegmatic, Melancholic temperaments). Dr. Grouvogl discovered constitutional disorders in the form of Hydrogenoid, Oxygenoid and Carbonitrogenoid dispositions.

According to Kent, there is no fixed type of constitution. They vary according to the combinations of characteristic generals and characteristic particular symptoms of the sick individual. General symptoms are the most valuable symptoms because they pertain to the patient as a whole to be cured. The specific factor for individualization is undoubtedly the mental symptom which in its profound significance is the psychological connotation of the subjective general modalities. Every experienced homoeopaths tries to reach the dynamic constitutional background of the patient, the psychological personality of the patient because unless he knows them, he can not know what he has to cure in the patient because he cannot understand the patient.

The characteristic totality of the dynamic symptoms of the psychophysical personality given by the comprehension of the patient through his character, his affections, his heart rates and aversions, habits of life, profession, emotional accidents, intoxications and every thing which constitutes his personal history, give the picture of his chronic disease condensed in that characteristic complex and this is the constitutional characteristic which helps in selecting the similimum.

For example: Alumina – Constitution deficient in animal heat.

Anacardium – Hysterical temper, laughs at serious matter.

Apis – Warm blooded, thirst less, awkward.

Arsenic alb. – Great prostration, anxious, fearful.

Baryta carb. – Chilly, memory deficit, forgetful.

6. Prescribing on the basis of causation – immediate and remote.

There are two types of causations according to Hahnemann – Acute causes due to malefic emotional influences, epidemic, endemic, traumatic, etc. and chronic causes due to drug miasm, uncured acute miasm, suppressed chronic miasm of Psora, Sycosis and Syphilis.

Causes may be immediate or remote.

Examples of immediate causes –

Anger – Asthma – Ars. alb., Cham.

Apprehension – Diarrhoea – Arg. nit.

Emotion – Palpitation – Calc. ars.

Milk – Diarrhoea – Calc. carb.

Examples of remote causes –

Traumatic influences – Pain – Arn. mont.

Burns – Cicatrization – Causticum

Sprains – Arthritis – Rhus tox.

7. Prescribing on the basis of Removal of Suppressions

Finding out the exact nature of suppression and its proper removal for complete cure of the patient is another important principle of Homoeopathic prescription.

Some of the examples are –

Suppressed anger – Aur., Cham., Ign., Staph.

Suppressed coryza – China.

Suppressed eruptions – Anac., Dulc., Mez.

Suppressed eruptions causing convulsions – Agar., Cuprum, Stram., Zinc.

Suppressed leucorrhoea causing haemorrhoid – Am. mur.

8. Prescribing on the basis of drug miasms / Iatrogenic / Tautopathic :

For example – Chloromycetin 30 for treating patients of typhoid fever who were on Chloromycetin treatment and has developed sequelae of Chloromycetin.

9. Prescribing on the basis of Vaccinosis miasm:

Prescribing on the ill effects of vaccination.

For example:

Antim. tart. – For bad effects of vaccination when Thuja fails and Silicea is not indicated.

Crotalus hor. – Post vaccination eruptions.
Mezereum – Eczema and itching eruptions after vaccination.
Silicea – Abscesses or convulsions after vaccination.

10. Prescribing on the basis of chronic miasms – Psora, Sycosis, Syphilis:

Long-term anti-miasmatic treatment depending upon the dominating miasm is the basis of such treatment.

11. Prescribing on the basis of Nosodes & Bowel nosodes / Isopathy:

Indications for Nosodes are:

- For prophylaxis
- For remote causes
- As complement
- For initiating treatment in conditions where the indications for any regular drug are not clear.
- Indicated remedy does not hold good with F / H of Tuberculosis, cancer.
- Where there is similarity in the patient's symptoms and signs of the nosodes.

12. Prescribing on the basis of blood investigations

For example:

For high leucocyte count – Prescribe Pyrogen

For high blood urea – Prescribe Eel Serum

13. Prescribing on the basis of Relationship of remedies :

Prescribing on the basis of relationship of remedies like complementary remedies, remedy follows well, remedy is followed by or precedes well, compatible remedies, incompatible remedies, remedy antidotes.

14. Prescribing on the basis of organopathic remedies:

Theory introduced by Dr. J. C. Burnett who says that when the other principles cannot be applied for the selection of a homoeopathic remedy one should not and ought not to neglect the principle of prescribing on the basis of organo therapy. Dr. John Henry Clarke, R. T. Cooper, C. M. Boger and J.C. Burnett have stressed on the use of organopathic remedies.

Some examples are:

Brain remedies – Absinth., Aethusa, Agaricus, Cuprum, Cicuta, etc.

Nervous system – Alfalfa, Avena, Kali phos., Helon., Zinc phos., etc

Male sex – Agnus, Calad., Con., Damiana, etc.

Gall bladder – Berb. v., Cardus mar., Chel., Chionan., Hydrastis, etc.

Veins – Adonis, Aesculus, Aloes, Ham., etc.

15. Prescribing on the basis of Dispositions:

Prescriptions can be made successfully on the various dispositions and lack of reactions as found in different patients.

For examples:

Rickets – Calc.c., Calc. phos., Calc. sil., lod., etc.
Glandular affections – Bar. c., Calc. c., Phyto., etc.
Enuresis – Bell., Arg. nit., Caust., Equis., etc.
Homesick – Caps., Ign., Phos. ac., etc.

16. Prescribing on the basis of lack of Reaction :

In patients with brain trouble with hydrocephalus or suppressed exanthemata – Helleborus niger. Lack of reaction especially in chest and heart affection, cyanosis neonatorum – Laurocerasus. Lack of reaction to remedies even though indicated – Opium, etc.

17. Prescribing on Electro physical and Biophysical Response Mechanism. (Radiasthetic, Electronic)

- a) Abraham's machine
- b) Boyd's Emanometer
- c) Grimmer's polarimeter
- d) Machine used by Guyon, Rechar, Gutman, etc.
- e) Pendulum dowsing, etc
- f) Most of these are "diagnostic Machines" and are as such operating under an experimental protocol.

18. Prescribing on Automatic response or Reflex changes.

- a) Stroking sticks (Stearns)
- b) Pupillary test – Dilatation
- c) Iris colour alteration
- d) Cardiac changes – rate and character of contraction
- e) Pulse test
- f) Capillary circulation alteration (Skin colour changes)
- g) Hair therapy

19. Prescribing on Laboratory methods

- a) Lipoid flocculation test (Garth Boericke) – Macroscopic
- b) Serum flocculation test (Dr. George Hensaw) – Macroscopic
- c) Chylomicron picture changes – Microscopic
- d) Bowel bacteria culture (Bach, Wheeler, Paterson)
- e) Copper chloride crystallization test (Pfeiffer)
- f) Blood groups (Florentin)

20. Miscellaneous

- a) Iridology
- b) Physiognomy
- c) Graphology
- d) Astrology & palmistry
- e) Intuition

- 21. Prescribing on Autopathic method** – A remedy is made from the bodily fluid or discharge of the patient.
- 22. Prescribing on Synthetic method** – A case which would need both Nat. m. and Phos. would get Nat. phos.
- 23. Prescribing by alternations** – The remedies are altered according to a specific pattern. Hahnemann spoke of this methodology in certain cases.
- 24. Prescribing Intercurrent Remedy** – Usually, the indicated remedy does not hold or the case relapses. Another remedy is given (usually a nosode) then the original remedy is repeated.
(Prefaced by Hahnemann to Repertory of Antipsoric)
- 25. Prescribing morbid intercurrentee** – During the treatment of a chronic disease if an acute disease intervenes it is interposed with an acute remedy which is called morbid intercurrentee. (Hahnemannian chronic disease)
- 26. Prescribing on Classical Method**– Sometimes called Hahnemannian, Kentian or Constitutional, it aims to treat physical, emotional and mental levels all at once, by finding the constitutional remedy for that individual. A single remedy is given at long intervals.
The use of the term ‘Classical’ is debatable, since it really only relates to Kentian homoeopathy. Hahnemann himself was certainly not restricting his treatment to the single remedy at the end of his lifetime. Indeed, had the 6th edition of the organon not been withheld from the homoeopathic community by Melanie Hahnemann and later by the Boennighausen finally, Classical or Kentian homoeopathy may not have gained the firm foothold that it did. Kent’s approach was based upon the fifth edition, sixth edition containing Hahnemann’s later work was not published until 1922, six years Kent’s death in 1916.
- 27. Prescribing on Layers Method** – In cases where a time-line can be drawn up. It is used mainly in chronic illness, where separate prescriptions are given for the different layers in sequential order. The method was pioneered by Eizayaga and looks at miasmatic constitutional, fundamental and Lesional layres.
- 28. Prescribing on Sequential Method**- Has some aspects in common with the layers method, but aims at treating the sequence of events, traumas and circumstances that have contribute to the individual’s illness. It has been practiced(albeit in different manners) by homoeopaths such as James Compton-Burnett, Lisa Monck and Pritam Singh.
- 29. Prescribing on Therapeutic Method** - Aims at treating the disease rather than the person, although the prescription takes into account the individual’s reaction to the disease. Some people disparingly think of this as cook-book homoeopathy.
- 30. Prescribing on Complex Homoeopathy Method** - Is the use of composites of remedies all taken at once, each having a different target in treatment. This is again sometimes referred to as blunder disparagingly homoeopathy.

31. Prescribing on Symptom Similarity - Is a group of approaches which focus on characteristic symptoms or keynotes using them as the basis for a prescription.

32. Prescribing on Physical General - Focuses more on the physical general symptoms rather than the mental generals, since the mental symptoms can be inaccurate, depending upon the observers interpretation of them.

33. Prescribing on Specific Method - This is the swift operation of the recognition heuristic, to give the so-called specific remedy for a condition. Hence; Arnica for most bruises, Hypericum for trapped fingers, Melilotus for nosebleeds, Mag.pole.australis for ingrowing toenail. Purists would aver that this is not good homoeopathy, yet in the fast world of General Practice it has legitimacy, and the track record of the efficacy of these remedies in these areas almost ensures success.

34. Prescribing on the basis of Mental Generals

Only mental symptoms are collected and prescriptions are made.

35. Prescribing on the basis of repertorial totality:

Ever since the evolution of the homoeopathic method of treatment, Hahnemann and his disciples had been giving an unceasing effort to find an easy way to select the similimum. The first effort in this direction was made by Hahnemann, next Jahr, then Boenninghausen. Thereafter other stalwarts like Hering, A .Lippe, Boger, Kent and others followed.

Prescribing on the basis of Repertorisation mainly depends upon the philosophical background of the repertory used depending upon the case in hand for example:

Kent's Repertory is based on the philosophy of deductive logic i.e. general to particular. Totality demands the study of the man as a whole as man is prior to the organs, man is the will & understanding and the house where he lives in, is his body. Highest importance is given to the mental generals because they express an individual's reaction. Next to it is physical general, then characteristic particular. The entire process of repertorisation of Kent revolves around a philosophy i.e.

- Prime importance to mental general
- Limited generalization
- Second importance to physical generals including modality
- Particulars for finer differentiation

Boenninghausen's Therapeutic Pocket Book is based on the following fundamental concept:

Prescription is based on complete symptom (L / S / M / C).

- Doctrine of Analogy
- Doctrine of Concomitant
- Evaluation of Remedies
- Concordance

Boger's repertory is based on the following fundamental background:

- Doctrine of complete symptom

- Doctrine of pathological generals
- Doctrine of Causation & time
- Clinical rubrics
- Evaluation of remedies
- Fever totality
- Concordance

According to different stalwarts:

Many votaries have arranged it differently and few examples are delineated below:

Spalding –

- 1 Mental generals
- 2 Physical general
3. Discharges
4. Dreams
5. Special senses
6. Desires
7. Aversions
8. Modalities
9. Strange, rare & peculiars
10. Particulars
11. Objective or pathology

Elizabeth Hubbard –

1. Mental generals
2. Will
3. Emotion
4. Intellect
5. Physical general
6. Menses
7. Discharges etc. & rest like Spalding

Whitman –

1. Mental generals
2. Physical general, Modalities
3. Food, Desires and Aversions
4. Menses
5. Strange, rare & peculiars
6. Particulars

Dr. M.L.Sehgal

Prescription is made simply on the **common and most ordinary symptoms**, which are generally known to be common to all patients. This is quite in contrast with the classical Homoeopathy in which uncommon, rare and characteristic symptoms are taken into consideration for prescription. The prescription is made on common most ordinary and usual symptoms related to patient's mind only, out of which the **presenting, predominating and persisting symptoms** are given importance.

Dr. H. A. Robert

It is only upon the totality of symptoms that we can base our prescription and so we require many individual symptoms as showing the **characteristics and personality** of the patient.

Dr. M.L. Dhawale

According to him the totality of a case is (in order of importance)

1. Cause – Mental and physical
2. Aggravation
3. Amelioration
4. Unexpected deviation, Craving and Aversion
5. Characteristic particulars

George Vithoulkas

Totality of the symptoms can be made only through the symptoms produced on **mental, emotional and physical levels**. The symptoms are ranked according to their intensity, how deeply they reach into the organism (mental and emotional symptoms being considered most important) and according to their degree of peculiarity.

Dr. Prafull Vijayakar

He considers Activity – Thermal – Thirst – (Mental) Axis for prescription.

Dr. Oscar Eugene Boericke

His repertorial totality is based on following three factors.

1. On the basis of nosological diagnosis.
2. On the basis of pathological general.
3. Importance on concomitants.

Dr. James William Ward

The spirit of clinical picture is best obtained by

1. Cause and course of the sickness.
2. Modalities especially natural modalities of the sickness.
3. Mental state
4. Sensations
5. Expression of sickness
6. Parts affected.

Dr. Guernsey

Keynote method – In comparing the symptoms of medicines we find that each medicine has peculiar differences from other medicine. The difference by which one remedy distinguished from other are the “keynotes” of the remedy according to Guernsey. E.g. Arnica mont. has bruised pain, Calc. carb. better when constipated.

Dr. Adloph Lippe

He illustrated his method that the “**Characteristic symptoms**” are the symptoms peculiar to the individual patients rather than symptoms common to the disease. He illustrated this by a case as follows:

1. An unusual noise in the intestines as if a fluid were being emptied out of a bottle.
2. The discharge came away with a gush of what pathological value these symptoms were we know not.

Still they formed part of the totality which we must cover we found that these two symptoms are also characteristics of *Jatropa curcas* and that this remedy, at the same time has caused symptoms corresponding with general pathological condition, *Jatropa* promptly cured the case.

Dr. William Boericke

He observes a remedy is selected for a case that is found to possess in its symptomatology marked action:

- a) In a certain location
- b) To correspond with the sensation
- c) Possess modalities without necessarily having in the proving the very symptom resulting from the combination, e.g. A patient with tearing pain in left hip, relieved by motion, greatly worse in afternoon, would receive *Lycopodium*, not because *Lycopodium* has so far produced in the healthy such a symptom, but because from the study of its symptoms as recorded in *Materia Medica*.

Like this, many have given their totality in various ways as felt by them in the case.

Discussion

Today Homoeopathy has become dependent upon the individual's understanding of Homoeopathy (which is not to say that any one system is necessarily better than another) and their personal pattern of practice. Rather like the Hydra of Greek legend, homoeopathy has grown into a many-headed entity. There are many different schools of thought and practice all of which would probably claim to be following the sage wisdom of Hahnemann's second aphorism. [Aphorism 2 - The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest and most harmless way, on easily comprehensible principles.]

Some Homoeopaths adopt an almost fundamentalist approach, venerating Hahnemann's words with near religious fervor and decrying any deviation from the principles he set down in the *Organon of Medicine*. Others use complex prescriptions arrived at according to different principles & the most, however, still regard the similia principle as being the essence of the discipline. Reports suggest that they are probably using different models to simplify their task according to their needs. [Souter, Keith prescribing methods – Rule of thumb and Bias in Homoeopathy, 1st edition 2005, B. Jain Publishers (p) Ltd. New Delhi Page 14 – 15.]

Hahnemann believed that he is laying down an algorithm method, which if followed according to his dictums would lead to the correct and logical remedy or the similimum.

So, over the years different approaches have been developed. Some people feel more comfortable with one approach in particular, so may use that at least most of the time. Others have an eclectic attitude and flit from approach to approach depending upon the case as it unfolds.

From above study, it is envisaged that there are numerous different methodologies have been developed to aid the prescriber towards his goal, which is to make the patient feel and become better. Homoeopathy is a complex therapeutic system which is practiced in different ways by various Homoeopathic group of people.

Perhaps the algorithmic method pronounced by Hahnemann is followed according to his dictums would lead to the “Correct and logical remedy” or the similimum.

If a homoeopathic uses a particular approach exclusively then he or she needs to be aware that bias is being introduced into remedy selection and not every one benefits from bias.

It seems highly likely that whether we like it or not we all use heuristics or rules of thumb in order to make sense of complex system. Homoeopathic medicine is highly complex system and like all of the biological sciences, it is not exact science, the use of rules of thumb is almost inevitable.

As per cognitive psychologists, these are two types of thought process going on, one rational and the other intuitive in type. The rational type of thought is sequential and algorithmic, while the intuitive is associated and probably heuristic. Heuristic can be extremely accurate.

In a sense they support the concept that we practice not merely the science of medicine, but the art as well. We cannot stop thinking heuristically but we should be aware of the process, for although heuristics can be very accurate, they can also be biased. It can be helpful or it can unhelpful. However we should remember the last word of the father of medicine Hippocrate “FIRST DO NO HARM” (Hippocrate 460-355 BC).

Hence it is felt imperative to prepare a principle for an “INTEGRATED REPERTORY” with an objective to overcome the drawbacks, confronted while dealing with different source book i.e Materia Medica & Repertories. The proposed principle should encompass all features described in them (i. e. the Repertories currently available), extracted during case receiving and obtained from source books (Materia Medica).

Let us proceed from practice to concept to prepare a principle.

Aim :

To prepare a principle for “Repertorial Totality” which will be fitting to the “INTEGRATED ONE” to arrive at a similimum which is the sole & solitary objective of the Homoeopathic Physician.

Methodology:

1. Data from patients should be collected and should be transformed into a standard case recording proforma.
2. The raw data needs to be processed for analysis of symptoms / formation of a conceptual image / synthesis of the case / evaluation / formation of a repertorial totality.
3. Symptoms under repertorial totality will be of three grades such as : first grade, second grade and third grade. The arrangement will be as follows:
 - A) First grade :
 - I. Unexpectedly deviated symptoms: They include the following:
 - a) Concomitant
 - b) Negative generals (Lack of expected feature)
 - c) Alternate with
 - d) Sensation as if
 - e) Extension

- f) Unexpected features
 - g) Onset
 - h) Symptoms of highest magnitude
 - i) Causations
- II. Intensified symptoms

B. Second grade

I. Mental generals

- j) Causative emotional amel.
- k) Causative emotional agg.
- l) Emotional amel.
- m) Emotional agg.
- n) Emotional symptoms
- o) Causative intellectual amel.
- p) Causative intellectual agg.
- q) Intellectual amel.
- r) Intellectual agg.
- s) Intellectual symptoms

II. Physical Generals:

- a) Reaction to heat and cold
- b) Tendencies (Suppuration / Bleeding / Common cold)
- c) Aversion
- d) Desire
- e) Intolerance
- f) Sweat
- g) Sleep
- h) Dream
- i) Appetite
- j) Thirst
- k) Stool
- l) Urine
- m) General amel.
- n) General agg.
- o) Sides
- p) Constitution

III. Pathological Generals

C. Third grade:

- I. Characteristic particulars
- II. Common particulars

4. Formation of acute totality and chronic totality.

- I. Acute totality – “It will incorporate all recent changes”.
- II. Chronic totality – “It will incorporate all remote changes”.

5. Added values to the graded symptoms.

- I. First grade symptoms will possess a value of (x03)
- II. Second grade symptoms will possess a value of (x02)

III. Third grade symptoms will possess a value of (xo1)

To be far away from thumb rule / heuristic / biased opinion it is necessary that all the data collected from patient are to be screamed out and to find out an intermediate tool which can bring all the criteria taken by numerous authors and use all the data / information collected from patient in an standardized case recording format. A mantra is provided below which satisfies our above objectives.

1. Causations
2. Unexpected features
3. Mental generals
4. Physical generals
5. Pathological generals
6. Characteristic particulars
7. Particulars

For getting real totality, one has to pass through various stages:

1. Analysis of symptoms
2. Conceptual image formation
3. Synthesis of the case
4. Evaluation of the case
5. Totality of the symptoms
6. Miasmatic diagnosis
7. Nosological diagnosis
8. Conversion of symptoms to rubrics
9. Repertorisation
10. Finding out reportorial result
11. Framing a plan of treatment

A model case was worked from cured cases. After working out systematically with above procedure the totality evolved as follows:

EVALUATION AND TOTALITY OF SYMPTOMS / REPORTORIAL TOTALITY

First grade –

1. Hot patient desires for warm food. (Unexpected deviation)
2. Anxiety (Intense)
3. Irritability (Intense)
4. Obstinate (Intense)
5. Numbness extremities associated with stitching pain and loss of muscle power (Concomitant / Intense)
6. Swelling of joints associated with stiffness (Intense / Concomitant)

Second grade –

1. Concentration difficult
2. Impatience
3. Religious affection
4. Desire – Salt, sour, bread, farinaceous diet.
5. Summer aggravation

6. Intolerance – farinaceous diet

Third grade –

1. Numbness and tingling of thumb, index and middle finger
< night, lying down, cold
> sitting up
2. Swelling / pain of multiple joints
< exertion
> rest

FORMATION OF ACUTE TOTALITY / CHRONIC TOTALITY

- I. Acute Totality
No recent change is found in the case.
- II. Chronic totality
All the changes are remote hence are incorporated under chronic totality.

CONVERSION INTO RUBRICS

1. GENERALITIES, Heat, sensation of
2. STOMACH, Desires, warm food
3. MIND, Anxiety
4. MIND, Irritability (See Anger)
5. MIND, Obstinate
6. EXTREMITIES, Numbness (See Tingling)
7. EXTREMITIES, Weakness
8. EXTREMITIES PAIN, Pain, stitching
9. EXTREMITIES, Swelling, Joints
10. EXTREMITIES, Stiffness, Joints
11. MIND, Concentration, difficult
12. MIND, Impatience
13. MIND, Religious affections (See Anxiety, Despair, Fear)
14. STOMACH, Desires, salt things
15. STOMACH, Desires, sour, acids, etc.
16. STOMACH, Desires, bread
17. STOMACH, Desires, farinaceous food
18. GENERALITIES, Warm, agg.
19. GENERALITIES, Food, farinaceous food, agg.
20. EXTREMITIES, Numbness (See Tingling), right and left arm, night
21. EXTREMITIES, Numbness c, fingers, night
22. EXTREMITIES, Numbness, (See tingling), fingers, air, cold
23. EXTREMITIES, Swelling, Joints, exertion, after

After formal repertorisation drug evolved as follows:

RESULTS AFTER GRADED VALUE

	Sulph	Nat. mur.	Lyc.	Ars. alb.	Puls.	Calc. c.	Phos.	Apis	Nux. v
1.	3x3=9	3x3=9	3x3=9	1x3=3	3x3=9	2x3=6	2x3=6	3x3=9	2x3=6
2.	0x3=0	0x3=0	3x3=9	3x3=9					
3.	3x3=9	2x3=6	3x3=9	3x3=9	3x3=9	3x3=9	3x3=9	1x3=3	2x3=6
4.	3x3=9	3x3=9	3x3=9	3x2=6	3x3=9	3x3=9	3x3=9	3x3=9	3x3=9
5.	3x2=6		3x1=3	3x2=6		3x3=9	3x1=3	3x1=3	1x3=3
6.	3x2=6	2x3=6	3x3=9	3x2=6	3x2=6	3x2=6	3x2=6	3x2=6	3x2=6
7.	3x2=6	2x3=6	3x3=9	3x3=9	3x2=6	3x3=9	3x2=6	3x2=6	3x3=9
8.	3x2=6		3x2=6	3x2=6	3x2=6	3x2=6	3x1=3	3x2=6	
9.	3x3=9	2x3=6	3x2=6	1x2=2		3x2=6		3x2=6	3x2=6
10.	3x3=9	2x3=6	3x3=9	3x3=9	3x2=6	3x2=6	3x2=6	3x1=3	3x2=6
11.		2x2=4	3x2=6	3x2=6	2x2=4	2x2=4	2x2=4	1x2=2	2x2=4
12.	3x2=6	2x2=4	2x2=4	2x2=4	2x2=4	2x2=4		2x2=4	2x3=6
13.	3x2=6	2x1=2	2x2=4	2x2=4	2x2=4	2x2=4			2x1=2
14.	1x2=2	3x2=6				2x2=4	2x3=6		
15.	2x2=4	2x2=4		2x2=4	2x2=4	2x2=4	2x2=4	2x2=4	
16.		2x2=4		2x2=4	2x2=4	2x2=4	2x2=4	2x2=4	
17.		2x2=4							
18.	2x2=4	2x2=4	2x2=4		3x3=9		2x2=4	2x3=6	
19.	2x1=2	3x2=6	2x1=2					2x1=2	
20.					1x1=1				

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93	86	98	83	78	90	70	62	65
2	4	1	5	6	3	7		

RESULTS AFTER GRADED VALUE IN ORDER OF RANK

<u>Name of the Drug</u>	<u>Mark secured</u>
1. Lycopodium	98
2. Sulphur	93
3. Calc. carb.	90
4. Nat. mur.	86

5. Ars. alb.	83
6. Puls.	78
7. Phos.	70
8. Nux vom.	65
9. Apis mel.	62

DISCUSSION:

After graded value “Lycopodium” which had actually cured the case vindicated its position as the first ranking drug in the panel. But it was placed in the third rank before graded value. Similarly there had been other changes in the placement of drugs in the panel and the graded value system, had allowed to bring better drugs up in the hierarchy of drug list, which was brought, after normal repertorisation. Hence, it was felt imperative to examine the results obtained in the model case study in a large number of clinically cured cases. The detailed study is delineated below.

AIMS / OBJECTIVES:

To undertake a retrospective study of the cured cases and to ascertain the most efficacious principle among there principles of Repertorial Totality such as:

- K. C. R.T.
- B. C. R. T.
- I. R. C. R. T.

METHODOLOGY:

102 cures cases were taken for study from the case records of Dr. A. C. Homoeopathic Medical College & Hospital and Author’s clinic. The parameter fixed up for cure was as follows:

“Disappearance of all symptoms for more than 5 years.”

The Repertorial totalities were framed separately after proper evaluation as per individual process / principle. Thereafter data were processed for repertorization by softwares Hompath, RADAR. A panel of drugs comprising of ten were brought into the list in order of their value of the cured cases.

Observations were classified in following types for critical study such as:

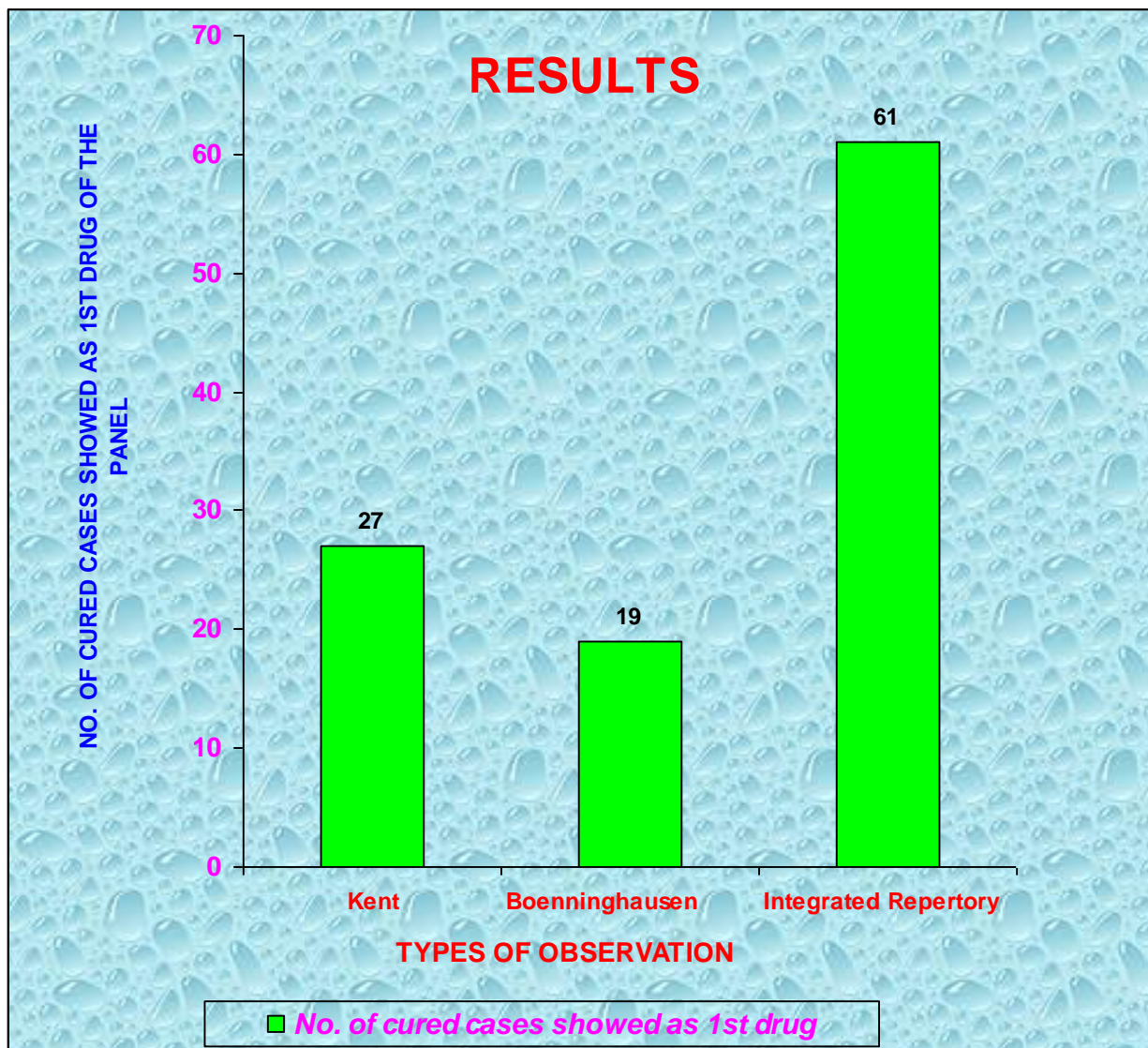
- Obs. 1 – No. of cured cases showed as 1st drug of the panel.
- Obs. 2 – No. of cured cases showed as 2nd drug of the panel.
- Obs. 3 – No. of cured cases showed as 3rd drug of the panel.
- Obs. 4 – No. of cured cases showed as 1st / 2nd drug of the panel.
- Obs. 5 – No. of cured cases beyond 3rd drug of the panel.
- Obs. 6 – No. of cured cases beyond panel.

RESULTS:

Result obtained are presented below:

Types of observations	Kent	Boenninghausen	Integrated Repertory	Total
No. of cured cases showed as 1 st drug of the panel.	27	19	61	107
No. of cured cases showed as 2 nd drug the panel.	31	19	32	82
No. of cured cases showed as 3 rd drug of the panel.	40	13	6	59
No. of cured cases in the 1 st , 2 nd & 3 rd drugs of the panel.	98	51	99	248
No. of cured cases below 3 rd of the panel	1	38	3	42
No. of cured cases not within the panel.	3	13	0	16

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No. of cured cases not within the panel.	3	13	0	16



RESULT ANALYSIS:

The results obtained from 1st, 2nd and 3rd ranking drugs of Kent group and Boenninghausen group were processed for chi – square test. On referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value (32.2) is much higher and that speaks, the result is significant. The interpretation is that the results of Kent’s principle is superior to Boenninghausen’s principle.

Similarly the results obtained from 1st / 2nd and 3rd ranking drugs Boenninghausen group and Integrated Repertory group were processed for chi – square test. On referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value (32.1) is much higher and that speaks, the result is significant. The interpretation is that the results of Integrated Repertory’s principle is superior to Boenninghausen’s principle.

There after the results obtained from 1st, 2nd / 3rd ranking drugs of Kent group and Integrated Repertory were processed for chi – square test. On referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value is (0.32) is much lower and it speaks result is non – significant. The Interpretation is that there is no much difference between two results.

The results obtained for top ranking drugs of K.C.R.T. and B.C.R.T. were processed for chi – square test. referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value is (27.5) is much higher and it speaks result is significant. The Interpretation is that the result of Kent' principle is superior to Boenninghausen' principle.

Similarly, the results obtained for top ranking drugs of B.C.R.T.. and I. R.C. R.T. were processed for chi–square table with 1 degree freedom on the value of chi-square for probability of 0.05 is 3.84. Since the observed value (29.3) is much higher that speaks the results of Integrated Repertory's principle is more superior to Boenninghausen's principle.

Finally, the results obtained for top ranking drugs of B.C.R.T. and I.R.C.R.T. were processed for chi-square test. On referring to the chi-square table with 1 degree, freedom on the value of chi-square for probability of 0.05 is 3.84. Since the observed value (42.26) is much higher and it speaks the results of Integrated Repertory's principle is more superior to Kent's principle.

CONCLUSION

From the above study, it is ascertained that the results of bringing a panel of drugs by Kent's concept of Repertorial Totality has proved statistically significant over Boenninghausen's concept of Repertorial Totality. Hence the principle of Repertorial Totality enunciated by Kent is superior.

The results of bringing 1st ranking drug in the panel by Kent's concept of R. T. is significant over Boenninghausen's concept of Repertorial Totality. Hence K. C. R. T. is superior to B. C. R. T.

The results of bringing 1st ranking drug in the panel by Integrated Repertory's concept of R. T. is significant over Boenninghausen's concept of Repertorial Totality. Hence I. R. C. R. T. is superior to B. C. R. T.

The results of bringing 1st ranking drug in the panel by I. R. C. R. T. is significant over K. C. R. T.

Therefore I. R. C. R. T. appears to be "BETTER" among all the concepts of Repertorial Totality. It can be used for FINER DRUG SELECTION at terminal stage and to ascertain the most leading drug of the case.