

REPERTORY

Instructions:

- I. (a) Repertorisation is not the end but the means to arrive at the simillimum with the help of materia medica, based on sound knowledge of Homoeopathic Philosophy;
- (b) Homoeopathic materia medica is an encyclopedia of symptoms. No mind can memorize all the symptoms or all the drugs with their gradations;
- (c) The repertory is an index and catalogue of the symptoms of the materia medica, neatly arranged in a practical or clinical form, with the relative gradation of drugs, which facilitates quick selection of indicated remedy and it may be difficult to practice Homoeopathy without the aid of repertories.
- II. (a) Each repertory has been compiled on distinct philosophical base, which determines its structure;
- (b) In order to explore and derive full advantage of each repertory, it is important to grasp thoroughly its conceptual base and construction and this will help student to learn scope, limitations and adaptability of each repertory.

Third B.H.M.S

A. Theory:

1. Repertory: Definition; Need; Scope and Limitations.
2. Classification of Repertories
3. Study of different Repertories (Kent, Boenninghausen, Boger-Boenninghausen):
 - (a) History
 - (b) Philosophical background
 - (c) Structure
 - (d) Concept of repertorisation
 - (e) Adaptability
 - (f) Scope
 - (g) Limitation(s)
4. Gradation of Remedies by different authors.
5. Methods and techniques of repertorisation. Steps of repertorisation.
6. Terms and language of repertories (Rubrics) cross references in other repertories and materia medica.
7. Conversion of symptoms into rubrics and repertorisation using different repertories.
8. Repertory – its relation with organon of medicine and materia medica.
9. Case taking and related topics:
 - (a) case taking.
 - (b) difficulties of case taking, particularly in a chronic case.
 - (c) types of symptoms, their understanding and importance.
 - (d) importance of pathology in disease diagnosis and individualisation in relation to study of repertory.
10. Case processing

- (a) analysis and evaluation of symptoms
- (b) miasmatic assessment
- (c) totality of symptoms or conceptual image of the patient
- (d) repertorial totality
- (e) selection of rubrics
- (f) repertorial technique and results
- (g) repertorial analysis

B. Practical or clinical:

- 1. Record of five cases each of surgery, gynaecology and obstetrics worked out by using Kent's repertory.
- 2. Rubrics hunting from Kent's & Boenninghausen's repertories.

Note: There will be no Examination in the subject in Third B.H.M.S.

Fourth B.H.M.S

A. Theory:

- 1. Comparative study of different repertories (like Kent's Repertory, Boenninghausen's Therapeutic Pocket Book and Boger- Boenninghausen's Characteristic Repertories, A Synoptic Key to Materia Medica).
- 2. Card repertories and other mechanical aided repertories- History, Types and Use.
- 3. Concordance repertories (Gentry and Knerr)
- 4. Clinical Repertories (William Boericke etc.)
- 5. An introduction to modern thematic repertories- (Synthetic, Synthesis and Complete Repertory and Murphy's Repertory)
- 6. Regional repertories
- 7. Role of computers in repertorisation and different softwares.

B. Practical or clinical:

Students shall maintain the following records, namely:-

- 1. Five acute and five chronic cases (each of medicine, surgery and obstetrics and gynaecology) using Kent's Repertory.
- 2. Five cases (pertaining to medicine) using Boenninghausen's therapeutics pocket book.
- 3. Five cases (pertaining to medicine) using Boger-Boenninghausen's characteristics repertory.
- 4. Five cases to be cross checked on repertories using homoeopathic softwares.

C. Examination:

There will be examination of repertory only in Fourth B.H.M.S (not in III BHMS).

1. Theory:

- 1.1. Number of papers-01
- 1.2. Marks: 100

2. Practical including viva voce or oral:

2.1. Marks: 100	
2.2. Distribution of marks:	<u>Marks</u>
	30
2.2.1. One long case	10
2.2.2. One short case	10
2.2.3. Practical record or journal	50
2.2.4. Viva Voce (Oral)	-----