

Q Write about various techniques of repertorisation. write in brief about kishor covid repertory.

Ans Techniques of repertorization -

It includes @
 Old method
 New method

- 1) Old method =

⇒ 1) = Using plain paper sheet

In this method, rubrics are arranged according to the hierarchy, and medicines are listed against them. At the

- All the medicines & their grades are written by hand against the symptoms.

- At the end, common medicine which cover all the rubrics are found out.

- They are further differentiated & reference to the materia medica.

The advantage of this method is that while writing the symptoms, referring to the rubrics & noting down the medicines, one learns to use the repertory in a better way.

- It leaves a lasting impression on the user's memory.

- The only disadvantage is that it is time consuming.

2) Modern method

i) Using a repertorial sheet =

The repertorial sheet used, contains a list of medicines alphabetically arranged and also a number of longitudinal & horizontal columns for noting down the marks against rubrics.

ii) Using a card:

In due course, the repertorians devised some easy technique of working out a case by using different types of cards in finding out a simillimum.

- The use of cards in repertorizing a case can minimize the labour of writing work.

Advantage = time saving & less labour compared to above two.

Disadvantage = limited amount of learning as there is no exposure to each symptom along with its group of medicines.

iii) Referred away:

This technique is used in cases which need a quick reference to a few symptoms for finalizing a remedy, mostly done by experienced physicians in acute as well as chronic case.

iv) Using computers:

These days due to easy access to the electronic device, the process of repertorization has become easy & non-time consuming. If the rubrics are selected properly, they can be arranged & located in a computer repository within no time. The final case of marks takes as much time as

Kishor's card repository ..

A gigantic & very useful
card repository

published in -1959

Author = Dr. Jugal Kishor.

No. of cards initially = 3500
↓

mainly based on Kent's repository
though the rubrics were taken
from all existing repositories &
addition

2nd edition = 1967
↳ cards = 10,000
remedies = 600

3rd edition = 1986

⇒ This repository can be used
for cases which have prominent
mentals, physicals or only
particulars.

Therefore it is an attempt
to substitute both
as well as ~~both~~ Bonninghausen
as Kent's repository.

Structure of a card

=> It has 80 vertical columns of no. from left to right as 1, 2, 3, ---- 80 at the bottom.

• No. 1 to 80 also appear on the top as a second line.

- From top to bottom that is above decimal, each column contains no. as 0, 1, 2, 3, 4, 5, 6, 7, 8, 9.

=> Every card has a 'subpic' written on the top & the name of chapter.

- Each subpic has a no. \leq is written before the subpic.

The no. of subpic is also punched in the first 4 columns, & are made to indicate the numbers.

Looking into these 4 columns, one can easily know the no. of the subpic by arranging the punched no. from left to right.

-> The card has punched numbers scattered here & there.

In order to know the code no. of medicine one has to read the number always putting the bottom number first in the left hand before the punched numbers.

The number should be written to in the index to the kishore: cards & reveals the name of medicine.

• Working out A case -

A case has to be analyzed & the supertorial totality has to be framed.

These symptoms should be converted into the corresponding subrics.

The final subrics should be located separately & the card no. should be written down against each subric.

All the cards & subrics should be kept in order against each other. Finally, the common punched holes should be found holding the cards against light.

- Thus we get a group of medicines from the common punched holes by getting to the index.

These medicines should be referred back to the Materia medica & person to select the similimum.

Sometimes the common hole is not visible after keeping all the cards together. In such case, the least imp. card τ superior should be removed, one after another till the common punched hole is located.