

Introduction to Repertory

@ DR PRABHAT V. VAGHAMSHI,
MD Homeopathy

prabhat_vaghamshi@yahoo.com

Twitter: drprabhatv

Blog: <http://prabhat-vaghamshi.blogspot.in/>

Scope

Limitation

Types

Evolution

Need of 'Directory of Symptoms'

When homeopathic practice was in its infancy, we had quite a few remedies. So learning their symptoms and **remembering** all their cross references and relations was not **manageable**.

As our assemblage grew it became practically **impossible to remember all** the facts about them.

The need to meet the demands of our augmenting resources led to the birth of Repertory.

Hahnemann alone, and later with the help of his students attempted to construct such a system which could facilitate this task.

But no one could come up with a universal solution, every work had some shortcomings and lacunae.

The task of putting together the first repertory that could be used in practice fell to **Clemens Maria Franz von Boenninghausen**, a lawyer who became interested in homeopathy through his own cure by the system. Hahnemann supported and applauded his work.

Within a few years of the publication of Boenninghausen's Repertory in 1832 it became obvious that this new tool was beginning to create problems.

In 1834, **Hahnemann** wrote to **Boenninghausen**,

"Even if the homeopathician perceive that the Repertory is insufficient for finding the best remedy for every case of disease, nevertheless, they calm down when they have such an overview in their hands, and even believe with some probability to be able to dispense with sources [materia medica], and they don't buy them and use them."

The concern that people were using the Repertory as a shortcut to find the remedy, without bothering to look further in the Materia medica to more finely differentiated remedies.

In the introduction to his manual, Jahr cautions against using the Repertory mechanically.

Repertory is just a tool, it is the mind which uses it that performs the exercise.

The logic of Repertories, their usage, their scope should be imbibed before working with them.

SCOPE OF REPERTORY

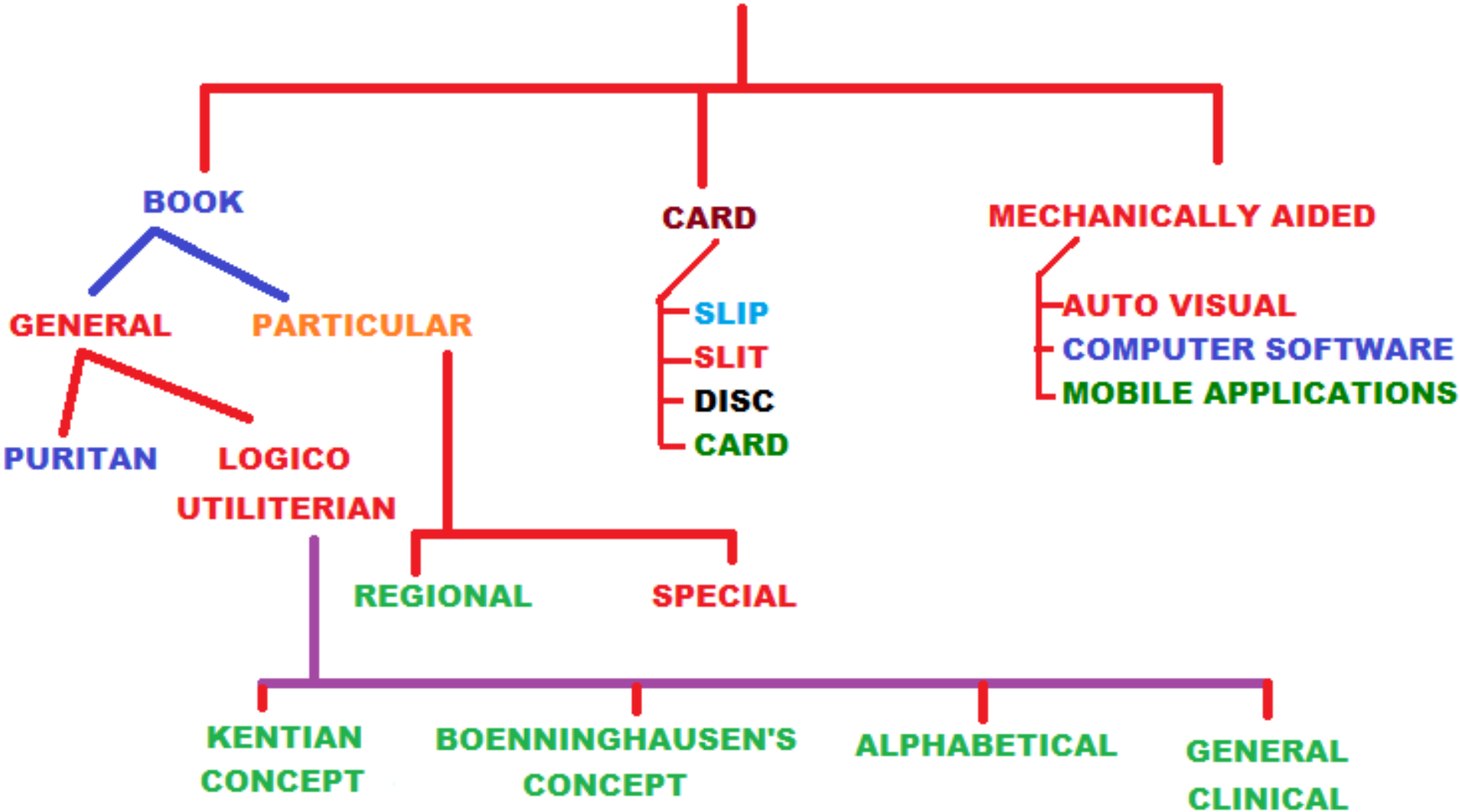
1. To find out similimum
2. As a reference book
3. To study materia Medica
4. To find out complete symptom
5. To formulate questions for case taking
6. It makes the physician efficient to select a drug for second prescription
7. Reference and cross reference make us understand similar rubric
8. Clinical rubrics and pathological generals helps us in the study of Homoeopathy in relation to modern pathology.
9. Modern Computer repertories helps in speedy recovery of the facts

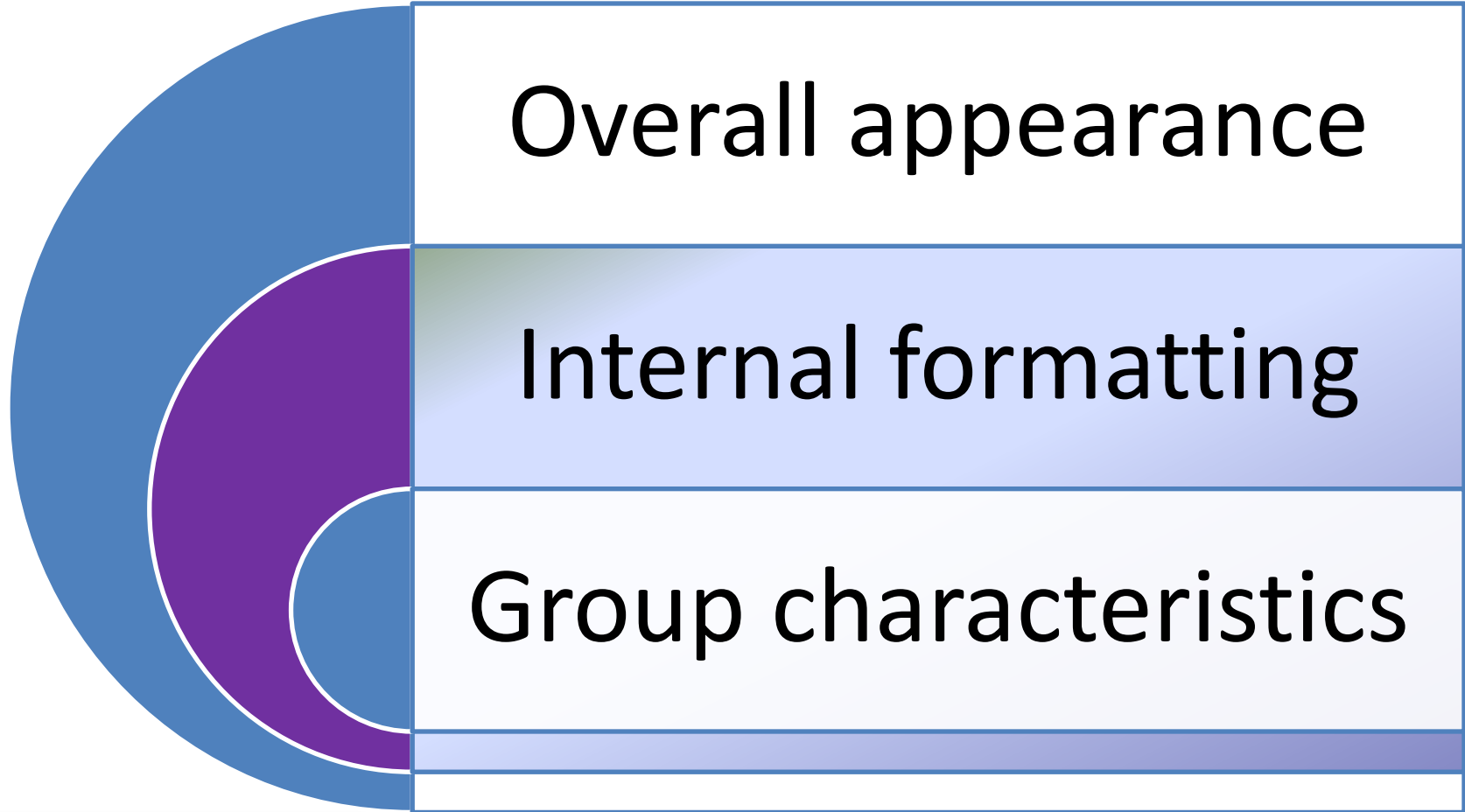
LIMITATION OF REPERTORY

1. It is not an end for selecting similimum.
2. Different repertories by different authors are based on their philosophy.
3. No repertory is complete.
4. Some rubrics are not represented well.
5. Only those can use who know to use it.
6. It is not helpful for potency, dose and repetition.
7. Nosodes are not represented well in repertory.
8. For proper use of repertory one should have knowledge in materia medica, Organon, clinical subject and knowledge of human behavior

CLASSIFICATION OF REPERTORY

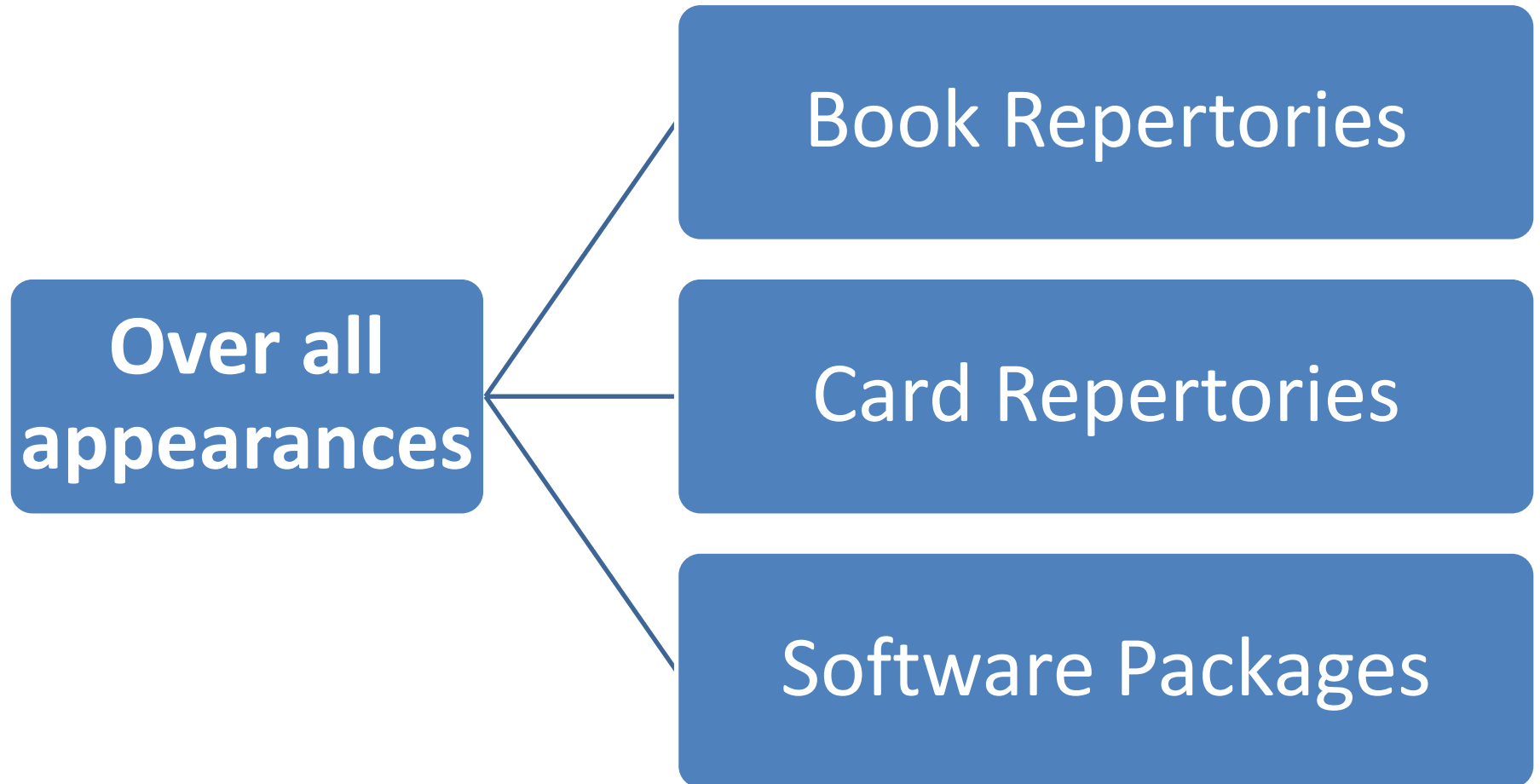
TYPES OF REPERETORY





BASE OF CLASSIFICATION

BASE 1



1. BOOK REPERTORIES :

- Most of the repertories are available in the book form.
- They are easily available
- They are cost effective
- They are easy to carry and to use

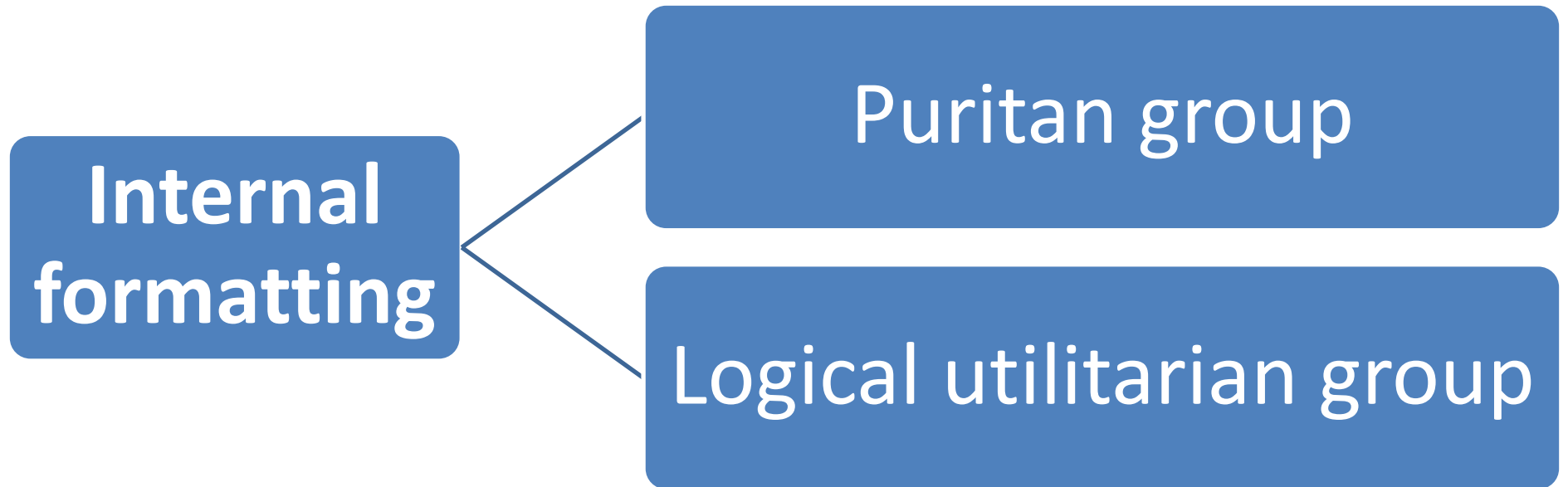
2. CARD REPERTORIES :

A system of visual sorting which eliminate the necessarily of righting out the rubrics & remedies against them.

2. COMPUTER REPERTORIES :

Reference is immense and the work is also very fast

BASE 2



1. PURITAN GROUP:

- ❑ They are called so because the **purity of the language** of the drug proving is maintained, reportorial language is not used.
- ❑ They are used for the purpose of reference and not for systemic repertorisation.
- ❑ They help us to refer the symptoms without much variations in the language of the provers.
- ❑ These repertories are analogues to the index of the symptoms as they are presented in the Materia Medica.
- ❑ EX : Kneer repertory
Gentry's repertory

2. LOGICAL UTILITARIAN GROUP:

- ❑ They are called so because of their arrangement and their utility value, they have distinct principles of their own.
- ❑ In this repertories the symptoms may not be found in the language of the *materia medica*,
but the symptoms change their forms to fit in to the arrangement of the repertories.
- ❑ Eg. BBCR
Kent's repertory

BASE 3

Group characteristics :

The classification made on the **basis of group characteristics** is the most pragmatic one for selecting the repertory according to the demands of the case.

Viz;

1. General repertories
2. Regional repertories
3. Particular repertories
4. Alphabetical repertories
5. Concordance repertories
6. Comparative repertories
7. Pathogenic repertory
8. Reference repertories
9. Therapeutic digests
10. Card repertories
11. Computer repertories

1. GENERAL REPERTORIES

- ❑ The general repertories are logical utilitarian repertories
- ❑ Useful for individualization as desired by the principles of Homoeopathy
- ❑ They facilitate the adaptation of general symptom for repertorisation.

GENERAL REPERTORIES

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graph TD; A[GENERAL REPERTORIES] --> B[Based on deductive logic]; A --> C[Based on inductive logic]; A --> D[Clinical repertories (without logic)];
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Based on
deductive logic

Based on
inductive logic

Clinical
repertories
(without logic)

1. BASED ON DEDUCTIVE LOGIC

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

The analysis of the case for these repertories is also based on the premise of the deductive logic, where the **generals symptoms are given higher ranking** than the particular symptoms.

Eg.

1. Kent's repertory
2. Synthesis
3. Synthetic repertory

2. BASED ON INDUCTIVE LOGIC

Means from **particulars to generals**, in these repertories the different elements of a symptom like location sensation modality & concomitants can be brought together on the basis of certain constants & and a general symptom can be constructed .

The resulting general symptom is called a **Synthetic general**

When there is a particular sensation that is expressed at more than two location at any given time, the sensation can be elevated to the level of a general symptom, provided the modalities remain the same for all the locations expressing that sensation.

If a **concomitant** is also present the generalization become stronger

Eg.

1. BTPB is based on doctrine of analogy & concomitant
2. BBCR repertory operates on complete symptom
3. Synoptic key by Boger give important to pathological generals

3. CLINICAL REPERTORIES

These repertories have many **clinical rubrics** under different systems, and the medicines are given against the name of the disease.

As in the general repertories the clinical repertories also cover the **therapeutic information** for the whole of the organism & come under logical utilitarian group.

The construction of these repertories affords the **flexibility of adopting** either the deductive or inductive logic at any given time, and highly useful when there is a significant amount of clinical data available in a case.

Eg. Clinical repertory by J.H.Clark

The prescriber by J.H.Clark@ Dr Prabhat Vaghamshi

2. REGIONAL REPERTORIES

- ❑ Regional repertories mainly focus on the information relevant to a particular system or a region.
- ❑ They are mainly used for reference purposes, not for individualisation, but having the advantage of elaborating on a particular theme with a high degree of specificity.

Eg.

1. Berridg's eye
2. Morgan's urinary organs

ERA OF REGIONAL REPERTORIES (1880 - 1900)

Year	Name of Repertory
1880	Repertory of Fever by H.C. Allen. Sensation as if by H.A.Robert. Repertory of Modalities by Worcester. Repertory of Intermittent Fever by W.A.Allen. Repertory of Haemorrhoids by Guernesey.
1894	Rheumatism by Porlunins
1899	Repertory of Urinary organs by Morgan
1900	Repertory of Back by Wilsy
1906	Repertory of uterine therapeutics by Minton. Repertory of Diarrhoea by Bell
1906	Rep. part of Raue's special pathology. Repertory by Boerick. Clark's clinical repertory. Repertory of Mastitis by W.J.Gurnesy

3. PARTICULAR REPERTORIES

- ❑ These repertories are based on clinical orientation, focused on certain particular states or particular diseased condition.
- ❑ The specific state may be a modifying factor.
- ❑ This repertories also affords a high degree of specification in the particular area.

Eg.

1. Time modalities by Shedd. P. V
2. Diarrhoea by Bell James

4. ALPHABETICAL REPERTORIES

- ❑ The symptoms in this repertories are arranged in a alphabetical order.
- ❑ This repertories are qualifying as general repertories to a reference book.

Eg.

1. General alphabetical repertories
2. Murphy's repertory
3. Pathak repertory
4. Clinical alphabetical repertories
5. The prescriber by Clark
6. Reference repertories
7. Highlights of Homoeopathic practice by T.P.Chatterjee

5. CONCORDANCE REPERTORIES

- ❑ These repertories are comprised of mainly of the symptoms in the language of the provers, the whole symptoms expressed by the patient may be obtained as a single unit in these books.
- ❑ The demerit is that the search is very difficult & time consuming.

EX.

1. The Concordance Repertory of the Materia Medica by Gentry
2. Repertory of HERING'S GUIDING SYMPTOMS of our Materia Medica by Calvin B. Knerr

6. COMPARATIVE REPERTORIS

- ❑ This is one of the latest repertories, which is aimed to assist the user in differentiating the medicines with in the rubric, often this save the labor of consulting the materia medica for the differential references.
- ❑ This repertory is a beginning of a movement for improving the service of repertory use.
- ❑ The comparative repertory is deficient in data, because all the remedies are not compared and differentiated.

Eg.

Comparative repertory by Docks & Kockelenberg.

7. PATHOGENIC REPERTORIES

- ❑ This is an index to the symptoms as presented during the drug proving. This repertory is useful when the pathological changes form the only available database in a case.
- ❑ Also useful in case where the differentiation of the medicines and prescription of the appropriate remedy has to be made only on the basis of the objective symptoms.
- ❑ In concordance repertories the symptoms are written in the language of the provers, the verbal expression.
- ❑ But in the pathogenic repertories the expression at the level of altered physiological phenomena & the pathological process are explained.

Eg. Repertory of drug pathogenesis By Richard Huges.

8. REFERENCE REPERTORIES

- ❑ These are not repertories in strict sense, but these books are handy for prescribing in acute cases and in cases with insufficient data.
- ❑ They are used as ready reckoners for assessing the information about a symptom or a condition with certain constant features.

Eg.

Quick bed side prescriber by Singhal

9. THERAPEUTIC DIGESTS

- ❑ These are miniature versions of repertories and deals mainly with a particular clinical condition.

Eg.

Raue's Special pathology & therapeutic hints.

10. CARD REPERTORIES

❑ Card repertories have several cards with rubrics written on top with a group of medicines below..

Eg.

1. Boger's Card Index Repertory
2. Kishore Card Repertory



11. COMPUTER REPERTORIES

□ abc.

Eg.

Raue's Special pathology & therapeutic hints.

PREMITIVE REPERTORIES

Many were kept in **Hale's museum** in Robert Bosch Hospital, **Stuttgart, West Germany**.

- ❑ 1805. Appendix to *Fragmenta de Viribus Medica Mentarum Positivus*. (second part)
Drug name _ Symptoms with modalities only ; no rubrics.
- ❑ 1814. Short repertory in latin by Dr.Hahnemann.
- ❑ 1828. Repertory in German by Hart laub & Trink.
- ❑ 1828. Repertory in 2 Vol. by Hahnemann (Each with 1000 pages) In German, considered as forerunner of subsequent repertories.
- ❑ 1829. Repertory of Ernst Ferdinand Ruckert.
- ❑ Around 1829_ 30. Weber's repertory with preface by Hahnemann (529 pages), Systemic work of Antipsoric remedies(*Syste matische Darstellung Antipsoriche Arzneimittal*)
- ❑ Around 1829. Rep by Gustar W Gross
- ❑ 1829. Frederick Jacob Rummel - Incomplete repertor

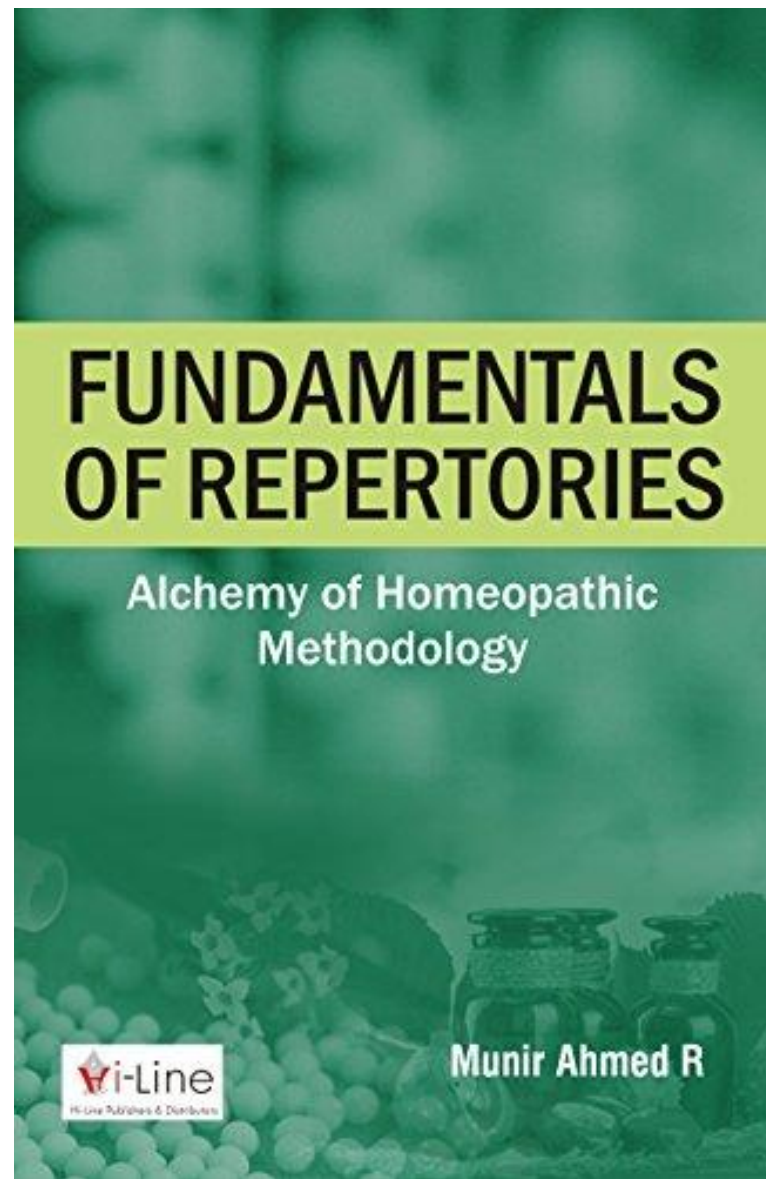
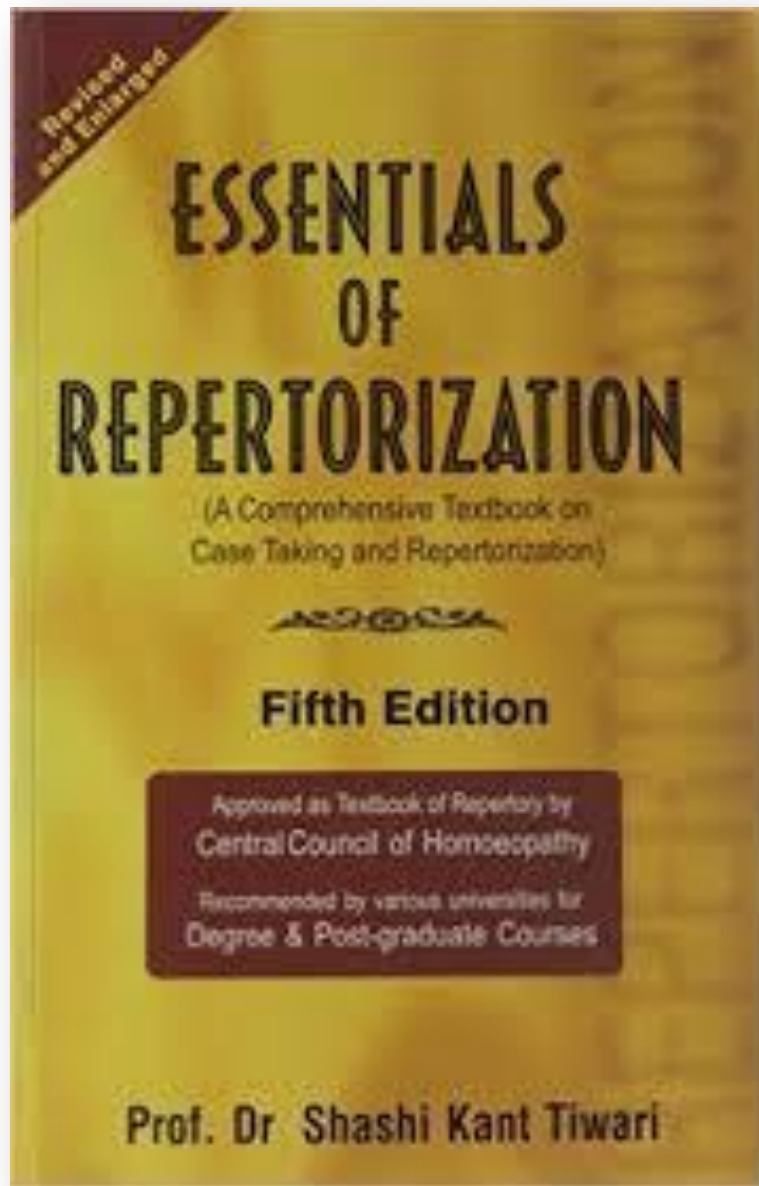
THE IMPORTANT REPERTORIES WITH THE YEAR OF PUBLICATION

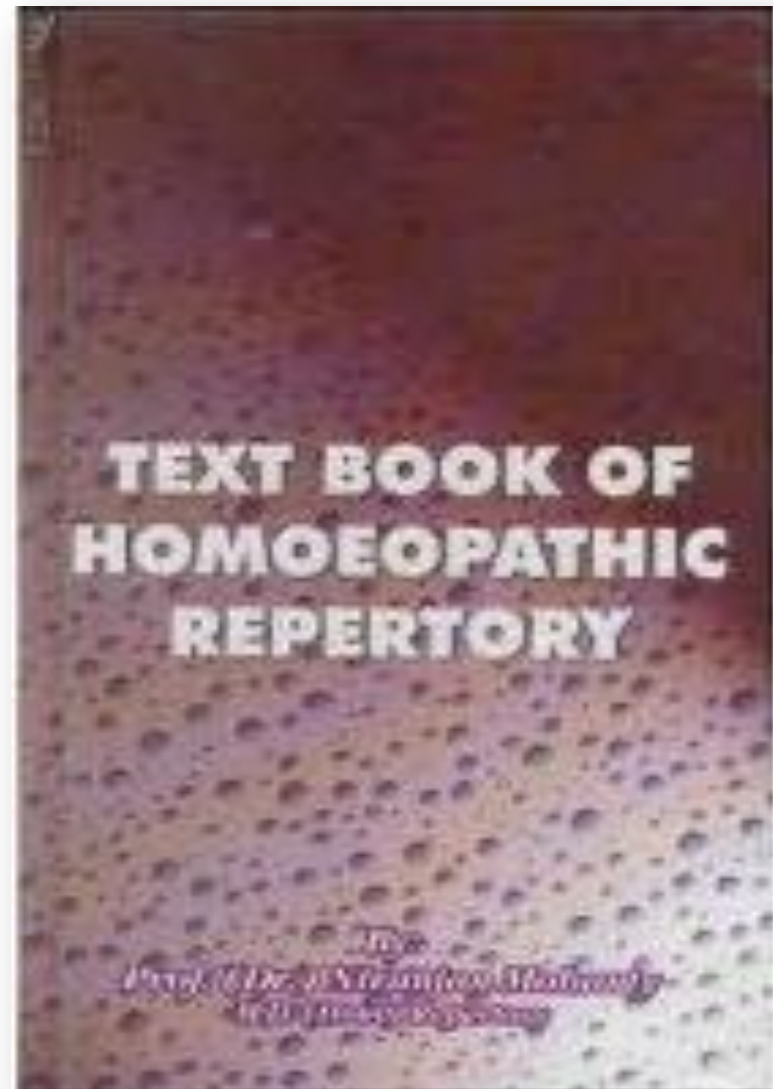
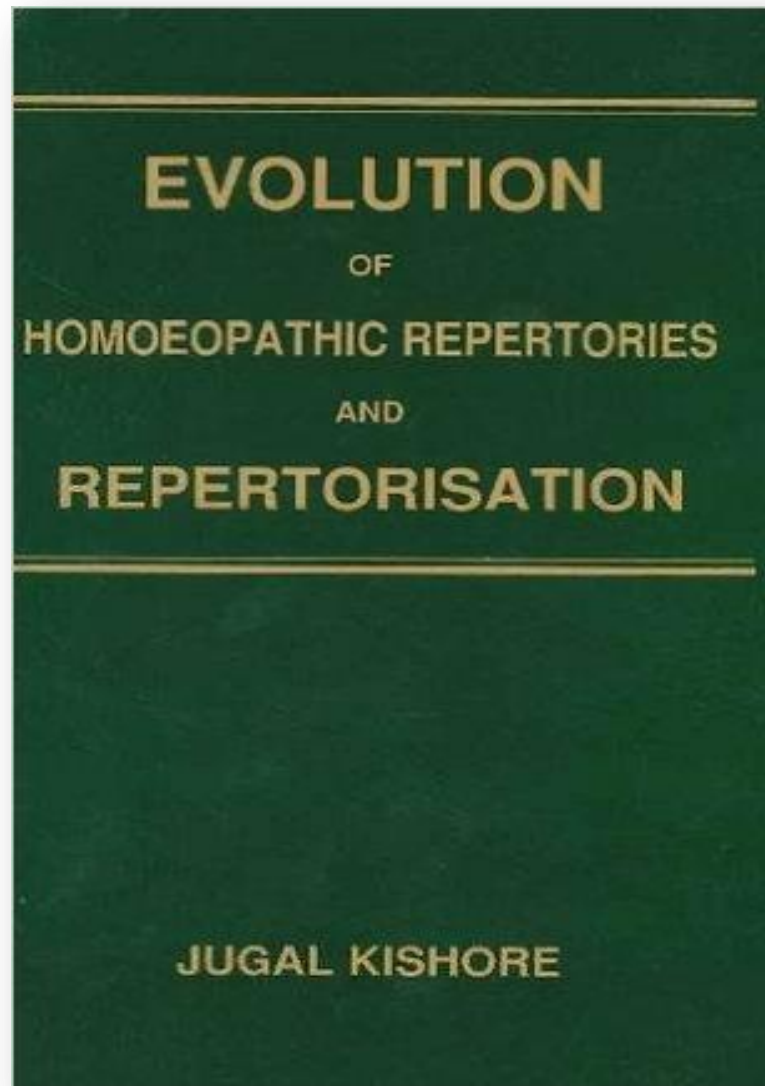
Sr No	Year Of Publication	Name of Repertory	Name of Author
01			
02			
03			
04			
05			
06			
07			

1. 1832 Boenninghausen's Repertory of the Anti-Psorics with a preface by Hahnemann. He was considered as the "Father of Repertory"
2. 1833 Glazov, First Alphabetical Pocket Repertory, 165 pages. published at Leipzig
3. 1833 Weber Peschier Repertory of purely pathognomonic effects, 376 pages prefaced by Hahnemann.
4. **1835 Boenninghausen Repertory of medicines which are not antipsoric.**
5. 1836 Bonninghaus An attempt at showing the relative kinship of Homoeopathic remedies. (Verwandschaften Repertorium)
6. 1837 Rouff, A repertory published at Stuttgart. 236 pages.
7. 1843 Laffitte One of the first Persian Homoeopath, A Homoeopathic Repertory of Symptomatology. 975 pages. (First original Repertory in French)
8. **1845 Boenninghausens Therapeutic Pocket Book.**
9. 1845 Rouff A repertory of Nosology, 250 pages.
10. 1847 Hempel's Bonninghausen, 500 pages.

11. 1848 Cloffer Muller Systemic Alphabetical Repertory, 940 pages.
12. 1849 Mure Rio de Janeiro, 367 pages.
13. 1851 Bryanth an Alphabetical Repertory 352 pages.
14. 1853 Possart Repertory of charetersied Homoeopathic remedies, 700 pages published in Cothen.
15. 1854 A. Lippe. Repertory of comparative materiamedica. 144 pages.
16. 1859 Cipher Repertory by English Homoeopaths, 600 pages. Enlarged edition in
17. 1878, containing 1030 pages by Drydale, Atkins Dudgeon and Strokes.
18. 1873 Berridge Repertory of eyes published in England.
19. 1874 Grainer of Nimes Homeolexicon in two volumes.
20. 1879 C.Lippe Repertory of more charetersticed symptoms of the materiamedica 322 pages.

21. 1880 T.F.Allens Symptom register.
22. 1881 Hering's alphabetical repertory.
23. 1890 Gentry The repertory of concordance in six volumes, 5500 pages.
24. 1896 Knerr's Repertory to Herings guiding symptoms.
25. 1897 Kents 1st edition 1349 pages.
26. 1904 Clarke A clinical Repertory
27. 1905 Boger Boenninghausen's Characteristic And Repertory.
28. 1931 Boger Repertory with synoptic key.
29. 1927 Boericke Clinical Repertory.
30. 1937 Robert Sensation as if.
31. 1959 Dr. Jugal kishore Card repertory.
32. 1982 Barthel And Will Klunker Synthetic Repertory.
33. 1987 Dr.Ferderic Schroyne's Synthesis Repertory
34. 1993 Robin Murphy N.D. Homoeopathic Medical Repertory.
35. The Complete Repertory.





REFERENCES

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- **Munir Ahmed** : Introduction to Repertorisation
- **Mohanty** : Text book of Repertories
- **Jugal Kishor** : Evolution of homeopathic repertories and repertorisation

Dr Prabhat Vaghamshi

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