

Repertorization – The Scientific Technology in Homoeopathy

Abstract: The use of Repertory now-a-days is very popular in our clinics. Many Homoeopathic stalwarts have developed their own method of Repertorization. Amongst all, Dr Kent's Repertory is extensively used for the purpose of Repertorization. The quick, time saving way to repertorize a case is through the computerized technique. Here I have detailed about the steps, systems, methods and processes of Repertorization from its practical point of view. (Editor: The full article is put up on www.njonline.com which is well worth going through. Here for this tech. issue, only the part dealing with computerised repertorization is included)

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INTRODUCTION

From the time of Dr HAHNEMANN till today thousands of drugs have been proven. No human brain can remember all the symptoms and the need of indexing the symptoms was felt by Dr HAHNEMANN. He appointed Dr JHAR for this purpose but his work was not satisfactory. After that Dr BARON CLEMENS MARIA FRANZ VON BOENNINGHAUSEN who is known as the '**Father of Repertory**', published the first repertory based on the idea of Dr HAHNEMANN. The repertory is the index of the symptoms of Materia Medica and the method of using this indexing is called repertorization (see details on njonline).

COMPUTERIZED REPERTORIZATION

Computerized repertorization is the ultimate, of implementing the knowledge of repertory in our practice which saves time and helps for quick selection of a group of similar remedies to the case. There are various computerized repertories available in our profession of which the commonly used ones are **Hompath, Radar, Cara and Similia, Polychresta, Organon '96, MAC repertory**. The working method of repertorization with these computer repertories varies depending upon their structural pattern and philosophical back-ground. But practically speaking, we cannot consider the remedy bearing highest calculated values of its relative gradation against each individual

symptom as a similimum to the case: rather through the process of repertorization we get a list of similar remedies with their relative gradation for the given case. These remedies are then differentiated with the help of 'Potential Differential Field (PDF)', ie [Conceptual image – Repertorial Totality] and Materia Medica for selecting the most indicated remedy to the case.

CROSS REPERTORIZATION

'Cross Repertorization' or 'Cross Examination' is the process of repertorizing the case by one's method from other's book, ie repertorization by Kent's method from Boenninghausen's Therapeutic Pocket Book or repertorization by Boenninghausen's method from Kent's Repertory. The difficulty arises regarding gradations of medicines: Boenninghausen made 5 gradations and Kent made 3 gradations. Here we are make an arbitrary similarity between this two to make the process of repertorization easy.

Thus actual cross examination requires the repertorization of the same case for 4 times

- 1) By Boenninghausen's method and book.
- 2) By Kent's method and book.
- 3) Boenninghausen's method from Kent's Repertory
- 4) By Kent's method from Boenninghausen's Therapeutic Pocket Book.



Boenninghausen's Gradations	Relation	Kent's Gradations
Boenninghausen's 1 st Grade (5 marks)	Equivalent to	Kent's 1 st Grade (3 marks)
Boenninghausen's 2 nd and 3 rd Grade (4 and 3 marks)	Equivalent to	Kent's 2 nd Grade (2 marks)
Boenninghausen's 4 th Grade (2 marks)	Equivalent to	Kent's 3 rd Grade (1 mark)

If after these four types of repertorization, the same medicine matches highest rubrics and gets highest graded values in each examination, the necessity of confirming the final prescription with the *Materia Medica* does not become so essential. But repertorization by Boenninghausen's method from Kent's Repertory is practically, almost impossible.

REPERTORY AND LIKELIHOOD RATIO (LR)

This is a hypothetical concept as developed by A L B RUITJEN, C F STOLPER, R F G LUGTEN and R W J M BARTHELDS of The Netherlands (Dutch Association of Homeopathic Physicians).

With the introduction of likelihood ratio (LR) our repertory will gradually change when more symptoms become assessed. It will also change the use of the repertory; the most important medicines out of each symptom / rubric can be identified and relied on, even in large rubrics. This might also be a good opportunity to mend structural shortcomings of the whole repertory; eg entries based on systematic analysis of *Materia Medica* instead of casual observations.

The scientific basis of the repertory, proving as well as clinical data, can be improved with the help of Likelihood Ratio (LR). As to clinical data the improvement should consist of prospective, multi-centred research which can lead to the implementation of likelihood ratio (LR) indicating the increase (or decrease) of the likelihood that a medicine will be effective if a certain symptom is present (or not). Suppose that the prevalence of the symptom 'fear of death' is about 5% in the general population and in the *Aconitum-*

population 30%, so LR+=6. Here we can cite an example.

STANDARD REPERTORIZATION

Repertorization is based on Kent's Repertory with few changes. Numbers replace typeface: 1 for plain type, 2 for *Italics*, 3 for bold type and 4 for **bold and underlined**. In standard repertorisation the shortcomings of each repertory-rubric are added to each other, even when a modern computerised repertory with all kinds of additions is used.

- 1 MIND - FEAR - death, of 146
- 2 CHEST - PAIN - Heart 139
- 3 GENERALS - FOOD and DRINKS - fruit - desire 39
- 4 STOMACH - VOMITING;

Many repertorization (like this) will emphasise frequently used medicines more than seldom-used medicines. This problem increases in larger rubrics. In this repertorisation three of the four symptoms (1, 2 and 4) are derived from the *Materia Medica* of *Latrodectus-mactans* and this medicine should be strongly considered.

REPERTORISATION WITH LR

We cannot discard all existing information in the repertory, but gradually the information of LR assessment of an increasing number of symptoms has to be added. LR assessment is most efficient for symptoms which occur frequently and are regarded as keynotes. Larger symptom-rubrics will benefit the most.

A hypothetical repertorisation based on LR:

- 1 MIND - FEAR - death, of
- 2 CHEST - PAIN - Heart
- 3 GENERALS - FOOD and DRINKS - fruit - desire
- 4 STOMACH - VOMITING; TYPE OF - black

Sr No	Lat-m	Ars-alb	Lachesis	Aconite
1*	6	5	3.5	4
2*	5	5	2?	2
3	1	1	2	2
4	6	6	3	2
Total LR	180	150	42	32

The total LR is the product of the LR of all symptoms, provided that the symptoms are mutually independent. In this hypothetical repertorization an asterisk is placed after the



Sr No	Ars	Lach	Phos	Puls	Verat	Acon	Alum	Ant-t	Arg-n	Arn	Ars-s-f
1	4	2	3	2	2	4	1	1	2	2	2
2	3	3	2	3	1	3	-	-	3	2	-
3	1	1	1	1	3	-	2	2	-	-	1
Total	11	8	9	7	9	8	4	4	7	5	4

symptom number to indicate that the symptom is assessed and a question mark after the entry of *Lachesis* for symptom 2 to indicate that it is the original entry of the repertory but not (yet) confirmed by assessment. In this repertorization numbers are different from the original repertory to synchronise type with LR. LR=6 stands for bold and underlined type, LR=3 for italics and LR=2 for plain type.

Introducing LR to the repertory will not only change its aspect but also its use. Because of the altered use we should consider structural updating. Entries of medicines in the repertory must reflect the importance of the symptom in relation to the remedy, not the occurrence of the

symptom in provings and casuistry. This new repertory will increase usefulness and reliability, especially of large rubrics. It will enable us to make more reliable predictions about the number of symptoms we need in one case and the curative potential of a medicine.

CONCLUSION

There are various repertories available but none is still complete. The use of an individual repertory depends on its philosophical background and its plan and construction. The repertorial result may not always lead us to select a similitimum but *Materia Medica* should always be referred before final selection. Thus, Repertorization in itself is not an end but an aid to reach an end.

CALENDAR

DATE	EVENTS	VENUE
19 April 2009	<p>UNIQUE HOMOEOPATHIC SEMINAR AND WORKSHOP ORGANIZER: Homoeopathic Association of India CONTACT: Dr ASHWINI KUMAR RAI 09235691340 SPEAKERS: Dr S PRAVEEN KUMAR Dr RAJAT CHATTOPADHYAY Dr SUBHASH SINGH Dr IS JHA FEES: Doctors : 200/- Students: 150/-</p>	<p>Mohaddipur Gorakhpur Uttar Pradesh India</p>
15 - 17 May 2009 9 am to 6pm	<p>3rd Dr P I Tarkas Memorial 3 Days Workshop: on occasion of 50th Birthday of Dr AJIT KULKARNI On Advanced Understanding of Hom TOPICS: 1. Art of observation in case-taking 2. Cancer and Homoeopathy 3. Body Language in Plants, Animals and Minerals 4. Perceiving Emotions -Conscience, Guilt, Shame 5. Alkaline Remedies SPEAKER: Dr Ajit Kulkarni CONTACT: Chairman: Dr Prashant Gangwal 09850521129, drgangwal123@rediffmail.com Secretary: Dr Nikhil Kulkarni, 09923153007, drnikhilkulkarni@gmail.com DELEGATES FEES BEFORE 25th April: Rs.1000/- (Incl BF, Tea, Lunch) AFTER 25th April : Rs.1200/- SPOT: Rs. 1500/-</p>	<p>Lakshmibai Patil Hall DG College of Commerce Near Z P Road Satara Maharashtra India</p>

Homoeopathic Software - A Review

By Author: Anonymous

The advent of Homoeopathic software has been a boon to all Homoeopaths worldwide. The early clunky editions have been replaced with ones keeping pace with the advances in Computer technology and make the job of the Physician much more convenient.

I shall review the software that I have used in the last 12 years of my practice and shall also venture to speak about the ones that I have used for only a few days, for the purpose of this article.

I took a look at **Hompath Classic Ver. 8** and fell in love with it. Its search engine was excellent. The number of books provided was enormous. The predictive symptom search was a great tool, though a bit too pushy at times. About 30 per cent of the time it misunderstands me completely, causing me to hastily revise my suggestions to it. The patient management tools are really good sometimes even spoon feeding us. The negatives are, that it is not great for generating a quick prescription and while it offers many *Materia Medicae* for reference they pale before the one Radar offers. In a nutshell a good software for a classical Homoeopath especially one who would like to look at the case from the Bogerian or Boenninghausenian or Kentian point of view before prescribing a drug. It is also great for a physician who can remember reading a word or a sentence in a book but now cannot recollect the reference.

Radar was a bit of a surprise when I first saw it and as I continued to use it. The version that I saw was Radar Ver.7. It is quick. The visibility of the Synthesis Repertory is the best of the three software making rubric search and selection the easiest and the quickest. The Vithoukas module and the Vakil module sometimes spring surprise prescriptions on you and the results are terrific. The repertory

starts faltering, when too many symptoms are placed before it, by offering too many choices of drugs to use. The Radar *Materia Medica* is the best that I have seen among all the three but the number of drugs covered is limited. The patient management software is adequate but I have seen better. The scope for looking at the case from different angles is limited or perhaps I have not explored the software to its fullest. If I have to paraphrase my opinion it is a good software for quick work and the *Materia Medica* complements it, if the drug is a common one.

Cara Ver.1.4 has one big advantage on the others and that is the presence of the three repertories Complete, Combined and Murphy's repertories in one package. I am given to understand that the others have also introduced this combination in their newer versions and here goes a major advantage. The visibility of the repertory does not match that of Radar and Hompath. While working with Cara one is able to work swiftly and generate a prescription quickly to suit the needs of a busy practice. The results are good and consistent. Murphy's *Materia Medica* gives access to a range of drugs that are proved recently. The patient management module is good. Overall it is user friendly and reliable.

For someone who would like my recommendation about which to choose. I would recommend that you take a bunch of your own cases to the store or Demonstration and actually work one or two out under the guidance of their representatives. You will feel comfortable working with one of them and that is the one for you. Yes it almost sounds like a marriage and the ideal bridegroom would have the best features of all the three! (In my dreams!)