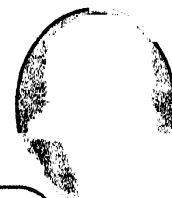


Relationship between the 'Repertory and Totality'

ABSTRACT: 'Repertory' an interesting yet topic of debate; which repertory is good? Different Homoeopaths use different repertories by different modes - right from 'Manual' use to 'Computer' based - 'Palm Top' - 'Mobile Handset', [as per their pocket!] In this article I want to run through the gamut.



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INTRODUCTION

Why do we use repertory? Is no longer the moot question for us. Rather 'How to use repertory?', should be studied.

In Symposium Volume D, it is very well mentioned by Dr K N Kasad, that 'Repertory as an instrument' based on certain 'Philosophy' that suggests method of evaluation of symptoms which will help in formulating the 'Totality'. It is a double-edged weapon in the hands of a Homoeopath where the utility solely depends on Capacities, Capabilities of a Homoeopath with skills of - Application of "Principles" and Concepts. It is now the Appropriate technique with Right appreciation of philosophical concepts.

So what is repertory?

REPERTORY DEFINITION

a) It is the Index to Materia Medica which if full of information collected from Toxicology, Drug proving, and Clinical experience.

b) It is the index of symptoms of HMM with their corresponding homoeopathic medicines and their gradations, arranged systematically.

Hahnemann had also faced difficulties for the selection of right rubrics for 'symptom similarities' to give best result to the sick individuals because:

- No minute recording was available.
- Drugs were written in general incomplete way.
- No differentiation was available.

This troubled him a lot, so he handed over the task to one of his students - 'Jhar', but was unhappy about the quality of the work. He himself also worked on it but it remained unaccomplished.

WHY WE NEED REPERTORY?

1. To find the "Simillimum"
2. As a "Reference book"
3. To study "Materia Medica"
4. Modification of "Case-Taking" / "Case-Receiving"
5. Efficiency in "Prescribing"
6. References and Cross-references,
7. For 2nd Prescription

But in reality - Repertory always remained a 'matter of threat' to Homoeopath as:

- Proving of number of remedies which went on increasing in later period.
- Difficult to remember proving symptoms.
- Every symptom has vast meaning.
- Difficult to find simillimum.

So the need of 'Standardization' in recording and studying 'the Person In Total' was felt acutely.

WHAT THEN IS THIS 'SYMPTOM SIMILARITIES'? Is the mere collection, recording of patient's data. He elaborated its technique through 'Case-Taking'.

After taking a case, a Homoeopathic physician is left with huge list of symptoms which includes list of disease symptoms, symptoms of sick and individualizing features in a case. Whether the disease symptoms should be given adequate weightage? If



yes then what is to be done with the other symptoms of the case. So need of 'Evaluation of Symptoms' and putting them in a schematic manner was practiced. This we called as 'Totality of Symptoms'.

TOTALITY OF SYMPTOMS IS NOT A SUM TOTAL OF ALL SYMPTOMS OF PATIENT

In aphorism 6,7,104,153,18, Hahnemann has clearly mentioned: The concept of totality is not quantitative; but is highly qualitative.

He elaborated - in search of right remedy, physician has to compare symptoms of the natural diseases with artificial disease and he has to find for '*More Striking, Peculiar, Uncommon*' signs and symptoms.

Totality of symptoms means a *peculiar expression, requiring a special attention and carrying a deeper meaning, when these symptoms are brought together they should represent patient as a whole.*

Different stalwarts had different philosophy and concepts of 'Totality'. Following paragraph gives a brief idea of what they said of 'Totality'.

KENT'S CONCEPT OF TOTALITY

Kent understood the operations of the four fundamental elements of human mind as:

Will	Understanding
Memory	Affections

He gave importance to 'Emotions' that drives the Human being and is responsible for precipitating the entire disease process, whether in terms of causation, aggravation or amelioration. Then comes the mental state in which the patient is followed by qualified mental symptoms that comes as strong expression of 'Inner Man'.

Physical symptoms follow along with dispositional symptoms, and characteristics symptoms.

While Boenninghausen remained more on factual data, what is available to physician. He followed the principles of generalization, 'what is true for the part, true for the body'.

BOENNINGHAUSEN CONCEPT in understanding symptoms of patient as well in remedy:

Doctrine of analogy

Doctrine of concomitants

Doctrine of drug relationship.

Boenninghausen included the following points for arriving at the totality:

Personality of the individual

Disease: its nature and peculiarity

Seat of disease

Accompanying symptoms

Cause of disease

Modifying factors

Time

BOGER'S CONCEPT OF TOTALITY

Boger favored the understanding of the whole phenomenon at the levels of constitution, diagnosis and ongoing pathology.

BOGER EVALUATED SYMPTOMATOLOGY AS

Pathological generals

Physical generals

Characteristic concomitants

Physical general modalities especially differential modalities

Mental state

RICHARD HUGHES'S CONCEPT OF TOTALITY

Similarity should be at following levels:

Generic similarity

Specific similarity

Individual similarity

FARRINGTON'S CONCEPT OF TOTALITY

He objected to pathological facts esp its use in science and expected Similarities at:

- Definite similarity between drug and disease
- Similarity at nutritive changes
- Similarity at more prominent, uncommon, and peculiar features of the case.

So What to follow? Whom to follow? The moot Question remains!

The following case will illustrate how the language of symptoms is to be understood, how they can be converted in reportorial language, and what is the Importance of 'Totality' in formation of reportorial totality.

CASE

OPD Reg No: P/1669/V. Date Case Taking: 18/5/06.



Mr SRG, 24 years. Married. Education: 10th fail.
Occupation: Machine operator. Religion/Caste:
Hindu Bengali. Non Veg.
Spouse: Age: 23 yrs, Housewife

CHIEF COMPLAINT

LOCATION	SENSATION	MODALITIES
Mind Since 1½ years, Increased since 2 months H/O 4 years back – first episode, Free of thoughts for 4 months, about 9 months back.	Suspicion ³ wife has extramarital affair, Feels like killing that person. Brooding ³ Irritability ² Worry++ Anger- violent – beats people, Weight gain, Thinks others are talking about his wife, Depressed feel- ing++ Feels- wife is unfaithful ² Weeping ² when alone, Desire to be alone Suicidal thoughts ³ Appetite decreased ² Sleep decreased Work desire de- creased, Cheated feeling ³ Neglected feeling Talkative Alcohol intake increased	<i>A/F Grief</i> < <i>Contradiction</i> ² < <i>Anticipation</i> ² < <i>Alone when</i> ² < <i>Brooding</i> ³ < <i>Guilt</i> ¹ > <i>Consolation</i> ² < <i>Anger</i> ² < <i>Frustration</i> ² < <i>Suspicion</i> ¹

PATIENT AS A PERSON

DIGESTION: Acidity: > yoga
CRAVINGS: Fish², sweets², pickles, salt, normal
AVERSIONS: Sour²
GIT: < Ghee, meat, egg à nausea²

LIFE SPACE INVESTIGATIONS

A 24 year-old stocky, average height, wearing
white shirt and black pant, eyes as if he is drunk,
bearded, came alone for interview and was wait-
ing in the corridor, with lost eyes.

ASSOCIATED COMPLAINT

LOCATION	SENSATION	MODALITIES	ACCOMPANI- MENTS
Skin H/O Right forearm 8 years back.	Hypo- pigmented patches No sensation No pain, Diagnosis-	> Treatment since ³ few months	
Since 1 year, on and off, Hands and forearm	Hansen's disease Papules Itching+ Serous dis- charge after burst Scar formation Circular Acidity ++	> Scratching < Scratching < Spicy ² < Outside food ² < Vada pav ²	
GIT Since 6-7 years			

He was from a middle class Hindu Gowda fam-
ily, from Karnataka. Has an elder brother and one
sister; father is farmer and mother is housewife
suffering from psychotic illness better with psy-
chiatrists treatment. Brother is a farmer and lives
separately at native place; mother and father live
with patient.

Patient was average in studies-he is 10th fail. He
would do 'masti' and quarrel with friends and
even beat them when angry. He shared good re-
lationship with brother till brother got married.
Father, calm and quiet and mother calm and lov-
ing, but now due to illness she has become irri-
table. She is able to do daily house work, but sits
alone when free.

After studies, he got a job in Palghar as a ma-
chine operator. Meanwhile he got married with
the daughter of his maternal uncle, but after his
marriage his brother got separated. Previous to
that he gave money to build a house and built it
in two separate blocks. One day due to some is-
sue, his brother beat mother which patient never
liked and got very angry with his brother. Since
then patient has cut off all relations with brother.

After one year of marriage, the wife got pregnant



and after 2 months of pregnancy, she went to her maternal place against the patient's wish. She lifted some heavy weight and went into incomplete abortion at 3rd month. Again after a few months when she was pregnant she went to her native and again abortion took place.

The 3rd time when she got pregnant, then they consulted a gynecologist. He advised some investigations which they never did and delivered the baby. She was fine and healthy after delivery but few days after her delivery she went to her native place against patient's wish, and baby expired.

Once patient and his wife went to their native place. Patient's SIL told his wife, that if the abortions continue, then they will plan for a second marriage. She did not speak about this to the patient.

Here at Palghar they lived in the quarters allotted by the company, so no people were available in the day time; she feels very bored. So for time pass she used to go to one lady near slum area. She advised to keep extra marital relations to solve the problem of congenital defect in the child due to our marriage in blood relations.

After this, one night when the patient woke up he didn't find the wife in bed; he went down in the hall and found her talking on phone. Patient got a doubt; she said she was talking with a family friend. But patient was unconvinced and forced her to disclose. Finally, she accepted that she was talking with the slum person and she narrated the incidence of SIL talking about the second marriage. Patient after listening to wife assured her that they will have baby by Artificial Insemination.

3 months later patient went to Borivali for office work and came before time and found the back door of his house open and at the same time the lady from the slum area going hurriedly. On interrogation, his wife accepted that she had sexual contact with the same slum man. After listening

to this the patient got angry and started beating her badly and abused that person.

When patient brought his wife to Palghar after the delivery, he felt that the facial expression of child resembles the person with whom she had relation. His suspicion got worse.

One day someone called the patient and asked him to keep a watch at his window. This strengthened the patient's suspicions and he beat her in front of her mother but she was unable to say anything.

Wife again got pregnant and because his suspicion was increased so she went to her native. Now the patient is living alone in the room, brooding all the time. 2 months back patient had an argument with the same person whom the patient had doubt, and beat him; since then all his complaints aggravated.

Thrice a week patient calls wife and quarrels with her and weeps when alone. Wife says if you have any doubt then she is ready for all investigations including DNA study and said "*muze badnaam kar diya*" so patient feels guilty³ about that.

FAMILY HISTORY: Fa: Cataract. Mo: Psychiatric illness. Uncle: DM, sterility.

PAST HISTORY: Renal calculi, Hansen's disease.

DIAGNOSIS: Schizo-affective disorder.

CASE STUDIED BY REPERTORIZING WITH TWO APPROACHES- Kent's and Boeninghausen's, where totality almost remains constant with differences in concept. For repertorization Kent's and Boeinghausen's repertory were used respectively and the result which came out does not show much change in the list of remedies.

DISCUSSION: *Nat-mur* 200 1 dose was given on the basis of totality of patient as person - irritable, excitable nature, aggravated by contradiction and carrying High self image. Marital problem, wife's doubtful behaviour-suspicion of extramarital relationships which has produced anger as it was a threat to patient's image. These all factors successfully produce intense guilt and depression



CASE TOTALITY AS PER KENT'S APPROACH	CASE TOTALITY AS PER BOEINGHAUSEN'S APPROACH
A/F Grief	A/ f -Grief
< Guilt ³	< Guilt ³
< Contradiction ²	< Brooding ³
< Anticipation ²	< Contradiction ²
< Alone when ²	< Anticipation ²
< Brooding ³	< Alone when ²
Brooding ³	< Anger ²
Weeping ² , when alone	< Frustration ²
Feel like killing that person	Scar formation
Anger-violent-beats people	Appetite decreased ²
< Spicy ²	Sleep decreased
Aversion: Sour ²	Aversion : Sour ²
Craving: Fish ²	Cravings: Fish ²
Craving: Sweets ²	Craving: Sweets ²
Craving: Pickles	

RESULT WITH KENT'S REPERTORY	RESULT WITH BOENNINHAUSEN'S REPERTORY
<i>Ignatia</i> 13/6	<i>Ignatia</i> 12/4
<i>Nuv-vom</i> 12/6	<i>Nat-mur</i> 11/4
<i>Ars-alb</i> 10/6	<i>Ars-alb</i> 9/4
<i>Aurum</i> 11/5	<i>Lyc</i> 10/3
<i>Lyc</i> 9/5	<i>Aurum</i> 9/2
<i>Nat-mur</i> 9/5	<i>Cal-carb</i> 8/2
<i>Anac</i> 8/4	

sets in and worsens with some unrealistic thoughts for wife.

Potency 200 was selected with the understanding of 'functional complaints with moderate susceptibility, high sensitivity, gradual pace and less of structural changes.

Initially patient was kept on placebo to assess that, does ventilation gives any relief to patient? But soon we realised the need for some deep acting force and *Nat-mur* 200 IP was given. After two weeks, he reported change in his mood and desire to go for work. In subsequent follow ups his sleep, Appetite improved and gradually he started asking whether he should call his wife as

wants to apologize for his misbehaviour. Thus the study shows some limitations of repertory' as it was difficult to differentiate between the remedies coming up in the result. Though *Ignatia* comes as a first remedy by both ways of Repertorisation, it does not cover the current state of patient, except the Grief and anxiety anticipation of. But characteristic mental state along with other physical symptoms were not covered by it. Same thing was true for the other remedies. How this confusion is to be sorted out? Here the understanding of 'Patient as a Person' helped to understand the drama behind the curtains. *Nat-mur* was selected as a 'Final Choice' of remedy, though it comes much lower in repertorial result but considering the causative modality, psychodynamics, dispositional qualities and current state of the patient, it was found to be more similar choice. Patient was given *Nat-mur* and it worked over the period of time as the depressed state is diluted and patient realises the problem and drama ends. What we as a Homeopath want? 'Total Restoration of Health'

CONCLUSION: We can conclude that repertory will always remain as a 'Suggestive Tool base' for the prescription. It will give us a small group with different shades but "Not Final Choice". It has a limitation as 'Different Authors' have come up with 'Different Concepts'. It cannot guide for the Potency Selection, Repetitions schedule and totally depends at mercy of "Interpretation of Physician" and his knowledge in terms of Clinical, Homoeopathic Materia Medicas use of Repertory..

So "Totality" gives a better ground to stand firmly.

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