



## Utility of understanding relationship of Remedies

**ABSTRACT:** This article especially attempts to explain the last section of Boenninghasuen's Therapeutic Pocket Book (TPB) which deals with "Concordance". It is interesting to know that in the earlier editions it was named 'Enigma' meaning puzzle. For better understanding and solution (for whom it is indeed a puzzle), the author has further explained method of using relationship section with the help of a case from TPB.  
Ed: I think the deo is wonderful givinig re-sight into TPB and its usefulness.



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Concordance means, "The state of being similar to" or "Consistent with something else", used especially for the action of the medicine. This section is the least understood and used because of the neglect on the part of us, the physicians. Boenninghausen's own experience and study of remedies has helped him to compile this section, which in reality should render an important service to the Homoeopathic System of Medicine.

It is arranged in alphabetical order by devoting one section to each remedy and then subdivided into different rubrics, which are generalized symptom groups, arranged in the same order as the previous sections in the Repertory.

FOR EXAMPLE: Mind, Localities, Sensations, Glands, Bones, Skin, Sleep and Dreams, Blood, Circulation and Fever, Aggravation: Time and Circumstances,

Other remedies, Inimical and Antidotes. Homoeopaths sparingly use this section. It can bring out therapeutics programme of acute remedies, constitutional remedy, complementary remedy, second prescription, intercurrent remedies and other like remedies.

### METHOD OF USING RELATIONSHIP SECTION WITH THE HELP OF A CASE

A 65 years, elderly lady, complained of pain: began as soreness in epigastrium and right hypochondria; ameliorated by sitting, belching and aggravated by lying on back, markedly by lying on right and on motion especially on turning over in bed. There was a constant sensation of pulling in the right hypochondria, aggravated on right side. The pain is associated by sweating, as if repeated blows in the region of right scapula. The mouth is exceedingly dry. Great aver-



sion to water, strong odors including food, causes nausea. She vomits as soon as water becomes warm in the stomach. There is no thirst. Flatus++, soon passes.

URINE: Offensive.

CBC: WBC was 19000/ Cu mm.

REPERTORY ANALYSIS

LOCATION: Epigastrium (Pg 79), Hypochondrium, right (82)

SENSATION: Pulling (175), Hammering (160), Sore pain, internally (181)

MODALITIES: < Lying on back (290); on Rt side (290), < Motion of affected part (292), < Turning over in bed (304), < Strong odor (293), > Sitting (319), > Belching (313)

CONCOMITANTS: Sweat with associated symptoms (256), Thirst less (66), Mouth in general (62), Dryness internally (of part usually moist) (156), Incarcerated flatus (85), Urine offensive (95).

The case was repertorised with the 18 symptoms noted above with following results: *Sulphur* 71/18; *Phosphorus* 68/18; *Nux-vom* 71/16; *Bryonia* 58/15; *Pulsatilla* 63/16.

Now TPB has no rubric for vomiting as soon as water becomes warm in stomach, *Phosphorus* was administered with the knowledge of *Materia Medica*, which improved the patient.

FIRST PRESCRIPTION: *Phosphorus*

The 1<sup>st</sup> prescription was *Phosphorus*, with which patient was relieved.

To complete the cure, we need to prescribe the 2<sup>nd</sup> remedy with help of concordance.

For that one needs to draw 12 vertical lines of equal distances except the first and the last, which should be broader. On the top of the first broader column record the term 'medicines' and the last broader column record the term 'total' the rest 10 columns are for sections: Mind, Location, Sensations, Glands, Bones, Skin, Sleep and Dream, Blood circulation and fever, Aggravations, Other remedies.

The base of the first prescription should be taken as Eliminating Rubric, as in the case eliminating rubric is location.

Now consider the medicines from Remedy *Phosphorus*, which was first prescribed. Particularly of the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> grades ie with mark values 5, 4, and 3 of the rubric in the column space for the 'Medicines' in the first vertical column one below the other. When recording is complete sum them up the total matching and the total grades and record on the Rt hand broader columns specified for total by oblique lines to demarcate them. Pick up 2 or 3 medicines as per highest matching and highest grade in total and compare well with the section values of medicines then finally come to a condition of similimum by totality.

| MEDICINES     | L | M | S | G | B | S | S | B | T | O | TOTAL |
|---------------|---|---|---|---|---|---|---|---|---|---|-------|
|               | O | I | E | L | O | K | L | L | I | T |       |
|               | C | N | N | A | N | I | E | O | M | H |       |
|               | A | D | S | N | E | N | E | O | E | E |       |
|               | T |   | A | D | S |   | P | D | A | R |       |
|               | I |   | T | S |   |   |   |   | G | R |       |
|               | O |   | I |   |   |   | D | F | G | E |       |
|               | N |   | O |   |   |   | R | E |   | M |       |
|               |   |   | N |   |   |   | E | V |   | E |       |
|               |   |   |   |   |   |   | A | E |   | D |       |
|               |   |   |   |   |   |   | M | R |   | Y |       |
| <i>APIS</i>   | 5 | 4 | 4 | - | - | 3 | 2 | 2 | 2 | 5 | 27/08 |
| <i>ARG-N</i>  | 5 | - | 5 | 5 | - | - | 3 | 1 | 3 | 5 | 27/07 |
| <i>BELL</i>   | 5 | 4 | 4 | 5 | 2 | 3 | 3 | 4 | 3 | 4 | 37/10 |
| <i>CALC-C</i> | 5 | 3 | 4 | 2 | 3 | 3 | 4 | 3 | 4 | 4 | 35/10 |
| <i>GELS</i>   | 5 | 4 | 4 | - | - | - | - | 4 | 2 | 5 | 24/06 |



|           |   |   |   |   |   |   |   |   |   |   |       |
|-----------|---|---|---|---|---|---|---|---|---|---|-------|
| KALI-BI   | 5 | - | 5 | - | - | 1 | - | - | 3 | 4 | 18/05 |
| PULS      | 5 | 5 | 5 | 3 | 2 | 4 | 5 | 4 | 5 | 5 | 43/10 |
| SANG      | 5 | - | 5 | - | - | - | - | 3 | 3 | 4 | 20/05 |
| SEPIA     | 5 | 3 | 4 | - | - | 3 | 5 | 3 | 5 | 4 | 32/08 |
| SULPH     | 5 | 3 | 5 | 4 | 4 | 5 | 4 | 3 | 2 | 5 | 40/10 |
| Aesculus  | 4 | - | 3 | - | - | - | - | - | 1 | 3 | 11/04 |
| Aloe      | 4 | 2 | 3 | - | - | - | 1 | 1 | 2 | 4 | 17/07 |
| Ars       | 4 | - | 2 | 2 | - | 4 | 2 | 4 | 3 | 3 | 24/08 |
| Bapt      | 4 | 3 | 3 | - | - | - | 2 | 2 | 2 | 4 | 20/07 |
| China     | 4 | - | 4 | - | - | - | 2 | 3 | 3 | 3 | 19/06 |
| Lyc       | 4 | 2 | 4 | 3 | 2 | 4 | - | 5 | 4 | 4 | 32/09 |
| Merc      | 4 | 2 | 4 | 4 | 2 | 3 | 3 | 4 | 3 | 4 | 33/10 |
| Nux-vom   | 4 | 4 | 5 | - | - | - | 4 | 4 | 5 | 4 | 30/07 |
| Podo      | 4 | - | 2 | - | - | - | 2 | 2 | 2 | 4 | 16/06 |
| Aconite   | 3 | 4 | 3 | - | - | 3 | 2 | 4 | 2 | 3 | 24/08 |
| Allum-c   | 3 | - | 1 | - | - | - | - | - | 1 | 2 | 07/04 |
| Arnica    | 3 | - | 3 | 2 | - | 3 | - | 2 | 2 | 2 | 17/07 |
| Berb      | 3 | - | 4 | - | - | - | - | 2 | - | 2 | 11/04 |
| Bryonia   | 3 | 2 | 4 | 2 | - | 3 | 4 | 5 | 4 | 4 | 31/10 |
| Carbo-veg | 3 | 3 | - | 2 | - | 2 | - | - | 2 | 3 | 15/06 |

**RESULT OF REPERTORIZATION:** Puls 43/10, Sulp 40/10, Bell 37/10, Calc-carb 35/10.

Second remedy chosen should have either 'Complementary' relation or 'Follow well' otherwise the case may spoil.

Puls covers the maximum marks and is present in each section so is the second prescription.

## Steps to Repertorization

**ABSTRACT:** Repertorization is not only a mechanical process of counting rubrics and totaling marks obtained by a medicine. It also includes the logical steps to reach the proper repertory and finally differentiating the remedies with the help of Material Medica.

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Repertory follows the logic of induction and deduction. The steps to repertorization start from case taking and end by finding out the *simillimum*. They are:

1. Case taking
2. Recording and interpretation
3. Defining the problem
4. Classification and evaluation of symptoms

(analysis)

5. Erecting totality
6. Selection of a proper repertory
7. Repertorial result
8. Analysis of repertorial result and prescription

**CASE TAKING:** It is the first step, and the outcome of treatment entirely depends upon its success. Any



mistake committed here certainly interferes in the selection of the remedy and planning of the treatment.

**RECORDING AND INTERPRETATION:** For effective repertorization, precise recording is very crucial for proceeding further with the subsequent steps. Recording is not done independent of interpretation; so both should be done simultaneously. Care should be taken to record the intensity of each symptom and interpreting them without being prejudiced.

**DEFINING THE PROBLEM:** Once the case is taken well, interpreted and recorded properly, the physician should be in a position to define the problem precisely. The record should guide him to understand the person and his disease. The sickness of the person expresses itself at various levels, and to bring all such expressions together to get a whole picture, requires a clear understanding of what Hahnemann stated: "What is to be cured in a disease, that is to say in every individual case of disease". To define a problem means, to define the individual who is facing a problem. The individual is fully revealed to a physician from the effects of different events associated with him as well as from the related data collected from various sources. Diagnosis of the disease, which is of crucial importance, would segregate the peculiar characteristics expression from the common ones. The problem definition includes, knowing the patient's predisposition, disposition, diathesis and disease. Thus only by precisely defining the problem, a physician would be in a position to go ahead in the right direction.

**CLASSIFICATION AND EVALUATION OF SYMPTOMS (ANALYSIS):** It is a well known fact that all the symptoms in a case are not equally important. After taking the case, a physician faces quite a big number of symptoms, which are required to be analyzed, classified and evaluated in order to arrange them hierarchically. Analysis and classification give an idea about the case in respect of its nature and the type of symptoms, and therefore, evaluation can be done by different methods. The three standard methods of classification and evaluation propounded by Boenninghausen, Kent and Boger are

of practical use in repertorization. The best way of doing analysis of a given case is to classify all the expressions and symptoms of the case into **common** and **uncommon** symptoms. This classification will give the idea about the suitability of the Repertory as well as the method of working out a case.

**ERECTING TOTALITY (SYNTHESIS):** Totality is not the sum total of symptoms but it is a logical combination of symptoms, which characterise the person as well as individualise the problem. Thus, all the symptoms which are classified and evaluated, do not form a working totality of the case.

From classification and evaluation, the hierarchy of symptoms is known, but which to select to form the totality ie which can logically represent the whole picture and get a correspondence? This logical arrangement must follow a definite principle. If the case has got more Generals and a few Particulars with rare Modalities, it would follow a different arrangement than that of a case, which has vague Modalities and striking Concomitants, or a Pathological General.

**SELECTION OF THE REPERTORY AND REPERTORIZATION**  
After the totality has been erected, the case becomes clear to the physician. He should look for one of the following points in the case:

**GENERALS: MENTAL/ PHYSICALS. PARTICULARS.**

**LOCATION. SENSATION. MODALITIES. CONCOMITANTS**  
**PATHOLOGICAL GENERALS.**

If a case were full of Generals, Kent's Repertory would be the best. If it has got Pathological Generals, Boger's Repertory must be selected. If the case has got Particulars, with Location, Sensation, Modalities and Concomitants with a few mentals, *Therapeutic Pocket Book* is preferable; however, Boger's Repertory can also be used.

*Synthetic Repertory* can be used for the Kent method to refer more Generals. It has also many Pathological Generals, but no Particulars. *Synthesis, Complete Repertory* and *Homoeopathic Medical Repertory* can be used where Generals are more prominent. Moreover, these recent repertories can also be utilised for working out all types of cases. *Repertorium Universale* is suitably designed to repertorise all



types of cases by using different methods of repertorization.

Once the repertory is selected, a major part of the analysis and synthesis of the case is done. The next step is to rearrange the totality according to the repertory selected. *Rearrangement of totality in terms of the Repertory selected is called "Repertorial totality".* Thus, a well arranged totality is worked out.

Next convert the symptoms into rubrics, which requires an acquaintance with the repertory. The symptoms obtained from the patient may not be found in the repertory in the same form; so the physician must know the construction and arrangement of each repertory.

Rubrics should be arranged according to hierarchy, reason and page number. The final outcome is written as follows:

| Symptom | Rubrics | Reason | Page No |
|---------|---------|--------|---------|
| 1       | x       | y      | z       |
| 2       | x       | y      | z       |
| 3       | x       | y      | z       |

Now, at this stage, the case is referred to repertory, worked out, and a group of medicines with markings is arrived at.

**REPERTORIAL RESULT:** A group of close running medicines should be noted down according to the symptoms covered and marks obtained. For example, if

*Lyc* covers seven rubrics and 18 marks, it should be written 18/7. A few medicines, which are nearer to the first also, find a place in the repertorial result.

**ANALYSIS OF REPERTORIAL RESULT AND PRESCRIPTION:** The remedy, which gets the highest mark, is not necessarily the final remedy in all cases. Repertorial results should be finally referred in the court of Material Medica. Marks are important, but these do not constitute the final verdict. Further, the group has to be compared to the picture of the patient and with the help of Materia Medica, it should be differentiated. Sounding a note of caution, Boenninghausen writes, "..... for this purpose, he should not content himself with repertories that have been prepared, a very frequent carelessness, for these books contain only slight hints as to one or the other remedy that might be selected but can never take the place of the careful reading up of the fountain sources" (The field, which differentiates medicines, is called *potential differential field*). Repertory thus narrows down the groups of medicines, and with the help of source books, a final remedy can be found out. The remedy so selected must finally pass through certain criteria such susceptibility, sensitivity, suppression (if any), the level of similarity, functional and structural changes, vitality and miasm, to arrive at the right potency and dose schedule.

The love of study, a passion which derives great vigor from enjoyment, supplies each day, each hour, with a perpetual round of independent and raional pleasure.

- Gibbon

The more we study the more we discover our ignorance.

- Shelley