Concept Of Repertorization - The Ultimate Truth of Universe

ABSTRACT: The scientific background of Homoeopathy has been widely challenged. The opposition to scientific law that governs homoeopathic therapeutics is very freely criticized. Homoeopathic results and efficacy of homoeopathic drugs has always been subjected to the double blind trials which is common standard practice to test and evaluate efficiency of any allopathic drug in particular and to derive research based conclusions on any subject in general.

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Should homoeopathy be subjected to the existing methods of research? Are there any other means by which homoeopathy can demonstrate its effectiveness on a scientific platform? Those who have experienced a homoeopathic cure either as a recipient of homoeopathic medicines (the patient) or as observer of the cure (eg family member / friend or homoeopathic physician himself) is always beyond this argument and seldom needs to get involved into this type of discussions. But among homoeopathic physicians also we wrestle about the manner in which we approach the case and come to the indicated remedy. The case I am presenting below is useful in settling various issues within our own fraternity of homoeopathic physicians over the approach of Boenninghausen's concept of generalization, effectiveness of homoeopathic remedies, and also to demonstrate the usefulness of "Conceptual Image". Introduction of repertory has taken the dynamic scientific logic of homoeopathy beyond horizon of any challenge. Application and creation of repertory has demanded exploration of various concepts of homoeopathy at an operational level. To really apply those principles in an effective way with a clear understanding, one has to have a thorough grasp of Homoeopathic Materia Medica and Organon of Medicine, because in Organon, Hahnemann has very clearly demonstrated what will, in the patient, indicate the right remedy, and what, in the medicine will indicate its curative power. If we try to understand this statement in 3rd aphorism, we come to understand that not all that patient speaks is important and not everything that every prover produces is of help in understanding the true pathogeneses of homoeopathic remedy. Although homoeopaths knew these concepts after Hahnemann, their application was difficult. The evidence of this fact lies in failure of homoeopaths, prior to Boenninghausen, to compile a repertory, which can be used successfully in variety of cases. Boenninghausen revolutionized homoeopathic practice by his Therapeutic Pocket Book, which was based on these concepts. He applied inductive logic (Doctrine of Analogy or Concept of Generalization ie going from particular to general) to the study of homoeopathic remedies and to understand the pathogeneses of homoeopathic remedies ("What is curative in medicine" – Hahnemann 3rd aphorism). Similarly he derived generals from a maze of symptoms reported by patients. He also identified Hahnemann's PQRS symptoms in patients and homoeopathic remedies. He gave them the name Concomitant symptoms. Hahnemann very well emphasized these concepts in Organon of Medicine but it was left to Boenninghaussen to successfully apply them in compilation of repertory. The repertory based on such concepts has proven useful worldwide in the treatment of variety of cases. Any

concept which stands the test of time, automatically goes to indicate its logical background. The successful application of homoeopathic medicine through definite principles of repertorization and failure of homoeopathic remedy in the same case where the selection of the remedy is based on physician's fancies and not on sound homoeopathic principles, is in itself a Gold standard experiment of homoeopathic science and effectiveness of homoeopathic remedies.

This case thus serves a dual purpose. It demonstrates the effectiveness of Homoeopathic remedies and the dynamic scientific logic of Homoeopathy which can more readily be experienced in clinical setting rather than demonstrated in a research laboratory.

Preliminary Information. Date: 07/01/03.

Mr URM, 19yrs. Unmarried. SSC Student, Hindu/ Kannadi. Father: 48yrs, Civil Contractor; Mother: 42yrs, Housewife; 2 Brother: 21yrs, 17 yrs.

Patient as a Person

Structure: Lean[2]

Skin: Complexion fair[2]

Hair: Brown[2]

Perspiration: Odor - offensive[2], stains white[2], < Exertion[2], < without fan (general), more on face and forehead

Stool: Hard, has to strain.

Thermal: C2H2.

Cravings: Sweets[3].

Past History: 5 yrs, Abscess in neck with discharge of pus. 11yrs same abscess recurred. 7 yrs thermal injury. 12 yrs Tonsils, 13 yrs Corn in leg. Sx done, 16 yrs Corn in leg > with Corn Caps.

Family History: Paternal Uncle: Acid peptic dyspepsia, Allergic Rhinitis, **Mother**: Osteoarthritis both knee, Cervical and Lumbar spondylosis, **Father**: Haemorrhoids, Hypertension, Pleural effusion.

On Examination: Weight: 45 kg, PA: NAD, LSS: NAD. Extremities: NAD.

Life Space: A lean and fair complexioned, emaciated boy with brown hair, brown eyes. He looks quite childish, not his age, not mentally retarded but not mature. Patient stays in a joint family and is presently struggling with time and efforts to get through 10th standard. His plan is to join college, which is spoken very shakily as if not his choice.

Chief Complaints

No	Location	Sensation	Modality	Concomitant
1] A	Stomach O: 12/01 D/F: once a month Increased since 03/02 Constant till some Rx is not taken. After Rx > for 1 week	Pain - burning[2]	< In one position[2] > Moving continuously, (slowly in home)[2] > Allopathic Rx temporarily	Thirst increased with pain
1] B	Bowels: O: since 2002	Pain catch like[2] Stool freq. 2–3/day. Consistency- - Hard	< After eating[3], < Before stool and during stool[3] No > after stool. < After stool[2] > Pressure[2]	 Pain in calf muscles

Associated Complaints

No	Location	Sensation	Modality	Concomitant
1]	MSS: LSS O: ? D/F: Constant	Pain	< Sitting < Bending < Turning Rt or Lt > Lying with both legs raised against wall	
2]	Extremities O: 2002 Hand Legs D/F:5-10min/daily	Numbness[2] Cramps[2]	< Writing < Lifting weight < Winter. < sitting on Floor with folded legs.	
3]	Mind: Intellect O: since 2 yrs.	Memory decreased[2] (Recent and old) Forgets names of the classmates within 6 mts. Concentration difficult[3]	< While studying, (Goes to sleep within ½ hour)	

As if something has to be done in life, so "I will do college if I get through 10th Std." His elder brother who failed in 10th Std, was home for 2 yrs. Thereafter with father's help, he got into a private co-op bank as a peon. He shyly says "Why start work so soon? First I will study then I will see." Patient failed in 9th Std first time due to his own lack of interest in studies and wasting time in playing. He failed again. At the time of his exams his PGrFa expired in village and whole family had to attend. No reaction for this which conveyed as if he was relieved that grandfather expired which gave him reason for failing. Apart from studying, patient is busy helping his mother in domestic work and feels like constantly helping her as she keeps falling sick. The elder brother is short tempered and many times behaves arrogantly and does not help mother, despite being asked for help. Younger brother follows his steps. When mother is unwell, patient prepares tea, cooks food, brings water and so on. Purely out of his own wish, does not react to elder and younger brother's behavior, and says it does not affect him at all. Relation with all other family members is good. Due to his concentration and memory problems his interest in study is getting affected. Finds it tough to understand a subject, gets confused, forgets next day, whatever he has read, which produces a feeling of dissatisfaction and gets angry on himself and leaves study halfway and goes out and plays or chats with friends or goes to sleep.

Reasons for selection of Symptoms: See chart (Pg 198)

Repertorial Results: *Merc-sol* 25/10, *Nat-carb* 20/10, *Nat-mur* 15/9, *Mag-carb* 14/7, *Thuj* 14/7, *Staph* 12/8.

Conclusion And Result: Patient started treatment in 2003. But till 2005 various remedies were tried like *Sil, Calc Sil, Thuj,* without making a systematic approach through symptom classification or Conceptual Image. But once all the fancies were exhausted I took shelter to the basics. We often put cart before horse. I tried to process the whole case through SCR processing section. After which I understood that patient had little qualified mental

symptoms. So Boenninghaussen's approach was decided as the case had rich modalities, concomitants and physical generals.

After repertorization *Merc-sol* was introduced as it matches all the physicals. We can say that there was miasmatic as well as physical general correspondence maximum for *Merc-sol*. After 1st dose of *Merc-sol* 200 patient improved dramatically. All his symptoms were better and he improved steadily for next 4 months. No repetition was required. There after he required infrequent repetitions. Patient is in his FYBCom and he is much relived of his symptoms.

TOTALITY

SYMPTOMS	CLASSIFICATION
Mental exertion aggravates	Mental Intellectual Agg Modality
Physical exertion aggravates	Physical Gen Agg Modality
Winter aggravates	Physical Gen Agg Modality
Aggravation before stool	Physical Part Agg Modality
Aggravation during stool	Physical Part Agg Modality
Aggravation after stool	Physical Gen Agg Modality
Thirst increase during pain	Physical Gen Concomitant
Perspiration during pain	Physical Gen Concomitant
Restlessness during perspiration	Mental Gen Concomitant
Perspiration during pain	Physical Gen Concomitant
Desire sweets	Physical Gen Disposition
Perspiration offensive	Physical Gen Disposition
Perspiration staining white	Physical Gen Disposition