

## **OPINIONS**

**(International Stalwarts)**

I find it a useful and all round informative book on the subject of repertorization.

*George Vithoulkas*  
*Director, Centre of Homoeopathic Medicine Ltd,*  
*Athenian School of Homoeopathic Medicine, Athens, Greece*

The 'Essentials of Repertorization' by Dr S.K. Tiwari is an insightful, resourceful and practical guide to the vast subject of repertory. I wholeheartedly recommend it to all students, practitioners and teachers of homoeopathy.

*Dr Robin Murphy*

## **OPINIONS** **(Indian Stalwarts)**

It is remarkable how Prof. Dr Shashi Kant Tiwari has been able to give so much information about the different repertories and their use in his book '*Essentials of Repertorization.*'

*Prof. Dr Diwan Harish Chand  
Hony Homoeopathic Physician to the President of India*

Repertory is a major subject and one has to study the subject deeply while preparing for M.D. Repertorization. I am glad that you are one of the few people who have come out with a book like '*Essentials of Repertorization*' which is very essential for the education of the students. I am sure this book will be warmly welcomed.

*Dr Jugal Kishore  
Former President C.C.H.,  
Author of Kishore Card Repertory*

'*Essentials of Repertorization*' is a very useful book on the subject of repertory for undergraduate and postgraduate students.

*Dr D.P. Rastogi  
Chairman, P.G. Committee C.C.H.,  
Former Director, C.C.R.H., Govt of India*

The book will be useful for students, practitioners and teachers at all levels of their academic and professional career.

*Dr Mahendra Singh  
Chairman, Education Committee C.C.R.*

'*Essentials of Repertorization*' is a unique book which according to me is the most useful one for M.D. (Hom.) and B.H.M.S. students in the subject of case taking and repertorization. Infact, I am amazed to see such an amalgamation of academic, clinical and research materials for all concerned by an experienced and dedicated teacher.

*Dr S.M. Singh  
P.G. Committee C.C.H.*

'*Essentials of Repertorization*' is the only book which covers the complete syllabus of M.D. in homoeopathy. It is highly recommended and I do not think any B.H.M.S. or M.D. student can do without it.

*Dr S.M. Desarda  
P.G. Committee C.C.H.,  
Principal, D.K.M.M. Homoeopathic Medical College,  
Aurangabad, Maharashtra*

Repertorization is a skill which no homoeopath can do without. '*Essentials of Repertorization*' teaches you this skill in a manner which is very interesting. It has information about every repertory published till date. It also tells you the different ways in which repertorization can be performed.

*Dr M.P. Arya  
Former Principal,  
Homoeopathic Medical College,  
Pune, Maharashtra*

The book written by Dr Shashi Kant Tiwari has given a new direction to all students of repertory in their study of various repertories. It beautifully simplifies the various philosophical concepts used by Boenninghausen, Kent and Boger. Its detailed explanation gives the students a very clear idea regarding the repertory. The book also demonstrates well the method of using various repertories in different types of cases. It is compiled in a very easy to use format. Students wishing to make serious study of the subject must use it as a regular reference book for their understanding of the concept of repertorization and of various repertories in vogue.

*Dr K.M. Dhawale,  
Principal, Dr M.L. Dhawale Memorial Homoeopathic Institute, Mumbai*

It is really a very comprehensive book for students as well as for teachers. The glossary of this is remarkably very good and is appreciated by all.

*Dr Ramjee Singh,  
President, Central Council of Homoeopathy,  
Ministry of Health and Family Welfare, Govt of India, New Delhi*

'*Essentials of Repertorization*' is a comprehensive textbook in the subject of case taking and repertorization. It contains authentic information and useful literature for students and teachers alike. The book also delineates related topics like-Understanding Miasms, Constitution, Susceptibility etc, which are really useful for learners of repertory in arriving at a simillimum.

*Dr J.D. Dariyani  
Former Principal, Dr Madan Pratap Khuteja Rajasthan Homoeopathic  
Medical College, Jaipur*



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No. 14-9/2002-CCH / 5677

दिनांक /

Date: 30.6.2005

To,

**Dr Shashi Kant Tiwari,**  
 Fr Muller Homoeopathic Medical College,  
 Fr Muller Road,  
 Mangalore – 2,  
 India

Subject: **Approval of 'Essentials of Repertorization' as a textbook of repertory.**

Sir,

With reference to your letter No. HMC/255/2004, dated 15.6.04, I am to say that the matter was placed before the sub-committee of the Education Committee of this Council in its meeting held on 26.7.2004. **The sub-committee recommended the book, namely 'Essentials of Repertorization' as the Textbook of Repertory.** The Education Committee of this Council in its meeting held on 27.7.2004 agreed with the said recommendation of its sub-committee.

The Central Council in its meeting held on 22.03.2005 has also ratified the said decision of its Education Committee in the matter.

Yours faithfully,

**(Dr Lalit Verma)**  
 Secretary

# ESSENTIALS OF REPERTORIZAZION

*(Also translated in Russian language)*

***Fifth Edition***  
***(A Comprehensive Textbook on***  
***Case Taking and Repertorization)***

**Prof. Dr Shashi Kant Tiwari**

D.M.S. (Calcutta), Dip. N.I.H. (Govt of India), M.D.(Homoeo)

*Former Director, Head of Department,  
Case Taking and Repertorization*

*National Institute of Homoeopathy, Kolkata.*

*Former Principal and Head of Department, Repertory*

*Fr Muller Homoeopathic Medical College and Hospital, Mangalore.*

*Former Dean of Education,*

*DN Homeopathic Medical Education and Research, Winnipeg, Canada.*

By same author

*Homoeopathy and Child Care*

Approved as Textbook of Repertory

*by Central Council of Homoeopathy*

Recommended by various universities for degree  
and postgraduate courses



**B. Jain Publishers (P) Ltd.**

USA—EUROPE—INDIA

## **Preface to the Fifth Edition**

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'*Essentials of Repertorization*' has become an essential part of the study of the discipline of repertory, helping the learners to acquaint themselves with various repertories and to become skilled and conscientious homoeopathic practitioners. It facilitates the understanding of the subject in a comprehensive manner leading the students towards learning the art of successfully selecting the *simillimum*, the ultimate aim of a competent and complete homoeopathic physician.

Realizing this truth, the author wishes to thank all those who accepted the views propounded in '*Essentials of Repertorization*', which are based on authentic sources and also derived from author's own vast clinical and academic experience. This fact gives immense happiness to the author but at the same time it makes him aware of his responsibility of improving this book to near perfection in the subject.

Recently, the Government of India introduced the Re-orientation Teaching Programme for teachers in various subjects including repertory. The author participated in several such programmes where he had the good fortune of interacting with many teachers of homoeopathic colleges from all over India. Also, the author got opportunities to have a dialogue with postgraduate and undergraduate students while delivering lectures at various postgraduate and undergraduate centres, regarding the difficulties in learning repertory. After all his interactions with various students and practitioners, he felt that many more things were still required to be attended to, to facilitate the learning and understanding of this subject. He felt the subject needed to be made more comprehensive, meaningful, useful and should be demonstrated in clinical practice so that it does not remain merely as an academic need, infact, it should become an indispensable part of our day to day practice. Thus, no learner should discard this invaluable tool of practice after completing their course in repertory and

passing their university examinations. They should be able to use a repertory in almost all cases whether mental, referral or systematic repertorization. Use of repertory should become an essential part of our practice.

Repertory is the witness and the mirror of the growth of materia medica from the primary recording of the facts in '*Fragmenta de Viribus Medicamentorum Positivis*' to the present, voluminous books of materia medica. It has walked parallel to the materia medica and has indexed the contents of the ever growing materia medica successfully, systematically and logically. This discipline of homoeopathy has also kept pace with modern technology and given many softwares to the profession. Hence, this ever growing subject of repertory not only needs to be understood properly but also to be mastered in order to be a conscientious homoeopath.

With an earnest desire to make this important tool of practice a valuable and inseparable addition to the academic and clinical field of homoeopathy, the author took up a complete revision of '*Essentials of Repertorization*' and added many valuable topics which are important for understanding repertory, repertorization and homoeopathic prescription.

Thus, the fifth edition of '*Essentials of Repertorization*' has undergone many alterations in its presentation as well as in contents. Many new topics have been added, while the existing chapters have been revised in a logical way. Also, a logical rearrangement of the whole book has been attempted.

At the time when this valuable edition is going to be published, I thank all the students of homoeopathy and all the members of faculty of all the homoeopathic medical colleges of India and abroad for their appreciation, suggestions and acceptance. I remain grateful to all my colleagues at National Institute of Homoeopathy, Kolkata for their cooperation.

My special thanks are due, which cannot be expressed in words, to my sahadharmini, Mrs Savita Tiwari for her support at all stages of my life and for being with me in all the difficulties and successes. My elder son, Dr Pawan Kumar Tiwari, who recently completed M.B.B.S. and has registered as a student of

Faculty of Homoeopathy, Luton, London. He is a great follower of this rational art of healing and has been a great help to me in completing this work. I also wish to thank my younger son, Manish Kumar Tiwari who has a good interest in homoeopathy. He helped me with the computer work. To both of them, I remain grateful.

I thank Dr Ramjee Singh, President, Central Council of Homoeopathy, New Delhi; Dr Jugal Kishore, Dr Diwan Harish Chand, Dr Mahendra Singh, Dr Kumar Dhawale, Dr S.M. Singh, Dr S.M. Desarda, Dr M.P. Arya, Dr J.D. Dariyani, Dr George Vithoukcas and Dr Robin Murphy for expressing their opinions regarding this book.

I remain grateful to Dr S.P.S. Bakshi for encouraging and guiding me at different stages of my professional career. I thank Dr Lalit Verma for appreciating this book. Thanks are also due to Dr Rita Chakrobarty for supporting this work at all its stages. Lastly, I thank Mr Kuldeep Jain, Nishant Jain, Dr Geeta Arora, Dr Taru Bhagat and the whole team of Jain Publishers to take up the publication of this long awaited fifth edition with utmost care.

I take this opportunity to express my deep gratitude once again to all who have appreciated this work and whose names are mentioned in preface of various editions of this book.

I hope the fifth edition of '*Essentials of Repertorization*' will help the profession immensely in learning repertory and homoeopathic prescribing. Any constructive suggestion will be gratefully accepted by the author and will be incorporated in the next edition.

Let us dedicate ourselves to the cause of homoeopathy.

Dr Shashi Kant Tiwari  
Former Director,  
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G.E. Block, Sector III, Salt Lake,  
Kolkata.

105, Dev Plaza,  
Kadri Temple Road,  
Mangalore-575002  
(Reoti, Ballia, U.P.)

2 December, 2011



## **Publisher's Note**

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“Striving for betterment” is truly adapted by Dr Shashi Kant Tiwari who has always been working to make his world famous work on Repertorization better and better. After the 4<sup>th</sup> Edition, he again started the work for next edition, taking feedback from all sectors, that is, students and teachers. This new edition is therefore borne out of equal amount of hard work which he has put in all his earlier editions and have been accepted well by all learners of repertory.

The author had opportunities to have dialogue with Post graduate and Under graduate students while delivering lectures at various post graduate and undergraduate colleges , regarding the difficulties in learning repertory. He has addressed all those new queries to further facilitate the learning and understanding of this subject.

Many new topics are added, revision of the existing chapters has been done and a more logical rearrangement of the whole book has been attempted. There are revised notes on few repertories like Jahr's repertory, Fr. Muller's repertory, Lippe's repertory. The notes on Case Taking which is the foundation on which ones uses a repertory has also been revised. Certain factual details have also been revised like biographies and dates of incidences.

We wish you better results and better healing with help of this revised edition which is a guide to one of your strongest tools for practice, that is, Repertory.

**Kuldeep Jain**  
C.E.O., B. Jain Publishers Pvt. Ltd.

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## Chapter 1

# Repertorization: Principles and Practice

### 1.1 INTRODUCTION

*'May the devil take all the repertories. They destroy that which belongs together and unite points, which are foreign to each other, only for the sake of adhering to the A, B, C of children's reading books. In order to be able to form a characteristic picture with its lights and shades from them, one would have to carry in one's head the whole Materia Medica Pura ready for use, and then the repertories would be of less value than ever.'*

This is the view that Dr Aegidi held on the repertory, which he communicated to master Hahnemann in a letter. Dr Aegidi, who practiced homoeopathy in the nineteenth century, was not convinced about the use and practicability of the repertory in finding out the *simillimum*. Even today, many practitioners stick to the same view. To be a successful practitioner, Dr Aegidi held, one should thoroughly master the *Materia Medica Pura*.

Dr Aegidi's view, however, was not accepted favourably even by master Hahnemann who felt the need for indexing the ever enlarging materia medica in order to facilitate the work of finding out the simillimum, in acute as well as in chronic diseases. As far back as in 1832, Dr C. Boenninghausen, the Father of the Repertory, wrote, 'Every homoeopath has doubtlessly had a similar experience, finding the components of the disease picture under several comparable antipsoric remedies which correspond possibly to those of the patient, only one, however, could be most helpful, most of the others necessarily being indifferent to the desired result.'

A repertory, Dr Boenninghausen felt, would be essential to those homoeopaths, who were particularly called upon to treat chronic patients. Even he himself felt the need for a repertory at the commencement of his medical career, and hence he thought of '*expedients*, which would make the choice of suitable remedies easier and more certain, by this means bringing the symptoms of each one, more clearly into view.' Although smaller works of this nature were available during his time, he felt a real need for a comprehensive indexing and therefore, compiled several useful repertories.

Homoeopathy is based on certain principles and philosophy, which warns us not to neglect even a minute expression, but at the same time take care of the whole organism. Thus, the task of a physician is not only restricted to the understanding of the phenomenon of a disease, but also goes one step further in resolving it with total care.

The task is, no doubt, tremendous and challenging, hence it calls for great alertness, devotion and taking extra interest on the part of the practitioner. Every case is a new piece of learning. Every case is unique and it needs unique handling and *individual treatment*. To achieve the afore mentioned objective, one has to be well versed with the knowledge of allied medical subjects to understand the process of disease, at the same time, one should have a clear understanding of the life and living

of *man*. Expressions indicating deviation from the original state of health to diseased state should be interpreted without any preconceived notions. Expressions at mental and physical levels denote a deviation of the inner man. To treat a diseased person, all the expressions that characterize the person as well as the disease, should be taken into consideration to find out the *simillimum*.

In our day to day practice, finding out total correspondence is not difficult if the repertories are properly used. Many physicians have a misunderstanding about the use of repertories and feel that it takes away their precious time. The blame has been nullified by the fact, that many stalwarts and even busy practitioners do make use of the repertories. Perhaps, it is either laziness or sheer ignorance regarding the importance of the repertory that keeps away a practitioner from harnessing such a useful aid. As Dr Kent aptly stated, 'The cry for liberty has been a grievous error, as liberty is and has been most shamefully abused. It is liberty that has driven out of use, or limited the use of the repertory, that all the old healers so much consulted.'

Boenninghausen published the first repertory based on the idea of our master Hahnemann. Since then, a number of repertories have come into existence from time to time, but only a few could prove useful to the demand of the profession. Kent's *Repertory of Homoeopathic Materia Medica* gave a new direction to the profession and Boger's arrival with publication of *Boger Boenninghausen's Characteristics and Repertory* enriched the subject. These two repertories along with Boenninghausen's *Therapeutic Pocket Book* are known as *basic repertories*. These three repertories have given useful directions and contribution to the philosophical and practical aspects of homoeopathic prescribing, and these formed the basis of future repertories.

Dr Barthel has produced a combined work of all repertories and materia medica in the form of *Synthetic Repertory*, which should be of much benefit to the practitioners. *Homoeopathic Medical Repertory* by Robin Murphy, *Complete Repertory*,

*Repertorium Universale* by Roger Van Zandvoort and *Synthesis* by Fredrick Schroyens are some among the recent repertories, which can help practitioners in selecting the simillimum.

According to Roberts, *utility of the repertory depends upon:*

1. Art of the physician in taking the case.
2. Knowledge of the repertory one attempts to use, viz:
  - a. It's philosophical background.
  - b. It's construction.
  - c. It's limitation.
  - d. It's adaptability.
3. Intelligent use of the resulting analysis.

Many seem to be satisfied with the knowledge of a few symptoms of a drug and try to match them with the disease picture only at a partial level. They never feel the need of a repertory because a few cases, which they have cured did not require repertorization. While conceding that a few cases were cured without repertorization, there is little doubt that the repertory is a sure and unfailing aid in successfully handling most of the cases. As Dr Kent said, "True, some men do some good work without the repertory, but they also do poor work, more than they would do with it." He further added, "A self made artisan may be a very useful man, though ignorant of the theory and most advanced methods used in this line of work, but he can never measure up to the man whom education and thoroughness of method has made an expert."

Every well proved drug has got thousands of symptoms and for a man of average intelligence, it is almost impossible to remember all the symptoms of all the drugs as well as to establish total correspondence between drugs and diseases. *Repertory bridges the gulf between materia medica on one hand and disease on the other.*

Repertories have often been set aside as time consuming, incomprehensible, vast and mechanical. Hence, in order to enlarge the effectiveness of homoeopathic treatment, it is necessary, in the first instance, to remove such misconceptions about the repertory, and then emphasize its greater use. Repertories have performed a long journey from simple indexing of the symptoms of the materia medica to the formation of separate large voluminous books and various mechanical aids. These days, the task of repertorization has become much easier and a practitioner has many choices in this regard. Introduction of the computer has made a great revolutionary change in the field of repertorization. Now an enthusiastic student and learner of homoeopathy cannot keep themselves away from this valuable subject which has a vast store of materials in the form of various kinds of *books, cards* and *softwares*.

Recent repertories have been enriched with all the required information needed by a prescriber in respect of symptoms and medicines. With the help of advanced and improved repertories, one can easily determine a simillimum in the vast ocean of homoeopathic materia medica.

## **1.2 REPERTORY**

As per Samuel Johnson's *Dictionary of English Language*, one of the most famous dictionaries in history, published in 1755, 'Repertory means a treasure or a book in which anything is to be found'. His dictionary was enormously popular and highly respected for its epic sense of scholarship during the time of Hahnemann.

*Thesaurus*; Farlex clipart collection, Princeton University, Farlex Inc, describes repertory as, 'A repertory is a storehouse where a stock of things is kept; the entire range of skills or aptitude or devices used in a particular field or occupation.'



*Collins Thesaurus of English Language* gives a number of similar words as—repertoire, list, range, stock, supply, store, collection, repository.

As per the *Dictionary of Collective Noun and Group Terms*, The Gale Group Inc, 'Repertory is a storehouse of knowledge; repertoire.'

As per *American Heritage Dictionary of English Language*, the word repertory originates from Late Latin word, *repertorium* ; Latin word, *repertus* means a storehouse where a stock of things is kept. The repertory is past participle of *reperire*, which means – to find out.

As per the *Collin English Dictionary*, the word repertory means the entire stock of things available in the field, or of a kind; repertoire: A place where a stock of things is kept; repository.

During the eighteenth century, repertorium or reperire were also used to carry the meaning 'armamentarium' where the armaments were arranged in a fixed and in definite order at the right place, so that one can find out the needed weapons with ease.

## **DEFINITION**

*Repertory is a systematically and logically arranged index to the homoeopathic materia medica, which is full of information collected from toxicology, drug proving and clinical experience. The repertory helps us to find out the required symptoms, together with the medicine or a group of medicines having different grades. It is a connecting link between the materia medica and disease.*

## **WHERE TO USE THE REPERTORY**

1. Chronic cases where several remedies seem to cover the picture.
2. Mismanaged cases.
3. Cases which do not show a clear picture and the related group of remedies.

4. To trace out the probable sequence of remedies that may be necessary to cure.
5. To differentiate between seemingly indicated remedies.
6. To work out relationship of remedies and second prescription.

## **WHERE NOT TO USE THE REPERTORY**

In those cases where there are clear indications of the simillimum.

### **1.3 REPERTORIZATION**

*The process of repertorization is essentially a logical elimination of apparently similar medicines. It starts with a broad choice and gradually narrows down the field, which provides us an adequate and a small group of similar medicines, so that the final selection of the simillimum is made easier with the help of further reference to the materia medica, if required.*

The aim of the repertory is *never* to replace the materia medica, but to help in the final choice of a single medicine. Thus, the study of the repertory helps to understand the patient and materia medica. *Materia medica and repertory are complementary to each other.*

### **1.4 DIFFERENT OBSERVATIONS ON REPERTORY**

The physician must study the homoeopathic principles until he learns what it is in sickness that *guides to the curative remedy.*

He must study the materia medica until he learns what is needed to meet these demands.

He must then study the repertory until he learns how to use it so that he can find what he wants, when he needs it.

*Dr Kent*

The proper use of the repertory will lead to correct off hand prescribing in simple cases, in from ten to twenty years. The mechanical use of the repertory never leads to artistic prescribing, nor to remarkable results.

*Dr Kent*

The use of the repertory in homoeopathic practice is a necessity if one is to do careful work. Our materia medica is so cumbersome without a repertory that the best prescriber must meet with only indifferent results.

*Dr Kent*

As no one person can carry all the symptoms of all the remedies in his mind, a concordance of index is needed. We term a symptom index a repertory.

*Dr Elizabeth Wright*

It is impossible to practice homoeopathy without the aid of repertories and the best repertory is the fullest.

*Dr J.H. Clarke*

There is a need and it may be truthfully said, an urgent demand for a repertory which will enable the physician to find quickly, certainly and desired symptoms in the materia medica, together with the indicated remedy.

*William D. Gentry*

The repertory was never made or intended to take the place of the materia medica. I cannot lay too great a stress on the fact that it must never replace our constant study and use of the pathogenesis of remedies, it should be used as an index to lighten the task of memory in storing the vast symptomatology of our remedies.

*Glen Irving Bidwell*

The use of the repertory is one of the higher branches of our art and before it can be mastered, the law governing the homoeopathic treatment and cure of diseases, as given to us in the *Organon* and *Chronic Diseases* must be learnt.

*Glen Irving Bidwell*

Every attempt to convert either the materia medica or the repertory into the language of traditional medicine must result in total failure.

*Dr Kent*

The need for the repertory comes from the character of homoeopathy itself.

*Dr Barthel and Dr Will Klunker*

It is by no means a rigid measure to which we must hold the afflicted patient; rather it is a flexible means which we may adapt to the patient himself and by this means find the remedy that will be best fitted to his needs.

*Herbert A. Roberts*

A perfect repertory should contain a reference to *every* symptom of the materia medica under *every* rubric where it can be possibly looked for.

*Berridge*

A repertory is an index to the materia medica. It is the back pages materia medica, so to say, a register.

*R. Van Zandvoort*

The repertory is the main thing for by its use the physician finds in the shortest time and in the most tough manner the drug be desired.

*Van Denburg*

The work of planning and making a repertory is a most difficult undertaking.

*Van Denburg*

It is to be remembered that the presence of the term (pathological and physiological in repertory) by no means shuts out the usefulness of the symptom in other forms of disease. The prescriber has to deal with both objective and subjective facts, but should always bear in mind that *individualization is the life of therapeutics*.

*Calvin B. Knerr*

The proper use of the repertory is indispensable to the prescriber, especially in complicated and in difficult chronic cases. The materia medica is so vast that it is not possible to carry it all in memory; nor is this considered necessary by experienced prescribers.

*Harvey Farrington*

Any repertory is only a guide and help, simplifying the work of selecting the remedy suited to the case. The student must have some knowledge of materia medica or he will do repertorizing in vain. It is seldom to find the simillimum in a mechanical way.

*Harvey Farrington*

The fundamental principle of repertorization is *from generals to particulars*. Boenninghausen stresses the physical generals while Kent, the mental generals. Boenninghausen generalizes on a grand scale, while Kent considers this as an unwarranted oversimplification and objects to it violently. Boenninghausen treats the concomitants in a highly systematized manner while Kent scatters them all over. Boger adds his pathological generals to Boenninghausen's and, finally develops his highly selective approach that proves devastating to the novice. We thus find repertorization developing various techniques that have split ranks of homoeopaths! Each approach has its distinct scope of application and it should be our endeavour to master all these so that we may be able to select the most rewarding technique in a given case.

*Dhawale*

Success in repertorizing depends on ability to deal with symptoms. The key to the enigma is the *grading of symptoms*. .....to know which symptoms are of vital importance to the correct prescription; ...and also may be safely used as an *eliminating symptom*, to throw out remedies by dozen from the very start.

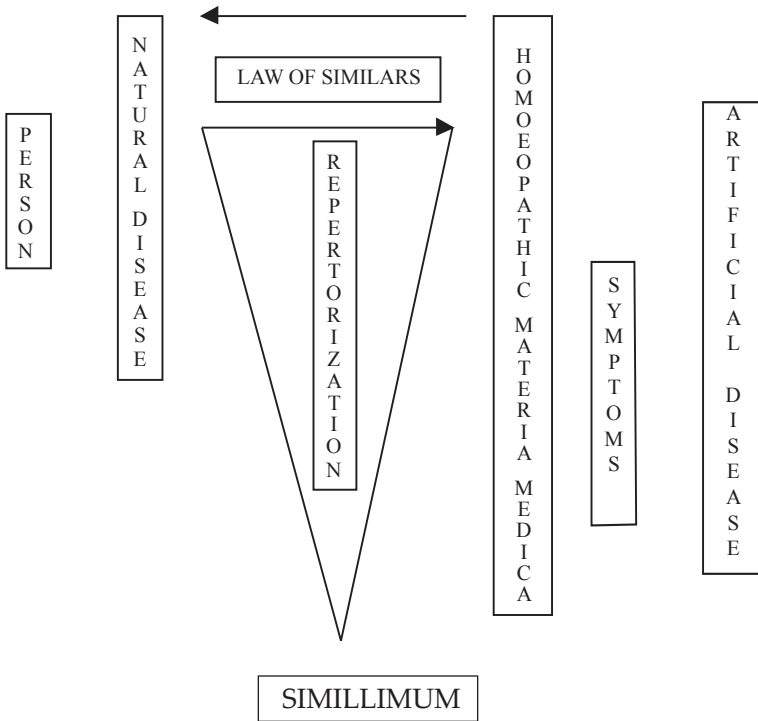
Margaret Tyler

## 1.5 NEED FOR A REPERTORY

Homoeopathic medicines are prescribed on the basis of *law of similars*. A physician, with his knowledge and experience, establishes a similarity between the natural disease and artificial disease.

With the evolution of the *dynamic theory* in homoeopathy, the qualitative study of drugs and patients also got accelerated. With the innovation of potentization, the quantity of medicine went on decreasing, but qualitatively it became more valuable. As a result, provers recorded a maze of mental and physical symptoms. Knowledge of such symptoms was useful for the treatment of chronic and acute diseases as well as for constitutional therapy, by establishing correspondence at different levels, but it became confusing for the majority of practitioners to find the simillimum out of many similars.

The homoeopathic materia medica which records multitudinous symptoms of drugs, is like an ocean. Certainly, one cannot afford to refer to all similar drugs in the materia medica corresponding to the disease picture. It would be time consuming and at the same time, confusing. Therefore, a *need* was felt for a working manual to ease the task of finding out a specific drug. *Such a need was felt as early as in Hahnemann's era*. Thus, a new subject was pursued. In fact, most of the stalwarts had felt the need of a repertory and found it difficult to practice without it. Any subject which becomes vast and contains



enormous information or facts, needs indexing, which is also true for the *homoeopathic materia medica*. The homoeopathic practice, that is arriving at the simillimum, is an application of logic to find the most similar remedy from a group of apparently similar ones. The logic began with first to index the ever enlarging materia medica and then to apply it in finding out the simillimum. It is aptly said that the need of repertory comes by the character of homoeopathy itself. *The repertory is an outcome of the logical human mind.*

The homoeopathic materia medica is ever enlarging. The number of medicines as well as clinical experiences are increasing day by day; hence, to accommodate all these growing informations – a repertory is needed.

One can clearly understand how fast our materia medica is developing and why is a repertory required from the table mentioned below.

Year	Number of Medicines
1805	27
1921	1600 (1300 proved)
1955	2000 (1500 proved)
2001	4200 (2277 well known)
2004	4497 (2393 well known)

These days, approximately 5000 medicines are known to the profession and each medicine has a vast symptomatology. Thus, *the repertory becomes an essential tool in finding out an indicated medicine.*

A majority of physicians who have never used or have rarely used the repertory complain about its elaborate methods and time consuming nature. However, one who has used it meaningfully, finds it quite useful and time saving too. As far as students are concerned, they should not fall prey to the habit of short cuts in medicine. This was well emphasized by J. Willis Hurst, the author of '*Medicine for Practicing Physicians*' when he wrote, 'The goal of a medical school should be to lead the students to the realization that there is no short cut to learning and to encourage students to have a workable strategy for learning medicine. The student must realize the difference between rearrangement of facts and simple recall memorizing, thinking and to be able to use all three.'

By rearranging facts, initiating thinking and promoting learning, repertory helps a practitioner to get better results. Thus, it is a must for a practitioner, and more particularly, for a learner. To quote Dr P. Schmidt, "*No one can know everything and that is why in all honesty one must admit that no conscientious homoeopathic*



doctor can practice homoeopathy in a serious and really scientific way without a repertory. To meet the challenge of the exploding *materia medica*, the homoeopathic repertory was born."

## 1.6 USES OF REPERTORY

1. **To Find Out the Simillimum:** After taking a case, the physician, especially a beginner, is perplexed by a maze of symptoms. He has to categorize, rearrange and evaluate them in order to construct a totality. Symptoms placed under totality will have to be converted into rubrics. The rubric should be located in the repertory. After further processing, the repertory gives an idea about close running medicines, so that the indicated medicine that is, the simillimum can be found out.
2. **As a Reference Book:**
  - a. Sometimes, the symptoms strike a physician, but he is not able to recall the medicine. In such cases, he can seek the help of a repertory.
  - b. Some physicians have the habit of making *keynote prescriptions*. They know one or two medicines for those symptoms. Repertory expands our knowledge by giving more remedies for keynotes. For example:
    - i. Feels better while constipated.
    - ii. Says I am well, no need for a doctor.Usually one would think of *Calcarea carbonica* and *Arnica* respectively, but on referring to a repertory, it would reveal many more medicines.
  - c. Sometimes in acute cases, a few characteristic and striking symptoms are noticed which can be referred in the appropriate repertory immediately. Thus, to select a simillimum quickly, it becomes an essential reference book.

3. **It Helps the Study of Materia Medica:** The repertory is prepared from the materia medica and the diaries of stalwarts and it brings all the information to one place. Thus, a drug can be studied with the help of the repertory. For example:
  - a. Take any drug (like *Sepia* or *Lycopodium*) and refer to any section in the repertory which one wants to study and then note down the presence of the remedy against the given rubric. For example, if one wants to study throat symptoms of *Lycopodium*, he should open the chapter of throat in any repertory and look for *Lycopodium* under each rubric and note down its presence in various rubrics. This note becomes the details of symptoms of throat of *Lycopodium*.
  - b. It also helps in the comparative study of drugs. Two drugs at a time can be taken and compared by the above process.
  - c. Since a rubric enlists the medicines in different grades (3-Kent, 5-Boenninghausen), the intensity of a symptom in a drug can be studied, which often changes our idea and decides the final choice.
4. **Helps to Find Out a Complete Symptom:** In the repertory, a complete symptom with all its components can be referred to at one place, especially concomitants, which are scattered in several places in the materia medica.
5. The knowledge of rubrics and subrubrics **helps in formulating questions**, which is an essential ingredient in case taking.
6. Its constant use makes a physician efficient. By constant handling, one **refreshes his knowledge of the materia medica**, different symptoms and medicines with different grades.
7. It suggests related remedies, which could be **helpful for selecting a drug for a second prescription**. Boenninghausen has written a separate valuable section on the relationship of remedies.

8. The quest for compiling an updated repertory has not only given birth to many repertories, but also to authentic repertories. Modern repertories can also be considered as sources of information. Each medicine mentioned against the rubric also **carries the source of information**. This unique advantage can be had from repertories.
9. Through the references and 'cross-references' one can know the similar rubrics. Thus, repertories help us to **select the right rubric amongst similar rubrics**.
10. Addition of a number of medicines, clinical rubrics and pathological generals helps in the **study of homoeopathy in relation to modern pathology**.
11. With the introduction of the computer in repertory, it has become an invaluable companion, both for clinicians and academicians. It helps in a **speedy retrieval of the known facts**.
12. **Synthesis of New Rubrics**.

## 1.7 LIMITATIONS OF REPERTORY

Repertory is basically an *index*. Naturally, it can serve only a limited purpose, and so, too much expectation from this tool can cause disappointment. It can never replace a physician's mental application and knowledge of materia medica. Usually one blames and accuses the repertory when he fails in selecting the right remedy, even after repertorization. It should be always remembered that the repertory is like a tool and *much success depends on the skills of the practitioner using it*. If he does not use it properly it can produce blunders and the achievement would be very limited. So, in order to use it effectively, one should be fully acquainted with all the aspects of the repertory, and one should also be aware of its limitations and adaptability.

In spite of its merits, there are limitations, which should be borne in mind regarding the repertory.

1. It is a means to an end, never an end in itself. Repertory gives finally a small group of medicines with different