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NEED FOR AN INTEGRATED REPERTORY

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ABSTRACT

Logical approach to repertorisation should not be different along with the different structural approach of Repertories. The method of case taking also should run at par with the approach of above two, i.e. repertorisation and Repertory. Hence the principles of repertorial totality should be as follows:

- a- Unexpected deviations
- b- Mental generals
- c- Causations
- d- Physical generals
- f- Characteristic particulars
- g- Common particulars

The gradation of the drugs in the Repertory should be of three grades as per the norms determined by Hahnemann.

The gradations of the symptoms of the patients should be determined on the basis of magnitude of intensity and unexpectedly deviated character of symptoms. The structure of the "Integrated Repertory" should have congruity with the case records. It may be voluminous and not handy, still through modern informative technology i.e. computer, it can be fully utilised.

It should contain up-to-date information and should be a standardized one.

INTRODUCTION

It is an infallible/indubitable truth that the drugs do not produce stray or unconnected symptoms but produce diseased conditions, just as natural diseases produce sickness in healthy human beings. This fact is so obvious but was too long overlooked. Hahnemann

was the first to point out this fact.

Knowledge of medicine has a long history but very slow evolution.

The knowledge of ancient physicians about curative power of drugs was based on empiricism, hearsay and to a limited extent on clinical experience, with advancement of knowledge of anatomy, physiology, pathology, biology etc. The knowledge of medical science depended upon animal experimentations. Thus the study of chemical action of drugs became the source and basis of curative properties of drugs and ground for drug application. The development of sophisticated instruments like microscope, x-ray, imaging system and various laboratory techniques, gave us better visibility and understanding. So the laboratory became the shrine of drug knowledge. Whatever the laboratory could detect to be enlarged atrophied, surplus, deficient, the science of therapeutics should attempt to cut, supplant, remove and supply. Medical science rested upon the material in science what was learnt by experimenting on healthy animals and was applied on sick human beings to treat.

On a cursory look, it seems to be perfectly rational method when judged from scientific trios - "Experimentation, Observation, Inference" but to analytical mind there are more than one lacuna in the edifice of this drug knowledge. Many elements have been overlooked, such as:

- a. The action of the drug in small quantities i.e. in quantities lesser than those producing detectable effect.
- b. The changes that are perceptible

through sensory organs but not detectable through instruments.

C. Human beings are objects of treatment and the actions of the drugs on human beings are not exactly what they are in the lower animals.

D. Structurally there may be resemblance in cells and systems of animal and man but there are many higher faculties present in human beings such as : desire, will, ambitions, memory, love, hatred etc.
 e. Action of a drug is different from large quantities to small and very small quantities.

f. While studying the organs, the sensations and functions can not be overlooked.

Then Albrecht Von Haller raised his voice against the hollowness and irrationality of such knowledge and it was Hahnemann who pointed out the alternative method of experimenting on healthy human beings.

Hahnemann asserted that to treat human beings, a human Materia Medica is needed, and proved drugs on healthy human beings and recorded their pathogenesis. Infact, Materia Medica grew in extent and numerous/myraid of symptoms recorded in Homoeopathic Materia Medica became impossible even by the keenest of mind to retain in memory. Hence it was felt imperative to index out the symptoms which Hahnemann noted down in his book "Fragmenta de-viribus medica mentorom positivis". Thereafter the subject Repertory took the real shape, by the contribution of many veteran Homoeopathic physicians. There are Repertories with a philosophy of their own and many other Repertories without any philosophy. It is observed that no Repertory gives up-to-date information. Number of Repertories have so much increased recently but all Repertories are felt to be incomplete. Strucutre of different Repertories are based on the arrangement of symptoms in Materia Medica. As per example : Kent's

Repertory followed the schema observed in Encyclopaedia of Pure Materia Medica by T.F. Allen.

In the present era with the advancement of technology the tools like computer has come to be used for repertorisation and hence there will be no problem even if the literature becomes enormously large. But problem is that it (Repertory) should be a complete one and contain the whole but not the part.

Hence there is an urgent need to upgrade/update our literature for complete/full/proper use of it. In the present work the entire effort is made in this direction to prepare a " Blue print of Integrated Repertory".

Repertory may be defined as an index, a catalogue of Mateia Medica neatly arranged in systematic form indicating the relative gradation of drugs which greatly facilitates the quick selection of remedies.

It is a book of index of medicines under symptoms. It is related to Materia Medica, Therapeutics and Organon. Hence Materia Medica and Therepeutics are said to be the dictionary and organon as grammer - Boger.

It is like a dictionary, a book of nature relating the meaning of myriad of pathological phenomenon. It is a ground key for successful exploration of Homoeopathic remedies.

It is a sort of dictionary or an index. Hence basically the Repertory is an index to our Materia Medica.

-- Jugol Kishore

The Dictionary meaning of the term Repertory is store or collection; especially information, instances, facts etc. Thw word Repertory originated form

:-
 French word - Repertoire
 Latin word - Repertorium
 Both means 'Find'
 --Chamber Dictionary.

- obs.2-No. of cured cases showed as 2nd drug of the panel.
- obs.3-No. cured caes showed as 3rd drug of the panel.
- obs.4-No. of cured cases showed as 1st/2nd drug of the panel.
- obs.5-No. of cured cases beyond 3rd drug of the panel.
- obs.6-No. of cured cases beyond panel.

RESULTS ANALYSIS

The results obtained from 1st, 2nd, and 3rd. ranking drugs of kent group and Boenninghausen group were processed for Chi-square test. On referring to the Chi-square table with 1 degree freedom on the value of Chi-square for probability of 0.05 is (3.84). Since the observed value (32.2) is much higher and that speaks, the result is significant. The interpretation is that the results of Kent's Principle is superior to Boenninghausen's Principle.

Similarly the results obtained from 1st/2nd and 3rd ranking drugs Boenninghausen group and Integrated Repertory group were processed for chi-square test. On referring to the chi-square table with 1 degree freedom on the value of chi-square for probability of 0.05 is (3.84). Since the observed value (33.1) is much higher and that speaks the result is significant. The interpretation is that the results of Integrated Repertory's Principle is superior to Boenninghausen's Principle.

There after the results obtained from 1st, 2nd 3rd ranking drugs of Kent group and Integrated Repertory were processed for chi-square test. On referring to chi-square table with 1 degree freedom on the value of chi-square for probability of 0.05 is (3.84). Since the observed value is (0.32) much lower and it speaks result is "non-significant". The Interpretation is that there is no much difference between two results.

The results obtained for top ranking drugs of K.G. and B.G. were processed for chi-square test. On referring to the

chi-square table with 1 degree freedom on the value of chisqure for probability of 0.05 is (3.84). Since the observed value (27.5) is much higher and it speaks the result is significant. The interpretation is that the results of Kent's Principle is superior to Boenninghausen's Principle.

Similarly the results obtained for top ranking drugs of B.G. and I.R.G. were processed for chi-square test. On referring to the chi-square table with 1 degree freedom on the value of chi-square for probability of 0.05 is 3.84. Since the observed value (29.3) is much higher and that speaks the results of Integrated Repertory's Principle is more superior to Boenninghausen's Principle.

Finally the results obtained for top ranking drugs of K.G. and I.R.G. were processed for chi-square test. On referring to the chi-square table with 1 degree freedom on the value of chi-square for probability of 0.05 is 3.84. Since the observed value (42.26) is much higher and it speaks the results of Integrated Repertory's Principle is more superior to kent's Principle.

DISCUSSION

From the above study, it is envisaged that the results of bringing a panel of drugs by Kent's concept of Repertorial Totality has proved statistically significant over Boenninghausen's concept of Repertorial Totality. Hence the Principle of Repertorial totality enunciated by Kent is superior.

The results of bringing 1st ranking drug in the panel by Kent's concept of R.T. is significant over Boenninghausen's concept of R.T. Hence K.C.R.T. is superior to B.C.R.T.

The results of bringing 1st ranking drug in the panel by Integrated Repertorys concept of Totality is significant over B.C.R.T. Hence I.R.C.R.T. is superior to B.C.R.T.

A repertory in Homeopathy is an index of symptoms of our Materia medica with their corresponding Homeopathic Medicines arranged systematically.

It may be arranged in an alphabetical order (Dr. Pathak) or a schematic order (Dr. Kent) or upon definite guiding principles (Dr. Boenninghausen).

Repertory is a collection of isolated disconnected symptoms recorded in Homeopathic Materia Medica (source book). These are the building blocks but not the "building".

--K.N. Kased

Repertory originates from two words Re & Parere.

Re means again, parere - to bring forth, invent, an inventory (Listed, items). A place where the things are to be brought forth again. An inventory, a table, or a compendium where the contents are easy to find out.

Against the rubrics, the appropriate representative remedies in the Homeopathic Materia Medica are listed. All categories of symptoms have their representation in the Repertory. It is a magnificent storehouse of inestimable value of Homeopathic materia medica. Repertory is an aid and repertorisation is an intermediate step, the means and not the end. In the final analysis, repertorisation is essentially a qualitative analysis, and not a quantitative mechanical one.

INTEGRATED REPERTORY

Definition: Integrated Repertory may be defined as a catalogue/ an index of Materia Medica which is a complete one and contains all the chapters in a new pattern i.e., patient oriented and as per the Repertorial synthesis of the

case such as:

- a. Unexpected deviations.
- b. Causations.
- c. Mental generals.
- d. Physical generals.
- e. Pathological generals.
- f. Characteristic Particulars.
- g. Common particulars.

But not like the present Repertories which are arranged as per the schema of source books (Materia Medica).

It contains maximum rubrics by adding new rubrics to existing rubrics from standard Repertories & from source books. New rubrics are also prepared by the process of mixing two rubrics. New drugs which are missing are also added into it.

AIMS/OBJECTIVES

To undertake a retrospective study of the cured cases and to ascertain the most efficacious principle among three principles of Repertorial Totality such as

-K.C.R.T.

-B.C.R.T. &

-I.R.C.R.T.

METHODOLOGY

102 cure cases were taken for study from the case records of Dr. A.C. Homoeopathic medical College & Hospital and Author's Clinic. The parameter fixed up for cure was as follows:

"Disappearance of all symptoms for more than 5 years"

The Repertorial Totalities were framed separately after proper evaluation as per individual process/principle. Thereafter data were processed for repertorization by kentopath software. A panel of drugs comprising of ten were brought into the list in order of their value of the cured cases.

Observations were classified in following types for critical study such as:

obs. 1- No. of cured cases showed as 1st drug of the panel.

The results of bringing 1st ranking drug in the panel by I.R.C.R.T is significant over K.C.R.T.

Therefore I.R.C.R.T appears to be "BETTER" among all the concepts of Repertorial Totality. It can be used for FINER DRUG SELECTION at terminal stage and to ascertain the most leading drug of the case.

Hering :Guiding symptoms

One thin bar	- Occasional proving -1
Two thin bar	-more provings-1
one thick bar	-Verified by cure-2
Two thick bar	-Repeated cures-
A hand	-Approved characteristics -4

OBSERVATIONS

- i) From the above facts it is envisaged that the Structures of Repertories by different Authors are different.
- ii) Neither complete anatomical schema nor nosological schema has been maintained during the construction of Repertories but an admixture of both.
- iii) Looking into the character of the subrubrics. It is learnt that no Rpertry has described in length and breadth each of the rubrics and the description whatever is present lacks uniformity.
- iv) On critical study it is seen that the intial Rpertries were more of an index to the Materia Medica than a Repertory. e.g. Repertory of Hering's Guiding symptoms of your Materia Medica by C.B. Knerr.
- v) There is no uniformity in the presentation of the drug picture under the individual heads.
- vi) Different Repertories have been constructed, with definite schema, basing on different source books as for example: Kent's Repertory from the Encyclopaedia of pure Mat. Med. By T.F Allen and Repertory by C.B. Knerr from Hering's guiding symptoms. Our objective as Homoeopathic Physicians is to establish

a one-to-one correspondence between the natural disease and the artificial drug disease for which there is a necessity of three things such as:

- a) Standrdization of case receiving and case recording.
- b) Concept of a Repertorial Totality.
- c) Formation of a complete/ easily operable Repertory. After standardizing the case taking and case recording where on final synthesis of the case we put under following heads and there after nothing is left in the case.

Scuh as :

- 1) Unexpected deviation
- 2) Causation
- 3) Mental generals
- 4) Physical generals
- 5) Pathological generals
- 6) Characteristic particulars
- 7) Common particulars

"It is urgently required to redesign (as far as is possible/practicable) our Repertory which will enable us to use it to the fullest and for this it is desirable, that the old obsolete terminology be replaced, with the terminology currently (i.e. in present day Medical practice) in use."

Hence it is required to go in for a Repertory which will be complete, illustrative and need oriented.

