


Dept of Repertory
SVRHMC, NEMOM



Know the rules!

For

Repertorial Result Analysis !!!

Symptoms, Rubrics & Remedy Number

Common Symptoms/ Rubric

- Common To Most Of The Diseases And Most Of The Drugs
- Maximum number of drugs (150- 200)
- Appetite, wanting, o Thirst, increased, o Anxiety, o Fear, o Forgetful., o Breathing difficulty, o Headache., etc

Peculiar Symptoms/ Rubric

- Symptoms Peculiar To Certain Drugs And Diseases
- In Repertory, Rubrics With Moderate Number Of Medicines
- 10 – 100 medicines

Reference Rubrics

- Rubrics With A Minimum Number Of Medicines
- Should Not Be Taken For Repertorisation.
- Could Be Considered For Reference
- Less than 10 drugs



Selection Of Repertory

- Selection of repertory on the basis of nature of the disease is an absurdity.
- Outdated repertories should not be used for repertorisation proper.
 - **Merits of New Repertories.**
 - Increase in number of medicines under frequently used rubrics(Characteristic rubrics)
 - Correction of errors
- Special rubrics in each and every authentic repertory could be considered for reference

ERRORS COMMON TO MOST OF THE REPERTORIES

Incomplete Main Rubrics

- Breathing, Panting.
 - CALC CARB a first grade medicine under the subrubric ascending, agg., is not found under the main rubric.

RUBRIC SELECTION – c/c case

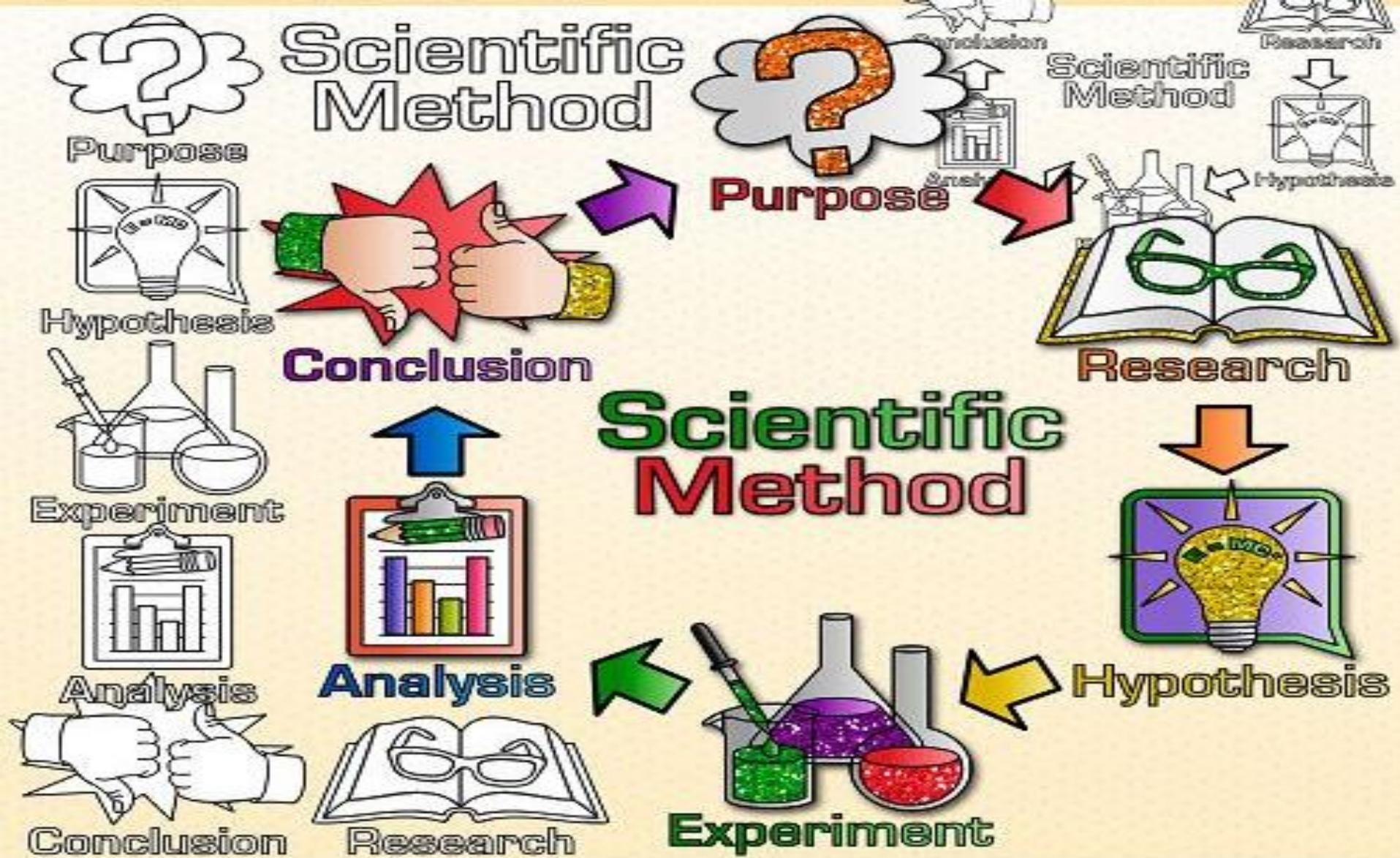
- Number of rubrics selected should be moderate – above 10 – gives best result
- Two or more rubrics from the same sphere or chapter should not be taken for repertorisation, unless unavoidable.
 - If Selected, two from the same chapter should not be considered for elimination process
- Common symptoms should not be considered as such for repertorisation. They may be used with a sub rubric
 - Appetite wanting, thirst with
 - Emaciation, general, appetite, good
 - Abdomen, Pain, constipation, from
 - Nose, Coryza, fever, with



- Fixed and confirmed particulars should be given more value than assumed causatives and general symptoms (Mental or Physical)
- Symptoms represented in a scattered manner in the repertory should not be considered for repertorisation. (Eg.. Renal Calculi)
- Surgically treated symptoms in the past history are to be considered as confirmed presenting complaints
- Hot and Chilly' fractions & Side' symptoms should be grouped or synthesized to make a sensible combination
 - BETTER KEEP IT AS PDF

RUBRIC SELECTION – a/c case

- Every confirmed part of the presenting complaint (LSMC) could be considered for repertorisation, giving emphasis on the most annoying symptoms



Methods Of Analysis Of Repertorial Result

1. Criteria Of A Good Repertorial Result



- A minimum number of competing medicines
- Number of competing medicines Less than five is the best
- Many medicines with almost similar coverage- results from repertorisation of common symptoms
- Related medicines within competing medicines

Related Medicines - Criteria

- Rr Containing Inimical Medicines Is The Best
- Rr Containing Complimentary Is Next
- Rr With Antidotes Is Last
- Rr With Unrelated Remedies – doubtful about rubric selection

Inimicals

Maximum Similarity

- Rhus-t, Apis
- Phos, Caust
- Calc-c, Bar-c
- Psor, Sep
- Bell, Dulc
- Merc sol, Sil.

Antidotes

Moderate Similarity

- Bell, Hep
- Borax, Cham
- Canth, Apis
- Graph, Nux
- Ipecac, Ars
- Nat mur, Phos

Complimentary

Similar With
Contradictory Modality

- Rhus-t, Bry
- Ars, Phos
- Lach, Lyc

	calc.	sulph.	ars.	sep.	lyc.	bry.	kali-c.	sil.	arg-n.	carb.
1	2	3	4	5	6	7	8	9	10	
11	11	10	10	9	7	7	7	7	6	
6	4	5	5	4	4	4	4	3	4	

2. Clipboard 2 x

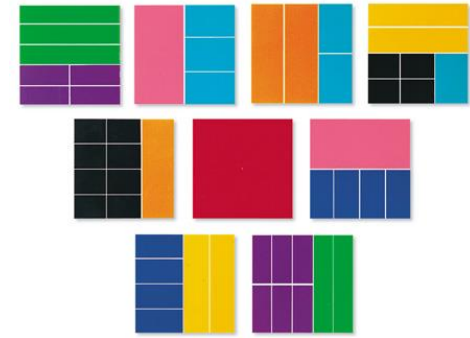
- ▶ 1. MIND - DESPAIR - recovery (24) 1
- ▶ 2. MIND - RELIGIOUS affections (53) 1
- ▶ 3. STOMACH - DESIRES - sweets (36) 1
- ▶ 4. STOMACH - DESIRES - refreshing things (23) 1
- ▶ 5. RECTUM - CONSTIPATION - insufficient,inc... (61) 1
- ▶ 6. CHEST - CANCER, - Mammae (51) 1

3		3	2		2	1	1			
2	3	2	2	2			1	2	2	
2	3	1	2	3	2	2		3	2	
2		2								
1	3		2	2	2	3	2		1	
1	2	2	2	2	1	1	3	2	1	

calc. inimicals: (6) bar-c. bry. kali-bi. nat-c.
 nit-ac. **sulph.**

calc.
calc. antidoted by: (18) bism. bry. camph.
 chin. chinin-s. coff. dig. hep. iod. ip. mez.
 nit-ac. nit-s-d. nux-m. nux-v. phos. sep.
 sulph.

2. Studying the Symptomatology



- By studying the symptomatology of each and every medicine under the repertorial result in the *Materia medica* and finding out the most similar one, based on the symptoms present in the case.

- **Demerits : Tedious and Time consuming.**

- Each case presents a fraction of symptoms of a medicine. Comparing the whole medicine in Comparative materia medica is very easy but comparing fractions seem difficult
- Reading the drug pictures of similar medicines yields nothing but confusion.

3. Comparing PDF

- By preparing a **potential differential field (PDF)**, by finding out all the symptoms of the case other than those taken for **repertorization** and analyzing the repertorial result by referring for these PDF symptoms in the repertory or materia medica
- Merits
 - Takes less time
 - Yields a confident result

- Verifying repertorial result
- One among the medicines in the result will cover all or almost all of the rubrics under PDF
- If not, it reveals that there occurred some error in our repertorisation. (Rubric selection error, repertory error or mechanical error)

Potency selection

- In Chronic Diseases, Higher The Similarity, Higher The Potency
- In Acute Diseases, More The Case Is Acute, Less The Potency To Be Administered.

Repetition of medicine / Dose

Depending On The Case

Depending On The Medicine

POTENCIES – USE AND UTILITY



MOTHER TINCTURES

- In the absence of good totality
- a/c injuries; wound cleansing
- Patient on life saving drugs- masking of s/m
- Organopathic stimulation (bronchodilators, HTN)
- Palliation
- Lack of organ(defects in vital organs)
- As an intercurrent (due to lack of reaction for well indicated remedy)
- a/c physicals with common s/m (will not spoil constitutional prescription)
- Patient
 - High vitality but superficial/ external / internal use
 - Low vitality, on regular allopathic drugs
 - Low vitality, will arouse vital force

TISSUE SALT

- Supplement Therapy; narrow therapeutic range
- Local inflammation
- Local suppuration
- Physical s/m
- a/c physicals with common s/m (will not spoil constitutional prescription)
- c/c incurable
- Heavy pathology
- Patient
 - High or low vitality
 - Minor a/c ailments
 - First aid
 - Physiological response
 - To arouse vital force
 - Taking other drugs

30 C

- More Physical general s/m
- Lowered vital force
- Drug dependent
- Heavy Pathology
- Sensitive
- Low intelligence
- a/c disease where mental s/m are more obvious
- Older injuries
- Muscle diseases
- Patient
 - Disturbances generates deeper mild emotional state
 - Mentally dull
 - Physical laborers
 - Old people & very young
 - Hypersensitive patients on allopathic drugs for long time

200C

- Clear mental s/m
- A/c disease with clear picture
- Violent acutes
- Past old injuries, wounds, shocks, trauma to muscles
- To clear up suppression
- Clarity of picture
- High intelligence
- Homoeopathic prophylaxis
- PQRS and certainty of similimum
- Patient
 - High vitality
 - Good defense mechanism
 - Sensitive children
 - Sensitive women

- **1 M POTENCY**

- Violent Acutes (meningitis etc)
- Most individualized, constitutional s/m
- No pathological or structural changes
- Neuralgias
- Patient
 - Sensitive , more intellectual type
 - High vitality

- **10 M POTENCY**

- Violent Acutes (meningitis etc)
- No pathological or structural changes
- Mental/ emotional
- To complete cure(through ascending potencies)
- Deeper nerve pathologies
- Patient
 - Strong vitality
 - Highly intellectual type
 - More susceptible types

50 M POTENCY

- Severe nerve pathologies
- Only few problems remained, but also return of old s/m
- Patient
 - Strong vitality
 - Curable cases
 - More susceptible types

CM POTENCY

- Curable cases
- Only few problems remained
- Certainty of remedy
- Mental with emotional disease only
- Patient
 - Strong vitality
 - Curable cases
-

LM POTENCY

- Very hypersensitive patients
- Advanced pathology but polycresol indicated
- Patients with hyper susceptibility and allergic reaction
- Exposed to constant antidotal influences
- Severe reaction from X and C potencies
- Drug dependent cases
- Very advanced cases