



# CHAPTER COMPARISON

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# MACROCONSTRUCTION

## TPB

## KENT

## BBCR

### ❖ 3 COMPONENTS

- ❖ LOCATION
- ❖ SENSATION
- ❖ MODALITIES

❖ CONCOMITANTS –  
found scattered

### ❖ 7 SECTIONS

- ❖ MIND & INTELLECT
- ❖ PBO
- ❖ SENSATIONS &  
COMPLAINTS
- ❖ SLEEP & DREAMS
- ❖ FEVER
- ❖ ALTERATIONS IN STATE  
OF HEALTH
- ❖ RELATIONSHIP OF  
REMEDIES

- ❖ Mind to Generalities
- ❖ 37/ 33 chapters
- ❖ Hahnemann's schema
  - ❖ HEAD TO FOOT

- ❖ Rep. With 58 chapters
  - ❖ Index - 53

- ❖ PLAN &  
CONSTRUCTION
  - Rep of Antipsorics

# ARRANGEMENT

## TPB

## KENT

## BBCR

- ❖ Rubrics – **bold roman**
  - ❖ Sub rubrics – **bold roman** with indentation by **hyphen**

- ❖ Main rubric – **BOLD CAPITAL** close to margin line
  - ❖ Sub rubric – roman after an indentation from margin line

- ❖ **CHAPTERS – DARK CAPITALS** – at centre of page
- ❖ **SUBCHAPTERS – ORDINARY CAPITALS**

- ❖ Time – clock timings

# MACROCONSTRUCTION

## TPB

## KENT

## BBCR

### ❖ Arrangement of rubrics

- No definite alphabetical arrangement
  - Except MIND (But first rubric is DISPOSITION generally affected)

- SIDES are given at the end of the chapters; first LEFT followed by RIGHT

### ❖ Arrangement of rubrics

### ❖ Generally ALPHABETICAL

- Side - S
- Time - T
- Modality - M
- Extension - E

### ○ S T M E - JULIA MINERVA GREEN

- for subjective sensations like **pain, numbness** etc.
- Not for discharges, eruption, discoloration
- Skin, Fever, Perspiration, Sleep etc do not follow this arrangement

### ❖ Arrangement of rubrics

### ❖ Location

- In general / organ remedies
- Sub location
- Side (abbr.)
- Extending to

### ❖ Sensation

### ❖ Time

- ❖ no specific hrs
- ❖ Daily, weekly, periodic

### ❖ <

- ❖ also A/F, concomitants
- ❖ Useful in a/c diseases

### ❖ >

### ❖ Concomitants

### ❖ Cross reference



Mind and.



Parts of t.



Sensatio.



Sleep an.



Fever



Change o.



Concorda.

TPB



KENT

MIND VERTIGO HEAD EYE VISION EAR HEARING NOSE FACE MOUTH TEETH  
 THROAT I. EXTERNAL. STOMACH. ABDOME. RECTUM STOOL BLADDER-. KIDNEY-U. PROSTATE. URETHRA-. URINE  
 MALE GE. FEMALE G. LARYNX-T. RESPIRATI. COUGH EXPECTO. CHEST BACK EXTREMIT. SLEEP CHILL  
 FEVER PERSPIRA. SKIN GENERAL.



MIND SENSORIU. VERTIGO HEAD EYES EARS NOSE CORYZA FACE TEETH MOUTH  
 APPETITE THIRST TASTE ERUCTATI. WATERBR. HICCOUG. NAUSEA.A. STOMACH HYPOCHO. ABDOME. EXTERNAL.  
 INGUINAL. FLATULEN. STOOL ANUS AN. PERINEU. PROSTATE. URINE URINARY. GENITALI. SEXUAL I. MENSTRU.  
 RESPIRATI. COUGH LARYNX A. VOICE AN. NECK AN. CHEST BACK UPPER EX. LOWER E. SENSATIO. GLANDS  
 BONES SKIN AND. SLEEP DREAMS FEVER BLOOD CIRCULAT. CHILL HEAT AND. SWEAT COMPOU.

BBCR



CONDITIO. CONDITIO.

SYSTEM	KENT	TPB	BOGER
CNS	<input type="checkbox"/> Mind <input type="checkbox"/> Vertigo  <input type="checkbox"/> Head	<input type="checkbox"/> Mind <input type="checkbox"/> Intellect  <input type="checkbox"/> Internal Head <input type="checkbox"/> External Head <input type="checkbox"/> Internal Head sides <input type="checkbox"/> External Head sides	<input type="checkbox"/> Mind <input type="checkbox"/> Sensorium <input type="checkbox"/> Vertigo  <input type="checkbox"/> Head Internal <input type="checkbox"/> Head External
Special Senses & Functions	<input type="checkbox"/> EYE <input type="checkbox"/> VISION	<input type="checkbox"/> EYE <input type="checkbox"/> VISION	<input type="checkbox"/> EYES <ul style="list-style-type: none"> <li>• Eyebrows</li> <li>• Orbits</li> <li>• Eyelids</li> <li>• Canthi</li> <li>• Vision</li> </ul>

SYSTEM	KENT	TPB	BOGER
Special Senses & Functions	<input type="checkbox"/> EAR <input type="checkbox"/> HEARING  <input type="checkbox"/> NOSE	<input type="checkbox"/> EAR <input type="checkbox"/> HEARING  <input type="checkbox"/> NOSE <input type="checkbox"/> SMELL	<input type="checkbox"/> EAR <ul style="list-style-type: none"> <li>•Hearing</li> </ul> <input type="checkbox"/> NOSE <ul style="list-style-type: none"> <li>•Smell</li> </ul> <input type="checkbox"/> CORYZA
Face	<input type="checkbox"/> FACE	<input type="checkbox"/> FACE <input type="checkbox"/> FACE – LOC. OF SENSATIONS	<input type="checkbox"/> FACE <ul style="list-style-type: none"> <li>•Lips</li> <li>•Lowerjaw &amp; max. jt</li> <li>•Chin</li> </ul>



	KENT	TPB	BOGER
GIT	<input type="checkbox"/> MOUTH <input type="checkbox"/> TEETH <input type="checkbox"/> THROAT <input type="checkbox"/> <u>EXTERNAL THROAT</u> <input type="checkbox"/> STOMACH          <input type="checkbox"/> ABDOMEN <input type="checkbox"/> RECTUM <input type="checkbox"/> STOOL	<input type="checkbox"/> TEETH <input type="checkbox"/> MOUTH <input type="checkbox"/> THROAT <input type="checkbox"/> MOUTH & FAUCES <input type="checkbox"/> sides     <input type="checkbox"/> HUNGER & THIRST   <input type="checkbox"/> TASTE <input type="checkbox"/> ERUCTION (Waterbrash & Heartburn Hiccough – as Rubrics) <input type="checkbox"/> NAUSEA & VOM.	<input type="checkbox"/> TEETH •Gums <input type="checkbox"/> MOUTH •Palate •Throat (&gullet) •Saliva •Tongue  <input type="checkbox"/> APPETITE <input type="checkbox"/> THIRST <input type="checkbox"/> TASTE <input type="checkbox"/> ERUCTION <input type="checkbox"/> WATERBRASH & HEARTBURN <input type="checkbox"/> HICCOUGH <input type="checkbox"/> NAUSEA & VOM. <input type="checkbox"/> STOMACH <input type="checkbox"/> EPIGASTRIUM



SYSTEM	KENT	TPB	BOGER
Urinary	<input type="checkbox"/> Bladder <input type="checkbox"/> Kidneys <input type="checkbox"/> Prostate <input type="checkbox"/> Urethra <input type="checkbox"/> Urine	<input type="checkbox"/> Urinary organs <input type="checkbox"/> Urine <input type="checkbox"/> Micturition	<input type="checkbox"/> Prostate gland <input type="checkbox"/> Urine <ul style="list-style-type: none"> <li>• Sediment</li> <li>• Micturition</li> </ul> <input type="checkbox"/> Urinary organs <ul style="list-style-type: none"> <li>• Kidneys</li> <li>• Ureters</li> <li>• Bladder</li> <li>• Urethra</li> <li>• Meatus</li> </ul>



	KENT	TPB	BOGER
Resp	<input type="checkbox"/> Larynx & Trachea <input type="checkbox"/> Respiration <input type="checkbox"/> Cough <input type="checkbox"/> Expectoration	<input type="checkbox"/> Respiration <input type="checkbox"/> Cough  <input type="checkbox"/> Air passages  <input type="checkbox"/> Ext. throat & neck <input type="checkbox"/> Neck & nape of neck	<input type="checkbox"/> Respiration <ul style="list-style-type: none"> <li>• Impeded by</li> </ul> <input type="checkbox"/> Cough <ul style="list-style-type: none"> <li>• Expectoration</li> <li>• Expect. taste of</li> <li>• Expect. odor of</li> </ul> <input type="checkbox"/> Larynx & trachea <input type="checkbox"/> Voice & speech  <input type="checkbox"/> Neck & Ext. throat <ul style="list-style-type: none"> <li>• Nape</li> </ul>

KENT

CHEST

BACK

TPB

CHEST

BACK

BOGER

CHEST

- Inner chest
- External chest
- Axilla
- Mammae
- Nipples
- Heart & region of

BACK

- Scapular region
- Back proper – dorsal
- Lumbar region – small of back
- Sacrum & coccyx
- Spinal column & vertebrae

**KENT**

EXTREMITIE  
S

**TPB**

UPPER  
EXTREMITIES  
 LOWER  
EXTREMITIES

**BOGER**

UPPER  
EXTREMITIES  
 LOWER  
EXTREMITIES

	KENT	TPB	BOGER
	<p><input type="checkbox"/> 37.GENERALITIES (last chapter)</p> <p><input type="checkbox"/> 36.SKIN</p>	<p><input type="checkbox"/> S &amp; C – GENERAL</p> <p><input type="checkbox"/> GLANDS</p> <p><input type="checkbox"/> BONES</p> <p><input type="checkbox"/> SKIN</p> <p><input type="checkbox"/> AGGRAVATION</p> <p><input type="checkbox"/> AMELIORATION</p>	<p><input type="checkbox"/> S &amp; C – GENERAL</p> <p><input type="checkbox"/> GLANDS</p> <p><input type="checkbox"/> BONES</p> <p><input type="checkbox"/> SKIN &amp; EXTERIOR BODY</p> <p><input type="checkbox"/> CONDITIONS IN GENERAL – TIME</p> <p><input type="checkbox"/> CONDITIONS OF &lt; &amp; &gt; IN GENERAL</p>



	KENT	TPB	BOGER
sleep & dreams	<input type="checkbox"/> SLEEP	<input type="checkbox"/> SLEEP  <input type="checkbox"/> POSITIONS IN SLEEP  <input type="checkbox"/> DREAMS	<input type="checkbox"/> SLEEP <ul style="list-style-type: none"> <li>○ Yawning</li> <li>○ Falling asleep</li> <li>○ Sleepiness</li> <li>○ Character of sleep</li> <li>○ During</li> <li>• Positions d. sleep</li> <li>• Waking</li> <li>○ Waking with</li> <li>○ Sleeplessness</li> </ul> <input type="checkbox"/> DREAMS

KENT	TPB	BOGER
<p><input type="checkbox"/> CHILL</p> <p><input type="checkbox"/> FEVER</p> <p><input type="checkbox"/> PERSPIRATION</p>	<p><b>ORIGINAL</b></p> <ol style="list-style-type: none"> <li>1. Circulation of blood</li> <li>2. Cold stage</li> <li>3. Coldness</li> <li>4. Heat</li> <li>5. Perspiration</li> <li>6. Compound fever</li> <li>7. Concomitant complaints</li> </ol> <p><b>ALLEN</b></p> <ol style="list-style-type: none"> <li>1. (BLOOD &amp;) CIRCULATION</li> <li>2. CHILLINESS</li> <li>3. HEAT</li> <li>4. COLDNESS IN GENERAL</li> <li>5. SWEAT</li> <li>6. COMPOUND FEVER</li> <li>7. CONCOMITANT S/M</li> <li>8. FEBRILE S/M - SIDES</li> </ol>	<ol style="list-style-type: none"> <li>1. FEVER – PATHOLOGICAL TYPES</li> <li>2. BLOOD</li> <li>3. CIRCULATION               <ol style="list-style-type: none"> <li>1. CONGESTION</li> <li>2. PALPITATION</li> <li>3. HEARTBEAT</li> <li>4. PULSE</li> </ol> </li> <li>4. FEVER (CHILL)</li> <li>5. HEAT &amp; FEVER IN GENERAL</li> <li>6. SWEAT</li> <li>7. COMPOUND FEVER</li> </ol>