

## **CROSS-REPERTORIZATION**

Cross-repertorization is a process of repertorization which is done for the purpose of finding out suitable rubrics for the symptoms of a case from different repertories and also to compare the variations in the repertorial results to confirm the simillimum.

The physician is required to do a cross-repertorization especially in such circumstances that the repertory selected for a case lacks a well-represented rubric for any of the symptoms that is needed to be referred.

The field of repertory has developed much so that many numbers of repertories with varying philosophy and plan of construction are available. The physician should have the knowledge of repertories, which guides him to select the proper repertory suitable for a particular case based on its adaptability.

There are several repertories, among them homoeopathic physicians in their practice generally use BTPB, BCCR and KRHMM. Other repertories have a limited use and they are mostly used for reference purposes. However, with the advent of many recent repertories like homoeopathic medical repertory, synthetic repertory and synthesis, the practitioners has a choice and advantage of selecting any useful repertory for the case.

Selection of repertory for repertorization mainly depends on the type of the case and physician's acquaintance with the particular repertory. In day-to-day practice, a physician generally limits himself to one repertory while working out a case.

The term cross repertorization is used when more than one repertory is consulted either to help the selection of simillimum or to confirm the result obtained from the use of one repertory.

A case can be repertorized by any repertory provided the case has a wide dimension, so that totality can be created from any angle – Kent, Boenninghausen and Boger. All such cases may be suitable for cross repertorization.

With the evolution of repertories up to the current modern softwares like RADAR, HOMPAT - ZOMOEIO etc. the provision for selecting different repertories for a case has made the process of cross-repertorization more easier.

The purpose of cross repertorization is to highlight the oneness of all repertories with regard to their objective, that is, to find out the simillimum. Another purpose of cross repertorization is to select well represented rubric from any of the repertories.

### **Methods of cross-repertorization:**

- Using One Totality
- Rearranging the Totality
- Combined Approach (Integrated Method)

**Using one totality:**

In this method, the totality of symptoms is framed and the repertorization is done with the same totality by referring two or more other repertories without changing the order of hierarchy of the symptoms. That is the whole totality of symptoms is referred in each different repertories to compare the repertorial result.

**Rearranging the Totality:**

The totality of symptoms is rearranged after evaluating according to the philosophy of different repertories used for cross-repertorization. That is, after reconstructing the totality by rearranging the hierarchy of symptoms according to each repertory, the whole totality is repertorized with that repertory.

**Combined Approach (Integrated Method):**

In this method, the totality is erected from a selected case and the different rubrics are referred in different repertories. Here, the well-represented rubric (the apt rubric given for the symptom with more number of high grade remedies) from the respective repertories are taken for repertorization and thus forming a combined repertorial totality.

This method is the most recommended method for cross-repertorization with more benefits and less error. This approach leaves minimum error in repertorization, especially in respect of omission of drug. This is the most important approach, which helps to derive the maximum benefit from all existing repertories.

While combining different gradings of a remedy from different repertories there is a custom of converting the marks. For e.g.

<b>TPB &amp; BBCR</b>	<b>KENT</b>
5	3
4&3	4
2	2
1	1 Not to be taken