

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.

STEPS OF REPERTORIZATION

Repertorization is a process that begins with taking the case with an ultimate aim to find out a simillimum. It is a process of matching the symptoms with rubrics and totaling the marks obtained by different medicines to reach a simillimum through certain steps, which are the Prerequisites of Repertorization.

According to Dr. J. T. Kent, a physician must study Homoeopathic principle until he learns what it is in the sickness that has to be cure. He must study the Materia Medica until he learns what it is in the remedy that is curative. He must also study the repertory until he learns how to use it so that he finds what he wants when he needs it. The physician must read the repertory rubrics over and over again in order to learn what is in it and how symptoms are expressed. It must be admitted that many do mechanical work and fail to realize that repertorization of any other kind is possible.

Steps of repertorization are as follow:

- Case Taking
- Recording and Interpretation
- Defining the Problem
- Analysis and Evaluation of Symptoms
- Erecting Totality
- Selection of Proper Repertory
- Repertorial Result
- Analysis of Repertorial Result and Prescription

Case Taking

Case taking is an individualizing examination of a case of disease through which symptoms and characteristics of a case are ascertained, for which a homoeopathic physician should depend up on the advices of Hahnemann in his 'Organon of Medicine' in the §83 – §104. The physician should undertake this process of examination in such a way that he should be able to determine the extent of his affection.

Case taking is the first step, and the outcome of treatment entirely depends upon the success of this first step. Any mistake committed here would certainly interfere in the selection of the drug and planning of the treatment.

Recording and Interpretation

The physician should record and interpret the symptoms of the patient very accurately without disfiguring the genuineness of the expressions, as mentioned in the §84. For this, he should also take caution to mark the intensity of the symptoms. While recording the case, the physician should not make wrong interpretations or prejudiced ideas of his own, but the information collected should convey the real problem of the patient. The recorded symptoms of a case should not allow a minimum chance for misinterpretation to anyone else who reads it.

Defining the Problem

According to Hahnemann, the physician should know what is to be cured in a disease, that is to say, in every individual case of disease. In order to understand the problem of the patient, physician requires to integrate the data under specified headings. Analysis done in this manner allows the physician to arrive at a probable diagnosis or sets of differential diagnosis and plan out the solutions to the problem thus defined. It is essential to know the miasmatic predisposition, disposition, expression of the disease and diathesis to arrive at a homoeopathic problem definition. Thus after getting this knowledge, the homoeopathic physician is capable of taking further steps to resolve this problem.

As per the modern concept of medicine, the cause of disease is confined only to a materialistic aspect, obtained through investigations. The Homoeopathic physician should aim to find out the cause of the disease (either mental or physical), that is, a cause that makes the person susceptible to the current state of altered health. Therefore, the physician should actually inspect the 'cause of the cause'.

Analysis and Evaluation of Symptoms

Analysis and evaluation of symptoms are the most important part of case processing. Analysis is the process of classifying the symptoms, which directs to the diagnosis of disease and the diagnosis of patient. Pathognomonic and non-pathognomonic symptoms help to diagnose the disease and patient, respectively. Differentiating the characteristic symptoms from the whole symptomatology of the patient, paves the way for individualization of the patient.

Evaluation is the judgement of the value of each symptom and arranging them according to their hierarchy. Ability of the physician to grade the symptoms of a particular case is applied during this step. The symptoms evaluated are to be matched with that of the symptoms of the medicine to select a simillimum, provided the method of evaluation is accurate. So, the physician should develop this skill to grade the symptoms in which he gives the prior importance to the most characteristic, peculiar symptoms.

Analysis and evaluation of a case is done by considering the existing philosophies of different pioneers of homoeopathy. So depending upon the author's there is slight alternation in the evaluation of symptoms.

Erecting Totality

Totality represents the total picture or portrait of the patient. It is not recommended to be the sum total of all the symptoms presented by the patient but the logically arranged group of symptoms which characterize the patient.

Not all the symptoms in a case are of equal importance in homoeopathic prescribing. The choice cannot be made in a mechanical way, but can be determined with accuracy only by choosing those symptoms which are characteristic to make a qualitative totality.

According to Hahnemann, the most suitable remedy, simillimum, for the morbid state, disease, of the patient is indicated by the list of symptoms that contains the greatest number of characteristic symptoms of the patient and in the greatest similarity.

Selection of Proper Repertory

After erecting the totality, the physician will be able to understand the patient as a whole. The next step is to select the repertory applicable for the case. The selection of repertory is based on the type of symptoms available in a case.

For example:

- Cases with more general symptoms – Kent’s Repertory, Synthetic Repertory, etc.
- Cases having complete symptoms (i.e. with Locations, sensations, modalities and concomitants) – Therapeutic Pocket Book (TPB), Boger Boenninghausen’s Characteristics and Repertory (BBCR), etc.
- Cases with pathological generals – BBCR.
- In order to solve cases based on diagnosis (diagnostic rubrics) and clinical conditions (clinical rubrics) – BBCR, Boericke’s Repertory, A Concise Repertory of Homeopathic Materia Medica, etc.
- Recent repertories that are up-to-date in information can be used to work out any sort of cases. For example: Homoeopathic Medical Repertory, Complete Repertory, Synthesis Repertory etc.

Repertorial Totality:

The totality of symptoms are rearranged according to the repertory selected. This group of symptoms selected for repertorization is called as the repertorial totality.

The next step is to convert the symptoms into rubrics. For this the physician should have thorough knowledge regarding the philosophy, plan and construction of the repertory chosen.

For example:

- In case of Kent’s Repertory- Mental generals are given first importance, followed by physical generals and finally the characteristic particulars.

- In case of Boenninghausen's Repertory- Concomitants and modalities gives first priority then come sensation and finally the particulars.

Reportorial Result:

The rubrics are worked out by the suitable processes of repertorization such as total addition method, elimination method etc. to arrive at the reportorial result. The reportorial result is presented as a group of remedies along with the calculation of their marks obtained and the number of rubrics covered.

For example: Silicea – 24/9. Here 24 denotes total marks obtained and 9 denotes number of rubrics covered.

Analysis of Reportorial Result and Prescription.

The numerical evaluation of marks of the remedies are employed for convenience in reportorial analysis. It is not necessary that the remedy that secures the highest mark should be the simillimum. The group of remedies obtained are further differentiated by referring to different books of Materia Medica to compare the symptoms of the patient with the drug picture, to select a simillimum.

If the repertorisation is done in continuous elimination method, the final process ends always with two or three drugs and so it is easy to differentiate these drugs.

If the repertorisation is done in total addition method, the first ten drugs are selected for differentiation.

Differentiation of drugs can be done through different ways.

- With the help of material medica by referring through the source books, matching with the exact personality of the patient with that of the drug picture.
- Searching through other repertories if any rubric is not taken for repertorization.
- Finding out the most important rubric in the patient and see the remedies covered.
- Matching with the intensity of the patient expression with that of drug intensity of the particular rubric without which the prescription is not possible.

So with the help of above guidelines, the final drug is selected for the prescription.

Once the drug is selected then the next task is to find out the potency and the dosage. For this consider the susceptibility, sensitivity, vitality, suppression, miasm, pathology, etc. to arrive at right potency and for the repetition of the drug.