

Clinical Repertory

Dr. Anjali Thakur

Assistant Professor

Repertory Department

Definition

Clinical repertories are those repertories which contain clinical symptoms/conditions and corresponding group of medicines.

These repertories facilitates the selection of a remedy on the basis of :-

Pathological Similarity

Causation

Modalities

Concomitants

--These repertories can be used for repertorization of cases--

where *Clinical Conditions Mask The Characteristics Of The Patients.*

--In those cases the physician finds the:-

Prominant Common Symptoms

with a

Few Modalities

and

Concamitants.

Classification of clinical repertory

```
graph TD; A[Classification of clinical repertory] --> B[As a whole]; A --> C[Regional repertory]; B --> D[Boerick's clinical repertory]; B --> E[Clarke's repertory]; B --> F[Phatak's repertory]; C --> G[Diseased part]; C --> H[Diseased condition];
```

As a whole

Boerick's
clinical
repertory

Clarke's
repertory

Phatak's
repertory

**Regional
repertory**

Diseased
part

Diseased
condition

Diseased part

Berridge
Eye

Morgan's
Urinary

Nash
Respiratory

Minton's
Uterus

Diseased condition

Bell's
Diarrhoea

Robert's
Rheumatic

Allen's
Intermittent
fever

Lee and Clarke's Cough
and Expectorations

Scope and limitations

Scope –

- Clinical repertory can be used in the study of Homoeopathic Therapeutics as well as Materia Medica.
- They help to repertorize the following types of cases-

Case Lacking in----- *Mental generals*

Physical generals

Cases Rich in -----*Common symptoms*

cases with clinical diagnosis

short cases with few symptoms

- They are used as quick reference book at the bed side.
- Clinical repertories contain some rubrics, which are not found in other general repertories. Therefore they can become a good companion in the study of such rubrics.

Clinical repertories help us to find the most appropriate palliative medicine in incurable cases.

Regional repertories help to finding out the simillimum in a specific clinical condition.

Limitations

--Clinical repertories are based on

Nosological Terms And .Clinical Symptoms

which are the result of clinical observation hence there use is limited to particular type of cases.

--They are mainly used for references work-

A short study of Boerick REPERTORY

Repertory is presented here-Name of the book:

POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA COMPRISING THE CHARACTERISTIC AND GUIDING SYMPTOMS OF ALL REMEDIES(CLINICAL AND PATHOGENETIC) WITH THE ADDITION OF A REPERTORY.

Author:

Oscar Eugene Boericke (brother of William Boericke; a graduate from Hahnemann's Medical College; influenced very much by his brother.)

Publication:

The book had no repertory part in the first edition.

It was added from 3rd edition onwards.

The 1st Indian edition came in 1969 .

It was published by Roy PublishingHouse, Kolkata. It contains an introduction by Dr B. K. Sarkar.

**Different editions Year of publication
Publishers Total pages of Pocket manual
Attached with Pocket Manual of
Homoeopathic Materia Medica**

- 1st 1906 Boericke & Runyan, New York, USA 1049
- edition 2 In 1912 Boericke & Tafel, Philadelphia 1155
- edition 3rd 1916 Boericke & Runyan, New York,
USA 1293
- edition 4th 1922 Boericke & Runyan, New York,
USA 1128
- edition 5th 1927 Boericke & Tafel, Philadelphia 1042

With the advent of the incomparable ninth edition of the progressive Pocket Manual of Homoeopathic Materia Medica, its modest companion the Repertory, has been completely remodeled and brought up to date by embodying much of the newly incorporated material.

Many of the sections have been carefully rewritten and with appropriate expansion; offer a more trustworthy guide for the selection of the medicines.

Number of medicines

- *1405*

Number of chapters:

- *25*

Construction

It has two parts. 1st part is repertory proper and 2nd part is index to repertory. Though it is called a clinical repertory it actually contains both clinical conditions and subjective symptoms i.e. appetite defective/ increased/ perverted; aversions/cravings.

In „Mind“ chapter also we find subjective symptoms i.e. emotions, mood disposition, propensity etc.

Divisions of sections:

According to Hahnemannian schema.

It has 25 chapters.

1.MIND

2.HEAD

3. EYES

4.EARS

5.NOSE

6.FACE

7.MOUTH

8.TONGUE

9.TASTE

10.GUMS

11.TEETH

- 12.THROAT
- 13.STOMACH
- 14.ABDOMEN
- 15.URINARYSYSTEM
- 16.MALE SEXUALSYSTEM
- 17.FEMALE SEXUALSYSTEM
- 18.CIRCULATORYSYSTEM
- 19.LOCOMOTORSYSTEM
- 20.RESPIRATORYSYSTEM
- 21.SKIN
- 22.FEVER
- 23.NERVOUSSYSTEM
- 24.GENERELITIES
- 25.MODALITIES
- AGG. & AMEL.

Largest chapter

- – Female Sexual System

Smallest Chapter

- – Gums

- This repertory contains almost all medicines present in the *Materia Medica* part by William Boericke, which has total number of 1409 medicines.
- The index provides a list of 1414 medicines but 5 medicines appear twice because of their dual names. For example- *Cimicifuga*, *actea racemosa*, *eriodictylon*, *yerba santa* etc.
- Though this book has 1409 medicines, only 688 medicines are in narrative form. Others are given under relationship part of various medicines. Among these 688 medicines all are not described under different anatomical heads, rather only few clinical hints are given for them.
- Medicines under each rubric are arranged in alphabetical order in purely arbitrary and self explanatory abbreviated form.

Two types of typography are used to indicate the grades of the medicines,

- *italics*

and

- *roman*
- (italics indicate the more frequently verified clinical medicines).

Headings and subheadings:

All the chapters are arranged alphabetically

Order of headings:

A specific order has been followed as mentioned below-

a) Cause: e.g.

- Headache (cephalgia): Cause: bathing, bear weather changes etc.

b)Type: e.g.

- Headache (cephalgia): Type: anemic, utero-ovarian etc.

c) Location: e.g.

- Headache (cephalgia): Location: frontal, vertex etc.

d)Character: e.g.

- Headache (cephalgia): Character of pain: aching, throbbing etc.

e)Concomitant: e.g.

- Headache (cephalgia): Concomitant: anguish, yawning etc.

f) Modalities: aggravation: e.g.

- Headache (cephalgia): after drugging etc.

g)Modalities: amelioration: e.g.

- Headache (cephalgia): wrapping tightly etc.

Technical names:

To emphasize the value of symptoms (more than the diagnosis) they have been bracketed e.g.

MIND

- FEAR - space (agoraphobia),
 - EMOTIONS - Nostalgia(homesickness).
- But exceptions are there to this rule e.g.

MIND

- DELIRIUM
- Carphologia(picking at bed clothes),

EARS

- TINNITIS AURIUM (noises in ear),

FACE

- APPEARANCE
- CONDITION - Hippocratic (sickly, sunken, deathly cold).

Philosophical background:

The idea of using Location, Sensation, Modality and Concomitant is similar to Bonninghausen's concept of complete symptom. The symptoms of patient are either

General (or common symptoms) or
Peculiar (or characteristic).

The characteristic symptoms fall under:

a) **Location:** It shows the elective affinity of the drug.

It is important because the organs are not independent instruments, but wonderfully bound together by nerves and parts most remote are in direct nerve connection.

b) **Sensation or kind of action:** In many drugs they are so expressive of their special action that they are expected to be present in almost in all the cases i.e. anxiety of Aconite; chilliness of Pulsatilla.

c) **Modalities and concomitants:** Each drug acts best under certain conditions, on certain bodily and mental constitution. Thus the most favorable ground and environment for full and free manifestation of drug individuality

.It is a fact that each symptom has Location, Sensation, Modality and Concomitant; but not possible to obtain from single or few proving (s).

But the records when compiled by various provers give a complete picture. Thus, a logical breaking of symptoms and recombination later on is justifiable and verified through successes in clinical practice.

GARTH BOERICK'S CLASSIFICATION

Basic symptoms

Determinative symptoms.

Basic symptoms are the same as Hahnemann's common symptoms.

Determinative symptoms are similar to the uncommon symptoms of Hahnemann

- General symptoms of Kent
- Qualified common/local symptoms of Kent
- Complete symptoms of Boenninghausen.

According to G.Boerick " Basic or absolute symptoms are those that appear on any proving (also in most diseases) and are of a general nature and usually diagnostically important. They are of little value to determine the specific Homoeopathic drug indicated, but taken together furnish a suggestive beginning, Such symptoms are malaise, headache, weariness, anorexia fever and pain "

Basic symptoms are important only when they are signified by personal modification.

Determinative symptoms are the individual or personal ones if found in a patient or a characteristics, keynote or guiding symptom if found in a drug pathogenesis "

Determinative symptom whether encountered in disease or a drug proving are alike and usually consists of: Modalities Mental symptoms ,Qualified basic or absolute symptoms. Strange, rare or peculiar symptoms as mentioned by Hahnemann.

Cross references:

There are three types of cross references as mentioned below-1)

To other chapter

- : after the medicines in bold letters bracketed, prefixed by „See“.
- For example- NOSE
 - BONES - Caries:.....See Tissues (Generalities).2)

To same chapter without medicines

- i.e. for similar rubrics: prefixed by „See“.
- For example- ABDOMEN
 - ENTERITIS - See Diarrhea.3)

To same chapter with medicine

- : after the medicines, prefixed by „See“.
- These are of maximum in number. For example- URINARY SYSTEM
 - SEDIMENT
 - TYPE - cells, debris....See nephritis;
- FEMALE SEXUAL SYSTEM – COITION
 - coition, painful...See Vaginismus.

Demerits

1. Being a clinical repertory

- *it can never take place of a General repertory* for which the author refers to Kent, Synthesis, Knerr, Clarke etc.

2. Dr. Boericke himself says “this work found numerous suggestions based on clinical observations

or deductions from partial proving, all of which may prove most valuable addition to our material medica, if further verified at bedside.”

If these suggestions had been marked, it would have enhanced the value of the book.

3. Wrong placement of certain rubrics. For example- ABDOMEN

- – ERUPTION - fissure, fistula, inflammation (proctitis) etc.
LOCOMOTOR SYSTEM - GOUT of chest, eyes, stomach, heart etc.

4. Alphabetical arrangement is not maintained properly in whole through the repertory. For example in ABDOMEN chapter- Haemorrhoids; Hernia; Intestines; Jaundice followed by Hypochondria; Liver.

5. The mistakes in printing create confusion at some places and make the search for appropriate rubric difficult.

e.g. IN REPERTORY CORRECTION

MIND

– Fancies, hallucinations, illusions a real kept under rubric, „IMAGINATION“

MIND

– There should be a separate rubric on-

”

• HALLUCINATIONS

“

for easy search.

TYPE OF FEVER

ENTERIC - TYPHOID FEVER CONCOMITANTS

.... RUBEOLA – MEASLES CONCOMITANTS SCARLET FEVER

CONCOMITANT SEQUELAE VARIOLA - SMALLPOXTYPE (Diagnostic entities)COMPLICATIONS FIBRICULA – INFLUENZA

INTERMITTENT FEVER which is a complete section in itself.

LOW FEVERS...UPTO YELLOW

FEVER The concomitant should be written as **ENTERIC**

– TYPHOID FEVER-

Concomitants As this typography as well as arrangement causes confusion, whether this concomitant belongs to only **ENTERIC FEVER** or for **FEVER** chapter as a general concomitant. The

„COMPLICATIONS“

- rubric refers to which type of fever, cannot be made out. The **TYPE, CHILL, FEVER PAROXYSM& APYREXIA** rubrics belongs to **INTERMITTENT FEVER**, but absence of proper indent makes it difficult for comprehension & may lead to wrong use.

Advantages & utility

- 1) If characteristic symptoms are not present, it provides an easy entry point to the case.
- 2) For therapeutic study.
- 3) An index is provided in the repertory which makes it much useful.
- 4) In GENERALITIES chapter- PROPHYLACTICS rubric is present which also suggest useful potencies of medicines.
- 5) Pathology and symptoms pertaining to a part have been given together at one place, i.e.

- **ABDOMEN**

: Spleen-

.....; Umbilicus

-

...; Liver

-

...; Diaphragm

-

...

- **THROAT**

: Pharynx...

; Esophagus

...; Fauces....; Uvula...

6) Sensation rubric has been given as a separate rubric in

STOMACH

- SENSATION.

7) The concept of complete symptom has been incorporated in the construction of repertory. The arrangement of symptom components under various headings i.e. cause, type, location, modality etc. make it more interesting and user friendly.

Highest grade single medicine rubrics

The gradation used in the repertory is based on the clinical verification of remedies. Thus it can be inferred that *single medicine rubrics found in the book should have great clinical utility.*

- They are given below for the purpose of clinical application by the readers:
 - Ears
 - – auditory nerve
 - – torpor
 - *Chenop*
 - Nose
 - – external nose
 - – eruptions
 - – scales
 - *Caust*

- Teeth
 - modalities
- – amelioration
- –

hot liquids

Mag. P

Abdomen

- – cause and type
- – abuse of enema
- *Op*

Female sexual system

- – menstruation
- – type: amenorrhœa –
- suppressed, with neuralgic pains about head, face
- *Gels*

Female sexual system

- – vulva-labia
- – erysipelas, with edema
- *Apis*

Locomotor system

- – loins
- – lumbago: with sciatica
- *Rhus tox*

Respiratory system

- – voice
- – high, piping
- *Bell*

Nervous system

- – cause
- – occurrence
- – worse, at approach of thunder storm
- *Agar*

Conclusion

- The importance of clinical repertories in homoeopathy cannot be neglected, (Considering FN§235 of Organon of Medicine, 5th ed.) though Master Hahnemann has criticized treatment of so called “disease entities” as it is a personal event to an individual; but it is impossible to build science merely by compiling a great number of individual observations. It is a “prima facie” method of reducing the number of probable similar drugs for a diseased condition bearing nosological label. Dr. O. E. Boericke says-
“It is only by the persistent use of one repertory, that its peculiar and intricate arrangements gradually crystallize itself in definite outline, in the mind of student of the same, and thus he attains the ready ease and practical insight of the collator, thereby rendering such a bee-line well-nigh indispensable in our day of labor saving devices.”