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Foreword by Dr. Rajan Sankaran

Acknowledgments

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THE VALUE OF REPERTORY

The Value of Repertory

When a student of Homoeopathy is introduced to repertories in their third year, there is confusion followed by amazement! Confusion arises because it is impossible to zero in on which repertory to use. Moreover, amazement at the preciseness of the symptoms seen in those repertories. Now, the practitioner just has to carefully listen to the patient narrating the symptoms and decide on the repertory to use. This is where most of us are stuck and do not know how to manoeuvre our way through the multitude of repertories. This book will take you through the different repertories I have used and had the good fortune to learn their usage from the titans of Homoeopathy!

My very first mentor, Dr. Vijay Vaishnav was a source of tremendous inspiration who introduced me to various repertories. I vividly remember a complicated case of tuberculoma treated by Dr. Vijay Vaishnav with the remedy, Iodoformum with a rubric from Boericke's Repertory. I went on to learn the art of correlating Homoeopathic materia medica and repertory to clinical medicine from my mentor, who is a maestro with Boericke's Materia medica and Repertory.

Somewhere in my 2nd or 3rd year of college, Dr. Vaishnav asked me to go to Dr. Rajan Sankaran's OPD in the college's hospital where he used to see around 70 patients a day. I started attending Dr. Sankaran's OPD religiously, where I assisted him in case taking. In the process, I tried to grasp his way of looking at cases and select the most appropriate rubrics for analysis, thereby honing my repertorial skills.

In my college OPD and later on during my housemanship (IPD doctor in college hospital), the dean of Repertory department, Dr. Kamlesh Mehta encouraged me greatly during our repertory discussions. Thanks to Dr. Mehta's motivation, I was able to treat some very difficult cases with my new-found repertory knowledge. However, I still had difficulty in understanding mind rubrics, the cornerstone of a homoeopathic prescription. That is when my friend-cum-brother, Dr. Alpesh Oza advised me to study Dr. M.L Sehgal's books on mind rubrics. While studying Sehgal's method, I met Dr. Gopinath Menon and Dr. Milind Rao, who taught me the metaphorical meaning of mind rubrics. This broadened my perception of mind rubrics and was of immense help while selecting the mind rubrics.

I was always on the lookout for Homoeopathic teachers to enhance my repertory skills. During that time, Dr. Vaishnav advised me to learn from Dr. Surnirmal Sarkar, an expert in clinical and other repertories. I came to Kolkata, West Bengal to learn from Dr. Sarkar where, I first met Dr. Subhash Singh, who taught me how to use keynotes. Dr. Singh inspired a whole generation of homoeopaths in Kolkata regarding keynote prescription, thus, starting my journey with Allen's keynotes. Here, I also met Dr. L.M Khan, who acquainted me with Dunham's Materia medica, a very valuable addition to the practicing homoeopath's collection. I then met Dr. Sarkar, who could recollect rubrics effortlessly from Kent's, Synthesis, Knerr's and Boericke's repertories to name a few. I always thought Dr. Sarkar had a flair for analysing the symptoms narrated by the patient and extracting the appropriate rubric from it. I spent the next 7 months shadowing Dr. Sarkar and learning as much as I could from his vast knowledge and experience. Until recently, I went to Dr. Sarkar's OPD and IPD every year for 10 days to revise and learn new things. Besides, learning materia medica, repertory and clinical medicine, I also learnt to use lesser known remedies and Indian drugs from Dr. Sarkar.

When I returned to Mumbai, I really could not comprehend the application of different techniques learnt from many different mentors. That is when my mentor, Dr. Sankaran, took me under his wings and trained me systematically in different repertorial approaches. In addition, Dr. Sankaran also mentored me in materia medica and advancements in homoeopathy such as kingdom approach, miasms, plant subclass etc. The two main takeaways that will remain with me are using the right approach in each case and the amalgamation of different approaches in a case where needed. Besides the subject matter, he also taught me to be original, evolve every single time and find my own answers for which I am eternally grateful to him.

I had made up my mind a few years back that I wanted to master the old and forgotten repertories in order to use them adeptly as well as to know their limitations. This is where my journey into the understanding of these repertories began, one at a time. One of the first repertories I tried to gain a thorough understanding was Kent's Repertory. I studied it in different ways and applied it for the past few years. My understanding of Kent's repertory improved while teaching it in the Other Song Academy in basic and master's courses. I believe that Kent's Repertory is the most basic and fundamental repertories to know. Almost 70 % of cases in the past century were analysed using Kent's Repertory by master homoeopaths with very good results so there is very good authenticity of Kent's Repertory. Hence, I have tried to explain Kent's Repertory in detail in this book, so that the beginner is familiarized with Kent's Repertory. The chapter on Kent's Repertory has some exercises in the end for the reader to go through it and look for the rubrics.

After Kent's Repertory, I started studying Phatak's Repertory, again a repertory used by Dr. Sankaran very artistically. He would shift gears from a larger repertory to Phatak's Repertory in cases where the level of experience was low with very few symptoms. Phatak's Repertory is excellent where the local symptom can be generalized.

In the beginning of my practice, I would find malaria and dengue cases very difficult to treat. And, that is when I started using BBCR, which required a lot of practice in understanding the structure. However, in acute cases and fevers, BBCR is one of the most important pieces of literature. In the current time of acute viral diseases, BBCR is one of main repertories I use.

I was inspired to study Knerr's Repertory and Boericke's Repertory from Dr. Sarkar, who would use these repertories very well and knew them like the back of his hand. I learnt from Dr. Sarkar the art of picking up single drug rubrics while assisting him during my stay there.

It was much later that I got the opportunity to study and understand Clarke's Clinical Repertory and Roberts, 'Sensations as if' Repertory. Both these repertories are lesser used, however, some of the rubrics found in these repertories cannot be found in any other repertories.

Lastly, one of the first repertories that I ever read was Boger's Synoptic Key. I carried this repertory with me everywhere so that I could read it without interruption. The use of this repertory in clinical practice is limited as Phatak's Repertory and Boger's Synoptic Key are very close to each other.

One of the biggest influences in my lifewhen it came to repertory was Dr. P Sankaran's booklet, 'Value of Repertory'. I was amazed at the work done by Dr. P Sankaran and the following paragraphs that inspired me are quoted verbatim from his book:

"In the selection of the homoeopathic remedy, the repertory has a very useful and important role to play. It is possible that some prescribers who have a profound knowledge of Materia medica at their command and who are endowed with a prodigious memory are able to prescribe successfully for cases without the need of repertories, but such knowledge and memory are indeed very rare. These are not to be expected in the average homoeopath. The homoeopathic Materia medica consists of two thousand or more drugs and out of these, the average homeopath may have a good grasp of only about forty or fifty or at the most hundred drugs. Further, each of these drugs has in its symptomatology hundreds or even thousands of symptoms out of which even a good homeopath may be able to recollect only fifty or a hundred symptoms.

We realise that the task of remembering all the symptoms of all the drugs is a hopeless one, beyond human capacity and, therefore, some form of reference book is quite necessary”.

“Of course, it is a matter of good fortune to us that in many of the cases, certain outstanding characteristic symptoms of particular drugs, the so-called keynote symptoms, repeatedly present themselves, either singly or in particular groups or combinations, so that one who is well conversant with these keynote symptoms as described in Allen's Keynotes or Nash's Leaders or some such book can select the similimum fairly well. Yet if we can visualise the myriad of symptoms and combinations of symptoms which can present themselves before us in their everchanging mosaic forms, we shall feel more confident and safer with a reference book - the repertory at our side”.

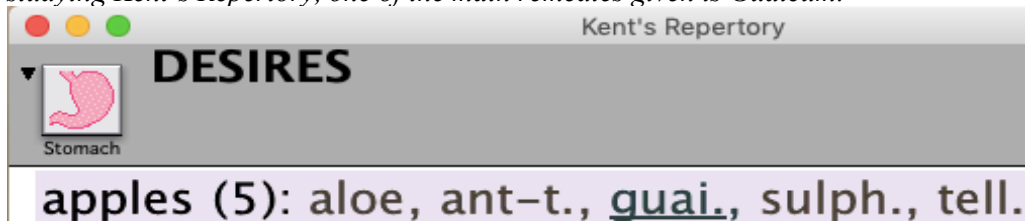
I have named the first chapter of my book, ‘The Value of Repertory’ as a tribute to Dr. P Sankaran.

Pierre Schmidt, the eminent homoeopathic teacher and prescriber lists the advantages of the repertory as follows:

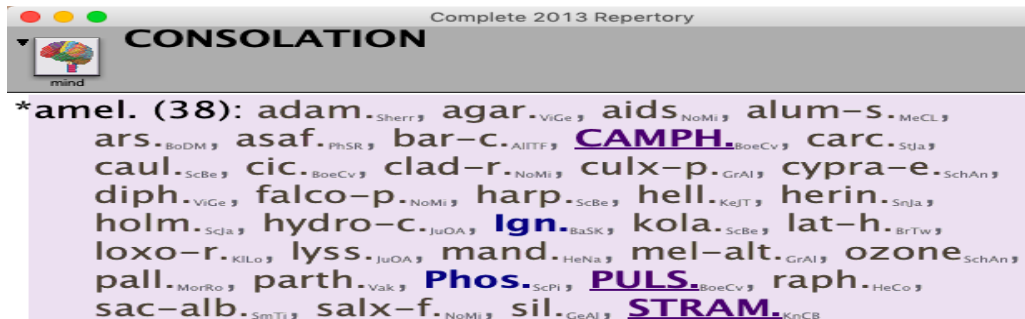
- *It helps in case taking and makes the practitioner unprejudiced: The presence of a multitude of rubrics and the numerous remedies under those rubrics prompts the homoeopath to enquire further to know the exact symptoms. For instance, when the patient complains of morning cough, you would want to know the modalities such as time or circumstances.
Cough; MORNING; agg. (276): ALUM., ARS., ARS-S-F., BRY., CALC., CARB-V.
Cough; MORNING; agg.; rising; on (10): Bor., Chel., ail., alumn., am-br., ant-c.
Cough; MORNING; agg.; rising; after (69): CHIN., CINA, FERR., PHOS., Ail., Ant-c.
Cough; MORNING; agg.; waking, on and after (57): IGN., KALI-BI., LACH., NUX-V., RUMX., SIL.*

	Chel.	Coc-c.	Ail.	Thuj.	Alumn.	Am-br.	Lach.	Sil.	Bry.	Nux-v.	Phos.	Psor.	Carb-v.	Euphr.
Total	12	9	7	7	6	6	11	11	10	9	9	9	8	8
Rubrics	4	4	4	4	4	4	3	3	3	3	3	3	3	3
Kingdoms	Green	Red	Green	Green	Blue	Blue	Red	Blue	Green	Green	Blue	Red	Blue	Green
cough; MORNING; agg. (276)	Black	Black	Blue	Black	Purple	Purple	Black	Black	Black	Black	Black	Purple	Black	Black
cough; MORNING; agg.; rising; on (10)	Purple	Cyan	Cyan	Cyan	Cyan	Cyan	White	White	White	White	White	White	White	Cyan
cough; MORNING; agg.; rising; after (69)	Purple	Cyan	Purple	Cyan	Cyan	Cyan	Purple	Purple	Purple	Cyan	Black	Purple	Cyan	Purple
cough; MORNING; agg.; waking, on and after (57)	Purple	Purple	Cyan	Cyan	Cyan	Cyan	Black	Black	Purple	Black	Cyan	Purple	Purple	White

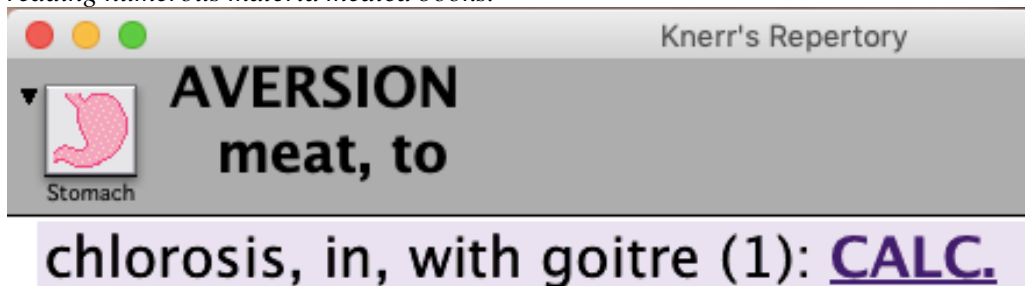
- *It shows us numerous remedies for symptoms, that we only think of a remedy(ies) known to us. For example, in the case of, ‘Craving for apples’, we normally think of Antimonium tart. However, on studying Kent’s Repertory, one of the main remedies given is Guaicum.*



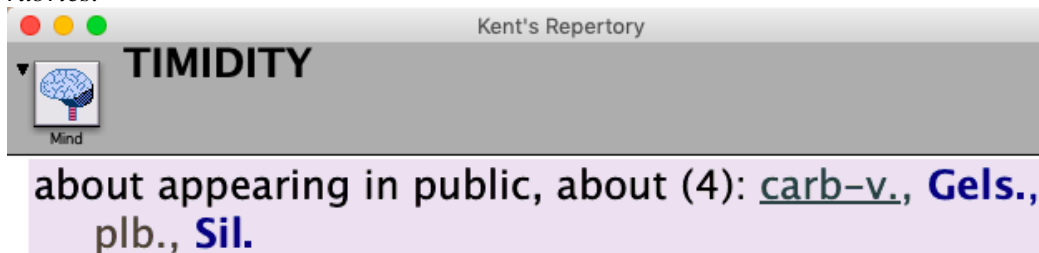
For the rubric, ‘Consolation amel.’, we normally think of Pulsatilla. However, on looking at the rubric in the repertory, Camphor and Stramonium are on par with Pulsatilla in the ranking.



- It makes materia medica interesting to study along with new learning. For example, in Knerr's Repertory, the remedy, Calc carb is given as a single drug rubric under, 'Aversion to meat in a patient who has chlorosis with goitre'. This indication of Calc carb cannot be gathered even after reading numerous materia medica books.



- The relative importance of each remedy under the rubrics is given in the form of gradation and markings. Boenninghausen started this method of understanding the intensity of the remedy in the rubrics.



- It promotes the understanding of lesser known remedies. For example, in one of my cases of Rheumatoid arthritis that was on Pulsatilla did not improve for a few months. When I studied her main symptoms, the swelling in the joints was aggravated from slightest exertion; especially the hands, fingers and wrists. There wasn't any other symptom in the case. On using Knerr's Repertory, the following rubrics were selected:

Joints: rheumatism: small joints, especially in hands. 0>1>0

Joints: swelling: fatigue, after slight. 0>1>0

Joints: swelling: small, in, after walking. 0>1>0

Wrists: rheumatism. 0>4>5

Wrists: rheumatism: right, intolerable in, pain, swollen, motion impossible. 0>1>0

	Act-sp.	Brach.	Colch.	Kali-bi.	Ferr-p.	Vac.	Viol-o.	Grat.	Lac-ac.
Total	15	3	3	3	2	2	2	1	1
Rubrics	5	1	1	1	1	1	1	1	1
Kingdoms	5	1	1	1	1	1	1	1	1
Extremities; JOINTS; rheumatism; small joints, especially in hands (1)	1								
Extremities; JOINTS; swelling; fatigue, after slight (1)	1								
Extremities; JOINTS; swelling; small, in, after walking (1)	1								
Extremities; WRISTS; rheumatism (9)	1	1	1	1	1	1	1	1	1
Extremities; WRISTS; rheumatism; right, intolerable in, pain, swollen, motion impossible (1)	1								

The remedy *Actea spicata* (which also belongs to same family as *Pulsatilla*, *Ranunculaceae* family) covered all the symptoms. On studying the remedy from Boericke's *Materia Medica*, I prescribed *Actea spicata* in 30^m potency and the patient did very well for the past 1 year of treatment. There was another case of a 16-year-old boy with depression and not talking to anyone after recent disappointment in love. Other symptoms - just sitting in a corner and not reacting to anything or anyone. If anyone would come and talk to him, he would still not talk to anyone at all.

Knerr's Repertory

MELANCHOLY

Mind

sits in corner and does not want to have anything to do with the world (1): **Hipp.**

Kent's Repertory

	Hipp.	Aur.	Verat.	Hell.	Puls.	Cham.	Cocc.	Hep.	Iod.
Total	11	6	7	4	8	6	6	6	6
Rubrics	5	5	4	4	3	3	3	3	3
Kingdoms	5	5	4	4	3	3	3	3	3
Mind; SIT, inclination to (96)	1	1	1	1	1	1	1	1	1
Mind; SITS; still (16)	1	1	1	1	1	1	1	1	1
Mind; SITS; wrapped in deep, sad thoughts, as if, and notices nothing (7)	1	1	1	1	1	1	1	1	1
Mind; SPOKEN to, averse to being (43)	1	1	1	1	1	1	1	1	1
Mind; SPOKEN to, averse to being; wants to be let alone (8)	1	1	1	1	1	1	1	1	1

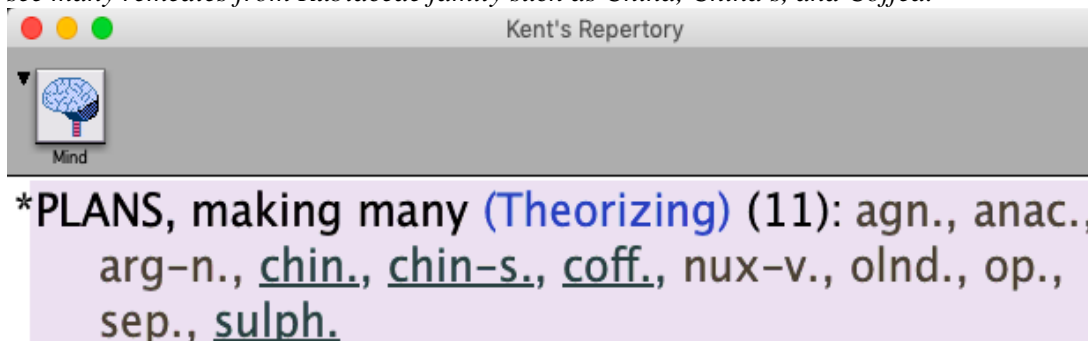
Hippomanes 200 was prescribed; within a month, there was remarkable improvement and he was a different person

- Deeper remedy patterns can be understood: Many rubrics explain deeper patterns of that remedy and we can understand the materia medica better. For example, *Hura* has the following delusions:
 - Delusion, thinks she is about to lose a friend
 - Delusion, lost affection of friends
 - Delusion, she is alone in the world
 - Delusion, his friends have lost all confidence in him
 - Delusion, sees dead persons
 - Delusion, deserted, forsaken
 - Delusion, unfortunate, he is
 - Delusion, despised, he is
 - Delusion, fancies herself lost
 - Delusion, thinks is repudiated by relatives

	Hura	Arg-n.	Plat.	Aur.	Kali-br.	Chin.	Hyos.	Puls.	Bar-c.	Bry.	Camph.
Total Rubrics	9	8	6	5	4	3	3	3	2	2	2
Kingdoms	9	4	3	3	2	2	2	2	2	2	2
Mind; DELUSIONS; friend; has lost the affection of (2)											
Mind; DELUSIONS; alone; that she is, in the world (4)											
Mind; DELUSIONS; confidence in him, his friends have lost all (2)											
Mind; DELUSIONS; dead persons; sees (50)											
Mind; DELUSIONS; deserted, forsaken (18)											
Mind; DELUSIONS; unfortunate, that he is (8)											
Mind; DELUSIONS; despised, that is (3)											
Mind; DELUSIONS; lost, fancies herself (3)											
Mind; DELUSIONS; repudiated by relatives, thinks is (2)											

From the above rubrics, we understand that Hura's main feeling is to be untouchable, unwanted, castaway and alone in the world and no one is there with him, totally abandoned.

- One can understand family (common family indications) on studying repertory at deeper level. For example, when we look at the rubric, 'Plans makes many and plans makes many in evening', we see many remedies from Rubiaceae family such as China, China s, and Coffea.



Limitations of repertory

In the repertory, many rubrics are used in an interpretative way, which can cause confusion for a student. However, one should know in what context the rubric is formed and what it exactly means in the provings. There is a strong possibility that a young student who does mechanical repertorisation will always get Calcarea, Lycopodium, or Sulphur in his repertory sheet. To avoid these pitfalls, referring to various materia medica books, provings etc. is necessary. Hence, a beginner has to strive to learn the use of repertory artistically.

In order to use a repertory artistically, one needs to understand the philosophy of repertory before using that repertory. Some of the things like, what does that author mean and what is the main idea of the author needs to be understood. Here, I would like to emphasize on reading the preface of the repertory. One of the best prefaces is of Boenninghausen's Therapeutic Pocket Book and Hering's Repertory of the Mind.

All the repertories have their own imperfections. Some of them may even confuse and discourage a beginner, but, if one can understand and overcome these little defects and use the repertory intelligently, it can be of tremendous advantage.

Dr. Schmidt states that owning a good repertory and understanding how to use it thoroughly is imperative to become a first-rate homoeopath. He further mentions that he had a collection of several hundred repertories; however, the list was not exhaustive. According to Dr. Schmidt, Kent's Repertory is the 'golden book', he referred to it at least fifty times a day, and this was in spite of possessing a deep knowledge of the repertory.

I am reminded of Dr. P Sankaran's famous lines about the repertory – "I want to emphasize that each drug in our Materia medica has numerous indications and vast potential. Each is like an ocean. Comparatively, our vision, understanding and experience are so limited that we cannot fathom any drug fully. Our concept of a drug and its field of application are almost like the concept the blind men had of the elephant. In fact, I believe that we may not comprehend even one drug thoroughly and completely, even if we were to devote a lifetime to its study. Under the circumstances the use of a repertory will considerably enlarge our vision, and help us to succeed in our work".

In my opinion some of the best books for a student to study the repertory are - "Repertorization" by Sir John Weir and Margaret Tyler, Dr. Bidwell's book, 'Aid to Kent's Repertory', Dr. B.K. Sarkar's 'Synopsis of Homoeopathic Philosophy' (relevant chapters), and Dr. P Sankaran's, 'The Elements of Homeopathy'. In order to possess a sound knowledge of repertory, self-study and practice are indispensable features.

Repertory of the Homeopathic Materia Medica

J.T. Kent

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Introduction

My orientation into the captivating world of repertories began with Kent's Repertory. During my college days, I saw my seniors and colleagues deeply involved in homoeopathic case taking in the OPD. However, when I had to take a case, I did not know what exactly to ask. That is when I approached my very first mentor, Dr. Vijay Vaishnav to understand, 'How to know what to ask the patient?' Dr. Vaishnav suggested that I go through the entire Kent's Repertory at least once to know the rubrics that exist in the book. I spent the next 3 months going-over the humongous Kent's Repertory. What followed this was a revelation to me in terms of the depth and range of rubrics given in Kent's Repertory.

My subsequent attempts at studying Kent's Repertory and reading the preface by Sir John Weir and ML Tyler facilitated my understanding of the repertory a little better. My inspiration to become proficient in Kent's Repertory came from my mentors, Dr. Vaishnav, Dr. Sarkar and Dr. Rajan Sankaran who knew most of Kent's Repertory by heart. For the last 10 years, I have studied Kent's Repertory multiple times, sometimes in coffee shops, at times during car rides, initially to learn and now to learn and teach.