

REPERTORY

Instructions:

I (a) Repertorisation is not the end but the means to arrive at the simillimum with the help of MateriaMedica based on sound knowledge of homoeopathic philosophy:

(b) HomoeopathicMateriaMedica is an encyclopedia of symptoms, no mind can memorize all the symptoms or all the drugs with their gradations:

© the repertory is an index and catalogue of the symptoms of the MateriaMedica, neatly arranged in a practical or clinical form with the relative gradation of the drugs which facilitates quick selection of indicated remedy and it may be difficult to practice homoeopathy without the aid of repertories.

II (a) each repertory has been compiled on distinct philosophical base, which determines its structure:

(b) In order to explore and derive full advantage of each repertory, it is important to grasp thoroughly its conceptual base and construction and this will help students to learn scope, limitations and adaptability of each repertory.

THIRD BHMS

A.Theory

1. Repertory : definition , need: scope and limitation
2. Classification of repertories
3. Study of different repertories(Kent,Boenninghaussen,Boger-Boenninghaussen)
 - a. History
 - b. Philosophical background
 - c. Structure
 - d. Concepts of Repertorization
 - e. Adaptability
 - f. Scope
 - g. Limitations

4. Gradation of remedies by different authors
5. Methods and techniques of Repertorization, steps of repertorization
6. Terms and language of repertories(rubrics) cross references in other repertories and MateriaMedica
7. Conversion of symptoms into rubrics and repertorisation using different repertories
8. Repertory - its relation with Organon and MateriaMedica
9. Case taking
 - a. Case taking
 - b. Difficulties of case taking particularly in a chronic case
 - c. Types of symptoms their understanding and importance
 - d. Importance of pathology in disease diagnosis and individualization in relation to study of repertory
10. Case processing
 - a. Analysis and evaluation of symptoms
 - b. Miasmatic assessment
 - c. Totality of symptoms or conceptual image of the patient
 - d. Repertorial; totality
 - e. Selection of rubrics
 - f. Repertorial techniques and result
 - g. Repertorial analysis

B. Practical or Clinical

1. Record Of Five Cases each of surgery Gynaecology and obstetrics worked out by using Kent repertory
2. Rubrics hunting from Kent repertory and Boeninghausen repertory

Note: there will be no examination in the subject in Third BHMS

FINAL BHMS

A.Theory

1. Comparative Study Of Different Repertories (Like Kent Repertory Boenninghausen therapeutic pocket book boger boenninghausen characteristics and repertory boger synoptic key)
2. Card repertories and other mechanical aided repertories – history types and use
3. Concordance repertory (gentry, knerr)
4. Clinical repertory (William boreeick etc)
5. An introduction to modern thematic repertory (synthesis synthetic , complete and Murphy repertory)
6. Regional repertories
7. Role of computers in repertorisation and different softwares.

B. Practical or Clinical

Students shall maintain the following records namely

1. Five acute and five chronic cases(each of Medicine, Surgery and Obstetrics and Gynaecology) using Kent Repertory
2. Five cases(pertaining to medicine) using Boenninghausen Therapeutic Pocket Book
3. Five cases(pertaining to medicine) using Boger- Boenninghausen Characteristics Repertory
4. Five cases to be cross checked on repertories using homoeopathic soft wares.

C. Examination

I.Theory

1. Number of Papers - 01
- 2. Marks 100**

II. Practical including viva voice or oral:

1. Marks 100

2. Distribution of marks

- a. One long case 30
- b. One short case 10
- c. Practical record or journal 10
- d. Viva voice (oral) 50

Total 100

Year & Subject	Written		Practical or Clinical Including Oral		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
IV BHMS Repertory	100	50	100	50	200	100