ACHEVING SIMILIMUM

Case Taking, Rubric Selection, Repertorisation

By

Dr.Anand Rao Mengji., M.D.(hom)

On what is homoeopathic practice based on

There are five things which merit the most careful consideration of the homoeopathic practitioner

1. The taking of the case – Case Study
2. Analysis of the case - Selection of rubrics
3. Repertorisation
4. The selection of the remedy
5. The administration of the remedy

The relation of these five steps are so closely intermingled, that one is dependent on other and for a perfect prescription if one is missed, we cannot be a Perfect Homoeopathic Practitioner.

Hence they can be termed as “Homoeopath’s pentacle”

What is case taking or case study

Case taking is an art where in we derive the symptoms from the patient. Websters dictionary defines case taking or study as collected information about an individual or group, for use in medical studies

Case study should be a social interaction between a physician and a patient under certain pre-determined conditions

It should develop a rapport between doctor and patient. This shall in turn help the physician to (1) collect the data required for treatment, (2) Make a diagnosis for treatment, (3) Followed by treatment based on the derived symptoms

If we hope to attain even the smallest degree of success in the curative action of our remedies we must observe this first step closely and follow the Instructions laid down in the Organon (aphorisms 83-104) carefully

If our case is indifferently taken or the wrong symptoms recorded we surely cannot proceed with the second step. No matter what process we take to arrive at the remedy, unless we have our case well taken we shall only have failures.

Everyone knows how to take the case. It is simply a matter of recording the symptoms found in your patient. Is it TRUE? But what symptoms are you to look for and which do you record?

I will say with the utmost belief that many YOUNG DOCTORS practicing Homoeopathy to- day donot know how to take a case properly.

ALWAYS REMEMBER - HOMOEOPATHY NEVER FAILS BUT A HOMOEOPATH FAILS

And if we fail in treatment it will give disgrace to homoeopathy.

HOW TO START A CASE STUDY

Let the Patient Talk.

The next most important requirement is attentive observation. If we hope to arrive at the truth we must not only be attentive to what the patient tells us, and to what the nurse or family may impart,

We must observe closely the appearance of the patient himself. Of times the symptom which will lead us to the remedy will be one which we may get by observation. The way the patient lies, sits, walks, talks, conducts himself generally, the appearance of discharges, the color of the eyes, hair, tongue, skin, etc, all have their place and are of the greatest importance in our record.

Upon your powers of observation will depend not only the first image of your case but also your success in conducting the case after the first prescription has been made.

Now I shall explain a model as to how to take a homoeopathic case. Remember, case taking is a art and this will improve with your experience and regular practice and there are no any hard and fast rules as such for a good case study.

Your case starts as soon as the patient takes an appointment with you on phone or as soon as the patient enters your consultation room and the physician shall be vigilant enough in his observations.

What should you observe - 1. way of entering (timid or bold / fast or slow), 2. Expressions (smiling, serious, anxious), 3. the way patient greets you and leaves the clinic

Then you record the preliminary data like name, age, sex, address and contact number, occupation, religion, mother tongue etc.

Then the first thing we record is Chief complaints. In the chief complaints you have to record

1. since when the complaints started
2. onset was sudden or gradual
3. duration, character and extension of pain. How long it remains. How it comes and goes.
4. which side the complaint started first. Right or left.
5. was it from left to right or right to left.
6. is there any cross wise affections.
7. modalities regarding the chief complaint.

With the above enquiry what shall we assess

1. speed of the disease
2. probable diagnosis
3. any general modality which runs through out the other symptoms

Past history

Try to extract any diseases the patient may have suffered in the past in a chronological order. This shall give us a picture of the journey of the disease.

Journey of the disease is important to elicit in which miasm the disease is and to know whether the disease has traveled from psora >> sycosis >> syphilis.

Family history

Ask about any heriditary illness in the family.

Menstrual / gynaecological and obstetrical history

Ask about menses in detail, any charecteristic complaints before, during and after menses, enquire about menarchae at normal age / early / delayed, in menapausal women ask the time of menapause – normal/early/delayed, in obstetric history any h/o miscarriages or abortions

Drug history

Whether he is on any medication, any allergy to particular drugs or medicines, in this one should think about the chronic side effects of the medication one has been taking for a long time as the presenting complaints.

Investigations

Note down all the investigations the patient has undergone in the past / present for his health problems

Then the next to note is General symptoms

APPEARANCE: built of the patient, face, body structure, hairs, complexion, warts or moles on the body, frowning on the face, discoloration or hyperpigmentation

APPITITE: how is the appitite, can you tolerate hunger or not, preferance of warm or cold food, preference of drinks/lemonades and juices, any particular cravings or aversion of food, any modalities connected to food/drinks,

THIRST: Elicit weather the patient is thirsty or thirstless, ask weather he drinks water often / or it is a habit to drinkwater / drinks water only when he takes his meals / does his mouth dry up often. Prefer to drink warm / cold / normal water

PERSPIRATION: try to elicit weather perspiration is copious or scanty, Any particular part of the body perspires more, any side affinity

STOOLS: nature of stools, constipation or soft stools, any particular color of the stools, any particular odor of the stools.

URINE: nature of urine, quantity of urine, any particular odor or color of the urine.

THERMALS: ask what can he tolerate more heat or cold

SLEEP: sound sleep, catnap sleep, restlessness or tossing in the bed, position of sleep

DREAMS: good or bad dreams

any dreams which repeat daily, dreams related to family or work, its affection in general

SIDE AFFINITY: Try to elicit which side of the patient is more effected

SENSITIVITY: sun, atmospheric changes, strong odors, tight clothings, noise, light, touch, any allergy to metals or chemicals

SENSES: vision, smell, hearing, taste, extra-sensory perceptions

LIFE SITUATION: life situation should be elicited by taking the complete story right from birth to the present. Ask about their life occourances in detail, ask about his educational history, any strong emotional disturbances in their life which had a srtong impact on their life

STUDY OF MIND: very important and difficult task to achieve a perfect similimum.

Expressive or non expressive, extroverted, vivacious, loquacious, lamenting, reserved, introverted, extroverted, talk indisposed to, secretive. Expressive patient start narrating as soon as they sit in front of you. ask them wheather they mix up easily with people around them. Do they love to talk to people around them, do they share their feeling with others, do they prefere lonliness or company

Intelect and morals: ask how they were in studies. Did they study on their own or some body used to be behind them, during conversation try to elicit weather he is intelectually sharp, his comprehension, sharpness of mind, idiocy, making mistakes, childish behaviour, concentration difficult, deficit ideas etc, Try to elicit weather they are diligent or non diligent. Concentious or non concentious. Ask weather they do their duty if they are not well and why, instudies were they regular to school or college and why

Memory: Try to elicit weather the memory is weak / active. Any forgetful tendency.

Will: ask can they handle any responsibilities given to them alone and how confident are they in doing so, if any criticle things happen in home or at work place, how they handle them do they need any support to do so, if any injustice is happenin in front of them how they react, Here try to see weather the patient is strong willed, confident, courageous, self confident, optimistic, positivity oe weak willed, timid, pessimistic, bashful, embracement etc

Nature and Disposition: Ask them about their nature with people around them, is he more on angry or calmer side, if they are are on angry side how they behave with them, what is that which they cannot tolerate in their surroundings, anger is expressed or suppressed, an they express their anger in front of every one, aks weather if they are angy with some one how they keep relation with them. Do they keep any grudge. Here try to elicit angry or timid disposition, yielding, weeping, haughty, sarcastic, contemptuous, apprehensive, fearful, loquacious, quiet, contented or discontented, quarrelsome, revolter, fighter, indifferent etc

Sensitivity: ask how they react when some one talks rudely with them, ask how they react when some one criticizes or points out in their work. Will they get anger or get hurt, Try to elicit their sensitivity to rudeness, criticism, injustice, relations, social positions, money, admonition, appreciation, ego etc

Emotional assessment: ask them their reaction when something happens against their wish, ask them about their emotional sensitivity, do they help persons in need or they go to them themselves to needy persons, are they very much involved in charity, do they get effected when they see some one in pain. How they react. Here try to elicit scentimental, senitive, benovelance, kindness, grief, sympathy, affectionate, rage, jealous, etc

Anticipation apprehension and anxiety: ask them how they feel when some thing new is asked them to be done. How confident are they in accepting the work. Ask them about the time sense, in anxiety try to elicit for what they feel anxiety for. Eg. Health, children, family, others, future, triffles, salvation, conscience, anticipation etc.

Attachments: ask them with whome they are attached more, ask them which is the most important thing for them in life – money,name and fame, career, family, business, friends etc, ask them when they are ill and if people around them ask about their health how do they feel – consolation, sympathy desires or aggravates

Fears: Ask about any peculiar fears

Childhood History: here ask them what they remember about their childhood. Any particular incidence which have left an impression on their mind

Cause of the disease: One of the most important thing the physician should elicity is 'ailment from' i.e., any triggering factor which may have trigered the disease. Remember it should be relevant and recent, After listening carefully to the complete case, the physician should assess the patient. He should never rely on the patient but should confirm with his keen observations.

How he was talking to you, how was he answering your questions, what was the quality of speech, how were the expressions of the patient during the whole conversation. Here you can elicit weather the patient is honest / liar / manipulative / boaster / affectation etc

Apart from the above there are many things which the physician should elicit during the whole conversation.

Jesting, affectation, bashful, naiveness, cautious, coquettish, flirting, buoyancy, censorial, critical, sarcastic, restless, hyperactive, hurried, effimnate, mannish, graceful, gestures, lamenting, begging, clinging, frevolious, shameless, floppish, vanity, loquacious, talking speed, attention seeking, playing antics, self esteem, egoistic etc

With the above case study the physician should be able to assess the miasm in which the disease is. And the selection of the rubrics shall be in accordance with that assessment.

Three Mistakes

1. Interruption of patient
2. Asking direct questions
3. Making answers confirm to some remedy we may have in mind.

Why to study a case - for INDIVIDUALISATION and for the purpose of individualization we have to analyze the case and should achieve a similimum.

Analysis of the case – Selection of rubrics

RELIABLE METHODS OF RUBRIC SELECTION

A tool can be good or bad and it depends upon workman who handles it. A bad workman naturally blames his tool when things are going wrong. And the tool of a homoeopath is REPERTORY

For the purpose of Repertorisation we need rubrics. Let us discuss how to select rubrics.

Priorities in Selection of rubrics.

First priority goes to Mental generals:

1. Causative emotional modalities
2. Qualified mental

If you are selecting rubrics from Mental generals, give top priority to Causative emotional modalities. Ex. Ailments from frights, ailment from grief etc. Then give priority to qualified mentals- a mental complaint associated with a physical complaint. ex. Pre menstrual tension-irritability is a mental general menses is a physical general. Then only give importance to other rubrics like consolation aggravates, Anger easily etc.

Then comes the Physical Generals

1. Sex, 2. Menses & Leucorrhoea, 3. Desires and aversions

Sex: for practical purpose give top priority to sexual complaints if any. Sex is the high premium fuel that brings power and propulsion to the marriage. If you are satisfied with your partner or your partner is satisfied with you it is very easy to solve other problems in your life.

If a patient has premature ejaculation and because of reluctance the patient did not disclosed that matter but revealed other trivial complaints and if doctor because of timidity did not ask anything about sexual complaints, and prescribed a remedy that is not covering the sexual complaints - the patient will never get a cure for his other complaints also.

Because premature ejaculation is an unavoidable physical general. We had missed it.

Next importance to Menses and Leucorrhoea.

Always remember that rubric selection should be specific. If you are taking general rubrics (rubrics with large number of remedies or main rubrics. Eg. Females, Menses- dysmenorrhoea) in all cases, you will get same polycrest remedies.

Next in the priority is PARTICULARS

Complete particulars are better. If you are selecting rubrics from particulars, give top priority to complete particulars. Means a particular with sensation, location modality and concomitance. Eg. Aching pain in knee rising from sitting aggravates.

Effective Repertorisation

It should be very clear to every homoeopath that we cannot achieve accuracy in our prescriptions, without a through training in our perceptions, repertorisation skills and a broad knowledge of materia medica.

Even Hahnemann who conducted many provings and who himself proved many drugs prescribed medicine after much reference to the Materia medica. This was a stupendous task even for Hahnemann.

That is why he compiled a short repertory in Latin and instructed Jahr to compile a good repertory. Remember, during Hahnemann's time we had only 100 and odd medicines. These medicines were proved, reproved and their Materia medica was written by Hahnemann and his disciples.

In spite of the small number of drugs and their close intimacy with the details of the symptoms, they found it very difficult to practice without a repertory. Now we have more than 4000 medicines. Every well-proved drug has thousands of symptoms and for someone even very high grade of intelligence, it is almost impossible to remember all the symptoms of all the drugs to establish a total comparison with the disease picture.

For example SULPHUR has more than 2000 symptoms. We study this remedy from the first to the final year of our curriculum and also in postgraduate studies. But now we can hardly remember 25 symptoms. Why? Because human brain's memory also has its own limitations and one If able to remember all the symptoms of all the drugs from Abies canadensis to Zincum metallicum then there is no need of a repertory.

And after 200 yrs of existence of homoeopathy, different Repertories and Methodology have come into existence.

Some of the most widely used repertories now a days are synthetic repertory, complete repertory, kents repertory, boeinghausen repertory, boeric repertory, allens repertory, bogers repertory, clarks repertory, gentry's repertory, murphy's repertory, pathak's repertory, knerr's repertory, fever repertory, Robert's repertory, ward's repertory, lippe's repertory, therapeutic repertory etc.

Every repertory has been compiled on a platform which differs from each other.

Every homoeopathic physician has his own choice of repertory. Yet the first five repertories are the most widely used and accepted by homoeopathic physicians.

But let me tell you one thing. Repertorisation is completely based on the selection of the rubrics and one even though perfect in the art of repertorisation will fail, if he is incompetent in selection of the rubrics from the case which has been taken.

Many of the physicians who have rarely or never used the repertory complain about its elaborate and time-consuming process.

Since the invention of homoeopathic science, repertorisation is a vital process in our clinical practice. Different doctors right from Dr.Hannemann to present generation doctors have different views to achieve similimum.

But take it from me, while I am telling so much of stuff here, it is entirely different when we sit in our chambers and we always take pride when we see the case improving and when the case is not bettered, then we go in for different types and tequiniques and adopt them to give the patient relief from his sufferings. Hence we shall not stick to any particular ideology that this is correct and this is correct and our aim shall be treating the ailing humanity.

So a few ideologies and techiniques of the extraction and application of rubrics for reportorisation.

KENTIAN METHOD

According to Dr. J. T. Kent, during evaluation the priority in mental generals should be:

first likes & dislikes, then intellect, then memory.

In physical generals the sequence is:

Sensitivity to heat & cold, storm, rest, night, day, modalities etc.

BOENNINGHAUSEN'S METHOD

Boenninghausen's method of extracting the rubrics seems to be very precise and useful in achieving the similimum. He has suggested seven steps to extract the rubrics and precisely if we follow the method, we shall get optimum results in our clinical practice.

The seven steps are namely:

a. Changes in the temperament and personality
b. Peculiarities of the disease
c. The seat of the disease
d. Concomitant symtoms
e. The cause
f. The modalities
g. The time

DR PRAFUL VIJAYKARS METHOD:

From the chief complaints and associated complaints, make a note of any PQRS physical general symptom and/or physical particular symptom

Sphere of action with speed of the disease

MIASM: from the above two parameters and with the help of the mind arrive on a predominant miasm.

JOURNEY OF THE DISEASE: any recurrent illnesses in the past or suffered from any major illness or any h/o suppressions. Trace the progress of psora -> sycosis -> syphilis.

GENERALS: thermals,thirst, side, speed of the patient, perspiration, sleep, physical sensistivivty to sun, noises, odour,light, tight clothings,touch etc .

MIND AND DISPOSITION: arrive at a disposition of the pt. angry/mild/yielding/ weeping/ haughty/timid /sarcastic/loquacious/ contemptuous/ quite/ contented/discontented/ quarrelsome/ fighter/revolter/ indifferent/apprehensive/ fearful/taciturn/ affectionate/vivacious/ effeminate/ mannish women/ hurried/morose/ graceful etc.

TOTALITY: The entering point in the case should always should be in correspondence to the miasm i.e., a strong rubric suitable to the miasm with other combined mental basic rubrics covering the other miasms of the patient for tri-miasmatic picture of the genetic constitutional similimum.

So repertorise with a strong rubric suitable to miasm with other combined rubrics and any characteristic physical general of physical particular symptom along with generals.

Differentiate the remedies according to present disposition

In psoric diseases - more importance to senses

In sycotic diseases - innate character + disposition + thermals + thirst

In slow syphilitic diseases – syphilitic rubrics + disposition + thermals + thirst

In fast syphilitic disease – syphilitic rubrics + senses

Basis of priscription should not be the general symptoms or traits of the miasm. Select the symptom of the constitution.

But from our experience and our art of perception and application, I suggest that for repertorisation which ever method you adopt,we have to have the set of symptoms which represents the totality of the diseased person.

DO'S AND DON'T'S IN SELECTION OF THE RUBRICS AND REPERTORISATION

AVOID

Common symptoms as rubrics. Rubrics with many medicines. Common symptoms of many diseases such as appetite, wanting, thirst decreased etc.

Rubrics with a small number of remedies (less than 5) For main Repertorisation

Two or more rubrics from the same chapter

Two or more rubrics from the same sphere

Routine rubrics

TAKE

Rubrics with a moderate number of remedies (around 50)

A moderate number of rubrics (below 10) for main repertorisation

Remaining rubrics as PDF (Potential Differential Field) Fixed & confirmed particulars have more value than assumed generals

Combined repertorisation is the best.

Many practitioners take large numbers of rubrics and rubrics with hundreds of remedies.

This is wrong; we will never get the correct remedy this way. Instead, take 7– 10 important rubrics for main repertorisation

Consider the remaining rubrics as Potential Differential Field – the field which differentiates the medicines obtained from main repertorisation.

It is better to work out desires and aversions, thermals, surgically treated symptoms in the past, past history etc as PDF.

According to Kent we have to consider the surgically removed complaints as presenting complaints. The removed part might be there and might produce the same effect as in the past.

Combined repertorisation means selecting well-represented rubrics from different repertories. This is also a reliable method since all the rubrics are not well represented in a single repertory. This facility is available in many computer programs.

Never discard a remedy only because it is a so-called hot remedy or a chilly remedy. The thermals can be depicted differently in the repertory.

Basic requirement for getting the best repertorial result is

Your case-taking should be perfect:

"If you neglect to make a careful case-taking, the patient will be the first sufferer, but in the end you yourself will suffer from it. and ultimately homeopathy also."

Dr. J.T. Kent

Methods And Techniques Of Repertorisation

1. KENTIAN METHOD

Useful in cases in which generals & particular symptoms stands out with their modalities. This method of grouping from generals to particulars with important to mental generals is called Kantian method of repertorisation, which is the best and commonly used method.

2. HAHNEMANN & BOENNINGHAUSEN METHOD

When there is no mental symptoms but only particulars with associated concomitants / complete symptom. We can use TPB as our aid. This method is called Hahnemannian or Boenninghausen method.

3. WORKING ON PHYSICAL GENERALS

Cases with ill defined mental symptoms or concomitants, but only physical generals. We may use any general repertory such as Kent, starts with physical generals, next mental symptoms then particulars.

4. WORKING ON PECULIARITY

Cases having one or more peculiar symptoms with few generals & undefined symptoms, our aim is to find out the medicine which have that peculiar symptom and then proceed with vague or common symptoms. Any repertory which deal with the peculiarities can be used for this purposes.

This method of finding a medicine with the help of a peculiar symptom is called Keynote symptom method.

5. WORKING ON PATHOLOGICAL GENERALS.

When we come across patients with a few common symptoms or pathological symptoms only. The following details will help in the selection of medicines.

Patients personal history & family history

Temperament

Complexion, color & texture of skin

Particular organ or tissue affected

Location, character & physical aspects of lesion

Possible cause of illness.

When all the available symptoms are put together they may direct to the medicines.

6. WORKING ON TECHNICAL NOSOLOGY

Prescribing on nosological diagnostic terms or lab investigations.

When nothing to prescribe upon and the patients presenting with diagnostic terms without any symptoms eg.aneurism,atheroma etc.we can use any of the clinical repertories such as Borger's clinical repertory.

These would not help in the choice of medicine but will bring us close to a set of medicines.

Techniques Of Repertorisation

#. Thumb finger method / Book mark

#. Plain paper method

#. Repertory chart / Sheets

#. Cards

#. Computers

Criteria for the Best Repertorial Result

Even before you give the remedy to the patient you can check whether it is the right one. Even though these are not hard and fast rules, we had verified it in several patients with a very high success rate.

Minimum number of competing medicines. If you are getting a small number of remedies on the top of your chart, your rubric selection is good. If you have a large number of remedies after repertorisation, your rubric selection is wrong. Probably you have selected rubrics with a large number of remedies or main rubrics.

Related remedies – Inimical, Antidotes, Compliments. If you get inimical remedies (like Merc. sol & Silicica, Causticum & Phosphorous) on the top of your chart – Your rubric selection is very good. If you get antidote remedies on top – your rubric selection is good. If you get complementary remedies (like Bry & Rhus.t) on top – Your rubric selection is close but not quite there yet.

One among the medicines should cover all or almost all the rubrics including PDF It is not the mark obtained but the number of rubrics covered that is more important in the final selection of the remedy. Example: Phos has 15 marks and covers only 6 rubrics. Mezerium has 12 marks but covers 10 rubrics. It is thus better to give Mezerium, which represent the totality of the patient.

Many rubrics with almost similar coverage results from repertorisation of common symptoms e.g. If you are getting results like 12/4 (12 marks covering 4 rubrics), 12/4, 12/4, 11/4…on top, your rubric selection is wrong, because you have selected common symptoms of many diseases or rubrics with many medicines.

Give importance to sub-rubrics Read the sub-rubrics carefully whenever time permits. This way you will get the correct specific remedy. Suppose a patient come to you for sleeplessness – if you are taking Sleep; sleeplessness as the rubric for repertorisation, you will never get the correct remedy. But the conditions or circumstances that result in sleeplessness are explained in sub-rubrics.

Example: Sleeplessness – thoughts, activity of mind, from

Sleeplessness – waking after

Sleeplessness – grief from etc.

After the longest and most difficult part of your task, that of individualizing your symptoms, has been completed the remaining portion, that of selecting your remedy with the repertory, is quickly done and is a simple mathematical proposition.

Like all other mathematical problems we must start with the right premises and follow certain axioms in order to arrive at the correct solution. Thus if the logic of our symptom analysis is correct, if the technique of selection be without a flaw, the choice of the remedy must be mathematically certain.

The degree of vitality Homoeopathy enjoys in any given period will always be indexed by the methods of its disciples and exponents, not merely by the soundness of their teaching, but specially by the thoroughness and accuracy of their practice.

I know of no better gauge of this vitality than the interest shown in repertory work, for the repertory is our chief instrument of precision. True, some men do some good work without the repertory, but they also do poor work, more than they would do with it.

A self-made artisan may be a very useful man although ignorant of the theory and most advanced methods obtaining in his line of work, but he can never measure up to the man whom education and thoroughness of method has made an expert.

No such thing as infallibility in prescribing will ever be attained, but he who uses his repertory faithfully and intelligently – and no one can do that without equal faithfulness and intelligence in his study of the Materia Medica – will inevitably reap his reward, in results and in that peace of mind that comes only with an approving conscience.

Our case-taking will become really perfect if we have good knowledge of the rubrics and sub-rubrics. Otherwise it will be, in the words of Dr. Kent, “a case of 100 pages without a case”.

James Tyler Kent.

The proper use of repertory will lead to correct off hand prescribing WHERE AS Mechanical use of repertory never leads to artistic prescribing nor to remarkable results. - Dr. J. T. Kent

We believe that Homoeopathy is applicable to every curable case; the great thing is to know how to find and apply it.

If we had nothing but the mass of symptoms as recorded in the materia medica to help in the search for the single remedy which would cover the totality of a complicated chronic case, it would indeed be a gigantic task, and the excuse of many practitioners that they do not have the time to practice straight Homoeopathy would be plausible.

But we have in the repertory a valuable help along this line, so that with practice and study the remedy may be found with amazing rapidity.

That the science of Homoeopathy is exact when applied by the use of the repertory has been proved many times, and it will be my object today not only to demonstrate this truth, but to try and give you an insight into the methods used, so that you may obtain accurate scientific results easily and rapidly.

After a appropriate selection of the symptoms, convert the selected symptoms in to rubrics, take the help of materia medica and derive at a similimum.

Next task shall be deciding the potency and administering to the patient

In advocating the above method I assume the physician to be familiar with the arrangement of his repertory and believe that he may become a master of the art of individualization of cases.