

Subject Name- Homoeopathic Repertory and Case Taking

Subject Code: HomUG-R-II

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1. Preamble

The repertory is a dictionary or storehouse or an index to the huge mass of symptoms of the Materia Medica. The repertory is organized in a practical form indicating the relative gradation of drugs. Repertories not only contain symptoms of proving but also clinical and pathological symptoms found in the Materia Medica and additions made by authors based on their clinical experience. As no mind can memorize all the symptoms of the Materia Medica with their relative grading, repertories serve as an instrument at the disposal of the physician for sifting through the maze of symptoms of the vast Materia Medica. Case taking is the elementary mode of collecting data from the patient and the principles and techniques of case taking will demand constant updating of knowledge of the disease processes and way of interacting with human beings.

Need of the repertory as a tool arose when the number of remedies went on increasing and it was becoming humanly difficult to remember all the symptoms. A simple solution was to index the symptoms with the name of the drug. Repertories aim at simplifying the work of the physician to find the indicated remedy by eliminating the non-indicated remedies. Repertorisation is not the end but means to arrive to the simillimum and reference to Materia Medica based on sound principles of Philosophy is the final court of appeal.

Each repertory has been compiled on the basis of distinct philosophy, structure and utility. To use these instruments effectively, one must understand thoroughly its conceptual base, construction and utility and limitations. Even though there are a number of repertories, the student at the undergraduate level is expected to learn the philosophy and application of basic core repertories namely Kent, BBCR and BTPB. The subject of Repertory must not be taught in isolation but must be taught in horizontal integration with Anatomy and Physiology in I BHMS, Pathology in II BHMS, Surgery and Gynaecology in III BHMS and Practice of Medicine in IV BHMS and vertically integrated with Materia Medica and Organon and Homoeopathic Philosophy in all the years. Integrated teaching over all the years will help the student to grasp and understand the subjects better and connect repertory to all other subjects.

Similarly, case taking demands virtually integrating all the subjects taught from the I through IV BHMS in the consulting room or at the bedside. The physician can never say that he has learnt all every new patient has a new lesson to teach.

The advent of computerization and resulting software has opened many new avenues to collate and correlate the vast information found in the Materia Medica through the repertories. Continued exploration of these connections will generate new data, new repertories and the new application to existing or new illnesses.

2. Course outcomes

At the end of BHMS course, the learner will be able to:

- i. Explain the need and utility of repertory as a tool to find the similimum and in the study of Materia Medica.
- ii. Describe the philosophical backgrounds, construction, utility and limitation of Kent repertory, BTBP, BBCR, Boericke repertory, other clinical repertories and modern repertories.
- iii. Able to describe the various dimension of case taking and able to demonstrate case taking in moderate and difficult cases.
- iv. Classify the symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms based on different philosophies (Dr Kent, Dr Boenninghausen, Dr Hahnemann, Garth Boericke).
- v. Choose an appropriate approach for the case, construct the Repertorial Totality and select the appropriate rubrics and technique of repertorisation.
- vi. Identify the medium, method, process and technique of repertorization.
- vii. Display empathy with the patient and family during case taking.
- viii. Communicate to the patient and attendants the need for sharing patient related information for a complete homoeopathic case taking.
- ix. Develop ability to apply different case taking skills.
- x. Search for the appropriate rubrics in different repertory.
- xi. Understanding and evolution of modern repertories, computerized repertories, operate and use software-based repertories for repertorization.

3. Learning objectives

At the end of II BHMS, the learner will be able to:

1. Describe the steps of case taking in acute and chronic cases
2. Perform simple case taking in acute and chronic case under guidance
3. Illustrate the structure of Boericke repertory
4. Locate different pathological rubrics from Boericke repertory and Kent's repertory

4. Course content and its term-wise distribution(theory)

4.1 Case Taking (Term I)

- 4.1.1 Demonstration of Homoeopathic case taking in simple, acute and chronic cases (*refer to the table in Annex-A at the end defining category of the cases*)
- 4.1.2 Instructions given in Organon regarding case taking

4.2 Correlation of Repertory with Disease and Pathology (Term II)

- 4.2.1 Introduction to Boericke's repertory
- 4.2.2 Representation of different pathologies and pathogenesis in Boericke and Kent repertory
- 4.2.3 Understanding holistic concept of disease, constitution, diathesis, susceptibility and temperament

5. Teaching hours

5.1. Gross division of teaching hours

Homoeopathic Repertory and Case Taking		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	50	30

5.2. Teaching hours theory

S. No.	List of Topics	Hours (Total 50 hrs)
	Term I	
1.	Demonstration of Homoeopathic case taking in simple acute cases	09
2.	Demonstration of Homoeopathic case taking in simple chronic cases	08
3.	Instruction given in Organon regarding case taking	05
	Total	22
	Term II	
4.	Introduction to Boericke repertory	10
5.	Representation of different pathologies and pathogenesis in Boericke and Kent repertory	06
6.	Understanding holistic concept of disease, constitution, diathesis, susceptibility and temperament	12
	Total	28

5.3. Teaching hours Non-lecture

Sr. No	Non-Lecture Activity	Hours
Term I		
1	Clinical	15
2	Demonstrative	
2(a)	Seminar / Tutorials	01
2(b)	Problem based learning/ Case Based Learning	02
2(c)	Assignment/ Symposium / Group discussion	02
Term II		
1	Clinical	05
2	Demonstrative	
2(a)	Seminar / Tutorials	01
2(b)	Problem based learning/ Case Based Learning	01
2(c)	Assignment/ Symposium / Group discussion// Rubric hunting exercises	03
	Total	30

6. Content mapping

6.1. Topic: - Demonstration of Homoeopathic Case Taking in simple acute cases (importance & its application) and instructions given in Organon regarding case taking

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R II-2.1	K/HO	Knows	Acquiring knowledge, skill and attitude about patient and doctor communication and examination in simple acute disease	Define an acute Disease	Cognitive/ Level -1 Remembers/ Recalls	Must Know	Lecture Small Group Discussion	SAQ Viva voce	–	Horizontal integration with Organon of Medicine
Hom UG-R II-2.2	K/HO	Knows		Classify diseases as per Hahnemann's Philosophy	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Small Group Discussion	SAQ Viva voce	–	
Hom UG-R II-2.3	K/HO	Knows		State the Aphorisms dealing with Acute Case Taking and classification of acute disease	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva voce	–	Spiral Integration in III & IV BHM S
Hom UG-R II-2.4	K/HO/PC	Knows how		Explain the basic structure of case taking. List the steps of case taking in simple acute cases	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva voce	–	

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R II-2.5	K/HO/PC	Shows how		Demonstration of simple acute case taking	Psychomotor Level -1 Interpret/ Decide/ Demonstrate Cognitive/ Level -2 understand/ describe	Desirable	Clinical Class Small Group Discussion (I	SAQ Viva voce	–	Horizontal integration with Pathology & Practice of Medicine
Hom UG-R II-2.6	K/HO/PC	Shows how		Observe the skills of clinical examination of simple acute case	Psychomotor Level -1 Interpret/ Decide/ Demonstrate	Desirable	Clinical Class Small Group Discussion	SAQ Viva voce	–	Spiral Integration in III & IV BHMS

6.2. Topic: - Demonstration of Homoeopathic Case Taking in simple Chronic cases (importance & its application) and instructions given in Organon regarding Case Taking

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R II-2.7	K/HO	Knows	Acquiring knowledge, skill and attitude about	Define a Chronic Disease as per Hahnemann's Philosophy	Cognitive/ Level -1 Remember/ Recalls	Must Know	Lecture Small Group Discussion	SAQ Viva - voce	–	Horizontal integration with Organon of Medicine,

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R II-2.8	K/HO	Knows	patient and doctor communication and examination in chronic disease	Classify chronic diseases as per Hahnemann's Philosophy	Cognitive/ Level -1 Remember s/ Recalls	Desirable to Know	Lecture Small Group Discussion	SAQ Viva - voce	—	Spiral Integration in III & IV BHMS
Hom UG-R II-2.9	K/HO	Knows		List the aphorisms dealing with Chronic Case Taking	Cognitive/ Level -1 Remember s/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva - voce	—	
Hom UG-R II-2.10	K/HO/PC	Knows how		Explain the basic structure of chronic case taking. List the steps of chronic case taking	Cognitive/ Level -1 Remember s/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva - voce	—	
Hom UG-R II-2.11	K/HO/PC	Shows how		Demonstration of case taking simple chronic cases	Psychomotor Level -1 Interpret/ Decide/ Demonstrate	Desirable	Lecture/ Clinical Class Small Group Discussion Integrated discussion	SAQ Viva - voce	—	Horizontal integration with Organon of Medicine, Pathology & Practice of Medicine
Hom UG-R II-2.12	K/HO/PC	Shows how		Observe the skills of clinical examination of simple chronic case	Psychomotor Level -1 Interpret/ Decide/ Demonstrate Cognitive/ Level -2 understand/	Desirable	Clinical Class Small Group Discussion	SAQ Viva - voce	—	Spiral Integration in III & IV BHMS

6.3. Topic: - Introduction to Boericke's Repertory

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching Learning Method/Media	Assessment		Integration
								F	S	
Hom UG R-II 3.1	K/HO	Knows	Acquiring knowledge about Boericke's Repertory	Discuss the life history of Oscar Boericke with reference to his contributions to repertory	Cognitive/ Level -1 Remember s/ Recalls	Nice to Know	Lecture	Viva - voce	—	Horizontal integration with Organon of Medicine
Hom UG R-II 3.2	K/HO	Knows		Outline the Plan of Boericke's Repertory	Cognitive/ Level -1 Remember s/ Recalls	Desirable to Know	Lecture Rubric Hunting	SAQ Viva - voce	—	
Hom UG R-II 3.3	K/HO	Knows		Describe the Construction of Boericke's Repertory	Cognitive/ Level -1 Remember s/ Recalls	Must know	Lecture Rubric Hunting	SAQ Viva - voce	—	
Hom UG R-II 3.4	K/HO	Knows		Explain the Importance of knowledge of pathology and clinical medicine for using Boericke's Repertory	Cognitive/ Level -2 Remember s/ Recalls	Desirable to Know	Lecture Rubric Hunting	SAQ Viva - voce	—	Horizontal integration with Organon of Medicine, Pathology, Practice of Medicine Spiral Integration in III & IV BHMS
Hom UG R-II 3.5	K/HO	Knows how		Mention the Scope, Limitation & adaptability of Boericke's Repertory	Cognitive/ Level -2 Understands	Desirable	Lecture Rubric Hunting	SAQ Viva - voce	—	

6.4. Topic: - Representation of different pathologies and pathogenesis in Boericke and Kent

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/ Guilbert	Priority	Teaching Learning Method/Media	Assessment		Integration
								F	S	
Hom UG R-II 4.1	K/HO	Knows How	Identifying Representation of different pathologies and pathogenesis in Boericke and Kent Repertory	Identify the rubrics representing different pathologies and pathogenesis in Boericke repertory	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	Horizontal integration with Pathology, Practice of Medicine Spiral Integration in III & IV BHMS
Hom UG R-II 4.2	K/HO	Knows How		Identify the rubrics representing different pathologies and pathogenesis in Kent repertory	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	

6.5. Topic: - Understanding holistic concept of disease, miasm, constitution, diathesis, susceptibility and temperament in Boericke and Kent Repertory

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching Learning Method/Media	Assessment		Integration
								F	S	
Hom UG R-II 5.1	K/HO	Knows	Understanding the representation of constitution, diathesis, susceptibility and temperament in Boericke and Kent Repertory	Discuss the holistic concept of Health with relation to the study of repertory	Cognitive/ Level - 1 Understands	Desirable to Know	Lecture	Viva voce		Horizontal integration with Organon of Medicine, Pathology, Practice of Medicine
Hom UG R-II 5.2	K/HO	Knows		Discuss the concept of Disease with relation to the study of repertory	Cognitive/ Level - 1 Understands	Desirable to Know	Lecture	Viva voce		Spiral Integration in III & IV BHMS
Hom UG R-II 5.3	K/HO	Knows		Define Constitution, diathesis, susceptibility & Temperament	Cognitive/ Level - 2 Understands & interpret	Desirable to Know	Lecture	Viva voce		

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/ Guilbert	Priority	Teaching Learning Method / Media	Assessment		Integration
								F	S	
Hom UG R-II 5.4	K/HO	Knows How		Identify the rubrics representing different constitution, diathesis, susceptibility and temperament in Boericke repertory	Cognitive/ Level - 2 Understands & interpret	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	
Hom UG R-II 5.5	K/HO	Knows How		Identify the rubrics representing different constitution, diathesis, susceptibility and temperament in Kent repertory	Cognitive/ Level - 2 Understands & Interpret	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	

7. Teaching Learning Methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lecture	Clinical Class
Small Group Discussion	Rubric hunting exercises
Integrated discussion with subjects of Organon of Medicine, Pathology & Practice of Medicine	Case based learning
	Seminar
	Tutorial
	Group Discussion

8. Details of assessment

Note- The assessment in II BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during II BHMS will be added to the marks of IA in the III BHMS University Examination.

Overall Scheme of Internal Assessment (IA)*

Professional Course/ Subject	Term I (1-6 Months)		Term II (7-12 Months)	
II BHMS/ Practice of Medicine	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
	10 Marks Viva- A	50 Marks Clinical/Practical and Viva - E i) Viva voce -25 marks ii) Clinical/practical- 25 a. Recording of Simple acute case - 20 marks b. Analyse the case for acute and chronic disease as per Hahnemann's classification of disease - 05 marks	10 Marks Viva- B	50 Marks Clinical/Practical and Viva – F Viva voce -25 marks i) Clinical/practical- 25 a. Recording of Simple chronic case-15 marks c. Analyse the case for acute and chronic disease as per Hahnemann's classification of disease - 05 marks b. Locate the rubrics for pathologies in Boericke & Kent's repertory- 05 marks

***Method of Calculation of Internal Assessment Marks in II BHMS for Final University Examination to be held in III BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	B	D	E	F	G	D+G/2

9. List of recommended text/reference books

- Ahmed Munir R(2016). Fundamentals of repertories: Alchemy of homeopathic methodology.
- Bidwell GI.(1915). How to Use the Repertory.
- Boericke, W. (2003). New manual of homoeopathic materia medica and repertory.
- Hahnemann, S. (2014). Organon of Medicine.
- Kent, J. T. (2008). Lectures on Homeopathic Philosophy.
- Kent, J. T. (2016). Repertory of the homeopathic materia medica.
- Kent, J. T: How to study the Repertory, how to use the Repertory.
- Tiwari SK. (2007). Essentials of Repertorization.

10. List of contributors

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Annexure A (in reference of course content sub clause 4.1.1)

	Simple case	Moderate case	Difficult case
Acute case	A case of acute nature as defined by Hahnemann; which is presenting with complete symptoms of either one location or one system of single malady with no other co morbid conditions. Cases where case processing is easy and constructing totality/ rubric search for reference/ Repertorization is easy.	A case of acute nature as defined by Hahnemann; which is presenting with mixed symptomatology (complete as well incomplete symptoms) of multiple location or of single malady of functional level with other comorbid conditions of functional level. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat more difficult then simple cases.	A case of acute nature as defined by Hahnemann; which is presented with mixed symptomatology of multiple locations with structural changes or a complex disease. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult then moderate cases.
Chronic case	A case of chronic nature as defined by Hahnemann; which is having complete symptoms of either one location or one system of single malady with no other co morbid conditions. Cases where case processing is easy and constructing Reportorial totality/ rubric search/ Repertorization is easy.	A case of chronic nature as defined by Hahnemann; which is presenting with mixed symptomatology (complete as well incomplete symptoms) of multiple locations or of single malady of functional level with other co morbid conditions of functional level. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult then simple cases.	A case of chronic nature as defined by Hahnemann; with mixed symptomatology of multiple locations with structural changes or a complex disease. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult then moderate cases