

## CLINICAL REPERTORIES

**Homoeopathic Therapeutics By Dr. Samuel Lilienthal, M.D.,**

### SOME CASE STUDIES

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In chapter III vol. I of *Homoeopathic Medicine: What It Is: How To Do It In Practice* we have seen that a repertory is an index of symptoms arranged systematically and the system of arrangement may be found, in turn, upon definite guiding principles; or it may be alphabetical or schematic. These are about general repertories. For all purposes Kent's *Repertory* is the best general repertory.

When we work out any case through Kent we get long lists of remedies under various rubrics. But there is another class of repertory called clinical repertory. Here, only those symptoms frequently verified in the clinic are given under various diseases.

While Kent's *Repertory* is the only means for working out chronic diseases, the following clinical repertories will be found useful for quick reference in cases of acute and sub-acute diseases:

- (1) *Homoeopathic Therapeutics* by Dr. Samuel Lilienthal, M.D.
- (2) *Repertory* by Dr. Oscar E. Boericke, M.D.
- (3) *The Accoucheur's Emergency Manual* by Dr. W. A. Yingling, M.D.

The value of any repertory depends upon several factors.

- (1) The art of the physician in taking the case.
- (2) A knowledge of the repertory he attempts to use (a) its philosophic background, (b) its construction, (c) its limitations, (d) its adaptability.
- (3) Intelligent use of the resulting analysis.

Repertories written by Indian authors do not conform to any set pattern in regard to their background, construction, or adaptability and, therefore, they have to be rejected.

I shall now consider the arrangement in Lilienthal's *Homoeopathic Therapeutics*. After twenty to forty years of clinical practice, supposing Lilienthal had cured two thousand cases of headache, the remedies that had been prescribed in those cases are arranged alphabetically. Then the symptoms of the drugs are given.

Out of these two thousand cases of headache treated, supposing he had cured 75 with Glonoine, of course, every one of these patients would have given some symptoms or other of Glonoine. From these 75 cases he would have taken only those symptoms prominently marked in the majority of cases and listed them under Glonoine in the chapter Headache.

Therefore, Lilienthal's *Therapeutics* is not a mere compilation but the

fruit of years of labour and clinical verification.

A few cases of the author for which the remedy was selected from Lillenthal are given below. It should be admitted that only where the general repertory could not give the aid Lillenthal was consulted.

*Case 1:* A boy of eight was referred to me for worm complaint. His mother told me that allopaths had tried even double the adult dose of Santonine but there was no relief. Next, a homoeopath had given some medicines without effect. Later on, I learnt he prescribed Cina. She said: "Doctor, he complains of vertigo very often". Under 'Worm affections' thirty-four remedies are given in Lillenthal's *Therapeutics* and I studied the symptoms of all the remedies looking for the word 'vertigo'. Under *Cicuta* Lillenthal mentions, among other things, "... Vertigo and headache." The word 'vertigo' does not occur anywhere else. A dose of *Cicuta* 200 promptly relieved the boy of all the troubles.

*Case 2:* The other night, a married woman of 28 was brought to my clinic with very difficult breathing. Friends and relatives accompanied the patient as they thought her condition was serious and she might collapse at any time.

I questioned her as to what caused her difficulty to have free respiration. She pointed to the left hypochondrium and told me that she had pain there and breathing in aggravated the pain terribly to such an extent that she dreaded deep inspiration. A few routine remedies were tried and after getting no effect Kent and other repertories were consulted, all in vain. Since the patient pointed out to the region of spleen where she had pain, we decided to consult Lillenthal for spleen affections. The index showed the entry "Spleen, diseases of, 679". On page 679 under "Lienitis—Splenitis and other affections of the spleen" forty-four remedies were given with their respective symptoms, each remedy having about five to six symptoms or modalities. All the remedies were studied and the following symptoms in *Agaricus* seemed to suit the case:

Excessive hypertrophy of the spleen; deep contractive pain in the region of spleen; dull pressure in spleen, when lying in bed on left side diminished by turning to the right side; stitches under the short ribs on the left side on *inspiration*, especially when sitting with a stooping chest.

The patient had already reported of 'pain on left side aggravated by inspiration.' On my questioning I confirmed the symptom 'pain aggravated lying on left side and diminished by turning to the right side.' *Agaricus* 30 single dose relieved her in a few minutes and she could breathe without any difficulty.

Where other repertories do not help, and when there is one or more strong modality or concomitant, we can easily select the remedy from Lillenthal, by looking for the signs < or > through the various remedies under a particular disease.

*Case 3:* While I was in Delhi, a South Indian priest of 35, complained

of burning pain in his mouth and he had apthae. He could not speak clearly as he had hoarseness also for some years about which he described: "You see, I lose my voice generally in the evening which lasts till night."

Under 'Hoarseness-Aphonia' I went through the symptoms of all the remedies looking for the symptoms < evening and night. I could find this in Alumina only and in no other remedy was this period of aggravation given. For confirming Alumina I asked him about his bowel movements and he at once replied he had constipation for seven years. Alumina cured not only his hoarseness but also the apthae and constipation.

Before concluding I would also like to mention that while reviewing the then medical literature of Homoeopathy, in his paper Medical Literature (published in the *Transactions* of The 43rd session of The American Institute of Homoeopathy, Wisconsin, 17.6.1890) Lilienthal concludes: "...if you cannot find the remedy by studying the various books, drop a nickel in the slot and you will find the desired symptom in Lilienthal."

**Editorial comment:** While it is not disputed that Kent's *Repertory* is one of the best repertories, it is difficult to accept the author's claim that it is the *only* best *general* repertory or the *only* means of working out chronic diseases. No single repertory can be called a complete work or can be universally employed for the analysis and synthesis of all cases. Every repertory has a definite philosophical concept behind it and the author himself has rightly pointed it out in his write-up. Provided one understands with sufficient clarity the philosophy behind each one of them he can exercise the right choice from among the repertories available which one is best suited for a particular case. This fact the author himself acknowledges when he states, he had to consult Lilienthal because the general repertory could not aid him in selecting a remedy for the cases cited by him. But he has preferred to remain silent *why* it failed him. Could some of the cases which were not amenable to repertorization by the Kent's *Repertory*, and with some more painstaking case recording, be repertorized successfully with Boenninghausen's *Therapeutic Pocket Book*? It is obvious that the factors he enumerates that determine the value of the repertory have their origin in the introductory chapter of the *Therapeutic Pocket Book*. Under that category does he wish to place that repertory—General, Clinical, for acute, sub-acute or chronic cases? Further he dismisses the repertories written by the Indian authors to be not of the requisite standard. The monumental card repertory of Dr. Jugal Kishore has few parallels in Homoeopathic literature, both in terms of the size as well as utility. One of the fundamental errors we homoeopaths are susceptible to is of identifying ourselves with a personality rather than the science. Homoeopathy would become more meaningful if we make an effort to pool the combined wisdom of the different personalities who have contributed to the science from time to time and testing the results by putting it into practice.

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