

## BOERICKE'S VS. KENT'S REPERTORY : A CASE STUDY

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"We need any and every way of finding the right remedy..."

—J. Compton Burnett

This paper is being written for those who always work out their cases through repertory for finding out the similimum.

"...in the homoeopathic treatment of any case it is impossible to tell what symptom may be indicative of the *similimum*, or what remedy may be called for."<sup>1</sup> So also, it is impossible to tell beforehand what repertory may be required for reference in a case. This is more so, when we consider the limitations of the attending physician.

I had invariably used at one time or the other almost all the repertories, but the following have been referred to much more frequently as I consider they are of great practical help and are exhaustive:

Kent's Repertory (For chronic cases and mind symptoms).

Boericke's Repertory (For acute diseases, physical symptoms, pathological symptoms, single symptom).

Samuel Lilienthal's *Homoeopathic Therapeutics* (For those cases that come from old school with a name for their sickness).

W. A. Yingling's *The Accoucheur's Emergency Manual* (For conditions which occur directly before, during or after labour or abortion).

Minton's *Uterine Therapeutics*.

Herbert A. Robert's *Sensations As If...* (A repertory of subjective symptoms).

In this paper I shall describe two cases to show the difference in *arrangement* between the repertory of Kent and that of Boericke.

CASE 1: A pregnant lady of 24, primipara, was suffering from morning sickness since third month till the time she came under my treatment when she was at the eighth month and during the period third to eighth month she was treated by many homoeopaths without much relief.

Symptoms as told by the patient: "When I get up after finishing my food, immediately I vomit one by one all that I have taken in the same reverse order. So, after finishing my food, I wash my hands in the plate and lie down. After half an hour, I slowly get up and go about and I don't vomit. Doctor, I want to tell you one more thing, I feel some pain here (shows the left side of the abdomen) as if the child is pushing forward with its fist."

<sup>1</sup> Yingling, W. A.: *The Accoucheur's Emergency Manual* (B. Jain Publishers, New Delhi), Introduction, p. 8.

After a moment's pause, she continues: "Whenever a bus or truck passes on the road, on hearing the sound I feel the pain in that place. --

The symptoms were classified as under and worked out in Boericke's repertory:

Pain on left side (of abdomen).

Pain aggravated by noise.

Vomiting on rising after food.

'Modalities' at the end of the Repertory was referred.

AGGRAVATION—Left side: Agar., Arg. m., Arg. n., Asaf., Aster., *Bellis.*, *Ceanoth.*, Chimaph., Cim., Colch., Cupr. m., Erig., *Lach.*, Lepid., *Lit. t.*, *Ox. ac.*, Pulex., Rumex., Sapon., Sep., Ther., *Thuja.*, Ustil.

Noise—Acon., Asar., *Bell.*, *Bor.*, *Calad.*, Cham., *Cinch.*, Cocc., *Coff.*, *Colch.*, Ferr., Glon., *Ign.*, Lyc., Mag. m., Med., Nux. m., *Nux. v.*, Onosm., Phos., Solan. lyc., *Spig.*, Tar. h., *Ther.*

Colchicum and Theridion are common to both the rubrics.

'Vomiting aggravated on rising from sitting.' I thought it should be classified either (i) jar, (ii) on beginning to move, or (iii) motion. So, the following Modalities were consulted:

AGGRAVATION—Motion, on beginning—Puls., *Rhus. t.*, Stront. c.

Motion—(out of 18 remedies listed, only Colch. was given in italics and Ther. was absent.)

Jar—Arn., *Bell.*, Berb. v., *Bry.*, *Cic.*, Crot., Glon., *Ign.*, *Nux. v.*, *Spig.*, *Ther.*

However, both Colch. and Ther. were studied in Boericke's *Materia Medica* and Ther., was confirmed on the following symptoms mentioned in the first paragraph:

Sensitive to noise: It penetrates the body... Noises seem to strike on painful spots over the body.

Stomach: Vomiting on motion.

Modalities: Worse pressure, jar, noise, left side.

While getting up from sitting position one has, to some extent, bend forward which would give pressure on stomach and may be it is this pressure which might have caused vomiting.

Theridion 30, one single dose completely cured the patient, of both vomiting and the pain.

For academic interest, this case (with patient's report *verbatim*) was given to a set of seven homoeopaths, who were ardently following Kent's Repertory. Every one worked out the case and suggested different remedies except Theridion. The following is the way to work out the case in Kent's Repertory.

MIND, SENSITIVE: noise, to: 90 remedies.

STOMACH, VOMITING: 177 remedies.

GENERALITIES: Jar, stepping agg: 84 remedies.

Following is the summary of repertorisation. Only those remedies common to all the rubrics and securing seven and more points are given below: --

	Sensitive to noise	Vomiting	Jar agg.	Total
Acon.	3	3	2	8
Asar.	3	2	2	7
Bell.	3	2	3	8
China	3	3	2	8
Con.	3	2	3	8
Nit-ac.	3	2	3	8
Nux-v.	3	3	2	8
Phos.	3	3	2	8
Puls	3	3	2	8
Sep.	3	2	2	7
Sil.	3	3	3	9
Ther.	3	2	3	8

After this, one has to compare the above with materia medica to find out which remedy suits the patient.

I am giving the illustration to show the difference in construction. The arrangement in Boericke is clinical. We can find out the remedy from the symptoms told by the patient without putting questions.

The remedies are grouped under various rubrics in such a way that we can select the remedy on the symptoms told by patient himself in the clinic without our questioning, e.g. I once cured a case of exophthalmic goitre with *Cocculus*. The patient complained of much dryness in oesophagus and difficult and painful swallowing. The case was repertorised with Boericke's Repertory.

THROAT, oesophagus—dryness: *Acon.*, *Bell.*, *Cocc.*, *Mez.*, *Naja*.

DYSPHAGIA, deglutition painful, difficult: *Bell.*, *Cocc.* etc.

*Bell.* and *Cocc.* are common to both the rubrics. Since *Bell.* is only an acute remedy, I settled on *Cocc.* and to confirm the selection I asked her about travel sickness and she at once replied that she is taking some tablets prescribed by her allopathic doctor whenever she felt nausea during bus or train journey.

*Cocc.* 200 one dose and placebo were prescribed. After a month when I saw her she said she never had nausea during travel and so there was no occasion for taking the allopathic tablet. Dryness and difficult swallowing was also relieved to a great extent. There was reduction in the swelling of neck. She was given *Cocculus* 1M and placebo for another month. Very good effect. *Cocculus* 10M completely cured her in another month's time.

Another case is that of an old lady of 60 years who was referred to me by her grand-daughter who asked me for some medicine to relieve her

grandmother's constipation. She also reported much sordes on the teeth.

CONSTIPATION—Cause and type—in old age: *Alum.*, *Ant. c.*, *Hydr.*, *Lyc.*, *Op.*, *Phyt.*, *Selen.*, *Sul.*

TEETH—Sordes and deposits: *Ail.*, *Alum.*, *Ars.*, *Bapt.*, *Echin.*, *Hyos.*, *Iod.*, *Kali p.*, *Merc. c.*, *Phos. ac.*, *plant.*, *Rhus t.*

Single dose of *Alum.* 30 relieved her very much.

The arrangement and construction in Boericke's Repertory are really wonderful. It has been done as follows:

In the clinic after having selected a remedy for a case, the remedy is entered under those rubrics only which were told by the patient himself in the clinic.

Boericke's *Materia Medica* is another wonderful aid. Other materia medicas have been written in the language of provers. But Boericke's *Materia Medica* is written in the language of the patient in the clinic.\*

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\* We differ a bit from our learned writer on this point. Most part of the language of any materia medica including that of Boericke is not the precise language of either the prover or of the patient at the clinic. The exact language of the prover or the patient is generally specially cooked for properly dishing out in materia medica or repertory in the form of rubrics, without distorting the least the real essence or sense of the symptom.

Boericke has developed his materia medica not so much on words of the patients in the clinics or of the provers, but mainly on objective symptoms, i.e. objective clinical/pathological findings observed by physician.

On the contrary Kent has developed his materia medica based more on the words of the patients/provers but not at all ignoring the objective symptoms and pathological features.—*Editor.*

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