

HOMOEOPATHIC REPERTORIAL INDEX FOR ASTHMA

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Introduction

Asthma is a clinical syndrome characterised by a variable and reversible peripheral airways obstruction. The clinical picture of asthma remains variable as no uniform mechanism has been identified in all patients. It is manifested physiologically by a wide spread narrowing of the air passages which may be relieved spontaneously or as a result of treatment, and clinically by paroxysmal dyspnoea, cough and wheezing. Being an episodic disease, it is characterised by acute exacerbations and interspersed symptom-free periods. Typically, the acute attacks are shortlived, lasting from a few minutes to hours after which the patient seems to recover completely clinically. However, there can be a phase in which the patient experiences some degree of airway obstruction daily which may be mild or severe. The severe obstruction may last for days or weeks causing a condition known as *Status Asthmaticus*. The modern medicine offers but symptomatic relief. Other measures such as avoidance of exposure to precipitating or causative factors i.e. allergens etc. also prove to be helpful in controlling the disease. Homoeopathy, however, offers a curative treatment for asthma and is reported to have many cures to its credit.

Epidemiology

Nearly 2.00% of the world population is reported to be suffering from asthma. An ICMR report informed that approximately 1.00% of Indian population suffer from asthma. Another report informs of higher incidence i.e. 1.60% in urban and 2.70% in rural areas.

Incidence is a little more in boys than in girls (3:2) but in adult life no sex differentiation is found. It is also slightly more in upper than in lower income-groups.

The prognosis in majority of children is usually good with spontaneous improvement occurring in approximately 75% of cases during puberty. The prognosis in adults is, however, less favourable and total remission is rare.

Clinical Classification

Asthma can broadly be classified into *Extrinsic* and *Intrinsic*. However, a detailed classification embraces other forms of asthma viz. *mixed asthma* (a combination of extrinsic and intrinsic asthma), *chronic asthmaticus bronchitis* etc. In view of internationally accepted classification, only extrinsic and intrinsic varieties of asthma are discussed here.

Extrinsic Asthma: It is also known as allergic asthma and usually affects children and young adults. It is characterised by reversible paroxysms of bronchospasm with wheezing, dyspnoea, cough etc. following exposure to causative allergens. The episodic attacks are usually of sudden onset and of short duration. In between such attacks the patient is usually symptom free. In cases of extrinsic asthma, a personal history of *Hay Fever* or *Eczema* (atopic) as also a *family history of atopy* is usually present.

Intrinsic Asthma: Intrinsic asthma usually develops in middle age, Respiratory-tract infections such as

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perennial rhinitis, nasal polypus etc. being main precipitating factors. Intrinsic asthma is also termed as *idiopathic* or *infective asthma*. Notwithstanding the nature of disease, an occasional history of atopy may also be present.

The clinical features of extrinsic and intrinsic asthma are generally identical but in case of intrinsic asthma purulent sputum production and cough is usually more severe than in extrinsic asthma.

Clinical Signs and Symptoms

The clinical signs and symptoms of asthma may develop gradually or suddenly and at times may be preceded by an episode of allergic rhinitis or upper-respiratory-tract infection. The following signs and symptoms constitute the disease pathogenesis of asthma:

Dyspnoea (paroxysmal, anxious or difficult breathing)

Wheezing (expiratory or inspiratory)

Cough (dry, hard with difficult expectoration)

Tightness in the chest

Cyanosis

Tachycardia

As may be seen, these signs and symptoms are pathognomic and are of little value unless supplemented by characteristic modifying factors i.e. modalities (aggravations and ameliorations) and concomitant symptoms, which form an integral part of true disease pathogenesis from homoeopathic point of view.

Management and Treatment

The management of an asthmatic depends on various factors viz. good health measures (nourishing, non-allergenic diet, liberal fluid intake, adequate rest and sleep, reasonable physical activity and exercise etc.); avoidance of various factors (overfatigue, dampness, tobacco smoking and fumes, extremes of temperature, crowds and individuals with common cold etc.); environmental factors (pollens and other offending allergens, carpet and rugs, dust, feather pillows, wool blankets, pets such as cats etc.); elimination or atleast control of sinus infection, nasal polypus and hiatal

hernia. The use of airconditioners, purifiers, filters and electronic air cleaners have also been found to assist in the management of asthmatics. These factors may not contribute to the curative treatment of asthma but they surely do help in controlling the intensity of disease. Homoeopathic therapy unlike other therapies, is aimed at correction of morbid mechanism of the individual patient. Being a specialised method of treatment which aims at curing the sick person rather than the disease, it requires a methodical case-taking and data processing before a correct prescription can be made. This entire process is time consuming and essentially requires skill of an high order.

Objective of the Study

The objective of this study is to simplify the process of data processing and also to make it less time consuming.

For obvious reasons a Homoeopath has to put in hard labour to find out a *similimum* from a large number of homoeopathic drugs, to analyse and interpret the symptomatological data and then subject it to the process of repertorisation. The data mainly consist of pathognomic or common and non-pathognomic or uncommon symptoms. The former are attributed to the disease, the latter to the individual patient and therefore are important from homoeopathic point of view. Although common symptoms are not sufficient to provide a base for homoeopathic prescription, they alongwith non-pathognomic, peculiar and characteristic symptoms contribute to the prescribing totality of the individual case. It is also true that some of the remarkable cures were based on pathognomic symptoms alone. They become important in absence of characteristic and peculiar symptoms as there remains no alternative but to base a homoeopathic prescription on them. Further, they assist in diagnosing a case and thereby help in finding a particular group of medicines useful in respective disease and help in restricting the choice of a remedy to a few, one of which may be the indicated. Therefore the idea behind the present work was to provide the physician with a repertorial index which may assist him in the selection of an indicated remedy for individual asthmatics and cut short the repertorisation work.

Sources and Method

The source of compilation of this work mainly consists of Kent's Repertory (K) and Boericke's Repertory (B). The rubrics "Respiration, Asthmatic" and "Asthma" around which the entire work revolves were taken from (K) and (B) respectively. The related medicines were placed in an alphabetic order. Other signs and symptoms were then studied and the medicines placed under these in both the repertories were also studied and only those medicines which represented the main rubrics "Respiration, asthmatic/Asthma" were selected and given place under respective rubrics with gradings as discussed below. First, Second and Third grade symptoms of (K) were

provided with 3, 2 and 1 marks respectively against indicated medicines. On the other hand if the rubric was taken from (B) only 2 and 1 marks were provided against respective medicines as (B) contains only two gradings i.e. *Italics* and Ordinary. In all 18 common signs and symptoms of asthma have been included with as many as 183 representative medicines.

It may, however, be made clear here that this repertorial index is no substitute for an elaborate repertorisation of a particular case. As stated earlier, it is only aimed at assisting the physician in the process of repertorisation. He can add to this repertorial index the peculiar and characteristic symptoms of particular patient and find out the indicated medicine.

Repertorial Index

Sl.No. Signs and Symptoms

1. Respiration, Asthmatic (K); Asthma (B)
2. Morning (K)
3. Night (K); At night, lying down (B)
4. Midnight, after (K)
5. Must spring out of bed (K)
6. Respiration, anxious (K)
7. Respiration, difficult (K); Dyspnoea (difficult, embarrassed, oppressed, anxious) (B)
8. Respiration, paroxysmal (K)
9. Wheezing (K)
10. Cough, asthmatic (K); Cough, wheezing asthmatic (B)
11. Cough, dry (K); Cough, dry, hard, racking, hackig, short, tight, tickling (B)

Sl.No. Signs and Symptoms

12. Chest, tension, tightness, constriction (K); Chest, pain, constriction, spasmodic, tightness, fullness, oppression, on (B)
13. Chest, oppression (K)
14. Air, open, desire for (K); Air, cool must have windows open (Generalities)(B)
15. Change of temperature agg. (Generalities) (K)
16. Change of weather, cold to warm agg. (Generalities) (K)
17. Cyanosis (Generalities) (K); Cyanosis (Circulatory) (B)
18. Pulse, frequent, accelerated, elevated exalted, fast, innumerable, rapid (Generalities) (K); Pulse, rapid, tachycardia, (Circulatory) (B)

* Signs & Symptoms covered

** Total score

Sl.No. Remedies	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	*	**
1. Aco.	2	...	...	...	...	3	2	...	...	2	3	3	3	1	1	...	1	3	11	24
2. Agar.	2	...	...	...	...	...	2	...	...	...	2	2	2	...	...	...	1	2	7	13
3. All.C.	1	...	...	...	...	...	...	...	...	...	1B	2	2	...	...	...	...	...	4	6
4. Aloe.	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1	4	4
5. Alumn.	1B	...	...	...	...	1	...	...	1B	...	2	1	2	...	...	...	...	...	6	8
6. Alum	1	...	...	...	...	...	1	...	2	2	3	2	2	2	1	...	1	1	11	18
7. Ambr.	3	...	...	...	...	...	2	...	2	1	2	1	2	1	...	...	...	...	8	14
8. Ambra.	1B	...	...	...	...	...	...	...	...	1B	...	1	...	...	...	...	...	...	3	3
9. Am.c.	2	1	1B	...	...	2	2	...	1B	2	2	1	3	2B	...	...	2	1	13	22
10. Amyln.	1B	...	...	...	...	...	1B	...	...	...	...	...	...	...	...	...	...	...	2	2
11. Arac.	1	...	...	...	...	2	3	...	...	1	1	1	2	1	...	...	...	1	9	13
12. Ant.a.	1B	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2B	1B	4	6
13. Ant.c.	1	...	...	...	...	...	2	...	...	...	1	...	2	2	...	...	1	1	7	10

S. No. Remedies	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	*	**
14. Ant.t.	2	...	2	...	...	1	3	...	2	3	1	2	2	1	...	...	2	2	12	23
15. Apis	2	...	...	...	...	2	3	...	...	...	1	1	3	2	...	...	...	3	8	17
16. Aral.	2B	...	2B	...	...	...	2	...	1	1	...	1	...	...	...	...	...	...	6	9
17. Arg.n.	3	...	...	...	...	...	2	...	1	1	1	2	2	2	...	...	2	2	10	18
18. Arn.	1	...	...	...	...	2	2	...	...	1	2	2	2	2	...	...	1	3	10	18
19. Ars.	3	...	3	3	3	3	3	1	3	3	3	3	3	2	3	...	2	3	16	44
20. Ars-i.	3	...	...	...	...	...	2	...	2	2	3	2	3	2	...	...	...	3	9	22
21. Arum-t.	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	3	3
22. Atrop	1B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
23. Asaf	2	...	...	...	...	...	2	...	...	1	1	...	2	2	...	...	1	2	8	13
24. Asar	1	...	...	...	...	...	2	...	...	...	1	...	1	2	...	...	1	1	7	9
25. Aur	2	2	...	...	...	...	2	...	...	...	1	3	3	3	...	...	1	3	10	21
26. Bac	2B	...	...	...	...	...	2B	...	...	...	...	2B	...	...	...	...	...	...	3	6
27. Bar-c.	2	...	...	...	...	1	1	...	...	1	2	2	1	2	...	...	1	1	10	14
28. Bar-m.	1	...	...	...	...	3	2	...	...	1	2	...	1	1	...	...	...	1	8	12
29. Bell	2	...	...	...	...	2	2	...	...	2	3	3	3	...	...	...	2	3	9	22
30. Blatta	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2	4
31. Bov.	2	...	...	...	...	1	2	...	...	...	1B	...	2	1	...	...	...	1	7	10
32. Brom	2	...	2	...	...	...	2	1	2	2	3	3	1	2	...	...	...	1	11	21
33. Bry	2	...	1	...	...	1	3	...	...	1	3	3	3	2	...	3	1	3	12	26
34. Cact	2	...	...	...	...	...	3	...	...	...	1	3	3	...	...	...	...	2B	6	14
35. Calad	2	...	...	...	...	...	1	...	2	...	1	...	2	...	...	...	...	1	6	9
36. Calc	2	2	...	...	...	1	2	...	1	1	3	3	3	1B	...	...	1	1	12	21
37. Camph	1	...	...	...	...	...	2	...	...	...	1	2	2	...	...	...	3	2	7	13
38. Cann-s.	2	...	...	...	...	1	1	...	2	...	1	1	...	...	...	...	...	...	6	8
39. Caps	2	...	...	...	...	...	2	...	2	...	2	2	...	...	...	...	...	...	5	10
40. Carb-an.	1	1	...	...	...	2	1	...	...	...	3	2	1	1	...	...	1	...	5	13
41. Carb.s.	1B	...	...	...	...	...	2	...	1	1	2	3	3	2	...	...	...	...	8	15
42. Carb.v.	2	2	2	2	...	...	3	...	3	2	2	3	3	3	2	1	3	1	15	34
43. Card.m.	1	...	...	...	...	...	...	...	1B	...	1	3	...	...	...	...	...	...	4	6
44. Caust.	1	...	...	...	...	...	3	...	...	1	2	...	2	1	1	...	1	1	9	13
45. Cham	1	...	...	...	...	2	2	...	2	1	2	2	2	...	...	...	1	2	10	17
46. Chel	1	...	3	...	...	3	3	...	...	...	2	3	3	...	...	2	1	1	10	22
47. Chin	2	...	...	...	...	...	3	...	2	2	3	1	2	...	...	...	1	1	9	17
48. Chin.a.	2	...	...	...	...	...	2	...	2	1	1	1	2	...	...	...	1	1	9	13
49. Chlol.	2	...	2	...	...	...	1	...	1	...	...	1	1	...	...	...	...	...	6	8
50. Chlor.	1B	...	...	...	...	2	3	...	...	1	1	2	...	...	...	...	...	...	6	10
51. Cic.	2	...	...	...	...	...	2	...	...	1	...	2	2	...	...	...	1	...	6	10
52. Cina	1	...	...	...	...	1	3	...	2	3	2	1	1	...	...	...	1	2	10	17
53. Cist	1	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	4
54. Coca	2B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2

S.No. Remedies	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	*	**
55. Cocaine	1 ^B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
56. Cocc	1	...	...	...	...	2	2	...	...	1	1	2	2	...	...	...	1	1	9	13
57. Coc.c.	1	...	...	...	...	...	2	...	...	1	2	2	1	...	...	...	...	1	7	10
58. Coff	2	2	2	...	...	2	1	...	...	...	2	1	2	...	...	...	...	1	9	15
59. Colch.	2	...	...	...	...	1	2	...	...	...	1	2	3	...	...	...	...	1	7	12
60. Coloc.	1	...	1	...	...	2	2	...	...	...	1	2	2	...	...	...	...	1	8	12
61. Con	2	2	1 ^B	...	...	...	2	...	...	1	2	3	2	...	...	...	2	3	10	20
62. Croc	1	...	...	...	...	...	1	...	...	1	2	...	1	3	...	...	...	...	6	9
63. Crot-h.	2	...	...	...	...	2	2	...	...	...	1	1	2	...	...	...	...	...	6	10
64. Crot-t.	1	...	...	...	...	1	3	...	1	2	...	2	2	...	...	...	1 ^B	1	9	14
65. Cupr	3	...	...	...	...	1	3	2	2	3	2	2	3	...	...	...	3	3	11	27
66. Cupr-a.	2 ^B	...	...	...	...	...	2 ^B	...	...	...	...	2 ^B	...	...	...	...	...	...	3	6
67. Cupr-ar.	1 ^B	...	...	...	...	...	3	...	...	...	...	...	2	...	...	...	...	...	3	6
68. Daph	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
69. Dig	2	1	2	...	...	2	2	...	...	1	1	2	2	1	...	...	3	3	12	22
70. Dros.	2	...	...	...	...	...	2	...	2	3	1	2	2	...	...	...	1	...	8	15
71. Dulc	2	...	...	...	...	...	2	...	...	1	2	2	2	...	...	...	...	...	6	11
72. Egg-vaccine	1 ^B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
73. Euphr	2	...	...	...	...	...	1	...	...	1	1	2	...	...	...	...	...	...	5	7
74. Eup.per	1	...	...	...	...	...	1	...	...	...	1	...	2	...	...	...	...	...	4	5
75. Ferr	2	...	2	2	...	1	3	...	1	1	2	2	3	...	...	2	1	2	13	24
76. Ferr.ar.	2	...	1	1	...	...	2	...	...	1	2	1	3	...	...	...	...	...	8	13
77. Ferr.i.	1	...	...	...	...	...	2	...	1	1	2	1	1	...	...	...	...	1	8	10
78. Ferr.p.	1	...	...	...	...	...	2	...	...	1	2	1	1	...	...	...	...	3	7	11
79. Gels	2	...	...	...	...	...	2	2	...	...	1	2	2	1	...	1	...	3	9	16
80. Glon	1 ^B	...	...	...	...	...	2	...	...	...	...	2	2	...	...	...	...	3	5	10
81. Graph	2	...	...	2	2	...	2	...	1	...	1	3	2	2	1	...	...	...	10	18
82. Grat	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	4	4
83. Grin	1	...	2 ^B	...	...	...	2	...	1 ^B	...	...	2 ^B	...	...	...	...	...	...	5	8
84. Hep	2	...	...	...	...	2	3	...	1	2	2	2	2	...	...	...	1	1	10	18
85. Hippoz	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	3
86. Hydrc	1	...	...	...	...	1	1	1	1	...	1	1	1	...	...	...	1 ^B	...	9	9
87. Hyos.	1	...	...	...	...	2	1	...	...	1	3	2	1	...	...	...	1	2	9	14
88. Ign	2	...	...	...	...	2	2	2	...	1	3	3	3	...	...	...	1	2	10	21
89. Ill.	1 ^B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
90. Iod.	2	...	...	...	...	...	2	...	2	1	3	2	2	3	...	...	...	3	9	20
91. Ip	3	...	2	...	...	3	3	2	3	3	2	2	3	...	...	...	2	1	12	29
92. Kali.a.	3	...	1	...	...	1	3	...	2	2	2	2	3	...	...	...	...	...	9	19
93. Kali.bi.	2 ^B	...	...	...	...	1	2	...	2	2	2	2	3	...	...	...	...	1	9	17
94. Kali.br.	2	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	3	5

S.No.	Remedies	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	*	**
95.	Kali.c.	3	3	2	...	...	2	3	1	3	2	3	2	3	1	...	...	...	1	13	29
96.	Kali.chl.	2	...	...	...	...	...	2	...	...	1	...	2	1	...	...	...	2	1 ^B	7	11
97.	Kali-i.	2	...	...	...	...	...	3	...	...	...	2	1	1	3	...	...	...	1	7	13
98.	Kali.n.	3	...	...	...	...	...	1	...	...	1	...	2	2	1	...	...	...	1	7	11
99.	Kali-p.	2	...	...	...	...	...	2	...	...	1	2	1	1	...	...	...	...	...	6	9
100.	Kali-s.	2	...	...	...	...	...	2	...	2	...	1	1	2	3	...	3	...	...	8	16
101.	Lac-d.	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	2
102.	Lach.	2	...	1	2	...	2	3	...	2	2	3	3	2	2	...	2	3	2	14	31
103.	Lact.	1	...	...	...	...	...	2	...	...	...	1	2	2	...	...	...	...	...	5	8
104.	Laur.	2	...	...	...	...	2	2	...	...	1	1	2	1	1	...	...	3	2	10	17
105.	Led.	2	...	...	...	...	...	1	1	...	2	1	2	1	...	...	...	1	1 ^B	9	12
106.	Lob.	3	...	...	...	...	1	3	...	1 ^B	1	1	3	2	...	...	...	...	1	9	16
107.	Lyc.	2	...	...	...	...	...	3	...	2	1	3	3	2	3	1	2	1	1	12	24
108.	Mang.	1 ^B	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	3	3
109.	Manc.	1	...	...	...	...	...	1	...	1	...	...	2	...	...	...	...	...	1	5	6
110.	Med.	2	...	...	...	...	...	2	...	...	...	1	1 ^B	1	1 ^B	...	...	...	...	6	8
111.	Meny.	1	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	4	4
112.	Meph.	2	2	2	...	...	...	3	...	...	1 ^B	...	...	...	...	...	...	...	...	4	10
113.	Merc.	1	...	...	...	...	...	2	...	1	1	2	2	2	...	...	...	1	3	9	15
114.	Mez.	1	...	...	...	...	...	2	1	...	1	2	2	2	2	...	...	...	2	9	15
115.	Mosch	2	...	...	...	...	...	2	1	...	1	1	1	1	...	...	...	1	2	9	12
116.	Morph	1 ^B	...	...	...	...	...	1	...	...	...	2	1	...	...	...	...	...	...	4	5
117.	Naja	2	...	1 ^B	...	...	...	3	...	1	...	1	2	2	...	...	...	2	2	9	16
118.	Naph	2 ^B	...	...	...	...	...	2 ^B	...	...	...	...	1 ^B	...	...	...	...	...	...	3	5
119.	Nat-a.	1	...	...	...	...	...	1	...	...	...	3	2	1	...	...	...	...	1	6	9
120.	Nat.c.	1	...	...	...	...	...	2	...	...	...	2	2	1	1	...	...	...	2	7	11
121.	Nat.m.	2	...	...	...	...	3	2	1	2	1	3	3	2	2	...	2	1	3	13	27
122.	Nat.p.	1	...	...	...	...	...	2	...	...	...	1	1	1	...	...	...	...	...	5	6
123.	Nat.s.	2	...	...	...	...	...	3	...	2	1	1	2 ^B	3	2	...	2	...	2	10	20
124.	Nit.ac	2	...	...	...	...	1	2	...	2	1	2	2	2	...	...	...	1	2	10	17
125.	Nux.m.	1	...	...	...	...	...	3	...	2	2	2	2	3	...	...	2 ^B	1	2	9	18
126.	Nux.v.	2	...	1	...	...	1	2	...	1	3	3	2	3	...	1	...	1	3	12	23
127.	Ol-an.	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
128.	Op	2	...	2	...	...	2	3	1	...	1	2	2	2	1	...	...	3	3	12	24
129.	Pari	1	...	...	...	...	...	1	...	...	...	2	...	1	...	...	...	...	1	5	6
130.	Passif	2 ^B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
131.	Petr	1	...	...	...	...	...	1	...	...	1	3	...	2	...	...	...	...	1	6	9
132.	Phel	1	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	1	5	5
133.	Phos	2	1	1	...	...	3	3	1	1	2	3	3	3	1	1	...	1	3	15	29
134.	Phyt.	2	...	...	...	...	...	2	...	...	...	2	...	2	...	...	...	...	2	5	10

S.No.	Remedies	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	*	**
135.	Plat	1	...	...	...	...	2	2	...	...	...	2	2	2	2	...	...	...	2	8	15
136.	Plb.	1	...	...	...	...	1	2	1	...	...	2	1	1	...	...	...	1	2	9	12
137.	Podo	1	...	...	...	...	...	1	...	...	...	1	1	1	...	...	...	...	1	6	6
138.	Poth	2 ^B	...	...	...	...	...	1 ^B	...	...	...	...	1	...	...	...	...	...	...	3	4
139.	Psor	2	...	...	...	...	2	2	...	...	1	2	1	2	...	...	3	1 ^B	...	9	16
140.	Ptel	2 ^B	...	...	...	...	...	1 ^B	...	...	...	1	...	...	2	...	...	...	...	4	6
141.	Puls	3	...	3	...	...	3	3	1	...	2	3	2	3	3	2	2	1	2	14	33
142.	Quebr.	1 ^B	...	...	...	...	...	2 ^B	...	...	...	...	...	...	...	...	...	...	...	2	3
143.	Ran-s.	1	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	2	5	6
144.	Raph	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	3	3
145.	Rhod	1	...	...	...	...	...	1	...	...	...	2	2	1	...	...	...	...	1	6	8
146.	Rumex	1	...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	3	5
147.	Ruta	2	...	...	...	...	...	1	...	...	...	1	1	1	...	...	...	1	...	6	7
148.	Sabad	1 ^B	...	...	...	...	1	1	...	...	1	1	...	1	...	...	...	1	1	8	8
149.	Sabin	1	...	...	...	...	...	1	...	1	...	1	1	1	1 ^B	2	...	...	...	8	9
150.	Samb	3	...	2 ^B	3	3	2	2	2	2	2	2	1	2	...	...	...	2	1	14	29
151.	Sang	2	...	1	...	...	...	2	...	1	2	2	1 ^B	2	...	...	...	...	2	9	15
152.	Sars.	1	...	...	...	...	1	1	...	...	...	1	2	1	1	...	...	1	1	9	10
153.	Scroful	1 ^B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
154.	Sec	1	...	...	...	...	3	2	...	...	...	1 ^B	...	1	2	...	...	2	3	8	15
155.	Scl.	1	...	...	...	...	...	3	...	...	...	1	...	2	...	...	...	...	...	4	7
156.	Seneg	2	...	...	...	...	...	2	...	1 ^B	1 ^B	2	3	...	1	...	...	1	1	9	14
157.	Sep	2	...	2	...	...	...	2	...	1	2	2	2	...	1	...	...	...	2	9	16
158.	Sil	3	...	...	...	...	...	3	...	...	2	2	3	2	2 ^B	...	...	1	3	9	21
159.	Silph	1 ^B	...	...	...	...	...	...	...	...	...	...	1 ^B	...	...	...	...	...	...	2	2
160.	Sin-n.	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
161.	Spig	1	...	...	...	...	1	2	...	...	1	1	2	...	...	...	...	...	3	7	11
162.	Spon	3	...	...	...	...	3	3	...	1	2	3	2	2	1	1	...	1	2	12	24
163.	Squil	1	...	...	...	...	3	3	...	1	1	1	1	1	...	...	...	...	...	8	12
164.	Stann	2	...	...	...	...	3	3	1	1	1	2	3	2	1	...	...	...	3	11	22
165.	Sterculia	2 ^B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
166.	Still	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	4
167.	Stram	3	...	...	...	...	2	2	...	...	2	1	2	2	2	...	...	1	3	10	20
168.	Stront	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	3	3
169.	Stry	1	...	...	...	...	...	3	...	...	...	1	1	1	...	...	...	...	...	5	7
170.	Sulph	3	...	2	...	...	...	3	1	1	1	3	3	3	3	1	3	1	3	14	31
171.	Sul ac.	2	...	...	...	...	...	1	...	...	1	1	1	1	...	...	...	1	1	8	9
172.	Syph	1 ^B	...	2	...	...	...	...	...	2	...	1	...	1	...	...	...	...	...	5	7
173.	Tab	1 ^B	...	...	...	...	1	2	1	...	...	1	2	2	2	...	...	1 ^B	2	10	15
174.	Tela ar.	1 ^B	...	...	...	...	...	...	...	...	...	1 ^B	...	...	...	...	...	...	...	2	2
175.	Thuja	2	...	2	...	...	1	1	...	...	...	2	1	2	1	...	...	1	1	10	14
176.	Tub	1 ^B	...	...	...	...	...	2	...	...	...	3	...	3	...	...	3	...	...	5	12
177.	Verat	2	2	...	...	...	1	3	2	...	1	1	3	3	...	1	...	3	2	12	24
178.	Verat v.	1	...	...	...	...	...	1	1	...	...	1	1 ^B	1	...	...	...	...	3	7	9
179.	Viol-o.	1	...	...	...	...	1	1	...	...	1	1	...	1	...	...	...	...	...	6	6
180.	Viol-t	1	1	1	3	3
181.	Visc.	2 ^B	1	2
182.	Zinc	1	...	1	1	2	1	2	1	2	1	1 ^B	3	11	16
183.	Zing	2 ^B	1	1	1	1	5	6

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