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## TALK - 5 REPERTORY 1

Today, I would like to speak about the Repertory, The Repertory is something that we should all familiarize ourselves with and I think it's very, very important and sometimes with idea of concepts, kingdoms and themes etc. the repertory can be neglected and I think that's a big loss. So the subject of this talk is going to be the Value of repertory and a little bit about how we can use it.

### My familiarity with the repertory

I started my study of homoeopathy with repertory. My father who was repertorising every single case and he was teaching repertory for many years of his life. He used to bring home some cases from his clinic. Even when I was as young as 13-14 years old & he would ask me to do Repertory work, Means he would give me the rubrics, '**Desire for sweets**' or '**Agg from warmth**' and I would have to go the repertory and do the work for him and find common remedies between these two rubrics. So that's how from a young age I became quite familiar with the repertory even before I actually knew the names of the remedies. I only knew the abbreviation.

In those days Kent's repertory was almost exclusively used. Later on in the year 1976 or 1977, Barthel and Klunker who are from Germany and Switzerland they brought out the synthetic repertory in which they had added into Kent's repertory from 14 different repertoires.

And they brought out 3 volumes of it. The first volume was on mind, the 2<sup>nd</sup> volume on generalities and the 3<sup>rd</sup> volume was on sleep, dreams and sexuality.

My father, he used the repertory in almost every single case and I can see from his case records, the repertorization of every case was so neatly written down. With this kind of a background repertory became one of the main tools of my practice.

### Repertory as an index of symptoms;

Let us try to understand the repertory a little bit more. A repertory as we all know is an index of symptoms, with each symptom listing the remedies for it. These symptoms are arranged in an organized fashion under different chapters and the rubrics are arranged under them..

### Advantages of repertory;

What are the advantages of repertory? They are really too numerous even to list them but I will just mention the most prominent advantages:

1. It helps us to know the remedies since our memory is not even a fraction of all our *Materia Medica*. It is therefore impossible for us to remember all the symptoms of all the remedies, and without an index we would be really lost. So Hahnemann himself; even though he had so few remedies, 90 or so he still found the necessity to make an index or a first repertory which he called, "*Fragmenta de Viribus medicamentorum Positivis*".

Later on, Boenninghausen with Hahnemann's concurrence made a repertory of antipsorics and he developed further repertories. If a great man like Hahnemann, in spite of having far fewer remedies than us & still needed repertory then why shouldn't we?

Our knowledge of *materia medica* is too limited to a few symptoms of few remedies, and this gives us a completely one sided picture.

For example, we all know *Pulsatilla* is thirstless and *Bryonia* is extremely thirsty. But if you look in the Repertory, '**Mouth dry with thirstlessness**' then you find *Bryonia* is in the highest grade. So when you read the repertory, you see that your symptom picture of the remedy is far too limited and remedies are far bigger than what we can know from memory.

We all know that *Calcarea carb* patients perspire a lot. But if you look at the rubric, '**Skin, dry, inability to perspire despite exertion**', you will find very few remedies there and *Calc carb* is one of them.

So from this you know if a patient absolutely cannot perspire, he can still be Calcarea carb. It's one of the indications of Calcarea carb. And I have used this in my cases.

So the repertory broadens our understanding of remedies.

If you look at Pulsatilla, in the *Materia Medica*, the first thing that they will tell you is that they are very mild, it's yielding, weeping disposition. But if you see the rubric, 'Irritable', you find Pulsatilla in the highest grade.

So you understand that Pulsatilla can have an extremely irritable side to it and later on when we study the family *Ranunculaceae*, we see that it's actually irritability and the anger is the hall mark of Pulsatilla and the mildness and yielding disposition is only a cover for this irritability. It's so interesting, isn't it? In fact in my practice, I use irritability and anger as one of the main indications of Pulsatilla, only knowing that this is very deeply and hidden cover up with it is mild / yielding outer front.

Another advantage of repertory:

2. There are many peculiar symptoms which we would never know unless we had a repertory.
3. It is also important to see that repertory is a bridge between the patient and the *materia medica*, and ultimately we must use the repertory as a bridge and not the final destination. Ultimately we need a remedy that matches the patient on the whole and not simply a remedy that matches one symptom or one rubric of the patient.

However, an extremely peculiar symptom can lead us to the remedy and then we can examine if that remedy has a deeper similarity with the whole patient. We can then examine if the kingdom and the miasm of the remedy and the patient match each other.

4. We can also use the repertory to differentiate one remedy from the other.
5. Also we can use it to study the various families and to study the common sensation in a given group of remedies or of a miasm. I have used the

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repertory with great effectiveness to find the common sensation of a family or of a miasm.

6. The repertory can also be used to study the *materia medica* by making repertory extractions of *materia medica* from it and then we can see the entire symptoms of the remedy are arranged in rubric format, in an alphabetical format and this makes it very easy to search and to study remedies.

### **Different forms of repertory and different ways of its use;**

Now there are different forms of repertories.

The different forms of repertory are; there are ...

- General repertory.
- Local repertory.
- Card repertory.

These are now out of use &

- Computer Repertories and Software Repertory.
- General repertory includes Kent repertory, complete repertory, synthesis, synthetic repertory etc.
- Boenninghausen's therapeutic pocket book.
- Boger and Boenninghausen's characteristics and repertory.
- A Concise repertory by Phatak.

Now you have of course very much expanded repertories like the Complete repertory and Synthesis.

### **How do we use the repertories?**

One common way to use is to hunt for the peculiar symptom.

### **Hunt for the peculiar symptom;**

Let me give you some examples from my practice;

## 52] Case: Perspiration from elbow to wrist—Petroleum.

I was sitting in the Out Patient Department of the hospital, when was brought to me a one year old child who had urethral stricture. With great difficulty was passing urine and he was advised Surgical procedure. But they brought the child to me. But there were hardly any symptoms I could find. But after repeatedly asking, I found this symptom, 'the child sweats from elbow to his wrist'. This is where the child perspires. So this was a peculiar symptom. Everything else seemed to be ok except this one symptom.

So I looked in the repertory, '**Extremities; perspiration, forearm**' only one remedy that is Petroleum.

Then I checked up the rubric, '**Urethra; stricture**' & also in this only petroleum was given in the highest marks.

So I gave the child Petroleum and the child immediately improved, in one week his stricture was gone and now we have a follow up more than 10 years. This problem never recurred again.

I'll give u another case:

## 53] Case: Loud noise caused the fever—Bryonia.

This patient was a son of a journalist who came with high fever, this was an acute condition. I asked the parents how did this fever starts? was there any exciting factor? And the parents said that the child was lying down and the volume of the Television (TV) which was watched by the other family members was very loud and the boy said, 'Please lower the volume. Please lower the volume, it's too loud for me.' But somehow the family was very excited with that program and they didn't lower the volume of the TV and after some time the boy developed fever. Very interesting!

So there is a rubric '**Fever; noise from**'. The remedy that is given is Bryonia. I confirmed that the child had other symptoms of Bryonia and with this Bryonia the fever came down beautifully.

#### 54] Case: Vitiligo in a humorous lady- Kali iod.

Early on in my practice I had a case of a woman who came with vitiligo, she had white spots bilaterally symmetrical on her extremities, face etc. in fact most of her skin had become white and it had become white and it had white on both the sides at the same time. I was talking to her, She had actually come for some other illness, not even the white spots. Because white spots, she lived with for a long long time and it didn't bother. She had come for some urinary infection or something like that. And as I was talking to her, I found that she was making a lot of jokes, she would just be very humorous and we had a lot of laughing going on over here. But what was happening was whenever she would say something I would joke, she would joke.... The laughter was going on and then there were not too many other symptoms.

I'll give you an example:

I asked her, 'How do you sleep?' She said, 'Well you know, I wake up at around 2-3 am in the morning and then I can't get to sleep again. And then I said, 'What do you do then when you wake up again at 2-3'o clock?' She said, 'I converse with God. I just have a good conversation with him. I chat with him' and then she laughed a little bit.' And I said, 'If you don't get sleep then what is your problem? Why do you disturb God? You know he should be happy. You don't get sleep, at least you let him sleep'. And she told me very quickly, "I think it's the other way around Doctor. I think the God is who gets disturbed with sleep and then wakes me up in order to talk to him" and then we both laughed. The case was going on like this. The other thing about her was, she was very aggravated by warmth. She couldn't stand heat and she was known as the walker because, come wind or come rain, or anything; she had to walk. And she was very much relieved by walking in the open air.

This was one of the early cases I had. And then you see the rubrics are there:

- **Loquacity with jesting.**
- **Walking in the open air ameliorates.**
- **Warmth in general aggravates.**
- **Skin, discoloration, white spots**
- **Symmetrical affections.**

And the remedy was Kali iodatum and with Kali iodatum much to her surprise the skin got back the colour again. We didn't expect this after so many years of her having complete vitiligo. Her spots went and skin became brown again.

### **Some of the gems that I use from the repertory;**

I would now like to share with you some very useful rubrics used from the repertory. These are symptoms that are not commonly known but which I found through the repertory and I use them in practice.

#### **Thuja;**

I will give you one example;

A person having a back ache or he may not have a backache and he sits down for a long time in a chair or in my clinic for a long time and then when he tries to get up he can't become erect immediately, he takes more time to get up and then he gets erect again, this is a very, very good symptom of Thuja. I have confirmed in my cases

You will see this under the rubric,

#### **'Back; pain: standing erect almost impossible after sitting'.**

I found this very confirmatory symptom of Thuja. I will give you some other very confirmatory symptoms that I use in my practice and sure it will be of use to you, for example.

#### **➤ Genitalia; female: Menses wash off, difficult to.**

It's a great confirmation of Magnesium carb.

Sometimes the stains remain and cannot be washed off.

Another interesting symptom which is confirmatory of Aurum Metallicum

#### **➤ Nose; knobby tip- Aurum.**

You wouldn't know these peculiar symptoms through Materia Medica.

It escapes you because they are so small but so peculiar that in the Repertory.

They are called as single symptoms. Single symptom is that symptom for which there is only one remedy. It really stands out. If you find that symptom, you immediately think of that remedy for the case or try to see if that's the remedy for the case.

Or you use that for confirmation once you know that remedy for example: if I think the patient needs lycopodium, one symptom I never fail to confirm is:

- **Extremities; cracks, skin, feet, heel-** Lycopodium.

So in Lycopodium, the cracks only appear in the heel area. That's very interesting because like in remedies like Graphites, Petroleum etc. the cracks occur on the whole feet. But if it is only on the heel then it's a good indication for Lycopodium.

If it is all over the soles, not the edge but all over the soles.... Arsenicum

- **Extremities; cracks, skin, feet, soles-** Arsenicum.
- One indication of Thuja is when the **finger nails are ribbed** that means as if they are corrugated. They are just wavy. If this very strong, it's Thuja symptom.
- Another when the warts are found in the nape of the neck, you find in many people there are fleshy warts coming out on the nape of the neck. In Homoeopathy, the Repertory lists nape of the neck as Cervical region. So you have,

**Back; warts, cervical region** – this is a good indication for remedies like Silica, Nit. Acid and Thuja.

- If the patient has **warts on the fingers**, this is a very good indication of Lac caninum.

I saw in the Out Patient Department (OPD) just two weeks ago, a girl who had come with about 40 to 50 warts all over her fingers and I gave her Lac caninum based on her whole story. Now do remember '**No remedy or no Homoeopath is going to prescribe a remedy based on one rubric or one symptom**'. When I give you the symptom & the remedy, it's not like you find the symptoms, you give that remedy. I mean you can. Nobody stops you but generally you will not get a good result in most cases. What you need to do is: use that indication that peculiar symptom as a kind of hint and to see if the rest of it matches. You know that's what you really have to know this. So I gave Lac caninum based on the totality and really all the warts just disappeared within 3 to 4 weeks.

- Another symptom which is confirmatory of Silicea is:
- **Respiration; asthmatic, air, draught of agg-** Silica [normally asthma is better by draught of air]

Just think about it. Most people with asthma would like air because they feel a little bit suffocated. They want air. But in Silicea the peculiar symptom is, it's a single symptom of Silicea. That when they have asthma and they sit under a draught of air, things get worse. I have used that very often to give Silicea.

Another symptom, this is a very common one:

- **Head; hair, baldness, of young people**

You know people who lose their hair very fast, they become bald very soon. It's a good hint for two remedies: Baryta carb and Silicea.

I have confirmed this many times in practice. Of course, you never give this in practice just because a male 30 yr old comes with a male pattern of Alopecia, doesn't mean you have to give Baryta Carb or Silicea. But you use that as a hint. So these are some very very nice hints I could share with you. And the Repertory is so full of these things it is unbelievable.

Another thing where I used the repertory quite a bit was in the chapters on Delusions and Dreams.

### **Use of chapters on delusion and dreams;**

When my practice evolved from the stage of facts, to emotions and then to delusions, I found that the repertory was useful at all levels. Facts, emotions, and even delusions. I found it useful to understand the state of the mind, to know the delusion. Delusion actually gives you the way how the patient perceives the reality. It's at a level 4 at which you see how the patient perceives reality. I will give you an example.

➤ **Delusion alone in wilderness;** of Stramonium.

It's the exact delusion how a patient will perceive his delusion. If I take you & put you in a middle of a jungle or a desert, this is wilderness. And how do you experience the fear, the panic, the craving for light and company .... Very typical of Stramonium. And very often when you take Stramonium patient right into the depth of his perception, he can give you this actual vision that I feel that I am alone in a jungle or a deserted place.

You know the favorite delusion of Thuja:

➤ **Delusion body is brittle;** Thuja.

This is the perception of Thuja that the body is made up of glass, very sensitive, very brittle. You have to be very careful, very cautious, you have to handle it with gloves. This is the feeling and what is interesting is, later on you learn how to apply this in practice and that is so beautiful, I tell you. For example: in Thuja, the patient will often say 'Doctor, listen please give me a medicine that is a mild medicine not a strong medicine because you see the other people may be able to bear strong medicine but my body, it can't take anything strong. So please just for me, don't make strong medicine' which means it's like saying the other person's body is OK. But mine is very delicate, very fragile, very brittle. So please be very cautious with it. It's a very good symptom of Thuja.

Take another delusion:

➤ **Delusion soda water bottle, thinks he is;** Argentum nitricum, Cannabis-indica

It's so interesting! The remedy there is Cannabis Indica and Argentum nitricum.

If you have a look at especially Argentum nitricum, you find the feeling of Argentum nitricum is like being under tremendous pressure. It's like a claustrophobic situation which is the nitricum part that he just wants to come out and just come out and bring this kind of being put under a lot of pressure

is the feeling of being put a bottle of soda water. See we have to understand these are the images what the patient gives that I am under a very high pressure and I feel as if I am under a lot of pressure that I will explode. It's like nitricum.

So this is the whole chapter of Delusion has to be understood as the perception otherwise you would be waiting for one year for the patient to say 'Doctor, you know. What you see is not true. I am actually a bottle of soda water.' But the patient is not going to say it like this. He is going to give you an image. Delusions are images.

Take another delusion: for example...

➤ **Delusion crime he had committed**

Many remedies I can think of Aurum met, Medorrhinum. These are remedies that have a very strong feeling that I have done something wrong, I have done a crime.

**Delusion injury will receive;**

Now very good rubric. Remedies like Stramonium and hyoscyamus, as if I will be hurt specifically hurt as if somebody is going to beat me up. This is the panic that comes in Stramonium, Hyoscyamus.

➤ **Delusion assaulted is going to be; in Tarentula,**

So these are some of the delusions I can point out to. What is important is that we have to combine with Delusion also the dreams and the fear. These are very, very similar and quite interchangeable rubrics. So a delusion is very close to a dream.

So for example: if the patient says, 'I have a dream that dog is coming to bite me, I can take '**Dream of dogs**', **Delusion of dogs**', and '**fear of dogs**' ... all in one. And then all the remedies for this, because all this is a perception whether he is fearing a dog, he is seeing a dog, whether he is dreaming a dog, seeing a dog. When he is imagining a dog, he goes in a street and he is very conscious of the dog. That's also a delusion of a dog, So these rubrics can be taken together and in a software program.

For example: Reference works. I am sure in other software programs. Also, you can combine it very easily. Like putting all the three rubrics together and

adding them up in the repertory or in the reference works you can look at or you can put fear/ dream/ delusion within 3 words of dog. And then you get all the remedies that have in one sentence either fear of dog or a dream of dog or a delusion of a dog and a rubric is created on the spot & this is a very, very useful function. Same with a snake. You can put delusions, dream, fear of snake and the software will take all the remedies from the Materia medica and the provings and the Repertory that have to do with delusion, dream or fear of snake and that can be used.

Another rubric is:

➤ **Delusion wonderful beautiful landscape;**

What is the meaning of this delusion? How to use it? The remedies there are Coffea and Lachesis. How I use it is ... Suppose you ask the patient 'Tell me what you like to do?' 'I like to go to hill station.' 'Tell me what you like about hill stations?' 'Wow! How beautiful, how fantastic, how wonderful is this landscape over there.' Then it means that in his perception, he sees beautiful, wonderful landscapes.

Coffea, Lachesis.

➤ **Delusion robbers sees;** Arsenic, Natrum Mur.

What does this mean? That means in the patient when you say delusion sees robbers, it does not mean that the patient imagines that the robbers in the room or something like that. That is also possible. But what is more common is the perception that the people he sees are robbers, they are out to rob him. In Arsenic patients, for example: Even considers the doctor to be a robber. Very often he may think of you as a robber. That is the meaning of robbers sees. He believes that everyone is out to take out the money from him, is to steal the money from him, is to dupe him. So Arsenicum becomes cautious and suspicious of everyone.

For example: The rubric of Arsenicum:

**'Delusion, sees robbers in the house'**

It is for me, I have seen that he feels that people in the house are robbers.

Another rubric like that is;

- **Delusion, strangers sees;** Stramonium, Belladonna.

You have to understand this. To me that whomsoever he sees feels like a stranger to him. He doesn't feel familiar easily. This is the meaning.

One rubric is:

- **Delusion that brother fell overboard in her sight;**

Remedy is Kali brom. I use this Rubric very often

I am telling you the rubrics, I have used very often in my practice. One of them is this

#### **Delusion brother fell overboard in her sight.**

That means you have to imagine that she was standing there and her brother was there with her in a ship or a boat or something and then in her own sight the brother fell out of the vessel and probably drowned. The amount of guilt and the feeling that she has done something terribly wrong is so strong in this situation is so strong. You put yourself in this situation and see how would you experience it. Maybe I could have prevented it, maybe I would have done something, maybe I would have saved, maybe I would have neglected and then this tremendous guilt that comes especially having done wrong towards one owns family. Kali means family, Bromatum means crime. And I have seen this in many Kali bromatum patients that they carry a lot of guilt about things that happen to people in their family and this guilt really troubles a lot from them.

- **Delusion deserted or forsaken;**

That means he feels as if nobody wants him or nobody cares for him. This is a very strong symptom of some remedies but what I remember best is Mag carb. The orphan or the feeling of being orphan or left alone or forsaken by the nearest and the dearest of himself - Mag carb.

- **Delusion that he is dirty;**

We have remedies like Lac caninum and Syphilinum and the feeling is ...

You know the well-known symptom of these two remedies is to keep washing the hands because they feel it's very dirty. And they imagine things that are

dirty and think themselves to be dirty also. This is a common thing that patients say and it is always not limited to Lac can and Syphilinum or we have seen this rubric:

➤ **Delusion he is going to murder her child and husband;** Kali brom.

And the opposite

➤ **Delusion that he will be murdered;** Belladonna, Hyoscyamus.

That somebody is out there to kill him. There's a panic of the Solanaceae family. The terror of the Solanaceae family and it's found in the remedies like Belladonna and Hyocyamus.

➤ **Delusion of being sold;** Hyoscyamus.

The main feeling here is of being betrayed by somebody who knows you very very, well known, very familiar.

One rubric of Nux moschata is very interesting:

➤ **Delusion everything is strange or familiar things are strange;** Nux moschata.

It comes from the family Magnolia. Later on we will see that it is main sensation is a sensation of astonishment 'Where am I? Where did I land up?' It's so strange, how did I come here and like losing his way in well-known streets 'Where am I? I can't identify this place.' So that thing comes very strongly in Nux moschata.

### **Delusion familiar things are strange**

The patients will not give you the delusions directly.

Like no one will say Doctor I am brittle, I am made up of glass. I am a soda water bottle. It's not like this. It's an image and you have to see this image in how they speak, how they narrate their story and it's very interesting.

### **55] Case: I know why you won't take off the t-shirt; Kali Brom.**

I remember a case of a girl. She said when she was fourteen or fifteen she was sitting in group in a picnic. It started raining so their clothes got wet and the men took off their t-shirts and this girl didn't want to take off her t- shirt. The father asked why you don't take off the t-shirt, she was just coming into her puberty one

can say. And she said, no it's ok I do not want to remove my T shirt and then he commented "Oh, I know why you will not take off the t shirt". She said at that point, when she heard the father saying that then she got a fright ,an instant fear that her father could hurt her in some way. That he has some bad intention for her and this fear kind of became fixed in her mind.

So here is a Rubric, '**Mind: Delusion, danger, from his family**'.

And the vertigo started some time in that time period.

Now see the beauty of this rubric. The remedy is Kali bromatum. So just like Kali Brom had the earlier symptom that he caused crime to his family, that she could murder her husband and child. Similarly, they have a feeling that the family could cause a harm to them and this becomes a kind of obsession or a fixed idea and this causes a lot of anxiety. So later on, when we look at the whole system's approach, we find that Kali is family, Bromatum is danger and therefore Kali bromatum means danger to his family or danger from his family. It could mean either way and the other interesting thing about Kali bromatum is that it falls under the Sycotic miasm with a lot of fixed ideas and obsessions and a lot of anticipatory anxiety and avoidance behavior. So all this works out within the rubric:

### **Mind: Delusion, danger, from his family'**

That kind of represents a lot of things in Kali bromatum. So it's simply one rubric on which you prescribe, it's the whole understanding and in the understanding also comes your Symptom, Kingdom, miasm and rubrics and everything and that acts so beautiful.

I'll give you another example:

### **56] Case: The Ghost had big eyes: Opium.**

A girl I think she came to me with convulsions. And she was very scared of her father and this fear started from the time he scolded her.

Once he got angry and he shouted at her and he scolded at her and she got very fearful of him and the symptom was whenever she looked at him, she imagined that she was seeing a ghost. She felt as if his big angry eyes were looking at her. She felt as if the ghost , I asked her to describe the ghost. She said the ghost had

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big eyes, angry eyes. Very interesting. Now what we tend to do is because we know the rubric:

**Mind: Delusion, danger, from his family'**

We are tempted to apply the same rubric in her case but it will not work. Why not? This is a little difficult.

Here the rubric is different :

**'Mind: Delusion; enlarged, eyes are'.**

So what she saw was big eyes. This is so peculiar. So you want to go to something even more peculiar. Eyes are enlarged and the remedy is Opium.

We understand Opium. We understand Opium is a remedy who has got 'ailments punishment from.'

**Ailments, punishment from**

**Ailments from reprimands**

And you know that Opium has the exact symptom:

**'Anxiety after fright when the fear of the fright remains'.**

So the whole idea of Opium is:

**Ailments from fright,**

**Ailments from punishment**

**Ailments from reprimands.**

And that fright gets so embedded inside her that each time she sees him, it reminds her of that situation and she actually sees a ghost with enlarged eyes. So this is a whole totality of Opium. And Opium did her very well. She got cured with her convulsions from Opium.

I'll give you another example:

**57] Case: Guilt conscious; Ignatia.**

A young girl had a very strong feeling of guilt. Now, I saw her much, much later. When she was an older woman and she said when she was a child of 8-10years old it was implanted in her mind from her culture & her family that if any man touches you it means you are married to him. Now we are talking of like half a century ago, when things were much more conservative than they are now. Now when she was playing, she was 8 years old, one old man came close to her and

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(with gesture of love) picked her up and put her on his lap. She was so upset with this and now she started believing that since this man put her on his lap, she is married to him.

And later on, when the old man died, and now she believed she was his widow and so she refused to marry anyone else. She felt very, very guilty and very conscious of her so called marriage. Now this is what she could not share and for the first time after several several years may be decades. So here on this basis, we took the rubric:

**'Mind; delusions, married is'**

& the Rubric

**'Secretive'**

& the Rubric

**'Mind; anxiety, conscience of as if guilty of a crime '**

And when you put these rubrics together, you see that remedy Ignatia. It's so clear. And with Ignatia the delusion that she is married is very strong symptom in Ignatia.

So these are some of the examples of the way I have used the repertory and I want to now take you to another different side. I want you to introduce you to a little bit to the work of Boger and Boenninghausen.

### **Introduction to Boger Boenninghausen's approach;**

Let us familiarize ourselves with Boenninghausen's and Boger's approach.

The main idea of Boenninghausen are two:

- **Doctrine of analogy &**
- **Doctrine of Concomitant**
- **Doctrine of analogy**

Means "What applies to a part applies to the whole". Every symptom that refers to a part will be predicted for the whole being. This is **grand generalization**. If the same sensations and modalities occurred in different parts of the case then we can say it is of the whole person especially anything that is peculiar in a part always must be an expression of the disturbance in the whole being or of the individual himself.

- **Doctrine of concomitant**

Means if there is a group of symptoms along with the main complaint; it is generally overlooked by the physician or unnoticed by the patient. But these are crucial in individualizing the case as well as the remedy. So when we inquire into a particular symptom for e.g. if we have its Location, Sensation and Modality, then what differentiates one remedy from the other is what else is found along with this. That is the concomitant.

### **Experiences with Dr. Bhanu Desai;**

One of my teachers was very good at using the book 'Boger's Boenninghausen Characteristic Repertory', it was written by Boger based on Boenninghausen's work. My teacher's name was Dr. Bhanu .Desai, and he wrote a book called, "*How to find the simillimum using Boger Boenninghausen Repertory*". I studied with him only for 2 years on how to use this Repertory. I would like to give you some case example:

### **Two cases from Bhanu Desai;**

#### **58] Case: 3am and 3pm chill with fever- Thuja.**

Once he saw a patient who came with fever and chill. The chill occurred with regularity at 3 am and 3 pm daily.

On referring to Boger's synoptic key under the symptoms "Agg. 3am and 3pm" You get five remedies; Ant.t, Arsenic, Cedron, Nat Mur and Thuja.

On the basis of other symptoms he prescribed Thuja with very good result. Now have a look. You will hardly think of Thuja in a case of fever. But when the symptoms are there that's what is needed.

#### **59] Case: Eczema at bend of elbow- Cuprum Met.**

Another case of him, was a case of eczema in the bend of elbow. It was of oozing type. After having tried and failed with remedies like Graphites, Mezereum and Psorinum, Dr. Bhanu Desai looked into Kent's repertory and he was surprised to find the remedy Cuprum metallicum.

The rubric, 'Extremities, eruption, elbow, bend of, eczema'.

The remedy is Cuprum metallicum, he did very well.

So what talking here? I would like to say something at this point. What we are saying is that very often when we go into Kingdoms and Systems and Miasms and Concepts. We often forget ground reality and the Ground reality is Repertory, the Rubrics, the Symptoms, the Peculiarities and sometimes we get lost in concepts, we get lost in Kingdoms, we get lost in whatever we theorize a little bit. But when we have solid grounding like this, that this peculiar symptom of the patient is in this remedy, it gives us a lead to examine and we often find Remedy is OK. It matches the whole case and then we have really solid ground to prescribe. We should not lose it.

Many cases do not go to the Sensation level. They do not go to the source. They do not go very deep. In these cases, you find that the Rubrics are extremely useful and you can very often prescribe with certainty, especially if you get peculiar symptoms.

### Experiences with Dr. S.R. Phatak

The person I worked with for a long time is Dr. S. R. Phatak. whose book, **Concise Repertory** or **Phatak's Materia Medica**. I am sure all of you are familiar with.

#### Phatak's repertory based on Boger's approach:

Phatak's repertory is based on "Boger's approach". Actually the whole repertory of phatak is an expanded version of the repertory section of "Boger's synoptic key". What Phatak tried to do in the Repertory is that he expanded the idea of Boger's generalization which is found in the synoptic key along with some very very local peculiar symptoms based on Kent and other repertories. And this is a unique combination that gives you Generals of Boger and very strange peculiar local symptoms of Kent.

I would like to give you many examples of Phatak's repertory at this point I hope that you have this book with you. You must and this is very, very useful and if you have it now please open with me and let's read some of the rubrics.

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I would like to start with a case, where Phatak used local symptom.

It was a case of a child with constipation. It was a stubborn constipation. The child had difficulty for months he wouldn't pass proper stools and the other symptom was of course, the child was disturbed mentally. And this whole symptom complex had started after the child's father had died after a prolonged illness. This affected the child a lot and after the death of his father, the child had become very reserved, very taciturn. He would not mix around with anybody. He would be with himself and Phatak he used the local symptom in this case. Constipation ..... I think it is on some page 70.

**'Constipation, mental shock, nervous strain from'**

and the only remedy there is Mag carb. And of course, when you look at Mag carb, we know that it's the orphan child. We already know it is quite reserved and taciturn. We know it feels forsaken. The remedy immediately helped the child. So you see how useful such a hint is in a given case like that.

***Phatak's repertory :***

This repertory is very small but sometimes there are gems which are not found in other repertories. That's the reason why I always use it along with the main repertories.

It has two big advantages;

- One is you can use it where you don't get local peculiar symptoms, by generalizing the peculiar modality or location or sensation.

For example, if there is a very peculiar symptom in the foot of the patient but you can't find it in Kent you can use Phatak and generalize that peculiarity by taking the general sensation or modality and take this advantage.

- And the second advantage is that there are many more peculiar symptoms in this repertory which are sometimes not even found in the bigger repertories.

I would like to give you an example:

## 60] Case: Eruptions with no itching; Cicuta.

There was a case of a flight attendant one of the cabin crew with severe eczema which was oozing and was all over his body. It was not a good sight to look at and this threatened his job, he couldn't go for work was on leave and whether he could join his duty again. Other Homoeopaths had tried other remedies on him and nothing worked. So when I took him to Phatak, he asked him what is the complaint, what trouble do you had? And the patient said that I don't have any trouble I just have these eruptions. Dr Phatak said 'What troubles do you have in that eruptions. He said nothing except the eruptions.

And Phatak said what about the itching and patient said I don't have any itching it is just an eruption.

And that was very peculiar. So he took the rubric from his Phatak's repertory, 'Eruptions, itching without' [Pg no: 121]

There were only two remedies, Cicuta and Cuprum. Out of that, Cuprum aceticum has dry eruptions and Cicuta has moist eruptions, oozing eruptions. And so he gave him Cicuta which did beautifully. He just cured the case.

What is interesting here is;

- Eruptions itching without, is not even given in bigger repertories but is given in such a small Phatak's repertory like this.
- And what is also interesting is much later on when we study Cicuta; we see Cicuta comes from Umbelliferae, CICUTA is from the leprosy miasm and the main theme of leprosy miasm is such bad eruptions, such disgusting appearance that you don't feel like facing the world at all any more. That you remain in isolation isn't it beautiful? That's how it all comes together.

Some more cases of Phatak

These are not my cases at all. But the cases which I heard from him and from my father also narrated as having been treated by Phatak.

### 61] Case: Diarrhea of 40 years duration- Sepia.

One patient was having diarrhea of forty years duration and he had consulted many eminent physicians of two generations without relief. The patient was diagnosed as a case of mucus colitis.

Phatak asked them how did it all start. He said it started during his marriage. So what happened during the marriage? and he said in Hindu marriages especially, they are especially they are given a glass of a very highly boiled milk & after that he got diarrhoea and so Phatak used a rubric from Boger Boenninghausen's repertory,  
I think it is found in his repertory as well.

#### 'Boiled milk aggravates'

In Boger – Boenninghausen, it is also found in the section “stool”. Under the chapter stool you find this modality but here in Phatak Repertory on page 167, you have ‘milk aggravates’, ‘Boiled milk aggravates’ remedies were Nux moschata & Sepia. Based on other symptom of the case he selected Sepia which cured. We would never know these unless for the Repertory.

I'll give you another case.

### 63] Case: Itching of nose while eating- Lachesis.

A young girl had a peculiar symptom; that every time she would eat she would get itching of nose. It was so bad that she was not able to eat for a month and she had to liquefy the food and eat it up.

Because it was so annoying that whenever she would start eat, she would start itching. Of course, the modern medical doctors had no answers for this and ultimately she was taken to a psychiatrist to see what was wrong with her head.

But my father writes that he went to Kent's repertory a rubric,

**"Nose; itching, eating, while"**, and remedies are Jatropa, and Lachesis.

Based on other symptoms Lachesis was selected which cured the case. I will give you a few more cases from Dr Phatak.

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## Some more cases from Dr. Phatak

### 65] Case: Argentum nitricum.

One case is of peripheral neuritis of the leg. There was intense pain in the neuritis & the patient had relief from passing flatus (gas) and by eructation. The pains were also relieved if somebody pressed the part very hard or if he moved. Rubrics taken in this case were,

**'Flatulence, up and down passing amel'** [Boger's synoptic key, pg no: 79]

The rubric here in Phatak:

**'Flatulence, up and down passing amel'**

And

**'Pressure, amel'.** [pg no:27].

And when you combine these two you find Argentum nitricum. This relieved the patient completely.

Another interesting case was of:

### 66] Case: Eupionum.

A patient who had severe dorsi- lumbar backache of several weeks duration, and what she would do to feel better was to lean on the back of the chair or against the wall.

Rubric in Phatak repertory, you have a Rubric,

**'Back; Chair, leaning on, amel'**

And there are 2 remedies are Eupionum and Sarr. The case got Eupionum which set her right. Now Eupionum is not well known and not even heard of much but you can find it from the Repertory if you simply give attention to the peculiar symptom. You have to listen to the patient who says the exact modality.

One patient developed giddiness and he would have giddiness if he walked bare foot on a hard surface.

Here the rubric is: (Boger's synoptic key, pg no: 434)

**'Walk, agg, on hard pavements'.**

So all these modalities are generalized, you try to understand what he did. The modality here is:

Rubrics: page 467 in Phatak repertory in my book

**'Walk walking hard pavements on aggravates'**

And the main remedy is Conium and we know that Conium is a great remedy for giddiness and that helped. So what Phatak did, now you try to understand this exactly. What Phatak did was to generalize the peculiar sensation of modalities. If you look at the rubrics

**'Vertigo aggravates walking on hard pavements'**

You may not find it in Phatak. You may not find it in Kent or any remedy. And this modality might actually have come from some other source, not may be not even from vertigo. But the idea of Boger – Boenninghausen and Phatak is what is peculiar in the local part is belonging to the whole person.

Let's take another case:

**69] Case: Laurocerasus.**

There was a patient with cardiac valvular disease who had pain in chest and severe palpitation

And what she would do was when she came he found that she would just place her hand over the heart. And she would say this is what gives me relief and now you have the symptom. I think on page 231.....have a look.. No its somewhere else. The symptom is "**Heart, hands over**". In Phatak there's a rubric like that. That means keeping the hand over the heart. And he found this in the *Materia Medica* also

**'Holding the hand over heart'** And the remedy he gave was Laurocerasus which is also well known in valvular and other heart diseases.

So simply this somebody just holding the hand over heart also becomes a peculiar symptom. (The symptom, '**Holds hand over heart**' is given in Boger's synoptic key [pg no: 231])

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Another example a patient:

### 70] Case: **Dioscorea**.

A patient came to me with attacks of pain in the abdomen every evening at about 9-10 pm, and this was preceded by urge for stool. After the stool, the pain used to be aggravated. The patient during the pain had to walk continuously even though walking did not ameliorate the pain.

The pains were so severe that he sometimes had to take some injection of painkillers. Now the two rubrics used were very interesting, have a look.

The first one is:

#### **'Must walk'** [pg no:434]

He must 'walk, walking must' is on my book on page 468. Walking must, then there is a rubric.

#### **'Stool aggravates'**

Stool aggravates, so I am just trying to make you familiar with how the Repertory is constructed. Because, this is a very important Repertory that I use all the time. So

#### **'Stool from aggravation'**

On page 381

#### **'Walk must'**

When you combine this you find there is a remedy – **Dioscorea**. And **Dioscorea** immediately gave him relief.

I am trying to get one message across and I hope you are getting that message. And the message is as follows:

That when a patient gives you such clear symptoms, such clear modalities, such clear aggravations, ameliorations, sensations, then that is where you must look. Don't ignore this and start going to Kingdoms and miasms and what is your sensation and go into it and meditate on it and disappear into it and all. That is

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good no problem, you can do it, not to worry. But when the patient is giving you such clear symptoms and modalities, don't ignore it. It is giving you such clear ready clue to the remedy. Don't ignore that hint. You don't have to give a remedy, but take that hint, examine. Now we know that this patient has aggravation every evening. He had intermittent pain. Now intermittent pain is typical of Malarial miasm like colocynth and Dioscorea is also falling into Malarial miasm. So all this will come together later on. But take this hint. Don't miss the hint, otherwise you will miss very interesting and important remedies that may help the patient.

### 71] Case: Gratiola.

Phatak was consulted by a middle aged person who had developed diarrhea. When he asked about the origin he told him that he had gone to city in India called Nagpur. Now this Nagpur, it's in the middle of India and during summer the weather gets extremely hot.

Now when we are talking of extremely hot we are talking of something like 45 or 47 degrees Celsius. It's really hot there and he went there in summer and what he had to do there & he did that he had to drink large quantities of water throughout the day to quench his thirst since there was no A/C. So to not being used to the heat, this man had to just drink water. And he drank so much water that he got aggravated and he developed diarrhoea. And this diarrhoea persisted for a long time till he met the right person who looked at the rubric..

Now here again don't go direct to diarrhoea. You go straight to the modality and you go to the modality.

#### **'Drinking water too much aggravates'**

On page 106, in my Phatak's Repertory. And the remedy is Gratiola. That's the remedy helped the patient. Interestingly, when we read Gratiola in *Materia Medica*, we find that it's a very well-known remedy for diarrhoea and probably the patient had the characteristics of Gratiola as well. But how would you know this unless you look and such gems are hidden in the repertory I can't tell you this repertory has helped me more than anything else. So, fantastic. I will give you another case. This is a case of:

## 72] Case: Conium.

A female patient aged 38 and she married six years ago with no issues approached for treatment. Her present trouble was headache in the vertex. She gave me the history that at the age of 18, that is 20 yrs ago from the date of consultation, while travelling on a truck she had been thrown headlong and she had struck her head against a tree. She had become unconscious and was in a hospital. There was no injury marks on her except for a small hematoma. And she remained unconscious for six months. She had done Lumbar puncture, X-ray of the head etc. but it was nothing abnormal detected and she was treated as a case of concussion.

After six months she came out of the unconscious and she was brought home. But she had lost all her memory. She could not recognize her parents and anybody else even their names. But gradually her memory improved and two years later she became completely normal. She resumed her studies and did her BA (Bachelor of Arts) examination. But then this remained. A heavy pressure on the vertex and gradually this developed into a crushing pain as if the vertex would be simply pushed in. The heaviness would persist all the time but the crushing pain came from time to time. She had to keep taking lots of pain killers for this. She married at the age of 32 and she came to Bombay with her husband and consulted several doctors for the crushing pains but no relief with their treatment.

Now her case was taken on 6<sup>th</sup> November 1996 and

The crushing pains were better by hard pressure; she had to really put her hand over the vertex and push it down. The pains become worse three days before her menses. And one day while lying down in the bed she had a jerk and as a result her head went over the side of the bed

And what happened was very interesting. She had a jerk that the head went over the side of the bed and it was hanging over the side of the bed and then she discovered that the headache had improved a great deal when the head was hanging. The other symptom was that if she had a headache and there were

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visitors in the house and she became involved in the conversation and she would get the pain much less.

So the rubric that was taken interestingly was

**'Hanging down parts amel'** [pg no: 188]

It is given as hanging limbs ameliorate.

But again we can generalize it

**'Hanging the parts ameliorate'.** (page 188 in my book)

And the other rubric is:

**'Diversion amel'** [pg no: 101]

Means anything that diverts her attention she feels better. And the remedy was Conium. So we also know now that conium comes from the Umbelliferae family and the Umbelliferae family has the theme of sudden unexpected blows/ hurts/ injuries especially to the head. A sudden blow and then complete unconsciousness. Also we know from the repertory and from the Materia Medica that Conium is aggravated before menses. You know the very favorite symptom of Conium of a lot of pain in the breast before menses.

So she was given Conium 30 and with much relief, and with conium 200 the pain went away completely and for several years she was followed up and she remained free from pain.

Isn't this so interesting that the symptoms, the modalities, the peculiarities of the patient take you to the remedy because, see let us understand it very clearly. The remedy is not a one sided thing. It has many aspects. It has the kingdom, it has the miasm, it has sensation, it has the source. But it also has the peculiar symptoms, the peculiar modalities, the local symptoms, the general symptoms and everything. It has a constitution. It has a pathology. So one can come to a remedy with any of these gates and then confirm it from the other aspects of the case. You don't have to stick to one thing. That's why the whole vision has to be expanded, not contracted. We don't have to slot ourselves into one approach or the other because all should lead to the same conclusion. And if in a case, the symptom, the modality, the peculiarities are clear and you are able to elicit it very

clearly (which you should try to do in every case), then it's a very good idea to use the repertory and nothing is useful as the repertory, when you have clear modalities and peculiarities. Only thing is that need to familiarize ourselves with the repertory, with the construction of the repertory, where the rubrics are found, how to hunt, how to search for them and for that a very good friend and a colleague of mine called Dr. Kamlesh Mehta who is from the Repertory department of the Homoeopathic College here, has kindly consented us to help us and what he has done is he has prepared for us a list of an exercise for us of how we can study the rubrics. So I am going to put it up on the forum, this exercise. So that you can go and see the symptom and you have to go to the repertory and find the rubric and the solution is given later on. So first you have to try to do it yourself. So in this way, we are able to familiarize yourself with the construction, the arrangements of the repertory and the rubrics. That will help you to hunt for the rubric in the patients. So you are given several exercises on that and I put that up on the forum.

Let's take another case.

### 73] Case: Belladonna.

There was a patient with a painful ulcer on the sole of his foot.

Now cases these are not my cases, not my patients. These are cases by Dr Phatak. They are the cases of my father. But they are very interesting cases and I am narrating them to you. The patient had an ulcer on the sole of his foot and when he was asked what is the modality of the pain. He said the pain is better in the ulcer when he holds his breath. If he keeps the breath held then the pain reduces and then several repertories were consulted and ultimately in Boenninghausen's Therapeutic Pocket book; a very small repertory, this rubric was mentioned.

**'Holding the breath amel'** in Boenninghausen's therapeutic book.

Let's look if it is given in Phatak's repertory also.

### **'Breath holding ameliorates'**

I can't find it here but I know it is found in Boenninghausen's Therapeutic pocket book and that is also a very interesting book that is completely based on

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generalization, there are no local symptoms at all in that book and the remedy is Belladonna.

It's there?. What is the symptom? here under Breath holding. Ok I have a friend here from South Africa Murray R and he is prompting me that it is also in "Breath holding ameliorates". Only remedy is Belladonna. And with Belladonna that only the pain was gone but the ulcer healed.

Another case:

#### **74] Case: Anacardium.**

A patient developed a mild attack of jaundice. One of the prominent symptoms was that he had was a flat, dull, watery taste in the mouth. This would become normal at least for one hour after eating.

So the two symptoms that Dr Phatak took in this case was

**'Taste, dulled'**

and

**'Eating amel'** [Phatak's repertory pg no: 386, 111]

And the remedy that came across was Anacardium,

The full rubric was

**'Taste dulled flat insipid watery'**

and the other rubric

**'Eating ameliorates'**

Anacardium gave immediate improvement.

I want to now mention a couple of cases from one of the greatest Homoeopaths of all time and his name was **Dr Pierre Schmidt**. Some of you I am surely familiar with him. He is from Geneva & the grand old man of Homoeopathy, he mastered all the aspects of it, the Philosophy, the Repertory & the Materia Medica. These are the three pillars of traditional homoeopathy;

Philosophy which is the Organon and the commentaries on it,

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Materia medica which includes the big materia medica like herring's and allen's and all the small materia medicas like phatak and others and..

Repertory : all the repertories.

So these three pillars..philosophy,materia medica and repertory; these are the three pillars of homoeopathy and the true master masters these three pillars for sure. Pierre Schmidt was one such.

So some cases from him and he was a master of the repertory.

### **76] Case of running nose while passing stools- Thuja.**

One patient of his who every time he went to pass a stool, his nose used to run. He used to get coryza. It was very annoying every time he had to get rid of his discharge from the nose.

So the rubrics is in Kent,

**‘Nose, coryza, stool, during’**

The only remedy given is Thuja which helped.

Another case of his is:

### **77] Vertigo from reading long – Arnica.**

A doctor friend who was unaware of the use of repertory. The patient had severe vertigo, which was worse from reading for some time.

So the patient continued to read for a long time, then he would get vertigo. Now this Doctor friend of Dr Pierre Schimdt did know the repertory so well. So what he had to do was, he had to start reading the Materia Medica starting from, *Abies nigra*, *Abrotanum*, *Aconite*, *Agnus castus*, very luckily he found the symptom under *Arnica*.

Imagine the symptom was found in *Zincum*. I think the patient would have probably died before he found the remedy. But it's so easy with the repertory.

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In Kent's repertory, it is there:

**'Vertigo worse from reading'**

and the next sub rubric was '**Vertigo worse from reading long**' only one remedy Arnica.

So Dr. Schmidt asked if there was a history of injury and the patient said yes now I remember, I had gone in a taxi and I had bumped my head against the roof of the taxi and the vertigo started sometime in that time period. And that was the confirmation on which he gave Arnica with relief.

So what do we learn from all this?

Why have I spent all this time telling you about the Repertory?

I think that as we go deeper down levels, as we go down from facts to feelings and feelings to delusion and then sensation and then source and then energy. And the Hand gesture and the seventh and the meditation and what not. We tend to sometimes forget where we started and when we do that we lose the foundation. I tell you one thing. I use the repertory every single day in my practice. Today we had a patient who had, her chief complaint was asthma and the asthma had a peculiar modality. It was worse in summer. Usually, asthma is relieved in summer and usually worse in damp weather or in winter and then she gave us symptoms. She said that she had history of sex abuse in her childhood, she has a daughter and her daughter she's very, very conscious if the daughter goes out because she is afraid that the daughter may have to face some abuse problems. Then she has a husband who has been physically abusive towards her and who goes into temper tantrums and starts beating himself and then she said that she is very suspicious of him and that he probably also has several extra – marital relationships. And in general, she doesn't trust men or trust anyone. And then when she is in the dark, when she goes out & she gets panic and then she feels somebody may be behind her or somebody could hurt her or harm her and then she feels very insecure etc.

Now, what happens is that in such a case when you nearly look at the mind symptoms, then you can form any concept. You can say Ok I think she needs

Hyoscyamus because you see she has panic, she has suspicious and she feels insecurity and she feels that she will be attacked. And so this is like Solanaceae. And this is Hyoscyamus. Or somebody else would say 'Ok I think that she needs an Animal Remedy because she thinks that she is being attacked by somebody else. Because it's her v/s her husband. I think she needs some animal remedy. Somebody may say something else. You see one can be sometimes in these cases a bit abstract and you don't know what is really true and what is not. It's your guess versus mine. Sometimes there is this kind of an interpretation also happening. The repertory is something that solidifies things; that kind of brings it down to the ground level. And when you look at the rubric in Phatak's repertory in

**'Asthma, worse in summer'**

You have two remedies : Argentum nitricum and you have Syphilinum. And when you look at it in the bigger Repertory like Complete, you have 3 remedies: Argentum nitricum, Arsenicum album and Syphilinum. And Arsenicum actually comes from Phatak's Materia Medica:

**'Respiration, aggravated in mid-summer'**

And when we look at it, I found actually her suspicion, her thing about her husband is not the delusion that her husband was having extra- marital relationship. She also had extra – marital relationship. But what she feels is a kind of insecurity. That I cannot trust anybody for my security; that I cannot depend on anyone.

And I think that when I look at the rubric,

**'Asthma, worse in summer'**

And this kind of an insecurity and then I zero in on Arsenicum album and then when I look at her case, there are beautiful confirmation of Arsenicum for example: She is extremely fastidious where she is very very particular about everything. She wants in order and clean and very particular about uncleanliness etc. and she is very chilly, she can't face the cold at all. And so many other symptoms. So, I could give Arsenicum with a safe degree of certainty much more certain then I would have if I just depended on one concept or other concept about her. So this is what we need to avoid. We need to prescribe on something

we are sure of, we are certain of and that can be a peculiar symptom or a modality for which we need to go to the repertory or in another case.

I'll give you another example:

Again it was a case from today, it was a girl and she had multiple complaints and I don't remember exactly what was it. But she had some difficult gynecological problems I believe, and when my colleague interviewed her, she found that there was a very peculiar expression of her. She said that when I go out... there was an incident where she used to go for a walk everyday with her mother. And one day she just walked out and she called her mother and asked mother. 'Why are you not coming?' It's you are going to the market'. And she said "listen it's just 2'O clock in the morning . You think it's 5'o clock?" and she was not even aware that she had gone out ..and what she felt was it was as if somebody had hypnotically pulled her out of the house. This was her experience that she was actually been hypnotized and when my colleague asked her describe this experience of being hypnotized....She took her hand like this and said it's as if somebody just magnetically draws you in like this.... And she asked her to describe this whole experience. And she said 'as if there is something I can visualize.' She closed her eyes and she just goes into an experience 20 minutes she said she was like this in her experience. And she said she visualized As if there is all black and kinds of tentacles around it like hair like hair tentacles and this is like. Just pulls it in, pulls it in, pulls it in and then my colleague asked her to draw that thing and she drew a very beautiful like a little oval and from which many little hairs are coming out and on the top surface. There is an oval down and from which hairs are coming out and she said this is how I feel and that thing pulls it in and sucks things in and brings it in. and when she asked her to just stay with it... then she said "I can actually visualize it as if it's a sea creature. It is a sea animal. I can see it's in the ocean and it's just lying there and it just has these tentacles and it just pulls things in and she described it almost exactly and she drew it in a deep meditative experience. Now in this case, here there is no room for interpretation, there are no concepts here. She is clearly describing the entire process, the phenomenon of a source and she is describing the source clearly. So we kind of knew it was a sea creature. It had this kind of hair and then we went to the internet. We had a clue that it can be a sea anemone and we looked at the

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videos and on youtube and on the various sites and we found that what she had put on the paper and the sea anemone, what she had drawn was just how remarkable it was. The similarity, unbelievable.

Now in a case like that where we are not getting peculiar symptoms and modality or even you are getting it. This is so clear and at this level, it's so clear and so peculiar and so marked that there is no room for interpretation. And we are very happy to give her sea anemone. But then in another case like the Conium case, we talked about where the patient has crushing pain in the head and she is relieved by putting her head in such a way that it hangs and when there is a diversion she is better. When such clear symptoms are given of Conium and then look in the repertory. So we need to have a kind of range, a kind of flexibility that we are able to take the approach in that case is the clearest, the most sure, the most obvious and then from that one clue, we are able to examine if the rest of the case is also is within the pathogenesis, within the range, the depth, the kingdom, the miasm of the given remedy that is indicated. By that, clear thing in a case. And then we are really well – equipped. That's the whole idea of knowing all the tools, starting from pathology, to the symptoms, to the *Materia medica*, to the *Repertory*, to the delusion, to the kingdoms, to the miasms, to the source and then your range really widens out and I tell you that in day to day practice that the repertory is so fantastic, it is so sure not everybody goes into that kind of source language as this patient who we saw needed sea anemone. Now to bring the whole thing to a bit of conclusion as I have told you we will put a summary of this talk on forum. We have already done that. We have also given you references to read, what to read. The books on repertory.

So please have a look at that what are the repertories that we are referring also we are giving you a list. We will put the entire talk of transcript in the forum. We will put the talk itself on the forum. We will put the exercise on the repertory in the forum. Please do those exercise so that you get more familiar with the repertory and I have also put on the forum the "introduction of Boger." In Boger – Boennighausen's *Characteristic Repertory* which I believe is a very, very important document and in very short it gives you the entire philosophy of Case taking and Repertory. And off course, in our next talk we will continue with the repertory even at deeper level and how repertory completely integrates with the understanding of the sensation and the miasm and the kingdom. And also we can

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see it with more examples and in the more rubrics that I use every day in my practice and how I use them.

I Hope this talk was useful to you. I really enjoyed talking to you today. And in any case, I wish you a great studying, a great learning, a great experience. And I myself a student of Homoeopathy like all of you. A senior student perhaps but student in any case. And let's learn together. Send your comments, your questions, most welcome. We will be very happy to read them and answer them whatever we can, your cases, your experiences. Most welcome. Please contribute to our forum. So we can have a sharing experience together. Your feedback about the content of the lecture and how it is going also. Most welcome. It will keep us to improve further and so I wish you again.

*Good night, Good morning, Good afternoon, Good evening,*

*Good day, Good week.*

*Bye Bye.*