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Utility of Clinical Repertories in Acute Prescribing

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Abstract-

During practice and while proving Dr. Hahnemann found difficulty in recording of symptoms in systemic manner hence he tried to form —Index Of Symptoms and Remedies so Dr. Hahnemann was first person to form Repertory. In mean while during day to day practice cases came with few totality, partial one sided disease or with some clinical condition, Dr. J. H. Clark described it as —certain diseases come to have certain remedies assigned to them and patients who are found to be suffering from any given disease must be dosed with one of remedies credited to it. so for the same purpose Clinical and Regional Repertories were formed. These Repertories are based on clinical condition and verified remedies for those symptoms with various grades. Knowledge and detail idea of these Repertories will be helpful in clinical practice. Dr. J. H. Clark and Dr. Boericke had done enormous work on it. In 1927 Dr. William Boericke formed —A Pocket Manual of Homoeopathic Materia Medica and Repertory. Repertory part of this book is formed by Dr. Oscar .E. Boericke. This Repertory contains many number of clinical rubrics in each section, simultaneously book contains Materia Medica part with Remedy Relationship for Totality

Key word: Acute Prescribing, Acute Cases, Acute Totality, Clinical Repertory,

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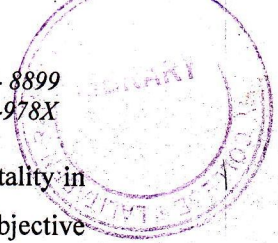
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Introduction-

In our clinical practice we need to come across both chronic as well as acute diseases & some might be of very acute in nature, which need immediate attention. We know well that, the credibility of a

homeopathic doctor depends upon his ability to manage acute diseases well. Because here our prescription must be the accurate one, otherwise it can lead to a failure or may spoil the case to such a worse state & indeed the patient may leave us in time.



Hahnemann classified diseases on the basis of their nature into acute & chronic diseases.

Acute diseases are rapid morbid processes of the abnormally deranged vital force, which have a tendency to finish their course, more or less quickly, but always in a moderate time. They lead either to recovery or death. They are produced by an exciting cause or acute miasm. They are further classified into:

1. **Individual & sporadic** – Caused by unfavorable conditions & meteoric or telluric influences respectively.
2. **Epidemic diseases** – Attacks many persons with very similar sufferings from the same cause & generally becomes infectious, when they prevail among thickly congregated masses of human beings.

According to § 99, in acute diseases all the phenomena and the deviation from the state of health that has been recently lost are still in the memory of the patient and relatives. The physician certainly requires knowing everything, but has much less to inquire into. Presenting complaints are very prominent and impress our sense quickly. So it requires only few questioning because almost everything is self-evident. As they require immediate medical intervention, so one should not waste time in collecting details of constitutional state & should confine to the presentation of disease.

All our stalwarts of field suggests, to limit our inquiry only to the recent deviations from health & not to mix up acute & chronic symptoms together. In all, exciting causes, modalities and other characteristic in relation

to physical generals help in forming totality in acute diseases. Also we can consider objective symptoms, pathological type, location etc. as an eliminating symptom.

Dr. Boericke writes, —often in the course of acute diseases, and in children, where no characteristic symptoms can be obtained, a pathological correspondence may be the only resource, but it is otherwise in the treatment of most chronic disease.

It's the habit of many of us to prescribe on one or two prominent or keynote symptoms in acute diseases. But it's more effective if we could consider a good acute totality & repertorisation done on it to prescribe effectively. "Pocket Manual of Homoeopathic Repertory" by Dr. Oscar E. Boericke is classed under the group of General Clinical Repertory covering whole symptomatology. This repertory is based on clinical findings and clinical verification's, and major source of which is Dr. William Boericke's —Pocket Manual of Homoeopathic Materia Medica. The Materia Medica by William Boericke was published in 1901. The repertory was added to the 3rd edition in 1906. As it is a Clinical Repertory it is not having any philosophical background. It was first published in companion with the 3rd edition of Dr. William Boericke's Pocket Manual of Homeopathic Materia Medica.

O. E. Boericke says —The study of the repertory alone will give the indicated remedy. But throughout this work are found numerous suggestions for remedies based on clinical observations and deductions from partial proving, all of which may prove most valuable

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additions to our Materia Medica of further verified at the bedside.

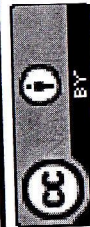
Conclusion- Clinical repertory are very useful in acute prescribing and take much less time. We use it for bed side prescribing.

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