

National Journal of HOMOEOPATHY

Vol. 9

No. 4

94th Issue

July 2007

Rs.45

Repertory 2



To Sir with love...
Student edition



EDITORIAL

- 5 The FIRST EVER Student Edition: Repertory-Student. . .**
Dr C H Asrani



GENERAL SECTION

- 10 Yes! I am proud to be a Homoeopath...**
Dr Krutik Shah
- 13 An Introduction to repertory**
Dr Krutik Shah
- 14 Details of some lesser known Repertories**
Dr Ardeshir T Jagose
- 18 Utility of understanding relationship of Remedies**
Dr Parimal K Parmar
- 21 Steps to Repertorization**
Dr Shashi Kant Tiwari
- 23 Funny Game of Rubrics Discrimination**
Dr Satish P Kanojia
- 29 Towards Enlightenment**
Dr Amrapali Merchant



REPORT

- 30 A Workshop on Repertory - A Report**
Dr Kurain P J



Q & A

- 31 Queries and Solutions**
Prof Dr Kasim Chimthanawala



8 CALENDER

28 ADVERTISEMENT INDEX

Printed, Published & Owned by
Dr (Mrs) Vishpala Parthasarathy

Printed at **Impressions Dynamic**, 203, Mahavirdeep,
167, Vidyanagari Marg, Mumbai - 98. Tel. 26528157

Published at Milan Clinic, 71-B Saraswati Road, Near Gokul
Ice Cream, Santacruz (W), Mumbai 400 054. Tel: 26492762

Editor: **Dr (Mrs) Vishpala Parthasarathy**

Phototypeset by: **Impressions Dynamic**

Proof Reading by: **NJH Team**

Cover Design: **Dr C H Asrani**

Issue Editor : **Dr C H Asrani**

Guidelines for Students

1. Original Articles – Unpublished
2. Exclusively for NJH**
3. Articles to Highlight Homoeo Aspects
4. Articles to preferably pertain to Announced Topics. Others may not be used, if pgs of issue exceed limit of 76 pages.
5. Submit TYPED copies in Duplicate +email: njh092@gmail.com + vishpala@mtnl.net.in
6. Send Photos: Passport size in Black and White or Colour ** Articles sent to us, must not be sent to other journals at same time.

Please state so in your covering Letter to NJH. (This is not being followed).

* On receipt of your articles you will be sent a post card acknowledging receipt. Not Accepted articles will be returned.

REMEMBER !!!

Enhance your reputation Join NJH Author Bank. Write three articles, in a year. Get a free subscription next year.

Any author entitled to receiving 2007, (must write in with details of his 3 articles - issue and page no.)



MESSAGE

Dr D P Rastogi

E1/G7, Alaknanda Shopping Complex,
Alaknanda, N Delhi 110019
Email: dprastogi@yahoo.com

Dear Dr Vishpala,

Every new activity of *NJH* excites me and I am very glad to know that *NJH* is bringing out a Student Edition.

It is a very praiseworthy decision. Being in constant touch with the students, I can say that today's students are more hungry for knowledge and willing to learn skills to succeed. They not only have a quest for learning but also an open mind.

I trust that *NJH* would cater to the needs of the students in providing academic material consistent with the views of great masters Hahnemann, Boenninghausen, Boger and Kent.

I have just received the regular Repertory issue of the *NJH*. And I must say it is very, very good. I know this new venture will be of equally high standard.

My best wishes to the *NJH* team.

Dr D P Rastogi
Ex-Director Central Council of Homoeopathy

Dr Ajit Kulkarni

Director, Homoeopathic Research Institute, Satara
38, Bhawani Peth, Satara (MS), India
Phone-02162-234842 Email:
dr_ajitkulkarni@rediffmail.com

Dear Vishpala

Your announcement to bring out a student edition, in addition to the regular publication of *NJH*, is appreciable. It amply demonstrates that imparting classical homoeopathy is an integral part of *NJH*.

Continuing regularity in publishing of a medical journal, especially in the homoeopathic field, requires integrity, persistence and perseverance. *NJH* - the editor and the team, has proved this through their zeal and efforts. Homoeopathy is at the cross-roads today and the onus of spreading right kind of homoeopathy falls on both senior and junior practitioners as well as the teachers. *NJH* has recognized this need of the hour and ventured into motivation of students, our budding homoeopaths.

With this move of *NJH*, student community should feel free to exchange their ideas, problems, experiences etc. Let this student edition of *NJH* be a bridge to further the cause of homoeopathy.

Wishing *NJH* and also the students, the grand cerebral tranquility through showering of knowledge, and not only information, and assuring of our humble long-lasting cooperation.

Yours sincerely

Dr Ajit Kulkarni



EDITORIAL BOARD

HONORARY ADVISORS:

**Dr KASIM CHIMTHANAWALA MBBS, LTMH DDV DMS
HOM (CAL) FNAH**

TEL: 0712-2532008, 2522563 (R): 2766286

Dr N L TIWARI, LCEH

(C): 23863479 (R): 24224010 Mo: 9819672835

***Dr D P RASTOGI MA, DMS, MD (HOM)**

TEL: 011-26446067

EDITOR

Dr (Mrs) VISHPALA PARTHASARATHY LCEH

TEL: (C) 26492762 (R) 24382131

e-mail: vishpala@mtnl.net.in

ASSOCIATE EDITORS

Dr C H ASRANI DNB.

TEL: (C) 26652348. email: chasrani@vsnl.com

Dr (Mrs) RASHMI NAGAR LCEH.

TEL: (C) 26129849. email: rashmi002@hotmail.com

Dr (Mrs) RAJNI GWALANI

TEL: 25291527. email: rajni@vsnl.com

ASSISTANT EDITORS

Dr SUSHMA JAISWAL. Mob: 9821224553.

Dr BHAVINI MEHTA. Mob: 9819269034.

Dr SATISH KANOJIA. Mob: 9821009605.

SUB EDITORS: STUDENT EDITION

Dr ARDESHIR JAGOSE

Dr VAISHALI BHAGAT

Dr KRUTIK SHAH

Other State Representatives: Associate & Sub Editors (Exclusive for NJH) [* NEW]

Ahmedabad

Dr KETAN SHAH

**Happy Homoeopathic Store, 109, Shreyas Complex,
Opp Jain Temple, Navrangpura, Ahmedabad-380009.**

Tel: 079-26430135 Mob: 09328212112

e-mail: ketandr@wwwdir.net

Ahmednagar

Dr PRASHANT GANGWAL

Rameshwar Chambers, Shivaji Road,

Mahavir Pain, A/P Shrirampur-Ahmednagar.

Tel: (02422) 22390(C) 43454(R). Mob: 9850521129

Anand

Dr KRUTIK SHAH

**Holistic Homoeo Care, B-1, 1st Floor, Pioneer Shopping
Centre, Bhalej Road, Anand-388001, Gujarat**

Mob: 9825891948.

email: krutik_shah2002@yahoo.com

Aurangabad

Dr PRADEEP GARGE BHMS

Near Nutan Colony, Bus Stop, Aurangabad

Tel: 02589-23541. 0240-2-332434/2-352444 (R)

Mob: 9422202501. email: drgarge@rediffmail.com

Baroda

Dr JAISWAL G D DHMS

Dr Mital Jaiswal G D (SUB EDITOR)

Samarpan Society, Nr Rameshwar Mahadev Temple

Vasna Road, Baroda 390020

Tel: 0265 - 2632086/2301408 (C). Mob: 9824237282

Bangalore

Dr MANJUNATH B S

Vijaya Clinic, 4th Cross, Hanumanth Nagar,

Bangalore-560019

Tel: 080 - 6603336/6523123. Mob: 9886457477

e-mail: drbsmanjunath@hotmail.com

Calcutta

Dr SUMIT CHATTERJEE

P 109/1 New Raipur Road, Post garia,

Calcutta 700 084

Tel: 033-4629482. Fax: 033-4129151

Chennai

Dr RAMA HARIHARAN

Swasthyam, Kumud Apartment 4 (Old No. 5),

Laxmipuram, Royaptha, Chennai 600014

Tel:044-28116494. Mob: 09944019748

Email: hanjali@vsnl.com

Delhi

Dr CHANDA SETH LCEH

B2/11, Vasant Vihar, New Delhi 110070

Tel: 011-6147791 / 30943642. Mob: 011-31067432

Email: chandaseth@hotmail.com

Hyderabad

Dr S PARVEEN KUMAR DHMS, MBS (H), MD (HOM)

102, K M Residency, St No 8, Ashok Nagar,

Hyderabad-20

Tel: 040-27664146 / 040-2766898 (R)

Mob: 9849054632.

Email:psuwarn@yahoo.com

*SUB EDITOR:

Dr MAHESH CHEVVA

Sathya Diagnostic, Himayatnagar, Hyderabad-29.

Tel: 040-23210566. Mob: 09949472271

e-mail: cmaresh_08@yahoo.com

Jaipur

Dr DARYANI J D

C VI-101, Kamal Apt -2, Bani Park, Jaipur 302 006

Tel: 0141-2202071. Mob: 9414074574

e-mail: jdaryani@yahoo.com

Jharkhand

Dr VIJAY KUMAR SHARMA

Naya Toli Chowk, P.O. PathalKudwa-Ranchi,

Jharkhand - 834 001

Tel: 0651-253 1578. Mob: 9431325100

Malegaon

Dr SOHAIL ANSARI

749, Nayapura, East Iqbal Road,

Nr. Sulemani Masjid, Malegaon-423203

Nr. 95255-237465 (C)

95255- 233965 (R)

M: 9890434365

e-mail: ansari_sohailahmed@hotmail.com

Navi Mumbai / Khargar

Dr ARDESHIR JAGOSE

Meherzin Co-op Hsg Society Ltd, C/43-44, 4th Floor,

109/A, Wodehouse Road, Colaba, Mumbai-400005

Tel: 022-22153873. Mob: 9820291108

Nagpur

Dr ADIL CHIMTHANAWALA

The National Academy of Homoeopathy, India, Shaad

Hospital Complex & Research Centre, Near Itwari Rly

Station, Nagpur. TEL: 0712-2766286 / 2532008

Pune

Dr VAISHALI A BHAGAT

Pratik Nagar, 3rd Building, Flat 27, Paud Road,

Kothrud, Pune-29

Tel: 20-25466344. Mob: 09860062626

Satara

Dr AJIT KULKARNI

38, Bhavani Peth, Opp. Rajwada Bus Stop, Satara-

415002

Tel: 952162-236

e-mail: dr_ajitkulkarni@hotmail.com

Surat

Dr AKSHAY BANKER LCEH

102, Gokul Apts, 1st Flr, Pani-ni-Bhint,

Sonifalia, Surat 395003

Tel: 0261-5553922 / 2235203 (C) 0261-2237855 (R)

Mob: 9426857525. e-mail: drakshay@hotmail.com

Sangamner

Dr PRASAD RASAL

Sai Swami Homoeo Clinic, Indira Ngr. Gali No. 1, Dist.

Ahmednagar, Sangamner-422605

Tel: 02425-223913 (C) 02425-226872 (R)

Mob: 9890168872

e-mail: drprasadarasal@rediffmail.com

Thiruvnanthapuram

Dr SHAJI KUTTY

Chiriyankandathil House, Near Malaysian Tower, East

Nada, Guruvayoor, Thrissur-680101, Kerala

e-mail: drshajikutty@rediffmail.com

Tel: 0471-2481998 / 2480134 (R). Mob: 9447080834

Thane

Dr NAVEEN R MAURYA

Usha Homoeo Pharmacy, B-13, Sahyog Apt, Anand

Nagar, Nr Vartak School, Vasai (W), Mumbai-401202.

Tel: 2337072. Mobile: 09422483130

FOREIGN Australia

Dr ANN TACEY

80 Essendon Road, Anstead, QLD 4070, Australia

Tel.: 617 3202 6517. Fax: 617 3202 661

e-mail: ann_tacey@acenet.net.au

Denmark

Dr FLEMING BORREGAARD OLSEN (REP ELECT)

Vangede Bygade 78, 2, tv, 2820, Gentofte

Tel: 0045-46373411. Mob: 00945-26253611

Email: fleming_borregard@hotmail.com

Please contact following office staff for:

Manager NJH : Ms. Shilpa Shah

Office Assistant, NJH : Mr Nilesh Sandim

email : njh092@gmail.com

www.njhonline.com : Dr Bhavini Mehta

Sure-shot Section : Dr Sushma Jaiswal

NJH Book Club : Dr Vibha Shah

Please quote your subscription number in all

correspondence, NJH c/o Milan Clinic, 71 B, Saraswati

road, Santacruz (W), Mumbai - 54 (India).

Tel: 2-6492762 / 2-6042749 Fax: 2-4332131

Website: www.njhonline.com

TO SUBSCRIBE OR RENEW FOR NJH BY ELECTRONIC TRANSFER:

India: PNB Bank Ac No. 1281000100060357

(Add Bank Charges Rs 70/-)

Overseas Subscribers can directly pay to **njhonline.com**- payment gateway-Paypal account or at

ANZ Standard Chartered Ac No.: 23705004540

- | | | | |
|-------------|---------------------------|-----------------------------------|--|
| 2007 | 1) ADHD 10/4/2007 | 2) Noble Metals 20/5/07 | 3) Repertory 25/7/07 |
| | 4) Repertory- Stu 16/8/07 | 5) Constitutional | 6) Practical Application of Organon- Stu |
| | 7) Interview Techniques | 8) Homoeopaths to Allopaths?- Stu | 9) Dementia |

3 Types of Mailing: 1) Direct Mailing by post. We have reverted to Indian Posts in 2007, as couriers have become unreliable. 2) Through courier to some representatives in bulk and they locally courier it to you. **From 2007:** Issues will come out beginning of next month and then mailed. If not received by 20th of next month ie if you miss an issue, write to NJH office, enclosing stamp of Rs 9/- or collect from local Rep or Nodal. Foreign post to UK, USA and Dubai etc are sent by individual registered post. Australia is couriered to Ann Tacey who posts it locally. Issues reach Foreign Land in 4 Days.



The FIRST EVER Student Edition: Repertory-Student. . . . Another NJH first.



DR C H ASRANI

Our Guest Editor for this first issue, himself a mature student when he did his DNB (Family Medicine) at the ripe age of 43: Dr C H Asrani:

It is said 'when it rains, it pours'. For the students of Homoeopathy (undergraduate, post graduate, MD students and practitioners alike) this saying is more than true!

After being told for last decade, that *NJH* must have a student section – not that *NJH* team did not try! Another popular saying delayed it- 'who'll bell the cat?' We had people with noble intentions – that of helping the students – but no one to take charge of the students' section. We already had our hands (and mouths) so full, begging for articles for *NJH* that we could not have dedicated a (b****g) team for students section. So it remained, another of our unfulfilled dreams.

And so passed 14 years; years full of suggestions; ideas; brilliant ideas; promises; more promises but little action.

Then Vishpala had a brain wave – why not become a student again? The best way to feel like a student, understand the needs, gather tips to study, already struggling to cope with the practice and still study! ...and she enrolled in an external MD course from Aurangabad. 2 years of living her

busy life to the fullest and continue studying; writing a 271 page thesis and preparing for her exams! Now that period of worship is about to be over - she is busy preparing for her finals – *NJH* proves 'when it rains, it pours!'

NJH launches this bi-monthly student - edition! Yes, an entire edition dedicated to students will be published every other month.

Who are the torch bearers? Dr Ardeshir Jagose, Dr Vaishali Bhagat and Dr Krutik Shah. At last Vishpala has her three musketeers – these three have promised to deliver, have taken the mantle of providing student-friendly information – academic info as well as tips on how to study? Tips on starting a new practice; which software to buy; smart borrowing if one needs money for projects etc etc.

The inaugural edition has blessings from none other than Dr Rastogi and Dr Ajit Kulkarni; The articles too are more to do with academics than usual, for example Dr Shashi Kant Tiwari's very detailed article on Repertory and its various types and the comparisons of all the Repertories, including the new ones too.

Dr Krutik says Homoeopathy is my life and then goes ahead and proves it. He has poured his heart out and talked about the best he would like to do for students, and how they should work towards multi faceted development; with Dr Parimal Parmar he takes us through an actual repertory working, solving a case. He then roped in his aunt, a PhD in Philosophy/ religion, to give her thoughts on what constitutes the qualities of a good doctor and how he should evolve! A multi-pronged approach, indeed.

Dr Jagose, the 2nd team member of the Tripartite, has taken us through the evolution of the Repertory, and noted the differences and compared all. But then he got stumped on particular Qs.

And then we have been taken on a lovely spot on the chair, so let us remember how this chair came about and how we have to take it forward. The most interesting on this Repertory ship, he takes her and asks to freedom. This is effectively done by Dr Kanojia where he has taken the mental rubrics and kind of given meaning in cross reference types. Interesting!

So it is a holistic approach on the Repertory and coming close on the heels of the Regular Repertory issue, which itself was remarkable, it kind of complements and completes the study of the Repertory - the most exhaustive one ever.

This issue *NJH* acknowledges the contributions of Dr Sushma Jaiswal, Dr Satish Kanojia & Dr Bhavini Mehta and appoints them as Assistant Editor(s).

Last but not the least, a final call to ALL those who can give ONE tip for practice; ONE tip for learning and remembering; ANY tip to help others...

And a call for all of you to question, demand and ask advice on any sphere of Homoeopathy and Life.

Finally, let each one of us strive to apply Erma Bombeck's quote in our life...

"When I stand before God at the end of my life, I would hope that I would not have a single bit of talent left, and could say, "I used everything you gave me." Amen

Dr Vaishali Bhagat's article missed the deadline. She sends a message with a promise of more content next issue onwards. *Editor*



MESSAGE FOR STUDENT EDITION - FROM EDITOR - STU

In this 21st century at a click of computers, we are exposed to an ocean of information from SCIENCE TO ART. Students of this generation are curious, zealous, intelligent WITH an unquenchable thirst for knowledge. They are exploring the world of Homoeopathy. Needless to say our journal, "*National Journal of Homoeopathy*" enlightens them in all aspects at the current era.

Being a teacher for almost twelve years, I see a dynamic spirit in my young students. They are in search to know homoeopathy and require a space to share their understanding to fulfill their quest.

Team *NJH* with the guidance of Dr Mrs Vishpala Parthasarathy has decided to give our budding homoeopaths their space to write and read articles of assorted interest in our Student Edition (6 per year) which will satisfy their intelligent minds.

I hope this issue on *Repertory-Stu* gives all my students pleasure reading & knowing Homoeopathy.

Dear student readers please give us your valuable feedback to enhance our effort in fulfilling your desire of quality reading. Also ask questions to your heart's content and get clarified.

Look forward to your support in all above ways.

All the best!

Dr VAISHALI BHAGAT, MD (Hom)

Student Edition Team

Pune





NJH goes MONTHLY!

with this first Repertory - Student issue
Current subscribers get 6 more issues/year
(3 in '07) at the SAME subscription rate

...& if you thought that is ALL?
Another NEVER BEFORE offer!!

Now NJH subscribers can register for

Dr RAJAN SANKARAN'S NOV SEMINAR

& get an added, assured GIFT (of knowledge) from NJH.

Register before 25th Aug 07, send the cheque favouring
'Bombay Workshop 2007'

To NJH office and select 1 of the Six titles worth Rs 100,
especially earmarked for this and still more

WEEP AND DANCE CME: 2ND SERIES FROM SEPT 2007 TILL FEB 2008 FOR ONLY Rs 600/-

To sign up, call SHILPA at NJH Office 26492762
(read the 1st Series on www.njhonline.com/forums)

Check In: Seminar details in NJH calendar/ www.njhonline.com
e-mail: greatoffers@njhonline.com



DATE	EVENT	VENUE
	<p>'SAHYA' (School of Artistic Hom for all Young and Adults) Advanced training on classical Hom. Practical Training on Hom software. Empowering professional challenges of the new age. HRD training by renowned trainers. CONTACT: Dr Sarath Chandran, 9447206157 Mr Prakash Babu, 9249707867. The Hom Multi Speciality Hospital, Changanacherry - 1, Kerala 0481 - 2412233 E Mail: drbijugnair@sify.com Web site: www.drbijuonline.com</p>	Atmata Kendram Near Railway Station Changanacherry
6 September 2007 Till March 2008	<p>WEEP AND DANCE, SECOND SERIES The Interactive NJH CME: A 6-month De-sensitization series, from Sept 07-Feb 08 FEES: Rs 600/- for 6 mths. Team NJH and Life Members: Rs 50 per session. CONTACT: NJH Office: 2649 2762</p>	Smruti Building Flat No 4 Pherozshah Street Santacruz West Mumbai 400 054
15 - 16 September 2007	<p>KENT MEMORIAL LECTURES 2007 National Homoeopathic Conference ORGANISER: South Delhi Hom Association CONTACT: I-67, Lajpat Nagar-I, N Delhi-24 Phones: 41720991, 26960906, 09810130436, 01202456530, 09811163169 THEMES PROPOSED: Neurological Disorders. Depression, Some Rare Medicines Their Impacts (Research Oriented) SPEAKERS: Dr M S Oberoi, Dr Vishpala Parthasarathy, Dr R P Patel, Dr Parimal Banerjee, Dr Diwan HarishChand, Dr D P Rastogi, Dr Prof S Haque, Dr Prof V K Gupta, Dr R S Pareek FEES: Delegates Rs. 900/- Members Rs 800/-, LM Rs 700/-. Internees and PGs Rs 600/-.</p>	PHD House Opp Siri Fort Stadium New Delhi
4 November 2007	<p>Dr Parmeshwar Nath Memorial Lecturer Series Allahabad SPEAKERS: Dr Kate Birch, Dr Sharad Shangloo, etc TOPICS: Vaccine injury, Renal stone, Uterine fibroid, Ovarian. Consultation for patients also arranged by Dr Kate Brich on 15-17th November 2007 CONTACT: Dr Sharad Shangloo Email: merashah@rediffmail.com • Mob: 094152534</p>	Meera Shangaloo Homeopathic Research Centre El-chico Civil lines Allahabad
23 to 25 November 2007	<p>Dr RAJAN SANKARAN SEMINAR: "Sensations in Homeopathy: New methods and practical utility" TIME: 9:00 am to 5:00 pm. FEES (Till 25th Aug, 2007): Rs 850/- Doctors. Rs 550/- Students. After 25th Aug 2007: Rs.1200 Doctors and Rs.800 for Students. Any Non Indian Passport Holder. Fees 250 US \$. Payment: Send To: Bombay Workshop 2007, F/2, Saraswat Colony, Saraswati Road Ext, Anusuya Road, Off Niwas Path,</p>	Birla Matushri Sabhagar Near Bombay Hospital Mumbai 400 020.



	Lane Opp To HDFC Bank, Linking Road, Santacruz(W), Mumbai-400054. Tel-26605776, 26605680. Fax-26045637. For details: spirit@vsnl.com or NJH																													
21 to 30 December 2007	<p>“Dr Kasim Chimthanawala’s 16th Homoeopathic Postgraduate Residential Winter School” in “The Principles and Practice of Homoeopathy (PGNAHI)”</p> <p>FEES: Rs 3500/- Graduates and Internees and Rs 3000/- NAH Fellows and Students.</p> <p>ITENARY: Applied Philosophy, Live MM, Theraps, Live Case Demos, Clinical Analysis, Practical Repertorisation, Drug/Potency Selection, Lectures on Hom Cardiology, etc.</p> <p>DIRECTOR: Prof Dr Kasim Chimthanawala</p> <p>TRAINERS: NJH Team</p> <p>CONTACT: Dr Adil Chimthanawala</p>	<p>Shaad Hospital Complex and Research Centre Near Itwari Railway Station Nagpur- 440-002. Phones: (0712) 2766286 2522563, 2532008 9822240648</p>																												
21 to 23 December 2007	<p>THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA</p> <p>“Swastha Bharat Samarth Bharat”: Health for All by 2020.</p> <p>ORGANIZER: HMAI Gujarat State Branch, Host: HMAI Rajkot Unit.</p> <p>TOPICS: 1. Homeopathy and Community Medicine 2. Drug Proving 3. Auto-immune diseases etc, Scientific Papers invited to present in the seminar.</p> <p>LAST DATE for submission of papers: 20th Aug 2007.</p> <p>CONTACT: Dr Kalpit Sanghvi, Panchratna, Nr Raiya Road Railway Crossing, Rajkot, Gujarat. 360007. Phone: 0281 2459181.</p> <p>Email: info@hmaiseminar.info Website: www.hmaiseminar.info</p>	<p>Hemu Gadhvi Auditorium Tagore Road Rajkot (Gujarat) 360002.</p>																												
24 Feb 2008	<p>13TH SARLA SONAWALA MEMORIAL SEMINAR</p> <p>THEME: Puls - Silicea - Flouric - acid</p> <p>SPEAKERS: NJH TEAM</p> <table border="0"> <thead> <tr> <th>FEES</th> <th>NJH LM</th> <th>NJH Subs/Students</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Principles</td> <td></td> </tr> <tr> <td>Till Sept 2007</td> <td>Rs 50/-</td> <td>Rs 200/-</td> <td>250/-</td> </tr> <tr> <td>Till Nov 2007</td> <td>Rs 250/-</td> <td>Rs 300/-</td> <td>350/-</td> </tr> <tr> <td>Till Dec 2007</td> <td>Rs 250/-</td> <td>Rs 350/-</td> <td>400/-</td> </tr> <tr> <td>After Jan 2007 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Spot</td> <td>Rs 250/-</td> <td>Rs 450/-</td> <td>500/-</td> </tr> </tbody> </table> <p>CONTACT: SHILPA, NJH Office, C/O Milan Clinic, Saraswati Road, Santacruz (West), Mumbai 400054. Tel: 26492762. email: njh092@gmail.com</p>	FEES	NJH LM	NJH Subs/Students	Others			Principles		Till Sept 2007	Rs 50/-	Rs 200/-	250/-	Till Nov 2007	Rs 250/-	Rs 300/-	350/-	Till Dec 2007	Rs 250/-	Rs 350/-	400/-	After Jan 2007 +				Spot	Rs 250/-	Rs 450/-	500/-	<p>Ravindra Natya Mandir Prabhadevi Mumbai 400 025</p>
FEES	NJH LM	NJH Subs/Students	Others																											
		Principles																												
Till Sept 2007	Rs 50/-	Rs 200/-	250/-																											
Till Nov 2007	Rs 250/-	Rs 300/-	350/-																											
Till Dec 2007	Rs 250/-	Rs 350/-	400/-																											
After Jan 2007 +																														
Spot	Rs 250/-	Rs 450/-	500/-																											

For complete details and other events
 Check: www.njhonline.com/forums, email: njh092@gmail.com
 The Comprehensive Homoeopathic Event Calender
 Please quote NJH while applying to any seminar.



Yes! I am proud to be a Homoeopath... “HOMOEOPATHY IS MY LIFE”.

ABSTRACT: Here, I am going to share with you my deepest feelings of Homoeopathy. When Dr Vishpala Madam (Editor, NJH) came up with an idea of “Student NJH” - I got very excited as I got an opportunity to share something which has been absolutely unexpressed till date. I have moulded this article in my feelings in such a way, that it can be easily understood by the neophytes of Homoeopathy, because I wanted to get best out of me.



Dr KRUTIK SHAH BHMS, D-IACH (Greece)

Holistic Homeo Care, B/1 1st Floor, Pioneer Shopping Center, B/h Pioneer High School, Bhalej Road. Anand – 388001.
Mobile: 09825891948 E-mail: krutik_shah2002@yahoo.com.

HOMOEOPATHY IS A COMPLETE SCIENCE

Hippocrates – Father of Modern Medicine, William Harvey – Father of Circulation, Robert Koch – Discoverer of Tuberculi bacilli (Thus Tuberculosis is also called Koch’s lesion) etc and many other scientists have seen the objectivity of nature and thus created the science called **Allopathy**. Thence we say Allopathy is primarily *Objective science*. Hahnemann as an allopath, had seen the objectivity of nature, and later with an attempt to understand nature he perceived its subjectivity and invented a new science called **Homoeopathy**.

According to Hippocrates – A **MEDICAL SCIENCE** is based on **FACTS and LAWS**. The facts in Homoeopathy are *Proving of drugs* and the laws in Homoeopathy are *Similia Similibus Curentur, Cardinal principles, Nature’s Law of Cure* (Aph: 26) and

Hahnemann had the idea that **PROVING** on animals will allow a lot of subjective information lost; so he changed the idea and proved it on healthy human beings. Thus Hahnemann has given more importance to subjectivity while proving of drugs, as the subjectivity differs from person to person; hence Hahnemann has advised us to treat the sick person not the disease, which finally leads to the concept of Individualization (Aph:82).

We can proudly say that Homoeopathy is a **COMPLETE** science as it has full and detailed record of the symptoms ie subjective and objective, with modalities, causative factors etc. Our medicines are

proved on healthy human beings (unlike Allopathy). These various types of information are used for our prescription.

HOMOEOPATHY IS A HOLISTIC SCIENCE

Homoeopathy is a holistic science; a human science. We always have to consider an element of humanity. Our Homoeopathic medicines have the power to bring back health without any manual intervention even in deeply deranged cases. This is a miracle!!!

A person comes to you with ten problems and you are treating him with only one medicine without even touching him! To the best of my knowledge – Homoeopathy is the only science which has a capacity to do this in this 21st century. What you need to do is just get the **RIGHT** simillimum according to easily comprehensible principles (Aph: 2) and rest will be done by medicine as it acts unconditionally (Aph:32). Just requires dedication and sincerity and love for patients.

HOMOEOPATHY IS A (w)HOLISTIC SCIENCE

Homoeopathy does not treat disease but it treats Diseased Individuals (Aph: 81 foot note). Hahnemann was a vitalist who was studying life. He had the idea that a symptom or pathology is not only related to one parts of the body; it can be related to many part of the body. As body is made up from one cell – whatever symptoms appear even though in different parts of the body, they are scientifically interconnected.



You need to understand the patient as a whole. Body is an indivisible whole in their sensations and functions (Aph: 189). No single disturbance strictly confines to the single organ or tissue (Aph: 185, 191), as symptoms are known as outwardly reflected picture of the internal essence of disease; an affection of the vital force (Aph:7). the tunnel or focal allopathic vision (like cardiologist, dermatologist, nephrologist etc) is not allowed. This is the proof that whatever Hahnemann has advised stands true even after 250 years!!

This is the best advantage of Homoeopathy as whether the cause is known or unknown – it will be destroyed; which Dr Hahnemann has said it as an “INVISIBLE HIDDEN INTERIOR (CAUSA MORBI)” (Aph: 6Foot note). This is the reason why people say that Homoeopathy treats permanently (Aph: 25, 26, 109 Foot note, 190).

NO RESISTANCE OF HOMOEOPATHIC MEDICINE

At the time of Hahnemann – they were treating cases of eczema, scabies’ and other relatively superficial disease and now almost after 250 years after – you can see the cases of deep neurological, psychiatric, neuromuscular disorders like muscular dystrophies, multiple sclerosis, AIDS etc which were not there in their time. So you can see that a human health is so much deteriorated over a period of 250 years!! But still you can see that at the time of Hahnemann – single medicine was enough to cure and even now that single medicine is equally effective.

So these 250 years of observation suggests that Homoeopathy is able to work throughout, even though the human health has been so much deteriorated probably with so much abusive drugs and vitiated environment!!

WHAT DOES THIS MEAN?

In Modern Medicine – the first antibiotic invented was Penicillin, then bacteria developed resistance to it and then next generation antibiotic and so on, where today they are using cefixime, ceftriaxone and still more broad spectrum and yet they develop resistance to it.

HAVE YOU EVER HEARD THE WORD RESISTANCE OF A HOMOEOPATHIC REMEDY? Never!! Almost never. Even the medicines prepared 250 years ago are still working without any expiry date!! This suggests that Homoeopathy is not against nature. It is a part and parcel of nature; it will stop working only if the nature changes (Aph: 26, Aph: 119 foot note, Aph: 145 foot note).

HOMOEOPATHY IS THE FASTEST SCIENCE:

Homoeopathy is the fastest science in the world and you can see it in your day to day practice, if you apply it correctly ie if you get simillimum rightly. These miracles won't be seen in those Homoeopaths who practice Homoeopathy Allo-pathically. A common tendency of a Homoeopath - to prescribe very hastily without following principles. Dr Hahnemann has called them “*Mongrel Sect*” (Aph: 149 foot note).

But with proper knowledge (Aph: 3), proper case taking (Aph: 84 – 99), getting totality of symptoms (Aph: 7 and 18) and forming a portrait of disease (Aph: 6) and making a proper individualization (Aph: 82, 119 foot note) - miraculous results are at your doorstep (Aph: 24, 68, 145). This stands true in acute disease (Aph: 149) as well as in chronic disease (Aph: 148).

This is purely subjective and it's application varies from person to person. I would suggest that “A Homoeopath should have Patience, Positive attitude and Perseverance to be on the path of success”. “Homoeopathy is complete but the Homoeopath is incomplete.” Books can give you a basic framework but its application is totally practical. Thus, I would recommend to all neophytes of our fraternity to sit with a Hahnemannian Homoeopath to learn the application of principles into practice.

People have a belief that Homoeopathy takes long time to act; it is a wrong belief. ‘Homoeopathy is not a science of action; it is a science of reaction’. Nobody can predict the response from the organism. It is a clearing mechanism, where vital force is throwing the toxins out which should be allowed after the administration of a correct Homoeopathic remedy.



Homoeopath tries to hide his mistakes by putting his blame on Homoeopathy (Aph: 149 foot note). *This wrong belief about the slow action of Homoeopathic medicine is created by none other than the half heartedly practicing Homoeopaths only!!*

HOMEOPATHY IS THE CHEAPEST SCIENCE

People have been exhausted taking Allopathic Medications (Aph: 74), A specific line of treatment (Aph: 104 footnote), never cures (Aph: 149) and on the contrary they deteriorate human health more badly (Aph: 149 footnote).

This will never, I say, never happen with Homoeopathy as you are curing a person permanently from his one or ten diseases with just three or four drops of simillimum and from then on he will enjoy his highest level of health!!! This is just amazing and beyond human imagination.

What I feel is that the cure we are effecting is absolutely immaterial and we are comparing it with the material amount, which I feel is an insult to Homoeopathy. Money is equally important; so one should charge fairly, but I feel that "Acceptance of Homoeopathy in masses will surely increase national economy."

MANY AREAS OF RESEARCH

I urge all my colleagues, enthusiastic Homoeopaths to contribute something to the fraternity of Homoeopathy. There are many areas of research like Remedy relationship, Posology, Proving on lower animals to get maximum objective symptoms, authenticity of Homoeopathic medicines, Pathological Prescribing etc.

"Such Researches may show a new world of Homoeopathy beyond horizon!!"

My friends, Homoeopathy HAS A LOT OF MONEY only if you apply principles of Homoeopathy correctly

What stubbing, plowing, digging, and harrowing is to land, that thinking, reflecting, examining is to the mind. Each has its proper culture; and as the land that is suffered to lie waste and wild for a long time will be overspread with brushwood, brambles, and thorns, which will not fail to sprout up in a neglected, uncultivated mind, a great number of prejudices and absurd opinions, which owe their origin partly to those seeds which chance to be scattered in it by every wind of doctrine which the cunning of statesmen, the singularity of pedants, and the superstition of fools shall raise. -Berkeley.

in your practice, as three to four drops of simillimum will cost nothing while you can charge anything.

If you apply your principles properly, then you can become a quality-oriented Homoeopath rather than quantity-oriented. Each case is a new world to enter; every case is a new challenge; it is very tough task to perform. I feel that "There is only one big difficulty with Homoeopathy ie it is very difficult to master".

Hahnemann was an allopath and thus he became a successful Homoeopath. So the importance of diagnosis and investigation is equally important. Allopathy is the oldest science. Not a single science is complete, but knowledge of all the sciences will enable us to guide the patient in a proper direction.

If we start working whole-heartedly and if we correct our pitfalls, then the time is not far when Homoeopathy will be considered equal or even superior than Allopathy because where Allopathy works, Homoeopathy equally works but where Allopathy ends, Homoeopathy still works.

"Opportunities are many but the occasions are few." We need to serve our science with the help of the fanatic lovers of Homoeopathy whose heart is beating for Homoeopathy.

Thus, I must recommend all the budding Homoeopaths to read last paragraph of the preface of 1st edition of Organon by Dr Hahnemann.

LET US BOW DOWN INTO THE LOTUS FEET OF OUR FATHER AS 2ND JULY IS THE 164th DEATH ANIVERSARY OF THE MOST SCIENTIFIC GENIUS EVER LIVED!!! ☺



An Introduction to repertory

ABSTRACT: Repertory is our chief instrument of precision. True, some men do some good work without repertory, but they also do poor work, more than they would do with it. A self-made artisan may be a very useful man although ignorant of the theory and most advanced methods obtaining in his line of work, but he can never measure up to the man whom education and thoroughness of method has made an expert.



Dr KRUTIK H SHAH BHMS, D-IACH (Greece)

“Holistic Homeo Care”, B/1 1st Floor, Pioneer Shopping Center, B/H Pioneer High School, Bhalej Road, Anand – 388001. Gujarat.

Mobile: 09825891948 Email: krutik_shah2002@yahoo.com, hhcanand@yahoo.com

The “*scientific method*” is the mechanical method; taking all the symptoms and writing out all associated remedies with grading, making a summary with grades marked at the end. There is an “*artistic method*” that omits the mechanical and is better, but all are not prepared to use it. The artistic method demands that judgment should be passed on all the symptoms, after the case is most carefully taken. The symptoms must be judged as to their value as characteristics, in relation to the patient; they must be reviewed by rational mind to determine those which are strange, rare and peculiar.

The artistic prescriber sees much in proving that cannot be retained in the repertory, where everything must be sacrificed for the alphabetical system. The artistic prescriber must study *Materia Medica* earnestly, to enable him to fix sick images in his mind which, when needed, will infill the sick personalities of human beings.

No such things as infallibility in prescribing will ever be attained, but he who uses his repertory faithfully and intelligently and no one can do that without equal fruitfulness and intelligence in his study of *Materia Medica* – will inevitably reap his rewards in results and in that peace of mind that comes with an approving conscience.

Homeopathy is, from the beginning to end an “*Art of Individualization*” (Aph 82). We have to individualize our remedies as well as our patients. As there are no surrogates (Aph 119 Foot Note). It must be kept in mind that to allow our conception of remedies to be limited by nosological terms will hinder us from utilizing remedies to the fullest. To get the greatest good from the *Materia Medica* – we must recognize our remedies as powerful curative agents ready to serve us in any case, no matter what the name of the disease or what the laboratory findings are. The use of the repertory is one

of the higher branches of our art and before it can be mastered. The laws governing the homeopathic treatment and cure of the diseases given in *Organon of Medicine* and *Chronic Disease* by Hahnemann must be mastered. I firmly believe that if homoeopathy is to survive in this age of therapeutic nihilism, when so many ill practices are being fostered as Homeopathic, its survival will come from a comprehensive study of the *Organon*.

Samuel Hahnemann in Aphorism 153 Footnote has very much appreciated repertorial work of Dr Von Boenninghausen especially in Intermittent Fever in Aphorism 235 Foot Note.

What I feel is that “Every Homoeopath should be his own *Materia Medica* maker”. I think you will be amply repaid for the time given to a careful study of this analysis, not only for the usable knowledge of the remedies that you will have acquired, but also and perhaps, of the greatest importance – the help it will be to you in enlarging and compiling your own *Materia Medica*.

The repertory was not discovered to replace *Materia Medica*. We cannot stress enough that the repertory can never replace our constant study and use of the pathogenesis of our remedies. It should be used as an index to lighten the task of memory in storing that vast symptomatology of our remedies.

Repertory, *Organon* and *Materia Medica* are the pillars of Homoeopathy and are deeply interconnected. “Nobody can be successful ignoring basics”. Source books are the tools and need to be studied thoroughly in order to become true, Hahnemannian Homoeopath. One must remember that even the stalwarts have become popular and successful only by reading the source books.

**All the very best to all you budding homeopaths!
Jay Hahnemann. Jay Homeopathy!** ☺



Details of some lesser known Repertories

ABSTRACT: The totality of symptoms in contrast to pathology plays the key role in understanding a drug or patient in Homoeopathy. The selection of similimum from the vast symptomatology of Material Medica always demands a way of differentiating/sorting similar looking drugs. Repertorisation is one such comprehensive, scientific and errorless way of doing this exercise.



Dr ARDESHIR T JAGOSE MD (HOM)

Meherzin Co-op Hsg Society Ltd., C/43-44, 4th Floor, 109/A Wodehouse Road, Colaba, Mumbai - 400 005.
Tel.: 022-22153873, Mobile: 9820291108

The roots of Repertory can be seen as early as 1816 in the preamble of *Materia Medica Pura* by Hahnemann himself: "For the convenience of treatment, we require merely to jot down after each symptom all the medicines which can produce such a symptom with tolerable accuracy, expressing them by a few letters (Abbreviations), and also to bear in mind the circumstances under which they occur; they have a determining influence on our choice. Proceed in the same way with all the other symptoms, noting what medicine each excite; from the list so prepared we shall be able to perceive which among the medicines homeopathically covers most of the symptoms present, especially the most peculiar and characteristic ones and for which this remedy is sought". This laid the foundation of the present day repertories.

From the first repertory **Fragmenta De Viribus Medica Mentorium Positivis** published in 1805 by Hahnemann himself, the profession has seen a large number of repertories and the search for an ideal and complete repertory will go unabated in future.

The credit for publishing the first repertory goes to Von Boenninghausen, who published **the Repertory of Antipsorics** in 1832 with a preface by the Master (2nd Ed in 1833). This repertory was used by Hahnemann himself.

In 1835, came Boenninghausen's Repertory of medicines which are not antipsorics and in 1836 came an attempt at showing the relative kinship of Homoeopathic medicines. All these publications were combined to form his masterpiece. **Therapeu-**

tic Pocket Book was published in 1846 in German. This became the standard reference work used by most American Homoeopaths including Stuart Close, Carroll Dunham, H N Guernsey and T F Allen. In 1900 Cyrus Maxwell Boger made a new translation of the Antipsorics remedies into English. It contained 232 pages. Dr Boger continued to enhance it until his death in 1935. He made so many additions and new rubrics that its final size was 1040 pages - an almost five fold increase which later grew into **The Boger-Boenninghausen's Characteristics and Repertory(BBCR)** in 1905.

1) KNERR REPERTORY

It is an index to Hering's Guiding Symptoms prepared by Dr Calvin B Knerr.

The arrangement or classification, followed in the compilation of the repertory is the one inaugurated by Hahnemann, developed, perfected and used by Hering through his entire *Materia-Medica* work ie anatomical or regional division into 48 chapters.

LIST OF CHAPTERS

Mind and disposition (91), Sensorium (2), Inner head (3), Outer Head (4), Eyes (5), Ears (6), Nose (7), Upper Face (8), Lower Face (9), Teeth and Gums (10), Taste and Tongue (11), Inner Mouth (12), Throat (13), Desires, Aversions Appetite, Thirst (14), Eating and drinking (15), Hiccough, Belching, nausea and Vomiting (16), Scrobiculum and Stomach (17), Hypochondria (18), Abdomen (19), Stool and Rectum (20), Urinary organs (21), Male sexual Organs (22), Female Sexual Organs (23), Pregnancy, Parturition, Location (24), Voice Larynx, Trachea



and Bronchi (25), Respiration (26), Cough and Expectoration (27), Inner Chest and Lungs (28), Heart Pulse and Circulation (29), Outer Chest (30), Neck and Back (31), Upper limbs (32), Lower Limbs (33), Limbs in general (34), Rest, Position, Motion (35), Nerves (36), Sleep (37), Time (38), Temperature and Weather (39), Fever (40), Attacks, Periodicity (41), Locality and Direction (42), sensation in general (43), Tissues (44), Touch, Passive Motion, Injuries (45), Skin (46), Stages of Life and Constitution (47), Drug Relationships (48), Index.

Each chapter is alphabetically divided into sections and rubrics without destroying consistency as a whole. The basic difference of this repertory from Allen's symptoms register is that it contains symptoms and remedies from provings and confirmations.

To represent it, different grades have been used.

- I. The lowest, a single light line, designating occasionally confirmed symptoms.
- II. A double light line designates symptoms more frequently confirmed or if but once confirmed, strictly in character with the genius of the remedy.
- III. A single heavy line, a symptom verified by cures.
- IV. A double heavy line, symptom repeatedly verified.

These degree marks tally with the four styles of type used by Boenninghausen.

Π represents symptoms observed on the sick ie only represents toxicological symptoms.

This concordance repertory is one of the few repertories where symptoms have been placed unbroken by preserving the original words/expressions, so that they retain the most delicate shades of meaning to maintain individuality, which is very vital in the selection of similimum. Generalization has the drawback of destroying the fine delicacy of symptoms as has been with Boenninghausen Repertories and to some extent with Kent's Repertory. Let us take some example of mental symptoms: **Forgetful:** Knerr has listed first all the remedies which have forgetfulness in general, followed by

smaller rubrics which have special association with a particular circumstance or condition or are related to a specific time frame in an alphabetical order. This arrangement though systematic and good, is impractical in the repertorisation process. Therefore, this repertory, though useful has rarely been used by professionals.

Rubric placing is more appropriate in Knerr's Repertory as compared to Kent. Eg Jaundice has been placed under section Liver and Gall stones is a separate rubric.

2) THEMATIC REPERTORY BY JA MIRRILI

The author opines that it is very difficult to understand homoeopathic knowledge from hitherto available Clinical and Pure Materia Medica and Repertories. He tried to express the thematic philosophy of the study of homoeopathic symptoms by organizing the symptoms of Pure Materia Medica and repertory by themes. He says that Repertories were the main attempt to classify the homoeopathic symptoms so that they could be used in the clinic for fast medical advice, but they have several limitations. Eg: In repertory, symptoms are severed and classified in alphabetical order with no connections, losing their dynamic expression. Thus similar symptoms are placed in different chapters and remain unrelated.

Secondly, the symptoms described in Pure Materia Medica are not totally represented in the reportorial rubrics. In this new thematic repertory, author has tried to overcome weaknesses of repertories. Eg: In the thematic repertory, at the forsaken theme, we have lots of symptoms with the sense of forsaken but they do not present the word forsaken.

This thematic repertory incorporates the collective mood and 12,500 symptoms from the Pure Materia Medica of Hahnemann, Hering, T F Allen, H C Allen, Jeremy Sherr and Complete Repertory by Roger van Zandvoort.

These are arranged carefully under nearly 300 themes like Ambition, Forsaken, Death, Helplessness, Money, Religious, Travel, Yielding etc. In this way, all unrelated symptoms present under the



same theme and the limitation of the Kentian repertories, where similar symptoms with different spelling are found to be listed far away of each other, is overcome.

3) ROBIN MURPHY'S REPERTORY

It is a reorganized and expanded version of Kent's Repertory with Kent and Knerr format. The book is compact, practical and easy to carry like Kent Repertory. It has 67 different chapters arranged alphabetically as compared to 37 in Kent's. Rubrics and sub rubrics within each chapter are in alphabetical format, similar to those of Materia Medica leaving out Kent's plan of site, time, modalities, extensions etc. There is complete reorganization of the information with smaller anatomical and functional subdivisions in alphabetical order. It contains 39,000 new rubrics and reliable 20,000 new additions and updates, still retaining a small lightweight size for convenience. The grading of drugs is similar to Kent's three grades ie Bold, Bold italics and plain type.

Dr Murphy has updated the language of the repertory in many places, for which many new generations of homoeopathic students will thank him. Eg: "Boredom" replaces "Ennui", "Crying" replaces "Weeping" and "Humiliation" replaces "Mortification" though the original terms are cross referenced to the terms in updated language.

There is a bold reorganization and expansion of repertorial information with many practical divisions: Children, Pregnancy, Emergencies, Environment, Dreams and Delusions, plus use of modern diagnostic terminology as Alzheimer's syndrome, Polycystic Ovaries etc.

He has created sections which make it easier to locate an experience such as symptoms related to music. Besides the separate sections which have music as a modality, he has a music section in the Mind chapter which includes many of the other mental symptoms which relate to music.

There are plenty of cross references and a very useful word index in the back of the book to locate difficult symptoms.

DRAWBACKS

It lacks the superscript code reference of the authors who have contributed towards addition to Kent. Therefore it is very difficult to know the source of the concerned data as well as remedy.

If we compare three rubrics of Murphy with that of Complete repertory in Mac Repertory: "Deceitful", "Defiant" and "Ailments from Reproaches". In "Deceitful" *Lycopodium*², *Opium*³, and *Thuja*³ appear in Murphy's Repertory same as in the Complete Repertory except *Morphinum* is added. But because of absence of references one does not know the source of these additions/upgrades.

In "Defiant", *Cham*² and *Medo*¹ are added and *Tub* is upgraded (3) where again the same comments are applicable.

In "Ailments from reproaches", he has added *Anac*¹, *Cham*¹, *Lyc*³ and *Nat-mur*² and upgraded *Carc*², *Coloc*² and *Staph*³.

There are some rubrics which have been combined from the original Kent Repertory, An example is combination of "Egotistical" and "Haughty" into one rubric entitled as "Egotistical haughty." The two words describe two distinct characteristics, as originally perceived by Kent, and belong to two separate rubrics.

4) COMPLETE REPERTORY BY ROGER VAN ZANDVOORT IRRHIS Publishers, Leidschendam, the Netherlands, July 21, 1996

This is the largest, most complete, and most accurate repertory in the history of homoeopathy. It comes in three volumes Mind, Vertigo through speech and Voice and Respiration through Generalities and an all-in-one volume (2,830 pages). Using Kent's Repertory as the core, Van Zandvoort poured in the contents of every reliable repertory he could put his hands on, including the unique personal repertories of Pierre Schmidt and Von Boenninghausen.

SOURCES OF COMPLETE REPERTORY

First, Third, and Sixth American editions of Kents Repertory, Homoeopathic journals, Schmidt's and Chand's Final general repertory, Kunzli's Repertorium Generale, Sivaramans' Additions and



Corrections to Kent's Repertory, Boger's Additions to Kent's Repertory, CCRH's Corrections to Boenninghausen's Repertory.

Information and cross references have been added from Pierre Schmidt, Kent Repertories and Boenninghausen's Repertory. Boericke's Repertory and the most useful part of Phatakas Repertory have been completely incorporated, using Reference works for cross checking the material with their source.

DESCRIPTION OF COMPLETE REPERTORY -CR

There are about 515,000 confirmed additions in the CR along with a number of new remedies: *Ozone*, *Bambusa*, *Marble*, *Limestone*, *Sequoia-sempervirens*, *Lac-humanum*, *Hydrophis* (snake venom) and many additions for *Sacharum-officianalis*, *Carcinosin* and *Bowel-nosodes*, *Granite* and *Bothrops-atrox*. Each and every rubric has been traced to its origin mentioned in superscript coded number giving the page number of the original text for each rubric for precision reference. This is the greatest advantage of this repertory, as each new information has a reference code by which one can judge its value or worth.

There has been a lot of planning in the organization of the repertory. The mind symptoms have been systematically classified and indexed so that the right rubric or remedy can be found easily. Noises in several sections have been brought together under the main rubric "Noise" (like in abdomen, grumbling, quacking etc)

He has changed previously confusing abbreviations to more easily understood versions mostly in the mineral and acid remedies.

Many occurrences of symptoms have been simplified using the most common word for their specific meaning. Most important word in many rubrics has been moved to be read first; ie during urination is changed to urination, during. The terminology in some cases has been modernized and clarified eg Miscarriage has been replaced with Abortion and Micturition by Urination.

SOME IMPORTANT CHANGES

One example of a rubric in Mind section: Emotions predominated by intellect (as it appears in Syn-

thetic) has been changed after confirmation from text to : Emotions -Controlled by intellect, need to be. This phrasing of the rubric gives it exactly the opposite meaning. Whereas the first one indicates that the intellect is so strong that it overwhelms and controls the emotions, the actual meaning indicates that Emotions are so strong that they have to be controlled by intellect. The latter makes sense because the drug enlisted against the rubric (*Caler* and *Viol-o*) both are known to be highly emotional and hysterical drugs and not intellectual ones as depicted earlier.

The latest edition of Complete Repertory also adds another rubric:

Emotions, too strong – which also has the same drugs. This confirms the corrections.

Some of the new rubrics are; Ability increased, Achieve things desire to, Animal consciousness, Borrows trouble, Blaming, Charitable, Constructive, Daydreaming, Delicacy feeling of, Dignity, House-keeping inept for, Independent, Enthusiasm, Teasing, Telepathy, Intellectual.

A NUMBER OF SUB RUBRICS HAVE BEEN ADDED
Precocity – Religious, Sexual, School, but does not perform to capacity

Embraces – Trees wants to embrace: *Ozone*

Extravagance – Economy for want of, sometimes miserly, works hard

Consolation refuses for one's own – *Nitric-acid*

Contemptuous – Opponent for, relations for, society.

DISADVANTAGES

1. Lot of unreliable additions has been made both in terms of drugs and rubrics; eg *Androctonus* and *Chocolate* are two drugs which are put in almost all rubrics.
2. Lot of cross reference, which turn out to be futile
3. Many small rubrics with single drugs lead the prescriber go astray if given too much importance
4. It weighs almost 10 gm making it difficult to carry.



5) SYNTHESIS: REPERTORIUM HOMOEOPATHICUM SYNTHETICUM BY FREDERIK SCHROYENS

This Repertory is linked to the Radar project. It is based on the Sixth American Edition of Kent's Repertory and contains all its rubrics and remedies. Since 1987, Synthesis has been used as a database for the Radar program in the daily practice of leading homoeopaths. It has been commented upon and thereby improved over and over again, which gives it an outstanding label of quality. This repertory is the best example of expanded version of Kent's Repertory from 1916 till date. It retains the Kent's hierarchical structure, therefore there is no need to

learn a new format. It incorporates vast number of corrections and adaptations caused by textual errors, illogical symptoms locations and ambiguous wording found in original eg Breast is replaced by Mammae or Chest when appropriate, there are about 235,000 additions from highly respected homoeopathic texts, giving priority to the classical authors – Kent, Hahnemann, Hering, Allen, Clarke, Boericke, Knerr etc.

Utility of understanding relationship of Remedies

ABSTRACT: This article especially attempts to explain the last section of Boenninghaus's Therapeutic Pocket Book (TPB) which deals with "Concordance". It is interesting to know that in the earlier editions it was named 'Enigma' meaning puzzle. For better understanding and solution (for whom it is indeed a puzzle), the author has further explained method of using relationship section with the help of a case from TPB. Ed: I think the deo is wonderful giving re-sight into TPB and its usefulness.



Dr PARIMAL K PARMAR BHMS, MD (REPERTORY)

36/ Ravi Park Soc, Opp Sainath Park Soc, Vasna Road, Vadodara, Mobile No: 9426410136.

Concordance means, "The state of being similar to" or "Consistent with something else", used especially for the action of the medicine. This section is the least understood and used because of the neglect on the part of us, the physicians. Boenninghausen's own experience and study of remedies has helped him to compile this section, which in reality should render an important service to the Homoeopathic System of Medicine.

It is arranged in alphabetical order by devoting one section to each remedy and then subdivided into different rubrics, which are generalized symptom groups, arranged in the same order as the previous sections in the Repertory.

FOR EXAMPLE: Mind, Localities, Sensations, Glands, Bones, Skin, Sleep and Dreams, Blood, Circulation and Fever, Aggravation: Time and Circumstances,

Other remedies, Inimical and Antidotes. Homoeopaths sparingly use this section. It can bring out therapeutics programme of acute remedies, constitutional remedy, complementary remedy, second prescription, intercurrent remedies and other like remedies.

METHOD OF USING RELATIONSHIP SECTION WITH THE HELP OF A CASE

A 65 years, elderly lady, complained of pain: began as soreness in epigastrium and right hypochondria; ameliorated by sitting, belching and aggravated by lying on back, markedly by lying on right and on motion especially on turning over in bed. There was a constant sensation of pulling in the right hypochondria, aggravated on right side. The pain is associated by sweating, as if repeated blows in the region of right scapula. The mouth is exceedingly dry. Great aver-



sion to water, strong odors including food, causes nausea. She vomits as soon as water becomes warm in the stomach. There is no thirst. Flatus++, soon passes.

URINE: Offensive.

CBC: WBC was 19000/ Cu mm.

REPERTORY ANALYSIS

LOCATION: Epigastrium (Pg 79), Hypochondrium, right (82)

SENSATION: Pulling (175), Hammering (160), Sore pain, internally (181)

MODALITIES: < Lying on back (290); on Rt side(290), < Motion of affected part (292), < Turning over in bed (304), < Strong odor (293), > Sitting (319), > Belching (313)

CONCOMITANTS: Sweat with associated symptoms (256), Thirst less (66), Mouth in general (62), Dryness internally (of part usually moist) (156), Incarcerated flatus (85), Urine offensive (95).

The case was repertorised with the 18 symptoms noted above with following results: *Sulphur* 71/18; *Phosphorus* 68/18; *Nux-vom* 71/16; *Bryonia* 58/15; *Pulsatilla* 63/16.

Now TPB has no rubric for vomiting as soon as water becomes warm in stomach, *Phosphorus* was administered with the knowledge of *Materia Medica*, which improved the patient.

FIRST PRESCRIPTION: *Phosphorus*

The 1st prescription was *Phosphorus*, with which patient was relieved.

To complete the cure, we need to prescribe the 2nd remedy with help of concordance.

For that one needs to draw 12 vertical lines of equal distances except the first and the last, which should be broader. On the top of the first broader column record the term 'medicines' and the last broader column record the term 'total' the rest 10 columns are for sections: Mind, Location, Sensations, Glands, Bones, Skin, Sleep and Dream, Blood circulation and fever, Aggravations, Other remedies.

The base of the first prescription should be taken as Eliminating Rubric, as in the case eliminating rubric is location.

Now consider the medicines from Remedy *Phosphorus*, which was first prescribed. Particularly of the 1st, 2nd, 3rd grades ie with mark values 5, 4, and 3 of the rubric in the column space for the 'Medicines' in the first vertical column one below the other. When recording is complete sum them up the total matching and the total grades and record on the Rt hand broader columns specified for total by oblique lines to demarcate them. Pick up 2 or 3 medicines as per highest matching and highest grade in total and compare well with the section values of medicines then finally come to a condition of similitum by totality.

MEDICINES	L	M	S	G	B	S	S	B	T	O	TOTAL
	O	I	E	L	O	K	L	L	I	T	
	C	N	N	A	N	I	E	O	M	H	
	A	D	S	N	E	N	E	O	E	E	
	T		A	D	S		P	D	A	R	
	I		T	S					G	R	
	O		I				D	F	G	E	
	N		O				R	E		M	
			N				E	V		E	
							A	E		D	
							M	R		Y	
<i>APIS</i>	5	4	4	-	-	3	2	2	2	5	27/08
<i>ARG-N</i>	5	-	5	5	-	-	3	1	3	5	27/07
<i>BELL</i>	5	4	4	5	2	3	3	4	3	4	37/10
<i>CALC-C</i>	5	3	4	2	3	3	4	3	4	4	35/10
<i>GELS</i>	5	4	4	-	-	-	-	4	2	5	24/06



<i>KALI-BI</i>	5	-	5	-	-	1	-	-	3	4	18/05
<i>PULS</i>	5	5	5	3	2	4	5	4	5	5	43/10
<i>SANG</i>	5	-	5	-	-	-	-	3	3	4	20/05
<i>SEPIA</i>	5	3	4	-	-	3	5	3	5	4	32/08
<i>SULPH</i>	5	3	5	4	4	5	4	3	2	5	40/10
<i>Aesculus</i>	4	-	3	-	-	-	-	-	1	3	11/04
<i>Aloe</i>	4	2	3	-	-	-	1	1	2	4	17/07
<i>Ars</i>	4	-	2	2	-	4	2	4	3	3	24/08
<i>Bapt</i>	4	3	3	-	-	-	2	2	2	4	20/07
<i>China</i>	4	-	4	-	-	-	2	3	3	3	19/06
<i>Lyco</i>	4	2	4	3	2	4	-	5	4	4	32/09
<i>Merc</i>	4	2	4	4	2	3	3	4	3	4	33/10
<i>Nux-vom</i>	4	4	5	-	-	-	4	4	5	4	30/07
<i>Podo</i>	4	-	2	-	-	-	2	2	2	4	16/06
<i>Aconite</i>	3	4	3	-	-	3	2	4	2	3	24/08
<i>Allum-c</i>	3	-	1	-	-	-	-	-	1	2	07/04
<i>Arnica</i>	3	-	3	2	-	3	-	2	2	2	17/07
<i>Berb</i>	3	-	4	-	-	-	-	2	-	2	11/04
<i>Bryonia</i>	3	2	4	2	-	3	4	5	4	4	31/10
<i>Carbo-veg</i>	3	3	-	2	-	2	-	-	2	3	15/06

RESULT OF REPERTORIZATION: *Puls* 43/10, *Sulp* 40/10, *Bell* 37/10, *Calc-carb* 35/10.

Puls covers the maximum marks and is present in each section so is the second prescription.

Second remedy chosen should have either 'Complementary' relation or 'Follow well' otherwise the case may spoil. ☹

Steps to Repertorization

ABSTRACT: Repertorization is not only a mechanical process of counting rubrics and totaling marks obtained by a medicine. It also includes the logical steps to reach the proper repertory and finally differentiating the remedies with the help of Material Medica.

Dr SHASHI KANT TIWARI

Principal, Father Muller Homoeopathic Medical College & Hospital University Road, Deralakatte, Mangalore – 574160

Repertory follows the logic of induction and deduction. The steps to repertorization start from case taking and end by finding out the *simillimum*. They are:

1. Case taking
2. Recording and interpretation
3. Defining the problem
4. Classification and evaluation of symptoms

(analysis)

5. Erecting totality
6. Selection of a proper repertory
7. Repertorial result
8. Analysis of repertorial result and prescription

CASE TAKING: It is the first step, and the outcome of treatment entirely depends upon its success. Any



mistake committed here certainly interferes in the selection of the remedy and planning of the treatment.

RECORDING AND INTERPRETATION: For effective repertorization, precise recording is very crucial for proceeding further with the subsequent steps. Recording is not done independent of interpretation; so both should be done simultaneously. Care should be taken to record the intensity of each symptom and interpreting them without being prejudiced.

DEFINING THE PROBLEM: Once the case is taken well, interpreted and recorded properly, the physician should be in a position to define the problem precisely. The record should guide him to understand the person and his disease. The sickness of the person expresses itself at various levels, and to bring all such expressions together to get a whole picture, requires a clear understanding of what Hahnemann stated: "What is to be cured in a disease, that is to say in every individual case of disease". To define a problem means, to define the individual who is facing a problem. The individual is fully revealed to a physician from the effects of different events associated with him as well as from the related data collected from various sources. Diagnosis of the disease, which is of crucial importance, would segregate the peculiar characteristics expression from the common ones. The problem definition includes, knowing the patient's predisposition, disposition, diathesis and disease. Thus only by precisely defining the problem, a physician would be in a position to go ahead in the right direction.

CLASSIFICATION AND EVALUATION OF SYMPTOMS (ANALYSIS): It is a well known fact that all the symptoms in a case are not equally important. After taking the case, a physician faces quite a big number of symptoms, which are required to be analyzed, classified and evaluated in order to arrange them hierarchically. Analysis and classification give an idea about the case in respect of its nature and the type of symptoms, and therefore, evaluation can be done by different methods. The three standard methods of classification and evaluation propounded by Boenninghausen, Kent and Boger are

of practical use in repertorization. The best way of doing analysis of a given case is to classify all the expressions and symptoms of the case into **common** and **uncommon** symptoms. This classification will give the idea about the suitability of the Repertory as well as the method of working out a case.

ERECTING TOTALITY (SYNTHESIS): Totality is not the sum total of symptoms but it is a logical combination of symptoms, which characterise the person as well as individualise the problem. Thus, all the symptoms which are classified and evaluated, do not form a working totality of the case.

From classification and evaluation, the hierarchy of symptoms is known, but which to select to form the totality ie which can logically represent the whole picture and get a correspondence? This logical arrangement must follow a definite principle. If the case has got more Generals and a few Particulars with rare Modalities, it would follow a different arrangement than that of a case, which has vague Modalities and striking Concomitants, or a Pathological General.

SELECTION OF THE REPERTORY AND REPERTORIZATION
After the totality has been erected, the case becomes clear to the physician. He should look for one of the following points in the case:

GENERALS: MENTAL/ PHYSICALS. PARTICULARS.

**LOCATION. SENSATION. MODALITIES. CONCOMITANTS
PATHOLOGICAL GENERALS.**

If a case were full of Generals, Kent's Repertory would be the best. If it has got Pathological Generals, Boger's Repertory must be selected. If the case has got Particulars, with Location, Sensation, Modalities and Concomitants with a few mentals, *Therapeutic Pocket Book* is preferable; however, Boger's Repertory can also be used.

Synthetic Repertory can be used for the Kent method to refer more Generals. It has also many Pathological Generals, but no Particulars. *Synthesis, Complete Repertory* and *Homoeopathic Medical Repertory* can be used where Generals are more prominent. Moreover, these recent repertories can also be utilised for working out all types of cases. *Repertorium Universale* is suitably designed to repertorise all



types of cases by using different methods of repertorization.

Once the repertory is selected, a major part of the analysis and synthesis of the case is done. The next step is to rearrange the totality according to the repertory selected. *Rearrangement of totality in terms of the Repertory selected is called "Repertorial totality".* Thus, a well arranged totality is worked out.

Next convert the symptoms into rubrics, which requires an acquaintance with the repertory. The symptoms obtained from the patient may not be found in the repertory in the same form; so the physician must know the construction and arrangement of each repertory.

Rubrics should be arranged according to hierarchy, reason and page number. The final outcome is written as follows:

Symptom	Rubrics	Reason	Page No
1	x	y	z
2	x	y	z
3	x	y	z

Now, at this stage, the case is referred to repertory, worked out, and a group of medicines with markings is arrived at.

REPERTORIAL RESULT: A group of close running medicines should be noted down according to the symptoms covered and marks obtained. For example, if

Lyc covers seven rubrics and 18 marks, it should be written 18/7. A few medicines, which are nearer to the first also, find a place in the repertorial result.

ANALYSIS OF REPERTORIAL RESULT AND PRESCRIPTION: The remedy, which gets the highest mark, is not necessarily the final remedy in all cases. Repertorial results should be finally referred in the court of Material Medica. Marks are important, but these do not constitute the final verdict. Further, the group has to be compared to the picture of the patient and with the help of Materia Medica, it should be differentiated. Sounding a note of caution, Boenninghausen writes, "..... for this purpose, he should not content himself with repertories that have been prepared, a very *frequent carelessness*, for these books contain only *slight hints* as to one or the other remedy that might be selected but can never take the place of the careful reading up of the *fountain sources*" (The field, which differentiates medicines, is called *potential differential field*). Repertory thus narrows down the groups of medicines, and with the help of source books, a final remedy can be found out. The remedy so selected must finally pass through certain criteria such susceptibility, sensitivity, suppression (if any), the level of similarity, functional and structural changes, vitality and miasm, to arrive at the right potency and dose schedule.



The love of study, a passion which derives great vigor from enjoyment, supplies each day, each hour, with a perpetual round of independent and rational pleasure.

- Gibbon



The more we study the more we discover our ignorance.

- Shelley



Funny Game of Rubrics Discrimination

ABSTRACT: Though a tedious one yet, it was fun discriminating the rubrics on mental chapter. The article deals with the rubrics and their corresponding cross references found in the Kent's Repertory. The language used is not entirely Repertorial.



Dr SATISH P KANOJIA 1, Mangela Wadi, Juhu Tara Rd, Santacruz (W), Mumbai-400 049
Tel: 26607867 (C) 9821009605.

1. Abandoned 01

- a) Delusion she is alone in the world 20
- b) Forsaken feeling 49
- c) Delusion lost affection of friend 20
- d) Deserted 35
- e) Delusion friendless 26
- f) Delusion that he is neglected 30
- g) Isolation sensation of 60
- h) Delusion has lost affections of friends 20
- i) Delusions she is always alone 20
- j) Delusion his friends have lost 22 confidence in him.

2. Abrupt 01

- a) Answers abruptly 03
- b) Impulsive 54
- c) Rashness 71
- d) Insolent 57

3. Absent Minded 01

- a) Absorbed, buried in thoughts 01
- b) Abstraction of mind 01
- c) Thoughts persistent 87
- d) Pre-occupied 69
- e) Reveries 75
- f) Meditation 64
- g) Sits, wrapped in deep, sad thoughts as if and notices nothing 81

4. Abusive 01

- a) Cursing 17

- b) Insolent 57
- c) Rudeness 75
- d) Swearing 86
- e) Contemptuous 16

- f) Scorn 78

- g) Slander 81

- h) Despises 36

5. Activity desires 01

- a) Industrious 56
- b) Occupation ameliorates 69
- c) Busy 10
- d) Anxiety, motion amel 07
- e) Delirium busy 18

6. Acuteness 01

- a) Memory active 64
- b) Concentration active 13

7. Admonition agg 01

- a) Repraches ailments form 71
- b) Weeps from admonition 93
- c) Weeps from reproaches 94
- d) Weeps when remonstrated with 94

8. Affectionate 01

- a) Benevolence 09
- b) Love, with one of her own sex 63

9. Agitation 01

- a) Excitement 40

10. Air Castles 01

- a) Theorizing 87
- b) Plans making many 69
- c) Deeds, feels as if he could do great 17

11. Ambition loss of 01

- a) Indolence 55

- b) Dullness 37

- c) Listless 62

- d) Comprehension different 12

12. Amorous 2

- a) Lasciviousness 61

- b) Lewdness 62

- c) Shameless 79

- d) Nymphomania 68

- e) Increased desire 716

- f) Indifference exposure of her person 55

- g) Sexual passion violent 711

- h) Sexual passion increased 711

- i) Naked wants to be 68

- j) Obscene 69

13. Amusement, averse to 2

- a) Going out averse to 50

- b) Indifference to pleasure 55

- c) Indisposition to play in children 69

14. Anger 2

- a) Irritability 57

- b) Quarrelsome 70

15. Anger caressing from 2

- a) Anger when touched 2

16. Antagonism with herself 4

- a) Delusion divided into two parts 24

- b) Thoughts two trains of thought 88

17. Anthophobia 4

- a) Fear of people 46

- b) Fear of men 46

- c) Men dread of 65



18. Antics 4

- a) Grimaces 51
- b) Foolish behaviors 48
- c) Childish behaviour 11
- d) Silly 80
- e) Idiocy 53
- f) Buffoonery 10
- g) Gestures, viticulture's or foolish 50
- h) Play full, play with bottom of his clothes 69

19. Anxiety, conscience of (as if guilty of crime) 6

- a) Delusion that he is a criminal 23
- b) Delusion that he has neglected his duty 30
- c) Remorse 71

20. Anxiety dark in 6

- a) Fear dark 43
- b) Darkness agg 17
- c) Delusion sees image in the dark 30
- d) Delusion sees specters ghost spirits 32

21. Anxiety cruelties after hearing 6

- a) Horrible thing and sad stories affect her profoundly 52
- b) Fear of hearing bad news 43
- c) Report of cruelties excite fear 43

22. Anxiety fits with 6

- a) Anxiety paroxysms 7
- b) Anxiety sudden 8

23. Anxiety about future 7

- a) Fear destination of being unable to reach his 44

24. Anxiety as if pursued when walking 7

- b) Delusion pursued thought he was 31
- c) Delusion persecuted that he

is 30

25. Anxiety salvation about 8

- a) Religious affections 71
- b) Despair religion 36
- c) Doubtful about the welfare of his soul 37

26. Anxiety riding while 7

- a) Fear of riding in carriage 47
- b) Riding in a carriage averse to 75

27. Anxiety storm, during a thunder 8

- a) Thunderstorm during 88
- b) Storm approach of 1403

28. Anxiety strangers in the presence of 8

- a) Company presence of strangers agg 12
- b) Stranger presence of agg 84
- c) Child coughs of the sight of stranger 806
- d) Perspiration in the presence of stranger 1302

29. Anxiety time is set if a 8

- a) Hurry for the appointed time to arrive 54
- b) Time passes too quickly 88

30. Anxiety in warm bed yet, limbs cold if uncovered 9

- a) Anxiety in bed 5
- b) Anxiety in evening 4

31. Apathy 9

- a) Indifference 54
- b) Listless 62

32. Audacity 9

- a) Courageous 17
- b) Insolent 57
- c) Boldness 10

33. Avarices 9

- a) Fear of poverty 64
- b) Selfishness 78
- c) Covetous 17
- d) Desires more than she needs 35

- e) Delusion thinks he is poor 31
- f) Delusion he is poor 31
- g) Delusions family will starve 33
- h) Fear of financial vain 47
- i) Fear of starving 47

34. Aversion approached to being 9

- a) Aversion to answer 3
- b) Aversion to be spoken to 82
- c) Aversion to be touched 89
- d) Fear of others approaching him 43

35. Aversion to friend 9

- a) Company aversion to friend of intimate 12

36. Aversion to certain persons 9

- a) Sensitive to certain persons 78

37. Aversion to strangers 9

- a) Company aversion to presence of strangers 12

38. Bad news ailments from 9

- a) Excitement after bad news 40
- b) Sadness after bad news 76
- c) Trembling in ear after sad news 319
- d) Sinking in the stomach from bad news 526
- e) Sensitiveness in stomach from bad news 526
- f) Diarrhoea after bad news 611
- g) Trembling hands after unpleasant news 1212
- h) Sleepiness after sad news 1251
- i) Chilliness after sad new 1270
- j) Perspiration from unpleasant news 1298
- k) Organs of blood from disagreeable news 1377

39. Bashful 9

- a) a) Timidity 88
- b) Cowardice 17



- c) Cautious 10
 d) Startled easily 83
 e) Reserved 72
 f) Frighted easily 49
 g) Embarrassed 39
 h) Gentleness 50
 i) Repulsive 71
 j) Low minded 63
 k) Secretive 78
 l) Mildness 65
- 40. Bed aversion to 9**
 a) Timidity going about to bed 89
 b) Fear to go to sleep 47
 c) Fear of the bed 43
 d) All waking on of something under the bed 47
- 41. Bemoaning 9**
 a) a) Lamenting 61
 b) Complaining 12
 c) Weeping 92
 d) Whining 95
- 42. Benumbed 09**
 a) a) Stupor 84
 b) Cloudiness 12
 c) Confusion 13
 d) Confounding 13
 e) Bewildered 09
 f) Drunken seems as if 37
- 43. Break things desire to 10**
 a) Destructiveness 36
- 44. Brooding 10**
 a) b) Anxiety 04
 c) Sadness 75
 d) Gloomy 50
 e) Despondency 36
 f) Grief 50
 g) Gnawing 51
 h) Melancholy 64
 i) Despair 35
 j) Dejection 18
 k) Moaning 67
 l) Howling 52
- 45. Businesses averse to 10**
 a) Indifferences to business after 54
46. Busy - Refer to no 5
47. Calmness 10
 a) a) Tranquility 89
 b) Quite disposition 70
 c) Talk indisposed to 86
48. Calumniate - Refer to no 4
49. Capriciousness 10
 a) a) Persists in nothing 69
 b) Impulsive 54
 c) Rashness 71
 d) Inconstancy 54
 e) Mood alternating 67
 f) Mood changeable, variable 68
 g) Refuses thing asked for 71
 h) Fickle 48
 i) Irresolute 57
 j) Fitful 48
 k) Frivolous 50
 l) Appetite capricious 476
 m) Longing for things which are rejected when offered 63
 n) Whimsical 95
50. Carelessness 10
 a) Heedless 51
 b) Rashness 71
51. Cares full of 10
 a) Anxiety 4
52. Carphologia 10
 a. Gestures picks at bed clothes 50
53. Censorious 17
 a) Faultfinding 42
 b) Reproaches others 71
 c) Quarrelsome 70
 d) Critical 17
54. Chagrin 10
 a) Mortification 68
55. Chaotic 10
 a. Confounding 13
 b. Confusion 13
 c. Cloudiness 12
- 56. Cheerfulness 10**
 a) Mirth 65
 b) Gaiety 70
 c) Vivacious 91
 d) Lively 62
 e) Jestng 60
 f) Humorous 52
 g) Joyous 60
 h) Contended 16
 i) Laughing 61
 j) Hilarity 51
 k) Exhilaration 41
- 57. Circumspection lack of 11**
 a) Indiscretion 55
- 58. Clairvoyance 11**
 a) Propheying 69
 b) Dreams clairvoyant 1237
 c) Dreams of event not yet taken place 1239
 d) Dreams prophetic 1242
 e) Dreams visionary 1244
- 59. Company aversion for 12**
 a) Wants to walk alone 12
- 60. Company desire for 12**
 a) Anxiety when alone 5
- 61. Confidence want of self 13**
 a) Delusion fails thing will 25
 b) Delusion does nothing right 31
 c) Delusion reproach, has neglected duty and deserves 31
 d) Delusion that he does every thing wrong and will not succeed 33
 e) Fears losing self control 47
 f) Fears undertaking anything 47
 g) Undertaken nothing lost he will fail 91
- 62. Confusion beer from 14**
 a) Confusion spirit ion by near from 15
- 63. Confusion cold bath amel 14**



General Section

- a) Confusion washing face amel 16
- 64. Confusion identity as to his 15**
- a) Delusion density errors of personal 27
b) Forgetful name his own 49
- 65. Confusion interruption from 15**
- a) Thoughts vanishing when interrupted 88
- 66. Contradict disposition to – refer No 52**
- 67. Contrary 16**
- a) Obstinate 69
b) Irritable 57
c) Positiveness 69
d) Defiant 17
e) Disobedience 37
- 68. Conversation agg 16**
- a) Calking of others agg 86
b) Confusion agg by confusion 14
- 69. Cosmopolitan 17**
- a) Travel desire to 89
- 70. Crazy 17**
- a) Insanity 56
b) Delusion 20
- 72. Cruelty 17**
- a) Moral feeling want of 68
b) Malicious 63
c) Hard hearted 51
d) Misanthropy 66
e) Hatred 51
f) Vindictive 91
g) Resentment 71
h) Revengeful 75
i) Unfeeling 91
- 72. Darkness agg 17**
- a) Fear dark 43
- 74. Death desire to 17**
- a) Loathing of life 61
b) Killed denser to be 61
c) Weary of life 92
- d) Ennui 39
e) Disgustful 37
f) Irksome 57
- 75. Deceitful 17**
- a) Duplicity 36
- 76. Despair recovery of 36**
- a) Doubtful recovery of 37
b) Hopeless 52
c) Sadness 75
- 77. Dictatorial 36**
- a) Domineering 37
b) Stubborn 84
c) Obstinate 69
d) Dramatic 37
- 78. Discontented 36**
- a) Displaced 37
b) Dissatisfied 37
- 79. Dread 37**
- a) Fear 42
- 80. Dream as if in a 37**
- a) Confusion 14
b) Fancies absorbed in 41
c) Unconsciousness, dream as in 90
- 80. Earnestness 39**
- a) Serious 79
- 81. Egotism 39**
- a) a) Haughty 51
b) Imperious 54
c) Pride 69
- 82. Eat refuses to 39**
- a) Aversion to food 481
- 83. Embraces comparison 39**
- a) Kisses everyone 61
- 84. Entertainment 39**
- a) Amusement desire of 2
b) Excitement 40
c) Occupation 69
- 85. Envy 39**
- a) Jealous 60
- 86. Escape, attempts to 39**
- a) Runs about 75
b) Impulse to run 54
- 87. Estranged, family from her 39**
- a) Escapes from her family 39
b) Aversion to husband 9
c) Indifferences to loved ones 55
d) Flies from her own children 39
e) Forsakes his own children 49
- 88. Excitement conversation from 40**
- a) Talking excited 86
b) Excitement debate during 40
c) Excitement anticipating events 40
- 89. Exclamation 41**
- a) Shrieking 79
- 90. Exercise, mental symptoms > by physical 41**
- a) Exertion amel 1358
- 91. Fanaticism 41**
- a) Religious fanaticism 71
- 92. Fastidious 42**
- a) Rest cannot when thing are not in proper place 72
- 93. Fear, disaster of 44**
- a) Fear of impending danger 43
b) Fear evil of 44
c) Fear something will happen 45
d) Fear misfortune of 46
- 94. Fear of impending disease 44**
- a) Fear of pneumonia 46
b) Fear of cancer 43
c) Fears consumption of 43
d) Fear body will putrefy 47
- 95. Fixed notions 48**
- a) Delusions 20
- 96. Flattery desires 48**
- a) Longing for good opinion 63
- 97. Fidgety 48**
- a) Restlessness 72
- 98. Fight, wants to 48**
- a) Quarrelsome 70
- 99. Forgetful 48**



- a) Memory weakness of 64
b) Mistakes 66
- 100. Forgetful well known street 49**
a) Forgetful which side of the street his house was on 49
b) Recognize does not well streets 71
c) Confusion loosen his way in well known streets 15
d) Mistakes localities 66
- 101. Forebodings 48**
a) Fear 42
b) Anxiety 4
c) Sadness 75
- 102. Frantic 49**
a) Rage 70
b) Fury 50
- 103. Frown disposed to 50**
a) Wrinkled forehead 396
- 104. Gestures hands motion involuntary 5**
a) Motion hand 1034
- 105. Gestures grasping genitals at, during spasms 50**
a) Handles genitals 17
- 106. Gestures usual vocation of his 50**
a) Counting continually 17
- 107. Grimaces 51**
a) Expression pinched 374
- 108. Growling like a dog 51**
a) Barking 9
- 109. Hastiness 51**
a. Hurry 52
b. Impatience 53
c. Impetuous 54
d. Quick to act 70
- 110. Hide, child thinks all visitors laugh at and hides behind furniture 51**
a) Fear of people in children 46
- 111. High place agg 51**
a) Fear of high place 45
- 112. Home desire to go 51**
a) Home sickness 51
- 113. Humour, effects of wounded 52**
a) Indignation bed effect following 55
b) Mortification to 79
- 114. Horror 52**
a) Anxiety 4
b) Fear 42
- 115. Ideas abundant clearness of mind 52**
a) Thoughts puissant 87
- 116. Indifference 54**
a) Listless 62
b) Joyless 60
c) Phlegmatic 69
- 117. Impertinence 54**
a) Insolent 57
b) Rudeness 75
- 118. Indifference while in company 54**
a) Indifference relation to 55
b) Indifference society in 55
- 119. Insanity 56**
a) Mania 63
b) Rage 70
c) Delirium 18
d) Frantic 41
e) Fury 50
- 120. Irritability questioned when 59**
a) Irritability spoken to when 59
- 121. Irrability 57**
a) Irascibility 57
b) Anger 2
c) Quarrelsome 70
d) Fight wants to 48
e) Petulant 69
- 122. Kill desire to the person who contradicts her 60**
a) Contradiction, has to restrain himself to keep from violence 16
- 123. Kneeling and praying 61**
a) Religious affection 71
- 124. Loquacity 63**
b) Speech wandering 82
c) Talk denre to 86
d) Talkative 86
e) Loquacity sleep during 63
- 125. Mental effort inability to sustain 65**
a) Prostration of mind 70
b) Senses dullness of 65
- 126. Mesmerised 65**
a) Magnetised desires to be 63
- 127. Mischievous 66**
a) Rage mischievous 71
b) Wicked disposition 95
c) Insanity malignant 57
d) Joy at misfortune of other 60
- 128. Mistakes speeches 66**
a) Forgetful word of while speaking 49
- 129. Muttering 68**
a) Delirium matting 19
- 130. Narrating her symptoms agg 68**
a) Conversation agg 16
b) Talking agg 86
c) Weeping when talking of her sickness 94
- 131. Offended easily 69**
a) Sensitive 78
b) Oversensitive 69
- 132. Refuses to take medicine 71**
a) Fear of taking too much medicine 46
b) Well says when he is sick 95
c) Irritability sends the doctor home 59
- 133. Reproaches himself 71**
a) Anger over his mistakes 2
b) Delusion neglected his duty 30
c) Delusion does nothing right 31



General Section

- d) Delusion fancies he has done wrong 35
- 134. Ridiculous mania 75**
- a) Jestng 60
b) Mocking 61
c) Unfriendly humors 91
- 135. Reverence lack of 75**
- a) Rudeness 75
- 136. Sadness cloudy whether 76**
- a) Sadness darkness 76
- 137. Sensitive to fight 78**
- a) Shuns light 62
b) Photophobia 261
- 138. Sensitive to music 78**
- a) Delusion, music, fancies he hears 29
b) Excitement music form 41
c) Fear music form 46
d) Hysteria music amel 52
e) Indifference music which he love to 55
f) Irritability music during 59
g) Restlessness music form 74
h) Sadness music from, sad music amel 77
i) Thoughts persistent, music about in evening 87
j) Unconscious music from 90
k) Weeping music form 94
l) Weeping music bells of 94
m) Weeping music piano 94
- 139. Sexual excess mental symptoms from 79**
- a) Thoughts intrude sexual 87
- 140. Shining objects agg 79**
- a) Rage shining object from 71
- 141. Sighing respiration 80**
- a) Desire to breath deep 766
b) Sighing respiration '775
- 142. Sits quiet still and break pins 81**
- a) Insanity break pins, she will sit and 56
- 143. Size incorrect judge of 81**
- a) Delusion being double 24
b) Delusion small thing appear 32
c) Smaller, things appear 81
d) Vision, small object seem 283
- 144. Smiling sardonic 81**
- a) Laughing sardonic 283
- 145. Speech monosyllabic 82**
- a) Answers monosyllabic 3
b) 'No' to all questions 3
- 146. Starting electric as if 83**
- a) Electric current sensation of 985
- 147. Talks with dead people 87**
- a) Delusion converses with absent person 30
b) Delusion talking with dead people 33
- 148. Unconscious blood sight of 90**
- a) Faintness blood sight of 1359
- 149. Unconscious convulsion after 90**
- a) Unconscious epilepsy after 90
- 150. Unreal everything seems 91**
- a) Delusion everything is strange 33
- 151. Weeping consolation agg 93**
- a) Consolation agg 16
b) Weeping pitied if he believes he is 94
- 152. Well, says he when very sick 95**
- a) Cheerful with all pains 11
b) Hopeful 52
- 153. Work aversion to mental 95**
- a) Thinking aversion to 87
- Source: the following books were taken help of:
- a) Repertory of the homoeopathic Materia Medica with word index – Dr J T Kent
b) Kent's Comparative Repertory of the Hom Materia Medica – Dr Koklenberg and Dr Dockx
c) Encyclopedia of reportorial – Dr J Benedict Castro
- NOTE:** The number in font of the rubric demonstrates the page number of which it is fond in Kent's repertory

ADVERTISEMENT INDEX

J k cement

Back Cover

R M Bhutler

Inside Back Cover

Hiranandani

Inside Front Cover



Towards Enlightenment

ABSTRACT: India has provided "The Man of the Millennium" and now it is the duty of the Nation to promote and prepare another Man of the Millennium. I am sure that people of India will continue the tradition. India has great heritage of philosophy and due to this it is possible to prepare good human beings.



Dr AMRAPALI MERCHANT MALLB PhD

Awarded: Dr Radhakrishnan National Award for Higher Education", "Gyandeeep Puraskar" International Award by Yashvantrao Chavhan Maharashtra Open University, Nasik, Award for Women Services by Young Men's Gandhian Association. Ahmedabad, Gujarat. Has Penned 21 Books.

Professor and Head, Dept of Sociology, Sardar Patel University, Vallabh Vidyanagar. Gujarat.

Mail: amrapali2007@yahoo.co.in. Mobile: 9909254550

Editor: *Why is this topic relevant for our First Student Edition NJH? Good human beings make best doctors. So our aim should be to travel that path right from our inception in Homoeopathic field. We requested Dr Amrapali, a renowned spiritual teacher to write a brief word on how a Homoeopath should conduct and develop himself.*

The Human life is "Amulya (invaluable)". A Medical doctor is considered as **second to God**. Homeopathy is the godly way of treatment and you all are also second to God for your patients. **You are the future of India and the world.** Homeopathic medicines are a blessing for humanity-being affordable, effective and curing the patient in the shortest time. I believe that if Homoeopaths take efforts to spread awareness, Homeopathy will be the most preferred choice of treatment.

Let us think, what is life? From where we come? Where do we go? I consider that life is gifted by GOD to achieve **ENLIGHTENMENT**. The philosophy of the India says that human life is just to achieve Moksha (to be free from all attachments).

The era of 21st century is "knowledge" based. Knowledge has stages and man can conquer those stages one by one and reach to the highest stage. The freedom from "Janam (birth)" is the wish of every Hindu. Hindu culture has stated four objectives of life: Dharm, Arth, Kam, and Moksha. Jainism is the ancient religion of India which has Moksha as the **highest Goal of life**. To achieve Moksha, one has to pass through various stages of knowledge. Man has to walk through following stages:

- | | |
|------------------|-----------------|
| 1 Information | 2 Understanding |
| 3 Analysis | 4 Synthesis |
| 5 Creativity | 6 Innovation |
| 7 Empowerment | 8 Enlightenment |
| 9 Towards Moksha | |

Do we learn this in our life? Is it through educative system or through any systematic way? If not, Where we have lost our ancient wisdom? Let us discuss these stages in detail **how one can achieve all the stages in a short life.**

Actual life of a human being is just about 25 years. If man lives 70 years, first ten years are just invested in playing and at the end of life about 5 years with Doctor, so 70 - 15 = 55 years. We sleep for 27.5 years, and we invest at least 5 years in eating and doing personal work. Now if we are going to live only about 27 years than we have to live carefully. My dear friends, this is not just philosophy but it is truth. Let us think that if life is so small than every **One** has to plan it carefully.

- 1. MAN STARTS LEARNING WITH INFORMATION-** the factual meaning of the visual thing. Information helps man to understand the physical world and the worldly matters. Man learns about physical, social and emotional world. Information teaches use, making and processing things.
- 2. UNDERSTANDING:** Gives the real meaning the inner meaning of worldly things and its analysis. Person always thinks with his own perception, surrounding and reference. Analysis helps person to synthesis and understand the situation.

3. **CREATIVITY:** Only after full understanding in toto than creativity starts. This step is very important.. Creativity is better known as innovation -the person's **IDENTITY**, a reflection of his personality.

4. **EMPOWERMENT:** Comes out of hard work, excellence, brightness, smartness and achievement. This stage leads to the Goal of life and towards Enlightenment.

5. **ENLIGHTENMENT:** The highest stage of human being. "Realized SOUL". Enlightenment will easily take the human to **ULTIMATE GOAL** of life- to achieve God.,to travel to Moksha. To walk on this path, one has to develop eight dimensions given below:

- 1) Development of Health
- 2) Mental Development
- 3) Social Development
- 4) Economic Development
- 5) Civic Development
- 6) Cultural Developments
- 7) Ethical Development
- 8) Spiritual Development

- a. Self directed
- b. Self managed
- c. Self motivated
- d. Self controlled

The main is

DEVELOPMENT OF HEALTH: To perform optimally, Man needs balanced health-both physical and mental, needs to develop a habit to take care of him/her health, so vital for his growth. Well being of body is considered as first happiness. Well being is based on good food habits, lifestyle.and Yoga. Here is where the importance of Homoeopathy as a preventive medical science play an important role.

This along with development of all other 7 developments will allow us to travel towards Excellency. Now we can see the importance of Health and its management in our overall development.

Doctors are the best human being in the world because they treat patients. When patients visit you, they are unhappy, but when you treat them, they go with happiness. It is a short journey for doctors towards enlightenment which will take doctors towards excellence. ☯

A Workshop on Repertory - A Report

REPORTED BY

Dr KURAIN P J POST GRADUATE STUDENT (REPERTORY)

Fr Muller Homoeopathic Medical College. Deralakatte.

A workshop on Repertory for PG student was held on June 8th and 9th 2007 at Fr Muller Homoeopathic Medical College, Deralakatte. The workshop, first of its kind in South India was conducted by Dept of Repertory of Fr Muller's, attended by 70 delegates from various institutions.

The workshop was inaugurated by Director Rev Fr Dr Baptist Menazes followed by a brief introduction, of PG syllabus for Repertory.

THE FIRST DAY SPEAKER- Prof Dr S K TIWARI: Discussed the Basic Repertories by Boenninghausen, Boger and Kent.

THE SECOND DAY

1. Prof **Dr VALAMATHY R FERNANDEZ** discussed Synthesis 9. 1.

2. Significant features of latest edition of Murphy's Repertory were elaborated by **Prof Dr RITA CHAKRABORTHY**

3. Computer Software Programmes in Repertory by Dr KURIAN P J.

4. Elaborate exposition of Modern Repertories by Prof Dr S K TIWARI.

5. An active discussion followed.

6. At the end of the sessions, the representatives of each institution expressed their views and also expressed gratitude for the stinulation sessions. All the delegates were awarded participation certificates by Rev Fr Stany Tauro in a short valedictory function. ☯



Queries and Solutions

PROF DR KASIM CHIMTHANAWALA MBBS, LTMANDH, DDV, DMS, FPT, FNAHI, PGNAHI

President: The National Academy Of Homoeopathy, India

Director: Postgraduate Advanced School Of Homoeopathy

Shaad Hospital Complex And Research Centre, Near Itwari Railway Station, Nagpur -2

Ph: 0712-2766286, 2522563, 2532008, 9822240648 Email: adilch@rediffmail.com



Q1: Have there been any clinical trials of comparing Allopathy and Homoeopathy in any area of medicine?

Dr AMIT NIMBHORKAR, AMRAVATI.

ANS: There have been a few authentic studies published in journals on a comparative study of homoeopathy with conventional system of medicine. Some of them are- International Journal of Clinical Pharmacological Therapy in 1997, (35:296-301) reported a study done by Drs K Friese, F Kruse, R Ludtke and Moller on "The homoeopathic treatment of Otitis Media in children – comparisons with conventional therapy." Another study is reported by Dr Trichard, Dr Chaufferin and Dr Nicoloyannis in the 2005 issue of Homoeopathy (94: 3-9) entitled "Pharmacoeconomic comparison between homoeopathic and antibiotic treatment strategies in recurrent Rhinopharyngitis in children." A good article was reported in a journal "Wien Klin Wochenschr" 2005 (117:256-268) by Hamre et al on "Anthroposophic versus conventional therapy of acute respiratory and ear infections: a prospective outcomes study." The journal of Alternative Complementary Medicine published an article in 2001 (7:149-159) entitled "Homoeopathy and Conventional medicine – an outcome study comparing effectiveness in a primary care setting" by Drs Riley Day and Fischer. The journal, Clinical Experiences in Rheumatology also reported an in-depth study done by Professor G S Breuer and Dr Orbach in 2005 (23: 693-696), on "perceived efficacy among patients of various methods of complementary alternative medicine for rheumatologic diseases." Another German study carried out by Drs Bensoussan, Jovenin and team on "Complementary and Alternative Medicine use by patients with Inflammatory Bowel Disease: results from a postal survey." It was reported in the Journal of Gastrointestinal Clinical biology -2006 (30: 14-23). Lancet in 2005 (366: 726-732) itself reported an article on "Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy." Many more comparative studies are still going on the globe over.

Q2: "An apple a day, keeps the doctor away!" Can you justify this statement?

Dr SHILPA GULHANE, NAGPUR.

ANS: Well, I think when this idiom was coined, it must have been presumed that an Apple contained all the nutrients and vitamins required for a healthy living. Unfortunately nowadays all fruits / foods are hybrid and have lost their original nutrient value at the expense of high yield. As far as apple is concerned, it comes in all shades of red, green and yellow. Apples are free of fat, sodium and cholesterol. They contain flavonoids in high proportions that have anti-cancer properties. 25% apple's volume is air, 25% water - hence they may combat Obesity as well. The Iron content is high, useful for anaemic patients. Eating a whole apple is more nutritious than drinking apple juice. The apple peel contains high amount of fibre, vitamins and minerals. They are "Nature's Toothbrush" help clean the teeth and massage the gums. It was the falling of an apple that prompted Newton to enunciate the Law of Gravity. And finally mankind started when Adam and Eve sinned by eating the forbidden apple in the Garden of Eden.

Q3: Sir, What do you think about the use of Computer Programmes for repertorizing new cases?

Dr SANJAY CHANDRAKAR, RAIPUR.

ANS: Most computer programs available today are mere compilations of rubrics from different repertories and literatures. One fact is overlooked that every author has his or her own conceptions regarding the terms used as rubrics. For example, in Boericke's Repertory, "worry" and "restlessness" are synonymous. Where as in Kent's Repertory, "anxiety" connotes worry and "nervousness" and restlessness are same. More-over, at number of places, the same rubric has different drugs in different grades. Hence my opinion is to adapt yourself with book repertorization in initial period of practice and keep the computer programs for later as they are beneficial for keynote prescriptions, rare symptoms, etc.

NJH Issues so far..

1992	1993	1994	1995	1996	1997	1998
1. *The Mind 2. *Paediatric Mind 3. *GI Tract 4. *Ophidia Group 5. *Ooh Aaah Ouch 6. *When is old, old	*Dreams *Leucoderma *Liver *Spider * Emergency * Rare Remedies	*Schizophrenia * Warts * Kidney * Fish *Malaria *Menopause	*Asthma *Neurosis *Cancer *Psoriasis *Acid Group *Hair & Nails	Hypertension Epilepsy Ear Impotence Ferrum Group An approach to a case	Depression Magnesium Teeth PMS Rheumatology Repertory	*Behavioural Disorders Eye Diabetes Precious Metals DUB Keynote Prescribing

* Issues exhausted Only Xerox copies at Rs 80/\$ 6 each

B Vol Rs 150/- \$25/yr

1999	2000	2001	2002	2003	2004	2005	2006
1. Anxiety 2. Arthritis 3. Pregnancy 4. Natrum Group 5. Respiratory Allergies 6. Philosophy: Aph 1+2	*Acid *OCN *Tuberculosis-I *Colo-rectal dis *Tuberculosis-II *Potency	*Potency II *Kali Group *Jaundice *Anaemia *HIV/AIDS *Uterine Tumours	*Ferrum *Stress *Tub Miasm *IHD *Trauma I *Trauma II	Mercury Male Infertility Mixed Bag Degenerative Jt Dis Diseases of Veins Diseases of Brain	Medorr IBS ENT ENT II Fevers Allergy	Psycho-Sexual Sycotic Miasm Investigations Backache Plant Kingdom Mixed Pool	Case Recieving Carcinosin Carcinosin II Hering's Law Common Eye Disorders Coma

Bound Vol Rs 200/- \$ 25/year

Bound Vol Rs 225/- \$30/year

Bound Vol Rs 275/- \$30/ year

Single issue Rs. 45/- \$6 each* Xerox copies for Rs 60/ \$6 each

1996/97/98/99/00/01/02/03/04/05/06 Bound volumes: All 11 yrs for Rs 1900/- only. (+Postage Extra 400/)

1996/97/98/99/00/01/02/03/04/05/06 Bound volumes: All 11 yrs for US \$ 260 only. (including postage)

Issues for 2007	Issue Editor	LAST DATE FOR ARTICLES (1 MONTH BEFORE DATE OF RELEASE)	DATE OF RELEASE
Feb'07 ADHD	Dr Bhavini Mehta		10.04.2007
Apr'07 Noble Metals	Dr Vishpala Parthasarathy		20.05.2007
Jun'07 Repertory	Dr Sushma Jaiswal		25.07.2007
July 07 Repertory Stu	Dr Krutik Shah		16.08.2007
Aug'07 Constitutional Prescribing	Dr Rashmi Nagar		15.09.2007
Sept 07 Practical Application of Organon Stu	Dr Jagose		15.10.2007
Oct'07 Interview Techniques1	Dr Satish Kanojia		15.11.2007
Nov 07 Homoeopaths to Allopaths? Stu	Dr Vaishali Bhagat		15.12.2007
Dec'07 Dementia	Dr C H Asrani	25.01.2008	

SUBSCRIPTION FORM

Date _____

New Subscription

Renewal of Subscription **Quote Subscription No.** _____

Name: First _____ Father's /Husband's _____ Surname _____

Address: _____

City: _____ State: _____ Pin: _____

Telephone: _____ Fax: _____ E-mail: _____

Qualifications: _____ Mobile No.: _____

Year began practice: _____ Signature: _____

Cash/MO/DD or Postal Order (PO) No _____ For Rs / \$ _____

(Favouring **National Journal of Homoeopathy**; **Oustation cheques add Rs 75/- bank charges**)

DATED _____ DRAWN ON _____

India: PNB Bank Ac No. 1281000100060357 (Add Bank Charges Rs 30/- extra)
Foreign: ANZ Standard Chartered Ac No.: 23705004540 (Add Bank Charges at your end)

Mail to: NJH C/o Milan Polyclinic, 71/B, Saraswati Road, Santacruz (W), Mumbai 400 054, Tel:26042749/26492762 Fax: 24332131

	SUBSCRIPTION RATES				
	CURRENT ISSUES		OLD ISSUES		Bound Vols
	1 Yr	3 yrs	PER 1Yr EACH 10 Yrs		
	06/07	07-09	96/97/98	1999-04	1996-2006
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIA (Rs.)	275/-	750	150	225	1900*
FOREIGN US	\$+ 30	80	25	30	260
Australia A\$	41.5+10 [#]	125+30 [#]	35+10 [#]	35+10 [#]	390+00 [#]
SAARC US\$	25	70	25	25	225

SINGLE Xerox Issue US\$ 6 / Rs 80/- each

LIFE SUBSCRIPTION:

(Allows 40% rebate on NJH Bks etc)

Rs. 6000/- \$ 550 / A\$ 775

Rs. 4000/- \$ 375 (students & above 65 years)

* Postage in India of Rs 350/- Extra

⁺Includes Registered post to USA

[#]Local posting charges. We courier direct to Dr Ann Tacey