

# COMPETENCY BASED DYNAMIC CURRICULUM FOR FIRST BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(HOMOEOPATHIC REPERTORY and CASE TAKING)



**HOMOEOPATHY EDUCATION BOARD**

**NATIONAL COMMISSION FOR HOMOEOPATHY**

**MINISTRY OF AYUSH, GOVERNMENT OF INDIA**

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri, New Delhi-110 058

## HOMOEOPATHIC REPERTORY and CASE TAKING (I PROFESSIONAL BHMS)

**1. COURSE CODE:** HomUG-R-I

**SUBJECT NAME:** HOMOEOPATHIC REPERTORY and CASE TAKING

### INDEX

S. No	Description	Page Number
1	Preamble	02
2	Program Outcomes (PO)	03
3	Course outcomes (CO)	04
4	Teaching Hours	05
5	Course Contents of Hom UG-Rep-I	06
6	Teaching Learning methods	08
7	Content mapping-Learning Objectives (Theory) of Course HomUG-Rep-I	09
8	List of Practical Topics	15
9	List of Recommended Books	16
10	List of Contributors	17

## **1.PREAMBLE**

The Homoeopathic Materia Medica has expanded manifold since the proving of “Cinchona Bark” by Dr. Samuel Hahnemann and today we have over five thousand remedies in the Materia Medica. It is impossible for any human mind to memorise all the symptoms of each drug and to recall those symptoms while prescribing. Therefore, the need of indexing of these symptoms along with the drugs producing those symptoms were felt by Dr. Samuel Hahnemann himself and subsequently by other homoeopaths for prescribing at the bedside of the patient.

Homoeopathic Repertory is a Dictionary or Storehouse or an index to the huge mass of symptoms of the Homoeopathic Materia Medica. The repertory is organized in a practical form indicating the relative gradation of drugs. Repertories not only contain symptoms of proving but also clinical and pathological symptoms found in the Homoeopathic Materia Medica. Repertories serve as an instrument at the disposal of the physician for sifting through the maze of symptoms of the vast Homoeopathic Materia Medica.

Repertories aim at simplifying the work of the physician to find the indicated remedy by eliminating the non-indicated remedies. Repertorisation is not the end but a means to arrive to the simillimum and reference to Homoeopathic Materia Medica based on sound principles of Philosophy is the final court of appeal.

Each repertory has been compiled on the basis of distinct philosophy, structure and utility. In order to use these instruments effectively, one must understand thoroughly its conceptual base, construction and utility and limitations. Even though there are a number of repertories, the student at the under graduate level is expected to learn the philosophy and application of basic core repertories namely Kent, Boger’s Boenninghausen Characteristics and Repertory and Boenninghausen’s Therapeutic Pocket Book. The subject of Repertory must not be taught in isolation but must be taught in horizontal integration with Anatomy, Physiology in I BHMS; Pathology, Surgery, Gynaecology and Practice of Medicine in II BHMS; Surgery, Gynaecology, Practice of Medicine in III BHMS and Practice of Medicine in IV BHMS and vertically integrated with Homoeopathic Materia Medica and Organon and Homoeopathic Philosophy in all the years. Integrated teaching in all the years will help the student to grasp and understand the subjects better and connect repertory to all other subjects.

Similarly, case taking demands virtual integration of all the subjects taught from the Ist BHMS to IV BHMS in the consulting room or at the bedside. The physician can never say that he has learnt all that is to the case taking process. Every new patient has a new lesson to teach.

The advent of computerization and resulting software has opened up vast newer avenues to collate and correlate the vast information found in the Homoeopathic Materia Medica through the repertories. Continued exploration of these connections will generate new data, newer repertories and the newer application to existing or newer illnesses.

## **2.PROGRAMME OUTCOMES:**

At the end of the course of the undergraduate studies, the homoeopathic physician must

- 1.Develop the knowledge, skills, abilities and confidence as a primary care homoeopathic practitioner to attend to the health needs of the community in a holistic manner
- 2.Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time
- 3.Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work
- 4.Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community
- 5.Be willing and able to practice homoeopathy as per medical ethics and professionalism.
- 6.Discern the scope and relevance of other systems of medical practice for rational use of cross referrals and role of life saving measures to address clinical emergencies
- 7.Develop the capacity for critical thinking, self-reflection and a research orientation as required for developing evidence based homoeopathic practice.
- 8.Develop an aptitude for lifelong learning to be able to meet the changing demands of clinical practice
- 9.Develop the necessary communication skills and enabling attitudes to work as a responsible team member in various healthcare settings and contribute towards the larger goals of national health policies such as school health, community health and environmental conservation.

### **3.COURSE OUTCOMES (CO):**

At the end of course in Repertory, the Final BHMS student shall be able to

1. Describe the philosophical background, construction, utility and limitations of various repertories
2. Demonstrate case taking and show empathy with the patient and family during case taking
3. Demonstrate various steps for systematic case processing viz. analysis of case, evaluation of symptoms as per Homoeopathic principles to form Totality of symptoms
4. Choose the appropriate repertorial approach, Method and Technique to repertorize a case
5. Utilize Repertory as a tool to find out simillimum in all types of cases and in the study of Materia Medica
6. Integrate other subjects in understanding the construction and utility of repertories
7. Utilize different software for Repertorization, patient data management and record keeping.
8. Demonstrate aptitude to utilize repertory for research in Homoeopathy and lifelong learning

#### **COURSE OUTCOMES OF REPERTORY FOR I BHMS**

At the end of IBHMS, the student should be able to,

1. Define Repertory.
2. Explain the need and utility of repertory to find simillimum and in the study of Materia Medica
3. Define various terminologies used in repertory and explain their utility
4. Locate different rubrics related to anatomy, physiology and psychology in Kent's Repertory
5. Illustrate the construction of Kent's Repertory as per the Hahnemannian Anatomical schema

#### 4.TEACHING HOURS

<b>Total Number of Teaching Hours: 21</b>			
<b>Course Name</b>	<b>Lectures</b>	<b>Non-Lectures</b>	<b>Total</b>
Homoeopathic Repertory and Case Taking (HomUG-R-I)	21	-	21

## 5. COURSE CONTENT( HomUG-R-I)

S. No	List of Topics	Lecture Hours
1	<b>Introduction to Repertory, Definition and Meaning of Repertory</b> <ul style="list-style-type: none"><li>❖ General Introduction to Repertory</li><li>❖ Origin of Repertory</li><li>❖ Need of Repertory</li><li>❖ Definition of Repertory</li><li>❖ Meaning of REPERTORIUM</li></ul>	3
2	<b>Need and uses of repertory and repertorization</b> <ul style="list-style-type: none"><li>❖ Uses and Scopes of Repertory</li><li>❖ Limitations of Repertory</li><li>❖ Definition of Repertorization</li><li>❖ Introduction to Methods and Techniques of Repertorization</li></ul>	3
3	<b>Terminologies relevant to Repertory</b> <ul style="list-style-type: none"><li>❖ Repertory</li><li>❖ Rubric</li><li>❖ Gradation</li><li>❖ Cross Reference</li><li>❖ Synonym</li><li>❖ Repertorization</li><li>❖ Totality of Symptoms</li><li>❖ Repertorial Totality</li><li>❖ Potential Differential Field</li><li>❖ Conceptual Image</li></ul>	3

	<ul style="list-style-type: none"> <li>❖ Case taking</li> <li>❖ Analysis of a case</li> <li>❖ Evaluation of a Case</li> <li>❖ Longitudinal case Study</li> <li>❖ Cross Section Study of a case</li> <li>❖ General Repertory</li> <li>❖ Regional Repertory</li> <li>❖ Logico-Utilitarian Repertory</li> <li>❖ Puritan Repertory</li> </ul>	
4	<p><b>Schematic representation of chapters in Kent's repertory</b></p> <ul style="list-style-type: none"> <li>❖ Introduction to Kent's Repertory</li> <li>❖ Listing of Chapters in Kent's Repertory</li> <li>❖ Correlation of Chapters in Kent's Repertory to Hahnemannian Anatomical Schema</li> <li>❖ Chapters and Rubrics related to anatomical structures, physiological processes and psychology in Kent's Repertory</li> </ul>	6
5	<p><b>Correlation of Anatomy, Physiology and Psychology with Repertory</b></p> <ul style="list-style-type: none"> <li>❖ Introduction to correlation with Anatomy, Physiology and Psychology with Repertory</li> <li>❖ Chapters and Rubrics related to Anatomical parts in Dr. Kent's Repertory</li> <li>❖ Chapters and Rubrics related to Physiology in Dr. Kent's Repertory</li> <li>❖ Rubrics related to emotions, intellect and memory in Mind chapter of Dr. Kent's Repertory</li> </ul>	6



## 6. Teaching Learning Methods

<b>Theory</b>	<b>Practicals/ Clinics</b>
Lectures	Clinical Bedside Teaching
Small Group Discussion	Integrated Clinics
Integrated Lectures	Case Study
Integrated Seminars	Rubric Banks
Assignments	
Rubric Banks	
Library Reference	

## 7.Content Mapping (Theory) of Course HomUG-R-I

Generic Competency	Subject Area	Millers Level:  Does/Shows how/ Knows how/ Knows	Specific Competency	SLO/ Outcome	Blooms Domain	Guilbert's Level	Must Know/ Desirable to know/ nice to know	T-L Methods	Formative Assessment	Summative Assessment
<b>Topic 1- Introduction to Repertory, Definition and Meaning of Repertory</b>										
Integrating Information	Introduction to Repertory	Knows	Get acquainted with tools required to search for remedy.	<i>Define</i> the term Repertory	Cognitive	Level I (Remember / recall)	Must Know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----
		Knows		<i>Explain</i> the meaning of Repertory	Cognitive	Level I (Remember / recall)	Desirable to know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----
		Knows		<i>Discuss</i> the origin of the word Repertory	Cognitive	Level II (Understand)	Nice to know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----
		Knows		<i>List</i> three uses and three limitations of Repertory	Cognitive	Level I (Remember / recall)	Must Know	Lecture, Integrated teaching (with Materia Medica)  Small Group discussion	MCQ, SAQ, Viva Voce	-----

Competency	Subject Area	Millers Level: Does/Shows how/ Knows how/ Knows	Specific Competency	SLO/ Outcome	Blooms Domain	Guilbert's Level	Must Know/ Desirable to know/ nice to know	T-L Methods	Formative Assessment	Summative Assessment
------------	--------------	--	---------------------	-----------------	---------------	------------------	--	-------------	----------------------	----------------------

**Topic 2: Need and uses of repertory and repertorisation**

Integration of	Need and uses of repertory and repertorisation	Knows	Get acquainted with tools required to search for remedy.	<i>Explain</i> the need of repertory	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----
		Knows		<i>Explain</i> the need of Repertorization to find a simillimum	Cognitive	Level II (Understand)	Desirable to know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----
		Knows		<i>Describe</i> the uses of Repertory	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----
		Knows		<i>Describe</i> the limitations of Repertory	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----
		Knows		<i>Discuss</i> the use of Repertory as a tool to	Cognitive	Level II (Understand)	Desirable to know	Lecture, Small Group discussion	MCQ, SAQ, Viva Voce	-----

Competency	Subject Area	Millers Level: Does/Shows how/ Knows how/ Knows	Specific Competency	SLO/ Outcome	Blooms Domain	Guilbert's Level	Must Know/ Desirable to know/ nice to know	T-L Methods	Formative Assessment	Summative Assessment
				select the remedy for a given case				n, Clinical Teaching		

**PIC 3: Terminologies relevant to Repertory**

Learning Objective	Terminologies used in repertory	Knows	To understand the definition of various terminologies used in repertory in order to apply them for Repertorization	Define different terminology associated with repertory	Cognitive	Level I (Remember / recall)	Must know	Lecture, Small Group discussion,	MCQ, SAQ, Viva Voce	-----
		Knows		Explain the meaning and use of each terminology	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce	-----
		Knows		Apply the terminology in the process of Repertorization	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce	-----

**PIC 4: Schematic representation of chapters in Kent's repertory**

Theoretical Competency	Subject Area	Millers Level: Does/Shows how/ Knows how/ Knows	Specific Competency	SLO/ Outcome	Blooms Domain	Guilbert's Level	Must Know/ Desirable to know/ nice to know	T-L Methods	Formative Assessment	Summative Assessment
Integration of information in problem solving	Schematic representation of chapters in Kent's repertory	Knows	To understand the arrangement of Chapters in Dr. Kent's Repertory	<i>List the 37 chapters of Kent's Repertory in the proper order</i>	Cognitive	Level I (Remember / recall)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----
		Shows how		<i>Demonstrate the relation of chapters in Kent's Repertory to Anatomy and Physiology and mental rubrics to Psychology</i>	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----
		Knows		<i>Discuss the correlation of chapters in Kent's Repertory to the schematic representation of remedies in</i>	Cognitive	Level II (Understand)	Desirable to know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----

Competency	Subject Area	Millers Level: Does/Shows how/ Knows how/ Knows	Specific Competency	SLO/ Outcome	Blooms Domain	Guilbert's Level	Must Know/ Desirable to know/ nice to know	T-L Methods	Formative Assessment	Summative Assessment
				Materia Medica						

**Integration of Anatomy, Physiology and Psychology with Repertory**

Integrating Integration of Formative Problem Solving	Correlation of Anatomy, Physiology and Psychology with Repertory	Knows	To correlate the knowledge of Anatomy, physiology And Psychology in construction of Repertory and Rubrics	Apply the correlation of Anatomical Structures to Chapters and Rubrics in Kent's Repertory	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----
		Knows		Relate physiological Processes to the Chapters and Rubrics in Kent's Repertory	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----
		Knows		Apply the correlation of psychology in Mind Chapter and Rubrics in	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----

Competency	Subject Area	Millers Level: Does/Shows how/ Knows how/ Knows	Specific Competency	SLO/ Outcome	Blooms Domain	Guilbert's Level	Must Know/ Desirable to know/ nice to know	T-L Methods	Formative Assessment	Summative Assessment
				Kent's Repertory						
		Shows how		Locate rubrics related to Anatomy, Physiology and Psychology in Kent's repertory	Psychomotor	Level II (Control)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----
		Knows		<i>Apply</i> rubrics related to Anatomy, Physiology and Psychology in understanding remedies in Materia Medica and Repertory	Cognitive	Level II (Understand)	Must know	Lecture, Small Group discussion, Clinical teaching	MCQ, SAQ, Viva Voce, OSPE	-----

### 8.List of Practical Topics

S. No	Name of Topic	Activity/ Practical	TL Method
1	Basic Structure of Repertory showing arrangement of rubric of anatomy, physiology and psychology	Arrangement of Chapters and rubrics related to anatomical structures, physiology and psychology (Emotions, intellect and behaviour) in Kent's Repertory	Integrated BHMS



## 9. List of Recommended Books

- ❖ Dhawale ML (2000) - Principles and Practice of Homoeopathy
- ❖ Hahnemann S (2017). Organon of Medicine 6<sup>th</sup> Edition
- ❖ Kent, JT- Repertory of the Homoeopathic Materia Medica (Sixth American Edition)
- ❖ Kishore, Jugal (2004) -Evolution of Homoeopathic Repertories and Repertorization
- ❖ Munir Ahmed R (2016). Fundamentals of Repertories: Alchemy of homeopathic methodology
- ❖ Patel, R.P (1998): The Art of Case Taking and Practical Repertorization
- ❖ Tiwari, Shashikant (2005) - Essentials of Repertorisation

**List of contributors:**

- 1. Dr. Manish Arya**  
Professor and HOD, Department of Repertory, Dr. D.Y. Patil Homoeopathic Medical College and Research Centre, Pune
- 2. Dr. Lokanath Behera**  
Associate Professor & Head of the Department (Repertory)  
National Institute of Homoeopathy
- 3. Dr. Kamlesh Mehta**  
Former HOD, CMP College, Mumbai
- 4. Dr. Hema Parikh**  
Prof, MKSH, Karjan
- 5. Dr. Manisha Patel**  
HOD, Dr. R A Patel HMC, Mehsana
- 6. Dr. Uttara Agale**  
Reader, YMT, Kharghar