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To Study The Efficacy of Clarke's Clinical Repertory and its Utility in Homoeopathic Practice

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Abstract

Backgrund of Study: Many a times general repertories fail to find the similimum and special repertories provide a clue to a remedy. Clarke's repertory is a General Clinical Repertory which help the practitioners to find a similar remedy. This repertory is compiled as an index to "The Dictionary Of Materia Medica" (3 Vol) by Clarke. This repertory will enable the practitioner to compare any remedy with any similar remedy in five different points; all of great importance in practice. Methedology: This study was a interventional study without control group. Inclusion Criteria: 30 cases of different diseases were included. Exclusion Criteria: Patients who had advanced pathology & cases with complication are excluded. Result & Conclusion: The study shows that out of 30 cases of different diseases were studied. Out of which 15 female and 15 male patient .thus thegender ratio was 1:1. 21 cases were from homoeopathic hospital and 9 cases from rural peripheral clinic and opds were duly registered in hospital. I have used all these data in the form of bar or pie digram under observation and analysis. In cases i strictly follow all the principles of totality given by Dr. J.H. Clarke in Prescriber. Repertorization was done properly but the final selection .depends upon the Dictionary Of Material Medica By Dr J.H. Clarke.

Key word- Clarke's Clinical Repertory, Simillimum, Individualise, Vital Force.

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INTRODUCTION

The Clinical Repertories were born out of the need of the profession and the genius of the great homoeopathic practitioners. How to Cite this Article- Thakur A. To Study The Efficacy of Clarke's Clinical Repertory and its Utility in Homoeopathic Practice. TU J. Homo & Medi. Sci. 2020;3(3):10-19

They are fruit of many years of labor and contain the hidden treasure of homoeopathic literature. Their immense usefulness in certain cases can not be ruled out. Medical men have got to study the human beings as a group as well as individuals, in health and in disease. Physician have to face both concrete realities with scientific abstractions. So the method of study should be based on phenomenology through sense perception. Observation of the physician are bound to be clinical.

In Homoeopathy any remedy may be required in any case of any disease. The occurrence of the name of any remedy under the heading of any disease shows that in its action it has a general correspondence with the most marked feature of cases of that disease. It will frequently happen that the practitioner will have in mind a number of remedies which more or less closely correspond to a given case, and when he consults The Clinical Repertory this knowledge will enable him at once to pick out of the list there presented the most similar remedy to his case.

The use of the nosological correspondence is one method by means of which a similar or the most similar remedy may be discovered. Another method is by ascertaining the similarity of specificity of

seat. Some drugs have a predominant affinity for certain organs, and these drugs will often relieve a great variety of affections seated in, or arising from diseases of these particular organs.

Clarke's Idea For The Finding **Simillimum-** Every case of disease is a problem in itself- presenting a new combination of morbid phenomenon; the symptom-list of the Homeopathic Materia Medica presenting the possibility of finding similar combination under one or other of the remedies named. And after all the best repertory any one can have is in his own memory. Only it must be to supplement it whenever required. Every remedy has a number of symptoms and modalities which are GENERAL in respect to it.

So that when the practitioner meets with them in a patient he will be able to select the remedy even if the particular symptoms are not in precise correspondence. It is the same with patients. Many patients have general conditions which belong rather themselves than to the particular complaints they may be suffering from, and when these are present they are often of greater importance from the prescribing stand point than the actual symptoms of the disease."

He was much inspired by Dr. Boenninghausen's idea for finding the simillimum.In preface of "The Prescriber" he writes;

"Therapeutic Pocket Book For Homoeopathic Physician To Use At The Bedside And In The Study Of The Materia Medica". This is, in a sense, the parent of all our repertories and an analysis of the materia medica.

He said that his work has been to approach practice from the Clinical side. Boenninghausen's work approaches it from the Symptomatic side.

In homoeopathy remedies are considered first and foremost in relation to Individuals. For a clinical or nosological repertory is perfectly justifiable from a homoeopathic point of view, provided its limit are clearly understood. Names of disease correspond to well defined groups on the symptom- record of various medicines

Totality Of The Symptoms - Dr.Clarke says; There are some classes of symptoms which are more important than others to be matched, and it may be useful to indicate some. Without attaching much significance to the order, I should name these as of especial importance:

1) Mental concomitants with bodily disease.

- 2) Very peculiar symptoms and very peculiar combinations of symptoms.
- 3) Precise localities
- 4) Course and direction of pains and sensations
- 5) Alternating symptoms
- 6) Conditions of time: periodicity and the occurrence of symptoms at particular times of the day or night, or phases of the moon or year
- 7) Conditions of temperature, sensitiveness to heat and cold, and aggravation or amelioration by change of temperature, and at the various seasons.

Disease is, in Hahnemann's conception, an invisible thing. It is a derangement of the Invisible Vital Force. To use a modern simile, the symptoms constitute moving picture like the figures on the screen of a cinema. The visible and tangible part of the human body is the screen; the appearance and sensations of diseased vital force the the are "symptoms" and are analogous to the moving figures; but the operators producing the appearance are hidden from the audience.

"hence the totality of the symptoms" constitutes the disease as our sense apprehend it. The academic name we give to it is a secondary matter. As Hahnemann once said to a patient who asked him what his disease was, and what

he was going to give him,---"the name of disease is no concern of mine, and the name of the medicine I give is no concern of yours". The totality of the signs, pains and sensations is for practical purpose the concrete problem, and the less we trouble about the film and the light, the more clearly shall we be able to follow the story and discern our actual task.

Importance Of Dictionary Of Homoeopathic Materia Medica - In preface of prescriber, he said; "There is no road to the practice of homoeopathywhether it is the clinical road or the symptomatic road – which does not entail close and constant study of the Materia Medica."

There is only one road by which success in homoeopathic practice may be attained, and the name of this road is — Work. It is only hard application, intelligent and unremitting, that can ensure success in the mastery of the infinity of details comprised in the Homoeopathic Materia Medica. The result is worth all the labour and very much more besides; but It is possible by the improvement of our instruement to make the practice of homoeopathy less arduous than it is at present, but like every other great and good work it can never be made easy.

Importance Of Case Taking- The first step towards making a good prescription is

a well taken case. The homoeopathist takes his cases with much more care than do others; for he has a double diagnosis of the remedy.

Every new case we take on is a new world we enter; and for the time being we must identify ourselves with it, if we are to alter it for the better.

Potency Selection- Dr. Clarke says "In all cases where no mention is made one drop of the tincture or tablet is intended. The choice between tincture and tablets is out of our convenience chiefly. When the mother tinctures are preferred one or two drops in a 2 spoonful is the proper dose when given in water form one or two drops in a sufficient quantity of sugar of milk, distilled water or water that has been boiled proves to be best Remedy. When triturations are intended this is always indicated by the number of grains for a the number of dosefollowing the attenuation. ("Homeopathic Diagnosis & Potency Selection" Page-47).

AIM & OBJECTIVES

- To study the efficacy of Dr. J. H.
 Clarke's Repertory from various literature and researches and its utility in Clinical Practice.
- To find out correct Simillimum by using Repertory based on Dr. J. H. Clarke's Repertory.

- To study the efficacy of various Clinical Rubrics in Clarke Repertory which are not easily found in other Clinical Repertory.
- To explore the utility of Causation,
 Diathesis, Temperament, Constitution
 before compile a totality of any
 patient's case and finding out the exact
 similar remedy by using Clarke's
 Repertory.
- To develop the proper skill to handle the various clinical conditions of any case in future by using Clarke's repertory.

METHODS & MATERIAL

- a) Theoretical Study: Theoretical study of Clinical Clarke's Repertory and literature related to it along with contents i.e. causation, temperament, diathesis, constitution, rare rubrics & certainmistakes and comparison with other modern repertories has been done from various source book of Medicines, Journals, Internet sites. Homoeopathic part will be studied from various books of Organon of philosophy, Homoeopathic Repertory and Materia Medica.
- b) Clinical Study: A prospective type of study was conducted. 30 cases were selected randomly which fitted in the criteria of study, duration and follow ups. Cases were studied following all

- Standard Homoeopathic Case study methods and Principles for analysis. Repertorization was done by HOMPATH SOFTWARE
- c) Case Definition: Case were collected which fit into the criteria of the topic i.e. All.cases which presents Clinical or Diagnostic symptoms with varied manifestation, and fulfill the following aspects:Cases lacking in mentals generals and physical generals but rich in common symptoms, Cases with Clinical Diagnosis, Short cases with a few symptoms.And after detailed analysis of the case the appropriate homoeopathic treatment was given.
- d) Study Design: All patient satisfying criteria of case definition and inclusion criteria were studied. As a research student I have interviewed patients registered for the study. Detail case taking and clinical examination was of done. Guidance senior homoeopathic physician and teachers was taken. The study was done for the period of 15 months patients were treated. Regular patient follow up was done at minimum two days or more up to one month according to the case requirement.
- e) Sampling Procedure: Cases as per the case definition has been selected by random method. The study was carried

out with detail case study and their follow up in Homoeopathic hospital, IPDs, OPDs and peripheral OPDs and Camps. Help was also taken from other homoeopathic consultant, colleagues from out side the hospital to make the data substantial.

- f) Selection Of Drug/ Remedy:
 After detailed case taking, clinical examination, thorough analysis and evaluation homoeopathic medicine were administered on the basis of standard norms, case requirement, symptom similarity and proper case repertorization
- g) Selection Of Potency & Repetition
 Of Dose (Posology): The medicine
 was admistered according to law of
 similar in various potencies on the
 basis of homoeopathic posology.
 Repetition was done according to the
 individual need of the case.
- **h) Drug Administration:** Through oral route in pills, powder and liquid form.
- i) Drug Dispensing: Was done in globules, powder form as per the regulation of homoeopathic pharmacopeia.
- j) Source and Storage of Medicine:

 Medicines were purchased from
 standard Homoeopathic pharmacy and
 medicines were stored as per the

directives of Indian Homoeopathic Pharmacopoeia.

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- k) Declaration: It was declared that the drugs used in the study are not harmful to human beings. Remedy is already available in the homoeopathic literature, well proved on healthy human beings and is harmless, having no side effects.
- Clinical Protocol: Ethical Committee approval had been availed. Data has been collected by proper method and has been processed in a Standardized Format with the following aspect: Patient were selected on the basis of case definition. Total research project has been submitted ethical to committee. Details of research work will be explained to the patient and their comment will be taken separately. Patient will be followed as per the nature of the case. Recording of all the cases in details as per the Standard Performa will be maintained along with follow ups.

m) Inclusion Criteria:

- Case irrespective of socioeconomic status.
- Patient of both sexes and all ages group.
- Patient who are willing to participate and taking treatment regularly and co-operating for

regular follow ups has been • Poor:- When

n) Exclusion Criteria

included.

- Patient having, severe, non treatable complications like Carcinoma patients.
- Patient having complication which require surgical management.
- Patient not taking treatment regularly and not co-operating regularly for subsequent follow up.
- o) Follow-Up Criteria: All the patients were duly followed and details of the symptomatic, clinical, investigative changes if required were recorded and prognosis was studied in depth. Duration of the follow up differed from patient to patient as per the patient's requirement.
- p) Investigations: Necessary laboratory and radiological investigations were done from time to time.
- q) Criteria for Assessment: The assessment was changing from patient to patient. However the assessment was broadly based on subjective and objective findings in clinical study. Following criteria for assessment of Improvement of the patient were decided.

• **Poor:-** When the patient has symptomatic relief with less than 50% reduction.

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- **Moderate:-**When the patient has symptomatic relief with more then 50-70% relief of symptoms.
- Good:- When there is complete disappearance of symptoms and non recurrence. More than 75% relief of indicated symptoms.

RESULT

➤ The Distribution Of Cases According to Marital Status - Unmarried 36.66%, married 43.33%, Being widowed 20.00%

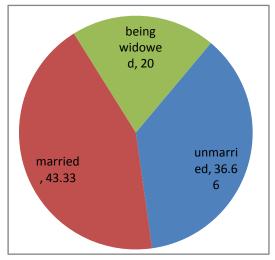


Fig 1- Marital Status

> Distribution according to occupation

- 8 cases (26.66%) pt was doing service, 2 (6.66%) belongs to business, 1(3.33%) was doctor, 6 (20%) housewife, 6 (20%) students.

Fig 2 - Ocupational Distribution

> Medicine Used -

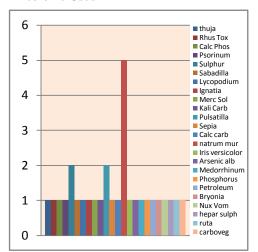


Fig 3- Medicine Used

➤ Distribution Of Cases According To The Potency Prescribed- potency, 30 used in 1(03.33%) case, 200 (63.33%) used in 19 cases, 1M (33.33%) used in 10 cases.

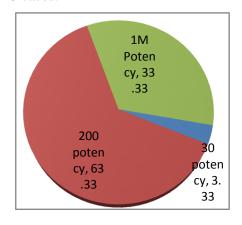


Fig 4- Potency Used

➤ Distribution Of Cases According To Type Of The Disease- Acute 12 cases (40.00%) & Chronic 18 cases (60.00%).

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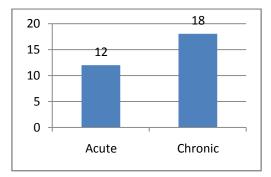


Fig 5 – Acute & Chronic

> Distribution of diseases in 30 cases

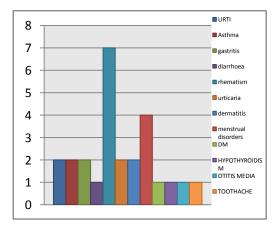


Fig 6- Distribution of Disease

➤ Distribution of Miasm- Psora 08 (26.66%), sycosis 12 (40.00%), syphilis 01(03.33%), Psora-sycosis 05 (16.66%), Psora-syphilis, 03 (10.00%) Tubercular 01 (03.33%).

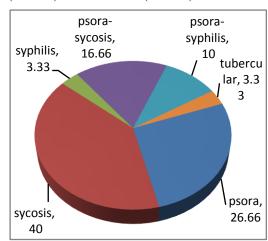


Fig 7-Miasm Distribution

> Distribution of diseases in 30 cases

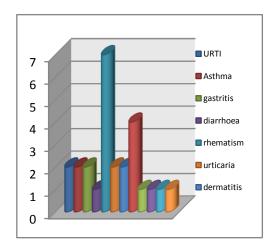


Fig 8 - Disease Distribution

Distribution of Result of Cases-

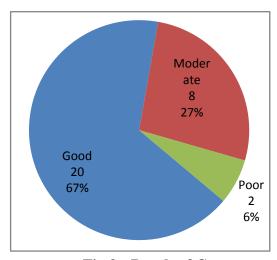


Fig 9 - Result of Case

CONCLUSION

During study total 30 cases were studied I prescribed single medicine at a time after the process of repetorization using clarke's repertory. For compilinfg the totality I strictly followed the rule given by Clarke. I also considered miasmatic approach according to Hahnemann theory.

Diet management and counseling also helped a lot while treating the case.

The duration of treatment varied from pt. to pt. as it depends upon the duration & stage of disease previous use of conventional medicine, general condition, causative factor etc.

Homoeopathic medicine after using the clarke's repertory effectively take care of different diseases. Study has shown out of 30 cases 66.66% cases have good response, 26.66% have moderate response and 6.66% have poor response.

Thus it is concluded that evidence based science of therapeutics like homeopathy can much give much needed holistic approach to treat cases.

REFERENCES

- Essentials Of Repertorization, Prof. Dr. Shashikant Tiwari, 7th Edition, B. Jain Publshers.
- Organon Of Medicine, Dr. Samuel Hahnemann, Sixth Edition, B. Jain Publishers.
- Internet site- www.similima.com article- topic-relationship b/w repertory, pathology & clinical discipline, Dr. RitaChokrobarty.
- Constitutional Therapeutics (Chapter Pathology), A.W.Woodward, , B. Jain Publishers
- The Chronic Miasm Psora And Psudo-Psora By, J. H. Allen, B. Jain Publishers.

- Principales And Practice Of Homoeopathy, Dhawale M.L., Third Edition, Institute Of Clinical Research, Mumbai.
- 7. The Prescriber, J.H. Clarke, 6th Edition, B. Jain Publshers.
- A Clinical Repertory To The Dictionary Of Material Medica, J.H.Clarke, Book Code No. :Ib0232, Indian Books & Periodical Publishers New Delhi
- A Dictionary Of Practical Material Medica(Vol 1,2,3), J.H.Clarke, 30 Impression, B. Jain Publishers.
- 10. Constitutinal Medicines With Reference To The Three Constitution Of Dr. Van Grauvogl, J.H.Clarke, Reprint Editin, B. Jain Publisher.
- 11. Evolution Of Repertories And Repertorization, Dr.Jugal Kishore, Reprint Edition.
- 12. Davidson's Principles & Practice Of Medicine, Edited By Nickri R. Colledge, Brian R. Walker

- 13. Stuart H. Ralston, 21st Edition, Edinburgh London New York.
- 14. Homoeopathic Diagnosis PotencySelection (Page -47), Dr. Ravi N.Bhosale, Dr. Anurudha V. Chavan.
- 15. A Reference To Repertories For Homoeoepathic Students, Pv Siju, Reprint Edition, B. Jain Publishers.
- 16. The Sustance Of Homoeopathy (Page 50), Dr RajanShankaran, Second Corrected Edition, Homoeopathic Medical Publishers, Bombay.
- 17. Journal Homeopathy For All, ArticleBy Dr. P. Chakroborty Mystery OfRepertory, October 2005.
- 18. Reperire, Dr. Vidhyakar R. Khanaj., 4th Revised Edition, Indian Books& Periodical Publishers, New Delhi.
- The Art Of Case Taking And Practical Repertorization In Homoeopathy, Dr. R. P. Patel. 5th Edition.

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