Card Repertories

Introduction

→ To reach the similimum, homoeopathist were searching for a shortest possible way.
→ There were several voluminous of repertories with their own philosophy and construction. leading to difficulty in finding similimum.
→ The ever enlarging materia medica added fuel to the fume.
→ Few physicians thought that if the rubrics found in repertories are written in a separate paper-piece, can be a quick glance to save time and energy.
→ Some Homoeopathists started preparing their own diaries, chits or different types of paper cuttings which gave birth to the Card Repertory.

Card repertory is a system of visual sorting which helps the physician by eliminating the necessity of writing out rubrics and remedies against them.

They have several cards with rubrics written on the top with a group of medicines below. The marks and grades are indicated by using different size of puncher.

- However enlisting all the medicines and rubrics were found difficult. So only genus rubric were placed.

Evolution or chronology of Card Rep

1. 1888 ⇒ Cummings Boenninghausen Rep. published in 1893, Based on BTBP. 2500 ribpn. Later H:C Allen improved this.
2. 1912 ⇒ H.L. Tyler's Punched Card Repertory. Based on Kent rep. 1000 cards.
3. 1913 ⇒ Loose Punched Card Rep by Dr. Welsh & Houston. Based on Kent, 124 cards.
4. 1922 ⇒ Field Card Rep, Based on Kent card included. Bogus also. 6800 cards, 260 remedies (Maximum till date)
5. 1924 ⇒ Bogus Card Index Repertory ⇒ 205 cards, 92 medicines
6. 1948 ⇒ Card Rep By Dr. Hansen Jamineny. Based on BTPB - 600 cards. First to Introduced evaluation of drugs in card.
7. 1948 ⇒ Dr. Boericke's Card Rep. Based on Kent - 1261 cards - 640 medicines
8. 1950 ⇒ Card Rep By J.G. Weirs.
   Spinde Card Rep By Fowley.
   Card Rep By Young & Pulford (Unpublished)
   Modified Bogus Card index By L.D. Dhawale (Unpublished).
9. 1950 ⇒ Shankaran Card Rep Based on Bogus. 420 cards, & 292 medicines.

1959 ⇒ Jugal Kishore card repertory ⇒ 10,000 cards. ⇒ Kent + all rep.

1984 ⇒ Sharma's Card Repertory, Based on Kent's 3,000 cards. Repertorium Card

Essential qualities of a Good Card repertory

① Results should be close to actual repertory
② Card should have standard thickness and texture
③ Should be thin as well as strong.
④ Punching should follow standard methods
⑤ Card systems should be elastic so that new cards can be added;
⑥ Punching should indicate degree of drugs

Merits of Card Repertory

① one has to select the cards according to rubrics arranged in repertorial totality and look for common remedies.
② It saves time as compared to manual writing of rubrics and medicine with marks.
③ Gives down time for calculation of marks analysis
④ A common medicine is obtained by looking the hole in light. So no paper work
⑤ Mother of computer repertory.

Demerits of Card Repertory

① Does not include all rubrics subrubrics and remedies.
② Finer expression at general and particular levels are difficult.
③ Computer repertories have made it go to the back stage.

Kishore Card Repertory

Full name: Dr. Jugal Kishore Homoeopathic Card Repertory.

Author: Dr. Jugal Kishore, Indian author.

Based on: Mainly Kent, But the rubrics were taken from all existing repertory.

Edition and Publication:

1st → 1959 → 3500 cards.

2nd → 1967 → 10,000 cards & 600 medicines.

3rd → 1986 → Some additions here and there.

This repertory was an attempt to substitute both Boenninghausen as well as Kent's repertory. So it was used for cases with prominent mental or physical or only particular symptoms

Structure of a Card

① It has 80 vertical columns of numbers from left to right as 1, 2, 3 .... 80 at the bottom and also in the top as a second line. From top to bottom, above downward each column contains numbers 0, 1, 2, ..9,

② Each card has a 'rubric' written on the top of the card with name of chapter.. Each rubric has a number which is written over it. The number of the rubric is also punched in the first four columns which are made to indicate rubric

looking into these four columns we can easily ~~say~~ know the number of the rubric by arranging the punched numbers from left to right. [1]

(3) The card rectangular punched areas here and there [in 1st. edition [4]] ...

(4) To know the code of medicine one has to read the number always putting the bottom number first in left hand before the punched number.

(5) The number is to be referred to the Index of Kirkoussi card that reveals the name of medicine.

Methods of repertorization.

- Case has to be analysed and repertorial totality has to be framed.
- The symptoms are to be converted into rubric. The final rubric should be located repeatedly and the card number is written against each rubric.
- All the cards with rubric should be kept in order against each other.
- Finally the common punched hole has to be found. Holding them against the light and the medicine code is found.
- In this way we get group of medicine ~~and~~ and that has to be referred to

Index of Kishore Card.

- There medicines are to be referred to the Materia medica and then to select the similimum to the case.
- Sometimes it may not be possible to get a common hole, so after keeping all the cards together, the least important card has to be removed one after the other till the common hole is located.

Advantages

- Two methods - Kent and Boenninghausen.
- No paper or writing process.
- 591 medicines and 10,000 cards.
- Cards are arranged alphabetically.
- Contents are given with their code in index.
- Useful when electricity and computer are not available

Disadvantage

- Voluminous (3 boxes of cards). Not useful in bedside
- Many rubrics and medicines are not available.
- With the invention of computer, the card repertory has become outdated

Sharma's Card Repertory

Year - 1984.

Based on → Kent's Repertorium Generale.

Remedies → 400

Cards → 3000.

→ All the rubrics are arranged alphabetically and will be easy for someone who is already referring kent repertory.

→ Each card has a number of rubrics on top with remedies punched on card.

→ In order to compare the selected remedy without searching other books, a chapter called Relationship of remedy given and Clearsary given for understanding

→ The remedy code number starts from 10 The card contains twenty columns and each column has 0 to 9 numbers, So the method of reading the code number is to include the number punched in the card to the number of column. no. 8 is punched in 10 column, it is read as 108.

- Now the code number is referred to the list of remedies.

- The card repertory is not in use because of its unavailability.

Boger's Card Index.

- Published → 1924.
- No of Cards → 305, L.D Dhawale says 319.
- Four Grades → NUX.V, Nux.v, Nux.v. Nux.v.
- Total medicine → 250
- → Rubrics are arranged alphabetically.
  First card is ACHING, Last one YELLOW.
- → Cards are punched.
- → Most of the cards have rubrics which shows general character or some particular complaints.
- → Most of the rubrics are similar as mentioned in Synoptic key, even the number of medicine and grades are same at times.
- → Rubrics are taken from "Conditional Aggravation and amelioration, and Generalities from Synoptic key.
- * The Card repertory has become out of use because of synoptic key & BBCR which contains more medicine and rubrics.

How to work out a case?

- → Cards are arranged as per the hierarchy of symptoms, worked out by Boger's method, They are arranged one after another.
- → Bearing out the hole against light, The indicated medicine or group of medicine can be found automatically.