

Fourth B.H.M.S. (New) Examination, Summer 2018 CASE TAKING AND REPERTORY

Total Duration: 3 Hours

Total Marks: 100

- Instructions: 1) Use blue/black ball point pen only.
 - 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
 - 3) All questions are compulsory.
 - 4) The number to the right indicates full marks.
 - 5) Draw diagrams wherever necessary.
 - 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As it is only for the placement sake, the distribution has been done.
- 1. Write short answer (any ten out of fifteen):

 $(10 \times 2 = 20)$

- a) State essential elements of case taking to facilitate Repertorisation.
- b) State how Repertory can be helpful in case taking.
- c) Qualities of physician for case taking as per Organon of Medicine.
- d) Mention different varieties of causes that influence selection of a remedy.
- e) State why concomitant symptoms are important in repertorisation to select a remedy.
- f) State about importance of Signs in repertorisation for selection of a remedy.
- g) State advantage of Logico-utilitarian type of repertory over Puritan type of repertory.
- h) State advantage of Alphabetical type of repertory over Logico-utilitarian type of repertory.
- State advantage of Puritan type of repertory over Logico-utilitarian type of repertory.
 - j) State what is word origin and word meaning of 'Rubric'.



- k) State what is difference between Particular rubric and Particular symptom.
- I) State what is word origin and word meaning of 'Repertory'.
- m) Define 'General rubric' as per Dr. J. T. Kent; give an example of the same from its chapter Head.
- n) Define 'Cross-reference rubric' as stated in Dr. J. T. Kent's repertory; give an example of the same from its Mind chapter.
- o) Differentiate Dr. Kent's rubrics 'Complaining' from 'Lamenting' of Mind chapter.

2. Write short answer (any four out of six):

 $(4 \times 5 = 20)$

- a) State scope of Homoeopathic repertory in study of Homoeopathic Materia Medica and Therapeutics.
- b) Discuss about importance of 'Totality of Symptoms' as an important step for Repertorisation.
- c) Describe 'Classical Method' of Repertorisation.
- d) Discuss 'How do Keynote symptoms help in prescribing Homoeopathic remedy'?
- e) State what are scopes of Homoeopathic software in repetorisation.
- f) Discuss Dr. J. T. Kent's views on value of symptoms of Mind in Repertorisation against the views of Dr. Boenninghausen about the same.

3. Write short answer (any four out of six):

(4×5=20)

- a) State salient features and advantages of 'Dr. Bell's repertory on Diarrhoea'.
- b) State scope of clinical repertory in Homoeopathic prescribing. What care is required when it is to be applied to clinical use?
- c) Define Regional repertories. Discuss the construction and uses of Dr. Berridge's Eye Repertory.
- d) State salient features of Dr. H. C. Allen's repertory part of Therapeutics of Fever's and their advantages.
- e) Discuss how 'Analysis and evaluation of symptoms are important steps of artistic method of Repertorisation'.
- f) Discuss "Repertorial Totality" and its importance for Repertorisation of a case.



4. Long answer question (any two out of four):

 $(2 \times 10 = 20)$

- a) Discuss different types of case record keeping. State advantages and disadvantages of the each type.
- b) Write salient features and advantages of Dr. Knerr's repertory of Hering's guiding symptoms.
- c) State expected difficulties while taking a chronic case and mention solutions of the each difficulty.
- d) Explain the relationship of Repertory with Homoeopathic Materia and Homoeopathic Principles and Philosophy.

Long answer question (any one from Q. No. 5, 6 and 7)

5. Long answer question:

 $(1 \times 20 = 20)$

Write about 'History of', 'Concepts and Philosophy', 'Salient features of Construction' and 'Scope and utility' of Dr. Boenninghausen's Therapeutic Pocket Book.

6. Long answer question:

 $(1 \times 20 = 20)$

Describe the evolution of repertories in detail from Hahnemannian era till the present time.

7. Long answer question:

 $(1 \times 20 = 20)$

Classify Repertories into various types, mentioning peculiarities, utility and disadvantages of each type.



Fourth B.H.M.S. (New) Examination, Winter 2017 CASE TAKING AND REPERTORY

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Total Marks: 100

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 - 3) All questions are compulsory.
 - 4) The number to the right indicates full marks.
 - 5) Draw diagrams wherever necessary.
 - 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As it is only for the placement sake, the distribution has been done.
- 1. Write short answer (any ten out of fifteen):

 $(10 \times 2 = 20)$

- a) Logic types.
- b) Write any two objectives of acute case taking.
- c) Give any two important instruction for case taking given by Dr. Hahnemann.
- d) What is the importance of common symptom?
- e) What are general symptoms?
- f) What is negative general symptom?
- g) Name two important post Kentian repertories.
- h) What are logico-utelitarian repertories?
- i) Give 2 mental rubric.
- j) What is a similar rubric? Give two examples.
- k) Define Homeopathic repertory.
- I) What are alphabetical repertories? Give two examples.
- m) What are clinical rubric? Give two examples.
- n) What is general rubric?
- o) What is cross repertorisation?

7. Long answer question:



 $(1 \times 20 = 20)$

 $(4 \times 5 = 20)$ 2. Write short answer (any four out of six): a) Need of repertory. b) What are the prerequisites of repertorisation? c) Describe the different methods of repertorisation. d) Describe prescribing on the basis of constitution and keynote symptoms. e) Give the names of different homeopathic software and describe "Hompath". f) Totality of symptoms according to Boenninghausen. $(4 \times 5 = 2^{\ell})$ 3. Write short answer (any four out of six): a) Bell's Diarrhoea. b) Boerickes repertory. c) Berridge's eye repertory. d) Allen's Intermittent Fever. e) Analysis of symptom according to Kent. f) Repertorial totality. (2×10=20) 4. Long answer question (any two out of four): a) Describe the relationship of HMM, ORGANON, AND Repertory. b) What do you mean by concordance? Explain Kneer's repertory. c) What difficulties are faced by a physician in taking a chronic case? d) Jugal kishores card repertory. Long answer question (any one from Q. No. 5, 6 and 7): $(1 \times 20 = 20)$ 5. Long answer question: Give the sources, editions, philosophical background and uses of kents repertory. $(1 \times 20 = 20)$ 6. Long answer question: Give the philosophical background, construction, uses and limitations of BTPB.

Give the classification of repertories in detail with two examples of each.



Fourth B.H.M.S. (New) Examination, Summer 2017 CASE TAKING AND REPERTORY

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 - 3) All questions are compulsory.
 - 4) The number to the **right** indicates **full** marks.
 - 5) Draw diagrams wherever necessary.
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1. Write short answer (any ten out of fifteen):

(10x2=20)

- a) Common symptom and its importance in case-taking.
- b) Define pathological symptom.
- c) What are the main objectives of case taking?
- d) Grades of Kent Repertory.
- e) Define logico-utilitarian repertory and give one example.
- f) What are alphabetical repertories and give one example?
- g) What is synthesis of rubric?
- h) Author of Synthetic Repertory.
- i) What is Elimination method of Repertorisation?
- j) Cross Reference.
- k) Mechanical aided Repertory.
- I) Complete Symptom.
- m) Meaning of word 'Repertorium'.
- n) Puritan group of Repertory.
- o) Sources of repertory.



2. Write short answer (any four out of six):

(4x5=20)

- a) Case taking is the first step of repertorisation. Explain.
- b) Homoeopathic Software Hompath.
- c) Prescribing symptoms.
- d) Scope of Repertory..
- e) Conceptual image.
- f) Different methods of Repertorisation.

3. Write short answer (any four out of six):

(4x5=20)

- a) Berridge eye repertory.
- b) Bell's diarrhoea.
- c) Basic and determinative symptoms of Boericke.
- d) Advantage an disadvantages of 'card repertory'.
- e) Kents classification of symptoms.
- f) Borland's pneumonia.

4. Long answer question (any two out of four):

(2x10=20)

- a) What are concordance repertories and describe Knerrs repertory?
- b) Describe the relationship of repertory with materia medica.
- c) Define Record keeping and its importance.
- d) What are the difficulties in taking a chronic case.

Long answer question (any one from Q. No. 5, 6 and 7)

5. Long answer question:

(1x20=20)

Describe philosophical background, plan and construction, scope and Limitations of kents Repertory.

6. Long answer question:

(1x20=20)

Explain Philosophical background, plan and construction, scope and Limitations of Boger Boenninghausens characteristics and repertory.

7. Long answer question:

(1x20=20)

Write in detail jugal kishores card repertory, plan construction, sizes of card, arrangement, advantages, disadvantages of cards repertory.



Fourth B.H.M.S. (New) Examination, Winter 2016 CASE TAKING AND REPERTORY

Total Duration: 3 Hours

Total Marks: 100

- Instructions: 1) Use blue/black ball point pen only.
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 - 3) All questions are compulsory.
 - 4) The number to the right indicates full marks.
 - 5) Draw diagrams wherever necessary.
 - 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any Paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As it is only for the placement sake, the distribution has been done.
- 1. Write short answer (any ten out of fifteen):

 $(10 \times 2 = 20)$

- a) Homoeopathic approach towards Paediatric case taking.
- b) Define negative general symptom with example.
- c) Name two repertories by Dr. Boenninghausen.
- d) What are dont's of case taking?
- e) Write importance of Mental symptom.
- f) Define pathological symptom with example.
- g) Define puritan repertory with example.
- h) Why credit of publishing first repertory goes to Dr. Boenninghausen?
- i) Write the names of transiters of T.P.B.
- i) Define clinical rubric with example.
- k) Define evaluation of symptoms with example.
- I) Name the repertory by Dr. Samuel Hahnemann. Why it was not published?
- m) Define Blank Rubric with example.
- n) Give Two examples of card repertory.
- o) What is Eliminative symptom? Write it's uses.



2. Write short answer (any four out of six):

 $(4 \times 5 = 20)$

- a) Which doctrines are considered by Boenninghausen for his T.P.B.?
- b) How will you proceed for Total addition method of repertorisation?
- c) Justify the advantages of Softwares in reperory.
- d) Write and explain the essential requiments of repertorisation.
- e) Why the prescription based on repertorisation is superior?
- f) Write in brief about Kents concept of totality.
- 3. Write short answer (any four out of six):

 $(4 \times 5 = 20)$

- a) Write in brief about plan, advantages of Bells Diarrhoea.
- b) Explain importance of clinical repertory with example.
- c) Write importance of Berridge Eye's Repertory in Homoeopathic Practice.
- d) Write construction, scope and limitations of Dr. Oscar E. Boericke repertory.
- e) Write importance of Analysis of symptoms in case processing.
- f) Basic and determinative symptoms of Boericke.
- 4. Long answer question (any two out of four):

 $(2\times10=20)$

- a) Write Scope and limitations of Card Repertory in this era.
- b) Explain relationship of Homoeopathic Materia Medica, Organon with Repertory.
- c) Write the difficulties in taking up the chronic case.
- d) Explain 'Repertory is a mean to an end, it never end in itself'

Long answer question (any one from Q. No. 5, 6 and 7)

5. Long Answer Question:

 $(1 \times 20 = 20)$

Write Philosophical background, plan and construction, scope and limitations of B.B.C.R. (Boger's Boenninghausen's characteristics and repertory).

6. Long Answer Question:

(1×20=20)

Write philosophical background, plan and construction, Adaptability and limitations of Kent's Repertory.

7. Long Answer Question:

(1×20=20)

Write essay on classification, types and recent advancement in repertory.

Fourth B.H.M.S. (New) Examination, Summer 2016 CASE TAKING AND REPERTORY

Total Duration: Section A/B = 3 Hours

Total Marks: 100

SECTION - A/B

- Instructions: 1) All Questions are compulsory.
 - 2) All Questions carry equal marks:
 - 3) The number to the **right** indicates **full** marks.
 - 4) Draw diagrams wherever necessary.
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 - 6) Distribution of syllabus in Question Paper is only meant to cover. entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from paper - I syllabus to Paper - II and vice versa. Students cannot claim that the Question is out of syllabus. As it is only for the placement sake, the distribution has been done.

SAQ (60 Marks)

1. Write appropriate answers (any ten out of fifteen):

 $(10 \times 2 = 20)$

- a) Define Repertory.
- b) Define eliminating symptom.
- c) Define Rubric.
- d) Origin and meaning of the word Repertorium.
- e) What is Clinical Rubric?
- f) What do you mean by the rubric "Delusion"?
- g) Name different methods of repertorisation.
- i) Common symptom and its importance in case-taking.

 j) Define hypochondriac nations

Mental general symptoms reflected from will part of brain) mind

- I) Define General Repertory.
- m) Give two examples of Regional Repertories.
- n) What do you mean by concordance?
- o) What is pathological symptom?

P.T.O.

New Concept guestin as under -1. K) Mental general Symptoms reflected from will part of minds



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2.	Write short answers (any four out of six):	(4×5=20)
	a) Advantages of repertory.	
	b) Case taking is the first step of repertorisation. Explain.	
•	c) Different methods of repertorisation.	
	d) Prescriptions based on different symptoms and conditions.	
	e) Homoeopath classic ver.8 software.	
	f) Importance of Quis Auxalis in Boenninghausen's concept of totality.	
3.	Write short answers (any four out of six):	(4×5=20)
	a) Borland's pneumonia.	
	b) Boericke's repertory.	
	c) Repertorial totality formation.	
	d) Boger's synoptic key.	
	e) Berridge's eye repertory.	
	f) Case analysis and its importance in repertorisation.	
	LAQ (40 Marks)	
4.	Long Answer Questions (any two out of four):	(2×10=20)
	a) What are the difficulties in taking chronic case?	
	b) Kneer's concordance repertory.	
	c) What is Card repertory? Explain its construction and limitations.	
	d) Relation of repertory with Homoeopathic Materia Medica and Organon.	
L	ong Answer Questions (any one from Q. No. 5, 6 and 7)	•
5.	Long Answer Question	(1×20=20)
	a) Fever section of B.B.C.R.	(5)
	b) Prefix part of B.B.C.R.	(5)
	c) Philosophical background of B.B.C.R.	(5)
	d) Concept of totality formation according to B.B.C.R. repertory.	(5)

