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## **STUDY OF RUBRICS REPRESENTING DREAMS FROM KENT'S REPERTORY AND ITS UTILITY IN CLINICAL PRACTICE**

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### **ABSTRACT:**

For this purpose, dream literature was thoroughly studied through various sources. A depth analysis and a study of 30 cases were conducted together with the study of Kent's repertoire in order to understand the practical usefulness of the section representing dreams in prescribing drugs. 30 cases were selected by stratified random sampling and a descriptive observational study was carried out. All 30 cases have been studied with regard to the details of the past, family and personal history, the history of the professional situation, the life situation, the Miasmatic background and their response to constitutional homeopathic medicine selected through Kent's repertoire. A detailed study of each monitoring has been performed to understand the effectiveness of treatment. Observation of all 30 cases are represented by various statistical techniques (cake diagram, column diagram, table characters). A paired T test is used for data analysis. The evaluation is based on improving the patient's symptoms and overall physical and mental well-being. The results of the study performed using a paired T test reject our zero hypothesis and maintain our alternative hypothesis true.

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**KEYWORDS:** Dreams, Kent's Repertory, Homoeopathic Repertory, Homeopathy and Homeopathic Medicine.

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### **INTRODUCTION:**

**“DREAM IS NOT THAT YOU SEE IN SLEEP.... DREAM IS SOMETHING THAT DOESN'T LET YOU SLEEP” - DR APJ ABDUL KALAM**

Everyone dreams. Normal night sleep always includes not one but several periods of dreaming. Several people completely forget every dream they have and claim that they do not dream at all; Some have an almost complete record of their dreams; Most of us remember a few elements of our dreams and sometimes remembers a dream that seems to be particularly impressive and important for some reason. And almost everyone feels that some dreams have at least something interesting.

Faith in the meaning of dreams has survived far from the age when they were considered reports of the gods. The work of Freud, Jung and others has done dream analysis with an important feature of our understanding of unconscious mind and psychotherapy.

There are still skeptics who consider dreams essentially insignificant. However, most psychologists accept dreams as important manifestations of unconscious content and their analysis "can illuminate aspects of behavior".

Over the past decade, the growing information about the function of the human brain has expanded our understanding of the dreaming process. There is considerable evidence that there are dreams that most people use less in the brain part wake. This part is the right hemisphere that is a source of images of dreams. (The left side is a source of words and concepts- the tongue of ego-consciousness and function more in a state of wakeful.)

Dreams reflect the unconscious mind; Therefore, they are very important in homeopathy. They reflect hidden desires and aversions and innermost unrest, giving great importance in homeopathic prescription.

Over the years, the repertoire has evolved into the symptoms index and its usefulness in dreaming of dreams is very significant. However, the study of dreams asks many questions as: What is the meaning of dreams for homeopath? Is the interpretation of dreams important? What are the main theories of dream interpretation? How do we know that dreams are meaningful? How many dreams help in the construction of repertorial totalitarianism?

These are important questions that need to be answered and need a detailed study that we can create an integrated model of understanding the usefulness of dreams. This model can help and lead all homeopaths to understand how the interpretation of dreams can help understand basic mental section and help in homeopathic regulation.

## REVIEW OF LITERATURE:

Dreams are fascinating because the patient gives us an indirect look into his soul, which also contains the motif of the unconscious. A number of approaches "How to work with dreams like homeopath" are being discussed. During the subsequent consultations, dreams are particularly valuable because they give us new reconnaissance elements that we cannot obtain from a physical or emotional angle of incidence. In addition, the change and development of the patient's dreams gives us information to evaluate the energy of this patient for a period of time. Chronological monitoring and homeopathic analysis of the patient's dreams can be compared to continuous monitoring of this patient's pulse. Participation of homeopathic therapy, after these indications, the patient becomes healthier and very quickly and will also be saved from serious diseases in a preventive way.

People were interested in dreams from classical antiquity, where dreams were mostly considered to be reports from the gods. On the other hand, popular faith over the following centuries quite quite dubious character of specific dream symbols, which led to many unconscious and archetypal images. The consequence was that most of the dreams were given a very unrealistic and misleading meaning.

Modern scientific interpretation of dreams and the use of dream content for psychotherapeutic purposes began only in 1900, with publications Freud, Jung and many others. Freud was the first to say that a dream was an expression of unconsciousness and that we were going through the wishes and emotions in our dreams in a way that we wouldn't allow in everyday life.

As a result, the dream is a very gentle, sensitive and accurate indicator of what is unconscious, specifically which process is happening there and how it is directed. Dreams indirectly tell us what "personal" mental and emotional tension is in each of our patients. In addition, dreams show us the individual assimilation processes in response to this stress. Dreams are often manifestations of unconscious conflicts or emotions that can lead to emotional and / or physical complaints. So dreams are a reflection of the whole person.

However, there are people, such as hay, a tribe in the central Highlands of the Malaysian Peninsula, who consider the condition of dreaming to be real. Subsequently, this should continue and completed during the morning dream. Thus, these people have developed a number of dream techniques to make a positive link between the personal development of the individual sensor and the "greater completeness" of the wider social context. Kilton Stewart, who lived together with hay and introduced the world theory and psychology of hay through its publication of the 1951 article, he mentioned, among other things, that no violence was reported in the company of society for at least two to three hundred years.

Since the dreams "are real" are the same in my experience as homeopaths approach dreams to evaluate them.

Of course, this may not be postulated as absolute, because many dreams also contain, among other things, mythological motifs and signature elements. On the other hand, the emotional perception of the dreamer is the prevailing meaning and also the deformation of dreamy material in the mind of the sensation is a homeopathically large value. In addition, it is very important in homeopathy to know what is happening unconscious of the patient because there is a person's cup power. And because the mind and body are one of them, all aspects of being the patient penetrate the same energy. We can check the patient's dreams if we recognized the patient's core because we derived as a hypothesis from a complete story (mostly without the use of his dreams) or vice versa. If these matches agree, we finally get a feeling of "aha" and the certainty that this hypothetical homeopathic drug is a real drug for the patient.

The dream shows at all levels of sensation. Dreams show us in an early stage where the energy function is blocked, as seen under the magnifying glass. This energy dissonance is manifested by mental or emotional deception (in a dream), a mirror image of energy in disharmony. Practice proves that almost any dream is useful and useful for homeopath! This is contrary to what is often lectured. The main reason why dreams are very useful is that the dreams are the weare of powerful primary energy information of the patient, because the censorship of conscience has fallen.

In a common homeopathic conversation, without paying attention to dreams, it is difficult to understand the unconscious motives of the person.

### Causes:

There are several hypotheses and concepts why we eat. Are dreams only part of the sleep cycle or do it serve any other purpose?

Possible explanation of why we dream, include:

- to represent unconscious desires and wishes
- interpret random signals from the brain and body during sleep
- Consolidation and processing of information collected during the day
- work as a form of psychotherapy.

From converging evidence and new research methodologies, scientists speculated that dreaming:

- It is offline memory speaker - it consolidates learning and memory tasks.
- is a network subsystem for the alert that is active during the wandering and dreaming of the mind. Dreaming can be considered a cognitive simulation of real life experiences.
- It participates in the development of cognitive abilities.
- is psychoanalytic; Dreams are very meaningful reflections of unconscious mental functioning.
- It is a unique state of consciousness that includes three time dimensions: the experience of the present, the processing of the past and the preparation for the future.
- It provides a psychological space where stunning, contradictory or highly complex ideas could combine a dream ego that would be disturbing while waking up. This process serves the need for psychological balance and balance.

As with many things about the brain and unconscious thinking, there is so much that remains unknown about dreaming. It is difficult to study dreams in the laboratory. With the development of technologies and new research techniques, the understanding of dreams will continue to grow.

### Interpretation

What we pass through our mind just before we fall asleep could affect the content of our dreams. For example, during the exam period, students can dream of content content; Those in relationships can dream of their partner; Website developers can see the programming code. These surrounding observations suggest that during the transition from vigilance to sleep, the elements from the everyday reappear in pictures of similar dreams.

### Signs

Studies examined the "characters" that appear in dream reports and how the dreamer identified them.

Most of the characters that appear in the dream of man are known and can be named Dreamer.

**A report on dream reports 320 found:**

- 48% of characters represented a named person known with Dreamer
- 35% of the characters were identified by their social role (eg a policeman) or a relationship with a Dreamer (eg a friend)
- 16% was not recognized.

**Between named characters:**

- 32% was identified by appearance
- 21% identified by behavior
- 45% on the face
- 44% from "only knowledge".

Bizarre elements were reported in 14% of named and generic features.

Another study examined the relationship between dream emotions and identifying the character of dreams. The affection and joy were commonly associated with familiar characters and were used to identify them, although these emotional attributes were contrary to the attributes of the alert state.

The finding suggests that the dorsolateral prefrontal cortex associated with short-term memory is less active in the dream brain compared to the brain of awakening, while the paleocortical and subcortical limbic regions are more active. It has also been proposed that the limbic areas have minimal input from the dorsolateral prefrontal cortex in the dream brain.

**Memories**

The concept of "repression" reaches back to Freud, with undesirable memories to be suppressed in the mind. Dreams make it easier by repression by renewing these memories.

The study showed that sleep does not benefit from unwanted memories. Instead, Rem Sleep could even affect the voluntary suppression of memories, which is more accessible to search.

The integration of memories into dreams is characterized by two types of time effects:

- The daily residue effect, involving instant incorporation of events from the previous day
- Dream-Lag effect, including incorporations delayed by about a week.

The finding of one study is in line with the possibility that the processing of memories into the integration of a dream takes about 7 days and that these processes help to support the functions of socio-emotional adaptation and consolidation of memory.

A recent study aimed at exploring autobiographical memories (long-term memories of Self) and episodic memories (memories of discrete episodes or events) in the content of dreams among 32 participants found that:

- One dream (0.5%) contained episodic memory
- It was found that most (80%) contain low to medium incorporations of autobiographical memory elements.

Scientists suggest that memories of personal experience are experienced fragmented and selectively, perhaps to integrate these memories into long-term autobiographical memory.

The hypothesis, which states that dreams reflect the experience of vigilant life, are supported by studies investigating the dreams of psychiatric patients and patients with sleep disorders, ie their daily symptoms and problems reflect in their dreams.

In 1900, Freud described the category of dreams - "biographical dreams" - which reflect a historical infantile experience without a typical defensive function. Many authors agree that some traumatic dreams serve as recovery.

One article assumes that the prevailing aspect of such traumatic dreams is communication of experience that a dreamer has in a dream but does not understand.

**Topics**

Dream topics can be associated with the suppression of undesirable thoughts and consequently an increased incidence of suppressed thinking in dreams. Fifteen good sleepers were asked to suppress an undesirable idea 5 minutes before sleep. The results showed increased dreams of unwanted thinking and tend to have more disturbing dreams. In addition, the data mean that the suppression of the idea can lead to significantly increased symptoms of mental disorder.

Research has shown that external stimuli presented during sleep can affect the emotional content of dreams. For example, a positively tinted stimulus of roses in one study brought more positive thematically dreams, while the negative stimulus of rotten eggs followed more negatively thematic dreams.

Typical dreams are defined as dreams with a similar content reported by the high percentage of dreams. Until now, the frequencies of typical dreams have been studied with questionnaires that indicate that the ranking of 55 typical dream topics was stable in different samples populations. 55 Dream topics are

**Flying or climbing through the air is included in the top 10 topics that it dreamed of.**

- School, teachers, study
- be persecuted or persecuted
- Sexual experiences
- fall
- Arrival too late
- The person who is now alive is dead
- fly or climb through the air
- a test failure
- Being on the verge of falling
- be frozen by fear

- The person who is now dead is alive
- be physically attacked
- be naked
- Eat delicious food
- swimming
- be locked
- Insects or spiders
- be killed
- Your teeth fall out/lose their teeth
- be tied up, unable to move
- Being inappropriately dressed
- Again to be a child
- try again and again to do something
- Inability to find or embarrassed from using the toilet
- Discovering a new room at home
- have excellent knowledge or mental abilities
- Loss of vehicle control
- fire
- wild, violent animals
- see the face very close to you
- Snakes
- Have magic forces
- Live sensing but not necessarily see or hear, presence in the room
- Finding money
- a flood or tidal waves
- kill someone
- to see yourself as dead
- be half awake and paralyzed in bed
- Mad or mad people
- See yourself in the mirror
- to be a member of the opposite sex
- Being suffocated, unable to breathe
- Meeting God in some form
- vision of the crash of flying object
- an earthquake
- see an angel
- Creation: part of the animal, part of man
- Tornado or strong winds
- Being in a movie
- See extra-terrestrials
- Traveling to another planet
- be an animal
- see UFO
- Someone has an abortion
- be an object.

The authors assumed that one cluster of typical dreams (endangered object, parachute, persecution or monitoring) is related to interpersonal conflicts; Another cluster (flying, sexual experiences, searching for money, eating delicious food) is associated with libidinal motivations; And the third group (naked, failing test, arrived too late, loss of teeth, inappropriately dressed) is associated with superego concerns.

#### Senses

Dreams were evaluated in people who suffer from different types of headaches. The results showed that people with migraine had an increased frequency of dreams and smells.

The frequency of musical dreams is related to age when music began to learn and not with how much music is listened to throughout the day.

This may suggest that the role of some brain structures such as amygdala and hypothalamus are involved in migraines and biology of sleep and dreaming. Music in dreams is rarely reported in scientific literature.

#### Pain

Although it has been shown that realistic, localized painful feelings can be experienced in dreams - either through direct integration or memories of pain - frequency of dreams of pain in healthy subjects is low.

**Self -confidence**

Recent findings combine the fronto temporary gamma EEG activity with conscious knowledge in dreams. The study found that the current stimulation in the lower gamma zone during removal of sleep affects continuing brain activity and induces self -reflective consciousness in dreams. Scientists have concluded that higher order consciousness is related to synchronous oscillations around 25 and 40 Hz.

**Relations**

Recent research has shown parallels between romantic attachment styles and the general content of dreams.

**Flying**

An increase in the percentage of people who report flying in dreams between 1956 and 2000; Investigators have proposed that this increase can reflect the growing amount of air transport.

**Death**

The content of the dreams of psychiatric patients who were admitted for suicidal experiments was compared with three inpatient control groups that have been accepted for:

- Depression and suicidal thoughts without attempting
- Depression without suicidal ideas
- Commission of a violent act without suicide.

The results have confirmed that suicide and violent patients have more death and destructive violence in their dreams, but also that it was the function of the severity of depression and certain character traits, such as impulsivity than to be specific to the behavior itself.

**Children**

Girls dream more often than boys about the loss of another person, falling, socially disturbing situations and small animals.

- The girls reported a higher frequency of anxious dreams than boys, although they could not remember their dreams more often.
- The girls dreamed more often than boys about the loss of another person, falling, socially disturbing situations and small animals, animals such as aggressors, family members (mainly siblings) and other women with known identity.

A study of older children and adolescents aged 10-17 years, comparing with neurotic disorders with healthy subjects found on the left hands:

- Entities expressed less newspaper factor and frequent appearance of rare phenomena, such as "déjà vu in alert", reality ", " mixed "(overlapping) dreams, prolonged dreams in repeated sleep, frequent changes in people and scenes.
- The specialties of dreams detected only in neurotic patients, but not in healthy entities that have appeared as a clear deficit of phenomena, "Dream in Dreams" and "dream reminiscence in Dream" found only in the left.

It seems that right and left hemispheres contribute in different ways to the formation of dreams. The authors of the study believe that the left hemisphere seems to provide dreams, while the right hemisphere provides the life of dreams, figurativeness and affective level of activation.

**Pregnancy**

During studies comparing the dreams of pregnant and leaks:

- The representation of the child and the child was less specific in the late third trimester than in the early third trimester and uncertain women.
- Pregnant groups also had more pregnancies, childbirth and fetus.
- The birth content was higher than at the beginning of the third trimester.
- Pregnant groups had more morbid elements than leaks.

**Carers**

Those who take care of family or patients often have dreams related to a person or care. A study after the dreams of adults who worked for at least a year with patients in US hospice centers has been recorded:

- Patients were generally present in the dreams of participants and dreams were usually realistic.
- In a dream, the dreamer usually interact with the patient as a manager, but was also usually frustrated by the inability to help so fully as needed.

**Death**

It is generally believed that oppressing dreams are frequent in death. Studies analyzing the quality of dreams, as well as the interconnection of repressive dreams in death, found:

- Repressive dreams occurred at significantly higher frequency in the first year of death
- Repressive dreams were significantly associated with anxiety and depressive symptoms.

**Can dreams predict the future?**

Some dreams seem to predict future events. Experts suggest that when this happens, it is usually caused by chance, false memory or unconscious, which combines familiar information.

Dreams can help people learn more about their feelings, faith and values. Images and symbols that appear in dreams will have meanings and connections that are specific to each person.

People who want to understand their dreams should think about what every part of the dreams means to them. Books or guides that give specific, universal meanings of paintings and symbols may not be useful.

**Each of the color?**

Scientists in the study found that about 80% of participants under the age of 30 dreamed in color. At the age of 60, 20% said they dreamed in color. The number of people aged 20, 30 and 40 years of dreaming increased by 1993 to 2009. Scientists speculated that color television can play a role in the generation difference.

Another study using both questionnaires and Dream Diaries found that older adults also had more black and white dreams than younger participants. Older people said both their colorful dreams and black and white dreams were equally alive. However, younger participants said their black and white dreams were poorer.

**Errors and incorrect identification**

During studies Neuro Imaging, which focuses on brain activity in sleep Rem, scientists have found that the distribution of brain activity during REM sleep can also be associated with specific dreams. Several bizarre features of normal dreams have similarities to known neuropsychological syndromes after brain damage, such as misleading misconducting on faces and places.

Drug abuse

A study monitoring the content of the dream content of cocaine abuse in Trinidad and Tobago during the details of abstinence:

- 41 patients reported drug dreams during the first month, especially when using the drug (89.1%).
- 28 had drug dreams in six months tracking, mainly the use or rejection of the drug (60.9%).

By forgetting dreams

Scientists estimate that 5 minutes after a dream, people forgot 50 percent of their content and increased to 90 percent 5 minutes later. Most dreams are completely forgotten at a time when someone wakes up.

This is not exactly known why dreams are so hard to remember. However, there are a few steps that people can take to improve their memories. It belongs to:

- Awakening naturally and not with alarm
- Focus on dream as much as possible after waking up
- After waking up, write down as much as possible about a dream
- Thanks to the routine recording of dreams

### **KENT'S REPERTORY**

PLAN AND CONSTRUCTION:- the plan & construction, arrangement of rubrics as of Kent's repertory. It is based on Kent's philosophy of general to particular. The method of repertorisation follows Kent's method of repertorisation.

THE HIERARCHICAL STRUCTURE OF THE REPERTORY:-The hierarchical structure of the Kent's repertory has been maintained because Kent's Repertory has maintained its position of reference throughout this century. It allows immediate comparisons of related rubrics.

GROUPS OF SYMPTOMS:-Symptoms are divided in groups and these groups are always following each other in this same order - SIDES ,TIMES, MODALITIES, EXTENSIONS, LOCALISATIONS , (DESCRIPTIONS OF PAIN / Other descriptions)

DREAMS are seen in sleep chapter if Kent's repertory

These are the rubrics mentioned in Kent repertory-dreams

DREAMS, absurd : Apis., chin., cina., coloc., ferr-m., glon., mygal., pip-m., rumx., sulph., thuj.  
 accidents : Am-m., ant-c., arn., Ars., bell., cham., chin., cinnb., con., Graph., Ind., iod.,  
 iodof., jab., kali-c., kreos., lyc., nat-s., nux-v., puls., rumx., sars., sul-ac., sulph., thuj.  
 amorous : Acon., aesc., alum., am-c., Am-m., ambr., ang., ant-c., arg-n., arn., ars-i., ars.,  
 astac., aur., bar-c., bar-m., bism., bor., cact., cahin., calc-ar., calc-  
 p., calc., camph., cann-i., cann-s., canth., carb-ac., carb-an., carb-s., carb-v., carl., cast.,  
 caust., chel., cic., cinnb., clem., cob., coc-c., coca.,  
 coloc., con., cop., cycl., dig., dios., ery-a., eupho., form., gels., graph., ham., hura., hydr.,  
 hyos., hyper., ign., Ind., inul., iod., iris., kali-ar., kali-br., kali-c., kali-chl., kali-n., kali-  
 p., kalm., kreos., Lach., lact-ac., led., lil-t., lith., lyc., mag-m., mag-s., meny., merc-c.,  
 merc-i-f., merc., mez., mur-ac., myric., nat-a., Nat-c., nat-m., nat-p., nit-ac., nux-m., Nux-  
 v., olnd., Op., ox-ac., paeon., par., petr., Ph-ac., phos., phys., pic-ac., pip-m.,  
 plan., plat., plb., psor., puls., ran-b., raph., rhod., rhus-v., sabad., samb., sars., sel.,  
 senec., sep., sil., sin-n., sol-t-ae., spig., squil., stann., Staph., stram., sul-ac., sulph., sumb., tarax., thuj., trom., ust., valer., vinc., Viol-t.  
 morning : Aloe., colch., grat., lil-t., plb., sabin., sil., sumb. menses, before : Calc., kali-c.  
 anger (See Quarrels) : All-c., alum., am-c., ant-c., apis., arn., asar., aster., aur.,  
 brom., bry., calc., canth., carl., cast., caust., cham., crot-h., kali-n., lach., mag-c., mag-s.,  
 merc-i-r., myris., nat-a., nat-m., nicc., Nux-v., paeon., ph-ac., phos., puls., rat., rumx., sabin., sel., sep., sil., stann., staph., tarax., verat., zinc.

### **CONCLUSION:**

- Dream is one of the fundamental emotion that is seen during any kind of stress that troubles you. That what troubles you, can be understood by dream that you feel and express.
- Thus for a homoeopathic physician it is utmost important to understand the physical and mental stress that the patient is undergoing and experiencing. This underlines the importance of a detailed CASE-TAKING or CASE- RECEIVING, especially from the standpoint of homoeopathic practice.
- The specific age groups for the dreams has not been proved but it is seen that dreams appears from the very beginning of the childhood & persist for many years.
- In some cases dreams have been reported to have vanished gradually as age progresses, but the number is quiet less as in the cases studied the age at which dreams vanished is not mentioned.
- The most common dreams encountered in this study are dream of death and dream of ghost. The other frequently seen dreams of anxiety, family falling from high places.

- Among the environmental causes seen to cause dreams, the most commonly seen are in the family area, which are mainly due to strict and dominating parenting, due to disturbed IPR with in laws and elders scolding
- Among the constitutional causes the most frequently seen are fearful disposition (60%) followed by anxious disposition (36.66 %) of the person. The fears during developmental age are seen in 23.33 % of cases.
- It was seen that the cause of the dreams is not due to a particular event or stress, but due to the dispositional characteristics and the underlying mental state along with their family, work and social environment together influence the individual and cause dreams in them. Thus a person having any dream is not a coincidence but the combine effect of the constitutional factors and the environment surrounding him.
- Thus the dream seen is not due to any single cause but is due to multifactorial causative forces acting on individual from within and outwards.
- The changes in functioning at physical and / or mental plane were studied in which increase in the activities of the patient are seen the most. This is as described in the review of literature.
- The rubrics for the dreams as a symptom are always found in the Kent's repertory.
- There are too many cross references given, thus searching for a rubric becomes easier.
- Many rubrics found cover just a few remedies or even have single remedy under them, but they are very important remedies for the symptom.
- The symptoms for which we are searching the rubrics may be found but it does not contain all the remedies covering the symptom. Thus utility of the Kent's repertory becomes limited and can be used only when there are specific and peculiar symptoms which are very marked. (so higher repertories like complete repertory can be used)
- As the rubrics found are in the words of the patient, it can be used as a reference to learn Materia Medica also.
- The most frequently used remedies as constitutional remedy are of Calcarea group followed by kali group. Phos and Silicea also came up frequently.
- Here I found importance of keen observation, converting information collected from patient and his relatives into reportorial language which helps in finer differentiation of the remedies and arriving at rational prescription. The Kent's repertory has a variety of rubrics and sub-rubrics that help a lot in the finer differentiation in a more specific manner.
- The most important conclusion is that: 'Repertory is a means and not an end in itself.' Repertorisation helps to come to group of remedies. Final court of appeal is Materia Medica and so you have to go back to Materia Medica after repertorisation. Kent's repertory has its advantages and disadvantages as no tool is perfect and its utility is dependent on the person who employs it. One needs to be aware of the limits and the scope on one's tool. Kent's repertory gives large number of cross-references & sub rubrics which help in quick prescribing.

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