CARD REPERTORIES

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CARD REPERTORY ??

- *Card Repertory is a system of visual sorting which helps the physician by eliminating the necessity of writing out the rubrics and remedies against them.*
- *Card repertories have several cards with rubrics written on the top with a group of medicines below. For indicating the marks and grades of medicines, different sizes of punches have been used.*

FIRST CARD REPERTORY ??

- 1888- Slips for Boenninghausen's Repertory by "***William Jefferson Guernsey".***
- 1892- Came into Profession
- Known as "***Guernsey's Boenninghausen Slips".***
- Later it was improved by Dr. H C Allen

WHY CARD REPERTORY??

Enlarging Materia Medica

Volumnious and Complex Repertories

Thought of rubrics in pieces of paper, so one can glance through it and save time and energy

CHRONOLOGY OF CARD REPERTORIES

YEAR	PREPARED BY	CARD REPERTORY
1888	William Jefferson Guernsey	Guernsey's Boenninghausen Slips 2500 Slips
1912	Dr. Margret Tyler	Punched Card Repertory Based on Kent's Work 1000 Cards
1913	Welch and Houston	Loose Punched Card Repertory Based on Kent's Work 134 cards
1922	Dr. Field	Field's Card Repertory Based on Kent and Boger's work 6,800 Cards
1924	Dr. C M Boger	Boger's Card Index Repertory Foreword by Dr. L D Dhawale

1910 (1948)	Dr. Enrique Jaminez Nunez	Marcos Jaminez Card Repertory Based on Boenninghausen's Work 600 cards First to introduce evaluation of drugs on cards
1948	Dr. Braussalian's Card Repertory	Based on Kent's Repertory 1861 cards and 640 medicines
1950	J G Weiss's	J G Weiss's Card Repertory
1950	R H Farley	Spindle Card Repertory
1950	Dr. W W Young Dr. Pulford	Attempted to prepare but not published
1950	Dr. L D Dhawalae	Modified form of Boger's card repertory but not published
1950	Dr. P Sankaran	Based on Boger's Card Repertory
1959	Dr. Jugal Kishore	Kishore's Card Repertory, 10,000 cards
1984	Dr. Shashi Mohan Sharma	Based on Kent's Final General Repertory 3000 Cards

ESSENTIAL QUALITIES OF GOOD CARD REPERTORY

Most important use is eliminative functions

- Results should be as close as possible to factual texts on repertory.
- Cards should be of standard texture and thinness.
- Should be strong as well as thin enough and should not shut off light completely.
- Punching should follow standard methods.
- Card system should be elastic, so that new rubrics can be introduced or new remedies added.
- Punching should indicate degree of drugs

- There should be a provision for cross reference.
- The rubrics should be arranged, that it takes minimum time to sort them out from the index

WORKING WITH CARD REPERTORY

Requires sound knowledge of

- The concept of totality of symptoms.
- The classification and evaluation of symptoms.
- Scope and Limitations of the method of repertorisation.

PRINCIPLES OF CONSTRUCTION

- Important generals are used as rubrics.
- Numerical evaluation plays a little role in this method.
- Cards are employed to determine the likely group of remedies that closely correspond to the general picture of the case.
- It usually suits to a chronic case which presents with a changed but vivid symptoms.

SELECTION OF RUBRICS

- Conversion of the symptoms in to rubrics should be accurate.
- Characteristic concomitant must be always included.
- Top priority should be given to the cause.
- Generalization of a particular symptom on inadequate grounds should be avoided.

FEATURES NEEDED FOR SELECTION OF CARDS

- Important generals are used as rubrics, cards are punched for remedies with higher evaluation like 3 & 2.
- The cards are employed to determine the likely group of remedies the closely corresponds to the general picture of the case.
- Further differentiation in this group is not possible, for that refer the remedies in the Kent.
- Particulars are used for finer differentiation only
- Since numerical evaluation plays a little role, no advantage of indicating the evaluation of remedies on the cards.
- Cases with weak generals and strong particulars are unsuitable, so this method suit best for chronic cases.

MERITS OF CARD REPERTORIES

- Saves time in noting down the rubrics and writing down the medicines with marks.
- It cuts down the time needed for calculation of marks and analysis of repertorial results.
- Does not require paper work as common medicine for all the rubrics can be found out by looking through the holes against light.
- Most important merit is about the elimination of remedies in repertorial analysis
- Limited generalization. —– Do not lay emphasis in the principles of grand generalization.

DEMERITS OF CARD REPERTORY

- Most of the card repertories do not represent the rubrics well especially sub rubrics.
- Finer expressions at general and particular levels in repertorization is difficult to use.
- Difficult to include all the remedies.
- Computer repertories had made it obsolete.
- Gradation is difficult .
- They are difficult to maintain.
- Lay emphasis mainly on generals, no particulars.
- Highly costly.

- Deficient in the quality of cards & quality of punching.
- Cross references are not properly mentioned in the index.
- Not suitable for one sided /cases with particulars only.
- Suited only to cases with full blown picture.
- Lesser rubrics & remedies
- Rare remedies with relevancy are over looked

KISHORE'S CARD REPERTORY

- Full Name: Dr. Jugal Kishore's Homoeopathic Card Repertory.
- Author: Dr. Jugal Kishore (Indian Author).
- Publication: 1st Edition – 1959 (3500 Cards).
- 2nd Edition – 1967 (Appro.10,000 Cards/600 Remedies).
- 3rd Edition – 1986 (Appr 10,000 Cards).
- Based on: Mainly, Kent's Repertory; but rubrics were taken from all the existing repertories.

DIFFERENT EDITIONS

First Edition:

- In preface to Ist edition Dr. Jugal Kishore writes that,
- "This Repertory has been specially compiled and is the result of a labor of nearly seven years". A large range of remedies have been selected for inclusion in the repertory as many as 579. The numbers of rubrics are 3497. The Repertory is so constructed that a practitioner can use it either according to the Boenninghausen's method or Kentian method. Further he writes only those who are familiar with the philosophy behind the construction of our repertories would find these cards useful. The Rubrics are arranged in alphabetical order.

Second edition:

Here Dr. Jugal Kishore says 'I was not satisfied with the first and pilot edition of this card Repertory because it could not meet certain exigencies of Reportorial analysis. For the addition in this edition he has used Dr. James Stephenson Homoeo. M.M., Hahnemannian proving and Repertory 1924 - 1959 as a source book, also other remedies have been introduced from other reliable sources like the British Homoeopathic journal. The number of rubrics increased up to 9063 and the modalities of particulars, which were absent in the last edition, have been included in 2nd edition. Up to this edition there were introductions to all topics of Repertory. The name of Rubrics i.e. those in the first edition, remain practically the same and are indicated in italics.

Third edition:

- This edition will, however, incorporate 129 new rubrics and 102 new remedies. This edition is supposed to be the complete card Repertory with approximately 10,000 cards.

ADAPTABILITY

- Cases with more prominent mentals, physicals or only particulars.
- So it is an substitute to Boenninghausen and Kent's Repertory.

PLAN & CONSTRUCTION

- Mainly based on Kent's Repertory.
- This repertory comes in 03 wooden boxes with 10,000 cards.
- Box I contains 4,000 cards [card no. 0001 – 3099];
- Box II contains 3,000 cards [card no. 4000 – 6099]
- and Box III contains 3,000 cards [card no.6100 – 9999].
- There is '*List of Remedies and Their Code Numbers*'.

It contains 591 medicines [serial number 50 to 640]; from Abies canadensis (Abies-c) to X-ray.

STRUCTURE OF A CARD

- Each card has 80 vertical columns of number at the bottom as 1,2,3,….80 (from left to right).
- The numbers 1 to 80 also appear on the top at the second line.
- Above downwards each column contains 0 to 9 numbers.

- Every card has a '*rubric*' written on the top of the card, with the name of the chapter.
- Each rubric has a number, written before the rubric. The number of the rubric is punched in first four columns – which are *meant for indicating the rubric*.
- Looking into these four columns, we can easily know the number of the rubric by arranging the punched numbers from left to right.

- The card has *rectangular* (ú)punched areas here & there [in the 1st edition the punching were the shape of ‘ ’].
- To know the ‘*code of medicine*’, we have to read the number always putting the bottom number first in the left hand before the punched number.
- The number is to be referred to the *Index to Kishore’s Card* that reveals the name of the medicine.

WORKING OUT A CASE

- The case is to be analyzed & the repertorial totality is to be framed.
- The symptoms are to be converted into rubrics. The final rubrics should be located separately and the card number is to be written against each rubric.
- All the cards with rubrics should be kept in order against each other.
- Finally, the common punched hole is to be found holding them against light and the medicine code is to be found out.

- In this way, we get a group of medicines from the common punched hole and by referring it to the *Index of Kishore's Card*.
- These medicines are to be referred to the *Materia Medica* and then to select the *Similimum* of the particular case.
- Sometimes it may happen that the common hole is not visible after keeping all the cards together. In that condition, the least important card with rubric should be removed – one after another – till the common punched hole is located.

ADVANTAGES OF KISHORE CARD REPERTORY

- Third edition contains 591 medicines and 10,000 cards.
- Almost all rubrics in the Kent's repertory are incorporated in this Card Repertory.
- This repertory can be used in two methods of repertorization – Kent's and Boenninghausen.
- Many of the rubrics in the Boenninghausen's repertory are made available, up to dated and completed.
- Elimination is a mechanical process. We can save the time taken for writing down all the rubrics, medicines and adding their marks. Hence, useful for very busy practitioners.

- The rubrics and the cards are arranged in alphabetical order; so easy to find the required rubric.
- Table of contents of rubrics with their code numbers is given in the index.
- Contents of the medicines with their code numbers are given in the index.
- Cross-references are helpful in finding the related and similar rubrics.
- Evaluation of medicines can be done with changing the shape of the holes.
- New remedies are added from the reliable source like British Homoeopathic Journal.
- It does not require paper work.
- It is useful in conditions were electricity and computers are not available.

DISADVANTAGES OF KISHORE CARD REPERTORY

- Quite voluminous (repertory include three boxes of cards); so useless at bed-side.
- All the rubrics needed in day-to-day practice are not available in this card repertory.
- A thorough knowledge of rubrics are necessary before starting the process of repertorization.
- Evaluation of remedies are not present.
- There are certain medicines in the list, which are not found under any of the rubrics.
- With the invention of computer software repertories, card repertories become out dated.