

SKELTON OF QUESTION PAPER

FOURTH BHMS (2015)

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 is only for the placement sake, the distribution has been done.

1. Write appropriate answers of following (any 10 out of 15)

(10X2=20)

Out of 15 questions like a, b, c, d, e, f, g, h, i, j, k, l, m, n, o

(Topics :- From 5 questions from section I , 5 questions from section II and 5 questions from section III)

2. Write Short answer (any 4 out of 6)

(4×5=20)

a) b) c) d) e) f)

(Topics from:- 3 questions from Section III, 3 questions on compare and contrast of rubrics)

3. Write Short answer (any 4 out of 6)

(4×5=20)

a) b) c) d) e) f)

(Topics from:- 3 questions from Section I , 3 questions from Section III -5-9 points)

4. Long answer question (any 2 out of 4):(2X10=20)

a) b) c) d)

(Topics from:- All questions from Section II)

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

5,6, 7 Long answer question

(1X20=20)

(Question from Section III 2 to 4)

The questions covered are according to sections and the syllabus of III B.H.M.S and IV B.H.M.S is distributed in sections mentioned below.

Sr. No	Section I- CASE TAKING	Section II- INTRODUCTION TO REPERTORY	Section III-REPERTORIES
1)	A)Introduction	A)Introduction to Repertory	1.Lippes Repertory
	B) Directions of Case Taking	B) The Evolution of Repertories	2.Kents Repertory
	C) Case Receiving and Desired Qualities of Physician	C) Analysis and Evaluation of symptoms for repertorisation	3. Boenninghausens Therapeutic Pocket Book
	D) Analysis of Case for Repertorization	D) Steps To Repertorisation	4. Bogers Repertory
	E) Difficulties in Chronic Case Taking	E) Methods and Techniques of Repertorisation	A) Boger Boenninghausens Characteristics And Repertory
	F) Concept of Totality According to Boenninghausen,Boger and Kent	F) Salient Features of Common Repertories and their Utility	B) Bogers Synoptic Key
	G) Paediatric case taking	G) Classification of Repertories	5 Concordance Repertory
	H) Case taking in unconscious patient	H) Advantages & Limitation of Repertory	A)Knerr's Repertory
	I) Anamnesis and Catamnesis	I) Relation Between HMM, Organon and Repertory	B)Gentry's Repertory
		J) Logic	7.A) General Clinical Repertories
		K) Important Terminologies in Repertory	I) Boerickes Repertory
			II) A Clinical Repertory to the Dictionary of Materia Medica
			B) Regional Clinical Repertories
			I) Bells Diarrhoea
			II) Berridges Eye Repertory
			III) Mintons Uterus
			IV) Borlands Pneumonia
			V) Intermittent Fever by W. A. Allen's
			VI) Therepeutic of Intermittent Fever by H.C. Allen's
			8. Modern Repertories
			A) Synthesis Repertory .
			B) Complete Repertory...
			C) Murphys Repertory
			D) Repertorium Universale
			E) Phoenix Repertory
			F) Synthetic Repertory .
			G) Phataks Repertory
			9. Mechanical Aided Repertories .
			A) Autovisual Repertories .
			B) Homoeopathic Calculat6or

			C) Coin Repertory
			D) Computer Repertories
			I) Mac Repertory
			II) Hompath Classic
			III) RADAR
			IV) CARA
			V) Stimulare
			VI) ISIS .
			VII) Organon 1996
			III) RADAR .
			IV) CARA

III BHMS (2015) REPERTORY THEORY

Note: This is topic wise distribution of minimum number of hours for lecture, demonstration, clinical, classes and seminar which should be followed

Sr no.	Topic	Section	Question covered
1	Repertory Definition ,Need ,History And Evolution ,Scope And Limitation	.II	Q1), Q4)
2	Classification of Repertories	.II	Q1), Q4)
3	<p><u>Study of Different Repertories</u></p> <p>i) Kent's Repertory</p> <p>a) History b) Philosophical background c) Structure d) Concept of repertorization e) Adaptability f) Scope g) Limitation</p> <p>ii) Boenninghausen's Repertories</p> <p>1) TPB</p> <p>a) History b) Philosophical background c) Structure d) Concept of repertorization e) Adaptability f) Scope g) Limitation</p> <p>2) Repertory of Anti-Psoric Remedies</p> <p>a) History b) Philosophical background c) Structure d) Concept of repertorization e) Adaptability f) Scope g) Limitation</p> <p>iii) BBCR</p> <p>a) History b) Philosophical background c) Structure d) Concept of repertorization e) Adaptability</p>	III	Q5), Q6), Q7).

	f) Scope g) Limitation		
4	Gradation of Remedies By Different Authors i.e Dr. Kent, Dr. Boenninghausen and Dr. Boger	III	Q1), Q3), Q 2)
5	i)Methods of Repertorization ii)Techniques Of Repertorization iii)Steps of Repertorization	II	Q1), Q4)
6	a)Terms and language of repertories (Rubrics) b)Cross references in other repertories and Materia medica	II	Q1), Q4)
7	Conversion of Mind symptoms into rubrics from Kent's Repertory	III	Q1), Q 2)
8	Repertory- In Relation With Organon of Medicine Repertory- In Relation With Homoeopathic Materia Medica	II	Q4)
9	<u>Case Taking And Related Topics</u> a)Case taking b)Difficulties of case taking particularly in chronic case c)Types of symptoms, their understanding and importance d)Importance of pathology in relation to study of repertory	I	Q1), Q3)
10	<u>Case Processing</u> a)Analysis and evaluation of symptoms b)Miasmatic assessment c) Totality of symptoms or conceptual image of the patient d) Repertorial totality e)Selection of rubrics f)Repertorial technique g)Reportorial analysis	I	Q1), Q3)

IV BHMS (2015) REPERTORY THEORY

Note: This is topic wise distribution of minimum number of hours for lecture, demonstration, clinical, classes and seminar which should be followed

Sr No	Topic	Sections	Questions covered
1	<p><u>Comaparative study of different repertories with respect to Philosophical background, Structure, Concept of Repertorization and Adaptability</u></p> <p>i)Kent and TPB ii)Kent and BBCR iii)Kent and BSK iv)TPB and BBCR v)TPB and BSK vi)BBCR and BSK</p>	. III	Q5), Q6), Q7)
2	<p><u>1] Card Reperotries</u></p> <p>i)History Scope and limitations of Card Repertory a)Jugal Kishores card repertory b)Sharmas card repertory</p> <p><u>2] Mechanical Aided Repertory</u></p> <p>i)Introduction and scope and limitations ii)Autovisual repertory</p>	III	Q1), Q2) Q3)
3.	<p><u>Concordance Repertory</u></p> <p>i) Introduction and scope and limitations of Concordance Repertory a)Knerr repertory b)Gentry repertory</p>	.III	Q1), Q2) Q3)
4.	<p><u>Clinical Repertory</u></p> <p>i)Introduction and classification ii)Scope and limitation a)William Boericke b) Prescriber - J.H. Clarkes c) Clinical repertory-A Clinical Repertory To Dictionary To The H.M.M - J.H. Clarke</p>	III	Q1), Q2) Q3)
5.	<p><u>Modern Thematic Repertories</u></p> <p>a)Synthetic repertory b)Synthesis repertory c)Complete repertory d)Murphy's repertory e)Phatak Repertory f)Repertory of Miasms</p>	III	Q1), Q3) Q2)

	g)Phoenix Repertory h)Thematic Repertory i) BSK Repertory		
6.	<u>Regional Repertories</u> a)History, Introduction, scope and limitation b)Classification c) Bells diarrhoea d)Berridges eye e)Intermittant fever -W.A Allen f)Borlanda pneumonia g)The Therapeutics of fever-H.C.Allen	III	Q1), Q3) Q2)
7.	<u>Role of Computer In Repertorization And Different Softwares</u> a)Introduction And Scope And Limitation b)RADAR c)Hompath d)CARA e)Organon 96 f)ISIS g)KENBO h) Stimulare i) MAC	III	Q1), Q3) Q2)
8	<u>Related Topics to Repertory</u> a) Case record b) Record Keeping c) Potential Differential Field d) Essential Evolutionary Totality e) The Anamnesis f) Cross Repertorization g) Logic	II	Q1), Q4)
9	<u>Gradation Of Remedies By All Different Authors</u> – Dr. Barthal & Dr. Klunker, Dr. Robin Murphy, Dr. Frederik Schroyens, Dr. J.P.S.Bakshi, Dr.S.R.Phatak, Dr.O.E.Boericke, Dr. James .B. Bell etc.	II	Q1),
10	<u>Case Taking approaches in different patients</u> a) Approach to a Child b) Approach to the Older patient c) Approach to the Unconscious patient	II	Q4)
11	Conversion of Mental, Physical general and particular symptoms into rubrics and repertorization using different repertories like Kent’s Repertory, TPB and BBCR	III	Q1)