



# Evolution And Development Of Repertory: Theoretical Basis For Rubric Classification And Selection Of Simillimum In Homoeopathy

<sup>1</sup> DR. SHRUTI AHIRKAR, <sup>2</sup> DR. TRUPTI HIWASE, <sup>3</sup> DR. RICHA JALAN

<sup>1</sup>Associate Professor, <sup>2</sup>Professor, <sup>3</sup>Professor

<sup>1</sup> Dept. of Homoeopathic Repertory, <sup>2</sup>Dept. of Human Anatomy, <sup>3</sup> Dept. of Hom. Materia Medica  
<sup>1,2,3</sup> Shalinitai Meghe Homoeopathy Hospital, College & Research Centre, Nagpur, India.

**Abstract:** The Homoeopathic Repertory is serving as a vital tool for the selection of Remedy by systematically organizing and indexing symptoms of the homoeopathic materia medica. This theoretical research explores the historical evolution, Chronological Development, epistemological foundations, and philosophical reasoning behind the classification of Rubrics and selection of remedy in the homeopathic system of medicine. This study deeply scrutinizes the evolution in the structure of Repertory, from early repertories by Dr. Hahnemann, Dr. Boenninghausen, Dr. Boger, and Dr. Kent to modern Repertory Software such as Radar Opus and HOMPAT. This study examines the theoretical challenges ingrained in the formation of rubric, Symptom standardization, and the individuality of clinical data interpretation during Case taking or Drug Proving. Finally, this study proposes a theoretical model intended to enhance the rubric classification and remedy selection, integrating evidence-based data, stochastic approaches, and an algorithmic decision support system with the help of AI to reconcile the homoeopathic practice with scientific rigor without interrupting the concept of individualization in homoeopathy.

**Index Terms** - Homoeopathic Repertory, Rubric classification, individualization

## I. INTRODUCTION

Homoeopathy is the system of medicine invented by Dr. Samuel Hahnemann in the late 18th century, which emphasizes the individualized treatment based on the Totality of symptoms. Homoeopathic Repertory is the structured index of symptoms/ rubrics along with their corresponding remedies. The homoeopathic repertory plays a crucial role in the complex process of selection of simillimum for homoeopathic practitioners. However, despite its ubiquitous use worldwide, the theoretical buttress of classification of rubric and remedy selection remains under-trodden. This study focuses on the analysis of the conceptual basis of homeopathic repertories, their evolution, and the philosophical background that shaped the classification of rubrics. Key research question includes: how the Repertory evolved over time? Which principles guide the rubric formation? What theoretical difficulties affect the remedy selection?" This study attempts to promote a critical understanding of reportorial methodology and proffer theoretical enhancements.

## Historical evolution of homoeopathic repertories:

1. **Early repertories:** The first repertory was created by Dr. Hahnemann, named "Fragmenta De Viribus Medica Mentoribus Positivis" in 1805. Dr. Boenninghausen developed the 1st printed repertory named "REPERTORY OF ANTIPSORIC REMEDIES" published in the year 1832. Dr. Boenninghausen's Therapeutic Pocket Book is one of the earliest comprehensive works, where rubrics are arranged according to their hierarchy based on its clinical significance. Later, Dr. Kent's repertory, named "Repertory of Homoeopathic Materia Medica," became the standard, which emphasizes on detailed rubrics based on the concept of individualisation with special importance to the general symptoms.
2. **Evolution to modern repertories:** The introduction of newer technologies, the repertory is also evolved from lengthy paper-pen-based indices to a computerized database, which makes the rubrics searching rapid and easy integration of drug proving or clinical observations. Repertory software like Radar Opus, HOMPAT, Mac Repertory, etc, introduced digital algorithms and an advanced rubric search system. But it has also ignited debate on replacing individualised evaluation by algorithm-driven suggestions.

## Theoretical basis of rubric Classification:

1. **Definition of rubric:** Rubrics are the repertorial language of expressing symptoms. The theoretical view is that these rubrics show certain remedies, which get entry in repertory after provings, re-provings, clinical verification, or their historical use.
2. **Arrangement of rubrics:** Rubrics are generally arranged alphabetically in every Repertory. In some repertories, the rubrics are arranged hierarchically following either Deductive Logic (i.e., General to Particular) or Inductive Logic (i.e., Particular to General). The formation of rubrics is theoretically rooted in the principle of Individualization, i.e., considering the uniqueness of each patient, in pursuit of systematic classification to guaranteed practicability.
3. **Role of Drug proving, Clinical Observations, and Homoeopathic Materia Medica:** In Repertory, the rubrics came from-
  - Drug proving: Systematic experiment/ proving of the drug substance on a healthy human being and observe the developed symptoms.
  - Clinical Observations: Recorded observations of homeopathic practitioners.
  - Homoeopathic Materia Medica: Compilations of remedy effects from proving and clinical cases.

These three are the base for the formation of a reliable rubric, though the subjective interpretation has some epistemological challenges.

4. **Epistemological challenges:** A core theoretical conflict lies in balancing empiricism (evidence from proving and practice) with rationalism (logical deduction of symptom-remedy relationships). Detractors proclaim that subjective interpretation of symptoms leads to ambivalent rubrics, while exponents perpetuate that the concept of individualization challenges rigid framework of classification.

## A Theoretical framework of Remedy selection:

1. **Classical vs. Modern approaches:** Classically, the selection of remedy relies on the doctor's expertise, totality of symptoms, and knowledge of repertory. Modern Repertory software facilitates faster search and remedy score, but risks over-standardization.
2. **Theoretical basis of remedy selection:**
  - Totality-based: Remedy selection on the totality of symptoms.
  - Keynote-based: Selection on the basis of a few characteristic/ keynote symptoms.
  - Constitution-based: Selection driven by Constitutional Symptoms.

Each basis reflects different epistemological assumptions about the relation between data collected from case taking and the efficacy of remedy.

### 3. Challenges in remedy selection:

- Rubrics of vague symptoms dilute precision.
  - Some rubrics lack proven remedies, reflecting gaps in data.
  - Subjectivity in the reporting of symptoms by the patient complicates standardization.
4. **Theoretical justification for gradation of remedy:** Gradation of remedies in modern repertories strives to reflect their clinical effectiveness based on drug proving and clinical practice. However, this creates theoretical conflict; Does frequent use indicate genuine effectiveness, or is it simply a reflection of historical bias?

## Current challenges:

- **Rigid vs. dynamic structures:** Traditional repertories are characterized by their inflexible frameworks; contemporary repertories propose more adaptable and dynamic systems that incorporate real-time clinical data. Theoretical discussions raise the question of whether these rigid rubrics impede personalized treatment.
- **Integration of evidence-based drug provings:** Some proponents suggest incorporating scientifically controlled trials to minimize subjectivity. The difficulty is in aligning the qualitative aspects of homeopathic symptoms with the standards of quantitative evidence.
- **Computational models and AI:** Fuzzy logic and probabilistic models are suggested to capture the inherent uncertainty in interpreting symptoms and choosing remedies. While these models theoretically align more closely with the individualization aspect of homeopathy, they encounter challenges in practical application.

## Proposed theoretical model for future repertory development:

A forward-thinking theoretical framework should include-

- Dynamic rubric databases that are regularly refreshed with insights from clinical experiences and outcomes.
- Scoring systems based on probabilities instead of fixed hierarchies.
- AI-driven suggestions that offer options with likelihoods rather than definitive answers.
- Open-source data from clinical practice to promote transparency.

This framework maintains the principles of individualization while utilizing data to ensure reliability and consistency.

### Implications for clinical practice:

Advancing the theoretical comprehension of rubric development can-

- Improve the precision of clinical decision-making.
- Minimize dependence on subjective judgment by equipping practitioners with tools grounded in evidence.
- Enable more accurate case evaluations, leading to better patient outcomes.

Practitioner education should progress to emphasize not only the application of rubrics but also the understanding of theoretical constraints and probabilistic reasoning.

### Conclusion:

While the homeopathic repertory remains a key tool for selecting remedies, its theoretical foundation needs further investigation. Over time, there has been a transition from traditional manual repertories to computerized systems, yet epistemological issues continue to exist. A theoretical framework that incorporates dynamic, probabilistic and evidence-based methods holds potential for the future, improving both scientific rigor and the principle of individualization in homeopathy. To advance repertory methodology in a scientifically sound manner, additional research that combines theoretical analysis with empirical data is crucial.

### References-

1. Kent, J.T. *Repertory of the Homeopathic Materia Medica*
2. Murphy, R. *Homeopathic Repertory Structure*
3. Boenninghausen, C.H. *Therapeutic Pocket Book*
4. Bell, I.R., et al. "Theoretical models of homeopathy and provings." *Homeopathy Journal*
5. Scholarly articles on homeopathy epistemology, clinical decision-making, and evidence-based provings.