



THE EFFICACY OF CLARKE CLINICAL REPERTORY IN HOMOEOPATHIC PRACTICE – A CASE STUDY

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ABSTRACT Clarke Clinical Repertory is nosological repertory indicating a group of medicines commonly indicated for a particular disease condition – final selection to be based on peculiars of indicating remedy. An acute case of gastro-enteritis is been treated in this case study to evaluate the efficacy of this repertory in acute cases esp. taking clinical rubrics into consideration.

KEYWORDS : Clinical Repertory, Miasm, Repertorization, Individualization, Similimum.

INTRODUCTION:

In the Modern School text-books remedies are considered in relation to *diseases*; in homoeopathy remedies are considered first and foremost in relation to *individuals*. A clinical or nosological repertory like Clarke repertory is perfectly justifiable from a homoeopathic point of view, provided its limitations are clearly understood.

Dr. J. Compton Burnett - a homoeopathic pioneer expresses in favour of prescribing based on clinical symptoms as “*The fact is, we need any and every way of finding the right remedy, the simple simile, the simple symptomatic Similimum and the furthest reach of all—the pathological Similimum, and I maintain that we are still within the lines of Homoeopathy that is an expansive, progressive science*”.

Thus in a very large number of cases a closely similar, if not the most similar remedy may be found to relieve the acute ailments especially. The advantage of Clarke Repertory is that it not only clinical repertory but a bunch of repertories incorporating Repertory of Causation, of Temperament, of Clinical and Natural relationship.

CASE STUDY

OPD NO. - K-2048
DATE - 22/4/2019
NAME - ARK
AGE - 15 yrs
ADDRESS - Near Ram Mandir, Station Road, Sri Ganganagar
SEX - Female
DIAGNOSIS - Acute Gastro-Enteritis

PRESENTING COMPLAINTS

- Vomiting of watery sour fluid, fluid of vomiting containing ingesta, bile greenish fluid. No specific time modality.
- Much pain in hypogastric region with thin watery stool. 3-4 times a day especially after eating. Burning sensation in rectum.
- Mild fever with great prostration.
- No appetite, loss of taste, has no desire to eat.
- Great weakness.
- All complaints for last 2 days

PAST MEDICAL HISTORY

- P/H of Diseases – Measles at the age of 8 yrs.

FAMILY HISTORY

- Mother - Hypertensive, diabetic
- Grand parents - Asthma (Grand father)

PERSONAL HISTORY

Addiction - Tea
Diet - Non vegetarian
Occupation - Student
Marital status - Single

GYNAECOLOGICAL & OBSTETRICAL HISTORY

– Menstrual history – normal, LMP- 28/3/19, timely, normal flow

PHYSICAL GENERALS:-

Appearance - Weak
Thirst - Lost
Desire - Fried food
Appetite - Loss of Taste in mouth, feels Bitter all the time, since having the ailment.
Urine - Straw colored
Stool - Watery, thin
Thermal reaction - Ambithermal – sensitive to both extremes of temperature.
Sleep - Disturbed

MENTALS – not marked

PHYSICAL EXAMINATION:-

Height - 4 feet
Weight - 18 kg.

VITAL SIGNS –

Pulse - 67/min
Blood pressure – 110/70 mmHg
R/R - 15/min
Temp. - 100°F

GENERAL EXAMINATION -

Pallor/Anemia – Not evident
Oedema – Not evident
Lymphadenopathy - Absent
Icterus - Absent
Cynosis - Absent
Emaciation - Noticeable
Build - Thin
Clubbing fingers/nails – Absent
Tongue - Furred
Skin - Healthy

SYSTEMIC EXAMINATION

G.I.T.- distention of abdomen, liver and spleen not palpable

PROVISIONAL DIAGNOSIS

– Acute Gastroenteritis

INVESTIGATIONS –

No investigations required as common disease of locality due to poor sanitation.

MIASMATIC DIAGNOSIS –

Symptomatically and depending upon the type i.e. acute case. The case clearly indicated the dominancy of Psora.

REPERTORIAL TOTALITY –

Because of lack of generalities and marked modalities, Case has to be treated symptomatically. No any particular causation is found.

Following clinical condition considered for the totality of the case-

- 1) Bilius attacks (Clinical)
- 2) Diarrhoea (Clinical)
- 3) Rectum burning in (Sensation)
- 4) Vomiting (Clinical)

REPERTORIZATION RADAR 10.0

1. Clarke J. H., Clinical Repertory (English) - Clinical - B - bilious affections - attack
2. Clarke J. H., Clinical Repertory (English) - Clinical - D - diarrhoea
3. Clarke J. H., Clinical Repertory (English) - Clinical - R - rectum - burning in
4. Clarke J. H., Clinical Repertory (English) - Clinical - V - vomiting

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3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	2	-	2	2	2	-	2	-	2	-	2	2	-	1	1	1	1	1	1	1

REPERTORIAL ANALYSIS

Result of Repertorization with Relative Value

- IRIS V. -6/3,
 BRYONIA – 4/2,
 CHIN. - 4/2,
 COLCHICUM – 4/2,
 FERR. – 4/2

PRESCRIPTION

Date: 22/4/19

Rx. – IRIS VERSICOLOR 200, 1x2 DOSE H.S. in Sac. Lac, 2 consecutive nights x 2 days

FOLLOW UP CHART

- 1 - 22/04/19 - Frequency of stool & vomiting decreased patient feeling much better. Rx. – Placebo 30/3 x 2 days
- 2 - 24/04/19 – Till today no vomiting occurred, frequency & intensity of stool much decreased, progressively improving - Placebo 30/3 x 3 days
- 3 - 27/04/19 - Placebo 30/3 x 3 days; Progressively improving, appetite normal now - Rx. – Placebo 30/3 x 3 days
- 4 - 30/04/19 – Improved well, stool well formed, appetite normal - Rx. – Placebo 30/3 x 3 days
- 5 - 03/15/19 – No more complaints. Advised to stop medication and drink filtered/boiled water.

CASE DISCUSSION –

This was an acute case having no much sensations, modalities and concomitant were present, some key symptoms clearly indicated IRIS VERSICOLOR which we prescribed in 200th potency based on susceptibility of the case for speedy recovery and without least aggravation. In 1st follow up patient was much relieved so again repeated the Placebo. In 2nd follow up we observed great relief in the patient's complaints. Till 3rd follow up patient was completely fit and fine, she was not ready to come because of good recovery but advised to come one more time after 3 days. 4th follow up - Completely ok, taking normal diet regularly with no complaints. Recovery complete, so advised to stop medication and to use filtered or boiled water in future.

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