



ASR LUX SCIENTIAE HOMOEOPATHICAE



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Bridging the Bedside, the Bench, and the Community

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Clinical Spotlight: Healing the Skin through the Mind

Dr. P. Radha (Dept. of Repertory) presents a remarkable recovery of **Chronic Palmoplantar Psoriasis**. The case highlights a core homoeopathic truth: physical pathology often stems from emotional trauma. By addressing the patient's "Ailments from Grief" with *Lachesis mutus*, we see a complete resolution of lesions that had resisted conventional treatment for years.

Academic Guidance: The Roadmap to Repertorisation

For our students, **Dr. A. Bhavya Lakshmi Kumari** (Dept. of Anatomy) provides a vital guide on **Structured Repertorisation**. By simplifying complex methods like Layered and Hierarchical analysis, she offers beginners a logical framework to move from "rubric hunting" to confident clinical prescribing.

Institutional Missions & Outreach

- **Cancer Awareness:** Our recent missions to **Relangi** and **Ballipadu** have been instrumental in educating rural communities on early detection and the supportive role of homoeopathy in chronic care.

- **Pharmaceutical Tours:** Students recently bridged the gap between theory and industry, observing the standardized manufacturing processes that ensure the quality of our medicines.

From the bedside in our clinics to the streets of our local villages, ASR Homoeopathic Medical College continues to lead with empathy and evidence.

MANAGEMENT OF CHRONIC PALMOPLANTAR PSORIASIS WITH INDIVIDUALIZED HOMOEOPATHY: A CASE REPORT

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Abstract

Palmoplantar psoriasis is a localized form of psoriasis affecting the palms and soles, often characterized by hyperkeratotic plaques and painful fissuring. It significantly impacts the patient's quality of life due to functional impairment and physical discomfort. This case report describes a 55-year-old female presenting with chronic palmoplantar psoriasis of three years' duration, which exacerbated following a significant emotional grief. Following a detailed Kentian repertorization and analysis of mental and physical generals, *Lachesis mutus* was prescribed. The patient showed significant clinical improvement, with complete resolution of skin lesions and associated psychological distress within a few months.

Introduction

Psoriasis is a chronic, relapsing inflammatory skin condition. The palmoplantar variant is particularly challenging due to its resistance to conventional treatments and its tendency to develop deep, painful cracks and hyperkeratotic plaques. In homoeopathy, the selection of a remedy is based on the totality of symptoms, emphasizing the role of mental triggers (ailments from grief) and individual physical generals.

Case History

Patient Presentation

A 55-year-old female patient presented with blackish, scaly eruptions on both palms and feet. The condition had persisted for three years and was accompanied by deep cracks and intense itching, which worsened at night.

History of Present Illness

The eruptions initially appeared three years ago. Notably, the patient reported a significant increase in the intensity of these eruptions following the death of her husband four years prior. She had previously sought both Allopathic and Homoeopathic treatments with limited success.

Past and Family History

- **Past History:** Hypertension (3 years) and a history of thyroid disorder (2 years), for which she had discontinued medication.
- **Family History:** Her husband died of a cardiac stroke three years ago. Both parents were hypertensive; her father is deceased, and her mother is alive.

Physical and Mental Generals

- **Mental State:** The patient exhibited a "quarrelsome" disposition and marked loquacity (talkativeness). She experienced high emotional intensity and profound grief.
- **Physical Generals:**
 - **Thermals:** Preference for a cool climate (Hot patient).
 - **Thirst:** Increased.
 - **Sleep:** Disturbed and sleepless due to intense itching and underlying grief.
 - **Perspiration:** Scanty.

Clinical Findings and Diagnosis

Physical examination revealed:

- Bilateral involvement of palms and feet.
- Hyperkeratotic plaques with blackish discoloration.
- Deep fissures (cracks) over the palms.
- Absence of oozing, central clearing, or Wickham striae, which helped differentiate the condition from eczema, tinea, and lichen planus.

Diagnosis: Chronic Palmoplantar Psoriasis.

Repertorization and Analysis

The case was analyzed using the **Kentian method**, prioritizing "The Cause and the Generals".

Rubrics Selected:

1. Mind – Ailments from grief.
2. Mind – Loquacity.
3. Mind – Quarrelsome.
4. Sleep – Sleeplessness from itching.
5. Skin – Eruptions, psoriasis.
6. Skin – Discoloration, blackish.
7. Extremities – Eruptions, palms, psoriasis.

Remedy Differentiation:

While *Arsenicum album*, *Mercurius*, and *Psorinum* were considered, they were ruled out based on the patient's thermal profile and mental state. *Lachesis* was chosen as it covered the emotional intensity, loquacity, night aggravation, and the specific dark discoloration of the lesions.

Therapeutic Intervention

- **Initial Prescription (15-11-2025):** *Lachesis* 200, 3 doses.
- **Selection Basis:** Mentals > Physicals > Particulars.

Follow-up and Outcomes

- **First Follow-up (13-12-2025):** Significant improvement reported. Blackness, roughness, and scaling decreased. Sleep improved, though some night itching remained. *Lachesis* 3 doses were repeated.
- **Second Follow-up (20-1-2026):** Skin cleared completely of eruptions. Itching resolved entirely, and sleep was restored to normal. *Sac Lac* (placebo) was administered.

Conclusion

This case demonstrates the efficacy of individualized homoeopathy in treating chronic skin pathologies. By addressing the "Ailments from grief" and the patient's unique constitutional generals, *Lachesis* provided a rapid and gentle recovery where previous localized treatments had failed.

STRUCTURED APPROACHES TO REPERTORISATION: A GUIDE FOR BEGINNERS IN HOMOEOPATHIC CLINICAL PRACTICE

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Abstract

Repertorisation is an essential method in homoeopathic case analysis used to identify the most appropriate remedy based on the totality of symptoms. However, beginners often face difficulty in selecting suitable rubrics and interpreting repertorial results. While modern software has accelerated the process, a systematic analytical approach remains vital. This article discusses several structured repertorisation techniques, including **layered repertorisation, domain-based analysis, weighted scoring, the elimination technique, hierarchical repertorisation, and software-based filtering**. The basic principles, applications, and limitations of each method are described, alongside a clinical illustration. These frameworks provide a systematic path for rubric selection while maintaining the core principles of classical homoeopathy.

Keywords: Repertorisation, Structured Repertorisation, Rubric Selection, Homoeopathic Software, Clinical Homoeopathy.

Introduction

Repertorisation is a fundamental tool in homoeopathic practice, assisting physicians in linking patient symptoms to the remedies listed in the *Materia Medica*. Since the inception of homoeopathy, the systematic analysis of symptoms has been considered essential for identifying the **simillimum**.

With the development of monumental works like *Kent's Repertory of the Homoeopathic Materia Medica*, physicians gained a structured methodology to compare remedies. In the modern era, computerized software has further simplified this by enabling rapid data processing. Despite these tools, beginners often struggle with "rubric hunting" and interpreting complex charts. Understanding structured approaches can bridge this gap, helping practitioners analyze cases with greater clinical confidence.

Methodology

This article utilizes a descriptive review of classical homoeopathic literature and contemporary repertorial practices. The methodology involved:

1. **Literature Review:** Examining fundamental works by Hahnemann, Kent, and Boger.
2. **Strategy Identification:** Identifying six primary structured strategies used in modern education.
3. **Comparative Analysis:** Evaluating each technique based on conceptual basis, procedural steps, and limitations.
4. **Practical Application:** Applying these methods to a simplified clinical case for demonstration.

Structured Techniques of Repertorisation

1. Layered Repertorisation Technique

In this approach, symptoms are analyzed in separate "layers" based on their depth and importance.

- **Process:** Symptoms are categorized into three levels: **Mental Symptoms, Physical Generals, and Particulars**. Each layer is repertorised independently.
- **Outcome:** Remedies that appear consistently across all three layers are given the highest priority.
- **Clinical Application:** Ideal for chronic constitutional cases where the patient's "inner" and "outer" symptoms are clear.
- **Limitations:** Less effective in "one-sided" cases or acute situations where mental symptoms are not prominent.

2. Domain-Based Repertorisation

This method organizes symptoms according to specific clinical domains or body systems.

- **Process:** Domains may include the Digestive System, Respiratory System, or Locomotor System.

- **Benefit:** Helps the physician understand how a remedy covers the different physiological spheres of the patient.
- **Clinical Application:** Useful in complex pathology involving multi-system involvement (e.g., a patient with simultaneous skin, gastric, and joint issues).

3. Weighted Scoring Method

This method quantifies the qualitative importance of symptoms.

- **Scoring System:**
 - **Mental Generals:** Weight of 3
 - **Physical Generals:** Weight of 2
 - **Particular Symptoms:** Weight of 1
- **Process:** The final remedy choice is influenced by the total weighted score rather than just the number of rubrics covered.
- **Limitations:** Over-reliance on numerical scores can sometimes lead to a mechanical "mathematical" prescription if not cross-checked with the Materia Medica.

4. Elimination Technique

This technique utilizes "Eliminating Rubrics" to narrow the field of potential remedies rapidly.

- **Process:** A highly characteristic, "strike-through" symptom (e.g., a very specific thermal modality or a rare peculiar symptom) is chosen. Remedies not found in this rubric are immediately discarded.
- **Benefit:** Extremely efficient for narrowing down a list of hundreds of remedies to a manageable few.
- **Warning:** If the "eliminator" rubric is chosen incorrectly, the true simillimum may be accidentally discarded.

5. Hierarchical Repertorisation

Following Kentian philosophy, this method prioritizes the "individual" over the "disease."

Hierarchy:

1. **Mentals** (Will, Intellect, Memory)

2. Physical Generals (Thermals, Cravings/Aversions, Sleep)

3. Particulars (Location, Sensation, Modalities)

- **Clinical Application:** The gold standard for classical constitutional prescribing.

6. Filtering Technique (Software-Based)

Modern software (e.g., RADAR, CARA, Zomeo) allows for advanced filtering.

- **Functions:** Filters can be set to show only remedies of a certain grade (e.g., Grade 3 or 4), remedies belonging to a specific kingdom (Plant, Mineral, Animal), or remedies that cover a minimum percentage of the rubrics.
- **Advantage:** Provides rapid visualization of remedy relationships and family analysis.

Clinical Illustration

Case Summary: A 32-year-old female with recurrent migraines.

- **Symptoms:** Aggravation by sunlight, pain starting in the occiput extending to the right eye, nausea, irritability before menses, craving for salt, and a reserved, introverted personality.

Layer	Symptoms Included	Top Remedies
Mental Layer	Reserved personality, irritability < menses	<i>Nat-m, Ign, Staph</i>
General Layer	Aggravation by sun, salt craving	<i>Nat-m, Sep, Glon</i>
Particular Layer	Migraine (Occiput to Eye), Nausea	<i>Nat-m, Sang, Iris</i>

Analysis: *Natrum muriaticum* emerged as the consistent remedy across all layers. The reserved nature and the specific sun sensitivity confirmed the selection.

Result: Significant improvement in frequency and intensity of headaches within three months.

Discussion

Repertorisation is an analytical bridge, not a destination. Its effectiveness depends on the quality of **Case Taking**. If the rubrics are "garbage," the result will be "garbage" (*GIGO principle*).

Structured techniques provide a safety net for beginners, preventing them from being overwhelmed by the sheer volume of data in modern repertories. However, the final step must always be **Materia Medica Confirmation**. A remedy might rank #1 on a chart, but if its "essence" or "genius" does not match the patient, it will not act.

Conclusion

Structured repertorisation techniques provide a logical framework for navigating the complexities of homoeopathic case analysis. Whether through layered analysis, hierarchical evaluation, or software filters, these methods help practitioners organize their thoughts and reduce the margin of error. By combining these structured approaches with a deep study of the *Materia Medica*, beginners can significantly improve their clinical outcomes and prescribing accuracy.

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CANCER AWARENESS AT RELANGI



CANCER AWARENESS AT BALLIPADU



PHARMACEUTICAL TOUR



