

100 marks

CASE TAKING AND REPERTORY

3 hours

SECTION= I

Q=1 Discuss “materia medica and repertory both are like two side of coin”. **OR**
 Q=1 Define repertorisation? Write in detail the steps of repertorisation. [15]

Q=2 what are requirements expected of a physician for repertorising a case successfully from Kent’s repertory. **OR**

Q=2 Write short note [15]
 A. Allen’s intermittent fever
 B. Types of repertory
 C. Objective symptoms

Q =3 short notes [four out of six] [20]
 A. Bell’s diarrhea
 B. Complete symptoms.
 C. Card repertory.
 D. Chart method.
 E. Rubrics.
 F. Don’t of case taking.

SECTION= II

Q=1 Describe construction, advantage and disadvantage of BBCR in Details. [15]
OR

Q=1 Write important aspect of boenninghausen therapeutic pocket book.

Q=2 Write in detail about gentry repertory [15]
OR

Q=2 Write Short note
 A. Robert’s “SENSATION AS IF”
 B. Homoeopathic software.
 C. Contribution of Dr Kent’s in field of homoeopathy.

Q=3 Write short notes (four out of six) [20]

- A. Kneer repertory.
- B. Importants of past history in homoeopathy.
- C. Contribution of Dr Boger in field of homoeopathy.
- D. Pathological general symptom.
- E. Give meaning of following rubrics given in Kent’s repertory:
 1. Delusion
 2. Admonition
 3. Wens
 4. Exanthema
 5. Keloid
- F. Nname the section of rubrics given in kent’s repertory:
 1. Delayed wound healing
 2. Jaundice
 3. Atrophy of mammae
 4. Thirst increase fever during.
 5. Sciatica