



H. A. Robert's Contribution To Repertory: A Brief Summary

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Abstract- H.A. Roberts made significant contributions to homeopathic repertory through meticulous research and compilation of symptoms and remedies. His work focused on enhancing the accuracy and utility of repertory tools, thereby aiding homeopaths in selecting appropriate remedies based on individual symptoms. Roberts' systematic approach and comprehensive understanding of Materia medica enriched the field, laying a foundation for effective homeopathic practice and education.

Key words- Homoeopathy, H. A. Robert, Repertory.

LIFE HISTORY

Dr. Roberts was born on 7th May 1868 in Riverton of Connecticut. For his primary education he was admitted in the Public School of Winsted. He completed his graduation in Winsted High school.

MEDICAL EDUCATION:

After completing his graduation Dr. Roberts decided to take his career in medicine particularly in Homoeopathy. With this object he took admission in New York Homoeopathic Medical College from where he did his matriculation in 1892. After matriculation he studied for four years and obtained graduation in homoeopathic medicine in 1896 from the same institution.

MEDICAL PRACTICE:

Dr. Roberts started his medical practice as a homoeopathic physician in 1896, in the same year in which he got his graduation, in Brattleboro of Vermont. He practised here for three years as a successful practitioner.

Three years later he closed his clinic in Brattleboro and shifted to Shelton. Connecticut. He started his clinic here in Elizabeth Street at Derby, Connecticut, just across the Housatonic River from Shelton. He practised homoeopathy for nearly fifty years.

LIFE ACHIVEMENTS-

- Member of the Connecticut Homeopathic medical society
- President of Connecticut Homeopathic medical society
- Secretary of Connecticut Homeopathic medical society
- Member of American Institute of Homeopathy
- Member, President and Secretary treasurer of International Hahnemannian Association
- Chairman of board of trustees of American Foundation of Homoeopathy
- Member of the faculty of the PG school
- Editor in chief of Homoeopathic recorder of International Hahnemannian Association
- Only and first man to serve in the US Army Medical Corps during World war, with a rank of first Lieutenant

BOOKS-

- Study of Remedies by comparison
- The rheumatic remedies
- Sensation as if
- The Principles and Art of Cure by Homoeopathy
- Introduction to Boenninghausen's Therapeutic Pocket Book

From the above-mentioned book, The Rheumatic Remedies, Sensation as if, and Introduction to Boenninghausen's Therapeutic Pocket Book related to Repertory.

SENSATION AS IF BY H. A. ROBERTS



INTRODUCTION:

The hallmark of case taking in Homoeopathy is the understanding core of the individual, his mental status, psychological and behavioral aspects. More importance is given to reactions and sensations of the emotions rather than emotions or the feelings itself.

Dr H A Roberts greatly emphasized on patient's own expressions as an important aspect of case taking.

A sensation in Homoeopathy is an internal feeling. It can be as simple as describing a pain, or as subtle as describing the feeling of being lonely. It is not an emotion such as sadness or anger but rather how one would experience such sadness or anger. Sensations have always been very important in finding the correct Homoeopathic remedies, because they express more directly the particular nature of an individual.

Sensations can be on an emotional plane or on a particular part or felt all over the body.

Mental sensations – e.g.: patient feels as if she is totally alone in the world and no one else existed

Physical sensations – e.g.: feeling of ants crawling on the extremities

Also, in this book construction following points is there-

- Total number of chapters: 25
- Chapter name is printed in the centre of the page in Bold and capitals
- Chapters are arranged according to Hahnemannian anatomical schema
- Starts with Mind and ends with generalities

Chapters not found in this repertory but found in Kents repertory are-

- Vertigo
- Larynx And Trachea
- Cough
- Expectoration
- Fever
- Chill
- Perspiration

Combine chapters-

- Eyes and vision
- Ear and Hearing
- Mouth, tongue, teeth and gums
- Rectum, anus and stool

Chapters not found in Kent’s repertory-

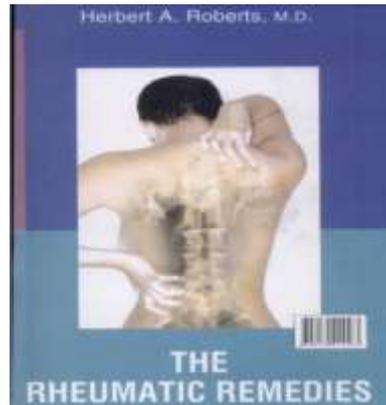
- Hypochondriasis
- Heart and circulation
- Chest- inner and external
- Extremities- upper and lower

| [Roberts] [Stomach]Loaded (see also overloaded): | |
|---|--|
| <p>2 LOADED (SEE ALSO OVERLOADED):</p> <p>2 LOAD:</p> <ul style="list-style-type: none"> 3 In stomach: 3 After cold drinks, lies like: 3 In stomach after eating: 3 In stomach heavy: 3 Of stone in stomach: <p>2 LODGED:</p> <ul style="list-style-type: none"> 3 Behind stomach, food had: 3 In cardiac region, food had: 3 In cardiac end of stomach, something were: 3 Over the orifice of stomach, food had: 3 In stomach, lump of ice were: 3 In stomach that would not pass off, something remained: <p>2 LOOSE:</p> <ul style="list-style-type: none"> 3 When vomiting, something would tear: | <ul style="list-style-type: none"> 3 In pit of stomach, something were: <p>2 LUMP:</p> <ul style="list-style-type: none"> 3 In stomach: 3 In epigastrium: 3 Burning in stomach: 3 Hard, in pit of stomach: 3 Of hard undigested food remained: 3 Of undigested food in stomach: 3 Or hard ball in epigastrium like a potato: 3 Heavy, in stomach: 3 Of ice were lodged in stomach: 3 As large as fist in stomach: 3 And then suddenly stomach drew together in: <p>2 LUMPS WITH HARD ANGULAR SURFACES, FOOD FORMED INTO</p> <p>2 LYING IN STOMACH, A BALL WERE:</p> <p>2 MARBLE WERE PRESSING FROM EPIGASTRIUM TO HEART:</p> |

There is total 742 remedies. Rubrics are printed in bold letters and alphabetical order is maintained. Sub rubrics are given with one space indentation below the main rubric and this space is given by a small horizontal line. Very few cross references both confirmatory and comparative are given. Confirmatory cross references – rubric followed by “see also” followed by cross reference in capitals. (no remedies are

mentioned under the first rubric). While Comparative cross reference – rubric followed by cross reference within brackets. (remedies are given under both the rubrics). Very few remedies are given below every rubric and no gradation of remedies are done.

THE RHEUMATIC REMEDIES



There is no such diagnosis as Rheumatism. It implies only a general symptomatology of pain that is similar in certain characteristics whether it may be gout, arthritis, inflammatory rheumatism, or any other disease condition affecting certain group of tissues. All the conditions grouped under the term Rheumatism affect similar tissues, produce similar sensations, and are affected by similar modalities in relationship to certain remedies. Because some remedies have special affinity for certain tissues like muscles, tendons, synovial membrane etc.

MODALITIES

< periodically -- Ona n.
 Ona.
 < morning--Araa, An. v.
 BHT, GALL C.
 Gaa. P. CHOL.
 CHA, CHOC. Dia.
 Dia. Ec. Paa.
 Paa. Ec. Sallia.
 KALLI, M., Ec.
 < evening before sleep--
 AUL.
 in sleep--Bac.
 < between--Gaaat.
 < afternoon--Aaa. BELL.
 Dia. Dia. Dia.
 Dia. KALLI H.
 < 3 to 4 pm--Apo.
 < 4 to 9 pm--GEE, BELL.
 < evening--Aa. AALLI H.
 BELL. Cha. n.
 CAJIC. Dia.
 CHOL. Dia.
 Dia. Dia. Dia.
 CYC. STYB.
 Gaa. Dia.
 BELL. Dia. Dia.
 in. Aa. n. Dia.
 Dia. Dia. Dia.
 Paa. Dia. Dia.
 Dia. n. Dia.
 < evening--Aaa--Paa.
 Aaa. Dia.
 Aaa. Dia. Dia.
 < need to urinate--Baa.
 < night--AUL. Aa. n.
 BHT. Baa. Dia.
 BHT. Aa. Dia. n.
 Gaa. CHA.
 Dia. CHOL. OFF.

HEAD

< day: light in morning, gloomy during day, late with evening headache--AAN.
 < morning: distressing headache--Aaa.
 < evening--Aa n.
 < 4 to 10 pm, evening headache extending into late and early--Paa.
 < night--Aa n.
 in line of hair and head--Paa.
 < all, dull of--Aa n. n.
 < bending head back--Baa n.
 < cold swollen--BHT.
 < coughing--Dia.
 < discharge--Baa n.
 < dimpling of eye--Aa n. n.
 < motion, slight motion--BHT. n.
 < burning--Dia.
 < motion--BHT. Baa n.
 < opening eye or motion, breaking and pressing hair--Aa n.
 < pain, pain in neck and top of the head--Paa.
 < pain, pain in right frontal region, with nausea, morning or evening--Paa.
 < rising, feeling in neck and throat--Baa. Paa.
 < cold--Dia.
 < eyes closed--Aa n. n.
 < watery--Baa n.
 < water, inflammatory effusion of brain in small children--Baa.
 > cold, sitting in bed--Baa. n.
 > sitting--Dia.
 > motion--Baa n.
 > head, day--Baa n.
 > open eye--Aa n.
 > pressure, sitting in bed--Baa. n.
 Dia. BELL.

The chapters are arranged anatomically starting with the chapter MODALITIES. Each chapter is arranged in similar pattern-Modalities, Location and extension, Sensations. There is 25 chapters in this book with 206 remedies. Two chapters are different from anatomical schema. These are-

MODALITIES

This chapter contains aggravations followed by ameliorations. It includes time modalities expressed both according to the fraction of the day and timings in am and pm.

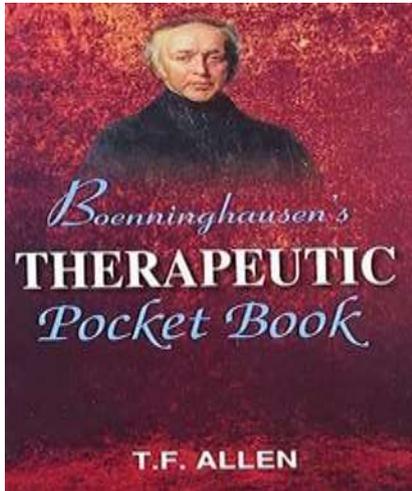
SYMPTOMS IN GENERAL (CONCOMITANTS)

Symptoms not referable to a part. This section contains

- Mental symptoms
Eg ; absentmindedness, anxiety, delirium, fear, nervousness etc
- Different constitutions
Eg ; aged suitable for the, cachetic females, children with large head and much sweat, prematurely old, emaciation etc

- Clinical rubrics
Eg ; anasarca, ascites, chlorosis, diabetes mellitus, hemoptysis, palsy, sprains etc
- Ailments from
Eg ; amputation after, fluid after loss of , overlifting complaints from, overwork complaints from, sprains lameness after etc
- Affected parts
Eg ; Fibrous tissue affected, muscles affected, nervous affections, periosteum fibrous sheaths of nerves and fascia affected,

INTRODUCTION TO BTPB BOOK-



In 1935 H. A. Roberts a stalwart in the field brought out a new edition of Boenninghausen's Therapeutic pocket book with a few minor changes and carrying an elaborate Introduction which facilitated the understanding and practical use of the book. With his vast experience and contribution to the Homoeopathic literature he was perhaps the fittest person to write such a learned and useful introduction.

The following section is added by H A Robert in BTPB-

1-Repertory uses-

The value of of any repertory depends upon several elements:

A- The art of the physician in taking the case.

B- A knowledge of the repertory one attempts to use:

- (a) Its philosophic background
- (b) Its construction
- (c) Its limitations
- (d) Its adaptability

C- Intelligent use of the resulting analysis.

2. The Art of The Physician In Taking The Case

3. The Philosophic Background

4- Construction Of the Repertory

Conclusion- H.A. Roberts' contributions to the repertory have had a lasting impact on the practice of homeopathy. By refining the organization and classification of symptoms and remedies, he provided practitioners with a more precise and efficient tool for remedy selection. His work not only improved clinical outcomes but also advanced homeopathic education by deepening the understanding of materia medica. Roberts' legacy in the repertory continues to support homeopaths in delivering personalized treatments, ensuring that his influence remains integral to the evolution of homeopathic practice.

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