

04804

Fourth B.H.M.S. (New) Examination, Summer 2016 CASE TAKING AND REPERTORY

Total Duration: Section A/B = 3 Hours

Total Marks: 100

SECTION - A/B

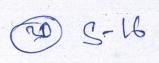
- Instructions: 1) All Questions are compulsory.
 - 2) All Questions carry equal marks.
 - 3) The number to the **right** indicates **full** marks.
 - 4) Draw diagrams wherever necessary.
 - 5) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
 - 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from paper - I syllabus to Paper - II and vice versa. Students cannot claim that the Question is out of syllabus. As it is only for the placement sake, the distribution has been done.

SAQ (60 Marks)

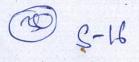
1. Write appropriate answers (any ten out of fifteen):

 $(10 \times 2 = 20)$

- a) Define Repertory.
 - b) Define eliminating symptom.
- Let Define Rubric.
- d) Origin and meaning of the word Repertorium.
- e) What is Clinical Rubric?
- f) What do you mean by the rubric "Delusion"?
- (y) Name different methods of repertorisation.
- h-Name four post- Kentian Repertories.
- 以 Common symptom and its importance in case-taking.
-) Define hypochondriac patient.
- ★ k) Mental general symptoms reflected from will part of brain. mind.
 - I) Define General Repertory.
 - m) Give two examples of Regional Repertories.
 - n) What do you mean by concordance?
 - o) What is pathological symptom?



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	Write short answers (any four out of six):	
	Advantages of reperiory.	
	Case taking is the first step of repertorisation. Explain.	
	CY Different methods of repertorisation.	
'	d) Prescriptions based on different symptoms and conditions.	
	e) Homoeopath classic ver.8 software.	
	f) Importance of Quis Auxalis in Boenninghausen's concept of totality.	
3.	Write short answers (any four out of six):	(4×5=20)
	a) Borland's pneumonia.	
	b) Boericke's repertory.	
	c) Repertorial totality formation.	
	d) Boger's synoptic key.	
	e Berridge's eye repertory.	
	f) Case analysis and its importance in repertorisation.	
	LAQ (40 Marks)	
4	Long Answer Questions (any two out of four):	(2×10=20)
	What are the difficulties in taking chronic case?	
	(b) Kneer's concordance repertory.	
	c) What is Card repertory? Explain its construction and limitations.	
	d) Relation of repertory with Homoeopathic Materia Medica and Organ	on.
1	ong Answer Questions (any one from Q. No. 5, 6 and 7)	
		(1×20=20)
ţ	5. Long Answer Question	(5)
	a) Fever section of B.B.C.R.	(5)
	b) Prefix part of B.B.C.R.	(5)
	c) Philosophical background of B.B.C.R.	(5)
	d) Concept of totality formation according to B.B.C.R. repertory.	



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	6. Long Answer Question	
	a) Era of regional repertory.	(5)
	b) Classification of repertory.	(5)
	c) Era of Card Repertory.	(5)
	d) Important post-Kentian repertories.	(5)
	7. Long Answer Question	
	a) Concept of concomittent symptom according to Boenninghausen.	(5)
	b) Prefix part of Kent Repertory.	(5)
	c) Construction of pain rubric from Kent Repertory.	(5)
(d) Special feature of Kent Repertory.	(5)
	MINGS	