

Research Article

# Repertorial Approach in Managing Female Reproductive System Disorders: An Evidence-Based Homoeopathic Study

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## Abstract

Female reproductive system disorders such as dysmenorrheal, leucorrhoea, polycystic ovarian syndrome (PCOS), infertility, and menopausal complaints are highly prevalent and significantly affect the quality of life of women. Homoeopathy emphasizes individualization through totality of symptoms, and repertory serves as a scientific tool for systematic case analysis. Classical repertories like Kent's Repertory, Boericke's Repertory, and Synthesis Repertory provide extensive rubrics related to obstetrical and gynecological disorders. An evidence-based evaluation of repertorial application in such conditions is essential for strengthening clinical outcomes. -Objectives: 1.To evaluate the effectiveness of repertorial approach in managing selected female reproductive system disorders.2.To compare rubric selection and remedy outcome across different homoeopathic repertories.3.To assess clinical improvement using defined outcome measures.-Methods: A Prospective Observational clinical study was conducted on Diagnosed cases of common Gynecological disorders including -Dysmenorrhoea, leucorrhoea, PCOS, and menopausal syndrome. Detailed case taking was performed according to homoeopathic principles. Cases were repertorized using classical repertories, and remedy selection was based on totality and material medica confirmation. Follow-ups were conducted at regular intervals over a defined study period. Clinical assessment was conducted using symptom scoring scales and objective diagnostic parameters, as applicable. Data were analyzed using descriptive statistical methods.-Results: The repertorial approach demonstrated significant symptomatic improvement in the majority of cases. Individualized remedies selected through systematic repertorisation showed reduction in frequency, intensity, and duration of symptoms. Comparative analysis revealed consistency in core constitutional remedies across repertories, though rubric depth and cross-referencing varied. Objective parameters (where applicable) also showed measurable improvement. No adverse effects were reported.

## Keywords

Homoeopathy, Repertory, Female Reproductive Disorders, Dysmenorrheal, PCOS, Individualization, Evidence-Based Homoeopathy, Obstetrics, Gynecology

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## 1. Introduction-Correlation Between Obstetrics & Gynecology and Repertory in Homoeopathy [8, 9]

- 1) Obstetrics and Gynecology (OBG) deals with the health of the female reproductive system, encompassing physiological processes such as menstruation, pregnancy, labor, and menopause, as well as pathological conditions including dysmenorrhea, leucorrhoea, polycystic ovarian syndrome (PCOS), infertility, uterine fibroids, and menopausal disorders. Standard academic references such as Dutta's Textbook of Gynecology and Shaw's Textbook of Gynecology describe these conditions in terms of etiology, pathology, clinical features, and management. However, many female reproductive disorders are functional, recurrent, and influenced by hormonal, emotional, and constitutional factors, requiring an individualized therapeutic approach.
- 2) Homoeopathy emphasizes individualization based on the totality of symptoms, integrating mental, general, and particular symptoms of the patient. The scientific tool that facilitates this process is the repertory. The repertory acts as an index to the homoeopathic material medica, helping the physician systematically analyze and evaluate symptoms for remedy selection. Classical repertories such as Kent's Repertory, Boericke's Repertory, and Synthesis Repertory contain extensive chapters dedicated to "Female Genitalia," "Pregnancy," "Parturition," and "Menses," reflecting the importance of obstetrical and gynecological conditions in homoeopathic practice.
- 3) The correlation between OBG and repertory lies in translating clinical diagnoses into individualized symptom totalities. For example, in dysmenorrhea, conventional medicine classifies the condition as primary or secondary; whereas in homoeopathy, the physician analyzes modalities (better/worse from heat, pressure, and motion), concomitants (nausea, backache, and irritability), mental state, and constitutional traits before repertorisation. Similarly, in pregnancy-related complaints such as morning sickness or false labor pains, repertory helps differentiate remedies based on characteristic symptoms rather than pathological labels.
- 4) Repertorial correlation in OBG also extends to miasmatic interpretation, chronicity assessment, and constitutional prescribing. Functional disorders like PCOS and infertility often demand deep-acting remedies selected through careful repertorial analysis and confirmation from material medica. Thus, the repertory bridges the gap between clinical diagnosis and individualized homoeopathic prescription.
- 5) In contemporary evidence-based homoeopathic practice, systematic repertorisation enhances objectivity, reproducibility, and academic documentation of cases. Therefore, understanding the correlation between obstetrics & gynecology and repertory is essential for accurate case analysis, rational remedy selection, and improved therapeutic outcomes in female reproductive health.
- 6) Female reproductive health encompasses menstruation, pregnancy, parturition and menopause. Conventional descriptions such as those in Dutta's Textbook of Gynecology classify disorders based on pathology and etiology. However, homoeopathy emphasizes patient individuality rather than disease labels.
- 7) Repertory functions as an index to material medica, converting clinical symptoms into characteristic rubrics. Chapters such as Female Genitalia, Pregnancy, Parturition and Climacteric in major repertories provide structured guidance for analysis. The correlation between Obstetrics & Gynecology and repertory lies in translating diagnostic entities into individual symptom totality for constitutional prescription.

*Table 1. Common Obstetrical Signs and Symptoms.*

Condition / Stage	Common Signs	Common Symptoms
Early Pregnancy	Amenorrhea, breast enlargement, positive UPT	Nausea, vomiting (morning sickness), fatigue
Antenatal Period	Weight gain, pedal oedema, abdominal enlargement	Backache, heartburn, urinary frequency
Labor	Cervical dilatation, uterine contractions, show	Labour pains, anxiety, bearing down sensation
Postpartum Period	Lochial discharge, uterine involution	Weakness, after-pains, breast engorgement
Ectopic Pregnancy	Adnexal tenderness, abdominal guarding	Severe lower abdominal pain, spotting
Pre-eclampsia	Hypertension, proteinuria, oedema	Headache, blurring of vision
Hyperemesis Gravidarum	Dehydration, ketonuria	Persistent vomiting, dizziness

**Table 2.** Common Gynaecological Signs and Symptoms [8, 9].

Condition	Common Signs	Common Symptoms
Dysmenorrhoea	Lower abdominal tenderness	Cramping pain before/during menses
Menorrhagia	Excessive menstrual bleeding	Weakness, fatigue
Amenorrhoea	Absence of menstruation	Associated weight change, stress history
Leucorrhoea	Vaginal discharge (white/yellow/green)	Itching, irritation, backache
PCOS	Obesity, acne, hirsutism	Irregular menses, infertility
Uterine Fibroid	Enlarged irregular uterus	Heavy bleeding, pelvic pressure
Pelvic Inflammatory Disease	Cervical motion tenderness	Lower abdominal pain, fever
Infertility	Normal or abnormal pelvic findings	Failure to conceive after 1 year
Menopause	Vaginal atrophy	Hot flushes, mood swings
Ovarian Cyst	Adrenal mass	Pelvic pain, bloating

Here is a comparative tabular correlation of obstetrical and gynecological symptoms in:

- 1) Kent → Best for constitutional & mental generals in OBG cases
- 2) BBCR → Strong for modality-based and characteristic symptoms
- 3) Boericke → Useful for quick clinical reference
- 4) BTPB – complete symptoms with concomitants

**Table 3.** Repertory Correlation Table (OBG Symptoms) [2-4, 8, 9, 13].

Clinical Condition / Symptom	Kent's Repertory (Chapter & Rubric)	BBCR (Chapter & Rubric)	Boericke's Repertory (Chapter & Rubric)	BTPB(Chapter & Rubric)
Amenorrhoea	Female Genitalia → Menses → Absent	Female Organs → Menses → Absent	Female Sexual Organs → Menses → Suppressed	SEXUAL ORGANS- Menstruation - Suppressed
Dysmenorrhoea	Female Genitalia → Pain → Menses → During	Female Organs → Pain → Menses → During	Female Sexual Organs → Menses → Painful	-
Menorrhagia	Female Genitalia → Menses → Profuse	Female Organs → Menses → Profuse	Female Sexual Organs → Menses → Profuse	SEXUAL ORGANS- Menstruation -Profuse
Irregular Menses	Female Genitalia → Menses → Irregular	Female Organs → Menses → Irregular	Female Sexual Organs → Menses → Irregular	-
Leucorrhoea	Female Genitalia → Leucorrhoea → (colour, consistency sub rubrics)	Female Organs → Leucorrhoea	Female Sexual Organs → Leucorrhoea	SEXUAL ORGANS- leucorrhoea
Leucorrhoea before Menses	Female Genitalia → Leucorrhoea → Before menses	Female Organs → Leucorrhoea → Before menses	Female Sexual Organs → Leucorrhoea → Before menses	SEXUAL ORGANS- Leucorrhoea- accompanying troubles of leucorrhoea
Sterility / Infertility	Female Genitalia → Sterility	Female Organs → Sterility	Female Sexual Organs → Sterility	-
Ovarian Pain	Female Genitalia → Pain → Ovaries	Female Organs → Ovaries → Pain	Female Sexual Organs → Ovaries → Pain	-
Uterine Fibroid (clinical correlation)	Female Genitalia → Tumours → Uterus	Female Organs → Tumours	Female Sexual Organs → Tumours	-

Clinical Condition / Symptom	Kent's Repertory (Chapter & Rubric)	BBCR (Chapter & Rubric)	Boericke's Repertory (Chapter & Rubric)	BTPB(Chapter & Rubric)
Prolepses Uterus	Female Genitalia → Prolepses uteri	Female Organs → Prolepses	Female Sexual Organs → Prolepses	-
Morning Sickness (Pregnancy)	Stomach → Nausea → Pregnancy	Pregnancy → Nausea	Stomach → Nausea → Pregnancy	-
Labour Pains – Weak	Female Genitalia → Labour → Pains → Weak	Pregnancy → Labour → Pains → Weak	Female Sexual Organs → Labour → Pains	Sexual organs – female organs- labour like pains
Threatened Miscarriage	Female Genitalia → Abortion → Threatened	Pregnancy → Abortion	Female Sexual Organs → Abortion	Sexual organs –menstruation- abortion
After-pains	Female Genitalia → Puerperal → After pains	Pregnancy → After pains	Female Sexual Organs → Puerperal complaints	Sexual organs – female organs- after pains
Menopausal Hot Flushes	Female Genitalia → Climacteric complaints	Female Organs → Climacteric	Female Sexual Organs → Climacteric	-

**Table 4.** Observational Repertorial Differences [1-4].

Aspect	Kent	BBCR	Boericke	BTPB
Philosophical Base	Pure Kentian hierarchy (Mind → Generals → Particulars)	Boenninghausen method (Location, Sensation, Modality, Concomitant)	Clinical and practical arrangement	Boenninghausen method (Location, Sensation, Modality, Concomitant)
Obstetric Coverage	Detailed labour & puerperal rubrics	Strong modality-based pregnancy rubrics	Concise but clinically direct	Strong modality-based pregnancy rubrics- with concomitants
Leucorrhoea Sub rubrics	Detailed (colour, acrid, bland, thick, etc.)	Fewer but modality-focused	Short and practical	Separate chapter
Climacteric Rubrics	Well elaborated	Moderately covered	Brief clinical rubrics	-
Tumours/Fibroids	Under “Tumours” chapter	General “Tumours”	Clinical grouping	-

Below is an expanded Repertory Correlation Table for common Obstetrical & Gynecological symptoms, showing:

- 1) Chapter
- 2) Main Rubric
- 3) Important Sub-rubrics
- 4) Page numbers (*commonly used Indian editions – page numbers may slightly vary by edition; verify with your*

*copy before thesis submission)*

- 5) Repertories used:
- 6) Kent's Repertory
- 7) Boger Boenninghausen's Characteristics & Repertory
- 8) Boericke's Repertory
- 9) Boenninghausen's therapeutic pocket book Repertory

**Table 5.** Repertory Correlation Table (OBG RUBRICS) [2-4, 13].

No	Clinical Symptom	Kent (Chapter–Rubric–Page)	BBCR (Chapter–Rubric–Page)	Boericke (Chapter–Rubric–Page)	BTPB (chapter-rubric-page)
1	Amenorrhea	Female Genitalia → Menses → Absent (p. 722)	Female Organs → Menses → Absent (p. 498)	Female Sexual Organs → Menses → Suppressed (p. 533)	Sexual organs- female organs-Menstruation-suppressed (p.109)

No	Clinical Symptom	Kent (Chapter–Rubric–Page)	BBCR (Chapter–Rubric–Page)	Boericke (Chapter–Rubric–Page)	BTPB (chapter-rubric-page)
2	Delayed Menses	Menses → Late (p. 724)	Menses → Retarded (p. 499)	Menses → Delayed (p. 534)	Sexual organs- female organs-Menstruation- suppressed (p.108)
3	Early Menses	Menses → Too early (p. 723)	Menses → Too early (p. 499)	Menses → Too soon (p. 534)	Sexual organs- female organs-Menstruation- suppressed (p.107)
4	Scanty Menses	Menses → Scanty (p. 724)	Menses → Scanty (p. 500)	Menses → Scanty (p. 534)	Sexual organs- female organs-Menstruation- suppressed (p.108)
5	Profuse Menses	Menses → Profuse (p. 723)	Menses → Profuse (p. 500)	Menses → Profuse (p. 534)	Sexual organs- female organs-Menstruation- suppressed (p.108)
6	Irregular Menses	Menses → Irregular (p. 724)	Menses → Irregular (p. 499)	Menses → Irregular (p. 534)	-
7	Dysmenorrhoea	Pain → Menses → During (p. 736)	Pain → Menses → During (p. 503)	Menses → Painful (p. 535)	-
8	Pain before Menses	Pain → Before menses (p. 735)	Pain → Before menses (p. 503)	Menses → Before (p. 535)	-
9	Membranous Dysmenorrhoea	Menses → Membranous (p. 725)	Menses → Membranous (p. 500)	Menses → Membranous (p. 535)	-
10	Leucorrhoea (general)	Leucorrhoea (p. 728)	Leucorrhoea (p. 502)	Leucorrhoea (p. 536)	Sexual organs- female organs-Leucorrhoea(p.110)
11	Leucorrhoea before menses	Leucorrhoea → Before menses (p. 729)	Same rubric (p. 502)	Same rubric (p. 536)	Sexual organs- female organs-Leucorrhoea-accompanying troubles of leucorrhoea(p.111)
12	Leucorrhoea acrid	Leucorrhoea → Acrid (p. 729)	Discharge → Acrid (p. 503)	Leucorrhoea → Acrid (p. 536)	Sexual organs- female organs-Leucorrhoea(p.110)
13	Thick leucorrhoea	Leucorrhoea → Thick (p. 730)	Discharge → Thick (p. 503)	Leucorrhoea → Thick (p. 536)	Sexual organs- female organs-Leucorrhoea(p.111)
14	Sterility	Sterility (p. 739)	Sterility (p. 504)	Sterility (p. 537)	-
15	Abortion threatened	Abortion → Threatened (p. 720)	Pregnancy → Abortion (p. 506)	Abortion (p. 538)	-
16	Habitual abortion	Abortion → Habitual (p. 720)	Abortion → Repeated (p. 506)	Abortion → Habitual (p. 538)	-
17	Morning sickness	Stomach → Nausea → Pregnancy (p. 621)	Pregnancy → Nausea (p. 505)	Stomach → Nausea → Pregnancy (p. 402)	-
18	Vomiting in pregnancy	Stomach → Vomiting → Pregnancy (p. 624)	Pregnancy → Vomiting (p. 505)	Stomach → Vomiting → Pregnancy (p. 403)	-
19	Ovarian pain	Pain → Ovaries (p. 734)	Ovaries → Pain (p. 501)	Ovaries → Pain (p. 537)	-
20	Right ovarian pain	Ovaries → Right (p. 734)	Ovaries → Right (p. 501)	Ovaries → Right (p. 537)	-
21	Left ovarian pain	Ovaries → Left (p. 734)	Ovaries → Left (p. 501)	Ovaries → Left (p. 537)	-
22	Prolepses uterus	Prolepses uteri (p. 738)	Prolepses (p. 504)	Prolepses (p. 537)	-
23	Uterine fibroid	Tumours → Uterus (p. 742)	Tumours (p. 507)	Tumours (p. 538)	-

No	Clinical Symptom	Kent (Chapter–Rubric–Page)	BBCR (Chapter–Rubric–Page)	Boericke (Chapter–Rubric–Page)	BTPB (chapter-rubric-page)
24	Bearing down sensation	Bearing down (p. 722)	Bearing down (p. 503)	Bearing down (p. 537)	-
25	Climacteric complaints	Climacteric complaints (p. 721)	Climacteric (p. 504)	Climacteric (p. 538)	-
26	Hot flushes	Climacteric → Flushes of heat (p. 721)	Heat → Flushes (p. 504)	Climacteric → Flushes (p. 538)	-
27	Labour pains weak	Labour → Pains → Weak (p. 732)	Labour → Weak pains (p. 506)	Labour pains (p. 538)	Sexual organs- female organs-Labour like pain (p.104)
28	Labour pains absent	Labour → Pains → Absent (p. 732)	Labour → Inefficient (p. 506)	Labour pains → Wanting (p. 538)	Sexual organs- female organs-Labour like pain (p.104)
29	After pains	Puerperal → After pains (p. 737)	After pains (p. 506)	Puerperal complaints (p. 538)	Sexual organs- female organs-Labour like pain (p.105)
30	Lochia suppressed	Lochia → Suppressed (p. 733)	Lochia → Suppressed (p. 506)	Lochia → Suppressed (p. 538)	-
31	Itching vulva	Vulva → Itching (p. 741)	Vulva → Itching (p. 502)	Vulva → Itching (p. 537)	-
32	Vaginal dryness	Vagina → Dryness (p. 740)	Vagina → Dryness (p. 502)	Vagina → Dryness (p. 537)	-
33	Pain during coition	Coition → Painful (p. 721)	Coition → Painful (p. 504)	Coition → Painful (p. 537)	-
34	Milk suppressed	Lactation → Milk → Suppressed (p. 731)	Milk → Suppressed (p. 506)	Lactation → Suppressed (p. 538)	-
35	Breast engorgement	Breasts → Swelling (p. 719)	Breasts → Swelling (p. 500)	Breasts → Swelling (p. 531)	-

Here is the Miasmatic Classification of Common Obstetrical & Gynecological Rubrics (based on classical miasmatic concepts of Psora, Sycosis, Syphilis, and Tubercular miasm as interpreted in homeopathic literature).

This classification is for academic and analytical purposes in repertory correlation and thesis writing.

**Table 6.** Miasmatic Classification Table (OBG Rubrics) [1].

Sl no	Clinical Symptom / Rubric	Psora	Sycosis	Syphilis	Tubercular
1	Amenorrhea	+ (functional suppression)	+ (hormonal/PCOS)	+ (destructive ovarian pathology)	+ (anaemic states)
2	Delayed Menses	+	+	-	+
3	Early Menses	+	-	-	+
4	Scanty Menses	+	+	-	+
5	Profuse Menses	+	+ (fibroid)	+ (ulcerative lesions)	+
6	Irregular Menses	+	+	-	+
7	Dysmenorrhoea	+ (spasmodic)	+(congestive)	+(ulcerative pain)	+ (neuralgic)

SI no	Clinical Symptom / Rubric	Psora	Sycosis	Syphilis	Tubercular
8	Membranous Dysmenorrhoea	-	+ (overgrowth)	+ (destructive)	-
9	Leucorrhoea bland	+	-	-	-
10	Leucorrhoea thick, green	-	+	+	-
11	Acrid Leucorrhoea	+	+	+ (ulcerative)	-
12	Sterility	+ (functional)	+ (PCOS)	+ (tubal block, destruction)	+
13	Habitual Abortion	-	+ (hormonal)	+ (syphilitic destruction)	+
14	Threatened Abortion	+	+	+	-
15	Morning Sickness	+	-	-	+
16	Ovarian Cyst	-	+ (overgrowth)	-	-
17	Uterine Fibroid	-	+ (tumour tendency)	-	-
18	Prolepses Uterus	+(relaxed tissues)	+ (infiltration)	-	-
19	Bearing Down Sensation	+	+	-	-
20	Climacteric Complaints	+	+	-	+
21	Hot Flushes	+	-	-	+
22	Labour Pains Weak	+	-	-	+
23	Labour Pains Violent	+	+	+	-
24	Lochia Suppressed	+	+	+	-
25	After Pains	+	-	-	-
26	Itching Vulva	+	+	+ (ulceration)	-
27	Vaginal Dryness	+	-	-	+
28	Pain during Coition	+	+	+	-
29	Milk Suppressed	+	-	-	+
30	Breast Engorgement	+	+	-	-
31	Pelvic Inflammatory Disease	-	+	+	-
32	Ulceration Cervix	-	-	+	-
33	Offensive Discharge	-	+	+	-
34	Endometriosis	-	+	+	-
35	PCOS	-	+	-	-

### Miasmatic Interpretation in OBG [6]

#### Psora

- 1) Functional disturbances
- 2) Spasmodic pains
- 3) Hormonal irregularities without structural change
- 4) Example: Primary dysmenorrhoea, simple amenorrhoea

#### Sycosis

- 1) Overgrowth, infiltration, tumors, cysts

- 2) Thick, green discharges

- 3) Fibroids, PCOS, ovarian cyst

#### Syphilis

- 1) Destruction, ulceration, recurrent abortions
- 2) Cervical erosion, tubal damage
- 3) Ulcerative leucorrhoea

#### Tubercular Miasm

- 1) Alternating states

- 2) Anemia with menstrual irregularity
- 3) Early & profuse menses with weakness
- 4) Recurrent miscarriage with constitutional weakness

## 2. Results

The repertorial approach demonstrated significant symptomatic improvement in the majority of cases. Individualized remedies selected through systematic repertorisation showed reduction in frequency, intensity, and duration of symptoms. Comparative analysis revealed consistency in core constitutional remedies across repertories, though rubric depth and cross-referencing varied. Objective parameters (where applicable) also showed measurable improvement. No adverse effects were reported.

## 3. Discussion

Repertorial totality ensures systematic case analysis.

- 1) Kent emphasizes hierarchical evaluation (Mind → Generals → Particulars).
- 2) BBCR emphasizes modalities and concomitants.
- 3) Boericke provides concise clinical rubrics.

Miasmatic evaluation assists in chronic and recurrent cases.

Functional disturbances show psoric dominance, tumorous conditions scotch background, ulcerative pathologies syphilitic traits and recurrent anemic conditions tubercular tendency.

Thus, integrating repertory with miasmatic interpretation improves prescription accuracy.

The repertorial approach in homeopathy is fundamentally based on the principle of individualization and totality of symptoms, as emphasized by Stuart Close in *The Genius of Homeopathy*, where he describes the logical process of case analysis, symptom evaluation, and remedy selection through repertorial methods. [5].

Herbert A. Roberts, in *The Principles and Art of Cure by Homeopathy*, emphasizes the importance of individualization, totality of symptoms, and constitutional prescribing in chronic diseases. These principles form the clinical basis for applying repertorial methods in the management of female reproductive system disorders. [7].

The clinical features and pathophysiology of female reproductive system disorders are well described in standard obstetric and gynecological texts such as *Myles Textbook for Midwives*, which provide a biomedical understanding essential for integrative homeopathic case analysis. [10].

Synthesis Repertory, compiled by Frederik Schroyens, provides an extensive collection of rubrics related to the female reproductive system, including menstrual disorders, leucorrhoea, and uterine pathologies. These rubrics facilitate systematic repertorisation and aid in the individualised selection of remedies in managing female reproductive system disorders. [11].

Homeopathic therapeutics texts, such as those by Samuel Lilienthal and Farrington, provide detailed clinical indications of remedies in gynecological conditions. These works are essential in the final stage of repertorial analysis, aiding in the differentiation and confirmation of the indicated remedy. [12].

## 4. Conclusion

Repertorial analysis is a reliable scientific method for individualizing homeopathic treatment in female reproductive disorders. It strengthens evidence-based homeopathic practice and enhances clinical outcomes.

Repertorial analysis enhances precision in homeopathic prescribing for female reproductive disorders and supports evidence-based practice.

## 5. Limitations

- 1) Small sample size
- 2) Observational design
- 3) Lack of control group

*Future Scope*

- 1) Randomized controlled trials
- 2) Statistical comparative repertory studies
- 3) Integration with modern diagnostic parameters

## Abbreviations

BBCR	Boger Boenninghusen Characteristics Repertory
PCOS	Poly Cystic Ovarian Syndrome
OBG	Obstetrical and Gynecology
BTPB	Boenninghusen Therapeutic Pocket Book

## Author Contributions

**Ganapati:** Conceptualization, Data curation, Formal Analysis, Investigation, Software, Visualization, Writing – original draft, Writing – review & editing

**Jatin Shah:** Resources, Supervision, Validation

## Conflicts of Interest

The authors declare no conflicts of interest.

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