

# The Homœopathic COMPENDIUM

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## Free Chapter



From : Volume II  
**Repertory and Case Management**

### **CHAPTER 2: CASE TAKING IN THE ORGANON**

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CASE TAKING IN THE ORGANON elucidates the Founder's case taking methods, which are far more extensive than normally appreciated. This section provides practical instruction on how to record causations, miasms, signs, coincidental befallments and symptoms as well as the attending circumstances. These instructions provide the foundation of a complete case history.

# 2

## Case Taking in The Organon



### The Foundation

#### **Aphorism 5, Causation, Miasms and Attendant Circumstances**

THE groundwork of homœopathic case taking is a written record called an anamnesis. The word anamnesis is derived from the Greek words, “ana” meaning up or back, and “minneskein” meaning to remind or recall to memory. Taken as a whole this word means, “recalling to memory things of the past”. The anamnesis contains all the data necessary to understand the patient and their diseases and find the correct homœopathic remedy. The foundation of homœopathic case taking is presented in aphorisms 5, 6, and 7 of the *Organon* and Hahnemann’s teachings on recording the Gestalt of the disease. SEE: CHART 2.1 | THE FOUNDATION OF CASE TAKING; P. 61. The Founder’s case taking methods present a balanced study of causation, characteristic symptoms and concomitant attendant circumstances. On this solid foundation the homœopath collects all the necessary data to find the correct remedies and manage the case. Vide aphorism 5 of the 6<sup>th</sup> *Organon*.

It will help the physician to bring about a cure if he can find out the data of the most probable *occasion* of an acute disease, and the most significant factors in the entire history of a protracted wasting sickness, enabling him to find out its *fundamental cause*. The fundamental cause of a protracted wasting sickness mostly rests upon a chronic miasm. In these investigations, the physician should take into account the patient’s:

1. discernible body constitution (especially in cases of protracted disease),

2. mental and emotional character [character of the *Geist* and the *Gemüt*],
3. occupations,
4. lifestyle and habits,
5. civic and domestic relationships [relationships outside and within the home],
6. age,
7. sexual function, etc.

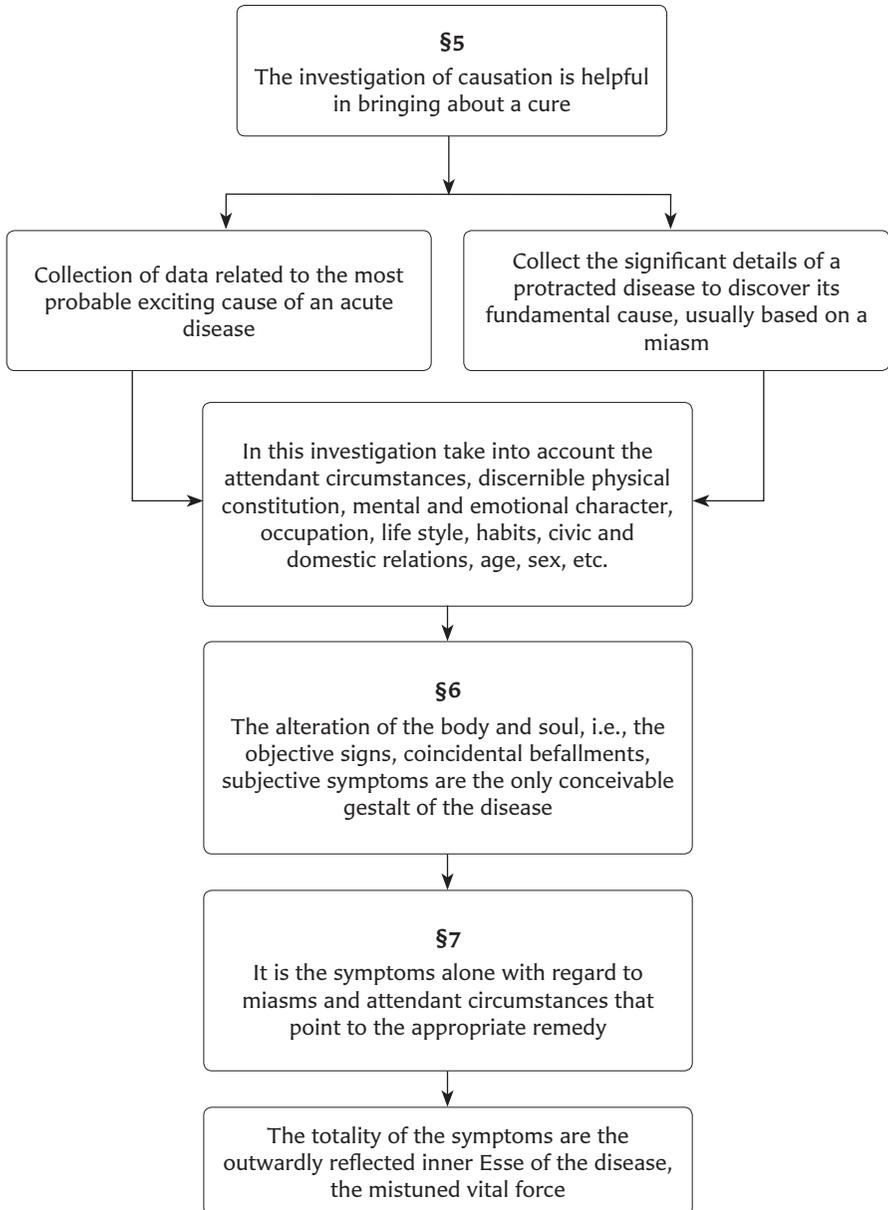
*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 5.

This paragraph contains the most important breakthroughs introduced in *The Chronic Diseases* in a nutshell. No longer were the causes of disease too difficult to assess in any reliable manner. The origin of diseases could be assessed by their exciting and fundamental causes, which are often related to the chronic miasms. This study also includes an examination of the state of the physical constitution; the nature of the intellect and emotional character; occupational talents and hazards; mode of living and habit patterns; the effects of age as well as sexual function, etc.

Hahnemann called these seven areas of human life the “attendant circumstances” and considered them an essential foundation for understanding the patient and their disease. In this manner, indigenous factors related to natural constitution and mental character are balanced with situational factors related to the environment. Thus the affects of nature and nurture are taken into full account.

## The Complete Case History

As Homœopathy matured it began to construct its own causal theories that included the classifications of the individual and collective diseases. The introduction of inherited predispositions in *The Chronic Diseases* and the acquired and inherited miasms in the 6<sup>th</sup> *Organon* expanded the role of the case history from the individual to the family tree and the history of humanity. Hahnemann also suggests a complete study of the observable physical constitution and mental and emotional character of the patient. Therefore, the complete case history includes everything observable about the individual since the time of their conception and birth as well as important details associated with the maternal and paternal lineages. One should record the symptoms of all notable crises, accidents, mental traumas, illnesses, immunization reactions, drug interventions, invasive treatments, suppressions, toxic exposures, poisonings, etc. All outstanding incidents are to be underlined as they have the potential to form causal layers of dissimilar symptoms and contribute to the never-well-since syndrome.

**Chart 2.1 | The Foundation of Case Taking**

All personal, familial, professional and social interactions need to be investigated in detail. These areas often reveal a glimpse of the temperament of the patient as relationships bring out the best and worst in a person. Important milestones like infancy, childhood, puberty, young adulthood, middle age and old age require careful scrutiny. All potential causes should be linked with their effects in the form of signs and symptoms wherever possible. Coincidental befallments to which no cause can be attributed should be carefully noted. All these areas make up the foundation of the totality of the symptoms. On the basis of this extensive background assessment of the patient, the homœopath can then examine the exact details of each location, sensation, modality and concomitant symptom of the disease state. Careful assessment of the time-line by which the disease state developed offers insights in what is to be expected when the symptoms are reversed in accordance with the direction of cure (Hering's laws). This is because the more one understands about the past the better one understands the future.

### **The Nature of Acute Disease (§72)**

The first categories of disease discussed in aphorism 5 are the exciting causes of acute disease and the fundamental cause of chronic diseases. Homœopathic pathology divides diseases into acute crisis, acute disorders, and acute miasms as well as half-acute and chronic miasms. Acute diseases are those illnesses that are quick in their onset, tend to the rapid development of pathology, and reach crisis quickly. The exciting causes of acute diseases are threefold in nature. The details are discussed in aphorism 72 of the 6<sup>th</sup> *Organon*.

1. The first class of acute disease affects human beings individually. The exciting causes are dietary indiscretions, physical exertion, chills, over-heating, and emotional stress, etc. Acute fevers produced by these exciting causes are mostly transient explosions of latent psora and the miasms. At first the acute-like explosion tends to resolve and return to its latent state. As time goes on these explosions become more frequent and serious and may progress into dangerous sequels and complications.
2. The second class of acute disease attacks sporadically. The exciting causes are meteoric or telluric influences that afflict those who are susceptible to their disease-tuning powers. This includes diseases induced environmentally and by unseasonable weather and other exposures. Almost any individual can succumb to a very strong exposure but the susceptibility is increased in those suffering from chronic miasms.
3. The third type of acute disease is the acute miasms. These are self-limiting infections that tend to resolve after a crisis or end in deathly complications. The exciting causes of acute miasms are microorganisms and the fundamental

cause is the susceptibility of the constitution. Predispositions to particular acute miasms are closely related to the chronic miasms that affect the constitution.

### **The Nature of the Chronic Diseases (§78)**

In orthodox pathology an acute disease is one that lasts for a short period of time. If the same disease continues over a moderate period it is called a sub-acute disease. If the same disease continues for a protracted period it is called a chronic disease. Thus the definition of acute, sub-acute and chronic disease is related to the passage of time that the patient suffers, rather than the nature of the disease itself. Samuel Hahnemann, however, demonstrated that some diseases are self-limiting while other diseases are chronic from the beginning. Therefore, it is the nature of some diseases to be acute and the nature of some diseases to be chronic.

A chronic disease is marked by its slow insidious onset, latent stages, and degenerative secondary or tertiary pathology. The chronic miasms are lifelong infections that only cease with the death of the patient. The vital force cannot overcome a chronic miasm because the mistuning of the vital force is the proximate cause of the disease. The life force cannot distinguish the disease state as separate from itself. The homœopathic remedy magnifies the impression of the disease to the apprehension of the vital force so that it recognizes the disease as something external. This rouses the curative action of the vital force to use its energy to remove the mistuning from without while restoring homeostasis within.

In the 4<sup>th</sup> *Organon* Hahnemann includes the categories of acute and chronic disease first introduced in *The Chronic Diseases*. Chronic degenerative diseases are also based on three major types.

1. Those long lasting diseases that are based on ideally avoidable causes. These are called the pseudo-chronic diseases. In the real world many people have little opportunity to avoid the stresses associated with modern life. The most protracted of the chronic diseases based on maintaining causes are those caused by continual psychological stress, grief and vexation. Closely aligned with this are those diseases caused by faulty life style, bad habits, poor diet, and the abuse of alcohol and drugs. Other maintaining causes are endemic and individual nutritional deficiencies, poor living conditions, occupational hazards, and exposure to toxins and pollution. If these continual maintaining causes are removed in timely fashion there will be no pathological damage to the organism unless the patient already suffers from the chronic miasms. If the maintaining causes act for many months and years they will produce the organic pathology normally associated with chronic disease.
2. The second kind of chronic disease is caused by faulty medical treatments. Hahnemann considered iatrogenic disease one of the most common causes of

chronic disorders and the weakening of the resistive powers of the vital force. The effect of toxic medicines and suppressive treatment through many generations has weakened the human immune system. Suppression of the acute miasms is one of the major reasons for the mutation of bacteria, fungi, and viruses into new more virulent resistant forms. This combination of weakened immune systems and new more powerful infectious diseases has serious implications for the future.

3. The third type of chronic disease is caused by the chronic miasms. These lifelong miasms are the basis of a host of pathological conditions, immunodeficiency syndromes, and autoimmune diseases. The suppression of these miasms causes the mutation of the symptoms into more damaging forms while weakening the organism's ability to resist. If the patient also suffers from continual stress and dysfunctional relationships the outcome is rapid decline and premature death. In many cases all three of these pathogenic factors come together in the same patient. This form of complex disease is common and represents the most difficult cases to cure. Continual maintaining causes produce obstacles to the cure of the chronic miasms and degenerative diseases. In order to assess the true nature of the acute and chronic diseases Hahnemann introduced seven essential areas of investigation.

In aphorisms 72 to 81, Hahnemann introduces his concept of acute and chronic diseases as well as the nature of miasmatic disorders. In aphorism 82 the Founder explains the importance of individualizing each and every case including those of psora and the miasms. The treatment of psora and the miasms takes two levels of individualization, the personal and collective.

With the discovery of psora, that great source of chronic diseases, and with the finding of more specific homeopathic remedies for psora, the medical art has come some steps closer to the nature of the majority of diseases to be cured. Even so, the homeopathic physician's duty to carefully apprehend the investigable symptoms and peculiarities of these diseases remains just as indispensable as before, for the formation of the indicator for each chronic (psoric) disease to be cured. No genuine cure of the psoric diseases, or any of the remaining diseases, can take place without the strict individualized treatment of each case of disease.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 82.

Individualization is one of the cardinal maxims of Homœopathy. The introduction of the miasms in 1828 expands the principle of individualization to include collective groups suffering from diseases of common cause and similar symptoms. The first level of individualization is to find the remedies that are the most similar to the characteristics of the collective miasm. The second phase of individualization

is to select the personal simillimum from the anti-miasmatic remedies. This method is the meeting point of the individual and collective disease Gestalt-qualities in a human being.

### **The Seven Major Attendant Circumstances (§5)**

Samuel Hahnemann speaks of the importance of the attendant circumstances in aphorisms 5, 7, 18 and 24. The first duty of the homœopath is to record the entire case history. This includes a study of every condition from the time of birth as well as an assessment of the illnesses of the maternal and paternal lineages. An appraisal of the familial lineage offers insight into inherited predispositions and miasms that might be present. This study includes all the data related to heredity and predisposition as well as postnatally acquired diseases and negative environmental conditioning. Having established the disease timeline the homœopath studies the nature of the exciting, maintaining and fundamental causes. This includes a review of the acute, half-acute and chronic miasms. This allows for a deeper study of the aetiological constellation, which may involve single or complex causations and conditions. On this basis, the homœopath investigates the major factors associated with the attendant circumstances.

The attendant circumstances represent internal and external conditioning factors that affect the whole individual in various ways. These seven rubrics are the condition of the bodily constitution, the character of the intellect and emotional disposition, occupational talents and factors, lifestyle and habits, civic and domestic relationships, age, and sexuality, etc. In this way the homœopath should study the patient's outlook related to all areas of life and their relationships to individuals and groups as well as all circumstances that might affect the development of the symptoms. On this solid foundation (§5), the Founder introduces the totality of the objective signs, coincidental befallments, and subjective symptoms (§6). After this Hahnemann makes it abundantly clear that the totality of the symptoms, the originating causes, the miasms, and the attendant circumstances are all to be included in case taking (§7, §18, §24). The aetiological constellation, the miasms and the attendant circumstances often contain symptoms of the highest order. First and foremost, the methods of the 5<sup>th</sup> and 6<sup>th</sup> *Organon* are based on the essential nature of the totality of the symptoms and their concomitant circumstances.

To understand the teachings of the *Organon* it is helpful to know what the term “organism” means. Hahnemann often uses the phrase in his writings in statements like “Der materielle Organismus...” (The material organism) found in aphorism 9. The word, organism, comes from the Latin word, organum, which means an instrument. It has its origin in the Greek, organon, which is derived from the word, ergon, meaning work or tool. The related words include an organ, as in a biological unit

that carries out vital functions of life, as well as the terms organelle and organic. In Greek, the word “organon” also means a system of investigation. In this way, the *Organon of the Healing Art* is a tool that elucidates a method of investigating the true healing arts. An organism is commonly defined as:

1. An organic system (bacterium, fungus, vegetable or animal) that acts like a unified whole that provides a basis for life and is capable of growth and reproduction.
2. An organic structure, system or whole made up of parts that depend on each other.
3. A biological entity composed of organs, organelles and cells that carry on the vital processes of life.

Wenda O’Reilly’s glossary to her edition of the 6<sup>th</sup> *Organon* offers a definition of the term “organism” in homœopathic terms.

*Organism:* An organized or organic system; a whole which consists of dependent and interdependent parts. The human organism is more than just the body; it is a living presence with properties (e.g., a material body), accomplishments (e.g., fending off malignities) and developmental capacity (e.g. the ability to become more seasoned through provings). The human organism houses the mental, emotional and bodily faculties; that is, it comprises the body, the *Geist* and *Gemuet*. (§9, 11, 26).

*Organon of the Medical Art;* S. Hahnemann (O’Reilly 6th Edition), Glossary, p. 334.

From the time of the 1<sup>st</sup> *Organon* Hahnemann used terms like the Nature, the life-preserving power, the organic whole and the vital unity, to describe the functions of the entire human organism. In *The Chronic Diseases* (1828) on page 102 of the Theoretical Part, Hahnemann speaks of the bodily constitution of a man (Gr. Koerper-Konstitutionen) and his inherited disposition (Gr. Erb-anlagen). In the 5<sup>th</sup> and 6<sup>th</sup> *Organon* Hahnemann speaks of the ascertainable bodily condition (Gr. erkennbare Leibes-Beschaffenheit, §5) and the congenital bodily constitution (Gr. angeborenen Koerper-Constitutionen, §81) as well as the nature of body and soul complex (Gr. Leibes-und Seelenbeschaffenheit, §136). These terms stand for the unity of life associated with the nature and condition of the physical constitution and mental temperament and their predispositions as well as acquired traits.

The essential nature of the totality of the symptoms and causation, miasms and attendant circumstances offers a complete assessment of the entire diseased organism. The causation relates to those factors that are at the root of engendering or maintaining the disease state. The symptoms are the effect of those causes on the whole organism as well as its individual structures, organs, tissues and cells. The attendant circumstances are concomitant factors related to the condition of the physical body, mental character and sexuality and the way the organism is

affected by work, lifestyle, habits, personal and social relationships as well as the aging process. One of the major reasons that the cause, miasms and accompanying circumstances are so important is that they often represent conditioning factors imposed by predispositions (nature-inheritance) as well as long-term environmental factors (nurture-circumstances).

Hahnemann emphasized the fact that the symptoms of the disease are conditioned by the nature of the congenital constitution and temperament as well as hereditary predispositions and environmental factors. In *The Chronic Diseases* (Theoretical Part, page 102) he wrote that the symptoms of the chronic diseases were customized “according to the difference in the bodily constitution of a man, his hereditary disposition, the various errors in his education and habits, his manner of living and diet, his employment, his turn of mind, his morality, etc.” The physical constitution, mental temperament, predispositions, upbringing, lifestyle, habits, diet and other environmental circumstances have a great influence on the development of the signs and symptoms.

In the *Organon* (§81) Hahnemann explained that the secondary symptoms of psora were so vast because of the “variety of human congenital bodily constitutions” as well as the “multitude of circumstances” under which they developed. In this example the Founder includes conditioning factors like the physical constitution and mental character as well as climate and location, irregular upbringing that causes under or over-refinement of the body and spirit, diverse human passions, misuse of the body and spirit, and differences in diet, customs, practices, habits, etc.

Aphorism 136 speaks of how a medicinal substance must be proven on a variety of healthy persons that possess diverging conditions of the body and soul complex (Gr. *Leibes-und Seelenbeschaffenheit*) in order to bring out all of its potential symptoms. This shows that the symptoms revealed in a proving are conditioned according to the healthy constitution of the tester’s entire body and soul. This reference to the constitution of the body and soul relates to the whole patient not to his or her individual parts or any disease state. All of these examples point out the important role played by constitution, temperament, predispositions and environmental as well as conditioning factors.

In the main body of *The Chronic Diseases* (Theoretical Part, page 47–49) Hahnemann refers to the “experienced and honest” Ludwig Christian Junker, who taught that the Hippocratic constitutions and temperaments conditioned the nature of the symptoms produced by the suppression of the itch disease. This is recorded in *Dissertatio de Damno ex Scabie Repulsa, Halle, 1750*, p. 15–18. The subject of the discussion is “driving the itch into the body”. Junker noted that the suppression of the itch disease in youths of “sanguine temperament” was followed by phthisis while suppression in the “phlegmatic persons” usually causes dropsy.

Junker also noted that persons inclined to “melancholy” were often driven insane by the suppression of the itch, etc. This text demonstrates that the suppression of the miasms develops differing signs and symptoms in the four basic genotypes and their mixtures. Therefore, to completely understand chronic diseases and miasms in an individual patient, one should understand their diathetic constitutions and innate temperaments. Each constitutional group influences the development of the signs and symptoms of the acute and chronic diseases in a unique manner.

Boenninghausen emphasized the importance of assessing the innate constitutional factors that Hahnemann mentioned in aphorism 5 of the *Organon*. He wrote about this in his directions on forming a complete image of the disease state for homœopathic treatment.

He should give a general image of the patient by stating the *age*, the *sex*, the *constitution*, *mode of living*, *occupation*, and especially the *disposition when the person was well*. In many cases it is also of importance to know other peculiarities, such as, e.g. the complexion, the color of the hair, leanness or corpulence, whether slender or thickset, etc, and this should be added.

*The Lesser Writings*; C. M. F. Boenninghausen, Brief Directions for Forming a Complete Image of a Disease for the Sake of Homœopathic Treatment, p. 286.

Boenninghausen also noted that it was important to include the age and sex as well as the “bodily constitution and temperament” in his classic work, Judgment of the Characteristic Value of Symptoms, found in his *Lesser Writings*. In the same article he wrote that it was essential to understand “who” it is that is being treated. Boenninghausen opined it was indispensable to assess “the personality” because “the individuality of the patient must stand at the head of the image of the disease, for the natural disposition rests on it.” This reflects Hahnemann’s advice to study the condition of the bodily organism and the character of the intellect and emotional disposition in relationship to occupational factors, lifestyle and habits, familial and social relationships, sexual functions, etc.

Hering believed so strongly in the importance of constitution, temperament and the attendant circumstances that he made a special section in his *Guiding Symptoms of our Homœopathic Materia Medica* called Stages of Life and Constitution. Hering is responsible for a great number of observations about discernable diathetic constitutions and natural temperaments and their relationship to homœopathic remedies. Under Arsenicum he wrote that it was suitable for “Young, anemic people. — Scrofulous constitution”. Under Nux Vomica he wrote “Suits thin, irritable, choleric persons with dark hair, who make great mental exertion or lead a sedentary life” and “Debauches, thin, of an irritable, nervous disposition”. Under Calcarea he wrote “Pale, leucophlegmatic, weakly timid persons” and “Scrofulous constitution, with pale face, rather fair complexion and disposition to corpulence” as well as

“Puberty: girls who begin with menses too early and too profuse, fat, yet chlorotic, plethoric girls, amenorrhoea, etc.” These are examples of rubrics related to constitution, temperament, habits, sex and stages of life, etc.

G. H. G. Jahr offered his views on the importance of the human constitution in *The Doctrine and Principles of the Entire Theoretical and Practical Homoeopathic Healing Art* published in Stuttgart in 1857. Jahr wrote that the origin of many diseases is an “acquired or inherited diathesis” that was completely merged with the patient’s “individual constitution”. Jahr separated the pathognomic symptoms common to the disease from the more unique constitutional additional symptoms (Gr. constitutionellen Nebensymptome) of the patient. It is the constitutional predispositions of the patient that condition the nature of the constitutional concomitant symptoms. In this manner, the causation, attendant and accompanying circumstances and constitutional concomitants offer added insights.

This is why ten individuals suffering from the same type of digestive complaint will share the flatulence, acidity and nausea of a stomach disorder but one person is better after eating and another is worse after eating. Another person may be better by eating fruit and another is worse by eating fruit. One person may be hot and thirsty while another is cold and thirstless. One person feels better lying down and another feels better walking about. Everyone suffering the same disease shares certain common symptoms but the instinctive desires and aversions of each patient will be different. Jahr taught that these constitutional concomitants often carried the characteristic symptoms that point directly to a curative remedy.

From the above review it becomes clear that Hahnemann, Boenninghausen, Hering and Jahr laid important emphasis on the nature of the constitution, temperament, heredity, predispositions, occupational factors, lifestyle, habits, personal and social relationships, upbringing and education, sex and sexuality as well as important stages of life and the aging process. Modern science tells us that the susceptibility of the human organism to acute and chronic diseases is related primarily to genetic predispositions. Genetic factors are directly manifest in the inner nature of the constitution and temperament and control reactions to the environment to a great degree.

The difference of the sexes and stages of life related to nervous and hormone function are controlled by genetic factors in the human organism and conditioned by the environment. Birth, infancy, childhood, adolescence, young adulthood, middle age and old age confront the individual with personal and social circumstances that are unique to each period of life. There is not one area of life that is not influenced by genes and the environment, as these are the primary conditioning factors. For this reason, it is not surprising that constitution, temperament and predispositions as well as occupation, lifestyle, habit and relationships play an important role in case

taking. We will now review the seven major attendant circumstances of aphorism 5 and their symptoms in detail.

## 1. The Discernible Bodily Constitution (The Condition of the Body)

In the *Organon* Hahnemann used the German word, Beschaffenheit, which has been translated into English as the term “constitution”. The root word, schaffen, means to do, to make, to work. When used as a verb Beschaffen means to procure or make something available and as an adjective it means constituted. In homœopathic works, Beschaffenheit is usually translated into English as “constitution” although it has other meanings. *W. Turner's Dictionary*, published in Leipzig, Germany in the 1830s, defines Beschaffenheit as nature, quality, temper, condition, constitution, disposition and circumstance. This shows how the word was defined in English during the lifetime of Samuel Hahnemann.

The Latin-German dictionary, *Langenscheidts Taschenworterbuch Latein*, Langenscheidt, 2003, defines the Latin root, constitutio, as (physischer) [physical] Zustand [state]; Beschaffenheit [condition, nature, quality, constitution, etc.]. Physical means material, corporeal or bodily in nature. A state is a particular condition of a thing and can be related to health, appearance or emotions that may be observed at a certain moment in time. These definitions show that the English term, constitution, may be related to the German term, Beschaffenheit. The word constitution is derived from the Latin noun, constitutio, which means an arrangement or physical make-up and the verb constituere, which means to establish or constitute. To constitute means to establish, create, to set up, to form, to make up, to appoint, to give being to, etc.

When the word, constitution, is used specifically as a medical term, it relates to the make-up, nature, qualities, health and condition of the physical body and the mental temperament. Constitutional means that which affects the whole; the inherent natural make-up or structure of a person or thing; the way something is arranged in reference to its composition, construction or nature; that which relates to the physical health or make-up. In medicine the term, constitution, is closely related to the word, diathesis, which means an inherited or acquired constitutional disorder. Therefore, there may be inherited and acquired dispositions and diseases that affect the whole constitution.

Nature means the forces that have created the objective world; what something consists of, an elementary or fundamental tendency; an essential character, make-up, attitude or viewpoint. Quality means a distinctive trait; a characteristic or attribute, and the basic nature of something. The term, temper, is defined as a mixture or balance of different or contrary qualities; the constitution of the bodily temperament as well as disposition, personality, character, mood, anger, etc. Condition means a state of existence, being or life; a state of health, well-being and fitness or an

ailment, disorder or disease. A disposition means temperament or personality; a natural tendency toward certain conditions, a susceptibility toward certain states; an arrangement, position or distribution. The word circumstance is associated with a specific status, a certain state of affairs and various conditions and precise situations. All of the English definitions of Beschaffenheit found in Turner's historical dictionary circle around the same keywords and definitions, especially when applied as medical terms.

The English usage of the term constitution, however, does not reflect all the potential uses of the German word Beschaffenheit and carries with it certain connotations. The word constitution in English often refers to the inherent constitution and innate temperament and its predispositions. The word Beschaffenheit, however, may mean constitution in a general or inferred sense as well as character, disposition, habit, nature, quality, composition, condition, consistency, property, quality, state, situation, circumstance, etc. The meaning of Beschaffenheit depends mostly on the context in which it is used and the words with which it is associated. For example, the term "steinige Beschaffenheit" means stoniness and "schuppige Beschaffenheit" means flakiness. Hahnemann's use of the term Beschaffenheit has much wider implications than the make-up of the congenital constitution or a certain body type. In aphorism 5 Hahnemann is referring to the present condition of the physical organism, which may include factors that are inherited or acquired or are the outcome of external circumstances.

In *The Chronic Diseases* Hahnemann states that the physical constitution (Gr. Koerper-Konstitutionen) and its hereditary dispositions (Erb-anlagen) are major factors in conditioning the development of the symptoms of psora. This theme is revisited in aphorism 81 of the *Organon* where Hahnemann discusses how the passage of psora through a myriad of congenital constitutions (Gr. angeborenen Koerper-Konstitutionen) contributes to the great variety of symptoms found in chronic diseases. These are direct references to the inborn bodily constitution and hereditary predispositions and how they condition the development of the signs and symptoms. When referring to the general condition of the physical body Hahnemann uses the German word Beschaffenheit and when he refers specifically to the innate constitution and its hereditary dispositions he used Konstitution in *The Chronic Diseases* and Constitution in the *Organon*. This distinction between the present condition of the physical body and the nature of the innate constitution does not come through in the English translations.

In aphorism 5 the term, "die erkennbare Leibes-Beschaffenheit" is referring to the ascertainable or observable bodily condition not specifically to the genetic constitution or any body type per se. The term, "Leib" is an old word that is rarely used in modern German and was often associated with the region of the abdomen or

center of the body. In many cultures this area is considered the root of the physical body and a center of the vitality. Nevertheless, the fact that these terms are used in a sentence that also speaks about the intellectual and emotional character, occupational factors, lifestyle and habits, social and domestic relationships, age, sexual functions, etc., offers a special context. These attendant circumstances include many factors that relate directly to the physical constitution (the condition of the body, age, sex, etc.), the mental temperament (the character of the intellect and emotional disposition) and the disposition and its natural tendencies (occupation, lifestyle, habits, social and domestic relationships, etc.). The use of *Beschaffenheit* in this context is associated with several areas of life that relate to the human mind-body constitution as a whole.

In aphorism 5 Hahnemann is asking that the healing artist record everything that they can observe about the condition of the bodily organism including its physical habit, character, temper, nature, disposition as well as any noticeable quality, property, state, feature, texture, etc. Is the patient's physique balanced, lean or heavy? Do they stand straight or are they bent over by life's load? Are they worn down by their circumstances? Is their body in a poor physical condition? What are their features like? Are their bones crooked? Is their skin rough, their complexion discolored or do they have warts on the face? Do they have deep lines and a sour expression? Are they emaciated, obese, shriveled up, dried or edematous? Do they look old for their age and is their hair prematurely graying or falling out?

The study of the condition of the physical body also includes by inference the assessment of any inherited or acquired diathesis that might be present. This is where the study of the condition of the material body overlaps with the state of the physical constitution. Is there a specific diathetic habit, condition, disposition, tendency or temperament you can notice? For example, Hahnemann noted in the Paris casebooks that Eliane Christille, age 3, (DF-5, p. 397) was "disposed to scrofula". On this basis, the unprejudiced observer questions that patient to see what inner subjective symptoms might be associated with the outer physical signs. Through observation and questioning Hahnemann came to the conclusion that Miss de Gueroult (DF-5, p. 39) had a "disposition to make bile". This is a reference to a bilious disposition or temper.

## **Diathetic Constitutions**

A diathesis is a constitutional state that can be physical and psychological as well as inherited or acquired. The concept of diathesis is closely linked to both predisposition and miasms in Homœopathy. Jahr considered inherited and acquired diatheses to be a main factor in the development of the characteristic symptoms. A diathesis is usually a constitutional state that is physically observable although in some conditions its early influences may not be all that noticeable to the senses.

There is a great amount of information on constitutional diatheses in the homœopathic materia medica, especially in the works of Hering and Knerr.

Chapter forty-seven of *Knerr's Repertory* is titled "Stages of Life and Constitution. Age. Complexion. Constitution. Habit. Occupation. Size. Temperament". These rubrics reflect the seven attendant circumstances of aphorism five. This section includes diathetic constitutions like the scrofulous, lymphatic, venous, nervous, and rheumatic; a description of the physique, like thin or fat, loose or tight tissue etc.; and the four Hippocratic temperaments, the choleric, phlegmatic, sanguine and melancholic. This section also includes diathetic constitutions related to miasms like psora, pseudopsora, sycosis and syphilis.

Under the rubric, Constitutions, Knerr gives rubrics for various diathetic constitutions and their remedies. The source of this information is *Hering's Guiding Symptoms* in the section called Stages of Life and Constitution. The rubrics are graded in four degrees in harmony with *Hering's Guiding Symptoms*. The four grades are: I = 1, II = 2, **I** = 3, **II** = 4. In most cases the "I" for the 1st grade is omitted in the text although it is sometimes used to mark a difference of value in the same line.

Rubrics related to constitutional diathesis include; Asthmatic constitution; Bilious constitution; Gouty constitution; Hemorrhagic constitution; Hysterical constitution; Lymphatic constitution; Paralytic constitution; Plethoric constitution; Rheumatic constitution; Scrofulous constitution; Tubercular constitution; Venous constitution; and their similar remedies. The first example rubric is the lymphatic constitution with its sub-rubrics.

STAGES OF LIFE AND CONSTITUTION; Constitution; **lymphatic** (flabby, relaxed, torpid): Amm. c., **I** Apis., Arn., Ars., Ast. r., Aur. mur., Bapt., **I** Bar. c., **I** Bar. m., **II** Bell., **II** Calc., Calc. a., **I** Cann. i., **II** Carbo. v., **I** Cinch., **I** Dulc., **II** Ferr., **II** Graph., **I** Hep., Kalm., **I** Lyc., **I** Merc., Murx., **I** Natr. m., Nitr. ac., **I** Petrol., Phos., **I** Puls., **I** Rhus., **I** Sep., **I** Sil., **I** Sul., Thuj.; agalactia, Agnus; prophylactic in apoplexy, **I** Merc.; bronchitis, **I** Caust.; tendency to mucous and serous exudations, Seneg.; flabby, **I** Ast. r.; liable to glandular swellings, Bell.; light hair and complexion, slow to act, muscles soft and flabby, **I** Hep.; weak and defective reaction, Phell.; scrofulous and tuberculous, (after Con.), Calc. a.; light skin, blue eyes, feeble (ascites), **I** Apis ; venous, disposed to hemorrhoids, constipation or morning diarrhoea, scrofulous diseases seem to get almost well when they return, diseases caused especially by suppressed eruptions, peevishness, sudden and frequent flushes of heat all over body, followed by perspiration, hot palms, soles and vertex; faintness in epigastrium, at 10 or 11 A.M., **I** Sul.

*Repertory of Hering's Guiding Symptoms of our Materia Medica*; C. B. Knerr.

Rubrics related to the physique include: Size, thin (emaciated, lean, slender, spare); Size, large; Emaciated constitution; Fiber, lax, constitution; Fiber, rigid, constitution; Dwarfish constitution; and their similar remedies.

STAGES OF LIFE AND CONSTITUTION; Constitution; **fibre: lax:** Agar., Bor., I Calc., I Caps., Cinnam., Hep., II Kali. c., II Magn. c., I Op., Sabad., I Sil., I Spong.; lax, flooding, with fainting, I Trill.; [etc. ✍]

*Repertory of Hering's Guiding Symptoms of our Materia Medica; C. B. Knerr.*

Rubrics related to the miasmatic constitutions include: Psoric constitutions; Sycotic constitutions; Tubercular constitutions; Syphilitic constitutions; and Cancerous constitutions.

STAGES OF LIFE AND CONSTITUTION; Constitution; **syphilitic:** I Ars., I Ascl. t., II Aur., I Benz. ac., I Clem., I Coral., I Crotal., Cund., Euphor., Ferr. iod., I Flour. ac., I Guaiac., I Kali. bi., II Kali. iod., II Merc., I Merc. cor., I Merc. d., I Merc. iod. rub., I Mez., II Nitr. ac., I Petrol., I Phos., I Phos. ac., I Phyt., I Sars., I Sil., I Stilling., I Sul., II Syph., I Thuj.; hereditary, keratitisparenchymatosa, II Merc.; [etc. ✍]

*Repertory of Hering's Guiding Symptoms of our Materia Medica; C. B. Knerr.*

Rubrics related to Hippocratic constitutions include:

STAGES OF LIFE AND CONSTITUTION; Temperament, **bilious:** Acon., I Aesc. h., Ailant., Amb., Ant. c., Ant. t., I Bell., Berb., II Bry., II Cann. i., II Cham., I Cinch., I Coccul., I Ipec., I Lach., I Merc., II Nux. v., Plat., II Pod., I Puls., I Sul.; asthma, I Phos.; [etc. ✍]

*Repertory of Hering's Guiding Symptoms of our Materia Medica; C. B. Knerr.*

There are literally hundreds of rubrics on this subject in the old materia medicas and repertories. These are general symptoms that reflect the constitution, temperament, diathetic states and miasms. A miasm can produce a number of diatheses depending on the individual make-up and environmental conditioning factors. For example, pseudopsora TB miasm tends to produce a hemorrhagic diathesis while sycosis tends to an arthritic rheumatic diathesis. If an individual of a sanguine temperament acquires the TB miasm they have an increased danger of hemorrhages.

## 2. The Intellectual and Emotional Character

Hahnemann's use of the term, character, refers to the personality traits that make up the patient's mental temperament. This implies much more than just a study of the presiding feeling tones associated with the passing emotional states. Character study includes a complete psychological assessment in terms of the make-up of behavioral traits and innate disposition as well as the psychological nature and outlook of the patient. Character is made up of a combination of genetic predispositions,

acquired traits and environmental conditioning factors. This aspect of the case study focuses on constitution and temperament and the patient's interface with time and circumstances. Character may be defined as:

1. The essential qualities that distinguish one individual or group from another individual or group.
2. An aggregate of peculiar qualities that constitutes personal individuality.
3. The innate traits, temperament, nature, disposition or essential personality of a person.
4. Distinguishing features that are useful for categorization such as a type or kind.
5. To have ethical and moral qualities. It is the reverse of being characterless, immoral or lacking character.
6. Genetic characteristic is a structure and function of a gene or group of genes as in a genus, genome, genetic characteristics and genotype.
7. Related German terms: Charakter, nature; Charakteristisch, characteristic or typical; Charakterlich, personal, moral; Charakterlos, of bad character; lacking character; Charakterzug, trait (of character).

The study of character is the background for the assessment of the symptoms of the intellectual and emotional disposition. The underlying character of an individual conditions their psychological reactions and adaptation to the outer environment. Much of the human personality originates in the unconscious and subconscious areas of the psyche. A general assessment of character may include any mental or emotional symptom found in our repertories and materia medicas. This could include character traits like being Bold, Rude, Quarrelsome, Passionate, Mistrustful, Lively, Angry, Irritable, etc. In the Paris casebooks Hahnemann noted in the case of Reverend Everest (DF-5, p. 328) that the patient was “melancholic” and at one point repertorized the rubric hypochondriacal temperament (Gr. Hypochondrische Laune) and wrote down the remedies Anac., Natr., Nux-v, and Zinc. It is well known that those who are melancholic are disposed to the hypochondriacal temperament as both these states are related to “blackbile”. This is a mood disorder that is associated with a host of psychological and physiological symptoms, many of which are psychosomatic in nature.

An example of a specific rubric dealing with character traits is “Yielding disposition” found in Boenninghausen’s *A Systematic Alphabetic Repertory of Homœopathic Remedies, First Part, Embracing the Antipsoric, Antisyctic and Antisyphilitic Remedies* and in modern works like the *Complete Repertory*.

MIND; **Yielding**, disposition: *Lyc.*, sil.

*A Systematic Alphabetic Repertory of Homœopathic Remedies, Part First, Embracing the Antipsoric, Antisyctic and Antisyphilitic Remedies*; C. M. F. Boenninghausen (Boger Edition).

MIND; Yielding disposition: bamb-a., bar-c., calc-sil., cann-s., carc., cic., cocc., cori-r., croc., cupr., fl-ac., ign., kiss., **Lyc.**, m-arct., murx., nat-m., nux-v., ph-ac., phos., **Puls.**, sep., sil., staph.

*The Complete Repertory*; R. Zandvoort.

Rubrics dealing with the Hippocratic temperaments can be found in *Hering's Guiding Symptoms* and Knerr's *Repertory of Hering's Guiding Symptoms*. Here you will find rubrics for the choleric, phlegmatic, sanguine, and melancholic constitutions, as well as innate dispositions such as a mild or hysterical nature. These are mental general symptoms

Rubrics related to character and disposition include: hysterical, mild, hyper-sensitive, etc.

STAGES OF LIFE AND CONSTITUTION; Temperament, **mild** (bland): Amb., Bell., Calad., Chim. m., Cic., Coccul., **I** Ign., **I** Phos. ac., **II** Puls., **I** Sil., **I** Sul.; easy, **II** Sep.; [etc. ✍]

*Repertory of Hering's Guiding Symptoms of our Materia Medica*; C. B. Knerr.

Rubrics related to Hippocratic Temperaments. The following rubric is from *Knerr's Repertory*.

STAGES OF LIFE AND CONSTITUTION; Temperament, **melancholic** (hypochondriacal): **I** Acon., Anac., **II** Aur. met., **I** Aur. mur., Bell., **I** Bry., **I** Calc., Cinch., Coccul., **I** Colch., **I** Graph., **II** Ign., **I** Lach., **I** Lil. tig., **I** Lyc., Murex., **II** Natr. m., **I** Plat., **II** Puls., **I** Rhus., Stram., **I** Sul., Ver.; spasmodic asthma, caused by anxious dreams, sensation as if clothing were too tight, **I** Nux. v.; [etc. ✍]

*Repertory of Hering's Guiding Symptoms of our Materia Medica*; C. B. Knerr.

## Components of the Psyche

The three levels that make up a human being are the conscious mind, the instinctive vital force, and the material organism. This trinity demonstrates the importance of the three levels of being. The mental symptoms are made up of two types, those of the natural character and those related to changes in the intellect and emotional disposition. The signs and symptoms of the soul, rational spirit, and emotional disposition are high-grade symptoms that “often tip the scales” in the choice of a homœopathic remedy (§211). The mental symptoms are usually expressed by statements like “I can't remember anything; I am so sad; I feel very angry; I, I, I...” This “I am” consciousness is the center of the human experience and the core of a complete homœopathic anamnesis.

It may come as a surprise to the English-speaking world that there is no one word in German for the “mind”. Many cultures view the psyche as made up of components

of consciousness. There is no one part of the brain or single human experience one can call the mind. Hahnemann used the Latin term “psyche” when speaking of the whole human consciousness. The triune components of human consciousness are the soul (Gr. Seele), spirit (Gr. Geist) and emotional disposition (Gr. Gemuet).

The soul is transcendent while the sensible spirit and emotional disposition are immanent. The sensible spirit rules intellect and intelligence and the emotional disposition expresses the feeling tones of the heart. The soul learns through free will, the intellect grows through understanding, and the emotional disposition matures with compassion. These terms are used for various qualities of the psyche throughout the *Organon* and *The Chronic Diseases*. The symptoms of the psyche reflect the “I am” consciousness, which relates to the sense of individuality.

### Seele (Soul)

The soul (Seele) represents the deepest aspect of human experience. The symptoms of the soul are reflected by spiritual delusions, existential dilemmas, ethical confusion, and moral degeneration. Our materia medica is full of symptoms of religious and moral struggles. The word, Seele, is most often used in association with the words, Korper and Leib. This is a reference to the whole person as in saying “I love you with my body and soul”. References to the soul can be found in aphorisms 6, 94 (fn.), 108, 120, 136, 214, 224 (fn.), 226, 228, 229. The terms Korper und Seele and Leib und Seele, the body and soul, may be found in aphorisms 6, 94 (fn.), 108, 120, 136, 214, 226. Here are some examples of rubrics from the *Complete Repertory* that are related to the soul.

MIND; RELIGIOUS affections: achy., alum., alum-sil., am-c., anac., aq-mar., arg-n., ars., ars-s-f., aur., aur-ar., bac., bar-c., bell., calc., camph., carb-v., carb-n-s., caust., cham., chel., cina, cinnb., coff., coloc., con., croc., cycl., dig., ferr., ferr-ar., graph., hura, hydrog., **Hyos.**, hyper., ign., kali-br., kali-p., **Lach.**, laur., **Lil-t.**, lyc., med., meli., merc., mez., nat-c., nat-m., nux-v., ph-ac., plat., plb., psor., puls., raja-s., rat., rhus-t., rob., ruta, sabad., sel., **Sep.**, sil., stann., staph., STRAM., **Sulph.**, tarax., thuj., **Verat.**, **Zinc.**

MIND; RELIGIOUS affections; night tortured by religious ideas: camph., lil-t.

MIND; RELIGIOUS affections; alternating with sexual excitement: lil-t., plat.

MIND; RELIGIOUS affections; children, in: ars., calc., lach., stram., sulph.

MIND; RELIGIOUS affections; fanaticism: aur-ar., med., plb., puls., rat., rob., sel., stram., sulph., thuj.

MIND; RELIGIOUS affections; feeling, want of: anac., coloc., croc., kali-br., laur.

MIND; RELIGIOUS affections; horror of the opposite sex: lyc., nat-m., plat., puls., sulph.

MIND; RELIGIOUS affections; narrow-minded in religious questions: hyos., puls., stram.

MIND; RELIGIOUS affections; sadness: ars., aur., bac., bell., con., croc., graph., kali-br., kali-p., lach., lil-t., lyc., meli., mez., plat., plb., psor., puls., sel., sil., stram., sulph., verat.

MIND; RELIGIOUS affections; talking on religious subjects: hyos., stram., verat.

*The Complete Repertory; R. Zandvoort.*

The following rubrics are expressive of existential dilemmas that revolve around guilt and death:

MIND; SUICIDAL disposition; thoughts: agn., alum., alum-p., alum-sil., anac., ant-c., arg-n., **Aur.**, **Aur-s.**, but-ac., caps., dros., fuli., gels., hep., hydrog., ign., iris., kali-ar., kali-br., lac-d., lach., lil-t., med., merc., naja, **Nat-s.**, nit-ac., prot., **Psor.**, puls., rhus-t., thuj., thuj-I., zinc-p.

MIND; ANXIETY; conscience, of: achy., **Alum.**, alum-p., alum-sil., am-c., anac., androc., arn., **Ars.**, ars-s-f., atro., **AUR.**, aur-ar., aur-s., bamb-a., bell., bry., cact., calc., cand-a., canth., carb-an., carb-v., carbn-s., carc., caust., cham., **Chel.**, chin., cina., cob., cocc., coff., con., croc., cupr., cycl., **Dig.**, ferr., ferr-ar., ferr-p., graph., hell., hip-ac., hyos., ign., kali-bi., kali-br., kalm., lac-c., lach., lap-c-b., led., m-arct., m-aust., mag-c., mag-s., med., merc., myric., nat-m., nit-ac., nux-v., ozone, ph-ac., phos., plat., **Psor.**, puls., rheum, rhus-t., rob., ruta., sabad., sarr., sil., spig., spirae., staph., stram., stront-c., **Sulph.**, thuj., verat., zinc., zinc-o.

*The Complete Repertory; R. Zandvoort.*

Ethical confusion and moral decline are reflected in rubrics like those that represent the breakdown of marriage and the family, the greed for money, and inhumanity to fellow living beings:

MIND; ADULTEROUS: calc., canth., caust., fl-ac., lach., lap-mar-c., phos., plat., puls., staph., verat., vip.

MIND; AVARICE: alum., **ARS.**, bar-c., bry., calc., calc-f., carb-an., carb-v., carc., caust., cina., coloc., con., dulc., graph., hep., hyos., lach., lap-mar-c., lyc., med., meli., merc., nat-c., nat-m., nit-ac., nux-v., petr., ph-ac., phos., plat., **Puls.**, rheum, sep., **Sil.**, stann., staph., sulph.

MIND; CRUELTY, brutality, inhumanity: abrot., absin., alco., **ANAC.**, androc., ars., aur., bell., bry., calc., canth., carc., chin., choc., croc., cur., **Hep.**,

hyos., kali-i., kali-p., lach., lap-mar-c., med., nicc., nit-ac., nux-v., op., plat., sabad., sel., squil., staph., stram., sulph., tarent., verat.

*The Complete Repertory*; R. Zandvoort.

## Geist (Rational Spirit or Intellect)

The German term, Geist, has a number of meanings depending on the usage. Modern German dictionaries offer definitions in English like the soul, mind, intellect or wit. This does not offer a full understanding of how the Founder used this term. The Geist is the sensible spirit that manifests as reason, mental function, logic, intellect, talents, and intelligence. The natural seat of the Geist is the brain. References to the Geist can be found in the introduction of the *Organon* and in aphorisms 9, 51, 59, 78 (fn.), 81, 88, 126, 210, 212–220, 222–224, 227, 228–230, 232 (fn.), 244, 249 (fn.), 253, 255, 261, 262, 263. Here are some German words based on Geist.

Geistartig is to be spirit-like, invisible, super-sensible, or immaterial (§9).

Geistig is defined as psychic faculties or qualities that are of a non-material nature i.e., spiritual.

Der Heilige Geist is the term used for the Holy Ghost or spirit.

Geistesabwesend means to be absentminded or forgetful.

Geistesarbeiter is a brainworker or someone who uses their mind in their work.

Geistesblitz is a brainstorm or brainwave.

Gestesgegenwart is presence of mind.

Geistesgegenwaertig is a person who is alert and quick in wit.

Geistesgestoert is to be mentally disturbed.

Geisteskrank is to go insane or mentally ill.

Geisteskrankheit is insanity and mental disease.

Geistesschwach is to be feeble-minded or mentally deficient.

Geisteszustand is a state of mind.

The mental rubrics of the sensible spirit include intelligence, memory, special senses, and hallucinations. Fantasy, delusions and dreams are shared functions with the emotional heart. In some old materia medicas the symptoms of the Intellect and Sensorium were treated together. A person will usually express these symptoms from the center by saying, “I have lost my ability to think; I have no will power; I can’t remember anything; I feel so dull in the mornings; I am too sensitive; I see bugs on the walls!” The symptoms of the rational spirit often lead to the essence of the internal disorder as they relate to the deepest aspects of a human being, particularly if the rubrics are of a strange, rare, and peculiar nature. This is why these

characteristic mental symptoms often lead to the choice of the correct homœopathic remedy. Here are some rubrics related to the Geist.

MIND; MEMORY; weakness, loss of; business, for: agn., androc., chel., fl-ac., hyos., kali-c., kreos., mag-c., phos., sabin., sel., sulph., tell., tep.

MIND; DELUSIONS, imaginations; images, phantoms, sees; closing the eyes, on: anh., arg-n., bell., **Calc.**, calc-ar., caust., cupr., graph., lap-c-b., nat-m., puls., samb., sep., sil., sulph., tarent., thuj.

MIND; DELUSIONS, imaginations; diminished: cann-i., choc., cinnam., grat., hydrog., lac-c., plat., sabad., stram., sulph.

*The Complete Repertory; R. Zandvoort.*

### **Gemuet (Emotional Disposition)**

The emotional disposition is that which gives a human being unique feeling tones and emotional states. The Gemuet (emotional heart) is the functional polarity of the Geist (thinking brain). In German it is very natural to speak in terms of one's Geist and Gemuet as complementary opposites. The Gemuet represents intuition, feeling tones, and the emotional disposition. The patient presents the symptoms of the emotional heart by saying, "I feel so upset I could just cry". The Gemuet provides the human organism with a wide variety of feeling tones and empathetic experiences.

The Gemuet is defined as the mind, emotions, heart, emotional mind, and more accurately, the emotional disposition. The essence of the emotional disposition is the love and compassion found in the pure human feelings. References to the Gemuet are found in the introduction of the *Organon* where disturbances of the Gemuet are discussed (fright, anger), and mental and emotional diseases are mentioned. The emotional disposition is found in aphorisms: 26 (fn.), 88, 89 (fn.), 96, 141 (fn.), 208, 210–218, 220, 222, 224–226, 228–230, 232 (fn.), 235 (fn.), 253, 255, 261, 263, 289, 290. The term, Geist und Gemuet, the mental and emotional disposition, and Geistes-und Gemueths-Krankheiten, mental and emotional diseases, are found in aphorisms 88, 210, 212–218, 220, 222, 224, 228–230, 253, 255, 261.

It is on the emotional plane that one feels love and hate, anxiety and hope, sadness and happiness, peace and anger, as well as feelings of a sexual nature. The healthy human psyche is a balance of reason and emotion. When the rational spirit and emotional disposition are in conflict it leads to psychological complexes. The will and understanding of the spirit may be unable to balance the feelings and sensations of the heart with the norms of culture. Excessive logic and will power may repress the intuition, emotion and natural drives. An over-emotional heart may sweep away the rational mind with self-destructive impulses. There are many psychological scenarios. Here are examples of how the term, Gemuet, is used in German.

Gemuethlich is to be cozy, in a comfortable state, leisurely, informal.

Gemuetsart is the nature of the emotional character or disposition.

Gemuetsmensch is a person of placid emotions or temperament.

Gemuetsverfassung is an emotional frame of mind.

Gemueths-Stimmung (§88) is the tuning of the emotional disposition.

Gemueths-und Geistes Krankheiten are the emotional and mental diseases (§210).

Gemuethszustand is the emotional state (§211).

Examples of rubrics related to the Gemuet include:

MIND; JEALOUSY; sexual excitement, with: calc., caust., chin., con., hyos., nux-v., phos.

MIND; FORSAKEN feeling; isolation, sensation of: allox., anac., androc., anh., arg-n., arist-cl., camph., cann-i., cann-s., choc., coca, cortico., germ., hura, hydrog., lac-h., lap-mar-c., merc., op., ozone, pip-m., plat., psil., puls., sac-alb., stram., tab.

MIND; GRIEF; silent: am-m., anthr., apis, aq-mar., aur-ar., carc., coff., coloc., crot-c., cycl., gels., **Ign.**, indg., ip., kali-fcy., lach., lap-gr-m., lyc., **NAT-M.**, nux-v., peti., ph-ac., puls., sal-ac.

*The Complete Repertory*; R. Zandvoort.

A knowledge of the components of consciousness is the foundation of homœopathic psychology in materia medica. This requires a study of personality traits, temperament and individual character combined with the nature of the present moods of the patient. The psychological effects of homœopathic remedies are uncovered by proving the remedy on the healthy.

The Creator of curative potencies has also preeminently taken into consideration this chief ingredient of all diseases, the altered mental and emotional state, in that every efficacious medicinal substance in the world very noticeably alters the mental and emotional state of the healthy individual who proves it and, to be sure, each medicine does so in a different way.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 212.

Homœopathy has the only materia medica that specializes in the psychology of individual patients and collective groups. The study of psychology and Homœopathy go hand and hand because the psyche represents the deepest aspects of human experience. The symptoms of Geist and Gemuet are found in the mental section of all homœopathic repertories. Boenninghausen recommended that the symptoms of

the intellect and emotional disposition should be separated. Our modern repertories make no such distinction.

### 3. The Occupation

The occupation that a person chooses is often characteristic of the individual's innate talents and desires. Sometimes a person's character and occupation are at odds causing continual stress and frustration. Being unemployed and losing one's job is a traumatic experience for many people. This area contains many exciting and maintaining causes and occupational hazards that keep up the disease state. Rubrics related to occupation include professions like actors, businesspersons, clergymen, literary people, miners, nurses, orators, singers and their problems. These are general symptoms because they are characteristic of the whole person.

STAGES OF LIFE AND CONSTITUTION; Occupation, **clergymen**: hoarseness, Caps., **I** Caps., **II** Phos., **I** Rhus.; sore throat, **II** Arum. t., **I** Ferr. ph. *Repertory of Hering's Guiding Symptoms of our Materia Medica*; C. B. Knerr.

MIND; AILMENTS from; position, job, loss of: ign., nux-v., pers., plat., staph.

SLEEP; SLEEPLESSNESS; nursing; sick, the, from: **Cocc.**, coff., zinc-acet.

GENERALITIES; MINING, ill effects of: carb-n., card-m., nat-ar., sulph.

*The Complete Repertory*; R. Zandvoort.

### 4. Lifestyles and Habits

A person's lifestyle has a powerful impact on the positive and negative activations of their genetic potential. Cultural influences are collective patterns into which an individual is born. Within these group limitations a person makes his or her own decisions about their personal lifestyles. A person's diet and regimen have a great effect on health and disease. Some people live in moderation while others are prone to abuse. A person's lifestyle offers insight into the psychology and conditioning of the patient. Diet, daily activity, sleep, and recreation are important expressions of a person's individuality. This area of a person's life expresses many loves and hates gone to excess. Examples of rubrics include:

STAGES OF LIFE AND CONSTITUTION; Occupation, **bookworms**: **I** Cocc., **I** Nux. v.

*Repertory of Hering's Guiding Symptoms of our Materia Medica*; C. B. Knerr.

GENERALITIES; FOOD and drinks; sweets; desires; dainties: acon-l., anan., arg-n., bufo, calc., chin., cub., ip., lil-t., mag-m., nat-c., paull-p., petr., psor., rhus-t., sac-l., spong., tub.

MIND; BUSINESS; man, in worn out: coca, kali-p., **Nux-v.**, zinc-p.

MIND; ALCOHOLISM, dipsomania; weakness of character, from: ars., petr., puls.

*The Complete Repertory*; R. Zandvoort.

## 5. Civic and Domestic Relationships

Family and social relationships are essential elements of human existence. In the 1930s most people in Western culture still lived on the farm in family units that spanned generations. Today we face the breakdown of marriages, the family and the local community. Dysfunctional families make dysfunctional societies. Isolation and fragmentation are major problems. The struggle to find a healthy individuality within a dysfunctional society is a fertile source of characteristic symptoms. The homœopath should be well acquainted with the personal and family dynamics of their patients as well as the effects of their social peer groups. Here are related examples from *The Complete Repertory*.

MIND; COMPANY; aversion to, agg. friends, of intimate: alum., ars., bell., cham., coloc., ferr., hep., iod., nat-c., sel.

MIND; HATRED; children, of: anac., lyc., nux-v., **Plat.**

MIND; AVERSION; family members, to: am-c., am-m., aran., aur., calc., calc-s., cit-ac., con., crot-h., fl-ac., hep., iod., kali-c., kali-p., lyc., merc., nat-c., nat-m., phos., plat., plb., senec., sep.

MIND; FEAR; social position, about his: chel., cub., sep., staph., verat.

*The Complete Repertory*; R. Zandvoort.

## 6. Age

Stages of life are an important part of time and progression in Homœopathy. Some remedies work particularly well on babies while others are more suited to the elderly. Some work well at both extremes of life. Hering recorded these rubrics in the section of the *Guiding Symptoms* called Stages of Life and Constitution. Rubrics related to age includes; infants, children, young people, puberty, the elderly, premature old age, growing pains, growth disorders. Such rubrics are found scattered throughout every repertory. Examples:

GENERALITIES; NURSINGS, ailments in: acon., aeth., ant-c., ant-t., arg-n., arn., ars., bell., **Bor.**, bry., **Calc.**, calc-p., camph., carb-v., cham., chin., cina, coloc., colos., croto-t., dulc., ferr., graph., hep., ign., ip., kali-bi., kali-c., lach., lyc., mag-c., merc., nat-c., nat-m., **Nat-p.**, nux-v., **Op.**, ph-ac., phos., podo., psor., **Puls.**, rheum, rhus-t., samb., sec., sil., stann., staph., stram., sulph., verat., zinc.

GENERALITIES; CHILDREN, complaints in; delicate, puny, sickly: bac., brom., calc-p., caust., irid., lyc., mag-c., phos., psor.

GENERALITIES; PUBERTY; ailments in: acon., agar., ant-c., apoc., aur., bar-c., bell., calc., calc-p., caust., cimic., croc., cupr., ferr., ferr-p., fil., **Gels.**, graph., guai., hell., helon., hypoth., ign., iod., jug-r., kali-br., kali-c., kali-p., lach., mag-p., mill., nat-m., ph-ac., **Phos.**, plat., **Puls.**, senec., sep., sil., stram., ther., tub-m., verat., viol-o.

GENERALITIES; OLD; age, premature: agn., alco., alum., ambr., arg., arg-n., ars., ba-sv., bar-c., berb., bufo, cann-i., carb-v., chin-s., coca, con., cortico., cupr., des-ac., esp-g., fl-ac., hydrog., iod., kali-c., kreos., kres., lyc., mag-f., nux-v., op., ov., phos., prot., psor., reser., sars., **Sel.**, sep., staph., stram., sulph., sumb., thiosin., vip., xan.

GENERALITIES; OLD; people, complaints in; decay: agn., arg-n., ars., bar-c., cann-i., con., fl-ac., iod., lyc., ov., phos., thiosin.

*The Complete Repertory; R. Zandvoort.*

## 7. Sex and Sexuality

Some remedies are more characteristic of females while some are more reflective of males. Some cover problems unique to the female and vice versa. Also the sexual nature, attitudes, desires, and health of an individual reveal their deep loves and hates. Sexuality is an important part of the general symptoms as it is closely linked with the instinctive vital force and the emotional disposition.

Rubrics from *Knerr's Repertory* related to sex, like boys, girls, men, and women.

STAGES OF LIFE AND CONSTITUTION; Age, **girls: I** Bar. c., **I** Bell., **I** Ferr., Filix., **II** Lach.; acne faciei, **I** Puls.; weakness of bladder, **I** Rhus.; blonde, pale, gentle (pneumonia), Chel.; blonde, red-cheeked, scrofulous, **II** Brom.; [etc. ✍]

*Repertory of Hering's Guiding Symptoms of our Materia Medica; C. B. Knerr.*

Rubrics related to sexuality from the *Complete Repertory*.

GENERALITIES; SEXUAL excitement; agg.: agar., arg-n., arn., bufo, calc., chin., gins., kali-p., **Lil-t.**, plat., sars., senec., sep., staph., tarent.

MALE; SEXUAL; desire; excessive; ungovernable: agar., caust., chin., con., graph., kali-c., lyc., mag-c., nat-m., **Phos.**, **Plat.**, sabin., **Sil.**, staph., verat., zinc.

*The Complete Repertory; R. Zandvoort.*

The seven attendant circumstances condition the inner and outer environment of a human being. They are the foundation of constructing a complete case history.

Who are they? What do they look like? What is their intellectual and emotional character like? What do they do? How do they live? How do they relate to people? What are their family relationships? What is their age and vitality? What is their sexuality like? This information is reviewed in relationship to the complete case history and the chronological progression of the disease state. Predisposition (nature) and conditioning (nurture) are functional polarities that assist in the development of psyche and soma.

### **Gestalt-Patterns in Homœopathy**

A study of constitution, temperament, predispositions, lifestyles and miasms does not constitute a complete case analysis. The causation, the seven attendant circumstances, and the miasms are only a basis for the study of the objective signs, coincidental befallments, and subjective symptoms of the patient. The totality of these symptoms makes up the true Gestalt of the disease.

The unprejudiced observer, even the most sharp-witted one—knowing the nullity of supersensible speculations which are not born out in experience—perceives nothing in each single case of disease other than the alterations in the condition of the body and soul, *disease signs, befallments, symptoms*, which are outwardly discernible through the senses. That is, the unprejudiced observer only perceives the deviations from the former healthy state of the now sick patient, which are:

1. felt by the patient himself,
2. perceived by those around him, and
3. observed by the physician.

All these perceptible signs represent the disease in its entire extent; that is, together they form the true and only conceivable gestalt of the disease.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 6.

The case history includes the character of the natural temperament in its state of relative health as well as the alterations of the body and soul brought on by disease. The totality of all these observable phenomena makes up the only conceivable Gestalt of the disease. *Langenscheidt's Dictionary* defines a Gestalt as a form, shape, figure or character. *Chambers Dictionary* defines a Gestalt as a form, shape, pattern, organized whole or unit. Gestalt-qualities are a visible pattern that demonstrates the qualities of the invisible essence (Wesen) of a phenomenon. For example, no one has ever really seen sub-atomic particles like quarks but through the Gestalt-phenomena that appear during their experiments scientists have come to certain conclusions about their nature. We cannot see the mistuned vital force but we can see its energy patterns through the signs, befallments and symptoms.

Plato spoke of the energy of pure Ideas manifesting as forms in the material world. Ideas are the invisible essence and forms are their dynamic appearance. The German savant, Goethe (1749–1832) integrated the ideas of the essence, archetypes, Gestalt-qualities, and the doctrine of similar correspondences in his studies of nature. Hahnemann, a contemporary of Goethe, integrated a similar perspective into homœopathic philosophy. Jungian psychology teaches that the Gestalt-qualities are innate archetypal patterns that display their energy as individual and collective experiences. Jung applied Goethe's archetypes and the doctrine of similar correspondences to the study of the personal and collective unconscious. Gestalt psychology appeared in Germany as a revolt against the atomistic outlook of the orthodox schools. It begins with the idea that the whole is more than the sum of its parts into which it can be logically analyzed. The Austrian physician, Edward G. Whitmont M.D., applied Jungian psychology to the study of the homœopathic materia medica. This terminology is well established in certain schools of philosophy in Germany, Austria and Switzerland.

### **Cause and Coincidence**

Hahnemann speaks of the need to collect all the objective signs, coincidental befallments, and subjective symptoms. The word befallment (Gr. Zufall) holds an interesting meaning in German that is often overlooked in English. Boericke translates befallment as an accident or a disease, but this does not convey the true meaning of the word, Zufall. *Langenshcheidt's German-English, English-German Dictionary* offers the following definition of Zufall.

Zufall m chance; coincidence.

In its true meaning a befallment is coincidence, chance, accident or a state for which there is no obvious reason. It is literally something that just “falls on you”. Carl Jung called this synchronicity. Hahnemann's advanced works emphasize the importance of linear cause and non-linear synchronicity as part of the integrity of the total field of the observable phenomena. This is combined with the doctrine of similar correspondences in the homœopathic materia medica.

One cannot confine the full field of symptomatology to linear causal relationships such as  $1+1 = 2$ . In Homœopathy, non-linear synchronicity is as important as linear causation in the construction of a complete anamnesis. A direct causal relationship offers great insights but the non-logical concomitants that do not relate to cause in a rational way are also significant. Such concomitant symptoms appear due to chance, synchronicity and coincidence. These twin categories of causation are a functional polarity that makes up the total field of potential causative phenomena.

## Symptoms and Circumstances (§7, §18, §24)

Aphorism 7 begins by reminding homœopaths of the importance of removing any occasioning or maintaining causes (*causa occasionalis*) that might produce disease symptoms or form an obstacle to the cure. A situational or maintaining cause either produces pseudo-chronic diseases or blocks the action of the curative remedy. A pseudo-chronic disease is caused by a continual negative influence to which the patient is susceptible. If this negative influence is removed quickly the symptoms usually improve by themselves. When the maintaining cause continues to act over a long period of time it may produce pathological damage that requires homœopathic treatment.

For example, if a person sleeps in a damp basement for one week their bones may ache, but once they are no longer exposed to the damp, they tend to improve on their own. If they sleep in a damp basement for years they may develop rheumatic and arthritic joints that never feel well since the exposure. To cure this patient they must move out of the damp basement because it will still pose an obstacle to the cure. This class of causations complicates the signs and symptoms and makes curing more difficult.

In cases of disease where there is no obvious occasioning or maintaining causes (*causa occasionalis*) to be removed, we can perceive nothing but the disease signs. Therefore, it must be the symptoms alone by which the disease demands and can point to the appropriate medicine for its relief, **along with regard for any contingent miasm and with attention to the attendant circumstances (§5). ★**

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 7.

In cases where there are no obstructive occasioning or maintaining causes it is the signs and symptoms, the miasms, and the attending circumstances (§5) that point to the curative remedy. Some practitioners are very averse to acknowledging a role for any constitutional or circumstantial factors. Some take statements like the “symptoms alone” out of context while ignoring the inclusion of the study of causation, miasms and the attendant circumstances in taking a case. This is the use of similars, individualization, and symptoms as found in the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> *Organon*. This view, however, does not utilize the teachings of *The Chronic Diseases* and the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> *Organon* in any practical manner. In aphorism 18 Hahnemann once more speaks about the need to assess the “symptoms and circumstances” and refers to aphorism 5.

It is an undeniable truth that nothing can, by any means, be discovered in diseases whereby they could express their need for aid **besides the totality of the symptoms, with consideration for the accompanying circumstance**

(§5).★ Therefore, it follows incontestably that the **complex of all the symptoms and circumstances**★ perceived in each individual case of disease must be the *only indicator*, the only reference in choosing a remedy.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 18.

The theme proclaiming the dual role of the totality of symptoms (§6) and the Causa, the collective miasms and the accompanying circumstances (§5) is repeated in aphorisms 7, 18 and 24. In aphorism 24 Hahnemann says:

In homeopathy, a medicine is sought for the totality of the symptoms of the case, **with regard for the originating cause (when it is known) and for the accessory circumstancea.**★

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 24.

These aphorisms show that Hahnemann reviewed three classes of essential rubrics i.e., Causa and coincidence, the totality of the symptoms and the concomitant accompanying circumstances. This combination includes all the objective signs and subjective symptoms of the disease case as well as constitutional concomitant factors and accessory circumstances related to the patient.

A complete case includes all the significant points of the medical history; the exciting, maintaining and fundamental causes, the miasms and the nature and condition of the physical body, the intellectual and emotional character, occupational factors, lifestyle and habits, civic and domestic relationships and age factors and sexuality as well as the objective signs, coincidental befallments; and subjective symptoms. Hahnemann makes it extremely clear that the “*only indicator*” for choosing a remedy is the complex of observable symptoms (§6) and concomitant circumstances (§5).

In aphorism 85 in the section that teaches how to record a case, Hahnemann speaks of using a fresh line to record “every new symptom or circumstance” mentioned by the patient or their relatives. In aphorism 245 the Founder says:

We have seen what considerations should be given, in homoeopathic cures, to the main varieties of disease **and to the particular circumstances connected with them.**★

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 245.

All these aphorisms show the importance Hahnemann placed on both symptoms and circumstances. It is a combination of the totality of symptoms and the concomitant circumstances that makes up the only conceivable Gestalt of the disease and the patient.

## Wesen, the Esse

The immaterial essence cannot be seen but its presence can be witnessed in the Gestalt pattern related to the circumstances of the patient and their disease case.

The outwardly reflected inner essence of the disease is the totality of the signs and symptoms of the suffering vital force. The *Esse* of these symptoms are the striking, exceptional, unusual and odd redline characteristics that lead to the correct remedy. Hahnemann introduces the German term, *Wesen*, to the main text in aphorism 7.

The totality of these symptoms is the *outwardly reflected image of the inner wesen of the disease, that is, of the suffering of the life force.*

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 7.

*Wesen* has a number of meanings depending on usage. It may mean being, creature, essence, nature or character. Hahnemann's application of the term revolves around the idea of the essence, nature and being. One cannot view the human *Wesen* with the five senses but one can observe its activities in the function of the vital principle. The *Wesen* and the *Lebenskraft* are the functional polarity of the human dynamis, the sovereign. Goethe used the term *Wesen* to describe the *Esse* in the same way that Coleridge, and other 19<sup>th</sup> century Romantics, used the term *genius*. Samuel used the term *genius* in the 5<sup>th</sup> edition in paragraph 130 where he speaks of knowledge of the *genius* of a medicine. Hahnemann refers to the *Wesen* of a disease (§7), of a human being (§10), and of a medicine (§20, §21) in the *Organon*. There is no human life without the immaterial *Wesen*.

The material organism, thought of without life force, is capable of no sensibility, no activity, no self-preservation. It derives all sensibility and produces its life functions solely by means of the immaterial *wesen* (the life principle, the life force) that enlivens the material organism in health and in disease.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 10.

Hahnemann continues with this theme in the footnote to aphorism 10.

Without life force, the material organism is dead and is only subject to the power of the physical external world. It decays and is again resolved into its chemical constituents.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 10.

The study of *Physis* (nature) and *Vita* (life) is central to homœopathic philosophy and pathology. It is important to learn the meanings of terms like *Seele*, *Geist*, *Gemuete*, *Wesen*, *Lebenskraft*, *Stimmung*, *Verstimmung* and *Gestalt* for a deeper understanding of Homœopathy. In the 1830s case taking included linear causation and coincidental befallments, acute and chronic disease, constitution and temperament, heredity and miasms, lifestyle and habits, personal and social relationships, sexuality and the totality of the signs and symptoms. Aphorism five contains the essence of *The Chronic Diseases*.

## Filling in the Details

### First Stage of Case Taking

Hahnemann once said there are no diseases only sick persons. This view prevents the prescriber from becoming attached to fixed names and states rather than observing the individual and collective signs, coincidental befallments and symptoms. Hahnemann's mark of genius is demonstrated in his balanced view of the patient and the disease.

This individualizing examination of a disease case, for which I am giving only general instructions here (and from which the disease examiner should retain only what is applicable to each single case) demands nothing of the medical-art practitioner except freedom from bias and healthy senses, attention while observing and fidelity in recording the image of the disease.

*Organon of the Medical Art; S. Hahnemann (O'Reilly 6th Edition), Aphorism 83.*

The first task of a homœopath is to record the true image of the disease not just the names of advanced pathological states. A practitioner should cultivate freedom from prejudices, sound senses and fidelity in tracing the Gestalt of the disease. It is often said that a homœopath should let the client tell their story without interruptions. This is only part of the account. Hahnemann actually divided case taking into four stages. The four phases are listening to the patient without interruption, asking general questions, asking precise questions, and recording one's own observations.

To successfully record the image of the disease the homœopath must view the condition through the symptoms of the patient, information collected from relations and neighbors, and personal observation.

The patient complains of the process of his ailments. The patient's relations tell what he has complained of, his behavior and what they have perceived about him. The physician sees, hears and notices through the remaining senses what is altered or unusual about the patient. He writes everything down with the very same expressions used by the patient and his relations. The physician keeps silent allowing them to say all they have to say without interruption, unless they stray off to side issues. Only let the physician admonish them to speak slowly right at the outset so that, in writing down what is necessary, he can follow the speaker.

*Organon of the Medical Art; S. Hahnemann (O'Reilly 6th Edition), Aphorism 84.*

In Homœopathy the prescriber writes down the patient's details using the very same expressions used by the patient and his or her relations. Unlike the allopaths they do not translate the words of the patient into the pathological titles found in

medical textbooks. At this time, the practitioner keeps silent so they can record the process without interrupting the natural flow of the information. The practitioner only interrupts the patient if they stray off the subject at hand. The observer notes the nature of the patient's responses and any interaction with those present in the room. Most patients have a limited view of their situation, especially when it comes to how other people see them. It is very important to get the wife, children, relations, or friends in a separate room so they can speak freely about the patient. The statements, however, must be vetted for their accuracy as relatives and friends may have their own prejudices. The homœopath seeks to know much more about their patient and their lifestyle than an orthodox practitioner.

The homœopath lets the patients do the talking rather than expecting them to be passive recipients of the physician's opinions. The homœopath is trained to speak to the patient in simple language unlike the orthodox medical experts. There is no need to attempt to mystify the laity by using the latest pseudo-medical terms which are usually here today and gone tomorrow. In the footnote to aphorism 84, Hahnemann again reminds us not to interrupt the patient because they will not repeat their statements again in precisely the same manner. The symptoms that are spontaneously volunteered are often the most valuable, as they are not colored by the framing of questions. Hahnemann continues in aphorism 85:

The physician begins a fresh line with every new symptom or circumstance mentioned by the patient or relations so the symptoms are all ranged separately, one below the other. The physician can add to any one that is initially stated all-too-indefinitely, but afterwards more clearly.

*Organon of the Medical Art; S. Hahnemann (O'Reilly 6th Edition), Aphorism 85.*

## Second Stage of Case Taking

Each symptom and circumstance should be written on a separate line so that there is room to add additional information later. It is useful to leave a few blank lines below each of the most important symptoms so that there is ample space for more details. After the patient has completed what they have to say on their own accord, the homœopath then returns to each symptom separately, and elicits more information. Now the homœopath begins the second phase of case taking where they seek further clarification of the symptoms given by the patient, relations and other witnesses.

When the narrator has finished what he wanted to say of his own accord, the physician enters a closer determination of each particular symptom in the following way: He reads through the single symptoms reported to him and asks for further particulars about this or that one. For example:

1. At what time did this befallment take place?

2. Did the befallment occur before the medicine was used, while taking the medicine, or only some days after setting it aside?
3. What kind of pain, what sensation (described exactly) took place at this spot?
4. What exact spot was it?
5. Did the pain ensue in fits and starts at different times, or was it persistent, incessant?
6. How long did the pain last?
7. At what time of day or night, and in what position, was the pain the worst? At what time, and in what position, did it stop entirely?
8. Described in clear, plain words, how was the befallment or circumstance exactly constituted?

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 86.

In this manner, the healing artist makes a closer examination of each single statement without putting words into the patient's mouth or asking questions that can be answered by a simple yes or no. A homœopath avoids leading the patient because this will produce a false picture of the disease state.

For example, the physician should not ask, "Wasn't this or that circumstances also present, perhaps?" The physician should never be guilty of seducing the patient into giving false answers and making false statements with any leading questions or suggestions.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 87.

If nothing about various specifics is mentioned in the patient's voluntary statements, the prescriber should ask about the parts, functions and emotional state of the patient in general expressions so that the patient responds with the specifics. In this phase, the Founder asked questions like, "How are the emotions, temper, mental powers?" and "How is the appetite, the thirst?"

### **Third Stage of Case Taking**

After the patient has related the relevant information under general questioning, the prescriber then asks more precise and specific questions. In this way the practitioner moves from voluntary statements, to general questioning, to specific inquires into areas of the case that need clarification.

Only after the patient has finished freely relating the pertinent information upon simply being invited to do so, and upon being prompted [with general questions], thereby providing a fairly complete image of the disease, is it

allowable and indeed necessary for the physician to ask more precise and specific questions if he feels he has not yet been fully informed.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 89.

If the homœopath needs to make inquiries into a specific area they must provide the patient with a series of options rather than asking direct questions. Hahnemann gives examples of this type of specific questioning in the footnote to aphorism 89.

7. What occasions the ailment? Does it come on while sitting, lying, standing, or with movement? Only on an empty stomach, or at least early in the morning? Only in the evening, or after a meal, or when does it usually occur?

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 89.

A complete symptom needs a location, sensation, modification and concomitants. During the third stage of taking a case the practitioner seeks to fill out any symptoms that are not complete by looking exactly into the nature of the locations and extensions, sensations and complaints, modalities and times and any concomitants the patient may think of by association with the main complaints under review. They must also look into the circumstances that surround the symptom and search for any possible originating or maintaining causes. In aphorisms 86 to 94 of the *Organon* Hahnemann offers several examples of the types of questions that a homœopath should ask. Out of the accounts received from the patient and others, the most emphasis should be placed on the patient's own account of the disease except in those persons who have proved to be undependable.

### Fourth Stage of Case Taking

The fourth stage of case taking involves the observations of the practitioner. These observations include anything that is noticed about the patient's constitution, temperament, character of the intellect and emotional disposition, mood, hair and eye color, complexion, vitality, movements, positions, gestures, preferences in environment as well as all the information gleaned from the physical examination of the patient. For example:

1. How does the patient gesticulate during the visit?
2. Is he vexed, quarrelsome, hasty, inclined to weep, anxious, despairing or sad; or is he comforted, calm, etc.?
3. Is he drowsy or generally dull-witted?
4. Does he speak in a demanding manner, very faintly, inappropriately, or in any other way?

5. How is the color of his face and eyes, and the color of his skin in general?
6. How is the vivacity and energy of his expression and eyes?

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 90.

The symptoms of the homœopathic anamnesis are elicited by a careful psychological and physical assessment. The physical examination is an integral part of the homœopathic interview. Some consultants have left this part out of their case taking yet in the footnote to aphorism 90 the Founder speaks of collecting the following information.

7. How is the tongue?
8. How is the smell of the mouth?
9. How is the respiration?
10. How is the hearing?
11. How much are the pupils dilated or constricted? How rapidly do they alter in the dark or light?
12. How is the pulse?
13. How is the abdomen?
14. How damp or dry, cold or hot to the touch is the skin in general, or this or that part of it?

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 90.

One might ask how did Hahnemann determine this information if he did not examine his patients through his own heart and senses and with his own hands? A compassionate touch is not only reassuring to the sufferer but also provides the homœopath with valuable information. Often a patient states that he or she feels hot and prefers a cool environment. This leads the homœopath to believe he or she is a “hot patient”. What if the person’s skin is cold to touch even though the patient says they feel hot? Isn’t this important? These symptoms are strange and oddly characteristic and may point to the correct simillimum. How can the homœopath elicit this information if they never touch the patient?

### **The Physical Examination**

John B. Young, who was treated by Hahnemann in Paris in 1837 when he was twelve years old, gave the following account in the *Medical Advance* in April 1893. The boy had been sick for two years and his physicians gave up all hope of his survival. A compassionate, wealthy lady brought John to Samuel Hahnemann. He was so exhausted that they traveled in stages so as not to weaken the patient. J.

H. Allen carried out the interview at the Hering Medical College of Chicago. Dr Allen begins the conversation.

“You went from London to Paris?”

“Yes, I went from London to Paris.”

“When you arrived in Paris, did you go and see Hahnemann, or did Hahnemann come to see you?”

“He came to see me the second day after my arrival, and gave me an examination that lasted about an hour and a half.”

“Did he strip you?”

“Yes, I had to go to bed. He went over me more thoroughly than I have ever been gone over before or since.”

Dr. Allen. “And still it is said that Hahnemann was a symptomatologist, and usually prescribed for symptoms; and rarely made a physical examination.”

Mr. Young. “He would make me count one, two, three, etc., up to one hundred, and put an instrument to my chest and did the same to my back, and he did more thumping of my chest than I ever had before.”

“He said he *knew* that I had come to him in time and he could cure me.”

“Did he give you very much medicine?”

“Not a great deal, I think I had medicine about four times a day at first, including what I got at night.”

“What was your impression of Hahnemann?”

“The first impression made on my mind when I saw him was that his face had a luminous expression. He looked more to me, as I would call it, a divine man; there was divinity about his appearance. He was a good man undoubtedly, and I was informed that he often, when he gave his medicine, said to his patients that he was but the instrument, that he did the best he could and then they must look to God for the blessing.”

*The Life and Letters of Dr. Samuel Hahnemann*; T. L. Bradford, p. 373-374.

This stirring rendition of Hahnemann’s presence to a dying young boy whose life he saved is very touching, as was the fact that he did not charge anything for the nine months of treatment. It illustrates that Hahnemann was an expert not only at recording symptoms but also at the art of clinical examination. A well-trained homœopath will notice signs and symptoms during such an examination that their orthodox counterparts would not. The means used in such an examination may look similar but the direction that it takes the homœopath is quite different. Kent also was a firm believer that examination of the patient is an integral part of taking a case.

There is more to be learned about diagnosis and prognosis by studying the complex of symptoms than by any form of physical examination, but both and all methods of investigation should be used, as they confirm each other, and often where one is defective the other is strong and helpful.

*Kent's Lesser Writings*; J. T. Kent, *The Symptoms and Aspects of Such Cases as Present an Unfavorable View and Cause an Unfavorable Prognosis*, p. 445.

Sometimes it is said by homœopaths that the study of pathology is not necessary yet Hahnemann's writings represent the most advanced pathological system in medicine. If the homœopath has no idea of what the patient is suffering, how can they find a remedy, manage the case, and advise the patient on their condition? It would be more accurate to say, as Hahnemann did, that orthodox pathology with its lack of integrated symptomatology, rigid metabolic concepts, and reductionist disease names is of no help to the homœopath.

It is important to write a complete physical description of the patient; as these general symptoms are important signs. Is the patient tall and thin or short and fat? Are they tight or loose tissue types? Do they have dark or light coloring? Do they seem irritable, calm, hasty, slow, anxious, hopeful or lachrymose? Is the patient's basic constitution choleric, phlegmatic, sanguine or nervous or a mixture of these? How much vitality does the patient seem to have? Are their reactions quick or slow? How sensitive do they seem? Does the patient have the unhealthy dirty look of psora or the warts, flecks, moles of sycosis? Does the patient have the reddish coppery coloring of syphilis or the pale, grayish, white skin and flushed cheeks of pseudopsora? Technically speaking, symptoms are those things stated by the patient and signs are those things observed by the examiner.

## **Management of the Patient on Drugs**

In aphorism 91 Hahnemann reminds us that symptoms experienced during the previous course of medication do not offer a pure image of the disease. For this reason, the practitioner should inquire into the symptoms experienced before the use of the medicine or several days afterward because they offer the genuine image of the original disease-Gestalt. When necessary it is important to postpone the administration of the remedy until the superficial drug symptoms are lessened and the natural symptom pattern returns. During this period of observation a placebo may be administered if necessary. Due to the improper use of remedies the original disease is now compounded with the dissimilar medicinal disease making a more serious disorder.

There are very urgent cases where no delay in treatment can be sanctioned yet one cannot ascertain the symptoms prior to improper medication on which to base a prescription. Sometimes the medicinal disease is more dangerous than the natural

disease and requires immediate aid. Under these conditions the prescriber should use the mixture of natural and medicinal symptoms for the complete image of the disease. Such a remedy will alleviate the dangerous drug symptoms and may actually save the patient's life (§92).

### **Diseases Based on a Striking Event and Concealment of Symptoms**

When a disease has been caused by an extraordinary event the patient (or their relations when questioned privately) usually remember the incident spontaneously or under careful inquiry (§93). Recent events, or those related to a new acute disease, are usually easy to remember. Distant events related to unresolved acute disease states or chronic disorders might be harder to recollect. Nevertheless, if the prescriber asks if anything happened before the disease arose, such a detail will usually be forthcoming. These striking events are often incidents from which the patient never completely recovers. These are called “never-well-since rubrics”. Such rubrics are dissimilar disease states that tend to suspend older weaker diseases and form layers of illness. After acting on the constitution for longer periods they form complex diseases and settle in those parts of the organism so disposed. These never-well-since rubrics often hold a causative factor around which a particular set of signs and symptoms revolve.

Sometimes, these extraordinary events or strong circumstances are of a nature that neither the patient nor the family would like to disclose. These may be private areas of a person's life that the individual and family instinctively repress or hide from others.

Through astutely phrased questions or other private inquiries, the physician must seek to trace the possible dishonoring occasions of diseases which the patient or his relations do not readily confess, at least not of their own free will.

*Organon of the Medical Art; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 93.*

There are many areas of a patient's life that they may not wish to speak about. This includes attempted suicides in the family, venereal diseases, itch diathesis, insanity in the family, physical abuse, child abuse, sexual abuse, drug abuse, sexual affairs, secret liaisons, unhappy love, jealousy, domestic discord, vexations, grief over family misfortune, revenge, offended pride, financial problems, superstitious fears, shame about deprivations like hunger and poverty, and bodily infirmities of private parts or of an embarrassing nature. When inquiring into a chronic disease one needs to analyze the personal affairs of the patient. This includes their ordinary occupation, living habits, diet, domestic and social situation and other factors that may excite or maintain the disease state and form obstacles to the cure (§94).

## Case Taking in Females

One of the seven accompanying circumstances included in aphorism 5 are symptoms related to sex, sexual function and sexuality. There are specific areas of case taking that apply to women and their special conditions.

In chronic diseases of women, one should pay special attention to such things as pregnancy, infertility, sexual desires, deliveries, miscarriages, breast-feeding, vaginal discharges and the state of the menses.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 94.

When questioning a female patient it is important to record the intervals of the menstrual periods; how long it lasts; whether it is continuous or intermittent; whether it is heavy or light; its color; whether there is leucorrhoea before or after the flow, how it is constituted, what sensations attended the flow, what is the quantity of the flow, under what conditions does it occur and what brings it on? Last but not least, Hahnemann points to the connection between the menses and the mood.

7. Especially, what ailments of body and soul, and what sensation and pains does the patient have before, during and after a menstrual period?

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 94.

## Accompanying Befallments and Symptoms

In the case of chronic disease the investigation of the patient must include even the smallest details about the regions of the complaint, the nature of the pains and sensations, and the modalities. It must also include the most exact details about the concomitant symptoms and accidental befallments. Many chronically ill patients become accustomed to their suffering so that they pay little attention to the smaller more “characteristic accompanying befallments” (§95), which are very often decisive in singling out a remedy.

Chronically ill patients become so accustomed to their long suffering that they pay little or no attention to the smaller, often very **characteristic accompanying befallments which are so decisive in singling out the remedy.** ★ They view them as almost a part of their natural state, nearly mistaking them for health, whose true feelings they have fairly well forgotten during the course of their fifteen to twenty year long suffering. It hardly occurs to them to believe that the accompanying symptoms, these remaining smaller or greater deviations from the healthy state, could have a connection with their main malady.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 95.

Usually the patient becomes so identified with the main complaint over the years that they do not remember to mention important concomitant symptoms. It

scarcely occurs to the patient that these accompanying symptoms could relate to their main complaints. Hahnemann introduced the idea of the attendant circumstances, accompanying symptoms and accompanying befallments and Boenninghausen coined the term concomitants on this basis. Jahr called these particular attendant symptoms the “constitutional additional symptoms”. These concomitant symptoms include both the constitutional concomitants and accidental or coincidental befallments. These accompanying symptoms and attendant circumstances complete the circle of locations, sensations, modification and concomitants.

## The Psychological Profile

One of the most important parts of homœopathic case taking is the analysis of the mental state and the way the patient presents their disease state. Patients vary widely in the cast of the emotional disposition and in the way they express their symptoms. Some patients cannot give a clear idea of their mental state or peculiar habits because they are not in touch with themselves while others wish to hide their negativity. Sometimes, family and neighbors will tell the doctor things the patient will not. When more than one observer repeats the same characteristics these symptoms should be underlined.

Other patients exaggerate their symptoms and dramatize their statements for a number of reasons. Some do not realize they are doing so because this tendency represents a fixation in the unconscious level of the mind. Others exaggerate their complaints to receive special attention. Often these persons are prone to hypochondria so they have a tendency to spin pure fabrications. This can make it difficult to follow a case because the patient is expected to report their reactions to the medicine. If there is any question about the reliability of the report, the patient may be tested with a placebo. A true hypochondriac will usually come up with a host of symptoms just from the idea of taking a remedy. The over reactive nature of a hypochondriac may also be used as a symptom when filled out with various sensations and complaints. Of this Hahnemann said in the footnote to aphorism 96:

The high pitch of their expressions about their sufferings becomes, in itself, a significant symptom in the remaining set of symptoms from which the image of the disease is to be composed.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), footnote, Aphorism 96.

Hahnemann noted a difference between the insane person and willful fabricators of disease. In the insane their fabrications are truly spontaneous while in the psychosomatic patient their emotions are a mixture of subconscious fixations, hidden motives, or conscious manipulation. Just the opposite are those patients who tend to keep a whole host of ailments secret, characterize them in vague terms, or declare several of them to be insignificant (§97). Patients behave like this for a

variety of reasons such as compensation, shame, bashfulness, false modesty, secrecy, denial, mental weakness, memory loss, and a kind of genteel temperament or new age personality that does not wish to speak of negative things.

The expressions the patient uses are very important to the homœopath. Such information tends to be altered or falsified when a relative or attendant attempts to offer data for the patient. For this reason, the personal examination of the patient cannot be replaced. The complete investigation of the disease image requires “special circumspection, scrupulousness, knowledge of human nature, cautious inquiry and patience—all to a high degree” (§98).

The inquiry into acute disease or other recent befallments are easier for the homœopath to assess than those diseases of a chronic nature (§99). This is because these recent deviations from health are fresh in the memory of the patient and their relations and friends. Investigating a chronic disease is much more labor intensive. This demands a study of the entire family tree so that all genetic factors can be assessed.

### **A Review of Aphorisms 82 through 99**

The general principles presented in aphorisms 82 through 99 may be reviewed in 10 points.

1. The homœopath should record the symptoms as narrated by the patient. They should write down the patient’s symptoms in the words expressed by the individual.
2. They should gather information from the patient’s relatives, friends, co-workers and neighbors if possible to fill out the picture. These symptoms are also recorded in the words of the narrator.
3. They should write down all the data they can observe about the patient’s intellect, emotional disposition, physical constitution, vitality, mannerisms, interaction with people, reactions to questioning, and all other signs.
4. They should advise the patient, and their relatives, to speak slowly at the beginning of the consultation so the symptoms might be written down correctly.
5. The homœopath begins each new symptom with a fresh line leaving room below for the addition of information when reviewing the symptoms for more details.
6. During the first phase of the interview the homœopath should not interrupt those speaking or change the direction of the conversation. They should watch the natural dynamics unfold without interference. They should only intervene when the conversation begins to move off the subject. This will lead the patient to their main complaints.
7. During the second phase the homœopath questions the patient with general phrases to remind them of any symptoms they may have forgotten or not thought

important. At this time the practitioner looks for any accompanying symptoms that appear concomitantly with the main complaints the patient remembers.

8. During the third phase the interviewer returns to the formerly written symptoms to elicit more details about the main complaints, pains, sensations, discharges, modalities and the accompanying concomitants. This phase includes confirmatory questions that point toward the correct simillimum. They also should investigate any areas of the case that might offer important symptoms that have been missed.
9. At the end of the interview the homœopath should write down their own reflections on the data offered by the patient and others. This review offers knowledge of the essential patterns of the disease state as well as the prognosis. Any medical commentary and public health issues are recorded in the casebooks.
10. One of the most important parts of homœopathic case taking is the analysis of the psyche. The mental rubrics often tip the scales toward the selection of the simillimum (§211). Some patients exaggerate, others conceal information, and others are not aware of their faults. For this reason, the psychological profile should be carefully constructed through observation and questioning of the individual, family, and friends.

### **Recording Diseases of Common Cause and Similar Symptoms**

The first sentence of the *Organon* teaches that disease is based on physical and moral causes that affect individuals and collective groups. The clinical application of the study of diseases of common cause and similar symptoms are found in aphorisms 100, 101, 102 and 103. This idea was first raised in *Examination of the Sources of the Common Materia Medica* (1817) when Hahnemann was beginning his investigation of psora. Even at this time he knew that “animalcule” caused the acute and chronic miasms. From this time forward Hahnemann recorded the genus families of the miasms and their signs and symptoms.

There are epidemic diseases that mutate or only arise under special conditions. It makes no matter whether such a disease has been seen before or will ever be seen again. There are other diseases of a more fixed nature like smallpox, measles, and cholera. Hahnemann wrote that the healer must explore each disease state from the ground up if they wish to record the true Gestalt of a disease. One cannot record the true picture of a collective disease without studying a group of patients suffering from the same Causa. The group anamnesis provides much more information about the personal and social cost of infectious disease than any pathology book.

Upon recording the symptoms of several cases of this kind, the sketch of the disease image becomes more and more complete—not larger and

more verbose, but more characteristic, more encompassing of the peculiarity of this collective disease. On one hand, the general signs (e.g., loss of appetite, sleeplessness) obtain their own narrower determinations. On the other hand, the more marked, particular and (at least in this connection) rarer symptoms, belonging to only a few diseases, emerge and form what is characteristic for this epidemic.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 102.

By recording the group anamnesis the homœopath comes to know which signs are common to diseases in general and those symptoms that are marked, particular, and rare characteristics of the miasma. The more striking, uncommon and odd the symptoms the more surely they point to the correct genus epidemicus remedies. These remedies are most similar to the inner Wesen of the disease genus. The collective anamnesis holds the key to the prevention, early abortion and cure of miasms.

To be sure, all those afflicted by the epidemic at that time have the *same* disease, flowing from one and the same source. However, the entire extent of such an epidemic disease and the totality of its symptoms (knowledge of which belongs to the overview of the complete disease-image, so one can choose the most fitting homeopathic remedy for this symptom-complex) cannot be perceived in a single patient, but can only be completely abstracted and gathered [inferred] from the suffering of several patients of different bodily constitutions.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 102.

Hahnemann wrote that in order to understand the Gestalt of a miasm its symptoms must be recorded in “several patients of different bodily constitutions”. By observing how the miasma acts in various congenital temperaments one gains insight into how the disease affects humanity as a whole. This study also reveals which constitutions are predisposed toward particular acute and chronic miasms. For example, it has been found that people with the thinner nervous temperaments and smaller chest cavities are the most susceptible to tuberculosis.

The group anamnesis is used for the acute, half-acute, and chronic miasms. Investigating the nature of the chronic miasms is discussed in aphorism 103.

Just like the mostly acute epidemics [§102] the chronic wasting sicknesses remain the same as to their wesen. Just as I did with the epidemics, I had to investigate the chronic wasting sicknesses (namely and principally psora) much more exactly than ever before. I had to do this because the extent of the symptoms in these chronic diseases and also because one patient carries only a part of the symptoms in himself, while a second or third patient, etc., suffers from some other befallments which likewise, as it were, are

only a part torn off from the totality of the symptoms that make up the entire extent of the one and the same disease.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 103.

Hahnemann taught that the chronic miasms could only be understood by ascertaining the symptoms in “*very many* such individual chronic patients”. Without a complete overview of the total image of the disease in a greater group of patients’ its true characteristic signs and symptoms cannot be known. Once the group portrait of a chronic miasm is understood it becomes possible to find a group of homogeneous remedies for these patients. This method can be used to find the curative remedies for chronic miasms like psora, sycosis, pseudopsora, syphilis as well as herpes disorders, hepatitis C and HIV. The group anamnesis is used to understand the character of new miasms as they develop in humanity.

The orthodox school of medicine does not investigate the individual or collective groups in such detail. Once the patient has been diagnosed as having a disease such as gastritis the analysis is finished. In allopathy the study of signs and symptoms stops once the “name” of the disease is found. In Homœopathy the patient and their symptoms are definitive while the name of a disease is only relative as in “a kind of gastritis”. The orthodox doctor thinks gastritis is the disease but gastritis is only one incomplete symptom that needs to be filled out with sensations and complaints, modalities, and accompanying concomitants. An orthodox diagnosis is an insufficient basis on which to prescribe a curative remedy.

The treatment of diseases of common cause and similar symptoms involves two levels of individualization. Initially a collective study of many patients suffering a chronic miasm is undertaken to find a homogeneous group of anti-miasmatic remedies (§103). Then the individual within the collective group is studied to reveal the personal simillimum (§82). The method addresses the individual and collective aspects of a human experience. The group anamnesis can be used on traumas, endemic nutritional disorders, environmentally induced diseases, group poisonings, and miasms. The application of the group anamnesis to other collective diseases is a fruitful area of homœopathic research.

## **Follow-Up Consultations**

Once the totality of the symptoms of the individual and collective diseases has been recorded the most difficult work has been done. Now the task is to assess the totality of the symptoms to find those distinguishing characteristics that specially mark the case of disease. The follow-up consultations are an essential aspect of homœopathic case management. It is through the follow-up process that the homœopath discovers the correctness of their prescriptions. Now that the image of the disease is recorded the homœopath must assess the way in which the remedy has

affected the vital force. To accomplish this, the healer must record all the positive and negative changes in the symptoms and state of vitality.

During treatment [at a follow up examination of the patient], when the medical-art practitioner inquires as to the results of the medicine and the altered condition of the patient, all he needs to do with his new disease findings is refer to the original list of symptoms and omit those that have improved, note what is still present, and add whatever has, perchance, come up in the way of new ailments.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 104.

The casebooks hold the record of those symptoms that have improved, those that have stayed the same, and new ailments. The follow-up consultation shows if the chosen remedy is a true simillimum, a partial simillimum, or the wrong remedy. It will also confirm if the size of the dose and the potency were correctly chosen. In order to assess this phenomenon the homœopath must learn the signs of the cardinal remedy reactions. These are amelioration, a similar aggravation, a dissimilar aggravation, and accessory symptoms.

A progressive amelioration is the sign of a good simillimum. A similar aggravation is a sign of a similar remedy given in the wrong dose or at the wrong time. A dissimilar aggravation is the production of new troublesome symptoms not appertaining to the disease under treatment, indicating the wrong remedy. A partial simillimum is followed by some improvement but is accompanied by the development of new accessory symptoms demonstrating side-actions. All this phenomena must be assessed in the follow-up interviews.

### **Essence/Inbegriff and Totality/Gesammtheit**

In the *Organon* Samuel Hahnemann frequently uses two terms when referring to the collection of the signs and symptoms. I carried out research with the German homœopath and English translator, Gaby Rottler, on the terms Inbegriff and Gesammtheit. Gesammtheit means the totality of a phenomenon. The word Gesammtheit is found in aphorisms 7, 18, 24, 25, 27, 70, 102–105, 147, 192, 241 and 258. This is the source of the famous homœopathic maxim, the totality of the signs, befallments and symptoms. This is a guiding light in homœopathic case taking because it expresses the total field of phenomena.

The proximate cause of disease is the mistuning of the instinctive life force by a negative cause that manifests as the totality of the signs and symptoms. Hahnemann taught that the homœopathic remedy should be as “similar as possible to the totality [Gesammtheit ✍] of the main symptoms” (§105). The totality of the symptoms represents characteristic phenomena that individualize the disease state in that particular patient. When he speaks about the totality of the main symptoms he is

pointing to those that are striking, extraordinary, unusual, odd characteristics of the disease. The totality of symptoms in Homœopathy is not the gross number of signs and symptoms present in a disease state. It is the essential pattern of characteristic symptoms that reveals the Gestalt of the disease.

The term *Inbegriff* means the essence, inner idea, or nature of a phenomenon. With this term Hahnemann emphasizes the comprehension of the meaning of the essential image that the symptoms present. The term *Inbegriff* is used in aphorisms 8, 15, 16 (fn.), 17, 18, 22, 81 (fn.), 100–103, 135, 152, 153, 169, 181, 196, 210, 217, 241, and 274. In aphorism 135 Hahnemann refers to the “*Inbegriff der Krankheitselemente*”, which means the essential elements of a disease. It is these essential elements that offer the characteristics of the disease-tuned life force, the *Vigor Vitae*. It is the essential elements of the disease that the homœopath seeks to record in the anamnesis.

The root of *Inbegriff* is the verb, “*begreifen*”, which means to touch, handle, comprise, include, comprehend, and understand in the sense of coming in contact with something. This definition offers great insight into the role of the *Esse* in classical Homœopathy. The noun, *Begriff*, means an idea, notion, conception, or comprehension. Therefore the term *Inbegriff* means the inner idea, essence, and character, as in a short summary that offers a clear picture of a phenomenon. This analysis offers a view of the inner essence, nature, or genius of a disease state. The essence is the redline characteristics that define the individual patient and their disease state as a unity.

The *Gesamtheit*/totality is the collection of all the available characteristic symptoms and *Inbegriff*/essence is an understanding of their nature or meaning. This essential totality of the symptoms makes up the only conceivable Gestalt of the disease, the mistuned life force. English translations do not take into account the different meanings of totality and essence. For this reason, the meaning of the term, *Inbegriff*, has been overlooked in English.

Without the idea of an essential meaning the totality of symptoms becomes a long list of unrelated rubrics. The essential nature of the disease Gestalt offers insight into the invisible disease-*Wesen*. Disease is not an entity residing separate from the living whole even if the cause is very subtle.

Disease is not to be considered as an inwardly hidden *wesen* separate from the living whole, from the organism and its enlivening *dynamis*, even if it is thought to be very subtle.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 13.

Disease is the mistuning of the vital force that produces alterations of sensations and functions we call diseases. We cannot see the immaterial life force but we can

witness its actions through the signs, befallments and symptoms. No technology can spy on the regions of the soul, spirit or the emotional heart yet they are the source of all experience. No one can measure the power of a homœopathic remedy but its action on the human Wesen is easily observable. The idea of observing the unseen through the character of its dynamic field is fundamental to Homœopathy.

### **Esse, Nature and Totality**

Hahnemann used the essential nature (Inbegriff) and totality (Gesamtheit) of the symptoms to investigate the disease Gestalt. Gestalt-qualities are an observable pattern that reflects the essence of a phenomenon. Terms like the essence, nature, genius, totality, and Gestalt-qualities are found throughout the Founder's writings. The philosophical points associated with these terms do not translate well into English and have been forgotten by many Germans. These principles are common to the works of Hahnemann and Goethe as well as Jungian and Gestalt psychology.

Once the essence, nature, and totality of the symptoms are understood, they identify the disease state as well as the most similar remedy. This is how the homœopath gains knowledge of the causation, diathetic constitution, innate temperament, the character of the intellect and emotional disposition, the predispositions, susceptibility, inherited and acquired miasms, layers of mistuning, and their characteristic signs, coincidental befallments and symptoms. We may not always know the exact cause but we can witness its effects through the essence of the symptoms.

The totality of the symptoms is the disease Gestalt. Uncovering the Esse is much more than a mere numerical calculation of all the symptoms present. The essential nature of the totality of the symptoms holds the genius of the disease Gestalt thus opening the door to the similar remedy. To complete this process the homœopath must judge the characteristic value of the symptoms rather than consider all signs as if they are equal in importance. The artistic prescriber thinks in terms of quality not quantity.

### **Striking, Extraordinary, Unusual, Odd Characteristics**

In the footnote to aphorism 56 Hahnemann introduced the maxim "Simillimum Simillimo". The true homœopathic remedy (Simillimum) is the most similar medicine to the disease state (Simillimo). Hahnemann's teachings on essence, totality and the disease Gestalt are unique to the homœopathic philosophy. This is the basis for the next step in case taking which is judging the characteristic value of symptoms. The subject of common versus characteristic symptoms is elucidated in aphorism 153 of the *Organon*.

In the search for a homeopathically specific remedy, that is, in the comparison of the complex of the natural disease's signs with the symptom

sets of the available medicines (in order to find among them an artificial disease potency that corresponds in similarity to the malady to be cured) the more *striking, exceptional, unusual, and odd* (characteristic) signs and symptoms of the disease case are to be especially and almost solely kept in view. *These, above all, must correspond to very similar ones in the symptom set of the medicine sought* if it is to be the most fitting one for cure. The more common and indeterminate symptoms (lack of appetite, headache, lassitude, restless sleep, discomfort, etc.) are to be seen with almost every disease and medicine and thus deserve little attention unless they are more closely characterized.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 153.

The homœopath places great importance on those symptoms that are **striking, exceptional, unusual and odd because they lead to the true simillimum**. These symptoms demonstrate the essence of the disease Gestalt that individualizes the patient. The symptoms that are common to “all diseases” do not help in the selection of a remedy unless they are “more closely characterized”. Common symptoms like malaise, changes in appetite and bowel movements, weakness, indefinite aches and pains, disturbed sleep and mental stress are found in almost every disease and every patient. For common symptoms to be useful they must have defining sensations, modalities, and concomitant symptoms. Orthodox medicine looks at what is common among patients as a basis for the standardization of treatment. This is useful for general diagnosis and classification but it offers little assistance in finding a curative remedy. Homœopathy looks for that which is uncommon and peculiar about the disease case because it leads to the individualization of treatment. The careful study of all potential causes and the totality of the signs and symptoms provide all the data necessary for effective diagnosis and treatment.

Some practitioners say one should ignore all the symptoms common to the disease condition the patient suffers. This idea has some relative value but it seems to be an exaggeration of Hahnemann's teachings about the relative unimportance of the symptoms common to all diseases unless more characterized. By this logic all the symptoms of cholera should be completely ignored when treating a cholera patient. Hahnemann wrote that a homœopath collects the striking, exceptional, unusual, and odd characteristic symptoms of the **disease case**. The quick onset, collapse, chill, profuse watery stools, cramps, rapid decline and deathly look are characteristic of patients with cholera. These symptoms make the Wesen of cholera different from any other disease and are certainly not common to all diseases. The totality of these symptoms led Hahnemann to curative and preventative medicines like Camphor, Veratrum and Cuprum. A review of his cases show that he used the characteristic symptoms of the disease as well as those concomitants that might

not be directly related to the main complaint depending on the circumstances. The one-sided version of the patient not the disease throws the baby (the characteristics of the disease case) out with the bath water (the symptoms common to all diseases).

### **Types of Striking, Extraordinary, Unusual, Odd Characteristics**

Hahnemann taught that the anamnesis should be based on the most marked, particular and rare symptoms (§102). The idea of uncommon rubrics can be used to further grade characteristic symptoms according to degrees of rarity. The more unusual the symptom is the more valuable it becomes because it highlights the individuality of the person. Some symptoms mark the disease state in a particular way, others are more peculiar to the individual patient, and a few are so odd that they constitute the strangest of phenomena. These symptoms include those that are opposite to normal instincts as well as those things that cannot be explained by either the patient or science. The common symptoms can be seen in most patients suffering from most diseases. This includes the weakness, malaise, pain and discomfort found in most cases. These symptoms are common rather than characteristic unless more defined by sensations, modalities and concomitant complaints.

The symptoms based on natural instincts are more common but can be characteristic if marked. For example, the sensation of feeling cold that is > by heat or of heat that is > by cold. This is the common response to such situations. Such a symptom may be characteristic if pronounced or striking but it is not that unusual in nature. If a person is very markedly chilled or greatly relieved by heat the symptoms become characteristic. To have a dry mouth and feel thirsty is what you would expect. The same may be said of itching from eruptions or pain on moving an injured part. These rubrics have many remedies listed in the repertory. This makes them more common but when striking or well marked they are more characteristic. For example, Bryonia is well known for feeling very dry and being very thirsty. The desire to drink is so outstanding in Bryonia that it is listed in the highest degree under extreme thirst in the repertory. Bryonia's thirst becomes more rare when the patient demonstrates the keynote characteristic, **thirst; he drinks not often, but much at a time**. Why a Bryonia patient does this is inexplicable.

Some symptoms are striking because they are unusual. These symptoms are very personal and unique considering the situation. They are often just the opposite of what would be expected under the circumstances. This may include quirky symptoms, queer sensations, strange reactions to the environment, unusual desires and aversions, and the reverse of the normal instincts that aggravate or ameliorate. The more strange and inexplicable the symptoms the more oddly characteristic such phenomena becomes. It is more common for a patient with asthma to be < when lying down. To reflect the common nature of this symptom there are 87 remedies listed

under this rubric. On the other hand it is rather “rare” for an asthma patient to be > by lying down, and as a reflection of this state, the rubric only contains 15 remedies.

It is very common for individuals to suffer from diarrhoea in hot weather therefore the corresponding rubric has 51 remedies. Diarrhoea is much rarer in the cold weather therefore the rubric has only 11 remedies. Most people lose their appetite during diarrhoea, but to become ravenously hungry during an attack is strange, and has only 13 remedies listed. Diarrhoea < after eating has 87 remedies whereas diarrhoea > by eating has only 16 remedies. This makes these rubrics more oddly characteristic. Such rubrics lead directly to a smaller group of remedies. This is a very important aspect of case taking, i.e., the use of smaller characteristic rubrics. Rubrics that have hundreds of remedies are almost useless in finding a remedy although they may be useful as confirmatory symptoms.

“Peculiar” means sensations or feelings of an unusual character. Many of these symptoms are “sensation as if” rubrics. For example, Crocus and Thuja feel as if there is something alive in the stomach; Baptisia has sensations as if one were double; Liliium Tigrinum has the sensation as if they were two persons; Platina and Stramonium have the sensation as if their body was growing larger; Dolichos has the sensation as if itching without any signs of eruptions. These experiences cannot be explained by any pathological concept. The orthodox school considers these things to be irrelevant or signs that the patient is losing his mind! To the homœopath these rare symptoms are pure gold that have been deeply researched.

The classification of “rare” also includes contrary modalities. Normally burning pains are > by cold but Arsenicum Album has the following characteristic; burning pains; the affected parts burn like fire, as if hot coals were applied to parts, > by heat, hot drinks, and hot applications. Ignatia Amara has a sore throat that is > by swallowing solids. Camphora has icy cold skin and lack of vital heat yet feels better by uncovering and throws the covers off. Graphites has impaired hearing > by noise, hears > when in a noise, > when riding in a car or carriage and > when there is a rumbling sound. Calcarea Carbonica feels > in every way when constipated. Any modality that is the reverse of what common sense would dictate may be considered to be striking, singular, uncommon and peculiar.

Rare characteristics can be just the opposite of what one would expect to see. For example, Kreosotum has menses that flow on lying down, and cease on sitting or walking about. Nux Moschata has great dryness of the throat and mouth with a tongue so dry it adheres to the roof of mouth, and saliva that looks like cotton, but with no thirst! Mercurius is just the opposite as the mouth is moist with intense thirst. Opium has painlessness in almost all ailments even those that should be painful. Gelsemium has fever and heat without any thirst. Cina has the symptom; the child will sleep only when violently rocked. All these symptoms are odd and uncommon.

Dreams offer uncommon characteristics because they reveal the unconscious aspects of the psyche: dreams of snakes are strange (Lac-c., Lach.); dreams about masks are rare (Kali-c., Mag-c.); dreams of graves are peculiar (Arn.). These represent archetypal complexes because snakes, masks and graves all express symbolic content. Delusions are projections of the patient's unconscious material onto the screen of conscious experience. Daydreaming, flights of the imagination, sexual fantasy, and altered states are also sources of uncommon rubrics.

Hahnemann used seven words to describe the nature of characteristic symptoms in the *Organon*: marked, particular, rare, striking, exceptional, unusual and odd. Each of these words holds a facet of the meaning of a characteristic symptom. Delusions that one is a great person is marked (Lach., Plat., Sulph., Verat.). Saying one is well when one is very sick is particular (Arn.). Feeling one's head belongs to another is rare (Alum., Cann-i., Cann-s., Nat-m., Thuja.). To see stars in a plate is striking (Cann-i.). Feeling as if one is in a dream is exceptional (Cann-i., Nux-m., Stram.). Continually counting is unusual (Hyos., Mosch., Phys., Sil.). Crawling on the floor is odd (Acet-ac., Bell., Cann-i., Lach.). All of these symptoms are characteristics of a high grade.

Rare mental symptoms are those that are unusual for that person. If a person with an angry choleric temperament becomes overly calm or a person with a calm phlegmatic temperament becomes overly angry, that is peculiar. An angry person being angry or a calm person acting calm is more normal although it may still be characteristic if well marked or particular. Acting unusual in a normal situation is **striking**, a change of normal temperament is **exceptional**, feeling like a different person is **unusual**, and experiencing something very strange is **odd**. These are the SEUO symptoms (§153). Experienced homœopaths constantly review the materia medica and repertory looking for strange signs, rare coincidental befallments, and peculiar symptoms. The more unusual a characteristic symptom is the more it individualizes the patient. Characteristic symptoms are graded according to their uniqueness and rarity. Normally, one thinks in terms of degrees of symptoms as 1, 2, 3 but a very rare symptom may be worth 10 points. Strange, rare and peculiar symptoms can be graded on a scale from 1 to infinity.

### Importance of Mental Symptoms

Homœopathy is the only medical system that applies personal and collective psychology to the materia medica. Hahnemann placed great emphasis on the mental rubrics because they often tip the scales in the selection of a remedy. The psychic butterfly has two wings, the innate temperament and present tuning of the mood. These mental symptoms often characterize the patient because no two individuals have the same psyche or conditioning factors. Like snowflakes each

human being is made up of the same homœomerics (similar components) but in unique combinations.

This preeminent importance of the emotional state holds good to such an extent that the patient's emotional state often tips the scales in the selection of the homeopathic remedy. This is a decidedly peculiar sign which, among all the signs of disease, can least remain hidden from the exactly observing physician.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 211.

Hahnemann taught that the treatment of mental disorders requires a full investigation of the totality of the symptoms because they do not:

... constitute a class of diseases that is sharply separated from the rest of the diseases, because in all the so-called somatic diseases as well, the mental and emotional frame of mind is *always* altered.

*Organon of the Medical Art*; S. Hahnemann (O'Reilly 6th Edition), Aphorism 210.

The mental state of the patient is a direct window to the suffering of the soul. There is no pain that is more intrinsic to a human experience. This altering of the intellect and emotional disposition is difficult to conceal from the homœopath as well as the patient's mate, family, friends and colleagues. Hering said:

We have comparative arrangements of symptoms of each particular drug, called comparative *Materia Medica*. Essential symptoms. Differential symptoms. Characteristic symptoms and indications. Predominating symptoms. Verified and probable symptoms. Of prime importance are the mental symptoms.

*Life of Hering*; C. B. Knerr, p. 141.

The study of comparative symptoms, essential symptoms, differential symptoms, characteristic symptoms and predominating symptoms are central to Homœopathy. Of prime importance are the rubrics of the psyche. Overly generalized rubrics like anger, confusion, fear, excitement, and sadness are common states unless more characterized by sensations, modalities and concomitants. When a person's anxiety is experienced at a certain time of day, only with certain persons, in the dark, during eating, while speaking, after lying down, before an engagement, and has concomitant symptoms it is a complete rubric. These essential characteristics make up the comparative and differential symptoms that lead to the selection of a simillimum.

The lecture on Pulsatilla in the *Materia Medica Pura* describes the patient as a phlegmatic temperament. This study uses the description of the patient in healthier days and happy moments for comparison with the negative states caused by disease. This helps bring out the contrast in the characteristic features that define human experience. When a timid, passive phlegmatic temperament becomes angry and

dominating this is more peculiar and rare for the person. Every human being experiences common mental states such as anxiety so these rubrics have hundreds of remedies reflecting their common nature.

A mental rubric is not complete unless it contains components that reveal the essential nature of the totality of the symptoms. The psyche experiences both linear cause and coincidental befallments and synchronicity. Every mental symptom affects an area of the psyche, is associated with sensations and emotional feeling tones, is aggravated or ameliorated by phenomena, and has concomitant symptoms. Mental rubrics include the disturbances of the soul, distorted intellectual perceptions, subjective feelings, delusions of mind and sensorium, flights of imagination and sexual fantasy, altered states and visions, daydreams and dreams and all facial expressions, gazes, gestures, positions and movements reflecting mood.

To perceive the tuning of a psyche a homœopath must perceive the essential nature of the Gestalt-qualities presented by signs, befallments and symptoms. This method uncovers the underlying web that ties different groups of symptoms together. The homœopath learns to contemplate the essential nature (Gr. Inbegriff) of the symptom patterns, images, and symbols of the disease-tuned psyche. These rubrics are **exceptional** because they come directly from the unconscious.

### Sensations As If

The “as if method” can be used to amplify feelings and sensations found throughout the mind-body complex. These are symptoms that can be found in our repertories and throughout the materia medica. These symptoms can be in grand sensations as they affect the whole person or in particular as a sensation in the regions of the body. Either way, the deepest level of the psyche must be accessed to frame a sensation as the Unconscious must interpret the experience in symbolic ways. These symptoms are strange, rare and peculiar by their very nature, and hence constitute symptoms of the highest degree. Sensations as if were introduced into the materia medica by Samuel Hahnemann and given a special place in the *Guiding Symptoms* by Constantine Hering. J. W. Ward collected a great number of these symptoms and published them in *Unabridged Dictionary of Sensations as If*, in two volumes.

Every symptom should have a location, sensation, modification and concomitants to be a complete rubric. When persons intellectualize their emotions they speak in terms of being “angry” but this is only a mental location. Ask them “What does the anger feel like?” and continue with questions like “As if what?” As this inquiry continues the patient will answer in instinctive mind-body language which is symbolic in nature. For example, a patient’s state of anger was greatly aggravated for two weeks before her periods. She was a dignified individual who suffered ailments from wounded honor, indignation and perceived insults. When asked how

she felt she summed up her situation by opening her eyes wide as if mad, taking on an expression of pained tightness, straightening up rigidly, and making a gesture as if she was twisting something with her hands. At the same time, she said everything becomes tighter and tighter and made the sound “wrink, wrink, wrink” as if something metallic was being twisted to the limit. She also mentioned that she got really “wound up” over things. Her mental location was anger, the sensation was of being twisted tighter and wound up, and the modality was < before menses. She also felt like others were acting in a twisted manner in the sense of being warped or perverted. She spoke of being “beaten with a stick” while shrinking up her face and making a gesture of beating someone and felt “stabbed in the back” while making a menacing expression and a gesture of plunging a knife into the flesh.

I looked in the general section of the repertory and noticed that *Staphysagria* has the symptom; “Turning sensation, winding sensation, twisting sensation” as well as the rubric “*Pain, twisted*”. The sensation of her life being turned around every month, being all wound up, and twisted tighter and tighter ran through her entire case. *Staphysagria* is also well known for “stab wounds” and “cutting pains”. This remedy has the general symptoms “Pain; beaten loose from bones, as if flesh were.” When she was younger the patient had contracted gonorrhoea that was suppressed and she had several manifestations of the sycotic miasm. This made the remedy more suitable as *Staphysagria* is a well known anti-sycotic remedy. This remedy is also famous for treating wounded honor, righteous indignation and perceived insults. I also noted that *Medorrhinum* has the symptom: “Generals; Constricted sensation: external, caged with wires twisted tighter and tighter.” She said that people were trying to hold her back (caged) and once said it felt like barbed wire was being twisted. For these reasons, I noted in the record that this nosode may be useful in the future if necessary. This is an example of using sensations as if found in the general section of the repertory as symptoms that encompass the whole mind-body matrix.

The general section of the repertory has a great number of rubrics related to different types of pains and sensations. For example, it includes pains and sensations such as: like a band; ball; biting; board; boring, grinding, grating; bruised, beaten, broken; broken into pieces; benumbed; numb; brittle; bubbling; burning; burnt; bursting, splitting, driven asunder; digging up, burrowing, rooting; caged; clawing; constricted, crawling; cracked, crackling, crackling like tinsel; cramp; cutting; delicate, tender, sickly; dry; dragging, dragging down; drawing, drawing together; draw out; dusty; electric; empty, hollow; forcing, urging; fragile; like glass, gnawing; gripping; grasping; gurgling; hammering; inflamed; jerking; knotted; knives; lightness; needles; plug, wedge or nail; pecking; piercing; pressing; pressing together; pulling; pulling together; pinching; prickling, pricking; pulsating, quivering; rolled up, twisted up; splinter-like; squeezing; sore, bruised; stretched, separated; scraped;

stabbing; shocks; shooting, darting, lighting quick; stinging; sticking; stitching; tickling; trickling; torn; torn loose; torn to pieces; of being touched; trembling; thrilling; turning, winding, twisting; twinging; trickling like drops; wavelike; flowing water; vibrating, humming, buzzing, whizzing, wind; wavering; etc.

Normally such symptoms are thought to apply only to the physical body but how many times does a person say “I feel all knotted up” in terms of their whole being including their psyche? How often does a person speak in terms of being torn or cut to pieces or taking a hammering? Persons speak of feeling caged, tied up, constricted, burnt, pressed, pushed, pulled, clawed at, stung, poked, pecked, beaten, bruised, squeezed, screwed or nailed down, etc. They often say they feel empty, hollow, delicate, separated, split apart and broken asunder. They feel their lives have been turned in circles and twisted around or they feel paralyzed. They will tell you they feel all constricted, choked, suffocated, cramped, stopped up, plugged up, balled up, tied up or placed in a vice. They say they feel dull, heavy, full, flabby and thick or dragged down. They say things make them shudder, shake, tremble, quiver, twinge but they mean this allegorically. They feel as if they are staggering, stumbling, wavering around or falling down but this is in a metaphorical sense. You will not find these symptoms in the mental section yet they apply to the psyche and the emotional state as well the sensations of the whole mind-body matrix. This is when the physical general symptoms, sensations and pains can be used on the mental or archetypal plane through analogy in accordance with experience.

The sensations as if also manifest in the regions of the body in connection with certain complaints. Although these sensations are normally considered particular symptoms they are often of a striking, uncommon, unusual or odd nature. These symptoms are expressions of instinctive body language which are symbolic in nature and find their source in the Unconscious. Therefore, these sensations as if are often symptoms of the highest degree. For example, sensations as if a red-hot iron were stuck into vertex; as if blood bubbled and swashed in head; as if brain was enveloped in a cloth; as if hair stood on end; as if something like a fringe was falling down over eyes; as from shock of galvanic battery in mouth; as if someone took her by the throat with ice cold hands; as of an animal wriggling in epigastric region; as if something was alive and moving in abdomen; as if a great earthquake was taking place in chest and head; as of creeping of a snake over entire region of short ribs; as if heart and ovary were drawn up together; as if a bird's claws were clasping knees; as if he had on a number of spikes; as if cold water was running from clavicle to feet; as if a knife pierced calf of leg and as though blood trickled down it, etc. Even the more common sensations as if like sensation as of a hair on tongue; as if a splinter was in throat; and as if intestines were torn out are all very characteristic.

It is also possible to review the materia medica and use generalization to find grand sensations and pains. For example, Bryonia is well adapted to the earthy, dry/hot choleric temperament and is known for dryness and heat in the body. This remedy is also known to be materialistic, emotionally dry and hot headed. It is best adapted to persons of a gouty or rheumatic diathesis that are prone to bilious attacks. The patient is inflamed, rigid, stiff, tense and unmoving on both the physical and mental level. Sensations include feeling **rigid, unmoving**, stopped, *hard*, knotted, *faintness, fainting, sinking, reeling, staggering, tottering, wavering, heaviness*, heaviness as of load, tension, fullness, *dryness, dryness of parts usually moist*, cracked, crackling, gurgling, gushing, **burning**, burnt, scalded, hot air, aching, *ball-like, thread-like, sore, bruised, sprained*, beaten, broken, breaking, *bursting, splitting, driven asunder, explosion like shocks flying to pieces, drawing, digging up, burrowing, rooting*, darting, cutting, **stitching, tearing**, torn loose, torn out, torn off, pricking, *pinching, pressing, pressing as of a load*, stinging, scraped, *ulcerative, twitching, jerking, twisting, pains extend backward and downward or go to part laid on, slow manifestations*. A Bryonia patient may easily feel torn, beaten, bruised and broken and harden themselves and sit in stony silence.

These symptoms of Bryonia are also reflected in many of the sensations as if found in the various regions of the body. For example, Bryonia has sensations as if **everything would press out at forehead; as if head would burst on coughing;** as if brain shook from behind forward from hiccough; **giddiness as of looseness in the brain when stooping;** *as if head would burst;* **as if eyes were pressed out of head; as if there was a stone in pit of stomach;** *as if region of stomach was rolled up like a ball;* snapping noises in left side of stomach as if the victuals were pushed to the left side; *as if something lay in abdomen;* as if everything were loose in the chest and fell downward into the abdomen; suffocating feeling as if from tight neckwear; itching-burning stitches in the hip as if with a knife; *elbow feels as if arm was broken;* pain all over the body as if the flesh were loose; prickling as if from pins and needles on the soles or on other parts of the body, etc.

The method of generalization can also be used to study remedy families. For example, many of the Compositae family are useful in sudden shocks, traumatism, injury and wounds. This family includes remedies like Abrot., Absin., Arn., Bell-p., Calend., Cardus-m., Cham., Cina, Echi-p., Eup-pur., Gnaph., Grin., Gua., Lappa., Mill., Nabal., Senec., Solid., Tarax., Wye, etc. Many of these remedies have a feeling as if **shocked, bruised, traumatized, victimized, wounded and dislocated** but each in different ways. In reviewing the Compositae symptoms one finds plethora, cardiovascular, rheumatic, and arthritic diathesis with soreness, stitching, aching, bruised feelings, hard bed sensations, inflamed tissue, **as if beaten or broken in pieces**. There is a need to “get it all back together” and start living again. These flowers

feel as if the mind, head, temples, eyes, forehead, muscles, organs and bones have been traumatized. They are always trying to release stress and stiffness by stretching but there is much lassitude, and they must lie down because of weakness and trembling. This is a contrary group of remedies that act with a mixture of defensiveness with fear of interference, injury, invasion, and attack as well as aggression, abuse and striking out. The Compositae patients do not really like to be approached, moved, or **touched** because they are < worse contact (emotional and physical), jar, being hit, or sudden movements. Although such remedies are thought of in first aid conditions they are also effective in patients with these symptoms that have suffered no physical injuries.