TYPES OF SYMPTOMS

If we take a close look at the Repertory, we will notice that:

- Part of the rubrics (symptoms) reflect states in which the patient opposes a certain stimulus;

- Another part of the rubrics (symptoms) reflect states in which the patient experiences a certain need which, when satisfied, helps him feel better;

- A third part of the rubrics (symptoms) result from the above two states, i.e. they represent the mental, emotional and physical decay of the organism.

The first group of symptoms represents the ways in which the individual opposes the natural vital energy, i.e. puts up resistance to his fate and is thus starved for energy.

The second group of symptoms represents the ways in which the patient supplies himself with non-specific energy in order to compensate his shortage of vital energy.

The third group of symptoms represents the process of decay or the gradual overwhelming of the human organism by death.

Thus, there are cases in which an isopathic remedy may provide cure, i.e. have a homeopathic effect, but in other cases it may not bring cure, i.e. it will not be homeopathic.

An isopathic remedy will have a healing effect when prepared from the very substance against which the organism resists or refuses to accept. For example, it may refuse to accept a vaccine and refuse to let pass freely and leave. Those cases we call "ailments from". Here, the isopathic remedy, i.e. the potentised vaccine, will help the allopathic vaccine to leave the organism unimpeded.
However, when the organism needs sources of non-specific energy or stimulants (e.g. alcohol, chocolate, etc.), the isopathic remedy will not help repair the damage inflicted by them or discontinue their use. This is impossible because the potentised isopathic remedy would be an even stronger substitute for the natural vital energy, i.e. it would not unblock the vital energy but would instead suppress it further. Thus, although it may appear to be a case of "ailments from", the actual cause will be elsewhere.

The three groups of symptoms raise three groups of questions.

- The first group of questions seeks to establish the ways in which the individual resists his vital energy. It may include questions such as:
  
  *Is there anything in your life that you have been unable to accept, or you have found difficult to accept? Is there anything that makes you feel bad?*

- The second group of questions seeks to reveal the ways in which the individual attempts to compensate his shortage of energy. These may include:
  
  *Is there anything you need or miss in your life?*
  *Is there anything that helps you feel better?*

- The third group of questions is intended to establish the damages that the body, mind and spirit have suffered:
  
  *What are your complaints?*
  *What would you like to be cured from?*

The above questions are related to the damage suffered by the organism and by the personality in general as they concern his energy state as a whole. They are reasonable routine questions to ask, being related to the primary cause of disease, the secondary cause of disease, and resulting damages on the individual. The patient's answers to these questions provide the basis for the homeopathic interview.
Along with these routine questions, non-routine questions are also asked in the interview.

These are posed exclusively on the basis of the information obtained from the routine questions and are intended to clarify the details of the patient’s complaints. The process should continue until a clear, unequivocal and definite symptom is identified that we could find in the Repertory or in MM. If these questions fail to lead us to such a symptom, the information thus obtained is unusable and must not be used for repertorisation, case analysis or any speculating on the matter. Fairly often, a homeopath may decide that something in a patient’s words is very important and should in any case be repertorised, and then it turns out that the "important" something is not clearly defined. Instead of asking additional questions to specify it, the homeopath proceeds to build a theory and repertorises that theory. His results usually prove wrong as he has proceeded from incorrect conclusions.

Non-routine questions need also to be asked in view of:

- The things that the patient cannot accept, that make him feel bad.

  For example, if the patient has problems with someone, we may ask: "What is it that you cannot accept in that person?", or if he feels uncomfortable in a certain environment, e.g. in a large company, we may ask: "What is it exactly that makes you feel bad when there are many people around?"

- The things that the patient needs or that make him feel better.

  For example, if the patient suffers from headaches, we may ask what he needs when he has a headache, or what he feels like doing to improve his condition.

- What are the exact damages on mental, emotional or physical level.
For example, if the patient complains of poor memory, we may ask what exactly he tends to forget; if he suffers from depression, we may ask how exactly the depression is manifested; if he has eruptions, we may ask about their exact nature.

3. WHAT IS HOMEOPATHY?

One cannot be a homeopath without first answering this apparently trivial question.

*In the first place, homeopathy is a science, i.e. it is based on postulates from which logical laws and principles ensue, and those laws and principles are successfully applicable in practice.*

*Homeopathy, however, is also an art: the art of being able to apply its laws in practice without deviating from them.*

In modem homeopathy, there is a strong trend to believe that art in homeopathy means being able to fabricate wild assumptions which may have little if anything to do with a patient's complaints. For example, as a result of the weaknesses of training in modern homeopathy (which by mistake is called "classical"), a practitioner may find himself forced to make fantastic speculations and interpretations on things that the patient never mentioned or even never came across his mind. Then, on the basis of these interpretations, a conclusion is drawn to justify the prescription of one remedy or another. This process is referred to as "homeopathic analysis". It has always impressed me that in such an "analysis" one may rarely find clearly defined symptoms as described in the Repertory or in MM, i.e. the symptoms a classical homeopath is supposed to work with.

I would like to point out that what we are looking for is an exactly predefined unknown: the sole right remedy for the patient. It would be hard to find something exactly defined on the basis of imprecise and vague guesses. Hahnemann made it perfectly clear that a doctor's task is not to build theories.
Mario Boia djiev

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