REPORTING SYMPTOMS

Homeopathic remedies can bring about wonderful cures and changes in our lives. The key to getting the best outcomes is to use the most appropriate remedy at a given time. It is very important that we have as clear an understanding as possible of you and your symptoms and characteristics. Please keep the following in mind when you are telling us about yourself and your health problems.

**Contributing causes:** for one or more of your symptoms. Examples include lost sleep, intolerance to a certain food, exposure to certain kinds of weather, ailments following strong emotions.

**Onset:** how the illness began and the order in which symptoms appeared and how quickly symptoms come or go.

**Character of symptoms:** full descriptions of your sensations in as much detail as possible, using words like sharp, dull, aching, bruised, cutting, piercing, pulsating, pressing, burning, numb, tingling, etc.

**Location and pattern of particular symptoms:** the exact location of each pain, sensation, or symptom is important and whether it extends or radiates from there. Any regular time of occurrence or time intervals, or alternation of symptoms is significant. Color, thickness, and odor of any discharges, or if urine or stool have changes, are all important.

**Modalities (modifiers) of symptoms:** each factor that improves or worsens each symptom, or helps or worsens you in general.

- **Time:** hour; day or night; morning, afternoon, or evening; before or after midnight.
- **Temperature and weather:** wet, dry, cold, or hot weather, weather changes, storms or thunderstorms (before, during, or after); sun, wind, fog, or snow; open air, warm rooms, changes from inside to outside or vice versa, stuffy or crowded places, drafts, warmth of bed, heat from stoves or heaters, uncovering.
- **Bathing:** hot, cold, or sea bathing.
- **Rest or motion:** slow or rapid motion; ascending or descending; while turning in bed, exerting yourself, or walking; upon first motion, after moving for a while, while moving, after you have finished moving, during passive motion in a car or boat.
- **Position:** standing; sitting with knees crossed, rising from sitting, stooping; lying on painful or painless side, back, right or left side, abdomen, lying with head high or low, rising from lying; leaning head back, forward, sideways; closing or opening eyes; any unusual position such as knees against chest.
- **External stimuli:** touch (hard or light), pressure, rubbing, constriction (clothing, etc.), jarring, riding, light, noise, conversation, odors, etc.
**Eating or drinking:** symptoms that occur during or after eating something hot or cold; swallowing solids or liquids, or saliva; after eating any particular food; eating in general.

**Sleep:** before or during sleep, during first part of sleep, at some definite time of night, on waking or rising.

**Urination or defecation:** changes associated with before, during, or after these, or connected with diarrhea or constipation.

**Sweat or other discharges:** their effects on you or your symptoms.

**Sexual:** abstinence from or large amounts of intercourse, masturbation.

**Emotions:** symptoms that appear or are made better or worse because of psychological states such as anger, grief, fright, embarrassment, fear, shock, consolation, apprehension of crowds, anticipation, excitement, or suppression of certain emotions. Mental and emotional symptoms are characteristics that are extremely valuable in homeopathic prescribing.

**General symptoms:** any changes in your total condition such as fever or chills, energy level, thirst, appetite, craving or aversion for a certain food, perspiration, sleep pattern are all very important.

**Strength and energy level:** exhaustion, sleepiness, muscular weakness, disinclination to move; increased energy, restlessness, etc.

**Temperature reactions:** effects of exposure to heat or cold, hot or cold air, other warm or cold environments, damp or dry air, or changes of temperature.

**Sleep:** ability to fall asleep and stay asleep, degree to which sleep is refreshing, feelings upon waking, sleeping positions, dreams, and nightmares.

**Thirst and appetite:** intensity of thirst and strong preferences for hot, cold or iced liquids; craving for or aversion to a certain food or taste; appetite; foods that cause symptoms.

**Sweat:** its odor; when it occurs; where it occurs, covered or uncovered parts of the body, etc.

Again, the things mentioned above are the kind of things it is helpful for us to know as we try to determine which homeopathic remedy will be most effective in treating you. Please don’t be concerned if you are unable to answer some of these questions. Just do the best you can and we will do our very best to help you.