Standardization of the choice of symptoms for homeopathic repertorization according to objective criteria.

Part 3: The final step.

Summary of Part 1 and Part 3: The purpose of my three-part series of articles is to standardize the choice of symptoms for repertorization according to **objective criteria**. The need for this is derived from the variety of symptom distributions in the anamnesis, the inhomogeneity of the repertory and the difficulties in understanding, especially with the emotional symptoms, but also partly with the physical sensations. My approach is based on the cause-effect relationship, which also corresponds to the logic of the disease process.

Sensitivity A + Cause B = Reaction C

A **sensitivity A** is caused by a corresponding **cause B** to produce an emotional **reaction C.** In the sense of this logic, illness is an **emotional reaction.** The symptoms of a medical history, which are inevitably related in terms of content, can therefore be assigned to the three plains according to this scheme.

The symptoms of the **sensitivity plain A** are all **mind symptoms.** The symptoms of the **cause plain B** represent the influences that cause illness. This is the cause itself or its consequences, the aggravating or improving circumstances **(modalities).** To the right of the = is the **plain of local reaction C,** its symptoms are all physical symptoms.

In the next step, I decide on the **main complaint**. In order to be able to select its symptoms objectively according to the cause-effect relationship, I present three strategies for selecting symptoms.

Strategy 1: In part 1 of the series of articles (see homepage link at the end of the article), I presented a simple procedure that shows how the current symptoms of a case, which inevitably belong to one or more plains, A, B, C, can be inserted into the cause-effect relationship in a "domino-like" manner without having to make subjective decisions.

Strategy 2: The next step is to select the missing mind symptom of plain A. The question is, which of the existing emotional symptoms represents the sensitivity that the physical symptom caused?

Strategies 1 and 2 provide a reliable repertorization platform. However, the variety of anamnesis mentioned at the beginning made it necessary to develop **strategy 3** and to include the **miasms** in the overall concept.

The **inclusion of miasms** replaces the dynamic strategy presented in **Part 2** with the criteria **offensive >, defensive < and indifferent ><**. The reason for replacing them was the large proportion of symptoms that were difficult to classify dynamically.

The use of psora, sycosis, tuberculinia, syphilinia and carcinogenia required their definitional adaptation to the way of thinking presented here (see the free **M-file**). As a result, the miasms facilitate repertorization and thus the choice of remedy while reducing the time required.

Introduction:
The purpose of my series of articles is to replace the selection process for repertorization, which is based on subjective considerations, with one that is as objective as possible. In the course of my scientific work, I have translated more than 8,000 symptoms into their meaning (book: Human Signatures) and created more than 500 medicinal essences in my Materia Medica of Motives. From this work and my practical experience, I came to the conclusion that you cannot fully understand people and their illness problems if you put yourself in their shoes with whatever sensitivity. Attentive listening is necessary, but the conclusions we draw from this are guided by our individual characteristics, which very often leads to mirroring of ourselves.
No one is the yardstick for normality! The procedure presented here therefore helps therapists to stay out of their patients:

I explained in the summary that the basis of my considerations is the cause-effect relationship. I now apply this to the patient's medical history by dividing the symptoms of the anamnesis into current emotional, causal and physical symptoms according to the three plains A, B and C.
After I have decided on the main complaint, the question is now: which of the symptoms available for selection represent the cause-effect relationship? To do this, I present three strategies for objective selection:

Strategy 1: Part 1 of the series of articles (see homepage link at the end of the article) is an exact description of the procedure for how to use the current symptoms of a case in the cause-effect relationship, A + B = C, "domino-like" without having to make subjective decisions. This combination is made easier by the fact that most of the symptoms in our cases do not belong to just one plain, A, B or C, but usually cover several levels.

E.g.: **Stomach pain in the morning BC**: BC means that it belongs to the causal level B (in the morning) and the reaction level C (stomach pain).

This BC symptom is now inserted into the cause-effect relationship:

Fig. 1: A + B = C with the disease center stomach

A	B	C
	BC Stomach pain in the morning	

In the next step, a physical symptom of the same location C (= synchronicity rule) is added.

Fig.2: A + B = C

A	B	C
	BC Stomach pain in the morning	
		C Stomach pain prop.: burning

Since there are two stomach symptoms, it is guaranteed that both symptoms match each other in terms of content (= are synchronous).

Stomach pain in the morning BC and **stomach pain burning C** (burning is the **property**) together form the dynamic center of this stomach case. From here on, you can already repertorize, perhaps a remedy is indicated.

If you want to determine the **message of the illness**, you naturally need to know the meanings of the stomach (see ABC file), of the morning (see B file) and of burning (see C file). How this works and how the free files can be used for this is shown in the example case.

Figures 1 and 2 also show that symptoms that cover two plains, like dominoes, make it easier to recreate the cause-effect relationship and thus the dynamics of the illness.

The introduction to the free **ABC file** explains the letter coding of the symptoms and shows which plains they belong to for around 8000 symptoms.

Strategy 2: The next step is to identify the missing emotional symptom at plain A. The question therefore arises:

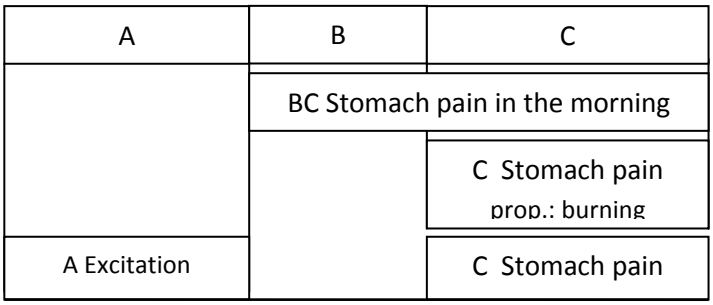
Which of the emotional symptoms present in the anamnesis represents the sensitivity that caused the two stomach symptoms?

a. An ideal answer would be a psychosomatic symptom of a suitable location.

excited; stomach pain when AC 2

With these three symptoms, the stomach location would have been represented at every level of the cause-effect relationship. This means an optimum way to objectively depict the disease center with symptoms of the main complaint.

Fig. 3: The disease center of the stomach case, fully assembled with suitable symptoms.



b. This ideal case of a suitable psychosomatic symptom AC is rather the exception. In normal cases, the appropriate mental symptom A must be deduced from the **properties** of the physical symptom C, in this case **burning**. Burning means that one is exposed to frictional resistance. A mental symptom is therefore sought that corresponds to it in terms of content.
How this process looks in detail, i.e. how the free files are to be used for this, is also demonstrated using the example case.

I have already referred to this in the summary, with **strategy 1** and strategies **2 a + b** you have a reliable repertorization platform. However, the variety of anamnesis made it necessary to develop **strategy 3** and to include the **miasms** in the overall concept.

Although strategy 3 is also demonstrated in the example case, I will explain it in more detail because it contains a deeper aspect of the disease context that is of interest beyond repertorization.

Strategy 3: The modalities and their polarity

Modalities are causal symptoms of level B. They describe the circumstances that improve or worsen a symptom on physical level C or emotional level A. If the modality affects emotional level A, the symptom is labeled BA, e.g. fear (A) at night (B); if the modality affects physical level C, the symptom is labeled BC, e.g. headache (C) in the sun (B).
If you now check the modalities (B symptoms) for their origin of causality, an easily recognizable dynamic polarity becomes apparent:
internal vs. external.

- **externally oriented BA or BC symptoms have an external cause, i.e. are mediated by the sensory organs.**
- **internally oriented BA or BC symptoms have no external cause, so they are generated internally and NOT mediated by the sensory organs.**

Therefore there is...

Criteria for external orientation: They require communication through the sense organs. This applies to

- the consequences of physical influences such as light, noise, temperature, weather, pressure, clothing, bedding, etc.
- the consequences of movements, various exertions, lifting, leaning, postures as lying, standing, sitting, bending, stretching, etc.
- the consequences of events or intolerable circumstances such as excitement, shock, poisoning, injuries, allergies, etc.

Criteria for internal orientation: These include...

- problems that occur from one developmental stage to the next, e.g. birth shock, puberty, old age, gender-specific complaints.
- mind complaints inherited from the family or a medical history of mind complaints.
- symptoms that occur repeatedly at the same times during the day or when falling asleep, sleeping and waking up. The reason for this is the organ clock, whose rhythm is internal. Internally generated symptoms therefore include, for example, being startled when falling asleep or waking up from sleep.
- mind or physical symptoms that are triggered by physical symptoms, such as pain causing shortness of breath, coughing causing crying, etc.
- Emotional symptoms that are triggered by physiological processes, e.g. fear of defecation or waking up when urinating.
- Addictive behavior. This is an internalized "escape from reality".

In the ABC file and B file, the modalities (B, BA, BC) of INTERNAL orientation are underlined and written in red.

In the ABC file and B file, the modalities (B, BA, BC) of EXTERNAL orientation are underlined and written in black.

It is logical that this is of high therapeutic relevance. Every **external readiness** to react must necessarily be faced by a thematically appropriate **internal mood**.

All modalities B are either externally or internally oriented. This also applies to combined symptoms BA and BC. This opens up the possibility of forming polar pairings from them.
on the emotional level A: BA >< BA
on the physical level C: BC >< BC

• **Examples of BA><BA polarities on the plain of mind A:**

A internal mood >< A external sensitivity

e.g.: restlessness at night BA >< jumpiness at noises BA

The **nervousness at noises** is explained by the meaning of modality **at night**: problem of being socially isolated, without control (B File).

at night is one of the internal daitime rhythms.
The jumpiness to noises refers to an external noise source that must be transmitted through the ear.
ABC file:

*** inner ear, hearing: conflict, not being in resonance with the conditions of social belonging, but only being dominated.**

B File

B	worse at night	rejection, being socially disconnected, only relating to oneself, having no control
B	sounds, noises aggravates condition	means to be exposed to criticism, disagreements or to be without approval

The translation of the polar combination goes **from external** (ear, noise) **to internal** (at night), which results in...

If noise aggravates the condition this follows the feeling of being exposed to discord (noise), of not being in resonance with the conditions of social belonging (ear),
which causes in having problems to let go off control (restless at night)

The organ meaning here reinforces the statement of the modality, but is already contained as a message in **noise aggravates**. If you add the jumpiness here, the statement is expanded to include the feeling of tension.

BA	shock, fright	being tensed in questions of social integration, but suddenly exposed to uncertainty, shaken in his social certainty, to be questioned

• **Examples of BC><BC polarity at the B body level:**

B internal reason >< B external reason

BC symptoms can be combined more frequently and more safely. When creating a polar combination of B symptoms, **you position a symptom underlined in red in**

opposition with a symptom underlined in black and you only need to make sure that the location C is identical for both symptoms.

e.g.: night-time rheumatism (BC) >< movement improves rheumatism (BC)

*** Joints: conflict, being prevented from articulating oneself in one's own way under the prevailing conditions, from taking a stand.**

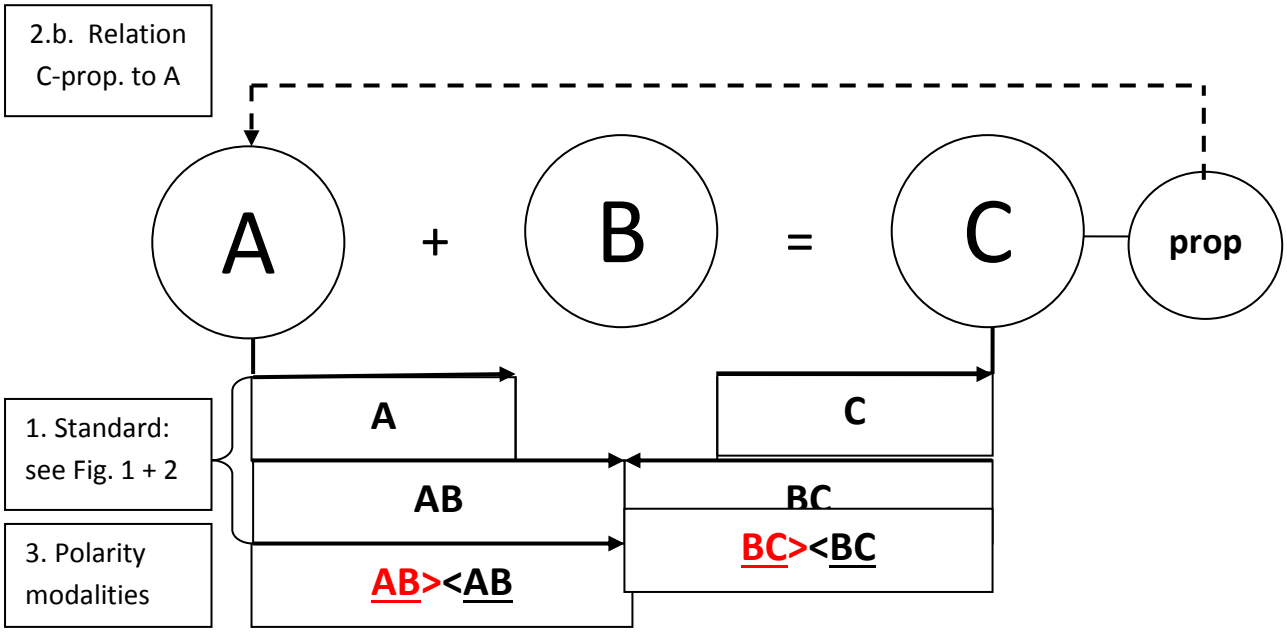
B	worse at night	rejection, being socially disconnected, only relating to oneself, having no control
B	movement improves the condition	desire to articulate oneself, to socially coordinate one's demands, to communicate

The translation of the polar combination again goes from extern (joints, movement improves) to intern (worse at night):

He feels prevented from articulating his viewpoints under the prevailing conditions (joints), from coordinating them collectively (movement improves condition), which is confirmed by the fact that everything is worse at night (to be without contacts).

As in the example above, the organ significance of joints is already included in the modality, movement. The nighttime isolation refers to his basic communicative need.

Fig. 4: Graphical overview of the methods presented with the exception of 2.a.. This is the rare opportunity to use a psychosomatic symptom.



The IDEA of a case:

The IDEA of a case is the SUBJECTIVE INTERPRETATION OF THE OUTSIDE WORLD based on emotional impressions by the subconscious of a sick person. For me it appears as a message of the interaction of the symptoms of the cause-effect relationship supplemented by the currently effective miasma

PRACTICE: Continuation of the example case from part 1:

As a reminder: The 47-year-old man has been susceptible to illness since he was 6 years old. At that time the farm was in danger. Even as a child he had therefore strived to make himself useful on the farm. From the very beginning, the focus of his pathology was **coughing with mucus in the chest** and the modality, **aggravated by dust.**
The central pathology is therefore coughing caused by dust BC 2:
In the first analysis approach, I arranged the symptoms according to their belonging to plains A, B or C:

The symptoms for repertorization were here:
BA children; too much sense of duty
BC is coughing due to dust,
C-E is coughing with phlegm in the chest
BA problem touching cold (sensitivity to cold) > leads to cold symptoms
Substitute symptom C tickling cough in the chest.

In part 1, the cause-effect relationship was established using strategy 1. This approach led to the combination of the BC symptom, **coughing due to dust**, with the C symptom, **mucus in the chest**. Since it was a respiratory case, all respiratory symptoms were considered as a complement (synchronicity rule). This made it possible to use the conspicuous BA symptom, **aggravating condition by touching something cold**. **Too much sense of duty in a child** was a possible A mind symptom.

For demonstration purposes, I am now applying **strategy 3** (see Fig. 4: 3. Polarity modalities), i.e. the combination of polar BA><BC modalities, to the symptom constellation already dealt with a year ago in part 1. The case offers the possibility of combining an **internal BA symptom** (too much sense of duty in children) with an **external BC symptom** (coughing due to dust). Such a BA/BC mixture requires that the A emotional symptom is confirmed as relevant to the case methodically and not at will.

This gives me the opportunity to demonstrate **strategy 2b** (see Fig.4: 2. Relation C prop. to A) as already announced above. This strategy compares the **property of the C symptom**, here **slimy**, with the **existing mind symptoms** of the anamnesis.

C	slimy, full of mucus discharge	not being able to resolve the conflict, but also not being able to free oneself, being both isolated and held

It is obvious that the mucus formation here has something to do with the child being overwhelmed.

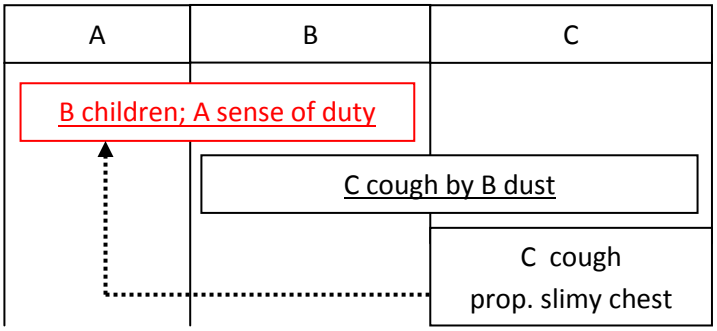
B	Problems toddlers, children	Problem of being overwhelmed of his adaptability by social integration conditions, without being able to avoid

The mucus indicates an insoluble conflict because being a child and responsibility are mutually exclusive.

On the one hand, the conflict is not solvable, but on the other hand, he is trapped in it; he could not free himself precisely because he was a child.

The emotional symptom therefore fits with the mucus, the BA/BC polarity can be used.

Fig. 5: Use of the BC/BC polarity in the context of the cause-effect relationship.



These symptoms can now be repertorized. There remain

ars., calc., kali-bi., nat-m., sep.

These are still relatively many remedies of choice. Of course, the current miasma could be helpful now. In terms of content, however, both tuberculinia and syphilinia are possible (see M file). We see three syphilitic remedies and one each of tuberculinic and sycotic remedies. Unfortunately, the number of remedies is not the deciding factor! Syphilinia has the largest rubric and would win too often.
In such situations, I derive the message of the illness from the symptoms used in the repertorization, and at the same time look for other symptoms relevant to the cause-effect relationship..

Derivation of the ILLNESS MESSAGE and the MIASMA:

The mental symptom secured via strategy 2.b. makes it easier to translate the disease message.

ABC file:

Children; sense of duty, takes responsibility too seriously BA 1

The symptom at the centre of the dynamic is **coughing due to dust**: B-file

B	dust, dirt aggravates condition	to be exposed to unreliability, decay and therefore subjected to social instablility

*** COUGH: Conflict, being without consensus communicatively, but being not able to suppress or to express one´s displeasure openly about this being only able to make it audible indirectly.**

Coughing due to mucus in the chest BC 2:

C	slimy, full of mucus discharge	not being able to resolve the conflict, but also not being able to free oneself, being both isolated and held

Message: *In view of the prevailing unreliability, decay and dependency, the child feels called upon to take responsibility, but is overwhelmed, cannot resolve the conflict that is insoluble for him, and can only express his displeasure in the form of coughing*.

In this situation, the question arises: can we assume that the presumably childhood motive for the illness still applies to an adult? The fact that his problems continued in the

same way until the time of the consultation can only be explained by a motive that has been consistent from then until now!

It therefore made sense to include his extreme sensitivity to cold in the considerations. The tools in his workshop were not allowed to be below 5 ° C

Touching something cold worsens the condition BA 1:

extreme sensitivity to cold: see B file:

BA	sensitivity to cold	to be dependent on security, thus being very easily affected by questions of social insecurity

The repertorization now limited the remedies of choice to calc. and nat-m. There was now a representative of the tuberculinic and the syphilitic miasma side by side.

At the initial consultation, I had thought of tuberculinia because of the scrofulous symptoms, respiratory symptoms and gland swelling.

But this extreme drive that overtaxed his own potential was syphilitic for me.

Regarding the prevailing miasma, this case "flickered". The reasons became apparent a year later in 2024.

In April 2023, I decided on ***calc***. because of the topic, **decay**. This prescription has proven to be very successful with regard to his respiratory diseases.

I saw him again on May 1, 2024:

Sitting in an office had always caused him problems in the form of **pulling neck pain that radiated to his shoulders**. But now the problem had worsened. Office hours were getting longer and longer because, as a farmer, he was exposed to reprisals from the state and the EU, which also gave him the feeling of being **helpless** and at the mercy of others.

Unlike the first consultation, which was about an illness that began in childhood, the modality, child, can no longer be used now. This time, however, his symptoms showed a relatively uncomplicated **BC/BC** polarity.

B-causal symptoms:

Neck pain worse when waking up in the morning BC 1

is an internal B symptom, which is contrasted by the external symptom,

Walking, movement improved the neck pain BC 1

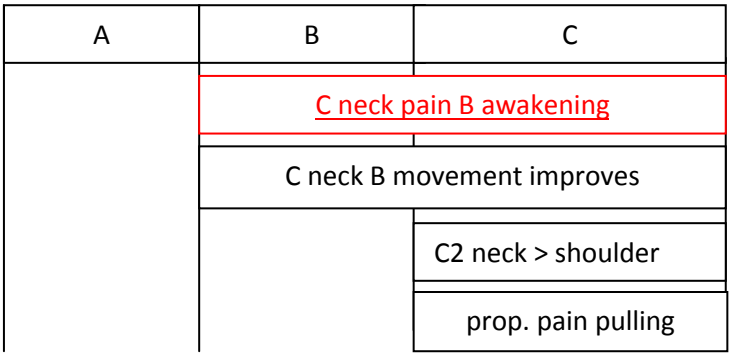
in bed only lying on one's back was possible.

Lying on one's back improves B 1: I only use positional modalities in an emergency, however, because they are often logical and not characteristic.

According to the synchronicity rule, I added another C neck symptom to the neck symptoms of the **internal-external polarity**:

C 2 Neck pain extends to the shoulder - and because of the perhaps even more important **pulling** property, **neck pain pulling**.

Fig 6: Symptom arrangement according to belonging to A, B or C:



The internal causal symptom, **pain in the cervical region in the morning when waking up**, corresponds to the patient's statement, but the similar symptom, **pain in the cervical region in the morning**, cannot be ruled out. I have therefore combined both rubrics so as not to discriminate against small remedies.

Fig. 7:

Sum of symptoms - *sum of symptoms* - *Intensity was taken into account*

1	BC external	back - pain - cervical region - movement - amel.	11
2	**BC internal**	back - pain - cervical region - morning - waking - during	21
2	**BC internal**	back - pain - cervical region - morning - waking	56
4	C 2	back - pain - cervical region - extending to - shoulder	52
5	C 1	back - pain - cervical region - pulling	98

	alum.	**bamb-a.**	**carc.**	**chel.**	**dulc.**	**psor.**	**rhod.**	**ruta**	**sulph.**
	4	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
1	1	-	-	-	-	-	1	1	2
2	1	-	1	-	-	1	-	1	-
3	1	1	1	1	1	1	2	1	1
4	1	1	1	2	1	1	-	-	-
5	2	1	1	3	1	1	2	1	2

The repertorization results in ***alum***.... a syphilitic remedy... and so the question is, can that be true? The next step is...

Derivation of the disease message: The basis is the symptoms of the repertorization. .
ABC file;

pulling neck pain extends to the shoulder C2:

*** Neck problems, cervical region: Conflict, having to bend to pressure to conform, having to withdraw one's demands , without being socially supported.**

I'm leaving out the message from the *** shoulder**, you can find it in the ABC file. Compared to the neck symptoms, it has only supplementary significance for the core statement of the disease dynamics.

Neck pain worse when waking up in the morning BC 1

B-file: internal B-causal symptom

B	worse during awakening in the morning	Problem of being sensitive to instability, thus being unable to accept between sleep and waking being neither contained within oneself nor hold socially

Here, an external B causal symptom of the same location can be used as a polar opposite: **Movement improves neck pain BC**

B File

B	movement improves the condition	desire to articulate oneself, to socially coordinate one's demands, to communicate

This results in:

Problem of being confronted with unstable circumstances, but now being exposed to this very circumstance between sleep and wakefulness (i.e. without being held within oneself or in one's environment), and thus not being able to face the pressure to adapt.

This message shows that when we wake up, i.e. in the transition from sleep to wakefulness, we are in an unstable phase. With this instability, the patient seems to have similar problems as when he was younger with the issue of decay. **However, now the instability is internal, not external.** This could be syphilitic.

SYPHILINIA: Expansive dynamics that cannot withdraw its pursuit of social distinctiveness despite a lack of impact or insurmountable external resistance, being not able to hold back, but can only assert itself or fail.

Alum. is a remedy with ambitious dynamism that fights against seemingly insurmountable resistance. The instability could correspond to a lack of impact. This gave me the impression that there was something in his existence that was not apparent from his descriptions despite specific questions.

3-4 Granulae alum. LM 3 in 1/4 l water. One dose was equivalent to a 2 cl glass. The interval between doses was approximately every 3 weeks.. The treatment produced the desired result, the neck pain improved considerably after taking the medication. At the same time, there was moist secretion from the ear (tuberculinic?).

*** outer ear: Conflict of having to conform to the narrow conditions of social belonging, having to be restricted oneself in order to belong.**

C	moist, weeping discharge discharge	being held in arousing circumstances, not being able to break free from them, only being able to separate oneself emotionally

It should be noted here that the patient's mother was and is psychologically stressed. She is currently treated with ***hyos.*** (sycotic), how well I cannot say for sure. The patient literally said that his mother is not doing so badly psychologically.

In the two months after the ***alum***. prescription he contacted me twice and I had the impression that things were going well. TThe fact that I had no clear idea of the case and

that there was a miasmatic change from tuberculin to syphilin, prompted me to call him at the end of August 24, three months later.
The day before he had gotten completely wet while working in a thunderstorm, he had immediately changed and blow-dried his hair. The next morning, i.e. the day of my call, he had gotten up again with neck problems, but on the other hand he told me that his extreme sensitivity to cold had gone since alum. Although the last dose of the remedy had been the day before he got soaked, it was clear that there was no reason to change the remedy.. However, I decided to take it as needed because I had the impression that it could also have been a drug test. In my experience - I follow the opinion of the French homeopath Dr. E. Broussalian - LM potencies, like all others, cannot be repeated at will.

Of course, the question now arises whether the **sycotic part** of his problem was caused by the wetness? That would correspond to P. Gienow's view that the direction of healing from syphilinia is via sycosis or tuberculinia.

Conclusion:

Fig. 4 shows the **main strategies** for determining suitable symptoms for repertorization from the symptoms of the anamnesis using the cause-effect relationship.

Which of the strategies is possible is determined by the nature of the symptoms present.

These strategies often enable repertorization even **when symptoms are missing** or the given symptoms **slip through the gaps in the repertory**!

The **message of the illness** helps to differentiate the remedy of choice. I derive it from the repertorized symptoms. Their meaning can be found in the files ABC-, B-, and C.

An important step is ultimately to determine the current miasma (for the procedure, see the M file).

It should always be noted that the tools available to us are not reality but a human approximation of it. Thus, a methodical standardization such as this, although it is designed with particular rigor, logic and, if possible, without any speculation regarding our earthly existence, is only an approximation of the approximation. It can always be improved but can never be the reality.

A lot of information from the texts can be found in the introductions to the free files.
ABC file: ABC file: 8000 symptoms are arranged here according to the head-toe scheme. The levels A, B, C to which they belong are determined for each symptom from its letter code. You can find the translation of 140 body locations and many mind symptoms.
B file: All modalities translated
C file: All properties translated
M file: Meaning and discussion of five miasmas
Hpathy-articles: see homepage header.

Here is the link to my homepage where you can access all files in English and German.
http://www.zippermayr-homoeopathie.at/