

HOW TO DESCRIBE YOUR SYMPTOMS FULLY

Medical work is like detective work, and 80 - 90% of the diagnosis (understanding what is going on and why), and therefore the selection of appropriate management, is based on the accurate information the patient tells us. The symptoms and their details are the clues - and without decent clues it can be very difficult. This is even more true in ecological medicine and particularly homeopathic medicine.

1. MAKE A LIST OF ALL YOUR SYMPTOMS

List both those that you have most of the time and also those that are intermittent - even if they are infrequent. If you have already filled in your 'New Patient Questionnaire' and 'Systems & Symptom Review' you will have identified most of your symptoms. Remember, a disease label (diagnosis or problem) usually includes a variety of symptoms eg. "irritable bowel syndrome" may include flatulence, bloating, abdominal pains, loose frequent stools, etc - and it is the symptoms that are important to know about and describe in detail. Group symptoms together that generally occur, or come and go, together.

Then try and give the following details about each of your symptoms or problems. It is the major, relatively consistent features are most relevant - but this applies to how they were in the past as well as the present. Usually the most useful symptoms are those when the condition is at it's worst. Also important to note is that if your symptoms have reduced or changed since some treatment - it is the details *before* that are particularly relevant.

2. DESCRIBE THE CHARACTERISTICS OF EACH SYMPTOM IN DETAIL

Symptoms are usually either sensations, feelings, bodily functions, activities or behaviours.

- **Sensations** include: pain (of which there are many varieties - dull, aching, pressing, sore, sharp, raw, stinging, burning, cold, etc.), numbness, itching, tingling, crawling, creeping, trembling, shaking, pulsating, weakness, heaviness, stiffness, tightness, coldness, warmth, burning, stinging, etc. It is not uncommon to have more than one sensation, for example, a headache might have both pressing and sharp pains and be pulsating at times.
- **Feelings** include: sadness, anxiety, envy, jealousy, anger, pride, disgust, etc.
- **Bodily functions** include: urinating, defecating, sleeping, swallowing, passing gas, yawning, coughing, sneezing, etc. Also the special senses of: hearing (sound), seeing (vision), smell, taste, touch, etc.
- **Activities & behaviours** include: restlessness (in general or a part of one, eg. legs), twitching, stretching, walking, running, climbing, talking (voice), shouting, swearing, etc.
- Identify and describe in detail the **characteristics** of each symptom as accurately as possible. Often the more difficult ones to describe are the sensations and feelings - but take your time and just describe it - this is not explaining why you have it, just describing it. If possible, make use of *simile* (a figure of speech that expresses a resemblance / similarity between things of different kinds - usually using the words 'like' or 'as'), *analogy* (a similarity in some respects between things that are otherwise dissimilar or a comparison based on such similarity), *metaphor* (a figure of speech in which a word or phrase that ordinarily designates one thing is used to designate another, thus making an implicit comparison, as in "*a sea of troubles*") and *images*. Don't worry if any of your descriptions sound weird, odd or nutty - they often do when you describe them accurately and completely - and for the homeopath, this is usually when they are most useful! Then, for each, describe it's:
 - Location - where is it?
 - Size - what area is involved?
 - Does it extend or radiate anywhere?
 - Does it move or spread with time?

3. DATE OF ONSET - when did it very first start?

4. CAUSATIVE FACTORS

Do you know or suspect any cause(s) or what happened around the time when the problem first started?

- Eg.: physical trauma, emotional trauma, major life changes, dietary changes, sleep deprivation, change of job, house move, infection, vaccination, drug treatment, social drug usage, surgery, anaesthetics, dental treatment (amalgam fillings, root canal treatment, etc), toxic metal exposure, chemical exposure (pesticides, wood treatments, indoor painting / decorating, etc), electric fields, radiation, etc.

5. PATTERN OVER TIME

How has it or does it change over time?

- Is it continuous and unchanging or does it come and go, eg. variable, changeable, intermittent, cyclical or periodic? Describe the pattern, duration and intervals - how often does it occur, how long does it last?
- Have there been any times or situations when it has been particularly bad or particularly good? If so: when, to what extent and for how long?
- Has it gradually got worse since it started or did it permanently worsen at a particular time?

6. AGGRAVATING & AMELIORATING FACTORS

If the symptom varies over time, what factors influence it's coming and going?

- **Aggravating factors** are those that make it worse, even if only temporarily.
- **Ameliorating factors** are those that make it better, ease or improve it, even if only temporarily.
- External factors:
 - Heat, cold, damp, thunderstorms, wind, open air, drafts, light, noise, etc.
 - Time - is there a time of day / day of week / month / season / even phase of moon - when it commonly starts or is worse?
- Internal factors:
 - Mental and emotional - anxiety, anger, low spiritedness, tiredness, mental exertion, thinking about the problem, etc.
 - Movement (or rest) - certain movements, first movements, continued movement
 - Exertion, exercise - general or specific ones
 - Positions - lying, stooping, bending head back, standing, sitting down, kneeling, etc.
 - Activities: going up or down stairs / hills, lifting, reaching upwards, etc.
 - Urinating, defaecating, yawning, swallowing, sleeping, sex.
 - Coughing, sneezing, scratching, etc.

7. ASSOCIATED SYMPTOMS

- Are there any symptoms that commonly accompany the main symptom, particularly when it is at it's worst?
 - Physical: coldness, heat, sweating, fever, hunger, thirst, visual disturbance, dizziness, faintness, restlessness, weakness, nausea, vomiting, diarrhoea, etc.
 - Psychological: irritability, desire to have or be without company, weeping, anxiety, jealousy, forgetfulness, dullness, etc.

8. GRADING SYMPTOM SEVERITY

How severe is your problem / symptom?

0 = completely well / better, no symptoms anymore

2 = noticeable, mild, irritating, occasional, part-time, an inconvenience, it hurts a bit

4 = most of the time, can't easily ignore, bit restrictive, it bothers me a lot

6 = constant, all of the time, can't ignore, restricts activity at times

8 = severe, all the time, intense, strong, incapacitating, overwhelming

10 = critical, intense, overwhelming, all consuming, help me, desperate