Inspection is an important moment in the process of the homeopathic diagnosis. Unfortunately, this fact is not always acknowledged, and extensive anamneses are at times posited as sufficient substitutes for an attentive eye. Observation may supply a valuable amount of data extremely significant, which might be “purely homeopathic” – bringing significant details which lead to precise the accuracy of a remedy. As in the case of the anamnesis, the homeopathic inspection has certain defining characteristics.

1. Different from observation in conventional medicine observation, focused on the pathology, in homeopathy inspection is directed to the individual. Besides the collection of data necessary to the diagnosis of a disease (common stage of conventional medicine and homeopathic inspection), its seeks to survey the most characteristic, particular and peculiar elements of the individual patient, i.e. his/her personal way to participate in the disease.

   It has to be spoken of a dislocation of the accent in the categories under which the medical act unfolds: from the general to the particular to the specific, characteristic, personal. All belonging to the field of particularization (those aspects considered peripheral in a Gauss curve, and thus, statistically ignored) is, or might become, significant in homeopathy.

   The semiologic approach in homeopathy is fundamentally different from the one employed in conventional medicine, precisely due to the categories each consider as essential. Even if the data collected in actual inspection may be the same in both, their axiological approach, i.e. the scale of values which arranges them, is essentially different in one discipline and the other. To conventional medicine, what matters is the general (genus proximus), which leads to the necessary precision in diagnosis; to homeopathy, the stress is laid on the specific difference (genus individualis), i.e. the particular way how a certain patient lives and “interprets” his/her own disease.

2. Of special importance is the discovery, through observation and inspection, of the psychological characteristics peculiar to the individual. Therefore, the stage of general inspection, which reveals patterns of behavior is one of the most important. To a conventional medicine diagnosis, the fact of the patient being shy or bold, reserved or loquacious, impatient or impetuous, is usually irrelevant. But in homeopathy, all such traits have to be observed and taken into account, as they have correspondences in the materia medica. The individual, necessarily ignored in conventional medicine, as it looks for the general, has a chance to be particularized in homeopathy, provided he/she founds a practitioner who has mastered the search for specificities.

3. Upon inspecting the organic systems, the homeopath must accomplish two tasks. First, to find the general signs of the disease in order to arrive at an accurate medical diagnosis.
Second, to find the most characteristic signs of the patient, his/her specific modalities of reacting and interpreting the “disease partiture”.

For example, in an abdominal colic, it is relevant whether the patient bends forwards or backwards, whether cold or warm applications relieve him/her or not, whether he/she is restless and screaming or torpid and grumbling.

The homeopathic diagnosis depends precisely on the accurate definition of these clinical modalities, in many cases much more accessible to the eye than to verbal questions, no matter how many. In many instances, one only well-thought question may elucidate the image of a remedy which, properly prescribed, may have wonderful effects. The accuracy needed in a homeopathic diagnosis is very different to the one in conventional medicine.

4. On the other hand, the constitutional traits of the patient are also important, both the general (conformation, aspect, relation of the body segments) and the specific (aspect of the tongue, the skin, implantation of the teeth, aspect of the hands and feet, tissular infiltration, etc.). The definition of (or approximation to) the body constitution at times is more helpful to arrive at a homeopathic diagnosis than a multitude of the general symptoms of the disease. Moreover, the constitution is evidentia, something which is seen, and many of the homeopathic symptoms originated in inspection belong to this category.

Some symptoms may define a “carbonic” constitution, and any homeopath with some experience may distinguish it from a phosphoric constitution more on the grounds of the constitutional data than of the symptoms.

5. In this context, the detail of pathological symptoms through the aspect and arrangement of warts, nevi and corns, the particular aspect of the tonsils, the aspect and color of the skin, tongue and spine, the general aspect of hands and legs, is relevant in homeopathy. No matter that none of them enter into the strict diagnosis of the disease, they contribute to the totality of the symptoms and signs of the patient, define him/her as a wholeness and must be taken into account.

Therefore, the depth of the homeopathic inspection goes far beyond the mere diagnostic approximations of conventional medicine and even the (inevitably reductionistic) arrangement of the homeopathic repertory. What really matters is to grasp that which is particular, significant.

In the definition of a homeopathic sign or symptom, one of the basic rules is to describe homeopathically complete symptoms, according to outlines supplied by Hering:

1- Localization
2- Sensations
3- Modalities (of apparition, aggravation or amelioration)
4- Concomittants (presence of simultaneous signs or symptoms)

As it can be seen, it is not a matter of thinking symptomatically, but rather syndromatically, seeking:

* to define, with the highest accuracy as possible, all observable details.
* to formulate conjectures among disparate aspects, in order to identify the totality.
* to define what is the most peculiar, characteristic and particular of the patient.
This is a processes which goes from the particular to the general, from the part to the whole, to finally return to the particular, in order to reveal what the more specific is, taking into account both, totality and detail. In philosophical terms, taking into account both the particular and the general.

### I. Behavior, general attitudes

In the homeopathic repertory – a daily tool in homeopathic practice – there is a large number of mental symptoms that may be observed concerning the general behavior of the patient. For example, the way of talking: abruptness, impulsiveness, haste, etc.

- MIND - ABRUPT, rough
- MIND - ANSWERING – abruptly
- MIND - ANSWERING – hastily
- MIND – HURRY
- MIND – IMPULSIVE
- MIND - IRRITABILITY – questioned, when
- MIND – LACONIC
- MIND – RASH
- MIND – SNAPPISH
- MIND - SPEECH – abrupt
- MIND – TACITURN

Similarly, through observation, it is possible to obtain data related to the mental state presented together with physical affections. For instance, anxiety associated to fever or chills:

- MIND - ANXIETY - chill – after
- MIND - ANXIETY - chill – before
- MIND - ANXIETY - chill – during
- MIND - ANXIETY - fever - as from
- MIND - ANXIETY - fever – during
- MIND - ANXIETY - fever - prodrome of; during

Or the opposite, prostration during fever:

- MIND - PROSTRATION of mind - fever - after, prolonged
- MIND - PROSTRATION of mind - fever – during

There are still data that cannot be properly called “symptoms”, but that rather are temperamental or personality traits, which, may become important in the general characterization of the patient from the homeopathic standpoint, when they are significantly manifested. This is one of the specific characteristics of homeopathy: not to seek exclusively for all the symptoms, but to try to define the totality of the patient, in his/her psycho-physical integrality. In a homeopathic diagnosis, it is not fever per se which matters, but much more the way the patient behaves during a fever. Anxious or
torpid? Thirsty ou rejects liquids? A thorough analysis will define what details become the decisive homeopathic symptoms.

Thus, we may obtain rubrics such as

- OBSTINATE, headstrong
- LOQUACITY
- HASTINESS
- TIMIDITY
- OFFENDED, easily
- IRRITABILITY
- CARES, full of
- SADNESS,
and so on.

Such psychological traits are, occasionally, immediately perceived, as they belong to the “general atmosphere” emitted by the patient and are meaningful in what is known in homeopathy as the typology of the patient, which seeks to define at once, but also beyond the pathology, aspects which depend on his/her mental and reactional constants.

**II. Semiology of inspection by organic systems**

The semiology of the physical signs available to inspection is extremely rich in homeopathy. Any particular aspect, any physiological or pathological sign may become significant in a given moment. A simple enumeration of all the repertory rubrics which reflect homeopathic symptoms would be extremely long. To approach them in a systematic way, such homeopathic signs may be grouped in:

1. *General signs*: reflecting general, but evident data, related to the patient’s typology.
2. *Particular signs*: describing characteristic features, in a continuous chain, until the level of specific localizations, modalities or sensations.
3. *Pathological signs*: the same employed by conventional medicine, but in homeopathy, the particular detail (depending on localization, sensation, modalities of aggravation or amelioration, etc.) is of fundamental importance.

For instance, in homeopathy, a diagnosis of acne is merely a first step, which may be considered a *generality*. Faced with such a generality, the homeopath has to precise, in the next step, details depending on the localization, conditions of appearance and concomittants:

- NOSE - NODOSITIES - surrounded by red swelling like acne rosacea
- FACE - DISCOLORATION - black - spots - acne; from
- FACE - ERUPTIONS – acne
- FACE - ERUPTIONS - acne - punctata; acne
- STOMACH - ULCERS - radiation treatment for acne; after
- FEMALE GENITALIA/SEX - MENSES - scanty - acne, with
- CHEST - ERUPTIONS – acne
- CHEST - ERUPTIONS - pimples – acne
Assuming that the reference symptom is “acne on the face”, it still has to be defined as exactly as possible the mode in which it appears in the individual patient. There are no less than 35 repertory rubrics which describe

- types: acne punctata or rosacea; with a cyanotic or inflammatory base; with scars or not, etc.
- localization: all over the face; only on the cheeks; only on the forehead; under the nose, etc.
- modalities of appearance: in adolescence; after radiotherapy; in alcoholics; after a cosmetic treatment, etc.
- associations to physiological conditions: menstruation; puberty; pregnancy.
- associations to other pathological conditions: with rheumatic symptoms.
- associations to specific typologies: in fleshy people; in puberty, in anemic girls, etc.

Without such a precision, a sign does not have significant homeopathic relevance. It remains a mere general symptom, which might be taken into account as such, but it is not homeopathically defined, it is not defined in its particularities and details. It does not describe a patient, but an abstract notion, an abstract diagnosis, often too vague to contribute to the individualization necessary to homeopathy.

Different from conventional medicine, homeopathy does not treat theoretical diagnoses but living human beings. Therefore, the most accurate precision of signs and symptoms is essential, as it is the ground for success. And the precision of the clinical forms, the particularities, at times does not result from the anamnesis, but from the observation of all the relevant detail, through attentive and careful observation and inspection.