



“A remedy that suits me”: Classification of people and individualization in homeopathic prescribing

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Abstract

In contrast with a conventional medical consultation, a “classical” homeopathic case taking usually ends up with the prescription of a remedy and not with a biomedical diagnostic, reflecting a specific homeopathic conceptualization of the human body, health and disease. This may be seen as one aspect of individualization in homeopathy, the approach through which the patient is not placed into a disease class but in which her/his unique features are taken into account when matching the symptoms with the symptomspicture of a remedy, the “similimum”. In this paper, I examine the double orientation of homeopathic prescribing to individualization and classification. Drawing upon textual analysis of descriptions of remedies, interviews with patients and homeopaths, and observation of consultations and seminars, I show that individualization and classification are counterparts that cannot be meaningfully discussed if considered independently. My approach is based on treatment of the various encounters of patients and homeopaths as rhetorical situations. I argue that during the homeopathic consultation a process of construction and interpellation of the patient happens through various rhetorical moves. By examining them, I show how a sort of literature effect and a specific way of organizing knowledge in homeopathy simultaneously make the general to act on the particular while the particular or a sense of “it is about you” is also accomplished during the homeopathic consultation.

Keywords

Classification, individualization, homeopathy, rhetorical situation, literature effect

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When it comes to the topic of classification in relation to medicine there is a great body of critical work in medical sociology that treats biomedicine as a classificatory medicine which objectifies the human body and makes the patient passive and helpless through its various technologies. At the same time, many scholars of alternative and complementary medicine usually explain the growing popularity of these medical systems through their emphasis on a holistic and individualized treatment of the patient. I propose in this paper a more nuanced view of classification and of complementary and alternative medicine (CAM) as exemplified by homeopathy, starting from the assumption that classifications, from the highly individual and idiosyncratic to the more standardized ones, are a basic feature of human life that shape interpersonal encounters. As Vincent Crapanzano notes, through various types of classification, including professional or more mundane ones, we find ourselves in a *conspiracy of understanding* based on rhetorical moves, or, in his words:

The individual, I would suggest, need only have the illusion - indeed, such an illusion may be a social inevitability - that he is responding as his counterpart responds. Together they negotiate a reality and accommodate to each other; they enter a conspiracy of "understanding". They generate the selves they chose by choosing their counterparts; that is, they typify the other, label him, name him, characterize him, take possession of themselves. The individual and his counterpart become rhetorical figures for each other. (Crapanzano 1982, p.192)

In the next section I will describe homeopathy as a medical practice and its self-description as an individualizing medicine. Then, I will discuss two types of classification of people and their importance in homeopathic practice, focusing on the one that I find most intriguing, the remedy-patient categorization. The empirical material on which this analysis is based was gathered from diverse sources: observations of a three days seminar on *Materia Medica* (a collection of descriptions of homeopathic remedies) in which two live cases were taken; informal discussions with several homeopaths that participated at it; participant-observations of two homeopathic consultations; 17 interviews with patients and homeopaths, and readings of a Romanian homeopathic textbook and descriptions of remedies.

Homeopathy as an individualizing medical practice

Homeopathy is a broad label, since there are many schools of thought and methods to practice it. For example, in Romania there is a strong differentiation between "clinical homeopathy" and "classical homeopathy". In the following, I am referring to what is called "classical homeopathy". Moreover, my discussion of the homeopathic consultation refers to the ideal encounter, recommended by classical homeopathy, which, of course, is not followed exactly by every practicing homeopath or in every consultation. A systematic source of divergence from this ideal type of consultation may appear due to the fact that in Romania every homeopath has also studies of general medicine. Therefore, there can be cases in which a neat separation in practice between the two systems of medicine can be hard to establish.

Usually, homeopathy is described as an alternative or complementary medicine based on several principles. Although these are not the only ones, I will mention the most important and frequently met three principles, when homeopathy is discussed in public discourse.

The first one is the “**law of similars**”, introduced by Samuel Hahnemann, a German physician and founder of homeopathy, at the end of the 18th century. This states that “like cures like”, or that a sick condition can be cured with the same remedy that administered undiluted to healthy persons would cause the same symptomatology of the sick condition. Knowledge of the remedies has been gathered through *provings*, empirical tests made on healthy people with the undiluted substances, through reported effects from therapeutic observations and incidental intoxications.

The second one and the most controversial is the “**law of infinitesimals**” or the principle of successive dilutions (in water, water/alcohol, or milk sugar) and vigorous shakings (“succussions” in homeopathic terms) through which the homeopathic remedies are produced. Contrary to the dose-response pharmaceutical principle, homeopaths assert that the lower the concentration of a substance, the more potent it becomes. This has led to the production of remedies that go beyond Avogadro’s number (6.023×10^{25}) in which, at least according to the current state of knowledge in chemistry, there is no molecule of the original substance.

The third one is the principle of **individualization**, which is based on a specific homeopathic understanding of illness and body. Illness is understood in homeopathy as the sum of the pathological symptoms presented by a patient and is caused by a **disturbance of the body’s state of equilibrium** or of the *vital force*, a concept introduced by a Hahnemann that denotes an abstract form of energy which sustains life. The homeopathic remedy will help this force or energy to restore health in a gentle way, without side effects and effectively curing the deep cause of imbalance. In this way, a fever may be considered in some cases as an expression of an emotional trauma, the body fighting to restore its physio-psychological equilibrium and usually succeeding with the aid of the right remedy.

There is also a **broader notion of symptoms** which include all kind of individual characteristics – preferred tastes, recurring dreams, a more sensitive side of the body – that can lead the homeopath to finding a similar remedy. According to the principle of individualization, a homeopath will prescribe a remedy only after an individualizing case-taking during the first consultation: together with the patient, they will first try to found out as many details as possible about de modalities of the symptoms and then collect information about various aspects of the patient’s health, physical, emotional or mental, past and present. The other consultations and prescriptions will be based on this elaborate case-taking:

And during the consultation, when someone comes for the first time, do you make his profile? Or, which are the phases?

Yes, when the patient comes he tells what symptoms he has, what’s bothering him, one, two or three symptoms that he has which are displeasing, and you question him about them, looking for details, when they appeared, how they started, how they

eradiate, what goes with them, how they end up, what aggravates them, what ameliorates them, there are many details that you can find out.

A, these are the modalities, aren't they?

Modalities that you find out about every symptom, after which you start asking, you go through all the systems, respiratory, digestive, urinary, cardiac, see if there is something wrong and he forgot to tell you, and then you ask him generalities: if he is chill, warm, weather-dependent, if he is sweating, eating, sleeping. And then you go to the psyche. (D., homeopath)

At the end of the consultation, a classical homeopath will prescribe **one single remedy** which covers all the symptoms considered pathological or one which is considered to suit the patient's constitution and temperament. This may be seen in contrast with a biomedical consultation in which, depending on the patient's complaints, she may receive one medicine for a stomachache, another for a migraine and another for constipation. More than that, two patients with the same complaints may get different remedies since during the consultation the homeopath will try to find what is the most peculiar to the patient, a specific, strange, and rare symptom that will guide her choice of remedy.

Another contrast with a biomedical consultation may be seen in the content of the conversation during the consultation. Biomedical consultations are described in the sociological literature as an encounter between two people with different agendas: "the doctor's medical agenda focuses on biomedical evaluation and treatment, and the patient's 'lifeworld' agenda concentrates on personal fears, anxieties, and other everyday lifeworld circumstances" (Heritage & Maynard 2006, p.5). In a homeopathic consultation, personal fears and anxieties are actively sought after by the homeopath and one may be asked either "what are your greatest fears?" or "are you afraid of x?", as well as other questions that relate to one's psychological traits. The homeopath collects in this way comprehensive information regarding a patient's personal characteristics and specific symptoms that helps her to find the matching remedy. This information is then *hierarchized* so that the most representative and particular characteristics of the patient are taken into account. After this, the remedy that repeats more often in the description of these symptoms is chosen as the adequate remedy, a technique that is called *repertorization*.

A General Practice consultation has an overall structural organization (that in practice may vary) composed of the following phases: 1) opening; 2) presenting complaint; 3) examination (physical and/or verbal); 4) diagnosis; 5) treatment; 6) closing (Byrne & Long 1984). The homeopathic consultation unfolds almost similarly, but usually without the biomedical diagnosis and the physical examination and with a more elaborate verbal examination (Ruusuvauro 2005). In a homeopathic consultation, what is a diagnostic in a conventional medical consultation is considered rather a symptom – for example, "bronchitis" may be a symptom in the homeopathic diagnosis, treatable with the remedy "Calcium phosphoricum" (example taken from Scholten 2006). In this way, the biomedical diagnostic of a disease is replaced with a therapeutic diagnostic of a required remedy.

“Being a good prescriber” is one of the most valued skills for the homeopaths, since matching the patient’s symptomatology with a remedy’s picture is in practice a very difficult and tentative process that becomes a boundary marker between the lay person and the homeopath. There are **over 3000 remedies to choose from**, although there seems to be a tendency for homeopaths to work only with 50 or 60. A remedy’s main characteristics overlap with others, and there is no standardized protocol for reaching a homeopathic diagnosis. To organize this body of knowledge of remedies, some broad classifications have been proposed that can ease the difficulty of finding the right remedy. In the next sections, I will discuss two strategies of classification: miasmatic types and remedy-patient categorization.

Patient categorization in miasmatic types

One homeopathic classification through which human variation and the multitude of remedies is organized is **the classification of patients and remedies in miasmatic types**. The concept of *miasm* was first developed by Hahnemann for explaining chronic diseases. He speculated that any chronic condition has as an ultimate cause an infection with one of the three diseases - psora, syphilis or sycosis - infections that can be passed from generation to generation. Through time other miasms have been added, like tuberculinism and cancer. Any sick patient is characterized by her constitution, temperament and miasm, a combination that predisposes him/her to specific diseases, so that a miasm is considered not only an infection, hereditary or acquired, but also a predisposition to a certain kind of pathology.

There can be several types of miasmatic diseases – singular, when only one miasm is present, or composite, when several miasms are present and the adequate treatment should address these layers of miasms one at a time. In classical homeopathy, since only one remedy can be prescribed for the pathology presented by the patient at a specific time, this should address one at the time **the different layers of sickness** that can correspond to **different miasmatic layers**. Some homeopaths consider that finding the patient’s miasmatic type is of primordial importance, since it is possible to prescribe a remedy that matches the patient’s actual symptoms, but that will only suppress the symptoms, rather than curing them, if it is not the correct anti-miasmatic choice. In homeopathic medical practice this kind of classification can also play an important role in reducing the area of possible remedies for prescribing:

Sycotic, what does this label do?

When I am labeling you like this, there are only some remedies that are rather prescribed to a sycotic patient. And you start looking, it reduces the field of searching, this is the advantage.

And during the consultation, you try to see if your patient is sycotic, psycotic?

Psoric, sycotic, that’s why homeopaths seemed strange to me in the beginning. Yes, I don’t know, if some guy would come and tell me that he has some awful nocturnal pains, that start at the sunset and relieve at sunrise, and I would see that he has an ulcer at his leg that doesn’t go away, I would think of a remedy from the syphilitic area. (D., homeopath)

The miasmatic types are characterized through their specific physical and psychological traits. For example, a psoric type of patient has the tendency to develop irritations, inflammations and hyper sensibility. She will usually have an unhealthy skin and digestive and respiratory problems. Also, “the psoric temperament is full of pseudo-scientific, philosophic, political and religious ideas. They are very expressive, talkative, overestimate themselves and can think that they are brilliant, but for others they may seem uncalculated and unrealistic”². These portraits of miasmatic types have been constructed mainly from therapeutic observations from the practice of various homeopaths, usually the prevalent source of knowledge for homeopathic practice and more popular publications. The miasmatic classification has been developed in time either by enlarging the concept of miasm or by creating other corresponding categories. For example, the German homoeopath von Grauvogl proposed three new types, based on the criteria of an excess of a chemical element in the patient’s constitution: the hydrogenoid type correspond to sycosis, oxygenoid to syphilis, and carbo-nitrogenoid to psora (Campbell 2011).

This kind of classification may be approached as an attempt from the part of homeopaths to develop typologies, a process similar to the elaboration of biological or psychological typologies that have been proposed beginning with the 19th century for mapping human variations by science and medicine. One of the main contrasts between biomedicine and homeopathy is the existence of differing and discrepant knowledge bases. The competition between the two systems of medicine may be seen also as one between different knowledge claims which may take various forms, one example being classifications. The miasmatic theory of chronic diseases proposed by Hahnemann pre-dates the germ theory of disease and it is rather a philosophical speculation than a scientific claim since there is no experimental investigation to sustain it. Nevertheless, its survival and contemporary use in the form of miasmatic classification can be interpreted as an attempt to maintain a distinctiveness of the homeopathic practice and knowledge base in an area of expertise monopolized by bio-medical knowledge.

Remedy-patient identification and categorization

During the three days seminar held at the 21st National Congress of Homeopathy, the lecturer played a quiz game through which symptoms were presented and the public had to guess the remedy. This seems to be a common pedagogic technique for novice homeopaths that try, based only on the description of a few symptoms, to answer the question “What remedy *am I*?”³. This kind of question and the games played suggest not only a personification of remedies but also a tendency to linguistically fuse identity with the therapeutic diagnosis. If in biomedicine a patient can become in some cases her illness, a tendency expressed in statements like “I *am* a schizophrenic”, blurring the

² Little, David. Miasmele. [Online] Available at <http://teleianuhomeopat.3x.ro/Miasmele.htm> (accessed 5th September 2016). This article was translated in Romanian and posted on his site by M.D. and homeopath Ioan Teleianu, one of the professors of the Homeopathic School in Romania.

³ This kind of game is played also on Ioan Teleianu’s site.

distinction between *having* and *being*, in classical homeopathy a patient becomes a remedy. This happens in what is called constitutional prescribing, an attempt to find a unique remedy specific to a patient's constitution and temperament. "Being a remedy" is different from "being an illness", in part due to the fact that a remedy has a portrait that adds up different physical and psychological characteristics. In biomedicine some disease diagnoses and their social representations can have a strong impact on personal identities, changing the social relationships and the social world of the patient. I suggest that there is not enough socialization of the homeopathic patients and neither a comparable institutional setting for the homeopathic therapeutic diagnosis to have the same impact.

The patients interviewed that have been addressed by their homeopaths with formulas such as "You are Ignatia" talk about this kind of designation as being rather odd or funny, two of them comparing this with astrology or sorcery. This should not be seen as a discrediting portrayal of homeopathy, but rather as a strategy to build its attraction. This kind of categorization is usually presented as a way to find a remedy specific to a patient's personality, which takes into account her or his emotional, physical and mental characteristics. The profile of the patient created by the homeopath during the consultation, through manifold questions, is seen by some patients as a way to "know you as a person" (*să te cunoască ca om*). However, this does not lead patients themselves to a personal, internalized identification with the remedy. None of my respondents had any interest to explore in depth homeopathy, and they usually read about homeopathic remedies in a biomedical way, as remedies that address specific symptoms rather than the whole person. One of them was even reluctant to this kind of treatment, when a constitutional remedy was prescribed for her daughter so that she should be less sensitive:

For my little girl, for example, I didn't know, she was weeping, or in any case she had a behavior visibly affective, and she gave her the remedy for equilibration. She made her profile, told her you are Pulsatilla and gave her the treatment for attenuating what was too pronounced. And I find this a tendency in homeopathy that I didn't use too often because I think is normal that in some moments you liberate this kind of moods, naturally, and not followed by a medicine that can calm them. I don't find it advisable. I prefer the natural way, that is you express yourself, you get angry, it passes, you go forward, because this is life. If you take medicines for any crisis, then we would have to have remedies at us all the time. (R., patient)

Nevertheless, the **remedy-patient identification** and resulting **categorization** is an important process, since it is the main way in which treatment is prescribed and the therapeutic diagnosis is shaped in classical homeopathy. Following Judy Z. Segal's (2007) discussion of the physician-patient encounter as a rhetorical situation, I propose to look at the homeopathic consultation as a situation in which the patient is addressed, interpellated and constituted by the homeopath. During the homeopath-patient interview a rhetorical transaction happens in which the homeopath's approach to therapeutic diagnosis is shaped by his or her readings on remedies and by the list of questions through which a profile of the patient is made. Even when a piece of software

is used in prescribing, the descriptions of remedies on which this is based are gathered from various *Materia Medica* written beginning with the 19th century. The homeopath may choose which one to use, or assemble a compilation of them. The person complaining to a homeopath of some symptoms that are recognized as key-symptoms of a remedy can expect that during the interview questions will be posed so that this remedy is confirmed or infirmed. Her treatment will be shaped by a *remedy-patient type* that exists in the homeopath's mental cast of remedies, including his distributed knowledge available through software and books. A *remedy-patient type* is a patient that may resemble the one actually present in the room only in certain points. The homeopathic interview glides from individualizing questions to questions that see patients as instances of kinds. In this way, a general knowledge of remedies acts on the particular encounter between a homeopath and a patient, through a type of *literature effect*.

During my second homeopathic consultation, the homeopath did not make use at all of the software used in the first consultation for prescribing a remedy, and began asking me questions by looking mainly in Roger Morrison's *Practical Guide for Homeopathic Remedies* (Morrison 2001). The use of both digital remedy recommenders and books is frequent; all my responds told me also about the various books that can be found on their homeopath's desk. In Morrison, different remedies are presented through their key-symptoms and confirmatory symptoms. If some of them are described only through physical symptoms, others have a more elaborate description. To take just one example, the description of the remedy Sulphuric Acid starts with a more elaborate paragraph in which three key symptoms are presented. The first one is hurriedness, and the author depicts various ways in which it can be seen as this type of remedy-patient: fast eating, fast walking, making multiple plans. The second one is extreme sensibility to smoke, gases, steams and water gas. The third one is represented by the predominance of a pathology of the mucous membrane and a tendency to haemorrhage and bruise. Afterwards, other types of symptoms are presented in a list-like manner: the mental ones (hurriedness, spread mind, talks with himself, discontent, etc.); the general ones (aggravation at the exposure to different gases and steams, fatigue, right manifestation of symptoms, nightmares before menstruation, etc.); symptoms related to the head (feels her brain moving freely inside the head, neuralgia often on the left side, etc.); gastrointestinal symptoms (water gives her a cold sensation in the stomach, desire for brandy, belch and indigestion aggravated through alcohol consumption); extremities (bruises, injuries, etc.). **The homeopath is guided in his or her searching for the right remedy by the formatting of these descriptions**, key symptoms being bolded, while confirmatory symptoms, because they are less specific, are normally written. Also, the rubric *Combined Symptoms* draws attention to the combination of two or three symptoms that are strong indices of the remedy. In this way, this kind of literature creates an operational **remedy-patient type**, presenting indicators and associated questions that help the homeopath to categorize a patient as belonging to the type of a specific remedy.

On the other hand, the remedy-patient categorization is what can be called a **weak classification** (Bernstein 2003). Basil Bernstein's discussion of classification changes the

focus from *what* is classified to the *relationships* between contents in an understanding of classification as a work of boundary maintenance. Strong classifications have clearly insulated contents with strong boundaries, while weak classifications have rather blurred or weak boundaries between contents. Although the main desideratum of classical homeopathic prescribing is to find the *similimum*, the remedy that covers all of the patient's symptoms and characteristic, a whole defined along homeopathic dimensions, matching this with the picture of a remedy becomes in practice a tentative process. This happens due to the fact that there is either a tendency that I described earlier to try to fit the whole in a remedy-patient type, or because there are rather weak boundaries between the content of description of remedies. Every *Materia Medica* has a rubric in which other remedies are indicated for comparison. Key-symptoms specific to one remedy can also be specific to another and their combination and prioritization becomes a difficult task for the homeopath. During the seminar that I attended, when the lecturer was listing this kind of symptoms, he was usually telling the participants "don't rush in guessing, you still don't have enough information". In the absence of a strong standardized protocol for prescribing, finding the right remedy is described by some homeopaths as an intuitive process, which is usually different from one homeopath to another. One homeopath with whom I spoke about my first constitutional prescribing reacted with "you cannot be Sepia". More than this, my homeopath told me that she doesn't even take into consideration the software's proposal of a remedy, if she doesn't *feel* it is the right one, suggesting a more idiosyncratic medical practice than the biomedical one.

Thomas Scheff argues that the use of typifications in categorization of patients in medical settings can be regarded along a spectrum in which at one extreme these are used as preliminary and final judgments from the start, while at another extreme these are revised during the various investigations (in Hughes 1980, p.116). The former extreme may be seen through the lens of the bureaucratic metaphor⁴ for categorization: every individual is placed in a familiar category through following rules that transform disorder into order, most often a process that implies simplification and distortion (Billig 1985, p.87). However, even in this model of categorization, the bureaucrat must possess the ability to bend the rules and to acknowledge the particular features of a case so that special cases are recognized. As Michael Billig (1985) argues, the approaches that see categorization as a rigid style of thought do not take into consideration the fluidities and ambiguities of thinking. Proposing a rhetorical approach, he shows how any argumentation that implies a categorization is built in terms of contraries, *i.e.* every categorization can be opposed by a particularization. Moving from this general framework to the specificities of medical categorization, David Hughes (1980) describes ambulance employees' judgments about their patients' conditions as having a processual

⁴ In a certain sense, the bureaucratic metaphor is an apt one for biomedical disease classifications. In these, science, medicine and bureaucracy interweave in creating standardized classifications that are rather ideal types of disease due to the eluding of the temporal and spatial dimensions of diseases. For a more elaborate discussion see (Bowker & Star 1999).

and interactional character, and with both commonsense and medical elements. In this way, labeling patients has a provisional character, the crewmen engaging, at least in some circumstances, in a revision of their initial typifications by considering the particularities of a case through trying to find out what is “normal” for a particular individual.

The same provisional character of categorization due to its interactional and processual character may be seen also in the homeopathic consultation. But its specificity lies in its conjunction with the weak character of the patient-remedy categorization as a classification, with the organization of the homeopathic knowledge in remedy-patient categories and the broader notion of symptoms with which homeopaths operate. This implies a continuous revision of the homeopathic therapeutic diagnostic through taking in consideration some of the unique features of the patient, as the following passage from the Romanian homeopathic handbook suggests:

from repertorization, *Baryta carbonica* resulted. Our patient is small, thin, dried, intelligent and with a very good memory. *Baryta carbonica* is described as having a diminished intelligence, weak memory, and generally fat. It's not the right remedy. In repertorization, another remedy follows, let's say *Belladonna*, which corresponds better to the patient and has greater chances of success. (Pavloschi 2009, pp.13–14)

This searching for the right remedy in the absence of a strict standardized procedure for diagnosis can be seen by the patient as an individualizing rhetoric since she is asked more and more questions about herself without necessarily knowing that these are questions to verify if she is or is not a certain type of remedy. In this way, the first consultation is usually perceived by patients as a consultation in which the homeopath tries to know them, and not only along a certain dimension (like the medical case history of a disease) but along multiple dimensions. The consultation seems to temporarily fix a sense of “who I am” for the patients that expose a conception of the self as an assemblage of various traits and habits:

And the first consultation ... do you remember with what kind of expectancies you went with?

I want to tell that she asked me about milk powder, sleep, how is his stool, sleeping positions, how he sweats. Neither doctor P., nor doctor I., good and famous pediatricians, didn't ask me this kind of questions, so the consultation with a homeopath has a long length, until you know yourself, until she knows you and all your problems, it is almost like at the psychologist. And I liked it a lot. (G., patient)

Conclusion

I have argued in this article that various types of categorizations and typifications can be found even in practices that present themselves as individualizing. In homeopathic practice, the questioning format creates a subject position for the patient, a sort of interpellation that is possible only along certain dimensions recognized as relevant by the homeopath. In choosing a remedy, the homeopath acts as an expert. Since the conceptual framework of classical homeopathy acknowledges only one effective remedy,

an informed and shared decision is unlikely, moving closer in the final selection of the remedy to a paternalistic form of relationship (Frank 2002). In this kind of encounter, which is an asymmetric and specialized interaction between a therapist and his patient, there is no way to know the particular outside a general framework.

The categories of biomedicine and CAM have been stereotyped in the social science literature through an identification of biomedicine with reductionism and materialism and of CAM with holism and vitalism (Hirschhorn 2006). In this framework, CAM modalities are described as offering a personalized form of medical care through taking into consideration the unique experiences and conditions, the social settings and physical environments of the individuals. I think that it should be an open question what a unique individual means and how he or she are assembled in a CAM modality like homeopathy. Based on the empirical material discussed in this paper, I suggest that in homeopathy this uniqueness is acknowledged during the consultation through a questioning that has as a premise the interdependence between physical, mental and emotional aspects of health. This makes the remedy-patient categorization much easier to accept as less de-personalizing than biomedical diagnosis categorization.

The interview may be seen as an event in which “who I am” can be temporarily fixed, accomplishing at the very same time an individual specification of identity, from the perspective of the patient, and a categorical specification of identity, from the doctor’s perspective. This is realized when patients are invited to talk about a heterogeneous and apparently idiosyncratic configuration of physical alignments, recurrent dreams, favourites tastes or anything that enters into the broad homeopathic understanding of symptoms. The homeopath’s diagnosis maps individuals with categories through a rather unpredictable process, translating widely different signs and subjective states into categorical indicators, relying on written descriptions and on professional intuition. The homeopath creates the patient’s profile as a collection of symptoms that are hierarchized and oriented around the one that he or she thinks is the most peculiar to the patient. Since this is based on the homeopath’s intuition and not on a standardized procedure, the encounter between the homeopath and the patient can be more easily oriented around the accomplishment of an “it is about you” encounter than the biomedical consultation.

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